

Member Demographics

Description

South Country is committed to developing and maintaining programs that are relevant to the needs of our members. Monitoring changes in the demographics of members is important to ensure that programs remain appropriate for each population served.

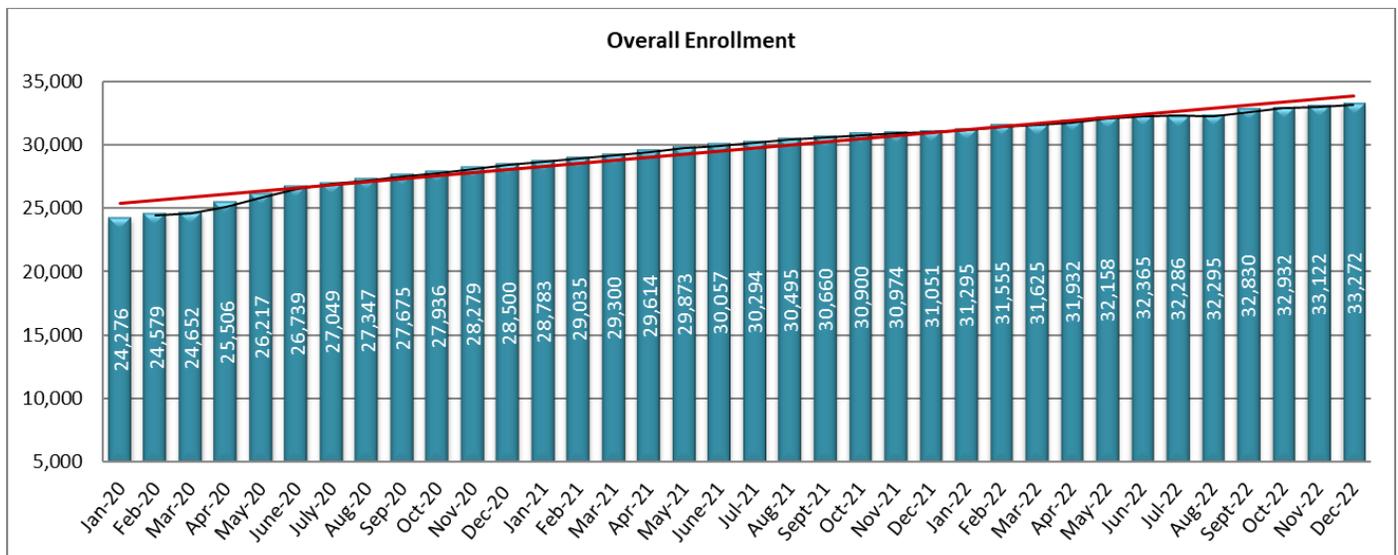
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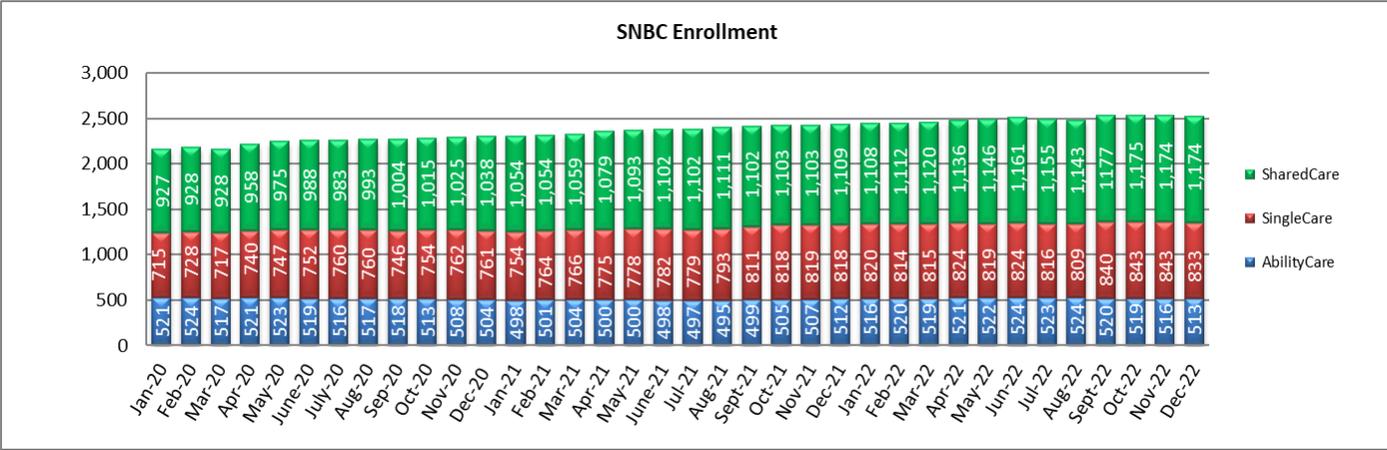
