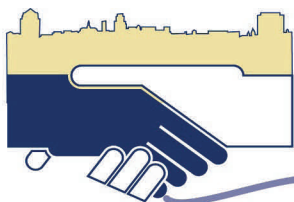


2010

Durham County



Partnership for a Healthy Durham

State of the County Health Report



How healthy are Durham County residents?

What is affecting their health?

What groups of people are not as healthy as others?

Who is getting health care?



Electronic copies of this report and other Durham County health reports are available at:

www.healthydurham.org

Printed January 2011

Current health priorities

Identified from the 2007
Community Health Assessment

- ◆ Access to Healthcare
- ◆ Adolescent Pregnancy
- ◆ HIV/STDs
- ◆ Infant Mortality
- ◆ Injury Prevention
- ◆ Mental Health
- ◆ Obesity & Chronic Illness
- ◆ Substance Abuse

This report is a summary of health trends among county residents. It provides the most current data highlighting county demographics, leading causes of death, and the county's eight health priorities. Its purpose is to educate the community about the health of its citizens and to serve as a resource for grant writing, local policies, budgets, and programs.



DCHD
Durham County
Health Department
EveryWhere. EveryDay. EveryBody.

The Partnership for a Healthy Durham and the Durham County Health Department are pleased to release the annual State of Durham County's Health Report for 2010. Every four years Durham County conducts a comprehensive community health assessment in which county residents are interviewed about their health and data are compiled from many sources. The most recent assessment was completed in 2007 and the next community health assessment is in 2011. In the interim years, this report is presented to the public. The State of Durham County's Health report highlights challenges, progress, and addresses any emerging issues. This is a statewide effort to meet the Healthy Carolinians 2010 health objectives.

The Partnership for a Healthy Durham, the local Healthy Carolinians partnership, is a coalition of local agencies and citizens dedicated to improving the physical, mental, and social health and well-being of Durham residents. It also serves as the Durham City & County's *Imagine Durham* Health workgroup.

Durham's Demographics and Health

2009 Durham County Demographics¹

The estimated 2009 population of Durham County is 269,706.

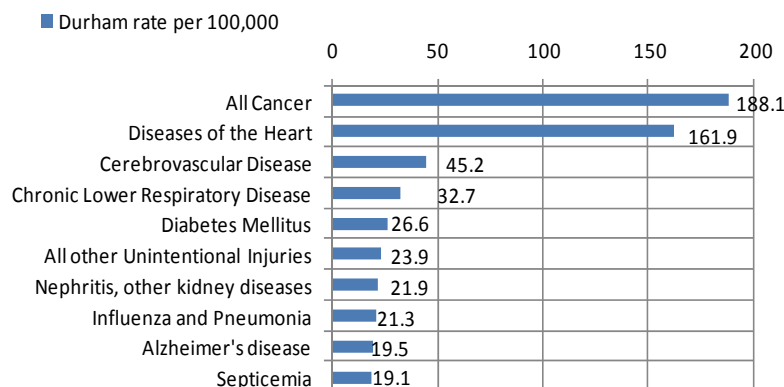
Sex	Estimate	Percent
Male	129,161	47.9%
Female	140,545	52.1%
Race (non-Hispanic)	Estimate	Percent
White	122,031	45.2%
Black or African American	95,112	35.3%
American Indian	301	0.1%
Asian	10,957	4.1%
Other race/multi-racial	8,500	3.1%
Ethnicity	Estimate	Percent
Hispanic (of any race)	32,805	12.2%

2010 Economic Snapshot^{2, 3, 4}

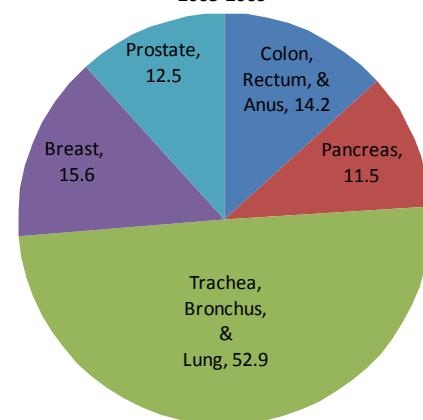
- ◆ 9,937 individuals, or 7% of the work-force, is unemployed which is the lowest levels seen since 2008
- ◆ 38,199 individuals receiving SNAP (food stamps) benefits from January through September 2010
- ◆ 50,980 Medicaid and 5,252 NC Health Choice recipients in FY'10. Medicaid enrollment increased by 7.5% from last year.

Leading Causes of Death, 2005-2009⁵

Age-adjusted death rates



Cancer Death Rates⁵ 2005-2009



Death Rates: Top Racial Disparities (Blacks compared to Whites)⁵

1. AIDS
2. Homicide
3. Diabetes
4. Nephritis, kidney diseases
5. Prostate Cancer

Health insurance reform⁶ will assist Durham residents

On March 23, 2010, President Obama signed the Affordable Care Act. The majority of changes made in health insurance reform will be complete by 2014. Here's what took effect in 2010:

- ◆ Those who reach the Medicare Part D coverage gap or "doughnut hole" receive a \$250 rebate to help pay for prescription drugs.
- ◆ Young adults up to age 26 can remain on their family's health insurance plan.
- ◆ Temporary insurance, also known as "high risk pools," begins covering people who have a pre-existing condition and have been without insurance for the last 6 months.
- ◆ Individuals with new employer-based or individual insurance plans do not have to pay a deductible and other out of pocket costs for certain preventive care services.
- ◆ Insurance companies can't drop your coverage if you become sick.
- ◆ Companies can't place life-time limits on health coverage. They are also restricted from using arbitrary annual limits on your health coverage.

