Resources for Children's Good Health

Bright Futures for FAMILIES

Bright Futures: Reinforcing Families' Key Roles in Promoting Health and Wellness

Moderators:

Betsy Anderson, IMPACT Project Director, Family Voices

Barbara Popper, IMPACT Project Consultant

Presenters:

Paula Duncan, MD, University of Vermont College of Medicine, VCHIP, Burlington, VT

Beth Dworetzky, MS, Project Director, MA Family-to-Family Health Information Center @ Federation for Children with Special Needs, Boston, MA

Mercedes Rosa, Project Coordinator, SPAN, Newark, NJ

Paula’s slides

- **History of BF, updates with family involvement- Paula**
- Emphasize the family’s role as a partner with providers in their child’s health care,
- AAP other pieces
- Demonstrate the use of new Bright Futures and Bright Futures for Families materials, based on the American Academy of Pediatrics (AAP) Bright Futures recommendations,
- The newest BF and BFF materials have more special needs inclusion and will support the work of F2F
- TITLE V Director experiences working with families as partners Insert Paula’s slides here

Family Voices IMPACT Project: Improving Maternal & Child Health Policies so All Children Thrive

- IMPACT is supported by a grant from the Maternal and Child Health Bureau of the Health Resources & Services Administration
- Bright Futures for Families - a focus area of the Family Voices IMPACT project
  - Established in 1995
  - Based on the Bright Futures Guidelines for Health Supervision of Infants, Children, & Adolescents developed by the AAP
  - Provides families, including families raising CYSHCN, with family-friendly information & materials about child health & development

Bright Futures Initiatives

- Participate in Title V MCH and CSHCN initiatives
  - www.familyvoices.org/work/title_v
- Survey families' knowledge and beliefs about health for all children, including CSHCN
- Conduct public outreach – build a network of interested others

Bright Futures Bright Futures National Family Network

Created by Family Voices in partnership with the AAP

- La Leche League International
- Latin American Health Institute
- Mothers of Super Twins
- National Center for Farmworker Health
- National Foster Parents Association
- National Healthy Start Association
- National Military Family Association
- Parent Teacher Association
- Pueblo Connections
- Today’s Child Communications

Bright Futures Initiatives - continued

- Develop and disseminate family-friendly materials
  - **Bright Futures: Family Matters,** an electronic newsletter for families & professionals
  - **Bright Futures Family Pocket Guide** – being updated to reflect Bright Futures themes & info in the 3rd Edition of the AAP's Bright Futures
- Web site at www.brightfuturesforfamilies.org

