Medical Xpress

Parent mentors insure more uninsured children, improve access, eliminate disparities

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Randomized trial reveals that Parent Mentors insure more children faster than traditional Medicaid/CHIP outreach, and children's access to healthcare and parental satisfaction improve, quality of well-child care is enhanced, thousands of dollars are saved per child, jobs are created, disparities are eliminated, and the intervention potentially could save our nation billions of dollars.

A new study to be published electronically in early release format on March 17, 2016, in *Pediatrics* finds that Parent Mentors are significantly more effective than traditional Medicaid and Children's Health Insurance Program (CHIP) methods in insuring uninsured minority children; obtaining insurance faster; renewing coverage; improving access to primary, dental, and specialty care; reducing unmet needs and out-of-pocket costs; achieving parental satisfaction and care quality; and sustaining long-term coverage. PMs also are inexpensive, costing $53/child/month, and save $6,045.22/insured child. The study, led by Medica Research Institute Distinguished Chair in Health Policy Research Glenn Flores, is the first to assess the effectiveness of Parent Mentors in insuring uninsured minority children.

Parent Mentors are a special category of community health workers who have children with particular health conditions and risks. They leverage their relevant experience, along with additional training, to assist, counsel, and support other parents of children with the same health

conditions and risks, including assisting families with insurance applications, retaining coverage, medical homes, and social needs.

Six million U.S. children are uninsured, and two-thirds to three-quarters of them are Medicaid/CHIP eligible. Furthermore, racial and ethnic disparities exist in insurance coverage for U.S. children. Compared with an uninsured rate of 5 percent for white children, 12 percent of Latino, 8 percent of African-American, and 8 percent of Asian/Pacific Islander children are uninsured. Latino and African-American children comprise 57 percent of uninsured children, although constituting only 42 percent of children in the United States. Among children in low-income families, 84 percent are eligible for but not enrolled in Medicaid CHIP.

"Although millions of U.S. children continue to be uninsured, not enough is known about the most effective interventions for insuring these children," says Dr. Flores. "Our team previously found that Parent Mentors were effective in improving outcomes for minority asthmatic children, and this study is the first to evaluate their effectiveness in covering uninsured children."

Study participants were recruited from Dallas, Texas, communities with the highest proportions of low-income, minority families with uninsured children. Parent Mentors received two days of training, then assisted families for a year with insurance applications, retaining coverage, medical homes, and social needs. The control group received only traditional Medicaid/CHIP outreach and enrollment.

For the 237 study participants (123 in the Parent Mentor group and 114 in the traditional Medicaid/CHIP group), Parent Mentors were found to be more effective than traditional Medicaid CHIP methods in:

- Insuring children (95% vs. 68%)
- Achieving faster coverage (median of 62 days vs. 140 days)

- Achieving high parental satisfaction (84% vs. 62%) and quality of well-child care (quality rating 8.9 vs. 8.6)
- Renewing coverage (85% vs. 60)

The Parent Mentor group was less likely to:

- Have no primary-care provider (15% vs. 39%)
- Encounter problems getting specialty care (11% vs. 46%)
- Have unmet preventive-care needs (4% vs. 22%)
- Have unmet dental-care needs (18% vs. 31%)
- Experience dissatisfaction with doctors (6% vs. 16%)
- Need additional income for medical expenses (6% vs. 13)

Two years after the study's conclusion, 100% of Parent Mentor children were insured versus 76 percent of control children. Parent Mentors cost $53.05 per child per month, but saved $6,045.22 per child per year. These savings were realized from less costly emergency-department visits, hospitalizations, and ICU stays among the children, and lower wage losses and other costs for caring for sick children for parents. Based on the cost savings documented in this study, estimates indicate that national implementation of Parent Mentor interventions to insure all Medicaid/CHIP-eligible uninsured children could potentially save our nation $17-$20 billion.

Full study findings are published in *Pediatrics*.

"Our study finds that the passive mechanisms of traditional Medicaid/CHIP outreach appear to be less effective than Parent Mentors," says Flores. "Parent Mentors are successful, in great part, because they are interactive, provide social support, and connect parents of uninsured children from similar racial and ethnic backgrounds. The Parent Mentor intervention results in multiple benefits: more children are insured faster, children's access to healthcare and parental

satisfaction improve, quality of well-child care is enhanced, thousands of dollars are saved per child, jobs are created, disparities are eliminated, and the intervention potentially could save our nation billions of dollars." Watch a webcast of Dr. Glenn Flores discussing the implications of these new findings."

More information: J. A. Kahn et al. Mothers' Intention for Their Daughters and Themselves to Receive the Human Papillomavirus Vaccine: A National Study of Nurses, *PEDIATRICS* (2009). DOI: 10.1542/peds.2008-1536

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