

Total Population 769,026

The Military Family Research Institute (MFRI) at Purdue University collaborated with a Purdue University Masters of Public Health student intern to provide a public health-focused snapshot of the veteran, military and civilian population within each congressional district. Data was collected from multiple sources including MFRI's Measuring Communities online data portal. The provided data will help inform district leaders of the characteristics, health and accessibility of constituents residing in their districts and support legislative initiatives.

To view congressional districts, visit www.govtrack.us/congress/members/map

39,974

#### **Veterans**

#### 5.2% of total population

According to the Census Bureau, "veterans are men and women who have served (even for a short time), but are not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or who served in the U.S. Merchant Marine during World War II. People who served in the National Guard or Reserves are classified as veterans only if they were ever called or ordered to active duty, not counting the 4-6 months for initial training or yearly summer camps."

15,720 Veteran Dependents

Number of estimated dependents under 18 years old who rely on the financial support of the veteran in their household.

**5,121**Military Members 0.7% of total population

Active Duty and Selected Reserve 2019

#### Veteran Population by Gender

Gender	District	State	National
Male	92.3%	89.5%	91.0%
Female	7.7%	10.5%	9.0%



Congressional District 1 has **280,474** total households, **36,560** or **13%** of those are veteran households.

5,570

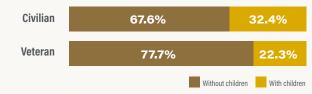
#### **Military Dependents**

Number of spouses, children under 18, and others who rely on service member for more than half of their financial support (based on DEERS enrollment of Active Duty and Selected Reserve in 2018).

#### Disability

Civilians	14.2%
Veterans	25.8%

#### **Households and Children**

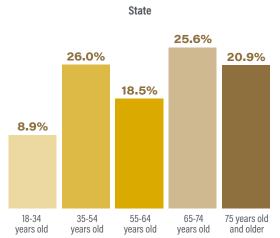


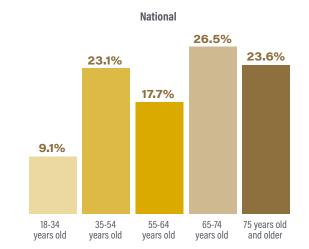
# 9.1% District 25.2% 20.9% 18.2% 18.34 35-54 55-64 65-74 75 years old

years old

years old

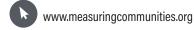
#### **Veteran Population by Age**





#### **FIND OUT MORE ONLINE**

years old



years old



and older









# Mississippi Congressional District 1 Health and Well-Being

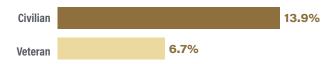
#### **Poverty, Insurance Coverage and Unemployment**

	District	State	National
Civilian Poverty Rate	14.9%	19.6%	11.8%
Veteran Poverty Rate	8.0%	8.7%	6.7%
Child Poverty Rate (18 and younger)	20.5%	19.4%	18.0%
Veteran Uninsured	5.2%	5.3%	3.2%
Unemployment (Feb. 2020)	4.6%	5.4%	3.5%
Unemployment (May 2020)	9.3%	10.6%	13.3%

Those uninsured face greater barriers to care. In light of COVID-19, those living in poverty and whom are uninsured may be at a greater risk of exposure and complications from the virus.

Due to COVID-19 and the nature of the virus, unemployment rates have sharply increased between February and May of 2020. These rates may continue to be impacted over the coming months, and should be further monitored throughout the duration of the COVID-19 pandemic.

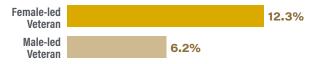
#### **Households on SNAP benefits**



# Low income civilian population living a mile or more from a supermarket 24.5% 184,180

**Food Desert** 

#### **Households with Food Insecurity and Access**



Supplemental Nutrition Assistance Program (SNAP) provides nutrition benefits to supplement the food budget of needy families so they can purchase healthy foods and move towards self-sufficiency.

The standard definition of a food desert is defined as a low-income census tract with a substantial share of residents with low levels of access to retail outlets selling healthy and affordable foods. Low-access areas have at least 500 persons and/or at least 33 percent of the population lives more than one mile from a supermarket or large grocery store. Residents with a lack of access to adequate food sources have been shown to have poorer health outcomes. Living in a food desert creates a health disparity among residents that impacts quality-of-life and overall health.

