# 2019 Durham County

## State of the County Health Report

**Top 5 Health Priorities**

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

This report is an update on data from the 2017 Durham County Community Health Assessment (CHA) and the County's top five health priorities– affordable housing, access to healthcare and health insurance, poverty, mental health and obesity, diabetes and food access.

Its purpose is to provide the community with information on the health of its residents and to assist with grant writing, local policies, budgets and programs.

March 2, 2020

Durham County Public Health

Partnership for a Healthy Durham
Better Together

# Goals and Successes

## Durham County Government Health and Well-Being For All

The efforts outlined in this State of the County Health report are guided by the Durham County Government Strategic Plan Goal 2: Health and Well-Being For All.

**Goal**
Improve the quality of life across the lifespan through protecting the health of community, reducing barriers to access services and ensuring a network of integrated health and human services available to people in need.

**Objectives**

- Increase the number of healthy years that residents live
- Increase the quality of life in Durham County
- Support the optimal growth and development of children and youth

## Successes

**Interpretation Award–** The National Association of Counties (NACo) recognized Durham County Department of Public Health (DCoDPH) and Information Services and Technology Department May 2019 in the health category for the creation of the Interpreter Request Service. The application bridges the language barrier gap by offering Spanish interpretation for residents using DCoDPH services. The system provides an easy-to-use tool for staff to more efficiently implement the culturally and linguistically appropriate services (CLAS) standards set by the United States Department of Health and Human Services. In 2019, the team recorded 14,059 requests in 16 areas within the department with an estimated 38 seconds wait time for an interpreter to take the request. The new application has saved 86% on costs through decreased use of the private interpretation services.

**Opioid Prevention Grant–** DCoDPH was awarded $440,000 in state grant funds through the North Carolina Department of Health and Human Services Injury & Violence Prevention Branch to support Community Linkages to Care for Overdose Prevention and Response. This is a program dedicated to combating opioid misuse and overdoses within Durham County. The award, effective December 1, 2019, continues efforts to support a post-overdose response team and to connect justice-involved persons to evidence-based care for opioid use disorder. The grant will also focus on expanding housing resources to reduce opioid use.[13]

**Largest Number of Community Health Assessment (CHA) Surveys Ever Completed**
The first step in the Community Health Assessment (CHA) process is a door-to-door survey to assess the needs and assets within the community. For the first time, the county wide sample size was doubled to analyze data by factors such as race and ethnicity.

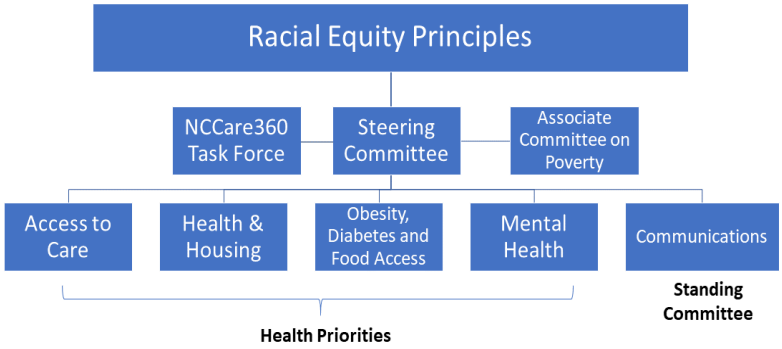
Collecting this data would not have been possible without the 247 volunteers, which include DCoDPH and Duke University employees, community members, students and community partners. This is a large joint effort and we thank our partners for their support. Results will be shared with community members who took the survey, volunteers who assisted with the survey, DCoDPH staff and the community at large.

# Innovation and Emerging Issues

## New Initiatives

**Partnership for a Healthy Durham Racial Equity Principles–** After 15 months of work beginning in July 2018, the Partnership for a Healthy Durham Racial Equity Task Force created five racial equity principles to guide the work of the Partnership and committees. The task force also revised the Partnership mission and vision. Partnership members voted in October 2019 to accept the principles and a new mission and vision that incorporated equity. Next steps for the Racial Equity Task Force are to determine strategies to put the principles into action. View the full principles and new mission and vision at www.healthydurham.org.

**Partnership for a Healthy Durham Structure 2018-2021**




**NCCare360 Task Force–** NCCare360 is the first statewide coordinated care network to electronically connect those with identified needs to community resources and allow for a feedback loop on the outcome of that connection. The Partnership Steering committee voted in October 2019 to create a one-year task force to serve as governance for the NCCare360 platform in Durham County. The task force is responsible for identifying potential new partners, assessing network health post-launch, promoting usage by local organizations and gaining community support. Public quarterly meetings will begin in April 2020.

