

Background

- The Southeastern Health Equity Council (SHEC) is one of ten Regional Health Equity Councils (RHECs) in the U.S. formed in 2011 to implement the National Partnership for Action to End Health Disparities (NPA).
- The Southeastern region experiences higher rates of illness and death from many diseases compared to the rest of the United States.
- High rates of disparities diminish the region's potential for economic and societal advancement.

Purpose

The report card was developed to:

- Identify where health disparities exist for key indicators related SHEC'S 3 priority areas:
 1. Health care access
 2. Cultural competency
 3. Healthy food access
- Determine opportunities and areas for immediate target and potential policy action.
- Identify gaps in data collection and reporting.

This report embraces a data-informed approach to identify the social determinants that reinforce health disparities and will utilize it as a benchmark to measure improvements in the future.

Methods

- Reports on 20 indicators in 3 priority areas broken down by Race, Ethnicity, Gender, Urban/Rural Status, Sexual Orientation, and Disability Status.
- Publicly-available, tabulated data broken down by state and subgroup data where available. (E.g., US Census Bureau, CDC, USDA).

Grading System & Data Sources

A	B	C	D	E
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A = Equal or better than HP 2020 goal or >25% improved from 2009 to 2012 or >25% improved from national average.

B = 1-30% worse than HP 2020 goal or >10-25% improved from 2009 to 2012 or >10-25% improved from national average.

C = >30-60% worse than HP 2020 goal or between 10% improved and 10% worse from 2009 to 2012 or between 10% improved and 10% worse from national average.

D = >60-90% worse than HP 2020 goal or >10-25% worse from 2009 to 2012 or >10-25% worse from national average.

F = >90% worse than HP 2020 or >25% worse from 2009 to 2012 or >25% worse from national average.

Implications for Practice: Gaps in Data

- Improve data collection by oversampling racial and ethnic groups with small population sizes.
- Make data collected on subcategories publicly available.
- Consider including sexual orientation in future data collection and reporting efforts.
- Merge death certificate data with disability data to report mortality rates by disability status.

Health Care Access

Key Findings

- Roughly 74% of the Southeastern population, aged 18-64, has health insurance, with African Americans and Hispanics being less likely to have health insurance.
- 7 of the Southeastern States have decided not to expand Medicaid to cover individuals up to 138% of the Federal Poverty Level.
- 7 of the Southeastern States have defaulted to Federal Exchange, which limits state's ability to adapt to specific needs of its population.
- Kentucky is the only state in the Southeast to expand Medicaid and opt for state-based Health Exchange.

The table below illustrates one of the Health Care Access indicators.

Health Care Access: Health Insurance										
	U.S.	Region	AL	FL	GA	KY	MS	NC	SC	TN
% adults (18-64) with health insurance (2011)	B	B	B	B	B	B	C	B	B	B
Race										
White	84.0	78.8	80.8	77.8	78.0	78.8	74.6	81.3	79.3	79.6
African American	73.3	68.4	71.6	64.6	65.1	70.7	61.8	70.2	67.7	75.6
American Indian/Alaska Native	φ	φ	φ	φ	φ	φ	φ	φ	φ	φ
Asian	φ	φ	φ	φ	φ	φ	φ	φ	φ	φ
Pacific Islander	φ	φ	φ	φ	φ	φ	φ	φ	φ	φ
Ethnicity										
Hispanic	62.9	54.6	70.7	54.2	40.0	65.3	65.8	36.8	55.1	48.8
Gender										
Male	76.7	71.8	76.7	66.7	68.7	75.4	66.3	73.1	72.2	75.6
Female	81.2	76.6	78.9	73.2	73.4	80.1	72.1	77.2	76.9	80.9
Disability Status										
Disabled	85.1	82.6	82.7	81.3	80.0	84.9	86.7	82.1	82.7	80.5
Non-Disabled	80.9	79.4	81.8	74.7	73.5	80.9	84.1	78.7	78.3	82.8
Urban/Rural Status										
Urban	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ
Rural	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ
Sexual Orientation										
Heterosexual	δ	δ	δ	δ	δ	δ	δ	δ	δ	δ
Homosexual	δ	δ	δ	δ	δ	δ	δ	δ	δ	δ
Bisexual	δ	δ	δ	δ	δ	δ	δ	δ	δ	δ

Source: Centers for Disease Control and Prevention, 2011 Behavioral Risk Factor Surveillance System. Grading is based on the National Healthy People 2020 goal for health insurance (100%).
 Note: This indicator represents the population who has any type of health insurance.
 φ Sample size too small to report Δ Data may not be publicly reported by source δ Data not collected by source

Implications for Practice

- Encourage Medicaid Expansion: More than 2.5 million adults are eligible for coverage if Medicaid is expanded among Southeastern States.
- Enhance outreach efforts to inform residents of their new healthcare coverage options and how to enroll.
- Expand Medicaid and coverage through affordable private health insurance plans.

Cultural Competency

Key Findings

- Largest Black/African American population in U.S. (13 million) resides in the Southeastern region.
- Growing American Indian and Appalachian population.
- The foreign-born population has been gradually increasing.
 - Florida, Georgia, and North Carolina have the largest foreign-born population.
 - Alabama, Kentucky, Mississippi, and Tennessee have experienced a 50% increase since 2006.

The table below illustrates one of the Cultural Competency indicators.

