



# 2025

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**ANNUAL  
REPORT**

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# A NOTE FROM OUR DIRECTOR

## Elizabeth Lukanen, MPH



In January 2025, I had the privilege of stepping into the role of Director of SHADAC as our Founder, Dr. Lynn Blewett, began her phased retirement. My first year has been defined by agility, hard-won successes, and, above all, an unwavering sense of teamwork. Throughout 2025, the team here at SHADAC worked tirelessly to navigate a shifting policy landscape that, while often defined by uncertainty, served only to strengthen our commitment to using data to inform policy decision making.

I am incredibly proud of our ability to remain a source of unbiased analysis during a year of such consequential health policy debate. Whether engaging on foundational issues such as counting the uninsured, pivoting to address emerging threats to federal survey data collection, or using analytic insights to understand cannabis policy, SHADAC remained an essential partner and support to state data users. By providing state legislators, federal officials, the press, and other decision-makers with the data needed to inform policy, monitor operations, and evaluate outcomes, we ensured that, even in a year of transition, evidence remained at the center of the policy conversation.

As we look toward the year ahead, I am proud to say that SHADAC remains dedicated to our mission of being a leading source of trusted state health policy data and information aimed at fostering greater health equity.

A handwritten signature in black ink that reads "Elizabeth Lukanen". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

# OUR TEAM

## STAFF



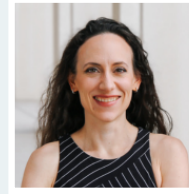
**Lacey Hartman**  
*Senior Research Fellow*



**Jessica Ngoboka**  
*Research Dissemination  
Coordinator*



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



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



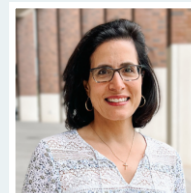
**Andrea Stewart**  
*Research Fellow*



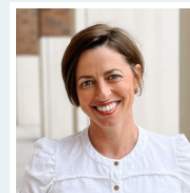
**Karen Turner**  
*Senior Data Scientist*



**Elliot Walsh**  
*Research Dissemination  
Coordinator*



**Christina Worrall**  
*Senior Fellow*



**Emily Zylla**  
*Senior Research Fellow*

## STUDENTS



**Claire McGlave**  
*PhD Student*



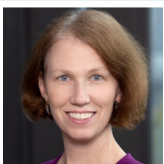
**Kelly Moeller**  
*Research Assistant*



**Zoë Pringle**  
*Research Assistant*

## COLLABORATORS

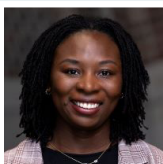
We are also grateful to work with a number of University of Minnesota faculty and staff from across the school and division, including our faculty advisor Dr. Jean Abraham, Professor and Division Head of the Division of Health Policy and Management in UMN's School of Public Health. These collaborators provide essential knowledge, guidance, and support pivotal to our continued success.



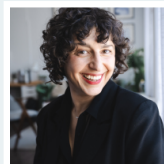
**Jean Abraham**



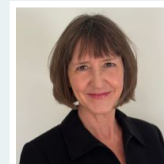
**Lynn A. Blewett**



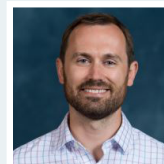
**J'Mag Karbeah**



**Sayeh Nikpay**

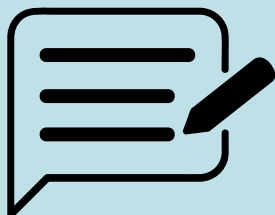


**Traci Toomey**

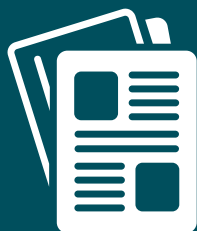


**Tyler Winkelman**

# 2025 SHADAC SNAPSHOT



**40 BLOGS**



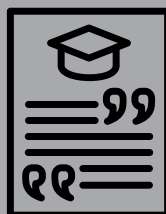
**20 PUBLICATIONS**



**12 NEWSLETTERS**



**129 MEDIA MENTIONS**



**273 CITATIONS**



**107 SOCIAL MEDIA POSTS**



**12 STAFF & STUDENTS**



**10 CONFERENCE PRESENTATIONS**



**8 LUNCH N' LEARNS**

In this report, we review a selection of SHADAC projects, publications, and partnerships from 2025. To see all of our work from this year, visit our website at [shadac.org](https://shadac.org).

