



# Community Profile

Spanning almost 300 square miles, the city and county of Durham are located in the heart of the North Carolina Piedmont Region. Historically known as the “tobacco capital of the world” and the home to Black Wall Street, Durham is known nationwide as a vibrant, diverse and entrepreneurial community. There is a rich agricultural heritage, a diverse population, beautiful land, numerous parks, excellent public services and a strong faith and social justice community. There are many medical resources, non-profits and opportunities available to community members. The demographics of Durham County residents have shifted dramatically over the last decade. Although Durham County is rich in resources, disparities do exist between racial/ethnic groups as well as between lower income and higher income residents.

***This chapter includes:***

- ❖ [Demographics](#)
- ❖ [Immigrant and refugee populations](#)
- ❖ [Racial and ethnic disparities](#)
- ❖ [Durham facts and history](#)
- ❖ [Land Use](#)
- ❖ [Built environment](#) (eg. sidewalks, bike lanes and greenways)
- ❖ [Parks and recreation](#)
- ❖ [Faith and spirituality](#)

### Section 3.01 Demographics

U.S. Census Bureau 2010 data highlight important demographic and cultural shifts in Durham during the past decade. Since 2000, Durham County’s population has grown over 22% to 267,587, which is slightly higher than the statewide increase of 18.5%.<sup>1</sup> Durham is the 6th largest county in North Carolina and approximately 85% of all Durham County residents live within the city limits of Durham. The City of Durham’s population of 228,330 positions Durham as the 5<sup>th</sup> largest city in the state.<sup>2</sup>

Durham continues to grow as a racially and ethnically diverse community. Just over 46% of Durham’s countywide population is White and 38% are African American. American Indian, Asian and other races make up the remaining 15.6%. As with other parts of the state and nation, Durham has experienced a significant increase in Hispanic residents during the past decade. The Hispanic population in Durham has increased from just over 1% in 2000 to 13.5% in 2010. With a median age of 33, Durham County residents are younger than the statewide average. Since 2000 the older adult population has risen by 16% and is projected to grow by at least 44% by 2025.<sup>3</sup> Table 3.01(a) summarizes key demographic data for Durham County in 2010.

<b>Table 3.01(a) 2010 Durham County Demographics</b>		
The 2010 Census population of Durham County is 267,587.		
<b>Sex</b>	<b>Number</b>	<b>Percent</b>
Male	127,656	47.7%
Female	139,931	52.3%
<b>Race</b>	<b>Number</b>	<b>Percent</b>
White	124,274	46.4%
Black or African American	101,577	38.0%
Asian	12,278	4.6%
American Indian / Alaska Native	1,339	0.5%
Pacific Islander	172	0.1%
Some Other Race	21,094	7.9%
Two or more races	6,853	2.6%
<b>Ethnicity</b>	<b>Number</b>	<b>Percent</b>
Hispanic (of any race)	36,077	13.5%
<b>Age</b>	<b>Number</b>	<b>Percent</b>
0 to 9 years	36,378	13.6%
10 to 19 years	32,894	12.3%
20 - 29 years	48,576	18.2%
30 to 39 years	43,879	16.4%
40 to 49 years	34,896	13.0%
50 to 59 years	32,185	12.1%
60 to 69 years	21,055	7.8%
70 and older	17,724	6.7%

Figure 3.01(b) illustrates demographic shifts of the population in Durham County from three Census surveys. The percentage of White residents has steadily declined since 1990 while Blacks remained stable and Hispanics and other races steadily increased.

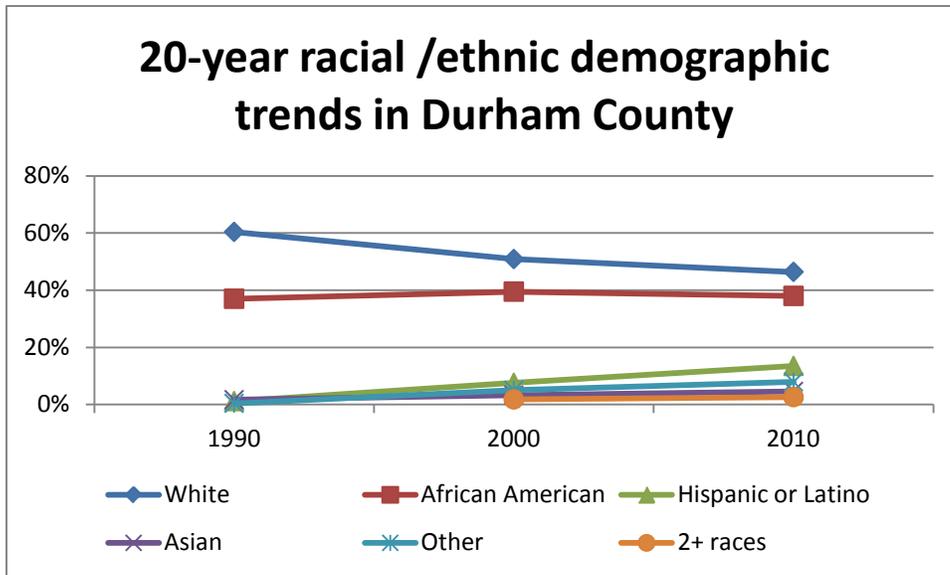


Figure 3.01(b) 20-year racial / ethnic demographic trends in Durham County<sup>4</sup>

In fact, in 2005, Durham County became a “Majority-Minority” county, or one in which more than half of the county is considered “minority.” By 2010, 46% of all residents were White and 53% were of a different race. North Carolina and the United States have also seen significant population increases among minority residents; Durham County, however, has a greater proportion of diversity. Figure 3.01(c) illustrates this growth locally, statewide and nationally over the last twenty years.

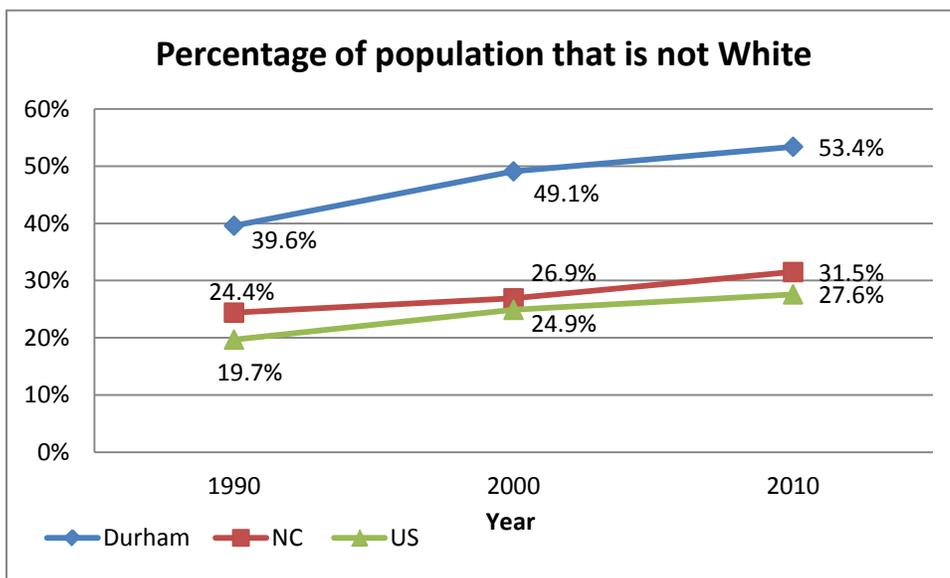


Figure 3.01(c) Percentage of population that is not White<sup>5</sup>

In 2000, Hispanics were only 1% of the total population in Durham County; in 2010, this demographic grew to 13.5%. There were 36,077 Hispanics counted in the 2010 Census; the Hispanic population, however, has historically been undercounted in census figures because of the fear of deportation if identified. Of those counted, Figure 3.01(d) illustrates the ethnicities among the Hispanic community. More than half of all Hispanics (55%) are Mexican, 5% are Puerto Rican, 2% are Cuban and 38% are of a different Hispanic or Latino origin.

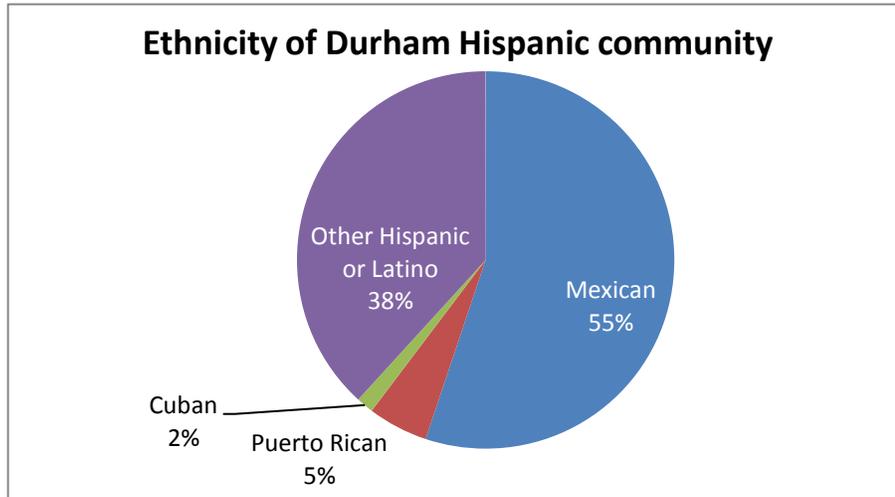


Figure 3.01(d) Ethnicity of Durham County Hispanic community<sup>6</sup>

Since the last national count in 2000, the overall population in North Carolina grew by nearly 1.5 million, or 18%, to more than 9.5 million people. That makes North Carolina one of the fastest growing states and the 10th-most populous.<sup>7</sup> During the same period, households headed by married couples no longer make up a majority of households in the state, mirroring a national trend. Census figures showed that married couple-headed homes comprised 1.8 million, or 48%, of North Carolina's households in 2010, down from 52% a decade earlier. In Durham County, the numbers were even lower. Married couple-headed homes comprised 42,664 or only 39% of households.

Meanwhile, one household group that has increased is same-sex unmarried couples. This demographic has grown by 52.7% in North Carolina and 38.3% in the United States.<sup>8</sup> Table 3.01(e) shows that North Carolina has 4.89 same-sex couples per 1,000 households, which ranks 24<sup>th</sup> highest in the country.<sup>9</sup> Among mid-size cities (pop. 100,000 - 250,000) Durham ranks 18<sup>th</sup> highest for its rate of same-sex couples. No other North Carolina city ranked in the top 25 among small, mid-size or large US cities.

Table 3.01(e) Same-sex unmarried partner households<sup>10</sup>

	Same-sex couples: Census 2000	Same-sex couples: 2010 Census	Rate (same-sex couples per 1,000 households)	Rank
United States	341,014	646,464	5.5	-
North Carolina	7,695	18,309	4.89	#24
City of Durham	-	951	10.17	#18 (among all mid-size US cities)

## Section 3.02 *Immigrant and refugee health*

### Immigrant Health

The 2010 U.S. Census population of the United States was 308,745,538. This number includes all residents of the United States, including birth citizens and *foreign born* individuals.<sup>11</sup> The term “foreign born” refers to anyone who is not a U.S. citizen at birth, including naturalized residents, documented and undocumented immigrants, foreign students and refugees.<sup>12</sup> In 2009, an American Community Survey (U.S. Census) analysis indicated that there were 38.5 million foreign-born U.S residents, representing 12.5% of the total population. Most immigrants came from Mexico, China, India and the Philippines.<sup>13</sup> In Durham County, it is estimated that 13.2% of the population is represents immigrants.

