

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

## 2002 Recipient List

The California Program on Access to Care (CPAC) is pleased to announce the awardees in its 2002 7th Regular Cycle Request for Proposals. A total of \$386,685 was awarded to PIs for the following projects.

### *Karen Bodenborn, RN, MPH and James Lightwood, Ph.D., UCSF*

**The Business Case for Health Plans to Increase the Delivery of Preventative Services to Low-Income Californians**  
\$46,435. Grant period July 1, 2002 through December 31, 2002.

This study will produce and analyze the net direct medical cost savings that will accrue the community and to a managed care organization following the administration of five specific preventive services. These services address: tobacco addiction in adults, smoking initiation in adolescents, hypertension, high blood cholesterol, and colorectal cancer. The research funded through then endeavor will provide better understanding of the business case for increasing the rates of delivery of these preventive services. Particular attention will be given to medical cost savings in people under 65, the population served by Medi-Cal and community health services principally financed by sources other than Medicare.

### *Who Signs Up: Family Participation in MediCal and Health Families*

**E. Richard Brown, Ph.D., UCLA**

**\$28,497. Grant period May 1, 2002 through October 31, 2002.**

In 1999, there were 1.8 million uninsured children in California. More than two-thirds of the state's uninsured children are currently eligible for either the Medi-Cal or Healthy Families program, but they are not enrolled. Using data from the new California Health Interview Survey (CHIS), this study will examine how children who are enrolled in the Medi-Cal and Health Families programs differ from uninsured children who are eligible but not enrolled. CHIS is the largest population-based state health survey in the nation with a sample size of over 55,000 households. CHIS' large sample size will enable this study to compare participation rates for the Medi-Cal and Healthy Families programs among counties in California and across the major ethnic groups, including White, African American, Asian, Latino and Native Hawaiian or other Pacific Islander. This study will develop and test a model to explain program enrollment by eligible children, and will isolate the independent contributions of factors such as ethnicity, county of residence, language, and immigrant status, while taking into account a host of other factors. It will generate a list of top reasons Californian parents give for not enrolling their uninsured children for the state as a whole and by ethnic group. Lastly it will use the results to make policy recommendations on how state and local officials can better target outreach programs to reach underrepresented populations, reducing the uninsured rate for California's children and improving equitable access to care.

### *The Impact of Outreach on MediCal and Healthy Families Enrollment and Child Health: Lessons from California*

**Janet Currie Ph.D., Anna Aizer, Ph.D. Fellow, UCLA**

**(Dissertation Award), \$14,970. Grant period April 1, 2002 through September 30, 2002.**

This study will further develop the policy relevance of findings regarding the impact of the outreach campaign California launched in mid-1988 on enrollment in Medi-Cal and Healthy Families, with a particular focus on the location of community-based application assistants and the timing and placement of television advertisements. Our estimates suggest that these efforts to reduce informational and administrative barriers or costs are effective means of increasing MediCal and Health Families enrollment. Moreover, the two efforts appear to be complementary. The effects of outreach are large and significant for those who became eligible as a result of increases in the income cutoffs for the program, but are not significant for those who became eligible through participation in welfare programs. This result is to be expected if the former group are less likely to have information about MediCal and/or administrative assistance in applying. The study will strive to more precisely identify the mechanisms that work, and the populations that benefit most from outreach measures. Finally, the study will consider the policy implications of any changes to the current outreach program, as well as the cost-benefit calculation of the different outreach components.

### *Understanding the Dynamics of Enrollment in Medi-Cal and Healthy Families Among Low-Income Uninsured Children Accessing Safety Net Providers*

**Neal Halfon, MD, MPH and Linda Bourque, Ph.D., UCLA**

**\$24,839. Grant Period July 1, 2002 through March 30, 2002.**

This study will examine four policy relevant issues related to health insurance coverage among low-income, uninsured children who receive care at community health centers. Specifically, this project will:

- Explore the incentives and disincentives to enroll in public health insurance programs among a population

that receives free or reduced-cost health care at a community center;

- Assess whether primary care providers can have a positive impact on enrollment in health insurance;
- Evaluate the impact of Health Identification and Enrollment Assistance (Health IDEA), a new health access program, for a predominantly Spanish-speaking, immigrant patient population; and
- Examine the choice of primary care provider for children who are enrolled in Medi-Cal and Healthy Families at two community health centers and assess the potential financial implications of parents' choices for safety net providers.

***MediCal Eligible American Indians: Assessment of their Health Risks and Contributions of the Risks to the Health Care use and Costs***

**Carol Korenbrot, Ph.D., Chi Kao, Ph.D, UC San Francisco**

**\$59,309. Grant period June 1, 2002 through November 30, 2002.**

This project will study differences in access to medical care for American Indians (AI) compared to other Californians. Earlier studies have found that rural AI who have Medi-Cal coverage use less medical care and have lower Medi-Cal payments than non-Indians. The disparities in use of care and costs persist after adjustment for differences in their usual sources of ambulatory medical care, and therefore those differences are not likely to explain the differences. It is important to determine whether there are differences in health risks between AI and non-Indians covered by Medi-Cal, and whether these differences help explain the differences their use of medical care and costs. If health risk differences do not explain the disparities, then disparities in access to care factors are likely to explain the remaining differences. Overcoming disparities in access to Medi-Cal paid care are important if rural AI are to reduce their higher rates of avoidable hospitalizations and other problems related to preventable illness and death.

