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Announcements

2014 Kids' Coverage Report with State Summaries



SHADAC released a new [report](#) documenting recent coverage trends at the state level using American Community Survey (ACS) data from 2008 through 2012 (the most recent data year available), during which time the percentage of children without health insurance coverage declined from 9.7 percent to 7.5 percent. The report examines national and state-level trends in children's coverage over time and considers variation in trends by income and by race/ethnicity. The report is accompanied by summary tables for each state. State tables include information about sources of insurance coverage; disparities in uninsurance by income and race over time; and coverage trends by race and income.

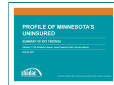
Brief: Redesigned CPS Health Insurance Questions



A new SHADAC [brief](#) examines the new and modified health insurance coverage questions in the 2014 Current Population Survey's (CPS) Annual Social and Economic Supplement. The question series was completely redesigned in order to improve the measure of past-year coverage; add a point-in-time measure; collect additional information related to health reform; and provide a measure of coverage by month. The new question series will provide new content that can be used to monitor sources of health insurance and changes in coverage over the course of a calendar year; however, trend analyses that incorporate data from 2012 and earlier will not be possible using the CPS.

[Click here](#) to read Dr. Kathleen Call's blog post on the CPS redesign.

Profile of Minnesota's Uninsured



A new [report](#) from SHADAC provides a profile of uninsured Minnesotans in 2013 for the purpose of aiding policy development as well as outreach and enrollment efforts. Included within the profile is information about the characteristics of the uninsured; their access to insurance; access to and affordability of health care for this population; and reasons for their lack of coverage. The profile draws upon information from the 2013 [Minnesota Health Access Survey \(MNHA\)](#), the 2008 through 2012 American Community Survey (ACS), and the Minnesota Gruber-Gorman simulation model.

Redesigned SHADAC Data Center: Virtual Tour - Podcast Available



SHADAC Senior Research Fellow, Joanna Turner, MS, led a [virtual tour](#) of the redesigned [SHADAC Data Center](#) on April 23, 2014, introducing attendees to the Data Center's improved functionality and expanded range of topics, data sources, and visualization options: Data center users can now examine characteristics of the uninsured; access to care; and access to and cost of employer-sponsored insurance. Users can also now obtain estimates from the Behavior Risk Factor Surveillance System (BRFSS) and the Medical Expenditure Panel Survey – Insurance Component (MEPS-IC). Finally, users can now display estimates using maps, bar charts, and trend lines.

State Performance Measurement Webinar

SHADAC Senior Research Fellow Elizabeth Lukanen [presented](#) on the topic of state health coverage system performance measurement on a National Academy of State Health Policy (NASHP) State Reform webinar on April 23, 2014. Ms. Lukanen highlighted the importance of a coordinated approach to monitoring, outlined Federal data reporting requirements, discussed the steps involved in developing an evaluation and monitoring framework, and presented the case of data reporting during open enrollment as evidence of the importance of coordinated monitoring.

Redesigned SHADAC Data Center Selected as Finalist for 2014 MITX Award

The redesigned [SHADAC Data Center](#) was selected as finalist for the [2014 MITX What's Next Awards](#) in the Healthcare, Wellness, and Pharmaceutical category. MITX—the Massachusetts Innovation and Technology Exchange—awards innovative technical, creative, and digital marketing inventions built in New England. The SHADAC Data Center was redesigned by [Velir](#), a web design firm located in Somerville, Massachusetts, with grant funding from the Robert Wood Johnson Foundation.

News from the States

Colorado: Coverage Disparities among Colorado's Hispanic Adults



A new Colorado Health Institute [report](#) examines data from the 2013 Colorado Health Access Survey (CHAS) to identify the factors associated with a 14.5-percentage point difference in health insurance coverage between Hispanic and non-Hispanic adults in Colorado. The factors with the largest association include citizenship status (33.1%), health status (7.6%), availability of employer-sponsored insurance (6.3%), and family income (5.6%). The CHAS is administered every other year through a survey of more than 10,000 households across Colorado.

Kansas: Profile of Non-Disabled Adults Enrolled in Medicaid in 2013



The Kansas Health Institute released a [report](#) profiling the state's non-disabled adult Medicaid enrollees under age 65. With income eligibility for childless adults limited to 38 percent of the Federal Poverty Level (FPL), this population represents fewer than 38,000 (about 10%) of Medicaid/CHIP enrollees in Kansas. If the state were to expand Medicaid, the Kansas Department of Health and the Environment estimates that about 151,000 newly eligible people would sign up for coverage.

Kentucky: Distribution of Insurance Coverage Types, 2013



A new [brief](#) from Interact for Health and Foundation for a Healthy Kentucky profiles insurance coverage among Kentucky adults ages 18 to 64 in 2013. The profile is based on findings from the 2013 [Kentucky Health Issues Poll \(KHIP\)](#), which interviewed a random sample of 1,551 Kentucky adults. Findings show that 44 percent of Kentucky adults were insured through employer-sponsored insurance, 20 percent reported public coverage, 11 percent reported some other coverage, and the remaining 25 percent were uninsured. Of adults with incomes at or below 200 percent of the Federal Poverty Level (FPL), 34 percent were uninsured at the time of the survey.

Washington: Analysis of Cumulative Enrollment in Washington State's Insurance Marketplace

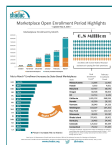


The Washington Health Benefit Exchange released a [report](#) detailing cumulative enrollment in the state's insurance marketplace during the initial open enrollment period of October 1, 2013, to March 31, 2014. The report uses detailed infographics to provide information on: traffic on the marketplace website; enrollment in Medicaid and Qualified Health Plans (QHPs) by county, age, metal level, gender, poverty level, and ethnicity; and advance premium tax credits. Among key findings is that young adults ages 18 to 34 represented 25.3 percent of cumulative marketplace QHP enrollment and 40.2 percent of newly-eligible adults enrolled in Medicaid.

