
ANNUAL
REPORT

2020
2020





ABOUT 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 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. Our areas of expertise include:

- State and Federal Health Policy
- Medicaid and CHIP Policy
- Payment and Delivery System Reform
- Health Coverage and Access to Care
- Health Care Cost and Affordability
- Health Equity and Social Determinants
- Quantitative and Qualitative Evaluation
- Data Analytics and Visualization
- State and Federal Surveys
- Population Health

CORE SUPPORT FROM THE ROBERT WOOD JOHNSON FOUNDATION

SHADAC is grateful for the generous and longstanding support of the Robert Wood Johnson Foundation, which sustains our core efforts toward increasing the availability and use of relevant state and national data to inform state health policy. This work includes providing states with data analytics and technical guidance on data use, connecting states to federal data, and providing one-on-one technical assistance on state-related data and policy issues. SHADAC is also very excited to serve as a technical assistance provider under Princeton's State Health & Value Strategies (SHVS), a program of the Robert Wood Johnson Foundation (RWJF) that connects state officials with experts in the field to support them in transforming their health care systems to be affordable, equitable, and innovative. With support from the foundation and SHVS, SHADAC has become widely recognized by states as an unbiased and trustworthy technical assistance resource.

We greatly appreciate the Robert Wood Johnson Foundation for funding SHADAC's State Health Compare online data tool. State Health Compare plays a critical role in SHADAC's work to connect states with reliable data to help inform policy decisions.

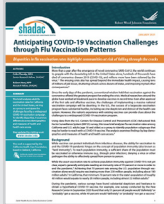


Robert Wood Johnson Foundation

COVID-19 RESPONSIVE RESEARCH

The arrival of the novel coronavirus in 2020 irrevocably impacted and altered the lives of individuals across the United States, though the magnitude of the virus' effects has varied greatly across different states. Like many others, SHADAC, too, altered the focus of our work and research toward providing our audience with information and resources related to COVID-19, with our data experts working around the clock to produce guidance, tools, analyses, and more to inform state response efforts and provide insights on best practices as they seek solutions to address the COVID pandemic and respond to the disparate impacts of COVID-19 on their resident populations. *Listed below are highlights from SHADAC's COVID-related work in 2020.*

[Anticipating COVID-19 Vaccination Challenges through Flu Vaccination Patterns](#)



A report from SHADAC researchers, funded by the California Health Care Foundation (CHCF), uses data from the U.S. Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System (BRFSS) survey to examine flu vaccination rates across multiple years for U.S. adults (age 18 and older) across the 50 states and the District of Columbia as a proxy to identify population subgroups that may be harder to reach with a COVID-19 vaccine. The brief also provides an analysis of several demographic categories, including indicators of health and health care access for the U.S. and California.

[Reduced Access to Health Care due to Coronavirus Pandemic - SHADAC COVID-19 Survey](#)

SHADAC conducted a two-part survey to measure the impacts of the coronavirus on health care access and insurance coverage, as well as COVID-related worries and coping responses, for adults in the United States. The SHADAC COVID-19 Survey was fielded in late April 2020 as part of the AmeriSpeak omnibus survey conducted by NORC at the University of Chicago.

[Coronavirus Impacts on Health Insurance Coverage, Access and Affordability of Care, and Pandemic Stress Levels](#)

Using results from the SHADAC COVID-19 Survey, researchers produced two chart books that provide clear, informative visualizations of responses to a variety of individual survey questions from both sections of the survey—health insurance coverage and access to/utilization of care in the first and stress and coping responses second—and include breakdowns by age, gender, race/ethnicity, chronic condition, health status, educational attainment, income level, and metropolitan area.

[State-Specific Surveys Encompassing Residents' COVID-19 Experiences](#)

A new resource from SHADAC catalogues individual states' efforts to capture information on the coronavirus pandemic through state and local surveys fielded between March 2020 and September 2020. Included within the resource is information on topics covered within the surveys as well as some results of the survey, where available. SHADAC has also produced a clickable state-level map that provides links to the data collection instruments and results identified in the search.

[States' Reporting of COVID-19 Health Equity Data](#)

This expert perspective looks in-depth at which states are reporting health equity data on the impacts of COVID-19 on vulnerable populations, including communities of color, low-income populations, and residents of congregate living facilities. Also included are interactive maps that explore the extent to which states are reporting data breakdowns by age, gender, race, ethnicity, and locational levels (ZIP code), group residence type, and for health care workers.

