ACTION BRIEF

DECEMBER 2001

Perspectives on Implementing Bright Futures

NIHCM FOUNDATION

Since its inception in 1990, Bright Futures has been used by the public and private sectors alike to "promote and improve the health, education, and well-being of infants, children, adolescents, families, and communities." The National Institute for Health Care Management (NIHCM) Foundation held a forum in April 2001 to discuss efforts to disseminate, implement, and evaluate Bright Futures.

The forum was part of a series entitled "Bright Futures and Managed Care," which NIHCM Foundation is conducting under a cooperative agreement with the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB). This Action Brief summarizes key issues and discussion from the forum.

Opening Presentations

Charles P. LaVallee, Vice President, Highmark Blue Cross Blue Shield, and Executive Director, Western Pennsylvania Caring Foundation for Children (Moderator for the Day)

Mary R. O'Neill, MPIA, Project Director, Bright Futures, National Center for Education in Maternal and Child Health

Charles LaVallee invited the audience participants to reflect upon their goals and hopes for children's health and the care they receive. **Mr. LaVallee** stressed the importance of understanding goals as the first step in implementation of Bright Futures. Using the State Children's Health Insurance Program (SCHIP) as an example, he explained that many people think outreach is the main goal. But, according to **Mr. LaVallee**, "the goal really is not just to get kids coverage, but to get them care and the [right] level of care."

Mary O'Neill provided an overview of the implementation strategies for Bright Futures from the National Center for Education in Maternal and Child Health (NCEMCH). In keeping with the goals of Bright Futures, NCEMCH has partnered with numerous professional, advocacy, and state organizations to produce and distribute over one million copies of Bright Futures materials. The materials produced by NCEMCH are used in various settings:

(1) *Managed Care*. A managed care organization reported that after using the Bright Futures model in clinical practice, parental safety practices, as well as member and physician satisfaction improved, while costs and numbers of clinic visits decreased;

(2) *State Policy*. States have used Bright Futures to incorporate its concepts into state Early and Periodic Screening, Diagnosis and Treatment (EPSDT) policies, Head Start, SCHIP, and Women, Infants and Children (WIC) programs, to revise standards of practice, to promote program development, and to train health professionals;

"Bright Futures was all we needed, so we did not need to go any further [in looking for new policies for children in Virginia]."

- Mary O'Neill quoting Virginia state officials

(3) *Education and Training*. New publications are distributed to schools of medicine, public health, nursing, and community health and are integrated into training programs;

(4) *Clinical Practice.* The Bright Futures Health Promotion Work Group, composed of parents, pediatricians, and educators, is developing a formal curriculum for pediatric residents. Upon graduation, every pediatric resident is provided the *Bright Futures Pocket Guide* and other implementation materials by Pfizer Pediatric Health, a corporate partner and major supporter of Bright Futures. Pfizer Pediatric Health has disseminated over

HIGHLIGHTS FROM OTHER STATES

Washington

Washington State Maternal Child Health Program (Department of Health) established an interagency agreement with the Center on Human Development and Disability at the University of Washington to coordinate activities for promoting the use of Bright Futures in Washington State. The focus of Washington State Bright Futures is to:

- *Increase provider awareness of Bright Futures materials*. Free publications provided by Pfizer to the Department of Health are made available to health promoters (physicians, public health nurses, school nurses, early educators, and child care providers) across Washington State.
- *Use Bright Futures in existing child health promotion activities*. The Department of Health is integrating Bright Futures materials and concepts into existing health promotion programs in Washington State, such as CHILD Profile, Adolescent Fact Sheets, and the Washington State Well Child Exam Forms.
- Provide training and technical assistance in the use of Bright Futures materials. Inservice training and technical support is being provided to Head Start and Early Head Start programs, school nurses, and childcare health consultants in the public health departments. Focus groups with teens, their parents, and high school-based health clinicians will be conducted to plan implementation of Bright Futures with adolescents.
- Support Community-Based Demonstration Projects. Using Bright Futures as a model, Whatcom County is conducting a three-year pilot project to develop systems of coordinated health guidance for families outside of the "usual" primary health care setting and to improve EPSDT rates. Community health promoters were trained in the use of Bright Futures materials. These health promoters are now teaching a pilot group of lower income and Medicaid-eligible families how to use the Bright Futures Encounter Forms and a Bright Futures Health Organizer.

Louisiana

The Office of Public Health has implemented Bright Futures in the following ways:

- *Training*. Almost all of Louisiana's public health nurses have been trained using Bright Futures guidelines.
- *The Child Health Record and Checklist*. These materials document specific screening and assessment services for every health visit from birth to six years and are now an integral part of the documentation process in the Office of Public Health state clinics.