It is estimated that there are nearly 12 million undocumented immigrants living in the United States. The majority of unauthorized immigrants work in low-skill, low-wage jobs and more than half work in construction, agriculture manufacturing and hospitality.<sup>14</sup> Hispanics account for 75% of undocumented immigrants. According to the Pew Hispanic Center, approximately 8% of newborns in the United States belong to illegal immigrant parents. Hispanics of Mexican, Puerto Rican, and Cuban origin remain the nation's three largest Hispanic country-of-origin groups.<sup>15</sup> Other significant origins of unauthorized immigrants include Asia and the Middle East.<sup>16,17</sup>

Many Americans openly debate about the effect that immigrants have on jobs, health care, education, social services, race, and crime. There may be both negative and positive impacts on the economy. Most Americans benefit from lower wages paid to undocumented workers, resulting in lower prices for things like restaurant meals, agricultural produce and construction. One perceived negative impact is on government expenditures. Undocumented workers are often perceived as a drain on government spending since it is believed that most do not pay income taxes but do use schools, health care and other government services.<sup>18</sup> In reality, undocumented workers pay billions of dollars in income taxes, with little chance of getting a tax refund or collecting a social security check.<sup>19</sup> Some local governments have tried to restrict free access to some public benefits. Data on health care costs for immigrants in North Carolina, however, is unclear because many clinics, hospitals and county health departments do not ask patients about their immigration status.

The Pew Hispanic Center estimates that 59% of the nation's illegal immigrants are uninsured compared with 25% of legal immigrants and 14% of U.S. citizens. Illegal immigrants account for a large proportion of uninsured American residents. Although most illegal immigrants are relatively young and healthy, when they get sick or injured, they often use hospital's emergency rooms for non-emergency or routine medical care. In North Carolina, illegal immigrants can get emergency care through Medicaid (the federal-state program for the poor and people with disabilities), but they cannot get non-emergency care unless they pay. This contributes to high usage of emergency care facilities and a financial burden for hospitals and taxpayers.<sup>20</sup>

*Durham County health services for immigrants*

In Durham County, undocumented immigrants can receive basic medical care through several federally-funded community health centers such as Lincoln Community Health Center and the Lyon Park and Walltown Clinics. These clinics charge modest amounts for medical care and supply medications a lower cost to their patients. All residents, including undocumented immigrants, are able to obtain free medical assessment and treatment for communicable diseases at the Durham County Health Department.

Prenatal care is a cost-effective way to improve the outcome of pregnancy. The federal government, State of North Carolina and Durham County combine funds to make prenatal care and perinatal nutrition support available for all low- income residents, including undocumented women. Medicaid supports women of childbearing age with funding for family planning services, prenatal care, childbirth and sixty days of postpartum care.<sup>21</sup>

Through a federally funded grant, “The Breast and Cervical Cancer Control Program (BCCCP),” the Durham County Health Department provides pap smears and mammograms to low-income, uninsured women 40 years or older at no cost.<sup>22</sup> Likewise, the Susan G. Komen Breast Cancer Foundation supports breast cancer education, advocacy, health services and social support programs for uninsured, indigent women regardless of immigration status.

**Refugee Health**

A refugee is someone who has been forced to flee his or her country because of persecution, war or violence. Refugees have a well-founded fear of persecution for reasons of race, religion, nationality, political opinion or membership in a particular social group. In most cases, they cannot return home or are afraid to do so. War and ethnic, tribal and religious violence are the leading causes of refugees fleeing their countries. Since its formation by the United Nations in 1950, the United Nations Refugee Agency UNHCR has helped an estimated 50 million refugees restart their lives in 126 countries around the world.<sup>23</sup>

In order to make determination of refugee status, the United States Department of Homeland Security (DHS)-Citizenship and Immigration Services (CIS) approve refugees who are found to have a valid persecution claim and are deemed admissible to the United States. Once refugee status is established, a joint effort conducted by the U.S. Department of State, the International Organization for Migration (IOM) and DHS-CIS, brings approved individuals to the United States for resettlement.<sup>i</sup>

The Refugee Assistance Program, authorized by the federal Refugee Act of 1980, provides federal funding from the U.S. Department of Health and Human services and the Office of Refugee Resettlement (ORR) to non-profit agencies to assist refugees with their resettlement and integration to the United States. Refugees are eligible to receive ORR benefits and services from the first day they arrive in the United States. Eligible recipients of the Refugee Assistance Program include: individuals fleeing persecution in their homelands, asylum seekers, certain

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<sup>i</sup> North Carolina State Refugee Office, Marlene Myers, State Refugee Coordinator. Personal communication. June 2011.

Cuban and Haitian entrants, certain Amerasians (from Vietnam) and victims of human trafficking. The Refugee Assistance Program involves two programs: refugee cash assistance and refugee medical assistance. Refugees are eligible for these programs for up to eight months after arrival in the USA. Eligibility criteria parallel the state's Medicaid and TANF programs. Sponsor agency's set up Medicaid insurance, medical appointments, housing and jobs for newly arrived clients.<sup>ii</sup>

Each year the U.S. government allows up to 80,000 refugees to be admitted. In the last three years, a greater proportion of refugees have been resettled in North Carolina. In 2010, the top states for refugee resettlement were California, Texas, Florida, New York, Michigan, Arizona, Illinois, Georgia, Washington and North Carolina.<sup>24</sup>

*North Carolina and Refugees*

In 2010, North Carolina welcomed 2,505 refugees from 33 countries, ranking North Carolina 10th in the nation for the number of refugees received.<sup>iii</sup> Figure 3.02(a) shows that the largest number of arrivals to North Carolina came from Burma. Of the arrivals, 95% were refugees, 3% were Iraqi/Afghan Special Immigrants, 2% Cuban/ Haitian humanitarian parolees and 1% asylees. Four percent (n=98) of arrivals were not sponsored by a resettlement agency.

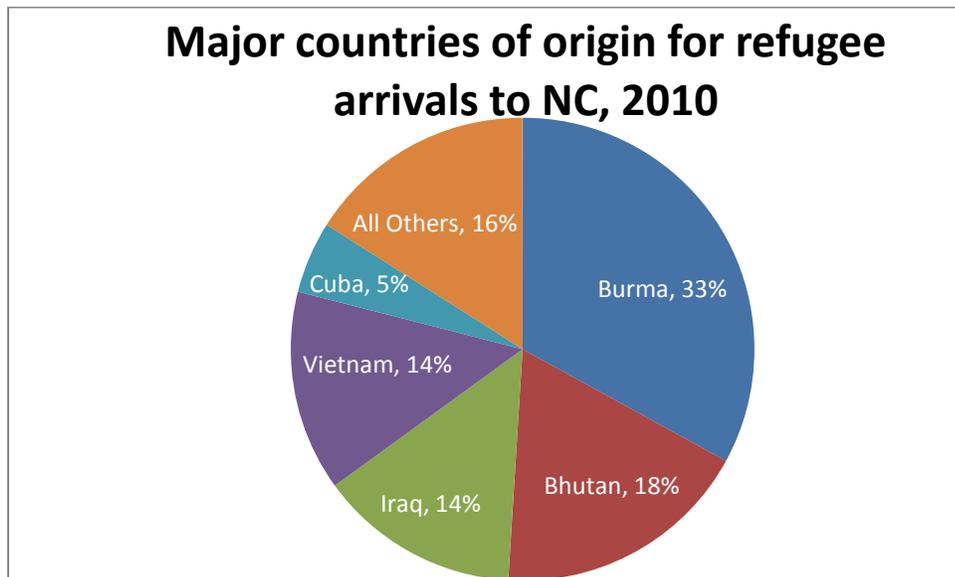


Figure 3.02(a). Major countries of origin for refugee arrivals to NC, 2010

Refugees were resettled in 21 different North Carolina counties with the majority resettled in Guilford, Mecklenburg, Wake, Durham and Craven as shown in Figure 3.02(b).

<sup>ii</sup> NC Division of Social Services, Refugee Assistance. Personal communication.

<sup>iii</sup> NC Department of Health and Human Services, Refugee Health Program, Jennifer Reed Morillo. Personal communication.

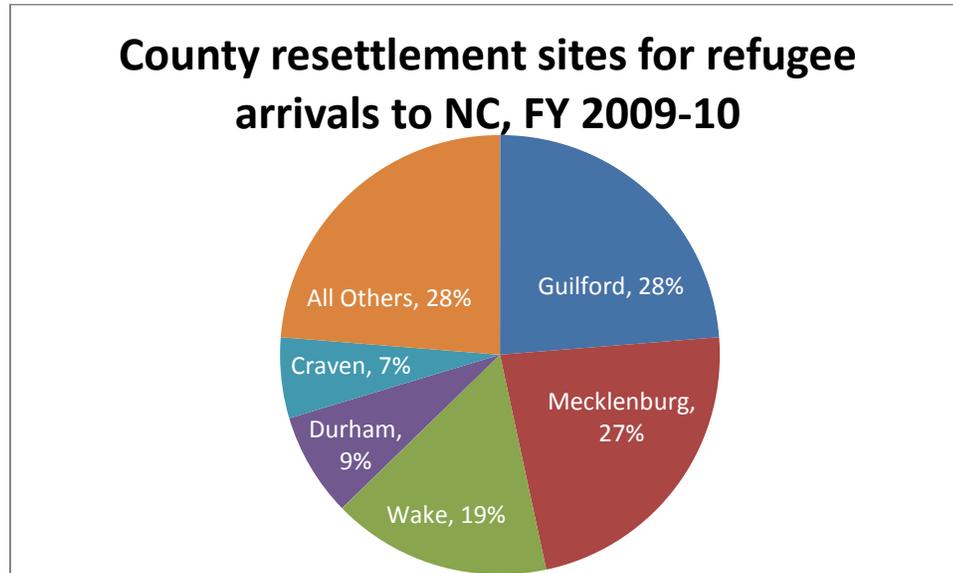


Figure 3.02(b) County resettlement sites for refugee arrivals to NC, FY 2009-10

### *North Carolina Refugee Health Program*

The State of North Carolina has a Refugee Health Program, and it mandates that newly arrived refugees receive a comprehensive health examination to rule out any communicable diseases. It is the duty of the resettlement agencies to contact the local health department to schedule a health care appointment for new refugees. The purpose of this health assessment is to ensure that any communicable diseases of public health concern are promptly identified and treated. The assessment includes a brief medical history, targeted physical examination, review of documents, determination of immunization status/upgrade immunizations, TB skin testing, ova and parasite testing, sexually transmitted infection testing, other lab tests as indicated and treatment or referral as appropriate.<sup>iv</sup>

Among all refugee arrivals, there were a similar number of males and females and approximately 38% were under 19 years old. Health conditions were noted for 684 arrivals on their DS-2053 Medical Examination for Immigrant or Refugee Applicant document, which included 223 with TB-related conditions. There were also a number of chronic diseases and noninfectious conditions, such as hypertension/heart problems and vision/eye problems.<sup>v</sup>

Table 3.02(c) shows by county the number of refugee arrivals, the percentage that were screened, how many received a physical exam and the average number of days until the individual was seen. Among all sites, the mean number of days until care was initiated was 71 days and the median was 66 days. The largest proportion of unscreened refugees was from Cuba. A number of the unscreened had moved to other jurisdictions or could not be located. Six percent of the unscreened did not have a sponsoring agency.

<sup>iv</sup> NC Department of Health and Human Services, Refugee Health Program, Jennifer Reed Morillo. Personal communication.

<sup>v</sup> NC Department of Health and Human Services, Refugee Health Program, Jennifer Reed Morillo. Personal communication.

*Table 3.02(c) Health Assessments provided, as reported by local health departments, July 1, 2009 and June 30, 2010*

County of Resettlement	Arrivals	Screened	Received Physical Exam	Average # Days Until Seen
Guilford	763	565 (74%)	258	108 days
Mecklenburg	742	578 (78%)	570	51 days
Wake	537	438 (82%)	*	97 days
Durham	253	210 (83%)	*	46 days
Craven	205	151 (74%)	150	34 days
All others	265	228 (11%)	38	
<b>TOTAL</b>	<b>2,765</b>	<b>2,170 (78%)</b>	<b>1,036</b>	

\* Health department does not provide the physical exam and does not collect information from health care provider that does perform the physical exam.

