Fannie Mae Innovation Challenge
Parent Focus Groups
Parent Perspectives on Asthma, Telehealth, Home Visits and Housing Repairs
July – August 2019
Executive Summary

This report summarizes focus group findings conducted as a part of the Fannie Mae Innovation Challenge. Key findings are based on two focus group discussions conducted with 20 total parents/caregivers of children diagnosed with asthma living in Washington, D.C. Focus groups explored parent experiences, comfort levels and perspectives on utilizing technology to conduct medical appointments and home visits pertaining to their child’s asthma. Two focus groups were conducted with individuals aged 31 to 64. Ninety-five percent of participants self-identify as African-American and 75% reside in Wards 7 & 8 of Washington, D.C; detailed participant demographics can be found in the appendix. Through guided yet open discussion, parents/caregivers expressed honest opinions and feedback to help develop a Virtual Home Visit program, enabling families to meet virtually with a housing specialist and a medical provider using smartphone video technology. As a result, valuable insights were gained into the participants’ desires and concerns towards telehealth and home visits, such as convenience, privacy, reliability, and ease of access. These key findings will be incorporated into a Virtual Home Visit program launching in January 2020.

Introduction

Asthma is the most common chronic pediatric disease, affecting at least 6.3 million children annually. In Washington, DC, families in Wards 7 and 8 experience a higher prevalence and severity of pediatric asthma disease burden, in part due to these communities’ disproportionate share of older, poorly maintained and constructed housing stock where health-related housing conditions, such as mold and pest infestations, can significantly exacerbate childhood asthma symptoms. Pediatricians recognize the critical importance of an objective in-home housing conditions assessment to identify asthma triggers; however significant barriers include scheduling difficulties, family living circumstances, caregivers’ personal issues and trust issues around allowing strangers into the home. The proposed Virtual Home Visit program will allow a pediatrician to schedule a telemedicine visit along with a housing remediation expert instead of an in-person home assessment. As the neediest families experiencing correlated risks are identified, we will work with them, landlords, community organizations and other housing experts to facilitate suitable interventions that can improve the health of their child.

Two parent focus group (PFG) discussions were conducted with parents/caregivers primarily residing in Wards 7 and 8 of Washington, D.C. to gain perspectives and feedback on a Virtual Home Visit program protocol, structure and evaluation metrics. The PFGs were coordinated in collaboration with IMPACT DC and the Child Health Advocacy Institute at Children’s National Health System, as well as Breathe Easy, YACHAD, Local Initiatives Support Corporation and Institute for Public Health Innovation.

Objective

PFGs were designed and conducted to collect feedback from parent/caregivers of children with asthma on (1) their accessibility to a smartphone device and connectivity to Wi-Fi, (2) their experience and comfort level utilizing smartphone technology for their child’s medical care, (3) their comfort level in using smartphone technology to identifying specific areas of the home, and (4) their positive and negative feelings
towards virtual home visits with a medical provider and housing specialists. Parents also shared challenges and experiences with housing conditions and barriers to addressing the underlying environmental conditions that contribute to their children’s health issues.

The population in Wards 7 and 8 of Washington, DC includes about 60,000 total households with an average age of 32.6 and 55% female residents. Approximately 31% of persons in Ward 7 and 8 live below the poverty line. The parent focus groups included representation from Wards 7 and 8 in order to elevate the voice of community members most impacted by substandard housing and pediatric asthma.

**Methodology**

Two focus group discussions were conducted with 20 parents/caregivers to explore their perspectives. The first focus group was held on July 24th from 1:30-2:30pm at United Medical Center (1310 Southern Ave, Conf. Room 2 and 3, Washington D.C., 20032) with 9 participants and the second focus group was held on August 19th from 4:30-5:30pm at Children’s National Medical Center (111 Michigan Ave NW, WW Floor 5 East and South Conf. Room, Washington D.C., 20010) with 11 participants. Focus groups were held at these locations to capture voices and attendance from the communities of Wards 7, 8 and 4, where pediatric asthma is most prevalent. Both focus groups were facilitated by Ms. Katharine Richardson from the Local Initiative Support Corporation and Ms. Melissa Baiyewu from the Child Health Advocacy Institute. Focus group questions are listed in the appendix.

