
ANNUAL
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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 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. 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
- 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 (RWJF), 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 honored to serve as a technical assistance provider under Princeton University's State Health and Value Strategies (SHVS), an RWJF program that connects state officials with experts in the field to aid efforts in transforming health care systems to make them more 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. Updated several times throughout the year, State Health Compare plays a critical role in SHADAC's work to connect states with timely and reliable data to help inform policy decisions on health-related topic areas, from cost of care to social and economic factors that may influence or contribute to (in)equities in health outcomes.



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The views expressed in this report do not necessarily reflect the views of the 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 research has since shown that the magnitude of the virus' effects has varied greatly across different states and populations. Like many other organizations, SHADAC altered the focus of our work and research toward providing our audience with information and resources related to COVID-19. Our data experts have worked around the clock to provide guidance, tools, analyses, and other resources to inform state response efforts and provide insights on best practices as states continue to seek solutions to address the many facets of the lingering pandemic and respond to the disparate impacts of COVID-19 on their resident populations. *Highlights of SHADAC's COVID-related work in 2021 are described and linked below.*

[Measuring Coronavirus Impacts with the Census Bureau's Household Pulse Survey: Blog Series](#)

Utilizing the near-real-time data available from the U.S. Census Bureau's Household Pulse Survey (HPS), this six-part blog series analyzed bi-weekly COVID vaccination rates at the national level, state level, and by certain subpopulations, including age, income level, and race/ethnicity. SHADAC's initial examination of the survey results looked at data collected from January 6 to January 18, 2021, with the final update highlighting data from June 9 to June 21, 2021.

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

This resource provides a summary of state efforts to capture information on the coronavirus pandemic through state and local surveys fielded between March 2020 and January 2021. Included is information on topics covered within the surveys as well as some results where they are available as well as an interactive state-level map that provides links to the data collection instruments and results we identified in our search.

[COVID-19 Pandemic Coincided with Elevated and Increasing Anxiety and Depression Symptoms](#)

This brief analyzes data from the U.S. Census Bureau's Household Pulse Survey (HPS) on rates of anxiety and depression in the U.S. adult population from April to December 2020. The analysis showed high rates of anxiety and depression symptoms reported throughout the year for all adults, never falling below one-third (33%) of the total adult population. This analysis also found disproportionately heightened mental health burdens for young adults, adults with lower incomes and lower education levels, and adults who experienced income loss during the COVID pandemic.

[Pandemic Drinking May Exacerbate Upward-trending Alcohol Deaths](#)

This blog discusses the impact of COVID on another crisis: the rise in alcohol-involved death rates. Data analyzed in the blog and accompanying brief indicated a worsening correlation between trends of alcohol consumption and related deaths and the continued duration of the COVID pandemic. Research has also found rising alcohol sales since the beginning of the pandemic and that U.S. adults are consuming more alcohol to cope with pandemic-related stress.

[COVID-19 Illness Personally Affected Nearly 97 Million U.S. Adults](#)

The SHADAC COVID-19 Survey is a two-part survey that was conducted as part of the AmeriSpeak Omnibus Survey by NORC at the University of Chicago and designed to measure the impacts of the pandemic on adults in the United States and their experiences with COVID-related issues of health care access and insurance coverage, as well as pandemic-related stress. In a continuation of that initial survey, SHADAC circulated a new series of questions aimed at understanding respondents' experiences with COVID-related illness and death. This brief presents findings from the second iteration of the survey and provides data breakdowns by racial and ethnic subgroups, income and education levels, as well as age.

[Vaccine Hesitancy Decreased During the First Three Months of the Year: New Evidence from the HPS](#)

An analysis by SHADAC Researcher uses data from the Census Bureau's Household Pulse Survey (HPS) to examine changes in COVID-19 vaccine hesitancy among U.S. adults (ages 18 and older) for January-March 2021 by region, race/ethnicity, income, and reported reasons for hesitancy.

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

This issue brief from SHADAC researchers 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) in all 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.

