Bright Futures Tool and Resource Kit: Linking Guidelines to Practice

Paula Duncan, MD FAAP
Ohio AAP Meeting November 2009
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.
...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.
Periodicity Schedule

<table>
<thead>
<tr>
<th>AGE</th>
<th>BRIDITY</th>
<th>EARLY CHILDHOOD</th>
<th>MIDDLE CHILDHOOD</th>
<th>ADOLESCENCE</th>
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<td>EXAMINATION</td>
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**Note:**
- For the purposes of this document, all ages are approximate and should be considered as guidelines. Actual ages may vary based on individual circumstances and the specific needs of the child.
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
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
Core Tool: Documentation Forms

- Practitioner uses during visit to document activities

- Forms guide practitioner on what questions to ask/issues to address based on child’s age and visit priorities

- Forms include sections for each component of visit:
  - History
  - Surveillance
  - Physical exam
  - Screening
  - Immunizations
  - Anticipatory guidance
Bright Futures Tool and Resource Kit

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 you:

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 — 1 hour or less.
• Do not expect to follow through.
• Give older children a safe place for toys they do not need to share.
• Teach your child not to hit, bite, or hurt other people or pets.
• Your children go from crying to independent clinging; this is normal.
• Consider enrolling in a parent-child program.
• Ask us to help in finding programs to help your family.
• Prepare for your next visit by reading books about 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 more choices to try a new fruit.
• Allow more good listening 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.
• Read the instructions about your car seat used to check on the weight and height requirements.
•2.0 Do not expect to follow through.
• Give older children a safe place for toys they do not need to share.
• Teach your child not to hit, bite, or hurt other people or pets.
• Your children go from crying to independent clinging; this is normal.
• Consider enrolling in a parent-child program.
• Ask us to help in finding programs to help your family.
• Prepare for your next visit by reading books about 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 more choices to try a new fruit.
• Allow more good listening to learn about them.
• Tell us if you need help with getting enough food for your family.

Toilet Training
• Signs of being ready for toilet training include:
  • Dry for 2 hours
  • Knows 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.

Your Child's Behavior
• The 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 rules short and simple. Tell your child in simple words what she did wrong.
• Tell your child what to do in a simple way.
• Change your child's taste in another toy or activity if she becomes upset.
• Parenting styles 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

American Academy of Pediatrics

1-866-884-7232

Cuidado de la salud infantil. | 1-866-398-0232

Spanish Edition
Bright Futures Previsit Questionnaire
18 Month Visit

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)
### Screening

<table>
<thead>
<tr>
<th>Universal Screening</th>
<th>Action</th>
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<tbody>
<tr>
<td>Development</td>
<td>Structured developmental screen</td>
</tr>
<tr>
<td>Autism</td>
<td>Autism Specific Screen</td>
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</table>

<table>
<thead>
<tr>
<th>Selective Screening</th>
<th>Risk Assessment*</th>
<th>Action if RA +</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral health</td>
<td>Does not have a dental home</td>
<td>Referral to dental home or, if not available, oral health risk assessment</td>
</tr>
<tr>
<td></td>
<td>Primary water source is deficient in fluoride</td>
<td>Oral fluoride supplementation</td>
</tr>
<tr>
<td>Blood pressure</td>
<td>Children with specific risk conditions or change in risk</td>
<td>Blood pressure</td>
</tr>
<tr>
<td>Vision</td>
<td>Parental concern or abnormal fundoscopic examination or cover/uncover test results</td>
<td>Ophthalmology referral</td>
</tr>
<tr>
<td>Hearing</td>
<td>+ on risk screening questions</td>
<td>Referral for diagnostic audiologic assessment</td>
</tr>
<tr>
<td>Anemia</td>
<td>+ on risk screening questions</td>
<td>Hematocrit or hemoglobin</td>
</tr>
<tr>
<td>Lead</td>
<td>If no previous screen or change in risk</td>
<td>Lead screen</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>+ on risk screening questions</td>
<td>Tuberculin skin test</td>
</tr>
</tbody>
</table>

*See Rationale and Evidence chapter for the criteria on which risk screening questions are based.
## 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 spills most of the time
- Points to 1 body part
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 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.

