

shadac

STATE HEALTH ACCESS DATA ASSISTANCE CENTER

20  
24

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ANNUAL  
REPORT

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## A NOTE FROM SHADAC'S DIRECTOR

**Elizabeth Lukanen, MPH**

As we negotiate a rapidly shifting policy landscape, one constant is the need for data and analysis that is trusted, unbiased, and flexible. In 2024, SHADAC contributed data and evidence to inform state and federal health policy across a huge range of topics – from health insurance affordability and the Medicaid unwinding to cannabis policy and improved demographic data collection. We have supported advocates, the press, state legislators, and federal officials, providing inputs to weigh different policy options quickly, monitor operations, and make rapid implementation decisions. As we look to the future, the questions might change, but SHADAC is committed to serving as a leading source of trusted state health policy data and information aimed at fostering greater health equity.

*Elizabeth Lukanen*



SHADAC's Founder and longtime Director, Dr. Lynn Blewett, announced her decision to begin a phased retirement in November 2024, with Elizabeth Lukanen stepping into the role of Director on January 1, 2025. Dr. Blewett's work leaves a lasting impact on both the University and the many students and staff who have had the privilege of working with her. Her dedication to collaboration has led to a work environment here at SHADAC that embraces different perspectives, creating a thriving health policy center aimed at bridging the gap

between research and policy. Dr. Jean Abraham, Professor, and Division Head at UMN's School of Public Health, Division of Health Policy and Management will serve as SHADAC's faculty advisor. Her knowledge, guidance, and support has been, and will continue to be, pivotal to SHADAC's success.

# OUR TEAM

## STAFF



**Lacey Hartman**  
*Senior Research Fellow*



**Robert Hest**  
*Senior Research Fellow*



**Grace Liu**  
*Research Analyst*



**Natalie Schwehr Mac Arthur**  
*Senior Research Associate*



**Jessica Ngoboka**  
*Research Dissemination  
Coordinator*



**Colin Planalp**  
*Associate Director for  
Emerging Health Policy Issues*



**Andrea Stewart**  
*Research Fellow*



**Pam Suneson**  
*Coordinator*



**Elliot Walsh**  
*Research Dissemination  
Coordinator*



**Christina Worrall**  
*Senior Fellow*

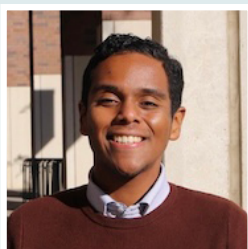


**Emily Zylla**  
*Senior Research Fellow*



**Karen Turner**  
*Senior Data Scientist*

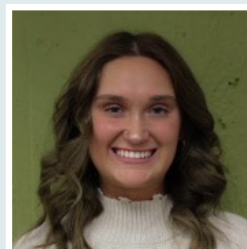
## STUDENTS



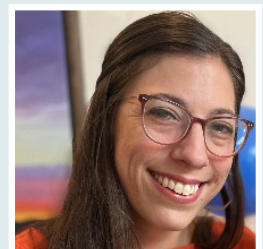
**Jeffrey Barrera**  
*Research Assistant*



**Hannah Ehrlich**  
*Research Assistant*



**Tatiana "Annie" Gowlovech**  
*Research Assistant*

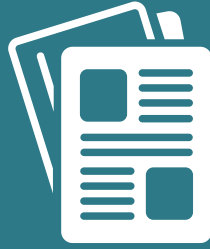


**Claire McGlave**  
*PhD Student*

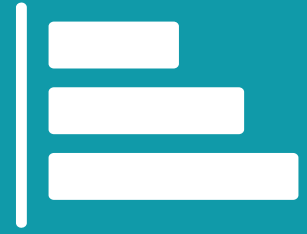
# 2024 SHADAC SNAPSHOT



**50 BLOGS**



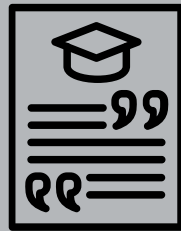
**24 PUBLICATIONS**



**44 MEASURES ON SHC**



**60 MEDIA MENTIONS**



**144 CITATIONS**



**142 SOCIAL MEDIA POSTS**



**17 STAFF & STUDENTS**



**1 TEAM AWARD**



**1 FALL COLORS WALK**

*In this report, we will delve into a selection of SHADAC projects, publications, and partnerships from 2024. To see all of our work from this year, visit our website at [www.shadac.org](http://www.shadac.org).*

