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.

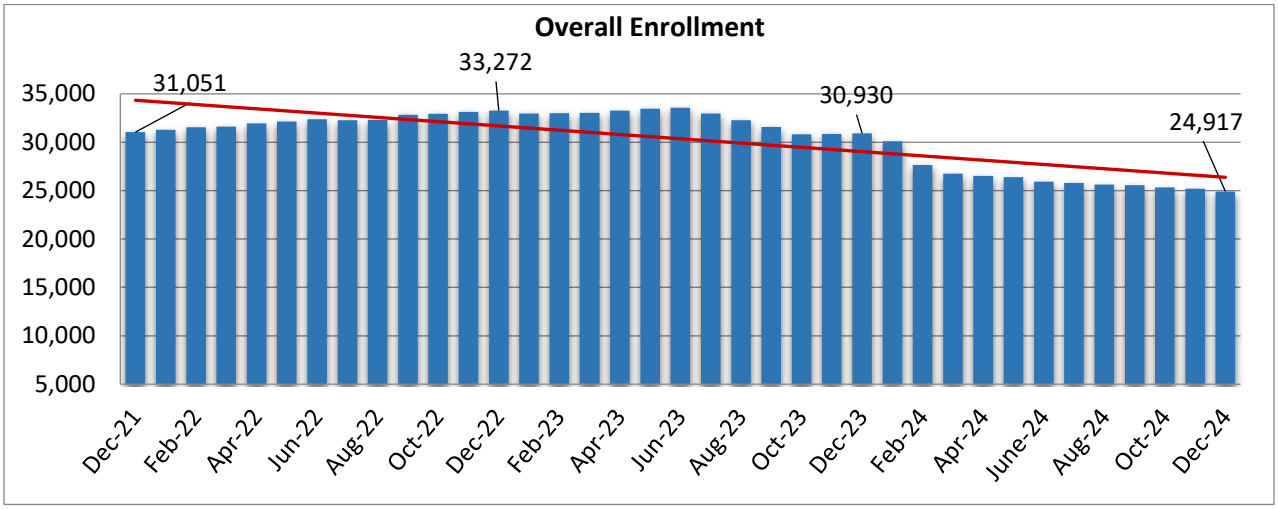
Process

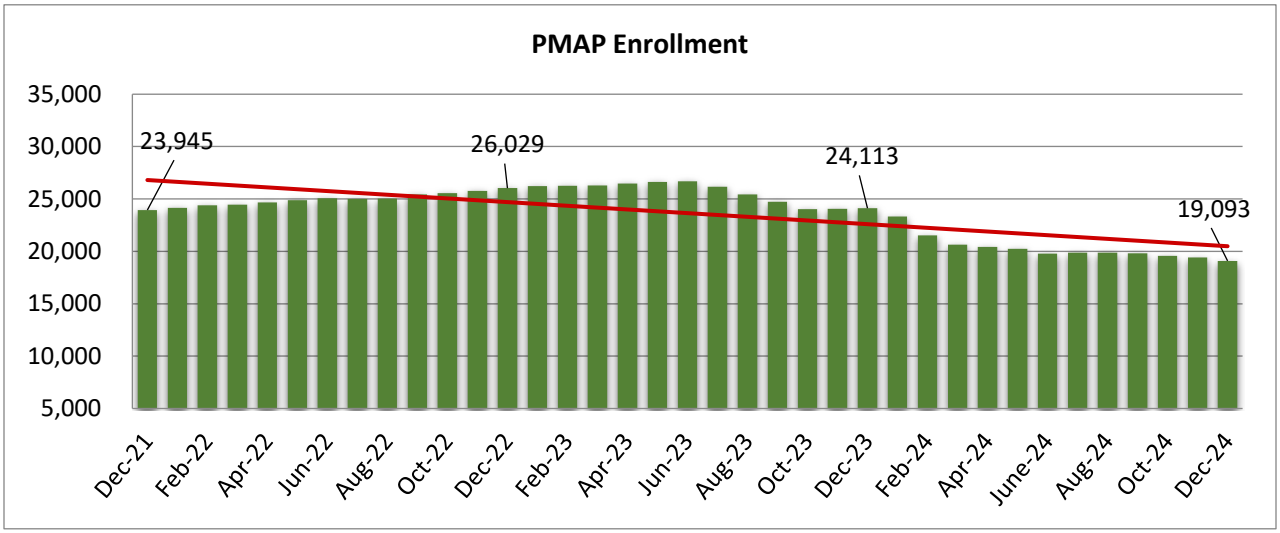
The purpose of the analysis described below is to provide context for the information contained in the annual evaluation and other quality reporting, and to support discussion about how effectively South Country's programs and services meet the unique demographics and needs of members.

