

2022

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Cara Tonn
Old Dominion University

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Tonn, Cara, "Designing a Program to Increase Enrollment and Retention of Hispanic Children in Public Health Insurance Programs in Virginia: Lessons Learned" (2022). *College of Health Sciences Posters*. 8. https://digitalcommons.odu.edu/gradposters2022_healthsciences/8

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Designing a Program to Increase Enrollment and Retention of Hispanic Children in Public Health Insurance Programs in Virginia: Lessons Learned

Cara Tonn

Old Dominion University, School of Community and Environmental Health

ABSTRACT

Children who have ongoing healthcare coverage benefit from improved health, education, and economic outcomes due to increased use of preventive services and school attendance. However, children eligible for public health insurance programs continue to remain uninsured, or experience “churning” throughout their childhood and adolescence. This project aims to develop an outreach pilot program to increase enrollment and retention of Hispanic children in public health insurance programs in Virginia.

INTRODUCTION

Virginia has two public health insurance programs for children that provide comprehensive, no-cost health insurance to eligible children. Currently, 4.8% of children living in Chesapeake do not have health insurance and in Virginia¹, roughly 22% of children live in families whose income is at or below the eligibility criteria for enrollment². Children who live in poverty, an ethnic minority, are foreign-born, live in a Southern state are at increased risk for being uninsured and since 2018, rates have increased for these indicators³. Limited access to health care has consequences, such as poorer health status, adverse educational and economic outcomes, and a reduced continuity of care^{4,5}. Additionally, research posits that providing Medicaid and CHIP insurance to uninsured eligible children, America would potentially save \$8.7 to \$10.1 billion annually⁶.

METHODOLOGY

A search of the CINAHL, PubMed, and Cochrane Library databases from 2015 to present resulted in a total of 330 articles using the search terms:

- Medicaid
- Children’s Health Insurance Program (CHIP) retention
- drop-out, drop off, unenroll
- children (**Figure 1**):

Inclusion criteria:

Population: children ages 0-18

Setting: community or informal organization

Purpose: implementing outreach programs, group or community intervention

Subjects: Medicaid, CHIP, barriers/facilitators to enrollment or retention in social programs

What research tells us:

Barriers:

- Lack of knowledge or understanding about programs and process
- Belief that there are marginal benefits associated with having health insurance

Facilitators:

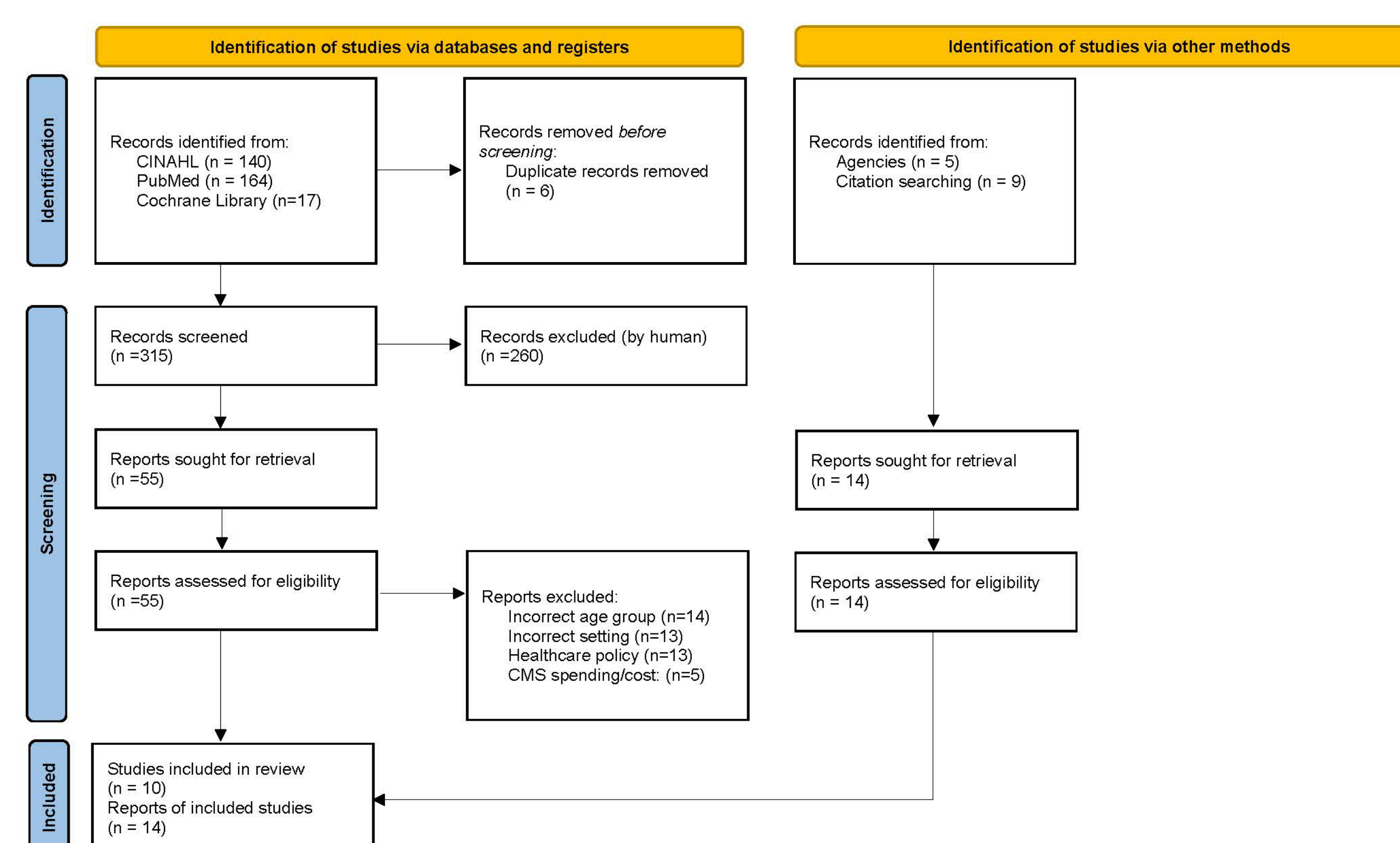
- Increasing awareness and outreach efforts
- Disseminating more information on program and eligibility requirements
- Partnering with external organizations

Findings from the literature review provided guidance on developing interventions within the individual, interpersonal, and organizational levels of the Socio-Ecological model (**Figure 2**).

