

Introduction

The 2007 Durham County Health Assessment fulfills a requirement from the NC State Division of Public Health to submit a comprehensive health assessment of the county every four years. The 2003 assessment is available on www.healthydurham.org. The Technical Assistance and Steering Committees of the *Partnership for a Healthy Durham* and the Health Outcomes Working Group of Durham City/County “Results-Based Accountability Initiative” designed the assessment. For more information on the Partnership for a Healthy Durham, which is a certified Healthy Carolinians Partnership, see www.healthydurham.org.

About the assessment

The primary goal of the 2007 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 *Governors Task Force for Healthy Carolinians*.¹ *Durham County Health Department* will be 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.

Sources

Data for this assessment came from many sources, which are referenced along with each piece of data. There is a great deal of information available from these sources about Durham and North Carolina’s health, and we could not include all disaggregated specifics within this document. If readers are interested in a particular piece of information, we encourage them to go to the source for further details.

Primary data came from the following sources:

1. The *Durham County Health Assessment Survey* is a telephone survey of 700 people that was implemented from June to July 2007 by the Community Health Institute of John Snow, Inc. The full report on the telephone survey is available online at www.healthydurham.org. The questions were the same as those asked in 2003 for that year’s assessment.
2. The *NC Behavioral Risk Factor Surveillance System* is an annual telephone survey of approximately 400 Durham County residents. The questions come from the Centers for Disease Control and Prevention’s (CDC) standardized national survey. It is available on the State Center for Health Statistics’ website at <http://www.schs.state.nc.us/SCHS/brfss/>.
3. The *Youth Risk Behavior Survey* (YRBS) is a written survey of 484 middle school students and 392 high school students attending the Durham Public School system. The

¹ The accreditation standards can be found at <http://nciph.sph.unc.edu/accred/materials.htm>

survey was administered in the spring of 2007. These questions also came from a national standardized survey from the Centers for Disease Control and Prevention (CDC). Since this was the first YRBS survey for Durham County, it will not be possible to define trends until the next YRBS survey is conducted. Also, since the final report of the YRBS is not yet available, only the preliminary results could be presented in this document.

4. A series of seven *Listening Sessions* (n=51) that we carried out throughout the Durham community in the spring of 2007. We asked these groups a set of questions about their perception of health and health determinants. A full transcript of these listening sessions is available through the Partnership for a Healthy Durham (info@healthydurham.org).
5. An *Action-Oriented Community Diagnosis* implemented by a group of students from the School of Public Health at the University of North Carolina (Chapel Hill). The “community” for this study was the patient population of Lincoln Community Health Center. Lincoln is Durham County’s main source of primary healthcare for the uninsured and low-income population. The students conducted their study through the fall of 2006 – spring 2007. They collected secondary data and also carried out a series of “key informant” interviews with community members and service providers. They also conducted two listening sessions, the data of which were added to the seven listening sessions the Partnership conducted to create a set of nine sessions (n=70). The full report of the study is available at www.hsl.unc.edu.

