Durham County

A Community Diagnosis including Secondary Data Analysis and Qualitative Data Collection

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EXECUTIVE SUMMARY

The following section describes the community diagnosis process of Durham County during the 1999-2000 academic year. The community diagnosis was conducted by the Durham County Community Diagnosis team, six first year master's students attending the University of North Carolina's School of Public Health, Health Behavior and Health Education Program, in conjunction with the Durham County Health Department.

This document was created to identify issues of interest that are significant for residents of Durham County, North Carolina. The document is divided into two main sections. The first section presents secondary data collected for Durham County. The second section addresses various topics that were discussed during interviews and focus groups with Durham County community members, community leaders, and services providers. During the interview process, many Durham County residents shared their thoughts, beliefs, and experiences to illustrate their most salient issues. A synopsis of the findings from both the secondary data and interviews with Durham County residents and service providers was presented at a community forum on March 4, 2000. The forum was intended as an opportunity for residents and service providers to discuss the progress of efforts to improve the quality of life of Durham County residents, applaud beneficial efforts, and offer suggestions for improvement in current strategies.

Community diagnosis is an attempt by health professionals and other outsiders to gain a glimpse of what it is like to live in a particular community. The term community can be used broadly or in a more narrow sense. Community can be defined by the geographical boundaries that link individuals together; by the relational or social bonds that exist between individuals; and through the collective power that brings members together to act towards changing or maintaining the community. A community and its boundaries are self-defined by its inhabitants.

Community is defined by multiple facets, including culture, values, and norms. Additionally, understanding the history of a community is instrumental to understanding patterns, norms, and activities in the community. Identification of the informal and formal leaders, their leadership style, and the power structure are also important in understanding how a community functions. Community diagnosis involves learning which health issues are most important to community members. Beyond understanding the relevant health issues, a community diagnosis also explores other factors that enhance and detract from community members' abilities to achieve a desired quality of life.

Many times decisions regarding changes in a community may result from assessments of statistical or quantitative data, such as morbidity and mortality rates, crime rates, high school drop out rates, or pregnancy rates. Statistical data provide an account of what is happening in the community. However, the numbers represented in quantitative data are unlikely to show why a certain behavior is occurring or may not be able to capture circumstances that non-numerical data provide. The purpose of the community diagnosis is to bring together these quantitative sources of data, also called secondary data, regarding community function, and qualitative data describing strengths, needs, and recommendations from service providers, community members, and community leaders.

The qualitative aspect of the community diagnosis consists of interviews and focus groups with community members to provide a more personal or ethnographic approach to what is happening in the community. This qualitative or primary data is collected from residents who represent the many different segments of the community who may additionally identify with sub-groups within the community based on religion, educational status, social status, economic

status, and geographic location in the community. Primary data examines community members' thoughts and experiences to activate salient issues.

It is important to note the limitations of using the secondary data presented in this document. A large portion of the available secondary data relied on 1990 U.S. census data and survey estimates that were at least five years old. As a result the available statistics may not reflect many changes that have occurred within the county, such as the rapid increase of the Hispanic/Latino population. Additionally, data regarding racial differences is presented dichotomously ("white" vs. "non-white"), and makes analysis of data in regards to the Hispanic/Latino population difficult. Lastly, statistics stratified by county make it difficult to assess more localized needs.

Most prominent in the community diagnosis of Durham County is the concept of identity. In general, Durham residents do not identify themselves as county residents. Instead residents primarily identify themselves by their religious communities, local neighborhoods, schools, civic and political organizations, and by workplace. There are a great number of churches that have extensive histories in Durham and act as spiritual as well as social referents for community members. Within Durham County, there were examples of each definition of community.

Attempting to address issues on the county level, it became apparent that there is a divide between perceptions of access to resources on a city level and access on a county level. While service providers noted that county services are available to rural residents, rural residents perceived their access to county services as limited.

Although Durham County residents organize as several separate units to identify themselves, some common themes did emerge from our discussions. The most prominent theme was crime. Crime and its effects in an urban setting and within multiple segments of the county

were brought forth. As a result, organization for larger community level change is being achieved through collaborations between neighborhoods, city officials, and county officials acting as Partners Against Crime (P.A.C.). However, residents noting the decrease in crime rates in the past year still consider crime as a top priority. It was also noted that community members residing in lower-income neighborhoods do not appear to benefit from this recent collaboration. As P.A.C. continues to grow and address crime and other issues of high priority to Durham County residents, hopefully members of lower-income neighborhoods will become more involved in this initiative and receive the benefits described by current P.A.C. members.

The economy was often raised discussed during interviews and focus groups. Durham County is experiencing a booming economy, in part due to great many medical resources and technology industries. However, as job opportunities have become more technologically based and less factory and industry based, a substantial number of blue-collar jobs have been eliminated. The job prosperity available in Durham is beyond the reach of many former blue-collar workers and other residents without technical skills. Recommendations from community members imply continued support from community coalitions and suggest more training of technological skills to adult community members and in schools to meet the demands of the technological industry and the needs of Durham County residents.

The Hispanic/Latino population has grown substantially and quickly in Durham County as well as the rest of the state. Understandably, there have not been adequate services and staff to address language barriers and special needs of this rapidly growing group. Several non-profit agencies have formed over the last few years to bridge this gap. On a policy level, supplemental or increased resources and staff allocations, and support and action from administrators are

needed to bridge the language gap. The unmet language needs of the Latino population are likely to impact interaction between Latinos and non-Latinos in the county.

In conclusion, throughout the 1999-2000 academic year, the Durham County Community Diagnosis Team's glimpse into Durham County revealed a wealth of history, culture, knowledge, and skills. Additionally, Durham County represents several communities with a desire to increase their quality of life. Recommendations include acknowledging the needs of Durham County residents and focusing on the innate assets of Durham County residents in addressing these needs. Additionally, as a county, a multitude of resources and services are available to county residents yet are underutilized due to barriers of awareness and ease of accessibility. Increased efforts to make residents aware of existing community organizations and steps in accessing services will lead to more effective use of existing services and resources.

METHODOLOGY

In order to assess the needs and strengths of Durham County, a community diagnosis (CD) team of six master's degree students used both qualitative and quantitative research methods. Primary data was gathered through interviews with both service providers and community leaders. Community members were interviewed primarily in a focus group format. Interviews and focus groups were conducted with the intent of collecting information from a diverse array of Durham County residents (n=59) in a variety of settings, including religious and community centers, service agencies, and private homes. The interviews provided the team with an overview of the needs and strengths of Durham County. Interviews were conducted in pairs, with one team member designated as interviewer and the other as note taker. Interviews were audio recorded and notes were typed from the tapes. All interviews were conducted in English and were conducted in accordance with approval from the University of North Carolina at Chapel Hill School of Public Health Institutional Review Board (IRB).

The team developed interview guides to use in individual interviews with service providers, community leaders, and community members. A focus group guide was also developed to use with community members. The guides were developed based on information provided from previous community diagnosis documents, secondary data sources, and initial contacts with the community. These guides covered a broad range of issues, such as education, housing, use of health services, and economics.

The CD team conducted interviews or focus groups with fifty-nine community members, leaders, and service providers of Durham County. Twelve of the providers were female and eleven were male. Fourteen of the service providers were African American, two were Hispanic, and seven were white. The team also interviewed eight community leaders (two female, six

male; two African Americans, six Whites). Of the twenty-eight community members who participated in interviews or focus groups, nineteen were female and nine were males. Thirteen residents were African American, five were Hispanic, and ten were White. Twelve of the twenty-eight Durham residents considered themselves to live in rural Durham. Eight community members were elderly and six were single mothers.

Data from the interviews and focus groups were analyzed qualitatively. The team identified recurring topics that emerged from the primary and secondary data. Topics then became themes for the document. After reading all data codes were created for subtopics. The coded data was used by the CD team members in writing the different chapters of this document.

Limitations of primary data

There were many limitations the CD team encountered during the primary data collection process. One major limitation was the large size of Durham County and the short amount of time for the diagnosis process. The team was only able to capture a very small viewpoint of the community. Due to the short time of the diagnosis process and the team's lack of familiarity with Durham County, the team received very little entrée into many important communities such as the gay and lesbian and the Hispanic communities. Thus, these important voices and viewpoints were not heard.

A second barrier was due to a similar project being conducted by a Durham County organization concurrent with the CD team's diagnosis. Many service providers who had been interviewed for the other project were not willing to be interviewed by the CD team, or if they were willing, gave very brief answers because they felt the interviews were repetitive. It is unclear exactly how such limitations might have affected the data collected. Finally, it is

important to note that there were no fluent Spanish speakers on the CD team and no access to translators. All interviews and focus groups were therefore conducted in English and thus limited the voices that were heard.

Secondary data

The sources of secondary data used included the 1990 U.S. Census, the North Carolina State Center for Health Statistics, Lincoln Community Health Center, the Durham County Health Department, the U.S. Department of Health and Human Services, local newspaper articles, and library and internet searches.

Limitations of secondary data

Several challenges were encountered in compiling secondary data on Durham County. First, the team acknowledges that many of the indicators may be outdated due to the reliance on U.S. Census data that was collected over ten years ago. When available, statistical estimates and more recent data provided by county resources were utilized in order to capture the most current countywide trends. Second, ongoing and rapid in-migration into Durham County coupled with outdated census data and the dichotomous racial classification procedures found in North Carolina state data (i.e."white" and "non-white") made it particularly difficult to provide an accurate representation of the racial and ethnic make-up of county residents. This was particularly true with regard to the emerging Hispanic community within Durham County, which was under-represented in the last U.S. Census and has since experienced rapid growth over the last few years (De la Puente, 1993). Finally, it is important to note that aggregated county-level data tends to hide trends on more local levels. Statistical trends in the smaller outlying

communities of the county may have been overshadowed by the dominance of the city of Durham.

SECONDARY DATA ANALYSIS

GEOGRAPHY AND HISTORY

In order to begin our evaluation of Durham County, it is crucial to consider the geographic and historical characteristics that have shaped the county in the past and presently define its dynamics today. Such perspectives promise to offer significant insight into the economic, political, sociodemographic, and health landscape of the county and provide us with a framework with which to understand the perspectives of county residents.

Geographic Characteristics of Durham County

Durham County is located in the north central portion of North Carolina's Piedmont region, an area of rolling foothills approximately four hours east of the Smokey Mountains and three hours west of the Atlantic Ocean. Compact in size, Durham County encompasses 299 square miles, stretching 16 miles across, 25 miles in length, and 28 miles from corner to corner (Hodges-Cooper, 1999; Durham Convention & Visitors Bureau [DCVB], 1999b). The city of Durham, as well as 90% of North Carolina's Research Triangle Park, the largest and one of the most successful planned research areas in the United States, are located within the southern half of the county (Durham County Government [DCG], 1999a). The city of Durham encompasses much of Durham County, stretching a total of 215.9 square miles (United States Bureau of the Census [USBC], May 1999).

The landscape of Durham County is diverse, characterized both by large tracts of wilderness as well as heavy development resulting from the increasing sprawl of Durham City. Approximately 98,000 acres of hardwood and evergreen forests including the only remaining old growth Piedmont bottomland forests can be found, as well as 26 rare plant species and several rare species of birds and animals (DCVB, 1999b). Indicators of rapid development can be

observed from the percentage of land in farms. In 1992, over 20,000 acres of land were utilized for agricultural purposes, an 18.4% decrease since 1987 (Gaquin and Liltman, 1998). It is expected that increased growth over the last seven years will result in still further decreased acreage available for agricultural purposes.

History of Durham County

The land of Durham County was at one time home to five Native American tribes: the Tuscarora, a nomadic tribe, and the Eno, Shocco, Adshusheer, and Occaneechi, all of the Sioux nation. The Eno, Flat and Little Rivers were attractive to traders, and the Indian Trading Path, a centuries-old trading route created by indigenous tribes, was adopted as the leading East-West route for settlers in the 1600's (Kostyu and Kostyu, 1992). Many English, Scottish and Irish settlers moved to the area during the colonial era, settling on a region given to the Earl of Granville in the present northeast corner of Durham County (DCG, 1999).

The city of Durham began as a railroad settlement built on land owned by Dr. Bartlett Snipes Durham, and was officially recognized in 1853 when an U.S. Post Office was established. The county of Durham was created in 1881 despite much opposition from citizens of Orange County (of which Durham was originally a part) who did not want to lose their most prosperous town. In 1911, the Cedar Fork Township of Wake County was added to Durham County as Carr Township (Kostyu and Kostyu, 1992).

Durham's greatest economic growth came from tobacco manufacturing. In 1858, Robert Morris began manufacturing smoking tobacco on the site of the present-day American Tobacco Company, and in 1862, sold his business to John Green. Green developed the "Bull Durham" brand of smoking tobacco. During a meeting of the Generals Johnston and Sherman during the

Civil War, soldiers ransacked Green's factory. Afterwards, orders from all over the U.S. began to arrive for his smoking tobacco. In 1865, Washington Duke and sons began manufacturing their brand of tobacco, "Pro Bono Publico" ("for the public good") (Kostyu and Kostyu, 1992).

In its early years, the city of Durham was relatively simple. A city water system began operation in 1887, and brick structures began to appear more often around 1900. Industries other than tobacco included a snuff factory, woolen mill, and the manufacture of items such as textiles, boots, and cigars. Durham's reputation for higher education began when Trinity College of the Methodist church opened its doors in the late 1800's, later renamed Duke University. When National Religious Training School (North Carolina Central University today) was opened by Dr. James Shepard in 1910, it began a new era in African American education (Kostyu and Kostyu, 1992).

Durham has also developed a reputation as a major medical center. The first hospital was begun in the late 1800's, and the first African American hospital in the early 1900's. In 1977, Durham County General Hospital was opened, and in the same year, Duke University Medical Center began a large addition (Kostyu and Kostyu, 1992).

For most of Durham County's existence racial demographics have been primarily limited to African Americans and Whites. The initial landowners of central Durham were mostly White with alternating White and African American communities around present day South, East, and North Durham (Anderson, 1990). Race relations have an intricate place in Durham history. Legal segregation and institutionalized racial discrimination existed as African American culture, including a prosperous African American middle class, flourished alongside but divided from Whites in Durham. Similar to other Southern communities, early Durham practiced segregation (Anderson, 1990). In the early 1900s in order to provide services not otherwise available, strong,

self-sustaining African American community leaders rose from existing social networks and developed thriving businesses, including a bank, library, hospital, an insurance company, and several other establishments. Social networks for these ventures often began in churches. Churches have been a central force for both African American and White residents of Durham, but particularly so for the African American communities (Bi-Annual Report, 1997; Anderson, 1990; Massengill, 1997).

Throughout integration, Durham's race relations were complex. Prior to desegregation, African Americans held city positions; however, the city was also recognized as the home of one of the most active Ku Klux Klan units (Roberts, 1965). Although segregation was deemed illegal in Durham in 1887 (Durham County, 1998), the schools remained segregated until 1959 (Anderson, 1990). Anderson cites African American established committees, including the NCC Chapter of the National Association for the Advancement of Colored People (NAACP) and the Black Solidarity Committee for Community Improvement (BSCCI), organizing sit-ins at local restaurants, economic boycotts of discriminating establishments, and pursuing several lawsuits against Durham Public Schools to demand equal rights. An effort to revitalize the rundown areas of Durham resulted in the destruction of the once prosperous African American business and residential community of Hayti. In 1965 this process, termed urban renewal, was considered an attempt to destroy unity among many African Americans and did little to improve race relations (Anderson, 1990).

Race relations are being altered as a Hispanic population has developed in Durham County and continues to quickly grow well beyond census estimates. A 1996 estimate from local Hispanic groups suggested the Durham County Hispanic population was between 8,000 and 15,000 (Stern, 1998). New agencies, including El Centro Hispano, Inc., Casa Multicultural,

and Hacia La Paz Familiar have emerged and existing agencies such as the Durham County Health Department and the Lincoln Community Health Center are making efforts to address the health, safety, social needs, language, and acculturation issues facing Durham Hispanics. Since the Hispanic population in Durham is relatively new, little documentation specifying their history and impact on Durham County is available.

The Economic Landscape of Durham County

Currently, the two major industries in Durham County are health and human service provision (37.5%), and manufacturing (25.2%). The top five health and human services providers are Duke University and Medical Center (20,000 employees), Glaxo Wellcome (4,500), Durham Public Schools (4,000), Blue Cross and Blue Shield of North Carolina (2,500), and Durham County Hospital Corporation (2,050). The top five manufacturing employers are located in the Research Triangle Park. They include IBM (International Business Machines) (14,000 employees), Nortel Networks (Northern Telecom) (8,500), Sumitomo Electric Lightwave (570), Organon Teknika (500), and Rhone-Poulenc Ag Company (450) (Greater Durham Chamber of Commerce [GDCC], 1999). Two African American financial institutions are also based in Durham County. The North Carolina Mutual Life Insurance Company, founded in 1908, is the largest African American owned financial institution in the United States. The first African American owned bank in the United States, the Mechanics and Farmer's Bank, was founded in 1907 (DCVB, 1999a).

