

AAP | 02 Where Does School-based Health Fit Within Medical Home Discussion Panel #2 School Health & Medical Home Pract

I'm going to go ahead and get us started. And hopefully by the time we get to the discussion portion of the panel, the technical difficulties will have worked themselves out. So welcome, everyone. And thank you so much for joining us today. This is the second of three in the discussion panel series we have entitled, where does school-based health fit within medical home?

Today, we are excited to be discussing the collaboration between school-based health care and medical home at the clinical level. My name is Jaime Jones. I am the manager of Medical Home Initiatives at the American Academy of Pediatrics and will be the facilitator for today's call.

This panel is being recorded for educational purposes. It will be available via the National Resource Center for Patient /Family-Centered Medical Home website. And the recording will be shared in the near future. For participants who do not wish to be part of this recording, please disconnect from the panel at this time.

All participants have been muted during this panel. Please keep yourself muted to reduce any distraction and background noises. Live captioning has been turned on for this panel to increase accessibility for participants. Please look to the bottom left hand corner of the screen and click on the text box to enable captions. Additionally, please note we have an American Sign Language interpreter live signing the panel as well.

Please utilize the Q&A box for any questions that you have as the panel moves forward. If time allows, the discussion panel will address those questions. If not, questions will be saved and utilized for technical assistance and for future educational opportunities. The chat box is additionally available to share comments and resources.

The National Resource Center for Patient/Family-Centered Medical Home is a cooperative agreement between the Maternal and Child Health Bureau and the American Academy of Pediatrics. We are grateful to the Maternal and Child Health Bureau of the Health Resources and Services Administration for the funding of our Resource Center so we can implement educational opportunities like this discussion panel. None of the faculty or presenters of this panel have conflicts of interest with the information being presented.

We would like to acknowledge that where the headquarters of the American Academy of Pediatrics lies in Itasca, Illinois. Is the original lands of these tribal nations, having resided in these lands or migrated through them. We can and should actively give voice to and solicit experiences from indigenous communities and all marginalized communities to inform our collective efforts to meaningfully, equitably, sustainably, and effectively address the needs of families from these diverse communities.

OK, great. And now, I am thrilled to introduce our esteemed panelists. Maria Miller is a member of the National Resource Center for Patient/Family-Centered Medical Home family work group and is located in Cincinnati, Ohio. Maria received her master's in health care administration, has served as a health care advocate to her community, and devotes her time to caregiving and supporting her community.

Dr. Dee Munshi has practiced general pediatrics in the Atlanta area for 20 years. She completed a master's in population health management last year and has a strong interest in promoting effective, cross-sector, collaborative strategies to create positive, meaningful change in communities.

Dr. Anna Volerman is an associate professor of medicine and pediatrics at the University of Chicago Medicine and a primary care physician for both children and adults. Her scholarly interests focus on improving systems and reducing structural factors that drive inequities in clinical, community, and educational settings.

Lastly, Ida Winters is a proud parent of three young men, all with special health care needs. And one who received a late diagnosis of autism. Ida is a member of the National Resource Center for Patient/Family-Centered Medical Home family work group as well. She also works with the Waisman Center as a community engagement specialist and with the Wisconsin LEND Program as a family discipline peer mentor and life course story group facilitator.

All right, great. I'm just going to take a moment to check in with our panelists to make sure everybody is able to connect and that audio is working before we get started. So Dee, we've already checked yours, which is great. Anna, do you mind just hopping on to say, hello, so we can check yours?

Hi, there. Good afternoon, everyone.

Terrific. Thank you so much. Maria, can we check your audio as well?

Hello, everybody. How are you doing?

Hi, Maria. Great. Thank you so much. And Ida, if you're on, we'll check your audio.

Good afternoon, everyone.

Great Thank you. Thank you. All right, terrific. We can go ahead then and get started with our discussion.

And Dee, we're going to start with you. So just as a little bit of framing before we get started, a lot of these questions that we have are really centered on family engagement and how school-based health care and medical home can collaborate together to best support families. Sort of is the overall theme of where this discussion will be going.

So to begin with, Dee, for your first question, what are the key preventive approaches that medical home providers and schools can collaborate on?

