

HRSA/MCHB 2007 FEDERAL/STATE PARTNERSHIP MEETING

Building Blocks for Promising Practice Models

October 14 - 17, 2007

Child Health Day

Bright Futures

CHRIS DEGRAW: --for our speakers this afternoon, so that we can try and stay on schedule. I know Cassie and her group are concerned about keeping this meeting on track, and it's gone so well so far that we want to do our part. It's a great opportunity to have this luncheon and to use it to celebrate Child Health Day, and the opportunity that Child Health Day gives us to draw national attention to the critical role that health promotion and preventive services plays to ensure healthy infants, children, adolescents and the healthy adults that we hope they will become.

When the bureau was choosing a theme for this year's 2007 Child Health Day, it didn't take long to home in on health promotion and prevention. We all know that health promotion and prevention are the core of Maternal and Child Health. It was also a timely convergence of events because October is not only the month where a Child Health Day occurs. This October 2007 is the month where a completely new addition of the Bright Futures guidelines for health supervision of infants, children and adolescents will be published. And I think I was supposed to be told the exact date.

UNKNOWN SPEAKER: October 27th.

CHRIS DEGRAW: October 27th, it will be in our hands. As I'm sure most of you know, and I had the opportunity to talk a bit about it with the new director's yesterday, Bright Futures is MCHB's long-standing initiative to improve the quality of health promotion and preventive services, and to ensure that we all have the information, the tools, and the guidelines we need to appropriately address the current and emerging health promotion needs of infants, children and adolescents. The bureau has supported Bright Futures since 1990 in its inception, and I think this really speaks to the sustained support to the importance that the bureau places on prevention. This is an initiative. It's not a program. It's not a statutory requirement. It's just something that the bureau thinks is important, and has sustained at a high level over the last 17 years.

The state partnership meeting is a most fitting venue to roll out the new 3rd edition of the Bright Futures guidelines. You, the MCH public health community were among the first to--adopters of Bright Futures. Where some saw Bright Futures as merely a set of clinical guidelines. You in public health saw broader possibilities to use the guidelines in your work.

One of my favorite characterizations of the Bright Futures guidelines comes from our public health colleagues out in Washington State, who speak of Bright

Futures as serving as a common language where clinicians and public health folks, and families, and communities can use Bright Futures as the common language to communicate about, and address the prevention and health promotion needs of infants, children, and adolescents.

Before I get on to--I'm introducing our speakers. I want just to point to the packets that you all got on your chairs. This is information that our colleagues at the American Academy Pediatrics have put together about Bright Futures. It includes sheet--information sheets on the 10 health promotion themes around which the new Bright Futures guidelines are organized. There's a newsletter that talks about the new Bright Futures guidelines, a Child Health Day poster, and some other information about the book itself. I hope you've all seen the Child Health Day poster. We tried to publicize that in time for Child Health Day miraculously enough this year but it turned out really nice to work together with our HRSA communications colleagues, and colleagues at Bright Futures at DAAP, and really came up with a nice resource and a website for health promotion and prevention for National Child Health Day that I think will be useful for all of us longer than just this month.

In 2002, the American Academy Pediatrics competed successfully for cooperative agreements to work with the MCHB to carry on the Bright Futures initiative. A national advisory committee was pulled together in a steering committee, and four incredible people were tapped to serve as a leadership of

the Bright Future's initiative, Joe Hagan, Judith Shaw, Paula Duncan, along with Mary Margaret Gottesman, who couldn't be here today, has served as the co-chairs for the Bright Futures initiative for the past five years. Joe, Judy and Paula have also served as the editors of the new edition of the Bright Futures guidelines. I'm not sure they knew that they were getting into, but get into it, they did in a very, very, very big way. Fortunately, they all hail from the same locale in Burlington, Vermont, so they've been able to work on Bright Futures even in their off hours when we weren't expecting. I don't know whether that was serendipity or someone's terrific planning, but it's worked to the betterment of children and families.

