

2021 Durham County STATE OF THE COUNTY HEALTH REPORT

Top 5 Health Priorities

1. Affordable Housing
2. Access to Healthcare and Insurance
3. Poverty
4. Mental Health
5. Obesity, Diabetes and Food Access



Photo courtesy of Discover Durham

This report is an update on data from the 2020 Community Health Assessment (CHA) and the county's top five health priorities- affordable housing, access to healthcare and health insurance, poverty, mental health, and obesity, diabetes and food access. It also provides the most current data on the county's demographics, leading causes of death and COVID-19 cases and vaccinations.

Its purpose is to provide the community with information on the health of its residents and to assist with grant writing, local policies, budgets and programs.



Public Health



Partnership for a
Healthy Durham

Goals and Successes

Durham County Government Health and Wellbeing for All

The efforts highlighted in this report align with the Durham County Government Strategic Goal 2: Health and Well-being for All.

Goal

Improve the quality of life across the lifespan through protecting the health of community, reducing barriers to access services and ensuring a network of integrated health and human services available to people in need.

Objectives

- Increase the number of healthy years that residents live
- Increase the quality of life in Durham County
- Support the optimal growth and development of children and youth

Durham County Department of Public Health is awarded \$2 million by a federal Office of Minority Health grant to support health equity efforts.

This two-year project is titled “Bull City Strong: Improving Health Literacy in Durham to Further an Equitable Community Response to COVID-19.” The Durham County Department of Public Health is leading this project in collaboration with North Carolina Central University, LATIN-19, Project ACCESS of Durham County, Charles Hamilton Houston Foundation, Diaper Bank of NC, Durham Congregations in Action, El Centro Hispano, Fatherhood of Durham, Latino Community Development Center, Together for Resilient Youth (TRY), West End Community Foundation and African American COVID

Taskforce Plus (AACT+). This community-based initiative is designed to address differences in COVID outcomes for Black, Latin or Hispanic and other historically marginalized communities in Durham. Strategies for this initiative include sharing information equitably, improving informed decision making and access to health services, providing culturally and linguistically appropriate health information, and increasing the use of proven health strategies.¹



Durham County Public Health Staff at community vaccination event.

Duke Health System and The Partnership for a Healthy Durham's Physical Activity, Nutrition, and Food Access (PANFA) committee awarded \$100,000 by the Duke Endowment's Healthy People Healthy Carolinas initiative.

This one-year funding, January to December 2022 with the possibility of extension, allows PANFA to implement more measurable evidence-based objectives, inform policy changes, and operationalize racial and health equity. These funds will be used for physical activity, food access, and school nutrition projects, simultaneous interpretation, health and racial equity training, and the addition of a staff person dedicated to this health priority.

Durham and Raleigh, NC named second best place to live in the United States by U.S. News & World Report.

The rankings consider factors such as job market, value, quality of life, desirability, and net mitigation. The Triangle's strong job growth and high quality of life are highlighted. Words like “young, diverse, educated, and friendly” describe the people in the area. The Triangle is also praised for its green spaces, nationally acclaimed local restaurants, and summer festivals.²

Durham Vaccine Equity Advisory Coalition (DVEAC) worked to improve vaccine equity. This coalition, comprised of Back on the Bull Durham Health Ambassador Program, CAARE, El Centro Hispano, Iglesia La Semilla, Partnership Effort for the Advancement of Children's Health (PEACH), Project Access of Durham County, Slice325, Student U, Together for Resilient Youth, City of Durham, and Durham County Department of Public Health, oversaw the deployment of more than fifty community health workers in effort to improve equitable COVID-19 vaccination rates in Durham County. Some of the coalition's achievements include registering or referring 5,635 clients to receive COVID-19 vaccines, 83% of the clients referred or registered identifying as Black or Latin or Hispanic and reaching 226,625 people through online engagements.³

Emerging Issues and New Initiatives

Emerging Issues

COVID-19 Exposes Existing Health Inequities

Durham County confirmed 25,894 COVID-19 cases throughout 2021. The data revealed racial disparities in COVID-19 cases, similar to other health issues. Black or African Americans are over-represented in COVID-19 cases, making up 36% of Durham's population but representing nearly 44% of total cases. While 54% of Durham's population is white 31% of COVID-19 cases are represented by this demographic. Hispanic or Latin residents are proportionately represented in COVID-19 cases, making up approximately 14% of the population and 17% of total cases.⁴

Durham County confirmed its first case of Omicron variant on December 20, 2021. During the first 11 days of January, Durham saw 6,475 cases, equating to 25% of the total cases confirmed in 2021 due to the highly contagious Omicron variant. This led to a total of 70,757 COVID-19 cases confirmed through February 28, 2022.⁴ This surge in COVID-19 cases illuminated a need for additional testing sites, especially in marginalized communities at trusted locations, at-home testing kits available with minimal barriers, and the proper masks recommended by the Centers for Disease Control and Prevention. In response, COVID-19 testing locations were added in Durham to include Wheels Fun Park, El Centro Hispano, Durham County Memorial Stadium, and the parking lot of the Durham County Health and Human Services Building. Community Health Workers were trained to disseminate information on how to retrieve free at-home test kits regardless of internet accessibility. N95 masks were distributed from public libraries.