#### *Durham County and refugees*

Prior to 2008, an average of 40 to 50 new refugees arrived annually in Durham County. However, from 2008 to 2010, Durham County experienced a 450% increase in refugee settlement. In 2010, 253 refugees resettled in Durham County. (About 98% of Durham's incoming refugees are resettled through three local agencies: World Relief (WR), Church World Services (CWS) and Lutheran Family Services (LFS).) Many of the individuals who have recently come to Durham are from Iraq, Nepal or Myanmar. Table 3.02(d) shows the country of origin among refugees that have resettled in Durham County from 2008 - 2010.<sup>vi</sup>

<sup>vi</sup> NC Department of Health and Human Services, Refugee Health Program, Jennifer Reed Morillo. Personal communication.

*Table 3.02(d)* **Durham County,  
Refugee Country Of Origin,  
by calendar year**

	2008	2009	2010
Afghanistan	1		
Bhutan	9	42	43
Burma	21	93	69
Chad			7
China		1	
Colombia	1		
Congo		6	
Cuba			1
D.R. of the Congo		2	6
Iran		4	
Iraq	8	43	85
Philippines	4		
Somalia			19
Sudan			5
Syria		23	1
Vietnam	2		17
<b>Durham County TOTAL</b>	<b>46</b>	<b>214</b>	<b>253</b>
<b>North Carolina TOTAL</b>	2494	2792	2505

In 2010, of 193 refugees screened at the Durham County Health Department, 128 (66%) were adults: 57 female, 71 male and 65 (34%) were children. Health conditions were noted for 146 patients.

*Table 3.02(e)* **Health Assessment Results: Refugees Screened at  
Durham County Health Department, 2010<sup>vii</sup>**

Health Condition	Number Screened	% Positive
Intestinal Parasites	95% (183)	22% (40)
Acute or Chronic Hepatitis B infection	98% (190)	2% (4)
Syphilis (Positive RPR), adults only	62% (120)	1% (2)
Tuberculosis	100% (193)	37% (70)
HIV testing, adults only	62% (120)	0
Other Acute or chronic problems	100% (193)	16% (30)

<sup>vii</sup> Durham County Health Department, Maria Velaz-Faircloth, Physician Extender I. Personal communication.

The most prevalent communicable disease was Tuberculosis (TB). Tuberculosis is a chronic, most often pulmonary infection. TB is acquired by breathing droplets expelled by a person with active disease. All refugees, six months and older, are screened for TB. Of 193 refugees tested, 70 people were positive for TB-related conditions. The incidence of TB in refugees arriving from Arab and Asian countries is high and most cases are latent TB infection. All diagnosed TB cases are treated with antibiotics for at least six months. Treatment of active TB infection is complex and involves multiple antibiotics.

In 2010, the Durham County Health Department Immunization Program provided immunizations services to 203 refugees. The I-693 Report Vaccination Record was provided to 93 refugees.

### Disparities, Gaps and Emerging Issues

- Since 2008, the program to relocate refugees in Durham has expanded faster than initially expected, leaving the Durham County Health Department in charge of the refugees' initial health screenings soon after they arrive to Durham County. The health department has been overwhelmed by the influx of new refugees, but so far it has handled the screenings in a timely manner.
- Durham County Health Department (DCHD) is screening the refugees for communicable diseases, as required of all health departments in North Carolina. The initial refugee health screening includes a review of foreign medical and immunization records which are often in many different formats, alphabets and languages. (The language and other cultural barriers make this visit a lengthy, complex process). In order to encourage refugees to establish a relationship with a local primary medical provider, DCHD does basic health screening (for triage purposes) and facilitates referrals to a medical home that takes Medicaid. Sponsor agencies are responsible for completing the refugees' entrance into primary care.
- Burma (Myanmar) and Nepal have been the most common country of origin for refugees who have recently resettled in Durham. The Burmese represent a mix of ethnicities with different languages and cultures (Karen, Burmese, Mon). Malnutrition is a common problem among refugees from Burma and Nepal and is a major contributor to other health problems. In addition, a high proportion of parasitic intestinal infections are found in refugees from these countries. There were also a number of other chronic medical conditions such as hypertension, diabetes and vision problems. Overall, the most common problem in refugees is dental health conditions, such as periodontal disease, caries, and gingivitis.<sup>viii</sup>
- In order to communicate with refugees, health department staff often has to use interpretation services. In some cases, an interpreter comes with the refugees, but they are not always trained for the role and much gets lost in translation. Most often language interpretation is obtained using certified interpreters from a contracted telephone interpreting company, but this is a very expensive service. Interpreter costs are not being reimbursed by Medicaid, which is a critical concern.

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<sup>viii</sup> Personal communication with Maria Velaz-Faircloth, Physician Extender I, Durham County Health Department

- Refugees receive public cash assistance, such as Social Security Income (SSI) and social services. Social services includes: 1) employability services; 2) translation and interpreter services; 3) transportation; 4) vocational skills training, including drivers education; 5) English language training; and 6) citizenship preparation and orientation to the community. Refugees are eligible for most of these services up to eight months after arrival in the USA. The goal is for refugees to attain economic self-sufficiency as quickly as possible and to reduce dependence on public assistance.<sup>ix</sup> This process however is not always easy as refugees have very divergent educational backgrounds, cultures, and languages. Some refugees have endured hardship brought on by wars, political persecution and poverty. Many of the refugees who arrive in Durham also have no economic means and no formal education making the assimilation very challenging for them and also for their new communities.

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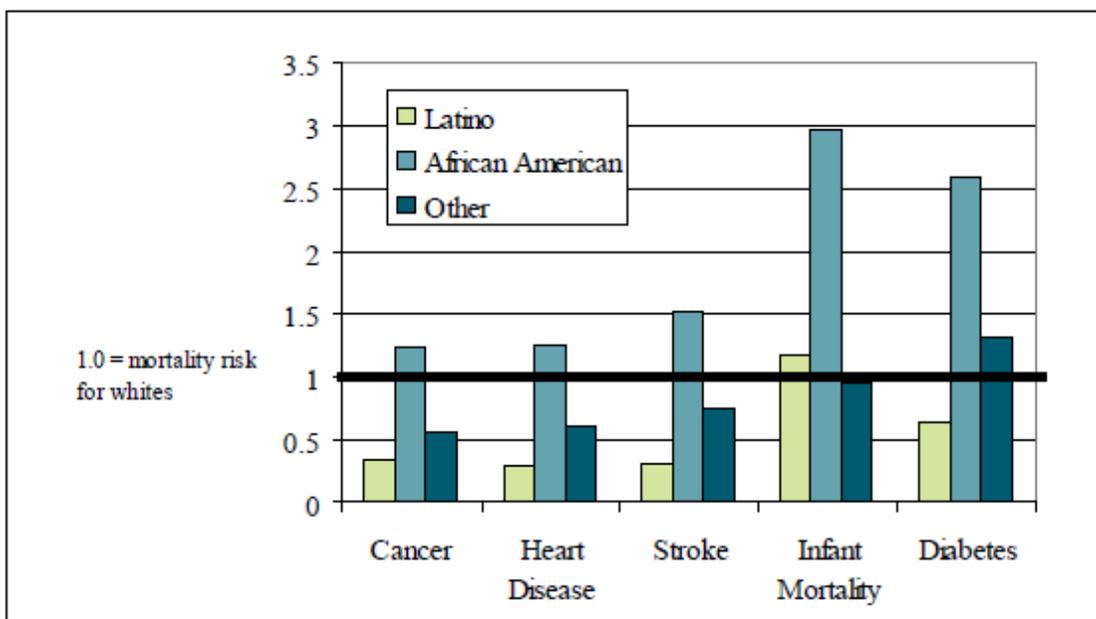
<sup>ix</sup> Personal communication with NC Division of Social Services, Refugee Assistance.

### Section 3.03 *Racial and ethnic disparities*

*The following excerpt has been taken directly from the North Carolina Institute of Medicine Task Force on Prevention’s Issue Brief for the “Prevention for the Health of North Carolina: Prevention Action Plan.”<sup>25</sup>*

Differences in health by race and ethnicity have been consistently observed across a range of health indicators. As a general rule, racial and ethnic minorities have poorer health status and experience poorer health outcomes than non-minorities. Health disparities by race and ethnicity are also noted in health care access and quality, with minorities generally having less access to health care and health insurance and experiencing lower quality of health care than non-minorities. These health disparities are not new, and while some disparities are slowly shrinking (e.g. life expectancy), a few are actually increasing (e.g. health status as fair/poor for African Americans).

#### Risk of Mortality by Race/Ethnicity



Value greater than 1.0 indicates higher risk; value lower than 1.0 indicates lower risk.

In 2007, racial and ethnic minorities comprised approximately 29% of North Carolina’s population (21% African American, 7% Latino, and 1% American Indian), with these populations steadily increasing. Because of the large and growing numbers of racial and ethnic minorities in North Carolina, our state will not be able to make significant improvements in overall population health without addressing racial and ethnic health disparities.

In North Carolina, minorities are more likely to report that their health status is fair or poor compared to whites. People of color in North Carolina are also more likely to engage in or be exposed to some of the preventable risk factors that contribute to poor health.

Differing levels of access to health care may also affect disparities in health status and health outcomes. However, racial and ethnic disparities often persist even after controlling for factors such as insurance status, income, age, co-morbid conditions, and symptom expression. This racial and ethnic disparity translates into lower life expectancies: minorities have, on average, a life expectancy of 72.1 years, versus 76.8 years for whites.

Gaps in health outcomes between minorities and white populations can be partly explained by their unique social experiences. Research has indicated that perceived racial/ethnic bias contributes to health disparities even after controlling for income and education. Further, some individuals from minority populations are distrustful of the American health system because of the history of segregation and discrimination. As a result, they may be less likely to seek care, or to follow treatment advice. Strategies that promote community involvement and empowerment, such as the use of community health workers or lay health advisors, have been shown to improve health-seeking behaviors. The Task Force recommends funding evidence-based programs that meet the needs of the diversity of the population being served.

<b>Action Steps to Eliminate Racial and Ethnic Disparities</b>	
Clinical	Take steps to ensure your practice is culturally and linguistically accessible
Community	Involve community leaders in health education initiatives; fund evidence-based programs that help meet the health needs of diverse populations in the community
Public Policies	Fund evidence-based programs that help meet the health needs of diverse populations across the state

## Section 3.04 *Durham facts and history*

### *Durham Facts*

Durham County is in the Piedmont region of North Carolina, approximately 150 miles from the coast to the east and 170 miles from the Appalachian Mountains to the west. Durham is a 299-square mile single-city county. It's 25 miles long, 16 miles wide and 28 miles from corner to corner and one of the most compact counties in North Carolina at one-half to one-third the land area of neighboring counties. It contains 98,000 acres of hardwood and evergreen forests including the only remaining old growth Piedmont bottomland forests.

Durham is a county of neighborhoods. In 2006, the Durham Results-Based Accountability workgroup on neighborhoods counted 167 organized, active neighborhood associations ([www.durhamnc.gov/rba](http://www.durhamnc.gov/rba)).

Durham is known as the City of Medicine, USA, with healthcare as a major industry including more than 300 medical and health-related companies and medical practices with a combined payroll that exceeds \$1.5 billion annually.

In addition to Duke University and North Carolina Central University (NCCU), Durham is home to NC School of Science & Math, Durham Technical Community College, many private schools and progressive Durham Public Schools, the eighth largest school district in the state with 33,000 students and 4,600 employees.<sup>26</sup>

Durham has two major corporate and research parks. Research Triangle Park is a 7,000-acre research and production district, encompassed by the city of Durham. It accommodates more than 140 major research companies employing 39,000. Treyburn is a 5,300-acre corporate park, country club and residential area in northeast Durham. It houses several companies and is home to more than 100 families.

