

2013

Durham County

State of the County Health Report



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www.healthydurham.org

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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 six health priorities. It also provides updates on emerging issues. 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.

Health priority areas

Identified by the 2011 Community Health Assessment

- ◆ Access to Medical and Dental Care
- ◆ HIV and other Sexually Transmitted Diseases
- ◆ Obesity and Chronic Illness
- ◆ Substance Abuse and Mental Health
- ◆ Poverty
- ◆ Education

Durham's Demographics and Health

The estimated 2012 population of Durham County is 279,641.¹

Durham County Population¹

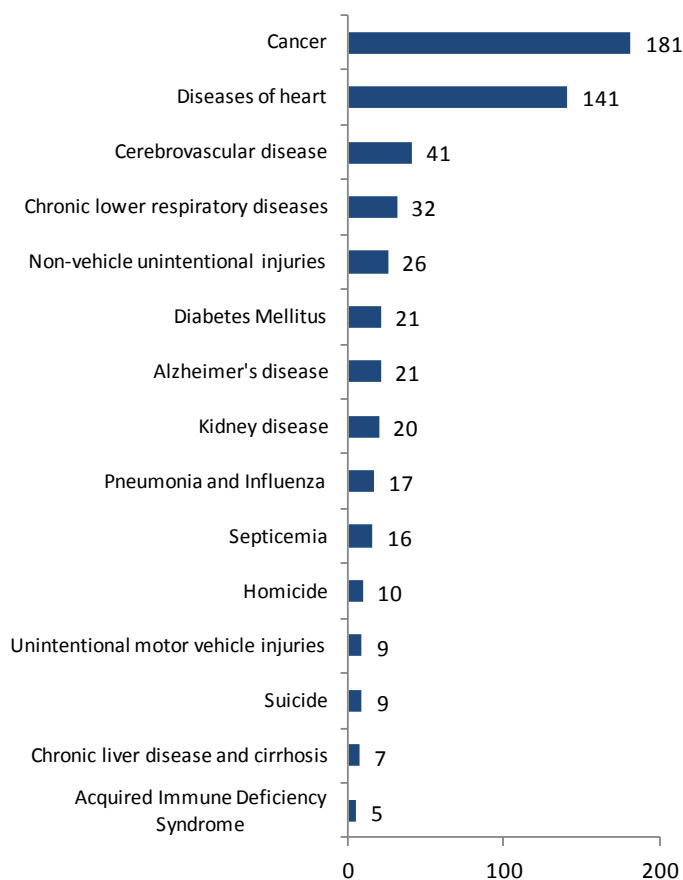
Gender	Number of residents	Percent of total population
Male	133,566	48%
Female	146,075	52%
Race/Ethnicity		
White	151,321	54%
Black or African American	108,974	39%
American Indian	2,991	1%
Asian	16,205	6%
Other race	8,340	3%
Hispanic (of any race)	37,511	13%
Age		
<18	63,253	22%
18-64	186,511	67%
>64	29,877	11%

Overall Health Indicators²

- 86% of Durham County residents reported being in excellent, very good, or good health in 2012.
- 81% of Durham County residents reported fewer than 3 poor physical health days in the past month.
- 77% of county residents reported fewer than 3 poor mental health days in the past month
- Life expectancy for someone born in Durham County in 2009-2011 was 79 years.

Leading Causes of Death, Durham County, 2008-2012³

Age-adjusted death rates per 100,000 population



Durham's Successes and Assets

Durham County Strategic Plan Health Goals

- ◆ Decrease health disparities within the community
- ◆ Strengthen the well-being of individuals and families through prevention and education
- ◆ Partner with community resources to increase access to health and wellness services

Healthy NC 2020 Objectives^{4,5}

- ◆ North Carolina has set 40 statewide health objectives with targets to reach by 2020.
- ◆ Durham County currently meets or exceeds 7 of the Healthy NC 2020 Targets.⁴ We have better conditions for children: lower rates of smoking during pregnancy and better dental services; and better conditions for adults: fewer alcohol-related traffic crashes, unintentional poisonings, and adults with permanent teeth removed or with diabetes; and we also have a lower suicide rate than the NC 2020 goals.
- ◆ Durham County's infant mortality rate has continued to decrease, from 7.0 in 2010 to 6.7 per 1,000 births in 2013 (the Healthy 2020 goal is 6.3). Teen pregnancy rates also continue to decrease. However, the gap between infant mortality among African Americans and Whites continues to exist; infant mortality among African Americans (14.3 per 1,000) was 2.75 times that among Whites (5.2 per 1,000).

New Initiatives

◆ Environmental changes to support positive health choices

The Healthy Mile Trail program uses sidewalk stencils to identify one mile walking trails in neighborhoods. These permanent markers support physical activity in a way that's cost-effective and close to home.

The Healthy Aisle program changes what is stocked on checkout aisle shelves, to make purchases of unhealthy food more difficult and purchases of healthy snacks easier.

Collaborations with the Veggie Van (which offers a CSA from the Human Services Building), and the Durham Farmers Market (to support accepting EBT (food assistance cards)) make local, fresh vegetables available to more members of the community.

◆ Expanded access to chronic disease screening and care

Screening for Hepatitis C virus is being offered at the Durham County Department of Public Health onsite and at the Durham County Detention Center, TROSA, and other settings. This program has tested over 1,700 people and linked more than 50 people testing positive to medical care at Duke University or the University of North Carolina.

The Durham Diabetes Coalition, a partnership of health and community organizations, is working to offer support to those diagnosed with type 2 diabetes and those who have type 2 diabetes but aren't yet diagnosed.

To expand access to low-cost dental care for adults, Project Access of Durham County and the Department of Public Health partnered to conduct a pilot project to provide uninsured adult patients with donated dental care. This project will be expanded in 2014.



Access to Healthcare

Healthy NC 2020 Goal: Reduce the percentage of non-elderly uninsured individuals to 8%.

