

## **MCH/CSHCN Director Webcast**

January 12, 2006

PETER VAN DYCK: Good afternoon, everybody. Welcome to the MCHCOM.com webcast. We come to you from the Maternal and Child Health Bureau in Rockville, Maryland. This is our latest in a series for health care needs directors. I'm Peter van Dyck, associate administrator for Maternal and Child Health. Before I introduce today's speaker let's review some of the technical information about the webcast. The speaker's power point presentation is available, available on the website so you can download the slides before the webcast. Slides will appear in the central window as usual and should advance automatically. They are synchronized, you don't have to do anything to advance the slides. If the time is off a little bit adjust the slide control at the top of the messaging window.

Again, questions are encouraged. You can ask questions at any time during the presentation. Type the question in the white message window on the right of the interface, select question for the speaker from the drop-down menu and then hit send. Please include your state or organization in your message so we know where you are participating from. We will, the questions will be relayed to us, we will then ask them at an appropriate point during the presentation and if by chance they are more than we have time to answer we will email you the answers after the broadcast.

Now on the left of the interface is the video window. You can adjust the volume of the audio using the volume control slider which you can access by clicking on the loud speaker icon. Those of you who have selected accessibility features, when you registered, you will see text captioning underneath the video window. At the end of the broadcast the interface will close and you will have the opportunity to fill out an on-line evaluation form. Please take a couple minutes to do so. Your responses help us plan future broadcasts and improve our technical support. Well, on to today's webcast. We would like to update you on the Maternal and Child Health Bureau long-standing Bright Futures initiative. Some of you have been involved in Bright Futures for many years, for others this may be an introduction. But we really hope you'll find this information useful and we encourage you to incorporate Bright Futures into your work with children and families.

We have several speakers today representing different facets of Bright Futures. And they are participating from all around the country, in fact none of them are here in beautiful sunny downtown Rockville, but they are scattered around the country. First Dr. Joe Hagan, together with Judy Shaw, a nurse, Joe co-shares the steering committee and the advisory committee. Bright Futures health promotion prevention education center and the implementation project are two of the bureau's cooperative agreements with the American Academy of Pediatrics. The second speaker, Mary Margaret Gottesman, past president of the National Association of Pediatric Nurse Practitioners. Co-chair of the implementation project, and she'll talk about the implementation activities. Next will be the organization Family Voices which I think you know has long partnered with the bureau on Bright Futures. Today we have two speakers who will discuss current Bright Futures-related

activities at Family Voices, Barbara Popper from Boston, project director for Family Matters using Bright Futures to promote health and wellness for children with disabilities. Dr. Barbara Popper is the principal investigator on the Family Matters project. Last speaker, final speaker, Paula Duncan. Dr. Duncan is co-chair of the Bright Futures pediatric implementation project. She will discuss ways in which public health can implement Bright Futures.

For those of you who are regulars of the webcast, you know our facilitator, Dr. Chris DeGraw, who facilitates all the webcasts, happens to have a major role today, he's project officer for all of these activities and Chris is here in Rockville and will be able to answer questions that come up at the end as well. Welcome everybody, look forward to a good day, begin with Dr. Joe Hagan.

JOE HAGAN: Thank you Dr. van Dyck, it's nice of everyone to get together and talk about this project. We certainly think it's exciting. As Dr. van Dyck said, I'm going to start with presenting along with Mary Margaret Gottesman the status of the two cooperative agreements we have to work on Bright Futures. Let's move to the next slide. And which really is introductory slide for what I just said. I'm going to talk about the rewriting of the Bright Futures guidelines, Mary Margaret will talk about how we bring these home, how we bring these to practices, to families, to states.

Next slide is the chairpersons of the two initiatives which Dr. van Dyck told us, the two grants we are working on between the academy and MCHB. One has to do with the

rewriting of Bright Futures, 3rd edition, I would say that project proceeds in earnest.

Second implementation, logically one would not think too much of implementation until the book was done. However, we feel that we want this to be used in practices by pediatricians, family doctors, nurse practitioners, and others who choose to see children we want to use the public health arena, families, and we are doing some important study of how to implement already so that can drive the final polish to the document, to the 3rd edition.

