

Health Concerns

Unemployment, Poverty & Violent Crime

According to Healthy People 2020, the health agenda for the nation, social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship and age that impact a wide range of health, functioning, and quality-of-life outcomes and risks. As the data in this chapter illustrates, these social conditions, such as income, employment and where a person lives, have a significant impact on the health of individuals, families and communities. According to the County Health Rankings health model, social and economic factors make the largest contribution--40%--to health outcomes.

<http://www.countyhealthrankings.org/our-approach/healthfactors/>

Data Highlights

- Regionally, Guilford County had the second highest unemployment rate in the area at 10.1%, following Rockingham County's rate of 11.3%.
- The Guilford County unemployment rate for African Americans was 16.0%, compared to 9.3% for whites; Large geographic disparities in unemployment were also found.
- Guilford County's estimated median family income was \$59,962 and the per capita income was \$26, 644 in Guilford County for 2007-2011; Large income disparities were found for Race/Ethnicity and geographically.
- In Guilford County and North Carolina, African-Americans and Hispanics had poverty rates more than twice that of whites.
- In Guilford County, six census tracts—three in Greensboro and three in High Point—had a range of 37.5% to 63% of households below the poverty level.
- The rate of violent crime in Guilford County was higher than in the state as a whole. Homicides were highly concentrated in a few high-minority, high-poverty census tracts.
- Renter-occupied housing ranged from 4-15% in affluent suburban and rural census tracts to as high as 57-72% in high-minority, high poverty areas.
- Significant disparities were found in educational attainment.

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Employment

A British study published in 1987 provided the first convincing evidence that unemployment leads to declines in health status. [1] Unemployment can lead to an increase in unhealthy behaviors related to alcohol and tobacco consumption, diet, and exercise, which in turn can lead to increased risk for disease or mortality. [2] Lack of employment, under-employment or low-wage employment increases the risk of poverty and restricted access to the material requirements for healthy living such as housing, utilities and healthful food as well as access to health insurance and health care.

Civilian Employed Population by Occupation in North Carolina, Guilford County and Surrounding Counties

Residence	Management, Business, Science & Arts	Service	Sales & Office	Natural Resources, Construction & Maintenance	Production, Transportation & Material Moving
North Carolina	35.0%	16.7%	24.2%	10.5%	13.7%
Alamance	30.7%	17.0%	25.9%	10.3%	16.1%
Davidson	27.2%	14.6%	26.3%	11.1%	20.7%
Forsyth	38.4%	16.5%	25.4%	8.3%	12.3%
Guilford	35.8%	16.3%	27.4%	7.8%	12.7%
Randolph	25.6%	14.6%	22.8%	12.0%	25.0%
Rockingham	24.1%	15.8%	23.6%	12.6%	23.9%

Source: American Community Survey, U.S. Census Bureau, 2007-2011 estimates.

- With regard to employment by occupation, Guilford County and surrounding counties reflect employment patterns in North Carolina overall.
- Guilford, Forsyth and Alamance counties had the highest percentages of the civilian employed population in occupations associated with management, business, science and arts as compared to other area counties, at 38.4%, 35.8% and 30.7% respectively.
- Guilford County and surrounding counties had similar percentages in service (range of 14 – 17%) and sales and office occupations (22 – 27%). (ACS 07-11).

Population 16 years and over in Labor Force, North Carolina, Guilford County and Surrounding Counties

Residence	Number	Percentage
North Carolina	4,784,984	64.6%
Alamance	77,610	65.7%
Davidson	82,131	64.3%
Forsyth	175,075	64.2%
Guilford	256,934	67.1%
Randolph	71,926	65.3%
Rockingham	44,939	59.7%

Source: American Community Survey, U.S. Census Bureau, 2007-2011 estimates.

- Approximately 65% of the population ages 16 and older were estimated to be in the labor force in North Carolina (ACS 07-11).
- Guilford County and surrounding counties reflect the state estimate, with the exception of Rockingham County with was estimated at 59.7%. (ACS 07-11).

Employment by Industry in North Carolina and Guilford County

Type of Industry	North Carolina	Guilford
Agriculture, forestry, fishing, hunting & mining	1.5%	0.4%
Construction	7.7%	5.7%
Manufacturing	13.1%	12.8%
Wholesale trade	2.9%	4.1%
Retail trade	11.6%	12.7%
Transportation, Warehousing & Utilities	4.4%	5.1%
Information	1.9%	2.3%
Finance & Insurance, Real Estate, Rental & Leasing	6.5%	8.1%
Professional, Scientific, Management, Administration & Waste Management Services	9.5%	9.0%
Educational Services, Health Care & Social Assistance	22.9%	22.6%
Arts, Entertainment, Recreation, Accommodation & Food Services	8.7%	9.7%
Other Services, except Public Administration	4.8%	4.6%
Public Administration	4.4%	2.8%

Source: American Community Survey, U.S. Census Bureau, 2007-2011 estimates.

- Comparing Guilford County to area counties, manufacturing industry employed a greater percentage in Davidson, Randolph and Rockingham as compared to Alamance, Forsyth and Guilford counties and the state overall.
- Conversely, in Alamance, Forsyth and Guilford counties, a slightly higher percentage of workers were employed in the following industries: 1) Arts, Entertainment, Recreation, Accommodation & Food Services; 2) Professional, Scientific, Management, Administration & Waste Management Services; and 3) Professional, Scientific, Management, Administration & Waste Management Services. (ACS 07-11)

Employment Status in Civilian Labor Force Status, Guilford and Surrounding Counties, 2007-2011

County	Unemployment in Labor Force
Alamance	8.6%
Davidson	10.0%
Forsyth	8.8%
Guilford	10.1%
Randolph	9.5%
Rockingham	11.3%

Source: American Community Survey, Five-Year Estimates, 2007-2011 U.S. Census Bureau.

- For the recent time period 2007-2011, Rockingham County had the highest unemployment rate, followed by Guilford and Davidson counties (ACS 07-11).

Percent of Civilian Labor Force Unemployed by Peer County, 2013

County	Unemployment in Labor Force
Cumberland	12.4%
Durham	7.2%
Forsyth	7.9%
Guilford	8.9%
Mecklenburg	9.3%
Wake	6.8%

Source: American Community Survey, 2013

- The unemployment rate of 8.9 in Guilford County in 2013 was about midway between a low of 6.8% unemployed in Wake County and 12.4% unemployed in Cumberland County.