Their first decision on taking the helm was not merely revise the existing set of Bright Future's guidelines, which was really, I think, what our expectation at the bureau was with the new cooperative agreement, but they decided to start from scratch to draw upon the principles and the goals of Bright Futures, and the existing guidelines, but to lead a scores of interdisciplinary experts, hundreds of reviewers, other folks and a lot of whom are in this room to have a thorough rethinking of the Bright Futures guidelines to ensure that their utility was there to address health promotion and preventive services in the early 21st century. You'll have plenty of opportunities over the next few months, I'm sure, to learn about the nitty-gritty details about the new Bright Futures guidelines and how you can put them to work for you. So today, we ask the speakers to each think about the new Bright Futures guidelines, and talk to you about what each of them feels as

a noteworthy part of the guidelines. What they think is the message that they would like you to walk away with today about the new guidelines and peak your interest. So without further ado, I'm going to turn it over to Paula Duncan, Joe Hagan and Judith Shaw. And there'll be an opportunity a little bit later for a little more in-depth biographical information on them.

PAULA DUNCAN: Thank you so much, Chris. So I think the most exciting thing for me is the idea that we have one set of guidelines. Guidelines are important. As you know, there's been other--there's been many sets of guidelines before, that's the first thing. But it's not just about guidelines that we have all the best thinking and all the best practice stuff we could get in one place, in one place. So that when you really see this book, I hope that it will be--it'll serve many different uses for you. We have the guidelines for health supervision and what we really think is the most important thing including oral health. So we got both in there. At every visit you can look and see what we should be doing from many different perspectives. And I first--I guess I just want to say thank you to Chris, and Ann, and Peter, everybody that hung in there with us to get one set of guidelines to get the best practice, at least does it exist in 2007 into one spot. So that when we go in after, we can look at it. We're not constantly trying to resolve all the different issues that come up with a couple of different sets of guidelines.

As some of you know, I was the MCH director in Vermont for many years, and so when I prepared my remarks today I thought, "What would I want to know if I was

sitting in your shoes,” because I’ve been in these meetings, these wonderful meetings. And what would I like to know about Bright Futures that would speak to me as an MCH director. And the first thing--what's that, trouble hearing? Oh my gosh. Okay. Let me know. Thank you, Stephanie. 'Cause I want to be heard. We really thought about the 10--the core functions of public health and what kinds of things really matter to us as public health people.

So one of the things that first jumped out at me was besides the fact that we have one set of guidelines, was that I would really want to know if I could use it to educate people, if it really would have in it the understanding how important community is, and that for the health of children and families, how important the community linkages are going to be, so that whole thing about educate and inform, and make linkages that public health is really so critical to. Those are really basic premises that run through the whole of Bright Futures. The second thing I'd want to know is let me think about families or families involved, and how are families portrayed in Bright Futures. Is this something that families could read and use, and do, and absolutely.

Betsy Anderson's here. She's on our steering committee and she made sure that we didn't mess this part of--we had family member one each one of our expert panels. The panels only had six to eight people on them, so it was really important for us to make sure that we had the family perspective as we developed these guidelines. What about--also I'd want to know if it was really

developed by, respectful of, and useful to people from many different disciplines, and I think that you'll see from our biographies that we're in different disciplines on the panel but also Mary Margaret got us a nurse practitioner, and all of the expert panels had many different kinds of professionals on them as well as family members. And also to think about, is this going to be a document that's going to be useful to home visitors, and people on WIC? Absolutely. And I think that that's really the way it's developed, and I hope that you'll agree that that's there when you see it. Another area that I want to know about is children with special health needs. And this was really important to us in this edition because it was obviously, a discussion should we have to different books. One, for children with special health needs--health promotion and prevention for children with special needs and then, a separate one in general and we decided no. We took on the challenge of integrating it and it's really--that's one of the major things that we spent a lot of time on doing with this edition.

The timing--all the visits in which Joe's going to tell you about have the issues of children with special health needs in--incorporated into them. The final things I want to know about Bright Futures has always been about strength-based approaches. Strength-based approaches, one of the first places that strength-based approaches got mentioned was in the old--other--or earlier editions of Bright Futures. And strength-based approaches guess what? They moved right to the front of the list.

So we have actually put in some very specific examples and words. We took the MCHP definition of what developmental tasks of adolescents were important. I put them right in the middle of the visits for people to make sure what kids were saying yes to was included as well as what they were saying no to. So strength-based approaches, monitoring certainly, is a function of Public Health and did we pay attention to what kinds of needs assessments have been done? Absolutely, because mental health and overweight, obesity are two of the themes that run through Bright Futures because certainly, we know from the data that many of you have developed, that these things are really important in our communities.

