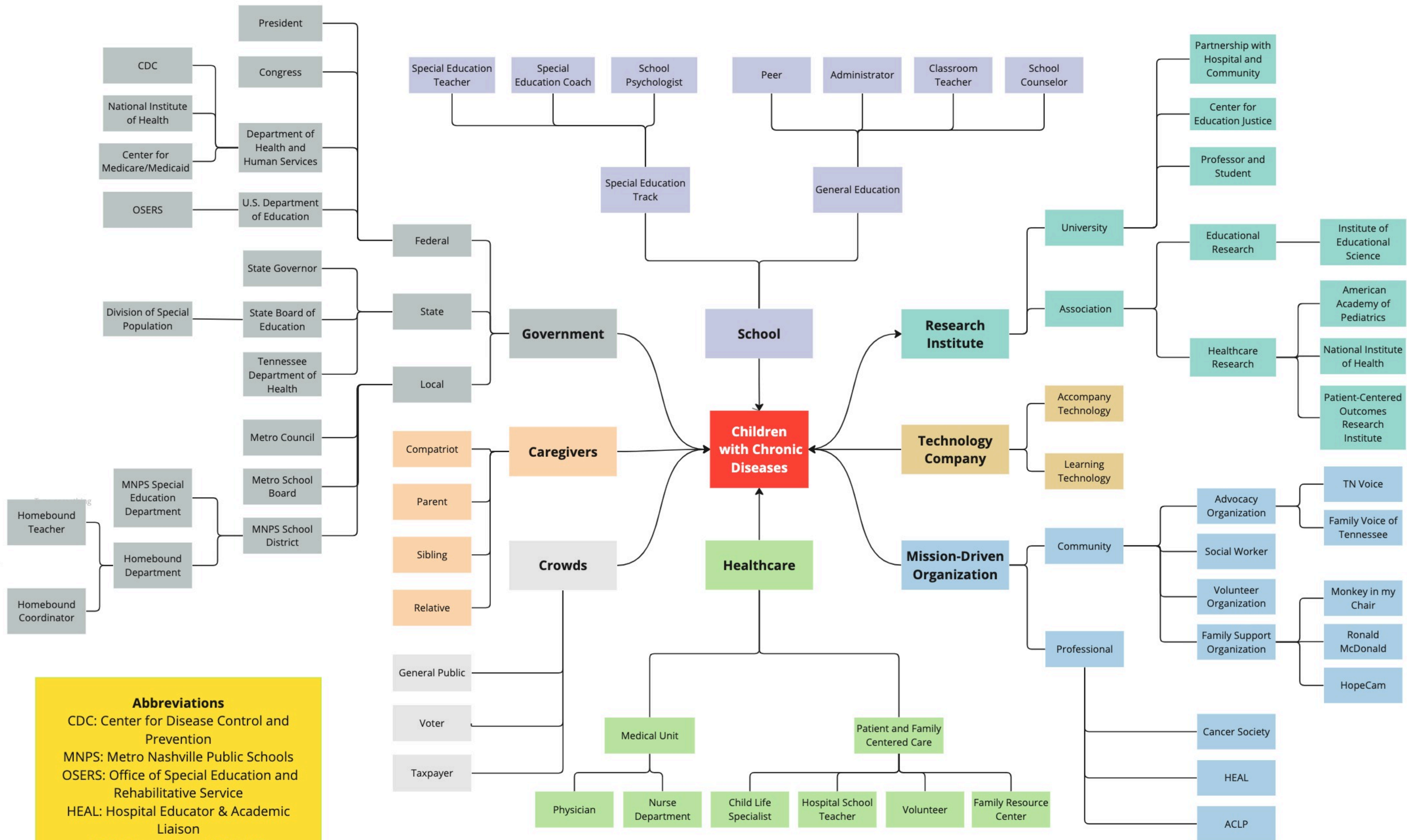


- Legend**
- Opposite
 - Patient-Centered Care
 - Research
 - Family
 - School School
 - Technology Company
 - Mission-Driven Organization
 - Government Entities



Abbreviations

CDC: Center for Disease Control and Prevention

MNPS: Metro Nashville Public Schools

OSERS: Office of Special Education and Rehabilitative Service

HEAL: Hospital Educator & Academic Liaison

ACLIP: Association of Child Life Professionals

HRTW: Healthy & Ready to Work National Resource Center



01 Events

Chronic absenteeism and hospitalization caused by medical treatment needs and financial burden.

Negative psychosocial experiences resulted from hospitalization and lack of social interactions with peers. In School

Low academic performances due to absenteeism, in-school concentration difficulties, and medical needs management.

