



August 2018

SHADAC Announcements

September 5th Webinar: Exploring New State-Level Opioid Data on SHADAC's State Health Compare



SHADAC Research Fellow Colin Planalp will examine the United States opioid epidemic at the state level, using data available through SHADAC's [State Health Compare](#) to analyze trends in overdose deaths from heroin and other opioids, such as prescription painkillers. Mr. Planalp will be joined by Research Fellow Robert Hest, who will discuss data on opioid-related overdose deaths and sales of prescription opioid painkillers available on State Health Compare. Mr. Hest will also demonstrate how to access and use the data for state-level analyses.

[Learn more and register.](#)

The Changing Opioid Epidemic: National & State Trends, 2000-2016 (Briefs)



Two new SHADAC issue briefs examine the United States opioid epidemic from 2000 to 2016 using data from the CDC WONDER system (available through SHADAC's [State Health Compare](#)) to analyze differences in trends of overdose deaths for different types of opioids (i.e., prescription painkillers, heroin, and synthetic opioids). The [first brief](#) examines the evolution of the opioid overdose crisis at the national level, finding dramatic increases in deaths from heroin and synthetic opioids within the past few years. The [second brief](#) analyzes trends in opioid-related mortality among the states and among population subgroups.

Lynn Blewett Discusses Individual Market Stabilization at Brookings Event

A [new report](#) from Wake Forest University's Mark Hall examines the recent experiences of ten states with respect to individual market stabilization, including Alaska, Arizona, Colorado, Florida, Iowa, Maine, Minnesota, Nevada, Ohio, and Texas. The report aims to inform state and federal policy officials about the stability of the individual market by examining causes of instability and identifying measures that might improve the individual market, including reinsurance, subsidy expansion, Medicaid buy-in options, assessments on non-compliant plans, additional investment in marketing and outreach, and other strategies. SHADAC led the analysis of Minnesota's stabilization efforts for the report, and SHADAC Director Lynn Blewett [joined Mr. Hall at the Brookings Institution](#) to discuss findings from the state.

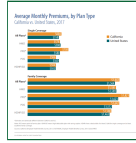
September 18th Data Release Webinar: U.S. Census Bureau Discusses New Coverage Estimates from the 2017 ACS and CPS

The United States Census Bureau logo, featuring the words "United States" above "Census" and "Bureau" below it, all in a blue serif font. The text "The U.S. Census Bureau will release 2017 estimates of health insurance coverage and uninsurance from the American Community Survey (ACS) and the Current Population Survey (CPS) in mid-September, and SHADAC will host [a webinar with Census Bureau experts](#) on September 18th. Attendees will learn about the new 2017 national and state coverage estimates; when to use which estimates from which survey; how to access the estimates via Census reports and American FactFinder; and how to access state-level estimates from the ACS using SHADAC tables. [Register now.](#)

Stay tuned for a number of annual SHADAC resources that will be released in September to accompany the federal data release, including [county-level uninsurance tables](#) and the update to our annual brief, "[Comparing Federal Government Surveys that Count the Uninsured.](#)"

Health Data, Results, & Trends from the States

California: Workers Shouldered More ESI Costs in 2017



A report prepared by NORC at the University of Chicago for the California Health Care Foundation examines data from the 2017 California Employer Health Benefits Survey. According to the data, premiums for family health insurance coverage in California increased by an average of 4.6 percent from 2016 to 2017, with an average 2017 monthly family premium of \$1,643. This was significantly above the average national monthly family premium in 2017, at \$1,564. Fourteen percent of California workers paid more than half of the premium for family coverage in 2017. [Read the full report.](#)

Colorado: Survey Shows Less than Half of Coloradans Were Insured through Work in 2017



A [new analysis](#) from the Colorado Health Institute examines data from the 2017 Colorado Health Access Survey (CHAS) on employer-sponsored insurance (ESI) in the state. The analysis found that the proportion of Coloradans (all ages) with ESI dropped to 49.4 percent in 2017, down from 52.6 percent in 2013 and 57.7 percent in 2009. This shift was driven largely by increases in Medicaid and Medicare coverage, which together accounted for 35.4 percent of coverage in 2017, up from 24.2 percent in 2013 and 20.1 percent in 2009. [Read the full report.](#)

