This special report is made possible by a generous grant from the W.K. Kellogg Foundation.
PROVIDING GUIDANCE REGARDING HOW CITIZENS AND LEADERS IN THE GULF SOUTH CAN CREATE CHANGE.
Pope Saint John Paul II described social justice as concerning the social, political, and economic aspects, and, above all, the structural dimension of problems and their respective solutions.1,2

Striving for a socially just society, therefore, requires critical analyses of the structures of our society to determine if they perpetuate inequity or enhance justice. In the United States, levels of justice vary greatly between regions and states. In the Gulf South states—Texas, Louisiana, Mississippi, Alabama, and Florida—policy and programmatic decisions historically have perpetuated inequity and left the poor, immigrants, and racial minorities without the ability to meet their basic human needs. Although some progress has been made, the history of injustice in the Gulf South states continues to manifest itself in contemporary social, political, and economic systems.

By measuring and comparing all 50 states and Washington D.C. on nine social justice-related indicators, the JustSouth Index provides a strong starting point for determining not only where inequity is most problematic, but also what systemic factors contribute to the inequity.
FROM THE DIRECTOR

In 2016, we published our first JustSouth Index to provide a means for citizens and policy-makers in the Gulf South and across the nation to take stock of important social justice-related indicators and to take action to create a more socially just society. The use of indicators follows a methodology pioneered by the United Nations, which we employed to construct a measure of social justice for state-by-state comparisons within our own country.

Now, with the publication of the JustSouth Index 2017, we continue this examination of three key dimensions of social justice: poverty, racial disparity, and immigrant exclusion. These dimensions are key to working for the common good of any state or nation and improving the lives and enhancing the dignity of those most often “left out” of economic and social progress. As we did in our first report, we include here specific policy recommendations to change each indicator for the better and to improve the standing of the various states.

Sadly, the Gulf South states continue to lag far behind many others in promoting integral human development for their residents, even though there are some marginal changes in one indicator or another. Near the end of the report, we focus on the five Gulf South states with special attention to key factors affecting their standing. For those desiring to effect positive societal change, we recommend careful attention to each state’s indicators and changes since 2016. An interactive website can be found at www.loyno.edu/jsri/indicators-map that highlights each state’s indicators.

Special thanks go to Ali Bustamante, Ph.D., JSRI Fellow, as the principal investigator for this Index. He was ably assisted by Brendan Gottschall, S.J., in the research and writing for this report.

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Director, Jesuit Social Research Institute
College of Arts and Sciences
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RESULTS

On the overall JustSouth Index rankings, most Gulf South states rank at the bottom compared to all 50 states and Washington D.C. Specifically, Mississippi, Alabama, Louisiana, and Texas, earned spots in the bottom six rankings (see Table 1).

Florida placed the highest of the five Gulf South states at 35th on the JustSouth Index. These results indicate the vast amount of work to be done to increase social justice in the region. The states' scores on the three-dimension indices provide more detailed information regarding specific areas of social justice in which each state is lacking (see Table 2). The Gulf South states are among the worst performing states in the poverty dimension; Louisiana, Mississippi, and Alabama rank near the bottom in the racial disparity dimension; and Texas, Louisiana, and Alabama rank poorly in the immigrant exclusion dimension.

Florida, Mississippi, and Alabama have made modest progress along the JustSouth Index rankings from last year. Florida rose six spots to rank 35, Mississippi went up four to rank 46, and Alabama climbed one spot to rank 47. Louisiana continues to be ranked 51 and Texas 49. Florida’s improved ranking is largely due to improvements across all indicators, except the white-minority wage gap and the share of immigrants with difficulty speaking English. Mississippi’s gains were driven by significant increases in income for the bottom 25 percent of households as well as decreases in the share of households with a housing cost burden, the white-minority wage gap, and the native-foreign born health insurance coverage gap. Alabama’s improvement was caused by a considerable decline in the share of households with a housing cost burden and a reduction in the share of immigrants with difficulty speaking English.
For Louisiana, declines in the share of households with a housing cost burden and in the share of immigrants with difficulty speaking English were offset by losses in income among the bottom 25 percent of households. Texas improved modestly across all indicators, except the share of immigrants with difficulty speaking English. However, these modest increases were not sufficient to improve Texas’ ranking.

