



June 2018

## SHADAC Announcements

### 2018 AcademyHealth Annual Research Meeting in Seattle

SHADAC researchers and [SHARE](#) grantees will be presenting their research at the [2018 AcademyHealth Annual Research Meeting](#) (ARM) in Seattle between June 23 and 26. Their podium presentations include the following:

- [Modeling State-Based Reinsurance: One Option for Stabilization of the Individual Market](#)  
Brett Fried (SHADAC)
- [Minnesota Long Term Services and Supports Financing Model](#)  
Giovann Alarcón (SHADAC)
- [Did the Affordable Care Act Create Differential Benefit Designs for Smoking Cessation Treatments Among Medicaid Enrollees?](#)  
Sara McMenamin (University of California San Diego) - SHARE Grantee
- [Who Gets It Right? Characteristics Associated with Accurate Reports of Health Insurance Coverage](#)  
Kathleen T. Call (SHADAC)
- [The Intersection of Social Risk Factors and Insurance-Based Discrimination on Healthcare Access Inequities](#)  
Kathleen T. Call (SHADAC)
- [Elderly Medicaid LTSS Eligibility Stable over Time, Driven By Asset Restrictions Rather Than Income](#)  
Robert Hest (SHADAC)



SHADAC will also be at **Booth #202** in the Exhibit Hall, and researchers will be available to answer your questions about leveraging state and national data sources on coverage, access, monitoring opioid use, and social determinants of health. They can also walk visitors through our state data compendium, [State Health Compare](#). Stop by to chat, and grab some swag!

View the [full presentation and poster schedule](#) for SHADAC faculty, staff, and students, as well as our University of Minnesota colleagues, on our blog.

### AcademyHealth Annual Research Meeting Pre-Conference Seminar: IPUMS Data Resources for Health Services Research



[Learn about data resources for health services research from the Integrated Public Use Microdiata Series](#) (IPUMS) at an ARM pre-conference seminar on Saturday, June 23, in Seattle. Attendees will obtain an overview of the IPUMS harmonized survey, including the National Health Interview Survey (NHIS), the Medical Expenditure Panel Survey (MEPS), the Current Population Survey (CPS), and the American Community Survey (ACS), along with geographic U.S. data resources for health services and policy research; learn how to effectively locate and download data of interest from the IPUMS integrated data collection; and receive hands-on experience with IPUMS data through structured exercises and interaction with IPUMS staff.

### SHADAC Report Examines Children's Health Insurance Coverage from 2013 to 2016

A new analysis from SHADAC examines health insurance coverage among children in the United States from 2013 to 2016, looking at changes in children's coverage before and after the coverage provisions of the Affordable Care Act (ACA) took effect in 2014. Using data from the American Community Survey (ACS), the report examines coverage at both the national and state level, among children as a whole and

by income, race/ethnicity, and educational attainment. Among key findings, the number of uninsured children nationwide dropped by 2.2 million, or 2.9 percentage points, between 2013 and 2016, with coverage gains sustained despite an uncertain policy climate around the ACA. Access a summary chartbook, two-page profiles of children's coverage for each state, and 50-state comparison tables at [www.shadac.org/KidsReport2016](http://www.shadac.org/KidsReport2016).



### SHADAC in *American Journal of Public Health*: Kentucky saw Post-ACA Reductions in Uninsurance Disparities



Lynn A. Blewett and her colleagues published an article, "[Affordable Care Act in Kentucky: Increasing Access, Reducing Disparities](#)," in the *American Journal of Public Health*. The authors used data from the American Community Survey (ACS) to examine changes in uninsurance and uninsurance disparities by race/ethnicity in Kentucky since the state's implementation of the Affordable Care Act (ACA). The authors found that Kentucky's uninsurance rate for all ages declined significantly between 2013 and 2015, from 14.4% to 6.1%. Among racial/ethnic groups, the largest decline in uninsurance was experienced by Blacks (from 16.7% uninsured in 2013 to 5.5% in 2015), for whom historic coverage disparities were eliminated.

