

# 5<sup>th</sup> Cycle RFP

## 2001 Recipient List

The California Program on Access to Care (CPAC) is pleased to announce the awardees in its 2001 5th Regular Cycle Request for Proposals. A total of \$ 451,925 was awarded to PIs for the following projects.

### *Specialist Referral Policies and Access to Physicians with HIV Clinical Expertise*

**William E. Cunningham, MD, MPH, Kevin C. Heslin, Predoctoral Fellow, UCLA**  
**\$14,550. Grant Period June 1, 2001, through May 31, 2002.**

In September 2000, Governor Davis signed Assembly Bill (AB) 2168, an amendment requiring that HIV-positive managed-care enrollees receive standing referrals to specialists. Using the patient and physician databases from the HIV Cost and Services Utilization Study (HCSUS), this study will examine how specialist referral policies influence access to physicians with HIV expertise and how the estimated effectiveness of these policies differs when expertise is defined by residency training in infectious disease and HIV career caseload. To evaluate potential inequities in access, emphasis will be placed on the association of race/ethnicity, gender, and other patient characteristics with having a regular physician with HIV expertise. In addition, the independent associations of physician specialty and HIV caseload with continuity of care will be estimated.

### *Seamless Coverage Systems: Innovative State and Local Approaches*

**Janice Frates, Ph.D.; Lucien Wulsin, Jr., CSU Long Beach**  
**\$33,488. Grant period June 1, 2001 through November 30, 2001.**

This project will examine approaches that other states and localities have employed or are proposing to develop "seamless" systems of coverage for low-income persons to access care funded by federal, state and private sector revenue streams. Through a synthesis of existing literature and expert interviews, the research will produce a description of other state and local systems and the strategies employed to implement them, an assessment of their adaptability in California, and a model for a seamless system of care in California. The current system is exceedingly complex and fragmented, and fails to reach many of its intended eligible beneficiaries. Programmatic restructuring to develop a more coherent system will facilitate easier access to and use of the system, which will in turn encourage more widespread participation by eligible patients, providers and health plans.

### *Diabetes in California: Access to Services and Quality of Care for Disabled Medi-Cal Beneficiaries*

**Todd Gilmer, Ph.D., UCSD**  
**\$43,101. Grant period May 1, 2001 through October 31, 2001.**

The goals of this study are to describe the quality and outcomes of diabetes care for Medi-Cal beneficiaries with disabilities in California and to analyze the geographic and demographic characteristics of beneficiaries that are associated with higher and lower quality care. Quality will be measured by examining the use of preventive services-HbA1c tests, lipid profiles, and eye exams in a given year. The study will also analyze the number of ambulatory physician visits and the number and length of hospitalization stays.

It is anticipated that this work will make three important contributions to the policy discussion, as follows:

- To the extent that beneficiaries with diabetes receive preventive services less often than they should, then the case can be made that implementation of effective diabetes management programs will both reduce costs and improve outcomes.
- To the extent that persons living in rural areas receive poorer quality care than persons in urban areas, then a case can be made for increasing health care resources in these areas. Further, to the extent that members of racial and ethnic minorities receive poorer quality care than others, then the argument for increased health care resources in these areas (and/or more intensive and effective diabetes management programs) is strengthened.
- Although most beneficiaries with disability are fee-for-service Medi-Cal, some are in capitated HMO's. The information provided by this study will be useful if capitation is more widely extended to the SSI population, as it is in many other states.

### *County Innovations in Meeting the Needs of the Uninsured*

**James G. Kahn, MD, MPH and Annette Gardner, Ph.D., MPH, UCSF**  
**\$59,027. Grant period May 1, 2001 through October 31, 2001. (6 months)**

Nearly one in four Californians lack health insurance. Responsibility for addressing the health care needs of the uninsured resides at the county level. Thus, counties are seeking new funding, partnerships, and approaches to

increase access to health care. This study will examine two innovative county programs to increase care for the uninsured. The initiatives are:

- **Insurance Coverage: Children's Health Initiative Plan.** Using Tobacco Settlement money, Santa Clara County has initiated a multi-faceted program to achieve universal coverage for children;
- **Service Delivery: Healthy Parents.** San Joaquin General Hospital, a county hospital, has developed a pilot program to provide health and wellness services to parents or guardians of children enrolled in the Healthy Families program.

