

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

## 2003 Recipient List

The California Program on Access to Care (CPAC) is pleased to announce the awardees in its 2003 8th Regular Cycle Request for Proposals. A total of \$406,174 was awarded to PIs for the following projects.

### *The Effect of County Outreach Environments on Family Participation in Medi-Cal and Healthy Families*

**E. Richard Brown, Ph.D. and Jennifer Kincheloe, MPH, UC Los Angeles**

**\$9,996; Grant period April 1 - July 31, 2003.**

In 2001, there were nearly one million uninsured children in California. More than two-thirds of the state's uninsured children were currently eligible for either the Medi-Cal or Healthy Families program, but they are not enrolled. This study will examine the effect of county-level factors (aspects of the outreach environment) on children's enrollment in the Medi-Cal and Healthy Families programs, while controlling for a host of individual-level factors. The analysis will explore county-level factors such as the amount of state funding for various types of outreach, process measures of county outreach and follow-up activities, and whether additional outreach is conducted for subsidized insurance programs targeting undocumented children and children with income too high to qualify for Medi-Cal or Healthy Families. We will use individual-level data from the 2001 California Health Interview Survey (CHIS) and county-level administrative data from the California State Department of Health Services (DHS), the Managed Risk Medical Insurance Board (MRMIB), and the Kaiser Cares for Kids and California Kids program. CHIS is the largest population-based state health survey in the nation with a sample size of 55,000 households. CHIS' large sample size will enable us to conduct analysis of individual counties or groups of smaller counties, and to study differences among major ethnic groups, including White, African American, Asian and Pacific Islander, and Latino (sample size permitting). This study will test a model to explain program enrollment by eligible children, isolating the independent contributions of county-level contextual factors and family-level factors. Lastly it will use the results to make policy recommendations on how state and local officials can better target outreach programs to outreach programs to reach underrepresented populations, reducing the uninsured rate of California's children and improving equitable access to care.

### *Evaluation of State Strategies to Recruit Oral Health Care Providers to Underserved Areas in California*

**Kevin Grumbach, MD, Edward O'Neil, Ph.D., and Elizabeth Mertz, MPA, UC San Francisco**

**\$34,700; Grant period June 1 - November 30, 2003**

At the current time a variety of public and private institutions in California are implementing a flurry of new policies and programs aimed at addressing workforce shortage in underserved areas. These efforts have substantially added to the previous core approaches by state and federal agencies to monitor and address health workforce problems. The Center for the Health Professions at UCSF will evaluate the historical, current and anticipated approaches to recruiting oral health care providers to underserved areas in California. Researchers will identify the federal, state and privately directly and indirectly funded efforts to address workforce issues. After gathering the program and policy details, researchers will evaluate each program's effectiveness based on its stated goals. Standard information will be collected on all of the programs in order to estimate the overall effectiveness of all programs. Additionally, the study will examine the proposed changes to current approaches and compare the effectiveness of similar programs. Finally, the study will examine whether the existing programs represent the most appropriate approach to address California's current crisis in oral health.

This study will be the first to provide a comprehensive analysis of the various workforce recruitment programs, and will contribute greatly to the knowledge base underlying an entire set of public policies in California. The synthesis of these efforts into one broad analysis will allow each institution to identify where their programs fit into the "whole" of workforce policy. Collection of standard measures will allow comparison of the impact of both similar and different efforts. This new data will enable identification of areas of overlap, areas of consistent positive or poor results, and opportunities for further expansion, collaboration, and articulation between programs. The study also creates a base upon which to evaluate broader workforce efforts to address existing need in California. The results of this study will provide valuable information to state legislators, policymakers, dental educators, administrators, program managers, and professional associations.

### *How Far to the Doctor? The Effect of Hospital Closures on Access to Care*

**Mireille Jacobson and Tom Buchmueller, UC Irvine**

**\$45,824; Grant period June 15 - December 31, 2003**

Fourteen hospitals closed in the Los Angeles Region between 1997 and 2000 and several public hospitals are at risk in the latest budget crisis in Los Angeles County. However, little is known about the effect of hospital closures on access to care or health status. This study seeks to (1) identify the types of services that were lost in and around Los Angeles County due to prior hospital closures and (2) assess whether these closures have impacted access to care and health outcomes in the affected communities. Using annual data from the Office of Statewide Health

Planning and Development (OSHPD), the researchers will identify changes in residential proximity to hospital and specialty services (e.g. reproductive, emergency, and trauma) in the Los Angeles Region over time and will then relate these changes to changes in access to care (real and perceived) and health outcomes as reported in the LA County Health Surveys and in administrative data on infant health outcomes. Study findings will help policymakers assess the importance of putting resources into financially strapped hospitals and will examine whether closures simply eliminated redundant services and inefficient facilities or if they impacted the health care needs of the surrounding communities.

