

2020 Durham County Community Health Assessment



The Community Health Assessment happens every three years to understand health issues that affect Durham County residents. This is done by collecting, analyzing and sharing data about community assets and needs. The process results in a list of top County health priorities and a large report.

The Durham County Community Health Assessment is rooted in the community and uses high-quality data to form a clear and detailed picture of the health, assets and needs of the community. The purpose is to guide decision-making, programs and policies so that all people of Durham have equitable opportunities for safety and good physical, mental and social health.

The Durham Community Health Assessment is done jointly between the Partnership for a Healthy Durham, the Durham County Department of Public Health and Duke Health.

The 2020 Durham County Community Health Assessment focuses on equity, impact of COVID-19 and the reasons for health disparities. This executive summary highlights important information from the larger report.

Racism is a Public Health Issue

In June 2020, Durham County commissioners declared racism a public health crisis. In a signed proclamation, they stated that racism causes worse outcomes in areas such as housing, education, employment and criminal justice for individuals and communities of color compared to white individuals and communities. The 2020 Durham County Community Health Assessment links unfair historic policies, practices and laws to poorer health outcomes today for groups such as Blacks, Hispanic or Latin, Indigenous, poor, people with disabilities and LGBTQ.

The City of Durham Racial Equity Task Force final report provided details on how this history of racism affects Durham residents. "Historically, Black neighborhoods in Durham have systematically been ignored and neglected. Even the life expectancy in Durham is lower for Black people than for white people." COVID-19 has made these gaps clearer.

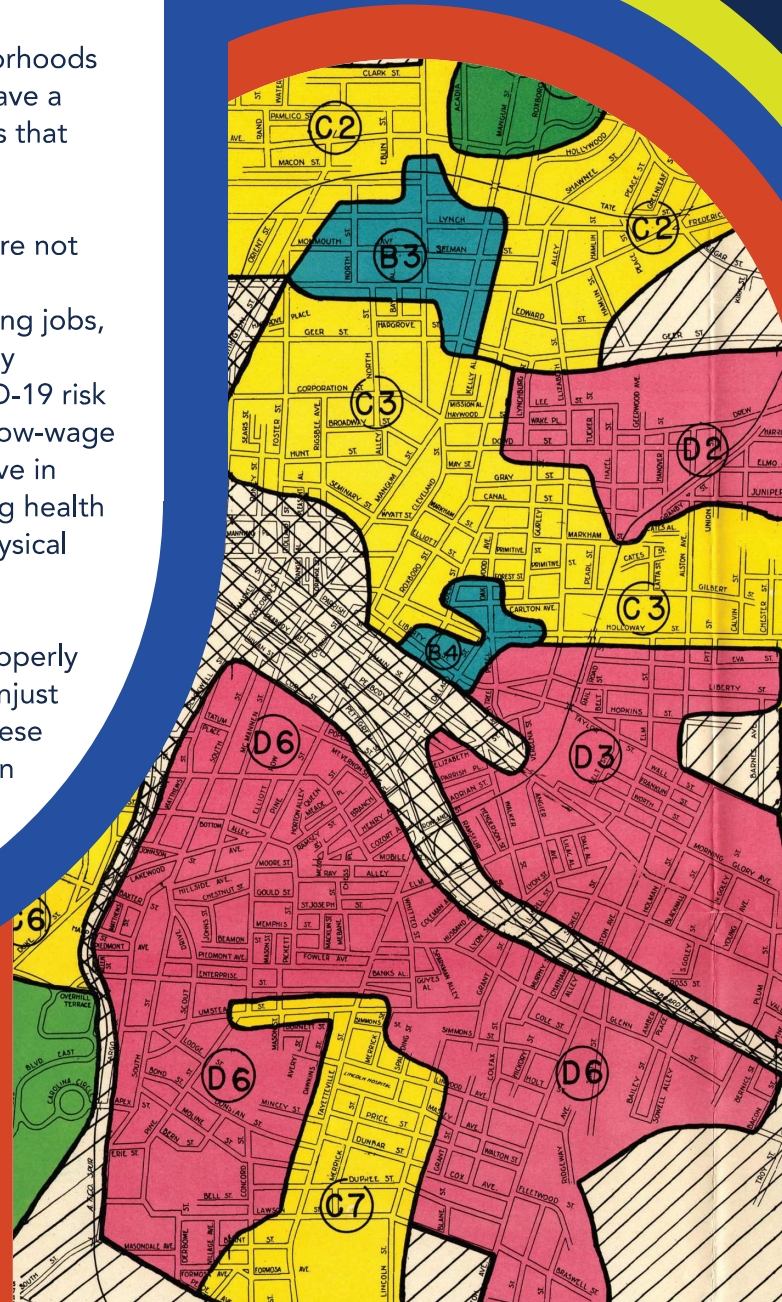
A study found that people living in Durham neighborhoods that were **redlined** from the 1930s through 1968 have a higher COVID-19 risk than people in neighborhoods that weren't.