Lack of individualized teaching in the general education system versus unaddressed diverse learning needs.

02 Patterns

Limited resources access, such as IEP, 504, medical insurance coverage, and psychological support.

Low homebound hours (3hrs/week) that are used to instruct children outside of school settings.

Understaffing in hospital patient-centered care units, school classroom teachers, social workers, and school counselors.

Disjuncture between different immediate environments CCD go through, including homebound, school, and hospital.

No specific academic program and holistic guidelines that academically support children with chronic diseases (CCD).

Poor information access to related services, resources, and support.

Research gap on needs of CCD and existing educational supports.

03 System Structures

Poor communication between supporting staff in hospital, school, and setting.

Lack of advocacy platforms that specifically serve CCD.

Profit-driven business model of hospitals makes them reluctant to increase investment in Patient-centered care.

Overlook of special education that focuses on children with permanent disability.

Lack of sustainability of volunteer organizations and restrictive covid policy reducing volunteering activities.

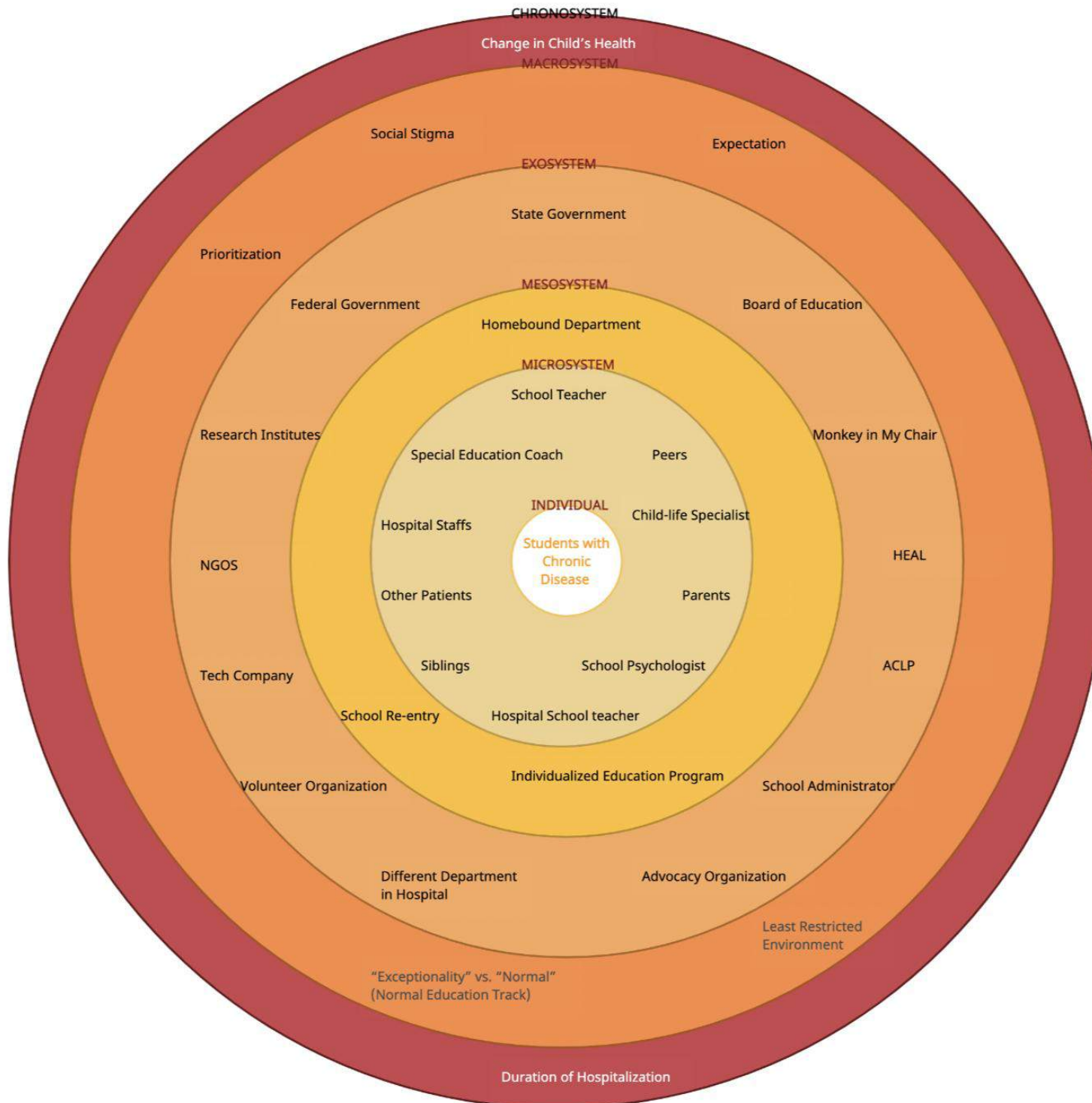
04 Mental Models

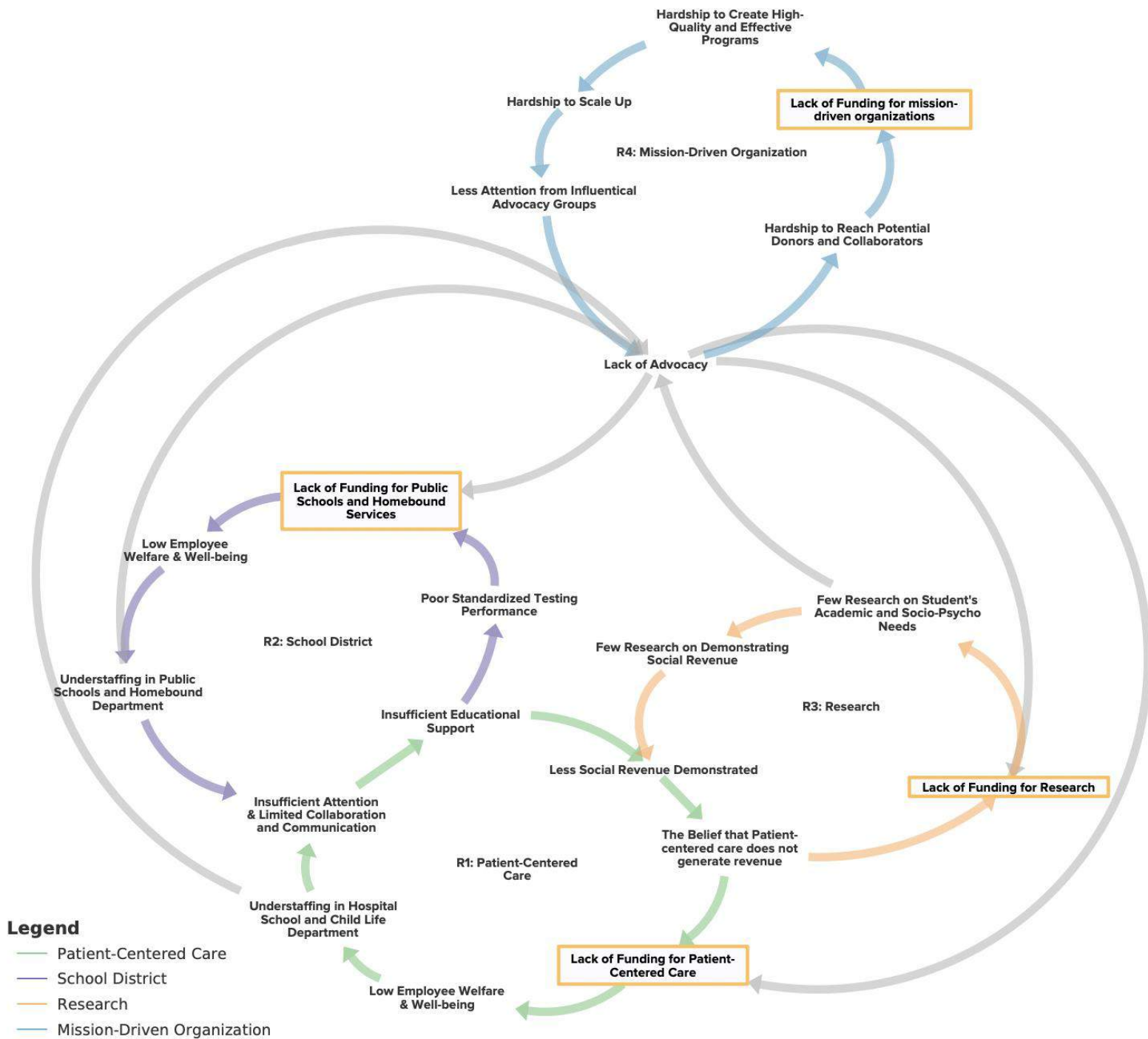
General public unawareness of the medical and educational needs of CCD.

Others' misunderstanding toward the implications of CCD's chronic diseases.

Perception dichotomy between "normal" and "abnormal" for CCD population.