#### References

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#### **Rural-Urban Continuum**

According to the Rural-Urban Continuum, the counties of Alcorn, Calhoun, Chickasaw, Choctaw, Clay, Itawamba, Lafayette, Lee, Lowndes, Marshall, Monroe, Okitebbeha, Pontotoc, Prentiss, Tippah, Tishomingo, Union, Webster, and Winston in Congressional District 1 are defined as rural.

Codes are determined on a1 to 9 scale, 1 being the least rural and 9 being the most rural. Rural areas often have a higher poverty rate when comparing to their urban counterparts. Poverty in rural areas may contribute to poor housing conditions and health among residents.

#### **Digital Divide Index Range**

District

State

12.38-47.68

11.17-70.72

In Congressional District 1, areas of concern include the counties of Benton, Calhoun, Chickasaw, Choctaw, Monroe, Pontotoc, Prentiss, Tippah, Tishomingo, Webster, and Winston. The digital divide index is a value ranging from 0 to 100, 100 indicating the highest digital divide. A higher digital divide score is associated with limited broadband infrastructure, digital literacy, and exposure to technology benefits. In areas with higher digital divide scores, individuals may face barriers that limit their ability to obtain health information, stay informed, access online education, or secure employment options.

According to the Purdue Center for Regional Development, a digital divide score of 30 and above presents significant socioeconomic, broadband infrastructure, and adoption challenges that may limit motivation, skills, and usage of technology.

#### **AARP Livability Index Range**

District

State

38-52

32-52

In Congressional District 1, the counties of Alcorn, Benton, Calhoun, Chickasaw, Choctaw, Clay, Itawamba, Lafayette, Marshall, Monroe, Okitebbeha, Pontotoc, Prentiss, Tate, Tippah, Tishomingo, Webster, and Winston have livability scores that are below average. This indicates that these counties have scored lower on one or more of the measures that are used to assess community livability. The AARP Livability Index takes a holistic approach measuring housing, neighborhood, transportation, environment, health, engagement, and opportunity. Each metric is scored on a measure of 0 to 100, 0 being the lowest and 100 being the highest. Because health is deeply related to quality of life, higher livability scores are associated with healthier communities due to an increased access to health-related resources and quality healthcare.



Total Population 692,452

The Military Family Research Institute (MFRI) at Purdue University collaborated with a Purdue University Masters of Public Health student intern to provide a public health-focused snapshot of the veteran, military and civilian population within each congressional district. Data was collected from multiple sources including MFRI's Measuring Communities online data portal. The provided data will help inform district leaders of the characteristics, health and accessibility of constituents residing in their districts and support legislative initiatives.

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29,526

#### **Veterans**

#### 4.3% of total population

According to the Census Bureau, "veterans are men and women who have served (even for a short time), but are not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or who served in the U.S. Merchant Marine during World War II. People who served in the National Guard or Reserves are classified as veterans only if they were ever called or ordered to active duty, not counting the 4-6 months for initial training or yearly summer camps."

3,277
Military Members
0.5% of total population
Active Duty and Selected Reserve 2019

#### **Veteran Population by Gender**

Gender	District	State	National
Male	91.5%	89.5%	91.0%
Female	8.5%	10.5%	9.0%



9,909

#### **Veteran Dependents**

Number of estimated dependents under 18 years old who rely on the financial support of the veteran in their household.

2,962

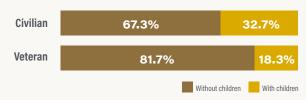
#### **Military Dependents**

Number of spouses, children under 18, and others who rely on service member for more than half of their financial support (based on DEERS enrollment of Active Duty and Selected Reserve in 2018).

