



State Health Access Data Assistance Center – State Health Compare: A New Tool to Study State-Level Health Estimates

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Caroline Au-Yeung: Hello, everyone, and thank you for attending today's virtual tour of SHADAC's new data dissemination tool, State Health Compare. My name is Carrie Au-Yeung and I'm a Research Fellow at SHADAC and I'll be moderating today's events.

Before we begin, we'll go over a few technical and logistical details. First, broadcast audio is available for today's webinar. However, if it's easier, you can listen today via telephone by dialling 888-378-4398 and entering participant passcode 187624. All phones will be in listen-only mode for the duration of the call. If you're having trouble accessing the ReadyTalk visual portion of the presentation today, please call their helpline at 800-843-9166. You can also ask for help any time during today's event using the chat feature on the left-hand side of the screen.

The presentation portion of today's event will be followed by a question and answer sessions. Questions can be submitted at any time throughout the webinar using the chat feature or you can tweet us as @SHADAC #statehealthcompare.

Finally, the slide deck for today's event is available at [www.shadac.org/statehealthcomparevirtualtour](http://www.shadac.org/statehealthcomparevirtualtour). A recording of the webinar will also be posted at this URL and participants will be notified by email when the recording is available.

Today's virtual tour will familiarise attendees with SHADAC's new data dissemination site, State Health Compare. This new site combines SHADAC's Data Center with the Robert Wood Johnson Foundation's Data Hub. This merged site provides improved functionality and broader appeal through an expanded range of topics and data sources in one unified location for state-level estimates.

SHADAC's Senior Research Fellow, Joanna Turner, will be leading today's tour, which will begin momentarily. However, before we start the tour, we'll hear from SHADAC Director and Principal Investigator, Lynn Blewett, who will say a few words about SHADAC, after which Robert Wood Johnson Foundation's Senior Program Officer, Carolyn Miller, will speak about the foundation and its vision for State Health Compare. Lynn?

Lynn Blewett: Thank you, Carrie. Welcome to today's virtual tour of State Health Compare. I'm Lynn Blewett and Director of SHADAC and faculty member in the School of Public Health. As many of you know, SHADAC is the research centre located at the University of Minnesota's School of Public Health. Our experts and policy analysts work with federal and state data to inform health policy. We specialise in health insurance access, costs, use and quality, with a particular focus on the use of data to inform policy decisions to improve the help of state and local populations.



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I want to thank the Robert Wood Johnson Foundation for their continued support of our work and for funding our new and improved data website, State Health Compare. Thousands have used SHADAC's Data Center over the years and the RWJ Foundation's Data Hub to conduct policy analysis to inform briefs and reports and to support grant proposals. Our new State Health Compare combines the best of these two tools into a single user-friendly interface that supports a more inclusive vision of health and healthcare and facilitates a broader analysis of health policy at the state level.

We're excited to have this new merged site and to be able to share it with you today. Thank you for attending today's tour and I'll now turn it over to Carolyn Miller, our Project Officer at the Robert Wood Johnson Foundation. Carolyn?

Carolyn Miller: Thank you, Lynn. Good afternoon, everyone. I'm Carolyn Miller from the Robert Wood Johnson Foundation. I'm a Senior Program Officer in the Research Evaluation and Learning Unit. I'd like to welcome you all on behalf of the Robert Wood Johnson Foundation and thank you for your interest in State Health Compare.

In the last few years, the Robert Wood Johnson Foundation has oriented our work around the vision and mission of building a culture of health. Working with the RAND Corporation, we've developed and launched the Culture of Health Action framework and a set of national level measures to inform a national agenda that highlights the interdependence of social, economic, physical, environmental and other factors to improve health, wellbeing and equity.

State Health Compare supports RWJ's work toward this objective by combining measures previously available separately through the SHADAC Data Center and the RWJF Data Hub. This new merged tool brings together measures on a wide range of topics related to health and health care, helping analysts and policy makers view state-level data through a culture of health lens.

RWJ's really excited to support State Health Compare. We see it as a great complement to some of our other metrics-related work, like County Health Rankings and Roadmap and the National Culture of Health Measures. But more importantly, we see it as a valuable tool for researchers, practitioners, policy makers and other stakeholders. The site will continue to evolve as RWJF and SHADAC work closely together to align State Health Compare with culture of health goals.

So, again, thank you for your interest and engagement in this webinar. And now, I'll pass it back to Carrie.

Caroline Au-Yeung: Thank you, Carolyn. And now, I'd like to introduce today's presenter, Joanna Turner. Joanna is a Senior Research Fellow at SHADAC where she analyses federal and state survey data to help answer relevant policy questions and conduct research to improve the quality and accessibility of the data. She has more than 15 years of experience working with federal population surveys. Prior to joining SHADAC, she was a statistician at the US Census Bureau, working on the topic of health insurance coverage. Ms Turner holds a Bachelors – a



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Masters degree, sorry, in Statistics from the University of Wisconsin-Madison and Bachelors degrees in Mathematics and Spanish for the University of Minnesota Morris.

And now, I will hand the call over to Joanna.

