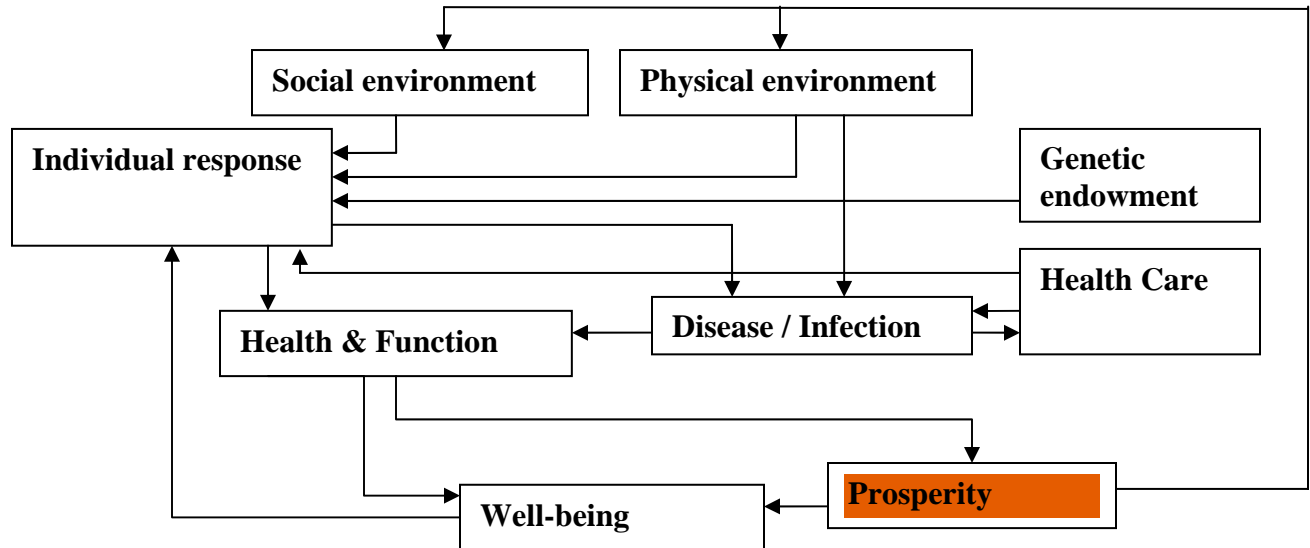


Prosperity



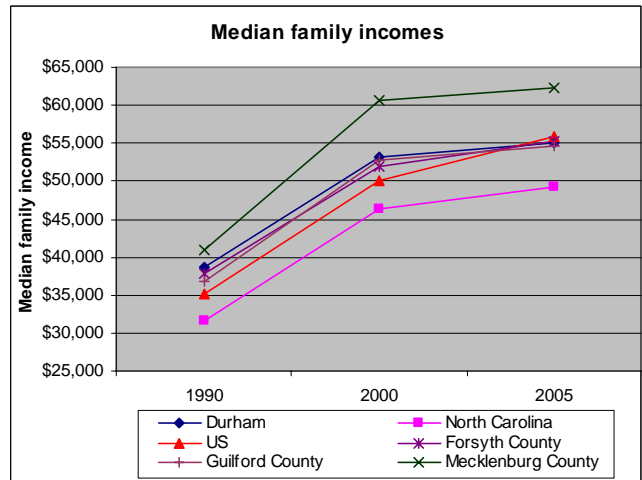
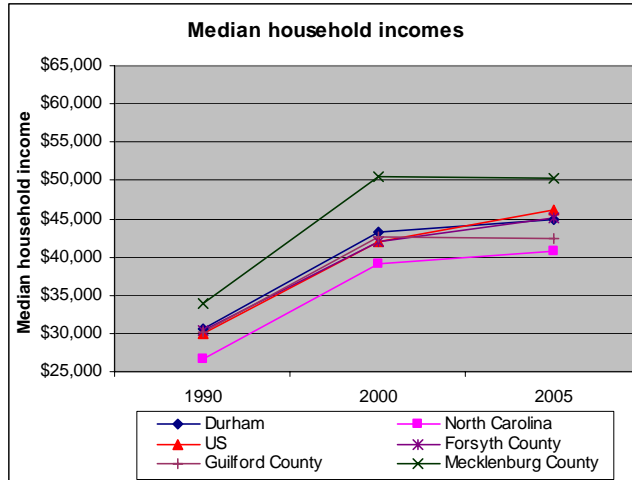
Key Findings