#### Disability

Civilians		17.7%	
	Veterans	27.7%	

#### Households and Children

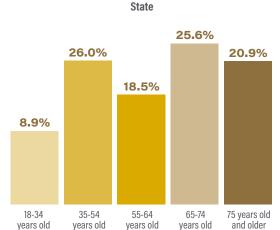


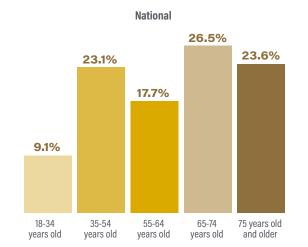
# 7.0% District 25.6% 22.9% 19.9% 18-34 35-54 55-64 65-74 75 years old

years old

years old

#### Veteran Population by Age





#### **FIND OUT MORE ONLINE**

years old



years old



and older









#### Mississippi Congressional District 2 Health and Well-Being

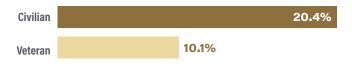
#### **Poverty, Insurance Coverage and Unemployment**

	District	State	National
Civilian Poverty Rate	25.9%	19.6%	11.8%
Veteran Poverty Rate	11.2%	8.7%	6.7%
Child Poverty Rate (18 and younger)	38.3%	19.4%	18.0%
Veteran Uninsured	5.4%	5.3%	3.2%
Unemployment (Feb. 2020)	n/a	5.4%	3.5%
Unemployment (May 2020)	11.8%	10.6%	13.3%

Those uninsured face greater barriers to care. In light of COVID-19, those living in poverty and whom are uninsured may be at a greater risk of exposure and complications from the virus.

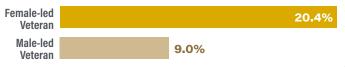
Due to COVID-19 and the nature of the virus, unemployment rates have sharply increased between February and May of 2020. These rates may continue to be impacted over the coming months, and should be further monitored throughout the duration of the COVID-19 pandemic.

#### **Households on SNAP benefits**



# Low income civilian population living a mile or 28.4% 207,336

#### **Households with Food Insecurity and Access**



Supplemental Nutrition Assistance Program (SNAP) provides nutrition benefits to supplement the food budget of needy families so they can purchase healthy foods and move towards self-sufficiency.

The standard definition of a food desert is defined as a low-income census tract with a substantial share of residents with low levels of access to retail outlets selling healthy and affordable foods. Low-access areas have at least 500 persons and/or at least 33 percent of the population lives more than one mile from a supermarket or large grocery store. Residents with a lack of access to adequate food sources have been shown to have poorer health outcomes. Living in a food desert creates a health disparity among residents that impacts quality-of-life and overall health.

**Food Desert** 

more from a

supermarket

#### References

AARP Livability Index - Great Neighborhoods for All Ages. (n.d.). Retrieved July 9, 2020, from https://livabilityindex.aarp.org/

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#### **Rural-Urban Continuum**

According to the Rural-Urban Continuum, Attala, Bolivar, Carroll, Claiborne, Coahoma, Grenada, Holmes, Humphreys, Issaquena, Jefferson, Leake, Leflore, Montgomery, Panola, Quitman, Sharkey, Sunflower, Tallahatchie, Warren, Washington, and Yalobusha in Congressional District 2 are defined as rural.

Codes are determined on a1 to 9 scale, 1 being the least rural and 9 being the most rural. Rural areas often have a higher poverty rate when comparing to their urban counterparts. Poverty in rural areas may contribute to poor housing conditions and health among residents.

#### **Digital Divide Index Range**

State

District

23.70-70.72 11.17-70.72

In Congressional District 2, areas of concern include the counties of Attala, Bolivar, Carroll, Claiborne, Coahoma, Copiah, Grenada, Holmes, Humphreys, Issaquena, Jefferson, Leake, Leflore, Montgomery, Panola, Quitman, Sharkey, Sunflower, Tallahatchie, Tunica, Washington, Yalobusha, and Yazoo. The digital divide index is a value ranging from 0 to 100, 100 indicating the highest digital divide. A higher digital divide score is associated with limited broadband infrastructure, digital literacy, and exposure to technology benefits. In areas with higher digital divide scores, individuals may face barriers that limit their ability to obtain health information, stay informed, access online education, or secure employment options.

According to the Purdue Center for Regional Development, a digital divide score of 30 and above presents significant socioeconomic, broadband infrastructure, and adoption challenges that may limit motivation, skills, and usage of technology.