Virginia

The Department of Health is training teams of nurses, nutritionists, dental providers, and lay health workers to introduce Bright Futures philosophy and principles to each of the state's 35 health districts. Follow-up training sessions on family inclusion and health care communication will be conducted. Virginia state officials commented that Bright Futures was all they needed to develop new health policies for children.

SOURCE: Mary O'Neill, Presentation; Susan Wendel, University of Washington, Center on Human Development & Disability.

850,000 copies of materials nationwide to over 40,000 pediatricians and 1,500 pediatric residents; and

(5) *Outreach*. The Bright Futures website at **www.brightfutures.org** is one of the best tools for dissemination of materials to both families and health professionals.

Ms. O'Neill noted that the next steps for Bright Futures are to establish new partnerships with local, state, and national organizations, create more tools for families, evaluate the use of Bright Futures materials and its impact on children's health, produce new materials, and update current editions.

Upcoming *Bright Futures in Practice* publication topics include physical activity, mental health, and children with special health care needs. Other materials from NCEMCH include the *Bright Futures Family Tip Sheets* and the Encounter Forms for Health Professionals and Families.

HEALTH PLAN ADAPTATIONS OF BRIGHT FUTURES

Scott M. Gee, MD, Associate Director, Preventive Medicine, Regional Health Education, Kaiser Permanente

Adena Cohen Kaplan, MPH, Manager, Prevention and Wellness, Center for Health Improvement, Blue Shield of California

Bright Systems®: a Total Quality Management Project to Improve Children's Health

Dr. Scott Gee described Kaiser Permanente's Bright Systems®, an office-based quality management system that delivers health supervision in well-child visits, provides physician and staff training, and aims to improve health care through data evaluation over time. The vision of Bright Systems® is to adapt Bright Futures in order to facilitate prevention, to provide personalized care, to identify and track high-risk families and individuals, and to link health care with other community services.

Components: Bright Systems® is comprised of three main components for each of 20 well-child visits:

(1) A risk assessment form given to parents to help standardize screenings for high-risk patients;

(2) A speed-charting form used by physicians to reduce variation in practice styles and save time by reminding them which services should be provided to the child; and

(3) A *Healthy Kids, Healthy Futures* patient information sheet.

Topics included in *Healthy Kids, Healthy Futures* address behavioral development, lead poison screening, immunization, tuberculosis, and anemia.

Implementation: Kaiser Permanente used the PRECEDE organizational change model that closely parallels the behavioral change model. In place of the precontemplation, contemplation, and action stages of the behavioral change model, however, the organizational change model consists of predisposing, enabling, and reinforcing strategies. Predisposing strategies include on-site staff education, training, and consensus building for physicians as well as marketing in order to provide both tools and skills. Enabling strategies include patient education using *Healthy Kids, Healthy Futures*, implementation support, physician and staff training on motivation counseling, and reminders on speed charting. Reinforcing strategies include feedback on physician performance through data analysis.

Evaluation: The key element of Bright Systems® is data analysis. Kaiser Permanente conducts periodic surveys, focus groups, and field tests of parents, physicians, nurses and teens to assess the needs of families, health issues important to children and families, and services rendered during well-child visits. According to **Dr. Gee**, this systematic, longitudinal approach to prevention "allows us to really target the system to exactly what our parents really need to hear" and allows for continuous quality improvement.

"The reason why physicians don't do certain aspects of counseling or anticipatory guidance is because they actually don't know how to, but [Bright Systems® has given them] the necessary tools and skills [to do these activities].

- Scott Gee

Clinical effectiveness data demonstrate that Bright Systems® is able to change both physician and family behavior. "The reason why physicians don't do certain aspects of counseling or anticipatory guidance is because they actually don't know how to," **Dr. Gee** noted. By implementing Bright Systems®, physicians are provided tools for prevention and families are better able to change their behavior. According to a survey of physicians, 88% would recommend speed-charting and 96% would recommend *Healthy Kids, Healthy Futures* information sheets to other doctors.

Cost: Dr. Gee explained that the improvements in counseling and family behavior enabled Bright Systems® to build a business case around the projected savings based on reduction of injuries and to environmental tobacco smoke exposure. Published cost benefit analyses, such as showing that injury prevention counseling was able to reduce actual injuries, allowed Kaiser Permanente to project cost savings.

Bright Systems® has been operating for 10 years and continues to grow due to documenting its success through data analysis.

Bright Futures in an IPA Setting

Ms. Adena Kaplan described Blue Shield of California's pilot project to disseminate Bright Futures to health plan members. The health plan developed a series of four eight-page educational newsletters targeting two groups: parents of 4 to 14 month old children and parents of 15 month to 3 year old children.