[Studying the Impact of COVID-19: State-Level Data Resources on State Health Compare](#)

SHADAC compiled a high-level overview of State Health Compare data measures that could assist policymakers in their efforts to understand and respond to the disparate impacts of COVID-19. Estimates are available for subpopulations (e.g., gender, age, race/ethnicity, etc.), as it becomes increasingly apparent that we must track the disparate impacts of COVID on specific populations.

[University of Minnesota COVID-19 Health Insurance Model \(MN-HIM\)](#)

Working in collaboration with several professors across the University of Minnesota School of Public Health and Health Policy and Management Division, SHADAC researchers and staff developed the University of Minnesota COVID-19 Health Insurance Model (MN-HIM). The model uses information on ESI coverage rates from survey data (CPS ASEC) and the Bureau of Labor Statistics (employment levels by state and industry), as well as state agency reports of initial unemployment claims to present new national and state estimates of potential disruptions to ESI coverage resulting from the COVID-19 pandemic job losses.

SHADAC'S STATE HEALTH COMPARE (SHC)

SHADAC's [State Health Compare \(SHC\)](#) is a user-friendly and easily accessible online data tool for obtaining state-level estimates on a range of topics related to health and health care. Analysts and policymakers can use SHC to view measures of insurance coverage, access, cost, utilization, and outcomes—as well as social and economic measures related to health, health behaviors, and health outcomes. SHC allows users to compare these measures across states and look at trends over time through user-generated maps, bar charts, trend lines, and tables. Users can also explore these measures within states by characteristics (e.g., age, race/ethnicity, education level, etc.).



MEASURES AND DATA SOURCES

There are 52 measures currently available on SHC, drawn from the most recently released data. Estimates are available for time spans ranging between 2 and 20 years, with some using pooled estimates for multiple data years for greater accuracy. Data for all measures are drawn from 17 data sources ranging from larger surveys such as the American Community Survey (ACS), the Behavior Risk Factor Surveillance System (BRFSS), or the National Health Interview Survey (NHIS) to smaller, more topically focused databases including the U.S. DEA's Automated Reports Consolidated Ordering System Retail Drug Summary Reports (ARCOS) and the CDC's Web-based Injury Statistics Query and Reporting System (WISQARS). [Click here for the full list](#) of data measures and sources available on SHC. **In 2020, the three most viewed measures on SHC were:**

Health Insurance Coverage Type (16,047 page views)

Health Insurance Coverage measures the percent of the population with health insurance coverage by type of coverage: private, public, insured, employer, individual, Medicaid/CHIP, and Medicare, in addition to uninsured. Breakdowns for this measure include; age, citizenship, disability status, education, family income, health status, limited English proficiency, marital status, poverty level, race/ethnicity, sex, and work status. Data are available for most breakdowns for 2008-2019.

State Public Health Funding (15,511 page views)

Estimates for this measure represent the dollar amount of state per capita annual public health funding. Data is available from 2005-2019 (with the exception of 2006, when no data was available).

Opioid-related Overdose Deaths (5,139 page views)

This measure provides the age-adjusted rates of deaths caused by drug poisoning (overdose), including those caused by natural and semi-synthetic opioids (e.g., common prescription painkiller pills such as hydrocodone and oxycodone), synthetic opioids (such as fentanyl, but excluding methadone), and the illegal opioid heroin. Also included are drugs that are often related to opioid deaths, such as cocaine and psychostimulants. Users are able to view estimates from 1999-2019, and can view rates for all states by individual drug types.

SHC BLOG HIGHLIGHTS

Broadband Internet Access Measures the Impact of the Digital Divide and COVID-19

The arrival of COVID-19 in 2020 shifted the way that Americans live, work, and access health care, sparking an embrace of internet service-based solutions. This shift has brought to attention the issue of the “digital divide” between individuals who have access to telecommunications and internet service and those who do not. SHADAC used newly added State Health Compare measure “Percentage of Households with Access to Broadband Internet Services” to perform an analysis of 2018 data. Estimates show wide variation in access to broadband across states and reveals disparities by key subpopulations, such as income, rurality, coverage, and disability status.

New Social Determinants Measure: Percent of Children with Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) is a measure of potentially traumatic events that occur in childhood (0-17 years) including both direct experiences and environmental factors. These estimates are generated from the National Survey of Children's Health (NSCH) and are available for pooled years 2016-2017 and 2017-2018, as well as by number of reported ACEs. In this blog, SHADAC examines the new ACEs measure at the national level by age, coverage type, poverty level, and race/ethnicity.