#### **AARP Livability Index Range**

District State 32-50 32-52

In Congressional District 2, the counties of Attala, Carroll, Claiborne, Coahoma, Copiah, Grenada, Holmes, Humphreys, Issaquena, Jefferson, Leake, Leflore, Montgomery, Panola, Quitman, Sharkey, Sunflower, Tallahatchie, Tunica, Warren, Washington, Yalobusha, and Yazoo all have livability scores that are below average. This indicates that these counties have scored lower on one or more of the measures used to assess community livability. The AARP Livability Index takes a holistic approach measuring housing, neighborhood, transportation, environment, health, engagement, and opportunity. Each metric is scored on a measure of 0 to 100, 0 being the lowest and 100 being the highest. Because health is deeply related to quality of life, higher livability scores are associated with healthier communities due to an increased access to health-related resources and quality healthcare.



Total Population 738,992

The Military Family Research Institute (MFRI) at Purdue University collaborated with a Purdue University Masters of Public Health student intern to provide a public health-focused snapshot of the veteran, military and civilian population within each congressional district. Data was collected from multiple sources including MFRI's Measuring Communities online data portal. The provided data will help inform district leaders of the characteristics, health and accessibility of constituents residing in their districts and support legislative initiatives.

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36,579

#### **Veterans**

#### 5% of total population

According to the Census Bureau, "veterans are men and women who have served (even for a short time), but are not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or who served in the U.S. Merchant Marine during World War II. People who served in the National Guard or Reserves are classified as veterans only if they were ever called or ordered to active duty, not counting the 4-6 months for initial training or yearly summer camps."

14,097

#### **Veteran Dependents**

Number of estimated dependents under 18 years old who rely on the financial support of the veteran in their household.

6,164
Military Members
0.8% of total population

**0.8% of total population**Active Duty and Selected Reserve 2019

#### **Veteran Population by Gender**

Gender	District	State	National
Male	89.3%	89.5%	91.0%
Female	10.7%	10.5%	9.0%



Congressional District 3 has **274,130** total households, **35,134** or **12.8%** of those are veteran households.

6,817

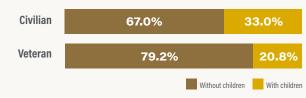
#### **Military Dependents**

Number of spouses, children under 18, and others who rely on service member for more than half of their financial support (based on DEERS enrollment of Active Duty and Selected Reserve in 2018).

#### Disability

Civilians		16.3%
Vete	rans	26.9%

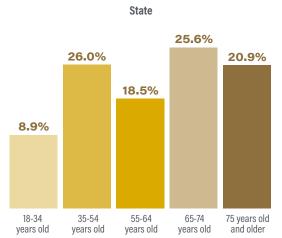
#### **Households and Children**

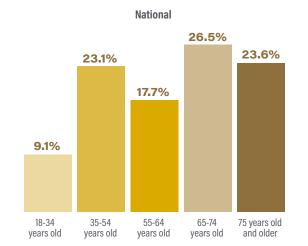


# District 27.4% 24.3% 16.7% 18-34 35-54 55-64 65-74 75 years old

years old

#### **Veteran Population by Age**





#### FIND OUT MORE ONLINE

years old



years old



and older

years old









# Mississippi Congressional District 3 Health and Well-Being

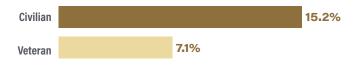
#### **Poverty, Insurance Coverage and Unemployment**

	District	State	National
Civilian Poverty Rate	18.9%	19.6%	11.8%
Veteran Poverty Rate	8.1%	8.7%	6.7%
Child Poverty Rate (18 and younger)	24.6%	19.4%	18.0%
Veteran Uninsured	5.2%	5.3%	3.2%
Unemployment (Feb. 2020)	5.0%	5.4%	3.5%
Unemployment (May 2020)	9.1%	10.6%	13.3%

Those uninsured face greater barriers to care. In light of COVID-19, those living in poverty and whom are uninsured may be at a greater risk of exposure and complications from the virus.

