



May/June 2021

SHADAC Announcements

SHADAC Brief: State Public Health Spending Estimates for FY 2020



Researcher Carrie Au-Yeung produced a SHADAC [brief](#) that provides an overview of FY 2020 state public health funding data, looking at state variation in 2020 and trends over the last decade. As in 2019, there was a wide gap between state public health funding in 2020, ranging from \$7 per capita in Missouri to \$365 per capita in the District of Columbia (D.C.). Over the course of the last decade, five states (Alaska, Hawaii, Idaho, New York, and California) and D.C. were consistently among the top 10 states for public health funding, while three (Missouri, Nevada, and Mississippi) were consistently among the bottom. SHADAC's [State Health Compare](#) web tool provides access to these estimates, which are based on data from [Trust for America's Health \(TFAH\)](#).

PCOR Presentation: Building Capacity for Patient-Centered Outcomes Research

SHADAC Director Dr. Lynn Blewett spoke at the [third in a series of workshops](#) for the Committee on Building Data Capacity for Patient-Centered Outcomes Research (PCOR), sponsored by the Office of the Assistant Secretary for Planning and Evaluation (ASPE). Dr. Blewett's presentation focused on state-level initiatives to make PCOR data more useful, including the successes and challenges of state All Payer Claims Data Bases (APCDs); local, voluntary collaborative effort between health systems and health department on surveillance of COVID-19 vaccines; the Medicaid Outcomes Distributed Research Network (MODRN), and Minnesota Community Measurement (MNCM). Slides from each of the speakers, including Dr. Blewett, can be found [here](#).



SHADAC Researchers Find Wide Variation in How States Collect Race, Ethnicity, and Language (REL) Data on Medicaid Applications



In [a new brief](#) prepared for State Health and Value Strategies, SHADAC researchers Emily Zylla and Elizabeth Lukanen document how all 50 states are collecting information about race, ethnicity, and language (REL) on their Medicaid applications (both paper and online). The majority of states' applications (44 on paper and 27 online) have two separate questions to ascertain race and ethnicity, and most states collect race/ethnicity information with multiple detailed response options. There were 62 variations of racial response options offered on paper and online applications across all 50 states.

SHADAC Analysis of Household Pulse Survey Finds Decrease in Vaccine Hesitancy in Early 2021

An [analysis](#) by SHADAC Research Assistant James Campbell uses data from the Census Bureau's Household Pulse Survey (HPS) to examine vaccine hesitancy among U.S. adults (age 18 and older) for January-March 2021. Nationally, the percent of adults who had already received or "definitely" would get a COVID-19 vaccine increased substantially, from 54.5% during January 6 - 18 to 71.6% by March 17-29, 2021. Rates of vaccine hesitance varied dramatically by state, from 17.5% in the District of Columbia to 43.8% in Wyoming, but nearly all states saw decreases.



Data, Analysis, and Trends from the States

California: State's COVID-19 Data Should be Broken Down for Ethnic Subgroups



A new [fact sheet](#) from the University of California Los Angeles (UCLA) Center for Health Policy Research calls for developing a process for disaggregating data for Native Hawaiian and Pacific Islander (NHPI) and Asian populations using the state's collected data on COVID-19 mortality. The fact sheet walks through one potential method for creating breakdowns for these subgroups, presents the resultant data for each group, and explains why this data matters, as the disaggregated data shows a higher-than-previously understood mortality rate among certain populations.

Minnesota: Health Insurance Coverage Remained Steady into Early 2021

An [updated brief](#) from the Minnesota Department of Health (MDH) examines changes in health insurance coverage in the state between July 2020 and January 2021, finding that the percentage of Minnesotans without health insurance continued to decrease, falling from 4.5% in July 2020 to 4.1% in January 2021. The report attributes the decrease to a rise in individual market coverage (nearly 7,000 additional enrollees) and in public programs (about 59,000 and 7,000 additional enrollees in Medicaid and MinnesotaCare, respectively), which offset losses in employer-sponsored coverage (46,000 individuals).