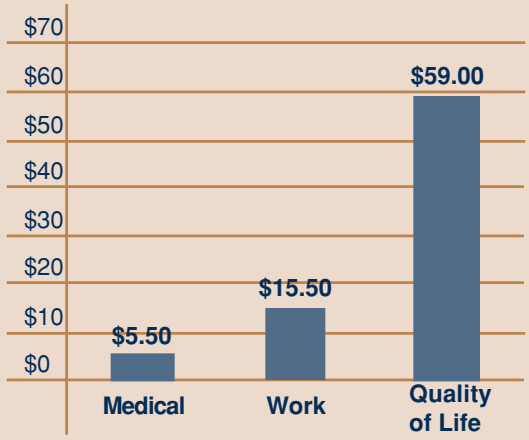
Planning Process: Blue Shield of California conducted four formative focus groups. From these focus groups, key information included: (1) interest in receiving parenting publications from the health plan; (2) reactions to proposed topics; and (3) evaluation of the proposed format.

Results from the focus groups revealed that members wanted information from their health plans. In fact, "from the focus groups, we learned that sending health education materials with parenting information has become a member expectation," stated **Ms. Kaplan**.

Development Stage: In creating the newsletters, Blue Shield of California enlisted

Estimated Cost Savings from Bright Systems®

Estimated Cost Savings per Visit from Injury Prevention Counseling



Estimated Bright Systems Costs per Visit based upon implementation of the Office Systems Materials

Activity	Savings/Visit
Speed Charting	$0.03
Healthy Kids, Healthy Futures	$0.06
Health Questionnaires	$0.05
Total Materials Costs	$0.14

Projected Return on Investment 39:1

SOURCE: Scott Gee, Presentation

content review experts from the American Association of Health Plans' Maternal and Child Health Task Force, the Blue Shield network physicians, and the California Child Care Health Program to provide insight on choosing quality child care and preschool programs. Newsletter topics were selected from the Bright Futures guidelines that focus on physical and emotional development, dental health, discipline, and preparing for doctor visits.

Blue Shield of California network pediatricians received samples of the newsletters and completed a brief satisfaction survey. Ninety-eight percent of the respondents to the survey agreed that the topics and messages were consistent with the preventive health messages they gave their patients. "Health education materials from a health plan can reinforce messages that members are getting in the doctor's office," **Ms. Kaplan** said.

Evaluation: Over 30,000 members of the HMO product who had children ages 4 to 14 months old or 15 months to 3 years old received newsletters in October 2000 and January 2001. A 10 minute telephone evaluation with 359 families who received these materials revealed the following:

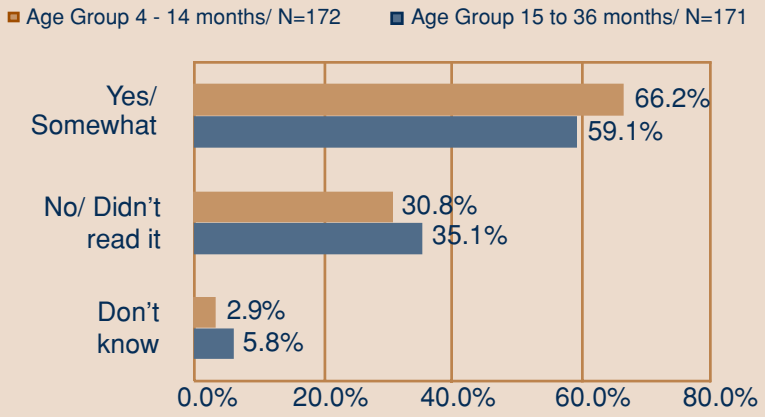
- Nine out of 10 knew that Blue Shield of California had sent the newsletter.
- The range of time spent looking at the newsletter was 13 to 15 minutes.
- The most frequently recalled articles or topics from the newsletters were nutrition and physical and emotional development.
- One-third of the members still had the newsletters.
- One in 10 members who no longer had the newsletters had given them to other family members and friends to read.
- Twenty-seven percent of respondents for the younger age group (4 to 14 months) and 36% for the older group discussed the topics with other people.
- Fifteen percent of respondents for the younger group and 17% for the older group planned to talk to the doctor about something they had read in the newsletter.
- More than half of the respondents said that they learned something useful from the publication.
- One in three of the respondents for the younger group and one in four of the respondents for the older children had taken action based on what they had read.

Respondents found that the newsletter was easy to read and that the articles were relevant to them.

Future Steps: Ms. Kaplan sees a need to create a newsletter for children ages 0 to 4 months old to bridge the gap between Blue Shield's prenatal education newsletters and the Bright Futures newsletter, and to write more age-specific information. While the evaluation indicated that the newsletters were easy to read, in order to reach a broader audience **Ms. Kaplan** suggested the reading level be lowered and that the newsletters be made more culturally compatible.