RECOMMENDATIONS

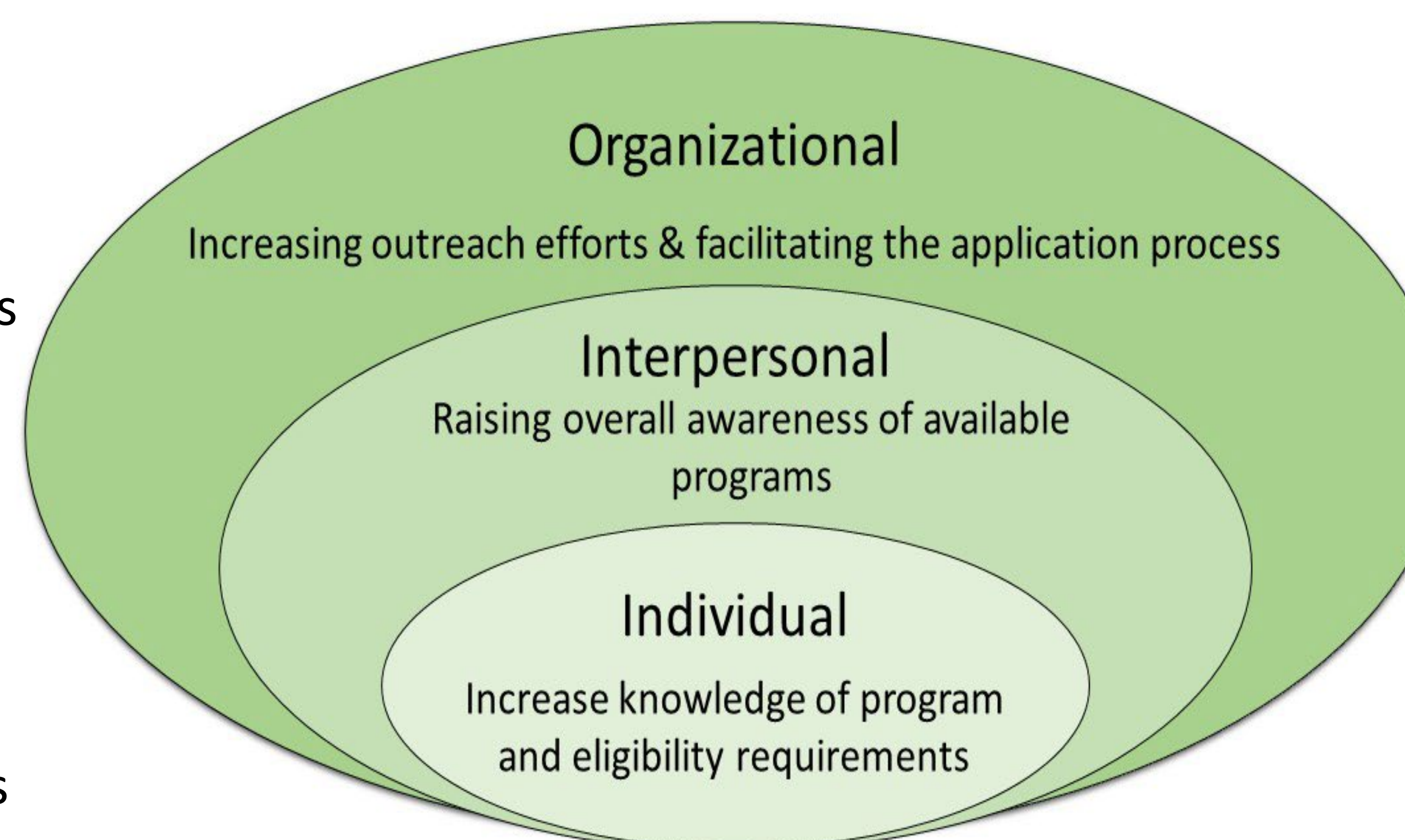
- Use of social marketing strategies
- Identify stakeholders.
- Develop bilingual print materials and ensure area-wide dispersion.
- Explore adding a digital campaign component to the outreach program

Figure 1: PRISMA Flow Diagram for Literature Review on Retention and Drop Out of Children in Public Health Insurance Programs.



Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* 2021;372:n71. doi: 10.1136/bmj.n71.

Figure 2: Socio-ecological Model (modified) and Interventions to Increase Enrollment and Retention



PERSPECTIVE

Important lessons learned:

- Partner with stakeholders whose mission and goals align with the program.
- Use regular, clear communication improves efficiency and coordination.
- Utilize emerging technologies

CONCLUSION

An agency should use connections within the community to create opportunities to work collectively with key stakeholders to reach program goals. Data and research provides foundational knowledge that is utilized by an organization to promote the uptake of health insurance through increased outreach efforts, health education, and enrollment promotion.

When children have continuous health care coverage, they have better overall health status, and families experience a lower financial burden. Also, society benefits from investing in children’s health due to the increase in future economic and human capital.

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