## **Jump to:**

Insurance Coverage, Medicaid, & the Unwinding  
State Health Compare  
State & Federal Survey Expertise  
Commitment to Minnesota  
Partnerships & Collaboration  
Health Equity  
Acknowledgments



# INSURANCE COVERAGE, MEDICAID, & THE UNWINDING

Using a variety of data sources and our team's wide ranging expertise, SHADAC continues to be a leader in understanding and reporting on insurance coverage in the U.S. With particular expertise in Medicaid/CHIP policy and uninsurance, this year we continued our focus on the Medicaid unwinding as well as providing guidance on access to and cost of employer sponsored insurance (ESI).

## PRODUCT HIGHLIGHTS

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SEPTEMBER 2024

### A Post-Pandemic Look at the Cost of Employer-Sponsored Insurance (ESI) Coverage: Data from the 2023 Medical Expenditure Panel Survey (MEPS)

**INTRODUCTION**

Over the past five years, the makeup of the health insurance coverage marketplace in the United States has changed thanks to a number of factors. The COVID-19 pandemic was the cause of an unprecedented spike in unemployment which, for those affected, led to a resultant loss of employer-sponsored health insurance coverage – also commonly referred to as simply employer-sponsored insurance, or ESI. These losses were at least partially offset by rising enrollment in and attention of public health insurance coverage like Medicaid under the continuous coverage requirement in the Families First Coronavirus Response Act (FFCRA).

However, this requirement has now ended, and states have officially completed the 14-month transition from continuous coverage to re-adopt standard redetermination procedures. This period of time, from April 1, 2023, to June 30, 2024, is commonly referred to as the “Medicaid unwinding” or simply the “unwinding.” Looking at preliminary data from states and federal sources like the Household Income Survey (HIS) suggests a potential recovery for ESI enrollment in the coming years, a trend that SHADAC will be monitoring closely.

Regardless of the fluctuations caused by the pandemic, ESI is still the dominant source of health insurance coverage in the United States. In total, 54.7% of Americans get insurance from an employer, or the employer of a family member (e.g., a spouse or parent). For private-sector workers, ESI plays an even larger role – 68.8% of eligible private-sector workers, roughly 63,767,000 individuals, in the U.S. were enrolled in ESI in 2023.

In this new analysis from SHADAC, we examine trends in ESI coverage and, most importantly, cost, primarily at national and state-level data for 2023 with 2022 as a comparison. These analyses use estimates from the Medical Expenditure Panel Survey Insurance Component (MEPS-IC), produced by the Agency for Healthcare Research and Quality (AHRQ). The data are representative of private-sector establishments and workers.

**Key Cost Findings in 2023**

Given the concentration of coverage in this market, it is extremely important to monitor trends in ESI. Understanding and examining the cost-related components is a great way to understand overall rising health care costs impacting the population through an analysis of ESI's key cost-related components: **premiums** – and the portion of that cost that is contributed by employees, as well as **deductibles** – and the portion of employees who are enrolled in high-deductible health plans (HDHPs).

**KEY DEFINITIONS**

A **premium** is the amount paid each month to maintain health insurance coverage. In employer-sponsored insurance (ESI), the cost of premiums is often split between employee and employers, with the latter typically paying a larger portion of the share. The portion that employees are expected to pay is commonly known as the “employee contribution.”

