



ANNUAL REPORT

ABOUT SHADAC

The State Health Access Data Assistance Center (SHADAC) is a multidisciplinary health policy research center with a focus on the use of data to inform state policy. For over 20 years, SHADAC has produced rigorous, policy-driven analyses, translating complex research findings into actionable information that is accessible to a broad audience. SHADAC faculty and staff are nationally recognized experts on collecting and applying health policy data to inform or evaluate policy decisions, with expertise in both federal and state survey data sources. We provide unbiased technical assistance and in-depth analysis to states and other organizations and collaborate with a wide range of partners including foundations, state and federal agencies, academic institutions, other research organizations, and nonprofits. Based in Minneapolis, Minnesota, SHADAC is located within the University of Minnesota School of Public Health.

A NOTE FROM THE SHADAC DIRECTOR



Lynn A. Blewett, PhD, MPA

2022 was an energizing year for SHADAC, and I am grateful to our team of faculty, staff, and students for continuously pushing for quality and innovation in order to better serve states and our many partners. We have much to be proud of this past year: with support from the Robert Wood Johnson Foundation, our team entered the second year of

work on a Medicaid Equity Monitoring Tool. In our first year, we engaged an expert Advisory Committee to solicit invaluable input on tool need and purpose. We are now working to identify a partner to help us elevate the voices of Medicaid members to better inform our work. Additionally, we continue to support states on their policy-based data needs in collaboration with the State Health & Value Strategies program at Princeton University. We are actively engaged in advising states on how to collect better, more expansive data on race and ethnicity, sexual orientation and gender identity, and disability status.

While we produced many publications related to emerging policy issues, we also remained dedicated to keeping critical, mainstay SHADAC resources up-to-date. Our team continued to expand data measures available on State Health Compare, publishing in-depth blogs with practical applications of the estimates and visualizations. We incorporated new data analyses into our Minnesota Community and Uninsured Profile and collaborated with experts from the U.S. Census Bureau to analyze coverage trends. And as always, we are grateful for our ongoing work with the Medicaid and CHIP Payment and Access Commission, providing survey analysis that Commission staff use to inform their policy assessments and recommendations to Congress, the Department of Health and Human Services, and the states.

As we celebrate our accomplishments of 2022, we look forward to continuing to work alongside our funders and collaborators to fulfill key data needs for states and spur meaningful policy impacts. Thank you for being part of our success!

Sincerely,

Lynn A. Blewett



STATE HEALTH POLICY TECHNICAL ASSISTANCE

SHADAC provides direct technical assistance (TA) to individual states, create forums to support state-to-state peer learning, and more broadly translate technical research and policy analysis into content that is accessible and informative to decision-makers.

Featured Project

STATE HEALTH & VALUE STRATEGIES

SHADAC provides technical assistance as part of the Robert Wood Johnson Foundation's (RWJF) [State Health & Value Strategies](#) (SHVS), a program that connects state officials with experts in the field to support them in transforming their health care systems to be affordable, equitable, and innovative. SHADAC provides analytic and evaluation support with the goal of helping states use sound data to inform policy decisions on topics such as Medicaid, health equity, multi-payer delivery system and payment reform, quality measurement, coverage and access expansions, health insurance exchanges, and population health.

“ SHADAC’s deep expertise with state and federal data resources is a valuable asset to states as they work to improve access to affordable health care and reduce health disparities. We focus on helping states to collect, report, and monitor disaggregated data in a way that allows them to track and monitor health equity across the full spectrum of populations of interest. ”

-Emily Zylla, Senior Research Fellow

Research Leaders



Emily Zylla



Elizabeth Lukanen

Featured Publication Tracking Data on Medicaid’s Continuous Coverage Unwinding



This [expert perspective and issue brief](#) outlines a set of priority measures and includes a model enrollment and retention dashboard template that states can use to monitor short- and long-term impacts of phasing out public health emergency (PHE) protections and continuous coverage requirements.

Related Topical Work

- [Better Health through Data: Improved Collection of Demographic Data in Medicaid](#) - Presentation
- [Collection of Race, Ethnicity, Language Data on Medicaid Applications in the States](#) - Issue Brief
- [Projected Impact on Medicaid Enrollment in Maine Due to End of Continuous Coverage Requirements](#) - Direct state TA
- [Race Ethnicity Language and Disability \(RELD\) Affinity Group](#) - SHADAC-facilitated convenings of Medicaid/Marketplace staff from several states where we explore strategies for improving collection of RELD data.

EMERGING POLICY ISSUES



In addition to the touchstone resources SHADAC produces and updates on a regular basis, our researchers continually monitor public health issues in anticipation of new and emerging concerns. From there, they identify and analyze data, developing new resources for policymakers to use as evidence in considering and making decisions. Whether conducting analysis on vaccination rates or changing trends in substance use disorders, SHADAC closely monitors current affairs and considers how data can inform efforts to solve tough problems.

