

## AMCHP 2007 ANNUAL CONFERENCE

### HEALTHY COMMUNITIES

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#### **Title V: Helping to Shape Healthy Communities**

PAULA DUNCAN: Hi. I'm Paula Duncan. I'm a pediatrician. And I think I've made two really good decisions today. The first was that--I had thought that I couldn't--I was so excited about speaking with you and having this chance that I have a 45-slide handout. And so this morning, we decided, "Well, that's probably not going to fit in the time you have allotted, Paula." So at the end of this presentation, I'll be happy to give you the 45-slide handout. It's out way more information than you ever want to see.

The second thing is, having thought about this panel this morning--I didn't make this decision alone--but we decided, who would be the really important people to hear from most importantly? And that's why we changed the order. And I think we've made the right decision, right, to put the parents. Absolutely.

So I am going to do a short presentation with no slides about a specific--I think it's really something that we can use to achieve our goals. What are the goals? Health promotion and prevention. Really, prevention of disease--health promotion. So that health is not the absence of disease, obviously; it's really well-being. So one of the things that's been developed over the last 15 years is Bright Futures. How many of you have heard of it? Anybody? Good. How many of you have used it? All right. Okay. So there we are. I don't have to convince you. Some audiences that I've seen or speak to haven't heard of Bright Futures. Lovely.

So we really have a chance, I think, with the new addition of Bright Futures that will be coming out in 2007, to think about how we could really impact health promotion activities at the community level, which is one of the things that we're focused on today, but at the family level and the state level and also the--what I'd like you to take with you today is really the practice level--the clinic level. So how many of you work in a practice or clinic or in a health center? Anybody? Great. Okay.

And most of you don't. So we're going to be talking about it today from the perspective of those that do work in a health center or in a practice setting. But also how we in families, how we in public health and communities--how we can really support this effort in the practices about what could happen. So I'd love you to think about who you take your child to or a neighbor's child or your own, but we're really going to talk about pediatrics today. When you go to the doctor or nurse practitioner--and this is pediatricians, family physicians and physician assistants and nurse practitioners and the nurses that work in those offices--what are they doing to really promote health and make sure that kids get all of their health needs and for well child care, well adolescent care addressed? So that's really where I'd like you to be thinking about today in how we can use Bright Futures in that way. Great. Thank you so much.

Jane Basowitz is here from the Academy of Pediatrics. Do you want to raise your hand, Jane, too? She's working on Bright Futures with me and Betsey Anderson has been working. This has been a long process--this little revision, and we're really hoping that it comes out to be something we can all use and be really happy with.

So I'm just going to be talking about Bright Futures, the new addition that coming out, the content tool kit that goes with it, and the implementation. So I'd like you to be

thinking about as I describe these things, how could you as a family professional and family advocate, how could you as a public health person, or how could you as someone in practice really use what I'm talking about to make sure that things get better for kids?

So we have some Bright Futures materials that you've probably have used. So when you raised your hands, you're probably talking about some of the things that we already have: the oral health toolbox, Bright Futures for families that family voices helped so that parents and young people themselves could go to a visit ready to discuss what was going to be happening at that visit and all these other materials.

We're going to have a booth here at the Academy of Pediatrics, and Bright Futures is going to have a booth. You could look at these materials, because these are all the ones that have already been done over the last 15 years that are in use, and you can use them now.

The new Bright Futures--so we got a group of many people together from all the disciplines that I spoke about as well as family as public health and said, "What's Bright Futures now? What should health promotion and health supervision look like now?" So here's the definition that the group came up with: set of principles, strategies and tools that are theory-based, evidence-driven and systems-oriented. It can be used to improve the health and well-being of all children through culturally-appropriate interventions that address the current and emerging health promotion needs at the policy, community, health systems and family levels. So we all see ourselves there in that definition somewhere, right?