Because of redlining, Blacks and people of color were not able to buy and build wealth in homes. Along with workplace discrimination that kept them in low-paying jobs, residents of those neighborhoods were economically disadvantaged, which worsened a number of COVID-19 risk factors. For example, being more likely to work in low-wage jobs that can't be done from home, more likely to live in crowded housing and more likely to have preexisting health conditions due to lack of access to healthy food, physical activity and health care.

It is important to tie the past to the present to properly address root causes and reverse the effects of unjust policies and laws. The 2020 CHA addresses these issues and lists policies and programs that can reduce or eliminate differences in health outcomes.

Redlining

is when banks graded neighborhoods for loan risk based on racial makeup. Neighborhoods with a majority of people of color were deemed risky and a red line drawn around them, which resulted in lower levels of access to mortgages for people of color compared to whites.



Redlining Map of Durham, North Carolina
<https://dc.lib.unc.edu/cdm/ref/collection/nmaps/id/9591>

Why Do a Community Health Assessment?

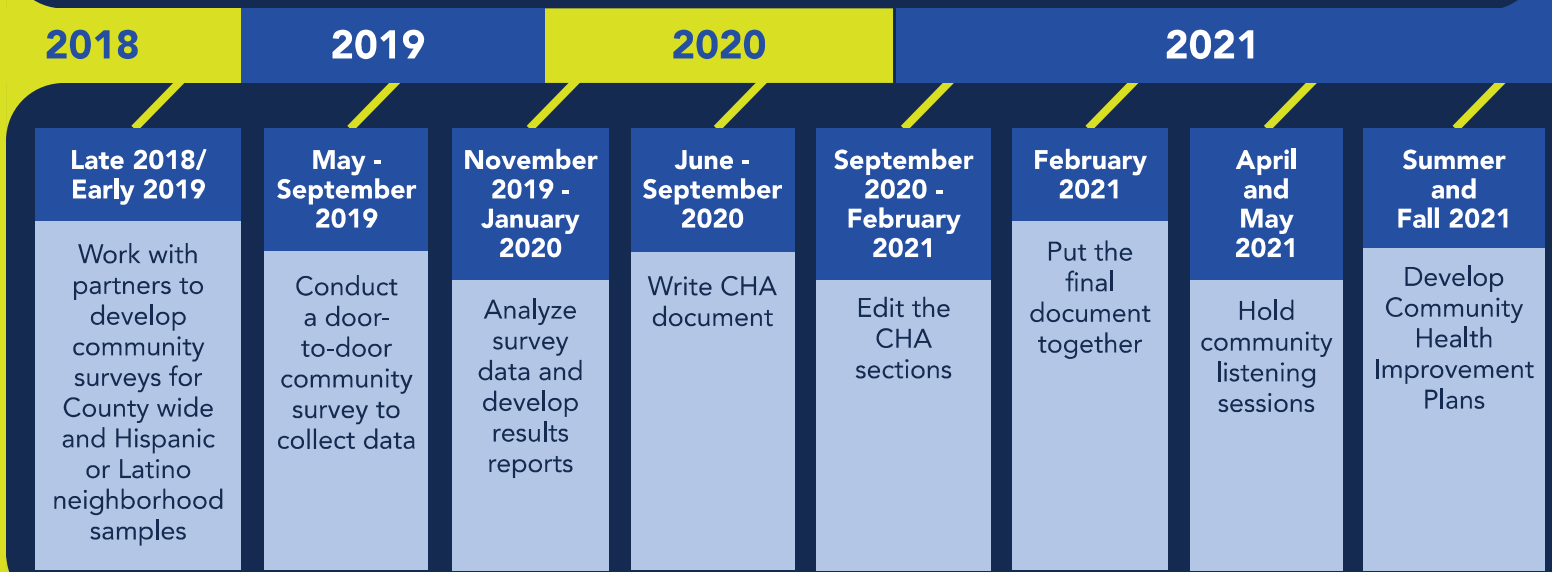
- Check on the health of our community – how are we doing?
- Find out directly from the community what issues and factors affect their health
- Talk directly with the people we serve
- Work with the community to identify and carry out solutions to address community priorities

The Community Health Assessment helps:

- Durham agencies and organizations focus resources and efforts on top health issues identified by the community
- Place the most recent health data and issues that impact all aspects of Durham County residents' health in one report
- Inform the Community Health Improvement Plans of the Partnership for a Healthy Durham, our community-wide health coalition



How is the Community Health Assessment Done?