Main findings in the prosperity domain are:

- In 2005, Durham had median and household family incomes that are higher than for NC overall.
- The unemployment rate in Durham has gradually declined since 2002.
- Home ownership rates in Durham County increased from 55% to 71% between 2003 and 2007. Home ownership rates among African Americans increased from 42% to 63% during the same period and home ownership rates among Latinos increased from 13% to 27% during the same period.
- There is a disparity between ‘wages earned’ and ‘per capita income’ in Durham County – suggesting that many of those earning higher wages may not be resident in the County.
- Latino participants in the listening sessions described how the ability to earn adequate incomes, or to pay for health insurance, is often affected by difficulty in obtaining identification documents.
- The 2007 annual ‘point in time’ count of the homeless found 539 homeless persons in Durham County.

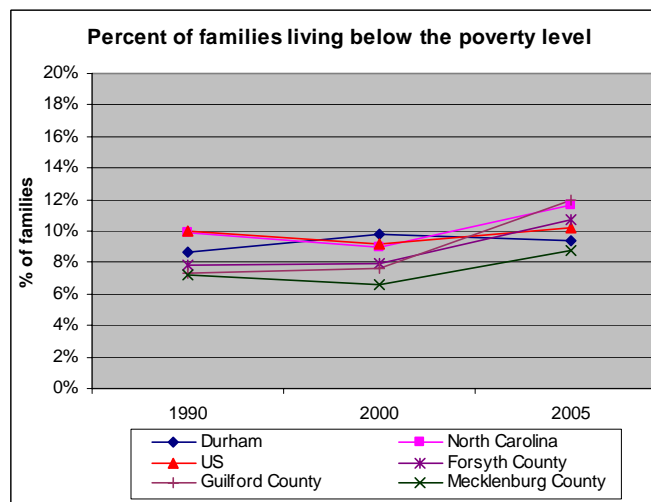
Income

Durham has median household and family incomes that are higher than the state’s rates – the 2005 median household income in Durham was \$44,941, and the median family income was \$55,023.



Data source: US Census (www.census.gov)

In 2005, the median earnings for workers in Durham County were \$28,163. The median earnings for a male full-time, year-round worker was \$41,634, while for female full-time, year-round workers was \$38,077.



Data source: US Census (www.census.gov)

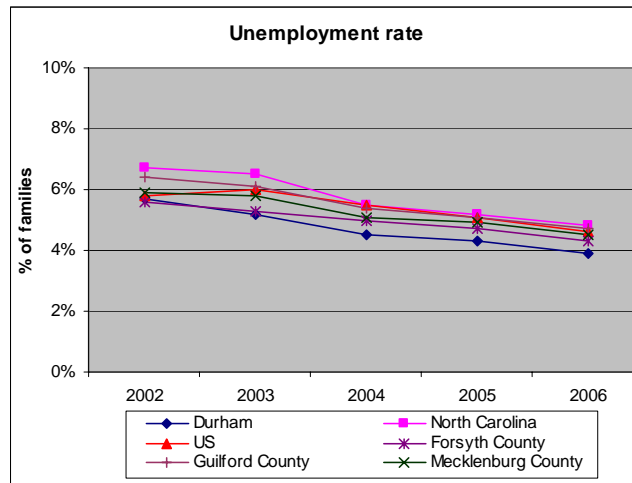
Durham has a lower percentage of families living in poverty than the state or the US at 9.4% in 2005. However, 14.4% of families with children were living with incomes under the poverty level. The rate grows even higher for female-headed households with no husband present, of which 29% lived in poverty, 33.4% of those with children under 18 and 45.7% of those with children under five years old.