Several groups emerged in response to the need for testing and vaccine equity. Partnership for Healthy Seniors and More, LATIN-19 and African American Covid Taskforce+ (AACT+) created regular convening spaces to strategize methods for closing the gaps for health inequities related to COVID-19. Several existing community-based organizations hosted vaccination events, developed health literacy tools, and provided question and answer sessions with trusted health care providers. In line with health equity principles, testing and vaccinations were provided in community spaces such as schools, churches, and resource fairs.

New Initiatives

Diversity and Equity in Research- Duke School of Medicine opened a new clinical research center in Durham after receiving a \$2.65 million grant from The Duke Endowment to increase diversity and equity. Duke Clinical and Translational Science Institute, Duke University School of Medicine, and Duke University Health System started the "Changing the Face of Clinical Research at Duke Through Community Outreach and Engagement" initiative to achieve equitable representation in clinical research. The focuses of this project include building community trust, reducing health inequities and supporting community engagement strategies that address research participation barriers. This effort will also include a Community Advisory Council comprised of partners from the African American COVID Taskforce Plus (AACT+), faith leadership networks, LATIN-19 and North Carolina Central University among other valuable partners.⁵



Duke Health and Durham County Department of Public Health staff at community event

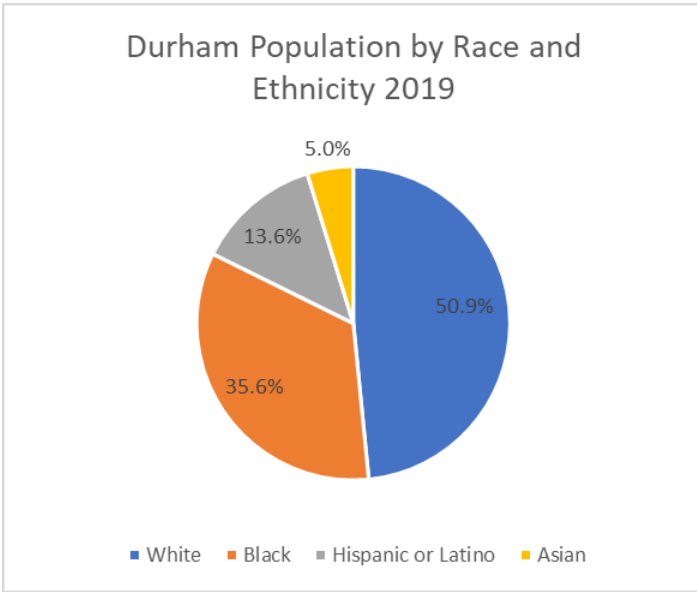
New Community Health Improvement Plans- The Partnership for a Healthy Durham completed Community Health Improvement Plans. Plans are developed for affordable housing, access to healthcare and insurance, communications, mental health, and obesity, diabetes and food access, Durham's top health priorities identified in the 2017 Community Health Assessment. Committee members, community members and partners collaboratively developed the strategies and interventions for 2022-2024. These plans focus on building equity, strengthening and elevating existing efforts throughout Durham, and building sustainability by advocating for policy changes.

Award Winning Coronavirus Data Hub- In April 2020, Durham County Department of Public Health, Durham County Emergency Medical Services, Duke Health, and DataWorks developed a Durham County Coronavirus Data Hub including information on confirmed COVID-19 cases. Vaccine data was added to the dashboard in 2021, showing that 505,777 doses of COVID vaccines were administered January to December of that year.⁴ This number includes first, second and third doses. Vaccine data is presented in categories such as age groups, vaccine sites, dates and includes data aggregated by zip codes and census tracts, including demographic data. In 2021, Durham County Department of Public Health received the National Association of Counties (NACo) Achievement Award in the Health Category for the dashboard that recently hit 1,000,000 total views.

Demographics

Durham's population grew by 53,901, about 20% from 2010 to 2019. The proportions of males and females stayed the same while the median age slightly increased from 33.2 in 2010 to 35 in 2018. Race and ethnicity is proportionate to the categories in 2010. The most recent demographic estimate data is in the chart to the right.⁶

2016-2020 Durham County Demographic Estimates ⁶		
Durham County Population Estimate 317,665		
Sex	Estimate	Percent
Male	152,479	48.0%
Female	165,186	52.0%
Age ⁷	Estimate	Percent
Median Age	35.5	-
Race and Ethnicity	Estimate	Percent
American Indian and Alaska Native	9,530	0.3%
Asian	15,883	5%
Black or African American	114,450	35.6%
Hispanic/Latino	43,202	13.6%
Native Hawaiian or Other Pacific Islander	318	0.1%
White	161,691	50.9%
One Race	301,782	95%
Two Races	15,883	5%