The research objectives are to examine how these innovative programs were formulated and adopted, using qualitative case-study analysis; and to describe program implementation and, if data are available, initial outcomes, using program evaluation methods. This study will facilitate replication of programs that help meet health needs of the uninsured; increase the understanding of how counties make health policy; and inform state policymaking that considers and facilitates county initiatives.

### ***Assessing the Impact of Extending Medi-Cal Eligibility to Former Foster Youths***

**Charles Lieberman, Ph.D., David Mancuso, The SPHERE Institute**

**\$49,826. Grant period July 2001-March 31, 2002.**

The underlying goal of this research project is to determine to what extent the recently enacted extension of Medi-Cal eligibility to former foster youths ages 18 through 20 has increased their enrollment in the Medi-Cal Program. In order to better understand the impact of this new policy and to develop recommendations to make it more effective, the study will also attempt to isolate factors that are related to take-up of Medi-Cal by these individuals. By profiling to the characteristics of former foster youth who have low probability of accessing Medi-Cal, the study may be able to identify strategies that will increase enrollment.

### ***Is the California CalWORKs Survey (Q5) dataset Useful for Tracking Immunization Rates of Preschool Children in Poverty and Evaluating the CalWORKs Immunization Mandate?***

**Jane Mauldon, Ph.D., Kamran Nayeri, Ph.D., UC Berkeley**

**\$9,927. Grant period June 1, 2001 through November 30, 2001.**

This research will explore the utility of the California CalWORKs Survey (Q5) dataset, developed by the California Department of Social Services, to examine the immunization of preschool age children in families on welfare in California. The Q5 dataset can be an important tool for (1) tracking of immunization of preschool children of families on welfare in California, and (2) evaluation the CalWORKs immunization mandate. The Q5 is a stratified sample of families on welfare that is representative of the state's welfare caseload. The dataset is a cross-section of recipients of public assistance based on monthly random sample pulls from all counties in California. The information collected includes extensive demographic and welfare information, including family size and structure, welfare and work participation, and income and assets for each individual and assistance for over 6,000 families and 8,000 individuals. Our findings will be of interest to a number of public agencies, including the California Department of Health Services, Immunization Branch, the California Department of Social Services, and county level health and welfare agencies, and researchers interested in health and welfare of children in poverty.

### ***Binational Farmworker Networks' Interface with Healthcare***

**Richard Mines, Ph.D., Kenneth Kambara, Ph.D., Lisette Saca Ph.D., Kathryn Azevedo, Ph.D., and Nancy Mullenax, California Institute for Rural Studies**

**\$40,000. Grant period August 1, 2001 through February 28, 2002.**

The first generation Mexican farmworker networks, which provide the vast majority of the state's farmworkers, are a highly vulnerable population which combines elements from the national systems of both the United States and Mexico in a complex mosaic of health care. The purpose of this project is to explain and describe this mosaic so that appropriate policies can be designed to expand the access to and quality of health care for this population. A first phase of research produced information about a series of negative outcomes faced by farmworkers. In this, the second phase of the project, the researchers will conduct open-ended and semi-structured interviews in eight well-defined immigrant networks specifically chosen to provide a representative selection of the Mexican farmworker population. In addition, interviews with a healthcare delivery focus will be conducted among health providers serving communities on both sides of the border. The project will study the interface between institutional obstacles and attitudinal barriers that make it difficult for many farmworkers to obtain access to quality care either in the United States or in Mexico.

The results of this work, in addition to providing information to policy makers, will be extremely useful in the design of public education programs for worker communities and training for service delivery personnel.

### ***Health Insurance for Families Exiting Welfare Through Employment***

**Paul Ong, Ph.D., Shannon McConville, UCLA**

**\$46,194, Grant period April 2001-April, 2002.**

As a result of the fundamental restructuring of welfare, thousands of recipients are entering the labor market, many into entry-level positions that may or may not offer health insurance coverage. Even if firms do offer coverage it may not be available low-income or entry level employees due to the employee's share of premium costs, eligibility restrictions based on work status (part-time/temporary) or job tenure, and lack of dependent coverage options.

