Assessing California's Prostate Cancer Resources for the Working Poor in Urban and Rural California

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APHA 2007

This research was supported by funds from the California Program on Access to Care (CPAC), California Policy Research Center, University of California. The views and opinions expressed do not necessarily represent those of The Regents of the University of California, CPAC, its advisory board, or any State or County executive agency represented thereon."

Overview

- Prostate Cancer 101
- Background
- California's safety net
- Key Findings
- Policy Implications

Prostate Cancer 101

- Most common diagnosed cancer in men
- Screening recommendations:
 - PSA and DRE starting at 50
- Treatment by highly specialized physicians
- Cost = \$30,000 first year
- Follow-up after treatment
 - Every 6 months for 5 years

Background

- IMPACT Program created
 - Free prostate cancer treatment
 - Designed to reduce barriers
 - Administered by UCLA
- Ongoing debate about the need for the IMPACT

Research Question

Are current county and state level safety net programs sufficient to meet the need?

Health Care Access Barriers

- Lack of health insurance
- Low-income
- Minority status
- Language
- Cultural beliefs
- Distrust of health care system

Access Barriers and Men Utilizing IMPACT

Barriers	IMPACT Men	
	YES	NO
Lack of health insurance	X	
Low-income	X	
Minority status	X	
Low education level	X	
Language barriers	X	

California's Healthcare Safety Net

County Level

State Level

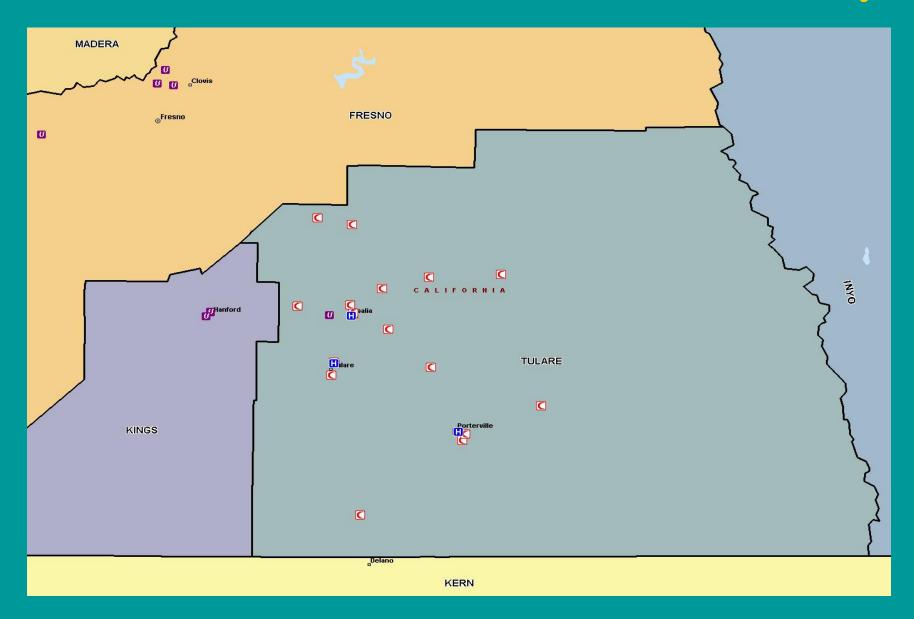
- County Medical Services Program (CMSP)
- Medically Indigent Services Program (MISP)

Medi-Cal

Comparison of MISP Eligibility

	San Diego	Tulare
Income	135% FPL	275% FPL
Are assets considered	Yes	Yes
Age	21-64	21-64
How to enroll	By appointment at selected clinics or hospitals. Hospital patients may apply via phone or bedside interview.	Apply at Tulare WORKS offices, hospitals or any of 6 county health care clinics.
Length of Enrollment	1 Month	2 Months
Re-enrollment	Standard enrollment 1-6 months. May be renewed if medical need persists.	Income verified every 2 months for re-enrollment.
Income-based share of cost	No	Yes

Prostate Cancer Resources in Tulare County



Prostate Cancer Resources in San Diego County



Medi-Cal and Men

Men required to show:

- Unable to work for 1 year
- Not worked for 1 year due to illness
- Examined by a county physician
- Forward all medical records
- Average wait = 4 months
- Eligibility withdrawn at anytime

Perpetuating Access Barriers

- Enrollment
 - Application process
- Access to urologists
 - Waiting time for appointments
- Population characteristics
 - Low-income
 - Minority status
 - Low education
 - Cultural and language barriers

Key Findings

- Healthcare safety net is:
 - Fragmented
 - Designed to meet the needs of specific populations
 - No sufficient to meet needs of those in need of specialized treatment, long-term care, or follow-up
- IMPACT Program fills a gap

Policy Implications

- IMPACT Program needed
 - SB 650
 - Significant changes to program
- Expand health insurance coverage lowincome, uninsured working men
- Redesign of healthcare safety net