For current information on healthcare reform, visit:
<http://www.healthcare.gov>

Celebrating Durham's successes

New legislation and innovative programs

- ◆ **North Carolina Smoke-free Restaurant and Bar Law** prohibits smoking in all restaurants and bars across North Carolina and became effective on January 2, 2010. High compliance rates and the relatively small number of reported violations in Durham County are evidence of the public's readiness for this change.
- ◆ The **Healthy Youth Act** will benefit North Carolina public school students because it requires schools to provide 7th, 8th and 9th graders with medically accurate information on STD prevention, pregnancy prevention and healthy relationships.
- ◆ **ADAP:** In North Carolina, tremendous support was given by the State's legislature by approving earlier this year an additional \$14.1 million that allowed 654 people across the state to receive life-saving HIV medications through the **AIDS Drug Assistance Program (ADAP)**.
* * *
- ◆ **Durham Teen Center** opened this year to serve middle and high school students during after school hours.
- ◆ **Bull City Summer Streets (BCSS)** follows the tradition of open streets events that began with Bogota, Colombia's 'ciclovía.' The pilot of BCSS was one of the first such events in North Carolina. A one mile loop of streets was closed to automobile traffic and opened as public boulevards. Over 1,100 people enjoyed the physical activity, community, and environmental awareness promoted by this event.

Durham met statewide health goals

NC 2010 Health Objective	2010 Target	Durham
Reduce the % of middle and high school students who sniffed glue or spray containers to get high ⁷	13%	12.2% 3.5%
Reduce the % of middle school students who have ever used any form of cocaine ⁷	4%	2.8%
Reduce cigarette smoking by middle and high school students ⁷	7.5% 15.8%	5.9% 15.5%
Decrease the % of children, grades 6 to 12, who begin smoking before 11 ⁷	10%	4.2% 6.3%
Reduce tobacco use among adults ⁸	12.5%	10.6%
Reduce infant mortality rate ^{*5} (infant deaths per 1,000)	7.4	7
Increase % of women receiving prenatal care in first trimester to 90% ⁹	90%	93%
Reduce deaths caused by motor ⁵ vehicle crashes (deaths per 100,000)	15.8	11.7

^{*5}-year rates are used to report infant mortality trends since the numbers are small. Durham's 2009 annual rate (8.4) did not meet the state goal.
Note: When two numbers are presented, the first one is the middle school percentage.

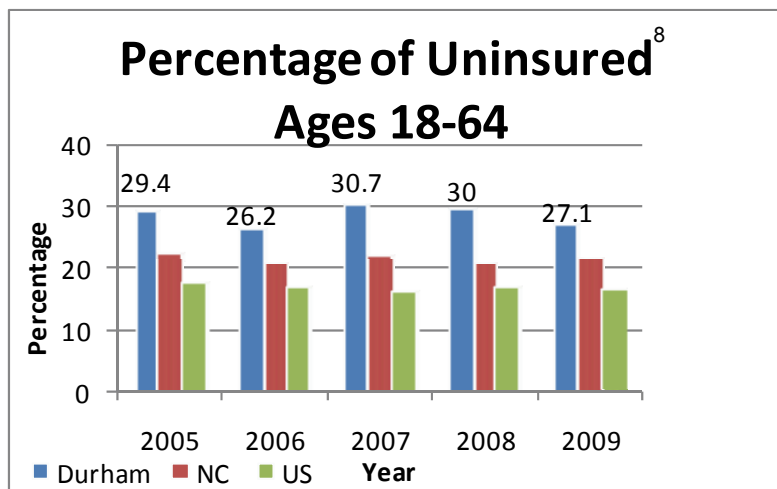
Access to Healthcare

*Healthy Carolinians 2010 Goal: 100% of adults 18 years and older will have health insurance coverage
100% of children, ages 0 to 18, will have access to health insurance*

The percentage of Durham adults who report having no health insurance continues to stay high, ranging from 26 to 30%. Our healthcare system is employer-based, which means that the number of uninsured individuals is greatly affected by economic downturns and unemployment. In 2001, 12.5% of *all* adults in Durham had no insurance, and in 2009 this rose to 23.2%. For adults between the ages of 18-64 years, most of whom are not eligible for Medicare, residents without insurance rose from 19.7% in 2004 to 27.1% in 2009.⁸ From 2007-2009, North Carolina experienced a 22.5% increase of uninsured residents, which was the largest percentage increase in the United States.¹⁰ The Access to Healthcare committee set a goal to reverse these trends in Durham, but national health care reform is likely to make the greatest impact in 2014. For example, Medicaid categorical eligibility (eg. status as pregnant woman, child, elderly, blind, or disabled) and the assets test will no longer exist; instead, Medicaid will be expanded to everyone who is poor (133% FPL). There will also be an individual mandate to purchase health insurance and new, affordable ways to do this.