In recent years many of the buildings in downtown Durham that were once tobacco factories and warehouses have been converted into businesses and residences. The American Tobacco District, West Village and Brightleaf Square are all examples of such conversions. These developments have also led to the revitalization and beautification of Downtown Durham and Durham Central Park.<sup>27</sup>

### *History of Durham*<sup>28</sup>

Durham County has a rich and colorful history. Long before the Bull City was named for Dr. Bartlett Durham in the 1800's, Durham was home to two Native American tribes – the Eno and the Occaneechi. Durham is thought to be the site of an ancient Native American village named Adshusheer; additionally, the Great Indian Trading Path is traced through Durham. Native Americans helped to mold Durham by establishing settlement sites, transportation routes, and environmentally-friendly patterns of natural resource use. The 1700's saw an influx of European settlers coming to Durham, consisting of Scots, Irish and English colonists.

During the period between the Revolutionary and Civil Wars, large plantations were established. By 1860, Stagville Plantation lay at the center of one of the largest plantation holdings in the South. There were free African-Americans in the area as well, including several who fought in the Revolutionary War. In 1849, Dr. Bartlett Durham, for whom the city is named, provided land for a railroad station. Due to a disagreement between plantation owners and farmers, North Carolina was the last state to secede from the Union. Durhamites fought in several North Carolina regiments. Seventeen days after Lee surrendered his army at Appomattox, Union General Sherman and Confederate General Johnston negotiated the largest surrender and the end of the Civil War at Bennett Place in Durham.

Shortly after the Civil War, Brightleaf tobacco was discovered by locals. Washington Duke and his family took advantage of this discovery, spawning one of the world's largest corporations which included companies such as American Tobacco, Liggett & Meyers, R.J. Reynolds, and P. Lorillard. Tobacco also inspired other Durham developments, such as the first mill to produce denim, and at one point, the world's largest hosiery maker were established in Durham during this time.

In 1887, Trinity College moved from Randolph County to Durham. Washington Duke and Julian Carr donated money and land to facilitate the move. Following a \$40 million donation by Washington Duke's son, James Buchanan Duke, Trinity College was renamed Duke University in 1924. In 1910, Dr. James E. Shepard founded North Carolina Central University, the nation's first publicly supported liberal arts college for African-Americans.

After the Civil War, the African American economy progressed through a combination of vocational training, jobs, land ownership, business ownership, and community leadership. In 1898, John Merrick founded North Carolina Mutual Life Insurance Company, which today is the largest and oldest African American owned life insurance company in the nation. With its founding in 1907, M&F Bank became one of the nation's strongest African American owned and managed bank. So many other businesses joined these two in Durham's Parrish Street neighborhood that the area became famous across the country as "Black Wall Street."

The Durham Committee on the Affairs of Black People, organized in 1935 by C.C. Spaulding and Dr. James E. Shepard, has been cited nationally for its role in the sit-in movements of the 1950's-60's. The committee also has used its voting strength to pursue social and economic rights for African-Americans and other ethnic groups.

In the late 1950's, Reverend Douglas Moore, minister of Durham's Asbury Temple Methodist Church, along with other religious and community leaders, pioneered sit-ins throughout North Carolina to protest discrimination at lunch counters that served only whites. A sit-in at a Woolworth's counter in Greensboro, NC, captured the nation's attention. Within days, Dr. Martin Luther King Jr. met Reverend Moore in Durham, where Dr. King coined his famous rallying cry "Fill up the jails," during a speech at White Rock Baptist Church.

In the 1950's-60's, what is now the world's largest university-related research park and namesake for the vast Triangle region was carved from Durham pinelands as a special Durham County tax district. Research Triangle Park is encompassed on three sides by the City of Durham, with a

small portion now spilling into Wake County toward Cary and Morrisville. RTP scientists have developed everything from Astroturf® to AZT and won Nobel Prizes in the process. Now, nearly 140 major research and development companies, including Bayer, GlaxoSmithKline, IBM, Underwriters Laboratories, and agencies such as the EPA, employ more than 45,000.

## Section 3.05 *Land use*

### Overview

The ways in which land is used in communities is able to positively or negatively impact the health of that community and potentially neighboring communities. Land use and the built environment are interrelated, as they are able to shape social interactions, impact access to resources, such as health care and healthy food and affect quality of life. In urban areas, research has repeatedly shown that land use is able to directly affect the physical, mental and emotional health of communities.<sup>29, 30</sup>

### Healthy NC 2020 Objective

There is no Healthy NC 2020 Objective related to Land Use.

### Secondary Data: *Major findings*

In 2005, Durham County had a land area of 297.5 square miles or 191,300 acres, of which 88% was classified as developed.<sup>31</sup> The county's total land area is classified as roughly 7% urban, 55% suburban and 37% rural.<sup>32</sup> Since 2005, Durham County was reduced by 1,163 acres and the City of Durham increased by 6,267 acres. These shifts in land area drive, in part, the changes in the proportion of developed area for the various land use classifications in Table 3.05(a) below.

Currently, agricultural land occupies roughly 21% of Durham County's developed area and residential land occupies approximately 27%. Most of this residential use is very low density or low-density housing. Commercial uses of land only make up about 2% of the developed land. Agricultural and forested acreage have declined in recent decades due to urbanization.<sup>33</sup> Approximately 26,000 acres (14% of total land area) are now managed by farmers and another 86,000 acres (44% of total land area) are forested.<sup>34</sup>

**Table 3.05(a)**

<b>Present Land Use</b>						
<b>Land Use</b>	<b>City (Acres)</b>	<b>Proportion of Developed</b>	<b>Percent Change from 2005</b>	<b>Durham County (Acres)</b>	<b>Proportion of Developed</b>	<b>Percent Change from 2005</b>
Agriculture	4,243	6%	-1%	39,767	21 %	-5%
Residential	22,930	33%	-5%	51,342	27%	-3%
Very Low Density	6,846	10%	-3%	30,423	16%	-1%
Low Density	11,273	16%	-3%	16,003	8%	-2%
Medium Density	4,005	6%	-1%	4,090	2%	0%
High Density	806	1%	-4%	826	0%	-2%
Commercial	2,880	4%	-1%	4,201	2%	0%
Office/Institutional	1,080	2%	0%	1,454	1%	0%
Public/ Recreation and Open Space	16,573	24%	-1%	45,806	24%	0%
Industrial and Utility	3,108	5%	-1%	13,129	7%	-1%
Rights of Way	10,010	15%	-1%	15,524	8%	-1%
Total Developed	50,814	74%	-25%	155,699	82%	-18%
Vacant	7,983	12%	--	19,392	10%	--
Total	68,807	--	+6,267 acres	190,615	--	-1,163 acres
Note: Source is Durham County Tax Assessor's records, July 2011. For residential land uses, very low density means, less than 1.0 dwelling unit per acre, low density means from 1 to 4 dwelling units per acre, medium density means from 4 to 8 dwelling units per acre and high density means greater than 8 dwelling units per acre. Does not include Town of Chapel Hill land in Durham County.						

Population growth and economic shifts in Durham have resulted in increased land demand, which varies by land use type. Table 3.05(c) shows land demand by land use classification in 2000, compared to the projected demand in 2035, and contrasted to what will be accommodated by the Future Land Use Map (Figure 3.05(b)) that will be proposed for adoption into the Durham Comprehensive Plan in 2012.

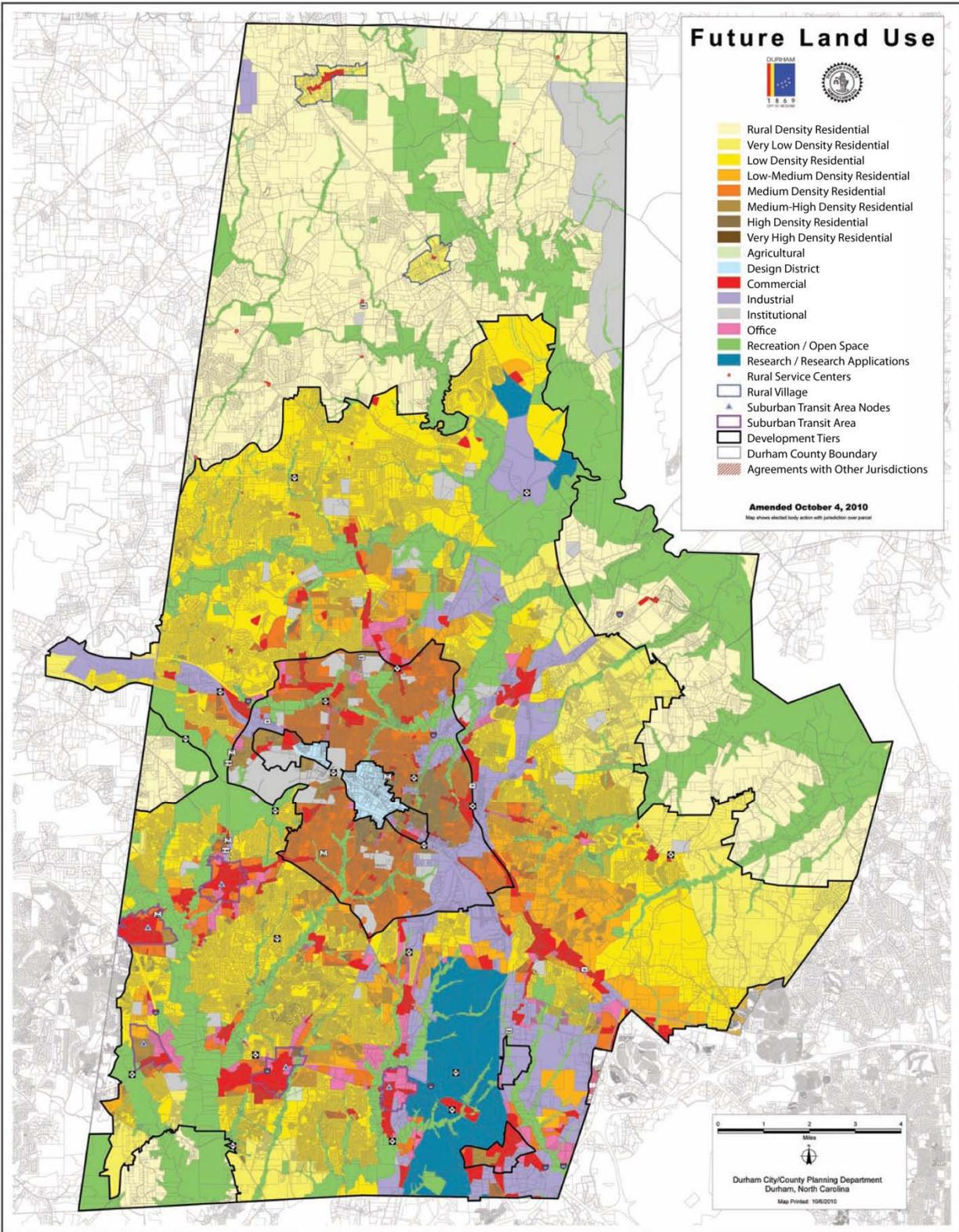


Figure 3.05(b): Future Land Use Map

*Table 3.05(c)*

<b>Land Demand and the Future Land Use Map</b>			
<b>Sector</b>	<b>2000 Demand</b>	<b>Projected Demand, 2035</b>	<b>Accommodated by the Future Land Use Map</b>
Residential	95,542 Dwelling Units	189,000 Dwelling Units	225,000 Dwelling Units
Institutional/Government	--	1,710 Acres	3,500 Acres
Office	1,349 Acres	2,830 Acres	2,900 Acres
Commercial	2,859 Acres	4,650 Acres	6,700 Acres
Industrial	8,764 Acres	10,500 Acres	16,200 Acres
Note: Source is Durham City-County Planning Department, July 2011			

Table 3.05(d) shows the current zoning for both the City and County of Durham. The percent change in zoning by land use classification since 2005 is provided for comparison; however, there has not been much change in the proportion of city or county acreage zoned for each land use type.

