



June 2017

SHADAC Announcements

SHADAC at AcademyHealth

A number of SHADAC researchers and SHARE grantees will be attending the [2017 AcademyHealth Annual Research Meeting](#) (ARM) in New Orleans on June 25th through June 27th, and the [State Health Research and Policy Interest Group](#) and [Disparities Interest Group](#) meetings on June 24th.

Presentations by these attendees include:

- [Wading into Unknown Waters: Understanding the Potential Size, Composition, and Costs of State High Risk Pools](#) - **Brett Fried**, SHADAC
- [State Health Compare: Data Access Tool](#) – **Joanna Turner**, SHADAC
- [Insurance-Based Discrimination and its Association with Access to Care in Minnesota before and after Health Reform](#) - **Kathleen T. Call**, SHADAC
- [Who Gets It Right? Characteristics Associated with Accurate and Inaccurate Self-Reported Health Insurance Coverage](#) - **Kathleen T. Call**, SHADAC
- [How Different Is Medicaid Than Marketplace Coverage at Easing the Burden of Out-of-Pocket Spending for Near Poor Adults?](#) - **Fredric Blavin**, Urban Institute, SHARE grantee
- [Employment Responses to Affordable Care Act: Part-Time Workforce Composition and Employer Coverage Offers](#) - **Coleman Drake**, University of Minnesota, SHARE grantee
- [Offering Paid Sick Leave to Employees in Minnesota Improves Their Health](#) - **Giovann Alarcón Espinoza**, SHADAC
- [A Pilot Study of the Effect of a Discount Produce Card and Educational Programming on Health Eating in Low-Income Households](#) - **Xuyang Tang**, SHADAC

SHADAC researchers will also be available at the SHADAC booth (**#200**) to answer your questions about state and national data sources on coverage, access, and costs; to discuss our technical assistance offerings; and to walk visitors through [State Health Compare](#). Stop by to chat, get your photo taken at our Twitter photo booth, and grab some swag!

SHADAC's State Health Compare: Recording of Virtual Tour Now Available

A recording of SHADAC's May 23rd virtual tour of [State Health Compare](#) is [now available](#). The virtual tour provides an overview of available estimates related to health and health care and shows how users can generate maps, bar charts, trend lines, and tables to examine the estimates within and across states and over time, as well as by characteristics such as age, race/ethnicity, etc. The tour also demonstrates how to download graphics and export the underlying data.

SHADAC Analysis Shows Impact of Uninsured by Congressional District

A [new SHADAC analysis](#) provides information about the impacts of the Affordable Care Act (ACA) on the uninsured by Congressional District, for all 50 states (435 Congressional Districts). The analysis, funded by the [California Health Care Foundation](#), includes [detailed infographics and data tables](#) illustrating changes in the number and rate (percentage) of uninsured between 2013 and 2015 across all Congressional Districts and for a range of demographic groups within each Congressional District.

New Brief from SHADAC Examines How Financial Burden and Cost-Related Barriers to Care Have Changed under the ACA

A [new brief](#) by SHADAC researchers Colin Planalp and Lacey Hartman uses data from the Current Population Survey (CPS) to examine post-ACA changes in family health spending, trouble paying medical bills, and delayed or forgone care due to cost at both the national and state levels. Among key findings, the authors found a statistically significant reduction in the percentage of people with high-burden health care spending from 2013 to 2015, with underlying patterns among subpopulations indicating that the reduction was likely driven largely by the ACA.

News from the States

Colorado: Fewer Eligible Coloradans are Going without Coverage Assistance

[Colorado Health Institute](#) published a brief, "[Colorado's Eligible but Not Enrolled](#)," which found that the number of uninsured Coloradans who are eligible for Medicaid or Child Health Plan *Plus* (CHP+) continued to decline in 2015. The study also found a decline in the number of eligible Coloradans failing to take advantage of tax credits to purchase insurance through the state-based marketplace. The findings suggest that health policies designed to help low-income and middle-income earners—including the Affordable Care Act (ACA)—are making progress toward the goal of full health coverage.

Georgia: What the Elimination of CSRs Would Mean for Georgians

[Georgia Health Policy Center](#) published a new brief, "[Cost-Sharing Reductions \(CSRs\) in the Health Insurance Marketplace: Uncertainty and Implications for Georgia](#)." According to the brief, uncertainty over funding of CSRs—which are subsidies that assist individuals enrolled in the Health Insurance Marketplace by lowering out-of-pocket expenses for care—has significant implications for Marketplace enrollees and insurers. The brief explains how subsidies are determined, who is eligible, and how consumers in Georgia could be impacted if insurers lose CSR funding. For example, a family of three at 150% FPL with a silver plan in the average Georgia market would have faced up to \$5,500 more in deductibles and \$13,300 more in out-of-pocket costs without CSR subsidies for 2017 coverage.