Parents/caregiver participants for the first Parent Focus Group on July 24th were identified from a list of families that had been seen at the IMPACT DC Asthma Clinic in the last fiscal year and who had also been referred to the Breathe Easy Home Visiting Program for environmental housing triggers. This identification process helped ensure that participants had children with asthma and potential unhealthy housing conditions or experience with a home visiting program. Families were called until 20 parents/caregivers had confirmed attendance for the focus group with the expectation of a 50% show rate for the event.

Parents/caregiver participants for the second Parent Focus Group on August 19th were identified from IMPACT DC’s Parent Advisory Council (PAC). This cohort is comprised of parents/caregivers that have multiple children with asthma who have been seen at the IMPACT DC Asthma Clinic. This group of individuals supports the IMPACT DC program through frequent attendance at focus groups, outreach events and advocacy events throughout the year. Families from the PAC were called until 15 participants confirmed attendance for the event. Because of the Parent Advisory Council’s partnership and affiliation with IMPACT DC, fewer participants were recruited with the expectation of a show rate higher than 50% for the event.

**Key Findings**

**Summary:**

Across both groups, participants expressed enthusiasm about the concept of a virtual home visit, while recognizing that the technology is just one piece of a broader solution. Parents spoke positively about the potential time-savings, convenience, and cost-savings (e.g. not having to pay for transit or childcare). In addition, almost all parents/caregivers had smart phones and access to data or Wi-Fi, and a few had used
telemedicine previously. However, parents cited concerns about privacy and confidentiality, ensuring follow-up with housing issues (e.g. the need to implement solutions, not just diagnose), and, in some cases, having good service in the home, or noisiness. Some suggestions from parents included: 1) having a place to upload photos of housing conditions, 2) flexibility in scheduling, including hours before and after work, 3) simplicity and accessibility of the app, and 4) ensuring parents outside of the IMPACT DC program could also use the app. In both sessions, the majority of parents had encountered various housing conditions and challenges in getting the conditions addressed. The vast majority of participants were renters, living in public housing, renting from a private landlord, or other subsidized housing. Parents shared many experiences with unresponsive landlords or management companies and expressed the need for a virtual home visit program to not just assess, but also complete housing repairs. Detailed discussion notes including participant quotes can be found below, grouped by focus group session.

**Focus Group 1**
9 total attendees

**Challenges and fears managing child’s asthma**
- ‘When my child gets a cold, it scares me. I have to stay up and tend to her needs making sure she is doing ok’.
- 2 of 8 parents mentioned that their children are very active and find it difficult to keep still which can prove tricky when trying to manage their asthma. ‘He’s always running around’.

**Smartphone Ownership/ Technology (Wi-Fi/internet)**
- 6/8 people raised their hands when asked if they own a smartphone
- 6/8 people have access to Wi-Fi/internet

**Feelings towards use of a smartphone for conducting a virtual home visit**
- ‘I think it’s innovative; convenient; good, smart’.
- ‘Sometimes when people come out, they miss things – but if we use our phone, they see what we see’.
- ‘No need for driving’.
- ‘I do not have to miss what I’m doing; my kid doesn’t have to miss school’.

**How comfortable would you be to give a tour of your house with your smartphone?**
- ‘Very comfortable, I want them to see what’s happening’.
- ‘It’s the same as if someone came to your house, you control what they see’.
- ‘I would have no problem showing them’.
- ‘I think it would be great to have something that would enable you to take a picture’.

