



# NEWSLETTER

**SEPTEMBER 2016**

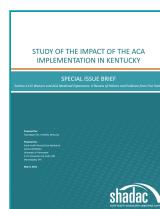
## Announcements

### **Employer Coverage was Stable in 45 States and Nationally, 2013 to 2014**



The newest version of SHADAC's annual report, [State-Level Trends in Employer-Sponsored Health Insurance](#) (ESI) examines national and state-level trends in ESI as well as the factors that influence ESI. The report, which uses 2013 and 2014 data from the [Current Population Survey](#) (CPS) and 2010 to 2014 data from the Insurance Component of the [Medical Expenditure Panel Survey](#) (MEPS), provides state-level summary tables of ESI characteristics, along with [individual state profile pages](#). SHADAC's analysis finds that ESI coverage overall among policyholders and dependents did not change significantly at the national level from 2013 to 2014; only four states saw significant increases in ESI coverage, and one state saw a significant decrease.

### **The Potential of Section 1115 Waivers for Affordable Care Act (ACA) Medicaid Expansions**



As part of a project sponsored by the [Foundation for a Healthy Kentucky](#), SHADAC released a [brief](#) examining policies and evidence from five states on the use of Section 1115 waivers as a mechanism for ACA Medicaid expansions. The brief, which was created to inform the policy discussion in Kentucky, found mixed results on the potential of the waiver activities in the selected study states to impact either access to coverage and services or costs for newly eligible Medicaid beneficiaries.

**Related:** [Click here](#) to access an in-depth SHADAC report about the impact of the ACA in Kentucky.

### **Consensus Report: Assessing Prevalence and Trends in Obesity**

SHADAC Principal Investigator Lynn Blewett recently served as a member of the Committee on Evaluating Approaches to Assessing Prevalence and Trends in Obesity. The Health and Medicine Division of the [National Academies of Science, Engineering, and Medicine](#) convened this committee on behalf of the [Robert Wood Johnson Foundation](#) to examine approaches to data collection and analysis that have been used in previous reports on obesity prevalence and trends at national, state, and local levels. The resulting [Consensus Report](#) describes the scope and nature of existing literature on the topic, provides a framework for assessing published reports, and makes recommendations for improving future data collection efforts.

### **SHADAC at the 2016 AcademyHealth Annual Research Meeting**

SHADAC faculty, staff, and students attended and presented at the 2016 [AcademyHealth](#) Annual Research Meeting (ARM) from June 26 to June 28, 2016, in Boston. Researchers from SHADAC presented on a range of topics including post-reform changes in health care access in Minnesota; the impact of the ACA on misreporting of Medicaid coverage; the changing demographics of the uninsured; state Medicaid delivery system reforms; and state trends in children's health insurance coverage. [View](#)

## **Webcast: Overview of the 2014 Small Area Health Insurance Estimates (SAHIE)**

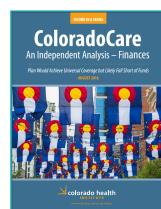
A new SHADAC [webinar podcast](#) provides an overview of recently-released 2014 Census SAHIE—providing health insurance coverage rates by county. The webcast features Census Bureau experts Lauren Bowers and David Powers presenting highlights from the data release, providing guidelines on how researchers can access the new data, and discussing the updated Medicaid files. The new 2014 SAHIE incorporates more current Medicaid data to capture the impact of the ACA Medicaid expansions.

## **Minnesota Accountable Health Model**

SHADAC researchers authored the first annual report on Minnesota's Accountable Health Model for the Minnesota Department of Human Services (DHS) as part of a contract under the federal [State Innovation Models](#) (SIM) Initiative. [The report](#) describes the activities conducted during and the results from the first year of Minnesota's SIM initiative.

## **News from the States**

### **Colorado: Analysis of Universal Coverage Amendment**



A [financial analysis](#) from the [Colorado Health Institute \(CHI\)](#) examined the viability of a proposed constitutional amendment to create a system of universal state health care coverage called ColoradoCare. The analysis projects that ColoradoCare would break even in its first year (2019) while extending coverage to all Coloradans (6.7 percent of whom remain uninsured). The program would slide into deficits in future years due to insufficient tax revenue and federal funds.

### **Colorado: 2015 Zip Code-Level Coverage Estimates**

The [Colorado Health Institute](#) released new [zip code level estimates of health insurance coverage](#) from the [2015 Colorado Health Access Survey](#) (CHAS), a biennial household telephone survey of more than 10,000 randomly-selected households in the state. The analysis found that most ZIP codes showed a decline in the probability of being uninsured since 2013, with an average probability of uninsurance by ZIP code dropping by slightly more than half.

### **Kentucky: Quarterly Snapshot**



As part of a project sponsored by [Foundation for a Healthy Kentucky](#), SHADAC produces quarterly snapshots to provide the latest data on health reform topics of interest to the state. The [newly-released snapshot](#) focuses on data from the first quarter of 2016. Among other first-quarter highlights: KY had the second largest state increase in children's Medicaid/CHIP participation rates from 2013–2014, with 94 percent participation in 2014; Medicaid covered about 6,660 births and thousands of prevention screening services; and Medicaid covered almost 611,000 adults of ages 19–64 in the first quarter of 2016.

