

# 11<sup>th</sup> Regular and Special Cycles

## Grant Recipients

The California Program on Access to Care (CPAC) is pleased to announce the awardees in its 2006 11th Regular Cycle Request for Proposals. A total of \$310,787 was awarded to PIs for the following projects.

### *CA State Victims' Services: Do they meet the mental health needs of disadvantaged crime victims?*

**Alicia Boccellari, PhD, Jennifer Alvidrez, PhD and Martha Shumway, PhD, UC San Francisco**

**\$14,527; Grant Period: March 1, 2006 – August 31, 2006**

This concept paper examines the extent to which California's state-funded Victim Compensation Program (VCP) fulfills its mission as a safety net provider to facilitate access to mental health services for disadvantaged crime victims. The centerpiece of this examination will be a secondary data analysis of a large randomized demonstration project comparing direct VCP-funded services to the existing system of VCP reimbursement to individuals seeking community mental health treatment. This analysis will document the accessibility of VCP funds for disadvantaged crime victims, the success of VCP reimbursement in facilitating entry into mental health treatment, and the adequacy of VCP coverage for needed mental health services. The concept paper will also synthesize existing policy and research reports of state-level victim compensation and service programs in California and other states, with a focus on the relevance of policy findings and recommendations to disadvantaged crime victims.

### *Workers' Compensation Insurance and Expansion of Health Care Coverage of Low-Income Workers: A Case for Integration?*

**Henry Brady, PhD, Kamran Nayeri, PhD, and Frank Neuhauser, MPP, UC Berkeley**

**\$48,428; Grant Period: March 1, 2006 – August 31, 2006**

Employers have indicated that high workers' compensation costs undermine their ability to offer health insurance coverage. This research links the 1997-2004 Annual Social and Economic Supplements of the Current Population Survey for California to a unique dataset developed at the UC Archive & Technical Assistance (UC DATA) to examine whether this claim is true. The UC DATA dataset assigns to each occupation and industry combination in the CPS the relative costs of occupational medical treatment. Generally high workers' compensation costs are associated with smaller employers in industries with low-wage workers, high proportions of ethnic and racial minorities, foreign born and males. These characteristics also describe populations with low rates of employer based health coverage. If our findings support employers' claim we will examine a series of policy options for expanding employer-based health insurance, such as integrating occupational and non-occupational medical coverage. The study would have important implications for the expansion of employer-based health care coverage to workers who lack it.

### *The Dynamics of Job-Quality Transformation: Health Benefits in the Unionized Grocery Sector in California*

**Arindrajit Dube, PhD and Ken Jacobs, PhD, UC Berkeley**

**\$43,143; Grant Period: June 1, 2006 – May 30, 2007**

While trends in job-based coverage have been studied in the aggregate, less has been done to study these changes at the firm level. This study will look at the impact of major changes in the terms of health benefits provided by three companies in two geographical locations, affecting 135,000 workers in total-over 1% of California's private sector workforce. In March 2004, the United Food and Commercial Workers (UFCW) and three major grocery chains signed a contract that significantly curtailed benefits and restricted insurance eligibility for new workers. Within the next year, UFCW locals in Northern and Central California signed contracts with less severe, but still substantial, changes in health coverage. The sharp reduction in health benefit generosity by grocers in 2004 and 2005 offers a unique opportunity to study health coverage and utilization at the firm level in a situation that is mirroring wider trends in employer-sponsored insurance, but is telescoped over a short period of time. Differences between Northern and Southern California in terms of waiting periods and co-payments allows for comparisons of their effects on coverage and utilization. The study will make use of individual data on worker demographics and health care enrollment, aggregate data from the union health trust, and a survey of 600 randomly selected workers. Our findings will help policymakers understand how changes in job-based insurance

affect coverage rates, service utilization, plan costs and public program utilization. These findings will inform the development of public policy related to health coverage and plan design.