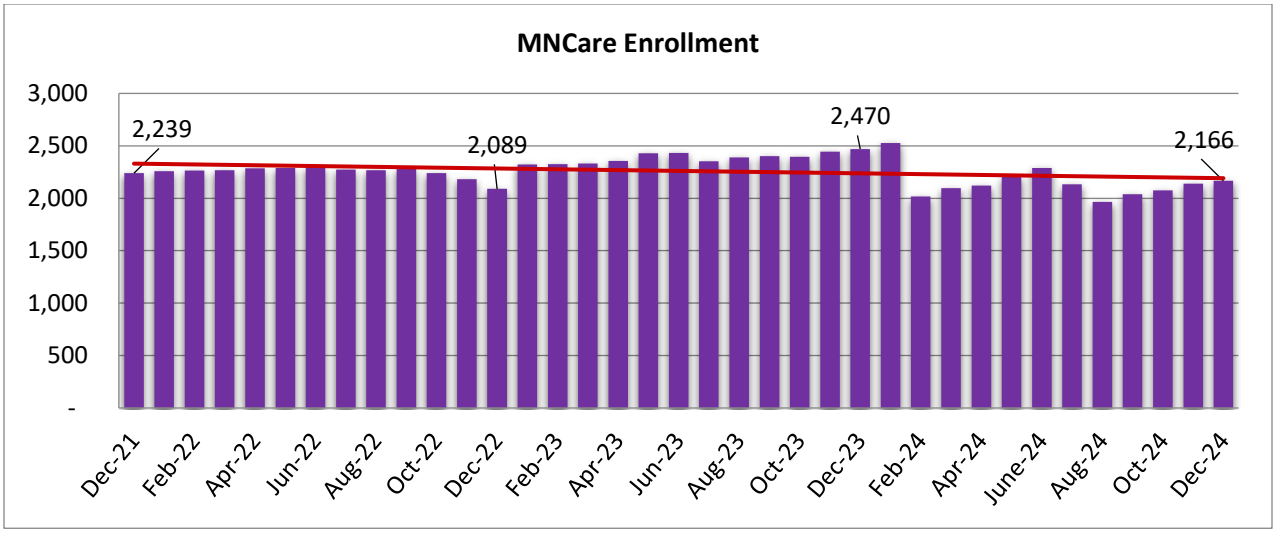
Analysis

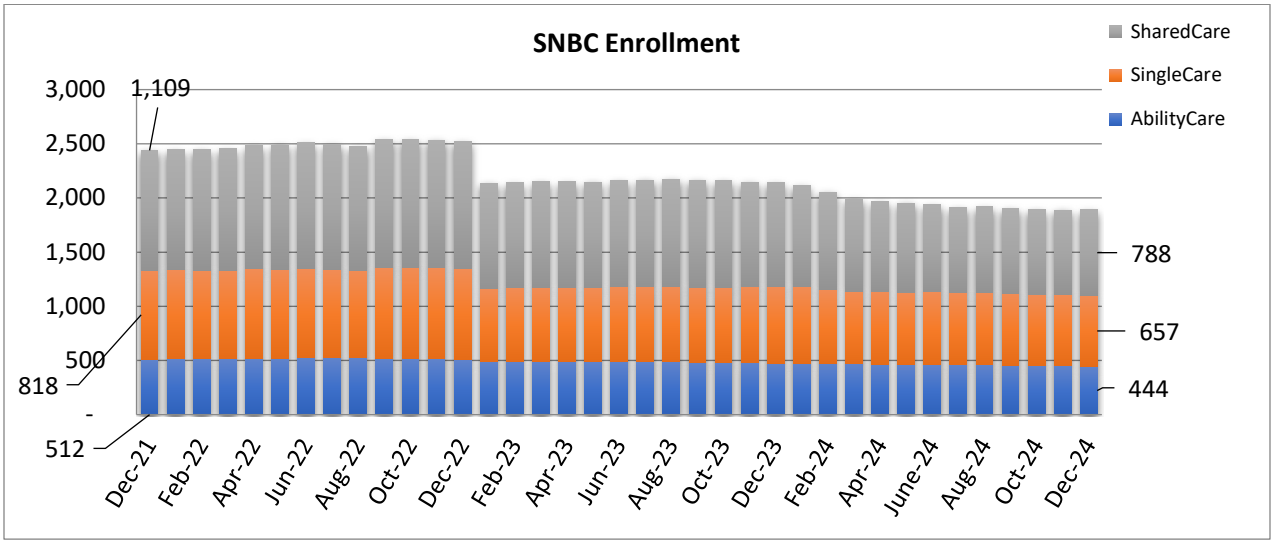
Enrollment by Product

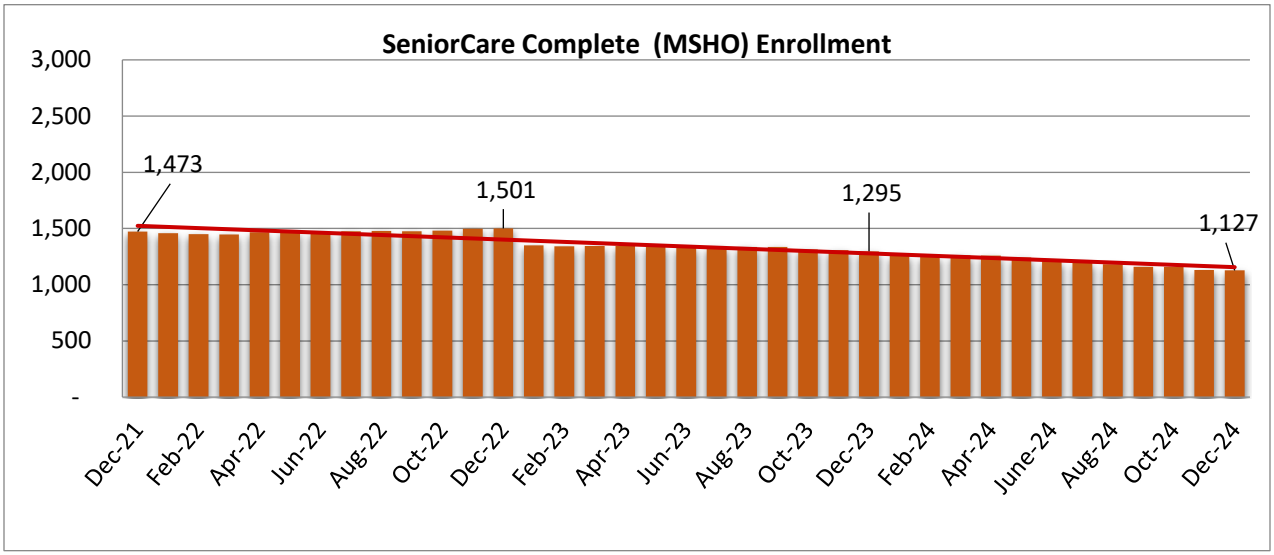
The graphs below show the volume of our membership month to month, overall and by product, from December 2021 through December 2024.

