

Durham County is a diverse, creative, and entrepreneurial community of 267,587 that is a nexus for learning, achievement, medicine, research, and industry. The residents of Durham County have great pride in their community, which is teeming with magnificent resources, and constantly strive to ensure that everyone has access to these resources and the ability to lead healthful lives. The findings from this 2011 Community Health Assessment suggest that Durham is poised to become not only a City of Medicine but also a Community of Health. The work of the *Partnership for a Healthy Durham*, which is currently planning and implementing several far-reaching health initiatives, and numerous other stakeholders invested in the health of Durham's citizens, will be critical to bringing about this transition.

Overview

A community health assessment is a process by which community members gain an understanding of the health concerns that affect their county by collecting, analyzing, and disseminating information on community assets and needs. The process culminates in the selection of community health priorities.¹

The 2011 assessment process included 207 citizen surveys and ten community listening sessions that involved 283 community members. For the past two years, a Community Health Assessment Team – comprised of more than 95 members representing hospitals, universities, local government, schools, non-profit organizations, faith-based organizations and businesses – worked to direct the activities of the assessment process and provide written content and expertise on issues of interest. Community priorities were selected in October 2011; the next step is a strategic planning process to generate a three-year action plan for Durham County.

The Steering Committee of the [Partnership for a Healthy Durham](#) guided the process and the Community Health Assessment Team designed and wrote the assessment. The Board of Health and Partnership received regular updates on the progress of the assessment. The Partnership for a Healthy Durham is the certified [Healthy Carolinians program](#) in Durham County and was the Health work-group of the Durham Results-Based Accountability Initiative until this initiative ended in July 2011. For more information on the Partnership for a Healthy Durham, please visit www.healthydurham.org or find us on [facebook](#).

The community health assessment was coordinated by Mel Downey-Piper, MPH, CHES, who coordinates the Partnership for a Healthy Durham and is an employee of the Durham County Health Department. Amanda Mata, MPH, assisted with the coordination, writing and editing of the assessment.

The Community Health Assessment Team, many of whom were Durham County Health Department staff and community partners with expertise in specific areas, gathered and reviewed data and produced chapters for the Community Health Assessment report covering ten areas:

1. Community Profile
2. Social, Economic, and Environmental Determinants of Health
3. Health Promotion

¹ The [2007 assessment](#) is available on the Partnership for a Healthy Durham's website: www.healthydurham.org.

4. Chronic Disease
5. Reproductive Health
6. Communicable Disease
7. Injury and Violence
8. Oral Health
9. Environmental Health
10. Public Health Preparedness

In July 2010, the North Carolina Institute for Public Health, in collaboration with Durham County staff, completed 207 random surveys across the County. Nearly 60 staff members, community partners and volunteers were recruited to administer this door-to-door survey over a four-day period.

The many hours volunteered by the Community Health Assessment Team, Partnership for a Healthy Durham members, Durham Health Innovations staff, community volunteers as well as the input provided by hundreds of Durham County residents, have assured that this Assessment presents an accurate picture of issues needing attention and provides a solid basis for the Action Plan for our community for the next three years.

Goals

The primary goal of the 2011 Community Health Assessment was to provide, in one location, a compilation of valid and reliable information about the health of the Durham community - and to do this in way that will make it easy for members of the Durham community to access and understand the information.

A secondary goal was to meet the standards relating to Community Health Assessment established by (a) the *North Carolina Local Health Department Accreditation Board* and (b) the [*Governor's Task Force for Healthy Carolinians*](#).² The December 2011 Durham County Community Health Assessment fulfills a requirement from the North Carolina State Division of Public Health to submit a comprehensive health assessment of the county every four years. Durham County Health Department is required to meet these standards to become an accredited Local Health Department and the Partnership for a Healthy Durham will be required to meet the standards to be recertified as a Healthy Carolinians Partnership. The Durham County Health Department will submit the accreditation self assessment document in January 2013 and will be assigned a site visit in the spring of 2013 and the Partnership for a Healthy Durham's current certification is from 2008 – 2012.

Another goal was to meet the new requirements of the federal Patient Protection and Affordable Care Act (health care reform), one of which requires hospital systems to conduct a community health assessment every three years. The Partnership for a Healthy Durham, Durham County Health Department and Duke Medicine, which includes Duke University Hospital and Durham Regional Hospital have collaborated to conduct the community health assessment for years. To

² The accreditation standards can be found at <http://nciph.sph.unc.edu/accred/materials.htm>

meet the new federal requirements, future community health assessments will be conducted every three years rather than every four years.

Organization of document

There are 12 chapters, with a total of 53 topics. Please see the table of contents for a full listing of each topic covered in this community health assessment.