## Emerging Issues

**Relationship Between Health and Housing–** The relationship between health and housing became more clear in January 2020 when the Durham Housing Authority evacuated McDougald Terrace residents due to carbon monoxide leaks. Other issues became evident such as mold, pests and lack of ventilation for gas appliances. Residents stayed in area hotels for several weeks while DHA fixed the problems. The community came together to support McDougald Terrace resident-led efforts to help evacuated families. This incident shows the impact housing conditions can have on physical health. In addition, eviction and unaffordable housing can lead to mental health conditions such as stress and depression.

**Medicaid Transformation Suspended–** The goal of the North Carolina Department of Health and Human Services Medicaid transformation was to move towards managed care. With managed care, the State would contract with insurance companies and pay a set rate per person to provide all services.[26] In counties that receive funding through the Healthy Opportunities pilot, Medicaid dollars can be used to address factors that impact health such as housing, food access, transportation, etc. Medicaid Transformation was suspended in December 2019 due to a lack of a passed North Carolina budget. The planned changes will move forward once funds become available. Until that point, North Carolina will continue with the fee-for-service plans.

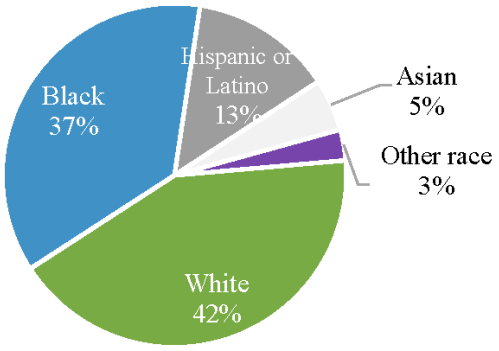
**History and Impact on Current Health Outcomes–** In 2019, The Partnership for a Healthy Durham partnered with DCoDPH to display the Bull City 150 Uneven Ground: The Foundations of Housing Inequality in Durham and the Duke University and Bass Connections History of Healthy Disparities in Durham County exhibits at the health department. Both exhibits examined the history of policies that discriminated against people of color and their impact. The purpose of the exhibits was to elevate the conversation around health inequities as well as help staff and visitors learn about the relationship between history and current health outcomes.

# Demographics

| 2014-2018 Durham County Demographic Estimates[6] | | |
|---|---|---|
| Durham County Population Estimate: 306,457 | | |
| **Sex** | **Estimate** | **Percent** |
| Male | 146,535 | 47.8% |
| Female | 159,922 | 52.2% |
| **Age** | **Estimate** | **Percent** |
| Median Age | 35.6 | — |
| **Race and Ethnicity** | **Estimate** | **Percent** |
| Asian | 14,981 | 4.9% |
| Black or African American | 111,859 | 36.5% |
| Hispanic/Latino | 41,189 | 13.4% |
| American Indian and Alaskan Native | 726 | 0.2% |
| Native Hawaiian or Other Pacific Islander | 117 | 0.0% |
| White | 129,434 | 42.2% |
| Some Other Race | 774 | 0.3% |
| Two or More Races | 7,377 | 2.4% |

Durham's total population increased by 17.3% between 2010 and 2018.[10] While the median age increased slightly from 33.2 in 2010 to 35.6 in 2018, the proportion of females and males remained unchanged. The proportional racial diversity in 2018 is similar to that of 2010.[6] Detailed data on the most recent demographic estimates in Durham are presented in the table to the left.

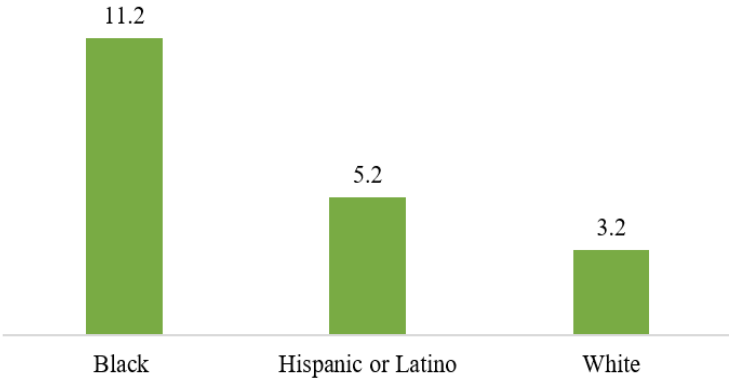
**Durham Population by Race and Ethnicity,[6] 2014-2018**




# Infant Mortality

Infant mortality rates measure the number of infants who die within the first year of life in comparison to the total number of infants born. Infant mortality rate is a key indicator for overall population health and provides insight on the quality of health care people receive.[3] In Durham, there are large differences in infant mortality rate by race and ethnicity. During 2014-2018, black infants died at a rate three and a half times higher than white infants.[29] Average infant death rates are displayed by race and ethnicity below.