A **deductible** is the amount that individuals and/or families (depending on plan type) must pay out of pocket before their health insurance begins to

### **A Post-Pandemic Look at the Cost of Employer-Sponsored Insurance (ESI) Coverage: Data from the 2023 Medical Expenditure Panel Survey (MEPS)**

**Unwinding Ends, but States' Reporting of Medicaid Renewal Data Continues (SHVS Cross Post)**

Elizabeth Lukeman, Deputy Director  
Emily Zylke, Senior Research Fellow

August 23, 2024

The following Expert Perspective (EP) is cross-posted from State Health & Value Strategies. Authors Emily Zylke and Elizabeth Lukeman, SHADAC.

Original posting date August 13, 2024. Find the original post [here](#) on the SHVS website.

States have resumed their regular processes for renewing individuals' Medicaid and Children's Health Insurance Program (CHIP) coverage due to the end of the continuous coverage requirement set in place during the COVID-19 pandemic. During this unwinding period, advocates, policymakers, and the media have been heavily interested in understanding how this work has impacted coverage for Medicaid enrollees.

One key source of data has been the monthly [Unwinding Data Reports](#) that state Medicaid agencies were required to submit to the Centers for Medicare & Medicaid Services (CMS). These reports include information about activities related to eligibility renewals, call center operations, and transitions to Marketplace coverage. CMS began publicly reporting monthly snapshots of these data in August 2023. However, well before the federal government began reporting this unwinding data, many states began publishing their own state dashboards, publicly detailing their progress in restarting renewals.

The public release of renewal data, at both the federal and state level, has proven to be a valuable tool in understanding who lost Medicaid coverage and why during the unwinding. States have successfully used the data to both monitor renewal outcomes and adjust outreach and administrative enrollment policies. This data has also provided new transparency into state eligibility and enrollment processes that had previously been lacking.

CMS initially indicated it would report unwinding data only through June 2024 (the official end of the unwinding period). However, [CMS recently received CMS approval to extend timelines](#) to complete their unwinding-related renewals. Subsequently, a [July 20, 2024, State Health & Value Strategies \(SHVS\) letter](#) announced that starting July 1, 2024, CMS will expect all states to continue to submit certain metrics contained in the Unwinding Data Report on an ongoing basis, now referred to as an “Eligibility Processing Report.”

These reports will include monthly data on:

- Renewals initiated
- Renewals due
- Successful renewals, including the number renewed on an ex parte basis and through pre-populated renewal forms
- Coverage terminations due to both ineligibility and procedural reasons
- Pending renewals and renewal backlogs
- Fall timing impacts pending for more than 90 days

In the SHVS letter, CMS also explicitly encourages states to continue state-level transparency processes, including public dashboards that “can support ongoing state-level efforts to ensure timely processing of applications and renewals.”

**STATES PUBLICIZING MEDICAID RENEWAL DATA**

### **Unwinding Ends, but States' Reporting of Medicaid Renewal Data Continues: State Health & Value Strategies (SHVS) Cross-Post**

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### U.S. Census Bureau Data Explained: Breaking Down 2023 Health Insurance Coverage Estimates from the ACS and CPS

Featuring a Q&A with a Census Expert

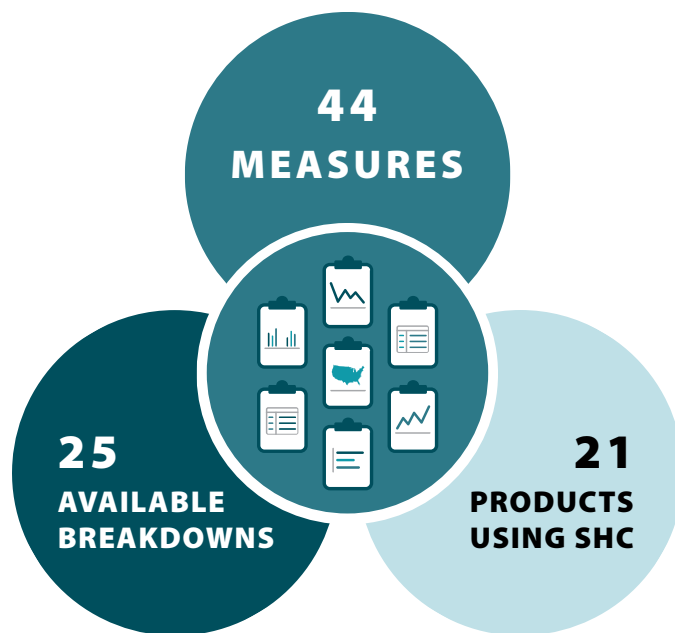
Thursday, September 26, 2024 | 1:00 PM Central Time

