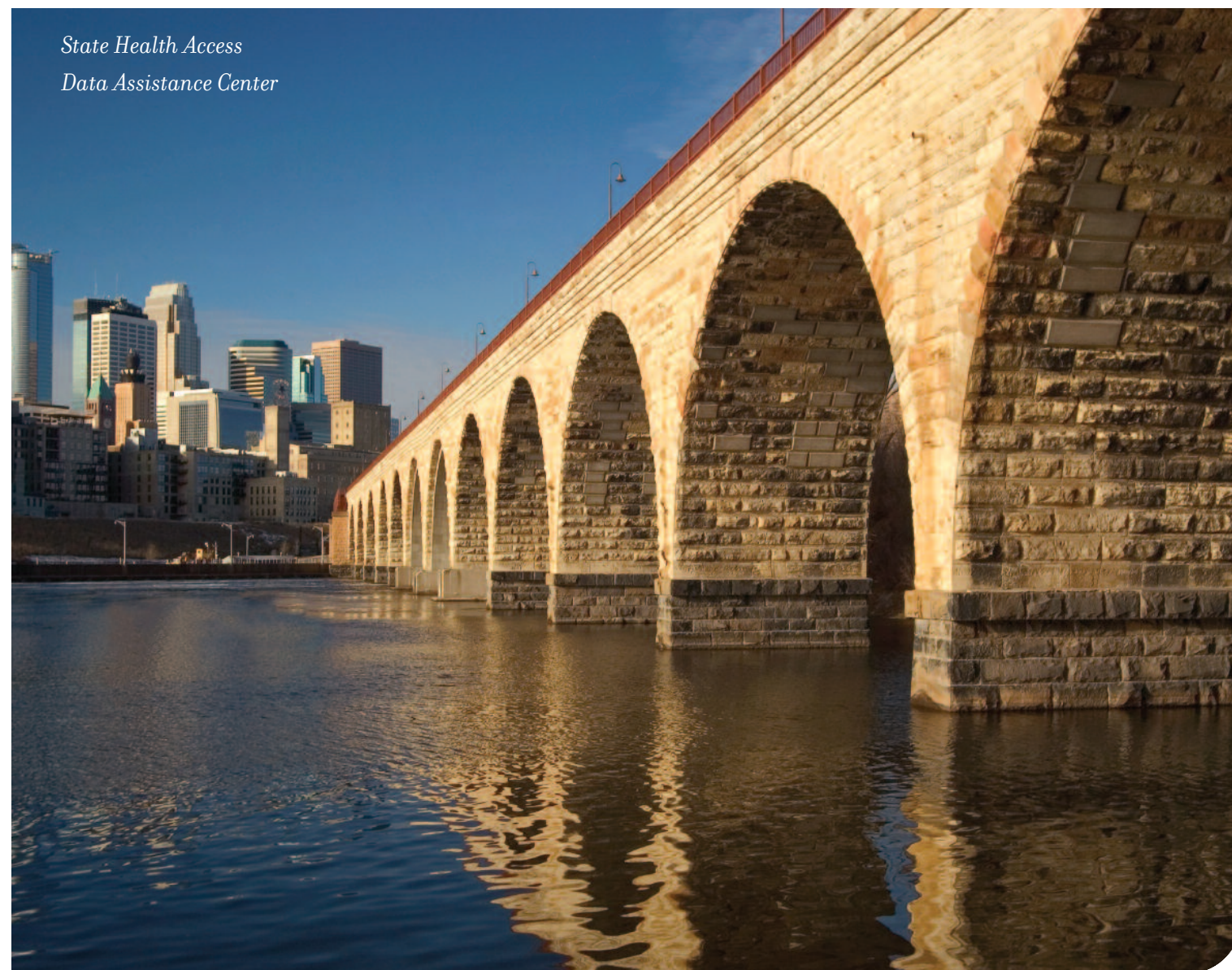


BRIDGING THE GAP BETWEEN RESEARCH AND POLICY

SHADAC

2000-2006

*State Health Access
Data Assistance Center*



UNIVERSITY OF MINNESOTA

School of Public Health

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A LETTER FROM THE FOUNDING DIRECTOR

LYNN A. BLEWETT



Dear Friends:

Since the year 2000, SHADAC has been engaged in its mission to increase health coverage and access throughout the United States by helping policymakers better understand the factors that leave people without health insurance.

In our efforts to do this, we've implemented innovative methods to help bridge the gap between health care data and policy, and to help ensure that information and communication span the sometimes-wide chasm between the states and the federal government.

With this publication, we'd like to share with you the major accomplishments of our past work, highlight SHADAC's current activities and take a look at the future of our mission.

You'll hear from the people who have benefited from our expertise and you'll see how our work has made an impact at both the state and federal levels. You'll become familiar with SHADAC's research, resources and publications, designed to inform and guide analysts and policymakers. You'll see how our work has made us a recognized expert in the area of health care data and policy, and how we have influenced research and policy on the national stage.

Thanks to continued funding from the Robert Wood Johnson Foundation, as well as funding for additional projects with our other partners, SHADAC has developed a national presence and is recognized as a leader in helping states conduct the research they need to improve health insurance coverage and access to care in their communities.