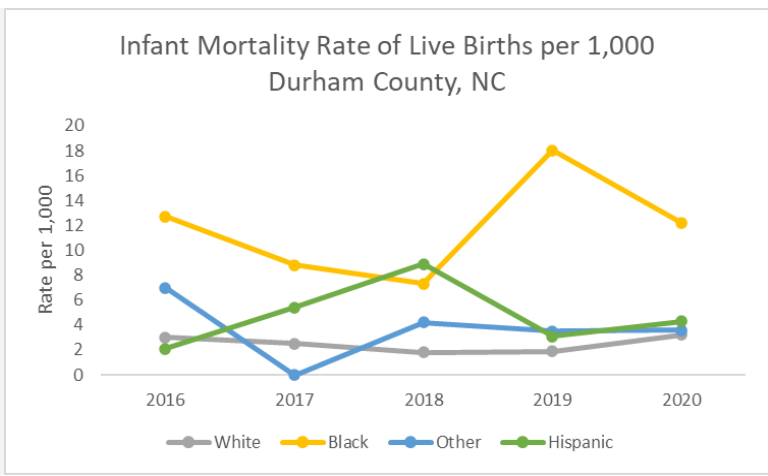


Infant Mortality

Infant mortality is the death of an infant before he or she reaches one year of life. The infant mortality rate is calculated by the number of infants who die in the first year of life in comparison to every one-thousand total births. This is an important rate in measuring overall health in society. The graph below shows significant differences in infant mortality between races and ethnicities in Durham. Total infant mortality rates decreased from 147 in years 2010 to 2014 to 128 in years 2015 to 2019. There are still inequities in infant mortality rates between races, with rates being about three times higher for Black or African American babies than white babies in both spans of time. Infant deaths increased for Hispanic or Latin babies from 15 in years 2010 to 2014 to 22 in years 2015 to 2019.⁹

Why do inequities exist?

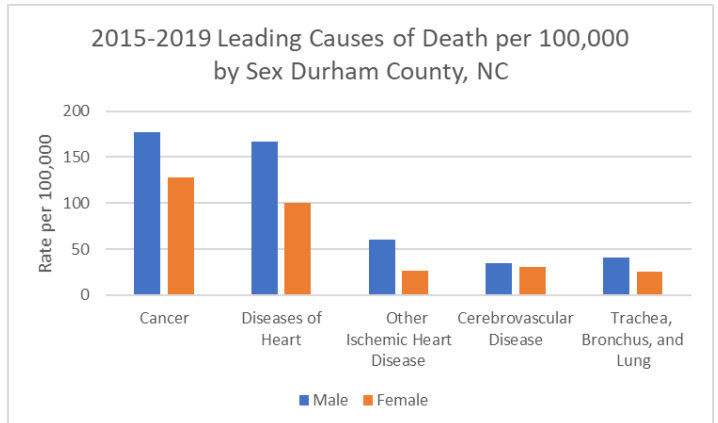
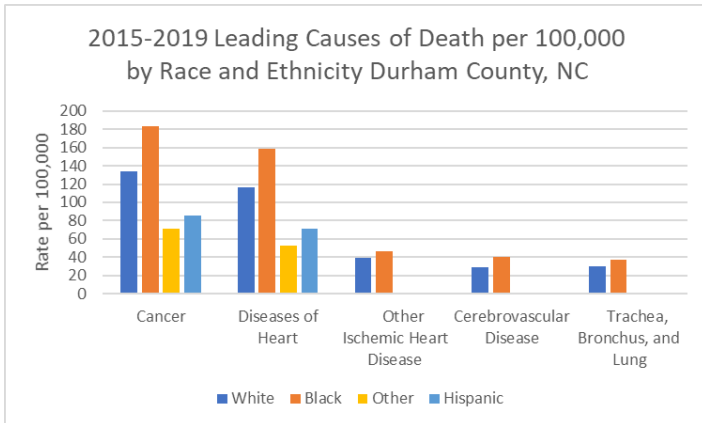
A report published by Duke University in 2018 highlights that Infant Mortality Rates for Black or African American babies has been twice the rate of White babies for about thirty-five years. Systemic issues related to discrimination, racism, and availability of resources are the primary contributing factors to the disparity. Black women are more likely to experience barriers when obtaining health care. Societal and health system factors contribute to maternal mortality for Black women. According to several studies, delayed prenatal care and racial discrimination contribute to infant mortality and poor birth outcomes.¹⁰



