SHADAC is a multidisciplinary health policy research center with a focus on state policy. For over 15 years, SHADAC has produced rigorous, policy-driven analyses, translating complex research findings into actionable information that is accessible to a broad audience. SHADAC faculty and staff are nationally recognized experts on collecting and applying health policy data to inform or evaluate policy decisions, with expertise in both federal and state survey data sources. We provide unbiased technical assistance and in-depth analysis to states and other organizations and collaborate with a wide range of partners including foundations, state and federal agencies, academic institutions, other research organizations, and nonprofits. SHADAC is affiliated with the University of Minnesota, School of Public Health. Learn more at www.shadac.org.

**Our Technical Expertise**
- Using State and National Health Survey Data
- Policy and Program Evaluation
- Quantitative and Qualitative Data Collection and Analysis
- Survey Design and Analysis
- Data Use for Monitoring and Evaluation
- Data Visualization: Mapping and Infographics

**Our Topic Area Expertise**
- Health Insurance Coverage and Access to Care
- Health Care Cost and Utilization
- State and Federal Health Policy and Health Reform Strategies
- Payment and Delivery System Reform
- Medicaid Policy
- Health and Health Care Quality Measurement

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

There are currently 45 measures available on State Health Compare, drawn from the most currently available data, including three new measures added in 2018: Opioid-Related and Other Drug Poisoning Deaths, Adult Unhealthy Days, and Unaffordable Rents. Estimates are available for timespans ranging between 4 and 17 years, and are drawn from 16 data sources.

**Data Sources We Work With**
- United States Census Bureau
  - American Community Survey (ACS)
  - Current Population Survey (CPS)
- National Center for Health Statistics (NCHS)
  - National Health Interview Survey (NHIS)
- Agency for Healthcare Research and Quality (AHRQ)
  - Healthcare Cost and Utilization Project (HCUP)
  - Inpatient Quality Indicators (IQui)
  - Medical Expenditure Panel Survey (MEPS)
  - Pediatric Quality Indicators (PQi)
- Centers for Medicaid and CHIP Services (CMCS)
  - Nationwide Adult Medicaid Consumer Assessment of Healthcare Providers and Systems (NAM CAHPS)
- Health Resources and Services Administration (HRSA)
  - National Survey of Children’s Health (NSCH)
- Department of Labor (DOL)
  - Bureau of Labor Statistics (BLS)
- Centers for Disease Control and Prevention (CDC)
  - Behavior Risk Factor Surveillance System (BRFSS)
  - High School Youth Risk Behavior Surveillance System (YRBISS)
  - National Immunization Survey (NIS)
  - State Tobacco Activities Tracking and Evaluation (STATE) System
- Centers for Disease Control and Prevention (CDC)
  - Web-based Injury Statistics Query and Reporting System (WISQARS)
  - Wide-ranging Online Data for Epidemiologic Research (CDC WONDER)
- National Association of State Budget Officers (NASBO)
  - State Expenditure Reports
- National Cancer Institute (NCI)
  - Surveillance, Epidemiology, and End Results (SEER) Program
- Drug Enforcement Agency (DEA)
  - Automation of Reports and Consolidated Orders System (ARCOS)

**Core Support from the Robert Wood Johnson Foundation**
SHADAC is grateful for the generous and longstanding support of the Robert Wood Johnson Foundation, which sustains our core efforts toward increasing the availability and use of relevant state and national data to inform state health policy. This work includes providing states with data analytics and technical guidance on data use, connecting states to federal data, and providing one-on-one technical assistance on state-related data and policy issues. With the foundation’s support, SHADAC has become widely recognized by states as a unbiased and trustworthy resource for identifying and using sound data to inform their policy decisions.