Sincerely,

Lynn A. Blewett, Ph.D.
Principal Investigator

UNINSURANCE RATES IN THE U.S. BY STATE, 2006

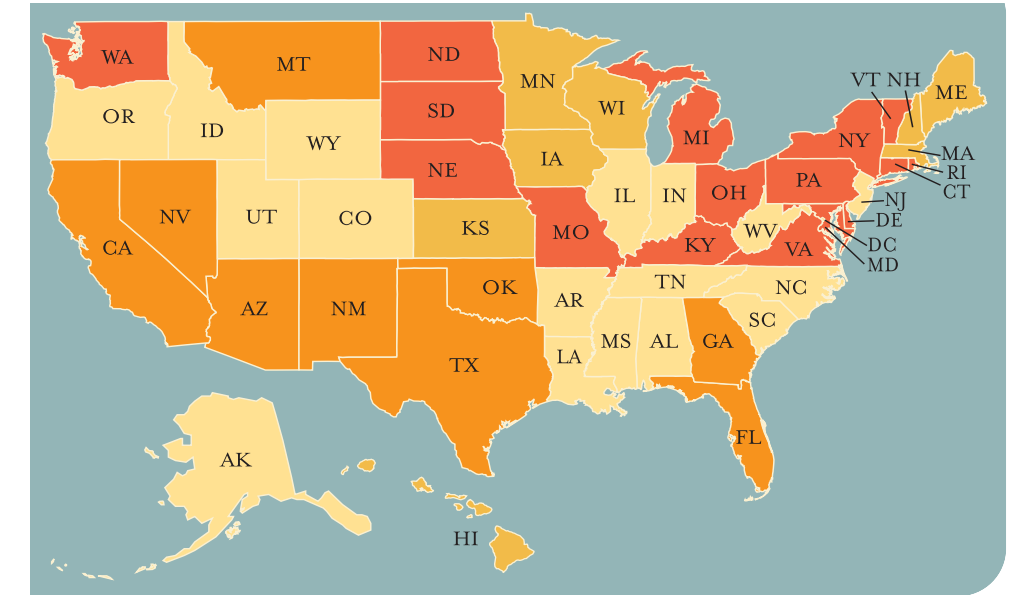
MISSION

The University of Minnesota's State Health Access Data Assistance Center (SHADAC) strives to make health care data more accessible and relevant, to improve the quality of data at the state and national levels, and to increase the use of data to inform policy decisions relating to health insurance coverage and access to care.

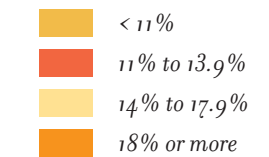
Through research and technical assistance, SHADAC helps states become better-informed consumers of existing data. SHADAC also helps them build the infrastructure and ongoing expertise necessary to collect, understand and use their own data.

Using its recognized national expertise, it is SHADAC's goal to bring the states' perspectives to the national health policy arena, thereby improving dialogue on health coverage and access.

With established relationships at both ends of the spectrum, SHADAC facilitates the exchange of meaningful information that can lead to increased coverage and access to health care in the United States. SHADAC serves as a bridge both between state and federal agencies and between data and policy.



Source: U.S. Census Bureau, 2005 Current Population Survey



ABOUT SHADAC



SHADAC combines expertise in data analysis and research to inform policy

Based in Minneapolis, Minnesota, SHADAC is a health policy research center within the University of Minnesota School of Public Health. Since September 2000, SHADAC has been funded principally by grants from the Robert Wood Johnson Foundation.

Led by Principal Investigator Lynn Blewett, SHADAC's researchers, staff and faculty advisers combine their individual perspectives and experience in health care access research, survey design, sampling, data analysis and health policy. SHADAC experts cover the full range of technical, research and policy expertise involved in turning data into well-informed public policy.

HISTORY AND ACCOMPLISHMENTS

Since its inception as a technical assistance center, SHADAC has grown into a respected research center and recognized national expert on state perspectives in the collection and use of health policy data. SHADAC's work has contributed to the collection and utilization of improved data — at both the state and national levels — to inform public policy and improve health care coverage and access.

SHADAC researchers have testified before governors' commissions, task forces, and legislative bodies in nearly a dozen states. Through conferences and one-on-one assistance, SHADAC has helped states collect information not available from federal surveys, such as county-level estimates of uninsurance or detailed ethnicity profiles. Through its conference calls and presentations, SHADAC has helped hundreds of state analysts utilize federal data.

Likewise, SHADAC's research and work with federal agencies has influenced ongoing federal data collection efforts and policy analyses and has led directly to improvements in national survey instruments, such as the Current Population Survey's Annual Social and Economic Supplement (CPS-ASEC). Federal government officials and analysts contact SHADAC for advice and assistance and, more and more, are acknowledging states as consumers of their data and key players in the national health care arena.

SHADAC's targeted policy research has had an impact on the national health policy debate. SHADAC researchers are often asked to participate in national meetings, and have published numerous journal articles, research papers and briefs on a variety of topics and with many different funders and partners.

With a sustained agenda of research and assistance, SHADAC continues to champion the value of state-level data as a means to better-informed state health policy decisions.

SHADAC'S CLIENTS AND PARTNERS

One of SHADAC's greatest strengths is the ability to work closely with many analysts, policy makers, and organizations at a variety of levels. Through its established network of state analysts nationwide, SHADAC has become a leader in facilitating primary health policy research at the state level. SHADAC also works closely with federal analysts, relaying the state perspective and keeping updated on national survey practices and in policy trends. In addition, SHADAC collaborates and contracts with other organizations and researchers working in health services research to increase knowledge and understanding of the issues.

Testimonial: West Virginia



SHADAC's relationship with the West Virginia University Institute for Health Policy Research began early and continues to grow.

"SHADAC has done a lot for us," said Sally Richardson, the Institute's executive director. In 2001, with the help of a grant from the Robert Wood Johnson Foundation, the Institute conducted a survey of 16,000 households in 55 counties across the state of West Virginia. "Policy makers wanted data relevant at the county level," said Richardson. "SHADAC helped make sure that survey instrument was strong. The help they gave us was not just with a body of questions, but on how to get to certain pieces of data to get relevant information."

The experience led to a HRSA State Planning Grant, which the Institute has used to conduct surveys in 2003 and 2007 using that same instrument. SHADAC also helped the institute conduct a survey of employers across the state by

providing standards for how to classify employers, from small businesses to large industries.