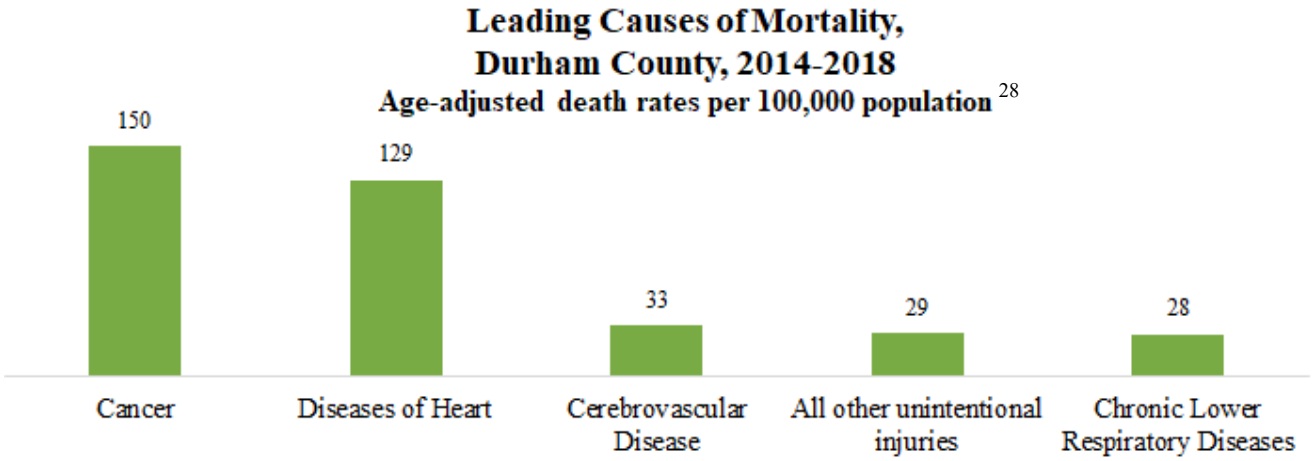
**Infant Mortality Rate by Race and Ethnicity, Durham County, 2014-2018[29]**




### Why are there inequities?

The results of a 2018 study showed that black infant mortality rates improved more in states that expanded Medicaid compared to states that did not.[4] North Carolina has not expanded Medicaid as of March 2020. Lack of insurance and discrimination in health care settings leads to lower levels of access to prenatal care among people of color, especially for high risk services.[3] Experiences of racism and discrimination have also been shown to contribute to inequities in health outcomes.[3]

# Leading Causes of Mortality and Life Expectancy




The leading causes of death shown above has changed for the first time since 2010. All other unintentional injuries is the fourth leading cause of death. Alzheimer's disease, previously number five, fell to the sixth leading cause of death. Cancers continue to be the leading cause of death among all residents in Durham, with lung and breast cancer being the most common.[28] A detailed table of leading causes of death by race and sex is provided below. Rates for races other than black and white were excluded due to small numbers of events, which result in unstable rates.

**Leading Causes of Death among Durham Residents by Race and Sex, 2014-2018** [28]
Age-adjusted death rates per 100,000 population

| Cause of Death | All residents | Black | White | Female | Male |
|---|---|---|---|---|---|
| Cancer | 150 | 181 | 139 | 133 | 176 |
| Diseases of Heart | 129 | 161 | 115 | 99 | 171 |
| Cerebrovascular Disease | 33 | 39 | 30 | 30 | 37 |
| All other unintentional injuries | 29 | 25 | 34 | 21 | 38 |
| Chronic Lower Respiratory Diseases | 28 | 21 | 33 | 25 | 32 |

Mortality rates for three of the five leading causes of death were higher among black residents in Durham compared to whites, with all other unintentional injuries and chronic lower respiratory diseases being the exceptions. Mortality rates for male residents were also higher for all five leading causes of deaths.