Evaluation of Information in Bright Futures

"Based on what you saw or read in Bright Futures, would you say you have learned anything useful?"



SOURCE: Adena Kaplan, Blue Shield of California, 2001

"Health education materials based on Bright Futures from a health plan can reinforce messages that members are getting in the doctor's office."

- Adena Kaplan

PRACTITIONER AND FAMILY ADAPTATIONS OF BRIGHT FUTURES

Ardys Dunn, PhD, PNP, National Association of Pediatric Nurse Practitioners

Habib Shariat, MD, Assistant Professor of Pediatrics, College of Medicine, and Director, Ambulatory/Emergency Pediatrics, Howard University School of Medicine

Betsy Anderson, Project Director, Federation for Children with Special Needs, Family Voices

"Of the PNP faculty we surveyed, 100% said that they use the Bright Futures material."

- Ardys Dunn

Pediatric Nurses' Use of Bright Futures

Of the 70,000 to 90,000 nurse practitioners in the United States, approximately 10,000 are pediatric nurse practitioners (PNP). **Dr. Ardys Dunn** of the National Association of Pediatric Nurse Practitioners (NAPNAP) stated that the goals of pediatric nurse practitioners are consistent with Bright Futures' emphasis on a multi-disciplinary approach to prevent disease and promote health in the primary care setting.

Bright Futures is publicized in NAPNAP communications, including mailings to NAPNAP affiliate chapters and articles in the *Journal of Pediatric Health Care* and the NAPNAP Newsletter. Information is also posted on the NAPNAP website and promoted at the National Education Conference.

Nurse practitioners incorporate Bright Futures into their practices in numerous ways:

(1) As a tool to teach nursing students. "Of the PNP faculty we surveyed, 100% said that they use the Bright Futures material," said **Dr. Dunn**.

(2) As a reference. Bright Futures materials are used by PNPs clinically, primarily by the novice nurse practitioner. "They are great for beginning pediatric nurse practitioners. They are wonderful for a quick check of milestones," explained **Dr. Dunn**.

(3) As a tool to teach parents. Bright Futures materials are posted in physical exam rooms and used to develop parent education materials.

(4) As a template to develop clinical materials such as well-child forms.

Evaluation: At the annual NAPNAP conference, a survey researching the role of Bright Futures in clinical settings revealed that 91% of the nurse practitioner respondents were familiar with Bright Future guidelines, 32% were familiar with the oral health program, 37.5% knew about the nutrition program, and 20% knew about the mental health and physical activity guidelines.

According to the survey, PNPs appreciated the healthy child focus. While not all of the materials in the Bright Futures guides can be covered in a 20-minute visit, respondents found that the guides provide a user-friendly, comprehensive, multi-disciplinary approach to health care. PNPs said that Bright Futures materials are a useful resource that supports their primary care service and their family-centered care.

Future Steps: **Dr. Dunn** recognized the importance of health plans and providers working together to implement Bright Futures as well as the necessity of marketing Bright Futures to nurse practitioner education programs and medical education programs. Other thoughts for the future include having education programs incorporate Bright Futures more extensively and continue including PNPs in the development of the materials. Also, it is important to address cultural competence, so people of diverse background are needed to help develop materials.

Bright Futures Health Promotion Curriculum

Dr. Habib Shariat described the Bright Futures Health Promotion Work Group and its work developing a health promotion curriculum to teach health professionals skills to integrate the principles of Bright Futures into clinical practice.

Phases of Implementation: There are three phases for development and implementation of Bright Futures. The first phase involves conceptualizing the Bright Futures philosophy of viewing the child and child health within the context of their families and their communities. **Dr. Shariat** noted that "this philosophy is essential and required for optimal delivery of

comprehensive health care." The second phase is implementing the philosophy by developing and distributing Bright Futures materials such as textbooks, pocket guides, and encounter forms. The last phase is the incorporation and integration of Bright Futures principles into clinical practice.

Work Group: The Bright Futures Health Promotion Work Group is comprised of pediatricians, parents, educators, and nurses. The Group has developed and is currently refining a health promotion curriculum, which has been incorporated into residency and residency training programs.

Curriculum: The curriculum teaches health professionals methods to use open-ended questions effectively with specific follow-up, to partner with and educate the parents, children and their families, and to serve as child health advocates in their respective communities.

"Using the Bright Futures underlying tenets of viewing the child within the context of their families and their communities, our curriculum highlights a uniquely identified set core of concepts, which [the Work Group] has used to base and design [their] teaching modules," explained **Dr. Shariat**.

