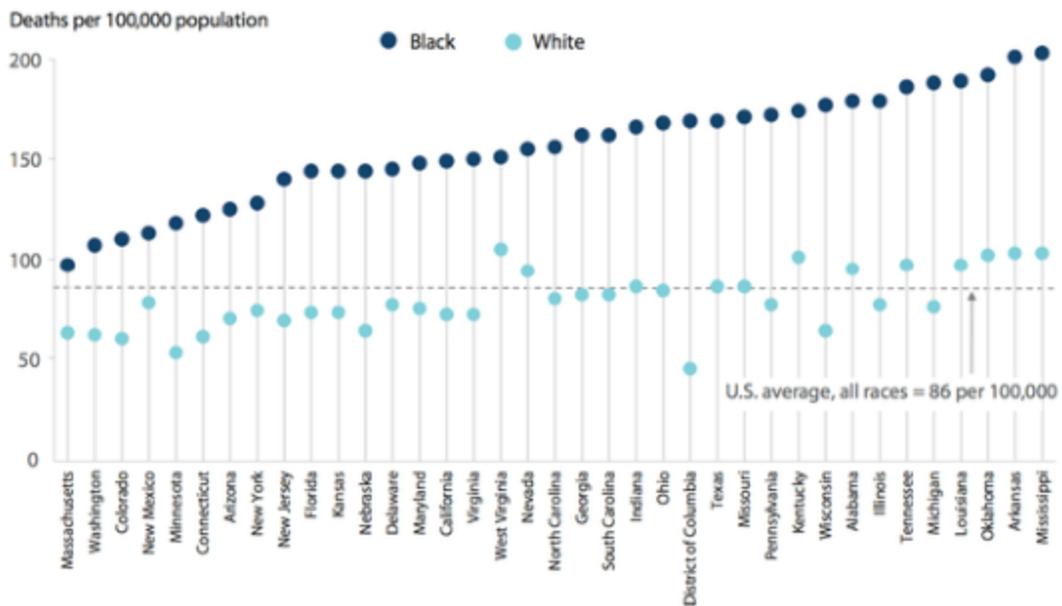


Almost all states either stagnated or declined in performance since the survey was performed five years ago, and once again, Southern states scored especially poorly across all of the dimensions.

What's more, there were wide mortality differences between black and white residents of several states in the Deep South. "Racial and ethnic minorities in Arkansas, Georgia, Indiana, Mississippi, and North Carolina faced some of the widest disparities relative to the national average across all of the indicators assessed in our Equity dimension," the group wrote.



Demographically, Mississippi is already at a disadvantage. A black man in Mississippi has a shorter life expectancy than the average American did in 1960. The state has an obesity rate of 35 percent, one of the highest poverty rates in the country, and just one abortion clinic.

Healthcare in Mississippi and in other Southern states is unlikely to become more equitable anytime soon, however. As the study authors note, 16 of the states in the bottom half of the ranking have opted not to expand Medicaid under the Affordable Care Act to adults making up to 138 percent of the federal poverty level.

In Mississippi, for example, "Medicaid eligibility for non-disabled adults is limited to parents with incomes below 29 percent of poverty, or about \$6,800 a year for a family of four, and adults without dependent children remain ineligible regardless of their income," as the Kaiser Family Foundation points out.

Those Mississippians making between 100 percent of the federal poverty level, or \$23,850 for a family of four, and 400 percent, can qualify for subsidies to buy health insurance on the exchanges. But 30 percent of uninsured Mississippians fall into the "coverage gap" between the state's current income cutoff for Medicaid and the federal cutoff for health insurance subsidies. They don't qualify for any kind of financial help to buy health insurance and are likely to remain uninsured.

Mississippi also had the largest percentage of adults who went without medical care because of cost issues, according to the Commonwealth Fund report.

In an editorial in the *Journal of the American Medical Association* yesterday, the Commonwealth Fund's Douglas McCarthy and David Radley highlighted Medicaid expansion as one way to bridge the North-South healthcare divide.

"If all states participate in Medicaid expansions, the geographic divide documented by the scorecard might narrow," they wrote. "However, if many states do not, the divide could widen in the future."