Now, the next slide I'm asking a logical question. Who is this for? Well, you were the early adopters of Bright Futures. Public health did it before private practitioners. What are we talking about? Well, we want you to hear the latest of the Bright Futures activities. Why is that important? By the way, the next slide, and the next slide, I'm now on the one that says why, well, it's important because we need your input in order to assist with implementation and to get it right for your state and for every state. Next slide, please. This slide is the slide that defines what is Bright Futures is the title, so the slide can be can be up to date with me. This is the definition that we worked very hard on at the first meeting of the Bright Futures policy implementation group. The -- we had great discussion about what exactly this task was about. Were we simply telling doctors what to do, were we simply going to be providing a list of immunizations with other things that might happen at a well child visit, or something more broadly planned.

We really felt we were trying to set out some principles for practice that would provide strategies and tools. We had to think where those would come from. Knowing that there

isn't a lot of evidence, we still wanted to use what evidence there was to drive that work. Knowing that some would need to be based not on evidence but based on theory. We used to look at systems to improve health and well-being, that's what the implementation project is really all about. And we wanted to think about the fact these interventions would address current needs really not just at the practice level but also the policy, community, health systems and family levels. Next slide, please. So, we believe that we are working in a situation, we are working on a project with a strong history. We believe those of us working on the 3rd edition, that the first two editions were really substantial contributions to the state of the art. Really brought together, brought us all together at the same table. It taught us if we are going to discuss guidelines for well child health supervision, we had to think about not just practitioners and patients, but also communities and public health and families. And we saw certainly by the second edition how successful Bright Futures had been in the public health arena.

Widely endorsed and used, we are proud of that. How do we move forward? Let's look at the next slide. This is what the cover will look like when you see it in about a year. The next slide, please. I would like to talk now about what you can expect that cover to include. Well, you are going to see in the 3rd edition the same focus on excellence in well child and well adolescent care, but there will be new formatting and techniques to deliver the community-based services all of you are interested in. A new focus on the provision of well child care services in that primary care setting, so that the primary care can, is able to function in the context of family and community and we believe this will be helpful to practices, that we are constructing it in a way, not asking people to do a lot of new things,

asking them to do the things that they feel good about, the things practitioners feel they do well and help them feel better.

Next slide, please. There will be a revised schedule, it comes from the American Academy of Pediatrics, what should be done at what visit, developmental screening, immunizations be given, hemoglobin checked and the like. Certainly in this new edition you will find integration of children with special health care needs throughout. They need well child care as well. And I want to find out that the A.A.P.'s current guidelines for health supervision, which if you will, is in competition as a list of guidelines with the Bright Futures edition 3. Well, they are going to be combined. At the end we are going to have one set of guidelines, and the Bright Futures visit, then, is going to define newer, more family driven visits that are enhanced in their content for the well child care of infants, teenagers and children. Bright Futures will always include the solicitation of parental and child concerns. It will always have surveillance of developmental milestones, developmental progress, and it will specifically from time to time screen them, knowing screening will pick up things surveillance might miss. With he will always assess strengths. What good is it to define problems if we cannot define the way to say improve those problems? And there will be a discussion in each visit of certain visit priorities for improved child and adolescent health and family function over time. Priorities that the expert panels who have been such a tremendous assistance to us in writing Bright Futures have said this is important at this visit, and this will be important the next visit, so over time you can construct a very thorough approach of interacting with child and family to improve health.

Next slide, please. The Bright Futures visit then will have, will be an age-specific well child health supervision visit. It's going to use the techniques described in the Bright Futures guidelines, not unlike the ones in the prior editions of the guidelines. It will encourage specific community and practice modifications, and it's designed to allow practitioners to do what they want to do better. Design really to improve their own desired standard of care. So they can feel empowered and able to do many of the things that we have -- that we all would like to do with our families now. Now, along with the Bright Futures guidelines is a whole series of Bright Futures in practice text, and don't have to catalogue for the audience what they are. Certainly Bright Futures of mental health text widely adopted by primary care pediatricians. Current Bright Futures in practice nutrition is ready to be retired, and it has been a significant contribution to families and practices. Revision discussions are important, and they have already begun. It's now being updated with current information including the revised food guide pyramid and also the upcoming overweight and obesity guidelines. It will include revised nutrition family fact sheets that ought to march pretty much in step with the Bright Futures guidelines. Current use and materials are being solicited for input. We expect this to be available in the summer of 2008.

