



**Bright
Futures**™

prevention and health
promotion for infants,
children, adolescents,
and their families™

Bright Futures Tool and Resource Kit: Linking Guidelines to Practice

**Paula Duncan, MD FAAP
Ohio AAP Meeting November 2009**



American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™





I do (or) do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.

I am one of the editors of The Bright Futures Guidelines. I acknowledge that today's activity is certified for CME credit and thus cannot be promotional. I will give a balanced presentation about well child care using the best available evidence to support my conclusions and recommendations.

BRIGHT FUTURES

Guidelines for Health Supervision of
Infants, Children and Adolescents

THIRD EDITION



**Bright
Futures™**
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for infants, children, adolescents,
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...is a set of principles, strategies and tools that are theory - based, evidence - driven, and systems - oriented, that can be used to improve the health and well-being of all children through culturally appropriate interventions that address the current and emerging health promotion needs at the family, clinical practice, community, health system and policy levels.



Williams & Wilkins



Features of 3rd Edition: Ten Themes

- **Child development**
- Family support
- Mental health and emotional well-being
- Nutritional health
- Physical activity
- Healthy weight
- Oral health
- Safety and injury prevention
- Healthy sexuality
- Community resources and relationships



New Visits

- 30 month
- 7 year visit
- 9 year visit

Oral Health

- Oral risk assessment at 6 and 9 months
- Referral to a dental home at 12 months
- Oral fluoride supplementation if primary water source is deficient



Developmental Screening

- **Developmental**
 - 9, 18, 30 (24) months
- **Autism**
 - 18, 24 months



Making the Most of the Bright Futures Guidelines

- The Guidelines provide the background and all the details.
- The question is:
 - How can you incorporate all that richness into a typical 15-minute office visit?
- Use the Guidelines along with other Bright Futures materials
- Remember the point: relationship

Bright Futures Tool and Resource Kit

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Quality Measures for Preventive Services

- Parental /youth questions and concerns
- Screening and follow-up
 - Maternal depression
 - Oral health
 - Developmental
 - Chlamydia
 - Risks
- Anticipatory Guidance
- Immunizations

- Strength based approaches
- Identify CSHCN
- Recall and reminder system



Core Tools

- Previsit Questionnaires
- Documentation Forms
- Parent/Patient Handouts



Core Tool: Previsit Questionnaires

- Parent/adolescent patient fills out before seeing practitioner
- The questionnaires:
 - ask risk-assessment questions, thereby triggering recommended medical screening
 - ask about Bright Futures 5 priority topics for that age-based visit
 - allow parent/patient to note any special concerns
 - gather developmental surveillance information

Bright Futures Previsit Questionnaire 18 Month Visit

For us to provide you and your baby with the best possible health care, we would like to know how things are going. Please answer all of the questions. Thank you.

What would you like to talk about today?

Do you have any concerns, questions, or problems that you would like to discuss today?

We are interested in answering your questions. Please check off the boxes for the topics you would like to discuss the most today.

Your Child and Family	<input type="checkbox"/> Taking time for yourself	<input type="checkbox"/> Being a role model	<input type="checkbox"/> Your child getting along with brothers and sisters
	<input type="checkbox"/> Family time together	<input type="checkbox"/> Having another child	<input type="checkbox"/> Getting your child to try new foods
	<input type="checkbox"/> Your child being scared in new places	<input type="checkbox"/> Setting limits and discipline	<input type="checkbox"/> Fun activities for your child
Your Child's Behavior	<input type="checkbox"/> How your child acts	<input type="checkbox"/> How to tell your child she did a good job	<input type="checkbox"/> Your child's weight
Talking and Hearing	<input type="checkbox"/> How your child talks	<input type="checkbox"/> Helping your child to learn	
Toilet Training	<input type="checkbox"/> Knowing when your child is ready	<input type="checkbox"/> How to toilet train	
Safety	<input type="checkbox"/> Car safety seats	<input type="checkbox"/> Preventing falls, fires, and poisoning	<input type="checkbox"/> Gun safety
		<input type="checkbox"/> Keeping your child safe outside	

Questions About Your Child

Have any of your child's relatives developed new medical problems since your last visit? If yes, please describe: Yes No Unsure

Hearing	Do you have concerns about how your child hears?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do you have concerns about how your child speaks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do you have concerns about how your child sees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Does your child hold objects close when trying to focus?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Vision	Do your child's eyes appear unusual or seem to cross, drift, or be lazy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do your child's eyelids droop or does one eyelid tend to close?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Have your child's eyes ever been injured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Lead	Does your child have a sibling or playmate who has or had lead poisoning?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Does your child live in or regularly visit a house or child care facility built before 1978 that is being or has recently been (within the past 6 months) renovated or remodeled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Does your child live in or regularly visit a house or child care facility built before 1950?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Tuberculosis	Was your child born in a country at high risk for tuberculosis (countries other than the United States, Canada, Australia, New Zealand, or Western Europe)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Has your child traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Has a family member or contact had tuberculosis or a positive tuberculin skin test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Is your child infected with HIV?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Anemia	Do you ever struggle to put food on the table?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Does your child's diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unsure
Oral Health	Does your child have a dentist?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unsure
	Does your child's primary water source contain fluoride?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unsure

Does your child have any special health care needs? No Yes, describe:

Have there been any major changes in your family lately? Move Job change Separation Divorce Death in the family Any other changes?