Similarly, life expectancy, or the death gap between whites and blacks was 5.3 years during 2016-2018, as shown in the table to the right. [30]

| Life Expectancy in Durham County by Group, 2016-2018 [30] | |
|---|---|
| All | 80.2 |
| Males | 77.5 |
| Females | 82.2 |
| White | 82.4 |
| Black | 77.1 |

# Community Health Improvement Plan Measures

The following measures will be tracked as measures of progress for the Community Health Improvement Plans associated with each priority area identified through the 2017 Community Health Assessment.

| Measures and Outcomes | |
|---|---|
| Percent of uninsured and underinsured residents aware of at least two low cost, preventive places for care other than the Emergency Department– **No progress to report** | Number of Durham County residents reached by Access to Care committee health literacy efforts- **No progress to report** |
| Percent of uninsured and underinsured residents who have a usual primary care provider[18]– **82.9% of black residents, 82.9% of white residents and 50.8% of Hispanic/Latino residents** | Percent of Durham County residents who report getting the social and emotional support they need always or usually- **County wide– 75.9%; Hispanic/Latino– 52.2%**[18] |
| Number of patient care teams who receive racial equity trainings- **No progress to report** | Number of housing resources available in NCCare360; as of January 31, 2020– **7 resources**[15] |
| Number of Durham County residents referred and linked to housing resources through NCCare360; as of January 31, 2020- **14 referrals made; 10 cases accepted and in process; 1 case positively resolved and 3 were unresolved.**[15] | Confirmations among lead tested ages birth to 6 years– **4,690 tested; 10 with 5-9 mcg/dl and 2 confirmed with 10-19 mcg/dl**[25] |
| Residents who understand the effect of housing on health- [18]**55% County-wide; 40% Hispanic/Latino** | Number of new Healthy Mile Trails created by July 1, 2020 - **6 existing Healthy Mile Trails; 1 new** |
| Percent of adults in Region 5 told by a doctor, nurse, or other health professional that they had diabetes[31]– **11.4%** | Percent of adults in Region 5 who participated in any physical activities or exercises other than their regular job in the past month[32]– **81.7%** |
| Produce redeemed by Bull City Bucks participants; May 2018– December 2019[24]- **$230,000** | |

# Racism is a Public Health Crisis

Several cities across the U.S., such as Milwaukee and Madison in Wisconsin and Pittsburgh, PA have declared racism a public health crisis.[21] The American Academy of Pediatrics, the American Public Health Association and Harvard University's School of Public Health all agree that racism is a threat to African-Americans' health.[23] Racism in American society is both about people and about the structure of systems.[33]The perception is often that problems faced by people of color are the result of the individual's actions and not systems that structure the conditions in which they were born and raised.[33]

The resources available in our homes, neighborhoods and communities such as the quality of schooling and safety of our workplaces impacts our health.[21] Racism hurts the health of our nation by preventing some people access to these resources and a chance to attain their highest level of health.[2]

Disparities in the U.S. don't just happen by race and ethnicity, but also by factors such as ability and disability, gender, age, sexual orientation, geography, and social class.[33] People who are in more than one of these categories (for example black and LGBTQ+) face additional challenges. Being part of a marginalized population such as differently abled, women, older adults is not a risk factor for illness or disease; the discrimination these populations face lead to worse health outcomes.[17] To achieve health equity, we must take actions at all levels to address injustices caused by racism and other forms of discrimination.

# Changes in Data: Affordable Housing

***Healthy NC 2030 Indicator:*** *Severe housing problems;* ***Desired Result:*** *Improve housing quality;* ***2030 Target:****14%*

## Renters are Impacted the Most by Rising Housing Prices

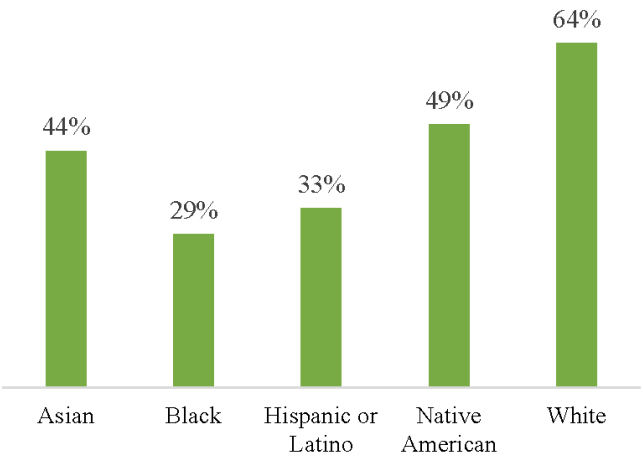
Affordable Housing was the top priority selected by Durham residents during the 2017 Community Health Assessment process. High housing costs raises the chances that people are forced to spend less on food, health care, and other necessities to pay housing expenses.[27]

Between mid-2010 and October 2019, the median sale price for homes sold in Durham increased by more than 50%.[36] The United States Department of Housing and Urban Development (HUD) defines affordable housing as spending 30% or less of your income on housing costs. In 2018, an estimated 52% of renters in Durham were spending a third or more of their income on housing costs.[14] Median gross rent in Durham rose from $798 in 2010 to $1013 in 2018, for a 27% increase.[14]

