This special report is made possible by a generous grant from the W.K. Kellogg Foundation.
Our mission is to transform the Gulf South through action research, analysis, education, and advocacy on the core issues of poverty, race, and migration.

ABOUT JESUIT SOCIAL RESEARCH INSTITUTE

The Jesuit Social Research (JSRI) Institute is a collaboration of Loyola University New Orleans and the Society of Jesus, rooted in the faith that does justice. Founded in 2007, JSRI conducts, gathers, and publishes research on social and economic conditions of the marginalized communities in the Gulf South states of Alabama, Florida, Louisiana, Mississippi, and Texas.

Through the lens of Catholic social thought, the Institute’s staff and associates educate the university, faith, and civic communities on the social realities shaping the lives of the poor and marginalized and on how we can work together to promote human dignity and the common good.

JSRI staff work with community groups and others to advocate on critical local, state, and national issues, such as the minimum wage, immigration reform, welfare regulations, education spending, and criminal justice reform.

The JustSouth Index is one of our flagship publications and this is our third annual report. In it, we measure and compare all 50 states and Washington, D.C., on nine social justice-related indicators: average household income of poor households, health insurance coverage for the poor, housing affordability, public school integration, white-minority wage equity, white-minority employment equity, immigrant youth outcomes, immigrant English proficiency, and health insurance coverage for immigrants.

Though we measure all the U.S. states, we give special attention in this report to the five Gulf South states which make up our area of focus.
FROM THE DIRECTOR

This is our third annual JustSouth Index. Just as we did in the first two studies, we focus on three key dimensions of social justice: poverty, racial disparity, and immigrant exclusion. We continue to use the social indicator methodology of the Human Development Index of the United Nations which helps us to assess the current realities of all fifty states and the District of Columbia. This study has been made possible by a very generous grant from the W.K. Kellogg Foundation as part of their widespread efforts to promote the well-being of vulnerable children and families.

Our goal is to help citizens and policy-makers, business and labor, church and community leaders—all of us—know more about our social realities and the lives of our most vulnerable neighbors. With enhanced awareness should come action to promote the common good in our communities, states, and nation. As does the United Nations Index, this report looks directly at three essentials of human well-being: health, education, and economic security. These three areas of human life and society are essential to creating the quality of life that respects and upholds human dignity and is consistent with the responsibility of all of us, especially our elected leaders, for the common good.

As in past reports, the Gulf South states—Alabama, Florida, Louisiana, Mississippi and Texas—continue to be at the bottom of most indicators, although there are some modest changes from year to year. For this reason, we present more detailed information and recommendations near the end of the Index on these states. The reality of this region’s persistent social problems underscores the urgency with which concerned readers should receive and respond to this information.

Again, we include specific policy recommendations throughout that aim to improve the nine social indicators that are at the heart of our research. Careful attention to each state’s indicators will help the reader to understand how a state fares and what should be done to improve residents’ lives. Each state’s ranking and scores in each of three dimensions (poverty, racial disparity, and immigrant exclusion) is contained in the Index text, and an interactive website can be found at www.loyno.edu/jsri/indicators-map that highlights nine specific indicators within these three dimensions for each state.

Finally, special thanks go to Dennis Kalob, Ph.D., JSRI Fellow, Research Assistant Millicent Eib, and Administrative Assistant Kelsey McLaughlin for their dedicated research, writing, and presentation.

Fr. Fred Kammer, S.J., J.D.
Director, Jesuit Social Research Institute
College of Arts and Sciences
Loyola University New Orleans

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WHAT IS SOCIAL JUSTICE?

Justice, as defined by Catholic social teaching, is not a simple human convention, because as Saint John Paul II stated, “what is ‘just’ is not first determined by the law, but by the profound identity of the human being.”1,2 Every person’s right to human dignity is derived from their creation in the image of God; therefore, social, political, and economic aspects of society must serve to protect and promote the inherent dignity of individuals.3 While justice is not a human convention, human behaviors, institutions, and systems can increase or decrease the level of justice in society.

A just society is one that fosters the common good. This ancient Greek concept, which is fundamental to Catholic social teaching, is defined in the Catechism of the Catholic Church as, “social conditions that allow people, as groups or as individuals, to reach their fulfillment more fully and more easily.”4 The common good is not merely the sum of individual goods, but describes the interconnectedness of all persons in society. To attain the common good, individuals must have the material, cultural, and spiritual resources needed to reach their full potential.

It is the duty of political institutions to ensure that civil society is ordered toward social conditions that are equally to everyone’s advantage. In fact, the common good is the reason that the political authority exists and political leaders must “harmonize the different sectoral interests with the requirements of justice” in order to achieve it.3,4 Essentially, social injustice is any policy or system that detracts from the common good or undermines human dignity. For example, the growing gap between the rich and poor in the U.S. is evidence of underlying economic policies that make the rich wealthier and keep the working poor from earning enough to live a dignified life. Systems that maintain segregation of schools and housing keep racial minorities from achieving their full potential. In addition, policies that prohibit access to services and support systems further marginalize immigrants rather than promote solidarity. Together these policies and systems create an inequitable distribution of wealth, opportunity, and privilege. This leaves many without the ability to participate meaningfully in the economy and in society generally. It also prevents them from enjoying the economic security, education, and good health essential to human wellbeing. All members of a community share a moral responsibility to address these injustices.

THE JUSTSOUTH INDEX AS MEASURE OF SOCIAL JUSTICE

The JustSouth Index is part of a growing movement among social scientists to better understand and illustrate complex human and societal challenges through the analysis of concrete indicators.

The Index is a response to the call of Catholic social teaching to identify and address structural injustices that undermine the dignity of the human person. This project drew inspiration from the well-established Human Development Index (HDI) created by the United Nations in 1990 as a new approach to defining, measuring, and comparing human well-being around the world. The HDI focuses on three key dimensions of human well-being: health, education, and standard of living in 189 countries and territories. Released annually, the HDI report sheds light on the advances and setbacks to human development within those dimensions by measuring a set of representative indicators and calculating a composite index score for each country. In doing so, its authors aim to influence the agenda setting and decision-making processes that impact human well-being in each country.5 The goal of the JustSouth Index is similar, albeit on a much smaller scale. Like the HDI, the JustSouth Index is intended to stimulate dialogue, foster accountability, and shape solutions. Indicator projects, however, are not without limitations, as the director of the Human Development Report office, Selim Jahan, noted: “A concept is always broader than any of its proposed measures. Any suggested measure cannot fully capture the richness, the breadth, and the depth of the concept itself.”6 His statement rings true in the case of the JustSouth Index; because the rich concept of social justice as understood by Catholic social thought cannot be wholly captured by any single set of measures. The nine indicators we have included in the JustSouth Index are among the most fundamental components of social justice and cut across the three areas of human well-being included in the HDI: health, education, and standard of living, with a focus on how the poor and marginalized fare within the larger society.

Another model that we used for this Index comes from the Annie E. Casey Foundation in the form of their annual Kids Count Data Book. They measure child well-being using 16 different indicators under a total of four domains (economic well-being, education, health, and family and community). Using these data...
they are able to measure and rank the well-being of children across our 50 states and Washington, D.C. The JustSouth Index is designed to measure, on an annual basis, progress made and ground lost on issues of social justice in the Gulf South region. For purposes of comparison, all fifty states and Washington D.C. are included in the Index. The JustSouth Index presents a point in time assessment of how residents of each state are faring with regard to nine quantitative indicators that represent the distribution of wealth, opportunity, and privilege in each state. The indicators are grouped under three interconnected dimensions of social justice that are critical to the history and future of the region: poverty, racial disparity, and immigrant exclusion. Although there are many elements of society that contribute to social justice, these three dimensions are among the most relevant to the region’s history and to the social, economic, and political challenges faced by residents and communities in the Gulf South states. This Index will allow policymakers, advocates, philanthropists, business, labor and community leaders, and other stakeholders in the region to better understand the specific issues of social justice that are most problematic in their respective states. In other words, the Index serves as a starting point for advocacy and responsible civic action. The nine indicators included in the JustSouth Index were selected specifically because they represent some fundamental rights and needs of the human person to live a dignified life. Other indicators related to civic participation, homeownership, and higher education are not included because they are not as pertinent to the most basic aspects of human life and dignity, or they are not measured equally and reported on a regular basis for each state. Each indicator included in the Index also is measurable and actionable, meaning that improvement is possible if sufficient political and social will is focused on taking the required steps forward.