“You can see that [Durham]’s a city in development, and this is very important for us, but even more for our children, who are going to grow up in Durham, and are going to find what they need.”
 - Durham County resident

Employment

Durham has many opportunities for employment. According to the NC Department of Commerce (<http://www.nccommerce.com/en>), 10% of Durham County’s jobs are in government, the remaining 90% in private industry. Of all jobs, 18.7% are in manufacturing, 10.6% in

educational services, and 18.4% in health care and social assistance. Durham’s average unemployment rate in 2006 was 3.9% of the average annual civilian labor force.

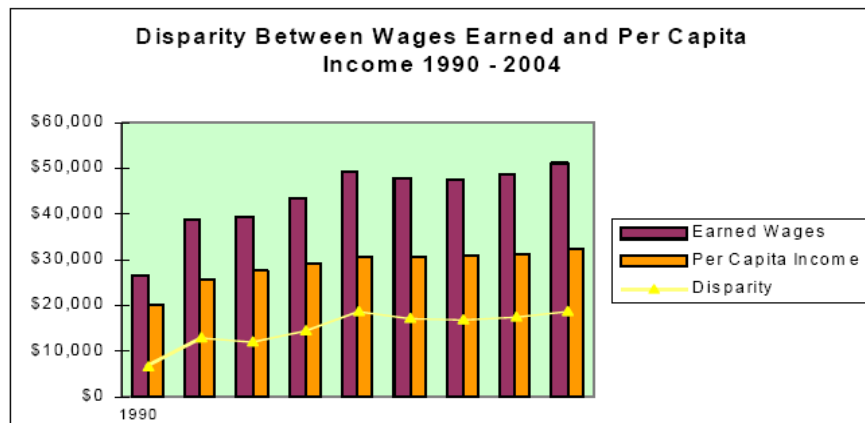


“Every day it’s harder to find work [because] there is much more competition.”
 - Durham County resident

Data source: Log into North Carolina (www.linc.state.nc.us)

“The average income is strong, but a lot of those incomes leave Durham at the end of the day.”
 - Durham County resident

As the Economic Workgroup of the Results-Based Accountability (www.durhamnc.gov/rba) initiative noted, however, that there is a disparity between wages earned and per capita income in Durham County. This might indicate that some of the people earning higher wages in Durham County aren’t residing in the county.



Employment emerged as a theme in the “action-oriented community assessment” of Lincoln Community Health Center’s patient population.

“Most community members agreed that being able to earn enough money to survive was difficult due to multiple factors. Many felt that full-time jobs were scarce while others felt that there were plenty available but that those available did not pay enough to live off of. Other notable barriers included lack of work experience and a lack of education or training... Some thought that difficulties faced by some Hispanics in getting identification documents limited their employment opportunities. Most service providers agreed that employment was an issue for the community, noting that 50% of jobs in Durham are taken by people who live outside of Durham and that these tend to be higher paying jobs; many of the uninsured and underinsured work in the service

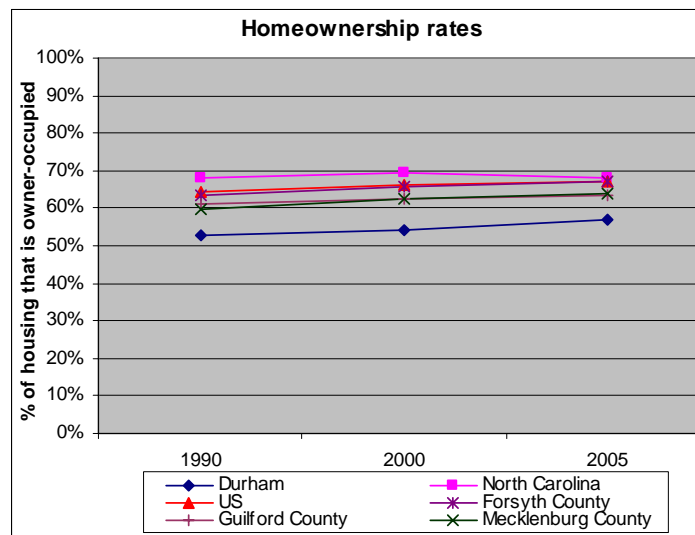
industry which often does not pay as well as other jobs. Many also brought up the conflict between employment hours and ability to seek medical care” (p 35).