Joanna Turner: Thanks, Carrie, and thanks, everyone, for joining us today. So, I'm really excited to demonstrate SHADAC's new State Health Compare data dissemination site. We hope that you find it's a useful tool for both policy analysis and research and we definitely welcome any feedback you have as you explore the new site.

So, as Lynn and Carolyn have described, this new site is a merger of SHADAC's Data Center and the Robert Wood Johnson Foundation's Data Hub. So, the individual sites are no longer available and they're replaced by the new State Health Compare. So, our State Health Compare goal was really to build on the strength of each of the individual sites to create a unique resource for state level estimates. For those of you that are familiar with the Data Center, you can still view the estimates in tables, maps, flow charts or look at trends over time as we've tried to simplify the navigation. And by incorporating many of the data hub measures, we have greatly expanded the topic areas and data sources.

So, State Health Compare provides data on a variety of measures. We have estimates on health insurance coverage, cost, health behaviours, outcomes, access, utilisation and quality of care, as well as public health and social and economic factors. So, the estimates come from a variety of data sources. Many are listed on this screen. And one of the criteria that we used when deciding on data sources to include was that we wanted estimates that would be potentially available for all states and be as timely as possible. There will be some suppression for some measures, either due to small sample sizes or the data isn't available for the state for a particular year. You know, one example of this is we include some measures from the Behavioural Risk Factor surveillance system that are asked in the rotating core. So, every other year, estimates will be available for all states and in the off year, they're only available to the states that decided to add the optional question.

So now, let's move to screen sharing and I'll walk through the features of State Health Compare. We have a new URL at [statehealthcompare.shadac.org](http://statehealthcompare.shadac.org) and you can still get there to the site from SHADAC's homepage, and if you have the Data Center or Data Hub previously bookmarked, it should automatically redirect to the new site. So, this is SHADAC's homepage, so if you just go to the upper-right corner and click on SHADAC State Health Compare, it'll take you to the new site.

So, State Health Compare has one path to access the estimates by selecting Explore the Data, either on the top bar or in the middle of the screen. They'll take you to the same location. So, when we click on that, we can see all of the topic areas and indicators that are available within each of the topic areas. So, some of these indicators are available by further breakdowns, such as age, education, race, ethnicity, income, et cetera. If you click the box next to Show Available Breakdowns, you're going to see all of the estimates that are available within State Health Compare. We really wanted to keep the site as streamlined as possible and wanted



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you to be able to see all of the available data options without needing to go down multiple paths or look at, you know, different screens. So, this is all of the estimates that you'll be able to access within State Health Compare.

For those of you that are familiar with SHADAC's Data Center, you'll notice that we no longer have the option to select and measure by survey, and we've selected one survey for each measure just to make the interface easier. So, I'll select one of the measures. Let's start with Trial Vaccinations within Quality of Care. All of the indicators are going to work similarly in terms of the selection options, although there will be more choices depending on the availability of breakdowns for the different measures. But the tool is pretty intuitive and all of your selections will happen in this top space above the visualisation.

So, the default view is a map. You're always going to start with the map when you select a measure. So, here we're looking at the percent of children ages 19 to 35 months who have received recommended vaccinations, and this ranged from a low of 63.4% in West Virginia to a high of 84.7% in Maine. If you put your cursor over a state, a pop-up box appears with the data value for that state.

So, the default data year is the most currently that we have available. So, for trial vaccinations, that's 2014. But if you click on the arrow within timeframe and scroll down, you can see all of the available options. So, we have this data back to 2000, and if we select that, the map will automatically update with data for 2000.

Looking under the map, we have the Play All function. And if we click that, we can see how rates are changing over time from 2000 to 2014. I'll just note that the scale is not constant. It is based on each year's data so the scale is changing over time. But this is kind of a fun feature that allows you to visually see which states have low or high values over time.

Now, below the map and below any of the other visualisations, you can find the source, notes and definitions. Then we see that this data is from the National Immunisation Survey and within notes, we explain why data isn't available for a couple of the years. And the definition is going to provide more detail about the measure and our child vaccinations is pretty straight forward, but if we were looking at measure that was a little more complicated. It could include additional details about how the data was calculated or the universe. And it was really important to us with this new site to make sure that we had it fully documented from the data source and the analytic decisions that we made.

So, we also, within this section, have a suggested situation. If you'd like to use the visualisations or underlying data, you just need to fill in the text in the brackets. So, in this case, the data source is the National Immunisation Survey, and the date that you accessed it.

So, going back to the top, along the top bar, for all of the visualisations, you can print the image, you can email a direct link to the custom visualisation, we can share via Facebook, Twitter, LinkedIn or Google Plus. And if we select Twitter, there is pre-populated tweet that you can modify for the length and the content, and of course, log in to your Twitter account.



We also have Get Image, and this is nice, because the image has the title and year information above it. It'll just take a second to load. And once it pops up, you can see we've got the title with the timeframe. You can save it by right-clicking and save image as, and then this can easily be attached to tweets, shared via Facebook or used in other products.