**SOCIAL JUSTICE IN THREE DIMENSIONS**

Within the dimensions of poverty, racial disparity, and immigrant exclusion, indicators were selected that fulfilled the following criteria:

- Measure socio-economic well-being
- From clear and reliable data sources
- Updated annually
- Common to all states
- Actionable

Some indicators that are also important in measuring material deprivation, discrimination, and exclusion of immigrants were not included because they did not fulfill one or more of the above-listed criteria.

**THE POVERTY DIMENSION**

The Poverty Dimension includes three indicators that measure economic well-being and access to a basic standard of living for the poorest residents of each state.

- **Average Income of Poor Households**
  Average annual income of households in the lowest quartile of income in the state.

- **Health Insurance Coverage for the Poor**
  Percent of persons in the lowest quartile of income that do not have health insurance coverage.

- **Housing Affordability**
  Percent of households in lowest income quartile with a housing cost burden.

**THE RACIAL DISPARITY DIMENSION**

The Racial Disparity Dimension includes three indicators that measure segregation and disparities in economic opportunity based on race:

- **Public School Integration**
  Percent of public schools segregated by race.

- **White-Minority Wage Equity**
  Percent difference in earnings between white workers and workers of color of similar age, level of education, and occupation.

- **White-Minority Employment Equity**
  Gap in unemployment rate between white and minority workers.

**THE IMMIGRANT EXCLUSION DIMENSION**

The Immigrant Exclusion Dimension includes three indicators that measure social inclusion, economic opportunities, and basic services available to immigrant residents of a state:

- **Immigrant Youth Outcomes**
  Percent of immigrant youth ages 18 to 25 who are not in school and not working.

- **Immigrant English Proficiency**
  Percent of immigrants with difficulty speaking English.

- **Health Insurance Coverage for Immigrants**
  Gap in health insurance rate between immigrant and native-born populations.
In their 1986 pastoral letter, *Economic Justice for All*, the National Conference of Catholic Bishops proclaimed that dealing with poverty is a moral imperative of the highest priority. Ensuring that all people are able to enjoy a basic standard of living preserves human dignity and strengthens the common good of the whole society. Alternatively, those living in poverty suffer from material deprivation and negative psychosocial effects that undermine their dignity, diminish their life prospects, and reduce their ability to contribute to the common good. Furthermore, extreme economic inequality is “detrimental to the development of social solidarity and community.” This led the Catholic Bishops to call for collaboration in addressing these injustices: “Justice requires that all members of our society work for economic, political, and social reforms that will decrease these inequities.”

Poverty rates in the Gulf South states, calculated using the federal poverty line, historically have been significantly higher than in other regions of the country, making it a particularly pressing issue in this region. The Poverty Dimension of the *JustSouth Index* provides a holistic illustration of how the poorest people in each state are faring by including indicators related to health care access and housing along with income. The lack of affordable health insurance coverage and housing options among the poor contributes to economic poverty and also undermines the ability to work, be educated, and live a long and healthy life. For example, health insurance provides a safety net that allows individuals to seek medical treatment when needed, which prevents prolonged absences from work or school. Those without health insurance are less likely to receive preventive care, are more likely to be hospitalized for conditions that could have been prevented, and are more likely to die in the hospital than those with insurance. What’s more, uninsured families struggle financially to meet basic needs, and medical bills can quickly lead to medical debt and bankruptcy, placing further strain on vulnerable households.

Race is a critical consideration of social justice and an issue that has been addressed by the U.S. Catholic Bishops in several pastoral letters over many years. Their most recent statement on race, *Open Wide Our Hearts*, was presented in 2018. In it, the Bishops emphatically state that “racism...profundely affects our culture, and it has no place in the Christian heart.”

Both systemic and individual level racial discrimination divides communities and inhibits large racial groups in society from achieving their full potential and contributing fully to the common good. The Roman Catholic Church denounces every form of exclusion and emphasizes that racial prejudice, in particular, denies equal dignity of all members of the human family and blasphemes the Creator. Therefore, Catholic thought teaches that racial discrimination be prohibited and punished legally, and that communities interiorize the conviction of equal dignity of all.

The Gulf South has an unmistakable legacy of discrimination and marginalization toward people of color. The disproportionate advantages for white Americans in relation to persons of color in virtually every sphere of life illustrate the deep divisions that exist despite the passage of the Civil Rights Act and the election of the first African American president. Furthermore, acts of racial hostility appear to be increasing in recent years, from very public shows of force by groups of white supremacists to individual acts of violence meant to intimidate or do actual physical harm.

Acknowledging and countering the lingering effects of slavery, Jim Crow laws, segregation, white supremacy, and the dominance of racial prejudice are imperative steps to creating a more just society, especially in the Gulf South states. The Racial Disparity Dimension of the *JustSouth Index* examines the degree to which people of color are included in, or excluded from, economic opportunity and prosperity in states. Public school segregation contributes to second-class schools where quality is low and resources are scarce. Additionally, gaps in employment and earnings stemming from racial and ethnic differences embody discriminatory practices and limit the economic opportunities of people of color when compared with their white neighbors.
The treatment of immigrants is an important dimension of social justice because it represents the way in which a society protects or denigrates human dignity based on nation of origin. As Pope Saint John XXIII explained, “every human being has the right to freedom of movement,” and when there are just reasons in favor of it, he must be permitted to emigrate to other countries and take up residence there. The fact that he is a citizen of a particular state does not deprive him of membership in the human family.

Pope Francis added: “It is important to view migrants not only on the basis of their status as regular or irregular, but above all as people whose dignity is to be protected and who are capable of contributing to progress and the general welfare.”

Catholic Social Teaching recognizes that, as people of good will, church and society must comprehensively serve the needs of migrants. Therefore, it is the responsibility of all people and governments to create the political, economic, and social conditions for persons to live in dignity, access just employment, and raise their families irrespective of their naturalization status.

The way that each state responds to newcomers has a direct impact on social justice. States in the Gulf South have experienced a significant influx of immigrants into their workforces in recent years and have not yet made adequate adjustments to their social, economic, and political systems in order to promote justice and dignity for immigrant residents. In addition, the Gulf South’s treatment of immigrants is colored by a history of discrimination against Hispanics and African-Americans. Accordingly, the JustSouth Index Immigrant Exclusion Dimension includes indicators related to the treatment of immigrants and immigrant integration. Immigrant youth outcomes provide evidence of the viability of the American dream across states. Where immigrant youth lack access to schooling and work, it can be said that states are excluding immigrants from a path to prosperity and denying society the benefits of their talents and productive work. Similarly, English proficiency and health care coverage serve as indicators of the broad services that immigrants are afforded to facilitate their inclusion in their new communities.

The methodology for calculating the indicator scores and JustSouth Index ranking is based on the United Nations’ Human Development Index “goalpost approach” to measuring well-being. All 50 states and Washington, D.C., were given a score on each of the nine indicators in relation to the highest and lowest observable indicator values. The state with highest indicator value was given a score of 1 and the rest of the states receive a standardized score between 0 and 1 according to their respective indicator values.

As with the individual indicator scores, each dimension Index score and the overall Index score fall between the “goalposts” of 0 and 1, with the highest scores closest to 1 and the lowest scores closest to 0.

On the overall JustSouth Index rankings, all five Gulf South states ranked very low compared with the other 50 states and Washington, D.C. In fact, these five states are among the eleven lowest ranked (see Table 1).

Florida placed the highest of the Gulf South states at number 41. Texas was at number 46. Alabama, Mississippi, and Louisiana were 49th, 50th, and 51st, respectively. In the three years we have published the JustSouth Index, none of the five Gulf South states have made it any higher than 35th (Florida last year). Clearly, our region has much work to do to improve the social and economic conditions of our states and people.