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
<table>
<thead>
<tr>
<th>Developmental Surveillance (if not reviewed in Previsit Questionnaire)</th>
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<tbody>
<tr>
<td>SOCIAL-EMOTIONAL</td>
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<td>COMMUNICATIVE</td>
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<td>PHYSICAL DEVELOPMENT</td>
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<td>STAIRS 1 small block</td>
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<td>Runs</td>
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<td>Knows name of favorite book</td>
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<td>Walks up stairs</td>
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<td>Points to 1 body part</td>
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<td>Laughs in response to others</td>
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<td>Spill</td>
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<td>Speaks 6 words</td>
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<td>Sticks 2 small blocks</td>
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<td>Helps in the house</td>
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<tr>
<th>Physical Examination</th>
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<td>EYES (red reflex, pupil reaction)</td>
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<tr>
<td>HEAD/FACE (scalp, ears, hair, mouth, nose)</td>
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<tr>
<td>NEUROLOGIC (gait, coordination)</td>
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<td>SKIN (moistness, color, bruises)</td>
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<td>SENSORY (hearing, vision)</td>
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<td>FALLS</td>
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<td>BURNS</td>
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<td>SMOKE detectors</td>
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<tr>
<td>GUNS</td>
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<td>POISONS</td>
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<td>Immunizations (see Vaccine Administration Record)</td>
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<td>Laboratory/screening results</td>
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<th>Follow-up/Next visit</th>
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<td>Interval history</td>
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<td>Medication Record reviewed and updated</td>
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<td>Changes since last visit</td>
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<th>Review of Systems</th>
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<td>See Initial History Questionnaire and Problem List</td>
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<td>No interval change</td>
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<td>Changes since last visit</td>
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<td>Additional Systems</td>
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<td>Bright Futures Priorities</td>
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<td>Vitamins/Fluoride</td>
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<td>Behavior</td>
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<td>NL</td>
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<tr>
<td>Activity (playtime, no TV)</td>
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<td>NL</td>
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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.
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
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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
### Bright Futures Tool and Resource Kit

#### Comparison of Components at Baseline and Follow-up

**Percent of Children Age 0-5 Years In 15 Bright Futures Training Intervention Practices With 4 Bright Futures Outcomes Documented by Chart Review At Baseline and Follow-Up**

<table>
<thead>
<tr>
<th></th>
<th>Baseline*</th>
<th>Follow-Up**</th>
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<tbody>
<tr>
<td>Preventive Services Prompting System</td>
<td>60%</td>
<td></td>
</tr>
<tr>
<td>Structured Developmental Assessment</td>
<td>70%</td>
<td></td>
</tr>
<tr>
<td>Special Healthcare Needs Identified</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Structured Assessment of Parent Strengths and Needs</td>
<td>90%</td>
<td></td>
</tr>
</tbody>
</table>

*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
• 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
  physical & oral health, body image, healthy

• 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
• Nutrition
• Physical Activity
• Substance Abuse
• Sexuality related behaviors
• Unintentional/Intentional Injuries
• Emotional Health - Suicide
<table>
<thead>
<tr>
<th>Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
</tr>
<tr>
<td>Eating</td>
</tr>
<tr>
<td>Activities</td>
</tr>
<tr>
<td>Drugs</td>
</tr>
<tr>
<td>Sexual Activity</td>
</tr>
<tr>
<td>Suicide/Depression</td>
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<tr>
<td>Safety</td>
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</tbody>
</table>


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
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)
Adolescents with Medicaid Insurance

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

Participating Provider
Non-participating Provider
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

<table>
<thead>
<tr>
<th>Risk Related Screening</th>
<th>Pre</th>
<th>Post</th>
<th>% Change</th>
<th>P value of change</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 or More Risks Screened</td>
<td>28</td>
<td>74</td>
<td>+ 46</td>
<td>0.01</td>
</tr>
<tr>
<td>6 of 6 Risks Screened</td>
<td>26</td>
<td>50</td>
<td>+ 24</td>
<td>0.01</td>
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</tbody>
</table>

Risk Factors include:

Nutrition, Physical Activity, Sexual Behavior, Alcohol/Tobacco/Substance Abuse, Safety/Injury, Emotional Health/Depression
### Increase in Developmental Tasks Screening

<table>
<thead>
<tr>
<th>Developmental Tasks Screening</th>
<th>Pre</th>
<th>Post</th>
<th>% Change</th>
<th>P value of change</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 or More Dev Tasks Screened</td>
<td>32</td>
<td>66</td>
<td>+34</td>
<td>0.01</td>
</tr>
<tr>
<td>4 of 4 Dev Tasks Screened</td>
<td>16</td>
<td>29</td>
<td>+13</td>
<td>0.01</td>
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</tbody>
</table>

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
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