So first of all, thank you so much for having me on this very meaningful discussion. I think the hardest part is sometimes figuring out how to communicate and get together. And so I think that we all come from a place, whether we're a parent or a school or we're a medical home, we all are coming from a place where we want to help each other and do the best that we can for our community.

So I think developing relationships, knowing who each other are with local pediatric practices, with school, other school-based health centers and the community and developing a common language. And when I say community, there are so many community resources and then the people that make up that community. I think it's so important to have authentic voice.

And really, all of us working together to take a holistic view of the challenges that we are facing within that community network and then really brainstorming and identifying supports and resources that already exist. I think it's difficult. We all know what the gaps are but sometimes, we forget to focus on what we do have. And I think that is where schools and medical homes can really partner very, very well.

Another place I think is again, using evidence-based screening tools which schools often do and medical homes often do but again, creating that common language where we can stop duplicating work and actually work together to address the problem.

So in terms of approach, I will give a really big plug for the teams framework that has been created by the AAP working with the CDC. And I'm happy if it's OK to put that website in the chat when I'm through, if that's all right.

But I really love the teams framework because it's a practical approach that busy people can use that want to make a difference. Everyone from school administration to teachers are busy, primary care providers are busy. And sometimes, we just can't figure out the best way to approach and the best way to work together. Collaboration is a big word. But often, the devil's in the details, so to speak. And sometimes, we don't know what that collaboration should look like.

So the teams framework does an incredible job by breaking up what we're trying to do into what's called a strategy phase and then an implementation phase. So in the strategy phase, thinking about forming a team to help define and tackle what the problem is. When a medical provider or a school makes a unilateral decision about what we feel the problem is, we often lose the authentic voice of the parents or the children that actually attend that school or are part of the community.

And so I think when we think about forming a team, really being intentional about including authentic voice when we're strategizing A, what we want to accomplish and how we will accomplish it. And then it really helps in again, identifying those issues and then developing the plan.

And implementation, often when we think about implementation, it's so important to think about, how are we going to do that? And I think the most practical way, again, it's part of that team's framework is creating an action plan. And the break up of the action plan is to think of, what are the critical issues? Again, with authentic voice, what is the problem we are trying to solve? And what is solvable?

And the goal. How are we going to achieve this or what are we going to achieve? What do we want to accomplish in the next three to five years? And thinking how manageable that goal is, how meaningful that goal is, and how movable that goal is. Can we do? We have the resources to actually make that difference.

And then finally, when we think about strategies, we think about how we're going to achieve those goals by breaking it up into smaller action steps or objectives and really, again, playing to the strengths of the community, whether it's community-based resources, nonprofits, schools, teachers, our population. And really thinking about, what are those active steps we're going to take maybe in the first year, then in the next year, and then the first two years, first three years?

I think that when we think about collaboration in these steps, we can ensure that something that we really want done actually gets done Thank you.

Thank you so much, Dee. And I think one of our Academy colleagues actually put the link in the chat as well, which is great. I very much appreciate you sharing this resource with all of us and then giving an overview of how it can be used.

I want to give our other panelists an opportunity to respond to the question as well before we move on. So Anna, I think we'll go with you next if you have any additional thoughts you'd like to add.

Thank you for the really thoughtful kind of approaches and practical strategies.

[AUDIO BREAKS]

Oftentimes, speaking about schools--

Anna, I'm so sorry to interrupt. We're having a little bit of an issue with your audio.

Mhm, how's that? Is that any better?

That's better. Thank you.

OK, perfect. If it goes down, I'll be watching you, so signal. If it looks-- if it doesn't sound like--

[AUDIO BREAKS]

Thank you for sharing.

[AUDIO OUT]

Yeah, it looks like we're having a little bit of a struggle. We'll pause with you for a moment, Anna, and we'll switch over to our family partners, to Ida and Maria and then come back to you before we move on to the next question.

Maria, do you have any comments or thoughts you'd like to add on the question of key preventative approaches that medical home providers and schools can collaborate on?

I would start out with having to here for-- to help bring a unified front, to help bring in the necessary people that actually have the ability to help in the home. And then as it pertains to school, it can also go from there.