Due to COVID-19 and the nature of the virus, unemployment rates have sharply increased between February and May of 2020. These rates may continue to be impacted over the coming months, and should be further monitored throughout the duration of the COVID-19 pandemic.

#### **Households on SNAP benefits**



# Low income civilian population living a mile or more from a supermarket

**Food Desert** 

#### **Households with Food Insecurity and Access**



Supplemental Nutrition Assistance Program (SNAP) provides nutrition benefits to supplement the food budget of needy families so they can purchase healthy foods and move towards self-sufficiency.

The standard definition of a food desert is defined as a low-income census tract with a substantial share of residents with low levels of access to retail outlets selling healthy and affordable foods. Low-access areas have at least 500 persons and/or at least 33 percent of the population lives more than one mile from a supermarket or large grocery store. Residents with a lack of access to adequate food sources have been shown to have poorer health outcomes. Living in a food desert creates a health disparity among residents that impacts quality-of-life and overall health.

#### References

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#### **Rural-Urban Continuum**

According to the Rurla-Urban Continuum, Adams, Amite, Clarke, Covington, Franklin, Jasper, Jefferson Davis, Kemper, Lauderdale, Lawrence, Lincoln, Neshoba, Newton, Noxubee, Okitbbeha, Pike, Scott, Smith, Walthall, and Wilkinson in Congressional District 3 are defined as rural.

Codes are determined on a1 to 9 scale, 1 being the least rural and 9 being the most rural. Rural areas often have a higher poverty rate when comparing to their urban counterparts. Poverty in rural areas may contribute to poor housing conditions and health among residents.

#### **Digital Divide Index Range**

State

District

11.17-58.95 11.17-70.72

In Congressional District 3, areas of concern include the counties of Adams, Amite, Clarke, Covington, Franklin, Jasper, Jefferson Davis, Kemper, Lawrence, Lincoln, Neshoba, Newton, Noxubee Okitbbeha, Pike, Scott, Simpson, Smith, Walthall, and Wilkinson. The digital divide index is a value ranging from 0 to 100, 100 indicating the highest digital divide. A higher digital divide score is associated with limited broadband infrastructure, digital literacy, and exposure to technology benefits. In areas with higher digital divide scores, individuals may face barriers that limit their ability to obtain health information, stay informed, access online education, or secure employment options.

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#### **AARP Livability Index Range**

District State 37-52 32-52

In Congressional District 3, the counties of Adams, Amite, Clarke, Covington, Franklin, Jasper, Jefferson Davis, Kemper, Lauderdale, Lawrence, Lincoln, Neshoba, Newton, Noxubee Okitbbeha, Pike, Scott, Simpson, Smith, Walthall, and Wilkinson all have livability scores that are below average. This indicates that these counties have scored lower on one or more of the measures that are used to assess community livability. The AARP Livability Index takes a holistic approach measuring housing, neighborhood, transportation, environment, health, engagement, and opportunity. Each metric is scored on a measure of 0 to 100, 0 being the lowest and 100 being the highest. Because health is deeply related to quality of life, higher livability scores are associated with healthier communities due to an increased access to health-related resources and quality healthcare.



Total Population 775,679

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### 59,598

#### **Veterans**

#### 7.7% of total population

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24,040 16

#### **Veteran Dependents**

Number of estimated dependents under 18 years old who rely on the financial support of the veteran in their household.

12,019
Military Members
1.5% of total population

Active Duty and Selected Reserve 2019

#### **Veteran Population by Gender**

Gender	District	State	National
Male	86.7%	89.5%	91.0%
Female	13.4%	10.5%	9.0%

Congressional District 4 has **285,976** total households, **53,873** or **18.8%** of those are veteran households.

### 16,587

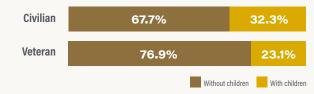
#### **Military Dependents**

Number of spouses, children under 18, and others who rely on service member for more than half of their financial support (based on DEERS enrollment of Active Duty and Selected Reserve in 2018).