In fact, the lowest ranked states are, as a whole, heavily concentrated in the South. Looking just at the 11 former Confederate states, 10 of them are in the bottom 14 positions in our Index. Virginia is the one significant exception, standing out in the 5th position.
Within the three dimensions of poverty, racial disparity, and immigrant exclusion, our Gulf South states fared particularly poorly in the Poverty Dimension (see Table 2). It was in this dimension that all five states were among the bottom eight.

Though there are many policies, large and small, that can affect dimension rankings and overall rankings, we would like to focus attention on two major public policies that are often discussed and that we believe have a real impact on the economic and social conditions of the states and their citizens: Minimum wage and Medicaid expansion.

The current federal minimum wage was last set in 2009 and has stood since then at $7.25 per hour. States may implement, if they wish, a higher minimum wage, which twenty-nine states and Washington, D.C., have chosen to do. In fact, a number of states have now set a path to a $15 per hour. Studies show that higher minimum wages improve the economic security of workers and their families, stimulate local economies, and do so with minimal or no negative impact on employment levels or overall economic conditions.26,27

Medicaid expansion is an important part of the Affordable Care Act. This expansion brings those up to 138% of the poverty line into the Medicaid system. Originally, all states were expected to take part in this effort (effective January 1, 2014), though due to a successful court challenge states were allowed to opt out, which roughly half of the states did initially. Additional states have since adopted the expansion. As of 2017 (the year of the data set we used for this report), 31 states had expanded Medicaid. Five other states have since implemented or adopted it with implementation in process.25 (NOTE: The federal government pays 90% of the cost of Medicaid expansion.)

Of the ten highest-ranked states overall, just two chose not to expand Medicaid—Virginia (#5) and Maine (#8)—and both have since voted to expand their Medicaid programs effective January 2019.

Also among the top ten states we find just two with a $7.25 minimum wage, the federally established floor. Seven of them had a minimum wage of $9 or more.

Only one of the top 10 states (Virginia) had neither expanded Medicaid nor raised their minimum wage above the federal minimum.

Among the ten lowest-ranked states overall, six of them did not expand Medicaid and eight of them had a minimum wage of $7.50 per hour or less (seven with the federal minimum and New Mexico $.25 higher).

Six states in the bottom ten neither expanded Medicaid nor raised their minimum wage above $7.50/hour. This includes three Gulf South states: Texas, Alabama and Mississippi.

Louisiana, though stuck at the bottom of the rankings for all three JustSouth annual reports to date, did see the best improvement of any state in the health care coverage of their low income citizens (one of the nine indicators measured by our Index) because of their expansion of Medicaid in 2016. However, this expansion alone was not sufficient to offset very low scores in the other eight indicators.

Louisiana is the only Gulf South state to have expanded Medicaid. Florida is the lone Gulf South state to have raised their minimum wage above the federal level. It was $8.10 in 2017 ($8.46 in 2019).

Examining the states that specifically scored highest and lowest on the indicator measuring the average income of poor households, we find that 8 of the lowest-scoring 10 states had minimum wages at $7.50 or less. Of the 10 states that scored the highest on this indicator, 7 had minimum wages in excess of $9 per hour.

Examining the states that scored highest and lowest on the indicator measuring health insurance coverage for the poor, we find that 13 of the 15 lowest scoring states—that is, those with the highest percentage of uninsured low-income people—are those who have NOT expanded their Medicaid program. Of the 26 highest-ranked states—those with the lowest percentage of their low-income people without health insurance—only one did not expand Medicaid. And that state is Wisconsin, which enacted its own reforms that extended coverage to all those under 100% of the federal poverty level (rather than to those under 138% of poverty, as called for under the Affordable Care Act’s Medicaid expansion provision).

Increasing access to medical care through an expanded Medicaid program, as called for in the Affordable Care Act, or through other means, is one of our chief recommendations for states seeking to improve the well-being of their people.

We also strongly recommend that all states take steps to bring their minimum wages up to $15 per hour. Studies show that higher minimum wages improve the economic security of workers and their families, stimulate local economies, and do so with minimal or no negative impact on employment levels or overall economic conditions.26,27

Overall, we find that states that have increased their minimum wage and expanded Medicaid, as well as created robust income support programs, taken action to reduce racial disparities, and enacted policies that support the integration of immigrants, have scored higher on the JustSouth Index ranking and the underlying dimension indices.
Table 1: JustSouth Index Rankings: 2016-2018

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Table 1: JustSouth Index Rankings: 2016-2018

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# Table 2: JustSouth Index 2018
## Dimension Scores and Rankings

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<th>IMMIGRANT EXCLUSION</th>
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The map visualization groups states into six categories: more or less near the national average, mostly above or below average, and greatly above or below average. The six categories are based on whether states’ Index scores are:
- Less than 0.25 standard deviation from the national average in either the positive or negative direction,
- Between 0.25 and 1 standard deviation from the national average in either the positive or negative direction, or
- More than 1 standard deviation from the national average in either the positive or negative direction.
INDICATOR 1: AVERAGE ANNUAL INCOME OF HOUSEHOLDS IN THE LOWEST INCOME QUARTILE

Despite low unemployment levels, wages have remained quite stagnant and inequality continues to grow. There has been an economic recovery since the Great Recession of 2008 to be sure, but it has been uneven. There are still millions of Americans, many in the Deep South, living in or near poverty despite the fact that there is a full-time worker living in the home.26

Many low-income households rely on income supports such as federal and state Earned Income Tax Credit programs, the Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families cash assistance, and childcare assistance to bridge the gap between what they earn and the cost of basic necessities. In the Gulf South states, however, the investment in income support programs has been trending downward and efforts to increase wages have been met with stiff resistance from state legislatures. Earnings from low-wage jobs combined with dwindling assistance from income support programs form a shredded safety net that often fails families in times of crisis or unforeseen major expenses such as automobile trouble or a medical complication. In a recent survey by the Federal Reserve, 40% of adults said that they do not have the cash to cover an unexpected expense of $400.27

It is imperative that both pieces of the equation—earnings and income supports—are strengthened so that low-income families are earning enough to live a dignified life.

ACTION STEPS:

The most direct way to increase the average income of the poorest households is to increase wages. Data from the Bureau of Labor Statistics show that in 2017 about 6.9 million workers had earnings that were not sufficient to bring them above the federal poverty line, which was just $24,600 a year for a family of four in 2017.28,29

A powerful tool that state leaders can use to boost the earnings of low-income families is a state minimum wage law. With the absence of federal action on the minimum wage for the past decade, twenty-nine states and D.C. have raised their minimum wages above the federal minimum of $7.25 per hour. Some state laws include a provision that indexes the wage to inflation each year to adjust for an increase in prices. Further, a number of states have set in motion specific step increases that will bring them to $15 per hour. Unfortunately, in the Gulf South states only Florida has enacted its own minimum wage law, set at $8.46 per hour as of January 1, 2019.30 Municipal governments also can take action to raise the local minimum wage, but they are often preempted by state law.

Also, state Earned Income Tax Credit (EITC) programs that supplement the federal EITC program are highly effective in raising families out of poverty. Twenty-nine states and D.C. have created state EITC programs, but of the Gulf South states, Louisiana is the only one to have such a program. Yet, its EITC program is one of the smallest in the nation and only recently rose to 5% of the federal EITC. Comparatively, California allows filers to claim a state tax credit up to 85 percent of the federal credit.31 State EITC programs generally have bipartisan support, are easy to administer, and nearly every dollar a state spends on its EITC program goes to working families who need help. By allowing low-income workers to keep more of what they earn, EITC programs increase family economic security.
and encourage the lowest-earning households to remain in the workforce and work more hours. A robust state EITC program also helps to offset the poor pay a larger share of their income in a state’s otherwise regressive tax code in which deep poverty can maintain a basic standard of living.

