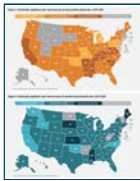




February 2022

SHADAC Announcements

Analysis from SHADAC Shows Alarming Single-Year Rise of Alcohol, Drug Overdose Deaths in 2020



The release of 2020 mortality data from the U.S. Centers for Disease Control and Prevention (CDC) has seemingly confirmed fears that the COVID-19 pandemic has had an outsized effect on substance use and related deaths. A recent [analysis](#) from SHADAC expert [Colin Planalp](#) shows the largest single-year increase in alcohol (26.6%) and drug overdose (30.6%) deaths from 2019 to 2020. The analysis also examines overdose deaths by type of drug and provides visualizations of state-level rates of increase for both types of substance-related deaths.

SHADAC Article in *JAMA Health Forum* Examines Material Hardship for U.S. Adults during COVID

A [collaborative article](#) from SHADAC, University of Minnesota, and Johns Hopkins University researchers surveyed adults in the U.S. to understand how the COVID-19 pandemic affected material needs and the prioritization of payment for those needs, such as food security, ability to pay rent, and medical bills. The study of U.S. adults in April 2020 versus April 2021 showed substantial reductions in financial hardship and less prioritization for using stimulus checks to meet basic needs, but those with employment affected by the pandemic had the highest rate of unmet needs.



State-Level Health Insurance Coverage Estimates from the NHIS



SHADAC has produced a [new infographic](#) using health insurance coverage estimates from the full-year 2021 National Health Interview Survey (NHIS) that show wide variation in the distribution of public and private health insurance coverage, as well as uninsured rates, across the 50 states and the District of Columbia for nonelderly adults between ages 18 and 64.

Data, Analysis, and Trends from the States

Colorado: Uncovering the Social Influences on Mental Health

New data from Colorado Health Institute's (CHI) [Colorado Health Access Survey \(CHAS\)](#) examines the relationship between food security, housing stability, employment, and child care and state residents' self-reported "poor" mental health status (a record high 23.7% in 2021). While the report acknowledges these are not the only factors which can influence mental health, they do provide tangible starting points for policy coordination and implementation. This analysis is also related to a new project from CHI entitled "[Root Causes](#)," which estimates the contributions of various social factors on mental health.



Oregon: Health Insurance Coverage during COVID

A [recent report](#) from Oregon Health Authority (OHA) examined fluctuations in health insurance coverage for state residents at various points before and during the COVID-19 pandemic (2019 and 2020) using various survey sources including the Oregon Health Insurance Survey, the U.S. Census Bureau's American Community Survey and Household Pulse Survey, and NORC's COVID Impact Survey). The



surveys all showed an insurance coverage drop of approximately 1% from 2019 to 2020.

Payment and Delivery System Reform in the States Next Steps in Addressing Social Determinants of Health through Payment Reform

The Milbank Memorial Fund and the Duke Margolis Center for Health Policy have published an [issue brief](#) that summarizes current state, federal, and commercial efforts in implementing new value-based payment (VBP) models that address social determinants of health (SDoH) as nonmedical yet essential components in the effort to lower costs of care, improve population health, and advance health equity. While the brief acknowledges the financial benefits of VBP models (e.g., structure, flexibility, and accountability) in addressing social needs, the authors also list major challenges in VBP implementation, such as the need for more evidence in model design, data collection and sharing, building cross-sector partnerships, appropriately adjusting for social risks, and building organizational competencies.



Additional Resources, Reports, and Guides

SHVS Webinar Discusses Strategies for Centering Health Equity in Medicaid Section 1115 Demonstration Waivers



Drawing on approaches highlighted in two new [publications](#), *Centering Health Equity in Medicaid Section 1115 Demonstrations: A Roadmap for States* and *Centering Health Equity in Medicaid: Section 1115 Demonstration Strategies*, State Health & Value Strategies' recent webinar provided a discussion of Medicaid's role in promoting health equity and ways states can advance health equity and address structural racism throughout all stages (planning, implementation and monitoring, evaluation) of Section 1115 demonstrations. [Slides](#) and a recording from the webinar are now available for viewing and download.

State Report: Building Racial Equity into the Walls of Minnesota Medicaid

Community engagement is at the heart of a [new report](#) from the Minnesota Department of Human Services, which explores three distinct policies or "Calls to Action" that were most commonly cited by U.S.-born, Black Minnesotan community members as critical to achieving racial equity in the Medicaid program: simplify and support enrollment and renewal, increase investment in and access to culturally relevant care, and provide funding for community engagement and integration of enrollee recommendations in policy and administrative activities. The report also walks through measurements of racial disparities (e.g., income level, employment, food insecurity, etc.) among Minnesota Medicaid enrollees and what levers the program can use to address structural racism as a root of inequities.



ASPE Brief Discusses Health Insurance Coverage, Access to Care, and Affordability among Black Population

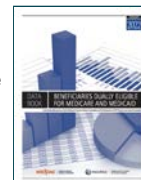


The Office of the Assistant Secretary for Planning and Evaluation (ASPE) published a new [issue brief](#) examining trends and challenges in obtaining health insurance coverage and accessing health care services for Black populations across the U.S. The report notes in particular, that while uninsured rates for Black individuals have fallen to historic lows, the national rate is still higher than that for White Americans, at 12% vs. 9%. Similarly, while access to care has improved for Black Americans, disparities in affordability between Black and White Americans persist, with significantly higher rates of Black Americans reporting having no usual source of care, delaying refills on medication to save money, being worried about medical bills, and having problems paying or being unable to pay medical bills.

Other Data News & SHADAC Updates

MACPAC and MedPAC 2022 Beneficiaries Dually Eligible Data Book

The Medicaid and CHIP Payment Access Commission (MACPAC) and Medicare Payment Advisory Commission (MedPAC) have jointly produced a new [data book](#) analyzing 2019 estimates on demographics and other personal characteristics (of whom most were female [59%], white [54%], and lived in an urban area [79%]), and spending and health care utilization (for which LTSS services accounted for the majority—37% of spending and 17% of utilization) of the 12.2 million individuals who are dually eligible for Medicare and Medicaid coverage.



State Health Compare: State-Level Data Resources on Measures of Health Equity



Achieving health equity requires a better understanding of health disparities and their root causes as well as measuring the impact of efforts to reduce differences in population health outcomes. This two-part blog series provides an overview of state-level measures currently housed on SHADAC's online data tool, State Health Compare. This web-accessible data tool provides breakouts by race/ethnicity, gender, and income on measures of health insurance coverage, barriers to health care access, and quality of care.

The [first blog](#) describes available measures of health behaviors and health outcomes; the [second blog](#) focuses on measures of social and economic factors.

Recommendations for our Readers

[Lessons Learned from Minnesota's Experience Collecting Race, Ethnicity, Language and Country of Origin](#)

MN Community Measurement

[How Health Care Coverage Expansions Can Address Racial Equity](#)

Justin Giovannelli; Commonwealth Fund Blog

[Eliminating Health Disparities Will Require Looking at How Much and How Medicaid Pays Participating Providers](#)

Heidi Allen, Ezra Golberstein, Zinzi Bailey; Milbank Quarterly

[This Valuable Data Tool Informs Policies that Shape Child Opportunity](#)

Dolores Acevedo-Garcia; RWJF Culture of Health Blog

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