Originally, Durham County primarily had an agriculture based economy (tobacco), however many of the cigarette producing employers have now left the area. Currently, service providers and manufacturing industries have taken over as the primary employers. Current jobs

are becoming more technologically based and may require higher skill levels than the traditional employment that was formerly available in the county. This shift in the type of jobs available is influenced by the development of Research Triangle Park in the 1960s and its present day growth and success.

Durham County is now experiencing an economic boom as seen in the jump in per capita income (per person residing in Durham County) from $25,540 in 1997 to $29,903 in 1998, a 17.1% increase (GDCC, 1999). The current rate of unemployment is approximately 2 percent, which is well below the state and national averages (NC Employment Security Commission, 1999). However, this economic boom is not affecting all residents of Durham County, especially minorities and those who do not have professional or technical skills. The number of persons living in poverty is especially high for African Americans - 20,126 African Americans live in poverty compared to 14,470 Whites (Durham County, 1996). Children also disproportionately suffer from poverty. The U.S. Census Bureau estimates that 19.1% of people under the age of 18 live in poverty in Durham County, as compared to 12.7% in Orange County and 11.1% in Wake County (USBC, February 17, 1999). Children also experience greater poverty than adults: 12 percent of adults live in poverty as compared to 19.1 % of children (The State of Durham's Children 2000).

DEMOGRAPHIC, EDUCATIONAL, AND ECONOMIC CHARACTERISTICS

The following section will characterize the status of Durham County residents using selected demographic and economic indicators. Such statistics will give us a clearer understanding of the population dynamics of the county while providing documentation of recent demographic trends that have occurred in the last ten years.

Demographic Indicators

Table 1 presents selected demographic characteristics of Durham County residents in comparison to peer counties (Wake and Orange) and the state of North Carolina overall:

Table 1. Selected demographic characteristics of Durham County, peer counties, and the state, 1998*

	Durham County	Wake County	Orange County	North Carolina
Total population	202,411	570,615	110,116	7,546,493
Gender				
% male	47.3	49.4	48.6	49.3
Race/Ethnicity				
% White	60.4	75.6	79.4	75.5
% African American	37.2	20.9	16.3	21.9
% Latino	0.02	0.02	0.03	0.02
%Asian	0.03	0.03	0.03	0.01
% other	0.002	0.003	0.003	0.001
Age				
< 17	22.7	24.7	21.3	24.2
18-24	13.5	10.7	18.2	11.8
25-44	36.7	37.3	33.8	32.5
45-64	16.3	19.6	17.4	19.4
65+	0.1	0.7	1.0	12.5
85+	0.1	0.9	0.3	1.3

*Source: Statistical Information Staff, Population Division, U.S. Census Bureau (September 15, 1999). Population estimates for counties by race and Hispanic origin: July 1, 1998. [On-line]. Available: http://www.census.gov/population/estimates/county/crh/crhnc98.txt.

In general, Durham County has similar age structure and gender breakdowns as the state and peer counties, despite it being significantly smaller than Wake County and almost twice as large as Orange County with regard to population size. Durham County has a significantly larger African American population than either the state or its neighboring counties, as well as a

smaller white population. As stated earlier, it is difficult to make a conclusive statement about the proportion of Hispanics in the county because of the dual impact of recent in-migration coupled with under-representation in the 1990 U.S. Census. However, examination of 1990 U.S. Census population projections and 1997 data from the Durham Public Schools do give some indication as to the rapid growth among this particular cohort (Tables 2 & 3):

Table 2. Projected Hispanic population growth, Durham County, 1991-1994*

Year	Total Hispanic Population
1991	2,121
1992	2,264
1993	2,357
1994	2,517
% Change	15.7

*Source: Government Information Sharing Project. 1997. Oregon State University, Data Provided by the U.S. Bureau of the Census, Bureau of Economic Analysis, National Center for Educational Statistics, And the MESA Group. [On-line]. Available: http://govinfo.kerr.orst.edu

Table 3. School aged population, by race, Durham County, 1997*

Race	1995-1996	1996-1997	% Change
White	10,941	10,930	-0.1
African American	15,274	16,084	5.3
Hispanic	606	726	19.8

*Source: Durham Public Schools. 1997. Average Daily Membership: school month 09,95/96 and school month 04, 96-97

The rapid growth in the Hispanic population of Durham County is expected to have a dramatic impact on the overall county in the coming years and will challenge county leaders to address the changing dynamics of both the city of Durham and the county as a whole.

Among the aged, Durham County generally has fewer people over the ages of 65 and 85 in comparison to the state and peer counties. This indicates that it has a relatively young population that is most likely involved in the workforce. The rapid in-migration of young Hispanics into the county is expected to further offset the impact of aging baby boomers, the oldest of whom are expected to reach retirement age in the near future.

Of the 202,411 Durham County residents, approximately 85% are characterized as urban residents (City of Durham) in comparison to slightly over 50% statewide (USBC, 1996). This indicates that Durham County reflects, in large part, the make-up of the city of Durham and further suggests that activities within its primary urban center will affect the county as a whole.

Both the county and city of Durham have experienced rapid growth over the past twenty years. Between 1970 and 1990, Durham County grew approximately 30% and is projected to grow another 26% by 2010 (Herald-Sun, 1999). This rapid expansion is expected to continue causing significant changes within the county, both in terms of demographic make-up, economic development, and environmental pressures.

Education

Table 4 presents the level of educational attainment for Durham County residents, its peer counties and the state:

Table 4. Percent educational attainment for Durham, Wake, and Orange Counties and North Carolina, 1998*

	Durham County	Wake County	Orange County	North Carolina
Level of education**				
12th grade or less	21.1	14.6	16.4	30.0
H.S. graduate	22.1	21.3	18.5	29.0
Associate degree	0.07	0.09	0.06	6.8
Bachelor degree	19.0	24.4	22.5	12.0
Grad/prof degree	14.4	10.9	23.5	5.4

*Source: U.S. Census Bureau American FactFinder (1999). D-2. Social Characteristics: 1990 Geographic Area: Durham County, North Carolina [On-line]. Available: http://factfinder.census.gov/java prod/dads.ui.fac.CommunityFactsPage.
**Percents based off of 1990 county population 25 years and over

In general, Durham County residents have similar levels of educational attainment as their peer counties, with a significant proportion having some sort of college education or advanced degree. This is most likely due to the presence of the Research Triangle Park and Duke University, which draw people with higher levels of education into the county for career

opportunities. However, there is still a significant proportion of individuals with less than a high school education, most likely due to racial disparities within the county (Table 5):

Table 5. Race by educational attainment- percent of Durham County residents, 25 years and over, who have not graduated from high school, 1990*

White	15.8
African American	31.7
American Indian, Eskimo, Aleut	21.5
Asian or Pacific Islander	6.9
Hispanic	29.3

*Source U.S. Census Bureau American FactFinder (1999). P058. Race By Educational Attainment - Universe: Persons 25 Years And Over Data Set: 1990 Census Detailed Tables – Sample Data (STF3) [On-line]. Available: http://factfinder.census.gov/java_prod/dads.ui.pbq.PopBuildQuery

Similar findings are evident in the breakdown of educational performance scores among Durham County students (Table 6):

Table 6. Percent Durham County students, by race, performing at or above current grade level, 1997-1998*

Race/Ethnicity	*Percent*
White	85.5
African American	52.5
Asian	87.5
Hispanic	51.3
Other	57.1

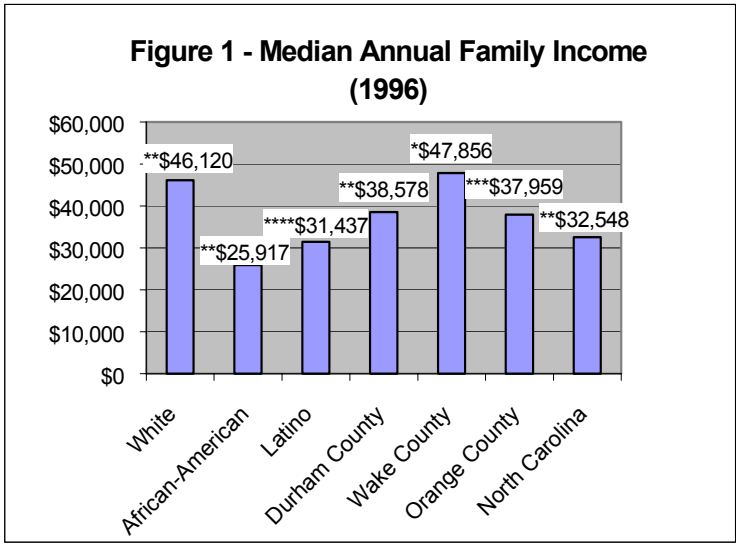
*Source: North Carolina Department of Education. (1999). [On-line]. Available: http://www.dpi.state.nc.us/accountability/reporting/98reportcard/volumeII.

In the 1997-1998 academic year, Durham Public Schools reported a school enrollment of 29,278 students (36% White, 58% African American, 3% Hispanic, 2% Asian, 1% other); total expenditures per pupil were the second highest of the surrounding school systems (Wake, Chapel Hill-Carrboro, Guilford) at a total of $5,890 per pupil (Durham Public Education Network, 1999). A school merger in 1992 attempted to close the racial gaps in educational attainment by consolidating city and county schools into one large county school system. Recent statistics released by the Office of Public Affairs report that progress is being made. Eighth grade African American students reading at or above grade level increased by as much as 25% over the past five years, and African American SAT scores were 51 points higher than state levels for this

cohort in 1997 (Marshall, 1999). Still, there remain large gaps in the levels of educational attainment between the various racial groups of Durham County that require continued attention.

Economics

In Durham County, median annual family income (half of all incomes are higher and half are lower) is $38,758 (USBC, 1996). This is comparable to that of the state of North Carolina and nearby Orange County (Figure 1). Nearby Wake County is higher at $47,856. Median income statistics for these three areas are shown in Figure 1:

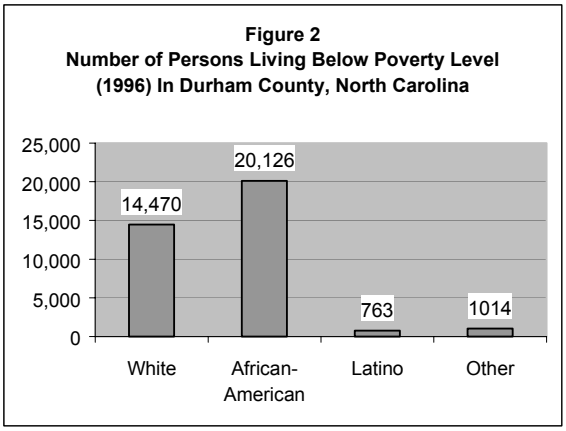


*Source: U.S. Census Bureau (1995). Model-Based Income and Poverty Estimates for Wake County, North Carolina in 1995 [On-line]. Available: http://www.census.gov/hhes/www/saipe/estimate/cty/cty37183.htm
**Source: U.S. Census Bureau (1996). [On-line]. Available:
***Source: U.S. Census Bureau (1995). Model-Based Income and Poverty Estimates for Orange County, North Carolina in 1995 [On-line]. Available: http://www.census.gov/hhes/www/ saipe/estimate/cty/cty37135.htm
****Source: Cook, B., Dillingham, L., Elmore, R., Siano, C. (1998). Latinos of Durham County: A Community Diagnosis including Secondary Data Analysis and Qualitative Data Collection. Unpublished manuscript, University of North Carolina at Chapel Hill.

Also shown in Figure 1 is that within Durham County, there is a considerable difference in income between White and African American families, at $46,120 and $25,917 respectively. The average income figure of $31,437 for Latinos, however, is probably a poor representation of

the true economic status of the Latino community. In a study of the Latino community conducted by University of North Carolina at Chapel Hill students (1998), it was suggested that the U.S. Census count of 1990 failed to include many members of the Latino community. The students believed that those who were included in the census may have been disproportionately affluent relative to other community members. They did not believe that this figure was a reasonable estimate of median income given the large proportion of members of the Latino community who are employed in low-paying jobs (Cook et al, 1998).

The disparity based on race is better seen in the number of families living below federal poverty level, as seen in Figure 2:



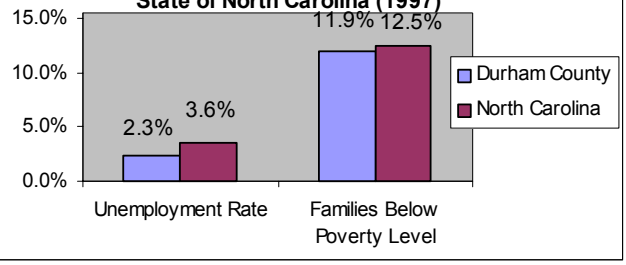
Source: Durham County (1996). Demographics of the Working Poor 1996 [On-line]. Available: http://149.168.175.36/navigator/research…scdmogf.asp?Countynumber=063&gSTFIPS=37.

The federal poverty level for 1997 was defined as $7,890 for an individual and $16,050 for a family of four (ESC, 1999). Despite the fact that Whites make up 60.4% of the population of Durham County, and African Americans 37.2%, there are far more African American families living in poverty than in the White community. Once again, we cannot make a conclusive statement about the poverty levels of the Latino community because of its size and under-representation in population surveys.

Other summary poverty statistics indicate that Durham County fares somewhat better than the overall state of North Carolina. In 1990, as shown in Figure 3, 11.9% of Durham County families were estimated to be below the federal poverty level, compared to 12.5% of North Carolina. The unemployment rate of Durham County is also better than that of the state at 2.3% compared to 3.6% (Figure 3, 1997 rates).

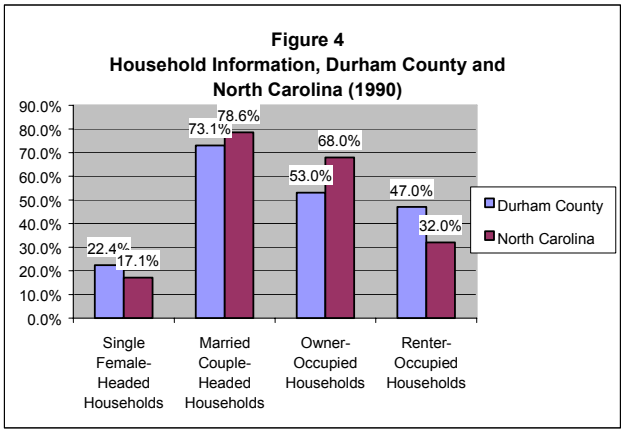
It should be noted that the low unemployment and median income figures for Durham County are not necessarily reflective of the true economic status of its residents. As discussed earlier, many of the higher-paying jobs, particularly those in research and technology, may be held by residents of neighboring counties who commute to Durham. The inability of many Durham residents to obtain some of these higher-paying, higher-skilled jobs will be discussed in the qualitative section of this document.

Figure 3
Summary Poverty Statistics for Durham County and State of North Carolina (1997)



Source: North Carolina Department of Commerce (1998). County and Regional Scan [On-line]. Available: http://www.commerce.state.nc.us/econscan/durham.pdf

Finally, Figure 4 illustrates household composition and home ownership information:



Source: U.S. Census Bureau (1990) [On-line]. Available: http:// factfinder.census.gov/java_…mmunity FactsViewPage?TABH=3&TABT=1

It is evident that Durham County has a greater proportion of households headed by single females, and a smaller proportion who own their homes, than the state of North Carolina as a whole. This could be an indicator of the buying power, economic stability, or itinerancy of Durham County residents.

In summary, it is evident that while Durham County residents appear to have similar demographic characteristics, educational attainment, and economic viability as the residents in the surrounding peer counties, severe racial disparities underlie most of these similarities. African Americans and Hispanics typically have lower levels of education and family income than do Whites, and it is expected that such gaps will only increase as the number of Hispanics migrating into the county rises in the coming years. These disparities are also discussed at length in the qualitative section of this document.

HEALTH INDICATORS AND CHARACTERISTICS

Assessing the health of a community involves examining mortality, morbidity, maternal and child health, social health, environmental health, and access to health care data. All of these aspects of health are interrelated and need to be looked at as part of a whole, with each contributing to the health of individuals and communities. In addition, the health of a community cannot be explored without examining the broader implications of race and socioeconomic status.