Robert Wood Johnson Foundation

**U.S. Census Bureau Data Explained: Breaking Down 2023 Health Insurance Coverage Estimates from the ACS & CPS, featuring a Q&A with a Census Bureau Expert** — In addition to discussing 2023 health insurance data, this webinar saw SHADAC researchers walk through how to access the data and examples of how to use it to answer research questions.

# STATE HEALTH COMPARE

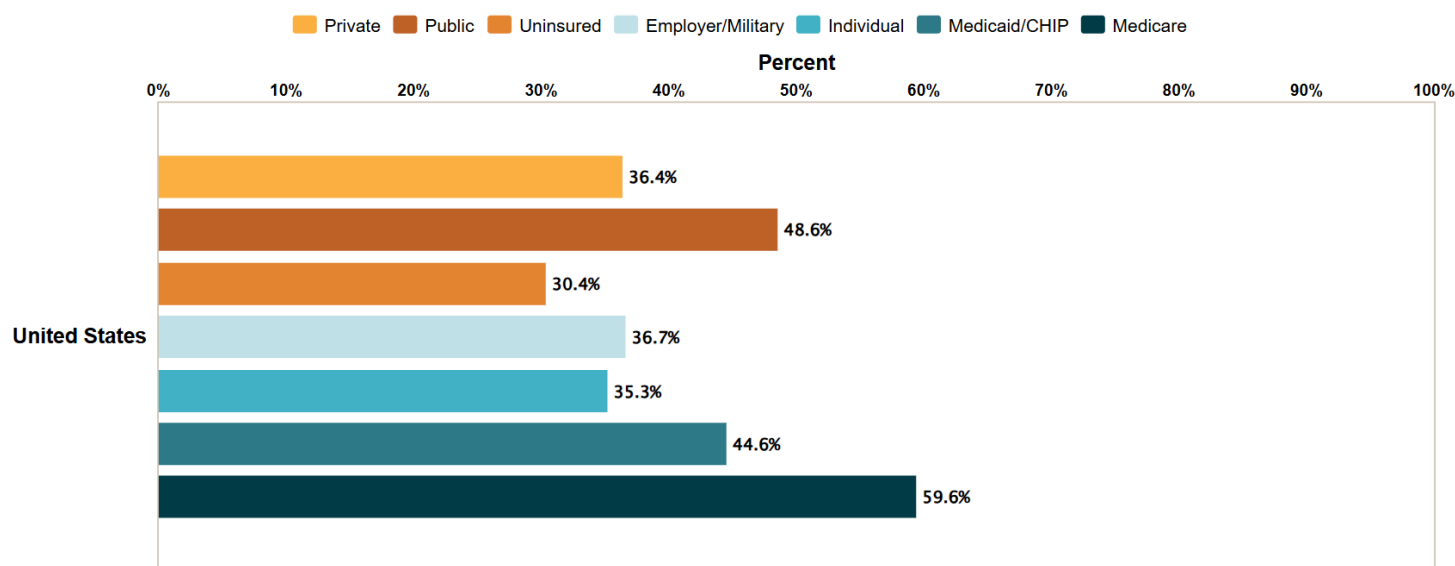
Analysts and policymakers can use SHADAC's tool [State Health Compare](#) (SHC), supported by the Robert Wood Johnson Foundation (RWJF), to view measures of insurance coverage, health care cost, health outcomes, and more. This year, we focused on increasing available breakdowns for many measures, including adding more options for race/ethnicity disaggregation, along with breakdowns by sexual orientation. We added new, timely, and relevant measures (e.g., Pre-existing Conditions, Food Insecurity, Child Vaccinations), and provided consistent updates to over 40 measures using more than 17 different data sources.