Featured Focus

CHILDREN'S HEALTH

One specific area of focus our researchers leaned into in 2022 was children's health. These featured products can be useful tools in identifying disparities in health insurance coverage, access to care, and factors that influence children's health, such as prevalence of adverse childhood experiences. They also provide insights into unique opportunities for public policies and initiatives to improve child wellbeing and advance health equity.

Research Leaders



Colin Planalp



Natalie Schwehr Mac Arthur

“ While the COVID-19 pandemic created new public health challenges, it also highlighted and exacerbated problems that existed long before the term ‘coronavirus’ entered our popular vocabulary. The experiences of far too many children put them at risk for long-term health consequences, which surely contributes to issues such as our adolescent mental health crisis. ”

-Colin Planalp, Senior Research Fellow

Related Topical Work

- [Medical Home Contributions to Child Health Outcomes](#) - Journal Article
- [Neighborhood Support Matters for Children's Health](#) - Blog

Additional Responsive Research

- [Rates of Anxiety and Depression Declined in 2021, Remained Higher than Pre-Pandemic](#) - Issue Brief
- [Covid-19 Vaccine Hesitancy in the U.S.](#) - Blog
- [Prevalence and Disparities in Excessive Alcohol Use Among U.S. Adults](#) - Issue Brief
- [Rise in U.S. Alcohol-Involved Deaths and Drug Overdose Deaths in 2020](#) - Blog
- [Five-Year Review Shows Rising Trends in Adult E-Cigarette Use](#) - Blog

Room to Grow: Inequities in Children's Health Insurance Coverage

Using multiple years of data from the American Community Survey, [this brief and accompanying 50-state profiles](#) explore disparities in uninsurance rates by demographic groups — such as household income and race and ethnicity — among children across the nation.

The Kids Aren't Alright: Adverse Childhood Experiences and Implications for Health Equity

[This brief](#) discusses how adverse childhood experiences (ACEs) can affect kids' health well into adulthood, and it draws on data from the National Survey of Children's Health to unpack the prevalence of those potentially traumatic experiences among children by demographic groups at the state and national levels.



HEALTH EQUITY

Improvements in health equity depend on a better understanding of health disparities, root causes of inequities, and efforts to reduce avoidable differences in health outcomes. SHADAC's work in this area includes projects focused on equity in the Medicaid program, in-depth resources related to data and measurement, and covering successful strategies in advancing health equity for key public health efforts.

Featured Project

DETERMINING THE NEED FOR A MEDICAID EQUITY MONITORING TOOL

With support from the Robert Wood Johnson Foundation, [SHADAC is leading a multi-phased project](#) to assess whether identifying a set of key equity-related indicators and populating these relevant measures into a larger digital tool (i.e., a “Medicaid Equity Monitoring Tool”) could be a helpful, feasible, and reliable way of tracking and advancing progress in achieving health equity in Medicaid at the state and federal levels. Phase 1 of the project began in May 2021, and a majority of this initial, exploratory work consisted of recruiting and convening an advisory committee, consulting with key informants, and exploring tool need and potential uses. SHADAC is currently in Phase 2 of the project, focusing on the selection of a partner organization that will help facilitate community engagement, as well as conducting additional background research into the data and contextual measures that could populate such a tool.

Research Leaders



Christina Worrall



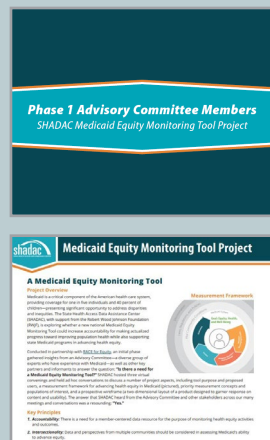
Andrea Stewart

Project Advisory Committee

A [diverse group of experts](#) with extensive professional experience working with the Medicaid program served on our Advisory Committee.

Summary of Project Phase 1

This [high-level overview](#) of major milestones from Phase 1 includes a measurement framework and project key principles.



“ SHADAC is grateful to RACE for Equity for its expert facilitation of rich and complex discussions among our Phase 1 Advisory Committee members. RACE for Equity brought a critical equity lens to meeting preparation, which resulted in more authentic and meaningful engagement. ”

-Christina Worrall, Senior Research Fellow

Related Topical Work

- [Collection Practices of Race, Ethnicity, Language Data on Medicaid Applications in the States](#) - Issue Brief
- [Insurance-Based Discrimination Reports and Access to Care Among U.S. Adults, 2011-2019](#) - Journal Article
- [Examining Gender-Based Discrimination in Health Care Access by Gender Identity in Minnesota](#) - Blog
- [State-Level Data Resources on Measures of Health Equity](#) - Blog

SURVEY DATA EXPERTISE & ANALYSIS



SHADAC has nationally recognized expertise in the collection and use of survey data and specializes in using survey data to monitor health care trends and to conduct policy analysis and evaluation. SHADAC produces analysis and survey support tools used by policymakers, researchers and the media with a focus on state and federal health policy.