***Impact of Supportive Housing on Health Care Utilization, Public Costs and Medi-Cal Uptake Rates Among Homeless Persons***

**Margot Kushel, MD, UC San Francisco**

**\$35,994. Grant period June 1, 2002 through November 30, 2002.**

This project is an analysis of the impact of the supportive housing on health service utilization, public costs, and Medi-Cal uptake rates among homeless persons. Supportive housing, subsidized housing with associated social services, is an emerging policy option for housing chronically homeless persons. In California, supportive housing receives funding from AB 2034 and Supportive Housing Initiative Act. Researchers will examine results from a natural experiment that ensured when 3 supportive housing projects opened in San Francisco in 1999. 300 homeless persons applied and were determined to be eligible for housing, but only 150 received housing secondary to space limitations and other administrative concerns. By examining differences in the change in health care utilization, public costs and Medi-Cal enrollment in the two year span before and after the subjects moved into housing between those who obtained housing (intervention) and those who did not (controls), the researchers will analyze whether supportive housing 1) reduces inpatient hospitalizations and increases the use of ambulatory care among homeless persons 2) results in decreased public costs which offset the cost of providing the housing and 3) results in increased enrollments among Medi-Cal eligible persons as compared to usual care.

***Agricultural Worker Information Service Exchange (AgWISE Survey)***

**Richard Mines, Ph.D., California Institute for Rural Studies**

**\$60,000. Grant period July 1, 2002 through March 1, 2003.**

Despite a wide-range of federal and state programs charges with providing health services to farm workers, the health status of California's farm workers and their families and the problems surrounding their access to and utilization of health care services has not improved in the last two decades. This research will initiate the development phase of the Agricultural Worker Information Service Exchange (AgWISE). The goal of AgWISE is to improve the well being of California farm workers by improving the information that is provided to and flows between the key stakeholders involved in farm worker health- including farm workers, information intermediaries (such as promotoras), clinics, health researchers, public agencies, health insurance firms and health care foundations.

The research questions will focus on identifying the types of health education and health access information transfers that are most effective and identifying the ways in which such transfers can most successfully be supported. During this initial phase, the project will focus on researching, locating and evaluating relevant information resources, and the testing of information sharing techniques on the widest possible group of intermediaries as they strive to provide the full range of services to farm workers and their families. It is anticipated that the results of this research will not only be useful in designing future AgWISE services, but will also form an assessment of health information needs and practice that will be useful to local, state, and federal agencies in policy development and analysis related to their health and social services intermediary programs.

***Ethnic Access to Public Managed Mental Health Services in California***

**Lonnie Snowden, Ph.D., and Mary Masland, Ph.D., UC Berkeley**

**\$55,400. Grant period June 1, 2002 through November 30, 2002.**

Due to high rates of poverty and lack of private health insurance coverage, ethnic minorities are especially reliant on the public mental health system as a source of care. However, data show that persons of ethnic descent, particularly Hispanics, use public mental health services at rates far below those of whites. To document the extent of such disparities in California, the proposed study will use primary and secondary data sources to investigate, by ethnicity, Medi-Cal eligibles' access to and use of California's county operated public mental health system. California Department of Mental Health's Cultural Competence Advisory Committee (CCAC) is overseeing county-level cultural competence activities. Working with the CCAC, the researchers will examine access and use by ethnicity and document the efforts that counties have made to improve mental health services for ethnic persons. Researchers will survey counties about the outreach efforts they have made to their local ethnic communities, and what factors facilitated or blocked the success of such programs.

***Access to Publicly Funded Family Planning Services in California***

**Felicia Stewart, MD, Philip Darney, MD, and Diana Green, Ph.D., UC San Francisco**

**\$61,241. Grant period August 1, 2002 through January 31, 2003.**

This project will examine access to publicly-funded family planning services in California during and after the implementation of welfare reform. For many low-income women in California, including Mexican immigrant women, pregnancy is the reason for eligibility and use of Medi-Cal services. As Medi-Cal rolls declined after the 1996 Personal Work and Responsibility Act, there were dramatic increases in enrollment in the Family Planning, Access, Care and Treatment (Family PACT) Program, a state-funded program that provided family planning services to low-income women and men with no other source of coverage for these services. In this rapidly changing context of coverage for family planning services, estimates of the population in need of publicly-funded family planning services has been poor, in part due to California's rapid population growth over the past decade. The study will use recent data from the 2000 census and California-specific information on the risk of an unintended pregnancy from the California Women's Health survey to improve the characterization of the population in need of publicly funded services. We will examine unmet need for contraceptive services by ethnic group, age and county. Improved descriptions of the population with unmet need will be provided information valuable to ongoing state efforts to improve access to family planning services

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.