**How many of you know where your water heater is?**
- All raised hands
- 1 person stated that her water heater is situated outside of her property

**How many of you know where your air filter is?**
- All raised hands

Would you be comfortable using your smartphone to show mold?
• All stated very comfortable
• ‘Especially if it’s to do with my child’s health. I want them to see the mold’.

Concerns rose about use of smartphone for virtual visit
• Confidentiality
• State of home – if messy or unkempt
• If the person watching the virtual tour is not paying attention to what they are supposed to be doing
• Mandated reporter concerns expressed – fear of being reported to child services/social services for a messy home
• ‘They should give us notice before, so we could get the house prepared’.

How do you currently use your smartphone?
• ‘Scheduling; appointment reminders; access medical record; use of care app’

What do you think would work well if you had a visit with your child’s healthcare provider via video?
• ‘No wait period/less waiting’
• ‘Convenient’
• ‘You do not have to worry about transportation’

What negatives might you might expect from a virtual visit?
• ‘Not everything would be easy to diagnose, like a wheeze’.
• ‘Confidentiality/privacy is a concern. Who has access to the video?’

If you had to download an app to your phone, how would you feel?
• ‘It’s necessary if you want the convenience, you gotta do it’.

Housing – any maintenance or repair issues able to fix?
• 1 parent stated that she has had a lot of housing issues. ‘It’s been 3 years. They haven’t fixed anything. One time the [maintenance person ] came to do something with the pipes in the walls and it ended up making my child’s health worse’
• ‘Water damage, concern with black mold. I am having to spray bleach’
• ‘They redid my walls but neglected the tub’. I got them to fix the walls because I kept calling the rental company’.
• ‘Instead of fixing the problem they paint over the mold. They do patch work instead of addressing the problem, and the mold keeps coming back’.
• ‘My kid’s room is below the neighbor’s bathroom. Management is unresponsive. Last time I had a major problem I moved, if they do not get it together, I will move again’.
• ‘Some of us are not in a position to up and move, we need a decent standard of living, we need assistance for better housing’

Housing Repairs – For those who had repairs done - Was there any improvement to child’s health once repairs were addressed?
• ‘Yes. My child’s sneezing and wheezing got better’
• ‘My child’s health got worse when they came to do something to the pipes in the wall. With every change of season, we have to rush her to the ER because of her asthma. Now that we have the nebulizer its better’.
From your perspective as a parent, what is most important to keep in mind?

- ‘Communication’
- ‘Responsiveness’
- ‘Scheduling, ideally something around the clock, 24/7 – that would allow us to shoot a video’
- ‘Privacy’
- ‘Being able to set tours when we are not at work’
- ‘They do what they say they are going to do’
- ‘If you cannot fix the problem then get us out of there. We shouldn’t have to stay. We need assistance for better housing’.
- ‘Make the app easy to use, not all of us are tech savvy’.

Focus Group 2

11 total attendees

Smartphone Ownership/ Technology (Wi-Fi/internet)

- All raised their hands when asked if they own a smartphone
- All have access to internet using smartphone

Feelings towards use of a smartphone for conducting a virtual home visit

- ‘It’s a good idea, you can see a lot with a camera’.
- ‘There may be a certain type of mold or something growing that the housing specialist would be able to identify. They have a trained eye, we don’t’.
- ‘Good idea because when you have sick babies it’s hard to be outside and it’s more risk for them. It’s good because we do not have to expose baby outside’.
- ‘A lot of people cannot make it out because of traffic or having to see more than one person. Impact helped me so much with my carpet, didn’t realize it was the carpet triggering it the whole time’.
- ‘Virtual reality really is helpful because it’s quick’.

Invasion of Privacy

- No concerns arose.

How comfortable would you be to give a tour of your house with your smartphone?

- ‘I have nothing to hide, especially if you are trying to help out my child. I don’t want to be in front of news people but if it’s to do with health I do not mind. If your house is a little junkie just do like grandma says, “excuse the house, we got kids”. It’s not about me, so I don’t mind’.
- ‘Very comfortable’.
- ‘I’m fine with it, I have nothing to hide’.

