

Health and Wealth: A Look at the Commuting Zones of Healthy Places NC

There is a direct correlation between the measures of community wealth and the health of its residents. Simply put the less healthy a community, the poorer it is. And this phenomenon is only exacerbated in rural communities and in the South in particular. The Centers for Disease Control conducted a study of the five leading causes of premature death: heart disease, cancer, unintentional injury (which includes issues such as death from opioid overdose), chronic respiratory disease and stroke. In all cases, the rates were higher in non-metropolitan communities than in metropolitan areas.

But just living in a rural area is not inherently unhealthy—it is because non-metropolitan areas have greater income disparities and are generally poorer than their urban counterparts. A 2016 report from the Brookings Institute put this issue into stark relief: “Health declines have been smaller for high-income individuals, resulting in an increasing gap in health between the lowest- and highest-income individuals.” To illustrate this point, let’s take a look at the seven counties that are part of Kate B. Reynolds Charitable Trust’s Healthy Places NC initiative.

Healthy Places NC Community College Commuting Zones

Six of the seven of the counties (Beaufort, Burke, Edgecombe, Halifax, McDowell, Nash and Rockingham) were in the bottom 10 percent of North Carolina counties when it came to calculating premature death and all had poverty rates significantly below the state average. For instance, Edgecombe County ranked 93rd among counties in the rate of premature death and the percentage of children living in poverty was 23%, nearly double the state’s average of 12 percent.

It is not just the existence of poverty in these communities that is problematic it is the stickiness of low-wealth. In the US as a whole and the South in particular, the family income of the household into which you are born is unfortunately a real indication of where you can be expected to end up.

Commuting Zone Name (HPNC Counties served)	Rank of 729 Zones in the US for Chances from Rising from Lowest to Highest (#1 is worst mobility)	Chance of Rising from Parent Q1 to Child Q5 (from lowest to highest)	Chance of Rising Parent Q1 to Child Q3 plus Q4 (From lowest to middle or upper middle)
Wilson (Edgecombe, Nash)	13	3.2%	24.8%
Roanoke Rapids (Halifax)	18	3.3%	25.3%
Greensboro (Rockingham)	69	4.7%	26.0%
Washington (Beaufort)	84	5.0%	28.4%
Morganton (Burke, McDowell)	114	5.4%	29.8%

The table above illustrates the economic mobility issues facing Healthy Places NC counties. In all the commuting zones containing HPNC counties, individuals born into the lowest quintile of wealth have a less than 5.4 percent chance of climbing into the highest quintile by the time they are an adult. Two commuting zones, Wilson and Roanoke, are among the worst in the nation using this metric.

Addressing Social Determinants with the Infrastructure of Opportunity

The impact of the lack of economic mobility has been shown to cause harm in communities. The seminal work the Spirit Level found that “there is a very strong tendency for ill-health and social problems to occur less frequently in ... more equal countries.... Health and social problems are indeed more common in countries with bigger income inequalities.”

MDC believes that the challenges posed by persistent poverty and economic mobility can be best met by what we term an Infrastructure of Opportunity: “the aligned systems and supports that can boost everyone, particularly those who’ve been left behind, to higher rungs on the economic ladder and contribute to local prosperity.” In rural communities, often the most important institution is a community college. When the Healthy Places NC work got underway, the Trust looked to community colleges to be a focal point of the work precisely because as an MDC report commissioned by the Trust reported: “they can be effective agents of change.”

Community Change Agents

So what can colleges do to address the issues of wealth inequality that lead to poor health outcomes? Below are just three suggestions that colleges might consider.

Help college leadership understand the state of health in your community. While there is plenty of anecdotal evidence about health outcomes relationship to poverty and income equality, nothing is better than making sure your college’s leadership understands the direct relationship. You might consider having both an individual meeting with your president and a making a presentation to the college’s Board of Trustees in which you present the statistics laid out in County Health Rankings. As anyone who works at a college knows, nothing of substance can get done without the support of leadership.

Don’t go it alone. Colleges are not the only ones that work to improve health outcomes and reduce income disparity in a community. Contact your regional support organization; Kate B. Reynolds and MDC to learn more about community efforts aimed poverty alleviation and reducing income inequality. Marrying these programs with college projects is vital in an era where resources are limited.

Invite Affordable Care Act navigators to your campus. Several HPNC counties have taken advantage of MDC’s offer to send navigators to campus to offer counseling to students, faculty and staff on finding affordable health insurance under the Affordable Care Act. One obvious way that health care and poverty intersect is the dramatic impact that an unexpected health crisis can have on a family. Navigators can help individuals choose the insurance plan that works for them and prevent calamitous events from derailing the progress towards a better economic future.

Of course, so many of the projects that the HPNC colleges are pursuing now will have a direct impact on the economic health of the communities that they serve. And in fact community colleges traditional roles such as training of health care workers make a difference in the livelihoods of residents by providing workers with good jobs while meeting the health care needs of the communities they serve. A greater recognition of the intersection between the health and wealth of rural communities can build upon these existing opportunities and open the path for more frequent and more effective ways to address these challenging issues.

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