Kentucky: Impacts of Implementation of the Affordable Care Act — Webinar Recording Available

SHADAC and [Foundation for a Healthy Kentucky](#) co-hosted an April 27th webinar on findings from SHADAC's multi-year [Study of the Impact of Implementation of the ACA in Kentucky](#). SHADAC researcher Colin Planalp discussed key findings from the study, such as significant declines in uninsurance, as well as early evidence of reduced financial barriers and improved access to care. [Access the webinar recording and supporting materials](#), including the final report from SHADAC's evaluation.

Minnesota: New Report Uses State APCD to Study Low-Value Health Services

A [new report](#) from the [Health Economics Program](#) at the [Minnesota Department of Health](#) uses data from the [Minnesota All Payer Claims Database](#) (MN APCD) to study the 2014 use of 18 low-value services in Minnesota that fall within the categories of diagnostic imaging and disease screening, both of which are actionable targets for efforts to reduce utilization. According to the report, total spending on all 18 low-value services in 2014 was \$54.9 million, and \$9.3 million of this represented out-of-pocket patient costs. The most common and most costly low-value service observed in the data was diagnostic imaging for uncomplicated headaches, which accounted for 40% of overall costs for the services studied.

Data News

Census Releases 2015 SAHIE

The [U.S. Census Bureau](#) released the [2015 Small Area Health Estimates](#) (SAHIE), which are the only source of data for single-year estimates of health insurance coverage status for all counties in the United States. The release includes a [report](#) describing demographic and economic differences in health insurance status across states and counties, as well as trends in coverage. Among highlights from the report: The nonelderly uninsured rate fell in 71.3 percent of all U.S. counties between 2014 and 2015. The new SAHIE estimates can be explored on the Census Bureau's [interactive data and mapping tool](#).

IPUMS Adds New Health Insurance Variables to the CPS

The [Integrated Public Use Microdata Series](#) (IPUMS), which is part of the [Minnesota Population Center](#) at the University of Minnesota, added [new health insurance variables](#) to the Current Population Survey (CPS) for the 2014–2016 Annual Social and Economic Supplement (ASEC) samples. The ASEC collects data on health insurance coverage and is the source of timely, official national estimates of poverty levels and rates and of widely used measures of income. It contains detailed questions covering social and economic characteristics.

AHRQ Releases MEPS Insurance Tables

The [Agency for Healthcare Research and Quality](#) (AHRQ) released [new tables](#) from the [Medical Expenditure Panel Survey](#) (MEPS): MEPS-Insurance Component (IC) Health Insurance Tables for 2015 and MEPS-Household Component (HC) Insurance Coverage Tables for the first half of 2016. MEPS estimates for 2016 will be available on [State Health Compare](#) following the July 2017 MEPS data release. See the full MEPS data release schedule via AHRQ [here](#).

NCHS Publishes 2016 Early Release Estimates from the NHIS

The [National Center for Health Statistics](#) (NCHS) published [an early release](#) of select estimates from the 2016 [National Health Interview Survey](#) (NHIS). These are the first available full-year coverage estimates for 2016 from a federal survey, with full-year estimates also available for 45 states. The data show insurance coverage and uninsurance rates remaining mostly stable between 2015 and 2016. For example, among states with estimates available for both 2015 and 2016, only two saw significant changes in uninsurance, with Arkansas's rate declining 4.7 percentage points and Wisconsin's rate increasing 2.0 percentage points.

For a more detailed overview of the new NHIS data, visit SHADAC's [blog post](#).

New Brief Explores Use of Google Trends to Support Health Policy Analysis

In a [new brief](#) from the [SHARE](#) grant program, SHADAC researchers along with SHARE grantee Sarah Gollust (University of Minnesota) examine Google Trends as a source of data for health policy analyses that include a consumer behavior component. The authors note that Google Trends data are timely, efficient, transparent, and include the dimensions of both time and geography, but point out that the data may over- and under-represent

certain populations and that there is potential for instability in search results over time. The brief highlights the use of Google Trends by Dr. Gollust and Dr. Erika Franklin Fowler (Wesleyan University) for [their SHARE-funded analysis](#) of geographic variation in ACA-related media messages and health insurance enrollment.

Recommended Reading

[ACA's Impact: Fewer Uninsured in Most Congressional Districts](#)

Lacey Hartman, *The CHCF Blog*, May 23, 2017

[New NHIS Data: Insurance Coverage Mostly Stable in 2016](#)

SHADAC Blog, May 17, 2017

[Using State Health Compare to Analyze Estimates of Health Care Access, Cost, and Utilization](#)

SHADAC Blog, May 16, 2017

[How Minnesota Is Stepping Up to Preserve Its Individual Market](#)

Lynn Blewett, *Health Affairs Blog* and *SHADAC Blog*, April 18, 2017

[Implications of Repeal and Replacement of the Affordable Care Act for the Health Insurance Coverage Gap](#)

Robert Hest, *SHADAC Blog* and *The Gender Policy Report*, March 29, 2017



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