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# HEALTH INSURANCE COVERAGE



Using a variety of data sources and our team's wide ranging skillset, SHADAC continues to analyze and report on insurance coverage in the U.S., with particular expertise in Medicaid/CHIP policy and uninsurance. This year, our focus turned toward understanding and monitoring the health insurance landscape after sweeping policy changes at the federal level. We also have continued our long-running analysis of employer-sponsored insurance costs and coverage, and celebrated the milestones of the Medicaid program's 60th anniversary and the [15-year anniversary of the Affordable Care Act](#).

## PRODUCT HIGHLIGHTS

**shadac** DECEMBER 2025

### The Struggle to Afford Employer-Sponsored Health Insurance (ESI) in 2024: A 50-State Review

**Authors**  
 Andrea Rosenz, MA  
 Research Fellow  
 Elizabeth Lukens, MPH  
 Director

**INTRODUCTION**  
 New data for 2024 shows that employer-sponsored insurance (ESI) remains the dominant source of health insurance coverage in the United States, covering 58% of Americans. For private-sector workers, ESI plans are larger—the 48th of eligible workers is likely covered by a spouse or parent. An ESI covers the majority of health coverage paid. Single individuals, including those who are not employed or are employed as family members, are covered by ESI at the lowest rate of any group.

**KEY TAKEAWAYS**

- Premiums continue to rise. National annual family coverage premiums increased by over 50% in 2024, reaching a record \$14,540 in 2024, with a 20% increase in 2025.
- By state, premiums vary considerably. Family coverage premiums in 2024 ranged from \$21,088 in Nevada to \$28,151 in Massachusetts.
- Deductibles are growing even faster than premiums, at an average rate of over 8% for both single coverage and family coverage in 2024 and 2025.
- After a two-year decline, over 20% of the nation's workers (21.7%) and over 20% of workers in 23 states were enrolled in high deductible health plans (HDHPs) in 2024.

**UNDERSTANDING THE HEART OF ESI COSTS: PREMIUMS, CONTRIBUTIONS, AND DEDUCTIBLES**

**Premiums Are Continuing to Rise Faster than the Cost of Living**

**The Struggle to Afford Employer-Sponsored Health Insurance (ESI) in 2024: A 50-State Review** — Along with finding that costs for employer-sponsored insurance outpaced inflation in all 50 states in 2024, this study also found that over half of U.S. workers enrolled in high deductible health plans.

### A BRIEF TIMELINE OF MEDICAID

**1965** Medicaid enacted

**1967** FFS established

**1972** 50 program states

**1981** Freedom of choice & HCBS waivers established

**1997** CHIP established

**1996** Welfare reform

**1989** Eligibility for pregnant women & children expanded

**1986** Coverage for long-term care services established

**2010** ACA passed

**2014** ACA Medicaid expansion implemented

**2020** Continuous coverage expansion (CCE) implemented

**2023** Medicaid reauthorized

**Honoring Medicaid at 60: Program Origins, Funding, and State Impacts** — In honor of Medicaid's 60th anniversary, this blog, a team effort from a number of staff at SHADAC, walks readers through the origins of the Medicaid program, how Medicaid is funded, and how its flexibility supports innovation and tailored programs for each state's unique population.

### Tracking the Potential Impact of Proposed Medicaid Cuts in Federal Budget Bills

All Analyzes

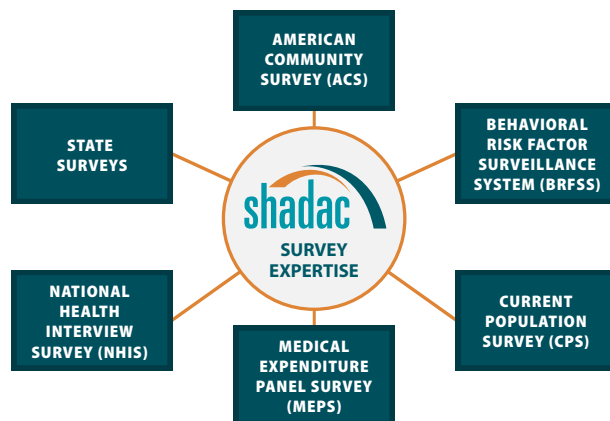
Selected state-specific impact estimates | No-relevant estimates