Information from the SHADAC-assisted surveys has led to policy initiatives such as a program that helps small business employers, who had not offered insurance for more than a decade, offer private insurance to low-income workers at rates 25-30% below market through Blue Cross Blue Shield. The state also created a high-risk pool and expanded eligibility for the state's SCHIP funds to 250% of the federal poverty level.

More recent legislation implemented a three-year demonstration model of community-based clinics, through which private-sector physicians and public urgent care centers at more than 100 sites across the state will offer health care services for a monthly premium, such as health and wellness programs, primary and preventive care, and basic annual exams.

Richardson said SHADAC's mentoring has left the institute with its own expertise. "We have people who've used the training and education that SHADAC

gave us for totally different purposes," Richardson said, citing a survey of consumer satisfaction with West Virginia's State Children's Health Insurance Program (SCHIP). "We know how to put those questions together to get to where we need to go, because we learned it from SHADAC."

Most recently, the Institute contracted with SHADAC to conduct a study of the near-elderly; persons 50-64 years of age who have lost jobs, health care and even pensions due to plant and business closures, but who are not old enough to receive Medicare. The study looked at coverage options, as well as what burden the situation has placed on the rest of the state's health care system. SHADAC and the Institute also collaborated on a journal publication as a result of this work.

Of all their collaboration and assistance, Richardson said SHADAC's greatest contribution has been to the big picture. "The biggest thing they've done is developed a body of information that is relevant to states and is also congruent across states," she said.

Some of these partners make up SHADAC's national and state advisory committees, which have convened several times in person or via teleconference to advise SHADAC on important issues and provide input from the national and state perspectives on SHADAC's direction and contribution in the areas of health data and policy. These relationships allow SHADAC to stay connected with other organizations working on related issues and to inform others of and receive feedback about SHADAC's initiatives.

SHADAC has completed more than 25 contracts with states and territories for their State Planning Grant funded activities and has provided technical assistance to nearly all SPC grantees. This support has ranged from consultation on study design to complete project management and analysis, as well as targeted policy analysis. SHADAC provides a wealth of resources, readily available through one-on-one technical assistance, downloadable reports and assessments, and journal publications.

Testimonial: United States Census Bureau



Every summer, the United States Census Bureau releases estimates of health insurance coverage for both the nation and individual states from the Current

Population Survey's Annual Social and Economic Supplement (CPS-ASEC), the most frequently used data source to understand state and local characteristics of health insurance coverage. Each year, SHADAC connects state analysts with the Census Bureau in order to help states understand the survey and resulting data.

"[SHADAC plays] an important role... to communicate with the user community about the interpretation, implications, and limitations of federal data," said Chuck Nelson, Assistant Division Chief for Income, Poverty and Health Statistics in the U.S. Census Bureau's Housing and Household Economics Statistics

Division. "[SHADAC is] our liaison between the bureau and the states."

Each year, soon after the data's release, SHADAC facilitates a conference call between Nelson and as many as 40 state analysts; "a two-way conversation," he said. The connection clarifies the survey and data for state analysts and helps the Bureau understand "how the states are using our data, and how we can make improvements," Nelson said.

"I think it plays an important role for users," he said. "I know it plays an important role for us. Anytime a federal survey can get more state-level user input, it's a good thing."

Nelson said the Census Bureau benefits from its close relationship with SHADAC, and vice versa. SHADAC uses Census Bureau data for its research and, in turn, shares its findings with the Bureau, which also solicits advice and assistance from SHADAC.

In 2005, the bureau used SHADAC findings to improve its coverage edit, which is used to determine if other

family members are covered under a survey respondent's insurance. "I think it's a direct result of the research SHADAC has been doing," Nelson said. The Bureau has worked with SHADAC to improve its method of imputation and design of state-specific questions. SHADAC also helps the federal government understand its own numbers by comparing Census Bureau estimates to data from other sources, such as other federal surveys and state surveys, administrative information such as Medicaid enrollment counts.

The Census Bureau has made improvements based on input directly from states, Nelson said, citing Maryland's advice on including a state-specific program name in the CPS to help respondents better understand the question. Nelson believes that SHADAC has helped states become better informed in general and more knowledgeable in the use of health data. "They have a broad knowledge of health insurance surveys."

SHADAC's WORK

SHADAC fulfills its mission in many interconnected ways. First, SHADAC staff seek to make data relevant in order to inform decision-making at the national and state levels. Furthermore, SHADAC activities link people with data and provide technical assistance to help them make informed decisions. SHADAC staff conduct and publish research that helps analysts and policymakers understand the characteristics of the uninsured across the nation and in their communities so they can better conceptualize state programs and interventions that will increase access to care.

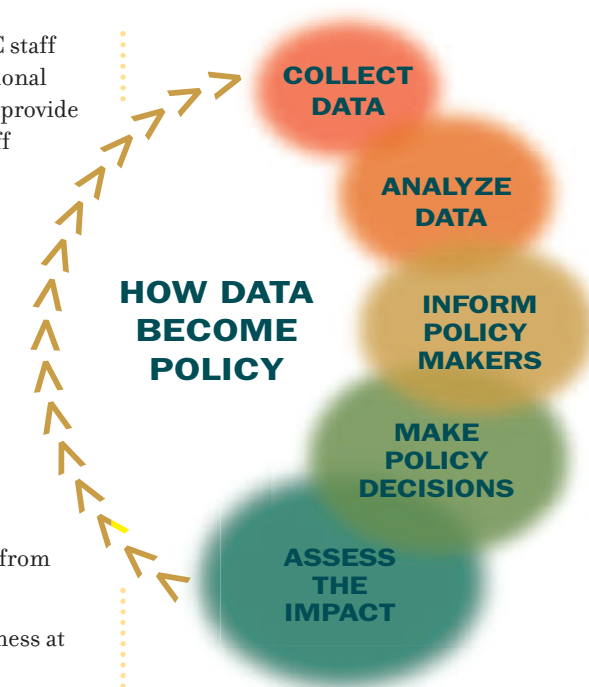
MAKING DATA RELEVANT

Policy is only as good as the data that informs it. Because states' needs for small-area data can be very different from federal needs for an overview of national trends, SHADAC works with analysts and data experts at many levels in order to achieve the most relevant data possible. This is done by:

- Helping state analysts disseminate and understand state-specific data from national surveys.
- Improves data quality and survey design in order to increase its usefulness at the state and local levels.
- Helping states make informed decisions about health coverage and access to health care by translating research, data and technical information into targeted policy briefs, reports and publications that are accessible and informative to analysts and decision makers.
- Advocating for better federal data by working with the Census Bureau and other agencies to present a state perspective on data collection.

