Supporting Childhood Cancer Survivor Quality of Life and Educational Attainment: Piloting the Hospital Education Liaison Program

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Background and Aims

Hospital-school liaison programs can support patient access to equitable and meaningful education support services. These programs provide consultation to patients and families and facilitate communication between patients, medical providers, and schools. These programs, however, can be costly and thus inaccessible. We piloted a grant-funded liaison program to explore and evaluate the impact of such programing when provided at no-

Tier 1 School Liaison attends Oncology Follow-Up Clinic Rounds, provides consults, and triages patients for direct liaison services.

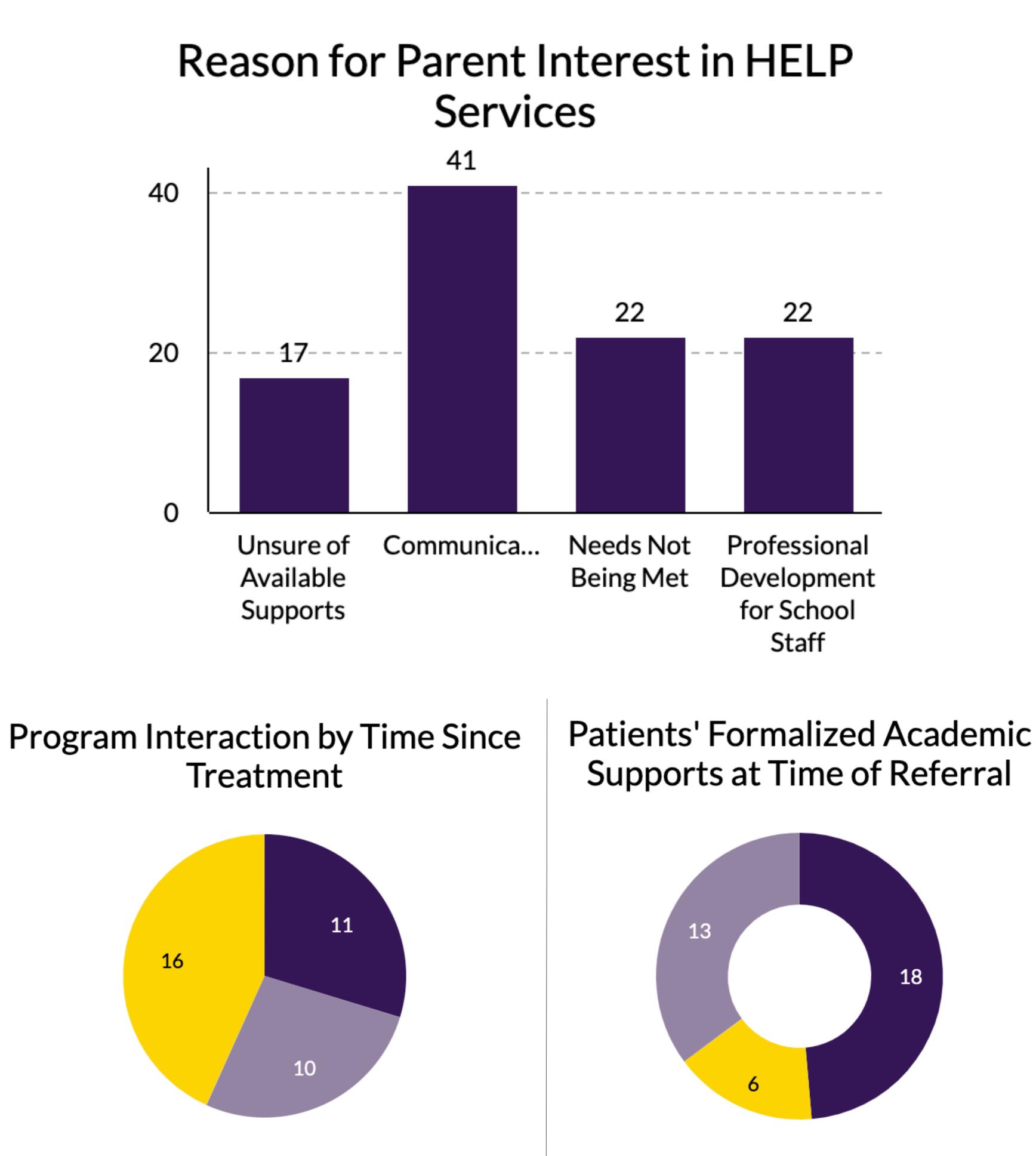
Tier 2 School Liaison directly supports Patient, Family and/

cost to patients.

Methods

The Hospital Education Liaison Program (HELP) was established at our Institution in 2020. Coordinated by a special educator, HELP uses a 3-tier service model. All patients referred to the Neuropsychology Oncology Follow-up Clinic are included in Tier 1. In this tier, the School Liaison attended clinic rounds and provided consultation to clinicians. Patients who needed greater supports were triaged to Tier 2. These patients went through HELP intake to collect patient information and set patient-centric goals for HELP services engagement. The School Liaison provided psychosocial education regarding the education system and attended school meetings to assist with communication and interpretation of medical reports. Tier 3 provided technical assistance to patients'





school and medical teams. Data regarding parent satisfaction, changes to patient educational services, and school team feedback were collected.

Results

Since Fall 2020, 37 patients have been referred to HELP (29.73% in treatment, 27.03% recently completed treatment, 43.24% > 1-year post-treatment). Nearly half (48%) of referred patients were from low-income families. Most frequent reasons for referral were family concerns that educational needs were not being met (21.4%) and family confusion about the academic support eligibility process (19.1%). All patients who engaged with HELP increased the number and/or intensity of formalized school supports. School teams reported benefiting most from the liaison's translation of medical information educational actionable into language and recommendations.

Conclusions

This education liaison program has consistently improved patient access to educational supports. HELP offers capacity building for patients, their families, clinicians, and educators. The program is a potential low-cost/high-yield intervention for improving childhood cancer survivors' educational attainment and quality of life. Further research is needed to determine which aspects of the program characteristics are most impactful for families and schools.

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In Treatment (29.73%) Recently completed treatment (27.03%)

More than 1 year post treatment (43.24%)

Special Education (48.65%) Formalized Accommodations (16.22%) No Formalized Supports (35.14%)