Bright Futures™

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

Bright futures: Focus on Families

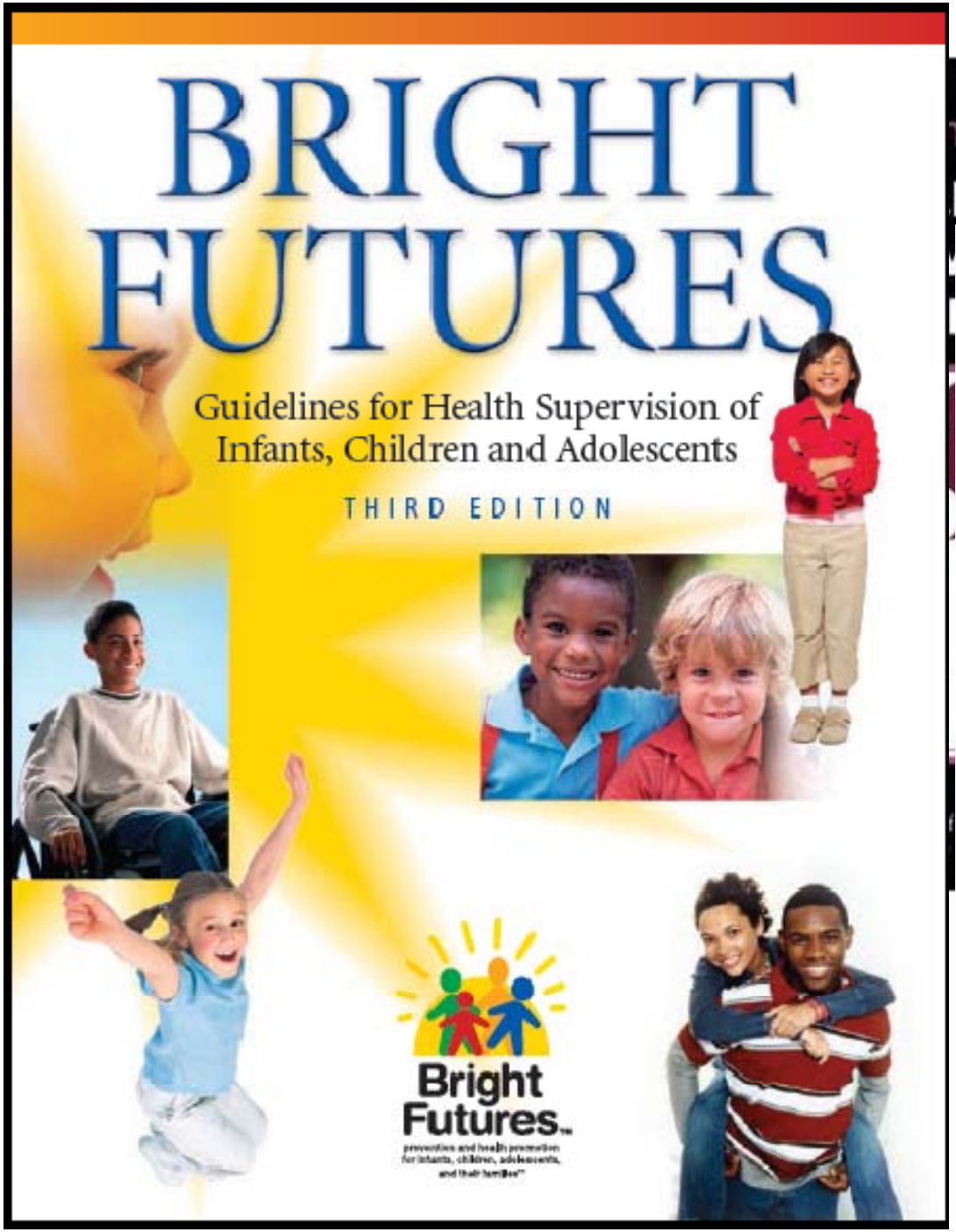
Paula Duncan, MD, FAAP

Chairperson, AAP Bright Futures Steering Committee

Professor of Pediatrics , Univ. of Vermont College of Medicine

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



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

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Recommendations for Preventive Pediatric Health Care

Bright Futures/American Academy of Pediatrics

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

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. Additional visits may become necessary if circumstances suggest variations from normal.

Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.

These guidelines represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

Copyright © 2008 by the American Academy of Pediatrics.

No part of this statement may be reproduced in any form or by any means without prior written permission from the American Academy of Pediatrics except for one copy for personal use.

	INFANCY								EARLY CHILDHOOD						
AGE[1]	PRENATAL[2]	NEWBORN[3]	3-5 d[4]	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y
HISTORY Initial/Interval	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
MEASUREMENTS															
Length/Height and Weight		•	•	•	•	•	•	•	•	•	•	•	•	•	•
Head Circumference		•	•	•	•	•	•	•	•	•	•	•			
Weight for Length		•	•	•	•	•	•	•	•	•	•				
Body Mass Index												•	•	•	•
Blood Pressure[5]		★	★	★	★	★	★	★	★	★	★	★	★	•	•
SENSORY SCREENING															
Vision		★	★	★	★	★	★	★	★	★	★	★	★	•[6]	•
Hearing		•[7]	★	★	★	★	★	★	★	★	★	★	★	★	•
DEVELOPMENTAL/BEHAVIORAL ASSESSMENT															
Developmental Screening[8]								•			•		•		
Autism Screening[9]											•	•			
Developmental Surveillance[8]		•	•	•	•	•	•		•	•		•		•	•
Psychosocial/Behavioral Assessment		•	•	•	•	•	•	•	•	•	•	•	•	•	•
Alcohol and Drug Use Assessment															
PHYSICAL EXAMINATION[10]		•	•	•	•	•	•	•	•	•	•	•	•	•	•
PROCEDURES[11]															
Newborn Metabolic/Hemoglobin Screening[12]		←	•	—	→										
Immunization[13]		•	•	•	•	•	•	•	•	•	•	•	•	•	•
Hematocrit or Hemoglobin[14]						★			•		★	★		★	★
Lead Screening[15]							★	★	• or ★		★	• or ★		★	★
Tuberculin Test[17]				★			★		★		★	★		★	★
Dyslipidemia Screening[18]												★			★
STI Screening[19]															
Cervical Dysplasia Screening[20]															
ORAL HEALTH[21]							★	★	• or ★		• or ★	• or ★	• or ★	•[22]	
ANTICIPATORY GUIDANCE[23]	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•