Research Leaders



Kathleen Call



Elizabeth Lukanen

Methodological Resources

SHADAC maintains a variety of resources to guide state and federal analysts in the use of survey data. These include resources that we update regularly and products targeted at new or emerging issues in survey data and analysis:

- [Key Resources and 2022 Updates: SHADAC's Health Insurance Unit](#) - Blog
- [Tracking the Medicaid Undercount in the 2021 ACS Coverage Data](#) - Brief
- [Medicaid Undercount Doubles, Likely Tied to Enrollee Misreporting of Coverage](#) - Brief
- [BRFSS Estimates Show Potential Break in Services for Usual Source of Care](#) - Blog
- [FPG vs. FPL: What's the Difference?](#) - Blog
- [Comparing Federal Government Surveys That Count the Uninsured: 2022](#) - Brief

FEATURED WORK

Federal Health Survey Data Releases

Year-round, SHADAC covers the release of health insurance coverage data from major federal surveys such as the American Community Survey (ACS), the Current Population Survey (CPS), the National Health Interview Survey (NHIS), and the Medical Expenditure Panel Survey (MEPS). This includes publicizing data releases, analyzing the [private-sector ESI landscape](#), summarizing [key changes in health insurance trends](#) through [infographics and maps](#), and hosting a [conversation with U.S. Census Bureau experts](#) which provides an opportunity for dialogue and questions.

MACPAC Analysis of Survey Data

SHADAC provides on-demand quantitative analyses and technical assistance for the Medicaid and CHIP Payment and Access Commission (MACPAC) using a broad array of survey and vital statistics data, including restricted data only accessible to researchers with Special Sworn Status, which SHADAC researchers maintain. Our work has contributed to a range of products in 2022, including but not limited to the [2022 MACStats: Medicaid and CHIP Data Book](#), [Experiences in Lesbian Gay Bisexual Transgender Medicaid Beneficiaries](#) (Brief), and [Experiences in Accessing Care by Race and Ethnicity](#) (Brief).

Minnesota Health Access Survey

In partnership with the Health Economics Program at the Minnesota Department of Health, SHADAC conducts a biennial telephone survey of Minnesota residents and analyzes survey results. [Findings from the survey](#) provide an overview of the state's uninsured population and changes in their composition over time, as well as trends in how Minnesotans obtain health insurance coverage.

STATE HEALTH COMPARE

SHADAC's [State Health Compare](#) (SHC) is a free, user-friendly data tool for obtaining state-level estimates on topics related to health and health care including health insurance coverage; cost of care; health behaviors; health outcomes; access to and utilization of care; quality of care; public health; and social and economic determinants of health. Analysts and policymakers can use SHC to observe trends over time, break down estimates by demographic categories, generate data visualizations, and download data sets.

State Health Compare hosts more than 45 data measures drawn from 17 different sources. Estimates are available for timespans ranging from 4 to 21 years and are continually updated as soon as new data is available. [See a full list of currently available measures, data sources, and data years.](#)

POPULAR SHC MEASURES IN 2022



Health Insurance Coverage

The [health insurance coverage measure](#) provides single-year estimates of coverage by type (Medicare, employer-sponsored insurance [ESI], Medicaid, individual, as well as uninsurance) and can be viewed across 12 different breakdowns.

Source: U.S. Census Bureau's American Community survey (ACS).



Opioid-Related & Other Drug Poisoning Deaths

This [measure](#) provides state-level rates of opioid-related and other drug poisoning deaths per 100,000 people. Annual estimates are available from 1999 to 2021 and can be broken down by several drug categories. SHADAC blog, [Charting Two Decades of the Evolving Opioid Crisis](#), examines the history and changes in the overdose crisis over the last 20 years. Source: Center for Disease Control's WONDER Database.



Per Person State Public Health Funding

Estimates for [this measure](#) represent the dollar amount of annual state public health funding per capita. Data is available for 2005-2021. Check out SHADAC brief [Exploring 2021 State Public Health Funding Estimates Using State Health Compare](#) to read our in depth analysis and learn more about this measure. Source: Trust for America's Health (TFAH).