2020 SHADAC RESEARCH PROJECT HIGHLIGHTS

Topic Area: Medicaid and CHIP Policy

Addressing Social Determinants of Health through Behavioral Health-focused 1115 Waivers: Implementation Lessons from Six States

SHADAC researchers conducted a study to understand how three states—Illinois, Texas, and Washington—were addressing the needs of justice-involved populations through implementation of Section 1115 Medicaid waiver programs. The specific aim of the study was to identify promising practices and lessons learned related to the development, implementation, and management of these innovative behavioral health policies with the purpose of informing policy development in states considering similar 1115 waivers. *Funded by the Robert Wood Johnson Foundation.*

MACPAC Analysis of Survey Data

SHADAC has served as the on-demand survey analysis vendor for the Medicaid and CHIP Payment and Access Commission (MACPAC) since June 2016. To date, we have successfully executed tasks using a broad range of data (e.g., ACS, CPS, MEPS-IC, NHIS, HCUP, NHANES, NSDUH, NAMCS, etc.). In this role, we respond to on-demand task order work to produce sound estimates and to develop documentation that supports the reproducibility of results over time. SHADAC's analysis has contributed to a number of report chapters, briefs, and presentations to the Commission, such as the annually released MACStats Data Book—a comprehensive collection of federal and state data regarding Medicaid and CHIP program eligibility, enrollment, and expenditures, as well as beneficiary health, service use, and access to care. *Funded by The Medicaid and CHIP Payment and Access Commission.*

Topic Area: Health Coverage and Access to Care

Minnesota Health Access Survey

SHADAC conducts a biennial telephone survey of Minnesota residents and analyzes survey results in partnership with the Health Economics Program at the Minnesota Department of Health. 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. *Funded by the Minnesota Department of Health.*

Minnesota's Uninsured and the Communities in Which They Live

SHADAC used data from the American Community Survey (ACS) to create a new resource consisting of a profile and an interactive map, which provides rates and counts of the uninsured in Minnesota at the ZIP code level (i.e., Census-defined ZIP code) county, economic development region (EDR), and state. The focus of this resource is to (a) support targeted outreach and enrollment activities of health insurance navigators; and (b) provide information about the uninsured to policymakers as they develop strategies to reach the remaining uninsured in Minnesota and reduce geographic disparities in coverage. *Funded by Blue Cross Blue Shield of Minnesota Foundation.*

Topic Area: Health Equity and Social Determinants

Leveraging American Community Survey Data to Address Social Determinants of Health and Advance Health Equity

In this issue brief, SHADAC explores how researchers, policymakers, and state Medicaid programs can use data from the American Community Survey (ACS) to inform and target interventions that seek to address social determinants of health (SDOH) and advance health equity. The brief also provides examples of states that use social determinants of health and health equity measures from the ACS, including which measures are used and what they are used for. *Funded by State Health and Value Strategies.*

Race, Ethnicity, and Language Data Collection Assistance

As part of our support to states under our SHVS grant, SHADAC provides technical assistance to states around data collection to advance health equity. Specifically, SHADAC is working with state organizations, such as Medicaid agencies, in order to improve data collection around race, ethnicity, language, disability, sexual orientation and gender. This includes summarizing, sharing and supporting best practices related to data collection, cleaning, analysis, and reporting. For instance, in a recent expert perspective "Exploring Strategies to Fill Gaps in Medicaid Race, Ethnicity, and Language Data," SHADAC researchers provided overview of current REL data collection standards, as well as positing ideas for increasing completeness in data and suggesting how states could leverage alternative sources of data in order to improve REL data completeness. *Funded by State Health and Value Strategies.*

State Approaches to Risk Adjustment Based on Social Factors and Strategies for Filling Data Gaps

A State Health & Value Strategies (SHVS) brief, authored by SHADAC researchers, details three approaches taken by organizations in two states, Minnesota and Massachusetts, to solving a key challenge to risk adjusting based on social factors: Where to find data on social risk factors? The brief's profiled examples employed three approaches to filling the data gap—using survey data, using claims and administrative data, and using a combination of both. *Funded by State Health and Value Strategies.*

Topic Area: Quantitative and Qualitative Evaluation

Impact of Fluoride Varnish at Minnesota Medicaid Youth Check-ups on Dental Caries