Does your child live with anyone who uses tobacco or spend time in any place where people smoke? No Yes



Core Tool: Parent/Patient Handouts

- Handouts for each Bright Futures visit (1st Week to 21 Years)
- Patient handouts for those 7 yrs and older
- Summarize anticipatory guidance for the visit
- Tied to the 5 priorities for that visit
- Written at 6th grade level or lower



Bright Futures Parent Handout 18 Month Visit

Here are some suggestions from Bright Futures experts that may be of value to your family.

LANGUAGE PROMOTION/HEARING

Talking and Hearing

- Read and sing to your child often.
- Talk about and describe pictures in books.
- Use simple words with your child.
- Tell your child the words for her feelings.
- Ask your child simple questions, confirm her answers, and explain simply.
- Use simple, clear words to tell your child what you want her to do.

Your Child and Family

- Create time for your family to be together.
- Keep outings with a toddler brief—1 hour or less.
- Do not expect a toddler to share.
- Give older children a safe place for toys they do not want to share.
- Teach your child not to hit, bite, or hurt other people or pets.
- Your child may go from trying to be independent to clinging; this is normal.
- Consider enrolling in a parent-toddler playgroup.
- Ask us for help in finding programs to help your family.
- Prepare for your new baby by reading books about being a big brother or sister.
- Spend time with each child.
- Make sure you are also taking care of yourself.
- Tell your child when he is doing a good job.
- Give your toddler many chances to try a new food. Allow mouthing and touching to learn about them.
- Tell us if you need help with getting enough food for your family.

Safety

- Use a car safety seat in the back seat of all vehicles.

TOILET TRAINING/HEARING

- Read the instructions about your car safety seat to check on the weight and height requirements.
- Everyone should always wear a seat belt in the car.
- Lock away poisons, medications, and lawn and cleaning supplies.
- Call Poison Help (1-800-222-1222) if you are worried your child has eaten something harmful.
- Place gates at the top and bottom of stairs and guards on windows on the second floor and higher.
- Move furniture away from windows.
- Watch your child closely when she is on the stairs.
- When backing out of the garage or driving in the driveway, have another adult hold your child a safe distance away so he is not run over.
- Never have a gun in the home. If you must have a gun, store it unloaded and locked with the ammunition locked separately from the gun.
- Prevent burns by keeping hot liquids, matches, lighters, and the stove away from your child.
- Have a working smoke detector on every floor.

TOILET TRAINING/HEARING

Toilet Training

- Signs of being ready for toilet training include
 - Dry for 2 hours
 - Knows if he is wet or dry
 - Can pull pants down and up
 - Wants to learn
 - Can tell you if he is going to have a bowel movement
- Read books about toilet training with your child.

TOILET TRAINING/HEARING

- Have the parent of the same sex as your child or an older brother or sister take your child to the bathroom.
- Praise sitting on the potty or toilet even with clothes on.
- Take your child to choose underwear when he feels ready to do so.

Your Child's Behavior

- Set limits that are important to you and ask others to use them with your toddler.
- Be consistent with your toddler.
- Praise your child for behaving well.
- Play with your child each day by doing things she likes.
- Keep time-outs brief. Tell your child in simple words what she did wrong.
- Tell your child what to do in a nice way.
- Change your child's focus to another toy or activity if she becomes upset.
- Parenting class can help you understand your child's behavior and teach you what to do.
- Expect your child to cling to you in new situations.

What to Expect at Your Child's 2 Year Visit


We will talk about

- Your talking child
- Your child and TV
- Car and outside safety
- Toilet training
- How your child behaves

Poison Help: 1-800-222-1222
Child safety seat inspection:
1-866-SEATCHECK; seatcheck.org



American Academy of Pediatrics



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Bright Futures Previsit Questionnaire 18 Month Visit

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What would you like to talk about today?

Do you have any concerns, questions, or problems that you would like to discuss today?

We are interested in answering your questions. Please check off the boxes for the topics you would like to discuss the most today.

Your Child and Family

- Taking time for yourself
- Being a role model
- Your child getting along with brothers and sisters
- Family time together
- Having another child
- Getting your child to try new foods

Your Child's Behavior

- How your child acts
- How to tell your child she did a good job
- Fun activities for your child
- Your child being scared in new places
- Setting limits and discipline

Talking and Hearing

- How your child talks
- Helping your child to learn

Toilet Training

- Knowing when your child is ready
- How to toilet train

Safety

- Car safety seats
- Preventing falls, fires, and poisoning
- Gun safety
- Keeping your child safe outside

Questions About Your Child

Have any of your child's relatives developed new medical problems since your last visit? If yes, please describe: Yes No Unsure

Hearing Do you have concerns about how your child hears? Yes No Unsure

Do you have concerns about how your child speaks? Yes No Unsure

Vision Do you have concerns about how your child sees? Yes No Unsure

Does your child hold objects close when trying to focus? Yes No Unsure

Do your child's eyes appear unusual or seem to cross, drift, or be lazy? Yes No Unsure