But also piggybacking off of what she said was also in terms of preparation and communication. The most important thing to do is to make sure that you communicate as an advocate, not just a parent on account of understanding that there's multiple levels in achieving academic success, but also making sure that you have the correct group of people strategizing and putting the correct strategic plans in place will definitely help bring this into a full circle. But also help the parents understand what they can do outside the home with the medical team but also what they can do with the tools that the medical team gives them inside the home with the child and also with other medical incoming help as well. Thank you.

Great. Thank you so much for sharing. Ida, do you have anything you would like to add?

No.

Great. And Anna, I think we can try you one more time.

How's that?

A little bit choppy.

Hold on one sec.

You know, I think for sake of time, I think we'll just move on to our next question. And Ida, this question is for you to get us started with. What strategies can pediatricians and other pediatric health care team members use to support an anti-ableist and anti-racist approach when providing care to children and youth with special health care needs through school-based health care?

So thank you. I'd like to start off by saying that in my opinion, I feel that first and foremost, the most important thing is that everybody recognizes the importance of each person that's on the team. And when you're building this team, you should think about, who would be an important person on the team and why they're on the team and taking an interdisciplinary approach.

You have a pediatrician, you have whatever special health care need or diagnosis this child has. Everybody, from the pediatrician to the specialists to the people who work with the child in the school in the home and the parents need to all be educated about whatever this child's diagnosis is. But at the same time, they need to be educated on this child in particular. Because none of the children are the exact same.

So a lot of times, goals are set based on what another child with the same diagnosis has done or whatever. And then that's where the ableist frame of mind comes from. And they set that expectation on all children or they compare them to other children at that age or they take the approach of you should want the best for your child. And I've seen other children exceed parents here not knowing other factors, environmental factors or other conditions that may lie behind their why the child can't do or are not able to get to this level at this point or whatever.

And keep in mind that the family or this child is always the main focus in here and what the family's goals and expectations are for the child. If you are part of the team, you need to constantly communicate and keep up-to-date information on the child's health record. You don't need direct or main information about it, but you do need to physical and mental health information for the child, how they're progressing, if there's a regression or anything because you're part of the team and you're supposed to be building together.

If you're building a foundation on sand, you don't have any information, it'll never build, it'll continue to fall. But if you're working together as a team, you're able to build something with a solid foundation from the ground, up.

Thank you so much, Ida. From your perspective, from your experiences and your expertise, have you found that when the medical home team, which includes the family at the center and the child for sure, works together collaboratively, that that leads to better anti-racist, anti-ableist care?

I definitely have found that when they work together, it works a whole lot better. I have a very supportive pediatrician. We've had her since the very beginning, and she has been interested in what's going on with my children. She checks in during visits and she asks about school. But she also sends information to the school, so it keeps the school up-to-date of what's going on.

She doesn't go in deep detail about my son's condition, but she also was very interactive with his medical home too to keep everything up-to-date. And she coordinates in between the different services that he's seeing to make sure everything goes well and everybody's up-to-date and everybody's communicating. So it works well.

At the beginning, we didn't have as much going, and I didn't know that school was part of the team. But once we were all on board and on the same page things, have ran so much smoother. So it's kind of knowing who's on the team. And our children spend a lot of hours in school, so they should be part of the team instead of-- and it's a lot easier instead of trying to manage school, health care, and the therapies all separately.

Great. Thank you so much. Maria, I wanted to make sure you get an opportunity to respond to this as well. So just once again repeating the question, what strategies can pediatricians and other pediatric health care team members use to support an anti-ableist and anti-racist approach when providing care to children and youth with special health care needs through school-based health care?

I would make sure that in their approach, that they're trying to be as informative as possible. I understand that in the medical field, you have a lot of medical jargon. And what that causes is a disconnect because that leads to parents who may not want to ask questions or may not feel qualified to go further because they may not have more understanding the more that's being explained.

So I would say make sure that they are very aware of the type of language that they're using, but also making sure that they are explaining it to people in a way that they understand that they're not in the medical field. And I think that that's one of the biggest hangups that happens in the medical field is that the jargon separates. And it's the initial form of disconnection with the family.

And so once they're able to explain it in a way that's understandable, another way to help that approach is to make sure that when medical professionals are in the room, I would say from experience, just to make sure that they know who family members are and they understand in terms of what needs to be said or what has to be done with certain family members in the room or not in the room. That's also important too because of the cultural differences.