SHADAC partnered with the University of Minnesota Dental School to examine the impact of fluoride varnish application at Child and Teen Check-up (C&TC) visits on dental caries. Five years of claims data were tracked for a cohort of Minnesota Medicaid children born in 2010 and 2011 and examined caries outcomes by age group and race/ethnicity. The purpose of this project was to create a baseline of outcomes before mandatory implementation of the C&TC fluoride varnish application policy in 2017, as well as to examine differences in outcomes by race/ethnicity. *Funded by the University of Minnesota School of Dentistry.*

Medicaid Section 1115 Waiver Demonstration Evaluation Technical Assistance

SHADAC provided technical assistance (TA) and expertise to Alaska, Colorado, Illinois, and New Hampshire as a part of the Building State Capacity to Evaluate Innovative Medicaid Policies project. SHADAC monitored federal evaluation guidance and helped states develop data-driven approaches to evaluating approved and proposed Medicaid policies under Section 1115 waiver authority. Activities included: reviewing draft request for proposals; participating in convenings with state and federal officials; drafting resources to respond to state-specific evaluation needs; and producing a brief of key considerations and promising tactics for states to use in evaluating new Medicaid policies. *Funded by National Governors Association.*

Topic Area: Population Health

Suicide Rates on the Rise: State and National Trends and Variation in Suicide Deaths from 2000 to 2018

Death rates from suicide in the United States have been increasing at an alarming pace, rising from 10.4 to 14.2 per 100,000 people from 2000 to 2018 (an increase of 37 percent). As part of an analysis aiming to shed more light on this growing public health concern, SHADAC researchers have produced two issue briefs that provide high-level information regarding trends in suicide deaths from 2000 to 2018. Each brief presents historical context for the troubling recent acceleration in the rise of suicide rates and mortality in the United States, and examines trends in suicide-related mortality across the nation and states, and among specific population subgroups. *Funded by the Robert Wood Johnson Foundation.*

Minnesota Social Contact Study

A collaborative project between SHADAC, the University of Minnesota School of Public Health, the Humphrey School of Public Affairs, and the Minnesota Department of Health measured the daily social contact patterns of Minnesotans at two points in time during the coronavirus (COVID-19) outbreak. The survey determined the specific ways that state residents connect with each other, such as at work, school and at home during a 24-hour period. Participants were asked both about the number of contacts, location, duration and frequency from the day before as well as finer details on the interactions, including use of masks and other protective equipment, and whether or not they have symptoms of COVID-19. *Funded by the University of Minnesota Office of the Vice President for Research COVID-19 Rapid Response Grants and the Minnesota Department of Health.*

Topic Area: Health Care Cost and Affordability

Factors in Financial Burdens Related to Health Care for Californians

In this issue brief prepared for the California Health Care Foundation (CHCF), SHADAC researchers use a multitude of measures from the California Health Insurance Study (CHIS) to measure affordability of health care coverage in California in 2018. In particular, this brief focuses on health insurance deductibles and who reports the greatest affordability challenges. It also explores what data suggest about the consequences of those challenges, such as taking on credit card debt to pay medical bills and trouble paying for basic necessities, including food and housing. *Funded by the California Health Care Foundation.*

State-level Estimates of Medical Out-of-Pocket Spending for Individuals with ESI Coverage

As part of SHADAC's work monitoring trends in coverage, access, and affordability, this brief highlights the affordability of coverage for those with employer-sponsored health insurance (ESI). Using data from the Current Population Survey (CPS), SHADAC estimated family out-of-pocket costs for people with employer coverage across all 50 states and the District of Columbia (D.C.). Additional analysis looked at family median out-of-pocket costs by state and estimated the high medical cost burden where family out-of-pocket spending is greater than 10% of household income. *Funded by the Robert Wood Johnson Foundation.*

RESEARCH PRODUCTS

SHADAC has years of experience in turning out a variety of products for both internal research and external partners. Our repertoire includes qualitative and quantitative analysis presented in text-based data reports, briefs, and chart books; data visualizations such as state two-page profiles and snapshots, infographics, and interactive maps; and verbal communications in the form of requested or specialized topic-specific presentations and SHADAC-hosted in-depth webinars. Examples of our products are described and linked below.

50-State Snapshots and Profiles - One of SHADAC's most popular and cited products are our 50-state snapshots and profiles, which provide an overview of individual state-level data for all 50 states and the District of Columbia (D.C.) on a specialized topic, such as health insurance coverage or health care access and affordability. Snapshots and profiles often include not only data for the state overall, but also breakdowns by year, by demographic groups, and a comparison with either the nation or surrounding/similar states.