Do your child's eyes droop or does one eyelid tend to close? Yes No Unsure

Have your child's eyes ever been injured? Yes No Unsure

Lead Does your child have a sibling or playmate who has or had lead poisoning? Yes No Unsure

Does your child live in or regularly visit a house or child care facility built before 1978 that is being or has recently been (within the past 6 months) renovated or remodeled? Yes No Unsure

Does your child live in or regularly visit a house or child care facility built before 1950? Yes No Unsure

Tuberculosis Was your child born in a country at high risk for tuberculosis (countries other than the United States, Canada, Australia, New Zealand, or Western Europe)? Yes No Unsure

Has your child traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis? Yes No Unsure

Has a family member or contact had tuberculosis or a positive tuberculin skin test? Yes No Unsure

Is your child infected with HIV? Yes No Unsure

Anemia Do you ever struggle to put food on the table? Yes No Unsure

Does your child's diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans? No Yes Unsure

Oral Health Does your child have a dentist? No Yes Unsure

Does your child's primary water source contain fluoride? No Yes Unsure

Have there been any major changes in your family lately? Move Job change Separation Divorce Death in the family Any other changes?

Your Growing and Developing Child

Do you have concerns about your child's development, learning, or behavior? No Yes, describe:

Check off each of the tasks that your child is able to do.

- Helps around the house
- Stacks 2 small blocks
- Runs
- Walks up steps
- Speaks 6 words
- Laughs in response to others
- Knows name of favorite book
- Uses spoon and cup without spilling most of the time
- Points to 1 body part

Setting the agenda

Medical Screening

Developmental Surveillance



Bright Futures Previsit Questionnaire

18 Month Visit

For us to provide you and your baby with the best possible health care, we would like to know how things are going.

Please answer all of the questions. Thank you.

What would you like to talk about today?

Do you have any concerns, questions, or problems that you would like to discuss today?

PRIORITIES FOR THE VISIT

The first priority is to attend to the concerns of the parents. In addition, the Bright Futures Early Childhood Expert Panel has given priority to the following topics for discussion in this visit:

- Family support (parental well-being, adjustment to toddler's growing independence and occasional negativity, queries about a new sibling planned or on the way)
- Child development and behavior (adaptation to nonparental care and anticipation of return to clinging, other changes connected with new cognitive gains)
- Language promotion/hearing (encouragement of language, use of simple words and phrases, engagement in reading/singing/talking)
- Toilet training readiness (recognizing signs of readiness, parental expectations)
- Safety (car safety seats; parental use of safety belts; falls, fires, and burns; poisoning; guns)

Lead

Does your child live in or regularly visit a house or child care facility built before 1978 that is being or has recently been (within the past 6 months) renovated or remodeled?

Yes

No

Unsure

Does your child live in or regularly visit a house or child care facility built before 1950?

Yes

No

Unsure

Questions About Your Child

Have any of your child's relatives developed new medical problems since your last visit? If yes, please describe: Yes No Unsure

Do you have concerns about how your child hears? Yes No Unsure

Screening

UNIVERSAL SCREENING	ACTION	
Development	Structured developmental screen	
Autism	Autism Specific Screen	
SELECTIVE SCREENING	RISK ASSESSMENT*	ACTION IF RA +
Oral health	Does not have a dental home	Referral to dental home or, if not available, oral health risk assessment
	Primary water source is deficient in fluoride	Oral fluoride supplementation
Blood pressure	Children with specific risk conditions or change in risk	Blood pressure
Vision	Parental concern or abnormal fundoscopic examination or cover/uncover test results	Ophthalmology referral
Hearing	+ on risk screening questions	Referral for diagnostic audiologic assessment
Anemia	+ on risk screening questions	Hematocrit or hemoglobin
Lead	If no previous screen or change in risk	Lead screen
Tuberculosis	+ on risk screening questions	Tuberculin skin test

*See Rationale and Evidence chapter for the criteria on which risk screening questions are based.

Hearing	Do you have concerns about how your child hears?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
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	Does your child's diet include iron-rich foods such as meat, eggs, iron-fortified cereals,			
Oral Health	Does your child have a dentist?			
	Does your child's primary water source contain fluoride?			

Have there been any major changes in your family lately? Move Job change Separation Divorce Death in the family Any other changes?

Developmental Surveillance

Your Growing and Developing Child

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- Runs

- Walks up steps
- Speaks 6 words
- Laughs in response to others

- Knows name of favorite book
- Uses spoon and cup without spilling most of the time
- Points to 1 body part



Bright Futures Parent Handout

18 Month Visit

Here are some suggestions from Bright Futures experts that may be of value to your family.

