



Treatment Alone is Not the Cure: The Effect that Community Resources Have on Health Outcome



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BACKGROUND

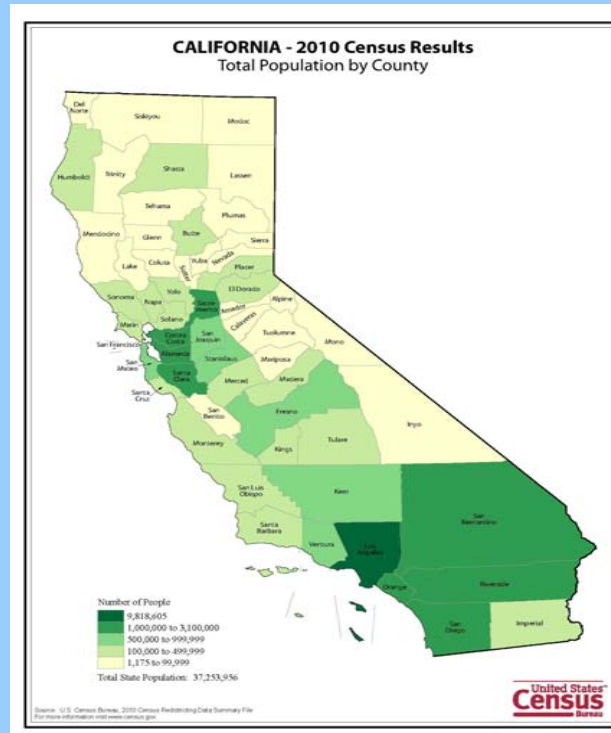
- ❖ IMProving Access, Counseling and Treatment for Californians with Prostate Cancer (IMPACT) is a state-funded prostate cancer treatment program for uninsured and under-insured low-income men throughout California.
- ❖ IMPACT's mission is to provide high quality FREE prostate cancer treatment.
- ❖ Since the inception of the Program in 2001, the Program has enrolled over 1,600 men.
- ❖ Every man enrolled is assigned a Nurse Case Manager and Clinical Coordinator who act as the patient's guide and helper throughout the course of his prostate cancer treatment.
- ❖ The IMPACT Clinical Team will:
 - ✓ Provide patients with information about prostate cancer, treatment choices and how to prepare for treatment. These materials will help patients understand their choices and will help patients work with their physician to choose the best treatment for them.
 - ✓ Coordinate a patient's treatment with his doctors.
 - ✓ Help patients make treatment appointments.
 - ✓ Help patients solve problems that come up during treatment.
 - ✓ Provide patients with information about the many different types of services provided by the IMPACT program.
 - ✓ Coordinate and keep patients informed about IMPACT services.
- ❖ IMPACT is mandated to only pay for prostate cancer treatment.
- ❖ The Program recognized that the disadvantaged men it serves face numerous other barriers which affect their health outcomes and quality of life.

OBJECTIVE

- ❖ To identify community barriers in obtaining social services in rural areas of the State of California.
- ❖ To expand the traditional concept of concierge services to health care and social services.

METHODS

- ❖ Identifying the social services available in rural areas of the State of California.
 - ✓ Internet searches
 - ✓ 211 County Services Information Line
 - ✓ Partnerships with community and medically-based organizations



RURAL CALIFORNIA

- ❖ Of California's 58 counties, 44 are rural counties which range in size from 20, 164 square miles (San Bernardino) to 601 square miles (Amador).
- Access to Healthcare
 - ❖ There are 935 residents per doctor in rural California compared to 460 per doctor in urban areas of the state. Approximately 45 percent of rural Californians live in regions designated as Primary Care Health Professional Shortage areas.¹
- Distance Barriers
 - ❖ Rural residents have a much farther distance to travel to receive access to healthcare. 75% of urban residents live between 1 and 78 miles of a hospital, with an average of 10 miles away from a hospital. 75% of rural residents live between 1 and 259 miles of a hospital, with an average of 14 miles away from a hospital. 90% of rural residents live between 1 and 283 miles away from a hospital, averaging 25 miles away.²
- Health Insurance
 - ❖ *Medi-Cal*: Since 2005 there has been a steady increase in the percentage of Medi-Cal enrollees in rural communities. Respectively, there has been a decrease in the percentage of Medi-Cal enrollees in urban communities. In 2005, 30.12% of Medi-Cal enrollees were in rural communities and 69.88% were in urban communities. In 2009, 31.58% of Medi-Cal enrollees were in rural communities and 68.42% were in urban communities.³
 - ❖ *Uninsured*: There has been a rise in the percentage of uninsured Californians in rural counties. In 2002, 11.10% of rural Californians reported having no health insurance. By 2008 13.37% of rural Californians reported having no health insurance. From 2002 to 2008, 12.8% of urban Californians reported having no health insurance.⁴
- Income/Poverty
 - ❖ Rural counties have a higher percentage of residents that fall below the Federal Poverty Level. 19.35% of rural residents fall in below the Federal Poverty Level. 17.1% of urban residents fall below the Federal Poverty Level.
 - ❖ Rural counties have a higher percentage of residents that fall between 100% and 200% of the Federal Poverty Level; 10.38% in rural counties and 8.11% in urban counties.⁵
- Disease
 - ❖ Rural Californians are 25% more likely than their urban counterparts to dies of cancer, and about 16% more likely to die of heart disease.⁷

DISCUSSION

Rural Areas in California

- ❖ There exist several different definitions of the term "rural."
 1. One common way to define rural areas is at the county level. Under this measure, counties with 80% or greater rural land mass are generally considered rural. Using this definition, about 5 million people, or 13% of California's 38 million residents, live in rural counties as of January 2009.⁷
 2. Another definition, often used by the U.S. Census, is based on density. Under this definition, areas are rural if they contain population densities of less than 500 people per square mile. Using this measure, about 7.6% of California residents lived in rural areas between 2006 and 2008.⁸

IMPACT's Case Management

- ❖ IMPACT meets more than just a patient's medical needs.
- ❖ IMPACT acts as a concierge for patients enrolled in the Program providing them with essential links to a variety of needed social services such food pantries, low-cost clinics, and support groups.
- ❖ Patients whose primary concerns are lack of base necessities, such as food and shelter, cannot have positive health outcomes.

OUTCOMES OF IMPACT CASE MANAGEMENT

- ❖ By providing these links, the Program strives to treat the whole patient not just the disease.
- ❖ As a result, patients undergoing and recovering from prostate cancer treatment may have better health outcomes.

FUTURE DIRECTIONS

- ❖ The current economic climate affects the ability disadvantaged populations through the reduction or discontinuation of needed services.
- ❖ Expansion of the traditional concept of a concierge services is needed to include health care and social services.

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