### ***Caries Prevention for CA's Low-Income Preschool-aged Children with Inconsistent Access to Care using Fluoride Varnish***

Stuart Gansky, PhD, Jane Weintraub, DDS, Francisco Ramos-Gomez, DDS, Elizabeth Mertz, MA, UC San Francisco

**\$10,000; Grant Period: March 1, 2006 – August 31, 2006**

Dental caries (tooth decay) remains the most prevalent chronic childhood disease in the US. Fluoride varnish (FV) has been used in Europe since the 1980s for caries prevention, but caries prevention remains an off-label use in the US. Systematic reviews and meta-analyses of FV caries prevention found strong evidence for children's permanent teeth, but FV for caries prevention in primary (baby) teeth is inconclusive. Detailed methods and results of a recently completed UCSF FV randomized clinical trial in mostly Chinese and Latino preschool-aged children from low-income families in San Francisco has been accepted to the Journal of Dental Research. While it demonstrated statistically significant halving of caries risk, it is likely too technical for policy makers, clinicians, patient advocates and the general public. The specific aims of this content paper application are: 1. To perform additional statistical analyses of the recently completed UCSF Fluoride Varnish Randomized Controlled Trial to answer policy relevant questions not originally planned; and 2. To disseminate the trial's findings that FV is highly efficacious in primary caries prevention in preschool-aged children of high risk groups with a non-technical white paper geared to primary health care providers; community health centers including federally qualified health centers (FQHCs); child health advocacy groups; print and electronic media outlets; California legislators, policymakers, administrators, program managers, and professional associations.

### ***Rural and Low-skilled California Workers and their Access to EBHI: The Role of Industry Structure and Firm Size***

Nan Maxwell, PhD and Lynn Paringer, PhD, CSU, East Bay Foundation, Inc.

**\$64,794; Grant Period: March 1, 2006 – December 31, 2006**

Dental caries (tooth decay) remains the most prevalent chronic childhood disease in the US. Fluoride varnish (FV) has been used in Europe since the 1980s for caries prevention, but caries prevention remains an off-label use in the US. Systematic reviews and meta-analyses of FV caries prevention found strong evidence for children's permanent teeth, but FV for caries prevention in primary (baby) teeth is inconclusive. Detailed methods and results of a recently completed UCSF FV randomized clinical trial in mostly Chinese and Latino preschool-aged children from low-income families in San Francisco has been accepted to the Journal of Dental Research. While it demonstrated statistically significant halving of caries risk, it is likely too technical for policy makers, clinicians, patient advocates and the general public. The specific aims of this content paper application are: 1. To perform additional statistical analyses of the recently completed UCSF Fluoride Varnish Randomized Controlled Trial to answer policy relevant questions not originally planned; and 2. To disseminate the trial's findings that FV is highly efficacious in primary caries prevention in preschool-aged children of high risk groups with a non-technical white paper geared to primary health care providers; community health centers including federally qualified health centers (FQHCs); child health advocacy groups; print and electronic media outlets; California legislators, policymakers, administrators, program managers, and professional associations.

### ***Impact of the Loss of Confidential Services on Minors in CA Title X Clinics***

Alissa Perrucci, PhD and Jennifer Sigafoos, JD, California Family Health Council

**\$64,558; Grant Period: March 1, 2006 – October 31, 2006**

This study will measure the impact of the loss of confidential family planning services for minor adolescents served under the Title X program in California. Title X clinics are the primary source of family planning and sexually transmitted disease (STD) testing and treatment for California's low-income minors. The proposed study will inform policy decisions on mandated parental involvement in minors' family planning decisions by measuring the potential impact of these policies on minors' health care seeking and sexual behaviors. One hundred and nineteen Title X clinics, which serve 85% of minors, will be invited to participate in the study. Clinics will be asked to distribute an anonymous, self-administered survey to all adolescent minors seeking family planning services during a four-week period. Results will provide data in parental consultation patterns of minors seeking services, and the impact of the loss of confidential services on seeking prescription birth control, STD testing and treatment,

abortion, and sexual behavior. Results will provide policy-makers with data on the impact of policies that aim to rescind minors' right to confidential services for family planning and abortion.