### Why are there inequities?

In 1934 the Federal Housing Administration began a practice known as redlining, which assigned risk categories to neighborhoods based on racial demographics. Neighborhoods with a majority of people of color were deemed risky, which resulted in lower levels of access to mortgages for people of color compared to whites.[11]Racial deed restrictions excluded blacks from buying homes in certain neighborhoods. In Durham, that included Forest Hills, Duke Forest, Northgate Park and more.[5] Restrictive covenants were outlawed in 1948 and redlining in 1968, but the effects can still be seen. White families still tend to have greater access to mortgages, and credit than black and Latino families.[11]

**Percent of Durham Households that Own and Occupy a Home by Race and Ethnicity, 2014-2018** [7]




## Progress Made in the Last Year

In September 2019, the Durham City Council voted by 6-1 to allow for Expanded Housing Choices. This changes zoning rules in neighborhoods near downtown to allow for higher density building.[22]

Durham County established a new Coordinated Entry program in October 2019. Anyone who needs shelter must first report to Durham County Department of Social Services for a coordinated entry and diversion intake. This creates one point of entry for shelter and housing resources. Services are available on evenings and weekends at the Exchange Building. In November 2019, Durham residents passed a $95 million dollar housing bond referendum with 76% of the vote. The bond will be paired with $65 million in federal and local funding over the next five years to redevelop Durham housing projects, help find permanent housing for people who are homeless, fund down payments for low-income, first-time home buyers and assist people in danger of being evicted.[20]

The Partnership for a Healthy Durham Health and Housing committee completed its 2018-2021 action plan. The committee's objectives are to obtain, maintain, synthesize high quality data; ensure NCCare360 has information it needs related to housing and increase awareness about relationship between health and housing.

# Changes in Data: Access to Health Care

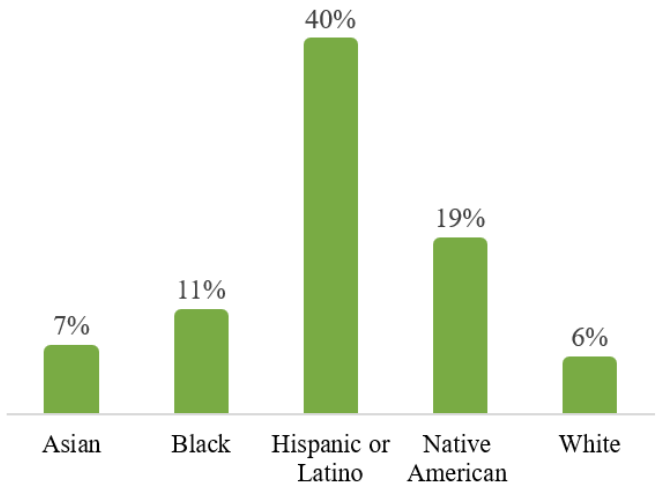
***Healthy NC 2030 Indicator:*** *Uninsured rate;* ***Desired Result:*** *Decrease the uninsured population;* ***2030 Target:*** *8%*

## The Link Between being Uninsured and Access to Care

Access to care was identified as the number two health priority among Durham residents in the 2017 Community Health Assessment. Those without health insurance may not receive needed preventive services, may avoid treatment for acute illnesses and may have poorly controlled chronic conditions.[27] Although the proportion of uninsured residents has decreased from 15% in 2015 to 12.2% in 2018, a large number of residents continue to be affected. An estimated 36,780 Durham residents were uninsured in 2018. Of those, 4,425 were children and adolescents under 19 years old.[8] Residents who were surveyed in the 2019 Community Health Assessment survey identified cost as the number one barrier in getting health insurance. That was followed by immigration status, lack of employer based plans and unemployment.[18]

The percent of Durham residents without insurance varies significantly by race and ethnicity and is shown in the chart below.

**Percent of Uninsured Durham Residents by Race and Ethnicity, 2018**[8]




### Why are there inequities?

As a result of workforce discrimination, people of color are less likely to be interviewed for a job when compared with whites with nearly identical credentials. People of color are also more likely than whites to have low wage or hourly jobs. These jobs often do not provide an option for affordable employer sponsored health insurance.

Immigration status was cited as the most common barrier among residents in the Hispanic and Latino sample of the 2019 Community Health Assessment survey.[18] These issues contribute to unequal access to health insurance by race.