So I think that as you--as I think about this, I think that as a MCH Director in Vermont, I would think that there are a lot of good things that were really applicable to me, in my life that would be my professional life as well as my personal life, that would be really incorporated into this edition of Bright Futures. Obviously, we're building on the strengths of the other editions of Bright Futures and all the good things we hope that they've continued, and we think they have.

I'd like to take us right back to the beginning now where I started, one book with the best practice in it and one set of guidelines, and introduce my colleague, Joe Hagan.

JOSEPH HAGAN, M.D: Could we have our slide up? Paula's been talking about the 10 essential Public Health Services, which are over here on a little easel, but

are meeting people very nicely and there's slide for us to. Someone had referred to them.

So how great is it to work in a project surrounded by Paula Duncan and Judy Shaw? I mean, that's so cool. Thanks for having us all here. My life for the past week has been a little bit diverted, but from Bright Futures, but not really. In that last week, the New England Journal of Medicine published—they ran a study that children study received only about 47 percent of the recommended treatment or services, both Welcare and Sickcare were considered.

Now, this really wasn't terribly surprising. There have been similar findings by RAND previously published in adults. I think it deals with systems deficiencies and not simply clinician or provider deficiency. I was, of course, quoted by the Associated Press as saying, "We get an F." Now, when am I going to learn how to talk to the press and not say those things, because I've done this long enough? I know that's what they're going to say anyway.

But here's an opportunity. The Bright Futures guideline's third edition is out, we just heard, next week. Let's see how it helps us address these deficiencies of care. I'd like to consider maybe six of these 10 essential Public Health Services in an order very much my own.

So let's first talk about number five, developing policies and number three, I'm

going to steal from Paula, educating. The Bright--for Futures experts that we called upon for their help and expertise didn't develop policy, but we have chosen, we have highlighted, we have reorganized health interventions to reflect policy that should be in place for well children and adolescents. We hope we expect that we can entice clinicians in private practice and in the Public Health clinic setting to change their practices, that's education.

I've always felt that if we get Bright Futures right, people will look at the book and say, "Yeah, I can do that." If we get it right, they won't have to say, "Well, how do I do this?" They'll say, "Yeah, I could do that." So what's new? Well, 10 themes as what's mentioned a moment ago, 31 well-child visits from birth through 21 and a prenatal visit, but what else is new? I mean, all guidelines roped into visits.

Well, for the first time that I'm aware of, here's a guideline that actually states the evidence and give the rationale when there is an evidence. So, clinicians can look at this and you as public health providers can look at this and say, "What exactly was Hagan thinking when he wrote this?" Okay. Or, "What exactly--where do we draw this from?" It's clear, it's written down, and it's not in footnote format. It's got its own chapter. Okay? The other new thing that this guidelines offers, I think, for the first time, is a clear table at each visit of recommended universal and selective screening with tools to help people do that. And again, not just do this but do this why the rationale is there for this screening.

And finally, perhaps most importantly for those of us who are trying to have this best impact on families, we thought hard and long about anticipatory guidance and we've prioritized what are the important anticipatory guidance topics that could be discussed at each visit. As you know, each visit in a clinician's office, each visit in one of your clinics, the people who are providing the services are challenged to talk about a gazillion things with that particular two-year-old. But how do you tailor it to that particular two-year-old in one family, in one community and still think about the important stuff? We hope the priorities will help with that.

Number eight, ensure a competent workforce. Number seven, ensure a competent healthcare and services. So, if we endorse the Bright Futures III content as our standard, we must now educate ourselves, our colleagues, our trainees, and I think we need to examine existing systems and tweak them or maybe change them. Number four, mobilize. Well, I got to tell you, for me, it's more like proselytize. I'm really beginning to feel like Bob the Builder, okay? You're ready? Can we build it? Yes, we can. All right. So, I'm--Chris, it's been five years. It's just sort of engrained now. I mean, this is going to work. All right.

