

9th Cycle RFP

2004 Recipient List

The California Program on Access to Care (CPAC) is pleased to announce the awardees in its 2004 9th Regular Cycle Request for Proposals. A total of \$367,271 was awarded to PIs for the following projects.

Effect of Language Barriers on Ethnic Access to Public Mental Health Services in California

Joan Bloom, UC Berkeley

\$55,414. Grant period: March 1 - August 31, 2004

This project will assess extent to which language barriers block access to mental health services for limited English Medi-Cal beneficiaries. It will also evaluate effect on access of the California Department of Mental Health's "threshold language" policy and related county-implemented activities. Researchers will compare monthly county mental health penetration rates for non-English speaking Medi-Cal beneficiaries with rates for English-speaking beneficiaries and will calculate monthly penetration rates for Medi-Cal beneficiaries by primary language spoken. Survey data, collected in a prior study from county Cultural Competency Coordinators, will be used to describe county activities to reduce language barriers and will measure effects of county activities on access to care.

'Spill-over Effect' of County Child Health Insurance Expansion Initiatives on Publicly Funded Program Enrollment

E Richard Brown, UCLA

\$50,496. Grant period: June 1- November 30, 2004

This project will study effect of county children's health insurance expansion initiatives on Medi-Cal and Healthy Families (HF) enrollment and retention by comparing counties with outreach programs and counties without outreach programs. Researchers will analyze Medi-Cal and HF enrollment by county over time (pre- and post-implementation of outreach and enrollment); compare enrollment trends between counties with expansion and outreach programs; and obtain information from expansion program county plans about enrollment of children from the same family in a expansion plan and Medi-Cal or HF and expansion plans' capacity to enroll uninsured children ineligible for public programs in their counties. The study will cover state Fiscal Years 1999 through 2003. Findings can help policymakers and program officials make better resource allocation decisions regarding both expansion initiatives and outreach program funding.

Disparities in Primary Care Access for California's Vulnerable Children.

Neal Halfon, UCLA

\$31,509. Grant period: March 1- August 31, 2004

This study uses data from the 2001 California Health Interview Survey (CHIS) to examine primary care access and quality for children and adolescents ages 0-19. The project examines the individual and additive relationship of six factors (race/ethnicity, poverty status, insurance coverage, geographic region, language, and citizenship status) with primary care access and quality. To provide a complete picture of vulnerability, vulnerability and primary care access are presented in relation to six health status and health risk behaviors that are amenable to primary care intervention. The project focuses on children/adolescents who are eligible, but not yet enrolled, in public insurance programs, including more recent county-level expansions. This approach to describing actual levels of vulnerability and its relation to primary care access and quality have important policy and program implications for California, and may lead to more comprehensive recommendations to assure access for children at greatest risks.

Strategies to Improve Dental Access and Use for California's Young Children.

Moira Inkelas, UCLA

\$30,840. Grant period: March 1- August 31, 2004

The California Health Interview Survey (CHIS) provides the first statewide information on dental care coverage and use of services. Just over half of children age 2-5 years, and only 40% of those age 3-4 years, have ever seen a dentist. Few young children have had a visit within the last six months, including 56% of children age 5 years. At least one-quarter lack dental coverage. This project will (1) identify characteristics (including region and lack of dental coverage) of young children at risk for late (or no) initiation of dental care, and for inadequate use of preventive dental services; (2) assess the association of provider supply with young children's use of care, and (3) present policy and programmatic options for improving dental care access. The study will link findings with recent survey data on regional provider supply and will provide the policy context for a set of strategies and interventions to improve the dental health of California's young children.

Overcoming Barriers to Health Care Among Immigrants: Local Solutions for Community Needs.

M. Kagawa-Singer, UCLA

\$9,013. Grant period: January 1, 2005-May 31, 2005

Immigrants have been identified as a group that faces unique barriers to health care. The proposed research seeks to delineate those barriers by developing a model of health care for immigrant communities. This will be done by drawing from a case site-San Francisco, Chinatown-which has successfully developed a health care infrastructure as an alternative to mainstream health care structures that have not met the needs of immigrant communities. The research results will inform policy related to government interaction and partnership with ethnic communities to develop culturally competent, self-sustaining institutions to serve marginalized residents of California.