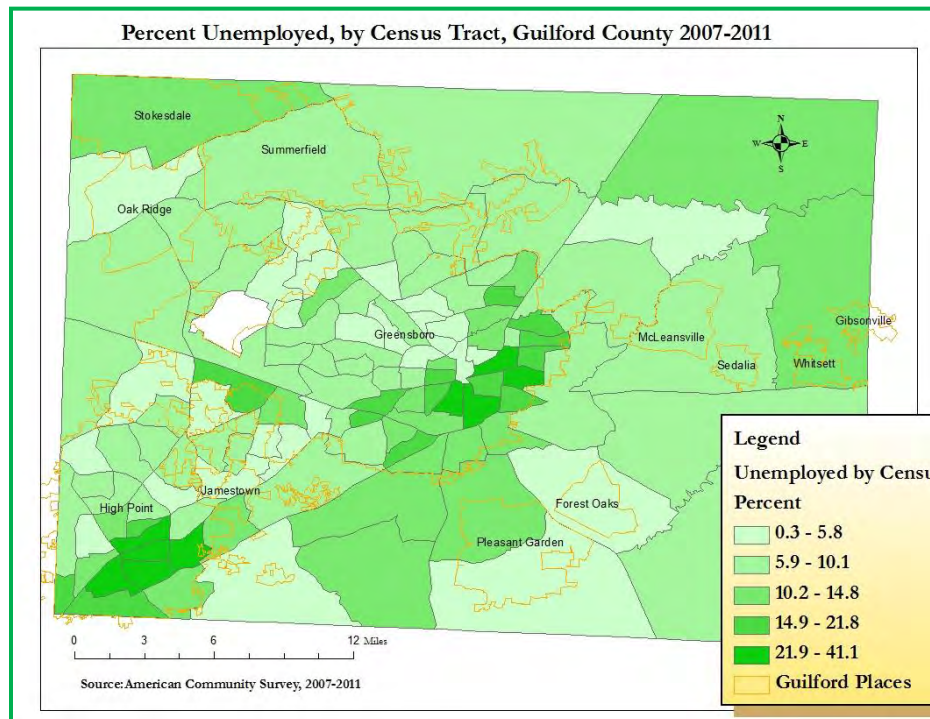
Percent Unemployed by Race and Ethnicity, North Carolina,

Guilford County and Forsyth County, 2007-2011

Residence	White	African American	Asian	Hispanic
Guilford	9.3%	16.0%	10.8%	10.1%
Forsyth	7.9%	18.1%	7.1%	10.0%
North Carolina	9.9%	17.9%	8.0%	13.1%

Source: American Community Survey, Five-Year Estimates, 2007-2011 U.S. Census Bureau.

- Unemployment varied by race and ethnicity.
- African Americans in North Carolina were unemployed at rates almost twice that of whites.
- Guilford County had a similar racial disparity, with unemployment for African Americans at 16.0% as compared to 9.3% of whites. (ACS 07-11)



- Unemployment is not distributed evenly across the county geographically but is highly disparate;
- Unemployment rates range from census tracts in northwest Greensboro and other suburban tract to census tracts in southeast Greensboro and High Point with rates ranging from 22% to 41%.

Income and Poverty

Without sufficient income, at least to a certain threshold, individuals have difficulty obtaining health insurance and paying for medical care and they may have difficulty meeting basic needs like healthy food and safe housing [3].

One study showed that if poverty were considered a cause of death in the U.S., it would rank among the top 10 [4]. While negative health effects resulting from poverty are present at all ages, children in poverty face greater illness and death due to greater risk of injury, lack of health care access, and poor educational achievement. [5,6].

Early or prenatal poverty may result in developmental damage. Children’s age-five IQ correlates more with family income than with maternal education, ethnicity, and living in a single female-headed household. [6]

**HEALTHY NORTH CAROLINA 2020
 SOCIAL DETERMINANTS OF HEALTH**
Objective 1: *Decrease the percentage of persons living in poverty.*

Rationale for selection: In general, increasing income levels correspond with gains in health and health outcomes—especially at the lower end of the income scale. People in poverty have the worst health, compared to people at higher income levels.

BASELINE (2009):	16.9%
2020 TARGET:	12.5%
Guilford (ACS 2010-2012):	18.0%

<http://publichealth.nc.gov/hnc2020/docs/HNC2020-FINAL-March-revised.pdf>

Income and Benefits, Guilford and Surrounding Counties (in 2011 Inflation-Adjusted Dollars)

	With Food Stamp/SNAP Benefits in the past 12 months	Median Family Income	Per Capita Income
Alamance	11.7%	\$54,605	\$23,477
Davidson	12.7%	\$55,015	\$22,624
Forsyth	8.7%	\$60,235	\$26,424
Guilford	10.9%	\$59,962	\$26,644
Randolph	11.7%	\$49,294	\$21,384
Rockingham	13.5%	\$48,112	\$20,861

Source: American Community Survey, Five-Year Estimates, 2007-2011, U.S. Census Bureau.

- Median family income ranges from \$48,112 in Rockingham County to \$60,235 in Forsyth County.
- Per capita income ranges from \$20,861 in Rockingham County to \$26,644 in Guilford County.
- Rockingham, Davidson and Alamance Counties had the highest percent of residents with Food Stamp/SNAP benefits in the past 12 months.

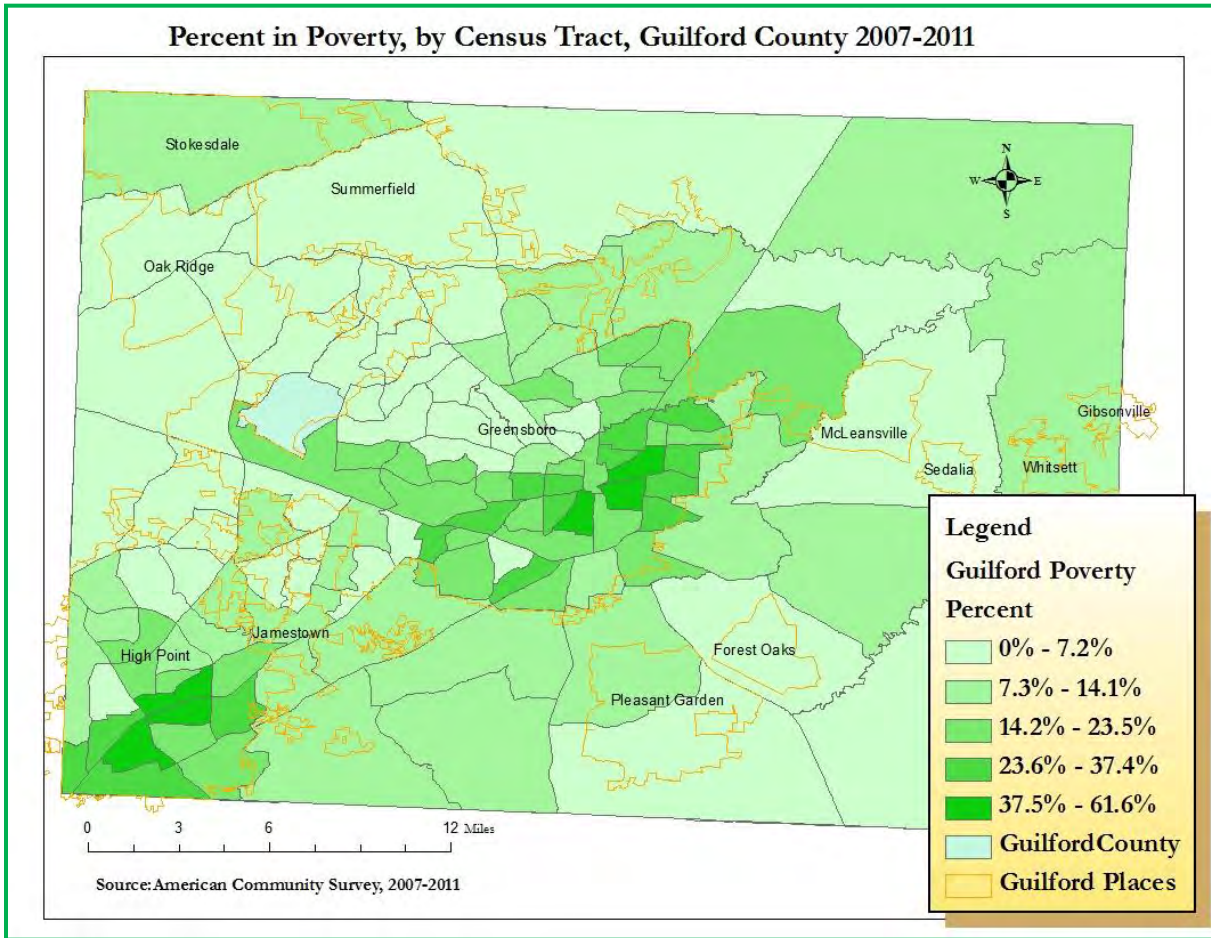
Poverty and Income, Guilford and Peer Counties, 2013

