



March/April 2021

SHADAC Announcements

SHADAC Brief and Infographics Explore Alcohol-Involved Death Rates at National and State Levels



After years of stability, the U.S. rate of alcohol-related deaths began to increase in 2007 and has increased significantly almost every year since, growing by 49 percent to 10.4 deaths per 100,000 people in 2019. To shed light on this issue, SHADAC researchers Colin Planalp and Caroline Au-Yeung, along with Tyler Winkelman of the Hennepin Healthcare Research Institute, have produced [a new brief](#) that describes trends and variation in alcohol-involved death rates at the state and national levels, and among demographic subgroups, using vital statistics data from the Centers for Disease Control and Prevention. SHADAC also developed [infographics](#) for all 50 states and the District of Columbia. These infographics present trends in state-level alcohol-involved death rates from 2000-2019, show how each state's 2019 rate compares to the national average, and compare each state's 2019 alcohol-involved death rates and opioid overdose death rates.

SHADAC Report Reviews Data Sources to Inform Research on Integrated Care for Dual Eligibles

A [report](#) by SHADAC researchers Lacey Hartman and Elizabeth Lukanen, produced with support from the Arnold Ventures Foundation, summarizes findings from a systematic review of data sources that could be used to study the broad topic of integrated care for individuals who are eligible for both Medicare and Medicaid ("dual eligibles"). The report concludes with a set of recommendations for addressing key data gaps and advancing the availability of comprehensive, high-quality data for research in this area. SHADAC has also produced [a companion Excel table](#) that contains the full abstraction details for each data source.



Updated: SHADAC Blog Series on COVID Vaccination Rates Using the Household Pulse Survey (HPS)



The latest wave of the U.S. Census Bureau's [Household Pulse Survey \(HPS\)](#) has included early estimates for COVID-19 vaccination take-up across the United States. Using these data, SHADAC has produced vaccination rates for overall populations in all 50 states and the District of Columbia and by certain demographic subgroups (age, race/ethnicity, income level, etc.). SHADAC's initial examination of the survey results is also presented in an ongoing series of blog posts, with the most recent update covering the data collection period from [March 17 to March 29, 2021](#).

Data, Analysis, and Trends from the States

Colorado: Record Number of Eligible Residents Not Enrolling in State Health Coverage

A [new report from Colorado Health Institute](#) found that nearly 265,000 Coloradans were eligible but not enrolled in the state's three subsidized coverage programs —Medicaid, CHIP, and advance premium tax credits (APTCs) provided in Colorado's state-based exchange, "Connect for Health Colorado"—in 2019. The number of individuals who were eligible but not enrolled increased for all three coverage programs from 2018 to 2019, and the authors anticipate that 2020 data will show further increases. When looking at Medicaid alone, data collected from safety-net clinics indicate that national immigration policy, as well as administrative changes to the subsidized program, have driven a decline in enrollment since 2016.



Access Health CT: Health Disparities in Connecticut

Access Health CT [released a report](#) examining health disparities and social determinants of health in Connecticut. The authors note that even though the state's residents enjoy better health on average than residents of most other states, there are large disparities in health status and health care according to racial/ethnic and income groups. The report highlights in particular the differential impact of COVID-19 on particular subpopulations within the state. For example, while Whites in Connecticut are more likely to die



of COVID-19 once infected, both Black and Hispanic residents of the state are disproportionately at risk of contracting the disease.

North Carolina: A Profile of the State's Low-Wage Uninsured Workers

Researchers at Georgetown University's Center for Children and Families (CCF) [released a profile](#) of North Carolina's low-wage uninsured workers, examining which workers and industries would benefit from a potential Medicaid expansion under the recently enacted American Rescue Plan (ARP) Act of 2021. Cashiers and cooks stand to benefit the most, together accounting for approximately 10.2% of low-wage, uninsured workers in the state. Among industries, the accommodation and food services industry, which accounts for 16.0% of uninsured low-wage workers in North Carolina, would gain more than any other from a Medicaid expansion.

Payment and Delivery System Advancement in the States

Health Care Delivery System Reform: Commonwealth Policy Priorities



The Commonwealth Fund Task Force on Payment and Delivery System Reform—which includes delivery system leaders, patient advocates, and current and former federal and state officials, among others—[released a report detailing six policy priorities](#) for improving quality, equity, and affordability in the U.S. health care system. A number of the report's recommendations address the role of states—especially state Medicaid agencies—in advancing system reform.