My last point, monitoring. Number one, please monitor us. Okay? If Bright Futures III, third edition is now the new standard, we, in public health, need to hold ourselves to the Bright Futures standard. Public health, I think, should hold private sector people. That's what I do on my day job, by the way, it's private sector. You should hold me to it. Third party payers, health insurers can use the

Bright Futures third edition guidelines as a quality indicator, not just for immunization rates but for universal and selective screening, for lead screening, one way or the other, for developmental screening. It's all laid out. It's not going to be hard for insurance companies to tell, "Who's providing good care and who's not quite up to snuff yet?" We don't look at these--we look at these measures now and I think that there are missed opportunities by not monitoring ourselves that way. So, please monitor. So, I would like to be able to say that in just a couple of years, maybe three years at the most, certainly not five years, I can say to my friends at RAND, "Come on back. Look again. We'll show you quality care for infants and children and adolescence, care that meets or exceeds standards and it is received by the patients and their families and it can be measured." And I really look forward to discussing the third edition of Bright Futures with all of you as it comes out. Thanks for including us today. I'm going to turn this over now to Judy Shaw.

JUDITH SHAW: Thank you, Joe. I'm the researcher, public health educator, nurse of the team here, and my job is to talk to you about Bright Futures and its applicability to the work that you do. I want to say, as I look around the room, there's many, many familiar faces. And many of it is from my past life in working in public health or recently. And I think the challenge--this book is not for pediatricians, it's not for clinicians in primary care, it's for you, it's for us. It's for all of us. And I think having practiced in primary care for years, seeing multiple sets of guidelines and competing priorities of what we should do, it's very exciting to

have a uniform set that we can implement. The challenge for you, the challenge for us is making sure that this book doesn't go on the shelf, and that it comes alive not only in the clinical practice but in the public health sector, in the family sector, in all sectors that intersect with children. And that is our challenge today, to think about how that is going to take place. I think as far as the clinical sector, we're working on a tool kit for clinicians in their practice. But how do we take these set of guidelines as public health--as a public health workforce and implement them in the work that we do? We're hoping that with these set of guidelines that everyone that intersects with children will think about their role and their connection to these guidelines. The Institute of Medicine and the Future of Public Health challenges all of us in public health to think about how we can take advantage of partnerships to improve the health of the public. You all are responsible for assuring--where is it--the assurance of the public health--of the population in your state. You also have a role in evaluation and research.

So my job today is to talk about not only how to take the Bright Futures guidelines and implement them in your state and among the workforce but also to consider the role you play in evaluating how those guidelines work and contributing back to the research. And we know that the Future of Public Health is really going to be built on the many partnerships that you form in your state: partnerships with the professional organizations, the AP chapter, AFP chapter, nurse practitioners in the state, partnerships with academia. And so, what I wanted to say today is we really need to look to the future, consider who our

partners are, our families, our academicians, as we consider how to take these guidelines and implement them in our state.

So, that's all I have today. And I just want to thank the Maternal and Child Health Bureau and everyone for all their support working on Bright Futures. It's been a long journey, but it's been a very exciting one. So, thank you very much.

JOSEPH HAGAN: Snuck this in on you. It really is a privilege to be here and be able to launch Bright Futures. Yes, it's next week. But for us, emotionally, it's this week. It's today.

JUDITH SHAW: This is our first time.

JOSEPH HAGAN: Yeah. It's our first time to talk about it as like I've been saying for the past few weeks, "I can smell the ink." And it's great to be here with this public health community because you are the early adaptors, and we are so thankful for your help in developing this, and I hope you'll also help us implement this. Take the mugs. Okay? They're not there for decoration. They are for you. Take the pens. Use the pens. Okay. They're nice pens. Okay? My mother likes them a lot.

UNKNOWN SPEAKER: Kids like them a lot, too.

JOSEPH HAGAN, M.D.: Right.

UNKNOWN SPEAKER: They got colors. They're great.

JOSEPH HAGAN, M.D.: So, we've got a little present for Chris and for Ann Drum and for Peter van Dyck, and we would ask Ann and Peter to come up and maybe join Chris for a second. This really caught Chris off guard.

CHRIS DEGRAW: I was going to tell them about the mugs. I'd forgotten that earlier.