The political body responsible for the health of Durham County is the Durham County Board of Health. It is the policy-making, rule-making, and adjudicatory body for the Durham County Health Department. The members of the board are appointed by the Durham County Board of Commissioners (McClain & Johnson, November 5, 1999). The Board of Health has the responsibility to protect and promote the health of Durham County residents and to aid Durham County in reaching the *Healthy Carolinians 2000* objectives.

Healthy Carolinians 2000 is a list of health objectives published in November 1992 by the Governor's Task Force on Health Objectives, in response to the *Healthy People 2000* initiative of the United States Department of Health and Human Services. The overarching goals of *Healthy Carolinians 2000* are to increase the span of healthy life, reduce health disparities among the disadvantaged, and emphasize preventive health services and healthy lifestyles (Healthy Carolinians 2000, 1999). *Healthy Carolinians 2000* is used as a baseline for health improvement.

Mortality

Mortality rates are concrete indicators of a population's health status. Durham experienced a death rate of 859.8 deaths per 100,000 for 1997, a rate that is similar to the state, but higher than that of 545.4 per 100,000 observed in Wake County. The top two leading causes of death in Durham County, heart disease and cancer, accounted for 50% of the total lives lost. Table 7 illustrates the top ten causes of death for both Durham County and the state of North Carolina, 1997:

Table 7. Leading causes of deaths for Durham County and North Carolina, 1997*

Cause of Death	Durham County			North Carolina		
	Rank	Number of Deaths	Death Rate**	Rank	Number of Deaths	Death Rate**
Diseases of the Heart	1	462	233.7	1	19,265	259.2
All Cancers	2	391	197.8	2	15,150	203.9
Cerebrovascular disease	3	99	50.1	3	5,220	70.2
Pneumonia and Influenza	4	75	37.9	5	2,457	33.1
Chronic Obstructive Pulmonary Disease	5	72	36.4	4	3,195	43
Diabetes Mellitus	6	52	26.3	6	1,833	24.7
Other Unintentional Injuries	6	52	26.3	8	1,481	19.9
Homicide	8	34	17.2	11	671	9
Unintentional Motor Vehicle Injuries	8	34	17.2	7	1,530	20.6
Diseases of the Kidneys	10	25	12.6	10	688	9.3

*Source: North Carolina State Center for Health Statistics, NC Department of Health and Human Services [Online]. Available: http:// www.schs.state.nc.us/SCHS/healthstats/deaths/led/led_data.cfm
**per 100,000 persons

Heart disease strikes disproportionately at the county's sub-populations. Despite having a lower aggregate heart disease death rate than the state overall, nonwhites in Durham County have approximately a 63% higher rate of death for this condition than Whites (182.1/100,000 and 112.2/100,000 respectively). This is an indication of the large health disparities that exist within the county (State Center for Health Statistics, October 7, 1999).

Cancer Mortality

Cancer is the second leading cause of death in Durham County. The overall death rate from all cancers was 197.8 deaths per 100,000, a level slightly lower than the rate of the state (203.9 per 100,000). Death rates for trachea, bronchus, and lung cancer for Durham County are 55.1 deaths per 100,000 compared to the state rate of 62.4 per 100,000. Prostate cancer deaths occurred at a rate of 19.2 deaths per 100,000 in Durham County, a level that is also lower than that of the state (26.1 per 100,000). However, breast cancer deaths (32.6 per 100,000) were slightly higher than the state rate of 31.8 per 100,000 (SCHS, October 7, 1999).

Despite many of the similarities between the rates of cancer deaths for Durham County and the state of North Carolina, we again observe disparities among Whites and nonwhites at the county level. Table 8 highlights the differences in cancer mortality rates by sex and race:

Table 8. Cancer Mortality Rates in Durham County for the time period 1991 to 1995*

	Male White**	Male Nonwhite**	Female White**	Female Nonwhite**
Total Cancer	186.0	255.4	107.0	136.9
Trachea, Bronchus, and Lung	77.5	81.1	30.6	30.8
Female Breast	N/A	N/A	19.4	28.8
Prostate	16.6	39.6	N/A	N/A

*Source: North Carolina State Center for Health Statistics, NC Department of Health and Human Services [Online]. Available: http:// www.schs.state.nc.us/SCHS/healthstats/deaths/led/led_data.cfm
**per 100,000 persons

Among all cancers, nonwhite county residents consistently experienced greater levels of mortality than White residents. Total cancer mortality among nonwhite males was approximately 37% higher than White males. Moreover, nonwhite males had a 5% higher mortality due to lung cancers and an alarming 138% increase in prostate cancers relative to white male residents. Similar findings existed between White and nonwhite females. Total cancer mortality was 28% higher among nonwhite females. Similarly, rates of breast cancer mortality were 48% higher among this cohort relative to White, female county residents. The only

favorable comparison was observed for lung cancer mortality between White and nonwhite women, a rate that was approximately equal between both groups.

Cancer Morbidity

Table 9 illustrates the cancer incidence rates, rate of newly diagnosed cases during a specific year, in Durham County:

Table 9. Comparison of state and county cancer incidence rates per 100,000 persons, by year*

	All Cancers	Female Breast	Lung
Durham County - 1995	374.5	143.5	61.0
North Carolina - 1995	401.7	131.2	63.1
Durham County - 1997	424.6	139.5	71.0
North Carolina - 1997	455.8	142.5	69.2

*Source: North Carolina State Center for Health Statistics, NC Department of Health and Human Services [Online]. Available: http://www.schs.state.nc.us/SCHS/healthstats/deaths/led/led_data.cfm

Both the state and county of Durham saw dramatic increases in the rates of cancer incidence between the years of 1995 and 1997, up slightly more than 13% during this time period. While rates of breast cancer incidence decreased in Durham County and the state, lung cancer incidence increased.

Communicable Diseases

Nowhere in North Carolina has the impact of HIV and AIDS been more pronounced than in Durham County. The 1997 HIV infection rate of 34 per 100,000 for Durham County is more than double that of the state's rate of 15 per 100,000 (SCHS, 1997). The County's African American population disproportionately feels the effect of elevated HIV infection rates. In March 1998, of the 470 cases of HIV infection in adults, 11% were White and 89% were African American. The male to female ratio of HIV infection also indicated a disparity between the sexes such that more males than females were infected with HIV (69%:31%). Because of the

high incidence of HIV infection in the county, Durham leads the state in the rate of AIDS cases as well. Durham County's 1997 rate of AIDS cases of 2.7 per 100,000 is more than twice the rate for the state of North Carolina as a whole (Durham County Health Department, 1998).

Table 10 illustrates the rate of newly diagnosed cases for five sexually transmitted diseases in Durham County and in North Carolina for 1997:

Table 10. Communicable disease incidence rates per 10,000 persons for Durham County and peer comparisons, 1997*

Location	Syphilis	Gonorrhea	AIDS	Hepatitis B	Chlamydia
Durham County	2.5	46.6	2.7	0.4	46.7
Wake County	2.4	18.7	1.4	0.3	24.6
North Carolina	3	22.7	1.1	0.4	23.0

Source: North Carolina State Center for Health Statistics, NC Department of Health and Human Services [Online]. Available: http:// www.schs.state.nc.us/schs/healthstats/pocketguide/profile_2.cfm

The 1997 rates of Gonorrhea and Chlamydia in Durham County were 46.6 and 46.7 per 10,000 people respectively. Both rates exceeded the state rates by slightly more than 103%. While less dramatic differences between Durham County and the comparison groups exist for the other disease categories, Durham County generally experiences the highest levels of incidence among any of its peer comparisons.

Durham County faces the task of drastically reducing all communicable disease rates to meet the initiatives of *Healthy Carolinians 2000*. Addressing these health problems in the nonwhite population will be a significant challenge given the disproportionately high rates of disease in every communicable disease category for these populations.

Pregnancy

In 1998, there were 3,288 live births in Durham, 14% of whom were born low birth weight (2,499 grams or less). This percentage is higher than the state rate of 10.6 (SCHS, August 27, 1999). When this data is aggregated by race (Table 11), the disparity between whites and nonwhites in Durham County once again becomes evident. Low birth weight births occurred

almost twice as often among nonwhites as whites in both Durham County and the state overall. These discrepancies may in part be attributable to the differential use of prenatal care among different races. In Durham County, 7.9% of nonwhite women compared to 1.5 % of white women who delivered babies received late or no prenatal care (SCHS, August 27, 1999).

Table 11. Live births, by race, 1998*

	White	Nonwhites	Total
Durham County	1,691	1,597	3,288
North Carolina	79,236	32,395	111,631

*Source : North Carolina State Center for Health Statistics, NC Department of Health and Human Services [Online]. Available: http:// www.schs.state.nc.us/schs/healthstats/death/ims1998/1998rpt.html

Teen Pregnancy

Teenage pregnancy continues to be a major health and social concern for Durham County. Teenage mothers are more likely to be unmarried, poor, and lacking a high school education. A large gap exists between White and nonwhite teens in pregnancy rates. The 1996 pregnancy rate for white teens in Durham County (42 per 1,000) is lower than for white teenagers in North Carolina (72.4 per 1,000). The 1996 pregnancy rate for nonwhites in Durham County is 127.7 per 1,000. This rate is slightly lower than the North Carolina rate of 134.2 per 1,000 (North Carolina Child Advocacy Institute, 1996).

Infant Mortality

Infant mortality is the death of a live born child before one year of age. The infant mortality rate is regarded as an indicator of the general health and well being of community. A high infant mortality rate may indicate unmet health, nutrition, and medical needs as well as unfavorable environmental and economic conditions within the population.

In order to attain an infant mortality rate of 7.4 infant deaths per year per 1,000 live births as specified under the *Healthy Carolinians 2000* guidelines, the rate of infant mortality in Durham County (11.9) will need vast improvement. As with other disease and health conditions in the county, this differential can be attributed to the alarming disparities in the infant mortality rate between Whites and nonwhites. Although Durham's rate for Whites (7.1) is below the *Healthy Carolinian 2000* goal, the rate for nonwhites (16.9) far exceeds this value. Table 12 shows the break down of infant deaths and infant mortality rates between Whites and nonwhites for 1998:

Table 12. Infant Deaths and Infant Mortality Rates for Durham County and state, 1998*

	Infant Deaths			Infant Mortality Rates**			Healthy Carolinas
	White	Nonwhites	Total	White	Nonwhites	Total	2000 Goal: 7.4%
Durham County	12	27	39	7.1	16.9	11.9	Infant Mortality Rate
North Carolina	510	527	1,37	6.4	16.3	9.3	for Durham County

*Source : North Carolina State Center for Health Statistics, NC Department of Health and Human Services [Online]. Available: http:// www.schs.state.nc.us/schs/healthstats/death/ims1998/1998rpt.html
**Per 1 year per 1,000 live births

Health Care Resources

Table 13 illustrates the provider to user ratios for 1997 according to the North Carolina State Center for Health Statistics:

Table 13. Population/ provider ratios, by county and state, 1997*

	Population	Primary Care Physician (PCP)	PCP plus extender **	Registered Nurses	Dentist
Durham County	197,710	2,099	1,721	47	1,765
Wake County	556,853	1,101	1,989	99	1,746
North Carolina	7,431,161	1,281	1,007	113	2,495

*Source: North Carolina State Center for Health Statistics, NC Department of Health and Human Services [Online]. Available: http:// www.schs.state.nc.us/schs/healthstats/pocketguide/profile_1.cfm
**Physician extenders are nurse practitioners and physician assistants, each weighted as .66 of a physician and added to the number of primary care physicians.

The population per primary care physician (PCP) ratio is 2,099 persons per PCP in Durham County. The same statistic from the Cecil G. Sheps Center for Health Services Research's (CGSC) NC Health Professions Data System's 1998 County Profiles is 453 persons per PCP (CGSC, August, 1999). This figure is closer to the PCP to population ratio alluded to in

the Durham County Health Department's (DCHD) Community Diagnosis 1997-1998 which is 520 persons per PCP (DCHD, 1998). Our speculation is that the difference in the figures is due to the NC Health Profession Data System takes into account all PCPs licensed in the county and does not determine if they are still actively practicing or not. The statistics for PCP to population ratio for Wake County and all of North Carolina by the NC Health Professions Data System are similar to the North Carolina State Center for Health Statistics numbers.

According to the Durham County Health Department:

> Durham County has state of the art medical facilities and a broad range of research, teaching and clinical services with international reputations. Durham County boasts five hospitals, a federally qualified community health center, a health department and some sixteen health related services. Internationally known health industry and research centers such as Glaxo-Wellcome, ClinTrials, Quintiles, Cato Research, Ltd., Research Triangle Institute, and Family Health International in the Research Triangle Park are also located in Durham County (DCHD, 1998).

The main sources of health care delivery in Durham County are Duke University Health Systems, Lincoln Community Health Center, Durham County Health Department, and The Durham Center (see section on Social Health for more information on services provided by The Durham Center). In addition, there are five hospitals located in Durham County. These institutions are Duke University Medical Center which is a 1750 bed tertiary care hospital, Durham Regional Hospital which is a 460 general hospital that mainly serves the population of Durham County, Veteran's Administration Medical Center which serves veterans from all of North Carolina, North Carolina Eye and Ear Hospital which has 31 beds and provides both inpatient and outpatient surgical treatment, and Lenox Baker's Children's Hospital which provides outpatient medical treatment and rehabilitation to special needs children from the whole United States (DCHD, 1998).

In 1998, Duke University created a new health entity named the Duke University Health Systems (DUHS). Its goal is "to create a premier integrated health system that uses Duke's academic and research strengths to improve clinical care" (Duke University Medical Center [DUMC], December 21, 1998). The new health system owns Duke University Hospital, and Duke University Affiliated Physicians, which includes several primary care practices in Durham County. The Private Diagnostic Clinic, a medical practice maintained by Duke University Medical Center faculty, has a contract with DUHS (DUMC, December 21, 1998). The DUHS is the main health care provider to the population of Durham County that has adequate health insurance coverage.

Durham Regional Hospital facilities are leased by DUHS. Durham Regional Hospital's employees are DUHS employees but the hospital continues to have a county appointed Board of Directors. Currently, the hospital reports a $4.3 million budget shortfall for the first quarter of the 1999 fiscal year. This budget shortfall has heightened fears in the Durham community that the DUHS will take financial actions at the hospital without the Board of Director's permission. Such a move is allowable by the contract between the Board of Directors and DUHS if Durham Regional Hospital's financial situation worsens (Chorpening, J., November 20, 1999). On the hospital's campus is Durham County's only inpatient substance abuse treatment program, Oakleigh Chemical Dependency Treatment Center. DUHS closed its inpatient substance abuse treatment service earlier this year to concentrate on improving their outpatient substance abuse clinic, Duke Addictions Program. DUHS now sends its patients in need of inpatient treatment to the Oakleigh facility (DUMC, May 17, 1999).

Since 1970, the Lincoln Community Health Center has served the residents of Durham County and especially reaches out to the under-served populations of the community. The

Health Center provides prenatal and family planning services in conjunction with the Durham County Health Department. Other services offered on the premises are comprehensive, including general adult medicine, pediatrics, adolescent, dental, social work/mental health, and ophthalmology.

The Lincoln Community Health Center goes a long way to reach its customers. Examples include the provision of transportation services to increase access to its services and a school based wellness clinic located on the campus of Hillside High School. Moreover, the Lincoln Community Health Center has expanded its clinic hours into the evening and Saturday mornings to meet the needs of the community. The Community Health Center has added urgent care hours in collaboration with Duke University Health System (DUHS); this activity is the called the Lincoln-Duke Urgent Care. DUHS decided there was a need for an urgent care center in southern Durham County. The urgent care staff members are employees of the Lincoln Center but the medical providers are Duke employees who rotate between Lincoln-Duke Urgent Care and another DUHS affiliated urgent care center in the northern part of the County. This collaboration began on November 30, 1998 (Lincoln Community Health Center, Inc. [LCHC], 1999).

According to the Lincoln Community Health Center, it "continues to serve an increasing number of Hispanic/Latino patients. Of the 26,354 patients seen in 1998, 3,573 (13.6%) were Hispanic. This number compares to 9.7 percent in 1997…and 2.7 % in 1994" (LCHC, 1999). Unfortunately, these are some of the only concrete figures regarding the rapidly growing Hispanic community and its effect on health resources in the county.

Another major source of health care is the Durham County Health Department. The Health Department provides preventive and medical treatment services including care for

patients with chronic illnesses such as diabetes, comprehensive care for patients with communicable diseases, immunizations, dental care, and nutrition services. As previously mentioned, the Health Department operates a maternity clinic in collaboration with the Lincoln Community Health Center. The Health Department also provides public health services such as surveillance of environmental health, food sanitation and private water supplies, health education, and manages vital statistics (birth and death records) for the entire county.

Several reports from Durham County health care institutions mention the challenges of dealing with the current managed health care climate (LCHC, 1999; DUMC, December 21, 1998; and DCHD, 1998). However, this was not expressed in the primary data collection phase of this community diagnosis.