LANGUAGE PROMOTION/HEARING

Talking and Hearing

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Your Child and Family

- Create time for your family to be together.
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- Do not expect a toddler to share.
- Give older children a safe place for toys they do not want to share.
- Teach your child not to hit, bite, or hurt other people or pets.
- Your child may go from trying to be independent to clinging; this is normal.
- Consider enrolling in a parent-toddler playgroup.
- Ask us for help in finding programs to help your family.
- Prepare for your new baby by reading books about being a big brother or sister.
- Spend time with each child.
- Make sure you are also taking care of yourself.
- Tell your child when he is doing a good job.
- Give your toddler many chances to try a new food. Allow mouthing and touching to learn about them.
- Tell us if you need help with getting enough food for your family.

FAMILY SUPPORT

Safety

- Use a convertible car safety seat rear-facing in the back seat of all vehicles.
- Read the instructions about your car safety seat to check on the weight and height requirements.
- Everyone should always wear a seat belt in the car.
- Lock away poisons, medications, and lawn and cleaning supplies.
- Call poison control (1-800-222-1222) if you are worried your child has eaten something harmful.
- Place gates at the top and bottom of stairs and guards on windows.
- Watch your child closely when she is on the stairs.
- Have someone hold your child's hand when the car is moving to avoid being run over.
- Never have a gun in the home. If necessary, store it unloaded and locked with the ammunition locked separately from the gun.
- Prevent burns by keeping hot liquids, matches, lighters, and the stove away from your child.
- Have a working smoke detector on every floor.

SAFETY

Toilet Training

- Signs of being ready for toilet training include
 - Dry for 2 hours
 - Knows if he is wet or dry
 - Can pull pants down and up
 - Wants to learn
 - Can tell you if he is going to have a bowel movement

TOILET-TRAINING READINESS

TOILET-TRAINING READINESS

- Have the parent of the same sex as your child or an older brother or sister take your child to the bathroom.
- Praise sitting on the potty or toilet even with clothes on.
- Take your child to choose underwear when he feels ready to do so.

Your Child's Behavior

- Set limits that are important to you and ask others to use them with your toddler.
- Be consistent with your toddler.
- Praise your child for behaving well.
- Play with your child each day by doing things she likes.
- Keep time-outs brief. Tell your child in simple words what she did wrong.
- Tell your child what to do in a nice way.
- Change your child's focus to another toy or activity if she becomes upset.
- Parenting class can help you understand your child's behavior and teach you what to do.
- Expect your child to cling to you in new situations.

CHILD DEVELOPMENT AND BEHAVIOR

What to Expect at Your Child's 2 Year Visit

We will talk about

- Your talking child
- Your child and TV
- Car and outside safety
- Toilet training
- How your child behaves



But that's not all...

- The *Tool and Resource Kit* also contains supplementary materials:
 - Additional Parent/Patient Handouts
 - Developmental, behavioral, and psychosocial screening and assessment tools
 - Practice management tools for preventive care
 - Information on community resources



Why should you use the *Bright Futures Tool and Resource Kit*?

- it helps you provide individualized care
 - Forms allow parent/patient priorities and concerns to surface, giving you opportunities to tailor care and anticipatory guidance
- AND It helps you provide standardized care
 - All the forms are closely linked to Bright Futures visit components and priorities, making clinical activities and messages consistent throughout
 - Completed Documentation forms help you track care over time, ensuring that all patients receive recommended exams, screenings, and immunizations



Bright Futures and the Electronic Health Record (EHR)

- The templates, questionnaires, handouts, and forms from the *Bright Futures Resource and Tool Kit* form a structured knowledge base that can be used in EHRs.
- Depending on your specific EHR system, import the documents or use them as a guide in setting up customized health supervision visit templates and previsit questionnaires.

FROM THE AAP AND BRIGHT FUTURES



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Quality Improvement Strategies for the Delivery of Preventive Care & Developmental Assessment

Project Team

The Center for HealthCare Quality at Cincinnati Children's Hospital Medical Center

Kori Flower, MD, MPH
Carole Lannon, MD, MPH
Erin Burgess
Amanda Cornett
Karen Moore, MPH
Jayne Stuart, MPH

American Academy of Pediatrics

Paula Duncan, MD
Mary Margaret Gottesman, PhD, RN, CPNP
Jane Bassewitz, MA
Darcy Steinberg-Hastings, MPH
Linda Paul, MPH
Laura Thomas, MPH, CHES
Daniel Lucianek



The Bright Futures framework for preventive and developmental services is adapted from a systems model developed by The Center for Children's Healthcare Improvement at the University of North Carolina at Chapel Hill (which is now *the Center for Health Care Quality at Cincinnati Children's Hospital Medical Center*).