Increasing income equity, access to health insurance coverage, racial equality, and community support for immigrants will improve social justice and preserve human dignity in the Gulf South states. Overall, states that have increased the state minimum wage, created robust income support programs, taken action to reduce racial disparities, and enacted policies that support rather than hinder the integration of immigrants have scored higher on the JustSouth Index ranking and the underlying dimension indices.
Table 2: JustSouth Index 2017
Dimension Scores and Rankings

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Table 2: JustSouth Index 2017 Dimension Scores and Rankings
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 wellbeing around the world. The HDI focuses on three key dimensions of human wellbeing: health, education, and standard of living in 187 countries. 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 wellbeing in each country.3

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 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.” 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.

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, which includes Texas, Louisiana, Mississippi, Alabama, and Florida. 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, 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 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.
DEVELOPING THE DIMENSION AND INDEX SCORES

The methodology for calculating the indicator scores and JustSouth Index ranking is based on the United Nations’ Human Development Index “goalpost approach” to measuring wellbeing. 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 the highest indicator value was given a score of 1 and the rest of the states received 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 “goal posts” of 0 and 1, with the highest scores closest to 1 and the lowest scores closest to 0.
THE POVERTY DIMENSION

The Poverty Dimension includes three indicators that measure economic wellbeing 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**
  Percent difference in earnings between white workers and workers of color of similar age, level of education, and occupation.

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.
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. 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.” 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 achieve full development and contribute to society. 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.
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.

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.” 10,11
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 wellbeing  
+ 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.

Each indicator serves as a marker of social justice that can be compared across states and time. The indicators also are important to the central dimensions of human wellbeing: economic security, education, and health. Because the indicators are actionable, states have the possibility of improving their scores annually.
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 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, to be educated, and to 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. The U.S. Catholic Bishops’ 1979 Brothers and Sisters to Us pastoral letter on racism states that racial disparity is “a sin that divides the human family, blots out the image of God among specific members of that family, and violates the fundamental human dignity of those called to be children of the same Father.” Both systemic and individual level racial discrimination divide communities and inhibit 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 Civil Rights Act and the election of the first African American president. 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, or excluded, from economic opportunity and prosperity in U.S. 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 to the benefit of 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, “The fact that one is a citizen of a particular state does not detract in any way from his membership in the human family as a whole, nor from his citizenship in the world community.” The U.S. and Mexican bishops expanded upon that notion in 2003, saying, “Regardless of their legal status, migrants, like all persons, possess inherent dignity that should be respected.” 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 U.S. 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. 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 fact that one is a citizen of a particular state does not detract in any way from his membership in the human family as a whole, nor from his citizenship in the world community.”

Pope Saint John XXIII
The four map visualizations group 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

**JUSTSOUTH INDEX MAP**

**MAP 1: OVERALL**
DIMENSION 1: POVERTY

“We can best measure our life together by how the poor and the vulnerable are treated.”