SOCIAL HEALTH AND INDICATORS

Social health encompasses various health characteristics that can enhance or create barriers to one's overall heath status. Components of social health include behavioral health, crime, and domestic violence. Both individuals and society have historically underestimated the influence of social health on life functionality. It is important to recognize that social and cultural norms often disfavor family or public discussion of many social health issues making the access to treatment difficult. As a result, pinpointing true incidence and prevalence of social health indicators is a difficult task. This next section presents available secondary data on social health and quality of life characteristics in Durham County.

Behavioral Health

Due to its large societal implications, control of substance use is an integral part of improving social health. Drug and alcohol use have been associated with increased levels of mortality, traffic fatalities, crime, sexually transmitted diseases, and with incidence of mental illness. According to the Alcohol/Drug Council of North Carolina, an estimated 19,435 persons, nearly ten percent of Durham County residents, were addicted to alcohol or drugs in 1997 (Alcohol/Drug Council of North Carolina, 1997).

Substance use is also reflected in related arrests. For the estimated 202,000 residents in Durham County in 1998, rates for Driving While under the Influence (DWI) and drug arrests were 749 and 624 per 100,000 residents respectively (Alcohol/Drug Council of North Carolina, 1999). These findings are high in comparison to neighboring Wake County for the same year (675 DWI arrests per 100,000 residents and 597 drug arrests per 100,00 residents), particularly given that Wake County has a population that is twice as large as the population of Durham County (574,828 residents).

Admissions data from the Area North Carolina Division of Mental Health shows that alcohol abuse (16.2%), substance abuse (18.5%), and anxiety or depression (16.8%) treatment were the most provided services for the North Central Region of North Carolina, an area that includes Durham County and 10 neighboring counties (Developmental Disabilities and Substance Abuse Services, November 1998a). The Area NC Division of Mental Health provides services that include: psychiatric hospitals, mental retardation centers, alcohol and drug abuse treatment centers, schools for emotionally disturbed, and special care centers. The only local facility under this division in Durham County is the Durham Center.

Despite an increasing need for alcohol and substance abuse treatment services as reported by the Division of Mental Health (1998), the Butner Area Drug Abuse and Treatment Center (ADATC), which served the North Central Region, was closed in 1996. Currently, only two remaining state facilities are open which has placed a strain on available services and resulted in an overall declining admission rate. Moreover, these closings may be partially attributable to the low treatment rate observed in the North Central Region in 1998 (31.7 persons per 100,000), the second lowest rate of the four state areas. Only the South Central Region serving 10.8 persons per 100,000 was lower. In contrast, the Western Region served at a rate of 52.5 persons per 100,000 and the Eastern Region served 70.6 persons per 100,000 (North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services November 1998a).

Table 14 shows the regional distribution of Area Program admission rates for 1997-1998 aggregated by age:

Table 14. North Carolina Area Program admissions, by age and region, FY 1997-1998*

Age	*North Central Region*	*North Central Percent***	*State*	*State Percent***
< 4	1,407	5.7	6,309	5.6
5-9	2,218	8.9	9,525	8.5
10-14	1,534	10.1	7,500	8.9
15-17	1,243	6.2	5,035	6.7
18-20	1,243	5	7,419	4.5
21-24	1,740	7	7,419	6.6
25-34	5,521	22.2	24,908	22.2
35-44	4,954	19.9	23,615	21.1
45-54	2,183	8.76	10,359	9.2
55-64	856	3.43	3,654	3.3
65 +	743	3	2,842	2.5
Total	24,924	100.0	112,101	100.0

*Source: North Carolina Area Programs Admission Characteristics, FY 1998.
** Totals do not always equal 100% due to rounding.

The largest age group admitted to Area Programs was between 25-54 years of age with a slightly smaller proportion in their pre-teen and teenage years. This is substantiated by recent data from the Durham County Health Department (1998) and the Area North Carolina Division of Mental Health (1998) which shows that the largest rate of admission for services at the John

Umstead Psychiatric Hospital and other Area Programs in Durham is the 15-44 year age bracket. This indicates that because of the broad age distribution in need of mental health services, age specialized programming as well as a closer examination of mental health issues at the county level may be necessary.

We must note that as the elderly population of Durham County increases, so do their needs for specialized mental health care, a suggestion highlighted in the 1997-1998 Durham County Community Diagnosis (DCHD, 1998). The Durham Center has made strides in developing and increasing the availability of assessment, individual therapy, case management, and adult care services (Atkinson, Salmon, Ash, and Morse, 1997). However, services that address family/caregiver support, geriatric mental health advocacy, or consultation with public agencies are lacking. Moreover, the most recent Durham County Community Diagnosis update states that Durham County MH/DD/SA has only one staff member with special interest or training in geriatrics in contrast to many other county mental health programs have several staff members specializing in geriatric mental health needs.

Table 15 illustrates the racial and gender breakdown of Area Program admissions for 1997-1998:

Table 15. North Carolina Area Program admissions, by sex, racial/ethnic characteristics, and region, FY 1997-1998*

Sex	*North Central Region*	*North Central Percent***	*State*	*State Percent***
White Male	7,761	31.1	36,872	32.9
White Female	6,106	24.5	26,469	26.3
African American Male	6,054	24.3	25,057	22.4
African American Female	3,805	15.3	15,543	13.9
American Indian Male	44	0.2	872	0.8
American Indian Female	32	0.1	646	0.6
Hispanic Male	391	1.6	1,375	1.2
Hispanic Female	124	0.5	509	0.5
Asian/Pacific Male	39	0.2	103	0.1
Asian/Pacific Female	21	0.08	120	0.1
Other Male	68	0.3	425	0.4
Other Female	46	0.2	352	0.3
Unknown Male	236	1	430	0.4
Unknown Female	197	0.8	301	0.3
Total	24,924	100.0	112,101	100.0

*Source: North Carolina Area Programs Admission Characteristics, FY 1998, Area North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services, November 1998c

** Totals do not always equal 100% due to rounding.

The majority of North Central residents receiving services at Area Programs were Whites followed by African Americans and Hispanics. Although the percentage of Hispanics that were admitted for services in FY 1997-1998 is very small, it is increasingly evident that continual surveillance is crucial as the Hispanic population in Durham continues to grow.

With regard to gender, it is interesting to note that fewer females were admitted for services than males, a finding that is consistent across all racial and ethnic categories. Without more detailed statistics, however, it is difficult to determine if this difference is due to increased stress for males, fewer social supports for females, or some other unknown deterrent. Interviews with service providers suggest that referrals to programs while incarcerated allow a high proportion of men to access these services.

During fiscal year (FY) 1997-1998, 7,978 Durham County residents receiving treatment for mental health, developmental disabilities, or substance abuse (MH/DD/SA) were primarily served at the Durham Center (Area North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services, November 1998d). The Durham Center is the only Area Program in Durham County. This facility provides numerous child, adult and family

services ranging from crisis intervention, residential treatment, and outpatient services (DCG, 1999). Of the 7,978 persons served, 5,107 received mental illness treatment (2,858 adults and 2,249 children), 388 received a service related to developmental disabilities (225 adults and 163 children), and 2,483 were provided with substance abuse treatment (2,414 adults and 69 children) (Area North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services, November 1998d).

As an alternative to the Area Programs, The Lincoln Community Health Center is a mental health resource that serves the needs of the under-served communities in the city of Durham (Lincoln Community Health Center, Inc; 1999). In 1998, Lincoln saw 256 patients for drug dependence and 485 for depressive disorders. It should be noted that drug dependence and depressive treatment, not ranked in Lincoln's 1997 top 30 health problems, have more recently become the 17th and 23rd most treated problems in their facilities. Consequently, Lincoln has re-implemented R.E.T.O.H– Resume End the Old Habit– to address the rise in the number of reported cases of primary and secondary alcohol abuse.

Continuing on the theme that the interview data suggests, the increased awareness of the impact of emotional health on health in general may be reflective of the increased mental health and substance abuse services at the Lincoln Community Health Center. Also, the closing of the North Central region ADATC has possibly resulted in a carry-over effect as individuals in need of services have been forced to look elsewhere.

Domestic Violence and Other Crimes

Domestic violence includes physical and emotional abuse towards women, children, and men. The impacts of domestic violence are profound and long lasting. Victims can be

physically injured, get sexually transmitted diseases, or start experiencing other symptoms such as substance abuse, depression, anxiety, and suicide. Due to underreporting of assaults against women, gender specific crime statistics are difficult to obtain. During the 1998-1999 fiscal year the Orange/Durham Coalition for Battered Women Inc. reported receiving 1499 calls to their crisis line. Calls to the crisis line appear to be from whites and African Americans at approximately the same rate, 40.43% and 47.20% respectively (Orange/Durham Coalition for Battered Women, Inc., 1999).

As the last state to change its laws in 1993 to include marital rape as a crime, North Carolina is taking steps toward changing reporting methods, laws and attitudes (Hunt, 1999). The Governor's Task Force Committee reviewed existing domestic violence laws and made recommendations to increase victim safety and accountability of offenders, increase services to all counties, implement training for police officers and other government employees, and develop a conscious-raising campaign.

Reported crime in Durham County appears to be decreasing. Overall, the 1998 Crime Index by jurisdiction for Durham County reports a total of 9,571 crimes per 100,000 county residents, a level that is considerably higher than both Wake County (3,432crimes/100,000) and Orange County 2,481 crimes/100,000). However, the rate in Durham County does represent a substantial decrease from 1997 (North Carolina State Bureau of Investigation, 1999). Violent crimes, including murder, robbery, and aggravated assault all decreased from 2,342 to 1,991 cases. However, a slight increase in the number of forcible rapes occurred during this same period, up from 94 to 102 rapes (North Carolina State Bureau of Investigation, 1999). Similarly, property crimes such as breaking and entering, larceny, and motor vehicle theft all decreased in 1998 from 17,998 cases to 6,800 cases in 1997, yet arson increased from 52 to 58 cases. It,

therefore, appears that efforts to control the elevated levels of crime in Durham County are attaining relatively successful results.

Environmental Health

Health is not only affected by disease transmission and individual behaviors, but also by environmental exposures. Drinking water quality, exposure to toxins such as lead and radon, and air quality can all have negative consequences on the health and well-being of county residents. Table 16 lists the top sources of toxic emissions in Durham County for 1997:

Table 16. Leading corporate polluters in Durham County, 1997*

Rank	Facility	City	Pounds
1	SCM Metal Prods, Inc.	Research Triangle Park	13,943
2	Sumimoto Electric Lightwave	Research Triangle Park	13,414
3	PBM Graphics Inc.	Durham	13,238
4	Cree Research Inc.	Durham	3,165
5	Mitsubishi Semiconductor	Durham	750

*Source: Environmental Defense Fund Scorecard page. (1999). [Online]. Available: wysiwyg://3/http://www.scorecard.org/community/index.tcl

Total hazardous waste generated by Durham County has been declining, from 1369 tons in 1993 to 1278 tons in 1995 (EPA, 1995), despite continued economic growth in the county. This indicates that efforts are being made to reduce the exposure of county residents to toxic emissions and pollutants.

Air quality is also an important environmental health issue. The air quality in Durham county is measured by pollutant concentrations which include carbon monoxide, ozone, nitrogen dioxide, sulfur dioxide, particulate matter and lead. The Environmental Protection Agency's Pollutant Standards Index indicates that Durham County has favorable air quality measures, with a median PSI level in 1998 of 42 out of a scale of 0-200 (200 being unhealthful). These measures are relatively consistent from year to year, as there were no days with unhealthful air

quality in 1996 or 1997 (Environmental Defense Fund, 1999). However, 63% of cancer risk resulting from air pollution in Durham County is attributed to carbon monoxide emissions from automobiles. Given the increasing growth and resultant traffic congestion in the area, this risk is likely to increase (EDF, 1999).

Another important environmental health issue is lead exposure. Lead exposure is a difficult environmental hazard to regulate as the problem occurs in the home environment and reduction of lead exposure is dependent upon personal awareness and initiative (North Carolina Department of Health and Human Services, October 21, 1999). Even low levels of lead exposure in children may cause problems such as delayed cognitive development and higher levels can result in irreversible mental retardation and even death (North Carolina Department of Health and Human Services, October 21, 1999).

The main source of lead exposure is paint in homes and buildings built before 1978. Lead poisoning often occurs from children eating paint chips or inhaling dust from flaking paint. Also, paint dust in soil outside homes can cause harm from children's play, even in soil around homes that have been renovated inside. The building conditions that facilitate lead poisoning are most often present in lower income neighborhoods (US Department of Health and Human Services, September 1999).

The state or federal government does not mandate screening for lead, though it is highly recommended that children be screened at least once between the ages of six months and six years. In Durham County, lead screening is free and is performed at the Lincoln Community Health Center, Duke University Medical Center, and the Durham County Health Department.

The overall picture of Durham County's health status is one of a county with improving health indicators in some areas, yet others that still require concerted effort attention. Of great concern are the large disparities in health status among Whites and nonwhites in the county. It is expected that such gaps will only increase as the number of Hispanics migrating into the county rises in the coming years. In order to reduce these disparities and approach the *Healthy Carolinians 2000* objectives, these issues will need to be addressed. Poor and average performance is not acceptable in the "City of Medicine". Durham County must work to achieve improvements in all areas of health for each and every one of its residents.

PRIMARY DATA ANALYSIS

CHAPTER 1
ECONOMICS AND JOB TRAINING

As indicated by the secondary data, Durham County is currently undergoing an economic boom. Per capita income increased from $25,540 in 1997 to $29,903 in 1998 (GDCC, 1999), and the county enjoys an unemployment rate of 2.3% (North Carolina Department of Commerce, 1998). However, economic growth has not positively affected all county residents, particularly minorities and those who do not have professional or technical skills. Current jobs are becoming more technologically oriented and may require higher skill levels than the traditional employment formerly available in the county. As blue-collar jobs continue to vanish, those who do not have high technical skills may be adversely affected.

When asked about Durham's economy one community member said, "There is a rising prosperity in Durham. But only low paying jobs are available to those without much education. What troubles me is the gap between this rising prosperity and the low income." Another Durham resident echoed similar feelings:

> It is a good county to move to if you are educated because you tend not to have a difficult time finding a job. It is a really difficult place to find a job (if you have no education) unless you want to do a service type job.

The current employment situation may negatively impact the quality of many people's lives. As one community member said, "Unfortunately too many people are limited in their skills to these jobs, which places a major burden on family life, on their capacity to get housing, and other things."

When asked how to address income disparities one community member stated:

> I'd love to see the haves remember those who have fallen behind and become more generous with their skills, knowledge, and leadership, to reach back and pull folks along with them.

Residents repeatedly described the need for better job and skills training for those

community members who are unable to obtain jobs that paid a living wage. They spoke of a variety of programs that already exist in Durham County to promote this goal**.** Some of these include the training of lay health educators in the Hispanic community, English as a Second Language (ESL) classes, drug rehabilitation programs that also train clients in marketable skills, and continuing education opportunities such as those offered by Durham Technical College. Residents cited the need for expanded job fairs that include employment opportunities that require less education. Some community members would like to see an expansion of current job skills programs utilizing the cooperation of local churches and neighborhood groups.

Of particular importance, residents stated they would like to see more opportunities for people to learn the technical skills required for many of the better-paying jobs in Durham County. One community member suggested including computer skills training in the public school curriculum, saying, "If we could train our kids for the jobs that are going to be there in 2020 or 2010, we should start that right now in grade school level." Another community member also discussed the need to prepare young people overall for employment, including instilling a strong work ethic:

> You're going to have to have programs… creative approaches where you reach out to these kids and young people and when the door seems like it's closing, be prepared to receive back those people who have walked out on yet another situation.

In conclusion, it was clear from speaking with community members and providers of Durham County that while the economy is growing, not all residents are able to benefit from that growth. To address this issue, residents would like to see an increase in the availability of job and skills training programs with a special focus on technical skills. While a number of programs do exist, it was surprising to discover that many residents are not aware of these programs. For example, several people were surprised and pleased to learn of the continuing

education program available at Durham Technical College. As such, greater publicity and awareness of job training opportunities would be helpful to many residents. In addition, collaboration with the school system to enhance technical training might provide a valuable addition to the educational curriculum.

CHAPTER 2
POVERTY

Durham County community members and service providers spoke of poverty as a serious issue in their community. They also spoke of the problems that often accompany poverty, such as drug use, domestic violence, health problems, and particularly crime. As will be described in the chapter on crime, the Partners Against Crime (P.A.C.) neighborhood organizations originally developed to address these multiple issues at one time.