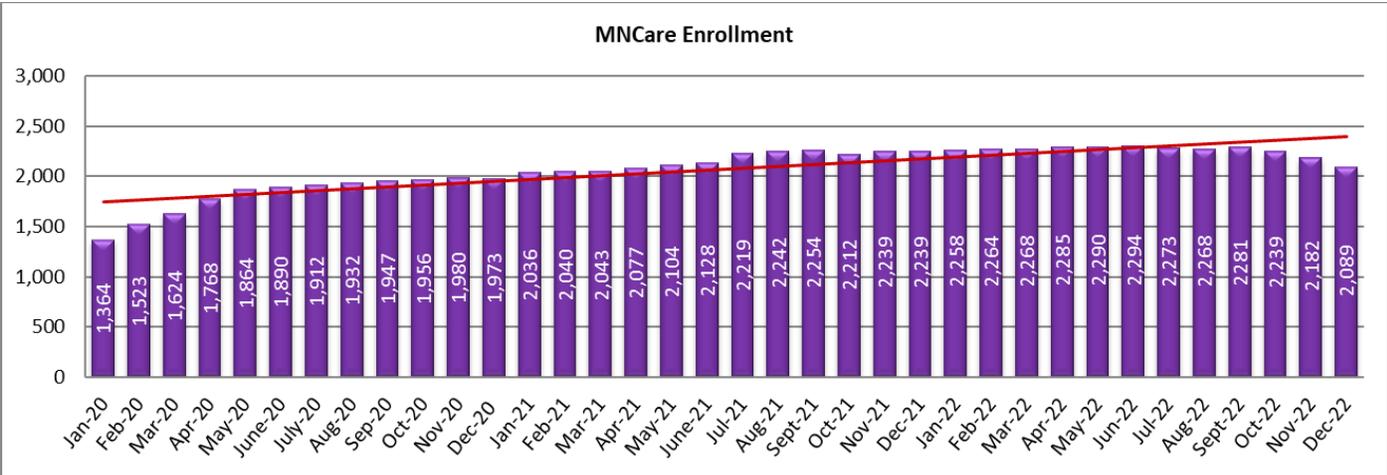
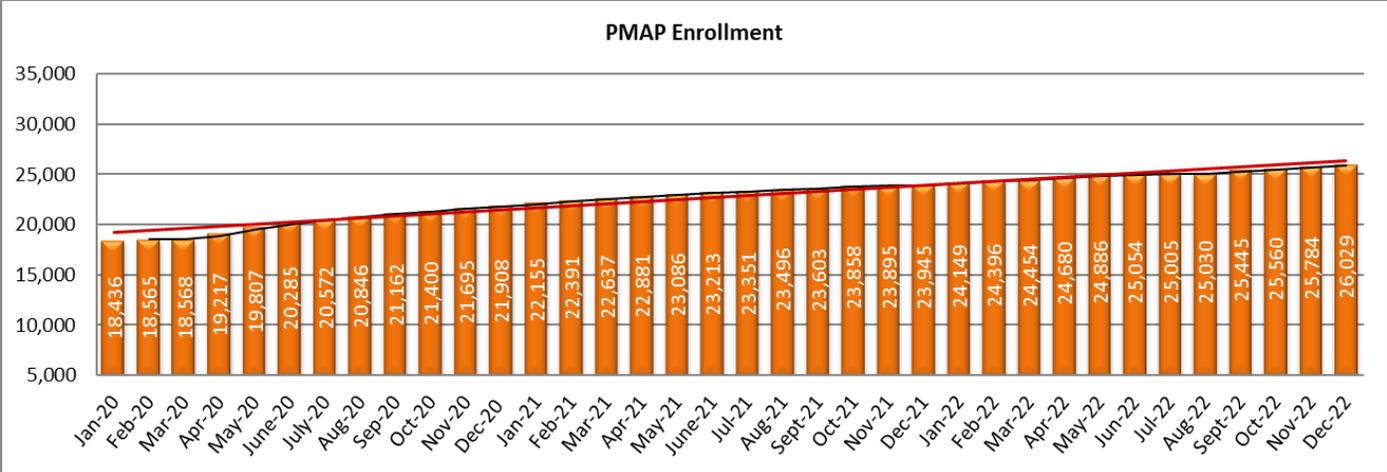
The purpose of the analysis described below is to provide context for the information contained in the annual evaluation and other quality reporting, and to support discussion about how effectively South Country's programs and services meet the unique demographics and needs of members.