The concepts are:

(1) Fostering family-centered communication;

(2) Building effective partnerships;

(3) Educating families through teachable moments;

(4) Advocating for children, families, and communities;

(5) Promoting health and preventing illness;

(6) Defining health; and

(7) Managing time for health promotion.

The curriculum is taught in seven modules based on these core concepts. The introductory module, "Defining Health," is presented on a videotape, while the other six are written modules. These seven concepts can be taught in stand-alone 30-minute interactive sessions during residents' continuity clinics or in a concentrated time period such as a two- or three-day course during a resident retreat. The curriculum can also be expanded over a three-year residency training program. Each medical school and teaching institution use the curriculum differently.

Evaluation: The curriculum is evaluated at the end of each training module to determine whether the goals and objectives have been achieved. The evaluation uses both quantitative and qualitative measures and is provided at the end of the program.

Other audiences: The curriculum can be used to train any health care worker who is involved with child health, not just for those in medical school. The Bright Futures Health Promotion Work Group envisions the curriculum being used by different audiences because the skills are relevant to anyone using the Bright Futures concept.

A review article outlining the Bright Futures Health Promotion Work Group's work on the curriculum will be published in *Contemporary Pediatrics*.

Bright Futures for Families

Ms. Betsy Anderson described the efforts of Family Voices, a national grassroots network of families and friends speaking on behalf of children with special health care needs, in using Bright Futures as a tool to reach families. "Although there are a lot of books that parents can buy, there have not been so many models about families' roles in health care - their roles as individuals and their roles with health plans or with other health policymakers," said **Ms. Anderson**.

Materials for Families: **Ms. Anderson** noted that families loved Bright Futures and found its positive approach to raising kids appealing. To complement the materials for health professionals, Family Voices developed materials targeted to families. The publications are compatible with those for professionals, enabling both families and providers to work together.

"Families are their children's first and best advocates, providing and overseeing their children's health care and development. Families tend to know a lot about sick and acute care visits, but there hasn't always been as much information as some families need about well-child visits," observed **Ms. Anderson**. Hence, many families

"Using the Bright Futures' underlying tenets of viewing the child within the context of their families and their communities, our curriculum highlights a uniquely identified set of core concepts which we have used to design our teaching modules."

- Habib Shariat

"Families are their children's first and best advocates, overseeing their children's health care, but there hasn't always been as much information as some families need about well-child visits."

- Betsy Anderson

do not know the purpose or importance of the well-child care visit. Family Voices and its publications expand families' views of health.

Families significantly shape their children's health behavior, patterns that will follow the child into adult life. Family Voices' publications reinforce the family's role in prevention and health promotion. Family Voices aims to increase access to information about child development; to encourage families to build strong partnerships with health care providers; to empower families to become advocates for children's health; and to encourage children to assume responsibility for their own health. To accomplish these goals, Family Voices has developed *Bright Futures Family Pocket Guide: Raising Healthy Infants, Children and Adolescents*, Bright Futures Family Talkcards, and an interactive web site at **www.brightfuturesforfamilies.org**.

Bright Futures Family Pocket Guide provides information about choosing and working with health providers as well as information on "thinking ahead" (anticipatory guidance) for each of the four Bright Futures age groups. This publication encourages families to develop partnerships with providers and to think broadly about children's health.

Bright Futures Family Talkcards is a parent group discussion guide. The Talkcards raise typical situations families may experience and offer the opportunity to share information and learn from others during group discussion. There are Talkcards for each Bright Futures health category.

The Bright Futures for Families web site includes not only the Pocket Guide and Talkcards, but also tools for professionals and interactive pages that families can respond to and share strategies they have used to raise their children.

State Activities: Ms. Anderson talked about two examples of Family Voices implementation efforts. In Delaware, parents have taken the initiative to meet with school nurses and the local chapter of the American Academy of Pediatrics, and have given presentations at day-care conferences and WIC meetings. In Massachusetts, *Family Pocket Guides* were distributed to pediatricians' offices. Currently, Family Voices is evaluating families' experiences with the *Family Pocket Guide.*

Future Steps: Ms. Anderson encouraged health plans as well as states to designate "Bright Futures Parents" to promote and legitimize Bright Futures topics for parents through presentations and in-service education. Finally, **Ms. Anderson** noted that families are excited about Bright Futures – it can be a powerful tool for children's good health.