*Table 3.05(d)*

<b>Present Zoning</b>						
<b>Land Use</b>	<b>City (Acres)</b>	<b>City Proportion</b>	<b>Percent Change</b>	<b>Total County (Acres)</b>	<b>County Proportion</b>	<b>Percent Change</b>
Rural	3,403	5%	0%	100,437	54%	0%
Residential, Total	47,916	71%	-1%	60,758	32%	0%
Commercial	3,780	6%	-1%	4,719	3%	0%
Office	2,768	4%	0%	2,978	2%	+1%
Industrial and Research	7,700	12%	0%	17,200	9%	0%
Mixed Use	510	1%	0%	673	0%	0%
Design District	730	1%	+1%	730	0%	0%
Total	66,835	100%		187,495	100%	
Note: Rural includes Rural District, RD, which allows agricultural and residential uses. Does not include Town of Chapel Hill land in Durham County.						

### Current Initiatives & Activities

- ***Durham Comprehensive Plan***

The City-County Planning Department maintains the Durham Comprehensive Plan, which is “the city’s statement about how our community should grow and develop.” The last Comprehensive Plan was adopted by the Board of County Commissioners and the City Council in 2005; currently, City Planning is drafting the updated Plan to be forwarded to the Planning Commission for a public hearing in fall 2011. After this, it may be revised before it is presented to the Commissioners and Council Members for adoption in winter 2012.

Website: [http://www.ci.durham.nc.us/departments/planning/comp\\_plan\\_update.cfm](http://www.ci.durham.nc.us/departments/planning/comp_plan_update.cfm)

Phone Number: (919) 560-4137 ext 28248

- ***Durham City/County Planning Department***

The Durham City-County Planning Department is the planning agency for both the City and County of Durham. Planners develop long-range and special areas plans that contain policies to direct growth. Various plans address land use, open space, historic resources, the environment, housing, transportation, economic development, government services and facilities and our diverse population.

Website: <http://www.durhamnc.gov/departments/planning/>

Phone Number: (919) 560-4137

## Section 3.06 *Built environment and transportation*

### Overview

The built environment can have a profound effect on human health and the health of the natural environment. According to the National Institute of Environmental Health Sciences, “the built environment encompasses all of the buildings, spaces, and products created or modified by people. For example: buildings (housing, schools, workplaces); land use (industrial or residential); public resources (parks, museums); zoning regulations; and transportation systems.”<sup>35</sup>

A community’s design has a direct impact on where people live, where people work, how they get around, how much pollution they produce, what kind of environmental hazards they face, and what amenities they enjoy. According to the Centers for Disease Control, healthy places are those designed and built to improve the quality of life for all people who live, work, worship, learn, and play within their borders - where every person is free to make choices amid a variety of healthy, available, accessible, and affordable options.<sup>36</sup>

There is increasing evidence that our environments present many barriers to physical activity and good nutrition, which may contribute to the rise of obesity and other co-morbidities such as cardiovascular disease, diabetes and stroke. For example, our physical activity levels are shaped by the availability of transportation options such as sidewalks and bus routes, and accessibility of various nearby destinations and multiple recreational opportunities.

In communities with open green space and various types of destinations close to each other, it is easier for residents to incorporate physical activity into their daily routine. In addition, a transportation network that includes sidewalks, bike paths, safe intersections, crosswalks, and public transportation provide people with safe and convenient opportunities to be active. Creating environments that promote and make it convenient to be more physically active can lead to a significant improvement in people’s health.

In addition, the built environment impacts other environmental health factors, particularly air and water quality, as well as the likelihood of injury. Communities that promote alternative forms of transportation and provide safe places for people to walk and bike can encourage residents to safely use alternatives other than driving, thus reducing the amount of traffic congestion, noise, and air pollution caused by traffic.

### Healthy NC 2020 Objective

There is no Healthy NC 2020 Objective related to the built environment.

### Secondary Data: *Major findings*

Durham has more than 400 miles of sidewalks.<sup>37</sup> Relatively few sidewalks were built in Durham and most other American cities in the second half of the 20th century. In the 1990s, Durham began to get serious about addressing the tremendous backlog of pedestrian needs in the city.

These efforts ultimately led to the development of the DurhamWalks! Pedestrian Plan, adopted by the Durham City Council in September 2006.

The DurhamWalks! plan includes recommendations on the highest priority locations for new sidewalks in the city, identifies where new curb ramps and sidewalk repairs are needed, and recommends new pedestrian-related programs and policies. The plan is comprehensive in scope, and is therefore more than just a sidewalk construction plan.

In general, there are few sidewalks in Durham County outside the City of Durham. (A notable exception is Research Triangle Park, which has a network of walking paths.) Until recently, counties in North Carolina were prevented from spending county funds on transportation infrastructure, and the N.C. Department of Transportation is still not able to support the maintenance of sidewalks. Therefore, the lack of sidewalks and often the lack of even a grassy shoulder on rural roads mean that residents in those areas have nowhere to walk.

In 2000, there were no bike lanes in Durham. Over the past decade, about 25 miles of bike lanes have been created. Many of the bike lanes were recommended in the Durham Comprehensive Bicycle Transportation Plan, adopted by the City Council and County Commissioners in 2006. Bike lanes are typically included when major roadways are built or widened, and in some cases bike lanes can be striped when a road is repaved.

Durham has approximately 15 miles of paved trails and greenways with approximately 188 miles of planned trails and greenways.<sup>38</sup> With the completion of the last phase of the American Tobacco Trail, paved trails will total approximately 20 miles. Based on our current population, Durham City (228,330) and County (267,587),<sup>39</sup> we need additional trails and sidewalks throughout the community to better serve our population.

### **Primary Data**

#### *2010 Durham County Community Health Opinion Survey*

Results from the 2010 Durham County Community Health Opinion survey indicate that at least 40% of the population engages in physical activity that lasts from 20 to 30 minutes. Figure 3.06(a) shows where the majority of respondents participate in physical activity. The top responses were neighborhood (40%), home (34%) and private gym or pool (18%).<sup>40</sup> Sixty-five percent of survey respondents indicated that they do not have enough time to exercise, and 12% had no access to a facility.<sup>41</sup> If trails and sidewalks were more abundant in certain neighborhoods, there would be less of a barrier to physical exercise.

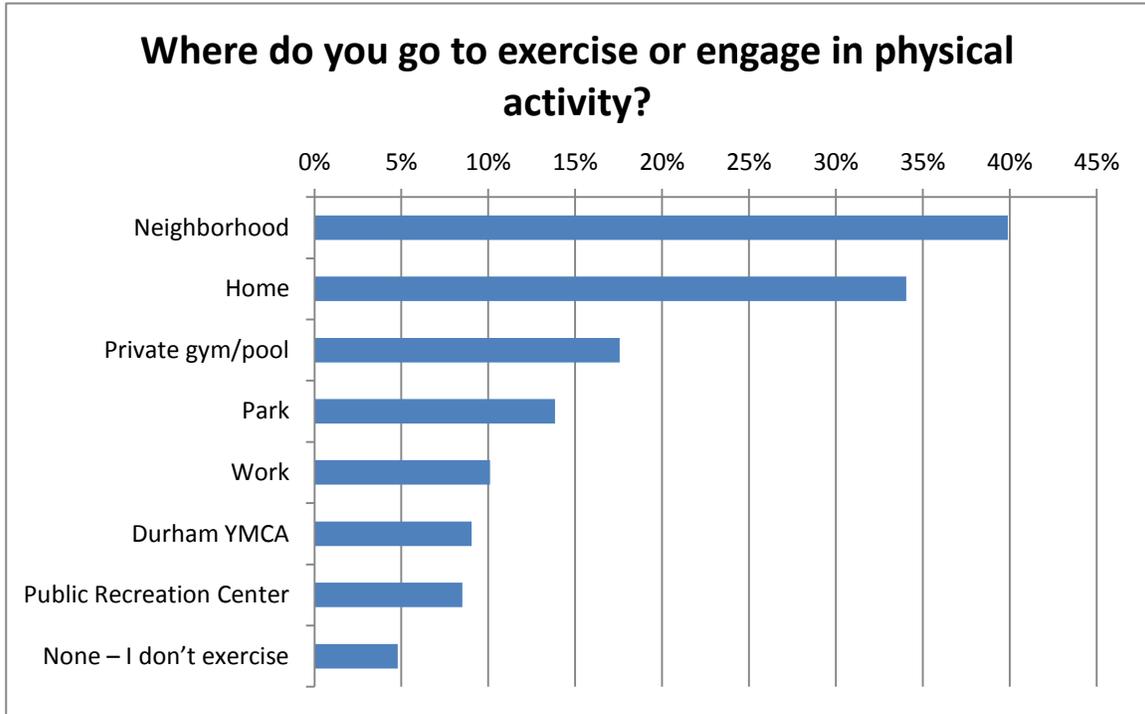


Figure 3.06(a) Where do you go to exercise or engage in physical activity?<sup>42</sup>

Respondents were also asked, “What one thing would make Durham County or your neighborhood a good place to live?” As Figure 3.06(b) illustrates, the most frequently cited responses to this open-ended question were topics related to, “healthy eating, nutrition, exercise.” Recreational space, safe, accessible transit options (bikes, sidewalks, etc.) were also considered ways to make Durham neighborhoods healthier places to live.

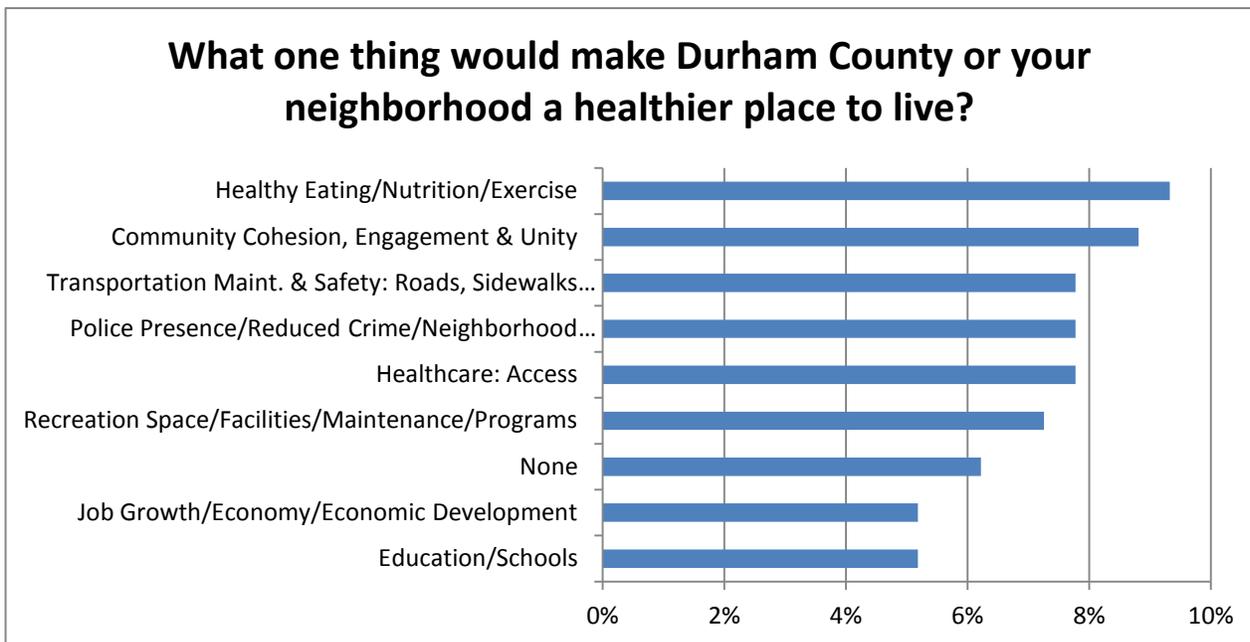


Figure 3.06(b) What one thing would make Durham County or your neighborhood a good place to live?<sup>43</sup>

*2009 City of Durham Citizen Satisfaction Survey*

The 2009 City of Durham Citizen Satisfaction Survey found that sidewalk conditions were a high priority for citizens (only street maintenance and street lights ranked higher).<sup>44</sup> Other highlights include:

- 38% were satisfied or very satisfied with the condition of City sidewalks
- 61% were satisfied or very satisfied with greenways and trails in the City
- 80% felt safe walking alone in their neighborhood during the day
- 42% felt safe walking alone in their neighborhood at night

Data collected from the 2009 American Community Survey (U.S. Census) show the percent of commuters who walk or bicycle to work varies widely from city to city. In Boulder, Colorado 12.3% of commuters rode their bikes to work; in Portland, Oregon it was 5.8%; and in San Francisco it was 3%. Nationally, 0.6% of the population walks or bicycles to work.