Residents spoke of a large number of services, programs, and organizations that exist in Durham County to address the needs of its poorest residents. Some examples include church-run food pantries, church-supported emergency funds, and large private funding sources such as the Duke Endowment. Other groups such as the Durham Committee on the Affairs of Black People, La Hacia Paz Familiar, and the Little River Community Center work to address the needs of the poor in the sections of Durham County that they primarily serve. For health needs, the Lincoln Community Health Center and Durham Health Network are examples of health providers who serve those who are considered particularly at-risk due to problems associated with poverty and low income.

The Department of Social Services (DSS) was cited often for the services it provides. In general, community members had few complaints about the DSS except perhaps for the long waits and confusing rules for obtaining government assistance. One community member felt that the department staff is "earnest, trying very hard, and with very limited resources." Another community member had the following suggestion for making the use of DSS services easier:

> Folks don't know how to access the resources that are out there… Let's have a resource guide, like a guidebook, that tells you every source of help you can get, and what are the qualifications, briefly, and who do you contact.

Residents described a number of barriers that exist to moving out of poverty, such as language barriers for Hispanic residents, lack of transportation for rural residents, and lack of affordable childcare. Several residents explained that though they approved of programs to help them obtain employment, there were barriers built into the system that prevented them from attaining full economic independence. One single mother said, "I was getting help with daycare, I was paying $151 a month, they were saving me $350, I got a raise of $100, then they completely took away my daycare so I lost [$250]." Another community member complained that the benefits lost might be those that include basic needs, saying, "You might as well not get the raise. It is easier to have less money and not to get a raise because you need to eat but they take food stamps away." While these problems may be a reflection of national rather than local policy as to the use of federal funds, it allows for identification of barriers that need to be addressed if more Durham County residents are to become financially independent.

Homelessness was also discussed as an issue of concern for Durham County residents. They spoke of a number of mission houses and shelters, such as the Community Shelter for Hope, Phoenix House, and the Durham Rescue Mission. However, it was clear that community members wanted to see more of this kind of assistance. One community leader said, "You see a lot of that [homelessness]. You see them on 15-501 and a number of other busy intersections, begging. There's too much of that that's going on." Another community member suggested conversion of some downtown space to new missions or temporary quarters, saying, "I'd love to see some of these abandoned buildings downtown in some way claimed for something good - I think that would speak highly of our community to the larger community."

Finally, several community members and service providers explained that many homeless people also suffer from substance abuse and mental health problems. These represent a special group of community members in need:

> A huge percentage of those people have substance abuse problems… a very large percentage of those people have mental health histories, they have been released from mental institutions… have trouble taking their drugs… and they get into bad drug abuse, because they've used up all their friends and their family.

In conclusion, it was clear that issues related to poverty and homelessness were important to Durham County residents. While there are a number of innovative and helpful programs to assist those most in need, community members would like to see an expansion of those services that are more tailored to specific needs. These include drug abuse and mental health illness programs, childcare provisions, and the removal of barriers in the system that prohibits people from attaining economic independence. As this latter issue is largely related to national policy, perhaps Durham County residents can identify local ways to remove this barrier. One avenue might be through church-related organizations, which are clearly a powerful and generous source of assistance for many of Durham County's residents in need.

CHAPTER 3
HOUSING

Durham County residents repeatedly cited housing as an important issue for them as a community. In particular, they described the challenges of rising rental costs, home ownership, and the effects on families that are forced by economic need to move often. They discussed a variety of efforts currently in place in Durham County to increase home ownership and expressed mixed feelings about the effectiveness of those programs. There were also a number of people who were concerned about the needs of public housing residents. It is important to note that the vast majority of concerns expressed about housing came from community members rather than service providers.

Most comments related to housing referred to neighborhoods in downtown Durham and North/East Central Durham. Of downtown Durham, people wanted to see more positive development and described recent efforts to convert old buildings to living spaces. However, one community member felt that there were too many regulatory barriers to development of this area, saying, "I've wanted to develop housing downtown…the government is so onerous on the requirements they have…basically it's a 25, 30% tax… they said, 'This is code.'"

As mentioned in the section on economics in the first part of this document, only 53% of Durham County residents live in owner-occupied households, compared to 68% in the state of North Carolina as a whole. Forty-seven percent live in renter-occupied households (U.S. Census Bureau, 1990). Average rental rates in Durham County range from $346 per month to $677 per month, depending on the area of the county. Houses range in average value, per area, from $50,800 to $148,000 (City/County of Durham Planning Department, 1999). In addition to the problem of not being able to own a home, a number of residents thought that rental costs present

an economic barrier, particularly for low-income families. They believe that these costs interfere with the quality of home, school and family life:

> It is an issue of adequate income…if you don't have adequate income [you] can't even maintain a stable rental home. I see that in the schools, the kids that move from house to house, several times during the year. They get way behind, they end up changing schools and not having a stable home environment.

One tenant suggested that trash pick-up and inspection fees, along with other costs of property upkeep, are often unfairly passed on to the tenant in the form of higher rent.

Home ownership has long been recognized as important to the Durham County community. In a previous community diagnosis of North/East Central Durham, residents linked quality of neighborhood life and community pride to whether people are homeowners or renters (Durham County Community Diagnosis Team, 1995). In this current community diagnosis, residents echoed this sentiment, stating that owning a home helps build a sense of "connection to the community."

When asked how the community has worked to address this need, residents spoke of a number of housing initiatives that have been organized in Durham. These initiatives work to both increase home ownership and to renovate existing homes for their owners. Such efforts involve the city government and such groups as the Duke Endowment, Partners Against Crime (P.A.C.), Habitat for Humanity and many churches, private organizations, and private investors. For example, Habitat for Humanity has placed 100 families into new homes since 1987 (Habitat for Humanity of Durham, 2000). One effort, the Partnership Effort for the Advancement of Children's Health (P.E.A.C.H.), seeks to identify homes that may place their occupants at risk for lead poisoning. This particular effort involves diverse participants such as high school students, college students, and city planners.

Despite all these efforts to improve the housing situation for Durham County community members, it was clear that residents have mixed opinions of the outcome of such efforts:

> I'm very impressed with Durham's housing initiatives - they passed a very substantial bond and you see evidence of the effects of that bond, because housing is one of the major problems facing communities all over the triangle… I think Durham is doing a fairly decent job with that.

> They want you to purchase the house for a certain price. It's stupid if you're going to buy a house for $30,000 and to get it fixed up to a decent level, you have to pay $50,000. Does that make sense?

Some barriers to the success of these initiatives that were described included impact and inspection fees driving up the cost of building, a failure to slate affordable homes to the people most in need, restrictions on the use of federal money for renovation purposes, and a failure to involve community members in some initiatives. In general, though, it was clear that Durham County as a community is motivated to improve opportunities for home ownership, and there are economic and organizational barriers that represent challenges to this goal.

Finally, people spoke of the needs of public housing residents, especially youth. In the North/East Central Durham Community Diagnosis, residents cited the need for better initiatives to help people get out of public housing, and to break the cycle of successive generations living there (Durham County Community Diagnosis Team, 1995). The 'Campus of Learners' program, based at North Carolina Central University, pairs college students with youth who live in public housing to provide mentorship. Some people also expressed that the Public Housing Authority is slow to respond to residents' needs. The Residents Councils of the public housing developments work to address these needs, and groups such as the Eagle Village Corporation work to develop areas immediately surrounding them.

It was clear during this community diagnosis that affordable housing and an increase in home ownership continue to be important issues to the Durham County community. Greater

efforts to address some of the barriers to the many housing initiatives should result in greater success of those initiatives. Controlling rental costs and increasing ownership was cited by residents as a way to improve the stability of family life, improve student performance in schools, move more people out of public housing and increase the quality of life enjoyed by neighborhoods, particularly those in downtown and North/East Central Durham.

CHAPTER 4
CRIME

Crime was an issue frequently mentioned by both Durham County service providers and community members. Responses indicated both general concerns for citizen safety as well as specific focuses on sub-populations of Durham County including youth, homeless populations, Hispanic/Latino populations, and low-income residents. Residents and providers cited multiple issues related to crime that could be improved while commending the city and residents in working to improve the safety of Durham residents. Although crime was mentioned multiple times, urban residents reported it most commonly.

Particular concerns regarding crime and youth were confined to crimes committed by youth, including the estimation by a service provider that "almost 90% of the youth in the criminal justice system are African American." Data accessible through the State Bureau of Investigation aggregates race data for both adults and juveniles making verification of this statement difficult. Of the service providers and community members who addressed this concern most, they suggested more involvement in preventive actions including schools, families, and the community.

The issue of victimization against the homeless population and the Hispanic/Latino population was often cited. Additional presentation of the impact of crime in the Hispanic community is discussed in the Cultural Diversity/Hispanic Issues Chapter. The current initiative to open a credit union catering to the Hispanic population is expected to reduce robberies and related crimes against Hispanics and Latinos. As one community member said, "Right now these lower-income communities are crying out for better police protection. Well, we need to listen to them but we're not."

This statement represents a community member's beliefs of unequal distribution of resources based on class. Another community member suggested that changes in the police force management have resulted in more support and activity from the police sector to increase services to low-income neighborhoods. The assignment of a police officer to each of the four P.A.C. districts has increased rapport between the police department and Durham neighborhoods.

In general, feedback regarding crime rates in Durham was mixed. "We have a crime rate that is going down," said one service provider. Some residents were positive about the progress in addressing crime. One resident cited the preventive approaches to crime of the Durham Police Department and chief as influential in decreasing crime. These and similar responses express the perception that Durham has made progress in addressing this issue. Statistics from the 1998 Crime Index suggests that crime has decreased from 10,508 per 100,000 residents in 1997 to 9,571 per 100,000 residents in 1998. While service providers and some residents' responses were consistent with the crime data, other residents voiced a need for improved efforts towards reducing crime in Durham. When asked where Durham needs more attention, one resident identified that "crime would absolutely be number one. We just have to reduce the crime rate. They talk in numbers like 'oh, it's better', it's not."

As stated above, although Durham's crime rate has decreased, the rate is still much higher than its neighboring counties of Wake County (3,432 crimes per 100,000 residents in 1998) and Orange County (2,481 crimes per 100,000 residents in 1998). This comparison may reflect the sentiments of Durham residents that decreasing crime remains a priority.

Steps appear to be in motion in addressing crime and violence in Durham County. Partners Against Crime (P.A.C.) organizations were repeatedly mentioned as an example. It is a

neighborhood based coalition broken into 4 districts in which community members have the opportunity to address crime and other issues related to quality of life with representatives from the police department and other county agencies. One resident mentioned that "some of the officers are assigned to the West End and they come to P.A.C meetings…I think things like that are very helpful." Another resident remarked how helpful P.A.C has been in reducing crime as a "grassroots organization" that allows "for a direct connection between the people and the city".

Specific issues mentioned by residents and service providers related to violence include crime perpetrated by weapon violence and drug trafficking. Durham residents consistently mentioned that "gun violence is a public health concern" and a "growing problem" for their communities. Several residents particularly highlighted availability of handguns as part of the problem. One resident guessed that "there were more places in Durham to buy handguns than there are gas stations." Taking a stand against violence, many residents mentioned their involvement in homicide victim prayer services and activities that encourage more responsibility for gun manufacturers.

Drug problems have become an unfortunate, yet common problem in many urban and rural settings. Drug trafficking was mentioned as a primary concern in achieving a healthy sense of community in Durham. Both community members and service providers agreed that the drug problem is being addressed, however many felt more should be done. Drug problems have run over some neighborhoods. A few residents identified the drug trafficking problem as a result of poverty, saying, "Where you don't have legal job opportunities people have been creating illegal job opportunities." Another resident said, "Where they have been successful is where they do both law enforcement and plus they put in positive things. Like, they rebuild housing. They put in good programs for the people. It takes a long time, It takes a long investment and we are still

not doing enough of that." These comments reflect the complexity of drug problems and speak to the larger issue of poverty and lack of opportunity.

Domestic violence was mentioned primarily during interviews with service providers. As advocates for domestic violence victims, service providers noted the need for domestic violence resources. For example, cases of domestic violence received at the Durham Police Department during late 1999 fluctuated with 292 cases in August of 1999, 194 in September 1999, 189 in October 1999, and 321 in November 1999 (Personal Communication, Service Provider). It was also expressed that economic dependence and fear act as primary barriers that prevent victims who wish assistance from accessing those services. Threats and fear of immigration and language barriers were cited as additional barriers for many Hispanic women. One example described transference of fear for a victimized Latina who chose to leave her violent but familiar home environment to enter a shelter without translators or transportation to work and daycare.

These same reasons may also account for the absence of community member attention to domestic violence issues in interviews and focus groups. The traditionally taboo nature of domestic violence discussion in society continues to impact attitudes. Changing norms regarding domestic violence in Durham is a relatively new and slow process. As one service provider asserted, “it can happen to anyone”, yet few people acknowledge a personal susceptibility. Additionally, “lack of awareness as to what can be done in domestic violence situations” may contribute to perceptions of domestic violence.

The increased focus on domestic violence at the state level, as mentioned in the section on secondary data, has been reflected in the recent expansion of domestic violence services in Durham at the county level. Some health care services such as Lincoln Community Health Center have added domestic violence questions to their intake inventories. Durham Police

Department's Domestic Violence Unit began in 1997 with field response as their primary responsibility, but has since incorporated follow-up checks and victim contact into their procedures. La Hacia Paz Familiar opened in late 1999 to meet the domestic violence service needs of the Hispanic residents in Durham County. Currently a separate court exists in Durham County to hear domestic violence cases. Agencies also exist to provide counseling and other services to assist perpetrators. Many of these organizations communicate with each other, community members, and other area agencies and organizations, such as the court system, Durham Alliance Against Domestic Violence, Rape Crisis Center of Durham, and the Orange County Coalition for Battered Women, to work towards a more comprehensive approach to domestic violence. Although working as a team is truly an asset in dealing with domestic violence in Durham, the process of attaining consensus amongst agencies and organizations with separate agendas may be cumbersome.

This chapter demonstrates that the common concern among a diverse array of Durham County residents is the safety of its community. The most vocalized crime issues are gun violence and drug trafficking. Although liaison organizations, like P.A.C, that link the community directly with city representatives, have made progress in reducing crime, this seemingly successful method of addressing issues on a community level is still rather new and is not perceived as inclusive of Durham County residents. More discussion is warranted to assess specific aspects of crime that Durham residents feel need additional attention as well as addressing a more equal distribution of services to specific areas of Durham. Increased measures to prevent crime in youth is an investment in altering long-term impacts of youth crime.

CHAPTER 5
BEHAVIORAL HEALTH

Behavioral issues that were most commonly addressed during our interviews and focus groups with service providers and community residents related to substance abuse and mental health services.

Data from the Alcohol/Drug Council of North Carolina estimated that 19,435 residents, nearly 10% of all Durham residents in 1997, were addicted to alcohol or drugs (Alcohol/Drug Council of North Carolina, 1997). To address this problem, resources have been allocated towards substance abuse treatment in Durham. For example, the STAR program places people who have been incarcerated for alcohol and drug abuse into a 12-step treatment program while they are in jail. One service provider suggested that residents who go through the program return to jail less often, implying that these types of programs can have far reaching effects on other quality of life issues.

However, responses during both structured and informal interviews with service providers suggest that both the data reflecting the proportion of Durham residents with alcohol and substance abuse issues, and their access to such services, may be underestimated. As one service provider succinctly replied, “There are too many people addicted to drugs in the community.”

Mental health issues were mentioned by community members as an issue of concern, particularly the need to offer more support services to protect residents who are unable to make rational decisions as a result of mental illnesses. The needs of residents who are primarily Spanish speaking are often unmet because of a lack of Spanish speaking practitioners and the difficulty in accessing bilingual services. On a positive note, we also heard references to the

large pool of mental health service providers in Durham County. According to 1998 Health Profession statistics, there are 26 Psychological Associates and 138 Practicing Psychologists in Durham County. This figure is much higher than most North Carolina counties and suggests Durham is making strides in meeting the needs of Durham residents. Service providers mentioned that incarcerated individuals are most likely to receive mental health services because they are "already connected while in jail." However, for other community members, there are prominent barriers to accessing this pool of mental health professionals and services. One service provider's mention of a frequent "3 month waiting period for service" represents one such barrier.

In conclusion, despite the apparent abundance of available mental health services, Durham residents are not able to meet their behavioral health needs. The responses suggest the need for increased steps to alleviate language and process barriers.

CHAPTER 6
HEALTH ISSUES

With regards to other health concerns, as mentioned in the previous chapter, most residents and service providers spoke of improved access to health care as most central to addressing the health of Durham residents. Of the specific health issues plaguing Durham residents, asthma, chronic disease (cardiovascular disease, diabetes, etc.), and cancer were most frequently cited.

