

## Title: Designing and Targeting a Health Insurance Navigation Intervention: A Report from the Childhood Cancer Survivor Study

**Background.** Low health insurance literacy substantially reduces an individual's ability to choose and utilize health insurance. Interventions are needed to ensure that survivors of childhood cancer know how to best utilize their health insurance to address their complex health care needs. To address this need, we conducted qualitative interviews to inform the development and refinement of a targeted health insurance navigation intervention for childhood cancer survivors. An open pilot of the intervention was also conducted, with a small subset of survivors, to further inform intervention development.

**Methods.** Participants were recruited from the Childhood Cancer Survivor Study. Semi-structured interviews (n=11) were conducted with survivors to elicit information about the applicability and modality of program content. Interviews covered topics such as barriers to accessing and using health insurance and intervention program content. The sessions presented were: (1) Learning about Survivorship Health Care Needs; (2) Learning about Coverage and One's Own Policy; (3) Navigating One's Own Plan; and (4) Managing Care Costs. Content analysis was performed in NVivo 11. Transcripts were independently coded by 3 coders, who then convened to reach coding consensus. Interventionist memos from open pilot sessions (n=8) were used to provide additional context for qualitative findings. Participants received compensation for both open pilot and qualitative interview involvement.

**Results.** About half of the survivors endorsed financial and cost concerns as a barrier to accessing and using health insurance. Regarding intervention program content, all participants endorsed including cost and budgeting strategies in the intervention and that it felt applicable for them as survivors. Most of the survivors emphasized that intervention content should provide education about different health insurance coverages and attendant out-of-pocket costs. Participants in the open pilot were positively engaged in intervention content on cost, budgeting, and planning but also found these topics somewhat stressful.

**Conclusions.** Qualitative interviews and open pilot session memos suggest that including intervention content on cost and budgeting in the context of health insurance is important for survivors. However, these topics may also be stressful. Including such content may improve survivors' confidence and ability to use and access health insurance in a cost-effective manner.