In Durham County:<sup>45</sup>

- 3.4 % walk to work
- 0.4 % bike to work

**Interpretations: *Disparities, gaps, emerging issues***

Durham needs to continue to find safe and inexpensive ways for its citizens to participate in recreation within their neighborhoods. Completion of trails and greenways could provide for that type of recreational need.

According to the original Durham Urban Trails and Greenways plan, greenways and trail routes add up to an estimated 186 miles, excluding street and sidewalk routes.<sup>46</sup> This number was deemed suitable, according to the National Parks and Recreation Association (NPR) standard of twenty-five miles of trail for every 50,000 citizens, to meet Durham's growth into the year 2005. Current census data show that the City grew from 136,594 people in 1990 to 179,989 in 2000. This rate of growth has continued through 2011, and has taken the City to the 228,330 mark and the overall County to a population of 267,587.<sup>47</sup>

The NPR) has also changed its standards for how many miles of trail a community needs. Rather than trying to set an arbitrary miles-per-citizen figure, it suggests that each community should determine its own level of "sufficiency" for trails. Durham citizens, in bond issues and surveys, have repeatedly said that off-road trails are a positive community good and that they support the proposed system.

*The State Comprehensive Outdoor Recreation Plan (SCORP)* notes that "Walking for pleasure" is consistently ranked as the most popular activity by citizens and as something they would pay to support. Both "future demand" and "public support for funding" received the highest ranking among the 43 recreational activities scored in the survey.<sup>48</sup> The same survey ranks "bicycling

for pleasure” as 5<sup>th</sup> highest of 43 ranked activities in future demand and 11<sup>th</sup> highest in support for public funding. The SCORP also ranks counties by number of trail miles per resident; Durham County (which includes State and City trails) reported to the survey 31.4 miles of trails—5,950 residents per mile—for a rank in the state of 45 out of 100 counties.

### *Gaps*

Funding for pedestrian facilities has been provided through the 2005 and 2007 City bond referendums. Several years have passed since Durham has passed a bond referendum for trails, greenways and open space. Funding is depleted and the last of the bond monies from the previous referendum have been used to complete the last phases of two major trails. The average cost of trail maintenance runs around \$2,200 per mile, and the average cost of construction for paved trails is about \$700,000 per mile. With those figures in mind, greenway construction can be expensive, but in the long run it contributes greatly to the City and County transportation network, economic engine, and overall health of the community.

### *Emerging issues*

Where possible, grants and public private partnerships have been used to obtain funding, but continued efforts will have to be made in order to best distribute and use the resources. Durham has several adopted open space plans and a farmland protection plan, and is in the process of completing an urban open space plan. These plans will further assist the community in the protection and use of open space.

### **Recommended Strategies**

- Engage more neighborhoods to educate citizens about the current trails and greenways system, including locations of surrounding parks and connections to other walkable and bikeable facilities.
- Pursue public/private partnerships that would facilitate quicker trail construction than Durham has had in the past.
- Work with the community to identify real needs within specific neighborhoods, such as the Northeast Central Durham Livability Initiative.
- Establish direct links and improve access to major transportation hubs and public facilities.
- Provide individual neighborhoods with the tools they need to access their area and help them determine what is best for them to pursue.
- Promote Durham neighborhood adoption of a park, stream or trail
- Provide adequate funding and personnel to implement the adopted DurhamWalks! Pedestrian Plan and Durham Comprehensive Bicycle Transportation Plan.

### **Current Initiatives & Activities**

The City of Durham’s 2011-2013 Strategic Plan contains objectives that related to health and the built environment.<sup>49</sup> One objective is to increase transportation choices and local and regional

connectivity through increasing bus ridership, the number of bicycle and pedestrian facilities (sidewalks, bicycle lanes, off-road trails, intersection improvements, and other related amenities) and enhancing real and perceived bicycle and pedestrian safety while increasing bicycle and pedestrian activity.

In addition to adding new sidewalks, trails, and bicycle lanes, Durham has taken other steps to make walking and biking safer and more attractive options, including:

- Bike racks and sidewalks are required in most new development projects. The city has also installed dozens of bike racks in parks and on sidewalks.
- The 2010 Durham Bike and Hike Map shows the location of hiking trails and identifies bicycle routes and lower traffic streets suitable for bicycling.
- Several schools have “Walk to School” days, and the City is implementing projects funded through the federal “Safe Routes to School” program.
- Hundreds of speed humps have been placed on neighborhood streets to slow down vehicles in neighborhoods. Other traffic calming projects, such as traffic calming circles and “Your Speed” signs, have been completed.
- The Durham Bike Co-op has programs to help citizens maintain and repair their bicycles at low cost. Those who do not own a bike can volunteer to earn one through the “earn a bike” program.
- Adding pedestrian crosswalks and signals to intersections throughout the City.
- Walking and biking to work are encouraged through the Smart Commute Challenge, Bike to Work Week, and neighborhood programs sponsored by Clean Energy Durham.
- City staff and members of non-profit organizations and city-county advisory boards hand out materials and answer questions about bicycling and walking in Durham at festivals and other events.
- The Durham Police Department and SafeKids Durham sponsor bicycle training classes for children and adults and also give away bicycle helmets.
- Mountain bike facilities are provided at Little River Regional Park and Solite Park
- The UNC Highway Safety Research Center has been awarded a grant by the National Highway Traffic Safety Administration (NHTSA) to focus on improving pedestrian safety through education and enforcement efforts in Durham.

▪ ***Durham Open Space and Trails Commission (DOST)***

An appointed body that seeks input from neighborhoods, citizens, and local nonprofits and makes recommendations to City Council and the County Commissioners about Open Space, Trails and Greenways. DOST has developed direct links to neighborhoods within which trails are being established.

Website: <http://www.bikewalkdurham.org/dost>

Phone Number: (919) 560-4137 ext 28245

- ***The Durham Bicycle and Pedestrian Advisory Commission (BPAC)***

Advises City Council and County Commissioners on bicycle and pedestrian issues. There are four committees: Development Review, Pedestrian Plan Implementation, Bike Plan Implementation, and Communications/Outreach.

Website: [www.bikewalkdurham.org](http://www.bikewalkdurham.org)

Phone Number: (919) 560-4366 ext. 36421

- ***Bull City Open Streets***

Certain Durham streets are closed to motorized vehicles and opened to residents to safely engage in outdoor activity. This program hopes to promote Durham as a walkable and bikeable city, as well as increase the health and activity of Durham residents.

Website: <http://www.bullcityopenstreets.com/>

Phone Number: (919) 323-3244

- ***Durham Farmer's Market***

Brings fresh produce to Durham City residents, enabling city residents to have access to healthy foods while promoting healthy eating.

Website: <http://www.durhamfarmersmarket.com/contactus.html>

Phone Number: (919) 667-3099

- ***Durham Convention and Visitors Bureau***

A local tourism development authority chartered by state and local government in cooperation with the private sector to attract and serve visitors to the City and County of Durham.

Website: <http://www.durham-nc.com>

Phone Number: (919) 687-0288

- ***Durham City/County Planning Department***

The is the planning agency for both the City and County of Durham that develops long-range and special area plans that contain policies to direct growth. Various plans address land use, open space, historic resources, the environment, housing, transportation, economic development, and government services and facilities.

Website: <http://www.durhamnc.gov/departments/planning/>

Phone Number: (919) 560-4137

## Section 3.07 *Parks and recreation*

### Overview

Access to recreational opportunities has a profound impact on both mental and physical health. Trails, playgrounds, open space, athletic fields and recreation centers all provide the opportunity for physical activity, intellectual stimulation and social interaction.

The City of Durham Parks and Recreation Department (DPR) is well-respected in the community for its quality programming and responsiveness to the community's needs. The department's breadth of 68 program facilities and parks offers great access to gymnasiums, athletic fields, outdoor basketball, playgrounds, tennis courts, pools and trails.

DPR became nationally accredited by the Commission for Accreditation of Park and Recreation Agencies (CAPRA) in 2008. Accreditation validates to the public that DPR is a well-administered department that meets or exceeds national standards. The accreditation process identifies areas for improvement within the department, by comparing DPR against national standards of best practices, which ultimately means improved services to Durham and its residents. There are 97 nationally accredited parks and recreation departments; six of those departments are in North Carolina.<sup>50</sup>

### Healthy NC 2020 Objective

There is no Healthy NC 2020 Objective for Parks and Recreation.

### Secondary Data: *Major findings*

DPR operates 11 program sites; of these facilities, DPR has seven recreation centers with gymnasiums, five dance studios, two indoor pools, three outdoor pools, two fitness facilities and two indoor walking tracks. DPR athletics programming reaches over 12,000 individuals (both adults and youth) with a variety of offerings including tennis, basketball, soccer, softball, baseball and volleyball.<sup>51</sup> Durham has approximately 15 miles of accessible trails and greenways with approximately 188 miles of planned trails and greenways;<sup>52</sup> with the last phase of the American Tobacco Trail nearing completion, paved trails will total 20 miles. Additionally, several trails in Durham provide key linkage of the North Carolina Mountains to Sea Trail.

#### Snapshot: Durham Parks and Recreation

- 68 parks with 1,800 acres
- 15 miles of trails
- Serve 12,000 adults and youth with athletics programming
- 11 program sites
  - 7 gymnasiums
  - 5 dance studios
  - 2 indoor pools
  - 3 outdoor pools
  - 2 fitness facilities
  - 2 indoor walking tracks

DPR currently offers many fitness programs in addition to athletic programs, Open Gym programs and dance classes. Additionally, DPR offers several classes on healthy cooking and eating for adults and children, as well as after-school and summer care programs for children and

youth ages 5-17 years old. Fitness and physical activity are integral components of DPR After-School and Summer Camp care programs, and these programs provide safe, healthy and affordable programming during the times children and youth are not in school.

Other programming offered by DPR includes athletic care and recreational programming for persons with disabilities; programming for mature adults, parent-child programming, teen outreach programming, environmental education, outdoor adventure programming and cultural programming.

### Primary Data

The North Carolina Outdoor Recreation Plan 2009-2013, also known as the Statewide Comprehensive Outdoor Recreation Plan (SCORP), identifies issues and trends that both the State (North Carolina Department of Environment and Natural Resources Division of Parks and Recreation) and local parks and recreation departments encounter. According to this document, 82% of the state population identifies walking for pleasure as the most popular outdoor recreation activity, as shown in Figure 3.07(a).<sup>53</sup> In order to meet this demand while encouraging and enabling the Durham community to engage in physical activity, sidewalk trails and greenways need to continue to expand, increasing accessibility for Durham residents.

