

EXECUTIVE SUMMARY

The goal of the 2017 Community Health Assessment (CHA) is to provide a comprehensive compilation of valid and reliable information about the health of the Durham community. This document summarizes the findings from the 18-month Community Health Assessment process led by the Partnership for a Healthy Durham, the Certified Healthy Carolinians program of Durham County. The Partnership's Community Health Assessment Team consisted of community members, representatives of the Durham County Department of Public Health as well as Duke Health, including Duke University Hospital and Duke Regional Hospital; City of Durham and Durham County governments, East Durham Children's Initiative, El Centro Hispano, Durham Partnership for Children, Partnership for Seniors, Project Access of Durham County, Durham Public Schools, TRY, LGBTQ Center of Durham, Duke University and many more partners. The team sought to include a variety of community health topics and to represent a broad range of opinions, ideas and data about the county. The CHA process utilized a variety of strategies to ensure the report represents the opinions of a significant portion of community members, health care providers and stakeholders.

As such, there are 14 chapters with 48 sections on various community health topics.

For more information on the Partnership for a Healthy Durham, visit www.healthydurham.org, [Twitter](#) or [Facebook](#).

Community Health Assessment Process

The 2017 assessment process included 358 resident surveys from randomly selected households and three community listening sessions with 42 community members. For the past year, 95 individuals have contributed to the writing of this document. Individuals representing hospitals, universities, local government, schools, non-profit organizations, and faith-based organizations have worked to ensure that the activities of the assessment process and the written content reflect what is happening in Durham.

Each Durham Community Health Assessment process utilizes community input sessions and culminates in the selection of health priorities and the compilation of recommendations or ideas for how to address the top five health priorities. The priorities were identified in an

What is a Community Health Assessment?

A process by which community members gain an understanding of the health concerns that affect their county by collecting, analyzing, and disseminating information on community assets and needs. The process culminates in the selection of community health priorities.

The State of North Carolina requires that all Local Health Departments submit a comprehensive Community Health Assessment at least once every four years and a State of the County Health Report (SOTCH) in each of the interim years. The Federal Patient Protection and Affordable Care Act (health care reform), also requires non-profit hospital systems to conduct a community health assessment every three years. Current and previous assessments and health reports can be viewed at www.healthydurham.org.

online convenience sample conducted in January and February 2018. The next step is a strategic planning process to determine committees for the Partnership for a Healthy Durham and create a three-year community health improvement plan (CHIP) for Durham County based on our findings.

Sources

Data in the 2017 Community Health Assessment came from:

1. *County Community Health Assessment Survey*: This anonymous survey, conducted in October and November 2016, used census data and Geospatial Information Systems (GIS) software to randomly select two samples of households in Durham County. In the first random sample, any household in Durham County was eligible to be selected. Only Latino and Hispanic residents were eligible to participate in the second random sample, and thus only households in census blocks with more than 50% Hispanic or Latino residents according to the 2010 Census were eligible to be selected. More details about the sampling methods are provided in Chapter 2.
2. *Youth Risk Behavior Survey (YRBS)*: This biannual survey is anonymous and includes a random sample of middle and high schools in the Durham Public School system. Schools are randomly selected to participate. Data from the 2015 survey is included in this document; the most recent survey was conducted in 2017, but data are not released from the CDC until the spring of 2018 and thus could not be analyzed in time to include in this document.
3. *Community listening sessions*: Three listening sessions were held between November 2017 and March 2018. Community members who participated in listening sessions discussed health assessment findings and provided context and a richer picture of community needs and priorities in Durham County.
4. Vital statistics (births, deaths, fetal deaths, pregnancies, marriage, and divorce)
5. The Behavioral Risk Factor Surveillance Survey (health behaviors and risk factors and self-reported disease information)
6. Basic Automated Birth Yearbook (BABY Book - summary of infant and maternal characteristics, such as prenatal visits and birth weight)
7. Cancer surveillance data
8. North Carolina Hospital Discharge Data
9. Agencies and organizations in Durham County

Throughout the assessment, Durham's rates are compared with those of North Carolina and its five peer counties: *Cumberland, Forsyth, Guilford, Mecklenburg and Wake*. Data citations from each section appear at the end of the corresponding section.

Summary of findings

Areas to celebrate

Durham Exceeds State Health Goalsⁱ

North Carolina has set 40 statewide health objectives with targets to reach by 2020. Durham

State and County Overall Health Rankings, 2017

- North Carolina: 33 out of 50 states
- Durham County: 15 out of 100 counties

Sources: www.americashealthrankings.org
www.countyhealthrankings.org

has seen improvement in 10 of the 40 objectives since 2013 and is meeting the state goals in 12. Many of the objectives do not show improvement such as homicide rate, infant mortality racial disparity and adults with diabetes. While some of this is due to cuts in health services funding, the lack of improvement can be linked to health inequities which are the result of poverty, racism and discrimination. Many communities do not have equal opportunities because of lack of access to social determinants of health that have a strong impact on lives such as jobs, education, healthy foods and safe and affordable housing.