LINKING DATA AND PEOPLE

SHADAC has been an effective liaison in the field of health services research. These relationships were developed as part of a strong network of state and federal data analysts, research centers and data collection agencies. SHADAC's ability to facilitate key linkages has enhanced the use of federal data at the state level while also emphasizing the importance of the state perspective for federal policy decisions.



Data become policy through a repeated, evolutionary process of collection, analysis and assessment in order to improve outcomes and adapt to a changing environment.

EXAMPLES FROM THE STATES

- In Georgia, researchers worked with SHADAC experts on sampling and survey design, which helped them identify pockets of uninsured Georgians. These data were used to advise policy makers in the state, such as a legislative task force seeking health insurance options for small businesses and the working uninsured.
- In Illinois, researchers worked with SHADAC to monitor and improve the quality of their survey sampling and data collection activities. Data from the state-level survey helped to focus efforts to expand coverage among small business owners.
- Detailed survey data from Montana, collected using SHADAC's Coordinated State Coverage Survey (CSCS), have been used to apply and receive funding for community health centers, three of which have been funded in the past four years.
- The State of Minnesota used the demographic, employer, and public program questions in the CSCS to explore the extent to which eligible children could be enrolled in public programs if their families knew they were eligible. Data from Minnesota's state survey was used to help develop a successful proposal for a \$10 million initiative to eliminate health disparities among populations of color and American Indians.



Without SHADAC's resources, state policy analysts might face greater barriers in approaching federal agencies with concerns or questions. SHADAC has the knowledge to direct analysts to the appropriate agency and person in their search for information. In some cases, SHADAC has been able to intervene on behalf of states to address many difficult questions by approaching the key federal players or by conducting targeted research into the question.

Likewise, SHADAC receives calls from federal agency staff interested in potential state applications. For example, the Agency for Healthcare Research and Quality (AHRQ) inquired about states' interests in the use and application of the Medical Expenditure Panel Survey – Household Component (MEPS-HC). SHADAC quickly assessed states' interest via an e-mail solicitation and responded to the federal agency in anticipation of collaborative work in this area.

SHADAC's staff regularly coordinate conference calls and web conferences, and also participate in national meetings such as the annual meetings for AcademyHealth and the American Association for Public Opinion Research (AAPOR). These researchers bring together state analysts and national health data experts to address needs relating to access, usability, and interpretation of data. SHADAC believes the bridge between federal agencies and state analysts and policy makers should be a two-way street.

It is SHADAC's goal to continue to empower clients with the infrastructure and expertise to collect, disseminate and apply data in their unique policy environments.

TECHNICAL ASSISTANCE

Much of SHADAC's early work was in the form of technical assistance to states, especially in relation to the Health Resources and Services Administration's (HRSA) State Planning Grants (SPG) program. Established in the same year that SHADAC was founded, HRSA's SPG program played a large part in an unprecedented increase in state-level survey activity. HRSA provided grants to qualified applicants representing 47 states, 4 territories, and the District of Columbia between 2000 and 2005.

The one-year grants allowed many states to conduct surveys that garnered small-area data not available through broader national surveys. SHADAC has provided general technical assistance to states in implementing their State Planning Grant projects, particularly relating to survey work. Many states used SHADAC's own survey instrument, the Coordinated State Coverage Survey (CSCS), to collect data. Some individual grantees contracted with SHADAC to receive direct services such as quantitative and qualitative data collection, data analysis, report and issue brief writing, and presentation of findings at state meetings.

SHADAC also brings relevant technical expertise to its collaborative relationships within the health services research data user community, with entities including AcademyHealth, the Urban Institute, Mathematica Policy Research, Inc. and a variety of other agencies. These questions often involve checking methods and technical background regarding the estimates of health insurance coverage for state and federal surveys.

SHADAC maintains expertise in several federal surveys addressing issues related to health care coverage and access, specifically the Current Population Survey (CPS), the Survey of Income and Program Participation (SIPP), the American Community Survey (ACS), the decennial census, the Medical Expenditure Panel Survey's Insurance Component (MEPS-IC) and Household Component (MEPS-HC), the Behavioral Risk Factor Surveillance System (BRFSS), and the National Health Interview Survey (NHIS).

It is SHADAC's goal to continue to empower clients with the infrastructure and expertise to collect, disseminate and apply data in their unique policy environments. States are encouraged to share information and expertise among themselves, and SHADAC provides opportunities for state analysts to interact with federal survey researchers and survey design experts.

SHADAC's Survey Guidelines Series offers insights on measuring health insurance coverage, race and ethnicity, income, and adequacy of coverage in telephone surveys. SHADAC also consults on program evaluation strategies and provides guiding documentation to help states conduct focus groups on health insurance coverage. These guidelines constitute an ongoing effort to improve the quality of data collection and encourage comparability across state-initiated data collection efforts.

SHADAC has derived invaluable knowledge and experience from its extensive work with states and federal agencies. With this expanded expertise, SHADAC has furthered its mission and successfully developed into a highly visible health policy research center with an ongoing agenda of timely and targeted health policy research that focuses on issues of health insurance coverage, data collection methods and state health policy.