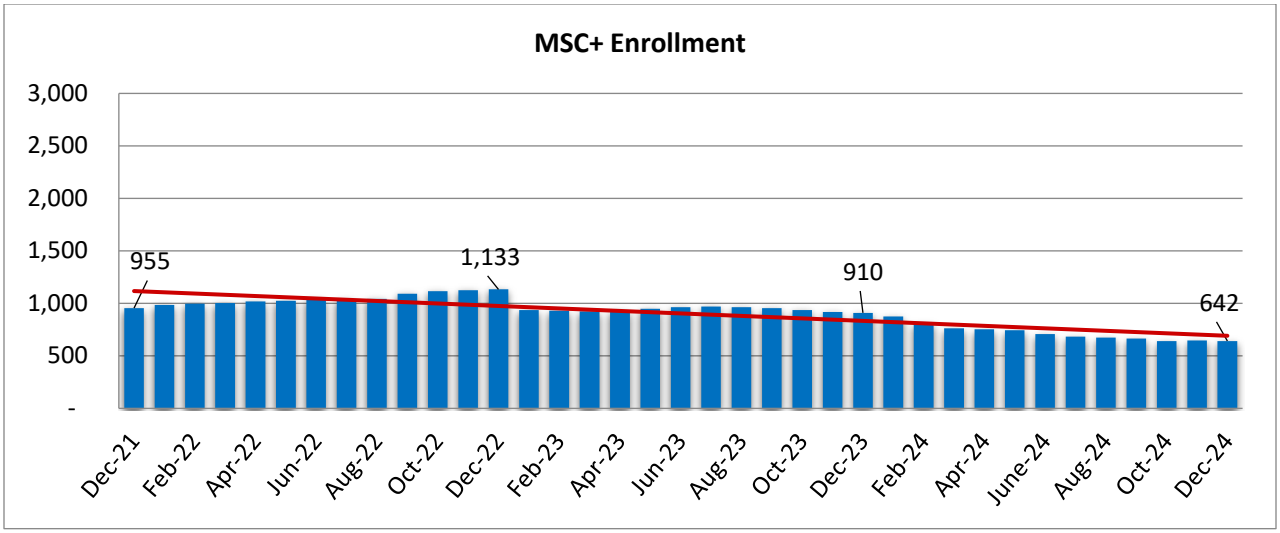




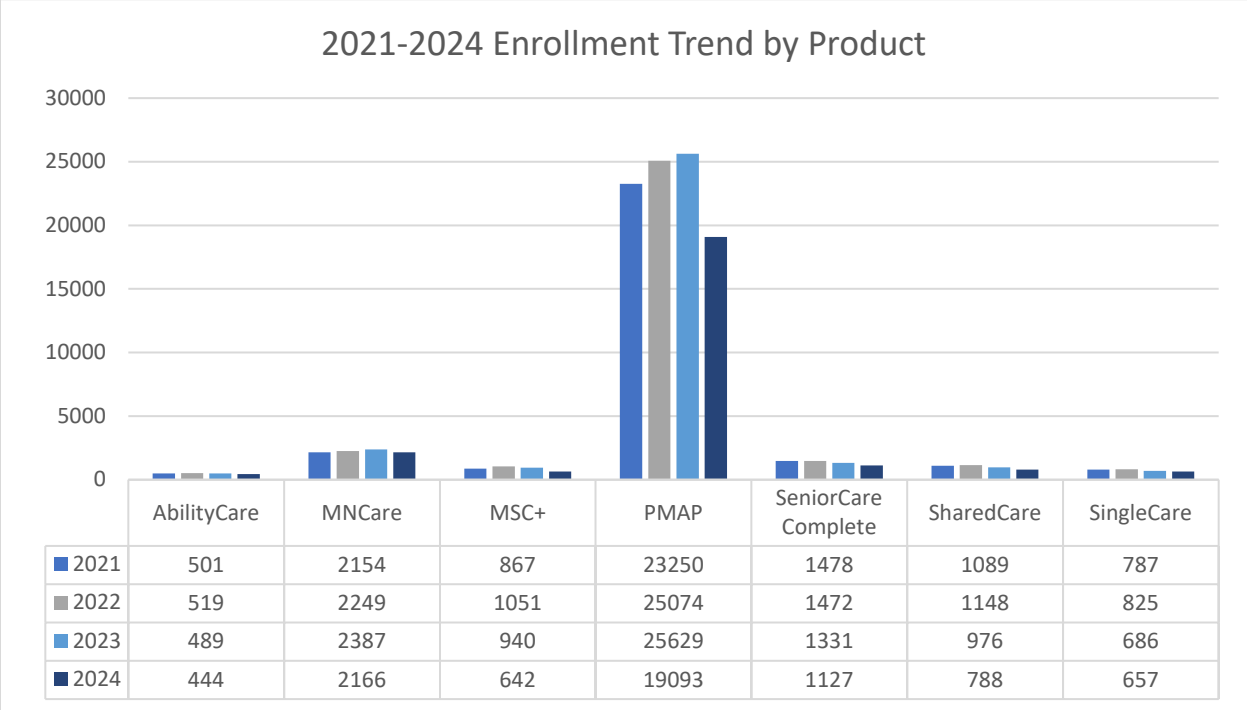

MNCare Enrollment
3,000
2,500
2,000
1,500
1,000
500
-
2,239
2,089
2,470
2,166
Dec-21
Feb-22
Apr-22
Jun-22
Aug-22
Oct-22
Dec-22
Feb-23
Apr-23
Jun-23
Aug-23
Oct-23
Dec-23
Feb-24
Apr-24
June-24
Aug-24
Oct-24
Dec-24


SNBC Enrollment
SharedCare
SingleCare
AbilityCare
3,000
2,500
2,000
1,500
1,000
500
-
1,109
818
512
788
657
444
Dec-21
Feb-22
Apr-22
Jun-22
Aug-22
Oct-22
Dec-22
Feb-23
Apr-23
Jun-23
Aug-23
Oct-23
Dec-23
Feb-24
Apr-24
June-24
Aug-24
Oct-24
Dec-24


SeniorCare Complete (MSHO) Enrollment
3,000
2,500
2,000
1,500
1,000
500
-
1,473
1,501
1,295
1,127
Dec-21
Feb-22
Apr-22
Jun-22
Aug-22
Oct-22
Dec-22
Feb-23
Apr-23
Jun-23
Aug-23
Oct-23
Dec-23
Feb-24
Apr-24
June-24
Aug-24
Oct-24
Dec-24