Taking a screenshot or snipping is also another easy way to make a copy of content. Just please remember to cite SHADAC and State Health Compare if you use the content or underlying estimates.

So now, across the top, you can see the different options we have for visualisation. We have the map view we're looking at now. We also have a rank, a trend, a bar or a table view. We'll work our way through each of these different options, but first, I'm going to go back and select a different measure, and we do that by going back to the Explore Data page. I'm going to click the breakdowns again. So, this time, let's select a measure that has a breakdown so there's going to be more selection options within the tool. Let's look at – how about Had a Usual Source of Medical Care. And then, we'll switch over to the rank view.

So now, you see that the selections are similar to what we had before, except we do now have the option to select the breakdown. So, if we click that, we can see we can look at Had a Usual Source of Medical Care, either by age or by coverage type. So, let's select coverage type and this is going to give us a new selection box, and if we click on that, we see we have the option to look at private, public or uninsured. So, what the selection has done is it's restricted the universe. So, we're now looking at – of those with private coverage, what percent had a usual source of care.

So, this chart is, I think, pretty nice because you can easily compare across states and it also gives us the option to sort, so we can sort by lowest or highest value. And we see that for those with private coverage that had a usual source of care, it ranged from 81.2% in Nevada up to 97.4% in Delaware. And if you'd like to return to the default sort order, just select State next to Sort By.

So, in addition to being able to edit the coverage type, we can change timeframe and we can select a subset of states if you don't want all of them. So, you can uncheck, tick the ones you're just interested in or easily add them all back in with Check All.

So, one feature that I personally like about the Ranking Chart is we can add the margin of error. So, this is the 95% confidence interval and if we hover over a bar, we can see that in Alabama, for those with private coverage, 91.7% had a usual source of care with a margin of error of 3.7%. And we do have a SHADAC technical brief offered by Robert Heft, a Graduate Research Assistant, that describes how to conduct significance testing by converting the margin of errors to standard errors and then using TITA. We can include a direct link to this in the follow-up email, but also, if you go to the About page and scroll to the bottom and click on Technical Brief, it'll take you to the document – to the PDF.



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Going back to the About page. While we're on this page, I'd also like to point out that we have a link to SHADAC's Federal Survey Data Release Schedule, and this is based on past data releases that we keep updated with specific dates if they're announced by the federal agencies conducting the surveys. So, you can see that the Census Bureau has announced their release dates for the American Community Survey and we keep – we kept the Data Center and we'll keep State Health Compare updated as soon as possible after the public use files are available. So, on average, this takes us about one to two months, depending on the data source. The National Health Interview Survey is the exception and it takes us a bit longer because we're working with NA Research Data Center. I'll explain this a bit more. We'll go back to the Explore Data page. So, we have ten measures from the National health Interview Survey. We have the Had a Usual Source of Care that I just demonstrated. No Trouble Finding a Doctor, Provider of [Inaudible] Insurance, as well as all of the measures within Cost of Care Behaviour Changes and within our utilisation of care.

Now, those of you familiar with the National Health Interview Survey, you know that there are not state identifiers on a public use file. So, we're doing this work in the Minnesota Research Data Center. We have an approved proposal with the National Center for Health Statistics to produce a state-level NHIS measures. And State Health Compare is really a great vehicle because we can make these NHIS measures available to the research and policy community. And this is the only site where you'll be able to find all of these measures at the state level for multiple use of data. And we do hope to continue producing this resource as long as we have an approved proposal.

So, for those of you that looked at these estimates on the Data Center, the new addition that we recently added was crossing the NHIS measures by coverage type. We previously just had it by age.

So, just a reminder, you can submit your questions at any time in the chat window or you can tweet at SHADAC using the hashtag #statehealthcompare.

So, now let's select a measure that's just a little bit more complicated. Let's look at adult obesity within health behaviours. So, this measure has breakdowns and is from the Behavioural Risk Factor Surveillance System. So, we also have a break in data series. So, we'll move over to the trend and let's see breakdowns. We can look at education or by race-ethnicity, and we'll select education. So, this will give us the education dropdown box. So, we're looking at the universe of those with less than a high school education. If you click on this, you can see the options and just remember, you may need to scroll down to see all of the options that are available. So, scrolling down, we can see the trend lines. The default is the United States, but we can easily add additional states. We can select up to seven and if we add more than that – once I get there, we'll get the pop-up box that just lets us know that we've hit the limit. Now, if you put the cursor over the circles, it'll pop up with the estimates for each of the states you've selected and you can just move it to look at how it's changing over time.

So, in addition to looking at, you know, one education category over time across multiple states, we also have the ability to look at changes over time for all of the education categories within



State Health Access Data Assistance Center – State Health Compare: A New Tool to Study State-Level Health Estimates one state. So, if we select Trend Lines, Show Education, that’s going to give us – now we’re looking at the four different education categories back to the default of the United States. We can switch that to whatever state you’re interested in. So, we see that adult obesity is consistently lower over time for those with a Bachelors degree or higher.

