

Parent perspectives on a telehealth coaching intervention for Children and Youth with Special Health Care Needs during the COVID-19 pandemic Betsy P. Humphreys, PhD, MEd Sarah L. Smith, DSc, OTR/L Semra A. Aytur, PhD, MPH Dept of Health Management & Policy Institute on Disability Dept of Occupational Therapy

Background

Telehealth rapidly emerged as an essential service delivery approach for Children and Youth with Special Health Care Needs (CYSHCN) and their families during the COVID-19 pandemic. Across practice settings, the pandemic abruptly interrupted services for CYSHCN (Murphy et al., 2020). Telehealth occupational, physical, and speech therapy services were provided at higher levels across early intervention, outpatient, and educational settings (Murphy et al., 2020).

CYSHCN are more likely to have poor access to quality health care and higher rates of unmet needs (Parasuraman et al., 2018) when compared to their non-disabled peers. In addition, poor health status is more common among CYSHCN living in poverty or those who are marginalized by race or ethnicity (Matson et al., 2019). While telehealth emerged as a promising technology during the pandemic, the rapid rise in its' use revealed inequities related to the digital divide and the equitable use of telehealth for CYSHCN (Hoover et al., 2021).

This poster presents the qualitative findings from a mixed-methods study examining parent perspectives on a telehealth coaching intervention.

Findings suggest that telehealth intervention increased access to and participation in services for families of CYSHCN. This study is part of an ongoing research project aimed at testing the effects of a telehealth parent coaching intervention on family participation in everyday life activities.

University of New Hampshire, College of Health & Human Services, Healthy Families Research Program

Parent Perspectives

Shared Care

"We're all involved. We can all attend. We all get the benefit of the therapist so we all get to hear your message at the same time versus having us relay it to somebody else or trying to summarize what you said in the meeting and then trying to give that to somebody else later. It's not that it gets that distorted, but I mean, it's not the same message."

Enhanced Parent-Provider Communication

"This way, I am me. I feel like if I were in person, I would probably try to put a fake face on and always be on my game. And here I feel like I'm in my house and I can be me."

Convenience

"It's very convenient. It's very adaptable to the kind of difficult situations that we have. I think scheduling changes are easier and more flexible for everybody. So I think that it has, it has tremendous advantages and flexibility. The technology is pretty good, now everybody's used to it. Everybody spends their life on Zoom anyway, it's not a big hurdle to jump over."

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References available upon request

Concurrent mixed method descriptive design Recruitment: Convenience Sampling via social media & professional networks in the Northeast

- al., 2019)



Methods

• 16 parents completed 45-60 minute semistructured interview on Zoom with video

Questions based on prior research (Wallisch et

• Thematic Analysis using Dedoose Software

Implications for Practice

Parents reported that telehealth reduced barriers and increased access to services by removing transportation challenges and easing transitions and childcare arrangements.

Parents described that receiving services in their home allowed for more relaxed parent-provider communication and that telehealth empowered parents to 'be themselves'.

• Parents reported that telehealth allowed for more family members to be actively involved in their child's care.

Future Directions

Access to telehealth services was not a barrier for the families in this study.

• Future research is needed to ensure that telehealth applications are equitably implemented.