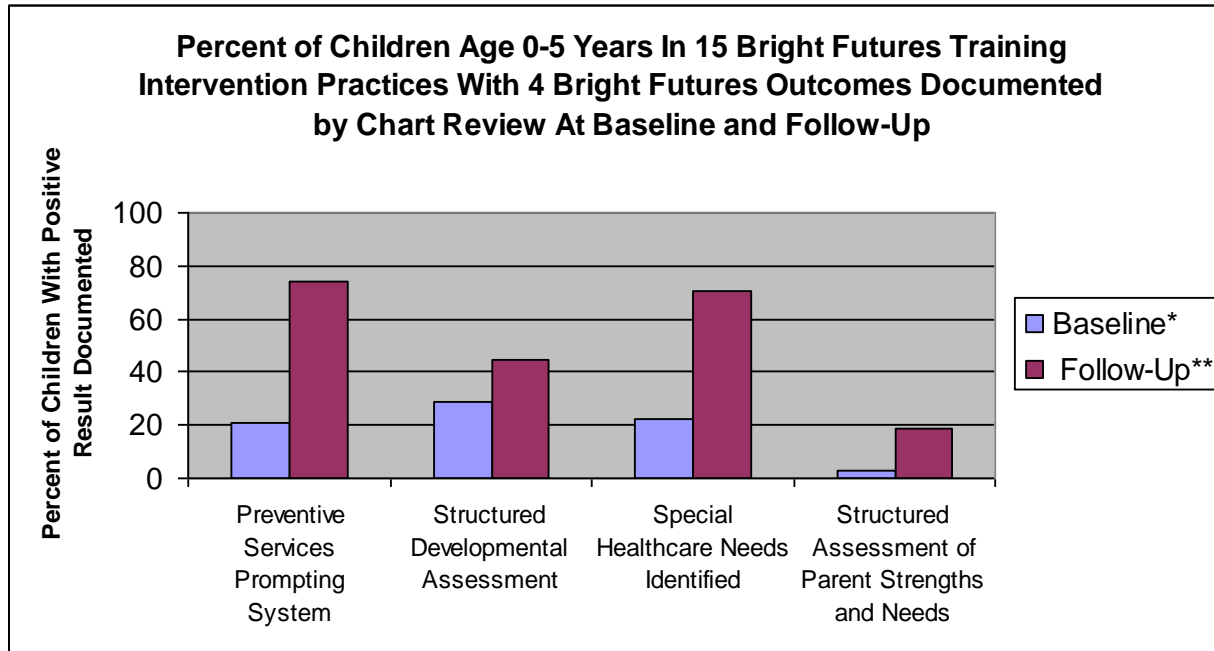
- **Use of preventive services prompting sheet**
- **Use of structured developmental assessment**
- **Evaluation of parents' needs and use of strength based approaches**
- **Use of recall and reminder systems**
- **Linking to community resources**
- **Identification and consideration of children with special health care needs**



- Arnett Clinic – West Side Pediatrics, West Lafayette, IN
- Beaufort Pediatrics, PA, Beaufort, SC
- Case Western Reserve University, MetroHealth Medical Center Residency Program Continuity Clinic, Cleveland, OH
- Children’s Healthcare Associates, Chicago, IL
- Children’s Hospital, Boston, Boston, MA
- The Cleveland Clinic Foundation of Lorain, Lorain, OH
- Downtown Health Center, Medical College of Wisconsin/Pediatrics, Milwaukee, WI
- Genesis Healthy Generations Children’s Clinic, Zanesville, OH
- Hagan & Rinehart Pediatricians, Burlington, VT
- Henry Ford Hospital, School-based Health, Detroit, MI
- Henry Ford Pediatrics, Detroit Campus, Detroit, MI
- Marietta Family Health Center, Jacksonville, FL
- McFarland Clinic, Ames, IA
- Oxford Pediatrics and Adolescents, Oxford, OH
- Pediatric Services at St Vincent Mercy Medical Center, Toledo, OH



Comparison of Components at Baseline and Follow-up



*Baseline percents calculated from 171 charts from 15 practices

**Follow-up percents calculated from 305 charts from 8 practices



Planning For Use of Structured Assessments

- **Gather your practice team**
- **Assess your current method of developmental assessment**
- **Elicit support from practice leaders**
- **Select an standardized screening tool**
- **Assign responsibility for coordinating use of structured tools**
- **Determine when parent will receive assessment**
- **Test tool on small scale**
- **Plan for needed resources/referrals**



Implementing Use of Structured Developmental Assessments

- **Train staff**
- **Determine what to do with completed assessments**
- **Monitor your new system for using structured assessment**
- **Use feedback from structured assessments to periodically determine needs/concerns of “average” patient**



Case Study

- 21 year old mother with an 18 month old daughter who has just begun living in a homeless shelter

Wants to have her daughter grow up always feeling safe and smoke-free

Finished her GED, works as a waitress, never interacted with an agency before

Has a partner who has been with her and Samantha for 6 months – lives with his parents

Use the tool Support

Aunt

Parent child center

SEARCH FOR STRENGTHS



- Risks need to be identified

BUT:

- Strengths are an essential part of health
- Look for Resiliency and Strengths: ask about strengths at every encounter!
- Promoting strengths will enhance interactions with parents
- Search for strengths
- Connection

Competence Mastery

Independent decision-making

generosity



Bright Future 2007 Priorities 16 Year Visit

- **Physical growth and development**
eating, physical activity
- **Social & academic competence**
connectedness with family, peers and community; interpersonal relationships; school performance
- ***Emotional well being***
coping, mood regulation and mental health, sexuality
- ***Risk reduction***
tobacco, alcohol or other drugs, *pregnancy*, *STIs*
- **Violence and injury prevention**
safety belt and helmet use; driving (graduated license) and substance abuse, guns, interpersonal violence (dating violence), bullying

physical & oral health, body image, healthy



- **Nutrition**
- **Physical Activity**
- **Substance Abuse**
- **Sexuality related behaviors**
- **Unintentional/Intentional Injuries**
- **Emotional Health - Suicide**



Home



Education



Activities



Drugs



Sexual Activity



Suicide/Depression



Safety



Rochelle, age 15

- Rochelle and her mother come in for a check up.
- She lives at home with both parents and a younger brother. She gets along “fine” with everyone, but her mother comments that they “clash” more than in the past.
- Mom expresses concern about Rochelle’s weight. She also mentions Rochelle has a lot of patience with her brother and helps him with his math homework.