The Supplemental Nutrition Assistance Program, or SNAP, is a federal assistance program that provides funds to low-income households to purchase grocery items. SNAP lifts millions of Americans above the poverty line each year and substantially reduces food insecurity rates. Since its inception in 1960, SNAP (then known as “Food Stamps”) has been one of the most efficiently operated federal entitlement programs, with relatively low administrative costs as a percentage of total spending. In fiscal year 2016, 93 percent of all funds allocated to SNAP went directly to spending on food and less than one percent was used for federal administrative costs. However, SNAP benefits are modest. The average SNAP recipient received about $126 a month in fiscal year 2017. In addition to being fiscally effective, the Congressional Budget Office and Moody’s Analytics have found SNAP to have one of the largest “bangs-for-the-buck” — every $1 increase in SNAP benefits generates about $1.70 in economic activity during a weak economy.

Another weapon in the fight against poverty is the Child Tax Credit (CTC). This is a helpful benefit provided in the federal tax code; but a recent study by the Institute on Taxation and Economic Policy and the Center on Poverty and Social Policy at Columbia University reported that expanding the CTC at the state level could lift between 2.1 and 4.5 million children out of poverty. There are currently few states with their own CTC, so enacting this benefit can have a great impact across the nation, particularly in states with high levels of child poverty, including all of the Gulf South states. Child poverty nationally stands at about 17.5%. In the Gulf South the rate ranges from 20% in Florida to 28% in Louisiana (the highest in the nation). Catholic social thought holds that access to health care is a basic right that flows from the sanctity and dignity of human life; but it is out of reach for many Americans, especially the poor. Without private or public health insurance coverage, many low-income persons do not seek medical care when needed or preventive services to avoid illness. When the uninsured do receive medical care, high out-of-pocket costs often lead to medical debt and even greater financial instability. The most common health insurance option for low-income individuals and families is the Medicaid program, which is jointly funded by federal and state governments. Unfortunately, strict eligibility criteria for Medicaid in a number of states prohibit many low-income persons from enrolling in the program. The 2010 Patient Protection and Affordable Care Act provided for state leaders to expand the Medicaid program, largely funded with federal dollars, to provide coverage to more of the poorest persons in the state (those up to 138% of the poverty line). However, the Supreme Court determined that this was a state option and therefore to date fourteen states have chosen not to do so.

In 2016, Louisiana was the first and only state in the Gulf South to expand the Medicaid program. The expansion now reaches more than 500,000 persons in the state. Failing to expand Medicaid ignores not only the moral imperative to ensure access to health care but also the practical reasons for state leaders to do so. Increasing the rate of health insurance coverage among the lowest earning individuals increases their economic potential, because healthy individuals are more likely to participate in the workforce, have higher productivity on the job, and contribute to the common good of society. Also, persons with health insurance coverage experience less financial instability and are less likely to have to borrow money to pay for medical bills and other living expenses. In addition, the federal government will pay 90% of the cost of expansion, while the economic benefits to the states and many of their health care providers is substantial.

### DIMENSION 1: POVERTY

#### PERCENT OF POOR WITHOUT HEALTH INSURANCE

- **US AVERAGE**: 32.3%
- **MINIMUM**: 16.9%
- **MAXIMUM**: 4.9%
- **FL**: 28.3%
- **MS**: 32.3%
- **TX**: 35.3%
- **LA**: 19.8%
- **MA**: 4.9%
- **AL**: 25.2%
- **TX**: 35.3%
- **LA**: 19.8%
- **MS**: 32.3%
- **FL**: 28.3%
- **AL**: 25.2%
- **MA**: 4.9%
ACTION STEPS:
The most efficient way for state leaders to increase the health insurance coverage rate among the poor and near-poor is to expand Medicaid eligibility to include all who whose income is below 138 percent of the federal poverty line. Also, states can engage in outreach activities to connect with hard-to-reach populations who may not be aware of their eligibility for Medicaid or private insurance subsidies, such as residents of rural areas and immigrant populations.

The real solution to the significant lack of access to health care and its ramifications—poorer health, shorter life expectancy, and significant financial burdens—is for our county to embrace a true universal health care system, something that is in place in virtually all other industrialized societies. Short of that, we call upon individual states to take action.

INDICATOR 3: PERCENT OF HOUSEHOLDS IN LOWEST INCOME QUARTILE WITH A HIGH HOUSING COST BURDEN

There is an affordable housing crisis in the United States. Families that pay more than 30 percent of their total household income for housing are considered by the federal Housing and Urban Affairs Department to be “housing cost-burdened.” The numbers of such households have been increasing across the country in recent years.

For households with a limited income, paying a high percentage of income on housing often does not leave enough money for other essential expenses, such as food, transportation, and medical expenses. Moreover, high rent and mortgage payments reduce the proportion of income members of a household can spend in their community, creating a ripple effect of economic distress. Housing subsidies and affordable housing units can alleviate the financial strain faced by families whose earnings have not kept pace with rising housing costs. Federal housing programs such as the Housing Choice Voucher Program, Section 8 Voucher Program, and Public Housing help to reduce the share of monthly income that is consumed by rent for some families. Federal spending for housing assistance, however, is not nearly sufficient to meet demand. As a result, there are long waiting lists for housing assistance in most states, which has prompted states, cities, and nonprofit organizations to develop housing initiatives to supplement the federal efforts.

ACTION STEPS:
States can offer incentives to developers and municipalities to encourage the development of affordable housing. Through supplementing federal housing programs, state policymakers can reduce housing waiting lists and protect families from the harmful impacts of housing insecurity. Municipalities also can create programs that incentivize the development of quality, affordable housing options. Additionally, states can create incentive housing zones in which developers could request a project-based subsidy from the state for a specified number of affordable rental units developed within the zone.

Community Development Financial Institutions (CDFIs) play a very important role in funding local community needs—affordable housing, nonprofits, and small businesses, in particular. Investors in CDFIs can be individuals, unions, faith-based organizations, socially-conscious businesses, traditional banks, and others. It is a great way for community members to come together in a common purpose of developing local economies and helping meet local needs. CDFIs have been major players in helping low income housing buyers and developing larger scale affordable housing initiatives. There are now about 1200 CDFIs across all 50 states, with many right here in the Gulf South. We suggest that community leaders and nonprofits take a greater interest in the development and nurturing of these important economic development organizations.
“To work at ending racism, we need to engage the world and encounter others—to see, maybe for the first time, those who are on the peripheries of our own limited view.”


School districts made significant progress toward school desegregation in the years following the Civil Rights Act of 1964, but the trend has shifted back toward race-based school segregation as federal oversight has diminished. Although Latino students did not have the same Jim Crow experience that their Black counterparts did, a similar segregation pattern has now emerged for these young people. In 1988, 33.1% of Latino students were in intensely segregated schools. In 2016, that number was 41.6%. The trend toward re-segregation represents an injustice because it often means minorities are concentrated in schools that have fewer resources and face the challenges of attracting and retaining quality teachers. A mounting body of evidence indicates that segregation of schools has negative impacts on both short-term academic achievement of minority students and their success in later life. Integrated schools have a positive impact on all in attendance through promoting awareness and understanding, ensuring that students have the necessary tools to function in an increasingly racially and ethnically diverse society. Not taking intentional steps to ensure that all students have the opportunity to attend quality, integrated schools perpetuates injustice and allows the mistakes of the past to haunt the future.

**ACTION STEPS:**

To reverse the trend toward re-segregation of public school systems, states and districts must implement policies that are designed in the same spirit and intentionality as those that were effective in integrating schools in the 1970s and 1980s. These tools included redrawing of school district boundaries, allowing intra- and inter-district transfers, and subsidizing transportation. Strategic housing development and community planning is also necessary since housing segregation is a powerful driver of many forms of racial inequality, including segregated schools. Ultimately, the appropriate policy tools for increasing integration in public schools depend on the individual district and the students it serves, but in districts where schools are becoming less diverse, decisive action by local leaders is critical.

### PERCENT OF SEGREGATED SCHOOLS

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<tr>
<td>US AVERAGE</td>
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education, experience, metro status, and region of residence, black men make 22.0 percent less, and black women make 34.2 percent less. Black women earn 11.7 percent less than their white female counterparts.68

A significant body of field-based research also has found that employers engage in conscious and non-conscious processes that result in inequitable hiring and compensation.69 Denying minorities equal pay for equal work, whether consciously or not, is inherently unjust and undermines the dignity of minority workers, continuing centuries of injustice.

