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Design, methods, and baseline characteristics of the Kids' Health Insurance by Educating Lots of Parents (Kids' HELP) trial: A randomized, controlled trial of the effectiveness of parent mentors in insuring uninsured minority children[1]

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ABSTRACT

Background & objectives: Six million US children have no health insurance, and substantial racial/ethnic disparities exist. The design, methods, and baseline characteristics are described for *Kids' Health Insurance by Educating Lots of Parents* (Kids' HELP), the first randomized, clinical trial of the effectiveness of Parent Mentors (PMs) in insuring uninsured minority children.
Methods & research design: Latino and African-American children eligible for but not enrolled in Medicaid/CHIP were randomized to PMs, or a control group receiving traditional Medicaid/CHIP outreach. PMs are experienced parents with ≥1 Medicaid/CHIP-covered children. PMs received two days of training, and provide intervention families with information on Medicaid/CHIP eligibility, assistance with application submission, and help maintaining coverage. Primary outcomes include obtaining health insurance, time interval to obtain coverage, and parental satisfaction. A blinded assessor contacts subjects monthly for one year to monitor outcomes.
Results: Of 49,361 candidates screened, 329 fulfilled eligibility criteria and were randomized. The mean age is seven years for children and 32 years for caregivers; 2/3 are Latino, 1/3 are African-American, and the mean annual family income is $21,857. Half of caregivers were unaware that their uninsured child is Medicaid/CHIP eligible, and 95% of uninsured children had prior insurance. Fifteen PMs completed two-day training sessions. All PMs are female and minority, 60% are unemployed, and the mean annual family income is $20,913. Post-PM-training, overall knowledge/skills test scores significantly increased, and 100% reported being very satisfied/satisfied with the training.
Conclusions: Kids' HELP successfully reached target populations, met participant enrollment goals, and recruited and trained PMs.

1. Introduction

Since the inception of the Children's Health Insurance Program (CHIP) in 1997, the combination of CHIP and Medicaid has been credited with reducing the proportion of uninsured children in the US by 47% [1]. Nevertheless, there are still 5.9 million uninsured children in America, equivalent to one in 13 children without health insurance [2]. Furthermore, millions of these children are eligible for Medicaid/CHIP, but remain uninsured. Between 62 and 72% of all uninsured US children — equivalent to up to 4.2 million — are eligible for but not enrolled in Medicaid/CHIP [3–6]. Among low-income children, 84% of the uninsured are Medicaid/CHIP eligible, but not enrolled [7].

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Research documents many reasons why Medicaid/CHIP-eligible children remain uninsured. One study revealed 52 barriers to enrollment comprising 11 domains, including lack of knowledge about Medicaid/CHIP, failure to apply, language barriers, immigration status, income, income verification, misinformation from insurance representatives, system problems, hassles, decisions that were still pending, and family mobility [8]. Multiple studies document that lack of knowledge about the Medicaid and CHIP programs is one of the most important barriers to enrolling eligible uninsured children [8–13]. A Kaiser Commission on Medicaid and the Uninsured study [9] found that only 26% of parents of eligible uninsured children said that they had ever talked to someone or received information about Medicaid enrollment, and another study [7] revealed that 27% of parents of uninsured eligible children had not heard of Medicaid or CHIP. Hassles (i.e., a burdensome enrollment process) also have been identified in several studies as an enrollment barrier [8–14]; other recurrent enrollment barriers include language barriers [7–9,13], income and income verification [8–10], and mobility [8,12].

Among uninsured children in America, there are dramatic racial/ethnic disparities. In contrast to an uninsured rate of only 5% among white children, Latino children, at 12%, and African-American children, at 8%, have a greater risk of being uninsured [2]. Indeed, Latino and African-American children account for 56% of all uninsured children in America, even though they comprise only 42% of the total population of US children, and the number of uninsured Latino children (2.5 million) is approximately the same as the number of uninsured White children, even though White children outnumber Latino children by more than 2:1 in the US [15]. Among the 2.1 million poor US children without health insurance, Latino and African-American children account for 70% of the uninsured, equivalent to 1.5 million children [16].

Parent Mentors (PMs) are a uniquely tailored type of community health worker for children, consisting of parents who already have children with a particular health condition or risk who leverage this relevant experience, together with additional training, to assist and counsel other parents of children with the same health condition/risk. Herein we describe the design, methods, and baseline participant characteristics of the *Kids' H*ealth Insurance by *E*ducating *L*ots of *P*arents (Kids' HELP) trial, the first randomized, clinical trial (RCT) of the effectiveness of PMs in insuring uninsured minority children.

2. Methods

2.1. Study aims

The specific aims of the Kids' HELP trial are to conduct an RCT to evaluate whether:

1) PMs are more effective than traditional Medicaid and CHIP outreach and enrollment methods in insuring eligible, uninsured Latino and African-American children.
2) PMs are more cost-effective than traditional Medicaid and CHIP outreach and enrollment methods in insuring eligible, uninsured Latino and African-American children.
3) Compared with all study children at baseline and children uninsured throughout the study, uninsured children who obtain health insurance experience improvements in access to healthcare, health status, quality of life, use of health services, the quality of pediatric care, parental satisfaction with care, and parental-reported financial burden, with reductions in unmet healthcare needs, missed school and parental work days, emergency department (ED) visits, and hospitalizations.

2.2. Conceptual framework

The Kids' HELP trial builds upon a solid evidence base of relevant previous research. Prior qualitative research resulted in a taxonomy of 11 domains consisting of 52 barriers to enrollment of eligible uninsured children [8]. A subsequent RCT by our research team demonstrated that community case-management strategies targeting these barriers can lead to uninsured Latino children obtaining and maintaining health insurance coverage [17]. Another RCT by our team documented that PMs can be a highly efficacious and cost-effective mechanism for eliminating racial/ethnic disparities in asthma for minority children [18]. The conceptual framework for the Kids' HELP trial incorporates evidence from these three studies, highlighting the barriers targeted by the PM intervention, strategies used to eliminate the barriers and maintain insurance coverage, and the anticipated benefits that will be assessed for children's health and healthcare (Fig. 1).

2.3. Study population

The study population is uninsured Latino and African-American children residing in Dallas County who are eligible for Medicaid or CHIP but not enrolled in either program. Dallas County is an ideal setting for the proposed study, because the most recent available information at the time that the study was initiated revealed: 1) of the 184,196 uninsured children in the county, 166,013, or 90%, are Latino or African-American [19]; 2) 45.1% of Latino and 19.5% of African-American children in the county are uninsured, compared with 10.7% of White children [19]; and 3) in county regions with the highest concentrations of Latinos and African-Americans (West Dallas and South Dallas), 69–71% of households have family incomes ≤200% of the federal poverty threshold [20], which was the income cut-off for CHIP eligibility in Texas.

2.4. Eligibility criteria

The eligibility criteria for enrollment in this study are:

1) The parent/guardian is a primary caretaker of at least one child 0–18 years old who currently has no health insurance.
2) The parent/guardian self-identifies the uninsured child as Hispanic/Latino, African-American/black, or both.
3) The uninsured child is eligible for either Medicaid or CHIP.
4) The parent/guardian is willing to be contacted monthly by telephone, or in the form of a home visit (if no functioning telephone is present in the household).

Eligibility Criterion 1 was chosen to target the spectrum of uninsured children, from those who have been continuously uninsured for the prior year or longer, to the discontinuously/episodically uninsured who currently have no insurance, but were insured for part of the prior year. Research documents that children uninsured for part of the year have comparable