## NEWLY ADDED MEASURE HIGHLIGHT: PRE-EXISTING CONDITIONS

**Percent of adult population in 2023 with pre-Affordable Care Act automatically declinable pre-existing conditions for each coverage type**

*Available breakdowns: coverage type, education, race/ethnicity, sexual orientation*



Source: SHADAC analysis of the Behavioral Risk Factor Surveillance System (BRFSS) public use files

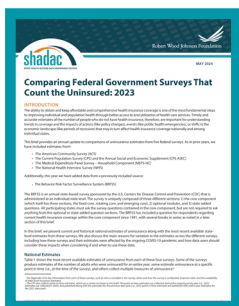
# STATE & FEDERAL SURVEY EXPERTISE

SHADAC has nationally recognized expertise in the collection and use of survey data, specializing in using survey data to monitor health care trends and to conduct policy analysis and evaluation.

Along with technical assistance to states and organizations, Medicaid and CHIP Payment and Access Commission (MACPAC) support, [commentary on proposed survey updates](#), and [tracking and using emerging surveys/data sources](#), this year we worked with and created products using the following:



## PRODUCT HIGHLIGHTS



**Comparing Federal Government Surveys That Count the Uninsured: 2023** — Our expertise on this wide range of surveys allows us to compare uninsurance estimates between surveys to better understand the overall landscape of the uninsured in the U.S.



**NEW this year: [Survey Data Season 2024 Hub Page](#)** — A one-stop-shop for the latest SHADAC products featuring survey data analysis and commentary, and updated release schedule dates for a variety of surveys.

### *Data Expertise Beyond Surveys*

For State Health Compare and a number of other projects, SHADAC researchers frequently use a number of data sources beyond surveys, including data from the CDC WONDER database, Bureau of Labor Statistics data, and National Vital Statistics System (NVSS) data.



**Changing Dynamics in the Opioid Crisis Since the COVID-19 Pandemic** — For example, our brief on the opioid crisis since the pandemic analyzes drug overdose death rates using NVSS data.

# COMMITMENT TO MINNESOTA

SHADAC is proud to support and highlight Minnesotan health policy efforts and research. This year, along with our work assisting the Minnesota Equitable Health Care Task Force, we provided updates to our Minnesota Community and Uninsured Profile along with continued work on the Minnesota Health Access Survey (MNHA).

## BCBS COMMUNITY AND UNINSURED PROFILE

| Characteristic               | 2022       | 2021       | 2020       | 2019       | 2018       |
|------------------------------|------------|------------|------------|------------|------------|
| Total population             | 10,000,000 | 10,000,000 | 10,000,000 | 10,000,000 | 10,000,000 |
| Uninsured population         | 1,500,000  | 1,500,000  | 1,500,000  | 1,500,000  | 1,500,000  |
| Medicaid population          | 1,000,000  | 1,000,000  | 1,000,000  | 1,000,000  | 1,000,000  |
| Private insurance population | 8,500,000  | 8,500,000  | 8,500,000  | 8,500,000  | 8,500,000  |

**Minnesota Community and Uninsured Profile Updated to Include 2022 American Community Survey Estimates** — We have created and maintained a tool that can be used to understand the uninsured population, evaluate equity work, inform strategic planning, assess community needs, develop & evaluate enrollment and outreach, and support grant writing for related and relevant programs. This tool can be customized for particular populations, states, and organizations.

