

Childhood cancer survivor preferences for caregiver involvement in HINT-2: A health insurance navigation intervention in the Childhood Cancer Survivor Study

Echo L. Warner PhD, MPH^{1,2} Allyson Foor³, Calli O. Mitchell³, Zoe Troubh³, Colleen McGrath MS³, Esteban Barreto PhD, MA³, Giselle K. Perez-Lougee PhD³, Greg Armstrong MD MSCE⁴, Paul Nathan MD, MS⁵, Claire Snyder PhD, MHS⁶, Tara Brinkman PhD, Elyse R. Park PhD, MPH^{3*}, Anne C. Kirchhoff PhD, MPH^{2,8*}

*Co-Senior Authors

1 College of Nursing, University of Utah

2 Huntsman Cancer Institute, University of Utah

3 The Mongan Institute, Massachusetts General Hospital, Harvard Medical School

4 Epidemiology and Cancer Control, St. Jude Children's Research Hospital

5 Division of Haematology/Oncology, The Hospital for Sick Kids

6 School of Medicine, Johns Hopkins University

7 Division of Pediatric Health Psychology, St. Jude Children's Research Hospital

8 Department of Pediatrics, University of Utah School of Medicine

Purpose: The Health Insurance Navigation Tools (HINT-2) study aims to improve health insurance literacy of childhood cancer survivors through a patient navigation intervention; a promising approach for mitigating cancer-related financial hardship. No efficacious health insurance interventions exist that include caregivers, who often handle insurance and financial issues for survivors. The goal of this study was to determine survivors' preferences for having a caregiver participate with them in HINT-2.

Methods: Following participation in the HINT-2 randomized controlled trial, we conducted semi-structured follow-up interviews from 6/2025-10/2025 with adult survivors, stratifying by intervention arm (asynchronous videos vs. live navigator sessions on Zoom) and caregiver endorsement, derived from a 12-month follow-up survey question. Caregivers rated interest in involvement in HINT-2 on a scale of 1 (no interest) to 10 (high interest), with 7-10=yes and 1-6=no. The interview script evaluated satisfaction with the interventions, opportunities for improvement, and preferences on caregiver involvement. Rapid qualitative content analysis was applied to 19 interviews to establish a structured codebook; coding discrepancies were minor and resolved through weekly discussions.

Results: Participants were 67% female, 100% were policy holders; 58% endorsed caregiver involvement in HINT-2. Mean age was 35.6 years (standard deviation: 5.6 years) and the majority were 0-4 years from diagnosis (36.8%). Intervention feedback emphasized positive interactions with the patient navigator and the high quality of asynchronous videos. Barriers, while few, included concerns with session length (navigator arm) and desiring instantaneous answers to questions (video arm). Participants, particularly those in the

navigator arm, desired involvement of caregivers who were policy holders or managing finances, and felt caregivers could be helpful when the survivor was younger or had limited health insurance experience. Caregiver involvement was not seen as beneficial when the caregiver had separate insurance and/or finances, in both the video and navigator arms.

Conclusions: Caregiver involvement in financial hardship interventions may be beneficial for some but not all survivors, influenced by their policy holder status, developmental age, and relationship with the caregiver.

Key Words: insurance, financial hardship, patient navigation, caregiver

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