Research shows that factors such as poverty, unemployment, low educational attainment, poor quality housing and environment shape health and play a role in health inequities. For these reasons, many communities cannot achieve health equity.

These inequities to social determinants of health caused by practices, policies and legislation to maintain unequal distribution of power, most often affect communities of color. This is why there is an intersection between health and racial inequities.

However, some of the objectives showing improvement are linked to Durham's health priority areas (physical activity, alcohol consumption by high school students, life expectancy). This community can take pride in these improvements. Below are the 12 state goals Durham meets:

- Unintentional poisoning mortality rate
- Percentage of women who smoke during pregnancy
- Suicide rate
- Percentage of adults meeting Centers for Disease Control and Prevention aerobic recommendations
- Average number of critical violations per restaurant/food stand
- Percentage of children aged 1-5 years enrolled in Medicaid who received any dental service*
- Infant mortality rate
- Percentage of the population being served by community water systems (CWS) with no maximum contaminant level violations
- Percentage of traffic crashes that are alcohol-related
- Pneumonia and influenza mortality rate
- Percentage of air monitor sites meeting the current ozone standard of 0.070 ppm
- Average life expectancy

Durham County has many assets including the following:

Education levels

Durham County has more than twice the percentage of residents who have received a graduate or professional degree compared to North Carolina (21.6% vs. 10.2%).^{ii,iii} Durham County is also home to several well respected institutions of higher learning, including Duke University, North Carolina Central University and Durham Technical Community College.

Community Engagement

Durham's residents are very engaged in what occurs in the City and County. Between civic groups such as the InterNeighborhood Council (INC), Durham CAN and organizations such as the Village of Wisdom and Partners Against Crime (PACs) districts, community members participate in a

variety of issues that impact Durham County residents. In 2018, three first-time members were elected to the City Council based on grassroots efforts and a desire for change in Durham.

High number of medical providers and clinics

Durham is a community rich in medical resources with an exceptionally good ratio of primary care providers to the number of residents (1:810). This compares to the state ratio of 1:1410 and far exceeds the top performing counties in the U.S. (1:1040).^{iv} Durham County is ranked sixth in the state for Clinical Care.^v As the home of Duke University Health System, there are many medical experts in all fields. There are also many clinics that serve low-income and indigent residents such as Samaritan Health Center and CAARE Inc. and Lincoln Community Health Center, one of the oldest Federally Qualified Health Centers in the country. Project Access of Durham County (PADC) links eligible low-income, uninsured, Durham County residents with access to specialty medical care fully donated to the patients by the physicians, hospitals, labs, clinics and other providers participating in the network.

Abundance of parks and open spaces

Durham Parks and Recreation operates seven recreation centers. Amenities of these facilities include: seven gymnasiums, five dance studios, two indoor pools, three fitness facilities and two indoor walking tracks. In addition, three outdoor pools are operated in the summer months. Durham has approximately 30 miles of accessible trails and greenways with approximately 178 miles of planned trails and greenways. Additionally, several trails in Durham provide key linkages to the North Carolina Mountains to Sea Trail.^{vi}

Most pressing health concerns & priority issues

The 2016 Durham County Community Health Assessment Survey asked residents to rank their top three community issues, health problems and services needing improvement. A random sample of 210 households throughout the county were chosen in addition to a random sample of neighborhoods with more than 50% Latino households. Results are in the charts below:^{vii}

Top Responses From the Durham Full County Sample		
Community Issues	Health Problems	Services Needing Improvement
1. Substance use	1. Obesity/overweight	1. Higher paying employment
2. Discrimination and racism	2. Mental health	2. Sidewalks and bike lanes
3. Poverty	3. Diabetes	3. Affordable housing

Top Responses from the Hispanic/Latino Neighborhood Sample

Community Issues	Health Problems	Services Needing Improvement
1. Violent crime	1. Diabetes	1. Positive teen activities
2. Theft	2. Cancer	2. More health care providers serving Medicaid and uninsured populations
3. Substance use	3. Obesity/overweight	3. Affordable housing

Durham County's top five health priorities were identified through an online survey in English and Spanish. The survey was also conducted in person at grocery stores, libraries, Durham County Department of Public Health clinics, and bus stations during January and February 2018. The purpose of the survey was to narrow down priority health issues in Durham County.

2017 Durham County Health Priorities

1. Affordable Housing
2. Access to Healthcare and insurance
3. Poverty
4. Mental Health
5. Obesity, diabetes and food access

The five top health priorities are summarized below. The Partnership for a Healthy Durham will vote on which committees to focus on from 2018-2021 at the April 18, 2018 Quarterly meeting. The Partnership will then begin creating a community health improvement plan (CHIP) to address the top priorities.