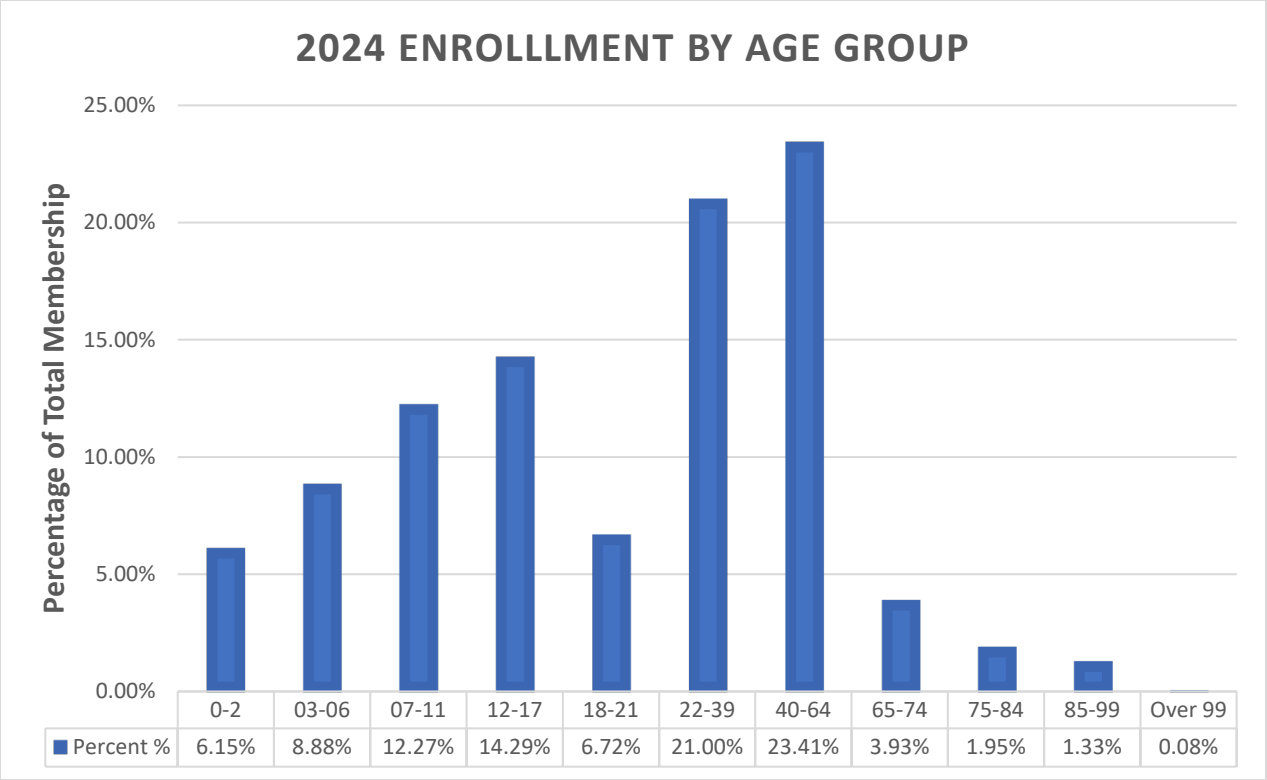
The graphs below compare the volume of our membership by product in 2021, 2022, 2023, and 2024. Most products showed an increase in enrollment between 2021 to 2022 and a decrease between 2022 to 2024



	AbilityCare	MNCare	MSC+	PMAP	SeniorCare Complete	SharedCare	SingleCare
2021	501	2154	867	23250	1478	1089	787
2022	519	2249	1051	25074	1472	1148	825
2023	489	2387	940	25629	1331	976	686
2024	444	2166	642	19093	1127	788	657

Enrollment by Age

Member age groups show 48.30% of enrollees 0-21 years of age. This emphasizes the importance of South Country continuing to focus preventive care and other wellness outreach efforts toward children, adolescents, teenagers, and young adults. Below is the 2024 membership percentage by age group.



Enrollment by Gender

All products except SingleCare have more females enrolled than males. Below you can see the details by product. Our senior products continue to have a much higher female population compared to other products.

Product	Gender Split 2021	Gender Split 2022	Gender Split 2023	Gender Split 2024
PMAP	Female = 53.9% Male = 46.1%	Female = 53.9% Male = 46.1%	Female = 53.6% Male = 46.4%	Female = 53.6% Male = 46.4%
MinnesotaCare	Female = 54.8% Male = 45.2%	Female = 53.4% Male = 46.6%	Female = 52.7% Male = 47.3%	Female = 57.5% Male = 42.5%
SingleCare	Female = 50.1% Male = 49.9%	Female = 47.9% Male = 52.1%	Female = 48.8% Male = 51.2%	Female = 49.0% Male = 51.0%
SharedCare	Female = 55% Male = 45%	Female = 53.9% Male = 46.1%	Female = 54% Male = 46%	Female = 53.7% Male = 46.3%
AbilityCare	Female = 55.4% Male = 44.6%	Female = 55.6% Male = 44.4%	Female = 55.4% Male = 44.6%	Female = 56.8% Male = 43.2%
MSC+	Female = 60.6% Male = 39.4%	Female = 59.6% Male = 40.4%	Female = 59.4% Male = 40.6%	Female = 64.5% Male = 35.5%