The next slide I wanted to take a second to highlight the Bright Futures website, and I'm having difficulty reading the website on that slide, but it's in the upper right-hand corner underlined in brown, hopefully your computer screen makes it clearer than mine. I'll have that, if you need the web address I can have it for you during the question and answer

period. And the next slide talks about Bright Futures in practice, and it sort of highlights the public health connection and how public health is represented on the website, and Dr. Duncan will talk later about how we might utilize this. If I can have the next slide, this sort of turns us over to the discussion of Bright Futures implementation and I will then tell you thank you and turn this discussion over to my able colleague, Mary Margaret Gottesman.

MARY MARGARET GOTTESMAN: Thank you, Joe. Good afternoon everyone. I'm really excited and pleased to share with you the strategies we are developing to ensure that the revised Bright Futures health supervision guideline 3 will come to live in everyday practice. We have valuable guy -- guidance and direction from a doctor from New York. We hope you will see his suggestions in the implementation strategy. As public health leaders all of you keenly appreciate the need for health promotion to be a collaborative effort that extends beyond individual pediatric offices and into the communities where families live, work and attend school. In all of our implementation and training strategies we are seeking to stress appreciation for the diversity of influences on child health that range from the individual child and families, values and goals, to environmental influences, and the tenor of communication, things that really are second nature in public health.

Next slide, please. One of our contributions we hope everyone will find truly useful in making the Bright Futures guidelines 3 live and practice is our new content tool kit. And we are, it will have six sections to it, one section will be medical screening, another practice management, and counter form, community resources, developmental and psycho-social screening, and the largest section will not unexpectedly be anticipatory

guidance. We are hoping to make all the resources in the kit available in several formats. Hard copy, C.D. rom, and also on the web. This has been really a collaborative effort among many of the representatives from organizations all over the country to Bright Futures. So it has really had wide input from a variety of disciplines.

Next slide, please. One of the things that we are really excited about having accomplished in the past year is the first actual trial of implementing the Bright Futures new guidelines in practice. We have recognized that resources alone in a resource kit are not enough to make Bright Futures 3 live in practice, and this instead we needed to offer as well practical systems change approaches as critical elements in improving the quality of wellness care delivered to children. So in collaboration with the center for children's health care improvement at the University of North Carolina, Chapel Hill, and funding from the commonwealth fund, we solicited participation in a pilot implementation project from a diversity of practices in and around the Midwest. 15 practice teams participated in a ten-month long project. The teams consisted typically of a physician, a nurse or nurse practitioner, and office or administrative staff. The teams came together twice. The first time was in November of 2004 for a day and a half-long training, and then again in this past September to share their experiences. The project focused on the implementation of a preventive services prompt sheet, implementation of a developmental screening, inclusion of the resources and care, faith-based approaches and working with families, use of a recall reminder system, and identification of children with special health care needs in the practice. Practices selected among the six options, they didn't have to do them all, and they had to say on what they did first, and how they did it. They learned

about rapid cycle change strategies, plan to study act cycle to I am me -- implement the changes they chose. They were collected throughout the project from the P.D.S.A. cycle, and interactive conference calls were held twice each month. The entire experience was well received. I was in awe that for a first time out we had such very positive evaluations, and there was such mutual support, good learning that went on throughout this process, and I'm sure that data from the project will be forthcoming in the next year.

Next slide, please. So this project enables us to test and refine a system change tool kit to complement the content tool kit, implementation curriculum and facilitators' guide that will be able to assist practices in implementing critical elements of delivering high quality wellness care to children and their families. Although this was tested in primary care settings, we believe that these resources will be just as useful in public health clinics, school-based health centers, and community health centers as well. Some of the practices who participated were more along the line of a community health center or attached to University medical centers. In addition to private practices.

Next slide, please. We also wanted to share information with you about another resource to support the implementation of the Bright Futures guidelines 3. Georgetown University is developing a distance education project to enhance family centered and culturally competent both sides of the guidelines. They will offer in addition to the training C.M.E. and C.E.U. and on-line resources as well. And now I will turn it over to Paula Minnihan and Barbara Popper from Family Voices.