I know that in some hospitals, that they have a lot of questions so that they can make sure that they have that respectful approach. But a lot of hospitals have not been providing those same opportunities for families who are of different cultures. And so if they can allow for those questions to be asked and put that part of the opening aside from just those questions, that would be good.

And then I also think too in looking at it, the questions that are asked sometimes-- I know that in the medical field, a lot of data comes into play to help identify certain key issues in the health field. But I also understand that health care professionals can get hung up too much on the questions that they're asking in terms of categorizing, and that sometimes can betray or play out into where they may be specifically stereotyping certain families or certain members of the family that are trying to help. And that can cause a rift in how the overall care is because of that disconnection.

And so if they're able to make those types of approach so that everybody can enter into the strategic planning and a level where it's even and it's to a way where everybody feels comfortable enough to move forward with sharing ideas and explaining things, then that's the best way to move forward in that way. Thank you.

Thank you so much. A lot of great strategies and recommendations from our family partners. Anna, should we try again?

Yeah, let's try it. I changed the modalities. How is this working? Awesome. Glad to hear that. I think this is such an important question, and I think there's so many things that have been said that are great strategies.

I think the one thing that I would just add is also just recognizing the fact that everybody can be a champion for a child no matter what role they're in, whether they're a nurse, a medical assistant, a physician, a teacher, or a security guard along with a parent, a sibling, et cetera.

And I think part of the role of pediatricians or health care team members can be providing the very traditional medical care that we think of. But part of it can be empowering and advocating to support children who need additional care outside of-- who aren't just healthy and check all the boxes and et cetera, but really ensuring that empowerment is there and the support of the advocacy is there.

I think the other piece for pediatricians and health care team members is to stop and check your own biases. I think the literature very clearly supports that we are all biased. And I think if we acknowledge those and check those, then we are better prepared to address any of the work that we do in an anti-racist and anti-ableist approach.

Great. Thank you so much. And Dee, anything else you'd like to share?

So many great points have been made, and I completely agree with all of them. I think what I wanted to add is that I think pediatricians working in the community for as many years as I have, I think it's important for health care providers to remember that they do have an obligation to educate themselves on what are the strengths of other team members? So I think it's very important to understand what everyone on that team is bringing to the table and all of those viewpoints can really be put together to create a momentum that will really help the child and the family that's looking for the best outcome.

So I think that by working on a common agenda that is not made by some members of the team but by every member of the team, I think hearing-- like Anna said, acknowledging biases. And I think being comfortable with saying that this particular realm of what needs to happen in this meeting is my forte, but there are other people that have fortes that I may not have. And that I need to be able to open myself up to that and listen so that really, we can create something that's really helping and keeping the family and the child at the center.

So that true, collective impact that we're there to do this together. Not one or two of us or one of us doing all of that. Thank you.

Thank you so much. Great recommendations and strategies again for this question. We're going to move forward now. Anna, these are a few questions for you to get us started. It's kind of a two-part question. So first, what is the role of family engagement in school-based health care? And I think we've touched on this a little bit more. If there's anything else you'd like to specifically add to the discussion so far.

And also, how can medical homes and school-based health care collaborate to reduce the workload on parents from having to serve as mediators between these two different components that are providing care?

Thanks, Jamie. This is such an important topic because I think the way we've created systems, the way systems have been created, we have an education system and a health system. And they exist separately. They have different policies, they have different laws. And each side wants to protect children and families. But as a result, it can be really challenging to link the two.

And as you said, I think families often end up kind of being the mediator, they end up being the link, they end up being the communicator from one side. And then another side, and then somebody telling them something. And when somebody else is telling them something else-- and we've all been on different ends on it. And whether you're a clinician, whether you're an educator or whether you're a parent or child, we all know how challenging it can be to kind of connect between those two.

I think to come back to this piece of family engagement, I think it's critical. I think in an ideal world, all the systems would be set up within schools and health systems to link, to work together seamlessly. But we all know those don't exist. And so oftentimes, families must bring the information to schools, must advocate for their child, must share the information with different members within the school.

Data shows that about half of schools have a full time school nurse. And so in some places, you can bring in the information to a school nurse, and they will always be there. And then many other schools around this country, family members-- let's just bring it to a school nurse. They need to inform the teacher or multiple teachers or the teacher's aide or coach, et cetera.