	MIDDLE CHILDHOOD						ADOLESCENCE										
AGE[1]	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
HISTORY Initial/Interval	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
MEASUREMENTS																	
Length/Height and Weight	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Head Circumference																	
Weight for Length																	
Body Mass Index	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Blood Pressure[5]	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
SENSORY SCREENING																	
Vision	•	•	★	•	★	•	★	•	★	★	•	★	★	•	★	★	★
Hearing	•	•	★	•	★	•	★	★	★	★	★	★	★	★	★	★	★
DEVELOPMENTAL/BEHAVIORAL ASSESSMENT																	
Developmental Screening[8]																	
Autism Screening[9]																	
Developmental Surveillance[8]	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Psychosocial/Behavioral Assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Alcohol and Drug Use Assessment							★	★	★	★	★	★	★	★	★	★	★
PHYSICAL EXAMINATION[10]	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
PROCEDURES[11]																	
Newborn Metabolic/Hemoglobin Screening[12]																	
Immunization[13]	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Hematocrit or Hemoglobin[14]	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Lead Screening[15]	★	★															
Tuberculin Test[17]	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Dyslipidemia Screening[18]		★		★		★	★	★	★	★	★	★	★	←	—	•	→
STI Screening[19]							★	★	★	★	★	★	★	★	★	★	★
Cervical Dysplasia Screening[20]							★	★	★	★	★	★	★	★	★	★	★
ORAL HEALTH[21]		•[22]															
ANTICIPATORY GUIDANCE[23]	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•

1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding per AAP statement "The Prenatal Visit" (2001) [URL: http://aappolicy.aappublications.org/cgi/content/full/pediatrics;107/6/1456].
3. Every infant should have a newborn evaluation after birth, breastfeeding encouraged, and instruction and support offered.
4. Every infant should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital, to include evaluation for feeding and jaundice. Breastfeeding infants should receive formal breastfeeding evaluation, encouragement, and instruction as recommended in AAP statement "Breastfeeding and the Use of Human Milk" (2005) [URL: http://aappolicy.aappublications.org/cgi/content/full/pediatrics;115/2/496]. For newborns discharged in less than 48 hours after delivery, the infant must be examined within 48 hours of discharge per AAP statement "Hospital Stay for Healthy Term Newborns" (2004) [URL: http://aappolicy.aappublications.org/cgi/content/full/pediatrics;113/5/1434].
5. Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
6. If the patient is uncooperative, rescreen within 6 months per the AAP statement "Eye Examination in Infants, Children, and Young Adults by Pediatricians" (2007) [URL: http://aappolicy.aappublications.org/cgi/content/full/pediatrics;111/4/902].
7. All newborns should be screened per AAP statement "Year 2000 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs" (2000) [URL: http://aappolicy.aappublications.org/cgi/content/full/pediatrics;106/4/798]. Joint Committee on Infant Hearing. Year 2007 position statement: principles and guidelines for early hearing detection and intervention programs. *Pediatrics*. 2007;120:898–921.
8. AAP Council on Children With Disabilities, AAP Section on Developmental Behavioral Pediatrics, AAP Bright Futures Steering Committee, AAP Medical Home Initiatives for Children With Special Needs Project Advisory Committee. Identifying infants and young children with developmental disorders in the medical home: an algorithm for developmental surveillance and screening. *Pediatrics*. 2006;118:405–420 [URL: http://aappolicy.aappublications.org/cgi/content/full/pediatrics;118/1/405].
9. Gupta VB, Hyman SL, Johnson CP, et al. Identifying children with autism early? *Pediatrics*. 2007;119:152–153 [URL: http://pediatrics.aappublications.org/cgi/content/full/119/1/152].
10. At each visit, age-appropriate physical examination is essential, with infant totally unclothed, older child undressed and suitably draped.
11. These may be modified, depending on entry point into schedule and individual need.
12. Newborn metabolic and hemoglobinopathy screening should be done according to state law. Results should be reviewed at visits and appropriate retesting or referral done as needed.
13. Schedules per the Committee on Infectious Diseases, published annually in the January issue of *Pediatrics*. Every visit should be an opportunity to update and complete a child's immunizations.
14. See AAP *Pediatric Nutrition Handbook*, 5th Edition (2003) for a discussion of universal and selective screening options. See also Recommendations to prevent and control iron deficiency in the United States. *MMWR*. 1998;47(RR-3):1–36.
15. For children at risk of lead exposure, consult the AAP statement "Lead Exposure in Children: Prevention, Detection, and Management" (2005) [URL: http://aappolicy.aappublications.org/cgi/content/full/pediatrics;116/4/1036]. Additionally, screening should be done in accordance with state law where applicable.
16. Perform risk assessments or screens as appropriate, based on universal screening requirements for patients with Medicaid or high prevalence areas.
17. Tuberculosis testing per recommendations of the Committee on Infectious Diseases, published in the current edition of *Red Book: Report of the Committee on Infectious Diseases*. Testing should be done on recognition of high-risk factors.
18. "Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III) Final Report" (2002) [URL: http://circ.ahajournals.org/cgi/content/full/106/25/3143] and "The Expert Committee Recommendations on the Assessment, Prevention, and Treatment of Child and Adolescent Overweight and Obesity." Supplement to *Pediatrics*. In press.
19. All sexually active patients should be screened for sexually transmitted infections (STIs).
20. All sexually active girls should have screening for cervical dysplasia as part of a pelvic examination beginning within 3 years of onset of sexual activity or age 21 (whichever comes first).
21. Referral to dental home, if available. Otherwise, administer oral health risk assessment. If the primary water source is deficient in fluoride, consider oral fluoride supplementation.
22. At the visits for 3 years and 6 years of age, it should be determined whether the patient has a dental home. If the patient does not have a dental home, a referral should be made to one. If the primary water source is deficient in fluoride, consider oral fluoride supplementation.
23. Refer to the specific guidance by age as listed in Bright Futures Guidelines. (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2008.)