***Impact of Medicare Part D on Continuity of Care among Severely Mentally Ill Dual Eligibles in California***

**Martha Shumway, PhD and Sukyung Chung, PhD, UC San Francisco**

**\$13,876; Grant Period: April 1, 2006 – December 31, 2006**

The implementation of the new Medicare Part D prescription drug coverage puts eligible persons with severe mental illness at particular risk for disruptions in their current medication regimens. Such disruptions lead to relapse and hospitalizations which are socially and economically costly for affected individuals and for their families and communities. This post-doctoral research proposal represents an initial effort to quantify the impact of Medicare Part D on drug coverage for the severely mentally ill who are dually eligible for Medicare and Medi-Cal. Since actual implementation data will not be available for many months, this study will use an array of existing data sets to estimate implementation impact. Data will be obtained from the Medi-Cal Drug Utilization database, the Medicaid Statistical Information System, the Medical Expenditure Panel Survey, and the Medicare Formulary Finder, each of which conveys unique information. The major tasks of this study are to 1) describe the discrepancy between current prescription drug use patterns and the formularies of Part D plans; 2) estimate the consequences of Part D implementation using decision analyses; and 3) simulate the potential improvement in these consequences by modification of implementation policies. The proposed research addresses policymakers' urgent need for information about the impact of major changes in public health insurance on a subgroup of the most vulnerable Californians. This study will provide preliminary data during the early stages of Part D implementation that can guide formulation of future evaluation efforts and inform policy action.

***Changes in Primary Care Access for California's Vulnerable Children: 2001 to 2005***

**Gregory Stevens, PhD and Michael Seid, PhD, University of Southern California**

**\$51,461; Grant Period: May 1, 2006 – February 28, 2007**

Disparities in children's access to and quality of pediatric primary care have been extensively documented nationally and statewide. With ongoing decreases in employer-sponsored coverage, increasing poverty rates nationally, and rising immigration rates in California, the number of vulnerable children is likely to increase. Comprehensive trend data regarding the health and health care experiences of vulnerable children in California will provide an important basis for policy and decision-making, especially considering that new statewide legislation and a ballot initiative to increase the number of children that have insurance coverage will likely come before legislators and voters across the state this coming year. The proposed study will use data from three iterations of CHIS (2001, 2003, and 2005) to monitor changes in population levels of child vulnerability over time. This study uses a well-validated risk profile approach (summing five risk factors based on race/ethnicity, poverty status, parent education, child insurance status, and language) to assess whether child health status and primary care experience changed in response to changing levels of vulnerability between 2001 and 2005. Moreover, this study examines whether programs such as Medicaid, Healthy Families, and local CHIs have helped to reduce the negative impacts of vulnerability, and estimates the potential impact on the most vulnerable children of continuing these expansions.

**The California Program on Access to Care (CPAC) and the California Office of the Patient Advocate are pleased to announce the awardees in its Special Request for Proposals entitled "Access to, Quality and Utilization of Care in California's Largest HMOs; Using CHIS Data." This collaborative project resulted in the funding of four proposals. A total of \$128,790 was awarded to PIs for the following projects.**

***Racial, Ethnic, and Language Disparities in Access and Utilization in California's Largest HMOs***

**Alicia Fernandez, UC San Francisco and Ellen Wu, California Pan-Ethnic Health Network**

**\$12,120, Grant Period: March 1, 2006 to August 31, 2006**

This proposal seeks to use the 2003 California Health Interview Survey (CHIS), to answer the question, "Are there differences in access and utilization of preventive care for racial/ethnic and Limited English Proficient (LEP) managed care members in California's largest HMOs?" Prior research has shown that there are often important disparities in minority populations' access and quality of care. However, there is little information about how disparities manifest in health plans. One reason is that health plans are not required to collect racial and language data, and few of them do so. CHIS offers a unique opportunity to study racial, ethnic, and language differences within and between the seven largest health plans in California. By first characterizing health plans' enrollees by

race/ethnicity and LEP status and then comparing respondents' reports of access and use of preventive services (adjusted for known confounders of the relationship between ethnicity and use) the study will allow for meaningful comparisons of magnitude of disparities (if any) between health plans, and encourage health plans to identify practices to reduce disparities. Findings from this study could have significant policy implications for California policymakers and health plans with respect to identifying and addressing racial, ethnic, and language health disparities. The study team involves a collaboration between a UCSF researcher and the California Pan Ethnic Health Network, an independent health policy non-profit organization. This collaboration will assure broad dissemination and increase the study's policy impact.