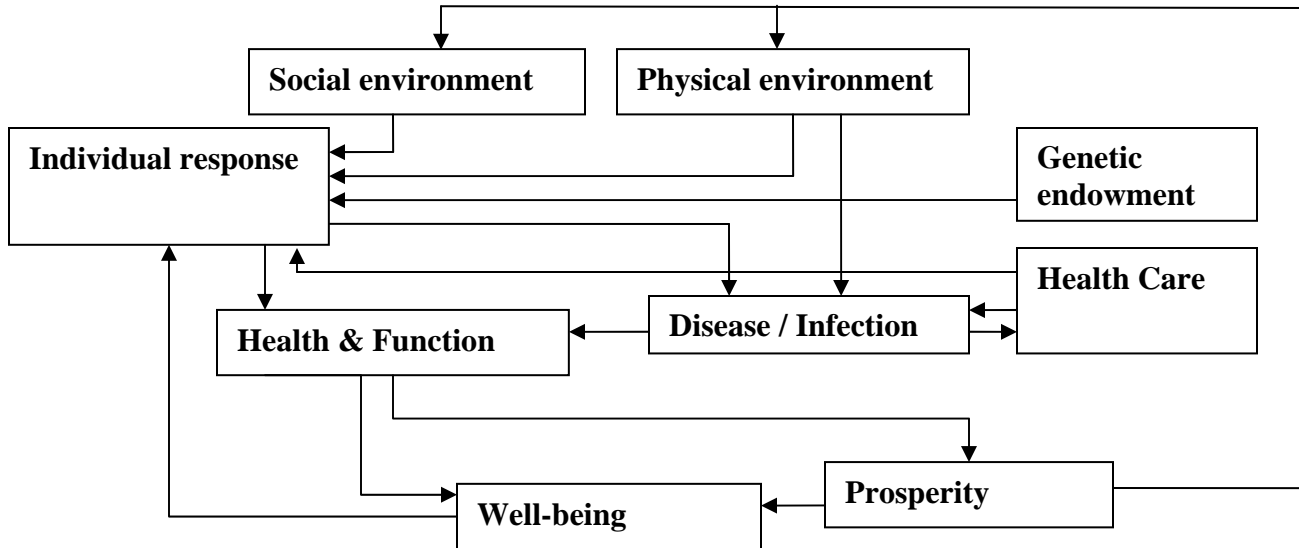
Secondary data came from many sources. The most common is the State Center for Health Statistics of the NC Division of Public Health. Their website contains a compilation of a many health data, including:

- Vital statistics
- NC Central Cancer Registry
- Basic Automated Birth Yearbook (BABY Book)
- NC Hospital Discharge Data.

Their “County-Level Data” page (<http://www.schs.state.nc.us/SCHS/data/county.cfm>) and “County Health Data Book” (<http://www.schs.state.nc.us/SCHS/data/databook/>) contain numerous county-level statistics.

Organizing Framework

Many factors affect our health, both as populations and as individuals. While we can look at disease states and vital statistics to know the end results of our health, there are many ways to analyze a population’s health risks, influences, and resources. Evans and Stoddart offered a framework for organizing these “determinants of health” in 1990 (Evans RG, Stoddart GL. “Producing Health, Consuming Health Care.” *Social Science and Medicine*, vol. 31, no. 12, pp. 1347-63; reprinted in Evans RG, Morris LB, Marmor TR. *Why are Some People Healthy and Others Not?* Chapter 2. New York: A deGruyter, 1994.)



Each of these boxes represents a category of factors that influence or define people’s health. These categories form the chapters of this assessment, with two exceptions. The “Health and Function” and “Well-being” categories have been combined into one chapter, as they were in 2003. The “Genetic Endowment” category is excluded from this assessment, as it is something that public health policy or interventions cannot influence.

In each chapter, we present a compilation of health indicators within that category of health determinants. Wherever possible, we show disaggregated data, or data specific to sub-populations within Durham County (often racial/ethnic groups, age groups, or gender). These indicators are 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. Wherever possible, we also include the US rates; however, US rates should be interpreted with caution, as they are sometimes measured differently than the state and county.

For this Assessment we also compared Durham’s rates with those of three other North Carolina counties: Forsyth, Guilford, and Mecklenburg. We selected these counties as comparable to Durham on the basis of Census projections for:

- Population of the county,
- Racial / ethnic diversity,
- Income and poverty figures and
- Age diversity

COUNTY	Population	% children	% over 65	% African-American	% Latino	Median household income	% living in poverty	Homeownership rates
<i>Durham</i>	246,896	24.3%	9.5%	38%	11%	\$44,048	14.9%	54.3%
North Carolina	8,856,505	24.7%	12.1%	21.8%	6.4%	\$40,863	13.8%	69.4%
Forsyth	332,355	24.7%	12.5%	25.9%	9.5%	\$42,491	13.6%	65.6%
Guilford	451,905	24.1%	12%	31%	5.3%	\$42,545	14.7%	62.7%
Mecklenburg	827,445	26.4%	8.4%	29.8%	9.1%	\$49,683	12.8%	62.3%

So while, for example, Guilford and Mecklenburg are much larger than Durham in population, they are comparable in population diversity. Other counties with similar population size, such as Buncombe and Cumberland, had larger differences in age structure or income data.