## MINNESOTA HEALTH ACCESS SURVEY (MNHA)

**Provider Discrimination Based on Sexual Orientation and Gender Identity: Experiences of Transgender/Nonbinary Adults and Sexually Minoritized Adults in Minnesota**

Health Policy Center, Senior Research Associate  
June 28, 2024

**Background**  
The experiences of people with minoritized sexual and gender identities matter for public health. Compared with straight and cisgender adults, these populations face higher rates of health care and mental health disparities, including mental and physical health, ability, functional, and health care access. In Minnesota, South Dakota, and North Dakota, the 2022 American Community Survey (ACS) provides population health and socioeconomic data for these communities. This report uses the 2022 ACS to explore the experiences of transgender, nonbinary, and sexually minoritized adults in Minnesota. This information is associated with barriers to health care access. For example, individuals who report discrimination may not receive proper medical care or experience delays in receiving care. This report also explores the experiences of transgender, nonbinary, and sexually minoritized adults in Minnesota.

**Study Approach**  
The 2022 ACS data from the Minnesota Health Access Survey (MNHA) is used to explore the experiences of transgender, nonbinary, and sexually minoritized adults in Minnesota.

**Results**  
Among adults in Minnesota, over half of the transgender/nonbinary population (51.2%) reported experiencing provider discrimination based on sexual orientation or gender identity in the past 12 months. This report explores the experiences of transgender, nonbinary, and sexually minoritized adults in Minnesota. This information is associated with barriers to health care access. For example, individuals who report discrimination may not receive proper medical care or experience delays in receiving care. This report also explores the experiences of transgender, nonbinary, and sexually minoritized adults in Minnesota.

| Characteristic       | Transgender/Nonbinary | Other |
|----------------------|-----------------------|-------|
| All adults (18+)     | 5.7%                  | 56.2% |
| Sexual Orientation   | 4.7%                  | -     |
| Gender               | 26.1%                 | 68.1% |
| Married or Partnered | 21.8%                 | 62.2% |
| Household Income     | 23.9%                 | 64.2% |

The Minnesota Health Access Survey is a survey that studies how people in Minnesota access and utilize insurance coverage and health care services. In 2023, more than 15,000 households in Minnesota were surveyed.

This survey (fielded every two years) is conducted through a partnership between SHADAC and the Minnesota Department of Health (MDH). Official [MDH reports on findings and results](#) can be found on their website.

SHADAC researchers also use data from the MNHA to study health care access and experiences in Minnesota. For example, [one blog](#) used MNHA data to examine provider discrimination based on sexual orientation and gender identity in Minnesota.



# PARTNERSHIPS & COLLABORATION



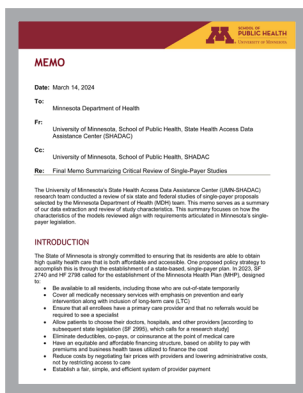
Collaboration is baked into the core of SHADAC - much of what we do is alongside state and federal agencies, foundations, community & health organizations, and other health policy entities. Along with the previously mentioned work and partnership with MACPAC, SHVS, and RWJF, the following are just a few products created via additional partnerships and collaborations:

## PRODUCT HIGHLIGHTS



**Cannabis Research Center (CRC)** — a Minnesotan legislatively funded research center based at the University of Minnesota focused on identifying public health implications of cannabis legalization.

[Brief: Perceptions and Opinions Relating to Cannabis in Minnesota](#)



**UMN SPH, Dr. Jean Abraham, and Minnesota Department of Health** — SHADAC conducted a review of six state and federal studies of single-payer proposals selected by the Minnesota Department of Health (MDH) team. In partnership with the School of Public Health and Dr. Jean Abraham, we created a memo summarizing SHADAC's data extraction, review of study characteristics, and how the characteristics of the models reviewed align with requirements articulated in Minnesota's proposed single-payer legislation.