Leading Causes of Mortality and Life Expectancy

Leading Causes of Death in Durham County 2015-2019 ¹¹							
	White	Black	Other	Hispanic	Male	Female	Overall
Cancer	134.1	183.5	70.7	85.3	176.9	127.9	147.7
Diseases of Heart	116.3	158.2	52.9	70.8	166.9	100.7	128.2
Other Ischemic Heart Disease	39.3	46.2	N/A	N/A	60.6	26.2	40.4
Cerebrovascular Disease	28.5	40.2	N/A	N/A	34.9	30.1	32.6
Trachea, Bronchus, and Lung Diseases	30.2	36.6	N/A	N/A	41	25.2	31.7

Cancer remains the leading cause of death among Durham residents, followed by heart disease. Cerebrovascular disease moved to the fourth leading cause of death from the third in 2018. Other Ischemic heart diseases is now the third leading cause of death, previously not included in the leading causes. Ischemic heart disease occurs when there is insufficient oxygen in the heart's muscles.¹² Trachea, bronchus and lung diseases are also a new leading cause of death. Detailed tables of leading causes of death by race and sex are below. Rates for races other than Black and white are excluded due to small numbers of events, resulting in unstable rates. There was a total of 296 deaths related to COVID-19 in Durham County from March 12, 2020 through February 28, 2022.¹³



Life Expectancy of Durham County Residents by Sex and Race ¹⁴				
	Male	Female	White	Black
2017-2019	77.5	82.7	82.6	77
2016-2018	77.5	82.7	82.4	77.1
2015-2017	77.2	82.5	82.2	76.8
2013-2015	77.1	82.3	82	76.7

Why are there inequities?

Mortality rates are higher for Black or African Americans than other races or ethnicities for all leading causes of death in Durham County, with the greatest disparities in cancer and heart disease. Mortality rates are higher for men than women each of the leading causes of death.

Life expectancy rates are similar to previous years, still showing lower life expectancy for Black residents than white residents. Average life expectancy overall is 80.2 2016 to 2018.¹⁴

Community Health Improvement Plans Measures

Number of community health workers employed in Durham County	Baseline will be set summer of 2022
Percent of uninsured and underinsured residents who have a usual primary care provider	82.9% of black residents, 82.9% of white residents and 50.8% of Hispanic/Latin residents; updated data available fall 2022 ¹⁵
Percent of Durham County residents who report getting the social and emotional support they need always or usually	County-wide– 76.9%; Hispanic/Latin– 52.2%; updated data available fall 2022 ¹⁵
Number of housing resources available in NCCARE360	12 organizations ¹⁶
Number of Durham County residents referred and linked to housing resources through NCCARE360	766 referrals made, 302 accepted by the receiving organizations January-December 2022 ¹⁶
Confirmations among lead tested ages birth to 6 years	5,104 tested; 10 with 5-9 mcg/dl and 3 confirmed with 10-19 mcg/dl (2019) ¹⁷
Residents who understand the effect of housing on health	55% County-wide; 40% Hispanic/Latin; updated data available fall 2022 ¹⁵
Number of days of the past 30 were not good mental health days	County-wide– 0 days 51.6%; 1-2 days 13.8%; 17.8% 8 or more days out of the last 30. Hispanic or Latin- 0 days 56.4%; 1-2 days 12.3%; 11.1% 8 or more days out of the last 30. ¹⁵
Percent of residents who received the social and emotional support they need always or usually	75.9% County-wide; 52.2% Hispanic or Latin; updated data available fall 2022 ¹⁵
Number of new Healthy Mile Trails created by December 31, 2021	8 existing Healthy Mile Trails; 2 new
Produce redeemed by Bull City Bucks participants	Distributed \$53,334 January 1, 2022 through August 31, 2021 when program ended ¹⁸

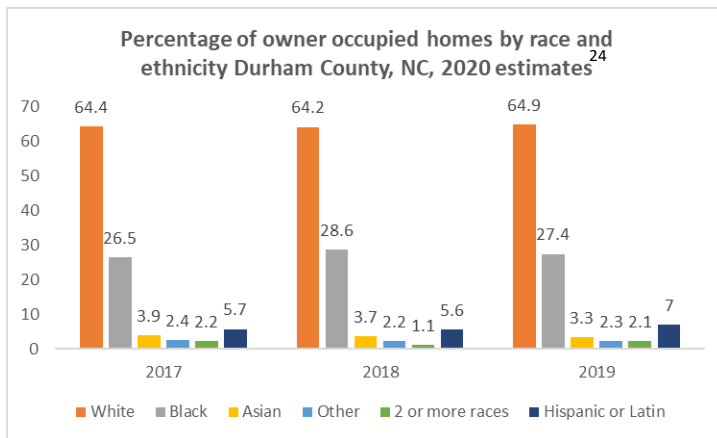
Partnership for a Healthy Durham committees developed measurements to determine progress in the top health priority areas identified by the 2017 Community Health Assessment carried over to 2020. Committees are comprised of community members and organizational representatives who are responsible for executing the Community Health Improvement Plans. These measurements are indicators of progress made with the top health priorities.

