

Ask the Expert Podcast: Head Start and the Medical Home

Marco Beltran: Welcome to the Head Start National Center on Health “Ask the Expert” series. I’m Marco Beltran, the health lead at the Office of Head Start. We are very excited about the series and we hope that this will address the need of many people in our Head Start and Early Care in Education community that are wanting to hear from experts on health related topics that impact the lives of very young children.

The series is a recording in which early childhood educators and professionals supporting Head Start in a variety of early care and education settings have the opportunity to submit questions and have them answered by a pediatrician on a range of topics. For this series, we are relying on the expertise of members from the American Academy of Pediatrics on a variety of health topics that affect the everyday care of children in Head Start and other early current education settings.

The AAP is an organization of 62,000 pediatricians committed to the optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults. Thank you for your commitment in helping us impact the lives of young children by keeping them healthy and ready to learn. Please enjoy the podcast.

Kimberly Stice: Welcome to the Head Start National Center on Health’s “Ask the Expert” podcast series fielding questions from early childhood educators and professionals supporting children’s health in a variety of Head Start and child care settings. This is Kimberly Stice, manager of Head Start Integrated Initiatives for the Head Start National Center on Health at the American Academy of Pediatrics.

Today, we are speaking with Dr. James Perrin, the president of the American Academy of Pediatrics. Dr. Perrin is a professor of pediatrics at Harvard Medical School and the Mass General Hospital for Children. He has conducted research on a variety of children’s health issues including autism, asthma, middle ear disease, and childhood chronic illness and disabilities. He currently leads the Autism Intervention Research Network on Physical Health, organized to improve care for children with autism and other neurodevelopmental disorders.

Dr. Perrin has long been an advocate of Head Start, including providing presentations on “health and school readiness” and “the impact of poverty on child health and well-being” at the Head Start Research Conference in 2012 and 2014. Early in his practice, Dr. Perrin worked with the Head Start program in upstate New York.

Today, in our first podcast, we are fielding questions about the medical home and how Head Start and child care programs can work with health professionals and medical homes to support children to be healthy and ready to learn. Dr. Perrin, thank you so much for spending some time with us today.

Dr. Perrin: Great to be with you.

Kimberly Stice: In the Head Start world, the Program Information Report – or PIR – refers to medical home which is defined as “an ongoing source of continuous, accessible health care excluding urgent care centers and emergency room settings.” But the ideal medical home actually encompasses much more. Can you give us an overview of what is a medical home?

Dr. Perrin: Kim, thanks so much. Medical home is really an idea about trying to get an organization around all the services a child and his family need around the child’s healthcare. So it provides a way of making sure that a child is being assessed for what she may need and being referred to services if she needs services outside the medical home. It’s a place to do prevention and to try to help families learn the best way to help their child grow up healthy and well. So, it’s a place to really coordinate the breadth of services a child needs.

Kimberly Stice: Wow. That really is a lot more. Let’s talk about how Head Start and child care programs can build relationships with doctors and medical homes. What are some of the things that early childhood programs need to know about how the medical home operates and what kinds of services they provide?

Dr. Perrin: So, one of the things that’s really important about the medical home is of course that it’s available to children and families, essentially all the time. Now, that doesn’t mean the office is open 24 hours a day; but it really does mean that it is, provides availability to families 24 hours a day in case there are problems, because we all know that children are not going to decide to get sick at just the right time. So, it’s very important that those kinds of services be available. Many practices are open in the evenings and have weekend hours as well, recognizing that all the other demands families face make those services at that time often better for them. So it’s really important to realize that it is available. It tries to help families with their children at any time they may need services.

Kimberly Stice: Wow. It sounds like the medical home really is trying to meet the true needs of the family when they really do need it. One of the questions that we get is about immunizations. What immunization schedule do pediatricians use?

Dr. Perrin: So, we work very closely with our committee on infectious diseases which reviews the most up to date information every year to make recommendations for what immunizations a child should get. And you know, immunizations are one of the great successes of the last half century or more in the sense of really improving the health and well-being of children. The immunizations have really gotten rid of many of the very serious infectious diseases that used to kill children, and it’s amazing what we’ve been able to do. So, it’s one of the cornerstones of prevention. And again, pediatricians often think in prevention terms. We’re really hopeful of keeping children healthy, trying to help them grow up to be effective and participatory

members of our society. So prevention is really pretty critical. So, we work very closely also with the Centers for Disease Control to make sure that our proposals and plans for immunizations are as up to date as possible.

Kimberly Stice: So immunizations are very important, and a lot of programs have contacted us and said, you know, a child – for whatever reason – is behind on their immunization schedule and so they're on a catch-up schedule. How is it determined how long he or she should wait until receiving other vaccinations?

Dr. Perrin: So, actually, the Academy publishes every year and updates on a regular basis something we call "The Red Book." That's really a guide to pediatricians about the diagnosis and management of many infectious diseases; but it also provides very up to date guidance on immunizations and provides information, as well, for what to do if a child – for whatever reason – is behind on our immunizations. So we have pretty clear recommendations and scheduling for how to do that and easily accessible information for pediatricians to check it out.

Kimberly Stice: Oh, that's good to know. So, if a Head Start health manager or a parent or anyone had a question about something like that, they could just ask a pediatrician or possibly a pediatrician on their health services advisory committee?

Dr. Perrin: That's absolutely right. That's a great idea. Right.

