

Community Health Programming's Online Pivot: Participant Experiences Transitioning to a Virtual Service Model in the Wake of COVID-19



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Introduction

The COVID-19 pandemic is highlighting deep-rooted health inequities. Concerns over worsening mental health outcomes and increases in family violence brought about by the COVID-19 pandemic compound disparities faced by our most vulnerable. Globally, organizations such as Champions for Children (CFC), a child abuse prevention agency which serves 40,000 families annually, faced an unprecedented call to rethink services, with many transitioning onsite programming to virtual services. Organizations globally are being forced to pivot, with varying levels of success, as they aim to continue to provide services that reduce risk for negative child and family outcomes, including family violence.

Aims

This study highlights experiences and lessons learned as one organization pivoted to meet critical client needs during the COVID-19 pandemic. The study aimed to:

- Explore and understand participant experiences in a quick and initial transition of community health programming (P3) to a virtual delivery platform.
- Understand the benefits and challenges expressed by participants and staff regarding virtual community health programming.

Methods

Interview program participants (n=13) and staff (n=7) using semi-structured interviews

All interviews (n=20) were transcribed and uploaded into Atlas.TI

Interviews coded and analyzed for a priori and emergent themes

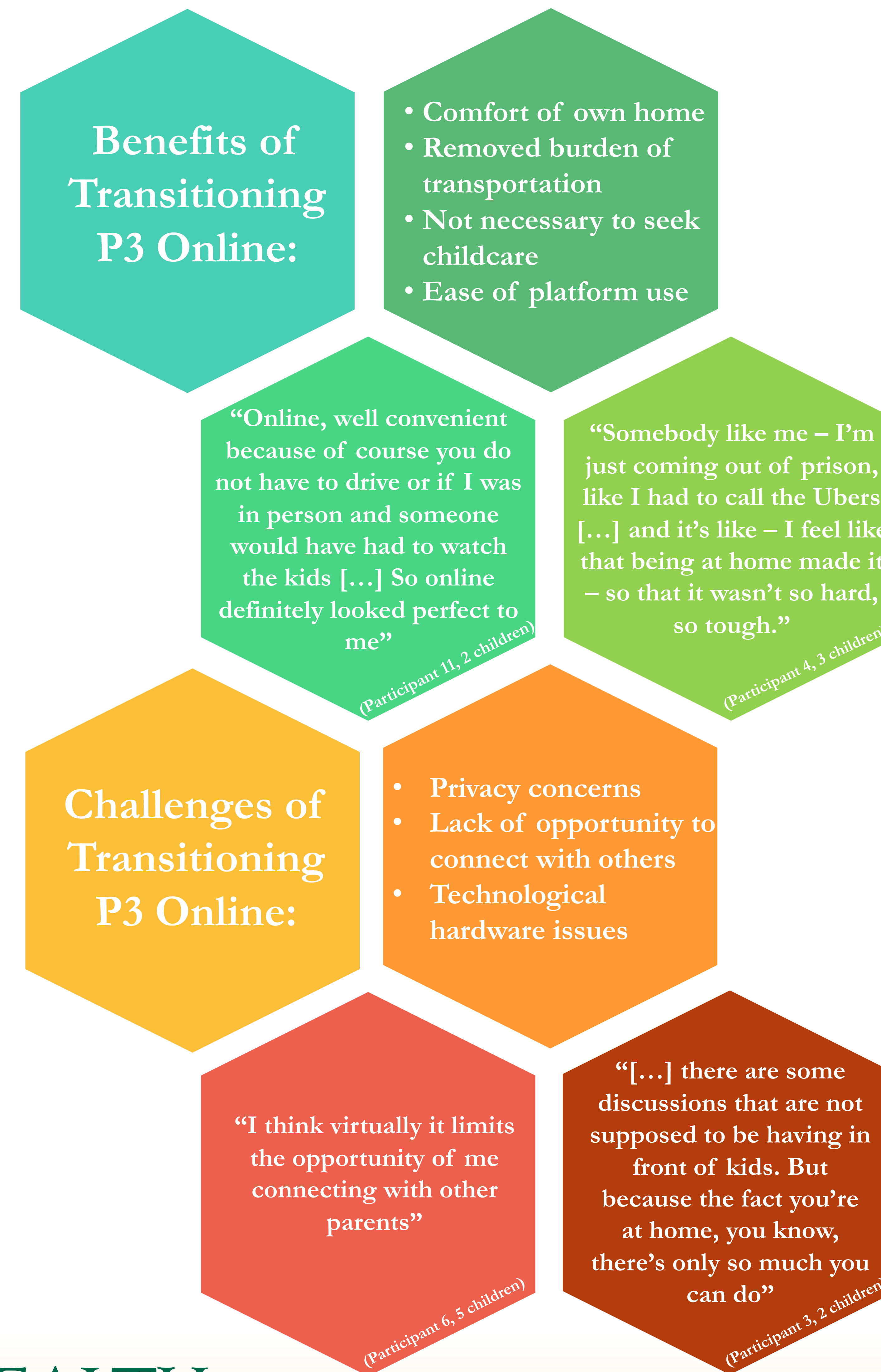