The research objectives of the proposed study include:

- Developing health insurance profiles of working welfare recipients and their families including eligibility, acceptance, and coverage in employer sponsored health plans;
- Analyzing the use, knowledge, and eligibility of other sources of insurance coverage available to families leaving public assistance, including Medi-Cal (California's Medicaid program), Transitional Medi-Cal, and Healthy Families;
- Examining the ability of welfare recipients to balance employment with their family's health care needs;
- Determining the value welfare recipient's place on health insurance coverage and the effects of employer sponsored health benefits on job search, job selection, and job tenure.

***The Impact of Insurance Coverage on Access to Care and Use of Health Services Among Disadvantaged Californians***

**LynnParinger, Ph.D., CSU Hayward**

**\$37, 853. Grant period May 1, 2001-December 31, 2001.**

Rapid expansion in the California economy over the past two years have coincided with increases in health insurance coverage. However, not all population groups in the state benefited equally in the recent expansions. The Hispanic/Latino population, the poor, those who retired early due to health reasons and low-wage workers are groups that continue to have limited access to insurance coverage and consequently do not have the access to care and ability to obtain needed services that is available to more affluent segments of the populations. As evidence of an economic slowdown mounts, it is important to examine the role of public policy in preserving recent gains in insurance coverage and in further expanding access to needed services among disadvantaged Californians.

This study will use the 1998, 1999 and 2000 California Work and health Surveys (CWSHS) to identify the determinants of health insurance coverage among disadvantaged Californians and to track the impact of health insurance coverage on access to care and use of health services. The study will assess the determinants of insurance coverage for both the working population and the non-working (and non-Medicare eligible) adult population in California. It will also identify the impact of insurance coverage on access to care and use of services and analyze how insurance coverage might interact with other factors such as poverty and health status on affecting access and use.

***Majority of Minorities: Perceptions of Health Care Access and Quality***

**CynthiaM.Saunders, Ph.D., VeronicaAcosta-Deprez, Ph.D., CSU Long Beach**

**\$63,865. Grant period June 1, 2001 through November 30, 2001.**

This study will examine the perceptions of individuals enrolled or eligible for Medi-Cal or the Healthy Families program regarding their access to and perceived quality of health care. The study will focus on three ethnic groups: Filipino, Hispanic/Latino, and Vietnamese. The major research objectives include:

- To enhance understanding of nonparticipation in MediCal and Healthy Families;
- To understand views of multi-ethnic populations particularly with regard to perceptions of health care quality regarding specific health practices and beliefs, traditional healers, informal networks of family and friends, and expected communication with their health care provider; and
- To report perceptions of specific marketing tools and to suggest strategies to streamline and increase enrollment.

Enrollment has been less than expected in both the Medi-Cal and Healthy Families programs. This lack of health insurance may result in increased risk of disease and lower health status.

Understanding the perceptions of multi-ethnic populations seeking services will enable programs and policies to be improved to better meet the health needs of vulnerable populations.

***Dissemination of Health Policy Changes to Immigrant Communities: The Impact of Ethnic Media***

**Grace J. Yoo, Ph.D., MPH, San Francisco State University**

**\$54,094. Grant period July 1, 2001 through December 31, 2001.**

Public charge is a term the Immigration and Naturalization Service (INS) uses to describe immigrants who either have become or have the possibility of becoming dependent on federal or state government benefits (INS 1999). The passage of the 1996 welfare and immigration legislation instituted a heightened sense of fear in accessing Medi-Cal due to public charge concerns for many low-income immigrants in California. An unexplored area is the role of the ethnic media in informing immigrant communities' regarding changes to health policies in California. This study will investigate regional ( Central Valley, San Diego, San Francisco Bay Area) and ethnic differences in reporting health-related policy changes beginning with the passage of Proposition 187 in 1994. Semi-structured interviews will be conducted with key informants within the ethnic media-television, radio, newspapers, and magazines-in the three regions. The researchers will also conduct a content analysis of articles in select ethnic print media outlets from 1994 to 2000 in the three target regions regarding public charge, public charge clarifications, and immigrants' use of Medi-Cal and health services.

Another objective of the study is to assess the regional and ethnic specific patterns of utilization of particular forms of media by low-income immigrant women. Focus groups will be conducted with low-income Latino and Asian immigrant women in each region to understand whether they utilize the ethnic media as a health information source. By increasing understanding of how health policy changes are disseminated to immigrant communities, the final objective of this study is to illuminate possible dissemination strategies that can be used through the ethnic media to encourage Medi-Cal enrollment and use of health services among low-income immigrant women and their families.