Changes in Data: Affordable Housing

Healthy NC 2030 Indicator: Severe housing problem **Desired Result:** Improve Housing Quality **2030 Goal:** 14%

Affordable housing was the top health issue identified by Durham County residents in the 2017 Community Health Assessment process carried over for 2020. Individuals facing high housing costs are less likely to have established healthcare providers, are less likely to get sufficient care for chronic illness and are more likely to seek care from emergency departments.

The median sale price of homes increased from \$229,000 in 2015 to \$290,500 in 2020, a \$61,000 difference, and an increase by 27% over a five-year span.¹⁹ Approximately 51% of Durham renters were considered cost-burdened in 2019.²⁰ During the global pandemic, the price of housing continues to rise. More recent data show that rent increased by 39% in Durham from March 2020 to August 2021 and the median sale price of homes increased by 25.4% from 2020 to 2021.^{21,22} The United States Department of Housing and Urban Development (HUD) defines housing cost burdened as 30% or more of a household's income used on housing. According to the Census Bureau's Household Pulse Survey: Measuring Social and Economic Impacts during the Coronavirus Pandemic, approximately one in six renters were not caught up on rent during the pandemic and people of color are facing the greatest hardship.²³



Why are there inequities?

As is evident in the data, housing is also an issue of equity and racism. Historic policies such as “redlining”, a federal mortgage policy of the 1930’s and 40s, continue to impact disparities in home ownership which contributes to gaps in generational wealth and quality of housing stock. In addition, the construction of the Durham Freeway (Highway 147) caused the destruction of African American neighborhoods such as Hayti and St. Theresa. African American owned businesses were destroyed and caused the displacement of thousands of African Americans.²⁵

Progress Made in the Last Year

The Partnership for a Healthy Durham Health and Housing committee focused on efforts to remediate low-income housing units, COVID-19’s impacts on evictions and resources available, in addition to strategies to connect people to resources. The group discussed the unique needs of specific populations occupying affordable housing units and ways to advocate to landlords and builders for safer housing conditions.

As a part of the Affordable Housing Investment Plan, an affordable 82-unit apartment opened at Willard Street in March of 2021 with a mix of 30% and 60% Average Median Income priced units. This project was developed by Self-Help Ventures Fund, Duke University, the City of Durham and Capitol Broadcasting. Renovation was completed at Laurel Oaks, a 30-unit Durham Housing Authority family community in March of 2021 with the support of \$800,000 in City funding. The City invested approximately \$4 million in housing related COVID-19 relief funds for emergency rental assistance, impacts on homeless individuals and in nonprofit affordable housing developers.²⁶

Durham City and County governments partnered to provide assistance for those behind on rent or facing eviction due to the COVID-19 pandemic. Durham’s \$9.6 million Emergency Rental Assistance Program (ERAP) is federally funded by the U.S. Department of Treasury. Durham County Department of Social Services managed this initiative and conducted outreach to landlords, advocating for them to accept payments from this program.²⁷

A homeowner grant for those who are experiencing hardship paying property tax is available through the City of Durham. The Longtime Homeowner Grant is designed to assist longtime homeowners that may have experienced an increase in their property taxes due to the City of Durham's revitalization efforts in the Southside, Walltown, Northeast Central Durham (NECD), and Southwest Central Durham (SWCD) target areas. Applications are available on the City of Durham’s website.²⁸

Durham Technical Community College plans to build affordable housing units for students and the community. A survey completed by more than 700 students in 2017 revealed that more than half experienced forms of housing insecurity in the past twelve months, nearly twenty percent reported experiencing homelessness in the timeframe. This plan includes a 124-unit affordable housing community and will prioritize Durham Tech students for at least twenty percent of the building. They are seeking financing for this multi-year project in collaboration with experienced affordable housing developers.²⁹

Changes in Data: Access to Healthcare and Insurance

Healthy NC 2030 Indicator: Uninsured Rate Desired Result: Decrease the uninsured population Target: 8%

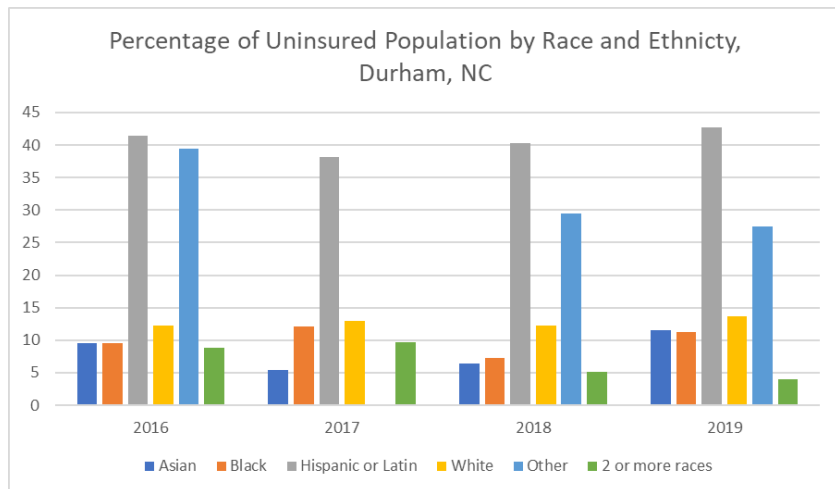
Healthy NC 2030 Indicator: Primary Care Workforce Desired Result: Increase the primary care workforce Target: 100 counties 1:1,500