BARBARA POPPER: Thank you. This is Barbara Popper. I think many of you are familiar with Family Voices. It's a natural grassroots organization with 40, 50,000 family and friends. We offer to our network of families and some of our state coordinators information, support, advocacy. We are a 12-year-old organization now. Mission is to advocate for health care services that are family-centered, community-based, comprehensive, coordinated and culturally competent. What we do in the projects is keep the principles in mind, that families are part of everything that goes on, inclusion and decision makers at all levels and we support essential partnerships between families and this is -- we are grateful to be part of the discussion. We have had Bright Futures before. The two are the Family Voices IMPACT and another project. We'll start with the Family Voices project, the full project is on the slide. A project both for typical kids as well as children with special health care needs, with a goal of fostering partnerships between families and professionals to influence and change maternal and child health, so all children, including special health care needs, thrive. Some of the initiatives in that Family Voices impact project for Bright Futures is developing and disseminating Bright Futures family matters, electronic newsletters for families. Many of you are already subscribers, I think. Continuing with the pocket guide which is now in Spanish, and we will be updating that with the new Bright Futures service next edition when that comes out. We have our website, Bright Futures for families.ORG, and many of the materials can be downloaded page by page for families. We'll be doing a survey to find out family's knowledge and belief about health care, including children with special health care needs, and participate with title 5, MCH, and programs on their initiative. And we'll be doing public outreach and certainly Bright Futures is going to be a big focus on the Family Voices Impact project.

Next slide, the materials. We are excited to have the Spanish edition ready to go. Next slide, please. And now we are going to move to the Family Voices Family Matters project. We'll be in the project using Bright Futures as the title says to promote health and wellness for children with special health care needs and disabilities. The project goal is design and evaluate a method for supporting families with children with special health care needs in an effort to promote health and wellness using mentor and peer support. We have had three-phases. Focuses on the families, now in a controlled, non-clinical intervention phase of the study, and we will also have a broad-based survey for families on this topic. Project features, this is a partnership with Family Voices and Tuft University School Of Medicine. It's a research project and we have learned a lot about I.R.B.s, etcetera. Expands the view of health services, and health day-to-day services. Community participatory research design. Families were very involved in informing the study design. Parents are providing the intervention, that's our mentor peer support, and it's what a lot of our parents in Family Voices are used to do as family leaders. We have six sites in five states, Louisiana, Massachusetts, New Jersey, Vermont and Washington. The sites are partnered with the state health departments and especially if they have a Bright Futures project, as we do in Washington, Vermont, Louisiana, we have participants and subjects who are economically, ethnically, and linguistically Diverse. Family Voices -- families are the focus and leaders. Issues cross disability labels and activities are family-centered. Turn it over to Paula Minnihan who will describe some of the study phases.

PAULA MINNIHAN: Thank you, Barbara. I'll be focusing on what we learned about health and wellness from the parents who participated in the focus groups. The background, seven focus groups were held with parents who were identified as having a child with a special health care need between the ages of 6 and 18. Six conducted in English, one in Spanish. They followed a guide and I'll be discussing two of the areas the topic guide covered. One, what did parents think about their child's health and the factors that may help or hurt it, both now and in the future, and also what did parents see as the challenges related to promoting healthy habits within their families. The next four slides summarize the main themes from the focus groups.

Next slide, please. Slide 11. Going into this project there was no apparent information about the health promotion and wellness as it related to children with special health care needs. Some information suggested that families sought help as the end product of quality medical services but tended not to think about how day-to-day health behaviors affected their children's health. In our focus groups, parents saw the link between the overall health status and health and wellness issues. Also believed that health and wellness recommendations are relevant to children with special health care needs. Many, in fact, believe they are even more relevant to children with special health care needs than to children who are typically developing into -- and under score the point, read the quote from a mother of a child with M.D. My son puts on too much weight it's going to affect his muscles, make it harder for him to walk and move. Weight maintenance will keep him walking.

Next slide, please. We found that while messages about health and wellness were with the parents, some resonated more than others. Clearly on the parents' radar screens was the importance of their children eating balanced and nutritious foods, physically active and living in structured households with family routines and rules. Parents also saw the importance of supervising what their children were watching on T.V., videos when they are on the computer for recreational purposes, visiting the dentist regularly and taking good care of teeth at home. Also parents' radar screens, but with more uncertainty about how best to proceed was the issue of the sedentary behavior that is associated with screen time. Parents are aware too much sedentary behavior is not a good thing, they offered several contacts in which T.V. and other uses were God sends to them. Screen time benefits involved enabling the child to be socially connected with other kids, and also promoting academic achievement. Another complex health issue, how to help the children avoid the risks associated with alcohol, drugs and sex, including sexual safety and S.T.D., particularly AIDS. Avoiding smoking and secondhand smoke. Other topics of interest were gun safety, teaching children to advocate for themselves, given their special needs in non-traditional or alternative complimentary approaches to health.