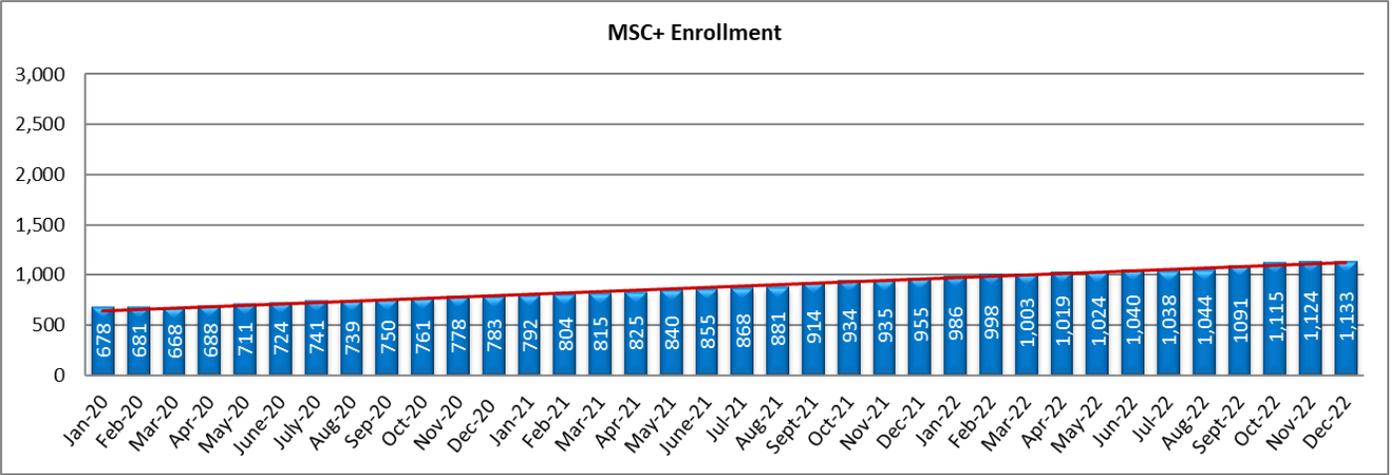
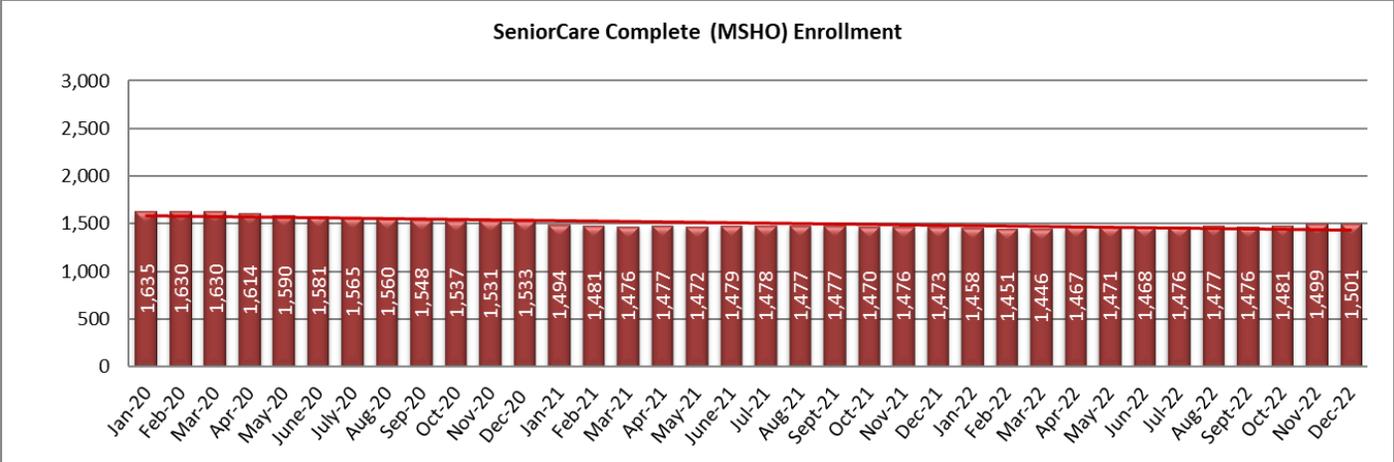
Analysis