***Small Employers are not THE Problem: Small Business and the Uninsured in California***

**Richard Kronick, Ph.D., Todd P. Gilmer, Ph.D., and Louis C. Olsen, Ph.D., UC San Diego  
\$45,730; Grant period April 15, 2003 - January 14, 2004**

Policy discussions in Sacramento often assume that a large part of the reason that so many workers are without health insurance is that many small businesses do not offer coverage to their employees. This assumption guides policy development in areas such as small group market reform, creation of the Health Insurance Purchasing Cooperative (now PacAdvantage), and a variety of proposals to subsidize health insurance premium payments for small employers and their employees.

This study will analyze the extent to which policies designed to increase coverage rates for the employees of small employers are an attractive target of opportunity for state policy makers. Researchers plan to answer three questions:

- 1) What share of the uninsured in California are full-time employees of small employers (between 2 and 50 employees) who do not offer insurance to their workers? That is, if all uninsured full-time workers (and their dependents) who work for a small employer who does not offer insurance were to obtain insurance, how large a reduction would there be in the number of uninsured in California?
- 2) If employees (and their dependents) of small employers were insured at the same rate as employees of larger employers, how much reduction would there be in the number of uninsured?
- 3) What are the most promising strategies for increasing coverage among the employees of small business, and how successful are these strategies likely to be in reducing the number of uninsured in California?

***Reproductive Health of California's Agricultural Workers***

**M. Catherine Maternowska, Ph.D., MPH, Claire Brindis, Dr.PH,  
and Kenneth Kambara, Ph.D., UC San Francisco  
\$35,704; Grant period June 1- November 30, 2003**

The Center for Reproductive Health Research and Policy Family Pact Program (CRHRP-FPP), University of California, San Francisco, in collaboration with the California Institute for Rural Studies (CIRS) will conduct this study focused on two major goals: first, understanding the complex reproductive health needs of the agricultural workers of California and second, applying the research findings to seek solutions to the problem of high unmet need among hired farm workers. The research will have four specific aims:

- (1) To complete the first analysis of reproductive health data collected in the risk Behaviors Questionnaire for the California Agricultural Workers Health Survey;
- (2) To examine the reproductive health needs of male as well as female agricultural workers, as men are particularly underserved and hard to reach;
- (3) To build on policy recommendations in CPAC's previously released report, Access to Health Care for California's Hired Farm Workers, including development of bi-national projects addressing access to reproductive health care and expansion of the knowledge base regarding reproductive health related needs of this population among key stakeholders; and
- (4) To use the knowledge gained on the reproductive health needs of hired farm workers to complement research findings from an ongoing study (currently being conducted by CRHRP-FPP) on gender power, and culture as barriers to accessing reproductive health services.

***Assessing the Impact of the Racial Privacy Initiative on Health Care Policy Research***

**Jane Mauldon, Ph.D and Kamran Nayeri, Ph.D., UC Berkeley  
\$45,958; Grant period April 15-Oct. 15, 2003**

In the 2004 elections, Californians will vote on the Racial Privacy Initiative (RPI), which, if passed, would take effect on January 1, 2005. With a few exceptions, the RPI would amend Article I of the California Constitution to bar state, county and city authorities, as well as public university systems, community college districts, school districts, special districts, or any other political subdivision or governmental instrumentality of or within the state from classification of

individuals and collection of data based on race, ethnicity, color or national origins. This proposed research will explore the impact of the Racial Privacy Initiative (RPI) on health policy research in California. Specifically, it will examine the impact of the RPI on (a) the collection of health-related data by California's state and county agencies, (b) the design and conduct of policy-relevant research dealing with prevention, health care access, and disparity issues in California, and (c) the design and evaluation of public health programs and policies.

### ***California Institute for County Government***

**Matthew Newman, MPP and Charles Lieberman, Ph.D.**

**Proposal to Study the Use of Hospital Emergency Rooms for Routine Care**

**\$29,420; Grant period May 15 - November 15, 2003**

The use of hospital emergency rooms, rather than primary care clinics and physician's offices, as a principal source of routine health care has long been recognized as a significant problem in the health care system. In light of the extreme budgetary problems faced by counties and other public safety net health care providers in California, it is important to learn more about the use of ERs as a source of routine care in the state. Previous research provides a good basis for comparison, but no recent work has been done using data specific to California. (The most recent relevant work relied on a 1988 national dataset).

Data from the California Health Interview Survey (CHIS) will be analyzed to examine this issue specifically for California. The study aims to answer questions regarding the extent to which adults and their children use hospital emergency rooms as their usual source of primary health care; the factors associated with the use of ERs as the source of routine health care; how Medi-Cal recipients compare to low-income uninsured persons in use of ERs; and how economic and demographic factors such as language skills influence the use of ERs for primary care services.