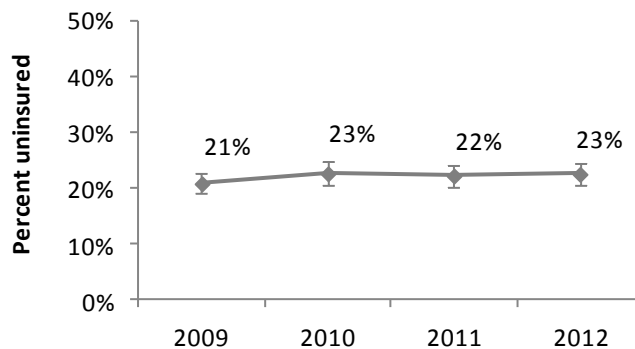
Progress

- In October of 2013, the Access to Care committee published a series of 4 articles on Affordable Care Act implementation in the Durham Herald-Sun. The committee also published a brochure on the Health Insurance Marketplace which has been widely distributed. Finally, the committee, with leadership from Project Access of Durham County and Lincoln Community Health Center, convened a workgroup to coordinate education efforts.
- The Access to Care committee revised, updated, and printed brochures detailing sources of medical care and transportation for the uninsured and underinsured. More than 5,000 brochures have been distributed.
- The Access to Care committee held a forum on coordinating services and housing for medically vulnerable residents who are too sick for shelter or streets but too well for the hospital. The forum focused on six areas: respite care, identification of homeless individuals in the hospital setting, embedding a homeless specialist within the hospital, creating an Emergency Department homeless outreach worker, creating a case management and support team for targeted clients, and targeted permanent supportive housing. Based on interest from the forum, the committee developed a pilot project to provide respite care (see Poverty page 14 for more details).

It is estimated that in 2012 there are 47,620 uninsured Durham residents, and that 19% of non-elderly residents are uninsured.

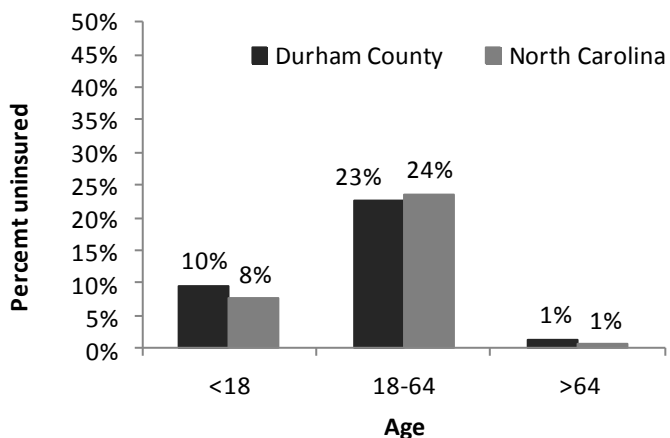
Uninsured adults (18-64) make up around 20% of the Durham adult population; this is considered a “mid-high” proportion of uninsured adults (as defined by the North Carolina Institute of Medicine).

Uninsured Adults, Durham County⁶



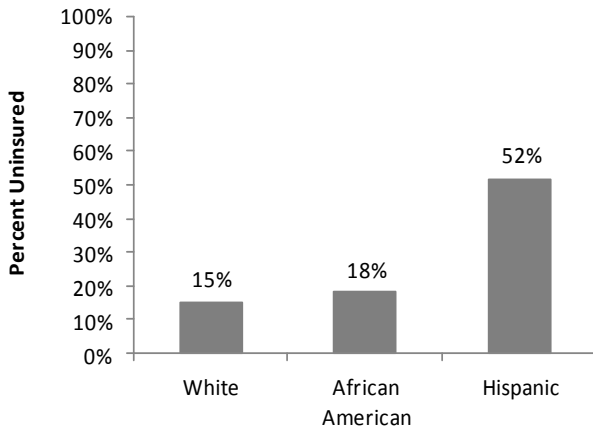
In 2012 there are an estimated 6,082 uninsured children (<18) and an estimated 410 uninsured older adults (>64) in Durham.¹⁰ The proportion of children uninsured is considered “high” (as defined by the North Carolina Institute of Medicine).

Uninsured Status by Age and Residency, 2012⁶



Hispanic Durham County residents are much less likely to have health insurance than White or African American residents. The demographic characteristics of the uninsured population in Durham have remained similar over the past 5 years.

Adults who are Uninsured by Race/Ethnicity, Durham County, 2012⁶



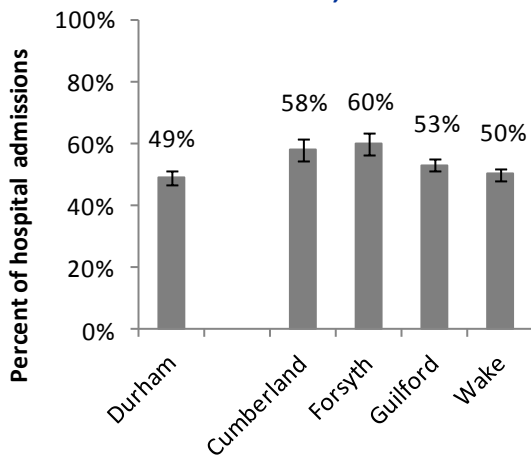
Concerns

- Without Medicaid expansion, an estimated 19,000 adults in Durham County who were anticipated to be covered by Medicaid may remain uninsured. Expected decreases in federal funds for community health centers and hospitals may make it more difficult for uninsured people to access health care.
- County residents with very low income not covered by Medicaid and undocumented immigrants will remain uninsured.

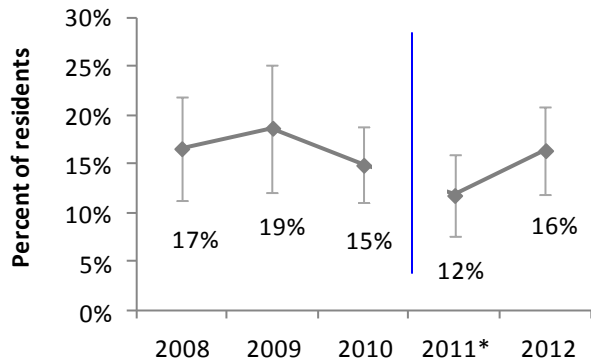
In 2012, 16% of Durham residents reported that they could not see a doctor when needed because of the cost. This is comparable to the North Carolina figure, 19%.