Implementation Issues for SB 2: Options for the Design of the Benefits Package and the Structure of the Fee

Richard Kronick, UC San Diego

\$50,000. Grant period: February 15-August 15, 2004

The recently enacted SB 2 to create a health care financing system for an estimated 1.5 million uninsured workers, leaves many implementation decisions to the Major Risk Medical Insurance Board (MRMIB). MRMIB is required to design a benefits package that is consistent with the general guidelines of the legislation, and is required to set the level of the fee so that enough funds will be collected to provide those benefits. The purpose of the research proposed here is to perform both quantitative and qualitative analyses that will be useful to MRMIB and other policy makers as these decisions are made.

Recent Mexican Immigrants' Access to Quality Reproductive Health Care

C. Maternowska, UC San Francisco

\$34,052. Grant period: February 15- August 15, 2004

The University of California San Francisco Center for Reproductive Health Research and Policy (CRHRP) will conduct a secondary data analysis of the recently completed study, "Barriers to Family Planning Services Among Mexican Immigrants In California: Gender, Power and Culture." Data to be analyzed is from the Power and Culture (GPC) study. This project has two major goals: to understand reproductive health access and quality of care trends among recent Mexican immigrant communities in California and to use this understanding to make policy and program recommendations to increase access to quality reproductive healthcare for this at-risk, hard-to-reach population.

Expanding Health Care Coverage for Families that Leave Welfare: Assessing the Impact of SB 87

Jane Mauldon and Kamran Nayeri, UC Berkeley

\$38,717. Grant period: April 15- October 15, 2004

Expanding health care coverage for low-income working families leaving welfare has been a federal and California policy concern. SB 87, signed into law in September 2000, was to be implemented in July 2001 to expand post-welfare Medi-Cal coverage among welfare exiters. In particular, this project will examine patterns of continuous Medi-Cal coverage after welfare exit and average length of Medi-cal coverage by counties, gender, ethnicity, and age. The study will also use survival curves and hazard analysis to identify demographic factors associated with risk of losing Medi-Cal coverage and how these may differ before and after the implementation of SB 87.

Limited Access? Assessing the Health Insurance Status of Immigrant Farmworkers and Their Families

Richard Mines, California Institute Rural Studies

\$29,492. Grant period: March 1- August 31, 2004

This study will examine health insurance coverage among farmworker families and its relationship to health status by comparing two datasets, the statewide CHIS and the California Agricultural Workers Health Survey. Researchers will examine insurance coverage between the farm worker population and a sub-sample of the CHIS population, comparing personal characteristics and enabling factors among adults. They will also look at health status and utilization of services among both farm worker parents and their children in the CHIS versus CAWHS data. This study will use findings from additional in-house data sets including the Binational Farmworker Health Survey and a qualitative dataset, the Agricultural Workers Health Study (CAWHS). Information from these surveys will help to interpret the CHIS/CAWHS comparative data and illuminate barriers and facilitators for agricultural workers accessing health care. Findings will assist in the development of more refined methods for gathering information on hard-to-reach populations, and they will inform state initiatives to expand insurance, develop outreach, and create population-specific program interventions for farmworkers and their families.

Impact of Welfare Reform on Access to Medical Care, Mental Health Services, and Substance Abuse Treatment for CalWORKs Participants with Alcohol and Other Drug Use Problems

Deborah Podus, UCLA

\$25,158. Grant period: February 15- August 15, 2004

This project will further analyze data collected for a study of the intersection of substance abuse and welfare reform in Los Angeles County, originally funded by a grant from the Robert Wood Johnson Foundation. Findings from this study will contribute to a better understanding of the scope of substance abuse in a large and complex county, will help evaluate existing CalWORKs policies regarding substance abuse, and will provide insight into the nature of the interface between welfare and health care in the CalWORKs system. Results of these analyses will be used to

develop policy recommendations and to prepare a policy brief and policy-focused journal article on the impact of welfare reform on access to and utilization of health care services-medical care, mental health services, and substance abuse treatment -by persons with substance abuse problems who participated in the California Work Opportunity and Responsibility to Kids (CalWORKs) welfare program.

