

# 1<sup>st</sup> Cycle RFP

## 1999 Recipient List

The California Program on Access to Care (CPAC) is pleased to announce the awardees in its 1998 1st Regular Cycle Request for Proposals. A total of (\$302,982 was awarded to PIs for the following projects.

### *Health Care Access among Southwestern Farmworker Families*

Kathryn Azevedo and Leo Chavez, UC Irvine

\$5,000, grant period December 1, 1998, through June 30, 1999

This project will provide ethnographic documentation of the limited health care access of both migrating and nonmigrating farmworker families in rural areas of Riverside County, California. The research is designed to elucidate how the health policy regulations of public and private agencies limit, or facilitate, the families' access to medical services, and how the condition of migrating differentially affects access. Of particular concern is how recent immigrant families are dealing with the new restrictions on access borne of immigration reforms. The project is intended to inform policy deliberations by clarifying, among other issues, the geographical, political, cultural, and economic barriers that prevent or inhibit access to care by rural farmworker families, the recurring problems faced by these families in application to and eligibility for public programs such as Medi-Cal as well as in use of private medical insurance, and the consequences of funding cuts to community and migrant health centers in rural areas.

### *Disability and Access to Health Care and Support Services among California's Immigrant Populations*

A.E. (Ted) Benjamin and Steven Wallace, UCLA

\$52,027, grant period February 1, 1999, through July 31, 1999

A team of health services researchers will be investigating the prevalence of disabilities among immigrants and ethnic and racial minorities in California, their level of access to and unmet needs for health and support services, the types of public entitlement programs available to them, and how disabled immigrants differ from disabled nonimmigrants in their service utilization rates, as well as how California's immigrants differ from immigrants in other states with respect to their disability prevalence and access to benefits and services. Collection and analysis of reliable data on these issues is vital given the rising public concern in California about the costs of providing health care and support services to new immigrants and the recent legislative efforts to restrict eligibility for public benefits. Since disability is a potential barrier to integration into the work force, not only for immigrants with disabilities but also for the family members who assume major support responsibilities, the research findings will help clarify for policymakers the potential impact of disabled populations on the state economy, and how recent immigrants may make an important and sizable contribution to the vitality of the economy or represent a significant burden of the future.

### *Expanding Access and Improving Benefits for California's Children under Title XXI/Healthy Families*

Neal Halfon, UCLA

\$36,004, grant period January 1, 1999, through June 30, 1999

This projects aims to provide an empirical foundation for informed discussion of health insurance options and benefit packages for children in California. With the documented decline since 1996 both in the number of children covered by Medi-Cal and in California's real per-child expenditures, there is an urgent need for new information to better understand the extent to which the state's health spending on children from low-income families has fallen behind that of other states. It is essential as well to evaluate whether expenditure reductions reflect a movement toward lower-quality, less developmentally oriented benefit packages or whether other factors also play a role. Based on Current Population Survey data, this study will estimate and compare the number of uninsured children in 1999 and 2000 in the absence of the Healthy Families Program and with the program's implementation under different projected participation rates, so as to evaluate the impact of Healthy Families on the insurance status of California's children. Policy choices and trade-offs for California will then be delineated and evaluated, under different budgetary scenarios, in terms of the total available budget and the breadth and depth of coverage so as to offer specific recommendations on the most efficient and effective use of Medi-Cal and Healthy Families funds.

### *Exploring Immigrant Enrollment and Low-Income Underenrollment in Medi-Cal and Medicare*

David E. Hayes-Bautista, UCLA

\$60,096, grant period December 1, 1998, through June 1, 1999

The success of publicly funded coverage programs such as Medi-Cal and Medicare depends in large measure on their ability to optimize enrollment among previously underenrolled populations. This project, part quantitative analysis of enrollment data and part focus group study, is designed to produce sociodemographic-based predictors of underenrollment among Hispanic low-income and immigrant elderly and to document how low-income and immigrant populations in Los Angeles County interpret the rules and regulations of Medi-Cal and Medicare and how they perceive the role of medical insurance in relation to their health care. These findings will help policymakers

better understand the cultural dynamics of and reasons for underenrollment in public programs, so that they can, in turn, develop more-effective interventions to increase enrollment levels and, ultimately, develop legislation to decrease the barriers to health care access for low-income consumers.

***Would Subsidized Public Insurance in California Crowd Out Private Insurance or Reduce the Number of Uninsured?***

**Richard Kronick, UC San Diego**

**\$67,645, grant period December 1, 1998, through July 31, 1999**

A major and enduring concern about publicly subsidized health insurance programs is whether they efficiently target funds to those most in need. To the extent that these subsidies "crowd out" private coverage, public funds may only serve to reduce the burden on employees and employers without reducing the number of uninsured. Adequate empirical information is needed, however, to assess the costs and benefits of subsidized insurance. Through examination of the leading proposals for subsidized health insurance for the working poor in California and evaluation of the experiences of other states that have been subsidizing public insurance for several years, this project will analyze California labor market and insurance coverage data so as to estimate the potential crowd-out effect in California and offer specific recommendations to policymakers about which program design features, such as eligibility exclusions, are likely to succeed in limiting the extent of crowd out.

***Health Insurance for Families Exiting Welfare through Employment***

**Paul M. Ong, UCLA**

**\$45,600, grant period January 1, 1999, through November 1, 1999**

This study uses a survey of 450 small and medium sized firms (1-250 employees) in Los Angeles County with entry level employment opportunities to examine the availability of employer based health insurance for workers with the least amount of formal education, skills and experience and their families from a labor demand (employer) perspective. The study also examines promotional opportunities and other employer sponsored benefits among firms offering and not offering insurance to determine if there are 'better' quality jobs available to entry level employees. In addition, differences among hiring criteria and recruitment practices among firms that offer and do not offer health insurance is analyzed to determine if employers offering 'better' jobs expect more from their entry level workforce and use different hiring methods to fill entry level positions. Information is also provided on firm use and awareness of health insurance purchasing groups, such as the Health Insurance Plan of California (HIPC) now PacAdvantage.

***The Changing Nature of Uncompensated Care in California: Implications for the Uninsured***

**Jonathan Showstack, UCSF**

**\$36,610, grant period January 1, 1999, through June 7, 1999**

Paralleling a national trend, the amount of uncompensated care per uninsured person provided by California's hospitals has been in decline since 1989. If this decline continues as the number of uninsured rises, policymakers will have to construct other financing mechanisms, develop market incentives, and clarify the requirements of hospital tax exemption in order to provide safety net services to the uninsured. This project seeks to inform those policy deliberations through analysis of the amounts of uncompensated care provided over the period 1993-1997 by hospitals, as typologized by ownership status, size and location, and tax-exempt status; the relative predictive effects of the number of uninsured, market pressures, policy and legal requirements, and organizational demands on the provision of uncompensated care; and the changes and trends in general demographic and medical characteristics of admitted patients classified as "unable to pay."

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