We also greatly appreciate the Robert Wood Johnson Foundation for funding SHADAC’s State Health Compare online data tool described above. State Health Compare plays a critical role in supporting SHADAC’s work to connect states with sound data that can inform policy.
2018 SPOTLIGHT PRODUCTS

State Profiles and Chartbooks
Employer-Sponsored Health Insurance at the State Level, 2013-2017

Issue Briefs
Minnesota’s Changing Health Insurance Landscape: Results from the 2017 Minnesota Health Access Survey
Exploring Public Health Data with State Health Compare: State Funding for Public Health

Reports
Evaluation of the Minnesota Accountable Health Model: Contractor Final Report on behalf of the Minnesota Departments of Human Services and Health
Assessment and Synthesis of Selected Medicaid Eligibility, Enrollment, and Renewal Processes and Systems in Six States: Contractor Report on behalf of the Medicaid and CHIP Payment and Access Commission

50-State Snapshots
Educational Attainment and Access to Health Care: State Health Compare
State Health Data Snapshots: Milbank Memorial Fund

Infographics
Examining Unaffordable Rents as a Social Determinant of Health

Webinars
Exploring the New State-Level Opioid Data on State Health Compare
New Coverage Data from the ACS and CPS: An Annual Conversation with the U.S. Census Bureau

TECHNICAL ASSISTANCE PROVIDED BY SHADAC IN 2018
SHADAC provided technical assistance to over 40 states in 2018.

SHADAC IN THE MEDIA
SHADAC research and analysis was cited or featured in over 70 media articles, news reports, and blogs in 2018. High-profile outlets that covered SHADAC content in 2018 include:

- Forbes
- Health Affairs
- U.S. News & World Report
- benefitsPRO
- POLITICOPRO
THANK YOU TO OUR 2018 FUNDERS AND PARTNERS

SHADAC is grateful to have received support from multiple funders and to have collaborated with a number of partners in 2018, including foundations, federal and state agencies, national associations, and other research organizations. These relationships have helped advance our goal of bridging the gap between research and policy.

Foundations
- Robert Wood Johnson Foundation
- Blue Cross Blue Shield of Minnesota Foundation
- California Health Care Foundation
- Milbank Memorial Fund

Federal Agencies
- Center for Medicare & Medicaid Innovation
- Centers for Disease Control and Prevention
- Medicaid and CHIP Payment & Access Commission
- U.S. Census Bureau

State Agencies
- Minnesota Department of Health
- Minnesota Department of Human Services

Associations
- National Governors Association

Research Organizations
- Center for Health Care Strategies
- Harbage Consulting
- NORC at the University of Chicago
- The Lewin Group
- University of Minnesota, School of Dentistry
- University of Minnesota, Institute for Social Research and Data Innovation

2018 SOURCES OF FUNDING

2018 RESEARCH HIGHLIGHTS

Topic Area: Health Insurance Coverage and Access to Care

The Uninsured in Minnesota: Geography & Demographics
Using data from the American Community Survey (ACS), SHADAC created detailed descriptions of the geographic locations and demographic characteristics of the uninsured in Minnesota in order to (a) support targeted outreach and enrollment activities of health insurance navigators; and (b) provide information about the uninsured to Minnesota policymakers as they develop strategies to reach the remaining uninsured in Minnesota and reduce geographic disparities in coverage.

Funded by Blue Cross Blue Shield of Minnesota Foundation

Minnesota Health Access Survey
SHADAC conducts a biennial telephone survey of Minnesota residents and analyzes survey results in partnership with the Health Economics Program at the Minnesota Department of Health. Findings from the survey provide an overview of the state’s uninsured population and changes in their composition over time as well as trends in how Minnesotans obtain health insurance coverage.

Funded by the Minnesota Department of Health

Topic Area: Health Care Cost & Utilization

Minnesota Long-Term Services and Supports Projection Model
SHADAC collaborated with the Minnesota Department of Human Services to develop a model projecting the use of Long-Term Services and Supports (LTSS) in Minnesota and how this will affect state Medicaid spending on LTSS. The model uses national and state-specific data sources to estimate LTSS utilization and costs for the population 65 years and older for 2020 and 2030 under different contexts and scenarios for policy intervention. The model is intended to serve as a resource to the state as it plans for the future role of public financing of LTSS.