Access to healthcare and insurance was identified as the second highest health priority in Durham County in the 2017 Community Health Assessment carried over for 2020. Affordable health care services are most often obtained by health insurance. Preventing and managing diseases entails access to quality and comprehensive health care services. Care often is not accessible or affordable for those without healthcare, which can result in poor health outcomes due to the lack of preventative care and treatment for injuries and acute illnesses. According to the 2020 Community Health Assessment, the primary reasons for residents not receiving the healthcare they needed were lack of health insurance, the cost was too high, or insurance did not cover the care needed.¹⁴

The percentage of uninsured Durham residents rose from 12.2% in 2018 to 14% in 2019 meaning approximately 40,573 Durham County residents under the age 65 are uninsured.³⁰ While this number is based on a smaller sample size, the information estimated in the 2019 sample by race and ethnicity is below. During community listening sessions hosted by Partnership for a Healthy Durham in 2021, the need for digital literacy in navigating healthcare was magnified during the pandemic. Several respondents stated that it was difficult to receive traditional health screenings and appointments because of the focus on COVID-19.

Why are there inequities?

People of color are more likely to be paid lower wages than white workers, leading to issues affording the cost of healthcare. Further, lower waged jobs are less likely to offer employer-based insurance which is the largest source of insurance in North Carolina. Health insurance requiring proof of immigration status also creates barriers, leading to disparities for undocumented residents.³¹



Progress made in the last year

The Partnership's Access to Care committee continued expanding opportunities for community health workers (CHWs) by focusing on training availability, sustainability of funding community health worker roles and providing spaces for support for those who deliver care directly to the community. Several organizations who employ community health workers received funding to help deploy resources in response to the COVID-19 pandemic. The committee also developed health literacy tools encouraging residents to receive COVID-19 and Flu vaccines.

Durham Technical Community College continues expanding its community health worker program and added an additional staff person. Organizations such as El Centro Hispano, Lincoln Community Health Center, Project Access, Together for Resilient Youth (TRY) and more employed CHWs and who they have been on the front lines before and during this pandemic.

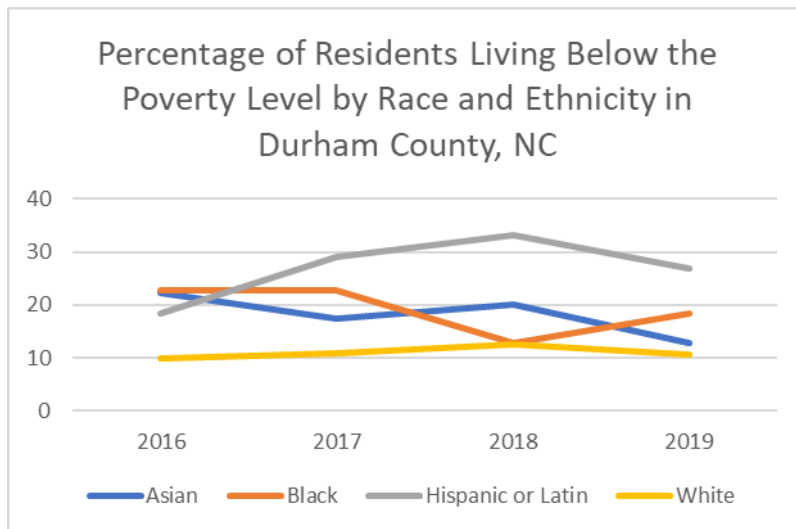
Medicaid Transformation launched in July of 2021 changing the way 1.6 million Medicaid beneficiaries receive services through NC Medicaid Managed Care health plans. This program's payment structure rewards better health outcomes, integrates physical and behavioral health, and invests in nonmedical interventions.³²

Changes in Data: Poverty

Poverty is Changing in Durham

Healthy NC 2030 Indicator: *Individuals below 200% federal poverty line* **Desired Result:** *Decrease the number of people living in poverty* **Target:** 27%

Poverty was identified as the third top health priority in the 2017 Community Health Assessment carried over for 2020. Level of income is a strong predictor of health status and access to resources. Vital resources that impact health such as food, healthy housing, transportation, and education are restricted by low income, creating barriers to living healthy lives. The percentage of the population below the poverty level in Durham decreased from 15.8% in 2018 to 14.1% in 2019, similar to the rate of North Carolina.^{33 34} While decreasing poverty levels is the goal, this metric is impacted by the salaries of residents moving into the city. On average, new Durham residents earn an average of \$10,000 more than the average Durham resident.³⁵



Why are there inequities?