Ohio: Medicaid Expansion Impact Analysis Finds Expansion Beneficial to Newly-Eligible Enrollees

A [new report](#) from the Ohio Department of Medicaid to the Ohio General Assembly examines the impact of the state's 2014 ACA Medicaid expansion on newly-eligible enrollees with respect to access and utilization of healthcare, physical and mental health status, financial distress/hardship, and employment. According to the study, newly-eligible enrollees reported improved access to care, better management of chronic diseases and health risk factors, and improvements in self-rated health and economic stability. Nearly one-fifth (17.5%) of Ohioans age 19-64 have participated in the Medicaid expansion program since it began in 2014, representing more than 1.26 million individuals.

Federal Data: News & SHADAC Resources

2017 MEPS-IC Data: ESI Offer Rate Held Steady, but Premiums Continued to Rise and More Employees Enrolled in High Deductible Plans

The Agency for Healthcare Research and Quality (AHRQ) released [national estimates](#) and [state and metro area estimates](#) from the 2017 Medical Expenditure Panel Survey – Insurance Component (MEPS-IC) on private sector employer-sponsored insurance (ESI) coverage, premiums, and deductibles. The percent of employees nationwide working at establishments that offer coverage was statistically stable at 84.5 percent in 2017. However, 2017 premiums for single-coverage ESI grew by 4.4 percent compared to 2016—an increase that was double the 2.2 percent growth seen from 2015 to 2016. The percent of employees enrolled in high deductible health plans also increased from 2016 to 2017, growing from 42.6 percent to 48.7 percent.

[Access the SHADAC blog for an overview of the state estimates from the 2017 MEPS-IC.](#)

IPUMS Health Surveys Releases New NHIS and MEPS Data

[IPUMS Health Surveys](#) has released new data from the National Health Interview Survey (NHIS) and Medical Expenditure Panel Survey (MEPS). [IPUMS NHIS](#) now offers the new 2017 NHIS data on imputed income and supplemental variables from the 2017 NHIS on cultural competence, complementary and alternative medicine, Epilepsy, heart disease, and stroke. [IPUMS MEPS](#) added the 2015 MEPS sample and more than 300 new variables including Access to Care, the Self-Administered Questionnaire, and round-level data on demographics, employment, and conditions.

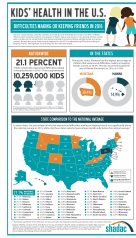
Now Available on State Health Compare: Updated Data on Eight Measures

SHADAC has updated the following five measures in [State Health Compare](#): unemployment rate (available for 2000 through 2017); smoke-free campuses (available for 2000 through 2017); cigarette tax rates (available for 2000 through 2016); public health funding (available for 2005 through 2016); and child vaccinations (available for 2000 through 2016). Three measures of youth health behaviors have also been updated: high school obesity (available for 2001 through 2017); high school smoking (2001 through 2017); and high school physical activity (2001 through 2017). [Learn more about these measures and the data sources for](#)



[them.](#)

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 the percentage of children that experienced difficulties making or keeping friends in 2016. According to the new data, 21.1 percent of children nationwide (approximately 10,259,000 children) had trouble making or keeping friends in 2016. Among the states, the percentages of children that experienced difficulties making or keeping friends in 2016 were significantly above the national average in seven cases: Montana (30.4%), West Virginia (27.3%), Maine (27.1%), Idaho (27.0%), Kentucky (26.3%), Colorado (25.8%), and Minnesota (25.7%).

Recommended Reading

[Impact of Medicaid Expansion on Coverage And Treatment Of Low-Income Adults With Substance Use Disorders](#)

Health Affairs, August 2018

[New Report Shows Public Coverage Increases Insurance Rates Among Vulnerable Children](#)

Georgetown Center for Children and Families, June 27, 2018

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