



August 2021

SHADAC Announcements

SHADAC Health Insurance Unit (HIU) Briefs and Code Now Available



In response to recent policy changes, SHADAC has [updated our Health Insurance Unit](#), or "HIU"; a tool that researchers can use to reconcile the way that members of a household who would be considered a "family" for insurance eligibility purposes are classified between federal surveys and public and private insurance programs. SHADAC has developed three related resources to aid in health insurance studies: a [brief](#) that explains what changes were made to the HIU and why, a [brief](#) that outlines the impacts of using the SHADAC HIU in analysis, and [Stata Code](#) so that researchers can use the HIU for their own analysis.

SHADAC Brief Examines Changes to Federal Surveys during COVID pandemic

One impact of the coronavirus pandemic that has recently come to light is the disruption to data collection processes and response rates for federal surveys that measure health-related items such as insurance coverage. A [recent SHADAC brief](#) examines the changes and challenges that COVID has wrought on 2020 data collection, data release, and usage for four major federal surveys—the American Community Survey (ACS), the Current Population Survey (CPS), the Medical Expenditure Panel Survey (MEPS), and National Health Interview Survey (NHIS).



Upcoming SHADAC Webinar Focuses on Rising Substance Use Crisis: Alcohol-Related Deaths



SHADAC will host a [webinar](#) on September 21st discussing a quietly growing public health crisis across the United States: alcohol-involved deaths. Drawing on a [recent analysis](#) with accompanying infographics, the webinar will discuss trends in alcohol-involved deaths from 2006 to 2019 at an array of levels, including national, state, and demographic groups such as age, gender, race/ethnicity, and metropolitan areas. The webinar will also discuss how these trends inform our understanding of the way that the COVID pandemic also precipitated alarming changes in alcohol-related behaviors.

New Article from SHADAC Researchers Examines Impacts of the Affordable Care Act and Medicaid Expansion in California

In a [new article](#) published in the *California Journal of Politics and Policy*, SHADAC researchers studied the impacts of the Affordable Care Act (ACA) in California on measures of healthcare coverage, access/affordability, and health status and the impact of Medicaid Expansion on measures on health insurance coverage, having a usual source of care, self-reported health status, unhealthy days in the past month (physical, mental, and both), and foregone care due to cost. Results from the study showed that expansion yielded significant insurance coverage and mental health benefits for all Californians, as well as low-income residents having a usual source of care.



Data, Analysis, and Trends from the States

Kansas: Housing Insecurity during COVID-19



The Kansas Health Institute (KHI) has published a [new factsheet](#) looking at housing affordability concerns for Kansans during the COVID pandemic. Part of a [series](#) of state-focused studies using data from the U.S. Census Bureau's [Household Pulse Survey](#), KHI tracked concerns about paying rent or mortgage and found that levels peaked in December 2020 and January 2021 with over 1 in 5 adults (22.6% and 22.1%, respectively) reporting insecurities around housing.

Massachusetts: COVID-19 Community Impact Survey (CCIS) Preliminary Results Released

A [preliminary overview](#) of results from the COVID-19 Community Impact Survey in Massachusetts was recently released by the Massachusetts Department of Public Health (DPH). The survey sampled both youth and adults to assess how the COVID-19 pandemic impacted public health needs for Massachusetts residents such as access to care, mental health care, employment, and social determinants of health (e.g., access to food, medicine, housing, technology), and also worked to measure direct COVID-related behaviors such as risk mitigation (social distancing, staying at home, wearing a mask, etc.). [Tables](#) containing the raw survey data also accompany the [report](#) and are available for download.



Colorado: Report on Eligible Veterans Not Enrolled in VA Health Care



[Recent analysis](#) from the Colorado Health Institute (CHI) shows that nearly half of the state's veteran population (45%) who are eligible for VA Health Care are not yet enrolled. The report also found that the most common factors cited for lack of enrollment were insufficient awareness about enrollment process (30%) and complexities of the enrollment process (13%), as well as barriers to accessing care and lack of trust in the VA Health Care system. Breakdowns of veteran eligibility and enrollment figures by county are also included in the analysis.

Special Resource Section: Health Equity Guides

Health Equity Language Guides for State Officials: State Health & Value Strategies Series

State Health & Value Strategies (SHVS) recently published a series of [three related language tools](#) as aids for discussing and writing about matters of health equity and race. The [first guide](#) focuses on methods for discussing racism, the [second](#) on addressing bias, and the [third](#) describes ways of valuing lived experiences as well as understanding differing self and group identities and communities. Each document also includes definitions and explanations of equity based terminology and offers examples for practical application.