Black and Brown people experience higher rates of economic insecurity and several health concerns in Durham, as in most places in the United States. Economic insecurity and health concerns are linked and are caused by decades of institutional and systemic racism.

Higher poverty rates among Black and Hispanic or Latin populations in Durham County lead to more exposure to poverty related effects such as higher rates of food insecurity, lower rates of health insurance, and more exposure to Adverse Childhood Experiences. The impacts of slavery, decades of Jim Crow, and ongoing racism and discrimination continue to exclude Black or African Americans from intergenerational access to capital and finance. This has resulted in higher rates of poverty for Black or African Americans than white Americans.^{36 37}

Progress Made

In September of 2020, former Mayor Steve Schewel joined the Mayors for a Guaranteed Income Network. This is one of several pilot programs across the nation that guarantees monthly cash payments directly to individuals to supplement income in effort to close the racial and gender income gap. Durham's initiative will focus on those who were formally incarcerated to improve the transition from institutions to homes. This pilot program is being administered by Step Up Durham.³⁸

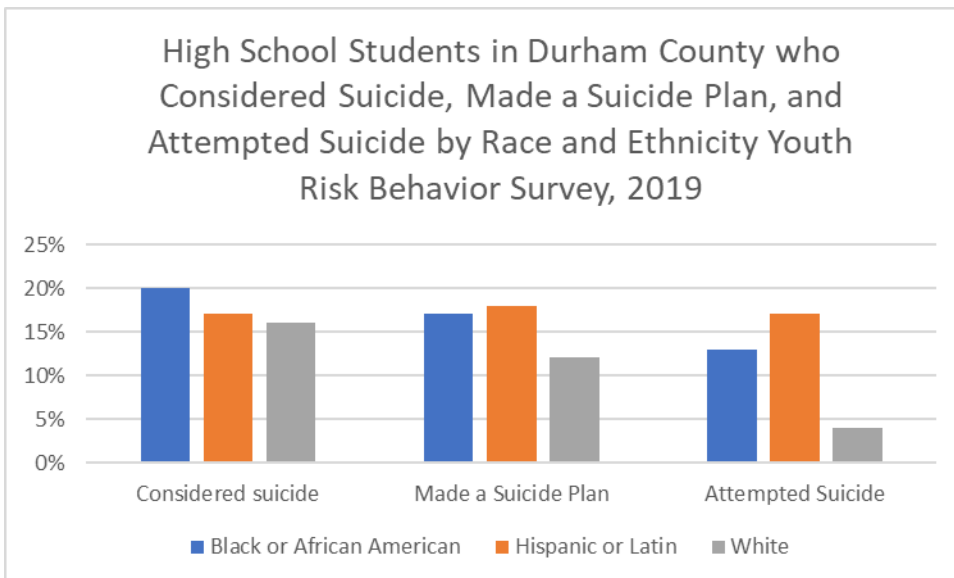
End Poverty Durham continues to address the connections between racism and poverty. The major areas of poverty this group focuses on are education, housing, healthcare, jobs and family support. Conversations about reparations for slavery continue as well.

Changes in Data: Mental Health

Healthy NC Indicator: *Suicide rate* **Desired Result:** *Improve access and treatment for mental health needs*
Target: 11.1 per 100,000

Mental health was identified as the fourth health priority in the 2017 Community Health Assessment carried over for 2020. Mental health and well-being are linked to deaths caused by suicides. Many people whose deaths are caused by suicide experienced high stress traumas or experienced mental illness (HealthyNC2030). When people were asked how they deal with stress in the 2019 Community Health Assessment Survey, exercising, socializing, and engaging in religious activities were the most common responses.¹⁴ These answers were captured pre-pandemic, with many of these activities being limited or stopped for several months due to pandemic precautions. Many gyms closed, socializing was replaced with social distancing and many religious activities moved online. While the impacts of these times are not yet captured in data, research suggests that pandemics cause disruption, anxiety, stress, stigma and xenophobia.

The chart below shows youth surveyed in Durham County Public Schools who considered, made a plan for, and attempted suicide in Durham County in 2019.³⁹



Why are there inequities?

Black or African American students reported the highest rates of considering suicide while Hispanic or Latin students reported the highest rates of making a suicide plan. White students attempted suicide at the highest rates. These rates indicate the need to focus mental health interventions on each of the racial and ethnic groups. While Durham has a better ratio for service providers to the number of residents than the stat average, there is a need for additional mental health services.

Progress Made

The Partnership for a Healthy Durham Mental Health committee shifted much of its focus towards COVID-19's impacts on the community's mental health. Many community conversations included concerns about children being disconnected from peers, the aging population in congregate living settings not being able to see family, and health providers being fatigued and isolated from family and friends. Given the need for mental health resources, the committee developed a mental health resource brochure, available in print and digital copy, in both English and Spanish and can be accessed at healthydurham.org. Because many mental health committee participants are also providers, meetings often served as a space for support.