In each chapter, we present several health indicators to better understand the context of the issue. Wherever possible, we show disaggregated data, or data specific to sub-populations within Durham County (often racial/ethnic groups, age groups, or gender). This data is sometimes in the form of a percentage of the population with a certain characteristic or behavior, or a rate (i.e. the number of people per 1,000 persons who have that condition). Please be careful to note the method of measurement and scale used – they are often different for each indicator. For more information about margin of error or actual raw numbers (rather than percentages or rates), please see the original data source.

For context, we compare Durham’s rates with those of the entire state of North Carolina. For this assessment we also compared Durham’s rates with three North Carolina peer counties: *Cumberland*, *Guilford* and *Wayne*. These counties were selected by a data query system called NC-CATCH using the following criteria:³

Each North Carolina county has 3 or 4 peer counties based on:

- ✓ % of population less than 18 years old
- ✓ % of population over 64 years old
- ✓ % of non-white population
- ✓ % of families with children (<18) living below the poverty level
- ✓ Total county population size

There were 95 writers that contributed to the community health assessment document. The majority of the sections follow a template intended to make the document consistent and easy to follow. However, some sections may include additional information or omit information based on the particular topic. In general, writers were asked to include an overview of the topic, any related Healthy North Carolina 2020 objectives, the most critical and current secondary and primary data, disparities, gaps and emerging issues, recommended strategies to address the issue, and current initiatives and resources. There is a list of all contributors and references at the end of each chapter.

³ To learn more about the selection process for peer counties, go to the Appendix F.

The outline below illustrates the template that the majority of the chapters follow:

Overview of topic

Healthy NC 2020 Objective (from <http://publichealth.nc.gov/hnc2020/index.htm>)

There are 40 Healthy NC 2020 objectives. If a section relates to one of the objectives, it will be listed, in addition to the 2020 target and the most recent Durham County and North Carolina data.

Secondary Data: *Major findings*

For the purposes of this document, secondary data has been collected by someone else, is quantitative, and includes sources like the census, hospital discharge data and birth and death records. The following will likely be presented:

- Durham County and North Carolina data (often racial/ethnic groups, age groups, or gender)
- Peer county data (Cumberland, Guilford, Wayne) – in some sections
- Trends

Primary Data: *Surveys, focus groups*

For the purposes of this document, the majority of our primary data has been collected locally, mainly through original surveys, interviews and focus groups. The following may be presented:

- Highlights from the Durham County Community Health Opinion Survey
- Other sources, such as Youth Risk Behavior Survey, Behavioral Risk Factor Surveillance System, Durham Health Innovations reports

Interpretations: *Disparities, gaps, emerging issues*

- Interpret data
- Highlight special populations
- Identify gaps, unmet needs and emerging issues

Recommended Strategies

Theory- and evidence-based, in addition to recommended strategies from the perspective of the writers as first steps to address the issue most effectively

- Many strategies come from the [NC Prevention Action Plan](#), CDC Community Guidebook, and Healthy NC 2020 book and list of compiled recommended strategies

Current Initiatives & Activities

This is meant to give the readers an idea of the kinds of programs locally available, the breadth of response to these issues, and how to find more information about local initiatives. This is surely not an exhaustive list of all groups involved in this subject. It is possible that some of the programs mentioned have changed since this report was compiled.

- Name of initiative, brief description, website and contact information.

Community Health Assessment Strengths and Opportunities

Community assessment provides the opportunity to engage multiple agencies and organizations as well as community members in identifying and evaluating health issues. The purpose of the assessment process is to understand the health priorities from the perspective of the community, develop action plans to address these areas, and ultimately improve the health of the community. We strive to make every assessment better than the previous ones. This year, we are particularly proud of:

- Conducting a community survey that randomly sampled Durham residents, thus providing us with the best data we have ever collected that is truly representative of the population. We particularly wanted to ensure that the rural and northern areas of Durham County were included.
- The number of community volunteers and professionals who dedicated their time and expertise to the assessment. Instead of hiring an outside company to conduct the survey, we had more than 58 local volunteers going door-to-door. Rather than having one or two people write the assessment, 95 people contributed to this document.
- Ten community listening sessions were held this year in which residents were asked to determine the county's top health priorities. The feedback that we received from those sessions was taken very seriously and reflects our focus for the next three years.
- The document has been completely revamped covering more health topics in greater depth. For example, each section not only has the latest data, but also discusses emerging issues, disparities and recommended strategies.

Too often communities make critical decisions without adequate information and input. Our hope is that this Community Health Assessment provides insights about the state of Durham's health and will contribute to an environment for change.