Snapshot: the Uninsured in NC¹¹

- ◆ People with jobs
- ◆ Lower incomes (under 200% of federal poverty level)
- ◆ Employees of a small business (less than 25 employees)
- ◆ Males
- ◆ Minorities
- ◆ Under age 45



Concerns

- ◆ It is estimated that 11,000 or 15.1% of all Durham children are uninsured.¹² However, of kindergarteners entering public schools, 55% have private health insurance, 43.5% are covered by Medicaid, and only 1.5% of parents report having no health insurance.¹³
- ◆ 24.5% of Durham residents do *not* have someone they think of as their personal health care provider.⁸
- ◆ 18.7% of residents needed to see a doctor in the past year but could not because of the cost.⁸

Progress and Next Steps

The *Access to Care* committee remained committed to providing residents of Durham with resources and information to aid in meeting their health care needs. An updated version of the *Medical Care Options in Durham* brochure was published in addition to a new publication that explains the disability application process. The committee continued its engagement with Project Access of Durham County, which has logged 2,594 episodes of care in FY2010. With the passage of health care reform in March, the committee mobilized to stage a Health Care Reform Summit, inviting expert speakers to present and answer questions on major implications of the new legislation. A televised PSA was produced for the summit, and one hour of the summit was professionally taped and is continually aired on community TV stations. Grant funding was secured to purchase curriculum binders for use in implementing a community health worker program in conjunction with the Durham Housing Authority. Ownership of this "Healthy Hearts" program has passed to NC Central University, but the committee remains involved in its implementation.

Adolescent Pregnancy

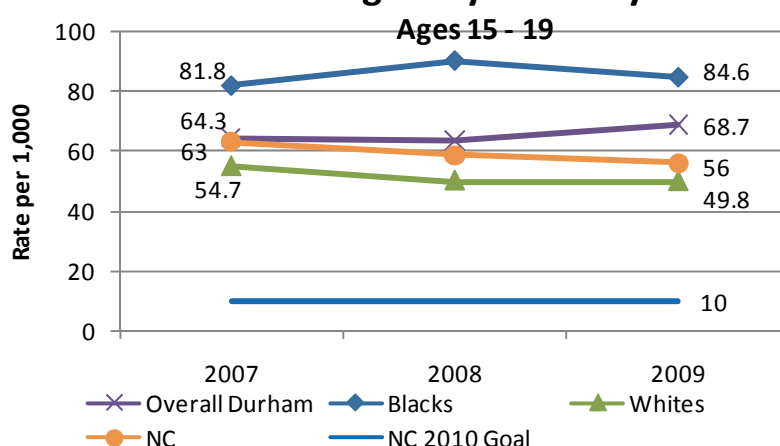
Healthy Carolinians 2010 Goal: Reduce the rate of unplanned pregnancies in adolescent females ages 10 -19 to 10 per 1000

While the North Carolina adolescent pregnancy rate fell to a record low in 2009, Durham's rate, which had previously remained relatively stable, increased to its highest level seen since 2002. The current rate of pregnancies among 15-19 year old teens in Durham is 68.7 per 1,000. Of the 603 total pregnancies among Durham teens, 67% were live births and 33% were terminated.⁵ The top chart illustrates overall trends in adolescent pregnancy rates, including North Carolina's decrease, Durham's increase, and the disparity that exists between blacks and whites. The bottom left chart adds pregnancy rates among Hispanics—a disparity so great that it diminishes the differences seen in the first chart. The state's reduction in overall rates have been credited to an investment in evidence-based pregnancy prevention programs. This year, North Carolina public school students will benefit from the Healthy Youth Act, which requires schools to provide 7th, 8th and 9th graders with medically accurate information on STD prevention, pregnancy prevention and healthy relationships. The *Durham Coalition on Adolescent Pregnancy Prevention* (DCAPP) aims to reduce the teen pregnancy rate by 2% each year. The 2008 rate increased by 7.9% compared to the previous year's rate.

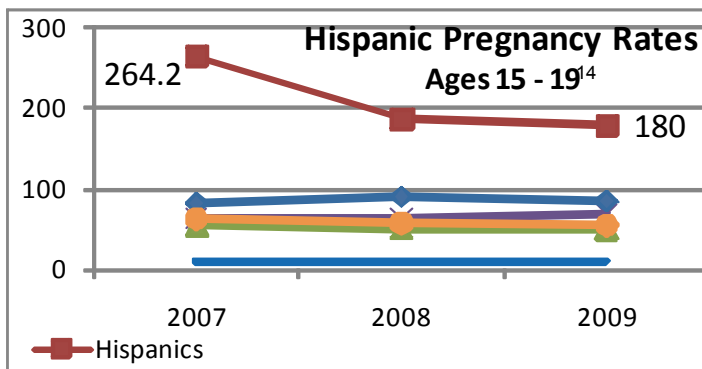
2009 Snapshot^{5,14}

- ◆ This year Durham moved from the 44th highest teen pregnancy rate in NC to the 24th highest rate.
- ◆ Hispanic teens (ages 15-19) have a pregnancy rate that is 2.6 times the Durham County rate, but this is a marked improvement from 2007.
- ◆ 597 pregnancies among ages 15-19
- ◆ 6 pregnancies among ages 10-14

Teen Pregnancy Rates by Race¹⁴



Hispanic Pregnancy Rates Ages 15 - 19¹⁴



Concerns¹⁴

- ◆ Racial disparities: 86% of pregnant girls in Durham are African American or Hispanic
- ◆ Repeat pregnancies: 31% of all adolescent pregnancies in 2009 were among girls ages 15-19 who had previously been pregnant

Progress and Next Steps

DCAPP is a coalition of agencies that work with youth-oriented programs around the county to support teens' education, self-esteem, and healthy development. Annually, DCAPP sponsors three popular community-wide events targeting adolescents and their social networks including, a Teen Summit, a community leaders' brunch, and Let's Talk Month.