Do Medi-Cal HMOs Improve Care and Outcomes for Enrollees with HIV/AIDS?

David Zingmond; UCLA

\$12,560. Grant period: March 1- August 31, 2004

HIV-infected persons have significant care needs and are disproportionately cared for by Medicaid programs nationwide. This proposal seeks to examine and compare patients with HIV infection who are receiving care in Medi-Cal FFS and HMO health plans. Researchers will use analyses of comprehensive linked administrative, encounter, and registry data for HIV-infected enrollees of Medi-Cal. The specific aims of this proposal are to: examine whether pharmaceutical usage and hospitalization differs between Medi-Cal FFS and HMO enrollees and determine whether disease progression and survival differs between enrollees in HMO and FFS. Given the dependence of HIV patients on public insurance, the costs involved in providing HIV care, and budgeting challenges for public health, assessing the success of Medi-Cal managed care for the HIV-infected is of great interest to policy makers, payers, and providers. Findings will be relevant to HIV-infected populations in other state Medicaid programs and can serve as a model for evaluating other chronically ill populations cared for under Medi-Cal.

2004 California Health Interview Survey (CHIS)-Funded Proposals (\$68,214 Total)

Racial/Ethnic Disparities in Access to Ambulatory Care Services Among Medi-Cal Beneficiaries

Andrew Bindman MD, UC San Francisco

\$9,822. Grant period: March 1- August 30, 2004

The primary goal of this project is to understand how the transition to Medi-Cal managed care programs has affected access to ambulatory care services overall. The second goal is to understand whether these changes have enhanced or reduced disparities in access to health care among underrepresented minorities. These results will help identify whether continuing the transition to Medi-Cal managed care programs will have beneficial or harmful effects on health care disparities within the state. If, as hypothesized, Medi-Cal managed care programs have particularly beneficial results for under-represented minorities (who also traditionally face the greatest barriers to health care), then this information will be particularly helpful to administrators at the state and county levels for the development of appropriate policies, regulations, and contracts.

Dental Check-up of the Healthy Families Program

Umo Isong, UC San Francisco

\$10,000. Grant period: March 1 - August 31, 2004

For each child in the U.S. without medical insurance, there are 2.6 children without dental insurance. The August 1997 enactment of the State Children's Health Insurance Program (SCHIP) launched a new initiative that allowed states to implement innovative approaches to providing health insurance coverage to eligible low-income uninsured children. The Healthy Families Program (HFP), the state's S-CHIP plan, includes dental care for enrolled children. This study will use CHIS data to evaluate dental care access among HFP beneficiaries in 2001. Utilization will also be compared to Medi-Cal and uninsured children. The findings of this study will allow policy makers to assess the effectiveness of SCHIP within the state, and help identify areas in which performance could be improved. This study will also provide baseline estimates that may be used in future studies to track HFP's progress.

Tobacco Use Among Asian Americans: Analysis of the 2001 CHIS

Annette Maxwell, UC Los Angeles

\$10,000. Grant period: March 1- August 31, 2004

Although lung cancer is the top cancer killer among Asian American men, information on tobacco use among Asian Americans is lacking. The 2001 CHIS database allows researchers to analyze tobacco use and its correlates for Asian Americans in a large population-based sample that includes non-English speaking Asians. This research will compute and compare rates of current, former and never-smoking individuals among the major ethnic/racial and gender groups in California, including Non-Latino Whites, Latinos, African Americans, American Indian/Alaska Natives, Pacific Islanders, Asians, Asian Chinese, and Asian Filipino. The project will isolate the independent contributions of factors such as age, gender, education, and acculturation on smoking status. Results will allow for policy recommendations on how best to design smoking cessation programs to reach underrepresented populations with high or rising smoking rates, and help reduce health disparities and improve equitable access to care.