In each chapter, there is a section at the end listing “Initiatives and Resources in Durham” that addresses the issues compiled in that chapter. 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, just the ones that are already familiar to the Partnership for a Healthy Durham as coalition members. It is possible that some of the programs mentioned have changed since this report was compiled.

About Durham

Durham history

Long before the Bull City was named for Dr. Bartlett Durham in the 1800’s, the community was making history. Before Europeans arrived, two Native American tribes — the Eno and the Occaneechi, related to the Sioux — lived and farmed here. Durham is thought to be the site of an ancient Native American village named Adshusheer. The Great Indian Trading Path is traced through Durham, and Native Americans helped to mold Durham by establishing settlement sites, transportation routes, and environmentally-friendly patterns of natural resource use.

In 1701, Durham’s beauty was chronicled by the explorer John Lawson, who called the area ‘the flower of the Carolinas.’ During the mid-1700’s, Scots, Irish, and English colonists settled on land granted to John Carteret, Earl of Granville, by King Charles I (for whom the Carolinas are named). Early settlers built gristmills, such as West Point, and worked the land.

Prior to the American Revolution, frontiersmen in what is now Durham were involved in the ‘War of Regulators.’ According to legend, Loyalist militia cut Cornwallis Road through this area in 1771 to quell the rebellion. Later, William Johnston, a local shopkeeper and farmer, forged Revolutionary ammunition, served in the Provincial Capital Congress in 1775, and helped underwrite Daniel Boone’s westward explorations.

During the period between the Revolutionary and Civil Wars, large plantations such as Hardscrabble, Cameron, and Leigh were established. By 1860, Stagville Plantation lay at the center of one of the largest plantation holdings in the South. African slaves were brought to labor

on these farms and plantations, and slave quarters became the hearth of distinctively Southern cultural traditions involving crafts, social relations, life rituals, music, and dance. 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.

After the ceasefire in Durham, Yankee and Rebel troops celebrated together and discovered Brightleaf tobacco—with a taste that led to the ultimate success of Washington Duke and his family and spawned one of the world’s largest corporations (which included American Tobacco, Liggett & Meyers, R.J. Reynolds, and P. Lorillard). Tobacco soon inspired other Durham developments. The first mill to produce denim and 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 and 1960’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 Caucasians. 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 Caucasian Rock Baptist Church.

Advocating non-violent confrontation with segregation laws for the first time, Dr. King said, ‘Let us not fear going to jail. If the officials threaten to arrest us for standing up for our rights, we must answer by saying that we are willing and prepared to fill up the jails of the South.’

In the 1950s–60s, 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.

The origin of Durham’s nickname, the ‘Bull City,’ has nothing to do with cattle! John Green of the Blackwell Tobacco Company named his product ‘Bull’ Durham Tobacco after Colman’s Mustard, which used a bull in its logo and which Green mistakenly thought was produced in Durham, England.

By the time James B. Duke of the American Tobacco Company purchased the Blackwell Tobacco Company in 1898, Bull Durham was the most famous trademark in the world. It sparked such popular phrases as ‘bullpen’ (from a Bull Durham ad painted behind the Yankees’ dugout) and ‘shooting the bull’ (most likely from chewing tobacco). The famous bull’s image was painted all over the world, including on the Great Pyramid of Egypt!”²

Facts about Durham

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. In 2005, the Census projection found almost 247,000 people living in the County. It is dominated by Durham City, where 80% of the population lives and 33% of the land is incorporated.

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).

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.

² Some of the information about the history of Durham was obtained from http://www.durham-nc.com/about/history_glance.php

In addition to Duke and NCCU, Durham is home to NC School of Science & Math, Durham Technical Community College, many private schools and progressive Durham Public Schools, the seventh largest school district in the state with 31,000 students and 4,500 employees.

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.³

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 the recent creation of Durham Central Park.⁴

³ Much of the information for this section was obtained from http://www.durham-nc.com/about/durham_facts.php#maj

⁴ Additional information can be found at the following websites: <http://www.americantobaccohistoricdistrict.com/>, <http://www.westvillageapts.com/>, and <http://www.historicbrightleaf.com/>