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 46 measures currently available on SHC, all drawn from the most recently released data. Estimates are available for time spans ranging between 4 to 18 years, with some using pooled estimates for multiple data years for greater accuracy. Data for all measures are drawn from 18 data sources ranging from larger surveys such as the American Community Survey (ACS) and the Behavior Risk Factor Surveillance System (BRFSS), to smaller, more topically focused databases including the U.S. Drug Enforcement Administration's (DEA) 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 2021, the three most viewed measures on SHC were:**

Health Insurance Coverage Type (21,253 page views)

SHC traditionally provides annually updated state-level measures of health insurance coverage using single-year data from the U.S. Census Bureau's American Community Survey (ACS). In 2021, due to [substantial disruptions to the data collection process and significant nonresponse bias in the 2020 ACS](#) caused by the COVID-19 pandemic, SHADAC used the Current Population Survey (CPS) to produce a special, [one-year-only measure](#) of health insurance coverage in 2020.

This measure shows the rates of different types of health insurance coverage (Medicare, employer-sponsored insurance [ESI], Medicaid, individual, as well as uninsurance) for 2020 only, and can be viewed by a limited set of breakdowns such as age, health status, and poverty level.

State Public Health Funding (16,886 page views)

Estimates for [this measure](#) represent the dollar amount of state per capita annual public health funding. Data is available from 2005-2020 (with the exception of 2006, when no data was available).

Adverse Childhood Experiences (7,056 page views)

Adverse Childhood Experiences (ACEs) is a measure of potentially traumatic events that occur in childhood (age 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; 2017-2018; 2018-2019; and 2019-2020. Estimates are available at the state and national level by age, coverage type, education, poverty level, and race/ethnicity, as well as by number of reported ACEs.

SHC BLOG HIGHLIGHTS

New Cost of Care Measure: Medicaid Expenses as a Percent of State Budgets

[This SHADAC brief](#) reviews the federal and state shares of Medicaid spending and highlights the [new measure on State Health Compare](#). This measure presents total Medicaid spending as a percent of state budgets, including trends over time and variation in spending by state. The brief acknowledges both state and federal contributions to this total measure, highlighting the significant role of federal financing in the Medicaid program.

State-Level Data Resources on Measures of Health Equity

SHADAC researchers believe that making strides toward achieving health equity depends equally on better understanding health disparities as well as on making concerted, measurable efforts toward reducing avoidable differences in populations' health outcomes. This two-part blog series provides a high-level overview of a range of state-level measures currently housed on State Health Compare, which may help states understand and track trends across indicators of health equity.

[Part One - Coverage, Affordability and Cost of Care, Access to Care, and Quality of Care](#)

[Part Two - Health Behaviors, Health Outcomes, Social and Economic Factors](#)

2021 SHADAC RESEARCH PROJECT HIGHLIGHTS

Topic Area: State and Federal Health Policy

[Strategies to Increase Access to Medications for Opioid Use Disorder during the COVID-19 Pandemic and Beyond](#)

SHADAC researchers Carrie Au-Yeung and Lynn Blewett, along with Hennepin Healthcare researcher Tyler Winkelman, authored a policy brief that examines the federal and state policy changes put in place to improve access to medications for opioid use disorder (MOUD) during the COVID-19 pandemic, during which MOUD became especially challenging to access. The authors conclude with federal and state policy recommendations based on their analysis. *Funded by Milbank Memorial Fund.*

[Borrowing Proven Policy Strategies to Vaccinate Kids Against COVID-19: Lessons from Past Successes can Provide a Roadmap for Ensuring Equity in Immunization Efforts](#)

With the authorization of the first COVID-19 vaccine for children ages five and older, most kids in the United States became eligible to be immunized. The objective of this brief is to highlight the strategies and tools that have contributed to prior successful U.S. efforts to widely vaccinate children against contagious diseases and reduce vaccination disparities, so that they may be applied to initiatives to immunize kids against COVID-19. *Funded by State Health And Value Strategies.*