SHADAC's research efforts have led to a variety of findings and developments in the arena of health services research. Typically these are disseminated through journal articles, issue briefs, presentations, workshops, and technical papers. In some instances the findings lead to significant and concrete recommendations. For example, SHADAC researchers demonstrated that the state estimates of health insurance coverage are biased by how the Census Bureau imputes its missing data. The Census Bureau has worked to adjust its imputation method, based in large part on SHADAC's input. SHADAC has also conducted extensive research to understand the bias in uninsurance estimates resulting from discrepancies between survey reports of insurance status and administrative data reports.

The research products underway or completed at SHADAC are rich and varied. This allows researchers to apply their breadth of experience and knowledge in a collaborative and productive manner. A list and brief description of these projects includes, by issue category:

SHADAC has conducted extensive research to understand the bias in uninsurance estimates resulting from discrepancies between survey reports of insurance status and administrative data reports.



SHADAC'S RESEARCH ON COVERAGE ISSUES

State Health Access Reform Evaluation

(Sponsor: Robert Wood Johnson Foundation)

The State Health Access Reform Evaluation (SHARE) program, started in late 2006, supports evaluations of health policy reform at the state level and to develop an evidence-based resource to inform health reform efforts in the future.

Cover the Uninsured Week Report

(Sponsor: Robert Wood Johnson Foundation)

Annually since 2004, SHADAC has developed this comprehensive, state-by-state analysis of Americans without health care coverage for the foundation's Cover the Uninsured Week.

Covering Kids & Families Back-to-School Campaign Report

(Sponsor: Robert Wood Johnson Foundation)

SHADAC develops data analysis for the Robert Wood Johnson Foundation's annual Covering Kids & Families Back-to-School Campaign, a national effort to enroll eligible children in public coverage programs.

Public Program Crowd-Out of Private Coverage: What are the Issues?

(Sponsor: RWJF Synthesis Project)

This project examined the extent and dynamics of crowd-out – the use of public programs by those with access to other private insurance – and its implications for future policies to expand coverage.

State Health Access Profile

(Sponsor: Robert Wood Johnson Foundation)

This resource is a comprehensive profile of access to health care across all states that goes beyond indicators of health insurance coverage.

Minnesota Health Access Survey, 2001 and 2004

(Sponsors: Minnesota Department of Health, Blue Cross and Blue Shield of Minnesota)

The 2001 and 2004 MNHA surveys provided estimates of current and prior year insurance status (by race/ethnicity, nativity, age, and geography) and characteristics of those lacking insurance or experiencing spells without insurance. It also tracked increasing out-of-pocket health care cost to individuals and perceptions of barriers to accessing insurance and health care more generally.

SHADAC'S RESEARCH ON DATA ISSUES

Improving Data and Methodology on Health Insurance Coverage in Federal and State Surveys

(Sponsor: Agency for Healthcare Research and Quality)

This project is a systematic and rigorous comparison of several high-profile national surveys and selected state-level surveys to identify and examine important similarities and differences. The program is one of several efforts being conducted to improve national and state data on health insurance coverage and related issues.



The Medicaid Undercount: Real or Perceived Bias in Estimates of Coverage in General Population Surveys

(Sponsor: Changes in Health Care Financing and Organization)

This study sought to improve understanding of how the estimates of Medicaid enrollment derived from general population surveys differ from administrative data counts of enrollment. The study replicated a Minnesota study in three states to examine the extent to which estimates of uninsurance are biased as a result of this undercount, and develop an adjustment to estimates of coverage to account for the Medicaid undercount.

Uncovering the Underrepresented: Evaluating the Discrepancy between Household Surveys and Population Coverage, State Administrative Data, and Survey Reporting Error

(Sponsor: Robert Wood Johnson Foundation)

This project is a collaboration of SHADAC and several federal agencies to evaluate why survey estimates of the number of people on Medicaid are so much lower than CMS counts of the number of people enrolled in the program. Partners include the Centers for Medicare and Medicaid Services (CMS), the U.S. Census Bureau, the Office of the Assistant Secretary for Planning and Evaluation (ASPE), and the National Center for Health Statistics (NCHS).

Integrated Public Use Microdata Series (IPUMS)

(Sponsor: National Science Foundation, supplementary funding from the Robert Wood Johnson Foundation)

SHADAC collaborated with the Minnesota Population Center in creating an integrated set of data from 45 years (1962-2006) of the Annual Social and Economic Supplement to the Current Population Survey (CPS-ASEC). The "harmonized" data allow researchers to compare data from different times, and detailed documentation about the data allows the study of long-term change. This dataset is compatible with the data from the U.S. decennial censuses that are part of the Integrated Public Use Microdata Series (IPUMS-USA), available for free download at www.ipums.org.



Integrated Health Interview Series (IHIS)

(Sponsor: National Institutes of Health)

The Integrated Health Interview Series harmonizes data from 34 years (1969-2003) of the National Health Interview Survey (NHIS), the principal source of information on the health of the U.S. population. This web-based data access system combines and simplifies access to NHIS data and documentation, free of charge, to any researcher, educator, policymaker, or member of the general public who signs a responsible use agreement. The initial data release was in 2006 and is available at www.ihis.us.

SHADAC'S RESEARCH ON RELATED HEALTH SERVICES ISSUES

State Medicare Impact Profile

(Sponsor: Mayo Medical Foundation)

This project developed a prototype for the State Medicare Impact Profile, a comparative report providing a comprehensive profile of five states and an assessment of state capacity to implement changes to the Medicare program. This was the first systematic look at the impact of Medicare reform from a state policy and local market perspective.