**ACTION STEPS:**

Enhanced enforcement of labor discrimination laws is critical to creating a culture in which overt or covert racial discrimination in the workplace is considered unacceptable. Many employers likely have not acknowledged the underlying psychological and cognitive processes that result in discriminatory compensation and promotion practices. Stereotyping based on race will continue to occur unless businesses and organizations take proactive steps to counter those tendencies, which perpetuate race inequity.70 Judiciously administered affirmative action programs in workplaces can contribute to ensuring that minorities have equal opportunity to obtain positions and compensation for which they are qualified.

While some business leaders may make the effort to ensure that decisions about wages and promotions are not discriminatory, others will not act until government and legal entities have taken action against them. Accordingly, investigations by state inspectors and members of the media for wage and hour violations, enforcement of prevailing wage rates, and educational efforts for employers and employees are essential to closing the earnings gap between white and minority workers.

**INDICATOR 2: PERCENT DIFFERENCE IN EARNINGS BETWEEN WHITE AND MINORITY WORKERS OF SIMILAR AGE, LEVEL OF EDUCATION, AND OCCUPATION**

In 1986, the National Catholic Conference of Bishops denounced the existence of employment discrimination based on race in the United States as a scandal that could never be justified. This is because, they explained, “work with adequate pay for all who seek it is the primary means for achieving basic justice in our society.”63 Although lawmakers have put in place federal and state laws that prohibit and penalize racial discrimination in employment, it still is a practice that significantly distorts the distribution of wealth, opportunity, and privilege in society.64,65,66

“One of the most striking features of U.S. racial inequality,” according to the Economic Policy Institute, “is just how stubborn the wage gap between black and white workers has remained over the last four decades.”67 According to research by Valerie Wilson and William M. Rodgers III:

Black-white wage gaps are larger today than they were in 1979, but the increase has not occurred along a straight line. During the early 1980s, rising unemployment, declining unionization, and policies such as the failure to raise the minimum wage and lax enforcement of anti-discrimination laws contributed to the growing black-white wage gap. During the late 1990s, the gap shrank due in part to tighter labor markets, which made discrimination more costly, and increases in the minimum wage. Since 2000 the gap has grown again. As of 2015, relative to the average hourly wages of white men with the same
Minority workers and their families are at a significant disadvantage regarding employment and earning potential. As with wage laws, discrimination in hiring practices already is prohibited by federal and state laws but violations of those laws can be difficult to prove. Disproportionate levels of unemployment also are harmful to minority workers and families because unemployment negatively impacts one’s psychological and spiritual well-being. As noted by the National Catholic Conference of Bishops in 1986, “the unemployed often come to feel they are worthless and without a productive role in society. Each day they are unemployed our society tells them: We don’t need your talent. We don’t need your initiative. We don’t need you.” As a result, those who suffer long periods of unemployment often have psychological damage that can have lasting effects on their well-being.75

**Action Steps:**

Disparity in job preparation between racial groups and discriminatory practices in the workplace must be addressed in order to reduce the gap in unemployment rates between white and minority workers. Creating equal access to quality public education for minority children is vital to ensuring equal preparation for post-secondary education and employment as their white counterparts. The employment and earning potential of working-age persons who are minorities also can be improved through strategic investment. To close the unemployment gap among older workers, states and communities should increase support for programs that offer vocational training, GED classes, tutoring, and other supports that help minorities increase their marketable skills and credentials.

Covert and overt racial discrimination in hiring and termination practices also must be addressed. In a meta-analysis of field experiments on racial bias in hiring practices published in 2017, the authors found “no change in the level of hiring discrimination against African Americans over the past 25 years,” though they did “find modest evidence of a decline in discrimination against Latinos. Accounting for applicant education, applicant gender, study method, occupational groups, and local labor market conditions does little to alter this result.”76 The authors examined 28 studies since 1989 and found that “whites receive on average 36% more callbacks than African Americans, and 24% more callbacks than Latinos.”77

A 2010 study found that black employees are significantly more likely than white employees to be laid off when companies need to downsize, indicating that state enforcement agencies and nonprofit legal organizations must be vigilant in their efforts to protect workers and prosecute employers that engage in discriminatory hiring and firing practices.78 Voluntary affirmative action programs and recruitment activities by public and private employers that reach a broad and diverse audience also are critical to closing the employment gap for minorities.79
“A change of attitude towards migrants and refugees is needed on the part of everyone... towards attitudes based on a culture of encounter, the only culture capable of building a better, more just, and fraternal world.”


**DIMENSION 3: IMMIGRANT EXCLUSION**

**INDICATOR 1: DISCONNECTED IMMIGRANT YOUTH RATE**

Disconnected youth are between 18 and 25 years old, not in school or working, and do not have a college degree. While youth of all races, ethnicities, and nationalities are at risk of becoming “disconnected,” immigrant youth are particularly susceptible to this plight. Immigrant youth face many stressors associated with migration to a new country, including discrimination, high rates of poverty, separation from family members, difficulty in language acquisition, and lack of cultural knowledge. Combined, the various challenges for immigrant youth can place them at high risk for dropping out of high school or college and unemployment. Undocumented immigrant youth also face barriers to accessing post-secondary education opportunities and legitimate employment opportunities due to immigration status. The individual and societal costs of disconnected immigrant youth are significant, as those youth are less likely to achieve self-sufficiency as they transition to adulthood and will be poorly positioned to make positive economic contributions to the common good. They also are more likely to have children and start a young family in poverty.

**ACTION STEPS:**

To decrease the rate of disconnected immigrant youth, communities must ensure that immigrant youth have both the academic opportunities and social supports needed to overcome obstacles associated with migrating to a new country. Through increasing resources to schools that teach English as a Second Language (ESL), states and school districts can ensure that immigrant students overcome language barriers and receive a high school diploma. For young people who already have left the public education system, providing job training programs and offering support services such as GED preparation programs, affordable childcare, and community-based language instruction to immigrants can help to bring disconnected youth back into the workforce and on the path to self-sufficiency. In addition to skill building, immigrant youth also need mentors who can help them navigate their challenging new circumstances. School and community-based mentoring programs can help disconnected youth overcome the psychological and emotional difficulties that result from immigrating to a foreign country.

**INDICATOR 2: PERCENT OF IMMIGRANTS WITH DIFFICULTY SPEAKING ENGLISH**

Most immigrants arrive in the U.S. with limited English skills, but recognize the benefits of English proficiency and are highly motivated to learn. English language acquisition is beneficial to immigrants of all ages, including school-age children, working-age adults, and older immigrants. Providing immigrants the opportunity to learn English facilitates their integration into the local community, helping them become more economically productive and allowing them to participate more fully in society. Moreover, many immigrants have skills and training that could allow contributions to the economy through innovation and entrepreneurship; yet limited English proficiency often inhibits skilled immigrants from obtaining jobs commensurate with their competencies. Language acquisition also is important for young immigrants, as effective language programs increase the cognitive and social development of children and help them be better-prepared to learn in school.