Rochelle

- Rochelle says that things are “fine” but she is disappointed that school isn’t as fun as it was in 8th grade.
- She says her friends are not in her classes, and she occasionally eats lunch by herself. She does well in her classes, and got all A’s in her first quarter report card.
- She did not join the basketball team this year because she wanted to have enough time to do her homework. Rochelle also baby sits her brother after school. She doesn’t mind, because they watch TV together.



Rochelle

- She denies the use of tobacco, alcohol, marijuana and other drugs. Her parents do not smoke, and neither do her friends.
- Her diet is “ok”, with fruits and vegetables, 2% milk and lots of cheese, and mostly chicken and fish. She usually buys a soda at school.
- She is not interested in any “romantic relationships” at this time.



Rochelle

- She always wears a seat belt in the car and a helmet on her bike. She used to ride her bike more often, but now stays home after school.
- Her mom has been “getting on her” about her weight, but she thinks it isn’t her fault, since both her parents are overweight. She knows there is diabetes in the family – her 18 year old cousin Heather.



Rochelle, Age 15

- 9th Grader, gets all A's
- BMI increasing since 5th grade
- Diet "OK", fruits & veggies, 2% milk, lots of cheese, soda at school
- No basketball this year – babysits younger brother after school
- More than 3 hours screen time



Rochelle, Age 15

- Denies the use of tobacco, alcohol, marijuana, other drugs
- Not interested in romantic relationships at this time. Sort of had a boyfriend in 8th grade, never sexually active
- Always wears seatbelt
- Gets sad sometimes, but never considered hurting herself
- Wants to be nurse practitioner

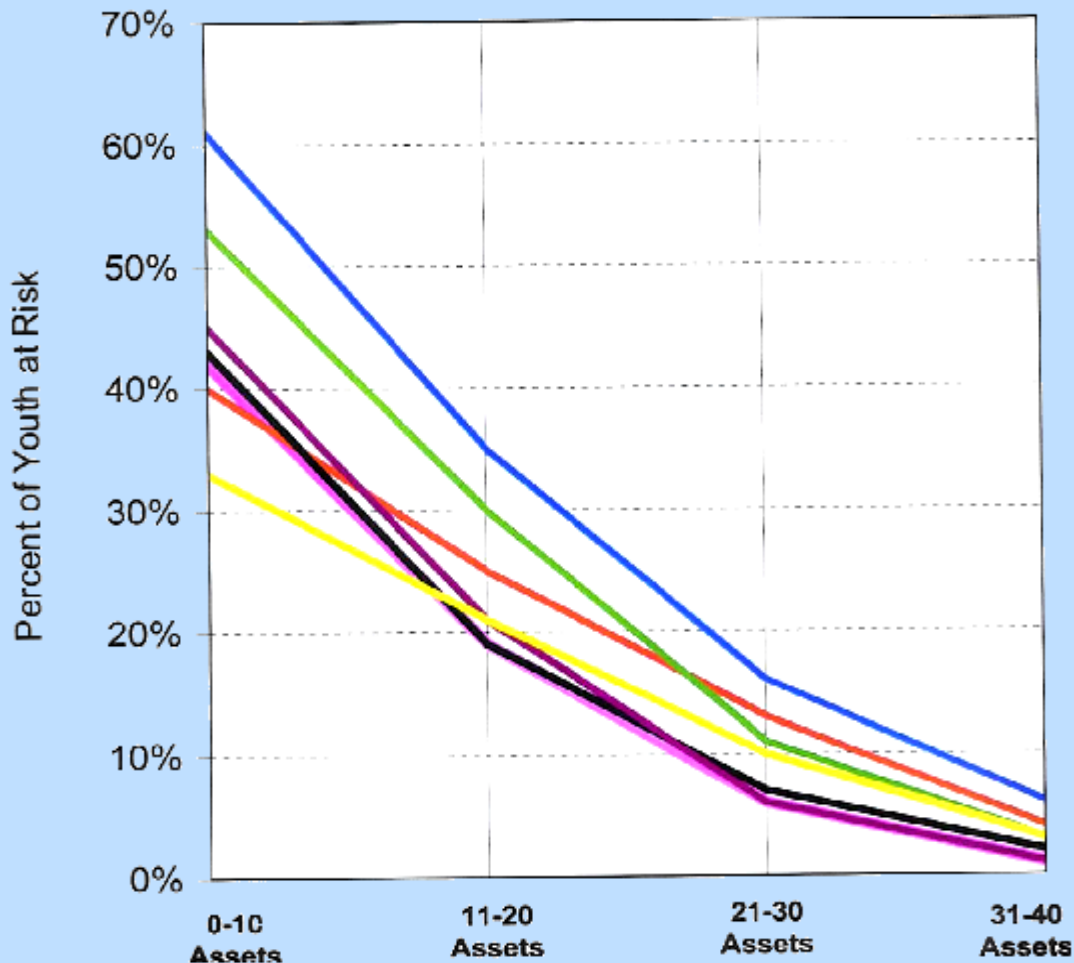
Bright Futures Tool and Resource Kit

Circle Of Courage, by Lakota Artist, George D. Bluebird, Sr.