JOSEPH HAGAN: See if I cannot trip on the stage, like I trip off the stage. Peter, thank you for your leadership and your ongoing commitment to children and families. You get one for your very own office. And this is a framed picture, framed copy of the Child Health Day poster, which we hope you will share with pride because we've been proud to work with you. We also have one for Chris and Ann, who have said they'd like to share theirs. And since they've shared in leading us and nudging us and setting limits for us and goading us, we want to thank all three of you and thank you very much.

CHRIS DEGRAW: Okay. Now, we're going to turn the program over to Dr. van Dyck.

PETER C. VAN DYCK: Well, good afternoon again. It's wonderful to be here at the introduction of something that is so significant. The Director's Award of the Maternal and Child Health Bureau is presented at the partnership meeting each year if there are worthy awardees, and we're having an awardee lunch tomorrow. But with these three, when one absent, four folks here today, we're going to award them a Director's Award today. And the Director's Award is for noteworthy contributions made to the health of infants, mothers, children, adolescents and children with special healthcare needs in the nation.

Nominations for the award are--can be made by anybody in the MCH community, and clearly, nominations that reflect significant, positive effect on the bureau programs or on the bureau itself have an advantage in the selection process. Joe Hagan, Judy Shaw, Paula Duncan and Mary Margaret Gottesman have been nominated for the Director's Award and that nomination has been accepted because of their inspired leadership and exceptional national level of contribution to the health of children and families as co-chairs of the Maternal and Child Health Bureau's Bright Futures Initiative and co-editors of the Bright Futures Guidelines for Health Supervision of Women--of Infants, Children and Adolescents third edition.

As you've heard, Bright Futures is the bureau's longstanding initiative to improve the quality of health promotion and prevention services for infants, children, adolescents and their families, and to ensure that Well-Child Care is responsive

to the new and emerging morbidities affecting children and families. The nominees have guided all aspects of this initiative since 2002 culminating in this month, October 2007--October 27th, I heard earlier this--in the luncheon, of a completely new edition of the Bright Futures Guidelines.

They have each contributed countless--thousands of hours to provide sustained interdisciplinary leadership that has build upon the rich traditions of Bright Futures and resulted in the new edition of the Bright Futures guidelines that will guide the delivery of well-child clinical care, public health promotion and prevention programs, and family and community participation and prevention for years to come.

As leaders of the Bright Futures initiative, they decided to undertake a complete revision of the Bright Futures guidelines, basically, starting from scratch, rather than doing a routine updating as was the original expectation. They convinced the project staff and the bureau that in order to have guidelines that were of the highest quality, relevant and usable, it was necessary to make the long-term commitment and effort required to rewrite the guidelines.

As leaders, they expanded the panels of experts developing the guidelines to ensure representation of needed expertise and key voices. The resulting four expert panels were each models of interdisciplinary work in child health including family representatives and members with expertise, in children with special

healthcare needs, mental health as well as pediatricians and family practitioners, nurse and nurse practitioners, dietitians and nutritionists, dentists and public health representatives.

Under their leadership, the new Bright Futures guidelines, unlike earlier versions, is transparent about the evidence base of its recommendations for health promotion and preventive services. As a result of their leadership, a major message of the new Bright Futures guidelines is that for children with special healthcare needs--is that children with special healthcare needs are treated as children first with regard to their health promotion and prevention service needs.

Finally, their leadership has resulted in a major advance in child health. Bright Futures is now the single set of national guidelines for pediatric health promotion and preventive services, replacing the American Academy of Pediatrics guidelines and incorporating key elements of the AMA's guidelines for preventive services for adolescents.

I'm going to read the four bios very briefly for you. Joe Hagan practices Primary Care Pediatrics in Burlington, Vermont where he's also a clinical professor in Pediatrics at the University of Vermont. Since 2002, Dr. Hagan has been co-chairperson for the Bright Futures Education Center Project Advisory Committee, and co-chairperson of the Bright Futures Steering Committee. Along with his co-editors, he has led the development of the all new Bright Futures guidelines. He

is past chairperson of the American Academy of Pediatrics Committee on psychosocial aspects of Child and Family Health and chaired the academy's taskforce on terrorism. He also chairs the Vermont Citizens Advisory Board for the Vermont Agency of Human Services Department of Children and Families.

Judy Shaw. Judy, on the end, in red, has been executive director of the Vermont Health Improvement Program since its inception in 1999. In addition, she is principal investigator for severally--federally funded projects designed to improve delivery of health care to children and holds the position of research associate professor of Pediatrics at the University of Vermont, College of Medicine.