So here's what it's going to look like--the cover. As I said, it will be out this year. It's actually being copy-edited as we speak. Thank goodness. So it has some guidelines. That means that when you bring your child or as a young person, you go to the physician's office, the clinic, the nurse practitioner for your well-child care, what kinds of things should we really be thinking about at those checkup visits? And the way it's organized is different this time. The old Bright Futures older edition has the one-month visit, the two-month visit and everything about the one-month visit in one place, the two month visit.

What we did this time, is we really tried to pull out the ten most important themes that I'll tell you about in a minute. And look at what the data says in those themes. So if you get your new Bright Futures when it comes out this year, I would hope that one of the things that you would want to do is read through the themes and see if anything is new. And it's all going to be footnoted with references so that you could see if we said--like one of the things that's relatively new, maternal depression. That's something that we hadn't really known so much about before, but now we know a lot more about it. So thinking about that--domestic violence, intimate partner violence--how do all those things fit into well child care for families?

And then, the visits are pulled out separately. So in the middle of the book will be like a provider manual. So you could go through the visit's short form, and it'll say, "What to do at the two-month visit. What's most important at the four-month visit," those kinds of things.

So here's the themes. I hope you each find one that you would love to read tomorrow. What's the latest in oral health? What's the way that we could really help in terms of oral

health? And you can see there is one, our community relationships and resources which we're talking about today.

The Bright Futures visit itself will have some components. As I said, it is almost like an embedded provider manual so that you could and see what should happen. And obviously as parents, I hope that you would look and see what should happen.

One of the things that we came up with is that a lot of our colleagues said, "You know what? We just don't have 45--" somebody actually did a complete Bright Futures visit once from the second edition, and it took an hour and ten minutes. And so most people say, "Oh, I can't do that. I'd love to do that, but that's not what I can do. So, Paula, if you don't come up with something that could be done in our 18-minute visit, don't bother putting it out, because we can't do it, and it'll just make us frustrated."

So we're really trying. We have identified priorities at each visit--our expert panels--this is not me; this is hundreds of people working on this--have identified priorities for each visit. But here's the main priority that came out--the first one. What's really on the mind of the parent or the young person when they come into that visit? And we have five priorities for each visit now, but guess what trumps everything? That one. So we got that part straight.

The second thing is we've got some priorities. And then, we also wanted to make sure that children with special health needs get their health promotion to health supervision visits met. A lot of families told us that they come to the doctor, and they deal with their asthma, and they deal with the other things that are going on for them are mental health problems. They deal with their bipolar disease. And that's what most of the conversation

is about. But they never actually get to the part about the normal adolescent part and how does that work?

So here's a wonderful story from a practicing person. He said that he started working on thinking about these issues of strength-based approaches and it's certainly been mentioned a bunch today. And he said that he has a wonderful relationship with a 14-year-old patient, and she had some problems at birth that resulted in her having some speech problems and some motor problems. And he loved to be her physician, and he really hoped that she also appreciated him.

At this visit, though, he decided that he would really think about her strengths, as well, because that's what he was doing in all his other patients. And he said, "Rather than do the O.T., P.T., all the things we usually do, I said, 'So tell me about what your strengths are. Let's talk about all the strengths that I've noticed that you have over the 14 years that we've been together.'" And he said, "We spent the next 15 minutes laughing and crying about all the strengths that she was going to use to be going to high school the next month." And he said, "I really realized that I had never been focusing on all of the things that she was doing extremely well, and that I needed to spend as much time on that for children with special needs as I do for everybody else and really make that a focus of the visit." So I thought that was a lovely example of the implementation of Bright Futures. So I think we're getting it. So you do surveillance and screening; assessment of strengths and link to the community.

Bright Futures doesn't have a toolkit right now for the main Bright Futures. And so we're going to have a toolkit that will have these things that we think will really help our practitioners do a great job and do it quickly and get it done in the amount of time. Some

of that will be because we'll be doing pre-visit work. So I would love to hear from those of you who have children, how you would like to have this happen. Would you like to fill out a questionnaire at home? Would you like to fill it out in the waiting room? Would like you to fill it out on a kiosk? Would you like to be doing it electronically? But how would like to get the information out so that when you actually get to the visit or when the visit starts with the nurse practitioner or physician, that you really have a chance to spend the time with them talking, because they've already collected all of the information.