And so families have to be really proactive about this piece. And I think this falls even-- this is even more true in schools where there are largely vulnerable populations, whether it's related to poverty, whether it's related to racial and ethnic minorities, whether it's immigrant status, et cetera, because there's greater needs among families and there's often less resources.

I think in terms of how to reduce the workload for parents and how to connect the two sides, I often see this kind of from a socio-ecological model. I think there's the things we can do at the individual and interpersonal level, right? Where as a pediatrician I can tell families, hey, go advocate for this or bring this letter to the school and really require individuals to be that mediator or to be that link.

But moving beyond that, let's think about an organizational level. And so one of the key pieces that arises when linking school systems and health system is just the permission to share information. And so maybe a school staff member or a school nurse identifies, I'm worried this child has asthma. Can I communicate-- or how can I communicate this to the child's pediatrician or pediatric medical home?

Well, they need to go get permission from the parents to talk to-- and that can be a process of parents are working, they're challenging-- can be challenging to reach. The piece of paper doesn't get home in the backpack. We're all familiar with these challenges.

And so what about including as a standard practice in the annual paperwork? Do you give permission for me to-- for the school to talk to your health provider, your pediatrician? What is their name? As part of standard practice. Not just something that is thought sought out if needed. So that's an organizational level piece.

I think the other piece is a policy piece. How are we linking computer systems and IT systems between schools and health systems? I think traditionally, these have existed in very different venues or very different IT systems. And we need to acknowledge FERPA and HIPAA. But there's avenues for these systems to talk to each other and to link together so that we're not passing paperwork between families but rather, we're transmitting the school physical form each year from the school-- from the pediatrician's office directly to the school and bypassing the paperwork passing. And even the re-entry of information that's happening in many schools, they said the office clerks or the school nurse re-enters information into the school system.

I will also add, I do think reimbursement is a key piece to consider here when we talk about creating links between schools and health systems. The reality is it takes time. And time for a pediatrician means that they're not seeing another patient in the clinic.

And so recognizing that so much of health care unfortunately is a business model. And we need to value these connections between health systems and schools in the same way we value seeing a patient sitting in the clinic. Because sometimes, that phone call can be-- that 15-minute phone call can be more powerful than spending 15 minutes with the child sitting in front of you when you're able to break down some of the challenges and some of the barriers and working with the health care team.

So I think just thinking about reducing that workload from a socio-ecological model can be a really nice framework to take in terms of thinking about how to engage families across the two.

Thank you so much. Dee, I'll go to you before we move to our family partners if you have any additional thoughts or strategies or recommendations that we could consider.

Sure. I mean, so many great things in what Anna said, specifically the socio-ecological model and the open communication. But those were great thoughts at the systemic level.

But a lot of us, I think for me, what has made the greatest impact is taking the time to understand what supports and what language my school is using, I'll use school as an example. So that I can communicate and understand a lot better what the school is saying when they say that a child is receiving for example, tier two support. We don't learn any of that in medical school. We don't know what tier two, tier one, or tier three means. I have never learned what is entailed in an IEP or a 504 and what kinds of contributions I could make as a medical provider that could provide the kind of support that the family or the child is looking for.

So I think as pediatricians, just talking from the health care provider perspective, we often do an incredible job with trying to connect with our families and our patients. But we do have to take the time to understand what, let's say, a school is offering and what that means so that we can be better advocates, we can better understand what's already being done and then add to that again to propel the plan forward. I do think that that's important for everyone working together.

We have to understand each other and establish that common language so that we can move forward from that and that not be a barrier. Thank you.

Thank you so much. That's another great thought to add. Ida, from your personal and professional experiences, what thoughts do you have on the matter?

For the second time, I'll just say I agree with the understanding and communication, that's a big thing for me. And I think not quite a social worker, in between the middle, but something like a family navigator is really wonderful because they understand the language of the community, the family, the school and the physician. So I think that would be something that takes a lot of the burden off of the family.

Great, thank you so much. And Maria, anything else that you'd like to add?