Housing

Housing is a good indicator for economic well-being, and it is also a factor that influences health in many ways. In regards to prosperity, owning a house is a primary means to build wealth.

Durham has relatively low homeownership rates – in 2005, 57% of homes were owner-occupied. Durham’s Results-Based Accountability workgroup for Housing (available at http://www.durhamnc.gov/rba/pdf/affordable_housing.pdf) attributes these low homeownership rates, among other factors, to:

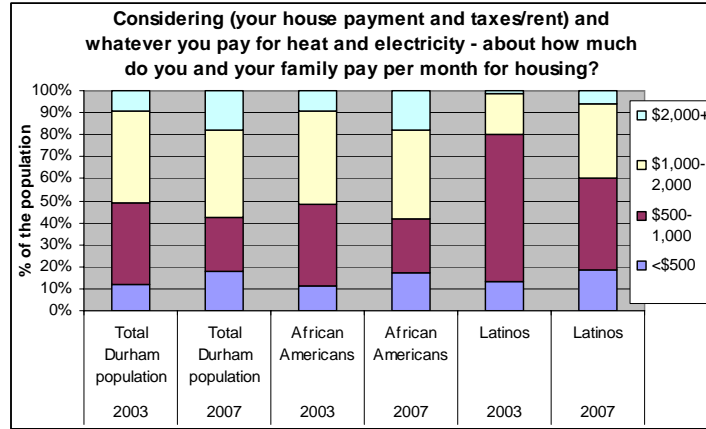
- New home prices rising faster than household income
- Recent increases in home foreclosures in the area
- Increasing numbers of “severely burdened” low-income homeowners



Data source: US Census (www.census.gov)

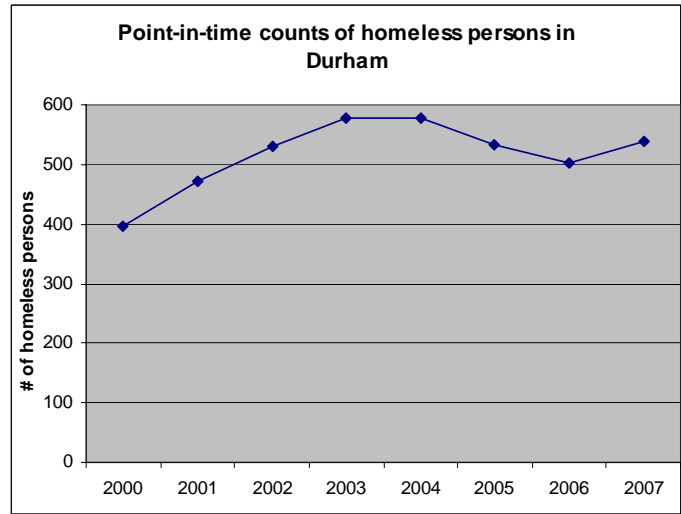
According to the Durham County Health Assessment Survey, homeownership rates increased from 55% to 71% between 2003 and 2007. Homeownership among African Americans increased from 42% to 63% and among Latinos from 13% to 27% during that time period.

Most Durham families (40%) spend between \$1000 and \$2000 on housing and utilities.



Data source: Durham County Health Assessment Survey

Every January Durham conducts a “point-in-time” count of the homeless, by visiting shelters and places on the streets where homeless people often stay. In 2007, they counted 539 total homeless persons in Durham. Of these, 95 were considered “chronically homeless,” and 37 were unsheltered (living in the streets).



“To me housing is a big issue...because if you don t have any place to go or stay, if you don’t have food and nowhere to stay, you are not thinking about what I’m talking about with healthcare.”
 - Durham County resident

Housing emerged as a theme during the “action-oriented community assessment” of Lincoln’s patient population as well.