The Importance of Increasing Assets

The following chart shows how youth with more assets are much less likely to be involved in a range of risky behaviors, based on Search Institute research with 250,000 public school 6th- to 12th-grade youth in hundreds of communities across the country





Generosity

Contribution, awareness, empathy

Independence/ decision-making

Mastery (energy/competence)

Belonging (relationships)



Home belonging(connection)



Home individual decisionmaking



Education mastery(competence)



Eating



Activities helping others, phy act



Drugs



Safety



Sexual Activity

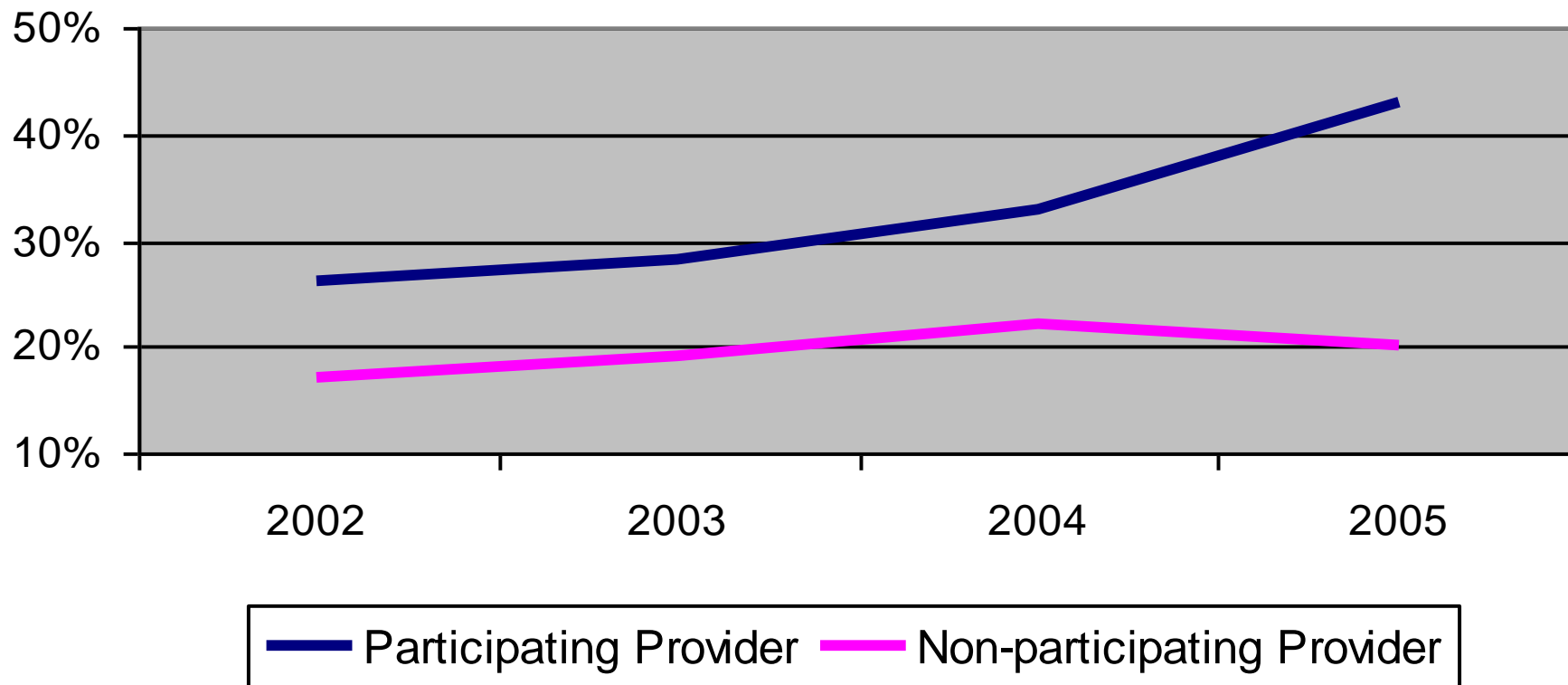


Suicide coping,resilience,self conf



Adolescents with Medicaid Insurance

Vermont Adolescent Well-Care Visits by YHI Participation 2002-2005





Factors Influencing Vermont Medicaid Adolescent Well-Care Visits

- A multivariate logistic regression model was used to predict well-care visits for adolescents.
- The following characteristics were associated with the rate of well-care visits when controlling for effects of other factors:
 - YHI participation
 - Age
 - Gender
 - County
 - Provider specialty