Same thing would be true for risk assessment. So maybe we don't need to do a CRIT on every kid. But we need to ask questions about whether you need a Matacrit, because you have symptoms of anemia. So we're going to have those kinds of parent questionnaires. We're going to have new documentation forms for the physicians and nurses--nurse practitioners. And then, we're also going to have things in the chart that you can look at over time. Did I do that screening? Did I do everything over all the visits at once?

And then, handouts for parents and handouts for kids when you're a teenager. So we'd love to know--we're going to do one-page handout for each visit. But would it be good for you to have that, as parents and plus detailed information about specific things? Would it be good for that to be on the web? Where is a good place for that information to reside? And then, the screening tools and practice management tools.

So what about the community? They way that Bright Futures is viewing the community is obviously the things that we talked about today--that the community play a major role in supporting the healthy behaviors of children and youth. We can't be physically fit if we

can't walk any where and if we don't have physical education at school so that we could do things like that.

Communities where kids and families feel valued and safe, where they have access to positive activities and relationships. And this is a really important base for clinicians to build on. So if we're thinking about how could we--as this group, if we were going to do today--how could we support--if we go back and support our practices and clinics where our kids are being seen--how could we support them to actually make good links with the community? We could help them get information about the community.

And one of the things we have in Bright Futures is for physicians to look at a list of all the different kinds of services that are in a community and say which ones they actually know are ready, which ones they really have no idea about, and so they'd like to get more information about. And so we could really in public health, as families, we could help them understand what services are important to make sure that they know about.

So identifying mutual resources, communicating well, and then, partner and designating service delivery. I think that's the purpose of what we've been talking about all day--making sure that we can get people to the services they need and make sure that the practices know about those services.

What about from the family point of view? That's certainly, as I mentioned, identify children and youth with special health needs to make sure their health promotion needs are being met as well. Parents first. Strengths of the child and the family.

Shared goals and decision-making. Another way to communicate respect for families and to really promote health, as we all know, is to make sure that when we do have to have the answer to a problem, the practitioners are making that decision in a shared decision-making way with the family--family-centered care, obviously. But we can make that very, very explicit and make sure that all of the practitioners know how to do shared decision-making and that we can help them improve that and get better at that, because it really is such an important thing for communicating and for health.

And then, also, parent feedback as an outcome measure. One of the ways that we've implemented--we got started a little bit even though the book is not out yet--we got started with this a little bit in the data session that's going to be whenever it was-- Monday afternoon. Those folks that have developed that data--also we did some work with having parents fill out a form at the end of the visit that says, not just, "Was I satisfied with the visit," but "Exactly what got discussed and was it enough for me?"

So, you know, there's some data that show that sometimes practitioners don't discuss learning, behavior and development as much as parents might like. Parents would like a little more information on discipline or toilet training or things that we didn't quite get to. So with this work, we have the parents actually say, "Discipline. This was discussed enough--just right for me," "It wasn't discussed, but I didn't need it," or "It wasn't discussed enough, and I would like to have a little bit more discussion."

So then, we got these questionnaires back to the medical home. And do you think they liked to hear it? Actually they did, because they want to get better. And so the idea is these practices that worked with us were thrilled to hear it; they just weren't sure how they were going to actually address the parents' concerns. And so they needed some

help, because they thought they were doing a lot of those things, and they really wanted some help.

So I think that idea--one of the things with Bright Futures is really thinking about, how can we incorporate parent feedback? Parents as the actual outcome measure and not just what's in the chart. So did you do a screening because it's in the chart? Did you do a screening and the parents understood that was what was going on? Those two things are a little bit different sometimes. So we think that with Bright Futures, those things are really important.

Let's think about public health and Title V. Really obviously, Title V has a huge critical partnership role in the implementation of Bright Futures. First of all, because we have the same goals, for sure. Secondly, the national data that we've been talking about all morning is really, really helpful to practices. And so making sure that the practices understand and the communities understand what the national data are, but also the data of our community assets and problems. We didn't plan our talks to go together, but every single person on the panel said, "Let's do assets first; problems second."