## Progress Made in the Last Year

The Access to Care Committee updated its Medical Care Options in Durham for the Uninsured and Underinsured for the first time since 2015. The brochure is available in English and Spanish on the Partnership for a Healthy Durham website at www.healthydurham.org. Hard copies of the brochure were shared with partner organizations for distribution to the public and to assist their work with community.

The Access to Care committee has been working to expand the role of Community Health Workers (CHWs) in Durham County. To date the committee has work with partners from Durham County Department of Public Health, Durham Tech, University of North Carolina, Durham Housing Authority CHWs and others to identify employment opportunities for trained CHWs, develop networking opportunities for CHWs, refine the Durham Tech CHW curriculum and align with efforts at the State level.

During 2019, Alliance Health continued its focus on innovative, evidenced-based behavioral health services and supports that allow Durham County residents insured by Medicaid and uninsured to live healthier, more satisfying lives. At the same time Alliance has been assembling the resources and building the infrastructure to serve the whole-person healthcare needs of people with severe mental illnesses, substance use disorders, and long-term needs including intellectual and developmental disabilities and traumatic brain injury as part of a Tailored Plan in North Carolina's new Medicaid landscape. Highlights include new partnerships to create housing opportunities, and taking a leadership role in supporting the community during the downtown gas explosion and the displacement of McDougald Terrace residents.

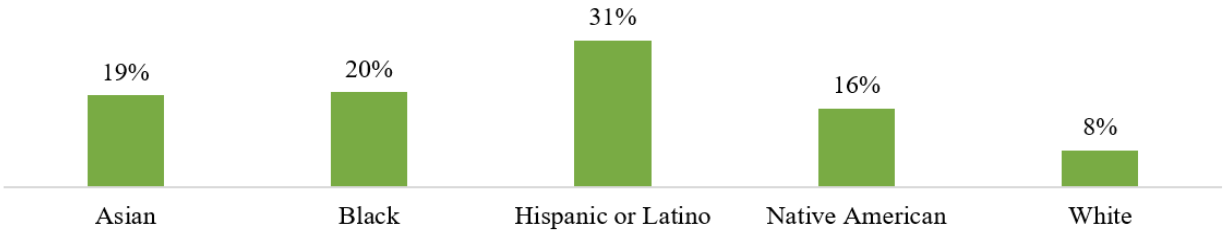
# Changes in Data: Poverty

***Healthy NC 2030 Indicator:*** *Individuals below 200% Federal Poverty Rate;* ***Desired Result:*** *Decrease the number of people living in poverty;* ***2030 Target:*** *27%*

## Poverty is Decreasing in Durham

Poverty ranked third among top community priorities identified by residents in the most recent Community Health Assessment. Low-income adults have higher rates of heart disease, diabetes, stroke, and other chronic diseases than wealthier individuals.[27] The percent of the population below the poverty level in Durham has decreased from 20% in 2010 to 15.8% in 2018, which is similar to the percentage in North Carolina. While the rate of Durham County residents living in poverty has slightly decreased in recent years, the number of people living below the poverty level has increased largely since 2000, from 28,557 to 46,805 in 2018. This is a 64% increase. The more recent decrease in the poverty rate suggests how the County's population increase during this time consists of predominantly higher-incomes of households.[19] Poverty rates also varied by race, and are displayed below.[9]

**Percent of Population below the Poverty Level by Race and Ethnicity, Durham County, 2014-2018** [9]




### Why are there inequities?

Historical and current U.S. policies and practices in banking, quality of education, housing and community investment have advantaged white families in building wealth. Passing resources across generations maintains higher wealth positions.[11] Earnings and other types of income are the result of opportunities created by the wealth position of one's parents (and grandparents).[11] Blacks have been mostly been excluded from intergenerational access to capital and finance.[11]

Due to effects of slavery, the decades of Jim Crow years and ongoing racism and discrimination that exist today, black families in 2016 had a median net worth of $17,600 and white families had median wealth of $171,000.[12] Hispanic families' median net worth was $20,700. Other families who identify as Asian, American Indian, Alaska Native, Native Hawaiian, Pacific Islander, other race, and all respondents reporting more than one race have lower net worth than white families but higher net worth than black and Hispanic families.[12]

## Progress Made in the Last Year

North Carolina Central University hosted a fall 2019 Poverty Symposium sponsored by the Kenan Charitable Trust Foundation and the Durham County Board of Commissioners. The purpose of the symposium was to address how poverty impacts health and contributes to health disparities. Congressman G.K. Butterfield was the scheduled keynote speaker along with panels on issues discussed by policy experts from state and local government agencies.