The dramatic increase in asthma was mentioned by both residents and service providers as a concern that affects residents across all age ranges. More specifically, however, the increase in asthma among youth was mentioned as a particular area of concern. One service provider stated that "In elementary schools, 10% of students have asthma." The medical care needed in the school systems to address the "increasing proportion of students with medication, chronic illness, and more complex medical needs" was noted as an issue that has impacted the current allocation of health resources in the county school system. One example is the Asthma Management Project that has started to address this growing problem. According to one service provider, school nurses and the health department are working together to try "teach students skills to increase their quality of life." The effort put into encouraging active participation of Durham youth in their disease prevention and health maintenance is one step in making a profound impact on the health of the next generation in Durham County. Moreover, it is likely to act as a window on the health issues that Durham will face in the coming decades.

Respondents in interviews and focus groups also mentioned the impact of chronic disease and cancer on the health of Durham County residents. When asked what specific health issues family and close community members are dealing with, one respondent said, "people are growing older." He subsequently listed heart disease, cancer, Alzheimer's, arthritis, and other

"crippling diseases" as some of the more common health conditions impacting the quality of life of Durham residents.

Since the 1960s, the elderly proportion of the Durham County population has increased (Durham County, 1998). Efforts to address both the health needs and barriers to service utilization of the older residents in Durham who suffer from asthma, diabetes, and hypertension include the Promising Practices and the neighborhood nursing programs. These outreach programs involve nurses going into regions of the county that have been identified as having elevated rates of chronic illness and limited access to services according to zip code classification. Nurses will target these regions to do health promotion and health education work to address the health disparities and barriers to service utilization. Community members remarked on the helpfulness and responsiveness of the programs, considering them as innovative steps in addressing the needs of community health. For example, one service provider viewed Promising Practices as "an interesting concept" that includes community members and service providers in the development and implementation of their own health initiatives. Programs such as these show promising changes in the health of the community because they intend to equip residents with the skills and knowledge to be more successful in creating healthy lives.

Finally, as the "City of Medicine," Durham is a place with a multitude of resources as well as "groups and coalitions [who try] to get people to do more preventive stuff and take advantage of the facilities that are here." However, as one community member stated, "There are lots of health problems here, and for a long time to come, they're going to be here." Improvement on those issues is expected to result from continued and increased collaboration between community members and service providers who recognize not only their assets and needs, but who are willing to work towards improved health in a more unified manner. Using

the example of asthma, this effort will also need to incorporate other agencies to look at contributing factors like “environment – poor plumbing and dampness in houses,” reflecting one service provider’s suggestion for the need to look “deeper than a medical diagnosis in addressing the problem.”

CHAPTER 7
CULTURAL DIVERSITY/ HISPANIC ISSUES

A theme that emerged from the interviews and focus groups we conducted is that of the cultural diversity of Durham County. This issue has both positive and negative sides to it, according to residents. Says one community member:

> I think even though you hear in the press lots of negative things about blacks and whites fighting with each other. The reality, I think is that much less of that is going on and that we embrace each other and celebrate the differences.

Another says, "I like living in a community that lives in (racial) tension in a fairly healthy fashion." While many acknowledged the tension that comes with cultural diversity, most seemed to view community member's responses to this tension in a positive light. One long-time resident sums up this view: "It's an exciting place to live. It's open, honest community. It's a community where racial matters are openly discussed."

An important topic related to the cultural diversity of Durham County is the growing Hispanic population. This topic was brought up repeatedly by both service providers and community members we interviewed. It is difficult to say exactly how many Hispanics there are in Durham County, as 1990 Census data are not likely to be very accurate. However, there are some measures available that hint at this rapid growth. For example, from 1996 to 1997, the population of Hispanic schoolchildren increased by 19.8 % as compared to a 5.3 % increase for African American students, and a 0.1 % decrease for Whites (Durham Public Schools, 1997). An indication of why this growth is occurring comes from one service provider: "The construction industry and meat processing - the economy of this area attracts a lot of workers. Private industry are advertising not just in other states, but in other countries like Mexico and Central America to bring people here." This service provider also points out that “there are

thousands of those (low skilled jobs) that traditionally, lately Americans don't want so they're filled by Latinos. But there are no opportunities to grow or learn different skills."

Along with rapid growth for this population sector, the issues of racial tension and competition for resources have arisen. For example, health services that have historically served primarily African-American populations are now serving more and more Hispanics. One service provider estimates that 50 % of the population served at the Durham Health Department is Hispanic. Another provider says that some low-income community members who feel they have been underserved are saying "How is that when we get our piece of cake we have to share it with somebody else." A community member notes that "There have been tensions between African-Americans and Hispanics, because sometimes they are struggling over the same economic territory." These two groups are starting to live in the same parts of the city and as a service provider points out, "Mostly Latinos are coming to live in areas where usually low income Whites and African Americans were living. An apartment complex that used to be 99 % African-American are becoming 99 % Latino." Close proximity and (real or perceived) competition for resources has contributed to the racial tension among these populations.

Another issue brought up by Durham community members and service providers is that of crime and safety in the Hispanic community. There is a good reason for this. Between January 1st and July 22nd of 1997, 98 Durham Latinos were victims of violent crimes, making up 15 % of all violent crime victims. However, Latinos make up only about 6 % of Durham's total population (Latinos of Durham County, 1998). This figure only includes reported crime; there may be many more unreported crimes. Says a service provider: "All the statistics show that there is no crime but we know that's not true...there are almost three cases of people being robbed in the community every week. people that go to the Emergency Room - so we know that

it happens..." A community member gives a possible explanation for why this crime against Hispanics is occurring:

> Safety is also a big issue with the Latino community...most of the population is illegal...so the fact that they can't get social security numbers means they can't get a checking account...that's a huge problem in that community - safety on pay day.

Latinos may be afraid to call the police due to their legal status or because of language barriers. In order to address these concerns and strengthen ties with the Latino community, the Durham Police department has established the HOIST program (Hispanic Outreach Intervention Team).

A common theme that came up repeatedly in interviews is the need for more bilingual staff for health care and other services, as well as English as a Second Language courses. Language barriers can be a significant challenge to people getting their health care needs met or for even knowing who to call or speak to when they have a problem. While some services are close to meeting the need for Spanish speaking health professionals, others are more limited in what they can offer. A service provider mentioned the Lincoln Community Health Center as having Spanish speakers "in every department…and it's still not enough." This provider also notes that mental services are very difficult for Spanish speaking women in particular to access. "Mental health related medication is an extremely difficult process. There are limited bilingual social workers and counselors in other agencies who are able to assist the Spanish-speaking residents but they aren't able to prescribe medication." Another service provider notes that "it is hard to find native (Spanish) speakers with skills in public health."

Not being able to communicate with service providers can create frustration for Hispanic community members, as they may feel that they are not valued. While organizations are attempting to find more Spanish Speaking staff, many service providers indicated that English as a Second Language courses are increasingly being offered and increasingly in demand. For

example, in the Durham school system, there is roughly one ESL teacher for every 50 foreign-speaking students, and of these 1500 non-English speaking students 60 % are Latino (Nifong, 2000). In response to this particular issue the Asociacion de Padres de Familia (Hispanic Parents Association) was formed. Although in its early stages, this organization will help to provide a voice to Hispanic parents who may feel that they have no one to turn to when facing school-related concerns. Many of the service providers and community members we talked to also mentioned that ESL classes were offered at their churches or organizations, including the Little River Community Center, El Centro, and the Lincoln Community Health Center.

Two community organizations have been particularly important to the Hispanic community: El Centro and Casa Multicultural. Casa Multicultural is a volunteer run grassroots organization that works at the community and neighborhood level with working class Latino immigrants in order to develop leadership and bring about social change. El Centro is another resource for Latinos that runs a youth group, a women's group, as well as offering computer classes, counseling, and HIV/AIDS education.

The cultural diversity of Durham County is both an asset to the community as well as a source of tension. Durham's newest residents, Hispanic/Latino families, have entered into this mix of cultures and have faced a number of challenges to acculturating to the area. While Durham offers many resources for Hispanic families, such as El Centro, Hacia La Paz Familiar (which addresses domestic violence in the Latino community), the HOIST program, and others, there are still areas where improvement is needed. In order to best serve this rapidly growing population, more ESL classes will be needed, as well as an increase in bilingual service providers, especially for the areas of mental health and public safety (police and 911 operators). Ivan Parra of El Centro has said that "Durham is the most equipped city in North Carolina to deal

with Hispanic/Latino issues" (The State of Durham's Children, 2000). Although this may be true, there is still a long way to go in order for all Durham citizens to receive the same level of care from service providers.

CHAPTER 8
EDUCATION

This chapter focuses on the Durham Public Schools (DPS). Approximately 85% of Durham County's school age children attend the public school system (The State of Durham's Children, 2000). Several issues regarding the DPS were mentioned during interviews and seem to mirror the educational secondary data that shows racial differences in education attainment. Issues highlighted by the interviews included racial disparities, suspensions, drop out rates, the city-county merger and the magnet schools. The concerns about racial disparities were usually connected to the issues of student suspensions and the high drop out rate of African American males. In the recent publication, *The State of Durham's Children 2000*, it says, "At least one in two (50%) black male students and one in three (33%) black female students who enrolls in ninth grade in Durham does not graduate from a Durham high school in four years." This publication also states that it is difficult to calculate a drop out rate for DPS because there is no tracking system to see where a student goes once they leave the DPS system (DPC & DYCB, 2000).

Regarding the current situation for African American students, one community leader said, "There is suspension [from schools] of African American males largely. So they are on the street and they get in trouble. We need to find another alternative to suspension." Another community leader said, "You talk about kids being suspended temporarily or for long-term. That's a major problem in Durham, especially as it relates to African Americans." In reference to African American male drop out rates, one community leader said, "the county is not doing as much as they could be. It is real terrible." Another community member stated that "speaking out by black students is considered aggressive and they are called trouble makers."

In August 1998, the Durham Committee on the Affairs of Black People filed a complaint about racial discrimination by the Durham County Public Schools System with the Federal Office of Civil Rights (OCR) in the Department of Education. In March 2000, this federal office closed its nineteen month investigation of the discrimination complaints because the Office of Civil Rights stated that the school system has been putting programs in place to address these disparities. The OCR agreed to discontinue their investigation of DPS if the system continued to address the issues of differential treatment of African American students and if the DPS sent them regular updates regarding the DPS efforts. The OCR still has the right to reopen the investigation if they decide that DPS has not done enough to address racial disparities.

DPS is currently working on opening an alternative school for students on suspension. In response to repeated low performance scores on the yearly "report card" issued by the North Carolina State Government's ABC's of Public Education program, the state has sent out advisory teams to help improve the quality of the education at Eastway, Pearson, and Watts Elementary Schools. In 1995, the NC General Assembly created the program as a method to make schools accountable for student performance. According to an article in The Sunday Herald-Sun, "Durham is the only city in the state with a cluster of low performing schools" (Peterson, April 16, 2000).

There seems to be a mixed review of the school city-county merger of 1992 by the people that were interviewed. One community leader said, "[The merger] helped save the inner city schools . . . I've been concerned about more and more people getting out . . . and going into the private school system . . . it will probably take a generation for that to work itself out." Another community member thinks that the merger is reducing the cohesiveness of neighborhoods. He said:

> All the kids went to the same school . . . you'll find that children are sort of the cement that binds a neighborhood . . . And when they started forcing kids to go to a specific school and the same time reducing the quality of those schools. I think they just did more damage to our neighborhoods and as much as anything caused the flight out of this city to the suburbs.

One of the major changes in the school system since the merger is the creation of Magnet schools. Each Magnet school focuses on a subject such as the Arts, Science, and Language Arts and individual schools might use different teaching methods or educational philosophies to attract children from all over the County. One community leader and parent said:

> (Magnet schools) were developed to attract White students to inner city schools that were predominantly Black . . . to keep White families essentially in the public school system. One thing I saw with the magnet schools I really liked and I have seen happening at our school - is that all teachers and children have chosen to be there.

One limitation of this discussion about the Durham Public Schools is that the team was unable to interview anyone from the DPS Administration. The team scheduled appointments with various administrators, however the appointments were repeatedly canceled. The only information available regarding the DPS's actions was gathered from articles from local newspapers and the team's attendance of DPS board meetings.

In conclusion, the DPS system is working on improving the educational experience for African American students. Some of DPS's efforts are creating the new school at Lakewood for children on suspension and winning a multi-million dollar federal grant from the Safe Schools/Healthy Student Initiative. This grant money is to be used on programs that promote a healthier learning environment by reducing student violence and drug use (Schultz, April 15, 2000).

CHAPTER 9
RURAL DURHAM COUNTY

When thinking about Durham County, it is easy to simply generalize it as a part of the greater Triangle area. While this is certainly an accurate portrayal of the downtown area and many of the southern regions of the county, the characteristic growth and development common to the Triangle area has differentially impacted the county as a whole. Communities in the north such as Bahama and Rougemont have retained a much more rural composition than the more southern regions of Durham and as a result experience a host of issues that are dissimilar from downtown and the southern suburbs. Yet the generalization of Durham County as a "growth area" often overshadows these needs.

Of the 202,411 residents in Durham County, slightly more than 15% live in the more rural areas (United States Bureau of the Census, 1996). The region exhibits the typical characteristics of a rural locale with substantially less housing, more farms, and greater isolation than is observed in the southern suburbs. Residents interviewed in this area (n=12) identify themselves as almost a separate community that exists within greater Durham County, due much in part to their "long southern history of togetherness." They state that they have a very strong sense of community that is driven by the cohesiveness and independence of the people who live in these areas. Because most growth and in-migration has occurred in southern Durham County, many residents in the north have lived near the same neighbors for generations, thereby creating strong ties and a sense of pride. So strong is this notion of community that one service provider who has worked for years in the area stated "It's not easy to break into this area. At times, I still feel like an outsider."

Despite this strong sense of identity, residents in the northern regions still consider themselves as an important part of the overall county and express frustration at the lack of attention and services that they receive. One service provider stated, "When it comes to the quality of community life, you know, it really does make a difference what type of services you have available. And there's not a whole lot."

The provider described the important role that community centers play in meeting the needs of area residents due to the perceived lack of services from county and state governments. Such centers fill in the gaps by providing education, childcare, community programming, limited financial assistance, and emotional support to area residents thereby contributing to the sense of independence expressed by this population. Moreover, they often advocate for greater county services in the area on behalf of the residents that they serve, yet they admit that too often it appears that their requests fall on deaf ears. Frustrations regarding the perceived lack of county services are exacerbated by the belief that the county has abandoned the northern communities, ignoring its unique needs and only taking interest in the area when resources needed by the southern regions of the county, such as water, are threatened:

> You want north Durham County to be your watershed, your quaint tourist attraction, but you [the county] don't want to give us shit. And it's true...There's resentment. A whole lot of resentment.

Among the needs expressed by residents of these communities was a lack of medical services. While the county population to physician ratio is 520:1 (Durham County Health Department, 1998), it does not appear to be evenly distributed across all areas of Durham:

> There used to be a doctor up here...and now the closest place for medical care is Lincoln Health Center. So there's no health services out here and there is a need, but not the numbers to draw a private doctor out here.

Senior citizens stated a profound need for home health services, particularly because of the isolation of the area and small population which prevent easy access to neighbors who would normally provide assistance. Others were concerned about the growing cost of health services stating that "sometimes it seems like I have to make the choice to buy my pills or eat...".

When county service providers were asked about the availability of services in these areas, the general consensus was that there was adequate programming available. One such provider stated that "Frustration may be related to infrastructure issues but there are plenty of services available in the northern county." Clearly, some degree of miscommunication is occurring.

Not surprisingly, knowledge of service availability was low among those interviewed. People were unsure about who to call for health and service questions, and seniors were unaware of the number of resources available specifically for their cohort. Residents did express an interest in having a resource guide with names, addresses, and phone numbers of health resources available in the county.

Other concerns expressed by northern residents related to the lack of available transportation services. When asked where people would go for services if the community centers were not available, one service provider said, "Well, they wouldn't get a lot of what we offer. Parents have told us they'd have to drive at least 10 miles into the city." Other comments were in reference to transportation for children:

> Headstart, they don't even want to provide transportation out here. I mean, they have a great Smartstart that provides transportation for the Headstart program, but they don't come out here because it's too far. A lot of services just cover Durham.

Senior citizens expressed concern about the distances that they have to drive in order to reach health services in the city. They stated that while there were currently driving, they were

"severely limited in the amounts and distances that they are willing to go." Often seniors stated that they were forced to rely on friends to get them to services or to the pharmacy, which was difficult to do. Seniors were asked about the availability of public transportation services into the city specifically for health care, and all agreed that they were unaware of any such services in their area. It has been difficult to ascertain whether or not such transportation services do in fact exist and are simply unknown to the senior citizen population or if they were correct in saying that no such services exist for this area of the county. Given the testimonials of service providers in the area regarding the lack of public services and the need for transportation for Headstart programs, it seems safe to assume that no such transportation services exist for health services in the city either.