**SHARE OF IMMIGRANT DISCONNECTED YOUTH**

<table>
<thead>
<tr>
<th>State</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>AL</td>
<td>21.4%</td>
</tr>
<tr>
<td>FL</td>
<td>14.7%</td>
</tr>
<tr>
<td>LA</td>
<td>16.3%</td>
</tr>
<tr>
<td>MS</td>
<td>5.7%</td>
</tr>
<tr>
<td>TX</td>
<td>15.8%</td>
</tr>
<tr>
<td>WV</td>
<td>44.2%</td>
</tr>
<tr>
<td>MT + VT</td>
<td>0%</td>
</tr>
</tbody>
</table>

**US AVERAGE**

12.8%
ACTION STEPS:
State and community leaders must effectively utilize federal, state, and local resources to develop and expand English as a Second Language (ESL) programs to ensure that immigrants have the opportunity to become part of their new community, both socially and economically. In particular, funding family literacy programs that allow parents and children to participate in shared literacy activities is important because they provide the opportunity for parents to learn how to interact with their children during daily routines.85 Also, initiatives that combine workforce development and language learning programs put immigrants on a fast track to better social and economic outcomes.86 Accordingly, collaboration between various entities that serve immigrants in a community, such as early childhood education providers, public schools, community colleges, and job-training programs is essential to increasing the availability and quality of language services provided to immigrant families. Additionally, state funding for school districts must adequately account for the extra resources required to teach students of limited English proficiency. For example, in Texas, schools districts that have experienced an influx of students with limited English proficiency have had difficulty providing effective services to students because the school finance system does not take into consideration the true costs of providing quality language services to immigrant children.87

Indicators:

SHARE OF IMMIGRANTS WITH DIFFICULTY SPEAKING ENGLISH

<table>
<thead>
<tr>
<th>State</th>
<th>Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>AL</td>
<td>27.8%</td>
</tr>
<tr>
<td>FL</td>
<td>30.9%</td>
</tr>
<tr>
<td>LA</td>
<td>31%</td>
</tr>
<tr>
<td>MS</td>
<td>23.8%</td>
</tr>
<tr>
<td>TX</td>
<td>37.8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Minimum</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Dakota</td>
<td>Texas</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>US Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>25.4%</td>
</tr>
</tbody>
</table>

ACTION STEPS:
Federal regulations generally prohibit immigrants from entering the Medicaid program unless they have been lawfully residing in the country for at least five years.82 Individual states, however, have flexibility to allow some immigrants to obtain public health insurance regardless of their date of entry or immigration status. “Twenty-nine states, plus the District of Columbia... have chosen to provide Medicaid coverage to lawfully residing children and/or pregnant women without a 5-year waiting period. Twenty-one of these states also cover lawfully residing children or pregnant women in CHIP.”83 Among the five Gulf South states, Florida and Texas allow immigrant children to participate in both Medicaid and CHIP without meeting the 5-year waiting period.84 States also can extend public health insurance to immigrants regardless of their immigration status, but must use state funds to cover the costs. Six states—California, Illinois, Massachusetts, New York, Oregon, and Washington—along with Washington, D.C., have state-funded children’s health insurance programs that provide coverage to all immigrant children that fall below a certain income threshold.85 Reports indicate, however, that the Trump administration's hostility toward immigrants has deterred at least some parents from enrolling their eligible children in public health care programs for fear of attracting unwanted attention.86 This is unfortunate as it risks the health and even lives of innocent children. We applaud those states that have taken steps to expand access to their health care programs so newcomers to our nation may access needed care.
Employers also must take action to close the health insurance gap between the immigrant and native-born populations by offering health insurance on equivalent terms to all workers, as required by federal law. While a portion of the gap in private health insurance rates is attributable to immigrants working in industries that are less likely to offer health insurance, some is attributable to the practices of employers. Some businesses will attempt to reduce costs by inappropriately classifying immigrants as contract, temporary, or part-time workers to avoid offering benefits. Not only are these practices illegal and harmful to immigrant workers and families, but they also are not in the long-term interest of the employer, because workers who have health insurance are more present, productive, and committed to their jobs.97

For more detailed data, methodology, and resources related to the JustSouth Index please visit www.loyno.edu/JSRI or contact Dennis Kalob, Ph.D. at kalob@loyno.edu.
Most notable in terms of one- or two-year changes are the following:

+ Utah saw the most significant improvement in our Index from 2017 to 2018. It went from #33 to #11. Several indices showed improvement, but it was in the Immigrant Dimension that big gains were made. The dimension ranking went from 49th to 27th, due to improvements in all three indicators in that dimension.

+ Wyoming went in the other direction, going from an overall ranking of 2 in 2017 to 48 in 2018. This unprecedented wild swing was due to declines in all nine indicators across the three dimensions. The biggest decline was in the Immigrant Dimension where the state fell 46 positions to end up at the bottom. The state’s relatively weak economy of late, due to something of a bust in the significant energy sector, may also be playing a role (directly or indirectly) in its decline in our Index. It should also be noted that Wyoming is the smallest state in population and therefore susceptible to volatility. Small changes in actual numbers of people impacted can shift scores and rankings significantly.

+ South Dakota, though seeing some improvement from last year’s report, has seen a big drop in its overall ranking since 2016 when it was #15. In 2017 it fell to #43 due to worsening conditions in every indicator in the Race and Immigrant Dimensions. In 2018, it rebounded somewhat to #36 due to some improvement in the Immigrant and Poverty Dimensions.

+ Missouri saw the most consistent improvement. It was #34 in 2016, #24 in 2017, and #13 in 2018, with the last significant rise in the rankings due to improvement in all of the indicators in the Racial Disparity Dimension, moving its dimension ranking from 41st to 17th.

Notable changes in ranking are due to the ability of states to affect the lives of their residents through one or more of the three social justice dimensions employed in the Index and/or significant social or economic factors. However, most states experienced modest changes in ranking from the previous year. Therefore, while marginal and gradual policy change is the norm, radical changes in social justice could be possible when there are determined efforts in the public or private sectors to effect change.

We conclude that from our perspective the most critical takeaway from the Index over a three-year period, is the persistent presence of the Gulf South states at or near the bottom of our rankings. This is a cause of much frustration and concern. Our region can do much better and certainly our people deserve more secure social and economic conditions and brighter futures. It is incumbent on all of us, particularly those in positions of power, to do whatever is necessary to help uplift our states and our people.
CONCLUSION

Catholic Social Teaching highlights the moral imperative for all members of society to promote the common good and the dignity of all persons. The JustSouth Index and its underlying dimension indices represent areas in which people of good will must focus their attention to improve the standing of all persons in a state. Each individual indicator is actionable and connected to concrete policy and program recommendations. While the Gulf South states currently rank low on in the Index, it is well within the power and the duty of leaders and citizens in those states to change the current reality. Improving a state’s ranking on the indicators, dimension indices, and the overall JustSouth Index will require that policymakers, advocates, philanthropists, business, labor, and community leaders, and citizens take action to work for policy and program changes that will more justly distribute opportunity and resources to all in society. In turn, they will serve the common good and create greater solidarity among residents of each state. Going forward, the JustSouth Index will continue to measure and report on the successes of efforts to improve social justice in the Gulf South states on an annual basis.
### JUSTSOUTH INDEX METHODOLOGY

#### POVERTY DIMENSION

- **AVERAGE ANNUAL INCOME OF HOUSEHOLDS IN LOWEST INCOME QUARTILE:**
  - Considers the total annual incomes of each household in a state to isolate the households in the lowest income quartile. The mean income of households in the lowest income quartile in a state represents the state's indicator value.
  - Source: U.S. Census Bureau, 2017 American Community Survey Public Use Microdata Sample; Household file.

- **SHARE OF PERSONS IN LOWEST INCOME QUARTILE WITHOUT HEALTH INSURANCE:**
  - Compares the total number of persons between the ages of 16 and 64 who are in the lowest income quartile in a state to the number of the persons in that income quartile who reported not having any form of public or private health insurance coverage at time of survey.
  - Source: U.S. Census Bureau, 2017 American Community Survey Public Use Microdata Sample; Individual file.

#### RACIAL DISPARITY DIMENSION

- **WHITE-MINORITY WAGE GAP:**
  - Compares the hourly wages of working age (ages 18-64) white persons in a state to the hourly wages of working age people of color while controlling for age, level of education, and occupation using a weighted regression analysis to determine the isolated impact of minority status on earnings.

- **PERCENT OF POPULATION WITH DIFFICULTIES SPEAKING ENGLISH:**
  - Compares the number of foreign-born individuals in each state who reported speaking English “not well” or “not at all” compared to the total population of foreign-born individuals in each state.
  - Source: 2017 American Community Survey Public Use Microdata Sample; Individual file.

- **PERCENT OF UNEMPLOYMENT RATE GAP BETWEEN IMMIGRANT AND NATIVE-BORN POPULATIONS:**
  - Compares the difference in the percentage of total foreign-born residents of a state (all who reported being born in another country) who reported not having public or private health insurance in 2017 compared to the percentage of all native-born residents of the state who report not having public or private health insurance for persons between the ages of 16 and 64. (Unemployment is defined as persons 16 years and older who did not have employment during the last week, was available for work, and had made specific efforts to find employment sometime during the preceding 4-week period).
  - Source: U.S. Census Bureau, 2017 American Community Survey Public Use Microdata Sample; Individual file.

