

6th Cycle RFP

2001-2002 Recipient List

The California Program on Access to Care (CPAC) is pleased to announce the awardees in its 2001-2002 6th Regular Cycle Request for Proposals. A total of \$386,685 was awarded to PIs for the following projects.

Expanded Access to Health Care

Expanding Access to Health Care for California's Low Income Population: The importance of Culturally and Linguistically Appropriate Services

Donald A. Barr, M.D., Ph.D., Stanford University

\$34,328. Grant Period February 1, 2002 through August 31, 2002.

This project will propose policy changes to increase culturally and linguistically appropriate primary care services for low-income Californians. The specific aims of the project are to:

- (a) Identify the specific aspects of culturally and linguistically appropriate services that must be in place to assure full access to basic primary care services for low-income patient populations in California.
- (b) Propose a method to measure the level of cultural and linguistic appropriateness of services provided through the current public access system.
- (c) Propose policies to fully implement within the public access system the guidelines for culturally and linguistically appropriate services developed by the Office of Minority Health of the U.S. Department of Health and Human Services.

Nursing Home Bankruptcies, Closures and Financial Difficulties in California: A study of the Causes and Implications for Access to Care

Charlene Harrington, Ph.D. and Martin Kitchener, Ph.D, UCSF

\$28,128. Grant Period January 2, 2002 through April 30, 2002.

The rising tides of bankruptcies, facility closures and financial difficulties in the California nursing home industry is a major concern for state officials, policy makers and consumers because it threatens access to services generally, and access for low income clients more specifically. To analyze the cause of these problems and the implications for access to care, this study will conduct regression analyses of official secondary data on California's 1,400 nursing homes for the period 1995-2000. Further examination of the implications for access to care will be conducted through case analyses of nursing home closures. The findings will provide vital information to state officials and policy makers as they face the challenge of protecting access to nursing home care for low-income individuals in the context of a rapidly aging California.

Increasing Access to Care: Weighing the Options

James G. Kahn, M.D. and Annette Gardner, Ph.D., UCSF

\$24,994. Grant Period January 1, 2002 through April 30, 2002.

This proposal describes a four-month study to examine public insurance coverage and non-coverage strategies to increase access to care for the uninsured in eight counties. The proposal has three study aims:

1. Characterize the factors that influence the mix of insurance and program approaches, using case study data and telephone interviews with key-representatives in 8 counties.
2. Develop a decision matrix to inform county decision-making on access initiatives.
3. Develop a framework to support county efforts to increase access to care by identifying information or assistance counties require to support efforts to improve access to care and describing options to meet those needs.

This study is directed to county policymakers, agency representatives and consumer groups who are interested in launching initiatives to increase access to care. It is also directed to the Health Care Options Project, which is assessing statewide health insurance reform proposals.

Evaluation of Los Angeles County Medicaid 1115 Waiver Demonstration Project

Gerald F. Kominski, Ph.D. and Yee-Wei Lim, M.D., UCLA

\$23,302. Grant Period January 1, 2002 through September 31, 2002.

Los Angeles County's public health system faced financial crisis in 1995. The crisis reflected the difficulties that public health systems and safety net providers in general face as a result of changes in the health care environment in the 1990's. In order to save the largest provider of indigent health care in Los Angeles County, the Federal government stepped in with financial support in the form of a Medicaid 1115 waiver. The waiver required Los Angeles public system to restructure its health care delivery system during the five-year period of the waiver and to shift its emphasis from emergency room and inpatient care towards outpatient and preventive care and to better link primary and specialist care, and private and public institutions, so as to increase the population's access to ambulatory care.

The aim of this study is to examine the extent in which the restructuring efforts have achieved these objectives and to discern what lessons could be learned for the restructuring efforts other public health systems are undertaking.

Health Insurance Coverage for Citizen Children of Undocumented Parents After They Leave CalWORKs: A Survey of Families in San Mateo and Santa Clara Counties

**Charles J. Lieberman, Ph.D. and David C. Mancuso, Ph.D., The Sphere Institute
\$39,710. Grant Period February 1, 2002 through May 31, 2002.**

This study will address the issue of health insurance coverage for former CalWORKs citizen children of undocumented parents in San Mateo and Santa Clara Counties, drawing primarily on survey data. The research will report the various types of health insurance coverage, focusing in particular on the take-up rates for non-assistance Medi-Cal, and will draw comparisons to welfare leavers in "citizen-parent" cases. The study will also identify factors related to the provisions or absence of health insurance coverage for these children, and will analyze the 'profile' of citizen children who have the greatest probability of not having health insurance coverage after they leave CalWORKs.

Health Insurance Access and Health Care Use among Undocumented Mexican and Other Latino Immigrants and Their Children in California, 1994-2000

**Enrico A. Marcelli, Ph.D. and Paul M. Ong, Ph.D., UCLA,
\$29,937. Grant Period January 3, 2002 through May 31, 2002.**

Combining data from the Los Angeles County Mexican Immigrant Legal Status Survey (LA-MILSS), a project funded by the UC Institute of Labor and Employment; current Population Survey data; and National Health Insurance Survey data, this study will apply the survey-based immigrant legal status estimation methodology developed by Marcelli and Heer (1998) to estimate the number of uninsured Mexican and other Latino immigrants (and their children) in California from 1994 - 2000, and to investigate how individual demographic, labor market, social network, cost and spatial factors influence access to health insurance and to health care among this population.

Improving Health Insurance Coverage for American Indian Children and Families

**Delight E. Satter, M.P.H. and Steven P. Wallace, Ph.D., UCLA
\$46,871. Grant Period January 3, 2002 through April 30, 2002.**

In 2000 federal regulations were amended to exempt American Indian and Alaska Native (AIAN) children from any cost sharing in SCHIP. In CA only 1,700 AIAN children are enrolled in The Healthy Families (HF) Program out of an estimated eligible population of 12,500. Since the implementation date of the no-cost sharing amendment there has been no clear change in the rate of AIAN enrollment in the program. The California Legislature and the HF administrative unit (MRMIB) have made program modifications to improve the coverage rate and total enrollment of HF. The AIAN population is a group with special implementation legislation that does not appear to have been reached adequately by those efforts; this research will assist policy makers in improving the coverage of AIAN children and families. This study will examine process and implementation barriers for AIAN children to obtaining HF coverage. The research tasks will include a review of administrative data, as well as interviews with key informants for knowledge and practices in enrolling AIAN and in implementing AIAN cost exemption policies.

Evaluating Customer Service: Quality Assurance of the Medi-Cal and Healthy Families Toll-Free Telephone Line.

**Cynthia M. Saunders, Ph.D., CSU Long Beach
\$17,996. Grant Period January 15, 2002 through May 15, 2002.**

The purpose of this proposal is to assess the quality of customer service on the toll-free telephone line, which provides enrollment information and applications for the Medi-Cal and Healthy Families program. Specific questions to be studied include: availability of the ten languages offered by the toll-free line; courtesy and helpfulness of individuals answering the toll-free line; provision of information and an application for the Medi-Cal and Healthy Families program; discussion of health plan, physician, hospital, prescription drug, dental and vision benefits offered by the public insurance programs; information about the cost of the program and help in completion of the enrollment forms; amount of time to receive information and application.