KEY

• = to be performed ★ = risk assessment to be performed, with appropriate action to follow, if positive ←—•—→ = range during which a service may be provided, with the symbol indicating the preferred age

Bright Futures:
health promotion /disease prevention
in the medical home

At the heart of the medical home
is the relationship between the
clinician and the family or youth

Features of 3rd Edition: Ten Themes

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

Bright Futures

Health Professionals

Families

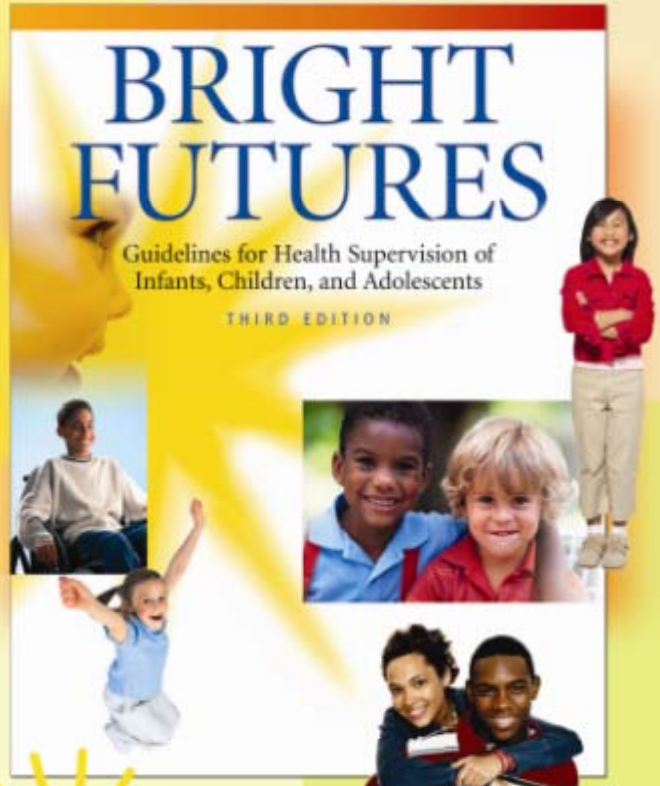
Public Health

Schools

Bright Futures Medical Home and Other Clinical Settings

- Parents' informational needs are met, their strengths are identified, and their concerns are addressed.
- All children, including those with special health care needs, receive preventive and develop-mental services, emphasizing the Bright Futures visit anticipatory guidance priorities.
- Families receive information about community resources and help with links to needed services.
- Parents are engaged as partners in promoting the health and well being of their children.

Bright Futures Tool and Resource Kit



Bright Futures™

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

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

Core tools encourage the partnership between practitioners and parents/youth

- Previsit Questionnaires
- Parent/Patient Handouts

Bright Futures.

Bright Futures Previsit Questionnaire
18 Month Visit

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

What would you like to talk about today?

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

Priorities for the Visit

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

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

Lead	Does your child live in or regularly visit a house or child care facility built before 1978 that is being or has recently been (within the past 6 months) renovated or remodeled?	❑ Yes	❑ No	❑ Unsure
	Does your child live in or regularly visit a house or child care facility built before 1950?	❑ Yes	❑ No	❑ Unsure

Bright Futures.