Even for insured residents, health care may be difficult to access. Access to outpatient care is measured by the proportion of hospital visits that would have been prevented by adequate outpatient (ambulatory) care. The best data available come from the Medicare system. The proportion of preventable Medicare hospital stays in Durham County is high, but lower than or comparable to peer counties.

Hospital admissions preventable by outpatient (ambulatory) care Medicare Data, 2010⁷



Residents not seeing a doctor because of cost, Durham County²



Emerging Issues

- Enrollment in Affordable Care Act Marketplace plans is expected to reduce the number of uninsured adults.
- It is not known whether enough healthcare providers are available to serve the newly insured.

*Because of changes in BRFSS data collection in 2011, data from 2011 and later are not comparable to previous years.

HIV and Other Sexually Transmitted Infections

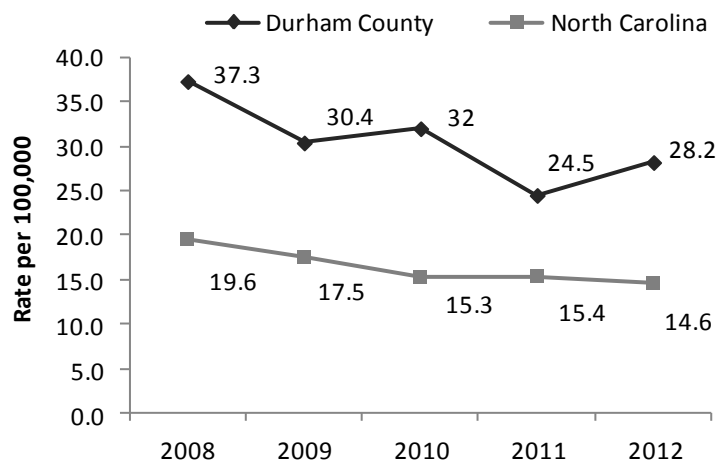
Healthy NC 2020 Goal: Reduce the rate of new HIV infection diagnoses to 22.2 per 100,000

Progress

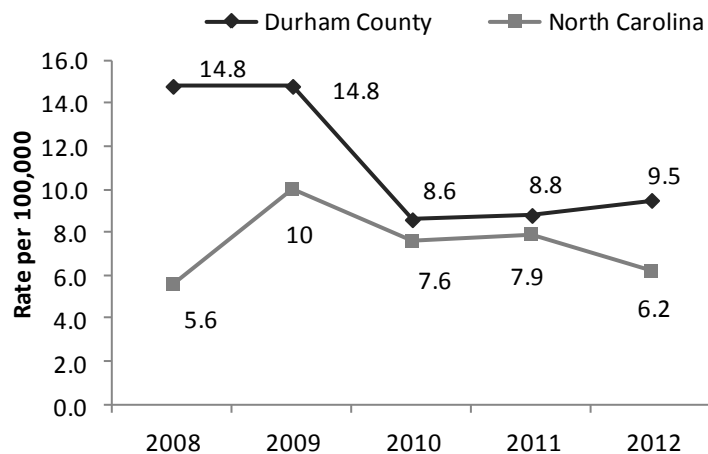
- Testing for HIV and other sexually transmitted infections was offered in many settings, including local universities, Lincoln Community Health Center, the Durham County Jail, and at local collaborating organizations. A national testing day was held at Walgreens locations.
- Expanded hepatitis C screening was offered in many settings where HIV testing was also offered.
- The HIV/STI Committee recognized World AIDS Day with a celebration, speakers, a fashion show, HIV and sexually transmitted disease testing, and communication via the press.
- An article describing the value of syringes retaining less fluid ("low dead-space syringes") for prevention of disease transmission, was published by the HIV/STI Committee in the Durham Herald-Sun. This article followed an article on the same topic published in late 2012 in the Durham News.

▶ Although HIV rates have dropped over the past 5 years, Durham County's rates remain higher than the state average. Syphilis case rates follow a similar pattern.

HIV Case Rates, Durham County and North Carolina⁸

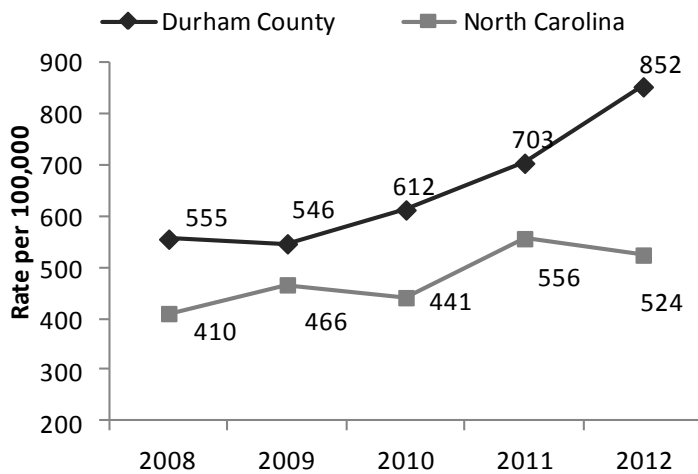


Early Syphilis Case Rates, Durham County and North Carolina⁸

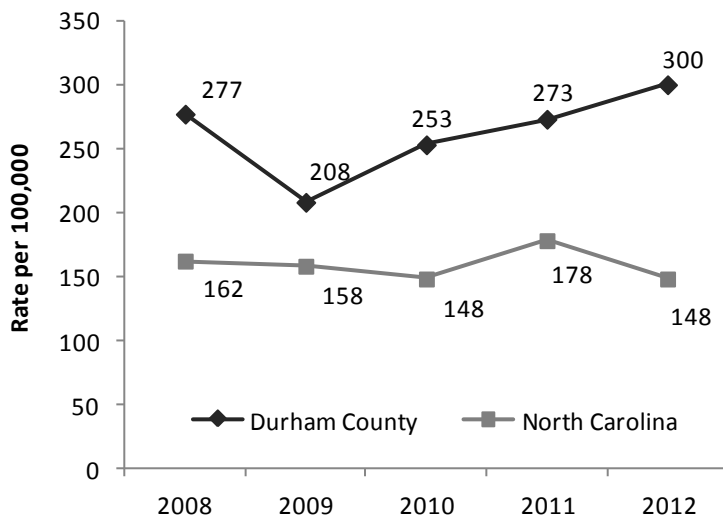


▶ Chlamydia case rates are rising in Durham County. Gonorrhea rates have risen since 2009, but are similar to the 2008 number.