Product	Gender Split 2021	Gender Split 2022	Gender Split 2023	Gender Split 2024
SeniorCare Complete	Female = 69.9% Male = 30.1%	Female = 68.8% Male = 31.2%	Female = 67.2% Male = 32.8%	Female = 67.3% Male = 32.7%

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 and the second highest category is "unknown." Members indicating "unknown" means that none of the racial categories apply or the member did not disclose the information. The third and fourth highest Race selected in 2024 was Black/African American and multi-race (identifying with more than 1 race category). Additionally, members reporting their ethnicity as Hispanic or Latino is approximately 11%.

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 ten 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 servicing counties and has the largest Latinx population. We 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.

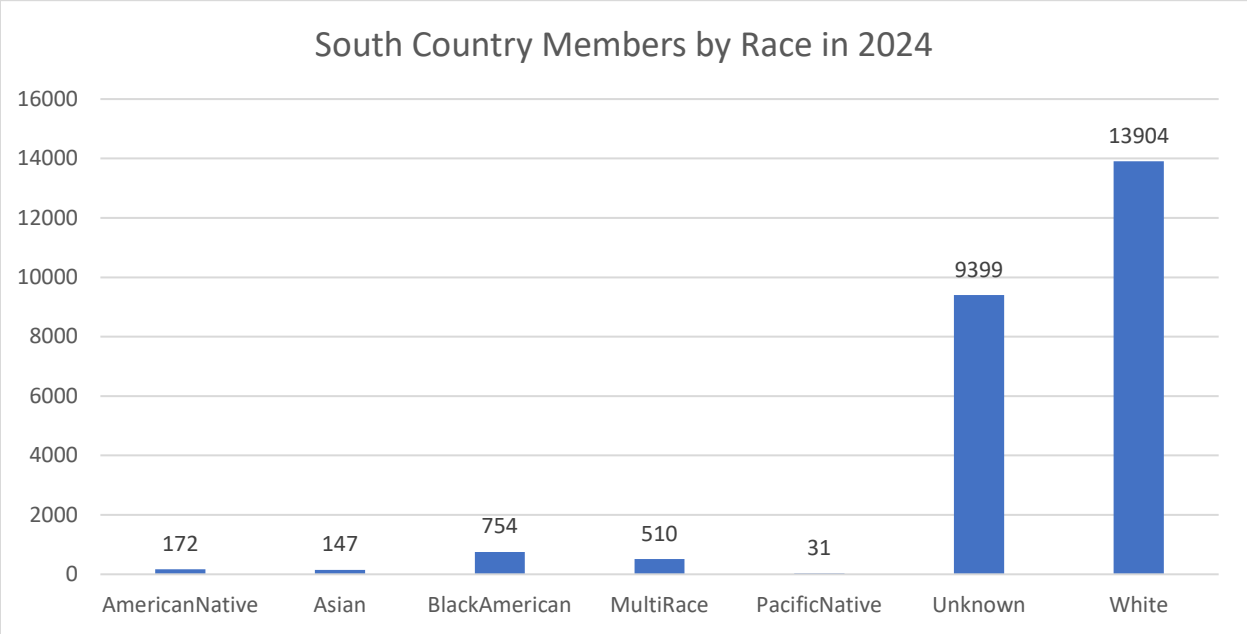
The collaboration group is made up of internal South Country staff and Sibley County community health workers who work directly with the Latinx population. Current initiatives consist of translating materials into Spanish, collaborating with the Hy-Vee dietician to offer a Spanish grocery store tour, and working to expand collaboration 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 collaborates on efforts to improve members' overall health and identifying ways to partner in community events to get more feedback to support further initiatives.