Bright Futures Parent Handout
18 Month Visit

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

LANGUAGE PROMOTION/HEARING

Talking and Hearing

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

FAMILY SUPPORT

Your Child and Family

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

SAFETY

Safety

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

TOILET-TRAINING READINESS

Toilet Training

- Signs of being ready for toilet training include
  - Dry for 2 hours
  - Knows if he is wet or dry
  - Can pull pants down and up
  - Wants to learn
  - Can tell you if he is going to have a bowel movement
- Have the parent of the same sex as your child or an older brother or sister take your child to the bathroom.
- Praise sitting on the potty or toilet even with clothes on.
- Take your child to choose underwear when he feels ready to do so.

CHILD DEVELOPMENT AND BEHAVIOR

Your Child's Behavior

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

What to Expect at Your Child's 2 Year Visit

We will talk about

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

Bright Futures Quality Measures Crosswalk

Topic Areas	Examples	AAP Bright Futures Measure	Hedis Measure	CHIPRA Core Quality Measure
Preventive Services				
	Age Appropriate Risk Assessments			
Medical	(lead, vision, hearing, TB, etc)	x		
	BMI	x	x	x
	oral health	x		x
	Chlamydia screening if sexually active	x	x	x
Parental/dev	Developmental Screening	x		x
	Autism Screening	x		x
	Maternal Depression	X		
	Anticipatory Guidance	x		
	Parental Concerns	x		
	Parental Strengths	x		
	Developmental surveillance for teens	x		
Systems	Identify CSHCN	x		
	Track referrals	x		
	Track and remind patients behind schedule	x		
	Well Child Visits (frequency)	x	x	x
	Immunizations	x	x	x
	shared decision-making	x		

HEALTH CARE REFORM AND BRIGHT FUTURES

- With respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA).
- Recognizes that Bright Future Health Supervision Visits are the guidelines referred to as “Recommended Guidelines”

Bright Futures and Families

- Materials
  - Bright Futures Family Pocket Guide: FamilyVoices
  - Bright Futures Activity Book
  - Bright Futures for Families Websites
    - brightfuturesforfamilies.org
    - healthyfuturesva.com
- Outreach
  - Text4Baby Partnership
    - Consistent Messaging
  - Family Voices Bright Futures National Family Organization Meetings