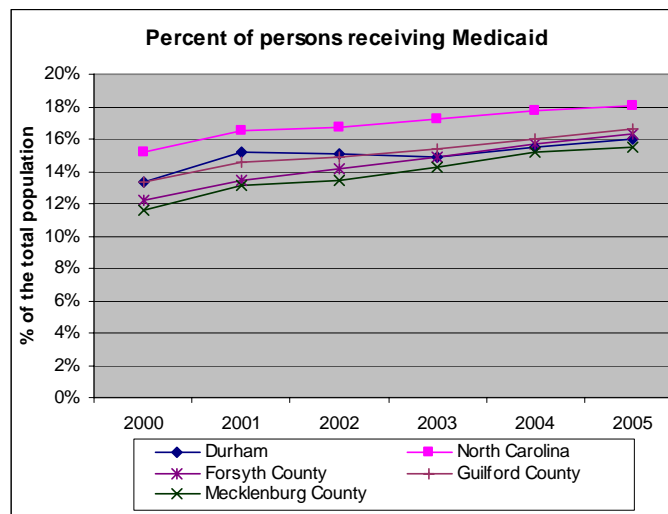
“The ability to obtain quality and affordable housing is limited and is a fundamental issue in the community which affects all aspects of life (i.e. employment, transportation, healthcare, etc)” (p 2). “Overall, community members were divided on the issue of housing. Hispanic community members almost unanimously reported that finding housing was difficult, citing cost of housing, quality of housing, and issues obtaining housing related to having IDs as barriers. However, none of the non-Hispanic interviewees believed it was difficult to obtain housing, praising the Durham Housing Authority for its efforts in aiding community members in finding housing. Those who did think housing was an issue were often concerned about the safety of available housing. The service providers who thought housing was an issue, however, were primarily concerned with the quality of available housing as well as its affordability” (pp 35-36).

Social services

Social services are available to families that qualify due to economic hardship. Medicaid is a program for low-income families that provides healthcare for eligible persons (based on the federal poverty level, or FPL). Eligible populations include –

- Pregnant women with family incomes of less than 185% FPL
- Aged, blind, or disabled persons with incomes of less than 100% FPL
- Infants with family incomes of less than 185% FPL
- Children ages 1-5 with family incomes of less than 133% FPL
- Children ages 6-18 with family incomes of less than 100% FPL
- Persons deemed “medically needy”

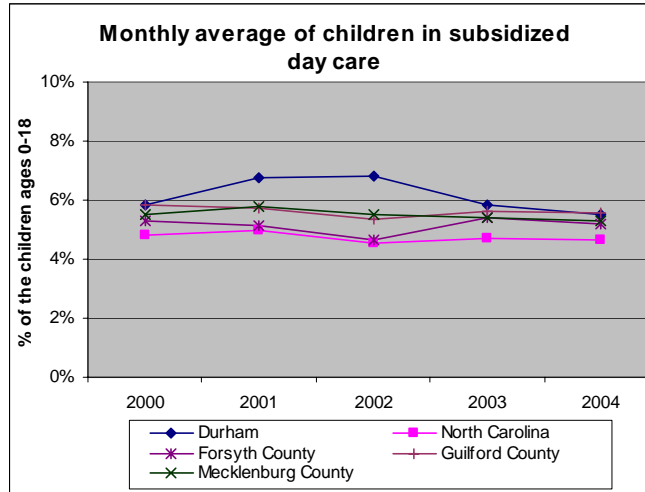
In Durham, 38,868 people, or 16% of the total population, received Medicaid at some point during 2005.



Data source: Log into North Carolina (<http://linc.state.nc.us/>)

Note: This measurement is the “Unduplicated count of Medicaid eligibles”: An eligible is defined as a person who receives a Medicaid ID card authorizing Medicaid coverage for any portion of the state fiscal year. Eligibles are unduplicated with respect to the state for the fiscal year.

Another income-based service is child care subsidies – through income eligibility and other qualifications, families can receive assistance paying for child care costs. Funding for this service comes through federal and state sources such as Temporary Assistance for Needy Families (TANF), the federal Child Care and Development Fund, Social Services Block Grants, and Smart Start funds. In 2004, a monthly average of 3,204 children (or 5.5% of the estimated population under 18 years old) were in subsidized day care.



Data source: Log into North Carolina (<http://linc.state.nc.us/>).

Note – this is the average monthly number of children receiving subsidies.