State	Year	Estimated Budget Reduction	Estimated Enrollment Impact	Estimated State Impact
California	2025	\$1.5 billion	200,000 enrollment cuts	\$1.5 billion state impact
California	2026	\$1.5 billion	200,000 enrollment cuts	\$1.5 billion state impact
California	2027	\$1.5 billion	200,000 enrollment cuts	\$1.5 billion state impact

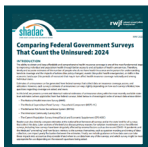
**Medicaid Cuts and the States: Tracking State-Specific Estimates of the Impacts of Proposed Changes** — SHADAC staff and researchers worked with State Health & Value Strategies on this resource as the budget reconciliation bill, H.R. 1, was being considered before it was signed into law on July 4, 2025. This resource compiles reported estimates of expenditure and enrollment impacts of H.R. 1 across the states into a simple, easy-to-navigate tool. The estimates of impact in this resource “reflect an important snapshot in time, highlighting how states sought to understand the potential impact of sweeping federal Medicaid reforms.”

# STATE & FEDERAL SURVEY EXPERTISE

SHADAC researchers and staff are nationally recognized experts in the collection and use of survey data. Along with providing technical assistance to researchers, policymakers, journalists, and others as well as on-demand analysis of federal survey data for the Medicaid and CHIP Payment and Access Commission (MACPAC), we also did a number of our own analyses, working with and creating products using the following:



## PRODUCT HIGHLIGHTS



**[Comparing Federal Government Surveys That Count the Uninsured: 2024](#)** — 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.



**[2024 ACS: New Health Insurance Coverage Data Show Rising Rates of Uninsurance and Private Coverage, with Public Coverage Declining](#)** — This blog is a part of SHADAC's [Survey Data Season](#), where our researchers cover major survey data releases, sharing key findings and important takeaways. Check out all of our [Survey Data Season 2025](#) publications on this [hub page](#).

## State Alternatives for Health Data Continuity Project

As a result of federal developments in 2025, researchers, state officials, and others across the U.S. have voiced concerns about ongoing availability of federal health data. In response to those concerns, SHADAC is conducting a project called **State Alternatives for Health Data Continuity**. This project, funded by the Robert Wood Johnson Foundation (RWJF), works to:

- Catalogue the data elements in selected federal surveys with health-related data to determine what could potentially be lost, and
- Speak with 40+ experts to understand risks and alternatives to federal health data.

The following are just some of the blogs and resources from this project:

**[Survey Data Finder](#)** — An interactive and accessible tool that acts as an inventory of many federal health-related surveys, cataloguing key health topic domains covered by each survey. The tool also **shows users where data gaps could arise**, highlighting the domains that could be impacted if certain surveys are no longer available.

**[The Landscape of Major Federal Health Survey Data Releases in 2025](#)** — A consolidated guide to many of the major federal health-related surveys that were expected to publish estimates in 2025; along with general information, this guide catalogues the status of those releases as of December 2025—published (on-time or delayed); not yet published; or status remains uncertain. For the most up-to-date information, see SHADAC's [Federal Survey Data Release Schedule](#) page on our website.