**Chlamydia Case Rates ,
Durham County and North Carolina⁸**



**Gonorrhea Case Rates,
Durham County and North Carolina⁸**



Concerns

- Durham has the 3rd highest rate of HIV cases in North Carolina (up from 4th in 2011).
- Rates of HIV and early syphilis have remained approximately level since 2010, following a decrease prior to 2010.

Emerging Issues

- As providers move to more sensitive nucleic acid testing for chlamydia and gonorrhea, the numbers of cases detected rise. This may account for some of the increase in cases seen. However, the increase may also be due to true increases in prevalence of these diseases.
- With a reduction in staff focusing on syphilis at the state level, syphilis case rates may increase.
- Some strains of gonorrhea are resistant to common antibiotics. These strains may be present in Durham County. Funding for staff focusing on gonorrhea will increase in 2014.

Obesity and Chronic Illness

Healthy NC 2020 Goals:

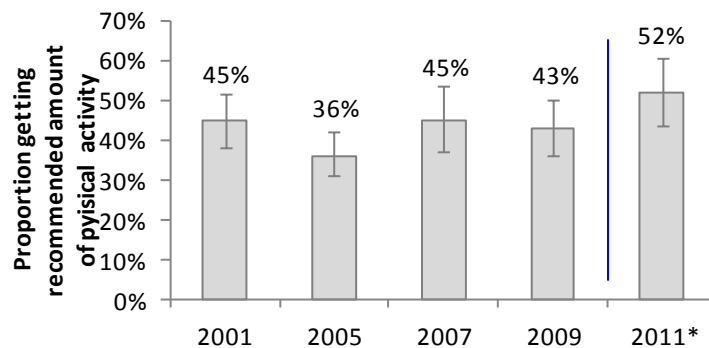
- Increase the percentage of adults getting the recommended amount of physical activity to 60.6%
- Increase the percentage of adults consuming fruits and vegetables five or more times per day to 29.3%
- Decrease the percentage of adults with diabetes to 8.6%; Decrease cardiovascular disease mortality to 161.5

Progress

- Environmental interventions, which change the settings where people make decisions, make healthy choices easier. A second Healthy Mile Trail was established in North East Central Durham. A third Healthy Mile Trail is in development. A Healthy Check-out Aisle was installed at Los Primos grocery store.
- Five Bull City PlayStreets events were held.
- New questions to create baseline measurements of population walking and biking were included for the 2014 Community Health Assessment.
- ahealthierdurham.com was launched to support physical activity in Durham. It will allow posting of events by many organizations and capture minutes exercised and weight lost by the Durham Community.
- Read about the Durham Diabetes Coalition on page 5.

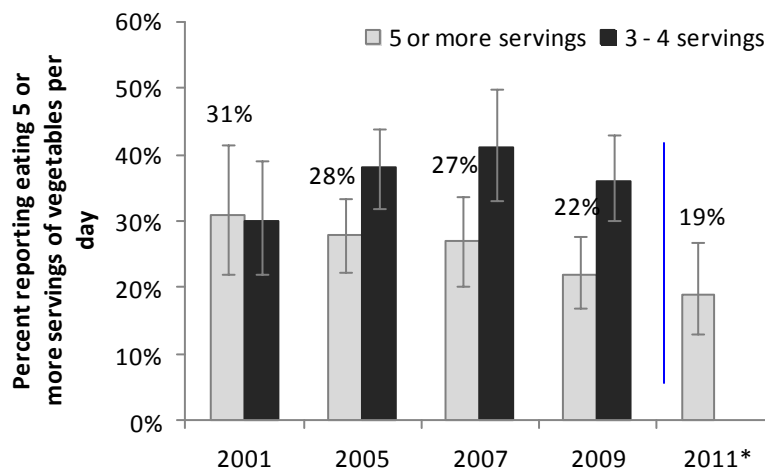
▶ The proportion of Durham County residents getting the recommended amount of physical activity has increased.

Physical Activity, Durham County²



▶ The proportion of Durham County residents eating 5 or more servings per day of fruits and vegetables has decreased. However, the proportion of residents eating 3 or 4 servings per day has remained steady.

Consumption of fruit and vegetables, Durham County²



*Because of changes in BRFSS data collection in 2011, data from 2011 and later are not comparable to previous years.

▶ The proportion of Durham County residents who are obese has remained level since 2008. The proportion who are overweight (41% in 2012) has also been level since 2008.

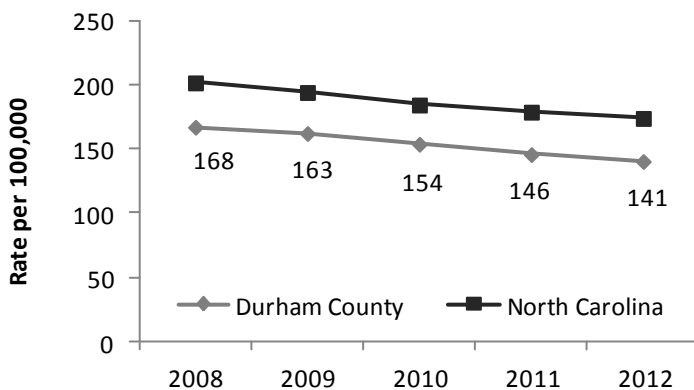
Obese and Overweight Adults, Durham County²



▶ The proportion of Durham County residents reporting that they have been diagnosed with cardiovascular disease and diabetes (not during pregnancy) has also been level, at 6-8%, since 2008. This is comparable to the state figure.

▶ However, mortality (death) rates for heart disease and cancer have fallen steadily since 2008 (from 168 per 100,000 to 141 for heart disease, and from 194 to 181 for cancer).