Analysis to Develop Long-Term Care Financing Options

(Sponsor: Minnesota Department of Human Services)

This project estimated the potential need for future long-term care services in Minnesota. Combining state figures and a national model, SHADAC found that nearly a quarter of Minnesotans heading toward retirement may not have sufficient resources to cover their retirement and long-term care expenses. This report included an evaluation of several long-term care financing options.

Vaccines for Children Program: Determining the Extent of Underinsurance for Children

(Sponsor: Association of Schools of Public Health and Centers for Disease Control and Prevention)

This project addressed issues related to underinsurance and the federal Vaccines for Children program by synthesizing existing survey data and modeling the impact of health insurance coverage on immunization rates.

Ambulatory Care Database Feasibility Study

(Sponsor: United Healthcare Corp.)

This task order addressed the ambulatory gap in healthcare data collection by assessing the feasibility of collecting administrative data from a variety of potential data sources, and ascertaining whether that data can answer the questions raised by policy makers, providers, and purchasers of care.

Minnesota Adult Tobacco Surveys

(Sponsor: Minnesota Partnership for Action Against Tobacco and Minnesota Department of Health)

SHADAC provided technical assistance on data analysis and produced and edited tables for a report on secondhand smoke.

Estimating the Need for Treatment for Substance Abuse

(Sponsor: Minnesota Department of Human Services)

The primary objective of this project was to obtain accurate estimates of the number of adults in the general population in Minnesota who are abusing or dependent on alcohol or other drugs and are in need of treatment. These estimates were necessary to inform the state's application for federal block grant from the Substance Abuse and Mental Health Services Administration (SAMHSA).

RESOURCES

In addition to technical assistance, contract projects, and research dissemination, SHADAC offers a variety of resources to the health services research community. These include reports, issue briefs, summaries, technical papers, and web-based links to resources. All information on the web site is freely available for use.

SHADAC's web site, www.shadac.org, is a portal to a wealth of information and resources relating to SHADAC, its mission and beyond. The web site includes information about SHADAC and its research projects, publications and technical papers, news and events, survey research tools and services such as SHADAC's survey instrument, the Coordinated State Coverage Survey. The web site also links users to a host of other related resources and tools from other organizations, such as the federal government, states and other private research groups.

THE CPS CENTER

The U.S. Census Bureau's Annual Social and Economic Supplement to the Current Population Survey (CPS-ASEC) is the most frequently used data source to understand state-level characteristics of health insurance coverage. SHADAC's CPS Center web page helps clients navigate national survey data and find the information applicable to their particular state and policy needs.

This online resource offers key information about the CPS and many tools, such as links to the Census Bureau's CPS web site, documentation about the survey questionnaire, design, sample size and weighting, as well as links to other organizations that provide CPS data files, documentation and working papers. The CPS Center also includes summaries of SHADAC conference calls and technical papers and tables on the topic.

TELECONFERENCES AND MEETINGS

Over the course of SHADAC's existence several hundred individuals have participated in SHADAC-hosted teleconferences, representing nearly all of the states and territories, as well as many universities, non-profit policy entities, federal agencies, and other research organizations. Topics include the annual CPS estimates of health insurance coverage, use of the Community Tracking Study for state and regional analysis, use and application of the MEPS-IC, how to facilitate focus groups, and designing and conducting employer surveys.

Shortly after the release of the annual CPS-ASEC estimates each year, SHADAC hosts an open conference call bringing together the federal researchers who conduct the survey and any interested analysts from the states, other federal



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agencies, and health services research centers. This call typically includes 50 to 60 participants representing approximately 30 states. This allows state analysts to ask questions about the survey instrument and data, and it offers the Census Bureau direct feedback on the administration of and outcome of the survey, as well as its relevance and use at the state level.

PUBLICATIONS

SHADAC produces research and technical briefs to help states improve their use of federal data. For example, how to analyze CPS data before and after a major change in survey technique alters the estimated rate of uninsurance. A listing of SHADAC's Issue Briefs and other publications are listed on the web site, www.shadac.org.

NATIONAL DATA SET COMPARISONS

The variety of national data sets that measure health insurance coverage can be daunting. SHADAC offers information on these sources to help analysts understand the nuances of sampling, question design, and data collection. A summary of the major surveys is available on the web site, and SHADAC researchers have published papers describing how these are applied at the state level.

JOURNAL ARTICLES

SHADAC brings its work into the public health arena by publishing in national journals. SHADAC's researchers have published dozens of articles in journals such as *Health Services Research*. Founding Director Lynn Blewett is guest editor of two special issues of this journal dedicated to the importance of states' perspective in data collection, analysis and policy. The special issues, titled "State-Level Health Service Delivery, Access, and Practice: Improving Research and Policy," are scheduled for publication in late 2007 and early 2008.

COORDINATED STATE COVERAGE SURVEY (CSCS)

To assist states in implementing their own state household surveys, SHADAC has developed — and made available for public use — the Coordinated State Coverage Survey (CSCS). This well-tested survey instrument has been used in 19 different states to measure health coverage and access.

Adapting an instrument designed to successfully inform health care reform in Minnesota during the 1990s, SHADAC developed this evolving survey to allow states to collect data not available from larger, national surveys, such as county and city estimates, racial and ethnic disparities.



Key Journal Articles

Lynn A. Blewett, and Michael Davern. "Distributing State Children's Health Insurance Funds: A Critical Review of the Design and Implementation of the Funding Formula." *Journal of Health Politics, Policy and Law*, Apr 2007, 32(3):415-455.

Kathleen T. Call, Michael Davern, and Lynn A. Blewett. "Estimates of Health Insurance Coverage: Comparing State Surveys to the Current Population Survey." *Health Affairs*, Jan/Feb 2007, 26(10):269-278.

Lynn A. Blewett, Andrew Ward, and Timothy J. Beebe. "How Much Health Insurance is Enough? Revisiting the Concept of Underinsurance." *Medical Care Research and Review*, Dec 2006, 63(6): 663-700.