	Percent in Poverty	Median Household Income	Per Capita Income
Cumberland	17.5%	\$43,609	\$22,459
Durham	16.6%	\$52,488	\$31,666
Forsyth	20.8%	\$45,580	\$26,563
Guilford	19.0%	\$45,726	\$26,870
Mecklenburg	15.2%	\$54,278	\$31,993
Wake	10.7%	\$65,160	\$33,917

Source: American Community Survey, 2013

- The poverty rate in Guilford County (19.0%) is 77% higher than the rate in Wake County (10.7%) and 25% higher than the Mecklenburg rate (15.2%).
- The median household income in Wake County (\$65,160) is 42% greater than in Guilford County (\$45,726).
- Per capita income in Wake County (\$33,917) is 21% higher than in Guilford County (\$26,870).

Percent in Poverty, by Census Tract, Guilford County 2007-2011



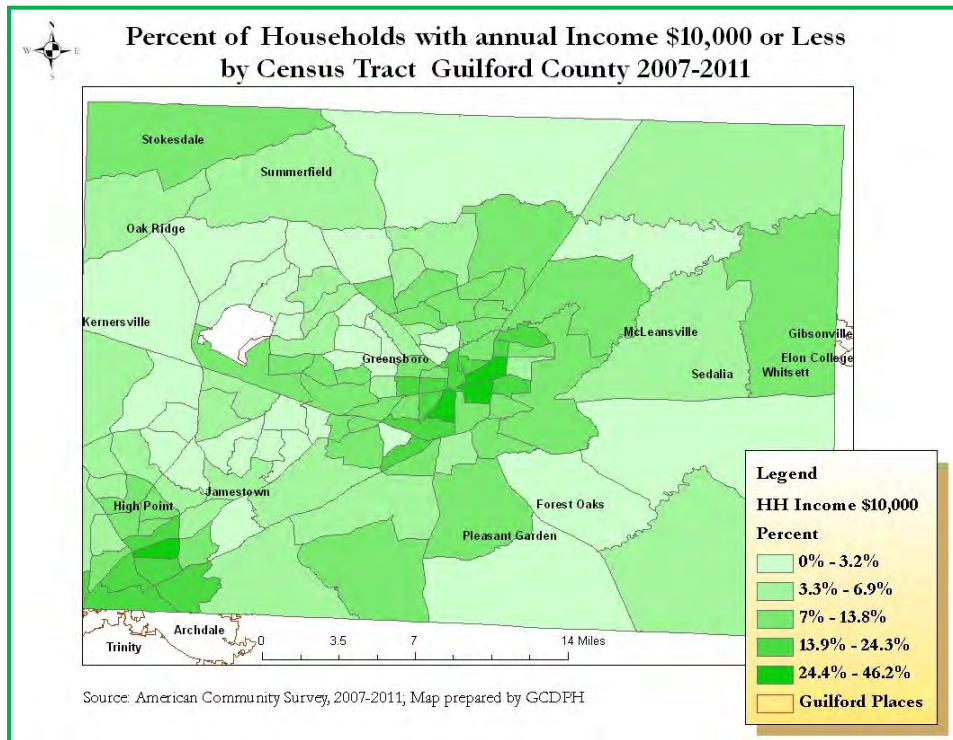
- In Guilford County, six census tracts—three in Greensboro and three in High Point—had greater than 37.5%--and up to 63%-- of households below the poverty level.
- High poverty census tracts also tend to have high percentages of minority racial and ethnic populations.

Percent in Poverty by Educational Status Guilford County, Forsyth County and North Carolina, 2007-2011

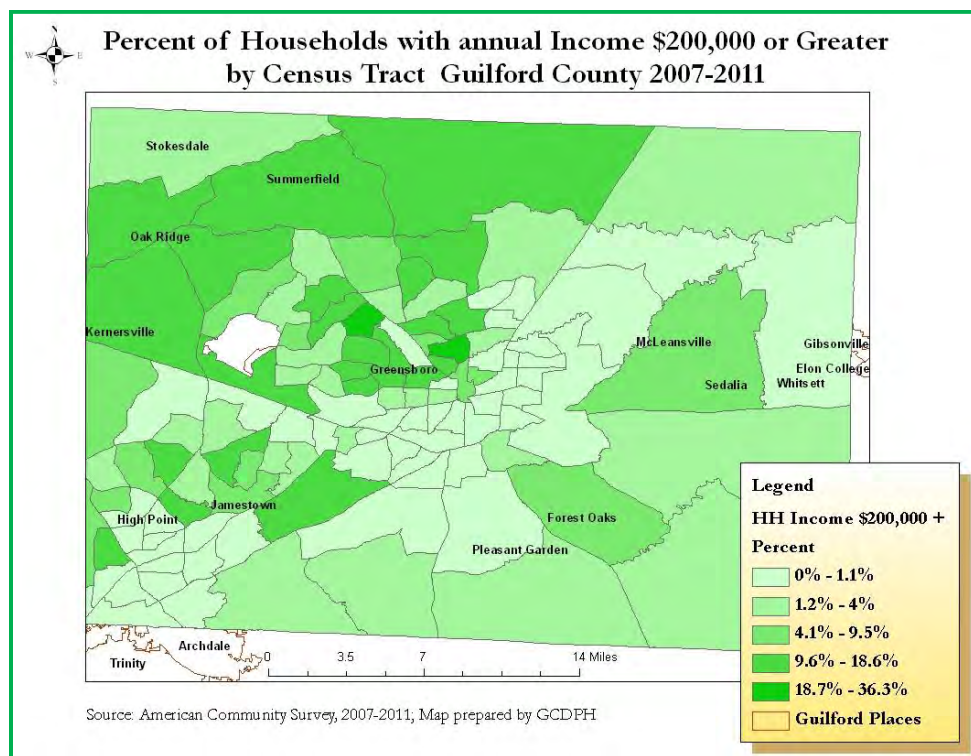
Residence	Less than High School	High School Graduate	Some College	College Graduate and more
Guilford	28.6%	14.4%	10.9%	3.8%
Forsyth	28.9%	14.3%	9.8%	3.8%
North Carolina	28.3%	13.9%	10.0%	3.6%

Source: American Community Survey Five-Year Estimates, 2007-2011, U.S. Census Bureau.

