

# 2<sup>nd</sup> Cycle RFP

## 1999 Recipient List

The California Program on Access to Care (CPAC) is pleased to announce the awardees in its 1999 2nd Regular Cycle Request for Proposals. A total of \$433,420 was awarded to PIs for the following projects.

### *The Impact of Medi-Cal Managed Care on Primary Care Physicians and Safety-Net Clinics*

**Andrew Bindman, UC San Francisco**

**\$40,837 grant period June 3, 1999, through December 31, 1999**

This study will perform an analysis of a longitudinal study of primary care physicians and safety-net primary care clinics providing care in the major urban counties of California. The overall objective is to evaluate how the "Medicaid managed care revolution" is affecting Medicaid (Medi-Cal) beneficiaries' and the uninsured population's access to primary care services. The study will assess the degree to which Medi-Cal managed care is associated with a change in the number and characteristics of primary care physicians who provide care to Medi-Cal beneficiaries. Second, it will determine whether an increase in Medi-Cal managed care at the county level is associated with a change in the share of a county's Medi-Cal patients who receive care at safety-net primary care clinic's participation in caring for Medi-Cal patients is also associated with changes in the amount of care they provide to the uninsured.

### *Policy Implications of Access to Dental Care for Immigrant Communities*

**Marvin Marcus, Carl Maida, Roberto Belloso, and Ian Coulter, UCLA**

**\$54,343, grant period June 1, 1999, through December 31, 1999.**

This study is designed to provide the California Program on Access to Care with policy directives addressing barriers to accessible dental care for working poor and indigent residents of Spanish-speaking immigrant communities. The goal is to create a Community-Based Continuum of Care model of access to dental care for residents of these communities that have four elements: 1) outreach, 2) primary prevention, 3) culturally-sensitive service orientation, and 4) case management. The first objective is to engage the community in a discussion of issues concerning attitudes and access to dental care, and the four elements of the access model through focus groups. The second objective is to construct and field test an interview with language-appropriate questions concerning the model's four elements to secure relevant answers about attitudes and access to care. The third objective is to conduct interviews in an immigrant population directly impacted by these programs. The fourth objective is to analyze the data and develop strategies for improving access to dental care for immigrant communities. These strategies will serve as the foundation for a statewide model of accessible dental care.

### *Transitional Medi-Cal: A Study of the Participation Rate and Its Determinants*

**Jane Mauldon, UC DATA and Kamran Nayeri, UC Berkeley**

**\$44,078, grant period July 1, 1999, through December 31, 1999.**

Little is known about the determinants of the low participation rate in the transitional Medi-Cal (TMC) program, and consequently, policy-makers currently have no strategies that are based in research to increase participation. A significant improvement in TMC participation is an important policy goal for at least two reasons. First, it will increase access to health care in California, which leads the nation in the number of uninsured. Second, transitional Medicaid is expected to be an integral component of economic self-sufficiency for families who leave welfare to work. This proposal will develop an apply a methodology to use administrative data to enhance current knowledge about TMC participation and its determinants. County Welfare Administrative Data (CWAD), which is a stratified random sample of over 20,000 welfare families in California, will be used to estimate the TMC participation rate in the counties of Alameda, Los Angeles, and San Bernardino. In July 1996, these three counties contained 34% of California's population and 44% of its welfare population. The project will describe the characteristics of the eligible families who take advantage of TMC and those who do not, to identify groups at high risk of non-participation, and will explore ways to generalize this methodology to other Medi-Cal programs, and to extend its use to the MEDS database, which would permit a study of TMC non-participation statewide.

### *Exploring the Need for Affordable Assisted Living Services: A Profile of Unmet Health Needs of Very Poor Elders Living in Federally Subsidized (HUD 202) Housing*

**Mary McCall, Saint Mary's College**

**\$50,093, grant period June 1, 1999, through November 30, 1999.**

This project will provide in-depth information about the health and financial status and health care utilization of a group of a very poor elderly Californians- those living in federally-subsidized housing under the HUD 202 housing program. A great proportion of these residents are minority elders and immigrants. While the rapid growth of the elderly population in the U.S. is becoming increasingly well-publicized, there is a severe and critical gap in our knowledge and understanding of the needs of very-low-income and minority and immigrant seniors. With the

financial pressures of health care cost, new and innovative options for providing services are required. This project aims to analyze the social service and health care needs of a large sample of seniors living in federally-subsidized housing, their Medicaid/Medicare eligibility status, and the implications for how a Medicaid Waiver program to pay for assisted living services might benefit them. Policymakers who are designing legislation regarding health care services for poor seniors desperately need a clearer picture of who these seniors are, and what their unmet needs are for health and social services currently, as well a prediction of what future needs will be as these seniors age in place. Information about what services residents are currently eligible for, but not receiving, will help policymakers understand the gap between policy and practice where health care of very poor seniors is concerned. In addition, an analysis of what services they need, but which are not available under their current eligibility status, may prompt policy makers to search for new and creative ways to provide needed services in a more cost-effective manner.

### ***The Impact of Changing Public Policy on Hospitalization for California Children Age 0 to 4: 1983 to 1997***

**Geraldine Oliva, UC San Francisco**

**\$48,463, grant period July 1, 1999, through December 31, 1999.**

Escalating medical and welfare cost in the 1980's, as well as the United States budget deficit, prompted a number of dramatic policy actions. Major initiatives were instituted without efforts to monitor the impact of these changes on the health and well-being of the population. These included, among others, such initiatives as shifting large segments of the population first into Medicaid, then shifting the Medicaid and larger populations into managed care, welfare reform, corporate downsizing and the elimination of employee's dependent benefits by many businesses.