Lynn A. Blewett and Michael Davern. "Meeting the Need for State Level Estimates of Health Insurance Coverage: What Has Been Done and How it Can Be Improved." *Health Services Research*, Jun 2006, 41(3): 946-975.

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Indians in Public Health Care Programs." *Medical Care*, Jun 2006, 44(6):595-600.

Michael Davern and David S. Hachen, Jr. "The Role of Information and Influence in Social Networks: Examining the Association between Social Network Structure and Job Mobility." *American Journal of Economics and Sociology*. Apr 2006, 65(2):269-293.

Lynn A. Blewett, Michael Davern, and Holly Rodin. "Employment and Health Insurance Coverage for Rural Latino Populations." *Journal of Community Health*, Jun 2005, Vol. 30 (1):181-195.

Michael Davern, Holly Rodin, Timothy Beebe, and Kathleen T. Call. "The Effect of Income Question Design in Health Surveys on Family Income, Poverty and Eligibility Estimates." *Health Services Research*, Oct 2005, 40(5):1534-1552.

Yvonne C. Jonk, Kathleen T. Call, Andrea H. Cutting, Heidi O'Connor, Vishakha Bansiya, Kathleen Harrison. "Health Care Coverage and Access to Care: The Status of Minnesota's Veterans." *Medical Care*, Aug 2005, 43(8):769-774.

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EXAMPLES OF ISSUE BRIEF TOPICS

- “Reclassifying Health Insurance Coverage for the Indian Health Service in the Current Population Survey: Impact on State Uninsurance Estimates” April 2005
- “A Comparison of Children’s Uninsurance Rates Across the States 1995-97 to 2000-02” February 2004
- “Do National Surveys Overestimate the Number of Uninsured? Findings from the Medicaid Undercount Experiment in Minnesota” January 2004
- “Expanding Access to Health Insurance Coverage Lessens the Burden of Uncompensated Care” December 2003
- “Yet Another Wild Card in State Budget Deliberations” October 2003
- “Comparison of Children’s Uninsurance Rates Across the States” February 2003
- “Overview of Approaches for Estimating Uninsurance Rates at the Sub-state Level” April 2002
- “What is Behind the 8 Percent Drop in Uninsurance?” February 2002
- “State Health Insurance Coverage Estimates: Why State-Survey Estimates Differ from CPS” July 2001
- “The Impact of Changes to the Current Population Survey on State Health Insurance Coverage Estimation” March 2001
- “The Current Population Survey and State Health Insurance Coverage Estimates” March 2001

PUBLICATIONS

SHADAC has developed a series of widely-read issue briefs and newsletters that address key policy and survey topics to help inform data collection and the use of data in a policy context. Key publications and communications include targeted research and policy briefs that help translate research to the state policy arena, as well as peer-reviewed publications in the health services research and survey research journals.

Materials are available through free downloads at www.shadac.org, and announcements of publications are sent via e-mail to a ListServ of approximately 1,000 individuals.

SHADAC ISSUE BRIEFS

SHADAC’s issue briefs are easy-to-read synopses of research and issues, with the goal of providing education on key technical topics of interest and translating recent research into a useable form relevant for state health policy considerations.

Issue briefs are driven by research, one-to-one interaction with the states, and input from state and national advisory committees. Topics evolve according to the questions and needs of state policy analysts.

STATE DATA SERIES BRIEFS

The state data series briefs were developed in response to input from SHADAC’s National Advisory Committee, which was interested in the type of information that states were collecting in their state surveys and how this information could be used to inform both state and national policy. Topics are selected based on unique questions that state surveys had included in an effort to highlight the advantages of states’ ability to easily add policy-relevant questions in a timely manner. Development and distribution of data briefs are coordinated with the state survey analysts and distributed both locally and through SHADAC.

STATE POLICY ANALYSES

SHADAC has produced briefs for several states interested in developing more specific analyses of their state policy options. These briefs were developed to align with states’ needs and interests and have been of interest to other analysts, both at the state level and throughout the field of health services research.

LOOKING AHEAD

With the momentum of past accomplishments behind us, SHADAC continues to expand its mission to improve the quality of health access data in the pursuit of improved health care coverage and access in the United States. Great strides have been made in recent years, spurred by the dramatic increase in state-level data collection activity supported by the HRSA State Planning Grants program. These grants enabled more than 40 states to field household surveys to estimate health insurance coverage during difficult years for state budgets, resulting in efforts to develop programs and legislation that expand coverage and care.

The SPG program has run its course, leaving an uncertain future for state-level survey activity. A severe reduction in research activity at the state level is expected because many states lack funding to continue to collect new data and many lack the infrastructure to effectively manage and use the data they have.

However, there is continued need for better-integrated data collection activities at the state and federal levels. Research has shown unequivocally that local context matters in designing and implementing programs that will help states and counties increase access to health coverage. To fulfill this need, SHADAC encourages active federal-state partnerships and communication on the best use of survey resources to meet state and national needs.

SHADAC recommends further improvements to the major national surveys and even a new, consolidated federal survey dedicated to health coverage and access.

Likewise, SHADAC hopes that both the states and the federal government will continue to fund efforts to increase coverage and access. States are now more adept at collecting and using data to inform policy. Moreover, states that have collected and analyzed data are increasingly interested in using that data for forecasting and modeling. Continued support is needed to sustain the level of activity and further this work at the state level.

In late 2006, SHADAC began a new initiative funded by the Robert Wood Johnson Foundation. The State Health Access Reform Evaluation program will support evaluations of health policy reform at the state level and the development of an evidence-based resource to inform health reform efforts in the future.

SHADAC will continue to advocate for the use of state-level data on the national stage. Evidence suggests there is demand for a regular, dedicated journal to publish findings of the most current research in the area of health access data at the state level. SHADAC will advocate for and encourage the acknowledgement of the states’ perspectives at the national level and will foster dialogue between the states and federal government, and continuing to build the bridge between data and policy and, ultimately, to close the gap that prevents access to health care.