### ***Access Utilization & Quality of Care Among HMO & non-HMO Members with Chronic Diseases***

**Ying Ying Meng and Gerald Kominski, UC Los Angeles**

**\$69,787; Grant Period: March 1, 2006 to August 31, 2006**

This proposed study will use data from CHIS 2003 to examine access, utilization, and quality of care across HMO and non-HMO Californians with hypertension, heart disease, (including congestive heart failure), asthma, and diabetes, as well as CHIS 2003 and inpatient hospital discharge data from the Office of Statewide Health Planning and Development (OSHPD) to develop the rates of preventable hospitalizations for asthma. The comparisons will be disease-specific among members of: the seven largest private HMO plans (Kaiser, Blue Cross, Blue Shield, Health Net, PacificCare, Aetna, and Cigna separately when sample size permits); public HMO plans for Medi-Cal, Healthy Families, and Medicare enrollees as one group; non-HMO privately insured; non-HMO publicly insured; and the uninsured. Among the above-mentioned comparison groups, we will address the specific research questions as follows: 1) Do socioeconomic characteristics and current health status vary among those with chronic disease? 2) What barriers to access and utilization exist? 3) Does the quality of care received by those with chronic disease(s) differ? 4) Do the racial and ethnic disparities in access, utilization, and/or quality of care exist? and 5) What are the factors affecting the access, utilization or quality of care? The results of this study will inform the policy makers about the performance of HMOs in these areas, the impact of changes in the health care market on the health of Californians, especially those with chronic conditions, and assist in developing policies to encourage or curtail changes.

### ***Comparing the Utilization and Consumer Satisfaction Levels of California's Seven Largest Health Plans: The Role of Enrollee and Plan Characteristics***

**Lynn Paringer, CSU East Bay, Inc.**

**\$34,884; Grant Period: March 1, 2006 to November 30, 2006**

The goal of this project is to develop demographic, economic and health status profiles for each of California's seven largest health care plans and to identify the impact that enrollee characteristics play in affecting utilization of services and consumer satisfaction levels within and between each of the plans. The study begins by comparing the demographic, economic, and health status distribution of enrollee across plans and by organizational structure and examines evidence of biased selection between plans and as well as within plans that offer products under different organizational structures (e.g. Blue Shield MHOs v. non-HMOs). The research identifies the determinants of general physician utilization as well as utilization of three screening services. It also assesses the role that enrollee characteristics, plan characteristics and plan organizational structure play in affecting utilization and consumer satisfaction levels. The results generated from our analyses can be used to adjust plan utilization measures and satisfaction levels for the case-mix of enrollee in each plan. The project will use the results of multivariate analyses of utilization and consumer satisfaction to predict the utilization and satisfaction levels that would exist for each plan/organizational structure if all plans had the same mix of enrollees. This information can be used by the Office of the Patient Advocate to adjust plan performance measures for the underlying characteristics of plan enrollees.

### ***Do HMOs Help or Hinder Access to Care for Children of Color with Special Health Care Needs?***

**Lonnie Snowden and Mary Masland, UC Berkeley**

**\$12,000; Grant Period: February 1, 2006 to August 31, 2006**

Approximately 1,150,000 children of color in California have special medical needs stemming from chronic physical, developmental, behavioral, or emotional conditions. In the proposed study "Do HMOs help or hinder access for children of color with special needs?" we will examine access for these children, focusing on those whose parents have limited English proficiency, comparing access in a managed care plan to that in a fee-for-service plan. Using the 2003 California Health Interview Survey with its emphasis on managed care, we will study

specific managed care plans, their characteristics, and their effect on access. Research Question 1 addresses the portion and characteristics of children enrolled in both plan types. Research Questions 2 and 3 address racial/ethnic and linguistic access disparities. Data will be compiled by selecting only children, age 0-11 years, with special health care needs. We will match adult interviews conducted in the same household as the child to obtain information about the children's parents and family. Dependent variables will measure the amount of, continuity of, and delays in care for special needs children. Independent variables will measure the parent's race/ethnicity and language ability, and the child's health plan's characteristics. SAS statistical software will be used to describe the demographics of special needs children enrolled in health plans and estimate the effect of key independent variables on access. State, private, and other public entities that will benefit from study findings include state and county health departments, private health plans, and groups advocating for children with special health care needs.