Research Leaders



Robert Hest



Andrea Stewart

Exclusive Data Measures State Health Compare is the exclusive source for state-level data on a number of important measures which SHADAC produces using restricted-use data. These total eleven SHC measures, including:

- [Physicians Who Accept New Medicaid Patients](#), a measure of physician participation in Medicaid.
- [Usual Source of Medical Care](#), a measure of access to health care, available by coverage type breakdowns.
- [Made Changes to Medical Drugs](#), which measures the share of the population who skipped doses, delayed filling prescriptions, or took smaller doses to save money on prescription drugs.

HEALTH COVERAGE AND ACCESS TO CARE



Since its inception, SHADAC has been dedicated to conducting research and providing technical assistance in order to examine characteristics of and trends in health insurance coverage and access to care and associations with overall physical, social, and mental health status.

Research Leaders



Lacey Hartman



Karen Turner

MINNESOTA'S COMMUNITY AND UNINSURED PROFILE

Category	Count	Percentage
Total	1,234,567	100%
Male	612,345	49.6%
Female	622,222	50.4%
White	789,012	64.0%
Black	123,456	10.0%
Hispanic	234,567	19.0%
Asian	89,012	7.2%
Other	58,510	4.8%

The [Community and Uninsured Profile](#) provides rates and counts of Minnesotans at a range of geographic levels drawing on data from the American Community Survey. This resource was originally developed as part of “Minnesota’s Uninsured and the Communities in Which They Live,”

a project funded by the Blue Cross Blue Shield Foundation of Minnesota that supports targeted outreach and enrollment activities of health insurance navigators.

Related Topical Work

- [CA Coverage Stable in 2021, but Many Will Need to Switch Once Pandemic Protections End](#) - Blog
- [Understanding Medicaid MAGI & CHIP Application Process Time Performance Indicator](#) - Blog
- [Race/Ethnicity Data in CMS Medicaid \(T-MSIS\) Analytic Files: 2020 Data Assessment](#) - Blog

Featured Projects

CALIFORNIA HEALTH CARE FOUNDATION (CHCF)

SHADAC has long worked with the [California Health Care Foundation](#) (CHCF) and its key partners to produce relevant analyses and products to support CHCF’s objectives of advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California. In 2022, our work with CHCF focused on coverage, access, and affordability, particularly for those with low incomes and those whose needs are not well served by the status quo.

Featured Publication **Insured Rate for Californians Hits Historic High in First Year of Pandemic**



This [CHCF issue brief](#) provides an overview of the coverage landscape in California, highlighting encouraging trends as well as persistent disparities that warrant attention, particularly as federal policies that protect coverage connected to the pandemic end.

“We are grateful for the opportunity to contribute to the critical research done by CHCF to understand and improve outcomes for those who have been historically marginalized by the health care system in the state in order to advance health equity in California.”

- Lacey Hartman, Senior Research Fellow

ACKNOWLEDGMENTS

THANK YOU TO ALL OF OUR 2022 FUNDERS AND PARTNERS

We are extremely grateful for the generous and longstanding support of the Robert Wood Johnson Foundation (RWJF), which sustains our core efforts toward increasing the availability and use of relevant state and national data to inform state health policy. SHADAC is also honored to serve as a technical assistance provider under Princeton University's State Health & Value Strategies (SHVS). With the support from RWJF, SHVS, and a number of additional 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

- Agency for Healthcare Research and Quality
- Medicaid and CHIP Payment & Access Commission
- U.S. Census Bureau

State Agencies

- Minnesota Department of Health
- Minnesota Department of Human Services

Research Organizations

- Hennepin Healthcare Research Institute
- MEF Associates
- NORC at the University of Chicago
- Princeton University, State Health & Value Strategies
- University of Minnesota, School of Medicine
- RACE for Equity
- Young Policy Solutions

BEHIND THE SCENES SHADAC STAFF



Emily Hest

*Communications
Associate*



Lindsey Theis

*Sr. Communications
Specialist*



Pam Suneson

*Administrative
Associate*

Our administrative associate, communications staff, and student research assistants are key behind-the-scene members of our SHADAC team. From contributing to research project initiatives, logistics, and planning, to maintaining SHADAC's website, promotional efforts, social media presence and overall brand identity, they serve as fundamental support staff to our research center.

Student Research Assistants

Master of Public Health Students

Public Health Administration & Policy

- Adey Fentaw
- Hannah Geressu
- Julia Ngep
- Madeline Turbes
- Maya Benedict

Doctoral Students

Health Services Research, Policy & Administration

- Claire McGlave
- James Campbell

Applied Economics Program

- Jhih-Yun Liu
- Yun Taek Oh

The logo for shadac features the word "shadac" in a bold, lowercase, sans-serif font. A white, curved swoosh arches over the letters "a" and "d".

shadac

Visit www.shadac.org for more or connect with us on social media!