And you’ll notice, as I mentioned, the timeframe – that there is a break in series. There are two timeframe options. We have 2011 to 2015 as well as 2005 to 2010. So, estimates should not be compared before and after the break, which is why we’ve separated them visually in the tool. And just going down again to the notes on the bottom, as a reminder, this contains more detailed information about the measure and we can see from the notes that in 2011, the Behavioural Risk Factor Surveillance System implemented cell phone sampling and an advanced weighting method, causing a break in the series.

So now, let’s move over and look at the bar chart. So, a selection of education was preserved but we have returned back to the default of the United States. So, I just suggest as you’re moving between visualisations and between breakdowns, just kind of keep in mind what the top level selections are, because it’s, you know, confirmed for you the categories and the years that you’re looking at.

So, let’s switch the breakdown and look at race and ethnicity. So, this will update the bar chart and give you the new selection box with the different race and ethnicity categories. So, we can see that 32.2% of Hispanic adults are obese in the United States. We can add additional states and we can also modify the race and ethnicity categories. If you don’t want to look at all of them, we can just check and remove a couple and we also still have the option to switch to the earlier timeframe if you’d like to look at a year from 2005 to 2010.

So now, let’s return back to the Explore Data page one more time, and I’m going to select Coverage Type to demonstrate the table view. And Coverage Type is one of the more complicated measures in that we provide estimates by both breakdown as well as by multiple coverage type. So, there’s just going to be more selection options. So, if we click over the table.

For those of you that are familiar with the Data Center, a lot of our content was focused on health insurance coverage and we still do have a lot of that available. So, what previously was listed as separate coverage indicators on the Data Center selection page, those are now available within the breakdown. If you scroll down, you can see all of the options we have for the health insurance coverage by work status, race-ethnicity, et cetera.

So, let’s select Health Status. So, as I mentioned earlier, we no longer have multiple data sources for the same indicator. So, for the coverage estimates, we’ve selected to use the American Community Survey for the estimates, with the exception of health status that we’re looking at now. This is from the current population survey because the ACS doesn’t have a question about health status and we felt it was an important measure to include, so ...

Scrolling down, we can see the table. It’s fairly wide on default, so you will need to scroll to see all of the column. So, we have coverage available – what, private, public, uninsured, as well as



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the individual types. We have employer, individual, Medicare and Medicaid. You can do some customisation of the table if you'd like to look at just a subset of coverage types. If we go up to the coverage type, uncheck all, we could choose just private, public and uninsured. You also have the option to look at just one category of health status or add it back in, and you can add additional states. The table view is going to let you add as many states as you'd like. Each state will be its own table, so you'll just have to scroll down a bit, depending on how many you choose to look at at once.

One other thing I'd like to note is that for coverage, we do have multiple data types. You can view it as both a percent and a number. So, if you were looking another visualisation, like a map, you could look at either the percent or the number and then within table, you could view both at the same time. If you'd like a simpler table, we can just remove the number and we also have the option to add in the margin of error on the percent. So, the ranking chart and the table are the two visualisations where you're going to be able to view the margin of error enter actively.

I'd like to note that the coverage types are using SHADAC's primary source of coverage hierarchy. So, respondents on the federal surveys can select multiple coverage types and we assign them to only one. So, within health status, if you added up private, public and uninsured, it's going to equal 100%. And this is an improvement from SHADAC's Data Center where we left the responses as reported.

So, a unique feature that we've retained from the Data Center and it only applies to the health insurance coverage estimates and only to this table view is that we can look at the data with a little more depth. We can cross it both by age or with poverty level. So, if we click by age, select the box 0 to 18, we can look at coverage type of children by health status. So, of children with fair or poor health, 42.6% have private coverage, 54% public and 3.4% are uninsured. Or we can look at this table across to – with poverty guidelines. So, we offer three categories and currently, we're looking at a table for those under 138% of Federal Poverty Guidelines. And to return to the default, you just click Clear Cross Tab.

So, we are using the more policy-relevant Health and Human Services Federal Poverty Guidelines instead of the Federal Poverty Thresholds that are provided within the surveys and we do also use a Health Insurance Unit definition of family instead of all the related individuals within a family. So, what the HIU does is it groups individuals who would likely be considered a family unit in determining eligibility for you to private or public coverage. And this is one of the nice features of State Health Compare in that we can easily disseminate the customised policy-relevant estimates that SHADAC's calculated from the microdata.

And for those of you that are interested in your own tabulations, we do also provide the Health Insurance Unit and Federal Poverty Guideline variables for both the American Community Survey and the current population survey through the Minnesota Population Center's Integrated Public Use Microdata series [Inaudible]. And we do have a blog explaining the Federal Poverty Guidelines and a SHADAC brief that discusses the



State Health Access Data Assistance Center – State Health Compare: A New Tool to Study State-Level Health Estimates Health Insurance Unit and links to both of these are provided on the State Health Compare webinar page. The URL was given by Carrie at the beginning.

