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## Project Requirements and Description

### Requirements to submit AOI

Requirements to submit AOI (all answers must be "yes" to proceed)

A comprehensive review of previously published data has been completed	Yes
The specific aims are clear and focused	Yes
The investigator has appropriate experience and expertise to develop the concept proposal; if not, has identified a mentor or senior co-investigator.	Yes
The investigator agrees to develop an initial draft of the concept proposal within 6 weeks of approval of the AOI and to finalize the concept proposal within 6 months	Yes

**Project Title** Comparing Digital Health Insurance Navigation Delivery Strategies to Improve Health Insurance Literacy and Decrease Financial Burden: A CCSS Randomized Trial

### Planned research population (eligibility criteria)

Adult, insured CCSS participants

### Proposed specific aims

Aim 1. To determine the effectiveness of five digital patient navigation interventions on improving childhood cancer survivors' health insurance literacy at 12-months (primary outcome), and health insurance literacy, financial hardship, annual out-of-pocket costs, and health care utilization at 18 months (secondary outcomes).

Aim 2. To explore factors that moderate the intervention effects on health insurance literacy (primary) and financial burden at 12 and 18-month follow-up. Factors included: sociodemographics, health insurance characteristics, cancer and medical history, caregiver enrollment, treatment session utilization and FindHelp utilization).

Aim 3. To apply a mixed methods design to evaluate the implementation of the intervention reach, engagement (sessions completed, modality of video access [portal/text/email]), acceptability, appropriateness, fidelity, and sustainability (including cost).

**Will the project require non-CCSS**

Yes

## funding to complete?

### If yes, what would be the anticipated source(s) and timeline(s) for securing funding?

NCI R01 renewal application

### Does this project require contact of CCSS study subjects for:

Additional self-reported information	Yes
Biological samples	No
Medical record data	No

### If yes to any of the above, please briefly describe.

Participant survey data will be collected, with similar surveys as in our previous R01.

### What CCSS Working Group(s) would likely be involved? (Select all that apply)

	Primary	Secondary
Second Malignancy		
Chronic Disease		
Psychology/Neuropsychology		✓
Genetics		
Cancer Control	✓	
Epidemiology/Biostatistics		

## Outcomes or Correlative Factors

	Primary	Secondary	Correlative Factors
Late Mortality			
Second Malignancy			

## Health Behaviors

	Primary	Secondary	Correlative Factors
Tobacco			
Alcohol			
Physical Activity			
Medical Screening			✓
Other			

If other, please specify

## Psychosocial

	Primary	Secondary	Correlative Factors
Insurance		✓	
Marriage			✓
Education			✓
Employment			✓
Other			

If other, please specify

## Medical Conditions

	Primary	Secondary	Correlative Factors
Hearing/Vision/Speech			
Hormonal Systems			
Heart and Vascular			
Respiratory			
Digestive			
Surgical Procedures			
Brain and Nervous System			
Other			

If other, please specify

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# Medications

Describe medications

Psychologic/Quality of Life

	Primary	Secondary	Correlative Factors
BSI-18			
SF-36			
CCSS-NCQ			
PTS			
PTG			
Other			

If other, please specify

Other

	Primary	Secondary	Correlative Factors
Pregnancy and Offspring			
Family History			
Chronic Conditions (CTCAE v3)			✓
Health Status			✓

Demographic

	Primary	Secondary	Correlative Factors
Age			✓
Race			✓
Sex			✓
Other			

If other, please specify

## Cancer Treatment

	Correlative Factors
Chemotherapy	✓
Radiation Therapy	✓
Surgery	✓

## Anticipated Sources of Statistical Support

CCSS Statistical Center	Yes
Local Institutional Statistician	Yes

If local, please provide the name(s) and contact information of the statistician(s) to be involved.

Wendy Leisenring

Will this project utilize CCSS biologic samples?

No

If yes, which of the following?

If other, please explain

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## Other General Comments

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Agree

I agree to share this information with St. Jude

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