# STATE HEALTH COMPARE

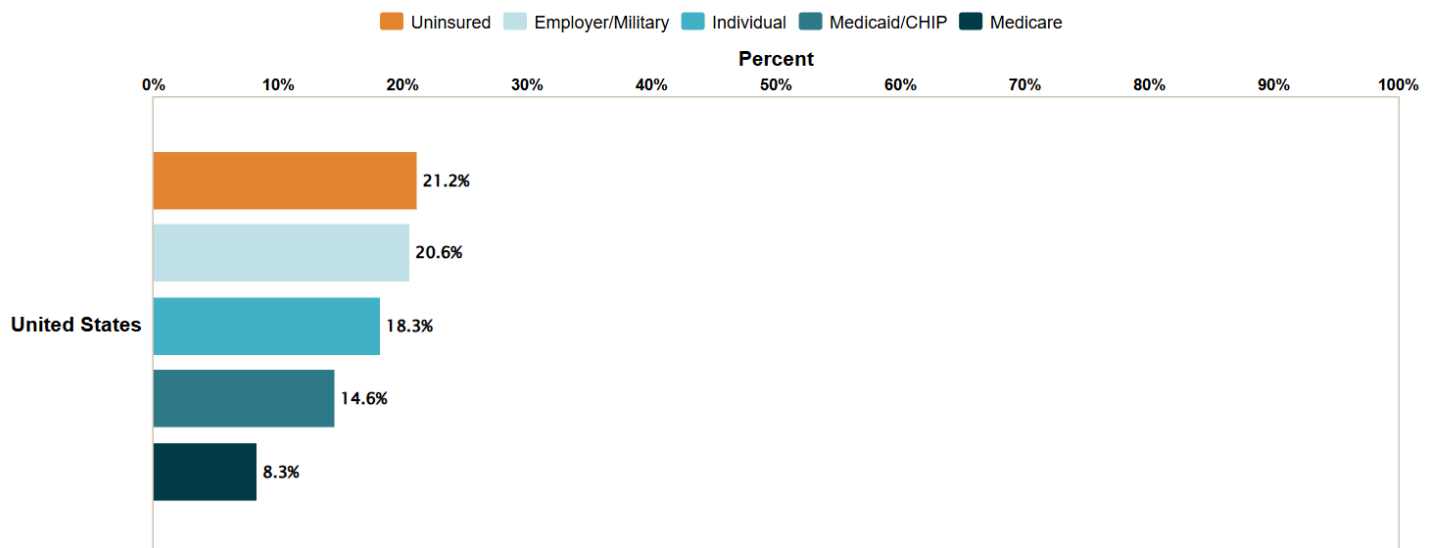


We also use our federal and state survey expertise, as well as our skills using non-survey data like data from the CDC WONDER Database and from state expenditure reports from the National Association of State Budget Officers (NASBO), to maintain our data tool, [State Health Compare](#). This year, we provided consistent updates to over 40 measures using more than 17 different data sources. This tool allows everyone from policymakers to students to journalists to easily view measures of insurance coverage, health care cost, health outcomes, and more. These measures allow for state-level analysis and for disaggregation by a number of categories, including race/ethnicity, income level, sexual orientation, and others.

## MEASURE HIGHLIGHT

### *Adult Excessive Alcohol Consumption*

#### Percent of Adults Reporting Excessive Alcohol Consumption in the Past 30 Days by Coverage Type, 2024

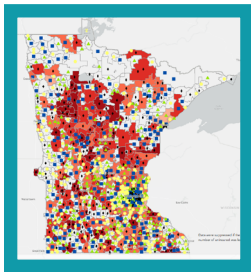


Source: SHADAC analysis of the Behavioral Risk Factor Surveillance System (BRFSS) public use files.

*Measure's Available Breakdowns: Coverage Type, Education, Race/Ethnicity, and Sexual Orientation.*

# COMMITMENT TO MINNESOTA

SHADAC is proud to support and highlight Minnesotan health policy efforts and research. This year, we were honored to present SHADAC's work to our peers at a University of Minnesota School of Public Health Health Policy and Management Division Seminar and to participate and exhibit at the AcademyHealth Annual Research Meeting hosted right here in Minneapolis. Some of our other local efforts this year included:



## BCBS COMMUNITY AND UNINSURED PROFILE

**Minnesota Community and Uninsured Profile Updated to Include 2023 American Community Survey Estimates** — We have created and maintained a tool and an accompanying [interactive map](#) that can be used to understand the uninsured population, evaluate equity work, inform strategic planning, assess community needs, develop and evaluate enrollment and outreach, and support grant writing for related and relevant programs. This tool can be customized for particular populations, states, and organizations.