The Durham County Criminal Justice Resource Center (CJRC) received a \$467,696 grant award from the United States Department of Justice for the Mental Health Court Expansion Initiative. The CJRC, in collaboration with Durham County Courts and Durham County District Attorney's Office will utilize best practices and work to enhance the capacity of the existing Mental Health Court. This is an increase from the award of \$228,828 award received in 2016.⁴⁰

Changes in Data: Obesity, Diabetes and Food Access

Obesity, Diabetes, and Food Access

Healthy NC Indicator: *Access to exercise opportunities* **Desired Result:** *Increase physical activities* **Target:** 92%

Healthy NC Indicator: *Limited access to healthy food* **Desired Result:** *Improve access to healthy food* **Target:** 5%

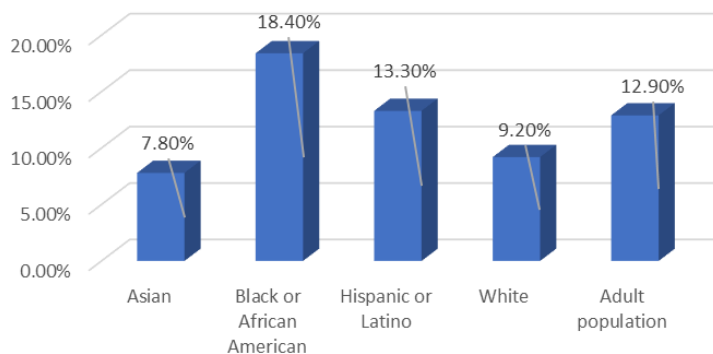
Obesity, diabetes, and food access was selected as the fifth health priority by respondents to the 2017 carried over for 2020. "Exercise is linked to positive physical, psychological, and social outcomes. Communities that create spaces for physical activity have healthier people with decreased risks of obesity, heart disease, and other chronic conditions that increase morbidity and mortality." (Healthy NC 2030). In 2019, 68% of region 5 of NC, which includes Durham County, were considered overweight or obese.

In the 2019 Community Health Assessment survey, when respondents were asked what makes it hard to eat a healthy diet the top two reasons listed were that it was too time consuming and cost. About one in 10 people reported skipping or cutting the size of their meals because they didn't have enough money to buy food.¹⁴ There were racial disparities in those findings, showing that barriers to accessing food impact Black or African American residents at a greater rate than white residents.⁴¹

Why are there inequities?

The chart to the left shows racial disparities in type two diabetes. In Durham County, Black or African Americans experience diabetes at twice the rate of white residents. Diabetes is linked to food insecurity. Food insecurity rates are higher for Black or African Americans in Durham than white residents. Discriminatory practices and policies have created barriers to Black or African Americans obtaining financial resources, leading to having less money for supplies such as food.⁴² People with diabetes and food insecurity have worse diabetes control, higher health care costs and lower adherence to diabetes medications and supplies.

Type 2 Diabetes Prevalence by Race and Ethnicity, 2017



Progress Made

The Partnership for a Healthy Durham Obesity, Diabetes and Food Access committee changed its name to Physical Activity, Nutrition and Food Access (PANFA) at the end of 2021. Committee members engaged in a process that involved thoughtful conversations around equity and focus on the initiatives that help solve health issues. The goal was to specify the committee's focus and to utilize more inclusive language.

The PANFA committee worked towards several initiatives through the physical activity, food access, and school nutrition workgroups. The committee installed two new Healthy Mile Trails in 2021, at Northgate Park and Whipoorwill Park. While schools were closed during the COVID-19 pandemic, the committee printed and distributed 200 signs in English and Spanish, directing families with school-aged children to meals at Durham Public Schools locations. The Partnership purchased 310 coolers for Durham Public Schools nutrition, helping staff safely transport pick-up meals during virtual learning. The committee also participated in a community informed project to make biking, walking, and rolling safer on Miami Blvd.

The City of Durham's budget includes \$6 million dollars in the 2021-2022 fiscal year budget for reparations for slavery. This money is being used to fund green and equitable infrastructure in historically Black neighborhoods in Durham.⁴³

Durham County staff and community organizations started the COVID-19 Food Security Task Force in April 2020 as a response to the pandemic. The task force worked with community partners, distributed personal protective equipment (PPE) supplies, and aided in obtaining emergency food contracts. The Food Security Task Force continues to meet monthly and includes organizations and individuals working towards food security throughout the community. The County created a Food Security Task Force Coordinator position to support the community and continue efforts to achieve equity in our food systems.⁴⁴

The state-wide Support Services Program partnered with Community Health Workers to provide a food delivery service for those who tested positive for, or were exposed to, COVID-19 and needed food to safely quarantine or isolate. CHWs from El Centro Hispano delivered this service and communicated with residents in English and Spanish.

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