Enrollment by Product

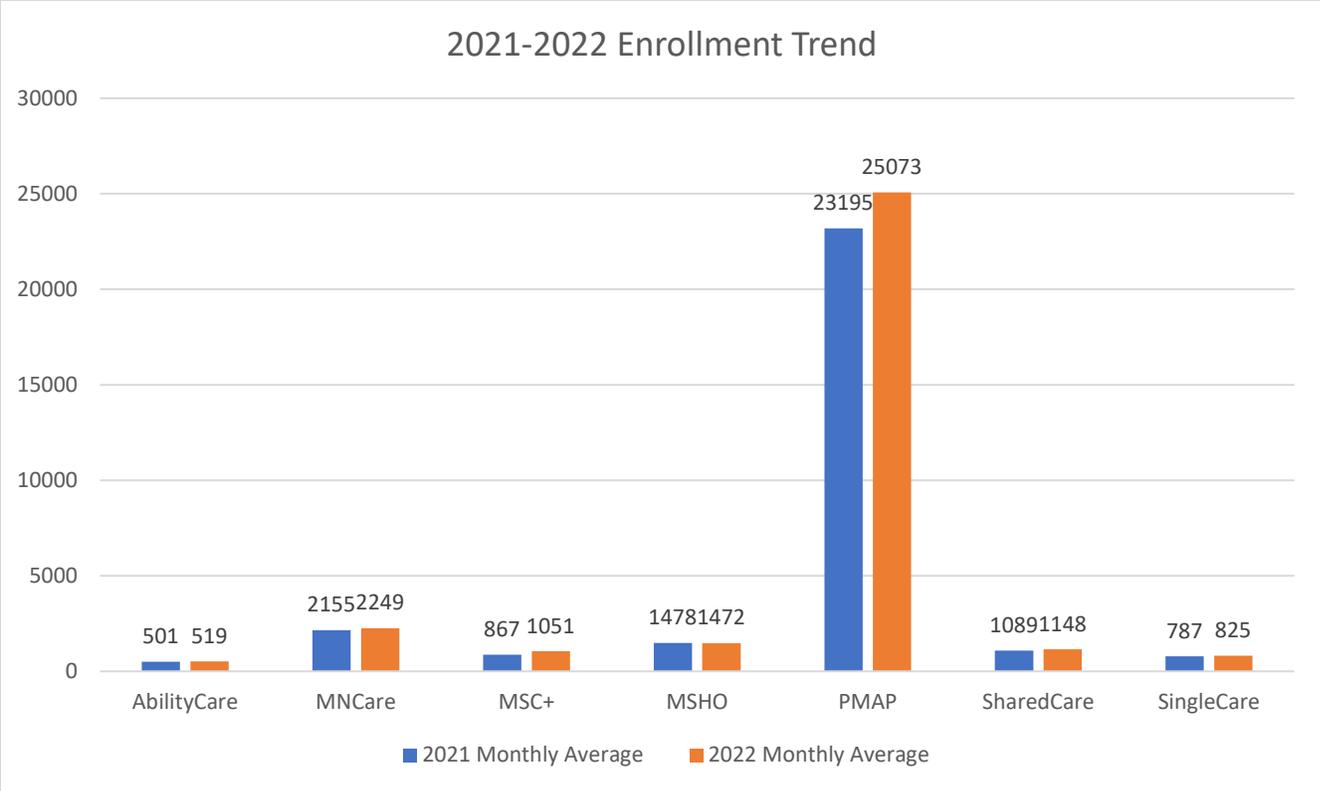
The graphs below show the volume of our membership month to month, overall and by product, from January 2020 through December 2022.







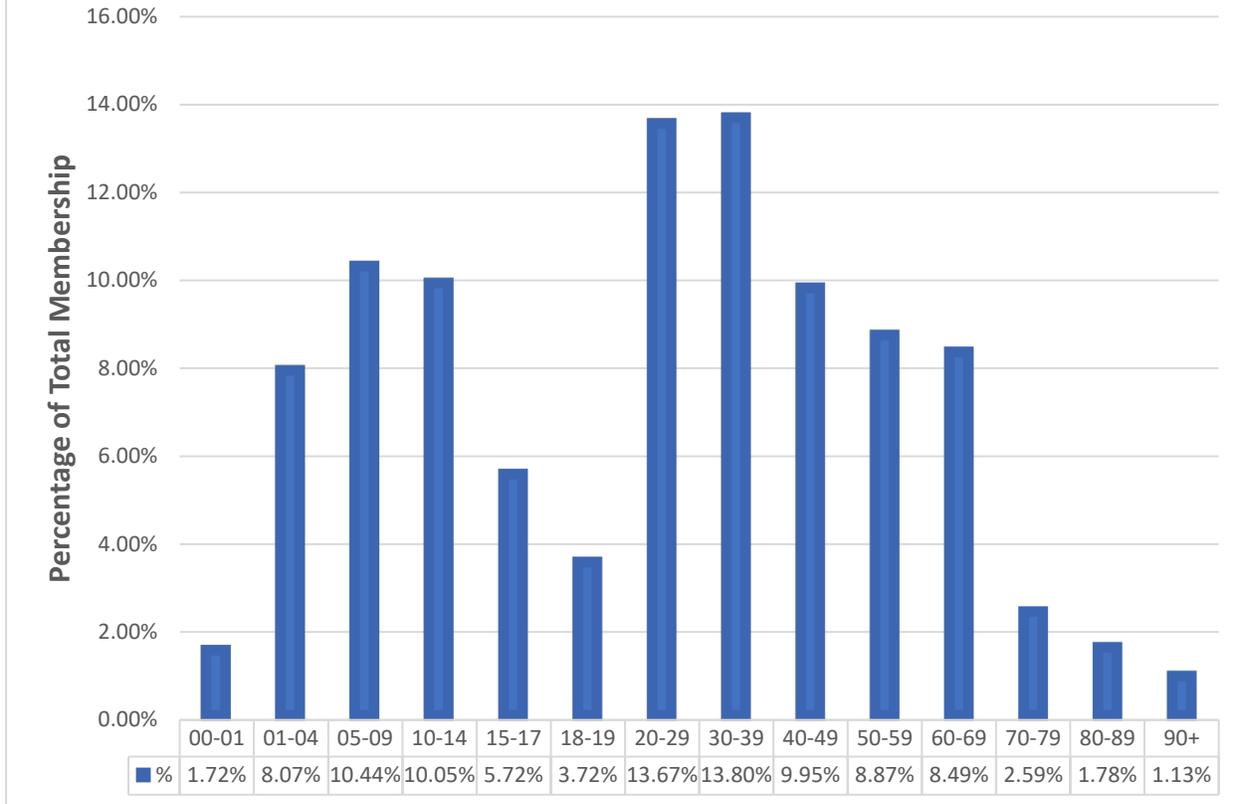
The graphs below compare the average volume of our membership by product in 2021 and 2022. Most products showed an average increase in enrollment between 2021 and 2022.