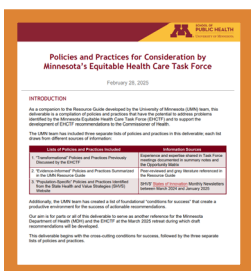
## MINNESOTA HEALTH ACCESS SURVEY (MNHA)

SHADAC has worked collaboratively with the Minnesota Department of Health to conduct the Minnesota Health Access (MNHA) survey since the 1990s; fielded every two years, this survey asks Minnesotans how they access and utilize insurance coverage and health care services. [Official MDH reports on findings and results](#) can be found on their website. In a follow-up survey from this year, 2,000 MNHA respondents were asked their opinions about Medical Assistance, Minnesota's Medicaid program: [Almost 72% of respondents](#) said that Medicaid was “very important” to the local community.

SHADAC researchers also use data from the MNHA to study health care access and experiences in Minnesota. For example, SHADAC staff published [multiple articles](#) and [research letters](#) this year on provider discrimination based on sexual orientation and gender identity in Minnesota using MNHA data.

Data and information from the MNHA are also used for decision and policymaking here in Minnesota, including:

- Results from the MNHA related to discrimination experienced in health care settings are used to set goals for reducing unfair treatment in the [One Minnesota Plan](#).
- MNHA data and results are used to inform the [MN Health Care Affordability Advisory Task Force](#).
- MNHA data on uninsured rates is used in the [MNSure biennial budget](#).



## MINNESOTA EQUITABLE HEALTH CARE TASK FORCE

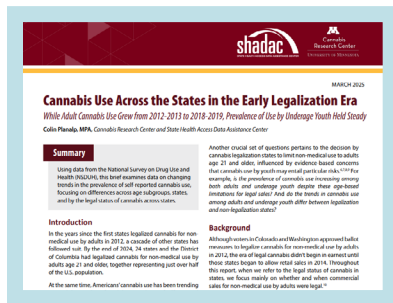
Researchers from SHADAC and the UMN Division of Health Policy and Management (HPM) worked collaboratively to support the work of the Equitable Health Care Task Force convened by the Minnesota Department of Health. Together, the UMN HPM and SHADAC team conducted both rapid and in-depth literature reviews and syntheses to identify promising health care practices and public policy supports that work to address disparities in access, quality, and outcomes among priority population segments. SHADAC and UMN HPM communicated findings through presentations to MDH and the Task Force, and created multiple written materials, such as a [Resource Guide](#) and a [Policies and Practices Guide](#).

# PARTNERSHIPS & COLLABORATION



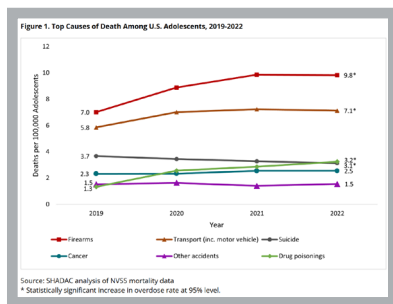
Collaboration is baked into the core of SHADAC; much of what we do is alongside state and federal agencies, foundations, community organizations, and other health policy entities. Along with the previously mentioned work and partnership with MACPAC, State Health & Value Strategies (SHVS), the Robert Wood Johnson Foundation (RWJF), and others, the following are just a few products created via additional partnerships and collaborations.

## PRODUCT HIGHLIGHTS

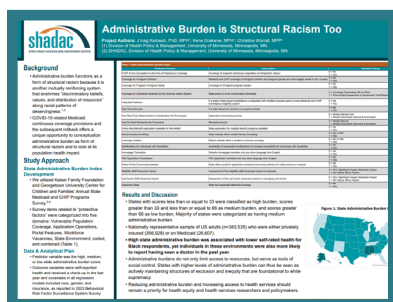


**Cannabis Research Center (CRC)** — A Minnesotan legislatively funded research center based at the University of Minnesota focused on identifying public health implications of cannabis legalization. Unique research on cannabis policy, perceptions, and use using data sources such as the National Survey on Drug Use and Health (NSDUH) and the Minnesota Student Survey (MSS).