Next slide, please. The information about health and wellness came from many sources and they are listed here. As you can see, the Internet, other forms of media and other parents are important sources with health and wellness information. School curricula and school nurses played a very important role. In general, however, health providers were not used -- were not viewed as an important source of health and wellness information. It appeared that parents spent a lot of time during the visits with the child's main doctor

updating the doctor in the specialty care the child had received, leaving little time for other issues. There may be other issues at work, too. A quote from one parent on this issue. My experience with pediatricians is that they are reluctant to get involved in some of the conversations with those of us who have children with disabilities. Maybe because they don't view them as going through the typical milestones that typical children go through.

Next slide, please. Parents cited many challenges in promoting health and wellness for their children. Some of the challenges were specific to children with special health care needs, and these include such facts as the reality that the time, energy and money devoted to addressing the special needs, resources and everything else in the family, child's medical condition may limit the parents' activity options. A issue of drawing the line, parents were not always sure what expectations were realistic for a child given a particular health problem. For example, how physically activity should a parent expect the child to be, if the child resists being more active, is it because the underlying health problem or just a typical kid and would prefer on occasion to be a couch potato.

Also specific health recommendations early on, for example for a child who was not gaining weight, advised to get as many calories into the child as possible. Sometimes, though, as the child got older was doing better, the health recommendations would change dramatically. In this kind of situation the parent might suddenly be told he has to cut down on junk food. Families described finding it hard to reverse life-long habits under these circumstances. Some of the challenges, families discussed challenges we all face. Healthy eating recommendations, changing the popular culture threatens health and

wellness. Some say we live in a toxic food environment, and the parents' own lifestyle. They may not be eating healthy diets or getting enough physical activity. I'm going to switch gears and speak briefly about phase 2, our controlled non-clinical study, currently underway in five states.

Hypothesis is that the provision of mental care support and that support from another parent who has also has a child with special health care needs improves the parents' ability to improve health recommendation ins the home. Enroll 120 parents of children with special health care needs between 6 and 18, and randomly assigned to the intervention group or the controlled group. Parents in the intervention group will work with the mentor parent for a six-month period, make health and wellness lifestyle changes within their homes that they themselves select from a list of 11 goals adopted from Bright Futures. These goals are in the area of healthy eating, physical activity and free time, and I'll be going over them in a minute. We'll measure the participants' attitude and health behavior in these three areas, both before they begin the study and after the six-month study period is over, using a mail questionnaire. Next slide, please. Now, briefly here I just want to mention that we have six mentor parents, one at each of our sites.

Next slide, please. This is probably the slide that is of most interest to many of you. As I mentioned, participants select their own goals based on their knowledge of their own families and likes and dislikes from this list of 11 project goals adopted from Bright Futures, and as you see there, five are in the areas of healthy eating, three in the area of

physical activity, although the first really bridges the healthy activity and physical activity, and the area or screen time.

Next slide, to conclude right now we are concentrating on implementing the intervention study and look forward to having results so share with you within a year. Also intend to implement, as Barbara mentioned, a broad-based survey of families with special with special health care needs to learn what many more parents and children with special health care needs think about these issues. Thank you, I'll be turning the discussion over to Paula Duncan.

PAULA DUNCAN: Thank you. This is Paula Duncan. I'm going to be talking about some ideas about public health implementation. One. Things I want to say first, the next slide is the Bright Futures website. We have information for public health professionals, and hopefully we'll be having, this is a place where we can add in information about population based child and adolescent issues. I thought it would be interesting for us to just see some of the examples of things that states had already done, public health had already done. That's the next six slides. Bright Futures in the state. Best thing would be to have the represent -- representatives at the state talk about it, rather than me summarize it, and then have an idea what has gone on and then the future. Arizona actually did training and also used materials to set policies and procedures. Colorado trainings were conducted with many different folks about a lot of issues related to child health, growth and development. In Oregon, 15 community connections network providers using the mental health care kit.

Next slide please. Georgia, the Bright Futures guidelines were distributed to 159 county health departments. Mental health book, also part of the statewide training. I guess you can see a theme here that we are really seeing a lot of distribution of materials and training of different kinds of professionals. North Dakota materials were sent to families, and also a presentation at the early intervention institute. Next two slides are about Virginia. Bright Futures in Virginia has done a lot and some is pretty current. The design imprinted Bright Futures Virginia child health records in English and Spanish, health record and a calendar with the Bright Futures information and the new parent kit. Trained a lot of child care providers, really care and education professionals and they were given the material as well. Practice guide for foster care and mental health workers, and providing the Bright Futures and -- this is really developing a web force that can be used to train many different kinds of professionals in the guidelines and Bright Futures at the same time, focusing on the quality of care.