In 2010, DCAPP hosted a teen summit, reaching over 200 youth in Durham. The summit was facilitated by youth and strategies were developed to help DCAPP continue its mission of advocating for accessible reproductive health care for youth. DCAPP successfully facilitated a bowling night for their Pull the Plug Campaign, which encouraged adults and teens to pull the plug on media and communicate about adolescent health issues.

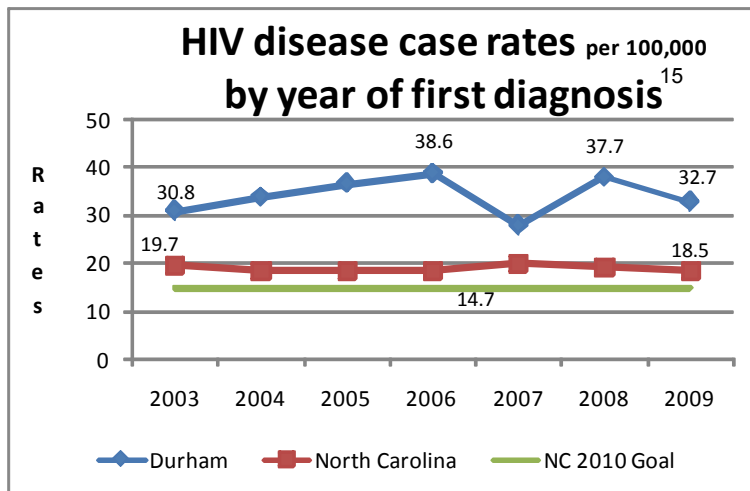
Next year, DCAPP plans to focus on male involvement, not only within the coalition but also in program planning.

HIV & other Sexually Transmitted Infections

Healthy Carolinians 2010 Goal: 14.7 HIV infections per 100,000 individuals; total elimination of syphilis.

If people know that they are infected with HIV, they can take better precautions against exposing others, and they can access life-extending treatments sooner. The AIDS Drug Assistance Program (ADAP) was threatened with budget cuts this year. Due to strong advocacy efforts, additional monies were allocated to support this critical program.

From 2003 to 2006, Durham's overall rate of HIV increased slightly each year until there was a temporary dip in 2007 that returned to previously seen rates in 2008. Durham's HIV case rate dropped to 32.7 per 100,000 in 2009, and is still higher than the North Carolina rate of 18.2.¹⁵ It's too early to tell if Durham's HIV rates have begun a long term downward trend. From 2005 to 2007, Durham's syphilis rate steadily increased, but began declining in 2008. Rates stabilized in 2009 at 15.2 per 100,000 whereas North Carolina saw a twofold increase.¹⁵

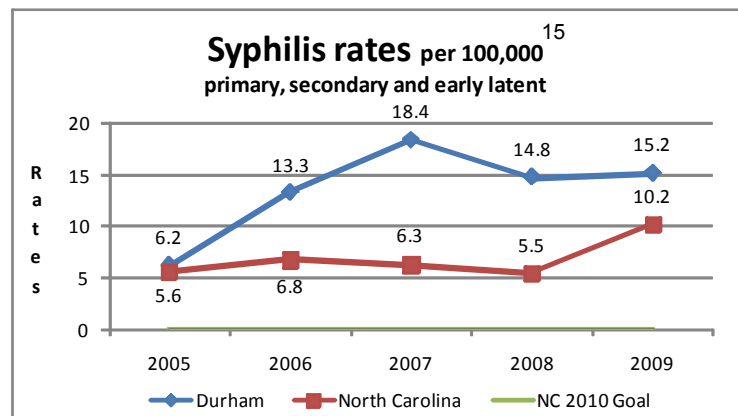


2009 Snapshot^{15, 7}

- ◆ Durham County has the 4th highest rate of HIV in NC
- ◆ Number of new individuals diagnosed with HIV: 86, AIDS: 35; Syphilis: 40
- ◆ Number of individuals living with HIV: 1,399
- ◆ The most common HIV exposure route for males was sex with other men; for women it was "no risk reported."
- ◆ 20% of Durham public high school students reported getting tested for HIV

Concerns¹⁵

- ◆ Racial disparities: Blacks have HIV rates that are 9 times higher and syphilis rates that are 10.5 times higher compared to whites.
- ◆ While most residents know about HIV, many do not apply prevention strategies or see themselves at risk.
- ◆ 25% of newly infected individuals did not identify a risk factor