- **GAP IN HEALTH INSURANCE RATE BETWEEN IMMIGRANT AND NATIVE-BORN POPULATIONS:**
  - Considers the difference in the percentage of total foreign-born residents of a state (all who reported being born in another country) who reported not having public or private health insurance in 2017 compared to the percentage of all native-born residents of the state who reported not having public or private health insurance.

#### IMMIGRANT EXCLUSION DIMENSION

- **WHITE-MINORITY UNEMPLOYMENT RATE GAP:**
  - Compares the percentage of white persons aged 16 years and over that reported being unemployed to the percentage of people of color who reported being unemployed. (Unemployment is defined as persons 16 years and older who did not have employment during the last week, was available for work, and had made specific efforts to find employment sometime during the preceding 4-week period).

- **DISCONNECTED IMMIGRANT YOUTH RATE:**
  - Compares the total number of foreign-born youth (persons aged 18-25 who were not born in the U.S.) in a state with the number of foreign-born youth who reported that they were not enrolled in school in the last three months and had not worked in the last week.
  - Source: 2017 American Community Survey Public Use Microdata Sample; Individual file.

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### JUSTSOUTH INDEX 2018 POVERTY INDICATORS

#### POVERTY DIMENSION

<table>
<thead>
<tr>
<th>STATE</th>
<th>AVERAGE INCOME OF POOR HOUSEHOLDS</th>
<th>PERCENT OF POOR WITHOUT HEALTH INSURANCE</th>
<th>PERCENT OF POOR WITH HIGH HOUSING COST BURDEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>AL</td>
<td>$12,296</td>
<td>25.2%</td>
<td>58.8%</td>
</tr>
<tr>
<td>FL</td>
<td>$14,906</td>
<td>28.3%</td>
<td>69.4%</td>
</tr>
<tr>
<td>LA</td>
<td>$11,016</td>
<td>19.8%</td>
<td>63.2%</td>
</tr>
<tr>
<td>MS</td>
<td>$10,821</td>
<td>32.3%</td>
<td>57.6%</td>
</tr>
<tr>
<td>TX</td>
<td>$16,593</td>
<td>35.3%</td>
<td>67.2%</td>
</tr>
<tr>
<td>US</td>
<td><strong>$16,293</strong></td>
<td><strong>16.9%</strong></td>
<td><strong>65.9%</strong></td>
</tr>
</tbody>
</table>

#### RACIAL DISPARITY

<table>
<thead>
<tr>
<th>STATE</th>
<th>PERCENT OF SEGREGATED SCHOOLS</th>
<th>WHITE-MINORITY WAGE GAP</th>
<th>WHITE-MINORITY UNEMPLOYMENT RATE GAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>AL</td>
<td>20.6%</td>
<td>18.5%</td>
<td>4.1%</td>
</tr>
<tr>
<td>FL</td>
<td>7.2%</td>
<td>12.3%</td>
<td>1.8%</td>
</tr>
<tr>
<td>LA</td>
<td>21.8%</td>
<td>18.4%</td>
<td>3.6%</td>
</tr>
<tr>
<td>MS</td>
<td>21.9%</td>
<td>17.7%</td>
<td>2.1%</td>
</tr>
<tr>
<td>TX</td>
<td>8.3%</td>
<td>12.2%</td>
<td>0.4%</td>
</tr>
<tr>
<td>US</td>
<td><strong>14%</strong></td>
<td><strong>10.2%</strong></td>
<td><strong>2.3%</strong></td>
</tr>
</tbody>
</table>

#### IMMIGRANT EXCLUSION

<table>
<thead>
<tr>
<th>STATE</th>
<th>SHARE OF IMMIGRANT DISCONNECTED YOUTH</th>
<th>SHARE OF IMMIGRANT WITH DIFFICULTY SPEAKING ENGLISH</th>
<th>GAP IN HEALTH INSURANCE RATE IMMIGRANT AND NATIVE-BORN RESIDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>AL</td>
<td>21.4%</td>
<td>27.8%</td>
<td>23.8%</td>
</tr>
<tr>
<td>FL</td>
<td>14.7%</td>
<td>30.9%</td>
<td>12.3%</td>
</tr>
<tr>
<td>LA</td>
<td>16.3%</td>
<td>31.0%</td>
<td>26.6%</td>
</tr>
<tr>
<td>MS</td>
<td>5.7%</td>
<td>23.8%</td>
<td>25.6%</td>
</tr>
<tr>
<td>TX</td>
<td>15.8%</td>
<td>37.8%</td>
<td>22.3%</td>
</tr>
<tr>
<td>US</td>
<td><strong>12.8%</strong></td>
<td><strong>25.4%</strong></td>
<td><strong>13.9%</strong></td>
</tr>
</tbody>
</table>

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*All indicators that are based on individual or household income include earned wages, commissions, bonuses, or tips; self-employment income; interest, dividends, net rental income, royalty income, or income from estates and trusts; Social Security or Railroad Retirement; Supplemental Security Income; public assistance or welfare payments; retirement, survivor or disability pensions; veterans' payments; unemployment compensation; and child support payments.

** Current Population Survey data was analyzed using the coded extracts provided by the Economic Policy Institute’s Economic Analysis and Research Network.

All income and earnings data are reported in 2017 income adjusted dollars.

JUSTSOUTH INDEX 2018 FACT SHEET

ALABAMA

JUSTSOUTH INDEX RANKINGS (OUT OF 51)

POVERTY  44
RACIAL DISPARITY  50
IMMIGRANT EXCLUSION  45
OVERALL  49

1st
Largest white-minority wage gap in the U.S.

3rd
Highest percentage of foreign-born disconnected youth in the U.S.

5th
Largest gap in health insurance coverage between native and foreign-born residents in the U.S.

5th
Lowest average income among low income households in the U.S.

ACTION STEPS

✅ Investigate discriminatory labor practices.

✅ Legislate a state minimum wage significantly higher than the federal minimum of $7.25 per hour and rescind the 2016 preemption law banning municipal minimum wages.

✅ Support foreign-born youth by increasing funding to GED and job training programs.

✅ Expand Medicaid coverage as provided for in the Affordable Care Act (ACA) and make available resources to educate all residents about the various benefits available to them via the ACA.

JUSTSOUTH INDEX FACT SHEETS

Alabama
Florida
Louisiana
Mississippi
Texas

$12,296
Average income of poor households

25.2%
Poor without health insurance

58.8%
Poor with high housing cost burden

20.6%
Segregated schools

18.5%
White-minority wage gap

4.1%
White-minority unemployment rate gap

21.4%
Immigrant disconnected youth

27.8%
Immigrants with difficulty speaking English

23.8%
Gap in health insurance rate, immigrant and native-born residents
**JUSTSOUTH INDEX 2018 FACT SHEET**

**FLORIDA**

- **POVERTY**: 48
- **RACIAL DISPARITY**: 28
- **IMMIGRANT EXCLUSION**: 28
- **OVERALL**: 41

**ACTION STEPS**

- Expand Medicaid coverage as provided for in the Affordable Care Act (ACA) and make available more resources to educate all residents about the various benefits available to them via the ACA.
- Increase the state’s minimum wage above its current (2019) $8.46 per hour and rescind the 2003 preemption law banning municipal minimum wages.
- Investigate discriminatory labor practices.
- Support foreign-born youth by increasing funding to GED and job training programs.

**MISSISSIPPI**

- **POVERTY**: 51
- **RACIAL DISPARITY**: 50
- **IMMIGRANT EXCLUSION**: 38
- **OVERALL**: 69

**ACTION STEPS**

- Legislate a state minimum wage significantly higher than the federal minimum of $7.25 per hour and rescind the 2016 preemption law banning municipal minimum wages.
- Investigate discriminatory labor practices.
- Make available more resources to educate all residents about various benefits available to them via the ACA.
- Increase state enforcement of school desegregation and address unequal funding allocation to minority-majority schools.