- Poverty rates are closely related to educational attainment. Those with higher educational attainment are much less likely to live below federal poverty levels.
- In both Guilford County and North Carolina as a whole, high school graduates are only half as likely to be in poverty as those without a high school diploma.
- Adults over the age of 25 are 7.5 times more likely to be in poverty as are college graduates.



- Census tracts in southeast and central High Point have as high as 24-46% of households with less than \$10,000 of income per year. The federal poverty level for a household of 3 is \$19,530, and for a household of 1 is \$11,490. These low-income tracts have less than 1% of households with incomes of \$200,000 or greater.
- In contrast, census tracts in northwest Greensboro have up to 36% of households with incomes of \$200,000 or greater and less than 1% with incomes of \$10,000 or less.



Community Safety: Violent Crime

Exposure to crime and violence has been shown to increase stress, which may exacerbate hypertension and other stress-related disorders. [7] It may also lead people to engage in smoking in an effort to reduce or cope with stress. Exposure to violent neighborhoods has been associated with increased substance abuse and sexual risk-taking behaviors as well as risky driving practices. Neighborhoods with high violence are thought to encourage isolation and therefore inhibit the social support needed to cope with stressful events. Additionally, exposure to chronic stress contributes to the increased prevalence of certain illnesses, such as upper respiratory illness and asthma, in neighborhoods with high levels of violence. [8]

HEALTHY NORTH CAROLINA 2020 INJURY AND VIOLENCE

Objective: Reduce the homicide rate (per 100,000 population)

Rationale for selection: Homicide is a completely preventable cause of death. Arguments, abuse or conflict, intimate partner violence, drug involvement, and serious crimes are the most common event circumstances for homicides.

Baseline (2008) 7.5

2020 Target 6.7

Guilford (2012) 6.9

<http://publichealth.nc.gov/hnc2020/docs/HNC2020-FINAL-March-revised.pdf>

2007-2011 Race/Ethnicity Sex-Specific Age-Adjusted* Homicide Death Rates,** Guilford County

Residence	White, non-Hispanic				African American, non-Hispanic				Overall	
	Male		Female		Male		Female		Overall	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
Guilford County	41	6.5	16	N/A	88	22.4	12	N/A	170	7.0

* Standard = Year 2000 U.S. Population ; **Rates Per 100,000 Population

Source: NC State Center for Health Statistics.

- Over a five-year period, there were on 170 homicide deaths in Guilford County.
- Among Hispanics, the homicide death rate was twice that of whites; Among African Americans, it was almost three times that of whites.
- Males were five times more likely to die from homicide than females.
- African American males had the highest rate at 22.4 per 100,000 population.

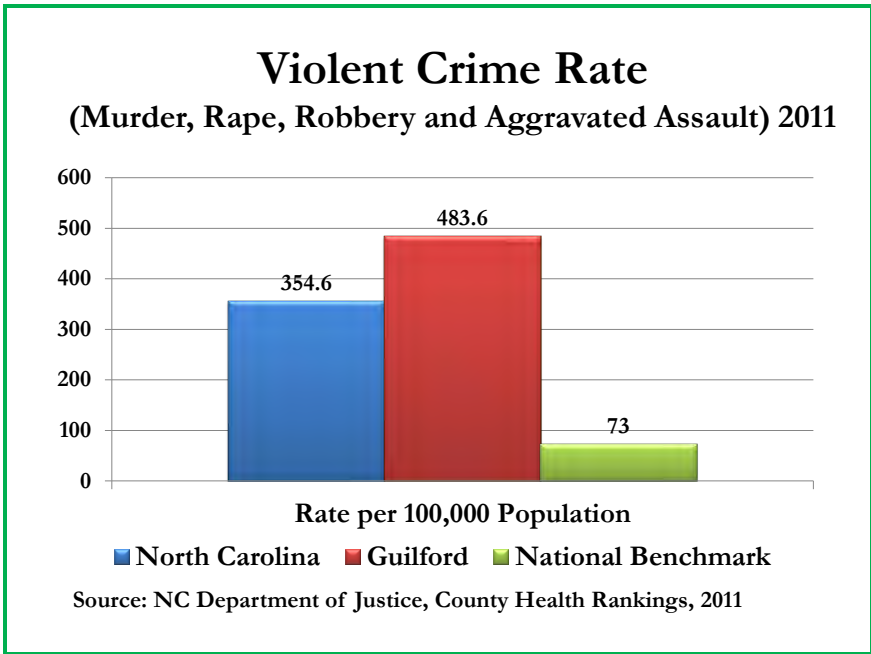
2009-2011 Race/Ethnicity-Specific and Sex-Specific Age-Adjusted* Homicide Death Rates,** Guilford County

Year	Homicide and Injury Purposely Inflicted on Other Persons									
	Whites		African-American		Males		Females		Total	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
2009	4	1.3	N/A	N/A	28	12.2	11	4.5	24	5.0
2010	14	5.0	N/A	N/A	25	10.7	2	0.8	27	5.5
2011	12	4.1	20	12.1	27	11.5	7	2.7	34	6.9

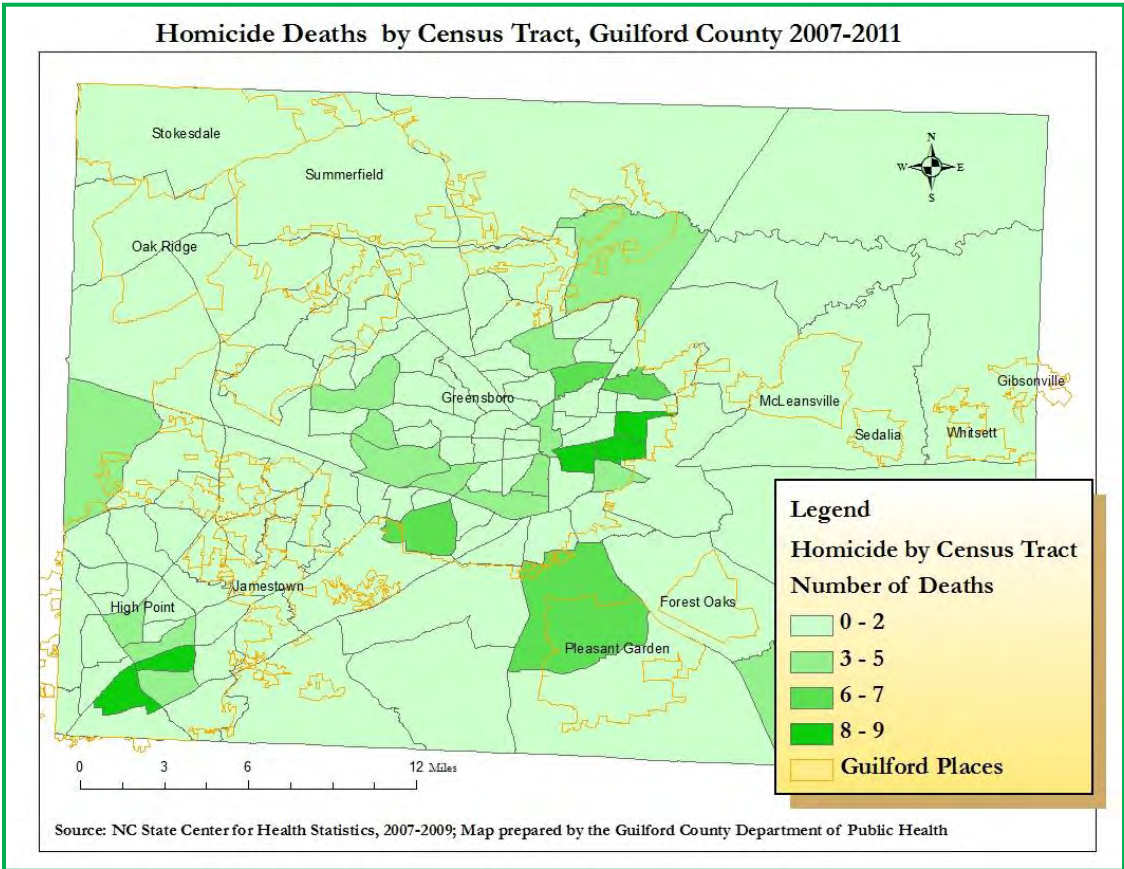
* Standard = Year 2000 U.S. Population ; **Rates Per 100,000 Population.