Progress and Next Steps

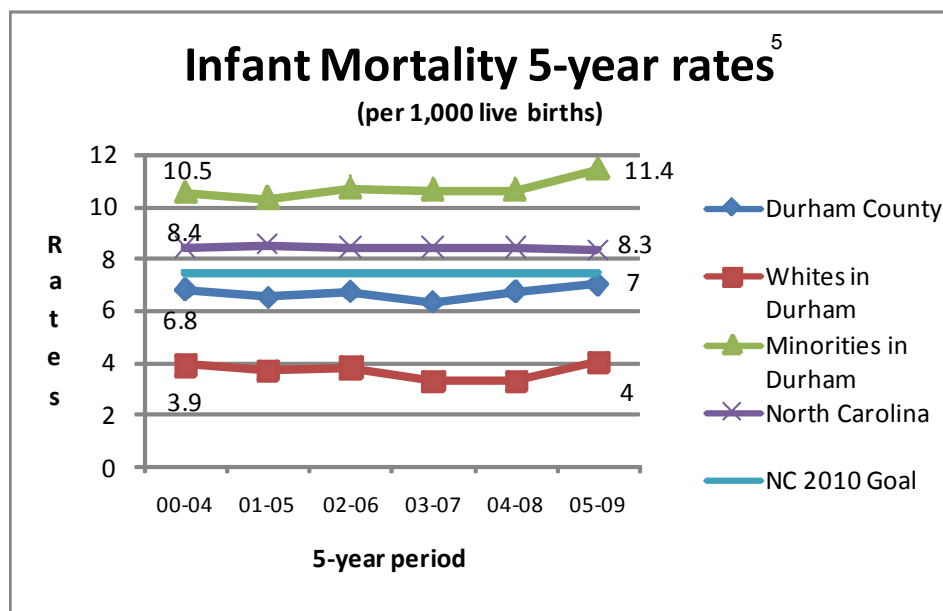
The HIV/STD committee set a goal to reduce Durham's HIV and STD rates by 10%, and this goal has been met for HIV and Gonorrhea! When comparing baseline and 2009 data, HIV rates decreased by 15%, Gonorrhea rates decreased by 23%, and Chlamydia rates decreased by 1.5%. Syphilis rates need to see significant declines to meet this goal.

This year the HIV/STD committee held its annual Durham World AIDS Day event and members began disseminating a wallet-sized bilingual card of local testing sites. Members learned more about local mental health/ substance abuse services and became more engaged in advocacy work to educate the community and policymakers about the importance of funding ADAP. Community testing efforts are focusing on non-traditional testing sites to identify new HIV cases.

Infant Mortality

*Healthy Carolinians 2010 Goals: 7.4 infant deaths per 1,000 live births; Reduce the incidence of low birth weight to 7%
Increase proportion of women receiving prenatal care in first trimester to 90%*

The infant mortality rate is often used to measure the overall health of a community. Infant mortality refers to a baby who was born alive, but died before reaching his or her first birthday. Infant mortality rates are often reported in 5-year averages since the numbers tend to be small and may vary significantly from year to year. Over the last decade Durham's rates have remained relatively stable, but there were overall increases for all populations in the most current time period. Durham's annual infant mortality rate jumped from 6.7 in 2008 to 8.4 per 1,000 live births in 2009 and 9.5% of babies were low birth weight. North Carolina had an infant mortality rate of 7.9 and 9.1% of babies were low birth weight.⁵ The *Healthy Parents, Healthy Babies* committee set a goal to reduce the African American infant mortality rate to 9.75 per 1,000 and low birth weight babies to 10% of live births. These goals have not been met since minorities currently have an infant mortality rate of 11.4 and 13.9% of births are low birth weight.



Concerns⁹

- ♦ Racial disparities: Although minorities make up 41% of all Durham births, they account for approximately 57% of all infant deaths and low birth weight babies. Blacks are the minority group that are most impacted.

Low Birth Weight

(less than 5.5 pounds)

Low birth weight and preterm birth (37 weeks or less) are major risk factors for infant mortality. Children who are born too small or too early can also have developmental and other health problems throughout their lifetime.

2009 Snapshot^{5,9}

- ♦ 4,423 live births (59% white, 41% minority)
- ♦ 37 babies died (43% white, 57% minority)
- ♦ The top three causes of deaths for babies in NC are: prematurity and low-birth weight, conditions surrounding time of birth, and congenital malformations.
- ♦ 62% of babies died in the first 27 days of life whereas 38% died between 28 days and one year of life.
- ♦ 421 or 9.5% of babies were low birth weight
- ♦ 93% of women began prenatal care within the first trimester

Progress and Next Steps

Durham continues to meet the Healthy Carolinians 2010 goals for the overall infant mortality rate (5-year rate = 7.0), and the percentage of women receiving prenatal care within their first trimester (93%)! Durham is still working to reduce the percentage of low birth weight babies and decrease the racial disparity. The *Healthy Parents, Healthy Babies* Committee has re-focused its efforts in 2010 on promoting pre-conception health as a means to reducing infant morbidity as well as infant mortality in Durham County. To this end, the committee has pursued grant funding from the March of Dimes to implement an inter-partum health pilot program with women who complete the Centering Pregnancy Program at the Health Department. In addition, the committee partnered with the NC Folic Acid Council on a preconception health workshop for agencies and community members who are interested in working with women of child bearing age. Finally, the committee also implemented a bereavement card program for parents in Durham County who have lost a child within the first year of life. Each card is signed by the Healthy Parents, Healthy Babies Committee and includes a list of bereavement resources.

Injury Prevention

Healthy Carolinians 2010 Goal: Reduce homicides to 5 per 100,000.