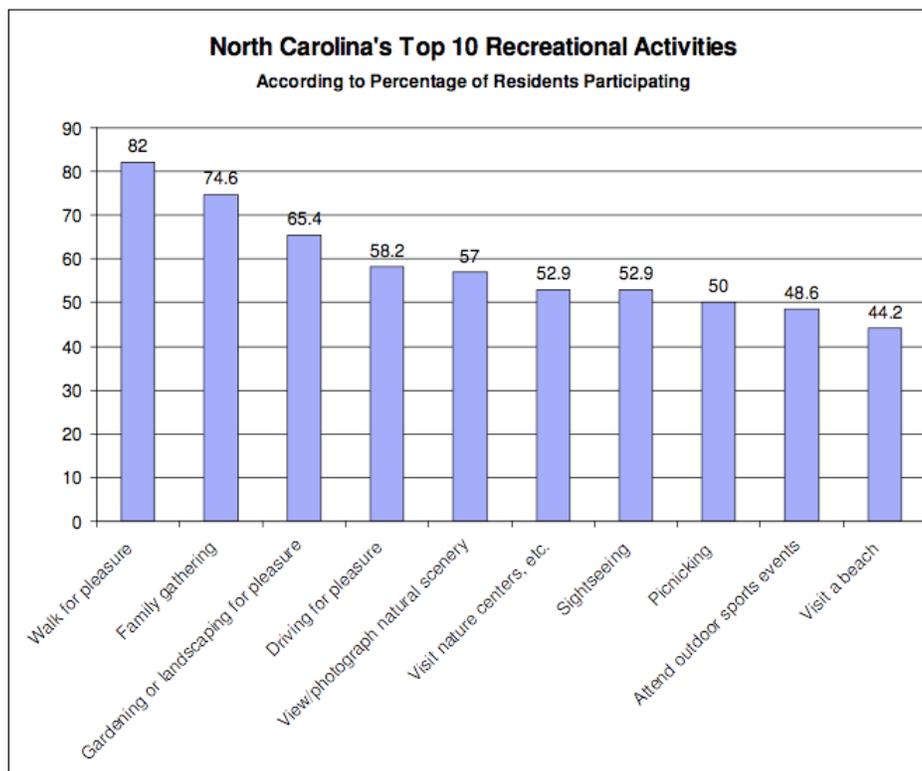


Figure 3.07(a) North Carolina's top 10 recreational activities

Program evaluation for the Durham Parks and Recreation Department was completed in 2005; findings from this study were consistent with those of the SCORP in that walking and biking trails were cited as the most needed recreation facility within the community. Seventy-one

percent of respondent households cited a need for walking and biking trails.<sup>54</sup> Additionally, when asked which programs or activities they would participate in more often if more programming was made available, respondents chose running or walking (22%), second only to attending live theatre/concert performances.<sup>55</sup>

The Durham Parks and Recreation Master Plan 2003-2013 provides the guidepost by which the City of Durham makes decisions about the location and development of new parks and facilities, as well as the renovation and repurposing of existing facilities.<sup>56</sup> This plan projected a very high demand for recreation facilities by 2010; this need for outdoor athletic facilities, trails and aquatics facilities is also consistent with the statewide SCORP study.

Given that parks and recreation centers play a significant role in the physical activity of our community *and* that lack of exercise ranked within the top five risky behaviors identified in the 2010 Durham County Community Health Opinion Survey,<sup>57</sup> access to recreational programming and facilities plays a critical role in the health and well-being of Durham citizens. For those community members who indicate that they exercise regularly, cumulatively 22.3% indicate that they engage in physical activity at a park or public recreation center.<sup>58</sup> Results are depicted in Figure 3.07(b) below.

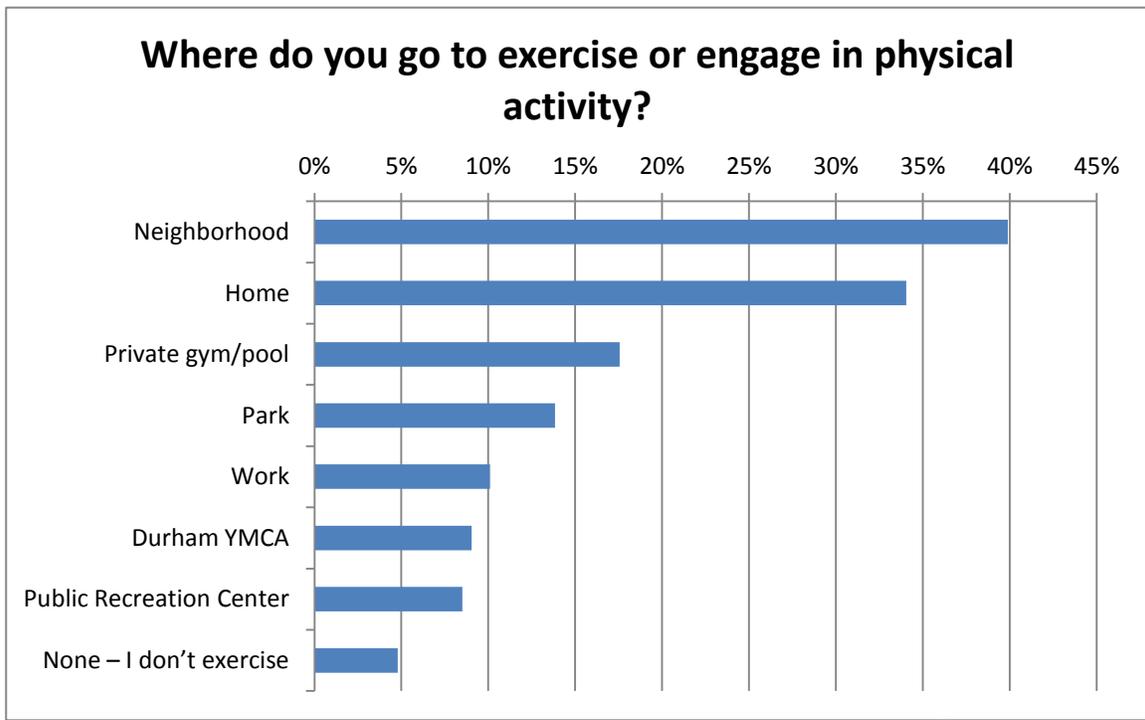


Figure 3.07(b) Where do you exercise or engage in physical activity?<sup>59</sup>

**Interpretations: Disparities, gaps, emerging issues**

Gaps in access to DPR facilities and programs are largely due to program cost and lack of transportation. Although DPR strives to make its programs as affordable as possible, most recreational programming has some level of fee associated with it. DPR has established a discount card for community members to use at any of the recreation facilities to help alleviate

some of this cost. For a minimal fee, a *Play More Card* can be purchased to allow for discounted lap swim, fitness classes, and other DPR programming.

A Sliding Fee Scale is available for those who may have difficulty affording program fees.

Residents living outside of City limits have to drive far to participate in DPR programs, decreasing the likelihood of utilization. Also, although some parks, trails and facilities are on current Durham Area Transit Authority bus routes, getting to these places requires considerable effort and time on the part of the individual, creating an obstacle to accessibility for those who rely on public transit.

Lastly, there are some instances of demand being higher than the capacity of the agency. This is especially true for programming for youth with disabilities and care programs for children and youth during the summer months.

### **Recommended Strategies**

Continued vigilance is needed in the promotion of DPR programming and facilities to the community. It is important to continue sliding scale fees for DPR programs in efforts to reach residents from all socioeconomic backgrounds. In order to become more accessible for all residents countywide, DPR programs and facilities need to expand into the more rural areas of the county. Lastly, an alternate form of transportation to DPR activities for those utilizing Durham public transportation is recommended. It can be very time consuming for residents utilizing public transit to get to county parks and recreational areas, and if funding allowed, a designated DPR bus would somewhat remediate this problem.

### **Current Initiatives & Activities**

#### *Community Festivals and Gardens*

Durham Parks and Recreation presents the community with five festivals annually: Earth Day Festival in April, The Bimbé Cultural Arts Festival in May, Woofstock and Unity in Community Day in October and the Holiday Fun Fest in December. These family-friendly festivals offer the opportunity for the community to gather, listen to music, participate in theme activities and shop for goods and food. In addition, several recreation centers offer special events such as Community Days and themed events, like the Pumpkin Splash at I. R. Holmes, Sr. Recreation Center at Campus Hills Park.

DPR also has several gardens associated with both parks and recreation centers. There are three recreation centers that have gardening programs on-site for children registered in the after-school and summer day camp programs. These year round programs introduce youth to growing vegetables and fruit and are complemented by food preparation lessons. One facility that has an especially large program for seniors has a partnership with the Interfaith Food Shuttle of Durham, offering a farmer's market of fresh produce during the spring and summer. In addition, several neighborhood groups have worked with department staff to establish a community garden in a nearby park. Sarah P Duke Gardens at Duke University is also in Durham County.

*Initiatives*

DPR publishes *Play More!* magazine three times per year. The City of Durham programs a community access television station (DTV8) which carries a ½-hour program highlighting DPR activities and initiatives each month. DPR also runs informational public services announcements about upcoming programs on this channel and the department's Latino Outreach unit works to make sure that most written and broadcast information on DPR programming is available in Spanish language.

The City of Durham Parks and Recreation and Transportation departments are working with several community partners to establish "Healthy Mile Trails" near recreation facilities in parks and in neighborhoods. These walking circuits will provide citizens with clearly marked sidewalks and trails for fitness walking. The first of these walking circuits will be near both a recreation center and a community health center. All partner agencies will take part in promoting the Healthy Mile Trails through their own communication mechanisms.

- ***City of Durham Parks and Recreation Department***

Durham Parks and Recreation strives to help citizens discover, explore, and enjoy life through creative and challenging recreational choices that contribute to their physical, emotional, and social health.

Website: <http://www.dprplaymore.org>.

Phone Number: (919) 560-4355

- ***North Carolina Department of Environment and Natural Resources: Division of Parks and Recreation***

Conserves and protects representative examples of the natural beauty, ecological features and recreational resources of statewide significance; provides outdoor recreational opportunities in a safe and healthy environment; and provides environmental education opportunities that promote stewardship of the state's natural heritage.

Website: <http://www.ncparks.gov/Visit/main.php>.

Phone Number: (919) 733-4181

- ***City of Durham Parks and Recreation: Specialty Events***

This section of the DPR website provides information about city-sponsored festivals and events.

Website: [http://www.ci.durham.nc.us/departments/parks/specialty\\_events.cfm](http://www.ci.durham.nc.us/departments/parks/specialty_events.cfm)

Phone Number: (919) 560-1200

- ***Sarah P Duke Gardens***

Duke Gardens creates and nurtures an environment in the heart of Duke University for learning, inspiration and enjoyment through excellence in horticulture.

Website: <http://www.hr.duke.edu/dukegardens/>

Phone Number: (919) 684-3698

## Section 3.08 *Faith and spirituality*

### Overview

Health and healing have been important components of the world's religions. These components stress attention to health, care for the sick and positive behavior choices. It comes as no surprise that the World Health Organization in 1998 defined health as “not merely the absence of disease or infirmity, but as a dynamic state of complete physical, mental, social and spiritual wellbeing.” Faith-based organizations have traditionally focused on wholeness, which includes physical and spiritual well-being.

Durham County has at least 356 faith based organizations. Such organizations are often considered a place of refuge and provide access to a broad segment of the population which is often at high risk for many chronic and communicable diseases.

Faith-based organizations are in a unique position to offer their members an opportunity to improve their health habits. They are concerned about an individual's well-being, have programs and services that support their members and are focal points for their communities. Most of all, their leaders are widely respected.<sup>60</sup> It is important, that Pastors, Imams, Rabbis and other religious leaders understand the significant role they play in the health of their members.

