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November 2023

SHADAC Fall Data Release

2022 Health Insurance Coverage Estimates: Data Releases from the ACS & CPS

In early September, the U.S. Census Bureau released estimates of health insurance coverage in the United States for 2022 from the [American Community Survey](#) (ACS) and the [Current Population Survey](#) Annual Social and Economic Supplement (CPS ASEC). Results from each survey highlighted the overall drop in uninsured rates from the previous year, with the CPS falling from 8.3% in 2021 to 7.9% in 2022 and the ACS declining from 8.6% in 2021 to just 8.0% in 2022, the lowest rate of national uninsurance ever reported by the ACS. SHADAC covered each of these federal survey data releases in a related series of blogs, with [the CPS blog](#) and accompanying infographic focusing on national-level estimates, and [the ACS blog](#) highlighting state-level information about health insurance coverage by type and demographic categories.

SHADAC and the U.S. Census Bureau's Annual Data Release Webinar

SHADAC recently hosted experts Katherine Keisler-Starkey and Sharon Stern from the U.S. Census Bureau for a [webinar](#) that discussed the most recent estimates of 2022 health insurance coverage from the CPS and ACS. The webinar also covered state-level changes in uninsurance, as well as changes by coverage types (public, private, individual marketplace, and more). A [recording of the webinar](#) and [slides](#) from the presentation are now available to view and download.

Exploring Cost and Coverage Rates in Employer-Sponsored Insurance

Researchers at SHADAC used [data](#) released from the Medical Expenditure Panel Survey-Insurance Component (MEPS-IC) to provide an [initial snapshot](#) into 2022 estimates of private-sector employer-sponsored insurance (ESI). In 2022, 85.6% of U.S. employees worked in establishments that offered health insurance coverage. Other notable changes from the MEPS data included a

Upcoming Webinar

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continued rise in premiums (2.8% for single coverage and 2.6% for family coverage), though average deductibles were unchanged from 2021, and a significant drop in the share of private sector employees enrolled in high-deductible plans, down to 53.6% from 55.7% in 2021.

Disparities in Minnesota's COVID-19 Vaccination Rates



Tuesday
November 14th



11am-12pm CST



Speakers:
Dr. Tyler Winkelman
Hennepin Healthcare
Research Institute

Colin Planalp
SHADAC

Attendees will learn:

- About disparities in COVID-19 vaccination rates across demographic groups in Minnesota
- How policymakers' vaccine prioritization approach may have contributed to health inequities
- Ideas for improved metrics for measuring time-sensitive interventions during public health emergencies

Recent Publications with SHADAC Partners

Federal Survey Sample Size Analysis: Disability, Language, and Sexual Orientation and Gender Identity

SHADAC was contracted by the [Medicaid and CHIP Payment and Access Commission](#) (MACPAC) to [analyze](#) the quality and availability of data for different demographic populations facing health inequities. SHADAC researchers reviewed 13 federal surveys to determine if they had questions about disability, primary language, limited English proficiency (LEP), and sexual orientation and gender identity (SOGI). Findings from the [report](#) noted that a majority of surveys include questions regarding functional disabilities, but fewer than half include questions about intellectual disabilities, serious mental illness, primary language, LEP, and SOGI.

Did Disparities in Access Worsen During the Pandemic?

In a [new brief](#) produced for the [California Health Care Foundation](#) (CHCF), SHADAC investigated whether the COVID-19 pandemic worsened the disparities between Medi-Cal enrollees and Californians with employer coverage when attempting to access healthcare. Using data from the 2017-2018 and 2020-2021 California Health Interview Survey (CHIS), the [analysis](#) revealed that the pandemic did not worsen access to care for individuals enrolled in Medi-Cal. Rather, the reason that the disparity gap appeared to close between the two groups is signs of worsening access to care for Californians with employer-sponsored insurance coverage.

Health Equity Measurement: Considerations for Selecting a Benchmark

When looking to advance health equity, states need tangible ways to measure progress. One method for measurement is to use a benchmark as a standard for evaluating the effectiveness of such efforts. Four common approaches to selecting a benchmark are discussed in a [new brief](#) produced by SHADAC for [State Health & Value Strategies](#): using the best-performing group as reference, using the most socially advantaged group as reference, comparing against a population average, and comparing against a set target/goal. While there is no “ideal” benchmark, it is important to thoroughly evaluate the advantages and disadvantages of any approach and to understand the root causes of inequities.

Medicaid Continuous Coverage Unwinding Resources

State Data Dashboards

[Monthly Coverage Data from the Household Pulse Survey](#)

[State-Based Marketplace Transition Data During the Unwinding](#)

[State Dashboards to Monitor the Unwinding](#)

Expert Perspectives

[Using Surveys to Monitor Coverage Transitions During the Unwinding](#)

[Best Practices for Publicly Reporting State Unwinding Data](#)

[Reporting Requirements Related to the Unwinding](#)

Recommendations for our Readers

[Paying for It: How Health Care Costs and Medical Debt Are Making Americans Sicker and Poorer](#)
Sara R. Collins, Shreya Roy, & Relebohile Masitha; The CommonWealth Fund Blog

[Learning with Indigenous Communities to Advance Health Equity](#)
Karabi Acharya; RWJF Culture of Health Blog



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