Resources for States to Address Health Equity and Disparities

The National Academy for State Health Policy (NASHP) [created a toolkit of resources](#) for states working to reduce health disparities—and address their social and economic causes—as part of their health care delivery system reforms. The featured resources showcase the efforts of different states to address disparities and social determinants and look at disparities through the lens of COVID-19, mental health, maternal health, immunization, and oral health, among other topics.



Minnesota: Pandemic Had Modest Impact on Coverage in the State through Mid-2020



A [report from the Health Economics Program \(HEP\)](#) at the Minnesota Department of Health (MDH) examines health insurance coverage in Minnesota before and during the COVID-19 pandemic. According to the Minnesota Health Access Survey (MNHA)—a survey conducted by HEP and SHADAC—an estimated 4.7 percent of Minnesotans were uninsured in the fall of 2019, and this proportion remained largely unchanged by July 2020, at 4.6 percent. While Minnesotans did face losses in employer coverage due to the economic downturn, these losses were offset by enrollment in public health insurance programs and the individual market.

Other Data News & SHADAC Resources

ASPE Brief: Medicaid Churning and Continuity of Care



A [new issue brief from the Assistant Secretary for Planning and Evaluation \(ASPE\)](#), reviews evidence on prevalence, causes, and impacts of churning among the Medicaid population and considers different policy options for states and the federal government to reduce Medicaid churn. These policy options include continuous eligibility, Medicaid expansion to adults, express lane eligibility, presumptive eligibility, multimarket plans, and limiting premiums and cost-sharing. The authors recommend that policymakers consider a range of options to prevent coverage disruptions when the Families First Coronavirus Recovery Act (FFCRA) maintenance of effort (MOE) and continuous enrollment requirements come to an end.

ACA Coverage Eligibility among Remaining Uninsured: State-Level Estimates from Kaiser Family Foundation

A [new analysis from Kaiser Family Foundation](#) provides estimates of ACA coverage eligibility among the remaining uninsured in each state. Using 2020 Medicaid eligibility levels and coverage data from the 2019 American Community Survey, the analysis considers eligibility for Medicaid or other public coverage as well as eligibility for tax credits to purchase Marketplace coverage. On average, 25% of the remaining uninsured are eligible for Medicaid or other public coverage, with a high of 61% in the District of Columbia, and 38% are eligible for financial assistance to purchase coverage, with a high of 59% in Wyoming.

State Health Compare: New and Updated Measures



SHADAC has recently updated our State Health Compare web tool with two new and four updated measures. "[Alcohol-Involved Deaths](#)" is a new measure available for years 1999 to 2019 that provides national and state-level rates of deaths that were determined to be "alcohol-induced" as defined by the Centers for Disease Control and Prevention. "[Adult Flu Vaccinations](#)" is also new and measures the percent of adults (age 18 and older) at the national and state levels who received a flu vaccine in the past 12 months, with data provided as an annual average for the time period 2017-2019. State Health Compare measures that have

been updated with new data include [health insurance coverage by type](#), [premature death](#), [Adverse Childhood Experiences \(ACEs\)](#), and [unemployment rate](#).

MACPAC: Annotated Bibliography on Racial and Ethnic Disparities in Medicaid

To inform efforts to address racial and ethnic health disparities, the Medicaid and CHIP Payment and Access Commission (MACPAC) [compiled an annotated bibliography of studies](#) on disparities in Medicaid that have been published in peer-reviewed and grey literature. The studies, including an analysis by SHADAC researchers, document that Medicaid beneficiaries who are Black, Hispanic, and American Indian and Alaska Native experience poorer outcomes and more barriers to care than White beneficiaries. The analyses cover a broad range of policy issues (e.g., coverage, access to care, data) and multiple age and racial and ethnic groups.



Recommended Reading

[Vaccinating children may be key to reaching COVID-19 herd immunity](#)

Colin Planalp, SHADAC Blog

[The American Rescue Plan's Premium Tax Credit Expansion—State Policy Considerations](#)

Jason Levitis & Daniel Meuse, Brookings Blog

[Filling the Coverage Gap: Policy Options and Considerations](#)

Robin Rudowitz, Rachel Garfield, & Larry Levitt, Kaiser Family Foundation

[Vaccine Hesitancy in North Carolina](#)

Rebecca Tippett, Carolina Demography

[Forward to a friend.](#)

[unsubscribe from this list](#) | [update subscription preferences](#)

*Copyright © 2021 University of Minnesota
State Health Access Data Assistance Center (SHADAC)
2221 University Avenue SE, Suite 345, Minneapolis, MN 55414*