INDICATOR 1: AVERAGE ANNUAL INCOME OF HOUSEHOLDS IN THE LOWEST INCOME QUARTILE

Stagnant wages and rising costs of living have created a class of “working poor” who simply cannot earn enough to cover their basic expenses. Unemployment and underemployment continue to plague particular regions and states, adding to the challenges households face in getting by and getting ahead. 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. 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 2015 8.6 million workers had earnings that were not sufficient to bring them above the federal poverty line, which is just $24,257 a year for a family of four. A powerful tool state leaders can use to boost the earnings of low-income families is a state minimum wage law. Twenty-nine states and D.C. already have created their own minimum wage laws that are higher than the federal minimum wage of $7.25 per hour. Fifteen of those state laws include a provision that indexes the wage to inflation each year to adjust for an increase in prices. Unfortunately, in the Gulf South states only Florida has enacted its own minimum wage law, which currently is set at $8.25 per hour – only modestly above the federal minimum wage. Municipal governments also can take action to raise the local minimum wage, where not otherwise 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-five 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. Albeit a good start, Louisiana’s EITC program is the smallest in the nation at only 3.5 percent of the federal EITC. Comparatively, California allows filers to claim a state tax credit up to 85 percent of the federal credit. 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 a state’s otherwise regressive tax code in which the poor pay a larger share of their income in taxes than the rich. The Temporary Assistance for Needy Families (TANF) cash assistance program is another income support program that helps some of the poorest families meet their basic needs. The federal government provides funding to states for the TANF programs in the form of a block grant. States have great discretion regarding setting eligibility criteria and benefit levels for their cash assistance programs. The amount of TANF funding that actually goes to cash assistance has decreased substantially, especially in the Gulf South states. For example, the maximum TANF monthly benefit for a single-parent family of three in Mississippi is $170 compared to $653 in Wisconsin and $789 in New York. Moreover, substantially fewer poor families qualify for TANF cash assistance program as eligibility criteria have been tightened in many states since the block grant program went into effect. In 1996, 68 of every 100 poor families received TANF benefits and in 2014, just 23 of every 100 poor families were receiving benefits. State legislatures must alter eligibility criteria and benefit amounts to ensure that families in 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 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 $125 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.
Childcare assistance is another cost-effective income support program that contributes to the economic security and earning potential of low-income working households in a state. The federal government provides the vast majority of funding for childcare assistance in the form of the Child Care and Development Block Grant (CCDBG) and the Temporary Assistance for Needy Families (TANF) block grant. However, states have discretion regarding eligibility criteria, copayment requirements, and provider reimbursement rates for their state programs.37 States also have options regarding how much of their state TANF block grant funds are devoted to childcare subsidies and how much state revenue, if any, will supplement the federal funding.38 Reduced funding and increasingly restrictive eligibility criteria in certain states limit the number of low-income parents who qualify for assistance. High copayment requirements limit the number of families who can afford childcare even with assistance. Investing additional federal and state resources in childcare assistance is a “win-win” economic investment for states because it allows parents to maintain stable employment and provides their children the opportunity to learn and develop the skills they need to succeed in school.39

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.40 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.41 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 an option for state leaders to expand the Medicaid program, largely funded with federal dollars, to provide coverage to the poorest persons in the state. Nineteen states, including four in the Gulf South region, have chosen not to do so.42 In 2016, Louisiana was the first and only state in the Gulf South to expand the Medicaid program. 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.43,44 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.45
ACTION STEPS:

The most efficient way for state leaders to increase the health insurance coverage rate among the poor is to expand Medicaid eligibility to include all 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.

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

Families who 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.” 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; and only 1 in 4 low-income households paying rent received federal assistance in 2015. 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. For example, Massachusetts lawmakers created a program called Smart Growth Zoning Districts in which municipalities can receive incentive payments for creating zoning districts in which residential development is constructed at higher densities than typically allowed and 20 percent of homes are affordable for low- and moderate-income families. By creating similar programs, the Gulf South states can reduce the share of households that are housing-cost burdened and increase economic security of the most vulnerable households.
With respect to the fundamental rights of the person, every type of discrimination, whether social or cultural, whether based on sex, race, color, social condition, language, or religion, is to be overcome and eradicated as contrary to God’s intent.

– Pope Paul VI, Gaudium et Spes, No. 29.

School districts made significant progress toward school desegregation in the years following the Civil Rights Act of 1963, but the trend has shifted back toward race-based school segregation as federal oversight has diminished. Following a set of Supreme Court decisions in the late 1960s and 1970s that required U.S. Department of Education officials to oversee implementation of school desegregation plans, the rate of black students attending majority white schools increased dramatically, growing from 1 percent in 1963 to 43 percent in 1983.

After federal oversight was phased out and schools were left to make good faith efforts to maintain integration, there has been significant backsliding. In 2012, 74 percent of black students and 80 percent of Latino students attended schools that were 50 to 100 percent minority, and of these, more than 40 percent of black and Latino students attended schools that were 90 to 100 percent minority. This 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, subsidizing transportation, and increasing school choice through charter and magnet schools. Strategic housing development and community planning also are 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.

States and school districts also should increase the share of resources allocated to schools serving a large percentage of minority students. Additional funding would allow those schools to attract and retain high quality teachers, and provide critical support services for at-risk students. Offering pre-kindergarten programs, early grade reading programs, reduced class sizes, and counseling can help offset the challenges often faced by minority students.

