

3rd Cycle RFP

2000 Recipient List

The California Program on Access to Care (CPAC) is pleased to announce the awardees in its 2000 3rd Regular Cycle Request for Proposals. A total of \$345,797 was awarded to PIs for the following projects.

Improving Access to Care in Rural Communities: What are the Secrets of Success?

Kevin Grumbach, UCSF

\$36,711, grant period January 2000, through June, 2000.

State policymakers often express frustration that access to care remains a major problem in many rural areas in California, despite the wide array of federal and state programs aimed at improving access in rural areas. Yet, some rural communities have made significant progress in this arena. This proposal will identify factors that distinguish rural communities with adequate access to care from their less successful counterparts.

The approach combines analysis of secondary data with expert judgement and case study methods. In-depth interviews will be conducted with key stakeholders in six rural communities in disparate parts of the state. A panel of experts on rural health in California will be convened to advise the project team.

This study will help shed light on the value of providing technical assistance to rural communities and the forms of technical assistance that may be most effective. Investment of significant resources in technical assistance for rural communities has yielded good results in other states.

Universal Health Insurance in California: Impact on Immigrants

James G. Kahn, UCSF

\$59,404, grant period January, 2000, through June, 2000.

Three strategies to achieve the goal of universal health care coverage in California are incremental expansion of public programs, single payer, and widened access to the health care market. Potential gains to immigrants may vary considerably by strategy.

This project will assess how each strategy is likely to affect coverage, benefits, access, out-of-pocket costs, and reliance on the safety net for immigrants. Products will include a policy paper on each strategy describing its components and likely impacts on immigrant health insurance, as well as important data needs. An overview paper will compare the three strategies.

Exploring Variations in California Hospital Discharge Data: Implications for Health Policy

Chi Kao, UCSF

\$40,000, grant period January, 2000, through June, 2000.

The aim of this study is to use California Hospital Discharge Data to examine more detailed race/ethnicity- and gender-specific information and geographic variations concerning cardiovascular disease (CVD) burden and use of invasive cardiac procedures in California. These study results will help to identify subgroups who are in more need of cardiovascular health services and therefore help increase the efficiency of allocating limited state resource for primary prevention and health services planning.

Prior work has indicated that racial/ethnic misclassification in hospital discharge databases may affect the findings of disparities in health services access. The primary objective of this proposal is to investigate the extent of discordance, using the Record Linkage Number (RLN) among patients who had more than one hospitalization during the most recent 4 years. Following examination of racial/ethnic misclassification, the PI will further examine variation in use of invasive cardiac procedures. The methodology developed can be applied to other diseases.

Access to Care for California's Farmworkers: a Baseline Assessment

David Lighthall and Don Villarejo, California Institute for Rural Studies

\$49,250, grant period January, 2000, through August, 2000.

The project will analyze data currently being gathered by the California Institute for Rural Studies via the California Hired Farm Worker Health Needs Assessment Project (HNA), a cross-sectional study of approximately 850 farm workers in seven communities distributed across California researchers and policy makers with an overall baseline assessment of health care accessibility, general health status, and health care utilization patterns of California farm workers. The proposal will (1) address the role of immigrant status on health outcomes and service delivery, (2) consider the constraints on Medi-Cal and Health Families Program utilization faced by eligible farm workers, and (3)

provide a critical assessment of the current system of rural health care delivery. This information will aid the Legislature in debating the rationale for new programs, the restructuring of current programs, and resource allocation. Other governmental agencies engaged in health care planning, insurance system oversight, health care management and delivery, occupational health, and agricultural regulation would also gain insights into how their programs could be restructured in order to increase their effectiveness.

Impact Analysis of Rural Telemedicine

Thomas S. Nesbitt, UC Davis

\$60,281, grant period January, 2000, through September, 2001.