Evidence shows that states will continue to rely on the help of entities such as SHADAC. SHADAC’s future agenda includes continued outreach activities and involvement with states. Going forward, SHADAC will help states evaluate their efforts and continue designing effective options for improved access to health insurance coverage and health care.

SPONSORS

Since its inception, the vast majority of SHADAC's work has been made possible by generous grants from the Robert Wood Johnson Foundation. While SHADAC's work has remained focused on the collection, analysis and dissemination of data from a state policy perspective, it has also expanded to include targeted policy research. This shift has opened new avenues of funding via contracts for in-depth research and technical assistance services with outside organizations. Some of the collaborative projects have been funded by other RWJF grantees, such as the State Coverage Initiatives project (SCI), the Changes in Health Care Financing and Organization (HCFO) initiative, and the RWJF Synthesis Project.

Nineteen states and territories have used funds from the federal State Planning Grants program to purchase SHADAC's time for a variety of activities including, conducting surveys, providing technical assistance, analyzing survey data, researching policy options, drafting memos and reports, and providing testimony at state meetings.

Other SHADAC funding sources include a CDC grant for a project to estimate the number of underinsured children related to the federal Vaccines for Children program, a HRSA grant to assist states conducting surveys under the State Planning Grants program, an AHRQ contract to develop tools to help states monitor the uninsured at the local level, and an ASPE task order to improve the quality and policy relevance of health insurance data from the major federal and state surveys used by HHS, Congress, and the policy research community.

Another important component of SHADAC's research portfolio is a large grant from the National Institutes of Health (NIH) to work with the Minnesota Population Center at the University of Minnesota to harmonize 30 years of data from the National Health Interview Survey (NHIS) to make it more accessible and usable in the public domain.

SHADAC's ability to compete for additional grant funding demonstrates the success of this unique expertise and qualifications and affirms the effectiveness and the value of the mission.



A FULL LIST OF SHADAC SPONSORS AND RESEARCH PARTNERS:

Robert Wood Johnson Foundation	Montana Department of Public Health and Human Services
Alabama Department of Public Health	National Institutes of Health, National Institute of Child Health and Human Development (NICHD)
Arizona Health Care Cost Containment System	Nebraska Health and Human Services System
Blue Cross Blue Shield of Minnesota	Neighborhood Health Care Network
Georgia Governor's Office of Planning and Budget	Office for Oregon Health Plan Policy and Research
Health Systems Research, Inc.	Oklahoma Health Care Authority
Illinois State Division of Insurance	Tennessee Department of Commerce and Insurance
Idaho Legislature Office of Performance Evaluations	U.S. Agency for Healthcare Research and Quality (AHRQ)
Indiana Family and Social Services Administration	U.S. Centers for Disease Control and Prevention (CDC)
Louisiana State Department of Health and Hospitals	U.S. Health Resources and Services Administration (HRSA)
Mayo Medical Foundation	U.S. Office of the Assistant Secretary for Planning and Evaluation (ASPE)
Minnesota Center for Tobacco Reduction and Health Improvement	U.S. Virgin Islands Office of the Governor
Minnesota Department of Health	Vermont Agency of Human Services
Minnesota Department of Human Services	Virginia Department of Health
Minnesota Partnership for Action Against Tobacco (now Clearway)	West Virginia Health Care Authority
Missouri Department of Health and Senior Services	

SHADAC continually seeks funding opportunities from a variety of sponsors to explore issues and disseminate research.

SHADAC LEADERSHIP

Lynn A. Blewett, PhD

Principal Investigator and Founding Director

Dr. Blewett has guided SHADAC from its formation to its current national standing. An expert in health care access and applied policy research, Dr. Blewett is SHADAC's most visible and active advocate in the public policy arena. Supported by the center's technical experts, Dr. Blewett drives SHADAC's research agenda, from project conception to publication and its ultimate impact on public health policy. From 1992-1998, she served as State Health Economist and Director of the Health Economics Program for the Minnesota Department of Health. During this time of health reform, Dr. Blewett oversaw data collection, research, and applied policy analysis of changing trends in Minnesota's health care market, and she helped develop Minnesota's approach to monitoring the uninsured. She is the founding chair of AcademyHealth's State Health Research and Policy Interest Group and is called to address state health policy issues throughout the country. Dr. Blewett is an Associate Professor in the University of Minnesota's School of Public Health, Division of Health Policy and Management. She holds a doctorate in health services research, policy and administration and an M.A. in public affairs from the University of Minnesota.

Michael Davern, PhD

Research Director and Co-Principal Investigator

Dr. Davern is SHADAC's resident expert on federal population surveys and a specialist in the technical aspects of survey design and analysis, including sampling, weighting, editing and imputation, documentation and analysis strategies. He was formerly a statistician with the United States Census Bureau. Through his experience and familiarity with federal processes and analysts, he helps states find and translate relevant federal data, and his work with federal analysts has led to improvements in national data collection. Dr. Davern is an Assistant Professor in the University of Minnesota's School of Public Health, Division of Health Policy and Management. He holds a doctorate in sociology from the University of Notre Dame.

Kathleen Thiede Call, PhD

Investigator

Dr. Call specializes in data collection through household and employer surveys and community-based participatory research. She is the principal architect of SHADAC's survey instrument, the Coordinated State Coverage Survey (CSCS). Her research interests include access to health insurance coverage and health care services among vulnerable populations, measuring and estimating rates of insurance coverage, documenting characteristics of people with different kinds of insurance contracts, and barriers to insurance coverage among the young, low-income and minorities. Dr. Call is an Associate Professor in the University of Minnesota's School of Public Health, Division of Health Policy and Management. She holds a doctorate in sociology from the University of Minnesota.