**Language Barriers and Health Equity: The Challenges Faced by Californians with Limited English Proficiency (CHCF Cross-Post)** — Authored for SHADAC's work with the California Health Care Foundation (CHCF), this brief uses pooled data from the 2021 and 2022 California Health Interview Survey to provide a comprehensive overview of adults with LEP in California.

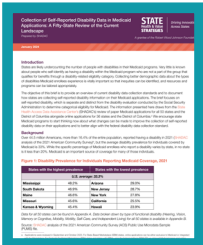




# HEALTH EQUITY

By centering people and populations experiencing inequities, we aim to create products that both illuminate disparities and provide understandable data & information that can help to close those gaps. We also work directly with states, agencies, and other organizations to advise on equity considerations in survey design, evaluation efforts, data collection, and more.

## PRODUCT HIGHLIGHTS



**Collection of Self-Reported Disability Data in Medicaid Applications: A Fifty-State Review of the Current Landscape (SHVS Brief)** — Collecting better demographic data about the types of disabilities Medicaid enrollees experience is vitally important to identify inequities and to tailor programs & resources effectively.



**“American Indian 101”: Understanding the history and contemporary experiences of Native people in a United States health policy context** — Written by SHADAC’s inaugural Health Equity Fellow, this brief is focused on health care and health insurance access among American Indian and Alaska Native people.



**LGBT Health Equity: Sexual Orientation and Gender Identity Data Resources and Information from SHADAC** — In this blog, we provide a collection of resources SHADAC has published in the sexual orientation and gender identity (SOGI) space, including publications on SOGI data collection and gender discrimination in health care.

## *Determining the Need for a Medicaid Equity Monitoring Tool*

With support from RWJF, SHADAC is leading a multi-phased project to assess whether a “Medicaid Equity Monitoring Tool” could be a helpful, feasible, and reliable way of tracking and advancing health equity in state Medicaid programs. In 2024’s Phase 2 of this project, we created the following:



State Medicaid Member Experience Quantitative Data Scan



State Medicaid Member Experience Qualitative Data Scan



Underlying Factors of Medicaid Inequities Annotated Bibliography



Underlying Factors of Medicaid Inequities: Conversations with Experts on Racism and Medicaid

# ACKNOWLEDGMENTS

## THANK YOU TO ALL OF OUR 2024 FUNDERS AND PARTNERS

Our goal of providing researchers, policymakers, and the public with relevant and understandable data and information to inform state health policy and support efforts to improve health equity would not be possible without the longstanding support of the Robert Wood Johnson Foundation (RWJF). SHADAC is also honored to serve as a technical assistance provider under Princeton University's State Health & Value Strategies (SHVS) program. With the support from RWJF, SHVS, and many other incredible partners including foundations, federal and state agencies, and other research organizations, SHADAC continues to serve as an unbiased research, technical assistance, data, and evaluation resource.

### *Foundations*

- Blue Cross Blue Shield of Minnesota Foundation
- California Health Care Foundation
- Robert Wood Johnson Foundation

### *Federal Agencies*

- Medicaid and CHIP Payment & Access Commission
- U.S. Census Bureau

### *State and Local Agencies*

- Hennepin County
- Minnesota Department of Health
- Minnesota Department of Human Services

### *Research and Consulting Organizations*

- Health Leads
- MEF Associates
- Minnesota Electronic Health Record Consortium
- Princeton University, State Health & Value Strategies
- RACE for Equity
- SSRS
- UCLA Data Equity Center
- University of Minnesota, Cannabis Research Center
- University of Minnesota, Evidence-Based Practice Center
- University of Minnesota, Minnesota Population Center
- University of Minnesota, Rural Health Research Center
- University of Minnesota, School of Medicine



Visit [www.shadac.org](http://www.shadac.org) for more or connect with us on social media!