Community Health Priorities

Durham agencies, organizations and groups have been working over the last three years (since the last CHA) to address the community health priorities. Below are a few highlights:

Affordable Housing

- The City of Durham issued \$95 million affordable housing bond referendum in 2019 that was approved by voters.
- Durham County established a new Coordinated Entry program to create one point of entry for shelter and housing resources.
- Affordable housing units will be built under the name Willard Street apartments on city-owned land at Jackson and Pettigrew. The County has approved affordable housing units as part of a mixed income project that will include apartments and commercial space on the 300 and 500 blocks of East Main St.
- The Durham Housing Authority (DHA) is planning to redevelop several properties near downtown such as Liberty Street/Oldham Towers, J.J. Henderson, and Forest Hill Heights to make them mixed-use and mixed income properties.

Access to Care

- Partnership for a Healthy Durham and community partners are working to expand the role of Community Health Workers (CHWs) in Durham County.
- Duke Health continued its monetary and in-kind contribution that exceeds \$8 million annually to Lincoln Community Health Center to increase access to care. Duke Health also continued to provide monetary and in-kind support each year to the Lincoln Community Health Center – Duke Health Neighborhood Clinics and Just for Us Program as well as the Duke Health Wellness Center at Southern High School.

Poverty

- Duke University and Duke Health increased its minimum wage to \$15 per hour.
- Episcopalians United Against Racism (EUAR) and End Poverty Durham have held community forums about reparations for the Black community and to increase collaboration towards dismantling racism and ending child poverty in Durham.
- Duke Health's Benefits Enrollment Center, a program of the National Council on Aging, connected seniors to more than \$10 million dollars in benefits that include access to healthy food, needed medical care, prescriptions and more.

Community Health Priorities

Mental Health

- Duke Health invested approximately \$100 million to expand the emergency department and build the Duke Health Behavioral Health Center North Durham at Duke Regional Hospital.
- Durham Joins Together Task Force formed to address opioids and illicit drugs.
- Durham County created an ACEs and Resilience Task Force with a dedicated position.
- Alliance Health built the infrastructure to serve the whole-person healthcare needs of people with severe mental illnesses, substance use disorders, and long-term needs including intellectual and developmental disabilities and traumatic brain injury.

Obesity, Diabetes and Food Access

- Partnership for a Healthy Durham created one new Healthy Mile Trail (HMT) and is working with Durham Parks and Recreation to create more HMTs in and near parks.
- Duke Health began work on the Bull City Community Garden. All the produce will be given to local food pantries to supplement the nutritional boxes already delivered to senior apartment buildings.

Other

- Durham has made large investments to expand PreK options in Durham to create a more equitable system for all young children.
- The Community Linkages to Care for Overdose Prevention and Response launched which connects Durham County residents to treatment and support for substance use or addiction.



COVID-19

- Duke Health operated a community COVID-19 testing center connected directly to the Durham County Department of Public Health's contact tracers to improve access to COVID-19 testing with a focus on reaching historically marginalized populations.

The testing center which conducted more than 4,000 tests was located at a trusted community site, the Holton Career and Resource Center and offered evening and weekend hours. In addition to COVID-19 testing, the site offered food boxes and connections to supportive resources.

- Duke Health in partnership with the Durham County Department of Public Health and Durham Public Schools opened a COVID-19 vaccination site at Southern High School. Duke Health and the Durham County Department of Public Health worked with dozens of community organizations, faith communities, and health and human services agencies to provide COVID-19 vaccine events across Durham with a focus on reaching historically marginalized populations.
- A number of new coalitions were formed and existing coalitions pivoted to address COVID-19 and community needs. A few of those included: African American COVID Taskforce Plus, LATIN-19, Durham County COVID-19 Food Security Task Force, EAT NC, Durham Recovery & Renewal Task Force and Partnership for Seniors.
- Various Durham community-based organizations (CBOs) received grants to support and expand the work of Community Health Workers in Durham
- Duke Health under contract with the North Carolina Department of Health and Human Services provided social support services in Durham and six other counties for individuals/families who needed to quarantine/isolate as a result of COVID-19.