Faith-based organizations lend themselves to preventive health services because they are social and cultural as well as religious institutions. People gather to mark major life events as well as for more everyday purposes, such as meetings, programs and other activities. These organizations have an established social support structure. Through social networks, members and friends can offer each other sustained and mutual support for behavior change.

Faith-based organizations are good sites for preventive health services, as their influence has the potential to reach the whole family. That influence extends to the outside community as well. These organizations tend to have existing committees, groups and volunteers to address social and health issues inside and outside of the organization's doors. As a place where people already congregate and have established communication systems, large groups can be reached with a single message. Most importantly, faith-based communities are a part of every community—not separate from them.

### Healthy NC 2020 Objective

There is not a Healthy NC 2020 Objective on faith.

### Secondary Data: *Major findings*

Durham County has at least 356 faith-based organizations. Very little secondary data exists on faith communities. Each point on the map below represents the location of one of the 356 faith-based organizations in Durham County. Figure 3.08(a) shows the number of different denominations and groups.

# Religious Institutions in Durham County

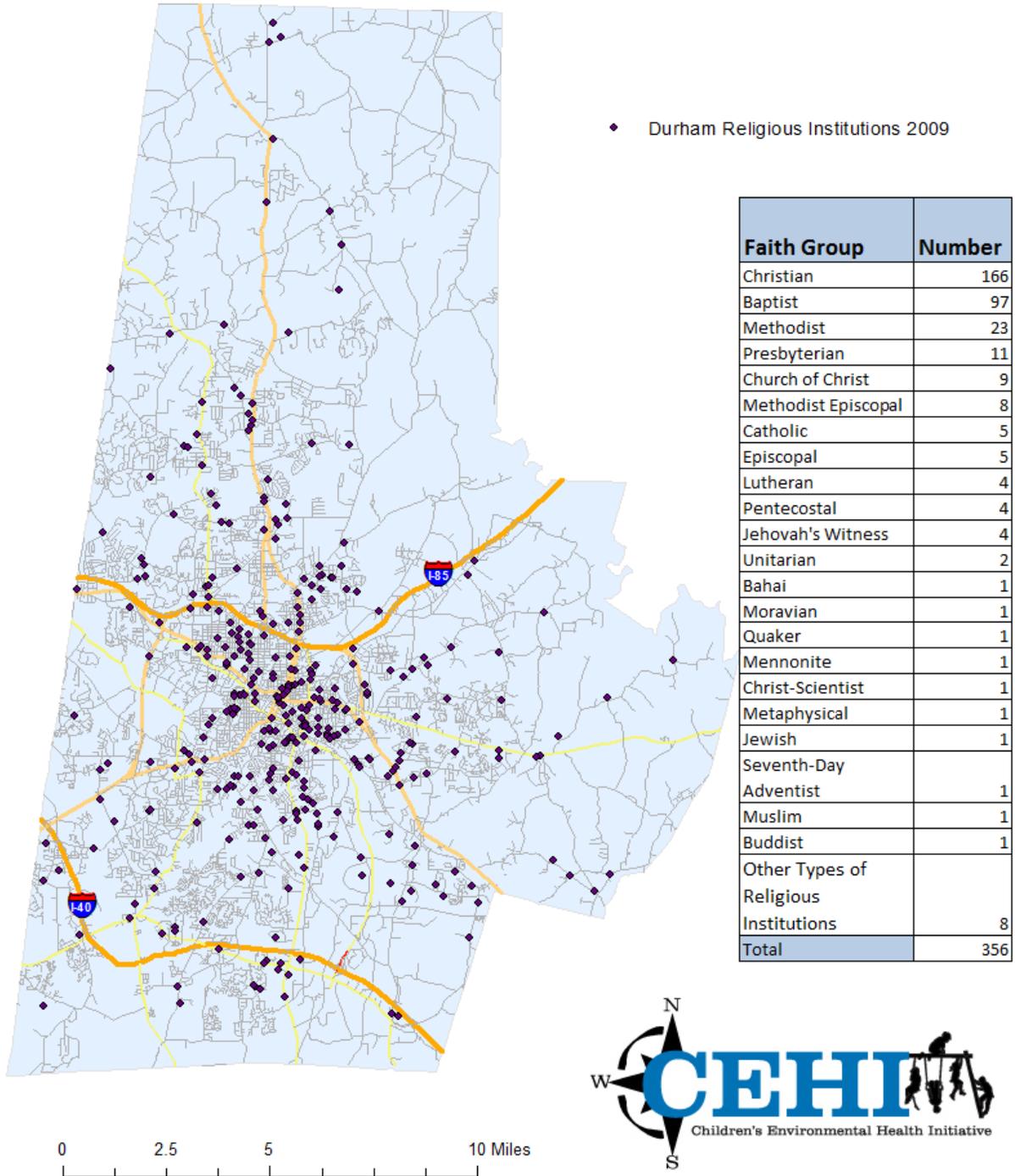


Figure 3.08(a) Religious institutions in Durham County

### Primary Data

Approximately 70% of Durham respondents from the 2010 Community Health Opinion Survey identified that they have a religious community with which they affiliate.

When asked “If you could not remain in your house, where would you go in a community wide emergency?” respondents identified “church” in the top five responses. It is important to note that churches were not a survey response category and yet six percent of respondents identified this as their first resource (Figure 3.08(b)).

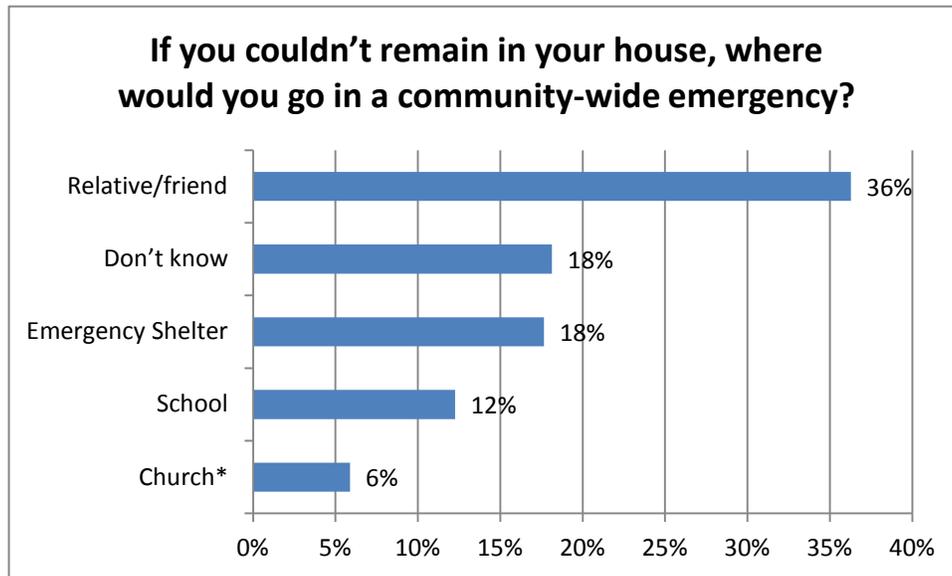


Figure 3.08(b) 2010 Community Health Opinion Survey Results

### Interpretations: *Disparities, gaps, emerging issues*

Faith based organizations must be made allies to public health in reaching the hard to reach because they can overcome the cultural barriers to health care that exist in many communities, especially among minorities. Minorities may feel alienated from the mainstream health care system often because of difference in beliefs, attitudes or language.

Faith organizations have been conduits to address communicable and chronic diseases in Durham for many years. This has resulted in numerous collaborative efforts and successful outreach events. Faith organizations in Durham have successfully addressed sexually transmitted infections, cancer, diabetes, physical activity, nutrition and many other chronic and communicable disease topics. While many faith-based organizations teach total abstinence until marriage or are uncomfortable discussing HIV or sexual orientation, other faith leaders are realizing that many of their members are impacted by these issues and they are beginning to address them more openly.

Communication with faith based organizations can be challenging. Currently, there is no universal way to communicate with the organizations throughout the county. Moreover, smaller faith-based organizations rapidly come into and out of existence making it challenging to

maintain a comprehensive database. Some coordinating bodies do exist however, such as the Ministerial Alliances of the community, moderators of the Baptists, the Presiding Prelates of the Episcopal, the Bishops of the Methodist and Catholics and the Elders of the Apostolic and the Overseers of the Pentecostals.

The majority of the faith-based organizations in Durham County serve African Americans. Many are aware of the need to address health disparities among their congregants and community members. However, training, support and resources are needed. Durham's steadily growing population of Hispanics/Latinos could also potentially be served through faith-based organizations.

### **Recommended Strategies**

Community approaches and evidence-based strategies can easily be modified for use with faith-based organizations. However, there are specialized resources provided through the North Carolina Eat Smart Move More movement (<http://www.eatsmartmovemorenc.com/Faith.html>) that are geared towards faith based organizations. These include information on faith wellness programs and bulletin inserts. There are also several organizations or groups in Durham that work specifically with such organizations on health issues.

### **Current Initiatives & Activities**

- ***Durham County Health Ministry Network***

Established to encourage, support, develop and connect health ministries in Durham African American churches. It is intended for any person involved in practices that integrate faith and health. The Network is sponsored by the Durham County Health Department.

Website: <http://www.durhamhealthministry.org>

Phone Number: (919) 560-7771

- ***P.E.A.C.E. Project***

The P.E.A.C.E Project is a multi-level, faith-based wellness initiative that promotes healthful living by focusing on the three major risk factors (physical activity, nutrition and tobacco) that impact the African American community in Durham County. The initiative promotes the voluntary adoption of individual and organizational changes focused on physical activity, nutrition and tobacco use.

Health professionals from the Durham County Health Department (project sponsors) and the Cooperative Extension work with select African American churches to help improve the health of their congregations. Churches are chosen based on interest and a commitment to work toward health improvements.

Website: <http://www.durhamhealthministry.org>

Phone Number: (919) 560-7771

- ***Community Health Coalition***

Brings together and focuses existing community resources to provide culturally sensitive and specific health education, promotion and disease prevention activities to and in Durham's African-American community.

Website: <http://www.chealthc.org/>

Phone Number: (919) 470-8680

- ***Durham Congregations in Action(DCIA)***

DCIA is an interfaith, inter-racial organization of 62 congregations. Every member congregation has three representatives, including clergy, who serve as their liaison to the organization.

Website: <http://www.dcia.org/>

Phone Number: (919) 688-2036

- ***Faithful Families Eating Smart & Moving More***

Faithful Families is a program that provides guidance and helps faith based organizations implement nutrition and physical activity interventions. The program relies on a lay volunteer paired with a health prevention specialist (from the Health Department or Cooperative Extension) to conduct educational sessions, cooking demonstrations and initiate policy/environmental change initiatives.

Website: <http://www.eatsmartmovemoreenc.com/FaithfulFamilies/FaithfulFamilies.html>

Phone

Number: (919) 560-7771 or (919) 560-0501

- ***Interdenominational Ministerial Alliance of Durham and Vicinity***

The Interdenominational Ministerial Alliance of Durham and Vicinity (IMA) is a group of concerned clergy from Christian denominations committed to serving God and the local communities represented by its membership. The IMA of Durham meets every Monday from September to May at noon in the education annex of the Mount Vernon Baptist Church.

Website: <http://www.durham-ima.org/>

- ***Durham Congregations, Neighborhoods, and Associations (CAN)***

Durham CAN is a multi-racial, multi-faith, strictly non-partisan, countywide citizens' organization. CAN is dedicated to 1) building relationships across race, social and religious lines, 2) identifying common concerns, 3) developing the skills of leaders inside member institutions and 4) acting together for the common good. CAN leaders translate deeply felt concerns into real innovative solutions that benefit the whole community.

Website: <http://www.durhamcan.org>

Phone Number: (919) 403-7082

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3.08	Faith and spirituality	Dr. B. Angeloe Burch, Sr.	New Hope Missionary Baptist Church, Associate Minister

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