So, one other feature I'd like to demonstrate is that you can download the underlined data. If you click Download Data, we can choose between downloading just what we've selected with individualisation or we can go to a custom visualisation page and walk through all of the options. So, if we choose to download currently selected data, this will give us a CSV file that can be opened in Excel. So, you'll see it has a single sheet with all of the estimates and the states that we've chosen in the table. So, it just has public, private, uninsured as well as the states that we selected. For those of you familiar with the Data Center, the ability to customise your data download is a nice feature and it is an improvement that we've made from the first version of the tool.

So now, I'll close this and let's look at the custom download options. So, choose your data to download. So, this is going to walk us through a series of three steps to choose what we'd like to download. The first option is to select your state, and we do have the choice to select all. The next step is going to be to choose an indicator, and this is a great feature because it does include all of the data that's available within State Health Compare. So, it has all of the indicators, all of the available breakdowns, as well as – for health insurance covers, it does have those estimates that were in the table view that you could look at crossed by age or by poverty level. So, we can select up to three at one time. We can choose adults that could get medical care when needed, total by education and by race and ethnicity, and our final option is going to be the select years. So, say we wanted just 2015, you would just choose 2015 to 2015. By education, maybe we want, you know, 2014 to 2015, and by race and ethnicity, if we want both data series, we can select that and then click Download Data. So, this will give us the same CSV file, so we'll have separate file for each of the breakdowns. We'll have a file for total, education and race and ethnicity, we have two because we selected both of the data series around the break-in series.

Okay. Close this down. Now returning to the home page, we do that just by clicking State Health Compare. I'd like to point out that if you scroll down, we do have a rotating data highlight where we'll be featuring different estimates from within State Health Compare as well as providing updates on new SHADAC briefs and reports as they come out. So, if you click on the link, it's going to take you directly to the data that's currently featured in the highlight. So, it's going to take us to the [Inaudible] and I think this measure provides a good example of how State Health Compare can be used to explore policy-relevant topics. The increase in death from opioid use has been in the news lately, and if we switch over to the trend view, look at lines by heroin and non-heroin opioid use, we can see how they're increasing over time and we can select, you know, individual states if you'd like to look at an individual state. Now, this also provides an example of when we don't have data for all years for all states. So, you'll notice that it is missing from the trend line, and if you'd like more information on this topic, SHADAC will be releasing an issue brief on opioid overdose death data later in June.

So, returning back to the home screen and scrolling down just a little bit further, pretty easy. You can join our mailing list to stay updated, and if you have questions or comments, you can



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contact us via the website, or you can either email me or SHADAC directly and our email addresses are on the left side of the presentation, but for now, I'm going to stay within screen sharing mode for the questions and answers. I'm going to turn it back to Carrie for the Q&A. Thank you.

Caroline Au-Yeung: All right. Thank you, Joanna. We've had a few questions roll in here. The first one has to do with the NHIS – the National Health Interview Survey – Interview Survey. Why doesn't NHIS release more state-level estimates, and to that end, can you talk a little bit more about how you obtain state estimates from the NHIS?

Joanna Turner: Thanks, Carrie. Well, the National Health Interview Survey does release state-level estimates for health insurance coverage, so they do release private, public and uninsured. But I think it's due to fairly small sample sizes that they don't regularly produce estimates for all of the measures at the state level. So, we've done is we have an approved proposal. We had to submit this through the Research Data Center network, the National Center for Health Statistics that proved it and it does give us the ability to go into the Minnesota Research Data Center and produce state-level estimates for a variety of the access and utilisation measures.

Caroline Au-Yeung: All right. The next question is: 'Why do estimates on State Health Compare from census data differ from those available on American Fact Finder?'

Joanna Turner: Okay. Now, that's a good question. So, the estimates on State Health Compare are tabulated from the microdata, so that will differ slightly from American Fact Finder where the Census Bureau is using their internal files. So, we're using the public use file, so estimates will differ slightly. I'd like to mention one benefit of using the microdata is it does give us that option to do the customisation so we can use Federal Poverty Guidelines. We can customise the age categories. We can use Health Insurance Units. So, that's a really nice feature of having access to the microdata and being able to do the tabulations ourselves.

Caroline Au-Yeung: And if someone wants a table with a breakout that you don't have for NHIS or other data, is there a way that they can get that from SHADAC outside of State Health Compare?

Joanna Turner: I mean, I would suggest that they just email us and we'd definitely be happy to, you know, share what's available. The National Health Interview Survey will be restricted somewhat. It has to be something that is within our approved proposal, so that isn't necessarily as likely, but it's definitely something we can keep in mind, you know, as we update this going forward. And I guess I'll just also add in general if there are, you know, certain data sources or estimates that you think would really work well and, sort of, complement what we have on State Health Compare, we'd definitely be interested in hearing, you know, suggestions as we, you know, work to keep updating this going forward.

Caroline Au-Yeung: All right. Let's see. Can you talk about why State Health Compare uses margins of error instead of standard errors?



Joanna Turner: Sure. So, we wanted to be able to visually show the margin of error, which is essentially a confidence interval on the ranking chart, which I can just go back to that quickly. Go Explore Data, pick a measure. So, in order to have this feature, we needed to turn the standard errors into margin of errors. But it's pretty easy. You can just divide by 1.96 to get back to the standard error, and then, if you're interested in doing the significance testing, you can use the guidance and SHADAC's brief.