Mental Health of Latinos and Asian Americans: Understanding Their

Barriers to Mental Health Care Access and Utilization using the CHIS**Sarita Mohanty, University of Southern California****\$11,200. Grant period: March 1- August 31, 2004**

Ethnic minorities often receive poorer quality of care and have worse outcomes than white patients. This study seeks to identify potential racial/ethnic disparities in mental health care. Using 2001 CHIS data researchers will conduct a detailed analysis of mental health status, as well as access and utilization of mental health services of Latinos and Asian American/Pacific Islanders (AA/PIs), the two largest ethnic groups in California. The overall prevalence of mental health problems and the mental health service access in these two groups will be compared to those of non-Latino whites. This project will also explore whether the primary care provider questions or screens for mental health in the primary care setting, and identify potential barriers to care, including socio-demographic characteristics and cultural variables. The research will help determine if the state mental health parity law or other bills have improved access to care and coverage for mental health, or whether policy-makers need to improve insurance coverage for minorities who are disproportionately uninsured or publicly insured.

Policy Implications of Racial and Ethnic Differences in Managed Care vs. Fee-for-Service Utilization Disparities in California.**Robert Nordyke and Ellen Wu, CPEHN****\$10,000. Grant period: March 1- August 31, 2004**

Managed care was established to both control the rising health care costs and to improve access to and the quality of health care services. However, the managed care system requires that consumers have sophistication and knowledge in order to navigate the health care system. As a result, communities of color may be adversely impacted in a managed care system. This goal of this study is to better understand the racial and ethnic disparities between and within populations in managed care versus fee-for-service plans. Researchers will use the CHIS oversamples for Asians and American Indian/Alaska Natives. To better understand barriers, the data will be cross-tabulated by race/ethnicity, language preference, and other demographic characteristics in Medi-Cal managed care compared to the commercial health plan population, and fee-for-service compared to the managed care population. Utilization measures include doctor visits over the past 12 months, the usual source of care, if any, chronic disease management, and appropriate cancer screenings.

Oral Health of Native Americans**Nancy Reifel, DDS, MPH, UCLA****\$9,500. GrantPeriod: March 1 - June 30, 2004**

Most research about American Indians/Alaska Natives (AI/AN) oral health status and the effectiveness of oral health programs comes from studies conducted through Native American organizations that represent only 20% of California's AI/AN population. CHIS data allows the comparison of a sample AI/AN drawn from the general public to that of a sample drawn from client lists of tribal and Indian organizations. This project will assess the effect of using Native American organizations as a point of entry into the community for the purpose of oral health surveillance, research, and interventions. Findings will help determine if clients of Native American organizations are representative of the statewide AI/AN population in terms of oral health status, oral health behavior and access to dental services. Researchers will evaluate and compare characteristics of the AI/AN population that uses the Indian clinics to those of the AI/AN population that does not use these clinics. Findings can assist state and federal agencies to evaluate the validity of information used to identify and reduce oral health disparities of Native Americans, and can also assist the tribes in assessing their dental treatment programs and setting future priorities.

Language, Cultural and Systemic Barriers to Mental Health Care Among Racial and Ethnic Groups in California: Scope of the Problem and Implications for State Policy**Martha Shumway, UC San Francisco****\$10,000. Grant period: April 1- September 30, 2004**

Each year, over two million California adults need mental health services, but do not receive them. California's diverse racial and ethnic groups are far more likely to have unmet needs for mental health services due to linguistic, cultural and systemic barriers. This results in unnecessary suffering, incarceration, unemployment, homelessness, and suicide. Untreated mental illness costs the state billions of dollars each year, and costs millions of our state's most vulnerable residents their relationships, their jobs, and even their lives. This study will use the linguistic, cultural, health and mental health data available in the 2001 CHIS data set to examine variations in mental health service need and use across racial, ethnic, and linguistic groups, and to identify the barriers for different racial/ethnic and language groups. Predictive policy models will be developed to determine the most effective policy options to combat the problem of untreated mental illness.