[2019 ACS Tables: State and County Uninsured Rates, with Comparison Year 2018](#)

[50-State Analysis of Drug Overdose Trends: The Evolving Opioid Crisis across the States](#)

Infographics - SHADAC produces a wide variety of infographics as a clear and concise way to convey complex data analysis or information in an engaging visual format. Infographics often accompany our shorter blog posts and deeper analysis on relevant topics available in a particular survey data source such as adult health behaviors and outcomes, or uninsurance rates, or can stand alone as part of communications and public engagement with broader audiences.

[BRFSS Spotlight Series: Adult Smoking, Adult Binge Drinking, and Adult Obesity](#)

[Minnesota's Uninsured: Legislative District Infographics Aimed at Addressing Disparities](#)

Interactive Maps - Recently, SHADAC has pushed our portfolio of interactive maps to include those made using Tableau software. Interactive maps provide users with an opportunity to easily and visually sort and compare data across states, gauge state-level data against the national, and easily look for geographical patterns in data.

[Expert Perspective: States' Reporting of COVID-19 Health Equity Data \(SHVS Cross-Post\)](#)

[State-Specific Surveys Encompassing Residents' COVID-19 Experiences](#)

Issue Briefs/Blogs - Issue briefs offer a condensed and succinct analysis of a specific topic area of interest or a data measure from our State Health Compare web tool. Produced for both internal research purposes and for external partners, issue briefs are resources designed to provide summarized information that can be expanded upon by state or organization request.

[Using 1115 Waivers to Fund State Uncompensated Care Pools](#)

[Revised CPS Estimates Show less High Burden Medical Spending](#)

Journal Articles - Research and studies conducted by SHADAC have been published in a number of peer-reviewed journals, and staff have been recognized for their scholarly contributions on a number of health policy relevant topics such as Medicaid, LTSS, health insurance coverage, health care access and enrollment, state-based reinsurance programs, among others.

[Emergency Flexibility for States to Increase and Maintain Medicaid Eligibility for LTSS under COVID-19](#)

[Access and enrollment in safety net programs in the wake of COVID-19: A national cross-sectional survey](#)

Presentations - As recognized experts in their respective health policy fields (e.g., health equity and social determinants, Medicaid and CHIP policy, health insurance coverage, etc.), researchers at SHADAC are often called to speak to other groups and organizations regarding our specific data sources, data tools, or research analysis on a specific topic.

[State Public Health Funding: How Does Minnesota Compare?](#)

[Pairing Public Use Data and Navigators to Improve Health Insurance Outreach and Enrollment Efforts](#)

Reports - Similar to SHADAC issue briefs, reports offer a more in-depth and customizable analysis or assessment of a specific research question, hypothesis, or study. Both qualitative and quantitative in nature, SHADAC reports draw on a variety of methodologies and sources (e.g., peer-reviewed literature, key informant interviews, thorough data reviews, etc.) in order to produce comprehensive and complete report content.

[Employer-Sponsored Insurance, 2015-2019](#)

[Comparing Federal Government Surveys That Count the Uninsured: 2020](#)

THANK YOU TO ALL OF OUR 2020 FUNDERS AND PARTNERS

SHADAC is grateful to have received support from multiple funders and to have collaborated with a number of partners in 2020, including foundations, federal and state agencies, national associations, and other research organizations. These relationships have helped us advance our goal of bridging the gap between research and policy. We are particularly excited about continuing our work with the Medicaid and CHIP Payment and Access Commission as an Indefinite Delivery Indefinite Quantity contractor.

Foundations

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

Associations

- National Governors Association

Federal Agencies

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

State Agencies

- Minnesota Department of Health
- Minnesota Department of Human Services
- State Employee Group Insurance Program (SEGIP)

Research Organizations

- IMPAQ
- NORC at the University of Chicago
- Princeton University, State Health & Value Strategies
- University of Minnesota, School of Medicine
- University of Minnesota, School of Dentistry
- University of Minnesota, Institute for Social Research and Data Innovation

A NOTE FROM THE SHADAC DIRECTOR

Lynn Blewett, PhD, MPA

Despite the unexpected challenges of the past year, SHADAC continues to pursue excellence and integrity in our own work and in our work with states. We could never have predicted the chaos of the coronavirus epidemic and we are all still adjusting to a changing work environment. I am proud of what we have accomplished in 2020 and of our ability to shift gears quickly to respond to the immediacy of the situation, which called both for new information and the ability to leverage existing data sources to inform responsive policy.

We are grateful for our partners and funders who have supported and collaborated with us during the past year, and look forward to calmer times ahead.



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