Topic Area: Payment and Delivery System Reform

[Data to Inform Research on Integrated Care for Dual Eligibles](#)

This report by SHADAC researchers Lacey Hartman and Elizabeth Lukanen summarizes the findings of a systematic review of data sources that could be used to study the broad topic of integrated care for dual eligibles. The paper concludes with a set of recommendations aimed at addressing key data gaps and advancing the availability of comprehensive, high-quality data for research in this area. Along with the report, a companion Excel chart was produced that contains all abstraction details for each data source. *Funded by the Arnold Ventures.*

[Inventory of Evaluations of Integrated Care Programs for Dually Eligible Beneficiaries](#)

Both federal and state policymakers are interested in integrating care for beneficiaries dually eligible for Medicare and Medicaid, and it remains a key priority for states and the federal government. A variety of models seek to do this, including the Program of All-Inclusive Care for the Elderly, the Financial Alignment Initiative (FAI), Medicare Advantage dual-eligible special needs plans, as well as fully integrated dual eligible special needs plans, managed long-term services and support programs, and demonstrations that predate the FAI. This inventory, conducted by SHADAC researchers, compiles available evidence on how these integrated care programs have affected spending, quality, health outcomes, and access. *Funded by the Medicaid and CHIP Payment and Access Commission.*

[Evaluation of Minnesota State Employee Group Insurance Program \(SEGIP\) High Value Diabetes Care Program](#)

SHADAC collaborated with the Minnesota State Employee Group Insurance Program (SEGIP) to evaluate a pilot program for high-value diabetes care. The Advantage Value for Diabetes (AVD) program aims to improve health through effective management of diabetes. This project developed measures and a baseline analysis with two years of administrative claims data, before and after the program was implemented (2017-2018). *Funded by the Minnesota State Employee Group Insurance Program.*

Topic Area: Health Coverage and Access to Care

[Minnesota's Uninsured and the Communities in Which They Live](#)

Using American Community Survey (ACS) data, SHADAC researchers created an interactive resource—the Minnesota Community and Uninsured Profile—with a dual aim toward advancing equity-focused advocacy work through informing strategic plans, partnership development, assessment of community needs, and grant-writing while also providing rates and counts of the uninsured in Minnesota at different geographic levels. to support targeted outreach and enrollment activities of health insurance navigators and policymakers as they develop strategies to reach the remaining uninsured in Minnesota. *Funded by Blue Cross Blue Shield of Minnesota Foundation.*

[Impacts of the Affordable Care Act's Medicaid Expansion in California](#)

SHADAC conducted an analysis of the impact of the Medicaid expansion on health insurance coverage, affordability, access, health status, and disparities in these outcomes by race/ethnicity for low-income Californians. Researchers used nationally representative data from the Behavioral Risk Factor Surveillance survey (BRFSS) 2011-2019 data years and a difference-in-differences approach that compared California with non-expansion states. *Funded by the California Health Care Foundation.*

[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.*

Topic Area: Medicaid and CHIP Policy

[Assessing the Need for a Medicaid Equity Monitoring Tool](#)

With support from the Robert Wood Johnson Foundation, SHADAC is leading a multi-phase project to assess whether identifying a set of key equity-related indicators (i.e., a "Medicaid Equity Monitoring Tool") could be a helpful, feasible, and reliable way of tracking and advancing health equity in Medicaid at the state and federal levels. In the current phase, SHADAC researchers are consulting key informants, convening an advisory committee, and conducting an environmental scan to carry out this work. Under the guidance of the advisory committee, which consists of data experts as well as individuals who bring diverse perspectives on the Medicaid program, SHADAC researchers are working to better understand whether and how a Medicaid Equity Monitoring Tool could be most useful and for whom. *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. Over the last year, SHADAC successfully executed tasks using a broad range of data (e.g., ACS, CPS, MEPS-IC, NHIS, HCUP, NHANES, NSDUH, NAMCS, USTS, NSCH, HPS, CDC Natality Data, etc.). In this role, we respond to on-demand task order work to produce sound estimates and documentation that supports the reproducibility of results over time. SHADAC's analysis has contributed to a number of products and report chapters, such as the [2021 Report to Congress](#), the [2021 MACStats data book](#), [factsheets](#), [issue briefs](#), and presentations to the Commission. *Funded by The Medicaid and CHIP Payment and Access Commission.*