Next slide, please. Go across the country to Washington State. And in Washington State Head Start, early Head Start lots of child care folks were trained have been trained. People working, kids in foster care, school nurses, child care, health consultants, academic program, and also electronic newsletter that I hope most of you have seen, the Bright Ideas for Washington State Bright Futures. Also in Washington there were a lot of partners in existing health programs that are interested in oral health, adolescent health. There's really been a lot of activity there, and you can see on the slide the contact people for more information about some of the things that Washington is doing. But I think that as

we look at the different things that have been done, this is by no means an exhaustive list, I hope after we are done with part of the presentation we can hear from states.

I thought it would be also interesting now for us to move on, next slide, please. To think about what possibilities, what exists as things that we could be doing as, when we get the new Bright Futures material, including the tool kit, systems change tool kit as well as the tool kit that Mary Margaret talked about earlier. A couple of ideas that people have already had. I think this is the place where we really would like to add a lot more. The first thing would be to distribute information about the guidelines and tool kits to public health clinics, immunization, make sure the tools and guidelines are available. Certainly what is available now is also still selling well and we can give that out to people now. But I think that we also want to make sure that as these things get developed, one of the ideas for public health is to be conduit for that information. Share information on the importance of using materials in that setting, whatever it is, and provide information about how to order, and/or download materials so they can have access to, because obviously people that are busy providing immunizations, doing whatever they are doing, not exactly sure what all the latest materials are and how to actually get them. Make it easy for people.

Next slide, please. Another idea, provide training. And that's obviously building on what's already been done. Provide training in many venues. One of the things that some folks have suggested is include information on how to use tool kits and accompanying materials. We don't think people, some people are going to be able to take stuff off the shelf tomorrow. Other people would benefit from more explanation of how other

professionals have used the materials, how they work, that would be one thing to think about. Another is the interdisciplinary collaboration. So we think nothing is going to change for kids, and families, improving health, all of us are doing it together, working from the same page, and really valuing the input of all of our colleagues, including families, about what we should be doing. As we do presentations and training to model this interdisciplinary collaboration, it's a really important facet. One of the things we found with the implementation that we did with the 15 practices was how valuable it was to have the office managers there telling us how this could really be done in practice.

Another idea is really help with access to data on what kids and families need. Certainly it's been one of the strong points of public health for many years and will continue to be, make sure that people who are using Bright Futures materials are using them in the context of their community need and facilitate that for them. Another idea, really link the new materials to the quality of care. We get kids into health care settings, and then what about what happens when they get there, do they get a developmental screening, do they really make sure that families concerns are addressed, make sure we link the community resources that they need. So really understanding that the implementation of Bright Futures in many different settings is providing quality care as well.

Next slide, please. The, what about providing access to community resources. That's just such a huge missing piece for so many people. It's hard to figure out what is available and how to get families connected with what they need. Some states have done directories, some communities have done directories. Some people are finding great success with

websites now. Obviously they have to be kept up to date, but can be very, very helpful and could be one role that some public health folks will use. And then the idea of the phone health line. Connecticut has had great success getting families linked up with services for kids. Many different kinds of services, early intervention, all the way to parenting groups for how to get my heat turned back on. The idea of public health partnering and the implementation of Bright Futures by providing whatever is the best kind of access to those services for families would be really helpful.

Next slide, please. And then really integrating Bright Futures with all of our state activities and initiatives. It's clear many of the states I have mentioned have already done that, probably others have too. But just to make it explicit and intentional. Every time we think about any of the projects that we have, if we like the Bright Futures materials and if we like the approach, then think about how we can use them in many different venues. One of the ones I think is the most exciting is the medical home component of the early education care activities. Our grant is where we are trying to really coordinate things across the spectrum for services of young children. Bright Futures has a lot of materials that would be appropriate for the early parent educational, professional partners, families, all of us to be working from the same page. That would be an example that I was thinking of as a way to really implement Bright Futures for the younger kids across all of the different perspectives, and you can see from some of the examples that I already gave you presentation to say child care and really Head Start, those things are perfect examples of that. Also I'm thinking making it a very obvious and explicit component of programs we are doing to change.