**Brief: Cannabis Use Across the States in the Early Legalization Era**



**During the Pandemic, Drug Overdoses Became the Third Leading Cause of Death for U.S. Adolescents** — SHADAC’s Senior Research Fellow Colin Planalp and [Tyler Winkelman, MD, MSc](#), the Co-Director of the Health, Homelessness, and Criminal Justice Lab at Hennepin Healthcare Research Institute, have collaborated multiple times over the years, including with this publication looking at drug overdose deaths in adolescents. Among other findings, their analysis found that fatal overdoses involving fentanyl grew nearly 300% among adolescents from 2019 to 2022.



**Administrative Burden Is Structural Racism, Too** — As a part of a SHADAC project exploring the intersection of Medicaid and equity, we consulted with [Dr. J’Mag Karbeah](#), a professor in the University of Minnesota School of Public Health, and doctoral student Kene Orakwue regarding contextual factors in understanding inequity in Medicaid. This work led to an assessment of the relationship between administrative burden in Medicaid and select health outcomes presented as a poster at the 2025 AcademyHealth Annual Research Meeting.

# THE SHADAC IMPACT

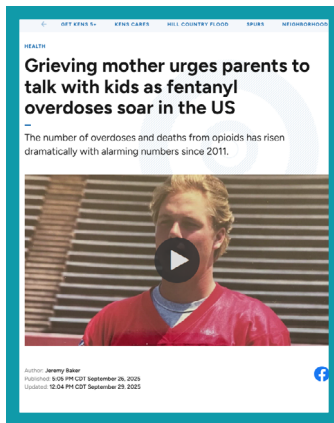
## Media Mentions & Citations

Our work and expertise is used by researchers, policymakers, journalists, and more to discuss and study a wide range of topics. From referencing our opioid work to using data from State Health Compare to interviewing and quoting SHADAC experts, here are just a few of the ways journalists and scientists cited SHADAC this year:



### Takeaways from AP's report on how flat funding set stage for Texas measles outbreak, might fuel more

Associated Press



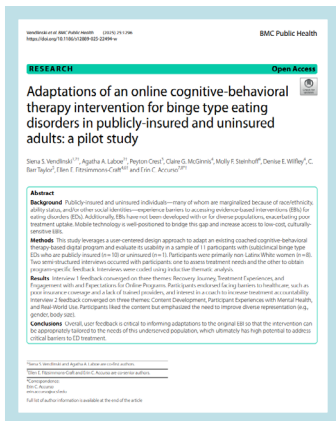
### Grieving mother urges parents to talk with kids as fentanyl overdoses soar in the US

KENS 5 News, TX



### ACA marketplace health insurance premiums to rise 21.5% on average in Minnesota, expert says

KSTP 5 Eyewitness News, MN



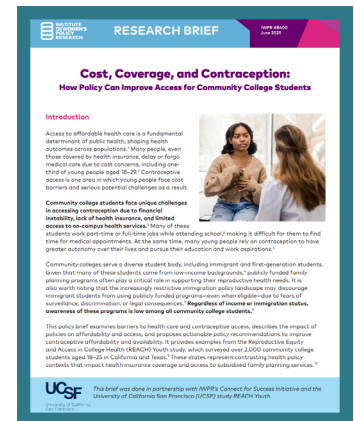
### Adaptations of an online cognitive-behavioral therapy intervention for binge type eating disorders in publicly-insured and uninsured adults: a pilot study

BMC Public Health



### Medicaid 'Unwinding': Much Of The Reduction In Medicaid-Paid Prescriptions Was Offset By Increased Commercial Coverage

Health Affairs



### Cost, Coverage, and Contraception: How Policy Can Improve Access for Community College Students

Institute for Women's Policy Research

# ACKNOWLEDGMENTS

## THANK YOU TO ALL OF OUR 2025 FUNDERS AND PARTNERS

We would like to acknowledge the local, state, and national partners we've worked with in the last year to continue to fulfill our mission 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. A special thanks to the Medicaid and CHIP Payment and Access Commission (MACPAC) for the opportunity to continue to work with them conducting health policy research at the federal level, and to the Robert Wood Johnson Foundation (RWJF) and Princeton University's State Health & Value Strategies (SHVS) program for their longstanding support of SHADAC and our work.

### ***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
- USDA Food and Nutrition Service

### ***State and Local Agencies***

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

### ***Research and Consulting Organizations***

- Cornell University
- 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



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