Source: State Center for Health Statistics.

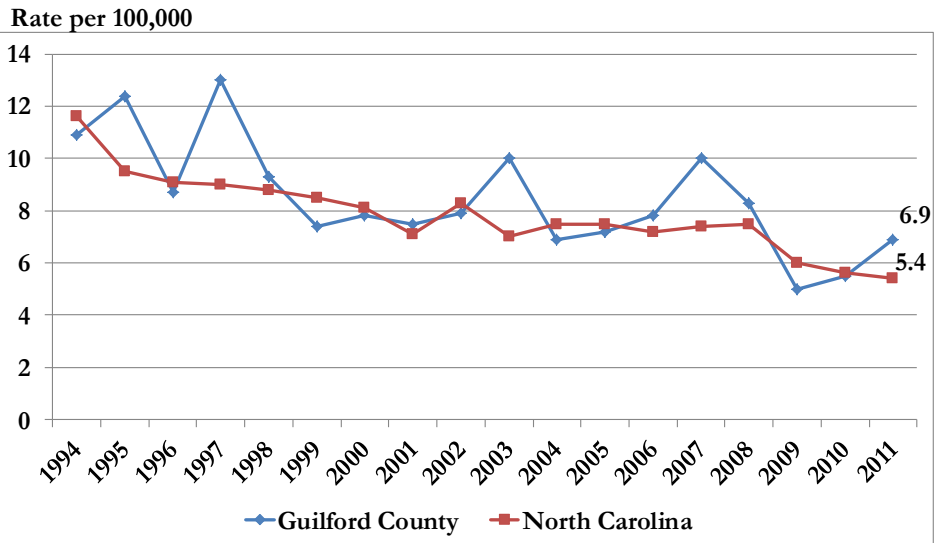
Technical Note: Rates based on fewer than 20 cases (indicated by "N/A") are unreliable and have been suppressed.



- The violent crime rate is an aggregated indicator that looks at three violent crimes – murder, robbery and aggregated assaults. Guilford County has high rates of violent crime compared to North Carolina and national benchmarks.
- The map below illustrates homicide deaths by in Guilford County by census tract.
- Homicide deaths are concentrated in census tracts that have higher proportions of residents living in poverty.



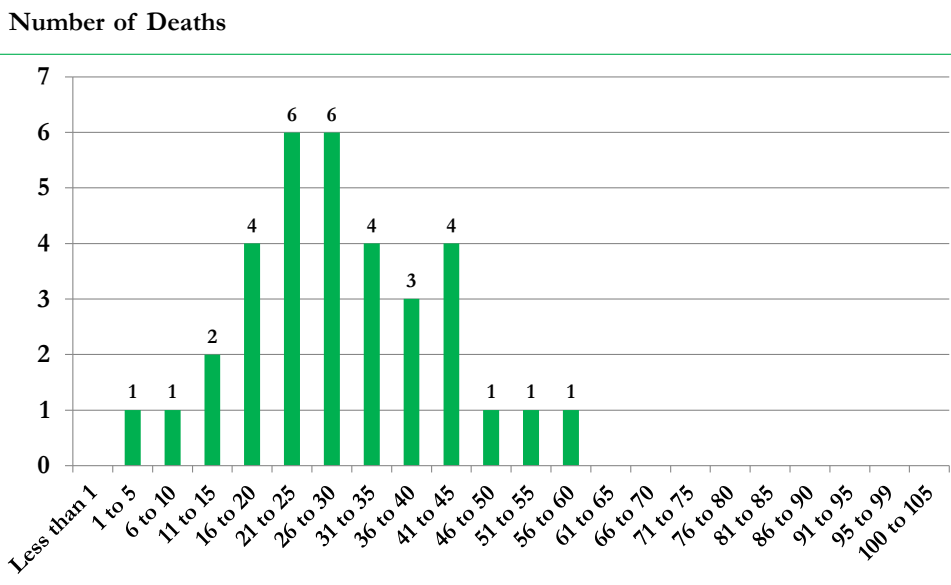
Trends in Mortality Rates Homicide, 1994-2011



Source: Data provided by the NC Center for Health Statistics
 Chart prepared by the Guilford County Department of Public Health.

- While homicide mortality rates have decreased in North Carolina and Guilford County over time, Guilford County's homicide rate was higher than that of North Carolina as a whole in 2011.

Homicide Deaths by Age Group Guilford County, 2011



Source: Data provided by the NC Center for Health Statistics.
 Chart prepared by the Guilford County Department of Public Health.

- In 2011, the majority of deaths were among those 16 to 45 years of age.

Injured in a Physical Fight, GCS Middle and High School Students, 2011

Residence	Ever Been in a Physical Fight in which They Were Hurt and Had to Be Treated by a Doctor or Nurse		In a Physical Fight One or More Times in the Past 12 Months in Which They Were Injured and Had to Be Treated by a Doctor or Nurse	
	Middle School Students		High School Students	
	Number	Percent	Number	Percent
North Carolina	1,911	5.1%	2,232	3.7%
Guilford County	92	3.4%	62	2.6%

Source: 2011-2012 Guilford County Youth Risk Behavior Survey, Guilford Education Alliance.

- A similar percentage of Guilford County middle and high school students as North Carolina middle and high school students reported being injured in a physical fight.

Experienced Relationship Violence in the Past Year: Were Ever Hit, Slapped or Physically Hurt on Purpose by their Boyfriend or Girlfriend during the Past 12 Months, 2011

Residence	High School Students	
	Number	Percent
North Carolina	2,245	14.1%
Guilford County	215	9.1%

Source: 2011-2012 Guilford County Youth Risk Behavior Survey, Guilford Education Alliance.

- 9.1% of Guilford County high school students reported they experienced relationship violence in the past year, compared to 14.1% of North Carolina high school students.