Women and children, the primary recipients of Medicaid, welfare, and dependent benefit are particularly affected by these changes. As California begins to implement the Title XXI Healthy Families program, little has been done to evaluate the impact of previous policy changes on hospital and community-level utilization patterns for young children.

This proposal will examine changes in the 15 year period from 1983 through 1997 in total hospitalizations and preventable hospitalizations (hospitalization for ambulatory care sensitive (ACS) conditions) for California children age 0 to 4 excluding neonates. This age group was selected for study since they have the highest hospitalization rates compared with other age groups of children and also have the highest number of recommended physician visits for preventive services. The study will focus on changes over time associated with Medicaid expansion efforts that began in the 1980's.

The study will use hospital discharge date in our possession and ready analysis to conduct a population-based design to assess the impact of policy changes over a 15 year period. Based on the findings, recommendations will be made for future surveillance to assess the impact of Title XXI Healthy Families on access to healthcare for California's youngest children.

### ***Latino Health and Health Services Utilization***

**Lawrence A. Palinkas, PI, Department of Family and Preventive Medicine, UC San Diego**

**\$28,309, grant period July 1, 1999, through December 31, 1999.**

The objective of the proposed study is to evaluate the following: 1) the barriers to prenatal and primary care services experienced by medically underserved Latinos in California who perceive themselves to be in need of such care; 2) the impact of these barriers on health status and the utilization of alternative forms of health care; and 3) the extent to which these barriers and alternative forms of health care and their impact on the health of immigrant and low-income Latinos can be remedied through changes in policies or changes in levels of patient awareness and understanding. The proposed project will build on three ongoing research programs that address the health service needs of Latinos living in San Diego, California and will provide the following to health policymakers: 1) an overview of the challenges faced by immigrant and low income Latinos in meeting their health care needs, including the barriers experienced in accessing and using mainstream services, use of alternative forms of health care, and impact of restricted access and of alternative forms of health care on the health status of this population; 2) a quantitative, data-based assessment and a qualitative, patient-based assessment of these challenges and their clinical and social significance; and 3) a qualitative profile of patients whose health care needs are not being addressed by current state policies.

### ***Access to Employer-Based Health Insurance Among Low-Wage Workers in California***

**Lynn Paringer, CSU Hayward**

**\$28,956, grant period June 3, 1999, through December 31, 1999.**

This study will use the 1998 and 1999 California Work and Health Surveys (CWSHS) to examine the determinants of access to and enrollment in employer-based health insurance among low-wage workers in California. The CWSHS was funded by the California Wellness Foundation to examine issues surrounding the health status, use of health services and health insurance available to California workers and their families. The survey is both cross-sectional and longitudinal in nature and has a sample size of 1,771 California workers. This study will develop a model to assess the factors which impact the employer decision to seek employment with an employer who offers such insurance and to enroll in such an insurance plan when it is offered.

***The Voiceless Speak: Healthy Families Implementation in Non-Urban Areas of The Inland Empire*****Cynthia Saunders and Robert Rineheart, PI, Health Science and Human Ecology, CSU San Bernardino  
\$57,439, grant period June 1, 1999, through December 31, 1999.**

The research objective of this project are threefold: to examine the barriers to implementation, to access views of targeted populations, and to suggest strategies which will enhance implementation of California's Healthy Families Program in non-urban areas of the Inland Empire, which includes Riverside and San Bernardino Counties. This project will utilize 16 focus groups reflecting the demographic and geographic diversity of the non-urban Riverside and San Bernardino Counties' population. The investigators will use available qualitative data analysis software to content analyze the transcripts. From this analysis, key themes and concepts will be analyzed related to implementation barriers, target population viewpoints, and possible strategies for implementation. By identifying barriers to participation, the study will identify policies and procedures that will effectively increase the enrollment in the Healthy Families Program, thereby providing a greater proportion of low-income children with financial access to preventive and acute medical care services.

***Improving Women Prisoners' Access to Health Care: Current Needs and Alternative Service Models*****Nancy Stoller, UC Santa Cruz****\$45,776 grant period June 15, 1999, through January 31, 2000.**

This project examines access to health care for low-income, minority and immigrant women who are incarcerated in California state prisons. Maintaining and improving the health status of inmates, as well as providing preventive health measures (such as HIV education, pap smears, and mammography) during incarceration, can substantially reduce the economic, social, and health care burden for parolees, their families, and the state. Through analysis of a large data base of interviews, medical records, legal documents, and judicial reports assembled in conjunction with inmate complaints during the past four years, this project will provide a quantitative and qualitative report on the problems encountered by women prisoners in regard to health care access. Furthermore, a comparison of the California correctional health care model with "best practice" models for health care delivery to women prisoners in other states will provide policy makers and others with an empirical foundation on which to base their deliberations on correctional health options for California.

***School Outreach for the Healthy Families Program*****Howard Taras, UC San Diego****\$35,126, grant period July 1, 1999, through December 31, 1999.**

A major barrier to accessing health care for California's children is that many are not enrolled into health insurance programs for which they are eligible. This has long been the case for Medi-Cal but is not a concern for Healthy Families too. During the academic year of 1998/1999, schools in San Diego were used as access points to reach low-income families, educate them about subsidized health insurance and assist them with the application process. Many parents responded to direct calls and letters, but many more did not. Similarly, not all schools allowed their campuses to be used as access points, despite the no-cost offer and benefits of having an insured student population. For the state to be successful with future recruitment, it is important to examine the reasons some parents do not respond and some schools show disinterest. With the help of parents, outreach workers, and school administrators who were successfully and unsuccessfully involved in the process this past year, and by understanding how other states have dealt with similar issues, the study will generate information that may influence future state policies for Medi-Cal and Healthy Families programs.