Minnesota: New Report Highlights Health Disparities in the State



MN Community Measurement (MNCM) recently released a [report](#) detailing wide disparities in 2019 health care outcomes by race, ethnicity, language, and country of origin. The report found variations not only by race and ethnicity but also within these categories. For example, Asian patients whose preferred language is English have significantly higher rates of receiving optimal care as compared to their counterparts whose preferred language is not English.

Payment and Delivery System Advancement in the States

A Decade of Value-Based Payment: Lessons Learned and Implications from the Center for Medicare and Medicaid Innovation

A two-part series from *Health Affairs* reflects on a decade of development and implementation of pilot payment and care reform models from the Centers for Medicare & Medicaid Services (CMS) and the Center for Medicare and Medicaid Innovation (CMMI).

- The [first post](#) covers twelve lessons learned from value-based payment (VBP) implementation under three umbrellas—designing models to meet system-level goals, implementing models to impact patient care, and expanding models to have system-level impacts.
- The [second post](#) builds on these lessons learned to offer suggestions regarding future expansion of VBP models in order to meet goals of creating more person-focused care models that increase convenience, prevent complications, improve outcomes, avoid unnecessary costs, and address social drivers of poor health and health disparities.

Other Data News & SHADAC Resources

ASPE Report: 31 Million Enrolled in Marketplace or Medicaid Expansion Coverage in Late 2020-Early 2021

Using enrollment data from late 2020 and early 2021, a [new report](#) from the Office of the Assistant Secretary for Planning and Evaluation (ASPE) found that approximately 31 million people were enrolled in Marketplace or Medicaid expansion coverage related to provisions of the Affordable Care Act (ACA)—the highest total on record. Of those, 14.8 million people were newly enrolled via the Medicaid eligibility expansion, and nearly 4 million previously eligible adults gained coverage as a result of increased funding and outreach as well as improvements in the application process.



NSCH Data Release: 2019 National Survey of Children's Health

The 2019 National Survey of Children's Health (NSCH) [downloadable data sets and codebooks](#) are now available from the Data Resource Center for Child and Adolescent Health (DRC), a project of the Child and Adolescent Health Measurement Initiative (CAHMI). The data sets include measures of health status, health care quality and system performance for children age 0-17, and the codebooks provide further information on the syntax and documentation used to create the estimates.

MACPAC: June 2021 Report to Congress



The latest [report](#) from the Medicaid and CHIP Payment Access Commission (MACPAC) covers a variety of topics, offering suggestions to address behavioral health needs of children as well as mental health supports for adults, and how electronic health records (EHRs) can be used in improving clinical integration and patient care. The report also addresses concerns for states such as increasing Medicaid rebates to offset high-cost specialty drugs and how to better integrate care through Medicare Advantage dual eligible special needs plans (D-SNPs). SHADAC's contributions to the report included several analyses of data from the National Survey on Drug Use and Health (NSDUH) and the National Electronic Health Records Survey (NEHRS).

SHADAC Brief: Significance Testing Using SHADAC's State Health Compare

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](#).

Further Recommendations for Our Readers

[Fostering Health Equity: Perspectives from a Medicaid Medical Director](#)

Lauren Moran, *Center for Health Care Strategies (CHCS) Blog*

[As States Continue to Experiment in Medicaid, Look to Section 1115 Waiver Evaluations to Understand What Works](#)

Lauren Gerlach and Mona N. Shah, *Health Affairs Blog*

[Strategies for States to Leverage Local Partnerships for Equitable Distribution of COVID-19 Vaccinations](#)

Manatt Health, *State Health & Value Strategies Expert Perspective*

[States Are Leading the Way on the Public Option](#)

Chris Fleming and Katie Keith; *HealthAffairs Podcast*

[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