How many of you know where your water heater is?

- Yes - 4
- No - 5

How many of you could locate your heating and air conditioning system, particularly air filter?

- All raised hands

Would you be comfortable using your smartphone to show mold?
Concerns rose about use of smartphone for virtual visit

- The noise the babies do. When I’m on my phone they think I am talking to family and they want to be heard so they are really loud when I’m on the phone.
- Wi-Fi signal. Our phones do not always work; we need financial help from you all with accessing good enough Wi-Fi because it is expensive.
- Time. I am always late for everything because of my kids.

How do you currently use your smartphone?

- 2 parents had used their smartphone for telemedicine visits
- I do not use my phone for anything medical. This is my first-time hearing about the virtual reality things so I’m down for it.
- Also my first time hearing of this also, but would love to be part of it because my child is more trigger by nature, and I do not have a car right now. I do not have to take two buses to get what I need with this. Before I leave here can someone show me how to download that app?” – One parent explains how to use telemedicine – Katherine clarifies what this program is about and the difference from the telemedicine program.
- I use mine to call for appointments, to make complaints, Children’s Law Center – all phone calls and not through an app.

Katherine asks parents who have used telemedicine for feedback on their experiences:

- Most stated no negatives, one parent mentioned the reception but that the doctor usually would call right back.

If you had to download an app to your phone, how would you feel?

- I would have no problem with it.
- No problem. I can take it off if I am not using it and put it back when I need to use it.
- I guess we would just have to make sure we have space in our phone for that.
- ‘Will you all be able to provide a tablet or device for us to be able to use for our children’s health related activities? Because where we live, we have problems with the Wi-Fi.”

Housing – any maintenance or repair issues such as mold, leaks, and infestations? If so were you able to get them fixed?

- All indicated had problems
- ‘Mold in my bathroom, but also outside of the bathroom. No I have not been able to get them fixed. I rent. I have been over to my landlord once a week asking them to get rid of the mold and they do not do it. Someone will come over and wipe down the mold and then paint over it – and the mold came right back. Ever since I have been telling them it’s there, but nothing’.
  - All echo in agreement with this parent
- One parent advised others to go to the Children’s Law Center because they had helped her and her children move to a new home
- ‘Rats, roaches, lizards, people smoking in the hallways. Because of Children’s Law Center they have now cleaned up everything including the carpet and air filters.'
• ‘I am on the ground floor, there was condensation in my kids closet and wet carpet. It took the landlord 3 weeks to come out and look. My kids have asthma and now I do, I was diagnosed two years ago. There was mold underneath my stove. I told them and they have not come to fix it. Also the AC stopped working. I had to call regulatory affairs because I have 5 kids with asthma and 2 with lung disease. I withheld the rent and then the landlord came and fixed everything’.

• ‘My insurance agent helped me with the problems with my home. Rental office sent an email to everyone that I complained about that was smoking and all they did was send an email to everyone that if anyone was found smoking, they would increase the rent by $100’.

From your perspective as a parent, what is most important to keep in mind?

• ‘As parents we are stressed with everything we are dealing with. If we do not stay consistent please just call us - a simple phone call goes a long way’.

• ‘Be open-minded that not everyone can afford Wi-Fi – so bear that in mind. Also some people live with other people so bear in mind that it may be a violation of their privacy. Also there are some people who do not know their children have asthma’.

• ‘I can smell roaches and mice, even in my kids’ school. I could smell the mice feces because it’s also my trigger. I complained to them about this and took pictures and they did nothing. The school trying to drop my kid’s grade because he is at the ER or home because of asthma and that is not right’.