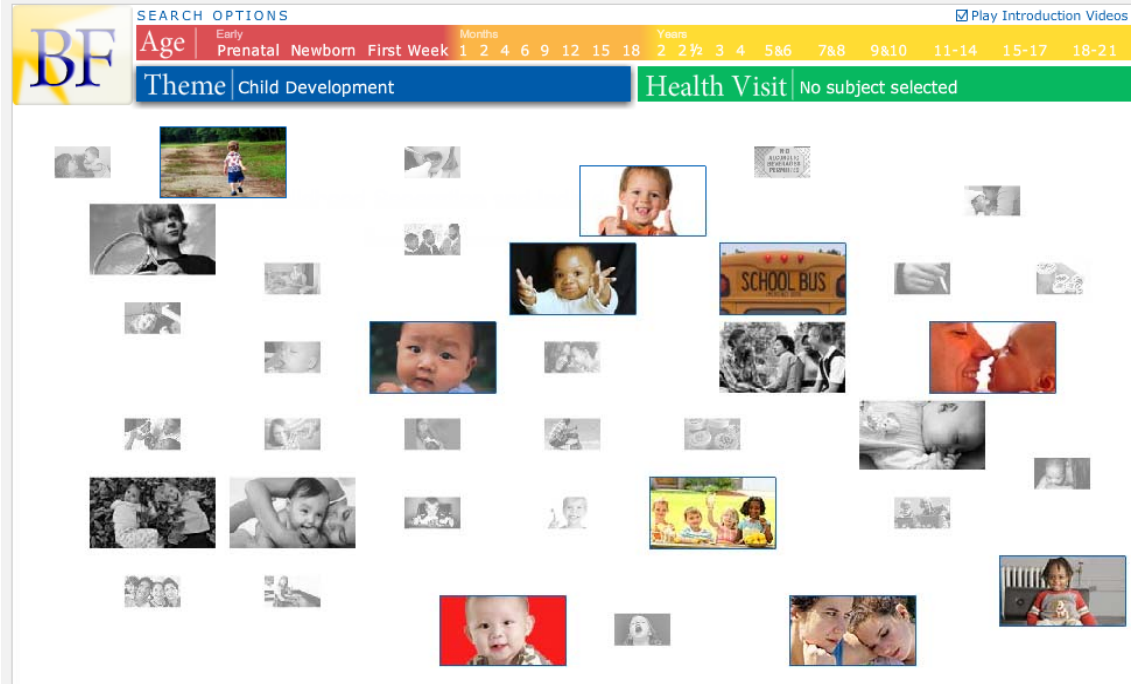
Bright Futures and Families*, con't*

- Developed a comprehensive family focused approach to enhance parenting skills for obesity prevention from birth to 5 years of age through a focus on *healthy active living*.
  - Initial funding for planning from CDC
- Bright Futures Parent Handouts for Child Care Settings
  - Special Emphasis on Healthy Active Living

Healthy Active Living for Families
Right From the Start
A program of the American Academy of Pediatrics

Using the Guidelines in Virginia

Virginia has established Bright Futures as the official state standard of children's health care, and the Department of Health has worked with public and private groups to encourage use of Guidelines, including the website healthyfuturesva.com



The Focus: Assets or Deficits?

TABLE 6

Comparison of Asset and Deficit Models

Asset Model	Deficit Model
Positive family environment	Abuse or neglect
Relationships with caring adults	Witness to domestic violence
Religious and spiritual anchors	Family discord and divorce
Involvement in school, faith-based organization, or community	Parents with poor health habits
Accessible recreational opportunities	Unsafe schools
	Unsafe neighborhood

Samantha & James

- 17 year old mom—18 month old child
- In homeless shelter—moved out of parents house 4 months ago

Bright Futures.

Bright Futures Previsit Questionnaire
18 Month Visit

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

What would you like to talk about today?

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

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

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

Questions About Your Child

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

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

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

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

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

Worried about additional shots because boyfriend's mother had a child with autism

There is a family from Laos at the homeless shelter; child had been playing with their children

Search for strengths

- Finished high school
- Has had a job
- Trying to ensure a safe place for her child away from smoke
- Has a boyfriend and his family
- Organized a clean up of the playground

Contact Information

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

Staff Contacts

Darcy Steinberg-Hastings, MPH

Director, Division of Developmental Pediatrics and Preventive Services

Director, Bright Futures National Education Center

Jane Bassewitz, MA

Manager, Bright Futures National Education Center

Bright Futures Materials

- Built on the concept that what families do at home every day to promote health matters
- Innundated with health messages
  - What to eat
  - How much physical activity
  - Limit screen time
- Materials provide strategies families can use to promote health & wellness
- Ideas to help their children take responsibility for their own health & wellness

Bright Futures: Family Matters

- Quote
- Introduction to the topic
- Info & resources for each age/stage
- Profile of a partner organization
- Research piece
- Family Resources
- Tidbits
- Invitation to others to share info about their organizations and partnership activities

Resources for Children's Good Health

FAMILY VOICES®

Bright Futures: Family Matters

Volume 11. Issue 3
February 2011

Life affords no greater responsibility, no greater privilege, than the raising of the next generation. ~ C. Everett Koop, former U.S. Surgeon General

Child Development

Child development is the physical, intellectual, emotional, and social changes children undergo as they grow from infancy to adulthood.

Physical development – how children's bodies grow, and what they can do physically. This includes gross motor activities, like standing, walking, throwing a ball, and climbing. Physical growth also includes fine motor activities such grasping objects, stacking blocks, writing, typing, and using a joystick or mouse.

Intellectual development – how a child imitates sounds, learns to speak, follows directions, and uses information to solve problems.

Emotional development – how children feel about themselves and others. How they understand and cope with feelings of joy, sadness, anger, and more. Children also learn to consider others feelings, how to follow rules, respect limits, and be responsible for their actions.

Social development – children become aware of their family, friends, teachers, coaches, and other people in their ever-widening social circles.

she can grasp and safe space for to learn to roll, sit, crawl, and pull up to stand. Learn more at www.zerotothree.org/baby-brain-map.html.

Early Childhood: One to 4 year olds learn through play. They are also more mobile and eager to explore. Visit www.pbs.org/parents/childdevelopment/ for fun games and activities to play. Read or tell stories to help build literacy skills and develop imagination. Establish routines for meals, snacks, playtimes, naps, and bedtimes to provide a sense of safety and control.

Middle Childhood: Your child's day now includes school. Set goals for school performance. Help your child develop a routine for homework. Praise your child for what he does well, and for new things he tries, even if he does not always succeed. Encourage your child to explore areas of interest and provide opportunities to make friends outside your family. Read more at www.mesacc.edu/dept/d46/psy/dev/middle_child/.