Cultural Competency in Health Care: Foreign Born Population										
	U.S.	Region	AL	FL	GA	KY	MS	NC	SC	TN
Percent of population that is foreign born (2011)	13.1	8.0	3.4	19.6	9.2	3.2	2.2	7.4	4.8	4.8
Race										
White	3.9	2.0	0.8	5.9	2.4	0.9	0.7	2.0	1.9	1.4
African American	8.6	4.6	0.9	20.0	5.5	4.2	0.2	2.4	0.7	2.6
American Indian/Alaska Native	5.1	14.1*	φ	17.9	16.9	φ	φ	2.5	φ	19.2
Asian	66.6	70.9	72.4	71.2	70.3	75.1	64.4	66.8	73.1	73.5
Pacific Islander	22.1	24.1*	φ	24.1	φ	φ	φ	φ	φ	φ
Ethnicity										
Hispanic	36.2	44.9	45.8	48.4	47.0	39.7	40.8	47.0	44.1	46.1
Gender										
Male	6.4	3.5	1.8	9.2	5.0	1.7	1.2	3.9	2.5	2.5
Female	6.7	3.4	1.2	10.4	4.7	1.6	0.9	3.6	2.3	2.4
Disability Status										
Disabled	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ
Non-Disabled	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ
Urban/Rural Status										
Urban	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ
Rural	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ
Sexual Orientation										
Heterosexual	δ	δ	δ	δ	δ	δ	δ	δ	δ	δ
Homosexual	δ	δ	δ	δ	δ	δ	δ	δ	δ	δ
Bisexual	δ	δ	δ	δ	δ	δ	δ	δ	δ	δ

Source: U.S. Census Bureau, 2011 American Community Survey. Grading is not applicable since it is difficult to determine what signifies an improvement to a state's foreign-born population. Use national data as a referent point.
 Note: Individuals are considered foreign-born if they have indicated that they were either a U.S. citizen by naturalization or they were not a citizen of the United States. Individuals born in Puerto Rico or other U.S. Island areas are not considered foreign-born.
 *The estimate is statistically unstable
 φ Sample size too small to report Δ Data may not be publicly reported by source δ Data not collected by source

Implications for Practice

- Increase the competency of health care workforce.
- Enact state-level laws and/or licensure and certification policies that require cultural competency education for new and existing health care professionals.
- Improve data collection to measure the delivery of cultural competent services by health care facilities to assess impact on health outcomes.

Healthy Food Access

Key Findings

- The percent of adults who consume ≥ 5 fruits or vegetables per day remains steady in the Southeast (21% from 2003 to 2009), which is lower than the national average of 23%.
- Individuals living in the Southeastern region are less likely to engage in physical activity compared to the national average (57% and 49% respectively).
- 16.1% of Southeastern households experience food insecurity. This rate is more than 100% higher than the Healthy People 2020 goal of 6%.
- Compared to the national average (23.6%), many of the Southeastern states have more than 24% of the population living in areas that do not have access to grocery stores to buy healthy foods.
- All the Southeastern states have convened local- or state-level food policy councils to address issues of food access through collective, multisectoral efforts.

The table below illustrates one of the Food Access indicators.

Healthy Eating, Physical Activity and Food Access: Food Consumption										
	U.S.	Region	AL	FL	GA	KY	MS	NC	SC	TN
%adults who consume 5 or more fruits or vegetables per day (2009)	C	C	C	B	B	B	C	D	D	C
Race										
White	24.1	21.5	20.5	25.4	24.1	20.7	17.2	21.1	18.0	24.7
African American	21.3	19.6	19.5	24.5	25.6	21.9	15.8	18.3	14.3	17.1
American Indian/Alaska Native	φ	φ	φ	φ	φ	φ	φ	φ	φ	φ
Asian	φ	φ	φ	φ	φ	φ	φ	φ	φ	φ
Pacific Islander	φ	φ	φ	φ	φ	φ	φ	φ	φ	φ
Ethnicity										
Hispanic	21.5	19.9*	φ	21.4	22.6	φ	φ	15.7	φ	φ
Gender										
Male	19.2	17.9	18.2	20.2	21.0	17.7	14.8	17.4	13.9	20.3
Female	27.7	23.9	22.3	28.3	27.7	24.1	18.7	23.7	20.6	26.1
Disability Status										
Disabled	22.7	19.0	16.7	23.5	25.0	19.1	14.2	17.8	16.0	19.9
Non-Disabled	24.0	21.7	21.5	24.6	24.5	21.8	17.8	21.4	17.8	24.2
Urban/Rural Status										
Urban	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ
Rural	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ
Sexual Orientation										
Heterosexual	δ	δ	δ	δ	δ	δ	δ	δ	δ	Δ
Homosexual	δ	δ	δ	δ	δ	δ	δ	δ	δ	Δ
Bisexual	δ	δ	δ	δ	δ	δ	δ	δ	δ	Δ

Source: Centers for Disease Control and Prevention, 2009 Behavioral Risk Factor Surveillance System. Grading based on year comparison (2003). 2011 data are not comparable.
 Note: 2003 data used to compare are as follows: AL (22.6), FL (23.6), GA (23.0), KY (18.2), MS (17.9), NC (23.1), SC (22.3), TN (22.2), Regional (21.6), and National (22.6). Each subgroup is compared to the 2003 value.
 Note: Fruit & vegetable consumption is determined for individuals who consume 5 fruits or vegetables per day
 *The estimate is statistically unstable
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Implications for Practice

- Develop and implement food-financing programs at the state and/or regional level to increase access to full-service grocery stores in areas designated as food deserts.
- Increase awareness that food financing programs have the potential to create economic benefits in the Southeastern States.

Visit the SHEC's Website to download Report Card
<http://region4.npa-rhec.org>