The northern region of Durham County exhibits unique characteristics and needs due to its more rural composition and sparse population. Despite strong community cohesiveness, residents expressed a high level of need for services in the area, particularly for medical care and transportation. While many service providers at county agencies would argue that there are adequate resources available for the northern communities, it is clear that a perceived sense of abandonment and need in fact exists.

On a positive note, the strong traditions and sense of community held by northern residents of Durham County are strong assets that will favor the efforts of residents who are working to improve the quality of life within northern Durham County. Moreover, the strong presence of community centers in the area will continue to serve as important resources and advocates for the issues that are important to area residents. However, these strong notions of identity will make it particularly challenging for outside service providers to be trusted and accepted, and should be taken into account whenever future efforts are directed in these areas.

DISCUSSION AND RECOMMENDATIONS

Through our interviews and discussion with Durham County residents, we have not found one overarching way in which the Durham County community defines itself. Instead there are many separate "units of identity," or psychological, relational, organizational, and cultural groups that interlock in order to form a broader community. People in Durham County often identify with the specific neighborhood or section of the city in which they live, as opposed to saying that they are residents of Durham County. Others identify with the school that their children attend, which may present problems for neighborhood cohesiveness in that parents in any given neighborhood may be sending their children to many different high schools or elementary schools. There are multiple organizations to which Durham residents belong such as the NAACP, the Durham Committee on the Affairs of Black People, and civic organizations such as the Rotary Club. Community members also identify with their church, synagogue, or religious organization to which they belong.

Durham County community members, for the most part, do not define their community as being countywide. Most people, when they speak of the Durham community, refer to the city of Durham as opposed to the county. Rural residents may be the few Durham residents who identify with the county as their community. However, ironically, they may not benefit from the services that are supposed to be "countywide."

Although Durham residents identify themselves in many ways, these units of identity often do not become "units of solution," or collaborations of two or more units of identity that pool their resources in order to address a common goal. Organizations such as the Inter-neighborhood Council seem to be attempting to solve problems that affect the greater community, but certain groups may have a stronger voice than others. For example, the Partners

Against Crime (P.A.C.) neighborhood groups enable residents to come together to address issues such as crime and housing. However, public housing residents may not be fully represented in these efforts. Crime is a topic that almost everyone we talked to identified as a key issue for Durham County, although there was some debate about whether the crime rate was actually improving, especially crime against Hispanics. An example of a group that has come together to address this problem is the Durham Congregations in Action, a ministerial alliance. One of its functions has been to hold vigils where there have been violent deaths in Durham. By doing so they have brought attention to the problem of crime in the larger Durham County community.

While there are difficulties that inhibit different units of identity from coming together, Durham County is gifted with a vast pool of talents, skills, and resources. As such, Durham's capacity for change and overcoming barriers is great. There are plenty of people who are willing to volunteer for service, and there is a strong desire among many to celebrate the diversity of the community. Residents of the faith community also are willing to put their efforts into projects aimed at decreasing violence and poverty. An example of a group that is starting to bring together people of different classes and ethnicities is the South Eastern Efforts Developing Sustainable Spaces, Inc. (S.E.E.D.S.) program. This group seeks to organize residents, the city government, and corporations to transform vacant land into productive spaces (S.E.E.D.S., 2000).

Most organizations, however, are aimed at addressing the needs of subpopulations, such as the African American community. Other organizations, such as the Department of Social Services, attempt to serve a wider range of people and for the most part succeed. However, language barriers are a significant problem for ensuring equal access to these sorts of services, particularly for Hispanics.

Upon reflection, we have noted some differences between what some of our secondary data suggests as being important issues, and what community members and service providers revealed to be their areas of concern. For example, the data indicates that Durham County is experiencing a period of economic prosperity overall. Durham is one of the wealthiest counties in the state, but this wealth does not equally benefit all the residents of the county. Many community members we talked to worried about paying for their medication or are struggling to pay bills while working multiple jobs. There are many job opportunities available, but as noted previously, those without certain skills (such as computer literacy) are very limited in their options. Also, the secondary data shows a high rate of AIDS and STDs in Durham County, as compared to the state. Yet, community members rarely mentioned these health problems as issues of concern. This may indicate that the primary felt needs of residents (such as adequate housing and a living wage) should be addressed before health problems like sexually transmitted diseases will be successfully dealt with.

In order to address an issue or problem, it is often best to approach it from multiple levels. The Socio-Ecological Framework allows one to look at an issue on various levels such as the intrapersonal (individual behavior), interpersonal (family, peers), community, institutional/ organizational, and policy levels. These levels become progressively larger in scope from individual behaviors to policy decisions that may have a great effect on the social and physical environment. We have analyzed each of our themes by which level(s) the causes or determinants of the problems fit in and at which level(s) a possible intervention or solution could be targeted. This is presented in Table 17 below:

Table 17: Determinants of Various Themes by Level of Socio-Ecological Framework

Themes	Intrapersonal	Interpersonal	Community	Institutional	Policy
Job Training	-Lack of high-tech skills		-Lack of jobs that pay a living wage		-Development of downtown and other economic centers
Poverty	-Lack of job skills -Lack of education		-Lack of jobs that pay a living wage -Lack of skills training -Lack of educational opportunities -Haves/have nots		-Loss of benefits before individuals attain full economic independence
Housing			-Affordability -Access to home ownership		-Access to loans
Crime			-Easy access to weapons -Drug problems -Unequal distribution of services	-Lack of domestic violence resources	-Lack of ability for Hispanics to open bank accounts
Behavioral Health			-Homelessness -Lack of acceptance as a health issue		-Inadequate funding
Health Issues	-Knowledge about treatment, risks, prevalence of disease		-Poverty -Poor quality of life		
Cultural Diversity/ Hispanic Issues			-Crime	-Language barrier	-Lack of ability to open bank accounts
Education	-Lack of work ethic/academic skills	-Discipline problems	-Lack of youth/ mentorship programs	-Dropouts/ suspensions	-School system policy
Rural Issues			-Services not accessible or adequately funded	-Transportation (access) issues for rural residents	-Funding (Recreational facilities, health clinic)

Community and policy level approaches for issues related to job training would probably be most appropriate. It is essential for this theme that those who traditionally have lacked a voice in policy issues (e.g., those who live in public housing) be included in any coalition

building or interventions. The theme of poverty is perhaps also best addressed at the policy level, as this could have the most widespread effect on poor Durham community members. In general, we have found that the higher levels of the Socio-Ecological Framework are more applicable to addressing the needs of Durham County residents in that they deal with the broader causes and solutions to problems.

For housing, change at the policy level needs be made to make loans more easily accessible for those struggling to buy a house. Also, interventions should be designed that target the community level and help people increase the skills needed to go about buying a house as well as increase opportunities for home ownership. Efforts to increase home ownership should continue to solicit collaboration from community members as well as organizations. When addressing crime special attention should be made to the availability and unequal distribution of services, such as domestic violence resources, as well as addressing the underlying contributors of crime, such as drugs and poverty. This can be addressed at the community, institutional, and policy levels.

For the issue of behavioral health, a community level program could be implemented to raise awareness about the prevalence and seriousness of these problems, before actually working on changing policy to better serve those in need. For health issues, community level changes can be targeted to improve the overall quality of life, such as making sure neighborhoods have access to places where they can safely exercise or buy fresh fruits and vegetables.

For the theme of Hispanic issues, an intervention targeted at the policy or organizational levels may be particularly helpful for such problems as language difficulties or crime as a result of Hispanics being unable to get a bank account. For the latter problem, there is already a Hispanic credit union being established. In relation to the theme of Education, a problem that

was repeatedly mentioned was that of the disproportionate numbers of African American students who were suspended or who dropped out. Mentoring programs and youth activities may be effective ways of preventing these problems from occurring. An effective intervention for rural Durham County might target the policy level also, in order to emphasize the need for funding for recreational facilities and adequate transportation for health care.

A general recommendation that we would make for those considering starting an intervention in Durham County would be to avoid just assessing the needs of the community. There is already plenty of needs-based assessment going on, and more of this (such as mapping health problems by zip code) would only fuel the sentiment of many Durham residents that there is too much talk and "diagnosis" and not enough action. It has been said that "Durham has more non-profits per square foot than any other city this side of the Mississippi." This is an indication of the wealth of indigenous talents and resources that already exist in Durham County. By focusing on the strengths of the various communities in the county, one might be able to better mobilize people into utilizing their skills in addressing the problems that they identify as important.

Many people in Durham are frustrated with "the system" and feel that service providers are often overworked and under-funded. Perhaps by tapping into the history of social change in Durham and working to bring different units of identity (churches, ethnicities, etc.) together into units of solution, some of the ownership for community change can be taken off of beleaguered service providers. We feel that more community organizations do not necessarily need to be created to address the needs of Durham residents. Instead, we suspect that the vast majority of people in Durham are not aware of all the services that are already available to them, and more of an effort needs to be made to help people realize what organizations already exist. This

'assets mapping' approach to community organizing will better allow for the kinds of collaboration needed between Durham County's many organizations in order to effect countywide change.

Because a county-wide community diagnosis has never been attempted before this year, we acknowledge the limitations of this project to adequately assess the strengths and needs of the entire area. Our interviews have revealed that most people do not relate to Durham County as a whole as their community. Perhaps those attempting community assessments in the future should consider looking at smaller units of analysis. However, it is still our hope that our document will be a useful resource for those service providers and community members who are working to improve the overall health of the Durham County community.

REFERENCES

Alcohol/Drug Council of North Carolina. (1997). 1997 North Carolina Epidemiologic Data. [On-line]. Available: http://www.alcoholdrughelp.org/sdata97.htm.

Alcohol/Drug Council of North Carolina. (1999). 1998 North Carolina Epidemiological Data. [On-line]. Available: http://www.alcoholdrughelp.org/sdata98.htm.

Anderson, J. B. (1990). Durham County: A History of Durham County, North Carolina. Durham, NC: Duke University Press.

Atkinson, V. Salmon, M., Ash, J., & Morse, M. (December 1997). Geriatric Services in North Carolina's Area Mental Health Programs. Prepared for the North Carolina Division of Aging. [Online]. Available: http://ssw.unc.edu/cares/gmh/gmhtab.htm.

Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill (August 1999). North Carolina Professions Data System: 1998 County Profile. [Online]. Available: http://www.shepscenter.unc.edu/data/nchpds/tables98/county/

Chorpening, J. (November 20, 1999). Duke-run Regional is losing millions. The Herald-Sun. p. B1.

Cohen, A., Emrick, C., Straker, H. and Turner, C. UNC School of Public Health Durham County Community Diagnosis Team. Communities Coming Together: Discovering the Issues in North/East Central Durham. (1995 April).

Cook, B., Dillingham, L., Elmore, R. & Siano, C. (1998, April). Latinos of Durham County: A Community Diagnosis including Secondary Data Analysis and Qualitative Data Collection. Unpublished manuscript, University of North Carolina at Chapel Hill.

De la Puenta (1993). Why are people missing or erroneously included by the Census? A summary of findings from ethnographic reports. Paper presented at the U.S. Census Bureau's Research Conference on Undercounted Ethnic Populations, Richmond, VA.

Duke University Medical Center Office of Publication. (December 21, 1998). "Inside News: A Year of Growth for DUHS." Inside DUMC. Durham, NC. Author.

Duke University Medical Center Office of Publication. (May 17, 1999). Inside News: Duke and Durham Regional Combine Resources for Substance Abuse." Inside DUMC. Durham, NC. Author.

Durham City/County Planning Department (2000) [On-line]. Available: http://www.ci.durham.nc.us/planning.

Durham Convention & Visitors Bureau. (1999a). Durham African-American Heritage Visitors Map. Durham, NC: Author.

Durham Convention & Visitors Bureau. (1999b). Facts to Know. [Online]. Available: http://dcvb.durham.nc.us/facts.html

Durham County (1996). Demographics of the Working Poor 1996 [On-line]. Available: http://149.168.175.36/navigator/research…sc_dmogf.asp?Countynumber=063&gSTFIPS=37

Durham County Government. (1999a, February). Durham Overview. [Online]. Available: http://www.herald-sun.com/dcc/dccdocs/location.html

Durham County Government. (1999b, February). History of Durham County [4 paragraphs]. Available FTP: Hostname: co.durham.nc.us Directory: durco/history-01.html

Durham County Government. (November, 1999). The Durham Center. [Online]. Available: http://www.co.durham.nc.us/dcmh/.

Durham County Health Department. (1998). Community Diagnosis 1997-1998. Durham, NC: Author. Unpublished manuscript.

Environmental Defense Fund Scorecard page. (1999). [Online]. Available: wysiwyg://3/http://www.scorecard.org/community/index.tcl

Environmental Quality Homepage. (1995). Environmental Profile for: Durham County. [Online]. Available: http://tree2.epa.gov/CEIS/CEIS.NSF/$$All/373706BRS

Gaquin, D. and Liltman, M. (1998). County and City Extra: Annual Metro, City, and County Data Book. Lanham, MD: Bernan Press. table B.

Greater Durham Chamber of Commerce. (1999). Economic Summary: Durham & Durham County, North Carolina. Durham, NC: Author.

Habitat for Humanity of Durham (2000) [On-line]. Available: http://www.habitat.org/cgibin/Affiliate%20urls.fm$find.?field=url&value="durhamhabitat.com"

Healthy Carolinians 2000. (1999). Health Objectives for North Carolina. [Online]. Available: http://www.healthycarolinians.org/hlthobj.htm

Herald-Sun (1999). Durham Demographics- Populations Characteristics: Durham County. [On-line]. Available: http://www.herald-sun.com/dcc/dccdocs/demograf.html

Hodges-Copple, J. (1999, April). Triangle Area Acreage and Square Miles. [Online]. Available: http://www.tjcog.dst.nc.us/TJCOG/triarea.htm

Hunt, J.B. (January 15, 1999) Governor's Task Force on Domestic Violence: Final Report. [Online]. Governor's Task Force on Domestic Violence.

Kostyu, J. and Kostyu, F. (1992). Durham: A Pictorial History (2nd ed.). Durham, NC: Joel Kostyu.

Lincoln Community Health Center, Inc. (1999). Durham County Hospital Corporation, Grantee. Continuation Request. (Project# CHS-400170-30-0.) Grant Period. Durham, NC: Author.

Marshall, J. (1999). SAT scores demonstrate continued upward trend. In the News. [On-line]. Available:http://Dps.durham.k12.nc.us/informatters/News/News.taf?_=detail&key=2315 &site=DPS

Massengill, S. E. (1997). Images of America: Durham North Carolina. Durham, NC: Arcadia Publishing.

McClain, R. & Johnson, P. (November 5, 1999). Board of Health. Durham County Health Department. [On-line], Available: http://www.co.durham.nc.us/phth/BdofHlth2orgs.html

Nifong, C. (2000). PTA has a Latino Accent. Raleigh News and Observer. [Online]. Available: http://www.news-observer.com/.

North Carolina's Area Mental Health Programs. Prepared for the North Carolina Office of Public Affairs (1999). Student achievement trend continues upward for all students. In the News.

North Carolina Child Advocacy Institute. (1996). [Online]. Available: http://www.ncchild.org/cgi-bin/select.cgi

North Carolina Department of Administration: North Carolina Council of Women. (1999). North Carolina Council for Women. [Online]. Available: http://www.doa.state.nc.us/doa/cfw/health.htm.

North Carolina Department of Commerce (1998). County and Regional Scan [On-line]. Available: http://www.commerce.state.nc.us/econscan/durham.pdf

North Carolina Department of Health and Human Services. (October 21, 1999). Lead Poisoning in North Carolina. [Online]. Available: wysiwyg://119/http://www.schs.state.nc.us/epi/lead.html

North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services. (November 1998a). Annual Statistical Report North Carolina Alcohol and Drug Treatment Centers. Durham, NC: Author.

North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services. (November 1998b). Annual Statistical Report North Carolina Psychiatric Hospitals. Durham, NC: Author.

North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services. (November 1998c). North Carolina Area Program Admissions Characteristics. Durham, NC: Author

North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services. (November 1998d). North Carolina Area Programs Annual Statistical Report. Durham, NC: Author.

North Carolina Employment Security Commission (1999). NC Works. [On-line]. Available: http://www.esc.state.nc.us/econ_data/ncworks.asp

North Carolina State Bureau of Investigation. (1999). Crime in North Carolina 1998:1997-1998 Agency Profile. [Online]. Available: http://sbi.jus.state.nc.us/crimstat/crimenc/cinc1998.htm.