### SHARE Results in *Health Affairs*: TV Advertising Volumes Were Associated with Insurance Marketplace Shopping and Enrollment in 2014

*Health Affairs* recently featured [SHARE-funded research led by Dr. Sarah Gollust](#) of the University of Minnesota, School of Public Health. Dr. Gollust and her colleagues combined survey data from the 2014 National Health Interview Survey (NHIS) on adults ages 18–64 with data on volumes of televised advertisements aired in respondents' counties of residence during the 2013–



2014 open enrollment period to study whether the volumes of televised content were associated with the shopping and enrollment behavior of U.S. adults in the new health insurance Marketplaces in 2014. The researchers found that people living in counties with higher numbers of ads sponsored by the federal government during the 2013–2014 open enrollment period were significantly more likely to shop for and enroll in a Marketplace plan in 2014. Coauthors included Andrew Wilcock (Harvard Medical School), Erika Franklin Fowler (Wesleyan University), Colleen Barry (Johns Hopkins Bloomberg School of Public Health), Jeff Neiderdeppe (Cornell University), Laura Baum (Wesleyan University), and Pinar Karaca-Mandic (University of Minnesota). Read the article in *Health Affairs* [here](#).

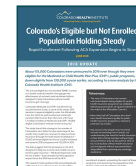
### SHARE Results in *American Journal of Preventive Medicine*: Impact of the ACA on Medicaid Coverage of Smoking-Cessation Treatments

According to [a new article](#) in the *American Journal of Preventive Medicine*, the Affordable Care Act (ACA) improved and expanded state Medicaid coverage of effective smoking cessation treatment. The analysis, which is based on [SHARE-funded research led by Dr. Sara McMenam](#) (University of California, San Diego), examined data collected from 50 state Medicaid programs and the District of Columbia. The analysis suggests that Medicaid programs have made considerable progress in expanding coverage for smoking-cessation treatments for enrollees since the passage of the ACA. However, the authors note that additional guidance and clarification from the Centers for Medicare and Medicaid Services (CMS) may be needed in order to achieve full compliance with the ACA.

## Health Data, Results, & Trends from the States

### Colorado: More Than Half of Uninsured Coloradans Qualify for Public Health Insurance or Advance Premium Tax Credits

A [new analysis](#) from Colorado Health Institute examined the rate of Coloradans who remain uninsured despite being eligible for public health insurance programs or advance premium tax credits. The report found that about 115,000 Coloradans were uninsured in 2016 but eligible for state public programs. Additionally, 121,000 Coloradans were uninsured in 2016 even though they were eligible to receive tax credits to help purchase insurance through the state-based marketplace. In all, more than half of uninsured Coloradans qualify for public health insurance or advance premium tax credits.



### Kansas and Missouri: Health Access Survey Findings Released

Results from the first Kansas and Missouri Consumer Health Access Survey, administered by RTI International between September 2017 and January 2018, are [now available](#). Among key survey findings, 20 percent of adults ages 19–64 were uninsured in both Kansas and Missouri at the time of interview. Within this age group, Hispanic adults had significantly higher uninsured rates, at 53 percent in Kansas

and 50 percent in Missouri.

### Louisiana: Medicaid Expansion Led to State Savings

A new report, "[Medicaid Expansion and the Louisiana Economy](#)," was prepared by researchers at the [Public Administration Institute at Louisiana State University](#). The report, commissioned by the Louisiana Department of Health, found that as a result of Louisiana's choice to expand Medicaid, the Louisiana economy received an influx of federal dollars that created and supported over 19,000 jobs, state tax receipts of over \$103 million, and local tax receipts of \$74.6 million. The authors expect that this economic stimulus will continue as long as the state allows for expanded Medicaid access under the Affordable Care Act.