Enrollment by Age

Member age groups show 39.7% of enrollees being members 18-19 years of age and below. This emphasizes the importance of South Country continuing to focus preventive care and other wellness outreach efforts toward children, adolescents, and teenagers. Below is the 2022 membership percentage by age group.

2022 ENROLLMENT BY AGE GROUP



Enrollment by Gender

Generally, each product has more females enrolled than males. Below you can see the detail by product. Our senior products continue to have a much higher female population compared to other products.

Product	Gender Split 2021	Gender Split 2022	% Difference between 2021 and 2022
PMAP	Female = 53.9% Male = 46.1%	Female = 53.9% Male = 46.1%	Female = - 0% Male = 0%
MinnesotaCare	Female = 54.8% Male = 45.2%	Female = 53.4% Male = 46.6%	Female = -1.4 % Male = +1.4%
SingleCare	Female = 50.1% Male = 49.9%	Female = 47.9% Male = 52.1%	Female = -2.2 % Male = +2.2%
SharedCare	Female = 55% Male = 45%	Female = 53.9% Male = 46.1%	Female = -1.1% Male = +1.1%

AbilityCare	Female = 55.4% Male = 44.6%	Female = 55.6% Male = 44.4%	Female +0.2 % Male -0.2 %
MSC+	Female = 60.6% Male = 39.4%	Female = 59.6% Male = 40.4%	Female -1.0% Male +1.0%
SeniorCare Complete	Female = 69.9% Male = 30.1%	Female = 68.8% Male = 31.2%	Female -1.1 % Male +1.1 %

Enrollment by Race and Ethnicity

Racial and ethnic information is collected by the Minnesota Department of Human Services (DHS) at the time individuals enroll in a Minnesota Health Care Program (MHCP) and is included in the monthly enrollment file provided to South Country. The majority of South Country members report being the race of white. Members reporting their race as Black/African American was 4.19%, Asian is 0.79%, members reporting with two or more races was 0.18%, and members indicating “unknown” that none of the racial categories apply or decided to not disclose the information was 34.11%. Also, members reporting their ethnicity was Hispanic or Latino is 5.6% and the “unknown” ethnicity was 8.98%.

South Country makes a diligent effort to collect demographic data on our members to assess possible health disparities and understand potential barriers our members might face. We are often limited, however, to basic demographic data provided from enrollment information like race, age, and ethnicity, but can also attain information like preferred language, where they live, and disability waivers they may be on. We do utilize other sources, like the Robert Wood Johnson Foundation and state-based reports to capture as much data as we can on our members, in all our counties, and examine how numerous variables, including possible health disparities, could impact their health outcomes.

South Country has initiatives in place such as our community health worker position that was established in 2014. South Country partnered with Sibley County for the development and implementation of a community health worker position. This position has remained active within the Sibley County community for the nine years and continues to directly collaborate with South Country to breakdown any structural racism, social inequities, and/or health disadvantages and improve overall health outcomes for any Latinx members. Sibley County is one of our current eight servicing counties and has the largest Latinx population. We have established an initial objective aimed at improving the overall comprehensive diabetes care along with a continuing focus to examine and improve upon additional services that are identified as a need for these members.

Collaboration work includes the following:

- To collaborate, communicate and actively listen to the Sibley County advocates.

- To review, analyze and discuss available data to investigate opportunities for improvement in health outcomes.
- To address, advocate and develop necessary system changes and interventions to reduce barriers for Sibley County Latinx members with a diagnosis of Type 1 or Type 2 diabetes.
- To Recommend changes or suggest improvements to South Country leadership to improve health equity for our members.

The collaboration group is made up of internal South Country staff and Sibley County Community health workers who work directly with the Latinx population. Current initiatives consist of translating of diabetic member materials into Spanish, collaborating with the Hy-Vee dietician to offer a Spanish grocery store tour for diabetics, and planning to expand discussion with Sibley County and their community partners and members to identify further areas of need.

In addition, South Country has partnered with a local community partner, the HealthFinders Collaborative. We are working together with HealthFinders Collaborative to explore and understand any social inequities or health disadvantages for Somali and Hispanic individuals in Steele, Dodge and Waseca counties. Steele County has the largest Black or African American population out of all South Country's servicing counties. Moreover, this partnership looks for opportunities to collaborate on efforts to improve members' overall health and identifying ways to partner in community events to get more feedback to support further initiatives.