To see this report and other state enrollment reports, as well as federal enrollment reports and SHADAC enrollment summaries, visit SHADAC's [Insurance Marketplace Enrollment Reports](#).

Resources

SHADAC Enrollment Tracking: Initial Annual Open Enrollment Highlights



A new SHADAC [infographic](#) provides cumulative enrollment numbers for the federal and state-based health insurance marketplaces for the initial annual open enrollment period from October 1, 2013, through March 31, 2014. The infographic highlights state and federal enrollment increases during the final month of enrollment, providing a side-by-side of cumulative enrollment counts at the end of February and final cumulative enrollment counts at the end of March.

Enrollment reports produced by the Assistant Secretary for Planning and Evaluation (ASPE) and by the states themselves, along with a series of SHADAC marketplace-wide enrollment summaries, can be found among SHADAC's [Insurance Marketplace Enrollment Reports](#).

MEPS Briefs on Employer-Sponsored Insurance

The Agency for Healthcare Research and Quality (AHRQ) has released two new statistical briefs examining the 2012 Insurance Component of the Medical Expenditure Panel Survey (MEPS-IC).

- ["Premiums and Employee Contributions for Employer-Sponsored Health Insurance: Private versus Public Sector, 2012,"](#) estimates that the average private sector premiums in 2012 were \$5,384 for single coverage, \$10,621 for employee-plus-one coverage, and \$15,473 for family coverage, respectively. There was wide variation across geographic areas for both the public and private sector.
- ["Comparing Health Insurance Coverage and Costs for Employees in Lower-Wage versus Higher-Wage Establishments, Private Sector, 2012,"](#) finds that employees in lower-wage private-sector establishments were less likely to be working in establishments that offered health insurance coverage compared to employees at higher-wage establishments (71.4% vs. 90.5%), and, if enrolled, they paid a larger share of the total premium than did employees in higher-wage establishments.

Commonwealth Fund: Scorecard on State Health System Performance

The Commonwealth Fund's ["Scorecard on State Health System Performance, 2014"](#) evaluates states on 42 indicators of health care access, quality, costs, and outcomes from 2007 to 2012. Changes in health



system performance were mixed, with states making progress on some indicators while falling back on others. For the most part, states exhibited little or no improvement, with access to care deteriorating for adults while costs increased and disparities in health care and outcomes persisted for children and other vulnerable populations.

Kaiser Data Note: Measuring Changes in Insurance Coverage under the ACA



The new [Data Note](#) from the Kaiser Family Foundation discusses the details and timing of some of the private and federal surveys that will be used to look at how coverage has changed due to the ACA. The authors point out that more frequent non-government surveys, while timely, are limited in their ability to precisely estimate the magnitude of the change and discern shifts among different types of coverage. Additionally, the smaller sample size of non-government surveys means they have larger margins of error. Federal surveys are slower turnaround, but they offer the advantages of large size and sophisticated sampling and interviewing techniques.

Related: See SHADAC's new [brief](#) on the Current Population survey (CPS) redesigned health insurance questions.

SHADAC Staff News

Gilbert Gonzales Receives Doctoral Dissertation Fellowship, Publishes in *New England Journal of Medicine*



SHADAC Research Assistant and doctoral student, Gilbert Gonzales, has been awarded the University of Minnesota's [Doctoral Dissertation Fellowship](#) (DDF). The fellowship allows PhD candidates of particular promise to devote effort to the research and writing of the dissertation during 2014-15. Gilbert's dissertation evaluates initiatives to eliminate disparities in health insurance coverage for vulnerable families and children.

Mr. Gonzales also recently published a [Perspective essay](#) in the *New England Journal of Medicine* (NEJM). In the essay, Mr. Gonzales uses evidence from public health research to argue that same-sex marriage is an important health policy goal because marriage leads to better health and improved access to health care for the lesbian, gay, bisexual, and transgender (LGBT) population.

Kelsey Avery Selected as Presidential Management Fellow Finalist



Kelsey Avery, SHADAC Research Assistant and MPH student, has been selected as a [2014 Finalist](#) for the [Presidential Management Fellows \(PMF\) program](#), a leadership development program for advanced degree candidates. Finalists are able to apply for fellowships across a variety of Federal agencies. Ms. Avery's placement will be known soon.

Recommended Reading

[Implementing Health Reform: A Summary Health Insurance Marketplace Enrollment Report](#)

HealthAffairs Blog by Timothy Jost, May 1, 2014

[Health Insurance Marketplace: Summary Enrollment Report for the Initial Annual Open Enrollment Period](#)

ASPE Issue Brief, May 1, 2014

[Profiles of Affordable Care Act Coverage Expansion Enrollment for Medicaid/CHIP and the Health Insurance Marketplace](#)

ASPE Report, May 1, 2014

[Triple Aim: Cover Oregon vs. Washington Healthplanfinder](#)

Emerging Local Government Leaders Blog by Josh Schultz, April 18, 2014

[Census CPS Changes Were Based on Careful Research in Order to Improve Coverage Estimates](#)

SHADAC Blog by Kathleen Call, April 17, 2014

[The Way We Measure the Patient-Centered Medical Home May Be Biased against States with a High Burden of Illness](#)

SHADAC Guest Blog by SHARE grantee Lisa Clemans-Cope, April 7, 2014

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