Topic Area: Health Equity and Social Determinants

[Collection and Availability of Data on Race, Ethnicity, and Immigrant Groups in Federal Surveys that Measure Health Insurance Coverage and Access to Care](#)

This SHADAC brief aimed to assist state and federal analysts with survey development and/or analysis of existing survey data to generate estimates of health insurance coverage and access to care across racial and ethnic groups and according to nativity and/or immigrant status. The brief presents the collection and classification of survey data for populations defined by race, ethnicity, and nativity/immigrant (REI) status as well as the availability of these data in public use files. *Funded by the Robert Wood Johnson Foundation.*

[Collection of Sexual Orientation and Gender Identity \(SOGI\) Data: Considerations for Medicaid Oregon Spotlight](#)

Thirteen million people identify as part of a sexual or gender minority (SGM) in the United States, and an estimated 1.17 million of those SGM adults (age 18-64) have Medicaid as their primary source of health insurance. This brief, authored by SHADAC researchers, documents the few examples of SOGI data collection efforts occurring at the federal level and in Medicaid, and highlights the efforts of an Oregon community stakeholder process that identified several key areas for SOGI data improvement. *Funded by State Health and Value Strategies.*

Topic Area: Population Health

[Escalating Alcohol-Involved Death Rates: Trends and Variation across the Nation and in the States, 2006 to 2019](#)

In the midst of the opioid epidemic, the United States has been quietly experiencing another mounting public health crisis as deaths involving alcohol have grown to historic highs. In an effort to shed light on the growing issue of alcohol-involved deaths, SHADAC researchers produced an issue brief that describes trends and variation in alcohol-involved death rates at the state and national levels and among demographic subgroups, using vital statistics data from the Centers for Disease Control and Prevention (CDC) for 2006 to 2019. *Funded by the Robert Wood Johnson Foundation.*

[Monitoring Childhood Poverty During and After COVID-19](#)

The COVID pandemic brought renewed attention to childhood poverty and accompanying concerns about the impact of pandemic restrictions on these families. This blog includes an interactive map to explore child poverty rates in 2019 by state, which provides a useful baseline comparison for evaluating the impact of the COVID pandemic on this issue. *Funded by the Robert Wood Johnson Foundation.*

RESEARCH PRODUCTS

SHADAC has years of experience generating a variety of products for both internal research and external partners. Our repertoire includes: qualitative and quantitative analysis presented in issue briefs, blogs, and chart books; data visualizations such as state two-page profiles, infographics, and interactive maps; and verbal communications in the form of topic-specific presentations and SHADAC-hosted webinars. Examples of our products from 2021 are described and linked below.

50-State Snapshots and Profiles - 50-state snapshots and profiles provide an overview of individual state-level data for all 50 states and the District of Columbia on a specialized topics, 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 national or state-to-state comparison.

[Measuring State-level Disparities in Unhealthy Days](#)

[A State-level Look at Flu Vaccination Rates among Key Population Subgroups](#)

Infographics - SHADAC produces a wide variety of infographics as a clear and concise way to convey complex data analysis in an engaging visual format. Infographics often accompany shorter blog posts and deeper analyses, and can also stand alone as part of communication or public engagement with broader audiences.

[2021 CPS ASEC: Fewer Americans Had Health Insurance Coverage in 2020 — Private Coverage Fell, Public Coverage Rose](#)
[Minnesota Uninsured Legislative District Infographics Aims to Assist in Addressing Coverage Disparities](#)

Interactive Visualizations - Recently, SHADAC has expanded our portfolio of interactive data visualizations to provide users with an opportunity to easily and visually sort and compare data across states.