Reduce deaths caused by motor vehicle crashes to 15.8 deaths per 100,000.

Injury and violence are significant, yet often overlooked and largely preventable, causes of negative health outcomes and death to Durham County residents. It is important to look at both fatal and non-fatal injuries to truly understand the effect of injury to the public's health. From 1999 through 2009, there were 1,472 injury-related deaths among county residents. Injury and violence were the leading causes of death for the 0-59 year age group.¹⁶ Non-fatal injuries affect a significantly greater number of Durham County residents than fatal injuries. The "Injury Iceberg" pyramid below shows that injury *deaths* are just a small percentage of all injuries and moving down the pyramid, the number of injuries increase while the general severity of injuries decreases. Currently there is no way to track the numbers of injured residents who seek care outside of the hospital setting.

2008-09 Injury Snapshot

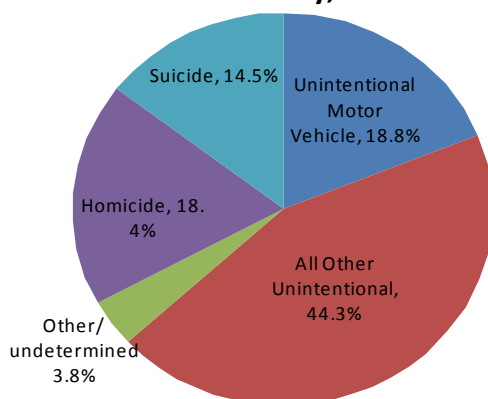
- ◆ Top causes of injury-related Emergency Department visits are all unintentional and include: falls, motor vehicle injuries, overexertion, struck, and cut/pierce¹⁶
- ◆ Men (70%) accounted for more injury deaths than women (30%)¹⁶
- ◆ 25% of middle school students have ever carried a weapon and 15.8% of high school students carried a weapon in the last 30 days— both of which are lower than North Carolina rates⁷



16

Injuries to Durham County residents, by source of medical care, 2008 & 2009

Injury Deaths by Cause: Durham County, 2008 2009¹⁶



Concerns

- ◆ Racial disparities: The homicide death rate for black males was more than six times that of white males. Conversely, the suicide death rate for whites was almost three times higher than that of blacks.⁵
- ◆ Homicide rate: Durham County's rate of 11.8 exceeds North Carolina's rate of 7.1 per 100,000.⁵
- ◆ Durham middle (25.4%) and high school (38.9%) students were much more likely than students in NC to be left unsupervised for 3 or more hours after school.⁷

Progress and Next Steps

The Durham County 2004-2008 death rate from motor vehicle crashes was 11.7 deaths per 100,000, which easily meets the Healthy Carolinians 2010 goal of 15.8! This is also lower than the state rate of 18.2. During the same time period, however, the county's homicide rate was 11.8 per 100,000—more than twice the Healthy Carolinians goal.

This year the *Injury Prevention* committee learned about the NC's injury prevention strategic plan and focused on gun, child passenger, and bike safety. A child passenger safety training was offered to professionals who regularly transport children, and the committee helped them purchase and learn how to install new car seats. The group collaborated with the Durham Bike Coop to distribute and fit children's helmets at Bull City Summer Streets, Cleveland-Holloway Block Party, and the annual Christmas bicycle giveaway. Members spent National ASK Day at five area clinics having parents pledge to ask if there are any unlocked guns where their children play. Next year, the committee plans to train nurses from the new parent home-visiting program, Durham Connects, about safe storage of firearms in the home and Just ASK.

Obesity and Chronic Illness

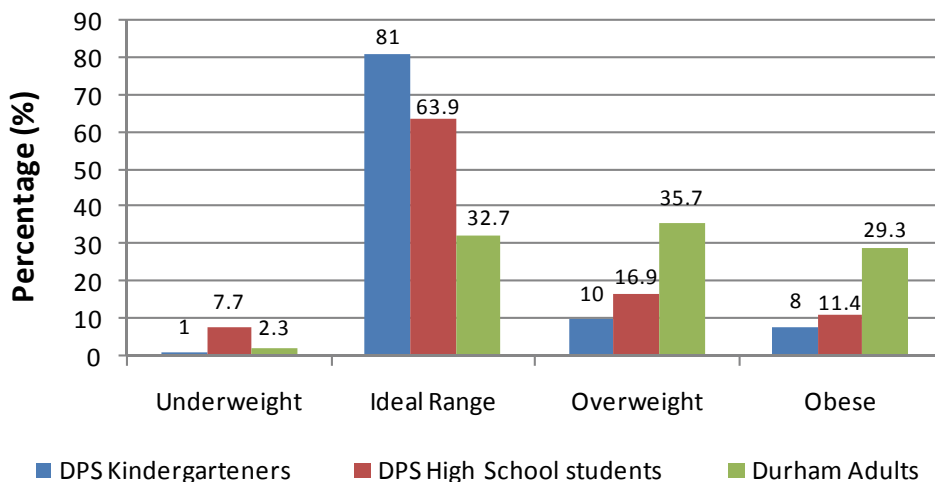
Healthy Carolinians 2010 Goal: Percentage children served in WIC who are overweight does not exceed 10%. Less 16.8% of adults are obese. Reduce tobacco use among adults to 12.5%.