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

In 1986, the U.S. 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 go on to explain, “work with adequate pay for all who seek it is the primary means for achieving basic justice in our society.” 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. A 2011 Harvard study found that the raw gap in earnings between white and black workers is close to 30 percent. When relevant factors are controlled for, including educational attainment, age, and occupation, the gap is still nearly 10 percent. This means that on average, a minority worker would earn only $45,000 in the same position in which a white worker in the same field with the same level of education and experience would earn $50,000. 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. 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. 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 3: GAP IN UNEMPLOYMENT RATE BETWEEN WHITE AND MINORITY WORKERS**

Employment is a basic right that allows all citizens the freedom to participate in the economic life of society. Jobs enable workers to contribute to the common good and to meet their basic needs. The distribution of unemployment in the U.S. is skewed such that a significantly higher proportion of minority workers are unemployed than white workers. The cause of this disparity is multifaceted. Research indicates that differences in average educational attainment and job-preparedness between racial groups account for a portion of the unemployment gap. Studies also have documented the impact of racial discrimination in hiring practices. Taken together, 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 wellbeing. As noted by the U.S. 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 wellbeing.
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. 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. 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.
DIMENSION 3: IMMIGRANT EXCLUSION

“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.”


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. 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 students 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.

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. Also, initiatives that combine workforce development and language learning programs put immigrants on a fast track to better social and economic outcomes. 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.
INDICATOR 3: GAP IN HEALTH INSURANCE COVERAGE BETWEEN IMMIGRANT AND NATIVE-BORN POPULATIONS

Immigrants, both legal and unauthorized, are less likely to have health insurance than native-born residents of the United States. As a result, many are forced to rely on a patchwork system of safety-net clinics and hospitals for free or reduced-price medical care or to pay out-of-pocket for health care services. As with the general population, lack of healthcare coverage for immigrants often leads to poor health outcomes, lost wages, and financial instability. The U.S. Catholic Conference of Bishops describe access to healthcare as a basic human right that should never be out of reach for individuals simply based on social or legal status. The gap in health insurance rates between immigrant and native-born populations exists in both private and publicly provided coverage. Despite high rates of employment, significantly fewer immigrants have employer-sponsored healthcare than white employees, largely because the insurance is less likely to be offered at the workplace. According to research by the Migration Policy Institute, job-based health insurance is offered to 87 percent of white workers, but only to 50 percent of Hispanic workers. This gap persists even after controlling for job type, salary level, and other factors. Federal and state regulations also prevent many immigrants from enrolling in Medicaid and Medicare. Creating barriers to health insurance not only puts immigrants and their children in jeopardy, it also weakens their ability to contribute to the common good. This is because immigrants’ lack of health insurance, like the poor, puts them at risk of absence from work, financial instability, long-term health complications, and early death.

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. Individual states, however, have flexibility to allow some immigrants to obtain public health insurance regardless of their date of entry or immigration status. For example, states have the option to use federal Children’s Health Insurance Program (CHIP) funds to provide care to legally residing immigrant children and pregnant mothers without enforcing the five-year waiting period. In 2014, only twenty-nine states and D.C. had opted to utilize that option, with Texas being the only Gulf South state to do so. States also can extend public health insurance to immigrants regardless of their immigration status, but must use state funds to cover the costs. For example, Illinois and Washington have state-funded children’s health insurance programs that provide coverage to all immigrant children that fall below a certain income threshold.

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 classifying immigrants as contract, temporary, or part-time workers to avoid offering benefits. Not only are these practices harmful to immigrant workers and families but 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.
For more detailed data, methodology, and resources related to the JustSouth Index please visit www.loyno.edu/JSRI or contact Ali R. Bustamante, Ph.D. at arbustam@loyno.edu.
THE INDEX OVER TIME

The JustSouth Index captures changes over time in both the relative rankings of states along the Index and in the poverty, race, and immigrant measures employed in the Index.