[State Survey Research Activity](#)

[Selected Health Equity Activity in State Medicaid Programs](#)

Blogs - With an aim toward expanding the use and application of SHADAC data expertise, researchers and contributors author blog posts that provide concise and easily digestible insights into topical subjects or build upon existing analysis or research.

[Census Bureau Announces Major Changes to 2020 American Community Survey \(ACS\) Data Release](#)
[Tracking Broadband Access to Monitor Access to Care](#)

Issue Briefs - Issue briefs offer a condensed and succinct analysis of a specific topic area of interest or a data measure from State Health Compare. 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 by organizational request.

[Assessing State Public Health Funding Using State Health Compare](#)

[2020 Update of SHADAC's Health Insurance Unit and Defining Families Issue Brief](#)

[Significance Testing Using State Health Compare](#)

[Changes in Federal Surveys Due to and During COVID-19](#)

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 variety of health policy relevant topics such as Medicaid expansion, health insurance coverage, access and enrollment, and state-based reinsurance programs, among others.

[Impacts of the Affordable Care Act Medicaid Expansion in California \(CJPP\)](#)

[Factors Associated with Accurate Reporting of Public and Private Health Insurance Type \(HSR\)](#)

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.

[Improving Health Equity in Medicaid: Collection of Race and Ethnicity Data](#)

[Physician Acceptance of New Medicaid Patients: Findings from the National Electronic Health Records Survey](#)

Webinars - SHADAC regularly hosts webinars on both annually produced analyses, and on relevant or specialized topics, such as survey mode and data collection transitions or the impacts of the COVID-19 pandemic. Webinars allow SHADAC to communicate with a broader audience as well as foster in-depth discussions with internal experts and collaborative partners.

[U.S. Health On the Rocks: The Quiet Threat of Growing Alcohol Deaths](#)

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

THANK YOU TO ALL OF OUR 2021 FUNDERS AND PARTNERS

SHADAC is grateful to have received support from multiple funders and to have collaborated with a number of partners in 2021, 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 data and evaluation work with State Health and Value Strategies and the Robert Wood Johnson Foundation to help states monitor Medicaid eligibility, enrollment, and renewal; improve the completeness of their race, ethnicity, and language data; and advance health equity in Medicaid.

Foundations

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

Federal Agencies

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

Research Organizations

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

State Agencies

- Minnesota Department of Health
- Minnesota State Employee Group Insurance Program (SEGIP)
- Minnesota Healthcare Subcabinet

A NOTE FROM THE SHADAC DIRECTOR

Lynn Blewett, PhD, MPA

It has been another busy year at SHADAC, and I am grateful for our dedicated team of faculty, staff, and students who continue to produce high-quality work that is actionable and relevant. Of particular importance in the last year has been a new project funded by the Robert Wood Johnson Foundation exploring the need for a Medicaid Equity Monitoring Tool. We adopted an anti-racist, community-informed research approach for this project and worked in partnership with RACE for Equity and an advisory committee. While the Medicaid program covers over 80 million low-income Americans and is consistently linked to positive health outcomes, disparities in care and inequitable community conditions persist. This multi-phased project will assess whether a data tool could help enhance and ensure transparency around state Medicaid programs and their progress towards advancing health equity.

We are also grateful for our continued work with states on their data needs to inform policy decisions and advance health equity in collaboration with the State Health and Value Strategies program at Princeton University led by Heather Howard. In the past year, we've looked in-depth at state Medicaid agency race, ethnicity, language, and disability status data collection practices and improvements. We seek out ways to make our data resources like State Health Compare and the Community and Uninsured Profile more useful and accessible to states and localities. Finally, our work with the Medicaid and CHIP Payment and Access Commission, led by our Deputy Director Elizabeth Lukanen, continues to provide 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. Our collaborations with our funders and partners are critical to our success, and we thank you all for another great year.



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