Finally the organization of input from families and youth, about the actual health promotion, prevention services they have received. I think it's really important for all of us who provide health care to children and youth to make sure we are doing it in a way that's really consistent in meeting the family's needs and the young person's needs and adolescents. It's hard to get that, an organized way to get that feedback. One of the things I think public health and for people in public health think they may be able to be partners, making sure that the feedback gets accomplished. There's one way to do it, obviously. Findings, focus groups, organize different venues for people to get the feedback at the state level. Also obviously at the regional level, and quantitative findings. We can ask, with we have some questionnaires we know how to use that can work, not only to, for young people and families to report their health behaviors, but actually how does the care that you received match up with what you needed. Did you feel that your needs were met, people ask you about what your concerns are, did your child need more screening, as well as did you get the community resources and information that you need. So I think the public health could have a role in some states, and they do already, in getting the feedback to people who are trying to implement Bright Futures and really see how we are doing it.

Next slide, please. One of the reasons we were so excited about doing this call today because we really want your input. Certainly there are many opportunities for that, web-based review of materials would be in the spring, 2006, and we would love you to be a part of that review. Newsletter submissions would be very, very helpful. Bright Futures in

the states, writing up a summary as some of the other states have done that would tell us what is going on. We think that in all of this year, the peer to peer is where the excitement is also where the real implementation tips can come from. People who have done it telling other people who are in similar positions what the critical components were. My email list and also the Bright Futures implementation technical assistance.

The final slide, next slide, please, is the contact information, and I think the most important thing I want to say, these people really would love to hear from you, not just they would take your phone calls or emails, they would love to hear from you. It would really be helpful to us to have more ideas and ideas about how to link people together, cross disciplines and public health people together to really give each other ideas about how to improve outcomes for kids by using Bright Futures. Thank you.

PETER VAN DYCK: I think -- I want to thank everybody for a wonderful set of presentations, Joe Hagan, Mary Margaret, Barbara Popper, Paula Minnihhan and Ms. Duncan. You can look up information about Bright Futures and of course you can email Bright Futures at AAP.ORG for contact, and you can always call Chris DeGraw here as project officer for these grants who could facilitate some of these interactions, we have a few minutes left and have a series of questions that have come on the computer, I'll let Chris go through some of the questions.

CHRIS DEGRAW: Several comments as well as questions related. Comment, federal criteria to become a federally qualified health center could include the requirement to

utilize -- continuous quality improvement, etcetera. Also the Bright Futures curricula should be utilized within the context of provision of medical home services. Any of our speakers want to comment on that?

MARY MARGARET GOTTESMAN: This is Mary, and I agree with that. Hope we have the opportunity to make that happen. I can't think of a better way to help kick up the quality of wellness care for children and families than to do just what people have suggested.

JOE HAGAN: This is Joe. I would agree, I think it's a wonderful idea. I'm a little bit concerned about forcing anybody to adapt anything, but I believe this is just going to be so obvious to people it's the right way to do it that probably making it part of how it should be done in the federal health services makes sense.

CHRIS DEGRAW: Related question, are there plans for the AAP or MCHB to advocate for the Bright Futures guidelines being implemented in other programs and requirements such as the school wellness plan under the reauthorization? Anybody want to comment on that?

JOE HAGAN: Chris, I will comment that, make a similar comment to what I did before, in that I think we hope we are writing this in a way that Bright Futures will be obviously what groups would adopt. I would hope that those who are making suggestions that it be the standard really help us work to create the standard, and using Bright Futures to create the

standards for school health services, for community health clinics, and I think that's how we want to do it. I would like to believe we have gotten it right. I think if we've gotten it right it will be clear to everyone and we may not even tell people they have to adopt it. You want to add to that, Chris, from -- how would we advocate for it?

CHRIS DEGRAW: Our perspective, we would love to have Bright Futures be adopted by some of the federal partners and it has in the past, U.S.D.A. did quite a bit with Bright Futures several years ago. That said, sometimes it's harder for us to influence our partners than it would be for you folks. I think as a partnership we should all work with these programs from different perspectives to try to first let them know about Bright Futures and what it has to offer, and how it can help their programs achieve the actual, what they are looking for, and try to use your influence from various positions to get Bright Futures incorporated in some of the other federal programs.

UNIDENTIFIED SPEAKER: I think you brought up a really good point, Chris, about needing input, and as Paula said at the end, we really do want and need the input from MCH directors and others in public health and caring for children with special health care needs to make sure what we provide is attractive, is doable, is useful. So it's not going to be that bitter pill. But it will be a choice.