Adolescents: Just because teens are getting older doesn't mean they don't need their parents. Talk with your teen. Ask about school, friends, hobbies and other interests. Help teens feel good about their changing bodies. Teens hear lots about behaviors to avoid. Help them find healthy, fun things they can say "yes" to. This is also an exciting time. Teens become more responsible, and may be making plans for work or continuing education past high school.

Partners…

Grantmakers In Health is a national, non-profit educational organization. They work with foundations, corporations and other grant-giving entities and provide resources and information that will help ensure the grants support programs that improve the health of all people. Their many focus areas include access to healthcare, the child and youth health issues of infant mortality, teen smoking, and pregnancy, a concentration on healthy eating and physical activity to ensure overall health promotion, mental health, oral health, and social determinants of health. These include the factors, such as education, income, race, ethnicity, and environment that influence overall health. Visit the website below for news, events, and publications about each focus area.

Grantmakers In Health
1100 Connecticut Avenue NW, Suite 1200
Washington, DC 20036
Phone: 202.452.8331
www.gih.org/

Family Resource Corner

If you were unable to attend the 75th Anniversary of Title V in October 2010, hear, see, and read a recap of the celebration at www.hrsa.gov/ourstories/mchb75th/.

We live in a digital world; our children can access media with the press of a TV remote, mouse click or voice command. Learn more about media, and get ideas for how to manage its role in children's lives. Read reviews of books, movies, TV, apps, websites, and more at

What's New in Research?

"Sticks and stones may break my bones but words will never hurt me," is a familiar playground chant. In fact, words do hurt, even if a child does not hear the words directly. Researchers at the University of Washington found that gossip – talk and rumors spread about a child through conversation with others - or by pointing and laughing, do hurt. They also found that gossip is a form of bullying. For 10 weeks, researchers studied the playground interactions of 610 third through 6th grade students in 36 classrooms at various Seattle elementary schools. Then they had the teachers use an anti-bullying program in half the classrooms. The anti-bullying program emphasized:

1) victims should not fight back or get even,
2) by-standers should speak up, rather than be silent, which leads the bullies to believe their behavior is okay, and
3) the importance of supportive friends to lead the victim away from an encounter.

After the classroom intervention, there was another 10-week observation period during recess. Researchers found a 72% decrease in gossip for the students who participated in the anti-bullying program. Read more at www.sciencedaily.com/releases/2011/01/110103121024.htm.

Tidbits for the Month

You may have painted by numbers, but do you eat by color? March is **National Nutrition Month**. This year's theme is "Eat Right with Color." Learn more at

Contributions Welcome

- ***Share your news!***
- Want to share news about your agency or family organization? Did you get this newsletter from someone else? We can add you to the mailing list. Let us know! Contact Betsy Anderson, IMPACT project director, at banderson@familyvoices.org.

Bright Futures Theme Sheets

- Created to provide families with an overview of each of the 10 AAP Bright Futures themes
- Introduces each theme
- Provides Age/Stage Info, including CYSHCN
- What families can do to promote…
- Resources

FAMILY VOICES®

PROMOTING PHYSICAL ACTIVITY

Resources for Children's Good Health

Bright Futures for FAMILIES

Get Moving! That's today's message for infants, toddlers, children, teens and adults. Being physically active helps children and families build healthy habits that will support a lifetime of health and well-being. Physical activity is a great way for children and adults to develop new skills and have fun. In addition, physical activity combined with good nutrition helps promote a healthy weight.

Physical Activity:

- Helps keep you healthy and helps encourage future health.
- Promotes physical and mental well-being.
- Helps family members develop and learn new skills.
- Is fun and can offer great social opportunities.

Child and Family

One of the great things about physical activity is that your child can be active alone or with friends. It's also a great way for families to spend time together. Physical activity helps balance the time that children and adults spend watching TV, playing video games, and using computers. Promoting good health through physical activity

- **Adolescence:** At this age, school and league sports are often for those who excel. Help your teen to find ways to be active that can provide life-long enjoyment, regardless of skill. Physical activity can be beneficial, even if it's not sustained. Short bursts of activity, like a lap around the mall before shopping, are valuable.
- **Children with Special Health Care Needs:** *All* children, including those with special health care needs, benefit from physical activity. With creativity and some accommodations, most children with special health needs can participate in the same activities as their friends. Attend a Special Olympics event to introduce your child to different sports opportunities. Talk with your child's health care providers about suitable activities and any special considerations.