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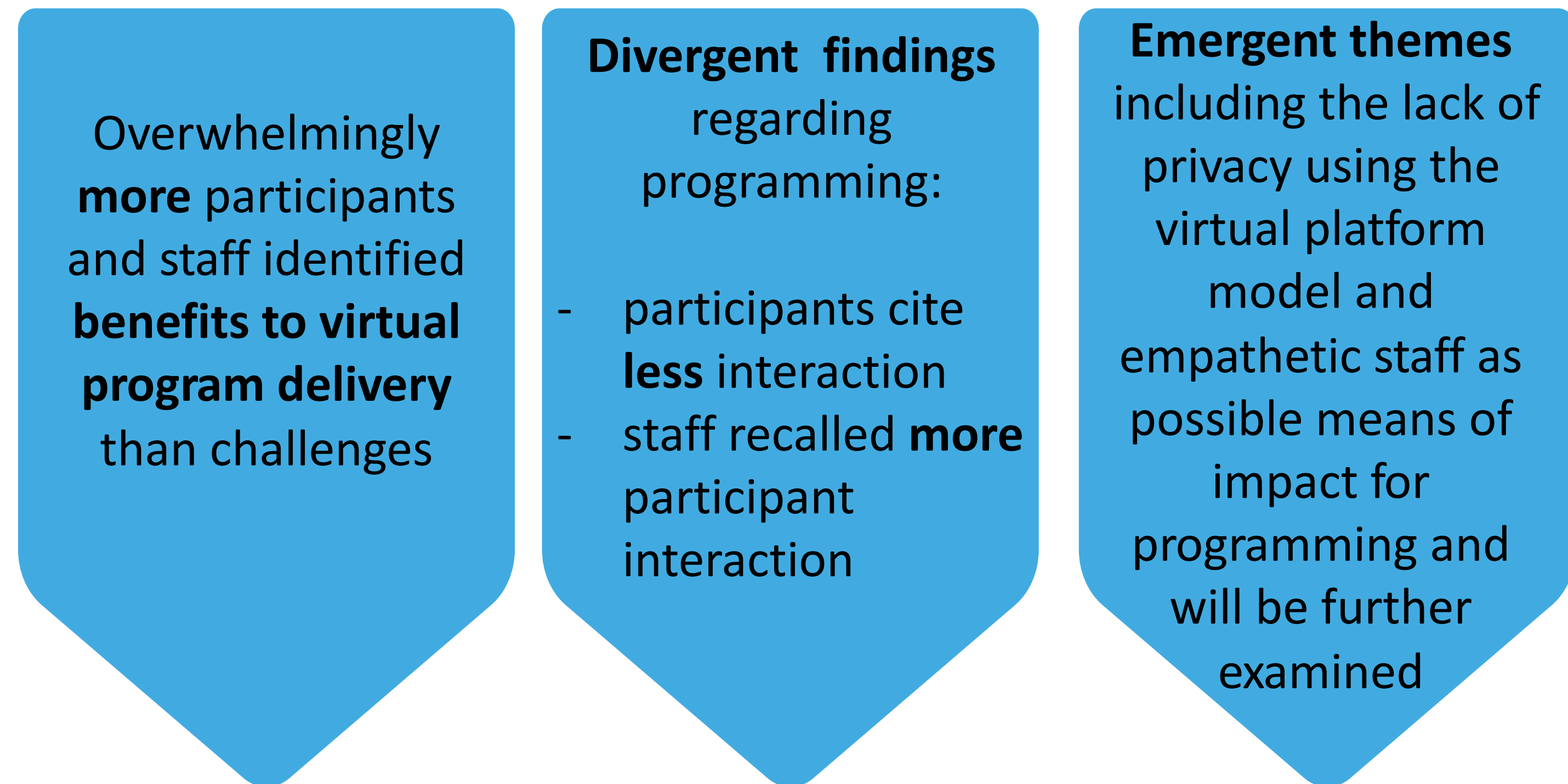
Results

Participants and staff were asked about experiences with the P3 program and the impact of COVID-19.

- Benefits of P3:
 - Increased communication with children
 - Enhanced parenting techniques: breathing/relaxation, behavioral charts
- Benefits of P3 Virtual:
 - Comfort, convenience and ease of platform use for participants
- Challenges of P3 Virtual:
 - Hardware issues, privacy concerns, and a lack of connection with others



Discussion & Conclusion



Public health implications of this study include a greater understanding of both the benefits and challenges expressed by participants and program staff to a virtual transition for community health programming. Though formative, these results can inform fields lateral to that of public and community health such as the medical field in which organizations can tailor future virtual healthcare to best serve patients and providers.

Future Work

Future work will include the development of an informed interview guide from this formative study to continue the iterative process involved in understanding the perspectives from participants and staff after delivery of the virtual community health programming has exceeded one year. This will incorporate the identified benefits and challenges for participants associated with the virtual platform delivery as noted by participants and staff including emergent themes and clarifying questions for conflicting accounts.

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*Reference sheet will be provided if requested

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