CHRIS DEGRAW: Another question, this one I think is probably directed towards Paula Duncan, has to do with Bright Futures Virginia, and the viewer asks how was Bright Futures Virginia able to reach 10,000 child care providers in that state?

PAULA DUNCAN: I know, and I don't know. That's a really good point. Is anybody from Virginia on the phone? You probably can't talk the way this is set up.

CHRIS DEGRAW: I would say they did mention that they were 10,000 registered child care providers. Probably the state has a central registry to draw upon. I wanted to make a point of letting you know about a resource I think would be helpful coming down the pike. Our MCHB evaluation contractor health research is preparing a series of case studies on state and community public health initiatives using Bright Futures, and I know Bright Futures Virginia is one of those case studies, as well as some of the other programs that Paula mentioned in her presentation. So that hopefully will be ready in the next month or so, and we'll make sure all the state directors have access to that. There is also recently a Bright Futures process evaluation, a retrospective look of the implementation of Bright Futures over the past 10 to 15 years also prepared for the bureau.

PAULA DUNCAN: This is Paula Duncan. If whoever sent the question in would like to call Laura Thomas at the Academy Of Pediatrics, we would like to find out that answer sooner, it would be helpful.

CHRIS DEGRAW: More of a comment, important to integrate the Bright Futures efforts with the national medical home initiative in the literature about Bright Futures and medical home, AAP statements in the national collaborative projects, etcetera. And if Joe or Mary Margaret to mention how AAP is working with the federal initiative on Bright Futures.

JOE HAGAN: I think as we are writing Bright Futures, we have brought together experts from within the academy who are very much medical home people. The -- we chose pediatricians, we chose pediatric nurse practitioners who had a good track record for good primary care, and that includes establishing a medical home. Every child, as we believe, deserves a medical home. And so I think that the first way we did it is by bringing the right people to the table. Concept of medical home has evolved, so has our thinking about that in Bright Futures. Mary Margaret.

MARY MARGARET GOTTESMAN: I think you have captured it, Joe. All along we have had Tom being intimately involved with the Bright Futures project who keeps us aware of the points at which we can really integrate together with the medical home initiative.

PAULA DUNCAN: This is Paula Duncan. I think also when, you know, there is measurements of the medical home and there's ways to improve and decide whether you have a medical, you are providing medical home services of the highest quality as a practice or as a clinic. And we are definitely looking at all those criteria when we are trying to figure out how we are going to measure the Bright Futures visit as well, and view the criteria for improvement. A medical home obviously means you provide care for not just a health promotion, health prevention services, but that you're focusing on all the health needs that children have and making sure that they are provided in an appropriate way. I think the two projects absolutely walk side-by-side, dovetail and are integrated together, and we obviously have taken a lot of information and spirit from the medical home projects

across the country. We, and many of the things I mentioned about the ways that we could, public health could work on Bright Futures in co-presenting families, having families try and figure out how to get families' input, and coordinating services have been piloted and brought to us by care of the medical home projects across the country. So I think that they should, this should be a really easy fit, and many of the things are probably –

CHRIS DEGRAW: We are running out of time, unfortunately. A couple more comments. One commenting makes an interesting final comment from one of our listeners. I think it is appropriate in many instances to tell people they need to adopt, self-interests does not always win out over excellence in child care. With that, turn it back over to Dr. van Dyck.

PETER VAN DYCK: Thank you all very much for participating, to our speakers, Dr. Joe Hagan, Dr. Mary Margaret Gottesman, Barbara Popper, Dr. Paula Minnihan, Dr. Duncan, and Chris DeGraw, thank you very much for a very stimulating and really very well put together and thoughtful presentation. For all of you on the call today, thank you very much for your participation and thank you very much for your participation in the questions. Anyone that has a question that's left, we'll make sure it gets answered by email over the next day or so. Also like to thank our contractor, center for the advancement of distance education at the University of Illinois, Chicago School of Public Health. Today's webcast, along with all of them will be archived. It will be on the website MCHCOM.com. We hope you will find it useful. We would like to make the broadcasts as responsive to your information needs as possible. So, if you have suggestions that you really would like us to

address on future webcasts, please let us know with an email to info, INFO, info at MCHCOM.com. Thank you, we look forward to your participation again next month. Have a good rest of the week everybody. See you all. Good-bye.