**Conclusion**

Recurrent themes emerged from focus group discussions:

**Access to Smartphone/Internet**

A strong majority of parents and caregivers of children with asthma in the Southeast DC community have smartphones and access to internet in the home. However, they are uncertain whether their internet connection is strong enough to maintain clear and consistent connectivity during a virtual home visit. As the virtual home visit protocol and patient recruitment process is development, it will be important to determine what, if any, impact can be made on these barriers and if any external individuals/groups can be engaged to help overcome this barrier. Some possibilities can include: testing the telemedicine platform with multiple cellular providers to understand any general connectivity issues or patterns amongst carriers, or providing iPads to participants who may experience poor connection with Wi-Fi or cellular data in their homes.

**Privacy and Confidentiality**

Parents and caregivers have concerns about who will have access to the virtual home visit video, where it will be stored, and worries that they may be unexpectedly reported for an unkempt home. To alleviate these concerns, careful thought and consideration should be put into the waiver documents and consenting process for the Virtual Home Visit program, which will help families understand their right to patient privacy, confidentiality and exactly what parties will have access to their virtual visit footage and medical information. Drafted documents will undergo multiple rounds of revision, and can then be reviewed by health literacy professionals at Children’s National Health System. The final waiver documents and
consent process can then be presented to a cohort of parents from the IMPACT DC Parent Advisory Council to ensure clarity and comprehensiveness before the start of patient recruitment.

**Ease of Access**

Parents and caregivers expressed desires for a virtual visit application to be as simple to use as possible with scheduling availability during nights and weekends. Most individuals do not have experience utilizing telehealth previously, but are looking forward to seeing a healthcare provider and housing specialist in one virtual visit where they do not have to take additional transportation or time off from their child's school day. To accommodate these desires, the telehealth platform should be explained and trialed with prospective families prior to the virtual home visit, allowing a parent or caregiver to ask questions and ensure clear understanding of the technology. In addition, efforts should be made to include appointments in the later afternoon and early evening, in hopes that families will not have to take time off school or work for the Virtual Home Visit.

**Home Repair Completion**

Many parents and caregivers in the Southeast D.C. community experience challenges with substandard and ultimately unhealthy housing conditions such as mold, pests and ventilation. Families have had experiences with home repair in the past through a landlord or home remediation program, some of which was incomplete or inadequate. Therefore, caregivers echoed a sense of wariness and doubtfulness whether a Virtual Home Visit program would truly result in successful home repair completion. To address these concerns, careful thought and consideration should be put into the documents that will explain the virtual home visit program to prospective participants during patient recruitment. The consent process and waiver forms should include language to explain that home repairs are not guaranteed to all participants and the need will be assessed per home and patient. This language should also be reviewed by health literacy professionals at Children's National Health System and presented to a cohort of parents from the IMPACT DC Parent Advisory Council.
Appendix

Parent Focus Group Questions

Icebreaker Question:
- Please introduce yourself with your name and how many children you have and the most challenging thing about managing their asthma

Technology/Virtual Home Visit:
- Through a show of hands, how many of you own a smartphone? (Note # of hands)
- Can we see again through a show of hands how many of you have an internet data plan or Wi-Fi at home to access internet on your smartphone?
  - Prompt: How many have a data plan and how many have WiFi? (Note # of hands for each)
- How do you feel about using your smartphone to conduct a virtual home visit, where a housing repair specialist could view different parts of your home through a video and screen?
  - What are some positive or good things you might expect from a virtual home visit?
    - Prompt: More convenient, less invasive
- Would you be comfortable giving a tour of your home using a smartphone?
- If you were asked to use your smartphone to show us around your home, could you locate:
  - Water heater
  - Heating and air condition system – air filters
  - Would you be comfortable walking around your home identifying mold on the walls or ceilings?
- What are some negative things or concerns you might expect from a virtual home visit?
  - Prompt: Problems with phone/video connection, unsure of where/how to locate parts of the home

Technology/Telehealth:
- How do you use your smartphone for your child’s medical care?
  - Prompts: Scheduling appointments, viewing medical records, prescription refills, etc.
- Have you ever had a visit with your child’s medical provider that was conducted through a smartphone using video technology – like facetime or another app or program on your phone?
  - If they answer YES:
    - What was that experience like for you?
    - What were the positive things about that experience?
      - Prompts: Didn’t have to take off of work, didn’t have to leave my home/worry about transportation to an appointment
    - What were the negative things about that experience?
      - Prompts: problems with phone/video connection, didn’t feel as personal as in person
  - If they answer NO:
From your perspective, what might be some positive or good things you might expect about a video visit with your child’s medical provider over the phone?