## Payment & Delivery System Advancement in the States

### Catalogue of Value-Based Initiatives for Rural Providers



The [Rural Health Value](#) project, funded by the [Federal Office of Rural Health Policy](#), recently updated its [catalogue of value-based payment initiatives](#). The catalogue summarizes value-based programs that are relevant to rural areas and being implemented by the Department of Health and Human Services (HHS), including the Centers for Medicare & Medicaid Services (CMS) and the Center for Medicare & Medicaid Innovation (CMMI). The catalogue is aimed at helping rural leaders and communities identify value-based programs appropriate for rural practitioners or provider organizations.

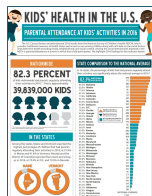
### 2018 Scorecard on State Health System Performance

A [new digital scorecard](#) from the [Commonwealth Fund](#) measures health system performance in all 50 states and the District of Columbia, looking at more than 40 measures of access to health care, quality of care, efficiency in care delivery, health outcomes, and income-based health care disparities. Among key findings, states are losing ground on key measures related to life expectancy, but on most other measures, performance continues to vary widely both across and within states.



## Federal Data: News & SHADAC Resources

### SHADAC Data Highlights: The National Survey of Children's Health



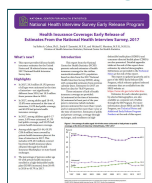
SHADAC continues to publish a series of blogs and infographics highlighting state-specific findings from the 2016 National Survey of Children's Health (NSCH). These results were recently released by the U.S. Census Bureau and provide an ideal data source for monitoring social determinants of health among children. [Our most recent blog and accompanying infographic](#) explores parental attendance at children's events and activities in 2016. According to the new data, 82.3% of children nationwide (approximately 39,839,000 children) had parents regularly attending their activities in 2016. Among the states, the highest percentages of children with parents regularly attending their activities were found in Maine (91.9%), Vermont (91.6%), North Dakota (91.1%), South Dakota (90.8%), and Iowa (90.3%).

### SHADAC Researchers Explore Data Resources for Conducting Health Services Research in Annual Review of Public Health

[A new article](#) in the *Annual Review of Public Health*, "Data Resources for Conducting Health Services and Policy Research," provides an overview of key federal household surveys used in health services policy research. Lynn A. Blewett and her colleagues document topics such as health insurance coverage (American Community Survey, Current Population Survey), health conditions and behaviors (National Health Interview Survey, Behavioral Risk Factor Surveillance System), health care utilization and spending (Medical Expenditure Panel Survey), and longitudinal data on public program participation (SIPP). The paper describes the surveys' strengths and limitations, concluding with observations about the future of U.S. household surveys that address a broad range of health care topics and questions.



### NHIS: Insurance Coverage Held Steady Overall in 2017, but Key Income Groups Saw Changes



The [National Center for Health Statistics](#) (NCHS) released [health insurance coverage estimates for 2017 from the National Health Interview Survey](#) (NHIS) as part of the NHIS Early Release Program. These represent the first available full-year coverage estimates for 2017 and include estimates for 18 states. While the estimates show stable rates of insurance coverage between 2016 and 2017 nationwide and in the 18 study states, there were significant changes in rates of insurance coverage among non-elderly

adults by income level in 2017. There was a significant increase in private coverage for adults with incomes below 100% FPL between 2016 and 2017 (21.6% to 26.5%), coupled with a significant decrease in public coverage (53.7% to 50.2%) among the same group. Read our [blog post](#) offering highlights of the estimates.

## Recommended Reading

[State Legislatures Start Out Strong in 2018 with Bills to Curb Rx Drug Costs](#)

*NASHP State Health Policy Blog*

[Resource: 1332 State Innovation Waivers for State-Based Reinsurance](#)

*SHADAC*

[Why Adopt CDC's 6|18 Prevention Strategies in Medicaid?](#)

*Center for Health Care Strategies*, June 7, 2018

[Safety-Net Health Systems at Risk: Who Bears the Burden of Uncompensated Care?](#)

*Health Affairs Blog*, May 10, 2018

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