I think also there's some real benefits of hopefully that Bright Futures has for Title V, that really we can contribute. If Bright Futures is implemented in every practice in the country and clinic, they're going to be improved performance measures. Things are going to get better. We're going to have measurable implementation. You could help with needs assessment and planning and definitely synergy with other partners' work. It can help with the needs assessment, as we already talked about.

So I think that public health as a key partner in the places where public health does deliver direct services, runs clinics, using Bright Futures would definitely improve the developmental services and prevention services that are provided. We definitely could use help identifying and keeping up to date community resources for referrals to meet families' needs.

Different states do that different ways. Some have written paper resource manuals. Some people have them online--the 211 numbers. How many of you have 211 in your communities? So that's where you can call or go online and get information. And in Connecticut with the Help Me Grow, they really actually have six people on the other end of a phone in the different parts of the state and a parent or a nurse from an office or a physician can call up and say, "My child is four years old, and she needs this." And that person, as I understand it, sticks with you until you get something. And does anybody want to guess the average number of phone calls it takes until you get something? Seven.

That's why everybody is having so much trouble, because it's that hard. And so that idea of how can public health, the practices and families and communities work together to get a system going that works for them. And then, also, the public health data that identify population needs is just fabulous for us to have.

Also public health can give us support in the collection of practice and clinic level data, as I was just talking about, using parent measures as outcomes, chart audits, and also providing information about how to get Bright Futures. Also, obviously, training and support for office systems change. That has been found to help with this stuff. And also fair reimbursement so that people can do this quality of care and improvements.

So one of the things that public health can really advocate for in Title V is to say to helping practices to realize how they can improve. Are they getting things done in a way that makes sense to parents? Are they getting things done in a way that really fits with the guidelines of Bright Futures?

And then, practices are proud of that. As you probably know--I asked you to think about the physicians and nurse practitioners that you know. Do you think they're trying to do a good job? Oh, man, are they trying to do a good job. And so if there's ways that we can help give them systems to improve the way they've been doing it and guidelines like we're doing with Bright Futures. I think that's a real help to them, and we can help them get organized.

The medical home--obviously, the Bright Futures toolkit should help the medical home with resources about community groups, how to approach the community groups. Betsey has done a beautiful piece--a one-page thing on how to get going--if you want to interact with the community, what are the things you need to think about before you go out there and start calling people. How can you really do outreach to communities? A template to use, as I told you about, and then, the A of P community pediatric statement, for those of you that don't know it, it's very short. You might want to look at. Because it really says about pediatricians, but it's true for family physicians and nurse practitioners, too.

We're responsible for the people in our practice--the families that we serve. And we're also responsible for the whole population of children in our community. We have

different roles with each of them, but how can we really do that work as a population of them.

So Bright Futures is going to come out, and then, the toolkits will come out. And we hope that you'll help us with the education and training in multidisciplinary professionals in diverse settings; promotion and information dissemination to professionals and families; incorporation of Bright Futures into practice settings, into professional training curricula. We certainly want everybody be trained in using Bright Futures. And also for quality improvement initiatives as I mentioned about improvement--certainly our colleagues want to do that.

We would love your input. We're going to need some review of the content toolkit. We would love to have newsletter submissions. Bright Futures in your community or state--we'd love to talk to you about that. We're going to be here. We have a booth, and we're going to be sitting there. We'd love to hear from you about any of these ideas. There is a one-way email list, and then, the technical assistance with implementation. We have a Website, and here's the contact information. So of these slides and the contact information is on the handouts that you can get from Jane, if you think that would be helpful.

But the thing I'd like to leave you with is I think that Bright Futures is a book that will come out. And I hope that you'll see it, and you'll feel comfortable with saying, "This is one of the ways that we can make sure that things are done in the way that makes sense to us as public health people, as families, as practitioners really committed to improving the health of children in the best way that we can. Thank you so much.