Many of the nation's rural and inner-city communities are medically underserved due to lack of access to generalist and specialist physicians. In the last 10 years, telemedicine has been considered one mechanism for transferring physician expertise to areas where it may be limited or nonexistent. Because some communities have few primary care resources, it may be necessary to develop telemedicine models that use midlevel providers, namely physician assistants and nurse practitioners. The goal of this project is to assess community satisfaction with telemedicine using a pretest/posttest study design in a number of health care facilities that provide some staffing by nurse practitioners and physician assistants. The specific sites participating in this impact analysis include Berry Creek Health Center, Camptonville Wellness Resource Center, Eastern Plumas Health Care District, Biggs-Gridley Memorial Hospital, Sierra Family Medical Clinic, Sierra Valley District Hospital, and Western Sierra Medical Clinic. At a policy level, the results of this study may promote the use of advanced telecommunications technologies to expand the scope of clinical services; improve access to services; and strengthen the financial viability of rural health care delivery systems. This may take the form of working with telecommunications stakeholders to reduce transmission costs; increasing the scope of services of midlevel providers who collaborate with off-site physicians; and changing reimbursement of telemedicine to reflect its position as an acceptable standard of care.

Determinants of Access to Health Insurance, Access to Health Care and Use of Health Services among California Immigrants

Lynn Paringer, CSU, Hayward

\$37,959 grant period from December 1, 1999 through May 30, 2000.

This study will examine the dynamics of health insurance coverage, access to health care services and use of physician services among the immigrant population in California. Researchers will use the 1998 and 1999 California Work and Health Surveys to identify the determinants of health insurance coverage from both public and private sources among adult immigrants and non-immigrants in California and will compare the factors impacting such coverage between the two population groups. The analysis will examine factors such as the employment characteristics of the immigrant population, language barriers, health status, and other socioeconomic and demographic characteristics as factors which affect health insurance coverage. The study will then assess the impact of insurance, employment characteristics, demographic factors, and economic variables on access to and use of health services by immigrants and non-immigrants and the interaction between immigration status and various factors (e.g. income, health status, employment characteristics).

Impact of Latina Ethnicity and Immigrant Status on Health Insurance Coverage and Access to Health Care

Michael Rodriguez, UC San Francisco

\$47,478 grant period from January 1, 2000 to June 30, 2000.

The project will assess risk factors for and consequences of lack of insurance among Latina-Americans and Latina immigrants through analysis of data from the California Women's Health Survey. This project will provide California policy makers with a more comprehensive picture of the health and well-being of Latinas residing in California by identifying differences in health status and access to care between U.S.-born Latinas and foreign-born Latinas and between all Latinas and the general population. Issues of particular interest include: access to care, use of preventive services, and mental and general health status.

Access to Care under Medicare Managed Care for Racial/Ethnic Minorities in California and the U.S.

Steven P. Wallace and Valentine Villa, UCLA

\$58,891 grant period from January 1, 2000 through June 30, 2000.

Managed care has been at the center of health policy discussions in California for the past several years. Because managed care places restrictions on the care received, public policy has begun to pay attention to the level of access to care experienced by vulnerable populations. Older persons, because of their high rates of chronic and disabling conditions, are a particularly vulnerable group, especially when their high needs are complicated by cultural, linguistic, and/or economic barriers. The proposed research will:

- 1) identify the extent to which Latino, Asian-American, and African-American elderly in California have impaired access to medical care compared to nonLatino whites
- 2) quantify the extent to which managed care improves or exacerbates those access barriers, and

3) compare the access to care under managed care for minority elderly in California versus the rest of the United States.

The research will identify dimensions of availability, accessibility, and acceptability where racial/ethnic minority elderly fare worse than nonLatino white elderly, and examine whether those in managed care exhibit a better or worse situation than those in fee for service in California. Differences identified in California will be compared with national data to identify whether the state's situation is unique and require state specific remedies or follows national patterns that would be amenable to federal remedies.

The findings from this research will benefit the legislative branch as they consider the numerous proposals to regulate managed care in California because of the findings of this research on race and ethnicity. In addition, the executive branch will benefit in designing program priorities and innovations, especially in the Health Insurance Counseling and Advocacy Program (HICAP) which targets Medicare beneficiaries.