The states that experienced the greatest increases in ranking from 2016 to 2017 are Wyoming, Alaska, Wisconsin, Indiana, Idaho, and Missouri. Wyoming’s and Idaho’s improvement is largely due to greater immigrant inclusion and the reduction of households with housing cost burdens. Alaska’s gains were driven by the greatest income increase for the bottom 25 percent of households and by the largest reduction of households with housing cost burdens among all states. Wisconsin’s and Indiana’s shift was caused by reducing racial disparities, especially the white-minority unemployment rate gap. Lastly, Missouri’s improvements mainly occurred in the areas of housing cost burden and foreign-born insurance coverage.

Conversely, the states with considerable declines in ranking that shifted from the top to the bottom half of the rankings are South Dakota, New Jersey, Utah, Connecticut, and Colorado. South Dakota’s decline was caused by worsening conditions along every indicator in the race and immigration dimensions. New Jersey’s shift was largely driven by income declines for the bottom 25 percent of households. Utah’s loss was concentrated in the widening of the white-minority wage gap and in the increased share of immigrants with difficulty speaking English. Connecticut’s decline was due to an increased share of households with housing cost burdens and an increasing wage gap between white people and people of color. Colorado’s poor performance was due to increases in the share of
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 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 is incumbent on policymakers, advocates, philanthropists, community leaders, and citizens taking 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.

Disconnected immigrant youth and the increased share of immigrants with difficulty speaking English.

Large changes in ranking are due to the ability of states to improve the lives of their residents through one or more of the three social justice dimensions employed in the Index. However, most states, 30, experienced modest changes in ranking from the previous year. Therefore, while marginal and gradual policy change is the norm, radical changes in social justice are possible.
**POVERTY**

**AVERAGE ANNUAL INCOME OF HOUSEHOLDS IN LOWEST INCOME QUARTILE:**

Considers the total annual income* 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. 2016 American Community Survey Public Use Microdata Sample; Household file

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**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. 2016 American Community Survey Public Use Microdata Sample; Individual file

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

Compares the total number of households in a state that are in the lowest income* quartile and the number of those households that report spending more than 30 percent of their income in gross rent or mortgage costs in the past 12 months.

Source: U.S. Census Bureau. 2016 American Community Survey Public Use Microdata Sample; Household file

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**RACIAL DISPARITY**

**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.


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**PERCENT OF SEGREGATED SCHOOLS:**

Considers the percentage of schools in a state that have a student population that is 90 percent or more one race and that student population is more than 5 percentage points different than the total public school population in the county.


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**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 respondent 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).


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**IMMIGRANT EXCLUSION**

**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: 2016 American Community Survey Public Use Microdata Sample; Individual file

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**PERCENT OF IMMIGRANT POPULATION WITH DIFFICULTIES SPEAKING ENGLISH:**

Compares the number of foreign-born individuals in each state who entered the US in 2012 or earlier who reported speaking English “not well” or “not at all” to the total population of foreign-born individuals in each state.

Source: 2016 American Community Survey Public Use Microdata Sample; Individual file

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**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 2015 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.

Source: U.S. Census Bureau. 2016 American Community Survey Public Use Microdata Sample; Individual file

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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.

### GULF SOUTH STATES: 2017 RAW INDICATOR SCORES

#### POVERTY

<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>
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#### RACIAL DISPARITY

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<tr>
<th>STATE</th>
<th>PERCENT OF SEGREGATED SCHOOLS</th>
<th>WHITE-MINORITY WAGE GAP</th>
<th>WHITE-MINORITY UNEMPLOYMENT RATE GAP</th>
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#### IMMIGRANT EXCLUSION

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<th>STATE</th>
<th>SHARE OF IMMIGRANT DISCONNECTED YOUTH</th>
<th>SHARE OF IMMIGRANTS 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>17.1%</td>
<td>27.7%</td>
<td>25.8%</td>
</tr>
<tr>
<td>FL</td>
<td>13.0%</td>
<td>32.6%</td>
<td>12.6%</td>
</tr>
<tr>
<td>LA</td>
<td>19.1%</td>
<td>27.4%</td>
<td>24.6%</td>
</tr>
<tr>
<td>MS</td>
<td>9.1%</td>
<td>27.8%</td>
<td>20.8%</td>
</tr>
<tr>
<td>TX</td>
<td>19.8%</td>
<td>39.5%</td>
<td>22.5%</td>
</tr>
<tr>
<td>US (AVERAGE)</td>
<td>14.6%</td>
<td>32.6%</td>
<td>13.8%</td>
</tr>
</tbody>
</table>

For more detailed statistical methodological information please contact: arbustam@loyno.edu
JUSTSOUTH INDEX FACT SHEETS

Alabama
Florida
Louisiana
Mississippi
Texas
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.