Heart disease mortality rates (age-adjusted, 5 year averages)³



Concerns

- Despite local efforts, the proportion of adults who are overweight or obese has not altered significantly over the past 5 years.

Emerging Issues

- Obesity is linked to poverty; people with lower socio-economic status are more likely to be obese.
- The 2011 Community Health Assessment identified a desire for exercise opportunities that are low-cost and located in neighborhoods. Making exercise available locally and cheaply may help reduce obesity in Durham County.



Substance Abuse and Mental Health

Healthy NC 2020 Goals:

Reduce the percentage of high school students who consumed alcohol within the past 30 days to 35%

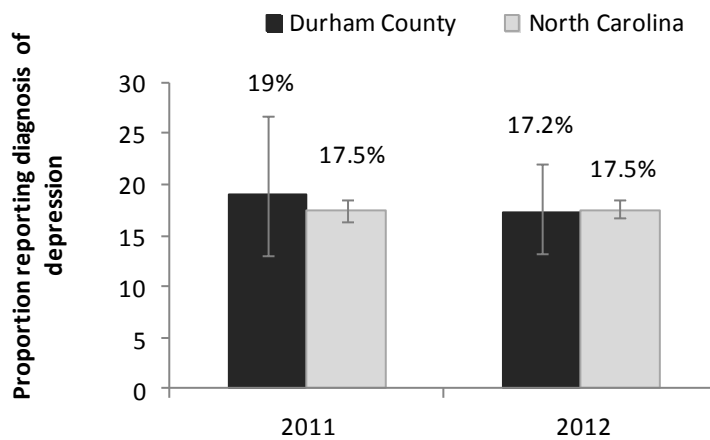
Reduce the suicide rate to 8.3 per 100,000

Progress

- The 2013 Recovery Celebration, coordinated by the Criminal Justice Resource Center, linked recovery from substance addiction and mental illness to exercise, nutrition, and chronic disease prevention. In addition to testimonials and celebratory presentations, the event offered health screenings, healthy cooking demonstrations, and physical activity breaks. Durham TRY and other organizations provided education and tools.
- The Durham Teen Center, Durham Gun Safety Team, and Partnership for a Healthy Durham joined to present a full day suicide prevention and gun safety training to teen youth leaders from across the state at the 2013 North Carolina Teen Summit.
- Efforts to streamline mental health care for children are producing valuable discussion between medical care providers, Durham Public Schools, and other agencies; see more on page 16.

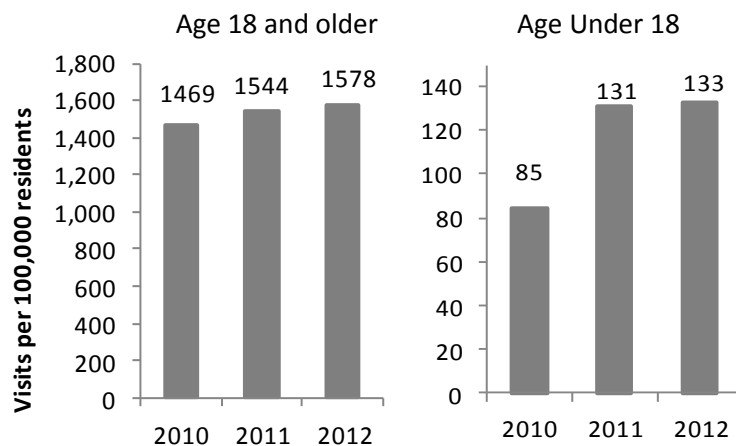
▶ In 2012, 17% of Durham County residents reported that they had been diagnosed with a depressive disorder. This was comparable to the North Carolina figure.

Report of diagnosis with a depressive disorder²



▶ The number of substance use-related visits to the emergency department per 100,000 population appears to be increasing slightly since 2010.

Substance use-related visits to the Emergency Department (source: NC DETECT)⁹



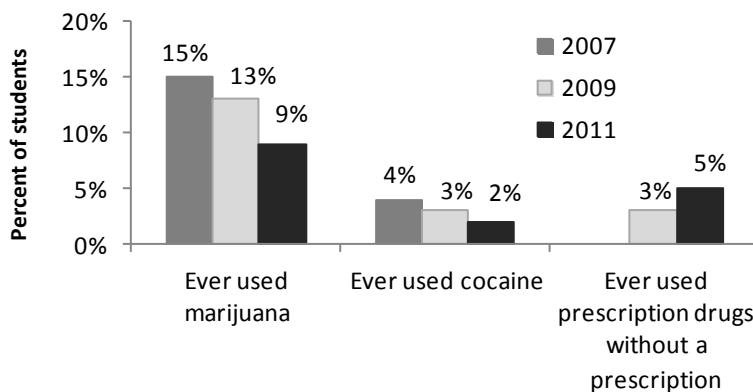
- ▶ The proportion of high school students consuming alcohol in the past 30 days was 36% in 2011.
- ▶ The proportion of high school students who smoked cigarettes in the past 30 days was 16% in 2011.
- ▶ Reported drug use among Durham County youth in middle school is decreasing, with the exception of prescription drug use. Reported drug use among Durham County youth in high school may be increasing.

▶ The Durham County age-adjusted suicide rate for 2007-2011 was 8.3 suicides per 100,000 population.

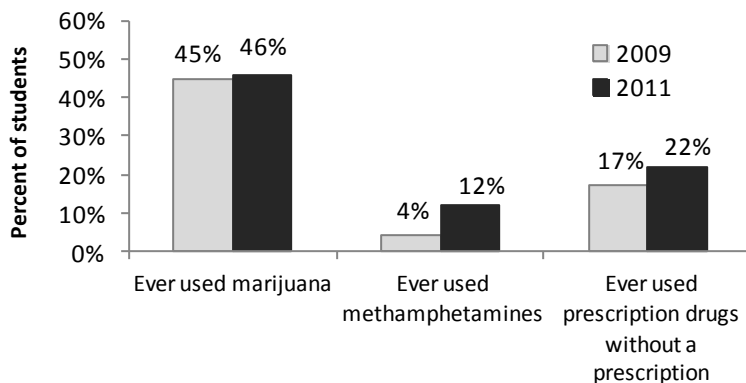
Concerns

- Prescription drug use may be increasing among students.
- Substance use-related visits to the emergency department are increasing.
- State data show that only a small proportion of those needing treatment for mental health and substance abuse receive it. The mental health and substance abuse treatment services available are not adequate to meet the need.