Ever Been Sexually Assaulted: Ever Been Physically Forced to Have Sexual Intercourse When They Did Not Want To, 2011

Residence	High School Students	
	Number	Percent
North Carolina	2,238	9.5%
Guilford County	169	7.2%

Source: 2011-2012 Guilford County Youth Risk Behavior Survey, Guilford Education Alliance.

- 7.2% of Guilford County high school students reported they have ever been sexually assaulted.

Housing

“Poverty, education level, and housing are three important social determinants of health. These three factors are strongly correlated with individual health. People with higher incomes, more years of education, and a healthy and safe environment to live in have better health outcomes and generally have longer life expectancies. Although these factors affect health independently, they also have interactive effects on each other and thus on health. [9] For example, people in poverty are more likely to engage in risky health behaviors, and they are also less likely to have affordable housing. [10] In turn, families with difficulties in paying rent and utilities are more likely to report barriers to accessing health care, higher use of the emergency department, and more hospitalizations.”

From Healthy North Carolina 2020: A Better State of Health <http://publichealth.nc.gov/hnc2020/docs/HNC2020-FINAL-March-revised.pdf>

HEALTHY NORTH CAROLINA 2020 SOCIAL DETERMINANTS OF HEALTH

Objective: Decrease the percentage of people spending more than 30% of their income on rental housing.

Rationale for selection: Housing affordability is a problem that affects mostly low-income individuals and families. People with limited income may have problems paying for basic necessities, such as food, heat, and medical needs. In addition, people with limited incomes may be forced to live in substandard housing in an unsafe environment.[9]

Baseline (2008): 41.8%
2020 Target: 36.1%
Guilford (ACS 2010-2012) 50.5%

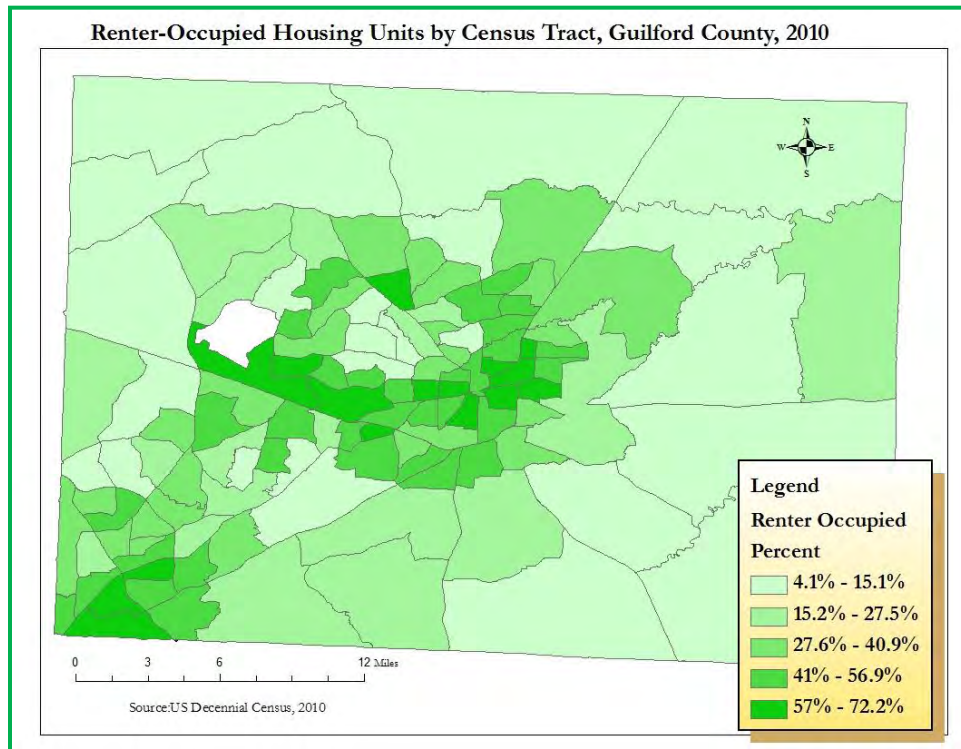
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Housing Characteristics, North Carolina and Guilford Peer Counties, 2008-2012

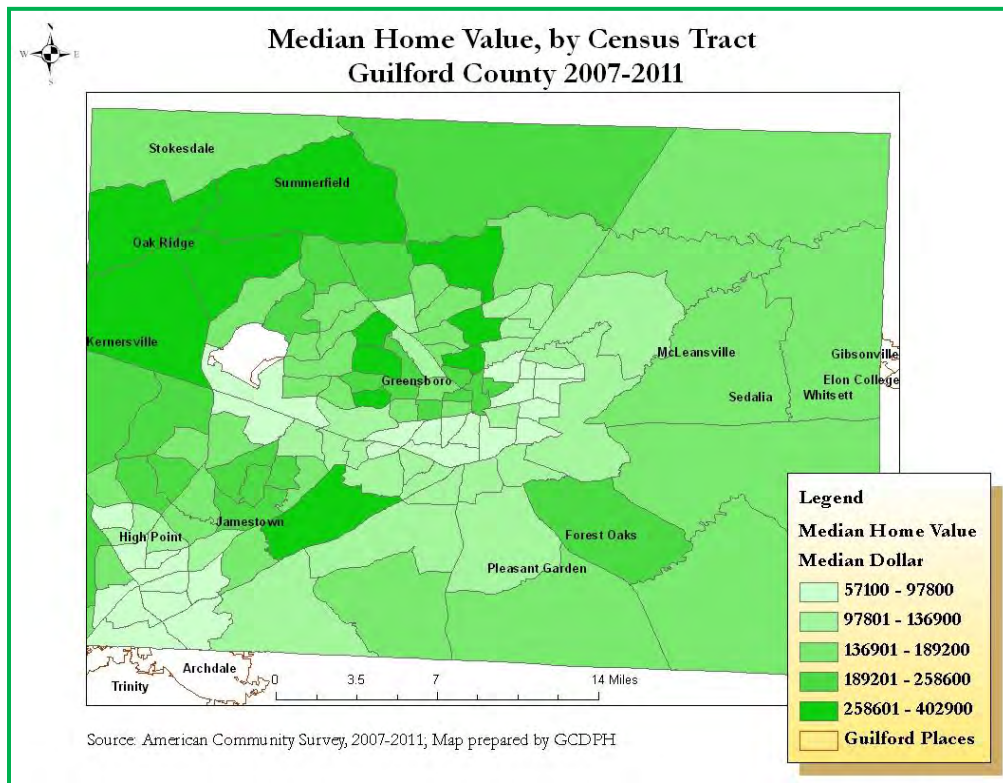
Residence	Percent Owner-Occupied Units	Percent Renter Occupied Units	Percent Households with no Vehicle Available
Cumberland	51.2%	48.8%	6.4%
Durham	53.3%	46.7%	8.2%
Forsyth	62.2%	37.8%	8.0%
Guilford	57.9%	42.1%	7.3%
Mecklenburg	56.8%	43.2%	6.9%
Wake	63.2%	36.8%	4.4%
North Carolina	64.3%	35.7%	6.5%

Source: American Community Survey, U.S. Census Bureau, 2007-2011 estimates.