Instrumental rationality, as a result of capitalism, marginalizes disabled population as they can hardly make conventional achievement.





Hardship to Create High-Quality and Effective Programs



Lack of Funding for mission-driven organizations

R4: Mission-Driven Organization

Hardship to Reach Potential Donors and Collaborators

Less Attention from Influential Advocacy Groups

Lack of Advocacy

Hardship to Scale Up

Testing

e

Few Research on Student's Academic and Socio-Pscho Needs

Few Research on Demonstrating Social Revenue



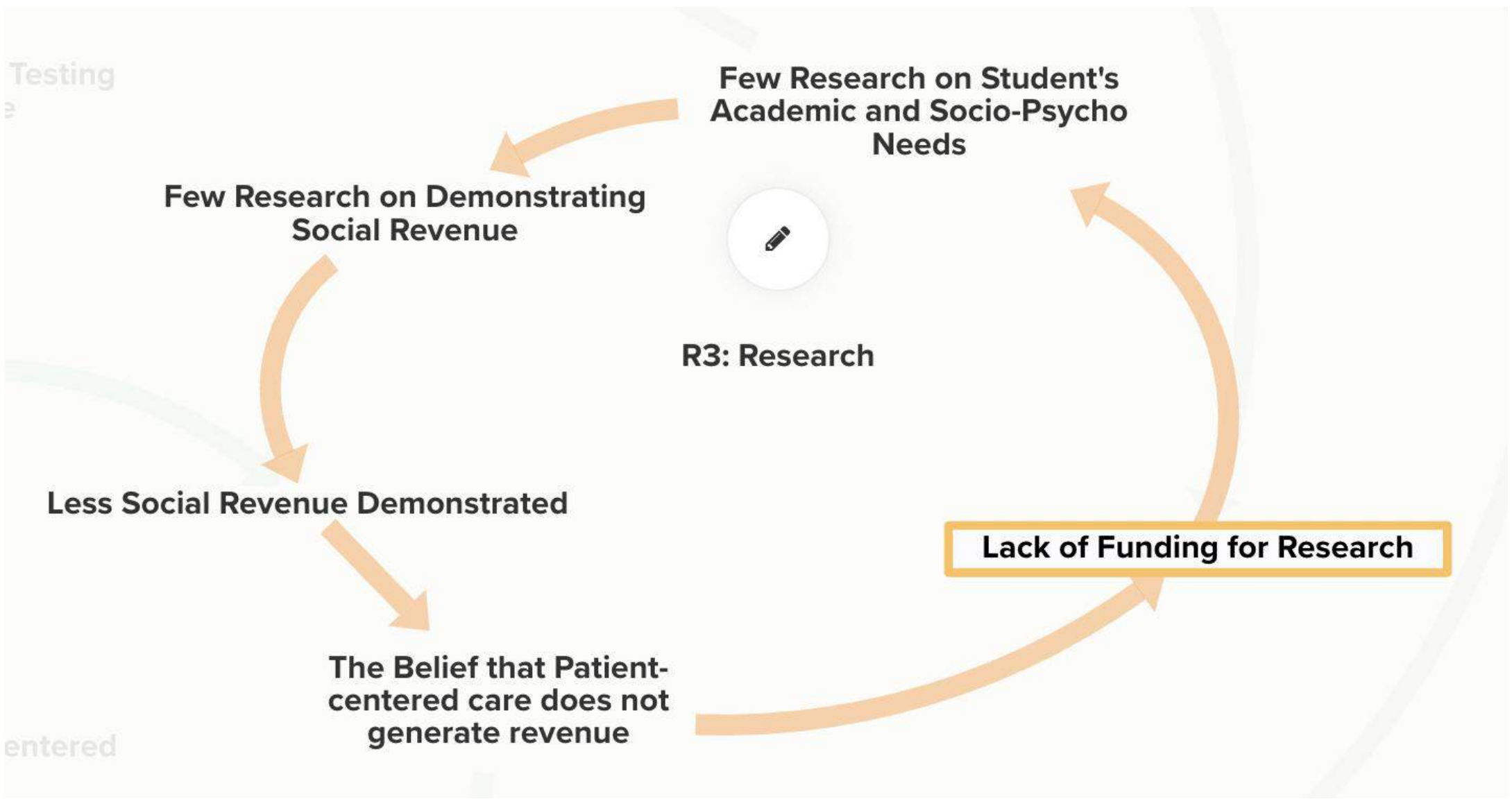
R3: Research

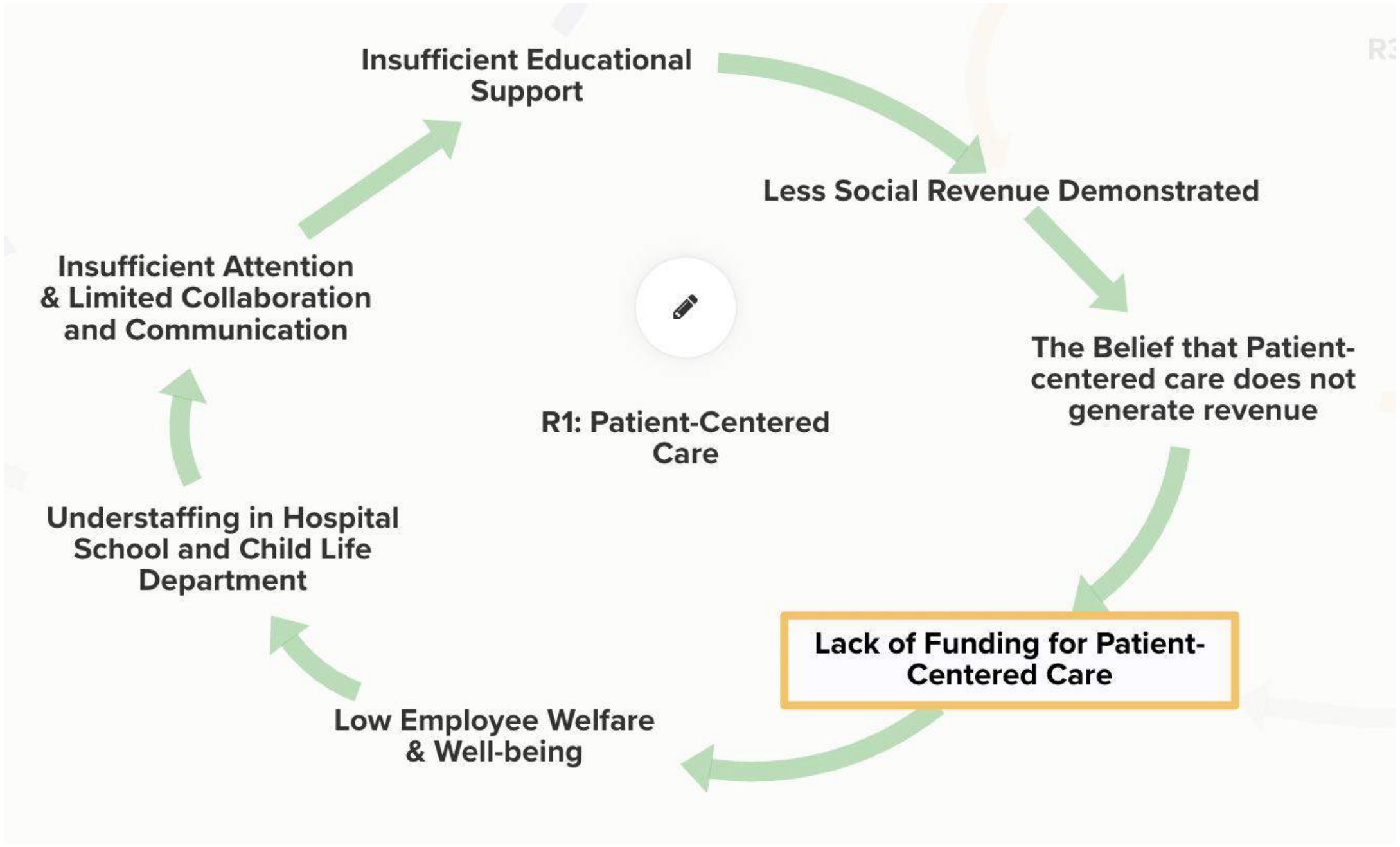
Less Social Revenue Demonstrated

Lack of Funding for Research

The Belief that Patient-centered care does not generate revenue

entered





Insufficient Educational Support

Less Social Revenue Demonstrated

The Belief that Patient-centered care does not generate revenue

Lack of Funding for Patient-Centered Care

Low Employee Welfare & Well-being

Understaffing in Hospital School and Child Life Department

R1: Patient-Centered Care

Insufficient Attention & Limited Collaboration and Communication

Lack of Funding for Public Schools and Homebound Services

Low Employee Welfare & Well-being

Poor Standardized Testing Performance

R2: School District

Understaffing in Public Schools and Homebound Department

Insufficient Educational Support

Insufficient Attention & Limited Collaboration and Communication

Less So