STATE AND FEDERAL EFFORTS USING BRIGHT FUTURES

Sally Fogerty, BSN, MEd, Assistant Commissioner, Bureau of Family and Community Health, Massachusetts Department of Public Health

Anne Bartholomew, MS, RD, Senior Nutritionist, Department of Agriculture, Food and Nutrition Service, Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

Judith S. Shaw, RN, MPH, Director, Vermont Child Health Improvement Project, Research Assistant Professor of Pediatrics, University of Vermont College of Medicine

Massachusetts Bright Futures

Ms. Sally Fogerty presented Massachusetts' efforts in implementing Bright Futures across the state. Working in conjunction with the State Medicaid Department, the Massachusetts Department of Public Health created **Bright Futures Massachusetts**. The goals of Bright Futures Massachusetts are to identify strategies to change well-child care utilization patterns and to enhance the quality of care that children receive at regular checkups.

Finding that increasing age-appropriate utilization rates in all the insurance plans and programs would not be feasible, Bright Futures Massachusetts adopted a strategy to enhance collaborative partnerships between providers, purchasers, consumers, media, private entities such as United Way Mass Bay, and other state agencies. The age-appropriate well-child care was based on EPSDT standards adjusted to match Bright Futures.

Zero to 5 Year Old Population: With other state agencies, providers, purchasers, and the United Way, Bright Futures Massachusetts developed a child health diary, *Growing Up Healthy,* for the birth to five year old population. This diary has gained acceptance not only from the providers, but also from consumers.

Growing Up Healthy provides child health information, promotes well child care and immunizations, encourages parent involvement in the care of their child, identifies resources for families, and creates a longitudinal record of the child's health history. Reflecting the diversity in Massachusetts, the diary is available in English, Spanish, and Portuguese and is written at the fifth grade level.

Implementation: Over 500,000 copies of the diary were distributed and introduced to 200 of the largest pediatric practices in the Commonwealth through a training program. Working with purchasers in the Mass Health Partnership Group (composed of all the major managed care organizations, a business roundtable, the Department of Public Health, the Department of Medical Assistance, the Hospital Association, and the Medical Society) around quality issues, the Group developed prevention guidelines based on Bright Futures.

Evaluation of *Growing Up Healthy*: Two hundred fifty-one women responded to a survey about the WIC program. The results indicated that teenage mothers, who comprise 19% of the population, do not use the diary at the same level as other mothers or families. The Spanish and Portuguese speaking populations use the diary more extensively than do English-speaking women because there are few guides written in their language. Approximately 34% of women reported that providers asked about the diary or used it in their presence, so Bright Futures Massachusetts is working to improve provider awareness.

School-Age Population: In the past, there has been little focus on the needs of the school-age population. In this area, Massachusetts is working with purchasers and providers to emphasize the importance of annual exams, especially in relationship to tobacco use, substance use,

"The major purpose [of implementing Bright Futures Massachusetts] was to change the well-child care utilization patterns in the state and to enhance the quality of care for children and their parents."

- Sally Fogerty

MASSACHUSETTS BRIGHT FUTURES "GIFT OF GOOD HEALTH CAMPAIGN"

Target Audience	Parents of Hispanic children from birth to age four.
Goal	Increase the number of children who are fully immunized by age two to 90% and the number of children from birth to age six who receive preventive primary care services to 85%.
Objective	Foster on-going parent-doctor partnerships that will bolster the health of the child, the family, and ultimately, the society around them.
Key Message	Making a habit of taking children to their doctor or nurse for routine checkups can lay the foundation for a lifetime of optimal health and well-being.
Description	Massachusetts Bright Futures kicked off a preventive-care awareness crusade in July 2001 with English- and Spanish-language Public Service Announcements on radio and ads in Boston, Lowell, Lawrence, and Haverhill newspapers. "Give your Child the Gift of Good Health... Take Him or Her on Regular Doctor Visits," encourages parents to schedule checkups and vaccinations for their children. In addition, bilingual posters for pediatric waiting and examination rooms were created with the message "Healthy Children are Happy Children, take your child for regular check ups."
Rationale	The health care needs of children have grown increasingly complex as they face new risk factors. Changing societal dynamics such as family violence and loss of social supports, as well as upheavals in family structure, require a prevention-focused response from those who care for children.

SOURCE: Sally Fogerty, Presentation

sexuality, and violence.

Adolescents: Although many providers do not feel comfortable addressing adolescent health or behavior, "we've found that adolescents want to be asked about what they are doing in their behaviors. They want to receive information," stated **Ms. Fogerty**. To better understand the level of anticipatory guidance provided at adolescent primary care visits, the Medicaid Department and the Department of Public Health are planning a review of Medicaid and Children's Medical Security Plan medical records.

"Our overall goal is intergrating Bright Futures into our existing training and the philosophy of nutrition education for the WIC program."

- Anne Bartholomew

Bright Futures for WIC Nutrition Services

The United States Department of Agriculture (USDA) Food and Nutrition Service has adapted Bright Futures for training in the Special Supplemental Nutrition Program for WIC. WIC provides supplemental foods and nutrition education to low-income, nutritionally at risk, pregnant, postpartum breastfeeding women, infants, and young children up to age five.