Affordable Housing

Affordable housing, as defined by HUD, requires no more than 30% of a family's monthly income. If a family spends more than 30% of income on housing they are less able to pay for other expenses such as food and health care. The increased cost burden of unaffordable housing adds to psychosocial stressors that can negatively impact a family.^{viii} Renters make up 40% of households in Durham and almost half of them are defined as cost-burdened (i.e., paying more than 30% of their monthly income for housing).^{ix}

"I believe affordable housing is the most pressing issue we face in Durham. I don't have a solution but I feel this issue needs to be addressed immediately and with all resources available. Durham should be accessible to all its residents."

— Durham County resident, 2018 Community Health Assessment Prioritization survey

Access to healthcare and health insurance

Despite the number of low cost and free clinics in Durham County, there are still many Durham residents who have trouble accessing care when they need it. Barriers to obtaining health care can range issues with transportation, language barriers, or distrust of the healthcare system. According to the 2016 Community Health Assessment Survey, the top reasons identified by Durham County residents for why they or someone in their household could not access necessary healthcare included insurance didn't cover service, copay was too high, lack of insurance, couldn't get an appointment, didn't know where to go and provider didn't take their insurance. These factors will have to be addressed in order for all Durham County residents to access the healthcare they need.^x

“Healthy citizens can be productive and have stable families. Housing, access to health care is critical.”

– Durham County resident, 2018 Community Health Assessment Prioritization survey

Poverty

Poverty has a strong impact on health and is an important concern for Durham residents. Research now shows that even the risk of an adverse change in material conditions - economic and housing insecurity, as well as un- or underinsured health insurance coverage - affect health outcomes. Reasons for the association between economic insecurity and health include the health effects of stress resulting from economic insecurity, effects on food consumption of stress and spending limitations, and restricted use of health services.^{xi,xii}

“...poverty is at the top of the list and that has a waterfall effect on the other areas- housing, food access, etc...”

– Durham County resident, 2018 Community Health Assessment Prioritization survey

Mental health

Mental health and substance use disorders have indirect costs such as prevention, treatment, and recovery supports; but also indirect costs such as motor vehicle accidents; premature death; comorbid health conditions; disability and lost productivity; unemployment; poverty; school difficulties; engagement with social service, juvenile justice, and criminal justice systems; homelessness; among other problems.^{xiii}

“Mental health needs more accessibility.”

– Durham County resident, 2018 Community Health Assessment Prioritization survey

Obesity, diabetes and food access

As of 2016, 65% of adults in the Piedmont region, which includes Durham, were overweight or obese.^{xiv} Additionally, 12% of Durham high schoolers were obese as of 2014.^{xv} Obesity is a strong

contributor to diabetes. In 2015, 14.1% of Durham County residents aged 18 years or older who received some level of care from Duke Health and/or Lincoln Community Health Center had diabetes.^{xvi} Many diseases are linked to nutrition including overweight or obesity, hypertension, high cholesterol, diabetes, and some cancers. Food insecurity, the state of being without reliable access to a sufficient quantity of affordable, nutritious food has a large impact on a person's diet. It is estimated that 17.9% of Durham residents (51,710 people) are food insecure.^{xvii}

“Until healthy food is more affordable than fast food and junk food, we are unlikely to be able to significantly affect the issues of obesity, diabetes, and food access.”

– Durham County resident, 2018 Community Health Assessment Prioritization survey

Emerging issues

Each section of the document includes data on emerging issues, but additional issues facing Durham County in coming years include the lack of data for the LGBTQ+ population, lack of affordable housing and widening inequality.

Chapter 14 on LGBTQ+ issues was included for the first time in the 2017 Durham County Community Health Assessment. In writing this chapter, the authors found very little local primary or secondary data for this population. Data that was used was mainly from a national or statewide perspective. Durham County needs to collect data on those who identify as LGBTQ+ to detect disparities and best meet the needs of this community.

The 2018 Community Health Assessment Prioritization survey captured the feelings of Durham County residents about the widening inequality in Durham. Survey respondents listed several factors for this including jobs that don't pay a living wage, higher housing costs, gentrification and an overall increase in the cost of living. Several Durham residents stated that it is getting expensive to live in Durham. Coordinated efforts are needed to ensure Durham remains affordable for all residents.

Conclusion and next steps

The findings from this 2017 Community Health Assessment suggest that Durham is poised to become not only a *City of Medicine* but also a *Community of Health*. The work of the *Partnership for a Healthy Durham*, which is currently planning and implementing several far-reaching health initiatives, will be critical to bringing about this transition.

The next steps are to:

- Allow a one-month period for Durham County residents to make comments on the substance of this report.
- Determine the committees the Partnership for a Healthy Durham will have 2018-2021 to address the health priorities.
- Share findings with community members and organizations throughout Durham County.

- Develop community health improvement plans to be submitted to the State of North Carolina by September 4, 2018.

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