Guiding Health Equity Principles from the U.S. Centers for Disease Control and Prevention



The U.S. Centers for Disease Control and Prevention (CDC) just released the "Health Equity Guiding Principles for Inclusive Communication" toolkit, which includes resources for helping those working in public health use a [health equity lens](#) and [person-first language](#) when framing information, using [preferred terms](#) for select population groups, and considering how inclusive communications are [developed](#). The CDC also provides a separate page of [additional resources](#) for further reference.

REL Data Collection Principles from the National Association of Insurance Collectors

The National Association of Insurance Collectors (NAIC) has drafted a [set of principles](#) as a source of guidance on data collection regarding race, ethnicity, preferred language (REL) and other related demographic characteristics (e.g., sexual orientation and gender identity [SOGI], disability status, etc.) in the business of health insurance. In addition to providing sources and explanations of new and differing terminology, the document also offers step-by-step processes for constructing more detailed survey questions and response categories.



Guide to Using Data to Reduce Disparities Updated by the Advancing Health Equity Program

The Advancing Health Equity (AHE) Program, funded by the Robert Wood Johnson Foundation (RWJF) and partnered with the Institute for Medicaid Innovation and the Center for Health Care Strategies (CHCS), has produced an [updated guide](#) on how equity-focused organizations can use quality stratified data (e.g., race, ethnicity, age, sex, health literacy, sexual orientation, gender identity, socioeconomic status, and geography) as an important tool for uncovering and responding to healthcare disparities. The report offers some suggestions for data collection processes but mainly focuses on how organizations, having already obtained quality data, can most effectively organize, interpret, and use the data to improve health equity.



Other Data News & SHADAC Resources

2020 Medical Expenditure Panel Survey-Insurance Component (MEPS-IC) Tables Released

The Agency for Healthcare Research and Quality (AHRQ) just released 2020 data from the Medical Expenditure Panel Survey-Insurance Component (MEPS-IC) at both the [national](#) and [state/metro area](#) levels. As in previous years, the MEPS-IC tables provide estimates of enrollees and costs of health insurance coverage for both the private and public sectors at different geographic levels. For 2020 data, AHRQ has acknowledged that changes in employment due to or related to the COVID pandemic may have affected certain data points (e.g., estimated percentages of employees offered, and covered by, employer-sponsored health insurance, totals by firm size, etc.), initial investigations into these issues suggest that the vast majority of data are not affected and can be used as normal.

A small thumbnail image showing a portion of the MEPS-IC tables, which are spreadsheets containing data on health insurance coverage and costs.

Physicians Accepting New Medicaid Patients: State Health Compare Measures and MACPAC Factsheet



Under contract with the Medicaid and CHIP Payment and Access Commission (MACPAC), SHADAC researchers recently completed an analysis using data from the 2011-2017 National Electronic Health Records Survey (NEHRS) to examine and compare physician acceptance of new Medicaid patients at the state level and by physician and practice characteristics. This analysis resulted in a new [factsheet](#), as well as two new measures on State Health Compare—[Physicians Who Accept New Patients](#) and [Physicians Who Accept New Medicaid Patients](#).

Special SHADAC Student Announcements

Congratulations to SHADAC PhD student [Cynthia Pando](#), who was selected for a 2021 APPAM Equity & Inclusion Student Fellowship! Along with attending the 2021 Fall APPAM Research Conference "[The Power of Inclusion: Incorporating Diverse Voices in Public Policy Analysis and Management](#)," Cynthia will also be invited to a select session with keynote speaker Victoria DeFrancesco Soto and other APPAM Fellowship recipients.

We would also like to commend SHADAC PhD student [Giovann Alarcon](#) for the successful defense of his thesis, "The Effects of Seguro Integral de Salud (SIS) on Healthcare Utilization, Healthcare Out-of-pocket Expenditures, and Health in Peru," and would like to wish SHADAC Graduate Research Assistant [Sydney Bernard](#) the best of luck in her new position as Health Services Manager at Community Action Partnership of Ramsey and Washington Counties. Congratulations Giovann and Sydney!

Recommendations for our Readers

[Innovation at The Centers For Medicare And Medicaid Services: A Vision For The Next 10 Years AND Health Affairs Policy Spotlight with CMS Administrator Chiquita Brooks-LaSure](#)
HealthAffairs

[The Case for Having Health Equity Guide Community Preparedness](#)
Anita Chandra and Carolyn Miller, RWJF Culture of Health Blog

[Tracking Broadband Access to Monitor Access to Care](#)
Sydney Bernard, SHADAC Blog

[COVID-19 vaccine hesitance is often tied to education level, study says](#)
Shari Rudavsky, USA Today

[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