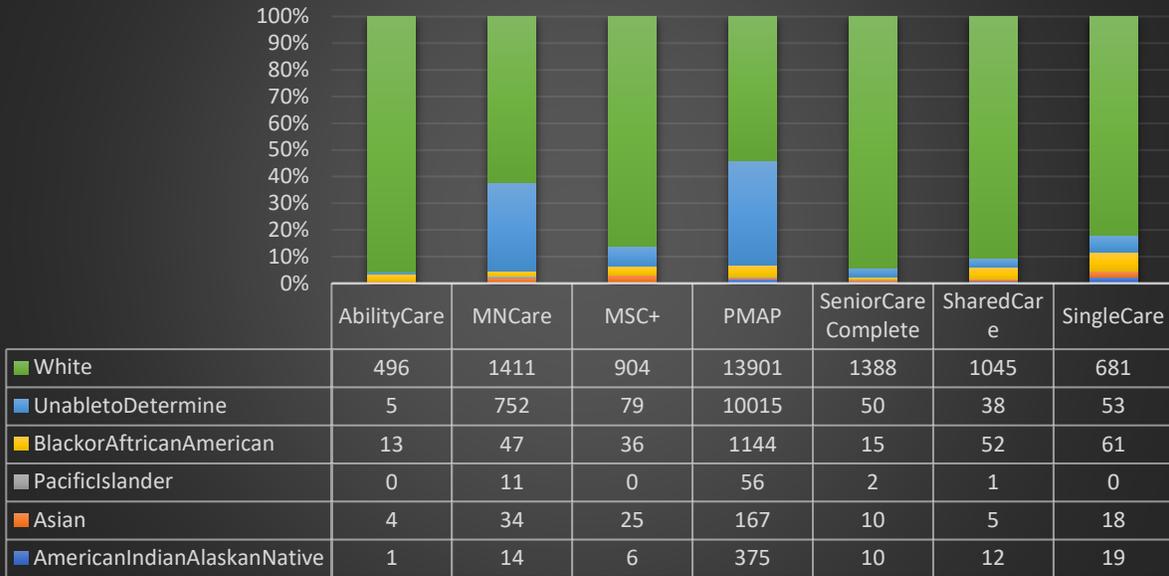
Collaboration work focuses on the following:

- To collaborate, communicate, and actively listen to the HealthFinders advocates.
- To review, analyze and discuss available data to investigate opportunities for improvement in health outcomes.
- To address, advocate and develop necessary system changes and interventions to reduce barriers for South Country members.
- To recommend changes or suggest improvements to South Country leadership to improve health equity for our members.

2022 Monthly Average Enrollment by Race and Product

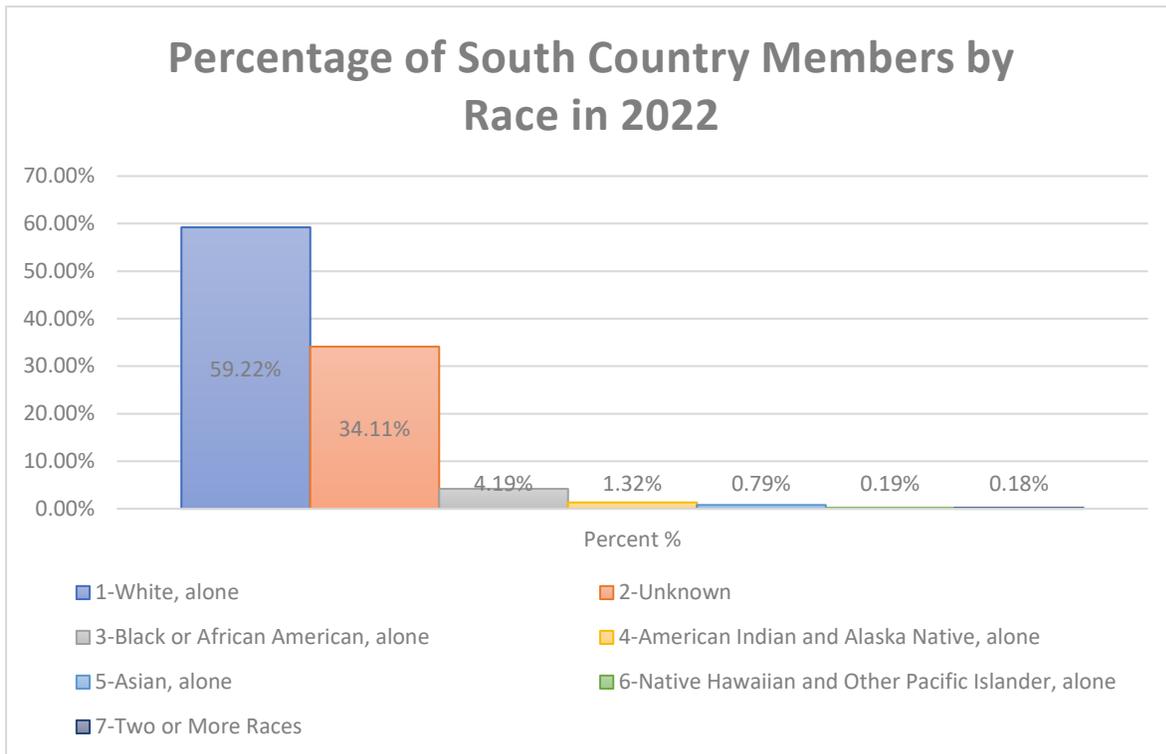
In 2022, the South Country monthly average enrollment by race and product shows many members in Medicaid products with a race that was "unable to determine."