Reported drug use, Middle School¹⁰



Reported drug use, High School¹⁰



Emerging Issues

- Prescriptions of opioid medications have increased in North Carolina. Emergency department visits for drug overdose are correlated with increased opioid medication sales. Substance abuse-related emergency department visits are increasing in Durham County, and this increase may be related to opioid use.



Poverty

Healthy NC 2020 Goals:

Decrease the percentage of individuals living in poverty to 12.5%

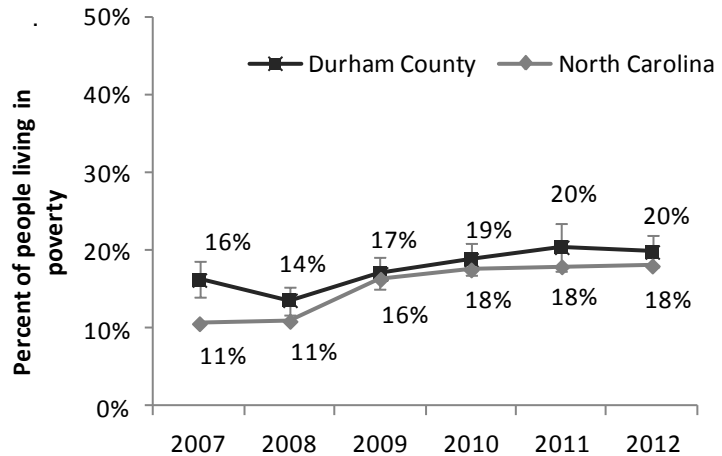
Decrease the percentage of people spending more than 30% of their income on rental housing to 36.1%

Progress

- The Partnership for a Healthy Durham has worked through our Access to Care committee and with End Poverty Durham, and Durham Health Initiatives (DHI) in 2013 to address poverty in Durham.
- End Poverty Durham has created and raised funds in 2013 to implement the REAL Durham Initiative, using evidence-based Circles methods, to lift families out of poverty.
- DHI has created a committee focusing on linking Spanish-speaking county residents with needed services. The Partnership, DHI and community volunteers worked together to add a random sample of Hispanic/Latino community residents to the community health assessment survey performed in 2013.
- The Access to Care Committee created a pilot project to provide short-term medical respite housing for medically vulnerable homeless county residents (called Hospital to Home for the Homeless). In addition to short-term medical respite housing, the project will provide participants with connection to medical and mental health care, nurse care manager services, benefits acquisition and housing planning/ placement.

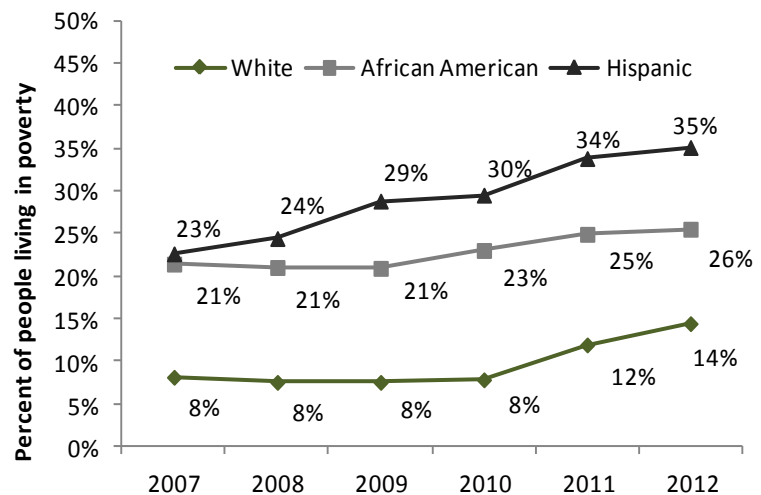
▶ The proportion of Durham County residents living in poverty remains high.

Individuals living in poverty¹¹



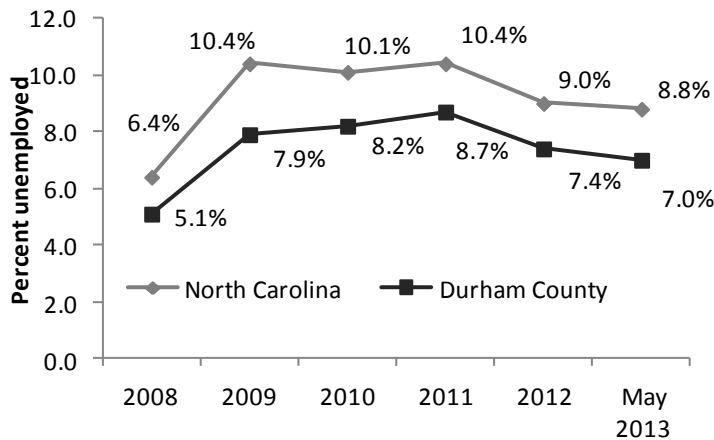
▶ An income below the poverty level is most common among African American and Hispanic/Latino county residents.

Individuals living in poverty by race/ethnicity, Durham County¹²



▶ Although the proportion of county residents living in poverty is not decreasing, the Durham County unemployment rate is falling.

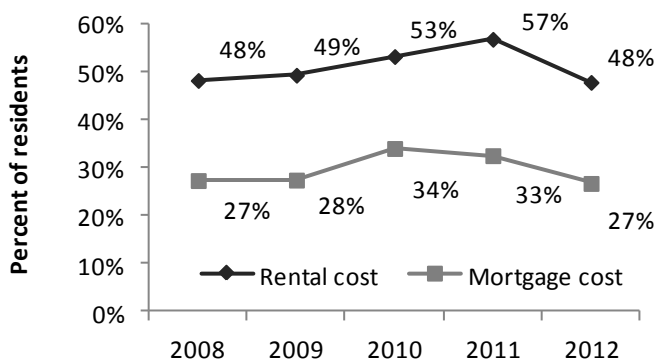
Unemployment Rate, Durham County¹³



People with higher incomes, more years of education, and a healthy and safe environment have better health outcomes.