What might be some negative or bad things you might expect about a video visit through a smartphone?

If the video visit requires you to download an app or other software to your phone, how would you feel about that?

**Housing Remediation:**

Have you had maintenance or repair issues in your home (such as mold, leaks, and infestations)? If so, were you able to get these things fixed? How?

- If you are a renter, have you been able to work with your landlord to get repairs done in your home?
- If you have had maintenance/repair issues but have not been able to get them fixed, what have been some of the barriers?

If you have received home improvements or repairs, did you notice changes in your child’s health after improvements were made? Or other changes in their health if improvements were not made?

- Are there other serious home repairs that still need to be done? Such as?

Do you have the resources and ability to undertake getting home repairs done on your own?

**Exit Question:**

From your perspective as a parent or caregiver, what is most important to keep in mind while creating a virtual home visit program, where a parent or caregiver can use smartphone technology to conduct a virtual visit with a pediatrician and housing expert?
Participant Demographic Form

1. How old are you? __________

2. Which category best describes your gender?
   [ ] Male  [ ] Female  [ ] Other (specify): ________________

3. How many people live in your home? _________  Adults:___________  Children: __________

4. Where do you live?
   [ ] Maryland:  [ ] Prince Georges County  [ ] Montgomery County
   [ ] DC: Please select your ward  [ ] 1  [ ] 2  [ ] 3  [ ] 4  [ ] 5  [ ] 6  [ ] 7  [ ] 8
   [ ] Virginia

5. Tell us about your children

<table>
<thead>
<tr>
<th>Child</th>
<th>Age in months or years</th>
<th>Do they have asthma? Yes or No</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td></td>
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<td>2</td>
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<td>4</td>
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</tbody>
</table>

6. Does your child(ren) have medical insurance?  Yes  No
   If Yes, what kind of insurance: ________________

7. Which best describes your race or ethnicity?
   [ ] African-American
   [ ] Hispanic or Latino
   [ ] Native American
   [ ] Caucasian
   [ ] Other (specify): ________________

8. Which best describes your current living situation?
   [ ] Rent apt/townhouse
   [ ] Own apt/townhouse
   [ ] Rent single family home
   [ ] Own single family home
   [ ] Living with relative/friend
   [ ] Homeless or living at shelter
   [ ] Other __________________

9. How long have you lived in your current home or residence? __________________________

10. Have you ever had a home visit by a medical professional or a housing specialist? ________
Demographic Summary

How old are you?

Which category best describes your gender?
Where do you live?*

*All participants indicated they live in Washington, D.C. Not all participants indicated which ward they reside; therefore additional information was supplemented from Children’s National Health System electronic medical records to provide accurate information for all 20 focus group participants.

How many people live in your home?*

*Only 16 participants answered this question completely. Four incomplete or blank responses are not included.
Does your child(ren) have medical insurance?*

*All 20 participants answered yes to this question, only 16 indicated an insurance provider. Four responses not included

Which best describes your race or ethnicity?
Which best describes your current living situation?

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<thead>
<tr>
<th>Residence Type</th>
<th># of Participants</th>
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<tr>
<td>Rent apt/townhouse</td>
<td>20</td>
</tr>
<tr>
<td>Own apt/townhouse</td>
<td>5</td>
</tr>
<tr>
<td>Rent single family home</td>
<td>10</td>
</tr>
<tr>
<td>Own single family home</td>
<td>15</td>
</tr>
<tr>
<td>Living with friend/relative</td>
<td>20</td>
</tr>
<tr>
<td>Homeless or living at shelter</td>
<td>5</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
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</tbody>
</table>

Have you ever had a home visit by a medical professional or a housing specialist?