### ***Changes in Insurance Coverage and Employment of California Workers: Implications for Policy***

**Lynn Paringer, Ph.D., CSU Hayward**

**\$19,033; Grant period March 15 - September 30, 2003**

This study has two goals. The first is to measure gaps in insurance coverage and movement between different types of insurance among California workers and to identify the employment characteristics, socio-demographic characteristics and economic characteristics associated with gaps in coverage or with changes in the source of coverage between 1999 and 2000. The second goal of the study is to develop a multivariate model that can be used to predict long-term and short-term gaps in insurance coverage among California workers and to predict transitions from one source of insurance to another (and to uninsured status). The researcher's predictive model examines five sets of factors that can lead to a gap in insurance or a change in source of coverage: employment characteristics of the workers, characteristics of the employers, socio-demographic characteristics of the workers, income characteristics of the worker's family, and the health care needs of the worker. The analyses will use data collected in the California Work and Health Survey (CWHHS) for 1999 and 2000. The CWHHS is a combination cross-sectional (N=2170), longitudinal (N=1265) database composed of telephone interviews of a random sample of adult Californians.

### ***Policy Implications of the Role of Race, Ethnicity & Language on the Health of Californians***

**Ninez Ponce, Ph.D., Jeanne Black; UC Los Angeles**

**\$41,541; Grant period April 1 - September 30, 2003**

Using the California Health Interview Survey, (CHIS 2001), the proposed research study has two policy-relevant objectives. The first objective is to examine how "culture" may contribute to disparities in three domains of health: 1) perceived health status, 2) usual source of care, and 3) use of physician services. Within the context of this research, "culture" is made up of several elements. In this study, researchers will focus on the ethno-linguistic dimension of culture, but nativity, life experience and generation in the U.S. also provide relevant elements of the construct of culture. The study's specific aim is to measure to what extent race/ethnicity and, especially, English language proficiency contribute to disparities in health status, health care access and utilization, using weighted multivariate logit or probit models. This would inform the policy agenda on language access, which has gained recent policy attention at the federal and state level.

The second objective of the study is to inform California policy makers on the consequences of the racial Privacy Initiative (RPI) on health. The study will test how omitting race/ethnicity affects the predictive power of models of the three domains under examination. Moreover, researchers will determine the extents of the bias on other predictors resulting from the omission of racial and ethnic identifiers. This study would inform policy makers on whether collecting race/ethnicity information impacts the true understanding of the factors that lead to health disparities. The study sample is over 44,000 non-elderly adults, who were not pregnant and not covered by Medicare at the time of interview. The sample is drawn from the adult random-digit-dial file of CHIS 2001, containing observations on 55,428 individuals. CHIS 2001 is unique among large household health surveys in both administration and sample design. Survey interviews were conducted in six languages: Chinese (both Cantonese and Mandarin dialects), Korean, Khmer, Vietnamese, Spanish, and English, after undergoing extensive cultural adaptation, and refereed translation processes. Thus, CHIS 2001 is particularly suitable to examining the first policy objective on language access. Finally, with over nine questions in CHIS 2001 devoted to race/ethnicity measures. CHIS 2001 provides the

requisite information that captures the complexity of racial and ethnic identification among California's population.

***When Wages Are Not Enough: The Plight of California's Uninsured Workers***

**Cynthia Saunders, Ph.D., CSU-LongBeach**

**\$50,363; Grant period May 1 - Oct. 31, 2003**

California has at least six million individuals, or 20 percent of the population, that is uninsured. This compares unfavorably to the rest of the United States with a rate of 15 percent uninsured population. This study explores the plight of California's uninsured workers and their activities when they get sick. Qualitative methodology through semi-structured interviews will be utilized for this project. Interviews will be taped, transcribed, and analyzed using available qualitative software. Five occupational groups with high rates of uninsured individuals and relatively high rates of occupational stress and injury will be selected through a convenience and snowball sampling methodology. The five groups selected for the study include: food service workers, retail staff, musicians, artists, and hairdressers/aestheticians. Ads in appropriate publications and key informants will be used to recruit interviewees for the study. Interviewees will be asked to describe their experiences the last time they needed medical care, experiences with applying for public insurance programs, ideas for health system reform, dollar amount of premium contribution that they can afford, and for specific comments on proposals from the Health Care Options Project.

***Latino Adolescents Utilization of Reproductive Health Care Services***

**Rosa M. Solorio, MD, MPH, E. Richard Brown, Ph.D., and Lilian Gilberg, MD, MPH, UCLA**

**\$47,915; Grant period June 30 - December 31, 2003**

Using data from the 2001 California Health Interview Survey (CHIS, 2001), researchers will examine access and use of primary care and reproductive health care services among Latino adolescent, in comparison to White and African-American youth. The study will use the Behavioral Model for Vulnerable Populations in examining the youth characteristics that enable them to access care and utilize primary care and reproductive health care services. The specific aims of this proposal are to compare Latino adolescents to White and African-American youth on the following: 1) To describe adolescents general health status, general mental health status, and reproductive health status; 2) To describe adolescents access to primary care and preventive reproductive health care services; 3) To compare rates of unmet need for health care services and compare reasons for unmet need; 4) To describe enabling factors for youth's utilization of primary care and reproductive health services; and 5) To examine the relationship of predisposing factors to enabling factors and to use of primary care services and reproductive health care services. There are several policy relevant factors that may affect access to care among Latino adolescents that will be included in the analysis: health insurance, usual source of care, English-proficiency, education, immigration status of adolescent and parents, and previous experiences with discrimination in a health care setting.