Funded by the Minnesota Department of Human Services
2018 RESEARCH HIGHLIGHTS (CONT’D)

CDC 6|18 Initiative: Technical Assistance to States on Data, Evaluation, and Measurement
In collaboration with the Center for Health Care Strategies (CHCS), SHADAC provides technical assistance to states working to implement the Centers for Disease Control and Prevention’s 6|18 Initiative, which supports states in implementing evidence-based interventions to address six high-cost, high-prevalence conditions. SHADAC provides data, evaluation, and measurement to states working to implement these initiatives in their Medicaid programs. Funded by the Robert Wood Johnson Foundation

Topic Area: State Health Reform
Leveraging 1332 State Innovation Waivers to Stabilize Individual Health Insurance Markets
SHADAC researchers documented the strategies and rationale of the first three states to receive federal approval to establish state reinsurance programs with federal funding—Alaska, Minnesota, and Oregon—via Section 1332 State Innovation Waivers in order to address the volatility of their individual health insurance markets. SHADAC identified challenges, facilitators, and lessons learned during the waiver application and implementation processes that could be helpful for states considering similar policy action and for federal regulators interested in supporting similar state initiatives. Funded by the Robert Wood Johnson Foundation

Inventory of Evaluations of Integrated Care Programs for Dually Eligible Beneficiaries
SHADAC conducted a systematic literature review and abstraction of studies that evaluate the impacts of integrated care programs for dually eligible beneficiaries in order to produce a “one-stop shop” for the review of available evidence across a range of outcomes related to cost, quality, health outcomes, and access. Funded by the Medicaid and CHIP Payment and Access Commission

State Innovation Models: Technical Assistance to States
As part of a team led by NORC at the University of Chicago, SHADAC provides technical assistance to states that have received awards to reform their health care payment and delivery systems through the Center for Medicare and Medicaid Innovation’s State Innovation Models initiative. SHADAC provides technical assistance primarily on topics including performance measurement and reporting, data collection and analysis, and evaluation of state transformation efforts. Funded by the Center for Medicare and Medicaid Innovation

Topic Area: Medicaid Policy
Medicaid Section 1115 Waiver Evaluation: Technical Assistance to States on Data-Driven Evaluation
SHADAC researchers provide technical assistance to Alaska, Colorado, Illinois, and New Hampshire as they participate in an effort supported by the National Governors Association to help them develop data-driven evaluations of the new Medicaid policies they are pursuing under Section 1115 waivers. Ongoing technical assistance provided by SHADAC includes reviewing request for proposals and planning documents, participating in convenings with state and federal officials, and producing resources to respond to state-specific evaluation needs. Funded by the National Governors Association

Evaluation of Medicaid Expansion through Section 1115 Waivers
SHADAC analyzed how the states of Arkansas, Indiana, Iowa, and Michigan approached the implementation of their Section 1115 Medicaid expansion waivers. The study identified the steps states took to operationalize their programs, focusing on five waiver program elements including exchange plan premium assistance, enrollee contributions, health savings accounts, healthy behavior incentives, and graduated copayments for emergency department use. Funded by the Medicaid and CHIP Payment and Access Commission

A NOTE FROM THE SHADAC DIRECTOR: LYNN A. BLEWETT, PhD, MPA
As the federal health policy landscape evolves, SHADAC has stayed true to its mission of getting the facts right and making them available to policymakers and the public. We continue to focus on where the action is – the states! States are moving ahead to pursue innovative policy related to health insurance coverage; continue delivery system and payment reform efforts that align incentives and address social-determinants of health; and leverage data and information to stem the opioid crisis. We are keeping pace with these developments and working with states as they forge new paths toward providing affordable and equitable care to improve health of their populations.

We look forward to continuing to work with our funders and partners to produce research and evaluation that is accessible and actionable. Thank you for including us on your journey.