Well, yes. So I do agree that having maybe a family liaison, that has maybe a universal perspective for both the health care professionals but also for the school can help be the perfect mixture of tying all of it together. So actually being the host of it. Because essentially with that type of foreshadowing, it helps eliminate everything that the parent has to think about that none of the other two professionals are thinking about, essentially. So it kind of ties it all in that perfect aspect. Thank you.

Great. Thank you so much. And Maria, we're actually going to stay with you then for this next question. And this has a few parts as well.

Are children receiving culturally safe care in school-based health settings? And how do we know this? Or do we know that they are? How do we know that they're not? And how can pediatricians and other providers in school-based health settings be more culturally humble in the care that they provide to children?

Thank you. So children, I would say it would be a subjective. But in an overall objective perspective, I would say, no, they're not receiving culturally safe care in school-based health care settings just on the merit of understanding that school levels have different finances. And the biggest part of health care is finances.

Because as the United States, we don't have universal health care. And seeing all the other countries that have universal health care hand out the way that they do, they may not have the same dilemmas that we in the US would have in any given spot. Because in Beverly Hills it's different, in Cincinnati, Ohio is different, in Chicago, Illinois is different. And even in a small, Tallahassee Florida, it's different. And so the medical, the education, all of those entities are based off of a socioeconomic perspective, if you will.

And so because it's depending on what the parents are bringing income-wise, what neighborhood they're a part of, what the school is willing to or not do because you have public and private schools, those factors factor into whether or not a child can. But it's ultimately up to the parent to try and provide as much of that as possible.

So from a school-based standpoint, they're not. We know that they're not because if you look in schools, a lot of the curriculum are general. They're doing general testing. But when it comes to children who have special needs or maybe medical needs, they're not tested the same, they're not approached the same.

And then in terms of their results, they're just kind of in their own category or a league of their own to where that's what separates them. And because of that, that's how we know they're not going to or won't at this point. It's always room for that type of improvement but at this moment in time, it's not.

And so what pediatricians and other providers in school-based settings can do is in going back to the beginning of what Dr. Dee said, meeting and having a communication. That's the best way I can really put it is meeting. And it's not just we go to a meeting and have a conversation.

For me, myself, me and my husband, we have conversations where we write down notes. We are having a deep in-depth conversation before we get there so that way, when we are approaching these people, we already know what they want. We've evaluated our son. We made sure that we recognize where his weaknesses, improvements can be at. And how we can get there and who we can put in place to get there.

And we also ask questions towards them. And we need the pediatricians, the providers and staff to be as forthcoming as possible in terms of not necessarily being so caught up in the science of it all but trying to receive what strategy we're trying to provide in order to make sure that we achieve a healthy, balanced lifestyle for our children. So thank you.

Thank you so much. I feel like so much of what you shared, Maria, ties back really well to checking biases for sure and highlighting the communication piece again. Absolutely. Ida, do you have anything you'd like to share?

No, I think Maria covered it.

Great. Anna, any thoughts from your perspective?

I don't have anything additional either.

No? Dee, anything you'd like to share before we move to our final question?

No. Great thoughts. Thank you.

Wonderful. So this final question that we have actually was one that we received last week during our first panel, which focused on policies that I thought would be really great to pose to this group as we're kind of winding down at the end of the hour. What role do you see for school-based health in helping children and youth with special health care needs transition to adult care? And I think Dee, we'll start with you. And then we'll go to Anna and then move on to Maria and Ida.

Sure. I don't remember who said it, but it was a very apt thought that children spend eight plus hours in school every single day. I think that children themselves, families, teachers, administrators, the cafeteria staff have incredible insights that could be so meaningful in making sure that that transition to the adult world in terms of supports that are needed, strengths. I think that schools are poised to have a great insight into strengths of an individual that can really be capitalized on in adulthood.

I think that having a way to communicate some of those big pictures things to the next medical home that the child could be going, that when the transition happens from childhood to adulthood, to possibly work-based situations, to further education, those would be priceless.

So having a way to have schools really be able to share authentic voice on what the child brings and what the strengths and weaknesses are would be great. Thank you.

Great. And Anna as well, we'll give you a moment to respond as well. Being someone who provides care for children and adults, I think you probably have some great strategies and thoughts.