<table>
<thead>
<tr>
<th></th>
<th># of Participants</th>
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<tbody>
<tr>
<td>Yes</td>
<td>18</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
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</table>
Ground Rules

You do not have to raise your hand to speak
   But, to ensure that all opinions are heard, please allow only one person to speak at a time.

Please avoid all side conversation and silence your phones
   Please excuse yourself to go to the restroom or take a phone call at any time, but keep in mind to limit the distraction as we continue with the conversation.

There is no right, or wrong, answer
   All of your comments are important to inform our discussion. We want to hear a wide range of opinions to give us a well-rounded perspective on your views and experiences even if they are different from the rest of the group.

Please listen and be respectful of others as they share with the group

Everyone here does not have to answer every single question
   But, we would like to hear from all of you as the discussion progresses, so please speak up when you agree or disagree or would like to comment on any particular topic.

Our discussion today will be recorded
   There are tape recorders placed in the room. This will make it easier to write up a complete and accurate report and make sure all of your opinions are captured. Our note-taker will also be jotting down some notes to help summarize all of your comments and understand key takeaways. Again, we will not record your name or any other identifying information you might share when introducing yourself.

Everything said today will be kept private
   Your names will not be included in any final reports nor will they be released or attached to any comments or statements made today. The notes and recording will only be shared with the project team members, and a report summarizing the key themes and ideas from the focus groups will be shared with the funder, Fannie Mae.

We want an open discussion
   We will continue to stress that everything said today will be kept private. We want you all to feel comfortable in adding to the conversation without fear that your comments will be repeated later and possibly be taken out of context. We may include significant quotes in our focus group report, but there will be no names or personal information included with them.
INFORMATION SHEET

TITLE OF FOCUS GROUP: Focus Groups to Understand Parent Perspectives on Home Visits, Telehealth, Asthma and Housing Repairs

INTRODUCTION: As a parent or guardian who has a child(ren) with asthma, your opinion is important to us to help us understand your experiences with home visits, telehealth, asthma, and housing repairs. Telehealth is defined as using telephone technology to deliver health care, health education, and other related health services. Home visits are defined as visits to the patient’s home by a housing expert to identify and address asthma triggers in the home.

PROJECT: Many families who have child(ren) with asthma may also have issues with their housing such as carpets, mold, pests, and others. These housing issues can make a child’s asthma worse. We are creating a virtual home visit program so that smartphone video technology can be used for families to meet virtually with a housing specialist and a medical provider. We would like to learn what you think about home visits, telehealth, and any experiences you have had with housing repairs.

To take part, you will need to attend one focus group that will last no more than one hour. You will receive a $25 gift card and refreshments for participating. The focus group will be facilitated by Ms. Melissa Baiyewu of the Child Health Advocacy Institute at Children’s National and Ms. Katharine Richardson of the Local Initiatives Support Corporation. The focus groups will be audio recorded and transcribed, meaning we will write down the discussion. We will be collecting some personal information during the focus group, but no names or other personal information will be included in the transcripts or recording. Only the project leads will have access to the transcripts of the discussion.

RISKS/CONFIDENTIALITY: We do not expect any risks from your participation in this focus group. The only people who will know your name are the focus group moderators and the project lead.

VOLUNTARY PARTICIPATION: Participation in this focus group is voluntary. Your decision to participate or not participate will not affect your current or future care at Children’s National or any services you would receive from the Breathe Easy Home Visiting Program. You can choose not stop participating at any time. You will not benefit directly from participating in this focus group, but we hope that the information we learn will help us design a virtual home visit that is helpful to families and provides access to housing repairs as quickly as possible.

QUESTIONS: If you have any questions, please call the Project Manager, Nikita Kachroo at 202-476-3051