Caroline Au-Yeung: All right. Kind of bouncing off that opioid example you gave, can you give another example of an analysis that a user could conduct with the estimates from State Health Compare? And maybe – Brett Fried's in the room – would be willing to answer this one. Brett is a Senior Research Fellow here at SHADAC and he's pretty familiar with the data underlying State Health Compare and I think he's done some work in this area that would demonstrate a good analysis you could conduct or the type of analysis you could conduct.

Brett Fried: Yeah. So, we use the data to do a report on employer coverage. So, trends in ESI that we could pull up here. I mean, we also, you know, use the data for blogs and tweets. But you can see – so, we're pulling up the ESI report right now just to give an example. And we're looking forward to actually using all this, sort of – the – I mean, this site is very new, and you know, we have a lot of new data on here, and we're looking – you know, excited about, you know, being able to, you know, do reports from this data. And here, you can see the report. You know, we have two pages for each state where we use the data to show, you know, different things about employer coverage. And a lot of this uses the data from the Medical Expenditure Panel Survey, you know, including, you know, cost and access. So, it's just one example of things you could do from the report, and we're excited about people using it and we'd love to see the way other people are using our data.

Caroline Au-Yeung: Great. Thanks, Brett. I'll go back to State Health Compare here. All right. Let's see. I think either Brett or Joanna could speak to this one. Can you talk a little bit more about the decision to merge the Data Hub and Data Center? Kind of, what was the logic behind doing that and what are the benefits of having the sites combined?

Joanna Turner: Sure. I guess I can start that. I think there was some initial, kind of, like, confusing having two separate sites and there was a lot of overlap in the content, and it was just, kind of, nice when we merged them together. We can have one resource where people can go to find all of the state-level data instead of, sort of, making an arbitrary decision between two separate sites. I'll let Brett add to that.

Brett Fried: Yeah. I mean, I think that we also wanted to improve the navigation to the site because we were hearing from a lot of people that, you know, they were only using, you know, small parts of really the site itself it. And the reason was really the way they chose to get into the site. So, people, sort of – they chose one way and they stayed there and that restricted their access to, you know, a bunch of different visualisations and other stuff.

Lynn Blewett: I would just add – this is Lynn Blewett. I would just add we wanted to also – to link up with the Robert Wood Johnson Foundation Culture of Health National Metrics and their county-



State Health Access Data Assistance Center – State Health Compare: A New Tool to Study State-Level Health Estimates based ranking. So, some of our metrics do align with those, so it kind of is an overall picture of the health of the population from the national perspective, from the state perspective and from the county perspective.

Caroline Au-Yeung: And – so, what makes – could you speak to what makes State Health Compare unique among data sites? [Inaudible] out there.

Brett Fried: Yeah. I mean, I think one thing that makes it unique is both, you know, the number of state-level measures that we have on and the depth you can go to on those, as well as, you know – we provide, you know, a measure of uncertainty for the data. You know, I think it's one of the easiest to use sites as well and you can – the downloading function works super well, you know, so that if you're working on something, one thing that's always frustrating is you can't just, you know, download the data and work it out yourself. So, that's what I'd say.

Caroline Au-Yeung: Okay. Could you explain a little bit more about why users can no longer select data by data source like they could on the Data Center? Also, related for indicators for which multiple data sources were available on the Data Center, having to choose which data source to use for State Health Compare?

Joanna Turner: Sure. And I think that really builds on what Brett was just saying, that the navigation was a little confusing on the former Data Center and we wanted to streamline that. So, by just, sort of, selecting one data source for each indicator, it makes the site very easy to navigate. People don't, sort of, go down one path and get lost and miss a lot of the, you know, functionality and options that are available. And I'm sorry, what was the second part of the question?

Caroline Au-Yeung: How did you choose which source to use?

Joanna Turner: How to choose. Yep. Yep. So, really, this mainly just applies to the Health Insurance Coverage estimates. Those are the only ones that we had available by multiple data sources as we ended up selecting the American Community Survey because it does have such a large sample size and it's really designed to produce state-level estimates, and especially where we're crafting it by, you know, fairly small categories. It was the best option that we had, so ...

Caroline Au-Yeung: Okay. There's a question here about whether we are thinking of delving into, with more detail, comparable data to the ESI report on individually-purchased insurance down the road. It's something that they would find interesting.

Brett Fried: Yeah. I mean, that's something we also find very interesting. You know, one restriction that we have is that, you know, we're trying to, you know – it has to be state level. It has to be data that's pretty current. But we're certain open to including data on, you know – more in-depth data on individual coverage.



Caroline Au-Yeung: I've got a couple of technical questions in the queue here. The first one is can you speak more about the FPL breakdowns used for State Health Compare and why they were chosen?