#### **Disability**

Civilians	19.1%	
Veterans	34.6%	

#### **Households and Children**



# 7.7%

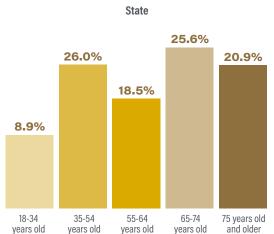
55-64

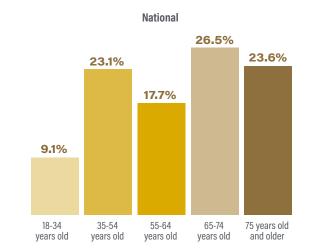
years old

65-74

years old

#### **Veteran Population by Age**





#### **FIND OUT MORE ONLINE**

35-54

years old



18-34

years old



75 years old

and older









## Mississippi Congressional District 4 Health and Well-Being

#### **Poverty, Insurance Coverage and Unemployment**

	District	State	National
Civilian Poverty Rate	19.4%	19.6%	11.8%
Veteran Poverty Rate	8.2%	8.7%	6.7%
Child Poverty Rate (18 and younger)	28.1%	19.4%	18.0%
Veteran Uninsured	5.5%	5.3%	3.2%
Unemployment (Feb. 2020)	5.2%	5.4%	3.5%
Unemployment (May 2020)	12.1%	10.6%	13.3%

Those uninsured face greater barriers to care. In light of COVID-19, those living in poverty and whom are uninsured may be at a greater risk of exposure and complications from the virus.

Due to COVID-19 and the nature of the virus, unemployment rates have sharply increased between February and May of 2020. These rates may continue to be impacted over the coming months, and should be further monitored throughout the duration of the COVID-19 pandemic.

#### **Households on SNAP benefits**



#### **Food Desert**

	Percentage	Number
Low income civilian population living a mile or more from a supermarket	27.0%	204,604

#### **Households with Food Insecurity and Access**



Supplemental Nutrition Assistance Program (SNAP) provides nutrition benefits to supplement the food budget of needy families so they can purchase healthy foods and move towards self-sufficiency.

The standard definition of a food desert is defined as a low-income census tract with a substantial share of residents with low levels of access to retail outlets selling healthy and affordable foods. Low-access areas have at least 500 persons and/or at least 33 percent of the population lives more than one mile from a supermarket or large grocery store. Residents with a lack of access to adequate food sources have been shown to have poorer health outcomes. Living in a food desert creates a health disparity among residents that impacts quality-of-life and overall health.

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#### Rural-Urban Continuum

According to the Rural-Urban Continuum, the counties of Clarke, George, Greene, Jones, Marion, Pearl River, Stone, and Wayne in Congressional District 4 are defined as rural.

Codes are determined on a1 to 9 scale, 1 being the least rural and 9 being the most rural. Rural areas often have a higher poverty rate when comparing to their urban counterparts. Poverty in rural areas may contribute to poor housing conditions and health among residents.

#### **Digital Divide Index Range**

District State

18.57-45.11 11.17-70.72

In Congressional District 4, areas of concern include the counties of Clarke, Greene, Marion, Pearl River, Perry, and Wayne. The digital divide index is a value ranging from 0 to 100, 100 indicating the highest digital divide. A higher digital divide score is associated with limited broadband infrastructure, digital literacy, and exposure to technology benefits. In areas with higher digital divide scores, individuals may face barriers that limit their ability to obtain health information, stay informed, access online education, or secure employment options.

According to the Purdue Center for Regional Development, a digital divide score of 30 and above presents significant socioeconomic, broadband infrastructure, and adoption challenges that may limit motivation, skills, and usage of technology.

#### **AARP Livability Index Range**

District State 39-48 32-52

In Congressional District 4, the counties of Clarke, Forrest, George, Greene, Hancock, Harrison, Jackson, Jones, Lamar, Marion, Pearl River, Perry, Stone, and Wayne have livability scores that are below average. This indicates that these counties have scored lower on one or more of the measures that are used to assess community livability. The AARP Livability Index takes a holistic approach measuring housing, neighborhood, transportation, environment, health, engagement, and opportunity. Each metric is scored on a measure of 0 to 100, 0 being the lowest and 100 being the highest. Because health is deeply related to quality of life, higher livability scores are associated with healthier communities due to an increased access to health-related resources and quality healthcare.