▶ Housing is considered “affordable” when housing costs are not more than 30% of household income. Half or more of Durham County residents renting their homes are paying more than 30% of their income in rent. Among those who own homes, a smaller percent spends more than 30% of their income on housing (mortgage costs). The proportion spending more than 30% of their income on housing has fallen slightly but is still high.

Percent spending >30% of income on housing, Durham County¹⁴



Concerns

The poverty rate continues to rise

- In 2012 (one-year estimate), 19.8% of Durham County residents lived in poverty.
- 37% of Durham residents have an income below 200% of the Federal Poverty Level

The number of homeless individuals increased in 2013

- 759 individuals were identified as homeless in the 2013 Point in Time count (up from 698 in 2012)

Education

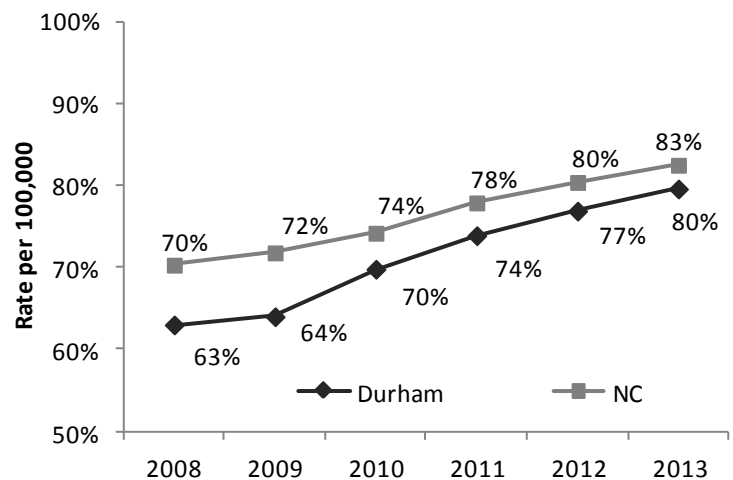
Healthy NC 2020 Goal: Increase the four-year high school graduation rate to 94.6%

Progress

- The graduation rate in Durham continues to improve.
- The Durham Public Schools Family Academy is a collaboration between the schools and community organization and agencies. It offers information about connecting with schools, personal and professional development for families, healthy living, and physical and emotional development.
- Duke Medicine, with collaboration from Durham Public Schools, has created the Integrated Pediatric Mental Health Collaborative. The goal of this collaboration is to improve the integration of pediatric mental health care for children in Durham.

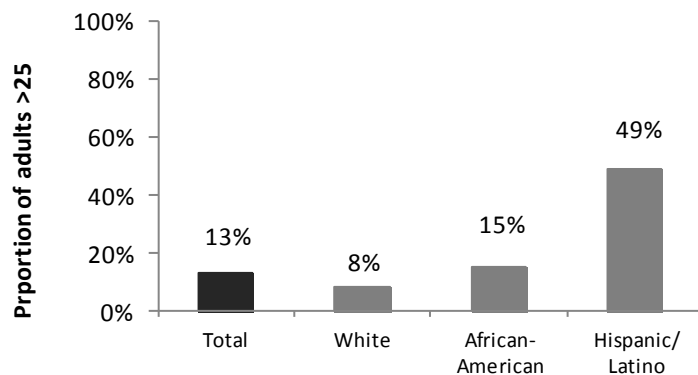
Durham's 4-year graduation rate continues to improve; the gap between Durham and state graduation rates continues to narrow.

High school graduation rates¹⁵



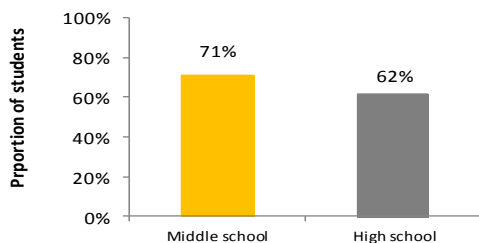
Among adults (>25), 13% have no high school diploma. The proportion with no high school diploma differs by race/ethnicity (below) and by poverty level; lower income is associated with lower educational attainment. It is likely that poverty accounts for much of the difference by race/ethnicity.

Percent of adults with no high school diploma by race/ethnicity, Durham County, 2013¹⁶



Students in middle and high school report that "their teachers really care about them and give them a lot of encouragement".

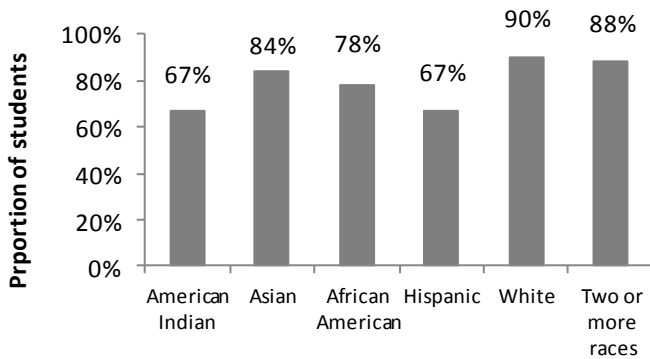
Percent of students reporting caring teachers¹⁰



- ▶ Graduation rates varied by race, poverty, and English proficiency. Graduation rates for all groups increased in 2013, including for African Americans (from 74% in 2012 to 78% in 2013) and Hispanics (from 64% in 2012 to 67% in 2013.)