Brett Fried: Yeah. I mean, we chose them because we felt that they were policy-relevant, particularly to health insurance reform as a result of the Affordable Care Act. We actually have a lot of choices that you can make on there and we're pulling that up right now. But they're essentially the ones that you would think of when you're thinking about the Affordable Care Act. For instance, 0 to 138% for those states that expanded Medicaid for, you know, looking at the eligibility for Medicaid. And then, for – you know, people are looking at, like, marketplace coverage, then you can look at, you know, where the cost subsidies come in, which is the 139 to 250, or you can, you know, add up the counts and do, you know, 139 to 400 or 101 to 400 for the states who aren't expansion states.

Joanna Turner: Yeah. And I'll just add that that is a nice feature of the site – is that we have the ability to, sort of, customise the categories and we can update this going forward. So, you know, if things, you know, change over time, we can modify the categories so that they're relevant.

Brett Fried: Yeah, and I want – one thing I wanted to add to that is that really this is one of the great things about this site relative to, I think, a lot of other sites. It's the level of breakdowns, and particularly in coverage, we have just tonnes of breakdowns.

Joanna Turner: And I'm just going to highlight again that if you go back to the ranking view and say, what's in poverty level, it's a great way to be able to compare across states for the different, you know, categories. And if you want to add the margin error and – you can do that as well and we can sort them. Yeah. The ranking is probably one of the more usual visualisation aspects just because you can look at the margin of error and it's really an easy way to compare across states within the different measures.

Caroline Au-Yeung: And I actually just had a – kind of a related question coming in about – did you specify sample size and relative standard error thresholds that were used? I think that has to do with the margin of error question.

Brett Fried: Yeah. I mean, I think those are – it would be relatively easy to calculate those from the margin of error to get the, you know, relative standard errors by first getting the standard error and then, you know, dividing that into the estimate. So, you know, we are – we do provide the margin of error and you can download it and use it yourself to do what you want.

Joanna Turner: Okay. And we do do some suppression. You know, for example, the National Health Interviewer Survey estimates coming out of the Research Data Center. Those are suppressed with relative standard errors greater than 30%. So ...

Caroline Au-Yeung: Okay. Related to the Federal Poverty Level question, can you and will you be updating the income threshold if new categories become relevant to policy?



Joanna Turner: Yeah, we definitely have the ability and will be updating these as new categories become relevant.

Brett Fried: Yeah, and that's again an advantage for us. We use the microdata wherever we can so that we can, you know, do those sort of custom categories and do them fast.

Caroline Au-Yeung: And then, a couple of questions about the algorithm that SHADAC uses to determine primary source of coverage when someone reports two sources of insurance coverage. Getting those numbers to add to 100, how do you make that decision?

Joanna Turner: Sure. So, if somebody reports multiple types of coverage, we do assign them to just one coverage type. So, for example, if an adult put Medicare and something else, we're going to assign that adult to Medicare coverage. And the hierarchy continues with Employers Fund to the Military. That's then followed by Medicaid and then Direct Purchase. The hierarchy for children 0 to 18 is similar with the exception that we move Medicare to the end of the list. So, for children, they're assigned Medicare if that's the only coverage type they selected. So, in the other coverage type, it's going to get priority for children over Medicare.

Caroline Au-Yeung: Okay. Let's see. Sorry, I lost my place here. Someone noted that high-risk pools are being reactivated across our country. Are there any member claims, premium and expense data for these pools by state? I know there isn't in our resource here, but anything you could point these folks to?

Brett Fried: No, but we are definitely looking at that and very interested in that, actually. We're working on that issue, and as I said, we're open to putting these out on our site as we develop them. We'd work, of course, with the Robert Wood Johnson Foundation when we did that.

Lynn Blewett: There was a – this is Lynn Blewett. There was a group that did provide cumulative totals by state that was in operation through – I think through the – you know, just prior to the ACA. And so, they would release an annual report that provided how many people were covered, what were the components of each high-risk pool and those are accessible. I don't have the site, like, at my fingertips, but if you email us or just contact us, we can certainly put you in touch with that.

Caroline Au-Yeung: Great. There's a question here about the data source being used for the opioid use and deaths estimate that we're looking at – we were looking at earlier. And I should mention, Colin Planalp is in the room and she happens to be a research fellow at SHADAC who has some experience working with this opioid data, so it's a timely question.

Colin Planalp: Yeah. Thanks, Carrie. So, those data come from the Centers for Disease Control and Prevention's vital statistic data. Specifically, we obtained those through their Wonder tool, and additionally, one mentioned a couple of different things about this. We broke that out by heroin and non-heroin opioid deaths and we explain down in the information in the notes how specifically we calculated those through the Wonder tool and exported those. So, if you're



State Health Access Data Assistance Center – State Health Compare: A New Tool to Study State-Level Health Estimates interested in looking at those by different breakdowns or things like that, that kind of gives you the information you would need to look at that initial data source.

Caroline Au-Yeung: I had a follow-up question to that, Colin. What are the non-heroin opioids? Are they just prescription painkillers or something else?

Colin Planalp: Yeah. So, that's a good question. Those should be primarily drugs, such as prescription painkillers like morphine or – people know the name OxyContin. There are some exceptions, for example, that may capture some death related to codeine, which is often used to treat coughs. But another important thing to note about that is these data do not distinguish between prescription painkillers that are either used legitimately or diverted through their initial source and prescription-style opioids that are manufactured and distributed illegally.