- Compared to the state as a whole, Guilford has a higher proportion of renter-occupied housing.
- Guilford has a higher percentage of households with no vehicle available (7.3%) compared to the state as a whole and compared to Wake and Mecklenburg counties.



- The percentage of housing units that is renter-occupied in the county ranges from 4.1-15.1% to as high as 57-72.2%. Areas with high renter-occupancy are primarily in South to SE and East Greensboro and Central High Point.
- The county exhibits a large disparity in home values. Median home values range from a low of \$57-\$98,000 across West to South and East Greensboro and Central High Point to a high of \$259-\$403,000 in northwest Greensboro, northwest Guilford County and the Jamestown area.



Educational Attainment

Educational attainment is closely intertwined with the other social determinants of health such as employment, income and poverty. Persons with higher educational attainment are more likely to be employed, to earn higher incomes, and less likely to live in poverty. Higher educational attainment is linked to better access to healthcare through jobs that have employer-provided health insurance. [11-12] Education also impacts health through higher levels of health literacy. [12]

Educational Attainment, Guilford County and Surrounding Counties, 2007-2011

Residence	Percent High School Graduate or Higher	Percent Bachelor's Degree or Higher
Alamance	81.4%	21.6%
Davidson	78.9%	16.8%
Forsyth	87.3%	31.3%
Guilford	87.1%	32.8%
Randolph	76.8%	13.8%
Rockingham	76.3%	13.1%

Source: American Community Survey Five Year Estimates, 2007-2011, U.S. Census Bureau.

- Compared to surrounding counties, Guilford County had the highest percentage of those residents with a bachelor's degree or higher at 32.8%.
- Guilford County had the second highest percentage of those who have attained a high school diploma or higher at 87.1%, second only to Forsyth County at 87.3%.
- Like other social determinants, wide geographic disparities were found, with percentages of persons with at least a high school diploma ranging from 50-70% to tracts with 95-100%.

HEALTHY NORTH CAROLINA 2020 SOCIAL DETERMINANTS OF HEALTH

Objective: INCREASE THE FOUR-YEAR HIGH SCHOOL GRADUATION RATE

Rationale for selection: Adults who do not graduate from high school are more likely to suffer from health conditions such as heart disease, high blood pressure, stroke, high cholesterol, and diabetes. Individuals with less education are also more likely to engage in risky health behaviors, such as smoking and being physically inactive.

Baseline: 71.8%

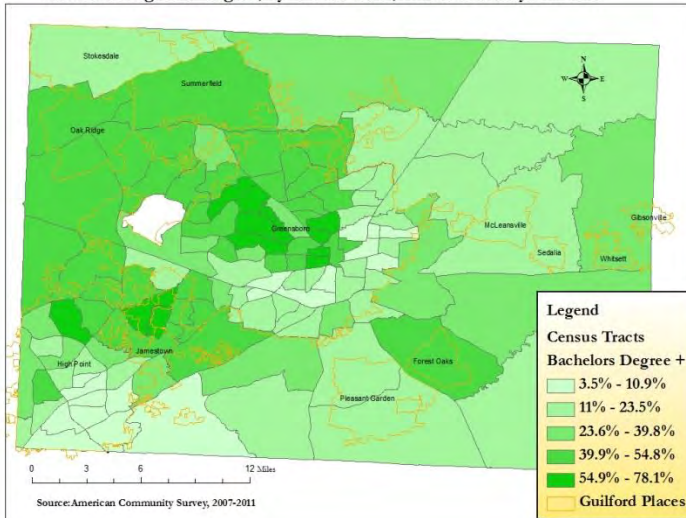
2020 Target 94.6%

Guilford County (2013*): 86.2%

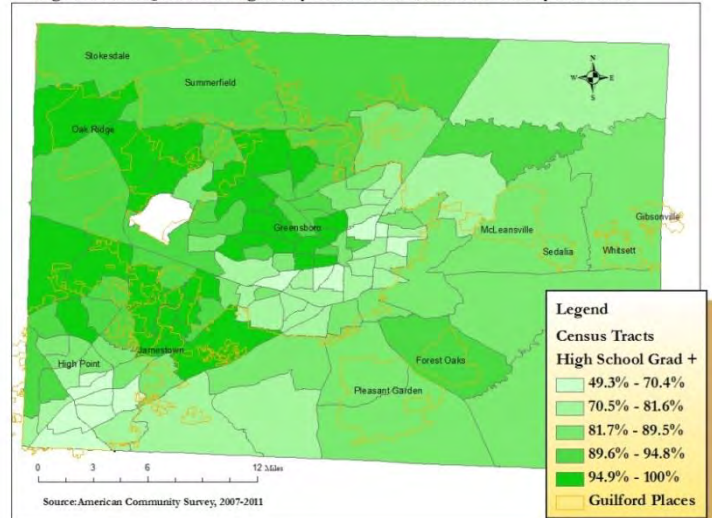
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*NC Department of Public Instruction

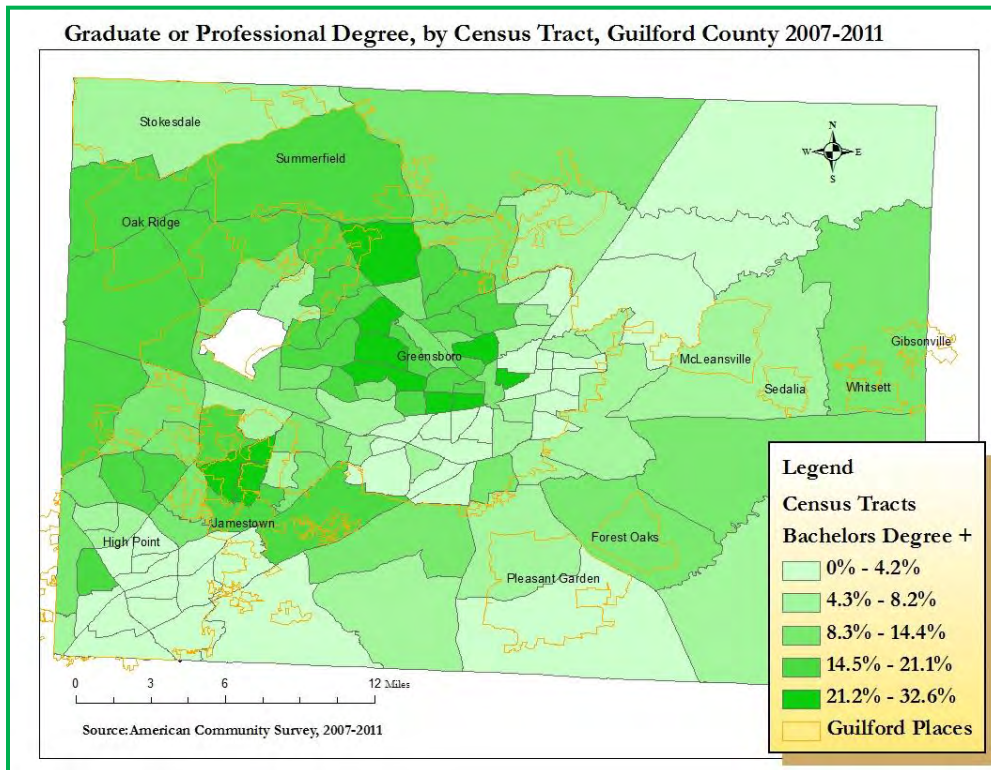
Bachelors Degree or Higher, by Census Tract, Guilford County 2007-2011



High School Diploma or Higher, by Census Tract, Guilford County 2007-2011



- The percentage of persons with a Bachelor's Degree or higher ranges from 3.5-11% in southeast Greensboro census tracts to 55-78% in northwest Greensboro, Jamestown and north High Point.
- Geographic disparities in the percentage of persons with a Graduate or Professional Degree are even more stark than with High School Graduates and Bachelor's Degree or higher, with tracts in south, southeast and east Greensboro having as few as 0-4% with a Graduate or Professional Degree to tracts in northwest Greensboro and the Jamestown area with 21-32.6% with advanced degrees.