Overweight and obesity are associated with multiple long-term, costly, and serious conditions including heart disease, cancer and diabetes. Adults most at risk for overweight or obesity are males, minorities, and those with less than a high school education.⁸ Since 2001, the percentage of overweight or obese adults has varied between 57 and 71%. This year 65% of adults were overweight or obese.⁸ In contrast, the majority of kindergarteners (81%)¹⁷ and high school students (63.9%)⁷ were at an ideal weight. The percentage of Durham County children, ages 2-4, served by the WIC nutritional program who are overweight (14.7%) or obese (20%) has not changed; in fact, in this subgroup, Durham County is 97th highest compared to the other 99 counties in NC.¹⁸ More work needs to be done to meet Durham's goals for adult and childhood obesity reduction.

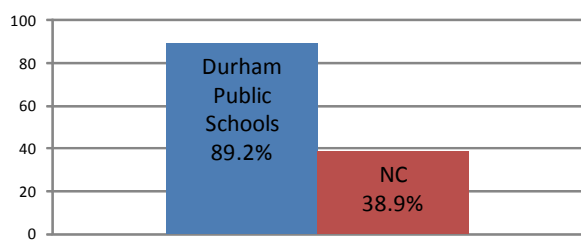
2009 Snapshot⁸

- ◆ 65% of adults are overweight or obese
- ◆ 42.9% of adults meet physical activity recommendations
- ◆ 10.6% of adults are current smokers
- ◆ 10.2% of adults have diabetes
- ◆ 20% of adults eat a fast food meal three or more times per week

Body Mass Index (BMI), Durham 2009^{7, 8, 17}



% of high school students who drank a sweetened beverage at least once daily during last week⁷



Concerns

- ◆ The chart above illustrates the dramatic shift from normal weight to overweight or obesity as Durham residents age
- ◆ 52% of public middle and 41% of high school students watch three or more hours of TV on most school days. Black students were more likely to watch five or more hours a day.⁷

Progress and Next Steps

Recent data indicates that Durham met the Healthy Carolinians 2010 goal of reduced tobacco use among adults (10.6%) and middle (5.9%) and high school (15.5%) youth! Tobacco use is linked to many chronic health conditions including heart disease and various cancers. This year the Obesity and Chronic Illness committee worked on the revision of the Durham Public School Wellness Policy and initiated a Student Wellness Committee with student leaders from each high school who will be supported by health professional and school-based mentors. The committee also researched current facilitators and barriers to breastfeeding in Durham and identified safe walking trails in Durham neighborhoods. Over 1,100 community members attended the first-ever Bull City Summer Streets, which opened one mile of downtown streets to walking, dancing, and biking. In 2011, the group plans to mark walking trails, implement changes in the schools proposed by the student health group, and co-host four Bull City Summer Streets.

Mental Health and Substance Abuse

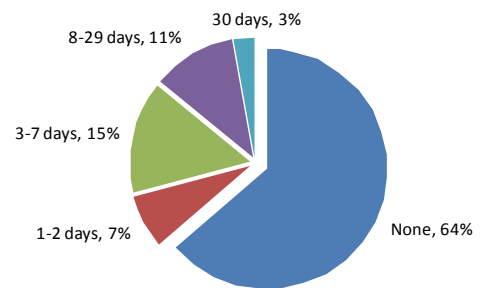
Healthy Carolinians 2010 Goal: Reduce the percentage of high school students who consumed alcohol within the past 30 days to 28.8% and marijuana to 16%. Increase the proportion of residents with mental illnesses who receive treatment.

The Durham Center manages publicly-funded mental health, substance abuse, and developmental disability services for Durham County residents. In fiscal year 2010, they served 10,704 individuals, of which 39% were children and 61% were adults. Of these, 69% were in mental health target populations and 14% were consumers with co-occurring mental health and substance abuse disorders. The Durham Center Access crisis facility reported 2,155 admissions to short-term crisis evaluation and observation services, translating to 45,650 hours of service and 1,463 admissions to facility-based crisis services, resulting in 4,732 days of service.¹⁸ The Durham Center estimates that approximately 19,500 Durham County residents abuse or are addicted to illegal drugs, prescription medications, or alcohol in 2008. Although it is difficult to determine exactly how many people in Durham have mental illness, national estimates are that 26.2% of adults in America experience a diagnosable mental disorder in a given year. Thus, in Durham County almost 54,115 people would be affected annually.¹ An estimated 6% of the overall population or almost 12,392 people in Durham suffers from serious mental illnesses, such as schizophrenia and bipolar disorder.