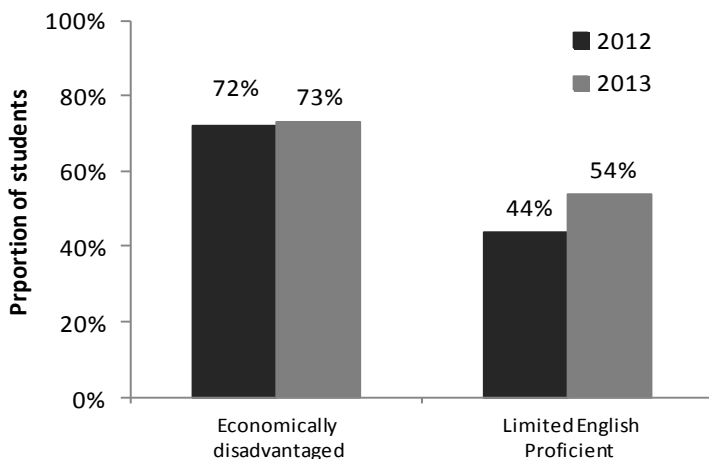
High school graduation rates by race/ethnicity, Durham County, 2013¹⁵



- ▶ Some of the variation in graduation by race/ethnicity is likely to be caused by poverty and language skills. Students from economically disadvantaged backgrounds and those with limited English proficiency were less likely to graduate in 4 years.

- ▶ Graduation rates for students with limited English proficiency increased in 2013.

High school graduation rates, Durham County, 2013¹⁵



Concerns

- Although the graduation rate for students with limited English proficiency have improved in recent years, graduation rates for these students are lower than their Durham counterparts.
- Adult African Americans and Hispanics are least likely to have a high school diploma.

Emerging Issues

- With ongoing immigration in Durham County comes the challenge of ensuring educational attainment for students with limited English proficiency.
- Similarly, providing educational support for adult residents with limited English proficiency is challenging.
- Cuts to education funding may impact Durham County's successful efforts to improve graduation rates.

Data Sources and Notes

- The census category “Hispanic” includes all individuals in the county who identify themselves as Hispanic. This category includes rich and poor, citizens and non-citizens, and Spanish-speaking, English-speaking, and bilingual individuals.
- Lines protruding from the top and bottom of bars in charts indicate certainty—we could say that we have 95% certainty that the true measurement lies within the bars. Longer lines mean that we are less certain about the exact number, usually because the survey that gives us the number only sampled a small number of county residents.
- In general, American Community Survey 1-year estimates are provided. In some cases, because of data instability, 3-year estimates are used. This is noted in the data source note.

Photo credits: Cover: Farmer’s Market markschuelerphoto.com and Durham Convention and Visitors Bureau; Durham Skyline Downtown, Chris Barron and Durham Convention and Visitors Bureau; Festival for the Eno Durham Convention and Visitors Bureau; Page 3, top: Dan Hacker Photography/Durham Convention and Visitors Bureau; Page 3, bottom: Steward Waller and Durham Convention and Visitors Bureau.

- 1 US Census Bureau. 2012 American Community Survey 1-Year Estimates, Table DP05: 2012 Demographic and Housing Estimates. American FactFinder. <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>. Accessed November 5, 2013.
- 2 Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance Survey Results. North Carolina State Center for Health Statistics. <http://www.schs.state.nc.us/data/brfss/survey.htm>. Accessed November 18, 2013.
- 3 North Carolina State Center for Health Statistics. 2011 County Health Data Book. <http://www.schs.state.nc.us/schs/data/databook/>. Accessed November 12, 2013.
- 4 North Carolina State Center for Health Statistics. HealthStats—Healthy North Carolina 2020 Categorized Index. <http://healthstats.publichealth.nc.gov/indicator/index/Categorized.html?CategorizedIndexName=1>. Accessed November 10, 2013.
- 5 Adolescent Pregnancy Prevention Campaign of North Carolina. <http://www.appcnc.org/data>. Accessed November 12, 2013.
- 6 US Census Bureau. 2012 American Community Survey 1-Year Estimates, Table S2701: Health Insurance Coverage Status. <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>. Accessed November 3, 2013.
- 7 University of Wisconsin Population Health Institute. County Health Rankings—Durham County. <http://www.countyhealthrankings.org/app#/north-carolina/2013/durham/county/outcomes/overall/snapshot/by-rank>. Accessed November 1, 2013.
- 8 North Carolina Department of Health and Human Services. 2012 HIV/STD Surveillance Report. <http://epi.publichealth.nc.gov/cd/stds/figures/std12rpt.pdf>. Accessed November 18, 2013.
- 9 Duke Center for Child and Family Policy. Substance Use and Abuse in Durham County. https://childandfamilypolicy.duke.edu/pdfs/pubpres/2013_Substance_Use_Abuse_Durham_County.pdf. Accessed November 16, 2013.
- 10 Partnership for a Healthy Durham. 2011 Durham Youth Risk Behavior Survey results. http://www.healthydurham.org/index.php?page=health_recent. Accessed November 15, 2013.
- 11 US Census Bureau. 2012 American Community Survey 1-Year Estimates. Table DP03, Selected Economic Characteristics. <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>. Accessed November 2, 2013.
- 12 US Census Bureau. 2012 American Community Survey 3-Year Estimates. Table S1701, Poverty Status in the Past 12 Months. <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>. Accessed November 2, 2013.
- 13 North Carolina Employment Security Commission. Local Area Unemployment Statistics. <http://esesc23.esc.state.nc.us/d4/LausSelection.aspx>. Accessed November 20, 2013.
- 14 US Census Bureau. 2012 American Community Survey 1-Year Estimates. Table DP04, Selected Housing Characteristics. <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>. Accessed November 2, 2013.
- 15 North Carolina Department of Instruction. Cohort Graduation Rates. <http://www.dpi.state.nc.us/accountability/reporting/cohortgradrate>. Accessed November 6, 2013.
- 16 US Census Bureau. 2012 American Community Survey 1-Year Estimates. Table S1501, Educational Attainment. <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>. Accessed November 11, 2013.

The Partnership for a Healthy Durham is a coalition of local agencies and citizens dedicated to collaboratively improving the physical, mental, and social health and well-being of Durham residents. The Partnership links health organizations and citizens concerned with health to develop effective programs and use resources wisely.

Partnership meetings are open to the community and anyone may join at any time either by emailing the coordinator (Erika Samoff, esamoff@dconc.gov) or by coming to a meeting. The full schedule of committee meetings is available under the Calendar link at our website, www.healthydurham.org.

For more detailed information about this report or how the Partnership for a Healthy Durham is addressing these health priorities, go to www.healthydurham.org or contact the Partnership at 919-560-7833.