Kimberly Stice: So, another question is on screening. Are there screening guidelines that the medical home uses?

Dr. Perrin: Absolutely right. Now, screening does vary from community to community because of the different types of conditions you might find in one community but not in another. But yes, we do have regular screening guidelines at the Academy. Those also update on a periodic basis. And our screening is often around things like child development or for health problems like anemia or other issues--about emotional development, language development. Those sorts of things are all parts of our routine screening that we carry out in pediatric practice.

Kimberly Stice: So, tell us a little bit about flu shots. How would a medical home handle flu shots?

Dr. Perrin: So, first of all, the Academy strongly believes that most, almost all children should be receiving flu shots or other protection from influenza. This is a serious disease; we know especially for very young children or children with different kinds of chronic diseases that influenza can be quite serious and increase rates of hospitalization for them. So, we very strongly believe in encouraging children to get the flu shots.

Kimberly Stice: Great. One of the services you mentioned earlier, you had mentioned that the medical home may do referrals to other agencies. Can you talk a little bit about that?

Dr. Perrin: Sure. So, first of all, many of our referrals are to other physicians who may be specialists--a surgeon or an ear, nose, and throat specialist or things like that; and all practices, all medical homes sort of keep a list of who those people are and know how to reach them very quickly, as needed, to really talk with them and to work with them. So, that's the most common kind of referral that we do. And we try to make that work as easily as possible for the family. But of course, we also work with other community services--sometimes social services, sometimes other educational programs in the community, or helping families get access to resources they may need like income support or food stamps or things like that. So, those are all the kinds of referrals that the medical home may carry out with the family.

Kimberly Stice: That's really good to know. So, since we're talking about, you know, true partnerships between medical homes and early childhood programs, in particular Head Start, what kind of information do you think physicians would benefit from knowing about Head Start?

Dr. Perrin: Well Kim, two or three things. One is I love the fact you talked about relationships. That's really what we want to see happen. We really are asking pediatricians to become knowledgeable about services in their community, because we are so much involved with our communities and we're trying to help pediatricians become even more capable of working with their communities.

So, one thing is just knowing what your Head Start program or Head Start programs in your community provide. So, what are the services and programs the program provides, what takes place in homes and what takes place in centers. Which children should be referred to the Head Start program? And, how really--perhaps most importantly--how best can the head start program and the medical home collaborate about children for whom either the pediatrician or the Head Start program have some concerns?

Kimberly Stice: I know a lot of Head Start programs have developed their own forms to collect the information that they're required to have. Would it be helpful for the programs to bring that form to the medical home or is that something they should try to work out together? What are your recommendations there?

Dr. Perrin: So, I think a couple things. One is most times, most medical homes are pretty comfortable filling out forms that they get from schools or other programs. If it's a particularly hard form, then I think there are times when it may be worth discussing it together and figuring out how to make it as easily transferred as possible.

Kimberly Stice: Great. So, our Head Start Program Performance Standards, which you know are regulations that we follow so closely, they state that “in collaboration with each child’s parent and within 45 calendar days of entry into the program, agencies must perform or obtain linguistically and age appropriate screening procedures to identify concerns in a variety of areas including developmental and sensory screenings.” The programs can obtain this information from the medical home to meet this requirement and not have to put children through additional unneeded screening or they can work with the medical home to get it done, or they can do it themselves. How could Head Start or a child care program and the medical home ensure that these screenings are performed as required by the Head Start Program Performance Standards?

Dr. Perrin: Well, that’s a great question. As I mentioned a few moments ago, pediatricians and their medical homes typically do carry out routine screening in several different areas. Now, it’s not always necessarily true that all the screening that is required by the Head Start Performance Standards will be ones carried out in the medical home, but many of them will be. And I think it will be very valuable in that case to share that information from the medical home to the Head Start program, of course, with parent’s permission to do so. Similarly, I think just as the Head Start program may be carrying out certain kinds of additional screening for children, it would be great to have that information shared back with the medical home, again with parent permission. But I think, again, that would be an indication of developing a real partnership and a real relationship to improve the health and the outcomes of the children included in the programs.

Kimberly Stice: I think you’re right. I think that, you know, developing the relationship to share this information is key. These have been such great suggestions and ideas, Dr. Perrin. I’m just wondering if you have any final words for us, today?

Dr. Perrin: Well, I think the only thing I’d mention, Kim--and thanks so much for doing this--is how deeply committed we in pediatrics and certainly the leadership level of the Academy but really throughout our membership, how committed we are to early childhood. We all know how tremendously important having a good start in life is for children. We know that it’s really critically important for their being able to start school healthy and ready for school. So, we’re very excited about the Head Start programs. We’re very committed to Head Start as a really important program for the country and we look forward to continuing to work very actively with Head Start programs in each of our communities.

Kimberly Stice: Thank you, so much. That’s very inspiring to hear. And as you may know, our tag line at the Head Start National Center on Health is “school readiness begins with health,” so we really look to build those relationships and partnerships with health providers and medical homes.

So, this is all the time we have for today. Thank you, Dr. Perrin, for giving us some of your time to talk about partnerships between early childhood programs and medical homes. Upcoming topics on future “Ask the Expert” podcasts will include safety and injury prevention, oral health, head lice, and childhood weight and nutrition.

Thank you for listening today. If you have any additional questions, please contact the National Center on Health at nchinfo@aap.org. Have a safe and healthy day.