Nationally, since 2002, Judy Shaw has served as the co-chairperson of the American Academy of Pediatrics Bright Futures Steering Committee and Education Center Project Advisory Committee, and co-editor of the soon to be published guidelines. She was the 2002 Department of Health and Human Services Secretary's Primary Care Health Policy fellow. A member of the Board of Directors of the Ambulatory Pediatrics Association from 1999 to 2002 and Board of Directors of the Sterns Center for Language and Learning in Vermont. In addition, in September 2007, last month, she completed her Doctor of Education Program at the University of Vermont. Congratulations.

Paula Duncan is a professor of Pediatrics at the University of Vermont, College of Medicine, and is also the medical director for the AHEC and the youth project director for the Vermont Child Health Improvement Program. Her current work in

Vermont focuses on primary care practice improvement strategies related to prevention and developmental services for early childhood and youth. Nationally, Paula is the co-chair of the American Academy of Pediatrics Bright Futures Implementation Project Advisory Committee and a member of the Bright Futures Steering Committee. Along with Joe Hagan and Judy Shaw, she's co-editor of the upcoming release of the guidelines. Dr. Duncan also chairs the AAP Management Committee on Councils and is a member of the AAP Oral Health Workgroup, as well as the AAP Mental Health Task Force. She's also served as principal assistant to the secretary of Human Services and as the Maternal and Child Health director, as she mentioned, for the state of Vermont.

Mary Margaret Gottesman, who could not be here today to join us, is an associate professor of Clinical Nursing at the Ohio State University College of Nursing. At the University, Dr. Gottesman directs the Pediatric Nurse Practitioner Program as well as teaching in the interdisciplinary Leadership Excellence in Education and Neurodevelopmental Disabilities, much easier to say than LEND program. She has created and taught child health and development program statewide for the Ohio Department of Health's Help Me Grow programs serving children birth to three years of age. She also coordinates and provides a wide range of health services for Head Start programs in Columbus. Since 2003, she's been involved with this initiative as co-chair of the implementation project and a member of the Bright Futures Steering Committee, a past president of the National Association of Pediatric Nurse Practitioners or NAPNAP. Dr. Gottesman

chairs NAPNAP's Healthy Eating and Activity Together National Initiative. In addition, she's a member of the Pediatric Cardiovascular Risk Reduction expert panel for the National Heart, Lung, and Blood Institute at NIH.

Please join me in your round of applause for the things and excellence of the service that has resulted in a major project to improve the health of mothers and children across the nation. Thank you. Thank you very much. Joe. The Director's Award is presented to Joe Hagan in recognition of contributions made to the health of infants, mothers, children, adolescents and children with special health care needs in the nation, 2007.

JOSEPH HAGAN: Thank you.

PETER C. VAN DYCK: You're welcome. (Inaudible).

JOSEPH HAGAN: Thank you.

PETER C. VAN DYCK: Judy. The Director's Award for the Maternal and Child Health Bureau is presented to Judy Shaw in recognition of contributions made to the health of the infants, mothers, children, adolescents and children with special health care needs in the nation, 2007.

JUDITH SHAW: (Inaudible).

PETER C. VAN DYCK: (Inaudible).

JUDITH SHAW: Thank you.

PETER C. VAN DYCK: You're welcome. And Paula. The Maternal and Child Health Bureau presents the Director's Award to Paula Duncan in recognition of contributions made to the health of infants, mothers, children, adolescents and children with special health care needs in the nation, 2007.

PAULA DUNCAN: Great. Thank you so much. I'm so honored to do this.

PETER C. VAN DYCK: And we have a similar award, which we'll get to Mary Gottesman. Thank you all, very much folks. This has been a wonderful partnership. A partnership where you have donated and provided thousands of hours.

PAULA DUNCAN: It was our honor. Thank you.

PETER C. VAN DYCK: Thank you.

CHRIS DEGRAW: Okay. Well, thank you all for your rapt attention. Hope you all had time to finish your desserts. And be sure again--it's almost negligent and Joe

had to bail me out. The center pieces are very conceptual. They are meant to be deconstructed so please do that before you go.