Other collaborative work is occurring and being identified through our community engagement and health equity committee at South Country and with the counties and members we serve.

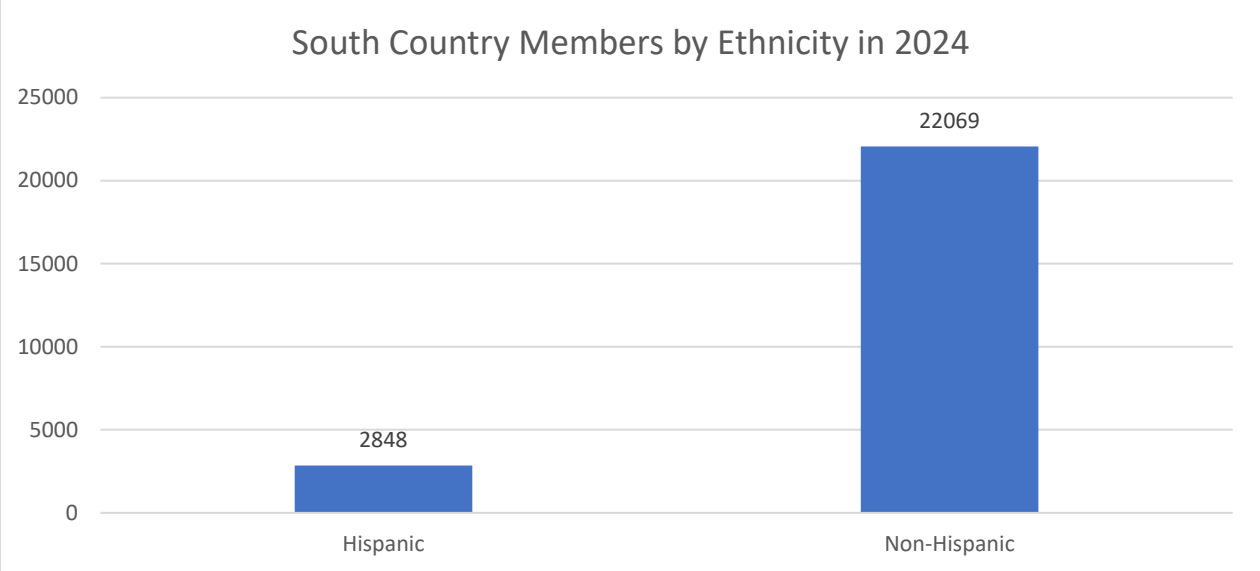
South Country Members by Race in 2024

In 2024, the South Country count of members by race that has the largest sum reported was white followed by unknown, and then Black or African American. Also, to note that a large group of members identify with more than one race identified in the category “multi-race.”



South Country Members by Ethnicity in 2024

In 2024, South Country had a total of 22,069 members identifying as not Hispanic or Latino and 2,848 identifying as Hispanic.



Cultural, Ethnic, Racial and Linguistic Needs

South Country is aware that barriers to health care may 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 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	2024 Member Count	2024 Member's Reported Language
AMERICAN SIGN	4	0.02%
ARABIC	2	0.01%
ENGLISH	19569	78.54%
FRENCH	1	0.00%
HMONG	12	0.05%
LAOSIAN	2	0.01%
MANDARIN	7	0.03%
OTHER	29	0.12%
RUSSIAN	4	0.02%
SERBO-CROATION	1	0.00%
SOMALIAN	150	0.60%
SPANISH	514	2.06%
UNKNOWN	4608	18.49%
VIETNAMESE	14	0.06%

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.