In Durham, the program served more than 3,300 households providing over \$2.1 million in relief payments, 7,950 food boxes, 53,300 prepared meals, 5,300 COVID supplies and 220 private non-emergent transportation rides.

- Many, many more community partners provided support and met the needs of Durham County residents during the COVID-19 pandemic.

Durham County Health Priorities

The community health priorities will remain the same as those selected during the 2017 Community Health Assessment cycle.

The top five 2020 Durham County health priorities are:

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



The next steps are to:

- Allow a one-month period for Durham County residents to make comments on the substance of this report.
- Hold community listening sessions in spring 2021 which were postponed from 2020 due to COVID-19.
- Share findings with community members and organizations throughout Durham County.
- Develop Community Health Improvement Plans (CHIPs) to be submitted to the North Carolina Division of Public Health by December 2021.



Key Findings

Affordable Housing

- In Durham, the fair market rent for a two-bedroom unit increased over 16% between 2016 and 2020, from \$937 per month to \$1088.
- Thirty-one percent of Durham households, nearly 40,000, are defined as cost-burdened (i.e., paying more than 30% of their monthly income for housing).
- The 2019 Community Health Assessment survey samples demonstrated that: 1) More than seven percent of the sampled residents reported a history of eviction; 2) Whites were more likely than Blacks to own their homes; and 3) 40% of the County-wide and 12% of the Latin and Hispanic Neighborhood sample respondents indicated housing related issues were a priority to improve quality of life for people.

- Racial and ethnic disparities exist across nearly all health outcomes.
- Structural racism and historical policies such as redlining, immigration laws and segregation are causes of health disparities.
- Issues are linked: for example, housing issues are also access to care and food insecurity issues.
- Majority of residents feel safe where they live in Durham.

Access to Healthcare and Health Insurance

- The percentage of uninsured Durham residents decreased from 13.5% in 2015 to 10.8% in 2018. An estimated 40,573 Durham County residents were uninsured in 2019, which equates to 12.8%.
- Durham County residents in the 2019 Community Health Assessment survey identified cost as the primary barrier to getting health insurance followed by immigration status, lack of employer-based plans and unemployment.
- The 16.1% of the population in the 2019 Community Health Assessment survey who expressed difficulty acquiring care cited dental, primary care and pharmaceuticals as the most difficult.

Poverty

- In Durham County, white household median income in 2018 was \$76,962, \$44,004 for Hispanic households and \$42,417 for Black households.
- The federal mortgage policies of the 1930s (“redlining”) and urban renewal continue to influence home ownership, the quality of housing stock and accumulated familial wealth. Data shows that people of color are under-represented in home ownership, overrepresented in the homeless population and disproportionately being gentrified out of long-standing communities.



Mental Health

- In the 2019 Community Health Assessment survey about 17% of respondents reported they had experienced poor mental health days for 15 or more days out of the last 30. Most Hispanic or Latino Durham County residents reported in the 2019 Community Health Assessment survey they did not experience poor mental health for any days (56.4%) or only for one to two days (12.3%) during the past 30. However, about eleven percent (11.1%) of respondents reported that they experienced problems with their mental health for 15 or more days out of the last 30.
- Durham County had one mental health provider for every 180 Durham County residents in 2019.

Obesity, Diabetes and Food Access

- In the 2019 Community Health Assessment survey about one in 10 people (10.2%) reported skipping meals because they didn't have enough money to buy food. Black residents (14.9%) were significantly more likely than white residents (6.6%) to have skipped a meal either sometimes or frequently in the past year. The likelihood of skipping meals for Hispanic or Latino residents was 12.6%.
- Data at the neighborhood level in Durham County show that in 2017, 12.9% of adults in Durham County had diabetes. Census tracts in central and north eastern Durham consistently had adult diabetes percentages over the county average with the highest rate of 21.6%.
- The US Department of Agriculture (USDA) categorizes 20-30% of Durham residents as having low access to a grocery store (as of 2015).



<https://durhamnc.gov/DocumentCenter/View/32853/FINAL-REPORT-Durham-Racial-Equity-Task-Force-72220>
<https://www.newsobserver.com/news/local/article247133959.html>
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<https://dc.lib.unc.edu/cdm/ref/collection/ncmaps/id/9591>

Sources



For more information, contact:

healthydurham.org
 919-560-7833
mmortiboy@dconcc.gov



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