Increase in Risk Related Screening

Risk Related Screening	Pre	Post	% Change	P value of change
5 or More Risks Screened	28	74	+ 46	0.01
6 of 6 Risks Screened	26	50	+ 24	0.01

Risk Factors include:

Nutrition, Physical Activity, Sexual Behavior, Alcohol/Tobacco/Substance Abuse, Safety/Injury, Emotional Health/Depression

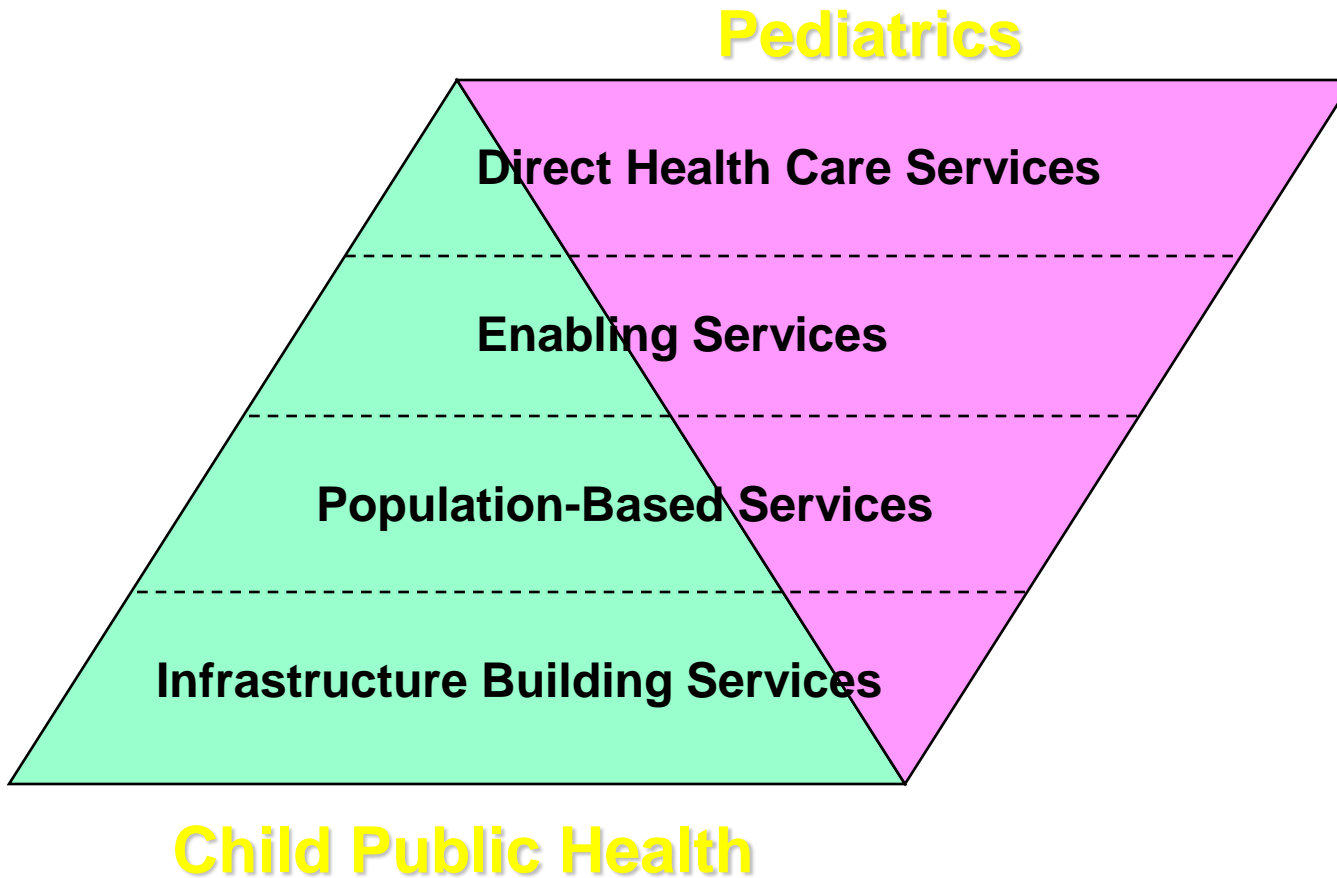


Increase in Developmental Tasks Screening

Developmental Tasks Screening	Pre	Post	% Change	P value of change
3 or More Dev Tasks Screened	32	66	+ 34	0.01
4 of 4 Dev Tasks Screened	16	29	+ 13	0.01

Developmental Tasks include:

Generosity, Independence, Mastery, Belonging





Improvement Partnership

Contribute to Improved Performance Measures

Measurable Implementation of Guidelines

Help with Needs Assessment and Planning

Synergy with other partners' work



Contact Information

Phone: 847/434-4223
E-mail: brightfutures@aap.org
Web site: www.brightfutures.aap.org

Staff Contacts

Jane Bassewitz MA

Manager, Bright Futures Education Center

Amy Pirretti, MS

Manager, Materials Development and Promotion

Maryjo Reynolds

Product Manager



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Futures**