+ More than 1 in 5 workers (22%) in Alabama earn wages at or below $10 an hour.\(^5\)
+ State minimum wages increase incomes that result in additional consumer spending at the community level, which benefits local businesses, and in lower poverty rates, which benefit the community as a whole.
+ 29 states and D.C. already have created their own minimum wage laws that are higher than the federal minimum wage.\(^6\)

Investigate discriminatory labor practices.

+ Establish a Civil Rights Division within the Alabama Department of Labor to investigate complaints of discriminatory practices by employers.

+ Title VII of the Civil Rights Act of 1964 prohibits discrimination in employment on the basis of race, color, sex, or ethnic origin.

Increase state enforcement of school desegregation.

+ Establish accountability measures and best practices for desegregation in school districts.
+ Increase state funding of public schools and secure equal funding allocation to minority-majority schools.
+ Segregation fosters social and economic inequities by race, what Martin Luther King Jr. called “the false sense of superiority of the segregators and the false sense of inferiority of the segregated.”\(^7\)
ACTION STEPS:

**Expand Medicaid under the Affordable Care Act.**

+ Extend Medicaid eligibility to households with incomes below 138% of the federal poverty level, insuring about 732,000 additional Floridians.⁴
+ 32 states and D.C. already have expanded Medicaid.

**Increase the state’s minimum wage above $8.25 per hour and rescind the 2003 preemption law banning municipal minimum wages.**

+ More than 1 in 5 workers (20.1%) in Florida earn wages at or below $10 an hour.⁵
+ State minimum wage increases boost incomes that result in additional consumer spending at the community level, which benefits local businesses, and in lower poverty rates, which benefit the community as a whole.

**Increase affordable housing resources.**

+ Only 15.5% rental housing created in Florida between 2000 and 2015 are affordable to low-income households.⁶
+ Expand rental assistance by exclusively applying funds from Florida’s Sadowski Act to affordable housing programs.

JUSTSOUTH INDEX RANKINGS (out of 51)

<table>
<thead>
<tr>
<th>OVERALL</th>
<th>POVERTY</th>
<th>RACIAL DISPARITY</th>
<th>IMMIGRANT EXCLUSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>35</td>
<td>51</td>
<td>18</td>
<td>25</td>
</tr>
</tbody>
</table>

- **29.3%**  
  5th highest share of low-income people without health insurance in U.S.¹

- **$14,488**  
  14th lowest average income among low-income households in U.S.²

- **70.1%**  
  14th highest share of low-income people with a housing cost burden in U.S.³

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² Ibid.
³ Ibid.
Legislate a state minimum wage higher than the federal minimum of $7.25 per hour and rescind the 2012 preemption law banning municipal minimum wages and sick leave policies.

+ More than 1 in 5 workers (22%) in Louisiana earn wages at or below $10 an hour.\(^5\)
+ State minimum wages increase incomes that result in additional consumer spending at the community level, which benefits local businesses, and in lower poverty rates, which benefit the community as a whole.
+ 29 states and D.C. already have created their own minimum wage laws that are higher than the federal minimum wage.\(^6\)

Investigate discriminatory labor practices.

+ Establish a Civil Rights Division within the Louisiana Workforce Commission to investigate complaints of discriminatory practices by employers.

+ Title VII of the Civil Rights Act of 1964 prohibits discrimination in employment on the basis of race, color, sex, or ethnic origin.

Increase state enforcement of school desegregation.

+ Establish accountability measures and best practices for desegregation in school districts.
+ Increase state funding of public schools and secure equal funding allocation to minority-majority schools.
+ Segregation fosters social and economic inequities by race, what Martin Luther King Jr. called “the false sense of superiority of the segregators and the false sense of inferiority of the segregated.”\(^7\)
Legislate a state minimum wage higher than the federal minimum of $7.25 per hour and rescind the 2014 preemption law banning municipal minimum wages.