2022 Monthly Average Enrollment by Race and Product



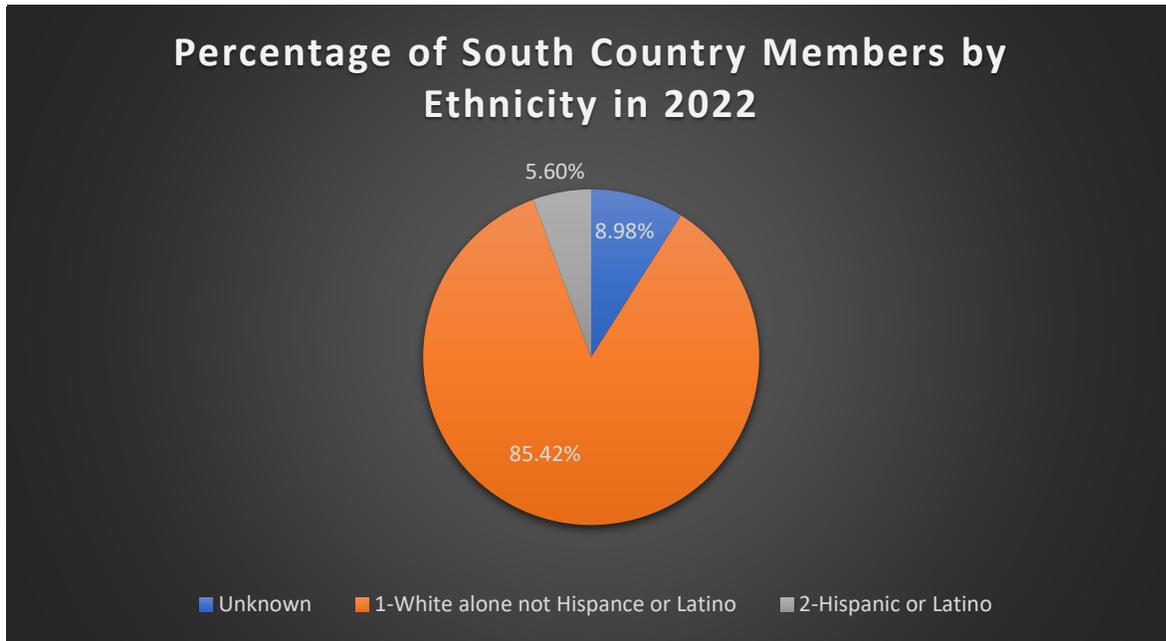
Percentage of South Country Members by Race in 2022

In 2022, the South Country percentage of members by race that has the largest percent reported was white followed by unknown, and then Black or African American.



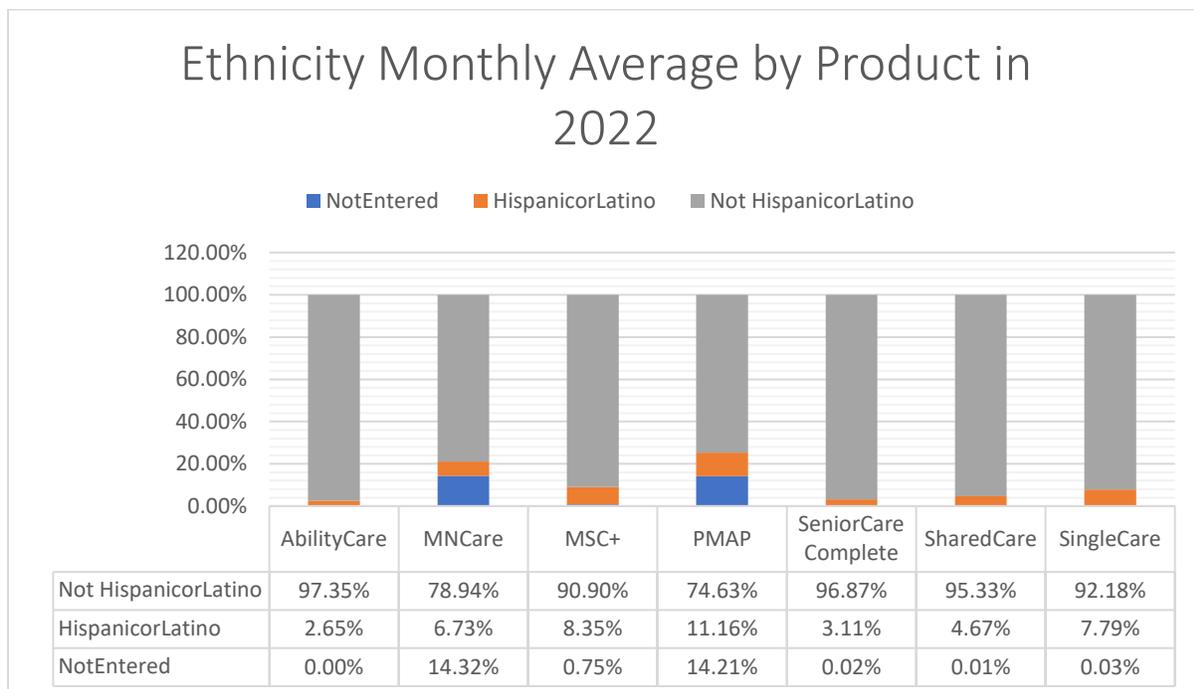
Percentage of South Country Members by Ethnicity in 2022