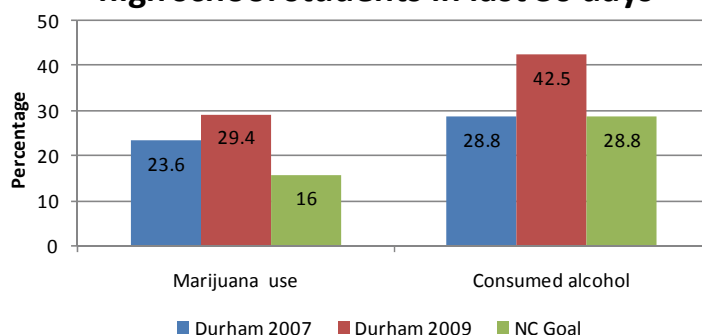
2009 Middle & High School Student Snapshot⁷

- ◆ Reported feeling sad or helpless: 22% of middle and 30% of high school students
- ◆ Attempted suicide in the past year: 13.2% of Hispanics and 10.7% of black high school students
- ◆ Binge drinking in last month among high school students: 32% of whites, 26% of Hispanics, 13% of blacks

of days in last month that mental health was not good, Durham adults⁸



Marijuana and alcohol use among high school students in last 30 days⁷



Concerns

- ◆ Decreased funding for direct services and other services, such as housing programs, that serve The Durham Center consumers
- ◆ Changes in service dollar reimbursement
- ◆ Poor mental health among middle and high school students
- ◆ Increased proportion of students who recently used marijuana and alcohol

Progress and Next Steps

The Durham Center served an increased number of individuals in need of mental health, substance abuse, and developmental disability services, which meets the Healthy Carolinians goal. Durham County also met goals for reducing the number of middle (12.2%) and high school (3.5%) students who used inhalants and middle school students who used cocaine (2.8%).

The year, the Mental Health and Substance Abuse committee hosted the 5th annual Recovery Celebration, which brought together over 300 community members to celebrate recovery from alcohol and drug addiction. Key stakeholders have met to determine the best approach for beginning a Pro Bono Mental Health project in Durham, which would provide free, short-term mental health services to individuals without access or the ability to afford mental health services. The group also updated the *Substance Use and Abuse in Durham County* report, which brings together information from various sources to create a comprehensive picture of substance abuse needs. Next year, the group will continue the Recovery Celebration and the formation of pro bono mental health services.

Emerging Issues

Durham Health Innovations, Homelessness, & Adolescent Health

Durham Health Innovations (DHI)

Durham Health Innovations is a unique partnership between the Durham community and Duke Medicine that seeks to improve the health status of Durham county residents. In August of 2008, DHI launched a planning process that brought together community members, health and human services officials, local nonprofits, Duke researchers, and the Duke Center for Community Research (DCCR) to explore county-wide health needs and develop innovative models of healthcare delivery to address those needs. Ten teams of over 500 participants coalesced around the issues of adolescent health, asthma and chronic obstructive pulmonary disease, diabetes, cardiovascular disease and chronic kidney disease, cancer prevention and screening, HIV and sexually transmitted diseases, maternal health, obesity, pain management and substance abuse, and seniors' health. Drawing from the extensive research of these teams, DHI will begin launching a neighborhood-based implementation program in the spring of 2010 in which a connected care system enables disease-specific interventions within the context of a comprehensive effort to address the health and healthcare needs of residents throughout Durham County. An Implementation and Information Technology Committee (IITC), co-chaired by Bill Fulkerson, Executive Vice President of Duke University Health System and Mike Ruffin, Durham County Manager, oversees the implementation process. The DHI Oversight Committee is co-chaired by Gayle Harris, Durham Health Department Director, and Rob Califf, Director of the Duke Translational Medicine Institute.

Adolescent Health

The Youth Risk Behavior Survey (YRBS) is a national school-based survey that collects data from middle and high school students on six health issues: tobacco use, unhealthy dietary behaviors, physical activity, alcohol and other drug use, sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, and behaviors that contribute to unintentional injuries and violence. This biannual survey was administered in late 2009 using a random sample of Durham Public School students. The highlights:

Among Durham middle school students, Hispanics and females were most at-risk compared to their peers. Hispanics experienced higher levels of alcohol consumption, less physical activity, access to health care, and a poorer self-image. Females had higher levels of coping with sadness, being electronically bullied, and had less participation in team sports. **Among Durham high school students**, Hispanics and males had higher levels of risk. Hispanics experienced higher levels of alcohol consumption, greater likelihood to attempt suicide, get into a car with a drunk driver, and have sex at an early age. Males were more likely to carry a weapon, get into physical fights, use substances, and have multiple sexual partners. **Compared to North Carolina, Durham needs to improve** in the areas of adequate sleep, physical activity, consumption of sugary beverages, unsupervised time after school, and the perception that gangs are a problem. **Compared to North Carolina, Durham excelled** in the number of students who reported getting tested for HIV, getting adequate sexual health education, eating green salad, and carrying weapons less frequently.

Disconnected Youth

The Durham Center has been awarded a six-year, \$5,900,000 grant by the U.S. Substance Abuse and Mental Health Services Administration to implement the BECOMING (Building Every Chance Of Making It Now and Grown-up) project in Durham County. This award is one of 16 made nationally by SAMHSA.

Project development is just beginning and will target high-risk 16-21 year olds who have a serious mental illness and significant problems functioning in their relationships, at school, or in the community. As a result, these young people have become disconnected or are at risk of becoming disconnected from the services and supports that can assist them with a successful transition to adulthood.

This report was prepared by the **Partnership for a Healthy Durham** at the Durham County Health Department. The Partnership for a Healthy Durham is a coalition of more than 60 agencies and 230 members focused on improving the physical, mental, and social health and well-being of Durham County residents.

For more detailed information about this report or how the Partnership for a Healthy Durham is addressing these health priorities, please contact:

<http://www.healthydurham.org>

Mel Downey-Piper, MPH, CHES

(919) 560-7833

info@healthydurham.org

Data Sources: State of Durham County's Health Report

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