+ More than 1 in 4 workers (26.5%) in Mississippi earn wages at or below $10 an hour.\(^5\)
+ In 2016, the median/typical wage of $15 per hour in Mississippi was the lowest in the country.\(^6\)
+ State minimum wages increase incomes that result in additional consumer spending at the community level, which benefits local businesses, and in lower poverty rates, which benefit the community as a whole.
+ 29 states and D.C. already have created their own minimum wage laws that are higher than the federal minimum wage.\(^7\)

Expand Medicaid under the Affordable Care Act.

+ Extend Medicaid eligibility to households with incomes below 138% of the federal poverty level, insuring about 136,000 additional Mississippians.\(^8\)
+ 32 states and D.C. already have expanded Medicaid.

Investigate discriminatory labor practices.

+ Establish a Civil Rights Division within the Mississippi Department of Employment Security (MDES) to investigate complaints of discriminatory practices by employers.
+ Title VII of the Civil Rights Act of 1964 prohibits discrimination in employment on the basis of race, color, sex, or ethnic origin.

2 Ibid.
6 Ibid.
**ACTION STEPS:**

**Expand Medicaid under the Affordable Care Act.**

+ Extend Medicaid eligibility to households with incomes below 138% of the federal poverty level, insuring over 1 million additional Texans.5
+ 32 states and D.C. already have expanded Medicaid.

**Assist non-English speakers.**

+ Increase funding to educational support services such as English as a Second Language (ESL) courses and community-based language instruction.
+ Provide immigrants the opportunity to learn English facilitating their integration into the local community, helping them become more economically productive, and allowing them to participate more fully in society.6

**Support foreign-born youth.**

+ Increase funding to GED preparation programs and community-based mentoring programs.
+ Provide job training programs, apprenticeships, and broad workplace assistance to young workers.

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2 Ibid.
3 Ibid.
4 Ibid.
ENDNOTES:


15 Ibid.


24 The Bureau of Labor Statistics considers the working poor those who spent at least 27 weeks in the labor force but whose incomes still fell below the official poverty level.


28 Ibid.


31 All states have tax codes that place a disproportionately high tax burden on the lowest two quintiles of income earners compared to the highest two quintiles of income earners, meaning that lower earners pay a higher percentage of their income in state and local taxes than higher earners. This is largely due to the heavy reliance on sales and excise taxes. Texas and Florida are among the 10 states with the most regressive tax structures, with the bottom 20 percent paying up to seven times as much of their income in taxes as their wealthy counterparts. Source: Institute for Taxation & Economic Policy. (2015). Who pays? a distributional analysis of tax systems in all 50 states (5th ed.). Retrieved from Institute for Taxation & Economic Policy Website: http://www.itep.org/pdf/whopaysreport.pdf

32 Ife, F. (2017). TANF cash benefits have fallen by more than 20 percent in most states and continue to erode. Retrieved from Center on Budget and Policy Priorities Website: https://www.cbpp.org/research/family-income-support/tanf-cash-benefits-have-fallen-by-more-than-20-percent-in-most-states

33 Ibid.


35 Ibid.

36 Ibid.


38 Ibid.


41 The Medicaid program is jointly funded by the federal government and 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. The average state FMAP is 57 percent, but ranges from 50 percent in wealthier states up to 75 percent in states with lower per capita incomes (the statutory FMAP maximum is 82 percent). Source: United States Department of Health and Human Services. (2017). FY 2017 federal medical assistance percentages. Retrieved from United States Department of Health and Human Services Website: https://aspe.hhs.gov/basic-report/fy2017-federal-medical-assistance-percentages


45 Ibid.


50 Ibid, p. 534.


56 Ibid.


62 Ibid.


74 Ibid.


80 Ibid.


83 Ibid.

OUR MISSION

The Jesuit Social Research Institute works to transform the Gulf South through action research, analysis, education, and advocacy on the core issues of poverty, race, and migration. The Institute is a collaboration of Loyola University New Orleans and the Society of Jesus rooted in the faith that does justice.

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