Yeah, definitely. It's interesting because I think both in schools, children undergo a natural progression of developing academically but also becoming more independent in the way that they approach their schoolwork and the way that initially in elementary school and kindergarten, all the notifications are sent to parents and all the reminders. And then by fifth grade, you're like, there must be something happening at school but I don't really know what. I'm hearing from the teachers once a month. And then by high school, you don't really even hear from them unless there's a major issue.

And so there's a transition of independence that happens in the educational realm. And I think that's something that can be supported. I think thinking about how schools can-- and particularly school nurses but also school staff can empower a child who has a health condition to more independently over time manage their condition in school is actually a really important way of helping a child with a chronic condition transition into their adult care.

So when they start out on kindergarten-- and I'm going to come back to asthma because I do a lot of work in asthma with schools. In kindergarten, a child has an inhaler and generally knows how to use it. But really, a lot of it falls on the adults to identify when is it needed? To make sure that the child uses it, to use it properly, to follow up, et cetera.

Over time, there are laws in all 50 states that allow children to carry and independently use their own inhaler in school. And so schools supporting the independent carry and use safely in school's actually a way to help a child learn more about their condition and be able to, over time, transition to what we call adult care, which is independent care of their asthma.

So even those small interactions, whether it's with the school nurse or whether it's with the office clerk saying, hey, you're coming in to use your inhaler today. Why don't you walk me through the steps that I'll do them with you? Even for a kindergartener or a first grader. And then over time, OK, show me how you're going to use your inhaler. Let me make sure you're using it properly.

Helping a child recognize when their symptoms are worse and thinking, problem solving, hey, what am I going to do about this? Those are all helping support that transition to adult care.

I think even things like including students in IEP meetings and Section 504 plan meetings are really important piece in helping that child ultimately gain more independence with their medical care and transition their care. So I think some of those really small conversations, what seemingly are small conversations or steps are actually really important pieces to support that transition to adult care.

Thank you so much. We just have a few minutes left, but I want to make sure Maria and Ida you get a chance to chime in if you have any additional comments to add. Maria, any thoughts that you'd like to add?

Yes. So I will say that essentially, I would recommend doing-- I don't know if onboarding is the right term, but essentially, that would be the help for both the family and the children to help transition but also for the school in terms of how they do it with the college students or the children who are going off to college and the secondary education platform. They provide different fares and have different college recruiters come. And different people come to address so that they can see.

And I think that that would be a great way to help, for the school to set ways in that in terms of providing or having these different fares for them. Because then, that makes them feel included, that can cause them to come out and say, OK, somebody is thinking about us and our future, because a lot of parents don't know that you have to file for custody after the child turns 18. And so with that being said, a lot of parents have no access to the steps, the process, the resources, or they don't need-- some people don't even know about the pro bono people who are practicing law who can also help additionally in that because attorney fees are astronomical, especially today.

So also keeping that in mind, I think that would be a great way for the school to help in partnership with the families in moving on into adult transition. So thank you.

Yeah, that's a great point. Just echoing again this idea that kids are in school so much of their time. So it's a great place that they're there to learn more about what transition and to adult health care can be. And Maria, I thought you had really great suggestions of ways that schools can support that learning and provide opportunities for particularly youth and young adults to learn more about what life will look like when they're in charge of their own care.

Ida, we will go over to you then to wrap us up before we finish up for today.

Well, I'll just be quick. I just think they should help with building up confidence in what they have going on and kind of around their peers and everything, and help them with ownership of their condition.

That's great. Thank you so much. We're just about at time right now. And I want to thank our panelists for all of your great insights and expertise that you shared with us today and muddling through our technology issues. We appreciate your flexibility and all of that as well.

We'd also like to thank all of our participants for joining us today for this discussion panel and also being with us as we work through our tech issues also. We will be sending out an evaluation for today's panel to everyone who participated, and we hope that you can take less than five minutes to complete the evaluation so we can continue to provide high quality education and training like we had today.

The third and final panel of this series will be held next Monday, April 17th at 2:00 PM Eastern, 1:00 PM central. The focus of this panel will be on collaboration between medical home school-based health care from the systems of care perspective. And we hope to see all of you there.

So finally, just wanted to say that we at the National Resource Center for Patient/Family-Centered medical home are here and available for any of your technical assistance needs. Please reach out to us at any time. And we hope that you all have a great rest of your day. Thank you so much, everyone. Take care.