In 2022, South Country had a total of 85.42% of the overall population identifying as white alone/not Hispanic or Latino and 8.98% of population identifying as ethnicity unknown. A total of 5.6% of members report upon enrollment an ethnicity of Hispanic or Latino.



Ethnicity Monthly Average by Product in 2022

In 2022, South Country had a majority of not Hispanic or Latino for all product lines.



Cultural, Ethnic, Racial and Linguistic Needs

South Country is aware that barriers to health care exist for minority populations and has processes in place that assess the need for special initiatives or programs. We work to provide culturally competent care through interpreters, community health workers and active recruitment of local providers who can deliver services that are responsive to the health beliefs, practices, cultural and linguistic needs of diverse members. If a local provider is not contracted with South Country, we extend an offer to either join the network or agree to special contract arrangements to offer necessary services, such as case management, home care, primary care, specialty care and therapy. As a county-owned health plan, we have the advantage of working alongside our county partners in forming relationships with community-based organizations that support the unique cultural and socio-demographic needs of our minority populations, including migrant health centers, free clinics, and immigrant resource centers. Our community care connectors, as well as other public health and social services staff who work with our members on a frequent basis, are most familiar with local community resources and have contacts established with community leaders and agencies.

South Country works with members to connect them to health care providers who serve their specific racial, ethnic, or cultural needs, or if necessary, recruit's providers into the South Country network. South Country assists members who have special language or cultural needs to locate providers within their communities. Our provider directories and the primary care network listings show the non-English languages spoken at many primary care and specialty facilities. This provider information is readily available to South Country member services and county staff to assist members with finding these resources.

South Country's members, staff and county partners use our online provider search tool (<https://mnscha.org/find-a-provider/>) to identify facilities in their area where certain clinic or hospitals are available and can select a specific language spoken at facility.

Our interpreter vendor is called Cyracom, which offers interpreters for over 200 different languages to help communicate with non-English speaking members. We are able to provide telephonic and/or video interpreter services depending on technology access and the members' preference. This service is free of charge to the member. South Country provides the same telephonic interpreter service free of charge to county partners in social services and public health departments to assist them with member communication. South Country uses the Minnesota Relay Service to provide TTY, voice, ASCII, hearing carry over, and speech-to-speech relay for members with hearing impairment or other adaptive communication needs. For direct face-to-face clinic language needs, contracted interpreters are available in the communities served.

All South Country member materials contain the state of Minnesota's required "language block." The language block is a paragraph with a sentence repeated in 16 different languages that

instructs the reader to call a number listed at the top of the paragraph for free help in translating the document. The number shown atop the paragraph directs members to call the South Country member services toll-free number.

In accordance with federal and state requirements, South Country translates member materials when the number of persons eligible to be served who speak a language other than English reaches five percent (5%). At this time, none of South Country’s non-English speaking populations have reached that threshold. However, South Country is increasing the number of member materials in other languages, primarily Spanish & Somali.

Language Description	2022 Member Count	2022 Member’s Reported Language
AMERICAN SIGN LANGUAGE	8	0.02%
AMHARIC	1	0.00%
ARABIC	3	0.01%
CANTONESE	1	0.00%
ENGLISH	29439	79.71%
FRENCH	2	0.01%
HMONG	18	0.05%
KAREN	30	0.08%
KHMER	1	0.00%
KOREAN	1	0.00%
LAOSIAN	5	0.01%
MANDARIN	11	0.03%
OTHER	34	0.09%
RUSSIAN	10	0.03%
SERBO-CROATION	1	0.00%
SOMALIAN	183	0.50%
SPANISH	627	1.70%

UNKNOWN	6542	17.71%
VIETNAMESE	14	0.04%

Next Steps

South Country will continue to monitor enrollment data, reporting statistics and trends to the Joint Powers Board, Quality Assurance Committee, and county public health and human service directors throughout the year.