### **Louisiana: Coverage Increased for Kids, Fell Slightly for Adults in 2015**



The [Louisiana Department of Health and Hospitals](#) released results from the [2015 Louisiana Health Insurance Survey \(LHIS\)](#), a biennial household telephone survey of 8,600 adults examined characteristics of the insured and uninsured. Between 2013 and 2015, the uninsured rate for children dropped to 3.8 percent in 2015 from 4.4 percent in 2013, and for adults, the uninsured rate rose slightly to 22.7 percent in 2015 from 22 percent in 2013.

### **Massachusetts: Insurance Coverage Stable Since 2008, but Employer Coverage Down**

The Blue Cross Blue Shield of Massachusetts Foundation released [results from the 2015](#)

[Massachusetts Health Reform Survey](#) (MHRS), a household telephone survey fielded since 2006 by Social Science Research Solutions (SSRS) in conjunction with the Urban Institute to assess the impact of the ACA. The survey results, which include 2,014 households in 2015, indicate that Massachusetts sustained health insurance gains achieved after the state's 2006 health reforms, with about 95 percent of non-elderly adults having had health insurance coverage since 2008.

## Resources

### Geographic Concentration of the Uninsured in 2013 and 2014



SHADAC researchers developed a [data summary](#) of the geographic concentration of the uninsured across U.S. counties in 2013 and 2014 using the most recent 2016 Small Area Health Insurance Estimates (SAHIE). This summary includes tabular information on the 100 counties with the highest estimated numbers of uninsured for the summary years, and it introduces an interactive map illustrating the changes in uninsured populations from 2013 to 2014 for all counties (including changes in the number of uninsured, the uninsured rate, and the percent of the population that is uninsured). The information in the summary can inform targeted outreach and enrollment initiatives aimed at the remaining uninsured.

### New Current Population Survey (CPS) Health Insurance Content



SHADAC researcher Joanna Turner authored a [brief](#) providing detailed question text for the new health insurance content in the Annual Social and Economic Supplement to the Current Population Survey (CPS ASEC), along with a timeline on the availability estimates based on the new survey content. This brief is a companion piece to [SHADAC Brief #39](#), which gives an overview of the Census Bureau's modified content and survey design for the Annual Social and Economic Supplement to the Current Population Survey (CPS ASEC).

### AHRQ Releases 2015 MEPS-IC Data

The [National Center for Health Statistics \(NCHS\)](#) recently released a [statistical brief](#) on the national results from the 2015 [Medical Expenditure Panel Survey](#)—Insurance Component (MEPS-IC), an annual survey of private employers and State and local governments that is designed to be representative of all 50 states and the District of Columbia. The brief describes trends from 2008 to 2015 in employer-sponsored insurance (ESI), with emphasis on 2014–2015 changes. From 2014 to 2015: the number of ESI enrollees declined from 55.8 to 57.3 million; the overall percentage of employees working at establishments that offer insurance increased from 83.2 to 83.8 percent; the offer rate at large firms (i.e., those with 100 or more employees) increased from 97.3 to 98.8 percent; the offer rate at firms with fewer than 50 employees decreased from 49.8 to 47.6 percent; and the overall take-up rate decreased from 76.7 to 75.0 percent.

### 2015 NHIS Data Release

The [National Center for Health Statistics \(NCHS\)](#) released data from the 2015 [National Health Interview Survey \(NHIS\)](#). Data users can access eight data files, each of which contains ASCII and CSV data, along with sample statements for SAS, SPSS, and Stata. Early release estimates (i.e., those released prior to final data editing and final weighting) for 2015 are available [here](#). The first available report using the final 2015 NHIS data is on [state-level wireless substitution estimates](#).

### Federal Survey Data Release Schedule on SHADAC.org

SHADAC monitors and continuously updates the [Federal Survey Data Release Schedule](#) on our website. We provide information on upcoming data releases from the American Community Survey (ACS), the Current Population Survey (CPS), the Medical Expenditure Panel Survey (MEPS), the National Health Interview Survey (NHIS), and the Behavioral Risk Factor Surveillance System (BRFSS). The soonest upcoming data releases are the ACS's 1-Year 2015 data release on American FactFinder (coming on September 15, 2016); the BRFSS's Annual Data Survey for 2015 (coming in September 2016); and the CPS's 2015 National Income, Poverty, and Health Insurance Statistics data release

(coming in September 2016). Bookmark our [Federal Survey Data Release page](#) to stay up-to-date on the data release calendar.

---

## Highlights from the SHADAC Blog

[California Employers Continue to Offer Insurance, but Fewer Workers Enroll](#)

Lacey Hartman, August 16, 2016 - Cross-Post from [ACA 411 Insights Blog](#)

[On Point: Tracking the ACA in Kentucky](#)

Lynn Blewett, August 10, 2016

[Californians with Individual Health Insurance Spend Almost \\$2,500 Less on Care in Year One of Health Reform](#)

Amy Adams and Sam Patnoe, July 4, 2016 - Cross-Post from [ACA 411 Insights Blog](#)

[Early Release of 2015 Full-Year NHIS: National Uninsured Rate Drops to 9.1% \(Infographic\)](#)

SHADAC Staff, May 27, 2016

[Validating Self-Reported Health Insurance Coverage: Preliminary Results on CPS and ACS](#)

Joanne Pascale, Kathleen Call, Angela Fertig, and Don Oellerich, May 20, 2016

Cross-Post from [U.S. Census Bureau](#)



Like



Tweet



Share

Copyright © 2016 University of Minnesota

SHADAC, 2221 University Avenue SE, Suite 345, Minneapolis, MN 55414