Discussion

The relationship between an individual’s wealth and health is circular – having extra resources means that individuals can better afford to take care of their health; also, having poor health impedes a person’s ability to amass wealth.

Lower income people have less means to maintain their health. There is a great deal of research, for example, showing that low-income neighborhoods are farther away from grocery stores, meaning that people don’t have access to the stores that are most likely to provide fresh fruits and vegetables; this research has also shown that proximity to grocery stores improves the community’s health (see www.healthydurham.org/committees/obesityandchronic/index.php). As pointed out in the Healthcare chapter, the escalating cost of healthcare means that fewer low-income families can afford health insurance. Working extra jobs means less time and energy for exercise or active recreation.

“To maintain a family, to be paying rent and car payments, you need to work two jobs, one full-time in the mornings and another in the afternoons ... or that both [in the couple] work. If you’re a single mother – even worse, when are you going to be left with time even for your children? And the kids? Who will take care of them for me? I pick them up, I take them home, buy them McDonald’s or Burger King and then I leave. You are also losing communication with your children.”

- Durham County resident

Also, poor health impedes a family’s ability to accrue wealth. Wage earners who are ill or have family members who are ill may not be able to work as much or as well as healthier people. This can deprive the family of hourly wages, as well as lost opportunities for promotion or raises. Medical care expenditures can quickly eat away at a family’s income and savings, as well. As referenced in the Healthcare chapter, even people who have health insurance can find themselves in bankruptcy from medical bills.

Poor health can cost the family in terms of income, but also costs society in terms of lost productivity. *Be Active North Carolina*, a statewide organization, commissioned a study of the

economic costs of unhealthy lifestyles in 2005. They found that health consequences of illnesses associated with physical inactivity, excess weight, inadequate fruit and vegetable intake, and Type II Diabetes cost the State of North Carolina \$24.1 billion in 2003, which they estimated to rise to \$36 billion in 2008. Using the same estimates, these risk factors cost Durham \$659 million in 2003, with a forecast to \$982 million in 2008. These costs come about in direct medical expenses, insurance claims, and lost work productivity. The results showed that an overweight child age 5-11 will incur \$200,000 in direct medical expenses attributable to their weight by the time the child approaches retirement.

It is clear that a family's ability to pay for good health and healthcare affects their overall well-being, and good health and healthcare in return affects a family's ability to enjoy prosperity. This is true on a societal level as well. For this reason, some employers are looking into health promotion and wellness programs, as a means of saving money on health insurance premiums and improving their productivity. Government has also invested in health promotion and disease prevention programs for their population, anticipating that it will save money in the long-term by avoiding healthcare costs for expensive diseases.

Initiatives and Resources in Durham

- Durham's City & County "**Results-Based Accountability**" initiative has a workgroup focused on creating a "Prosperous Economy." This initiative is a partnership of public sector and community efforts working towards measurable accomplishments in creating a healthy environment in Durham. www.durhamnc.gov/rba, 560-0020.
- The City of Durham has agencies focused on prosperity –
 - **Office of Economic and Workforce Development** - business services and workforce development services in economic development priority areas.
 - **Community Development Department** – administers community development block grants and affordable housing programs.www.durhamnc.gov, 560-1200.
- **Durham Chamber of Commerce** – business leadership organization with programs and activities in public policy, economic and workforce development, and business development. www.durhamchamber.org, 682-2133.
- **Durham Convention and Visitors' Bureau** - a local tourism development authority chartered by state and local government in cooperation with the private sector to attract and serve visitors to the City and County of Durham. www.durham-nc.com, 687-0288.
- **Durham Department of Social Services** – administers programs for eligible low-income families, such as food stamps, Medicaid, temporary or emergency financial assistance, and child care. <http://www.durhamcountync.gov/departments/dssv/>, 560-8000.
- **Downtown Durham, Inc** provides assistance for large and small businesses focused on downtown revitalization. www.downtowndurham.com, 682-2800.
- **Self-Help** – an organization based in Durham whose mission is to create and protect ownership and economic opportunity for people of color, women, rural residents and low-wealth families and communities. www.selfhelp.org, 956-4400.