North Carolina State Center for Health Statistics. (October 7, 1999). North Carolina Vital Statistics, Volume 2, Leading Causes of Death. [Online]. Available: http://www.schs.state.nc.us/SCHS/heatlthstats/deaths/ed/ed_data.cfm

North Carolina State Center for Health Statistics. (August 27, 1999). North Carolina Pocket Guide. [Online] Available: http://www.schs.state.nc.us/SCHS/healthstats/pocketguide/profile_2.cfm

Orange/Durham Coalition for Battered Women, Inc. (1999). FYE 99 Quarterly Statistics for Durham County FY 98-99. Durham, NC: Author.

Peterson, P. (April 16, 2000). Hope stirs at troubled schools. The Sunday Herald-Sun. p. A1.

Roberts, G. (1965). Signs in Durham: 'Welcome' Core. Clipping File through 1975: North Carolina Collection. University of North Carolina Wilson Library Chapel Hill, NC.

Schultz, M. (April 15, 2000). Schools win big federal grant. The Herald-Sun. pp. A1, A3.

St. Joseph's Historic Foundation, Inc. (1997) Bi-Annual Report. Unpublished manuscript.

Stern, L. (1998). The Latino Community in Durham County. Service Education Resource Vision for North Carolina. p. 1-2. Retrieved August 29, 1999 from http:\\metalab.unc.edu/serv-nc/html/durham_latino_87.html.

South Eastern Efforts Developing Sustainable Spaces (S.E.E.D.S.). (2000). Welcome to SEEDS! [On-line]. Available: http://www.seedsnc.org.

The State of Durham's Children 2000, *The Durham Herald Sun*. Available: Niche Magazines, a division of The Herald-Sun, owned by The Durham Herald Company, 2828 Pickett Rd, Durham, NC, 27705.

United States Census Bureau (1990) [On-line]. Available: http://factfinder.census.gov/java_…mmunityFactsViewPage?TABH=3&TABT=1

United States Bureau of the Census. (1995a). Model-Based Income and Poverty Estimates for Orange County, North Carolina in 1995 [On-line]. Available: http://www.census.gov/hhes/www/saipe/estimate/cty/cty37135.htm

United States Bureau of the Census. (1995b). Model-Based Income and Poverty Estimates for Wake County, North Carolina in 1995 [On-line]. Available: http://www.census.gov/hhes/www/saipe/estimate/cty/cty37183.htm

United States Bureau of the Census, (1999, May). Population Division, Population & Housing Programs Branch. [Online]. Available: http://www.census.gov/population/www/censusdata/density.html

United States Bureau of the Census. (1999, February 17). Small Area Income and Poverty Estimates Program. [On-line]. Available: http://www/census.gov/hhes/www/saipe/estimate/cty/.

United States Bureau of the Census (1996). [On-line]. Available: http://factfinder.census.gov/java_…mmunityFactsViewPage?TABH=3&TABT=1

United States Bureau of the Census (1999). USA Counties 1996, Population - Census (Estimates Based On Long Form), Durham County, North Carolina . [On-line]. Available: http://www.census.gov/population.www/census data.html

United States Department of Health and Human Services. (September 30, 1999). Lead Poisoning Prevention. [Online]. Available: http://www.nsc.org/ehc/lead.htm

Appendix A:

Interview Guides

Community Member Interview Guide

1. Opening

- *Thank you* for taking the time to meet with me/us. We recognize that your time is valuable and we appreciate your participation.
- We are graduate students from UNC School of Public Health. A requirement of our graduate program is that we work with a community in NC to conduct a community diagnosis. This means that we help the community to identify its strengths, weaknesses, and future directions. Our community is Durham County. The information we gather will be summarized and shared with the community. In addition, we will present our results to the community at a forum that will be held in the spring.
- The purpose of speaking with you today is to find out about your thoughts and experiences of (having lived/having worked in/being familiar with) Durham County. We are interested in your opinions. There are no right or wrong answers.
- *Time*: This interview should last between 45 – 90 minutes. We would like to give you the opportunity to tell us as much as you would like, but (mention if you have limited time/ask if they do)

2. Confidentiality

- Your comments will remain confidential. We will be reporting summaries of the comments made by community members but will not identify who said what, nor will we identify the names of the individuals we interview.
- We would like to take notes and tape record this interview. Your input is important and we want to make sure that we accurately record what you tell us. Feel free to not respond to any question we ask, or hit the "Stop" button on the tape recorder at any time. After we are finished using the tapes for this class, the cassettes will be recycled or destroyed. Is this okay with you?

3. Ground Rules

- Right to refuse: if at any time while we're talking you don't want to answer a question, you not feel comfortable, or you would like to end the interview, please feel free to let me/us know.

Do you have any questions about anything I've said so far?

4. Self and Family

- How long have you lived in this area?
- Who does your family consist of?
- What kind of work do you/members of your family do? Where?
- What activities in the community are you involved in?
- Where do you attend church?

5. Geography of Community

- We have been asked to work with the Durham County community. How would you define "Durham County?" (show map)
- About how many people would you say live in Durham County?

6. Assessment of Community

- If someone were considering moving to Durham County, what would you tell them about the area to convince them to move here? Probe: What are other strengths or good things about Durham County?
- How could Durham County be improved? Probe: What other problems/areas of improvement does Durham County have?
- Would you consider Durham County to be a stagnant community, or a changing community? What makes you think this? Is this something that you would consider to be good or bad for Durham County?
- How well would you say people know their neighbors?
- If you needed help for some reason, who would you turn to?
- How do you stay informed about what's going on in Durham County?

7. Community Activities

- What organizations are in the Durham County community?
- Who are the important people in the community for getting things done? Probe: Who are the formal/informal community leaders, etc.
- What kinds of projects has Durham County worked on together (in the past 5-10 years) (How) were you involved in these efforts?
- What groups of people are involved in community activities? Probe: Are people from all age groups involved? (Are young people – those under 30 – involved in community activities?)

8. Employment/Economics

- Where would you say that most people in Durham County work?
- What do you think of these job opportunities? (Are they "good"jobs, or "bad", etc)

- How do you think people are doing financially in your community?

9. Health

- What health problems have you or your family had to deal with?
- What are the main health problems of people in Durham County?
- Where do you (and your family) get medical care?
- What do most people do when they have health problems? (i.e. do they seek care?)
- Where do most people in this community go to receive medical care?
- How do most people get to the (doctor, health dept, etc)? (i.e. what transportation is available?)
- What kinds of human, social, or health services have you (or your family) used? Probe: What was it like?
- Would you consider Durham County to be a healthy community? Probe: What makes it a healthy community? or Why wouldn't you consider Durham County to be a healthy community?

10. Changes Over Time

- Thinking about all of these things we've discussed above: How has Durham County changed over the past 5 years? Probe: Is there anything different about Durham County now that was not the case 5 years ago?
- What do you think about these changes? Probe: Are they something that you consider to be good or bad?

11. Perceptions of the Future

- How do you think Durham County will change over the next 5 years?
- What do you hope to see happen in Durham County in the next 5 years?
- What are your plans for the future?

12. Closing

- Is there anything else I have not asked about, that is important for me to know about Durham County?
- What did you think of our interview questions? (Ask for first few interviews only.)

13. Referrals

- Who else would you recommend that we talk to about the needs and assets of your community?
- Please note that any person to whom you refer us will be made aware of who referred them, and that they are under no obligation to participate in this study.

Thank you again for your participation!

Community Member Focus Group Guide

1. Opening

- *Thank you* for taking the time to meet with me/us. We recognize that your time is valuable and we appreciate your participation.
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- *Time*: This focus group should last between 45 – 90 minutes. We would like to give you the opportunity to tell us as much as you would like, but (mention if you have limited time/ask if they do)

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- We ask that you please do not share the comments of your fellow focus group members with others outside of the focus group.

3. Ground Rules

- Right to refuse: if at any time while we're talking you don't want to answer a question, you not feel comfortable, or you would like to end this focus group, please feel free to let me/us know.

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- Who does your family consist of?

- What kind of work do you/members of your family do? Where?
- What activities in the community are you involved in?
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- If someone were considering moving to Durham County, what would you tell them about the area to convince them to move here? Probe: What are other strengths or good things about Durham County?
- How could Durham County be improved? Probe: What other problems/areas of improvement does Durham County have?
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- If you needed help for some reason, who would you turn to?
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- Where do most people in this community go to receive medical care?
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12. Closing

- Is there anything else I have not asked about, that is important for me to know about Durham County?
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- Who else would you recommend that we talk to about the needs and assets of your community?
- Please note that any person to whom you refer us will be made aware of who referred them, and that they are under no obligation to participate in this study.

Thank you again for your participation!

Service Provider Interview Guide

1. Opening

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- We are graduate students from UNC School of Public Health, working with the Durham County Health Department. A requirement of our graduate program is that we work with a community in North Carolina to conduct a community diagnosis. This means that we will help the community to identify its strengths, weaknesses, and future directions. Our community is Durham County. The information we gather will be summarized and shared with the community and the local health department. In addition, we will present our results to the community at a forum that will be held in the spring.
- The purpose of speaking with you today is to find out about your thoughts and experiences of having worked with the residents of Durham County. We are interested in your opinions. There are no right or wrong answers.
- *Time*: This interview should last 45-90 minutes.

2. Confidentiality

- Your comments will remain confidential. We will be reporting summaries of the comments made by community members but will not identify who said what, nor will we identify the names of the individuals we interview.
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3. Ground Rules

- Right to refuse: If at any time while we are talking you do not want to answer a question, you do not feel comfortable, or you would like to end the interview, please feel free to let me/us know.

Do you have any questions about anything I've said so far?

4. Overview of Services

- Could you please provide me/us with an overview of the services your agency provides?
- What is your source of funding?
- What services does your agency provide for the residents of your community?
- What kind of contact do you have with the residents of your community? Probe: Which groups? How often?
- What special criteria must people meet in order to be eligible for your services?

- What community groups use your services most?
- What community groups tend to have the most need of your services?
- What barriers do you encounter in trying to reach community residents? (geographic, transportation, etc.)
- What other organizations provide similar services to community residents?
- How does your agency meet the cultural and language needs of the various groups in your community?

5. Community

- What would you say are the strengths of your community?
- What would you say are the greatest needs of your community?
- What kinds of community projects have been undertaken in your community during your time working with community residents? Probe: How would you explain their success or lack thereof?
- Who would you say are the key community leaders?
- If you were going to try to implement some type of community health project in Durham County, who would you try to involve to ensure success?
- What community needs are not met by your agency or other organizations in the area?
- How is the community involved in determining the services that you provide?

6. General

- Is there anything else you can tell me/us about your community?
- Is there anything else that you think I/we should know about?
- What would it take to get more people involved in local activities?
- Of all of the issues we have discussed today, which do you feel are the most important for the community to address?

7. Documents

- Does your agency have any documents (e.g. annual reports, funding applications, etc.) that we can either look at or have copies of?

8. Referrals

- Who else would you recommend that we talk to about the needs and assets of your community?
- Please note that any persons to whom you refer us will be made aware of who referred them, and that they are under no obligation to participate in the study.

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8. Referrals

- Who else would you recommend that we talk to about the needs and assets of your community?
- Please note that any persons to whom you refer us will be made aware of who referred them, and that they are under no obligation to participate in the study.

Thank you again for your participation!

Appendix B:

List of Interviewees

LIST OF INTERVIEWEES

Community Members [1]

19 Adult Female Community Members
9 Adult Male Community Members

Community Leaders [2]

Female Community Leader, Faith Organization
Female Community Leader, Local Business
Male Community Leader, Civic Organization
Male Community Leader, Community Organization
Male Community Leader, Community Organization
Male Community Leader, Faith Organization
Male Community Leader, Faith Organization
Male Community Leader, Faith Organization

Service Providers [3]

Female Service Provider, Community Center
Female Service Provider, Community Center
Female Service Provider, Community Organization
Female Service Provider, Community Organization
Female Service Provider, Community Organization
Female Service Provider, Community Organization
Female Service Provider, Community Organization
Female Service Provider, Durham County Board of Commissioners
Female Service Provider, Durham County Health Department
Female Service Provider, Durham Health Partners
Female Service Provider, Lincoln Community Health Center
Female Service Provider, Social Worker
Male Service Provider, Community Organization
Male Service Provider, Community Organization
Male Service Provider, The Durham Center
Male Service Provider, Durham Committee on the Affairs of Black People
Male Service Provider, Durham County Department of Social Services
Male Service Provider, Durham County Health Department
Male Service Provider, Durham County Health Department
Male Service Provider, Durham Health Partners
Male Service Provider, Durham Police Department
Male Service Provider, Homeless Shelter
Male Service Provider, North Carolina Central University

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[1] Community members were spoken with in either an interview or focus group format. Twelve of the twenty-eight Durham residents considered themselves to live in rural Durham. Eight community members were elderly and six were single-moms.

[2] In the interest of protecting anonymity of individuals in civic organizations, small business, and places of worship, this document will avoid identifying characteristics of both the organization and leader.

[3] In the interest of protecting the anonymity of individuals in community centers and organizations, this document will avoid identifying characteristics of both the organization and the service provider.

Appendix C:

Form Report & Materials

FORUM REPORT

A Community Form was held at Durham Regional Hospital on Saturday, March 4, 2000. The forum was a chance for the CD team to present their findings from primary and secondary data collection. Due to the numerous issues affecting Durham County, the team felt that their data was particularly valuable and would provide information that might assist and strengthen collaborative efforts within the community and also guide future programming.

Aside from the value of the data itself, the Community Forum was a way to bring community members together with local service providers to discuss issues of concern. The CD team chose an atmosphere where community members and service providers would feel comfortable to discuss issues of importance as well as to network. The forum was an opportunity for community members' voices to be heard and to communicate their concerns and hopes with service providers. For service providers, this was an opportunity to interact directly with community members. The forum also allowed participants to share information about available services and resources. In addition to providing a place to discuss challenges faced by the community, the forum was a celebration of the strengths of Durham County.

A planning committee of community members and service providers was formed in order to assist the team with the planning and coordination of the forum content and format. Forum planning committee members included: the CD team, a representative from the health department, four service providers, and two community members. The planning committee members were instrumental in selecting a forum site and coordinating the publicity for the forum.

The forum began at 2:00 with light refreshments. Three community members and five service providers attended. The CD team presented a 30-minute overview of the community

diagnosis process and major findings from secondary and primary data collection. The following issues were highlighted in the presentation: Durham's economy and poverty issues, health care and services, diversity, the growing Hispanic population, and urban verses rural issues. These issues were discussed in the context of the impact they pose to the health and well being of Durham County residents.

Due to the low turn out, the team changed the format of the forum from a small group activity that discussed the issues highlighted above to a larger group discussion about how to get more citizens involved in the community. The major themes that were identified in the discussion were that most residents don't identify with the overall county as their community. They view their community as their neighborhood, churches, or a smaller geographic area. Also, it was learned that community members relate to specific issues that are important to them, not necessarily to all issues in the context of the greater community. Community members that were present also felt that programs need to be brought to places where there is already a captive audience.

Even though the turn out for the forum was low, those who came had good viewpoints to share. The CD team was pleased with the issues raised by participants. After the completion of the forum community members stayed and networked among each other and with service providers.

Durham County Community Forum
Agenda

Saturday, March 4, 2000
From 2:00 to 4:00
At Durham Regional Hospital's 1st Floor Classroom

2:00 - 2:10	Registration & Refreshments
2:10 - 2:40	Presentations
2:40 - 2:50	Break into small groups
2:50 - 3:20	Small group discussions
3:20 - 3:45	Small group presentations & Wrap up

What have people been saying about Durham . . .

"The great thing about Durham . . . It's people."

"I think Durham is a community that has tremendous potential, it's built on a fantastic history."

"The history of Durham has shown that there has been a high level of activism among all sectors of the community."

"It's an exciting place to live. It's open, honest community.

February 11, 2000

Dear Durham County Community Member:

The Durham County Community Diagnosis team from the UNC Chapel Hill School of Public Health would like to thank you for your time and assistance over the past few months with the Community Diagnosis project. We appreciate all the help you have given us in the past and ask that you do us one more favor as we near the end of this project. Attached are a number of flyers announcing our forum on Saturday, March 4th from 2:00 to 4:00 PM at Durham Regional Hospital's 1st level classroom. This forum will include a presentation of our findings and a facilitated discussion about possible issues and solutions. We would appreciate it if you could distribute the attached flyers amongst your community by passing them out, posting them, or just leaving a few in a well traveled place where they will be seen. Once again, we thank you for your continued support and your dedication to Durham County. We would not have been able to make this project the success that it has been without your assistance.

Sincerely,

Holly Franklin

Melissa Green

Cindy Jaconski

Alex Pence

Jennifer Rice

Jeff Rurka