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Bridging the gap between research and policy in the states  
through health data and information at [www.shadac.org](http://www.shadac.org)



April 2022



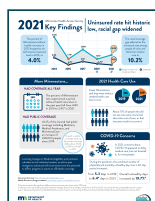
### SHADAC Webinar Feedback Survey

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## SHADAC Announcements

### Results from 2021 Minnesota Health Access (MNHA) Survey Show Historically Low Statewide Uninsured Rate but Persistent Disparities



The [Minnesota Department of Health \(MDH\)](#) and [SHADAC](#) recently released results from the 2021 MNHA survey—a biennial population survey conducted in partnership between the two organizations. Results showed the statewide uninsured rate dropping to its lowest-ever point (4.0%) in 2021 and periodic uninsurance dropping significantly (2.9% from 4.8% in 2019). However, the survey also found that disparities in coverage increased when examined by race and ethnicity, with uninsured rates among American Indians and people of color rising to 10.2%.

### New SHADAC Analysis Examines Impact of 2020 Medicaid Enrollee Undercount in the Current Population Survey (CPS)

Due to COVID-related impacts on federal survey data releases, SHADAC [utilized](#) the CPS (in place of the American Community Survey [ACS]) to produce state-level estimates of health insurance coverage for 2020. A [recent blog post](#) from SHADAC analyst [Lacey Hartman](#) uses CPS data to examine how federal surveys underestimate the number of people enrolled in Medicaid, commonly referred to as the “Medicaid undercount.” Though [past SHADAC research](#) examined undercount in the ACS, results from the 2020 CPS analysis found that across states the undercount ranged from 3% in Wyoming to 57% in Hawaii.

### SHADAC Researchers Respond to Request for Information (RFI) on Advancing Medicaid and CHIP Access Monitoring Plan

In a recent [blog post](#), SHADAC published its response to an RFI released by the Centers for Medicare & Medicaid Services (CMS) regarding access to coverage and care within Medicaid and CHIP. Drawing on SHADAC’s unique experience providing technical assistance to states, our response presents five points

of consideration that emphasize a singular goal to improve existing data sources and ensure that any monitoring plan minimizes burden for state agencies.



## Data, Analysis, and Trends from the States

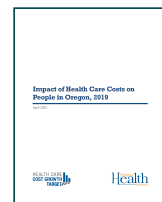
### Massachusetts: Analysis of Gaps in Health Insurance Coverage and Care by Regions



Using data from the Massachusetts Health Insurance Survey (MHIS) (2015-2019), the Center for Health Information and Analysis (CHIA) recently produced a health care equity [report](#), examining disparities in health insurance coverage, access to care, affordability, and utilization of care by age, race/ethnicity, and family income groups across eight regions in Massachusetts. One key finding from the report showed that while the state enjoys an overall high rate of health insurance coverage (93.3%), rates in specific regions ranged from a low of 89.4% to a high of 95.3%. Along with the new [report](#), CHIA has also published an accompanying databook and interactive graphic for users to view and download.

### Oregon: New Report Examines Impact of Health Care Costs for State Residents

A recently released [report](#) from the Oregon Health Authority (OHA) using data from multiple state and national sources examines trends in health costs for Oregon adults between 2013 and 2019. Key findings from the report show that per person expenditures on health care grew by 34% between 2013 and 2019, compared to a national average of 27%, and in 2019, almost 16% of people reported delaying medical care due to costs. Results also found that high health care costs exacerbated inequities across populations; for instance, Native Hawaiian or Pacific Islander persons were three times as likely to report spending their savings on medical bills as white adults.



## Payment and Delivery System Reform

### California Health Care Foundation (CHCF) Report Looks at State Efforts to Invest in Primary Care



The California Health Care Foundation (CHCF) conducted a review of primary care investment, payment innovation, and care delivery transformation strategies in 17 states to produce a [new report](#) providing key lessons for states interested in promoting primary care to improve population health. The report highlights three broad strategies for promoting primary care: establishing a shared vision, defining primary care investment and conduct annual reporting, and setting investment targets and using contracts to encourage (or require) commitment from purchasers.

## Additional Resources

### Updated Toolkit from State Health & Value Strategies (SHVS) Provides Support for Medicaid Continuous Coverage Unwinding

State Health & Value Strategies (SHVS) recently updated a [toolkit for states](#) that highlights ways to leverage managed care plans to support unwinding of the federal Medicaid continuous coverage requirement and ensure eligible individuals retain coverage in Medicaid/CHIP. The [toolkit](#) walks through four key areas of collaboration for states and managed care plans—obtaining and updating enrollee contact information, renewal process support, targeted assistance for individuals whose coverage has been terminated due to procedure, and marketplace transition and enrollment—to maximize continuous coverage efforts.



### New MACPAC Report Looks at Medicaid Funding of Community Health Workers (CHWs) in States

A growing number of organizations are looking to Community Health Workers (CHWs) as trained and trusted professionals who can bridge gaps between communities and health care systems, and work to help reduce inequities. A recent [MACPAC issue brief](#) surveyed the state landscape in 2021 and found that 21 states provided Medicaid payment for CHW services in their state plan or under managed care

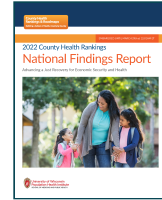


arrangements. The [brief](#) provides an overview of various types of CHWs and the services they provide, then reviews selected studies documenting the effects of CHW programs on health outcomes and costs, and concludes by describing state approaches to covering CHW services in Medicaid.

## Other Data News & Releases

### 2022 County Health Rankings & Roadmaps (CHR&R) National Findings Report

County Health Rankings & Roadmaps (CHR&R) released an [annual report](#) providing an overview of 2021 data measures for each county across the United States. The report focuses on ways that communities are simultaneously working to recover from the COVID-19 pandemic while also addressing racism and its effects on health and economic inequities. The report also includes seven new measures related to income, education, family and social support, and health outcomes—living wage, gender pay gap, childcare cost burden, childcare centers, school funding adequacy, and school segregation.



### The Centers for Disease Control & Prevention (CDC) Releases New DOSE Dashboard



The CDC recently released a comprehensive and near-real-time [data dashboard](#) that provides an overview of non-fatal overdoses by drug type, by state (for 47 states who participate), and by time period. Users can compare data by month starting for January 2019 through February 2022 (though the CDC does provide cautions around data collection disruption during COVID), and can also examine related changes in overdose-related emergency department (ED) visit rates by sex and age breakdowns.

## Recommendations for our Readers

### [Minnesota reports lowest-ever uninsured rate, but racial disparities worsened](#)

*Christopher Snowbeck; Star Tribune*

### [How Can We Use Local Data to Address the Impacts of Structural Racism on Community Health?](#)

*George Hobor, Oktawia Wojcik; RWJF Culture of Health (Blog)*

### [Podcast: Advancing Health Equity in Health Policy & Publishing](#)

*Kathleen Haddad, Vabren Watts; Health Affairs: This Week (Podcast)*

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