What Can Families Do to Promote Physical Activity?

- Set a good example. Be active yourself. You might take a yoga class, park further from a store and walk, or take the stairs instead of the elevator.
- Provide opportunities, inside and outside, for physical activity. Play tag, toss a ball, go for a walk, or create an indoor obstacle course with household items.
- Physical activities do not have to be formal and scheduled; make time for unstructured fun, like an impromptu dance contest.
- Help your children find age-appropriate physical activities.
- Encourage their interests and growing skills.
- Explore opportunities for physical activity in your community - parks, recreation centers, playgrounds, public pools, bicycle trails, and other settings.
- Some schools have reduced or cut physical education (PE) classes and recess. Advocate for the importance of PE and recess in school.
- Many schools are now developing school wellness policies. Ask about participating in this process.
- Work with your town and community to ensure there are opportunities for all, including children and adults with special health care needs.

Resources

- Family Voices Bright Futures for Families website www.brightfuturesforfamilies.org for additional resources, and to subscribe to the Bright Futures: Family Matters free, electronic newsletter.
- Centers for Disease Control and Prevention
  - Body and Mind, a website designed to encourage physical activity for children, ages 9 – 13 years old www.bam.gov/sub_physicalactivity/index.html

Bright Futures Family Pocket Guide

- **Coming Soon!**
- Family-Friendly info by age/stage/theme
- What to expect during health visits
- Emphasis on provider/family partnerships
- RESOURCES

Bright Futures & Health Reform

- PPACA – focus on health promotion
- Bright Futures is specifically mentioned

Family-to-Family Health Info Centers & Bright Futures

- F2Fs funded by MCHB
- Family-run centers that provide assistance to families raising CYSHCN & others
- Six National Performance Measures:
  - Access to Medical Home
  - Early & Periodic Screening
  - Navigating Community Resources
  - Health care financing
  - Partnering in Decision-making
  - Transition

New Partnership

- Family Voices recently awarded new IMPACT grant
- Will develop strategies to expand the capacity and infrastructure of family organizations to address child health prevention that can be used by families and family organizations.
- Will include F2Fs and collect data about how they use BF materials with families raising CYSHCN
- Pilot – in year 1, 2 F2Fs will be selected to work in partnership with the IMPACT project on health & wellness promotion for CYSHCN & their families

Statewide Parent Advocacy Network
Empowered Parents:
Educated, Engaged, Effective!

Bright Futures Focus Group

MENTAL HEALTH AND WELLNESS For Children
Discussion Group
WE NEED PARENTS OF CHILDREN WITH AND WITHOUT DISABILITIES AGES 5 to 10

Are you looking for ideas about:

- How you can help your child have good mental health?
- How to promote social or emotional growth for your child?
- How other families are able to encourage healthier behaviors for *their* children either with or without disabilities?

Raising kids to have good mental health is a challenge for all families. You will be listening to ideas on wellness for children and giving us your comments. You will be helping us to develop a new guide for families.

Light refreshments will be served. Families will receive a $20 gift card.

What We've Learned

- Parents are balancing helping their children with facilitating steps to independence (more difficult for special needs)
- There needs to be collaboration with other systems like schools, especially for mental health
- Related issues, such as sexuality, need to be discussed even earlier than most think (again more complex for special needs)
- Parents recognize that they're role models for their children

Community Partnerships
Helping others navigate the systems

- Sharing Information and resources
- Referral/connection to services
- Liaison with community services
- Advocacy & Counseling
- Parent Education
- Outreach to underserved families

How we use Bright Futures Resources

- Immigrant Outreach
- Medical Home Pilots
- Health fairs
- Head Start Programs
- School Nurses
- FQHC
- Faith Based Programs
- Family Resource Specialists and also to individual parents through technical assistance
- Links on the SPAN website

Resource Connections

- ***Strengths Based*** – Families make changes based on the strengths they have used in the past and those that they can enhance in the present
- ***Family Centered*** – the family is the center of the child's world and the focus of change
- ***Solution Focused*** – Families find their own solutions through the support of their system of care and vital information they receive

Knowledge is Power!

Empower parents with information and tools so they can make decisions and partner with professionals.

Positive Outcomes

- Empower parents with information
- Validate concerns and provide direction and support
- Provide parents with choices
- Include parents in decisions as partners
- Enhance the Medical Home
- Ensure self-determination
- Help develop youth self-advocacy
- Getting CYSHCN what they need today to lead to a successful transition to adulthood tomorrow