

# Educational interventions at Early Head Start led to decline in pediatric emergency visits

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Researchers at Columbia University Medical Center found that integrating an educational intervention regarding upper respiratory infections (URI) into Early Head Start programs led to a significant decrease in pediatric emergency visits and adverse care practices among predominantly Latino families, who have been shown to be at high risk for limited health literacy. Findings are published in the journal *Pediatrics*.

Four Early Head Start sites in New York City in the Washington Heights/Inwood section of Northern Manhattan were randomly assigned to intervention or standard curriculum. At two of the sites, families received three 1.5-hour education modules regarding care for URI in their parent-child group in the fall and at the remaining two they received the standard educational parent [health](#) curriculum; the standard curriculum sites received the URI education in the spring after the study period. The intervention education modules included information on care for URI, the appropriate use of over-the-counter medications and medication measurement training. Classes were taught by trained bilingual community health workers and conducted in either English or Spanish. Parents were also given and taught how to use an [upper respiratory infection](#) care kit.

During weekly telephone calls over the course of five months, the 154 families, who were primarily Latino and Spanish speaking, and included

197 children under the age of four, were asked to report URIs in their households, the symptoms, those who were affected, care sought, and the medications given to all family members. Outcomes were compared between intervention and standard curriculum groups.

Among the intervention families, 8.2% reported visiting the pediatric emergency department when their young child, ages 6 to less than 48 months, was ill, compared to nearly double (15.7%) receiving the standard curriculum. The families in the intervention module were also less likely to ever use during the reporting period an inappropriate over-the-counter medication for their under two- year old (12.2% vs. 32.4%) and/or incorrect over-the-counter medicine dosing tool for their under four-year old (9.8% vs. 31.1%). There was no difference between groups in use of non-prescribed antibiotics for a child less than four years of age.

"Our study illustrates the potential strength of using Early Head Start for a health education intervention," said Melissa Stockwell, MD, MPH, assistant professor of Population and Family Health at Columbia's Mailman School of Public Health and Pediatrics at Columbia College of Physicians and Surgeons. "While some other educational interventions have been successful in increasing knowledge and care practices for upper respiratory illness, they were conducted predominately in non-minority populations, with higher [health literacy](#) levels. Many interventions also took place in primary care offices or pharmacies."

The researchers also point out that while utilizing the [pediatric emergency](#) department remains high for non-urgent conditions, on a national scale, even small changes in the number of visits could have an important impact on costs. This [intervention](#) also demonstrates the potential for distributing information on important health issues in non-medical settings.

Provided by Columbia University's Mailman School of Public Health

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