**LOUISIANA**

- **POVERTY**: 49
- **RACIAL DISPARITY**: 48
- **IMMIGRANT EXCLUSION**: 48
- **OVERALL**: 51

**ACTION STEPS**

- Expand Medicaid coverage as provided for in the Affordable Care Act (ACA) and make available more resources to educate all residents about the various benefits available to them via the ACA.
- Increase the state’s minimum wage above its current (2019) $8.46 per hour and rescind the 2003 preemption law banning municipal minimum wages.
- Investigate discriminatory labor practices.
- Support foreign-born youth by increasing funding to GED and job training programs.

**JUSTSOUTH INDEX RANKINGS (OUT OF 51)**

- **FLORIDA**: 5th
- **MISSISSIPPI**: 13th
- **LOUISIANA**: 14th

- **FLORIDA**
  - Highest share of low-income people without health insurance in the U.S.
  - Largest white-minority wage gap in the U.S.
  - Lowest average income among low-income households in the U.S.
  - Highest percentage of foreign-born disconnected youth in the U.S.

- **MISSISSIPPI**
  - Lowest average income among low-income households in the U.S.
  - Highest percentage of segregated schools in the U.S.
  - Largest white-minority wage gap in the U.S.
  - Largest gap in health insurance coverage between native and foreign-born residents in the U.S.

- **LOUISIANA**
  - Lowest average income among low-income households in the U.S.
  - Highest percentage of segregated schools in the U.S.
  - Largest white-minority wage gap in the U.S.
  - Highest percentage of segregated schools in the U.S.
MISSISSIPPI

**POVERTY**
51

1st

- Lowest average income among low income households in the U.S.
- Highest share of low-income people without health insurance in the U.S.

2nd

- Largest white-minority wage gap in the U.S.
- Highest poverty rate in the U.S.

3rd

- Largest gap in health insurance coverage between native and foreign-born residents in the U.S.
- 23.8% immigrants with difficulty speaking English

**RACIAL DISPARITY**
46

- Poor without health insurance
- Poor with high housing cost burden
- Segregated schools
- White-minority wage gap

- 32.3%
- 57.6%
- 21.9%
- 17.7%
- 2.1%

**IMMIGRANT EXCLUSION**
38

- Immigrant disconnected youth
- Immigrants with difficulty speaking English
- Gap in health insurance rate, immigrant and native-born residents

- 5.7%
- 23.8%
- 25.6%

**OVERALL**
50

- 3rd

**ACTION STEPS**

- **Legislate a state minimum wage higher than the federal minimum of $7.25 per hour and rescind the 2016 preemption law banning municipal minimum wages.**
- **Expand Medicaid coverages as provided for in Affordable Care Act (ACA) and make available more resources to educate all residents about the various benefits available to them via ACA.**
- **Assist non-English speakers by increasing funding and access to educational support service such as English as a Second Language (ESL) courses and community-based language instruction.**
- **Support foreign-born youth by increasing funding to GED and join training programs.**
- **Significantly increase minimum wage above the federal minimum of $7.25 per hour and rescind the 2003 preemption law banning municipal minimum wages.**

TAKES

**POVERTY**
50

1st

- Highest share of low-income people without health insurance in the U.S.
- Highest percentage of foreign-born disconnected youth in the U.S.

8th

- Largest gap in health insurance coverage between native and foreign-born residents in the U.S.
- White-minority wage gap

12th

- Immigrants with difficulty speaking English
- Immigrants with difficulty speaking English

**RACIAL DISPARITY**
23

- Highest share of foreign-born residents with difficulty speaking English in the U.S.
- Segregated schools
- White-minority wage gap

- 35.3%
- 67.2%
- 8.3%

**IMMIGRANT EXCLUSION**
50

- Immigrant disconnected youth
- Gap in health insurance rate, immigrant and native-born residents

- 15.8%
- 22.3%

**OVERALL**
46

- 1st

**ACTION STEPS**

- **Expand Medicaid coverages as provided for in Affordable Care Act (ACA) and make available more resources to educate all residents about the various benefits available to them via ACA.**
- **Assist non-English speakers by increasing funding and access to educational support service such as English as a Second Language (ESL) courses and community-based language instruction.**
- **Support foreign-born youth by increasing funding to GED and join training programs.**
- **Significantly increase minimum wage above the federal minimum of $7.25 per hour and rescind the 2003 preemption law banning municipal minimum wages.**
ENDNOTES:


4 Catholic Church. (1994).

5 Pastoral constitution on the Church in the modern world: Gaudium et spes; promulgated by His Holiness Pope Paul VI on December 7, 1965, no. 26.

6 Compendium of the Social Doctrine of the Church, op. cit., 169.

7 Catholic Church. (1949).

8 Catholic Church. (1994).


16 Ibid.

17 Ibid.


21 Ibid.


31 Poverty threshold from the U.S. Department of Health and Human Services website: https://aspe.hhs.gov/2017-poverty-guidelines

32 This and other information included in this report on the federal and state minimum wages came from the website of the National Conference of State Legislatures: http://www.ncsl.org/research/labor-and-employment/state-minimum-wage-chart.aspx


40 Ibid.


44 Medicaid is jointly funded by the federal government and the states. The federal government pays states for a specified percentage of program expenditures, called the Federal Medical Assistance Percentage (FMAP). FMAP varies by state based on criteria such as per capita income. State FMAP ranges from 50% to 78%. Source: Kaiser Family Foundation (KFF). (2019). Federal Medical Assistance Percentage (FMAP) for Medicaid and Multiplier. Retrieved from the KFF website: https://www.kff.org/health-reform/state-indicator/state-activity-around-medicaid-expansion/; promulgated by His Holiness Pope Paul VI on December 7, 1965, no. 26.


50 Ibid.

51 Ibid.


55 Ibid.


57 Ibid.

58 Ibid.


63 Economic Justice for All, op. cit., no. 73.


70 Ibid.

71 Economic Justice for All, op.cit., no.137.


75 Economic Justice for All, op. cit., no. 141.

76 Quillan, L., Pager, D, Hexel, O., & Midtboen, A.H., op.cit.

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85 Ibid.


88 Ku, L., & Jewers, M., op. cit.


90 Ibid.

91 Ibid.

92 Ku, L., & Jewers, M., op. cit.


99 Health and health care: a pastoral letter from the American Catholic Bishops. op.cit.

For more information related to the JustSouth index please visit www.loyno.edu/jsri/reports or contact Dennis Kalob, Ph.D. at kalob@loyno.edu.
A new report from the Institute on Taxation and Economic Policy provides an important distributional analysis of the taxes in all 50 states and the District of Columbia. Measuring the effective state and local tax rates by income groups, the report assesses tax fairness, providing key information to policymakers and taxpayers. Among the findings are:

- The vast majority of state and local tax systems are inequitable and upside down. They take a much greater share of income from low-and-middle-income families than from the wealthy, caused largely by the absence of a graduated income tax in many states and too great a reliance on consumption taxes.
- The lower a family’s income, the higher their effective state and local tax rate. On average, state and local rates for the lowest-income fifth of households—the bottom 20 percent—are more than 50 percent higher than the top one percent of households: 11.4 percent as compared to 7.4 percent.
- Tax structures in 45 states exacerbate income inequality. They make incomes more unequal by collecting proportionally more taxes from poor families than wealthy ones. Only five states—none in the Gulf South—and the District of Columbia make incomes slightly more equitable after taxes.
- In the most regressive “terrible 10” states, the lowest-income 20 percent of families can pay as much as four-to-six times more of their income than do their their wealthy counterparts. This includes Texas and Florida.

Many of these states rely heavily on sales and excise taxes, while the least regressive states are characterized by a progressive income tax which raises, on average, more than one-third of state revenue.

The chart below provides the average effective state and local tax rates for all 50 states and the District of Columbia for different “quintiles” of U.S. families based on income. The lowest 20 percent of families—with annual incomes below $20,800—pay 11.4% of their income in state and local taxes. The middle 20 percent—with incomes between $36,800 and $59,900—pay 9.9% in taxes. The wealthiest 20 percent are divided into three groups—15%, 4%, and the top 1%--because of wide income disparity within this quintile; they pay 8.9 percent, 8.0 percent, and 7.4 percent of family income respectively.

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