Caroline Au-Yeung: All right. Thank you, Colin. So, this is a bounce back to the question, Joanna, that you answered a few seconds ago about the coverage hierarchy algorithm. Is there a description of this on our website? To [Inaudible] that question.

Joanna Turner: Yeah. I do believe when we go back to the coverage that we described, the hierarchy within the – now that I say that, we should add it to the footnotes if we don't have it there.

Caroline Au-Yeung: Yeah, we can add that.

Joanna Turner: I'll definitely add it if it's not. No, I'm mistaken. So, I'll make sure that we add that to the notes so that we explain what the hierarchy is.

Caroline Au-Yeung: Yeah. It looks like we say that we have it –

Joanna Turner: And we do have it available within various SHADAC products whenever we use it. So, thank you for pointing that out. So, that was an oversight. We'll definitely update this.

Caroline Au-Yeung: We also had a question about suggested citation language a few minutes ago, and I would point out that that's on the screen now. The suggest citation for using State Health Compare is under the source there. Just while we have that on the screen. Another question we had, and I think you touched on this earlier, was are you planning to add additional measures to State Health Compare? If so, can folks submit recommendations for that and how would they do that?

Brett Fried: Yeah. I mean, we welcome any recommendations. And I mean, you know, we're looking for state-level estimates that are policy-relevant that are relatively current, and we would – again, we'd work, you know, with the Robert Wood Johnson Foundation on doing that. But we're certainly very open, so please go ahead, and I guess, you would just email SHADAC and we would definitely take them into consideration.

Caroline Au-Yeung: All right. Thanks. I do have one more question that's a slightly more detailed question but it might be something we can handle here. This is a question about coverage data.



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The person says: ‘I saw that understanding multiple insurance coverage for people, either simultaneously like VA and private, or over the course of the year when they might be uninsured at one point and have medicated another to be very insightful. I believe the census data has that info. Is there a way to access or compare that type of data with what is in State Health Compare?’

Joanna Turner: Yeah. So, the Current Population Survey has modified their questionnaires so that they can look at changes over time that haven’t actually been publicly available yet. So, we don’t have the option to study that in the public use data. If and when the Census Bureau make some, you know, variables available, we’ll definitely, you know, re-explain that and consider what, you know, we can add to State Health Compare. That’s definitely a very interesting question, and you know, as soon as it’s available from CBS – and I’ll let Brett briefly talk about the survey and government program participation.

Brett Fried: Yeah. That’s – you know, that’s a very exciting question. That’s why we use the survey, right of income and program participation. I had to do it. The one thing is that it’s limited in terms of the number of states that you can report, although they do have a state identifier on the public use file. But the sample size really doesn’t support estimates for all states. You know, and that’s – that site would be great if the Current Population Survey comes out with the data so that we could actually report for all states.

Caroline Au-Yeung: Joanna, do you anticipate that data coming out soon or ...

Joanna Turner: I don’t think so. I mean, actually, I think the Census Bureau is still working on their edit, so hopefully we’ll hear more as we get closer to the fall data release, but I don’t anticipate it coming out any time soon.

Caroline Au-Yeung: This is a question that’s somewhat related to what you’re touching on right now. Is there any other circumstance when you’d use the CPS over the ACS when looking at health insurance coverage? And maybe that’s it, looking at duration of covers or ...

Joanna Turner: Yeah. And I think depending on another variable on the Current Population Survey that’s now asked but isn’t publicly released is they ask about exchange participation. So, if that does become public, I think we definitely try and explore ways that we can, you know, use that information and, you know, add it to our tool.

Caroline Au-Yeung: Okay. Great. Well, we’re approaching the top of the hour and I think you’ve made it through all the questions. If I missed one, we can follow up individually. I’ve tracked through the series of questions to make sure I didn’t miss anything.

So, I will back to the closing slide there. If you could pull it up there, just so people can see your contact information on here, if I can find it. Let’s see. Actually, I think we just have to go out of sharing. End sharing. Maybe not. Okay. I’m just going to do this audio so I don’t mess anything up. As mentioned earlier, a recording of today’s event will be posted at [www.shadac.org/statehealthcompare](http://www.shadac.org/statehealthcompare), virtual tour. We will follow up with all attendees via



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email when the recording is available and the presentation slides are also available at this URL  
along with a few resources about FPL versus FPG. And our HIU calculation is also described  
there along with the brief we mentioned earlier on statistical significance testing using  
State Health Compare.

To stay updated on SHADAC, please join our email list at [www.shadac.org](http://www.shadac.org). We also welcome to  
you to follow @SHADAC on Twitter and/or follow us on Facebook at SHADAC for state.

Thanks to Joanna for presenting today and to all the folks who helped with the Q&A. Thank you  
to the Robert Wood Johnson Foundation for supporting the work of SHADAC and the State  
Health Compare. And to everyone who joined us for today's presentation, we hope you have a  
great afternoon.

Operator: Ladies and gentlemen, this does conclude today's call. Thank you for your participation  
and you may now disconnect.