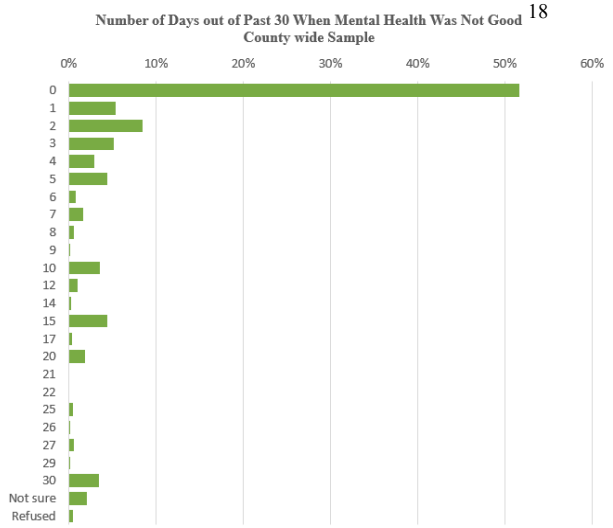
Episcopalians United Against Racism (EUAR) and End Poverty Durham held a forum in January 2020, Case for Reparations: Conversation with Prof. Sandy Darity & Kirsten Mullen. The presentation focused on the need for economic reparations for U.S. descendants of slavery to close the racial wealth gap. End Poverty Durham joined Durham Congregations, Associations and Neighborhoods (CAN) in 2019 to become a voting member and join in organizing efforts.

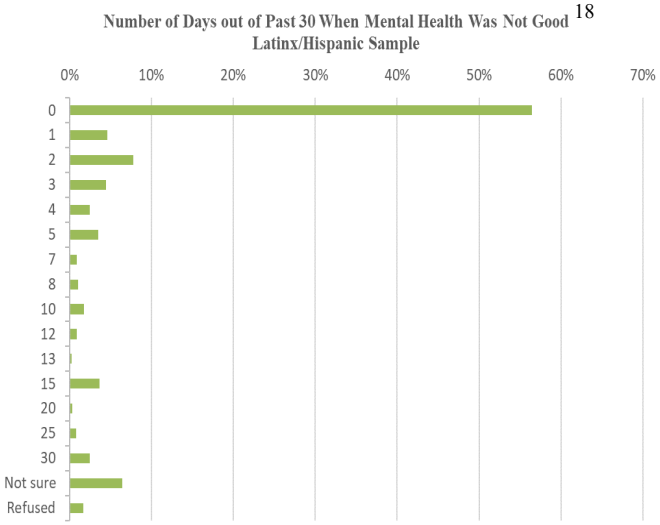
# Changes in Data: Mental Health

***Healthy NC 2030 Indicator:*** *Suicide Rate;* ***Desired Result:*** *Improve access and treatment for mental health needs;* ***2030 Target:*** 11.1 per 100,000 people

## Trends in Mental health

Mental health was selected by Durham residents as the fourth priority in the 2017 Community Health Assessment. People who are uninsured or uninsured are less likely to see mental health care and treatment for conditions that may lead to mental and financial strains.[27] When asked in the 2019 Community Health Assessment survey, how many days during the past 30 days was your mental health not good? Most residents in the county wide sample reported that they did not experience poor mental health for any days or for only one to two days, 17% of respondents reported that they experienced problems with their mental health for 8 or more days out of the last 30. Most Latino and Hispanic residents surveyed reported that they did not experience poor mental health for any days (56.4%) or only for 1-2 days (12.3%) during the past 30 days. However, 11.1% of respondents reported that they experienced problems with their mental health 8 or more days out of the last 30.[18]




### Why are there inequities?

People in historically marginalized groups such as race, ethnicity, gender, and sexual orientation often suffer from poor mental health outcomes due to factors such as lack of access to high quality mental health care services, cultural stigma around mental health care, discrimination and overall unawareness of mental health.[1] Shortages of mental health professionals in rural areas and culturally competent care are also a barriers to seeking mental health treatment.[34]

## Progress Made in the Last Year

The Partnership for a Healthy Durham Mental Health committee completed its 2018-2021 action plan. The committee's objectives are to improve providers' knowledge of culturally responsive and trauma-informed outreach and service practices; improve resident knowledge and awareness of eligible services and how to access them; improve community knowledge around trauma-informed care and reduce judgment and fear around mental health.

The Duke pediatric mental health team, through a contract with the North Carolina Department of Health and Human Services, has received funding from the Health Resources Service Administration to implement the NC-PAL: Child Psychiatry program. NC-PAL: Child Psychiatry is a telephone consultation and education program to help pediatric health care providers address the mental and behavioral health needs of children and adolescents. Callers receive real-time telephone consultation from child and adolescent psychiatrists and behavioral health specialists. Providers enrolled in the program also receive mental health education and training. NC-PAL: Child Psychiatry is currently available for providers in Durham County. It will be available statewide in the next 2-3 years. For more information, visit: https://ipmh.duke.edu/ncpal.