**Educational Attainment, Guilford County
and Peer Counties, 2008-2012
(population 25 years and over)**

Residence	Percent High School Graduate or Higher	Percent Bachelor's Degree or Higher
Cumberland	89.8	23.0
Durham	87.1	46.7
Forsyth	87.4	33.1
Guilford	89.3	34.6
Mecklenburg	88.8	41.9
Wake	91.5	49.1
North Carolina	85.7	28.4

Source: American Community Survey Five Year Estimates, 2008-2012, U.S. Census Bureau.

- Guilford County has a higher proportion of residents over the age of 25 with a high school education or greater. Among peer counties the highest percentage of residents with a high school education is found in Wake County.
- Though Guilford County has a higher percentage with a bachelor's degree than the state as a whole, its rate is considerably lower than Durham (46.7%), Mecklenburg (41.9%) and Wake (49.1%). Wake's rate of residents with a bachelor's degree or higher is 42% higher than Guilford's rate.

Highlights from Focus Groups

Social health determinants were defined in the focus groups as access to income, education and assistance. Health determinants largely focused on employment with descent living wages and the provision of benefits.

Poverty and Unemployment

Unemployment and underemployment reduces access to health insurance and without insurance it is difficult to see a physician. Participants commented on the privilege associated with having health insurance and that the poor and homeless in particular were not afforded this luxury. There is a belief that physicians and health care providers were not aware of socioeconomic disparities and their influences on health determinants.

There are many social and economic factors that are challenging for immigrant and refugee residents of Guilford County. The majority of challenges faced by new arrivals pertained specifically to economic challenges. Obtaining a job and earning an income were the top priorities for refugee residents. The economic climate in Guilford County has changed considerably within the past decade. The factories and textile mills where many earlier immigrant and refugee residents worked have largely moved overseas. Manual labor positions are not as readily available as they once were. The shifting nature of economic positions has greatly affected immigrant and refugees residents' ability to find employment.

It is also important to note that challenges finding work and financial difficulties contributed to a great deal of anxiety and stress. Chronic stress was reported amongst refugee residents in particular. This type of stress was not anticipated prior to resettlement. One single mother from the Democratic Republic of Congo expressed that, "I left the war in my country thinking that things would get better here but I think all the time of the things I have to pay...I haven't been able to find a job since arriving, and so if I don't have a job and don't have money for the phone, I don't know when my doctor's appointments are...I don't know when my appointments with my case worker are...I don't have time to sleep because of all the thoughts running through my head, and I truly believed that I was leaving the difficult life back in my country." Other participants nodded in agreement.

Health challenges also contributed to economic and social well-being. Immigrant and refugee residents noted that Medicaid was quick to send them to collections. While many were paying on the debt incurred from medical care, not all were able to pay the full amount that was to be sent in each month. Participants experienced difficulty negotiating payment plans due to language barriers and challenges navigating the system. Several participants stated that they could afford to pay \$25 per month but that \$50 was too much for the budget that they were on. If they missed payments or were sent to collections, this negatively affected their credit.

The physically demanding nature of many of the jobs (i.e. chicken farms) contributed to and/or exacerbated nascent health problems as well. It was observed that many refugee residents will work for two months or so and then begin to get sick. Several mentioned that they will take a few days off to recover, but then are asked not to come back because of the missed time. Refugee residents specifically expressed concerns about the employment conditions of those working on chicken farms. It is to be noted that refugee participants may live in Greensboro, but often find work in Rockingham (near to the South Carolina border) or Dobson (an hour and a half drive each way). Those that are able to find jobs that fit with their school schedule will also try to attend classes in addition to work. This type of demanding schedule contributes to exhaustion as well.

Chronic Stress

Anxiety was also discussed frequently by refugee populations. The source of their anxiety was often related to their current financial situation. Many refugees experience difficulty finding employment in the U.S. Their employment situation is further exacerbated by the fact that refugee residents arrive to the U.S. in debt. The U.S. is the one country that makes refugee residents pay back the cost of the airfare associated with resettlement. Given the current cost of airfare this can easily equate to more than \$10,000 for a family of five. The anxiety caused by financial worries keeps refugee residents awake at night. As one resident reiterated that her, "head just never stops." French and Nepali-speaking residents repeatedly stated that finding a job would help to improve their overall health. Obtaining employment is further exacerbated by challenges relating to transportation, language barriers, non-transferrable degrees and skills sets and nascent health problems. It is also important to note that challenges finding work and financial difficulties contributed to a great deal of anxiety and stress. Chronic stress was reported amongst refugee residents in particular.

Language Barriers

Language barriers greatly affect one's ability to seek and obtain employment. Without basic English language skills, it is difficult to even search for a position on one's own. Furthermore, effective communication skills are a requisite for even the most basic positions. Language barriers also affect one's chance of staying employed. Refugee residents noted that they have difficulty keeping their current positions if employed due to communication challenges. Minimal language comprehension also is limiting in the sense that there is little chance for promotion without effective communication skills. Refugee residents with minimal language skills are likely to stay in low-paying entry-level positions, because they have not yet gained the language proficiency deemed necessary for advancement.

Transportation

Transportation (or lack thereof) greatly affects the employment opportunities for many immigrant and refugee residents. Residents utilizing public transportation have to allot themselves enough time to get to work to account for transfers and delayed buses. This notion can be extremely limiting for adults that have to factor in the schedules of their children.

Education

Several refugee residents had received college degrees in their countries of origin. Unfortunately, their degrees were not transferrable to the United States since universities in developing countries often do not meet U.S. accreditation standards. One resident lamented that their degrees were wasted, because they could not practice the jobs (or similar jobs) that they once had. College degrees are highly valued, and immigrant and refugee residents were frustrated when their degrees did not hold any value in the U.S. Skill sets regardless of the obtainment of a degree also did not always transfer to life in the U.S. Strict licensing requirements in the U.S. do not allow for former entrepreneurs (i.e. restaurant owner) to easily begin anew in the same industry post-resettlement.

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A single mother from the Democratic Republic of Congo expressed that, "I left the war in my country thinking that things would get better here but I think all the time of the things I have to pay...I haven't been able to find a job since arriving, and so if I don't have a job and don't have money for the phone, I don't know when my doctor's appointments are...I don't know when my appointments with my case worker are...I don't have time to sleep because of all the thoughts running through my head, and I truly believed that I was leaving the difficult life back in my country."

-An experience described by
focus group participant

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