Ms. Anne Bartholomew explained that half of all babies born and a quarter of all children in the United States receive WIC benefits of nutritious supplemental foods, nutrition education, and referrals to health, welfare and other social services. USDA used *Bright Futures in Practice: Nutrition Guide* for their nutrition education component.

Training: The Bright Futures for WIC Nutrition Services inservice training provides an introduction to three concepts from *Bright Futures in Practice: Nutrition* presented in three specific chapters: (1) developmental approach; (2) family partnerships; and (3) desired educational, behavioral and health outcomes. Each chapter contains excerpts from the guide, brief commentaries, discussion questions, preparation checklists, and feedback sheets. The chapters are written for professional and paraprofessional staff and are designed to stand alone. The WIC nutrition services training also included a list of selected resources and a Presenter's Guide.

The USDA created another training program called *Bright Futures for Babies,* which explores parent-infant feeding relationships and anticipatory guidance on feeding behaviors. The three chapters in *Bright Futures for Babies* are about specific feeding practices in infancy. The first chapter concerns hunger and fullness cues, the second is interaction during feeding, and the third pertains to providing a pleasant feeding environment for the baby. Also included are materials and education handouts that can be used with clients as well as staff. These two inservice trainings may be downloaded from **www.nal.usda.gov/wicworks/Learning_Center/ed_coun_brightfutures.html**.

Resources: In addition to developing the two inservice trainings, the USDA has spread Bright Futures concepts throughout WIC by distributing free copies of *Bright Futures in Practice: Nutrition*, developing four one-page newsletter inserts, making presentations at national conferences, and providing special project grants to develop innovative projects using the Bright Futures guides.

Although **Ms. Bartholomew** noted that money, time, communication, and competing federal and state strategies have challenged some of their efforts, "our overall goal is integrating Bright Futures into our existing trainings and the philosophy of nutrition education for the WIC program. So we need to keep putting things out there to challenge [federal and state governments and other organizations]."

Improving Health Care for Children in Vermont

The Vermont Department of Health has focused on improving child health by implementing Bright Futures throughout the state and participating in the Vermont Child Health Improvement Program (VCHIP), a program of the National Initiative for Children's Healthcare Quality (NICHQ).

Vermont Department of Health: Through a collaboration of physicians, nurses, community health workers, and other state agencies, the Vermont Department of Health has developed a periodicity schedule using Bright Futures, American Academy of Pediatrics Guidelines, and the US Preventive Services Task Force guidelines. According to **Ms. Judith Shaw**, the periodicity schedule incorporates the best ideas and best care from these guidelines for children in Vermont. Pediatric and family practice

providers in the state have placed the periodicity chart that lists the services a child needs at particular ages in prominent areas of their offices.

The Department of Health has also assembled and distributed to all providers in Vermont a tool kit containing brochures and folders with evidence supporting the necessity of the services listed in the periodicity chart.

NICHQ: An educational and research program that is dedicated exclusively to improving quality of health care for children, "NICHQ's mission is to eliminate the gap between what is and what can be in health care for all children," noted **Ms. Shaw**. It is a non-profit organization that began in 1999, with its home office in Boston and additional sites in Vermont, North Carolina, and Seattle. The vision of NICHQ is to provide "each child and family with the care they want and need when they need it and that each clinician and health care worker provides the kind of care they aspire to give in a workplace that is sustainable and vibrant," explained **Ms. Shaw**.

NICHQ offers three types of services: (1) educational programs, including learning collaboratives, courses, web-based education, and a national forum on improving children's health care; (2) medical practice improvement partnerships, including VCHIP; and (3) quality performance data for care delivery organizations. The function of these services is to enable the transfer of knowledge into practice, as well as generate new knowledge about ways to provide care that better meet child and family needs.

NICHQ is able to effect change in clinical practice in two ways: (1) by generating will for improvement through partnerships with expert faculty and identification of best ideas in a given content area; and (2) by providing tools, training, and support to delivery organizations to facilitate change. In its learning collaboratives, built on the Institute for Healthcare Improvement's Breakthrough Series ™ model, organizations commit to working with NICHQ on a particular topic for 9-15 months. NICHQ first assembles experts and undertakes an assessment of the evidence. Based on the expert input, NICHQ develops (or adopts) tools and materials to support evidence-based care, and specifies measures to assess care and track improvements over time. "This would provide an ideal setting for use of Bright Futures tools and supports," **Ms. Shaw** observed. Teams from each delivery organization attend three face-to-face "learning sessions," during which they master content and a method of improvement and are coached on specific changes (Plan-Do-Study-Act, or PDSA cycles) to undertake between and after the conferences. Teams report on their progress, and receive coaching from the faculty and from the other teams, during these "action periods."