# Changes in Data: Obesity, Diabetes, and Food Access

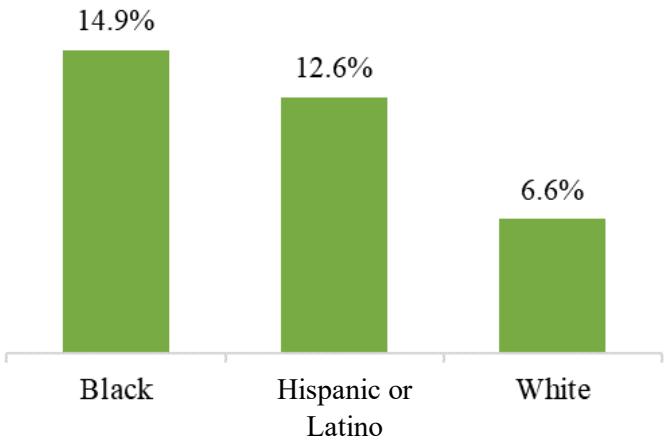
***Healthy NC 2030 Indicator:*** *Limited access to healthy foods;* ***Desired Result:*** *Improve access to healthy foods;* ***2030 Target:*** *5%*

## Connecting the Dots between Obesity, Diabetes, and Food Access

Durham residents who participated in the in the 2017 Community Health Assessment process chose obesity, diabetes, and food access as the number five in the top issues affecting their communities. Limited access to healthy foods has been linked to obesity, heart diseases, diabetes and chronic kidney disease. In 2018, 70.4% of adults in Regions 5, which includes Durham were overweight or obese. The percent of people who were overweight or obese in North Carolina was slightly lower (68%).[32]

About 1 in 10 people (10.2%) skipped meals or cut the size of their meal because they didn't have enough money to buy food. Black residents (14.9%) were significantly more likely than white residents (6.6%) to have skipped or cut a meal either sometimes or frequently in the past year. The county wide survey was underpowered to detect differences in races except for black and white residents. The difference between Latino or Hispanic residents and white residents is not statistically significant.[18]

**Respondents who skipped or cut the size of a meal sometimes or frequently due to cost by race and ethnicity**[18]




### Why are there inequities?

Food insecurity may be influenced by many factors such as income, employment, race and ethnicity and disability. Risk for food insecurity increases when money to buy food is limited or unavailable. Unemployment can also negatively impact a household's food security. Higher unemployment rates among low-income and black and Hispanic populations make it more difficult to meet basic household food needs.[35] Disabled adults may be at a higher risk for food insecurity because of limited employment opportunities and health care-related costs that reduce the income available for food purchases.[16]

## Progress Made in the Last Year

During 2019, the Partnership for a Healthy Durham Obesity, Diabetes and Food Access (ODaFA) committee worked with School Nutrition Services at Durham Public Schools to review school meals vendors and menu items in an effort to make the most nutritious choices for the school menu. The committee also created a new school meals frequently asked question document to educate parents on all things school meals including food items offered, rationale behind menu choices, and payment options.

ODaFA created one new Healthy Mile Trail at Hillside Park and conducted evaluations on how to improve usage of Healthy Mile Trails. Based on community input, the committee added lawn signs to mark the route on some trails and changed the color of the markers on sidewalks to bright green for more visibility.

The Duke Division of Community Health brought together the City of Durham, Sustainable Duke, Feed My Sheep Food Pantry, TROSA, Duke Pratt school of Engineering, Sarah Duke Gardens, Duke Farm, Interfaith Food Shuttle, and Healthy Duke to create the Bull City Community Garden. The purpose is to create a production community garden on the Morris street parking deck and grow fresh vegetables, herbs, and fruits that will go directly to Durham's population of at-risk seniors who do not have access to fresh and healthy foods. All the produce will be given to local food pantries to supplement the nutritional boxes already delivered to senior apartment buildings.

This report was prepared by the Durham County Department of Public Health with assistance from the Partnership for a Healthy Durham. This report will be available on the Partnership for a Healthy Durham website and hard copies will be printed and made available to the community. Durham County Department of Public Health sponsored the printing of this report. For more information about this and other health reports, to obtain copies or find the schedule for Partnership for a Healthy Durham meetings, visit **www.healthydurham.org** or call (919) 560-7833.

## Data Sources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