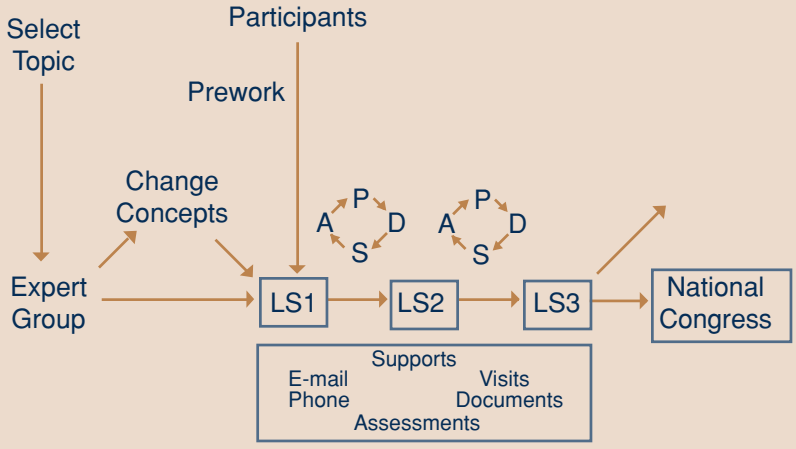
NICHQ currently works in three major content areas: preventive services (including early child development and adolescent services), asthma, and attention deficit hyperactivity disorder. It also has an initiative focused on improving health care for children in foster care and is developing programs in the broader area of children with special health care needs and office access and efficiency.

VCHIP: The mission of VCHIP is "to optimize the health of Vermont children by initiating and supporting measurement-based efforts to enhance public and private partnerships of child health practice," said **Ms. Shaw**. NICHQ and VCHIP have partnered on several initiatives including infant mortality, Vermont Hospital Preventive Services Initiative, Statewide Youth Health Improvement Initiative, and Vermont Preventive Services Initiative.

"[NICHQ's mission] is to eliminate the gap between what is and what can be in health care for all children."

- Judith Shaw

National Initiative for Children's Healthcare Quality's Collaborative Learning Model



SOURCE: Judith Shaw, Presentation

Using the collaborative model, the Vermont Preventive Services Initiative aims to improve the quality of preventive health services delivered to children in Vermont. VCHIP provides feedback and monitors the delivery of preventive services and has helped establish a program of in-office and hospital consultative and collaborative quality improvement for pediatric and family practices.

Some of the areas measured include immunization, anemia, lead, smoking risk assessment, blood pressure, vision screening, dental, obesity, and sleep risk assessment. Last year, Vermont had the highest immunization rate in the country at 90.7%. Four practices in Vermont are currently using the collaborative model to monitor childhood obesity. BMI measurements are now provided to 100% of all three to five year olds in these practices.

As **Ms. Shaw** concluded, improving the quality of children's health care is a collaborative effort between many organizations, health plans, communities, and providers.

ADVANCING IMPLEMENTATION

The attendees engaged in an open discussion on ways to advance implementation of Bright Futures concepts of health care supervision and promotion. Considering the various stakeholders who can influence implementation, recommendations included:

- Incorporating user guides to supplement implementation materials
- Highlighting state activities on the Bright Futures web site to facilitate information sharing with states
- Encouraging training of health professionals on Bright Futures concepts
- Working with all HRSA departments to promote Bright Futures to community health centers, rural health communities, and the Indian Health Service
- Cultivating relationships with opinion leaders or advocates to promote Bright Futures
- Assuring uniformity of guidelines for all health plan and government requirements to ease the burden on providers

As an example, Vermont plans to include with its annual Medicaid letters to parents questions from the Bright Futures Family Encounter Forms so they can be prepared to interact with practitioners.

There was consensus that broadly advertising the availability of Bright Futures materials, in both English and Spanish, which can be downloaded from the **brightfutures.org** website, would be instrumental in wider dissemination.

A PUBLICATION OF THE NIHCM FOUNDATION

About The NIHCM Foundation

The National Institute for Health Care Management Research and Educational Foundation is a non-profit organization whose mission is to promote improvement in health care access, management and quality.

About This Action Brief

This Brief was written with support from the Health Resources and Services Administration's Maternal and Child Health Bureau, Public Health Service, U.S. Department of Health and Human Services, under cooperative agreement No. 5 U93 MC 00143-04. Its contents are solely the responsibility of the author and do not necessarily represent the official views of the Maternal and Child Health Bureau. Amy Chung, NIHCM Foundation, prepared the Brief.

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