Assessing the Bright Futures for Infants, Children and Adolescents Initiative

Executive Summary

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Overview

In 1990, the Health Resources and Services Administration's Maternal and Child Health Bureau (MCHB), with support from the Health Care Financing Administration's (HCFA, now the Centers for Medicare and Medicaid Services) Medicaid Bureau, launched the Bright Futures for Infants, Children, and Adolescents initiative. This initiative was developed to improve the quality of health services for infants, children, and adolescents through health promotion and disease prevention. Bright Futures uses a developmentally based approach to address children's physical and psychosocial needs within their family and community context. In 2002, MCHB contracted with Health Systems Research, Inc. (HSR) to conduct the first national evaluation of Bright Futures. It included both a process evaluation and an outcome evaluation plan developed with a team of stakeholders. This document summarizes the methods and findings of the process evaluation, including recommendations for the future.

Bright Futures

MISSION

To promote and improve the health, education, and well-being of infants, children, adolescents, families, and communities.

GOALS

- Enhance health professionals' knowledge, skills, and practice of developmentally appropriate health care in the context of family and community
- Promote desired social, developmental, and health outcomes of infants, children, and adolescents
- Foster partnerships between families, health professionals, and communities
- Increase family knowledge, skills, and participation in health-promoting and prevention activities

Background

The centerpiece of Bright Futures is a comprehensive set of health supervision guidelines for children from birth through age 21. The initial guidelines were published in 1994, followed by an updated second edition released in 2000. These guidelines were developed through a unique partnership among multidisciplinary child health experts ranging from providers and researchers to parents and other stakeholders. They were designed to present a single standard of care based on a model of health promotion and disease prevention. The Bright Futures guidelines were a reflection of the growing body of scientific evidence suggesting the potential added value of this model of care for improving health care quality, particularly for children and adolescents. They also represented a shift from a strict medical focus to one with a more expansive view of health – one that addresses children's growth, healthy development, and important psychosocial factors that influence health and development.

The broad nature of Bright Futures is reflected in the encompassing way in which the initiative is described in Bright Futures materials, Web sites, and presentations. Since its release, Bright Futures has frequently been described as a vision, a mission, a set of expert guidelines, and a practical approach to providing quality health supervision for children from birth

through adolescence. Early work by the Bright Futures Health Promotion Workgroup identified three Bright Futures core concepts: (1) prevention works, (2) families matter, and (3) health is everyone's business. In its current Bright Futures work, the American Academy of Pediatrics (AAP) describes Bright Futures as a philosophy and approach dedicated to the idea that every child deserves to be healthy and that optimal health involves a trusting relationship among health professionals, the child, the family, and the community.

All of these definitions are reflected in the original mission and goals of Bright Futures, which are further addressed through the implementation of five objectives. The HSR process evaluation of Bright Futures was based on an analysis of these five objectives.

Bright Futures

OBJECTIVES

1. Develop materials and practical tools for health professionals, families, and communities
2. Disseminate Bright Futures philosophy and materials
3. Train health professionals, families, and communities to work in partnership on behalf of children's health
4. Develop and maintain public-private partnerships
5. Evaluate and refine the efforts

Purpose of the Process Evaluation

The process of developing, disseminating, and putting the Bright Futures concept and materials into practice has been large and complex. It has involved many partnerships, players, trainings, and outreach efforts. It also has spanned a period covering more than a decade. A process evaluation supplies a valuable range of information on the development and dissemination of a broad initiative like Bright Futures. It describes the complicated environment in which the initiative operates, how it has been used to meet public health goals, and how it continues to evolve. The process evaluation shows who and what are involved in using the program and adapting it to local needs. It addresses questions of what works, who benefits, and what resources are required. It also helps explain program experiences and challenges – laying a useful framework for questions to be addressed in the outcome evaluation. The process evaluation supplies information that can be adapted for program monitoring purposes. It also furnishes examples and information that are valuable for individuals or entities interested in replicating aspects of Bright Futures or identifying strategies to improve its use and effectiveness.

Process Evaluation Methodology

The Bright Futures process evaluation was carried out using qualitative research methods to assess the initiative's five objectives. Those methods included key-informant interviews, focus groups, document review, solicitations from key organizations, and other secondary data collection methods. A logic model was devised to represent graphically the inputs, activities, outputs, and long-term outcomes of the program. Research questions were designed

and refined to examine Bright Futures' inputs, activities, and outputs. A second group of questions was developed to explore and identify data sources and measures that could begin to form a framework for the subsequent outcome evaluation plan.

Data for the process evaluation were gathered from numerous sources involved with Bright Futures since its launch in 1990. HSR conducted an extensive primary data collection effort to gather firsthand information from individuals, agencies, and organizations involved in national, State, and local Bright Futures activities. Key informant interviews were conducted with 79 individuals representing Federal, State, and local agencies, grantees, individual contributors, professional organizations, parent organizations, associations of government officials, school-related organizations, and corporate partners. HSR also worked with key organizations to identify additional examples around the country of Bright Futures-related activities beyond those discussed during the key-informant interviews.

HSR conducted three focus groups: one with pediatricians, a second with pediatric nurse practitioners, and a third including grantees of MCHB's Healthy Tomorrows Partnership for Children program, who had been encouraged by MCHB to include use of Bright Futures in their projects.

Extensive secondary data were gathered from existing Bright Futures databases, summaries, published sources, and online literature. HSR developed evaluation databases to analyze the national, State, and local-level data gathered through the process evaluation. Another component of HSR's evaluation activities was the development of an annotated bibliography and a comprehensive compendium of Web sites referencing Bright Futures.

Process Evaluation Findings

The Bright Futures initiative is composed of multiple components, including the development and distribution of the health supervision materials; the provision of training and technical assistance to engage child health stakeholders in the initiative; and the development of partnerships to foster the Bright Futures philosophy and use of its materials. The Bright Futures process evaluation addressed each of these components.

The Development and Dissemination of Bright Futures Materials

The development of Bright Futures materials involved a unique process, based on collaboration and widespread ownership. The National Center for Education in Maternal and Child Health (NCEMCH) at Georgetown University was selected by MCHB to coordinate the initiative, including the development and dissemination of materials, under a cooperative agreement with the Bureau. The first document developed was *Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents,* begun in 1990, published in 1994, revised and published as a second edition in 2000, with a subsequent minor update in 2002. As the centerpiece of the Bright Futures initiative, these guidelines were devel-

oped by a group of experts representing a mix of health disciplines and a balance of private, public health, research, and academic perspectives. Drafts of the guidelines were sent to approximately 1,000 reviewers. NCEMCH incorporated each of the comments from reviewers and authors, flagged discrepancies, and helped negotiate solutions. Throughout the process, every attempt was made to ensure the compatibility of the Bright Futures guidelines with the AAP health supervision guidelines. However, an important aspect of this development process was the idea that ownership of Bright Futures belonged not to a single entity but to everyone who cares about improving the health and development of children.

An important strategy that NCEMCH applied to promote the use and awareness of the Bright Futures guidelines was to make the materials attractive, engaging, and user friendly. Thus, the materials were produced using a bright, cheerful logo; pictures of real families; high-quality paper; fold-out tabs; and fun illustrations. As followup materials were produced, those also incorporated these principles as well as creative methods for making them easy to use, understand, and carry around. This approach has been applauded by many health professionals and has earned the Bright Futures publications several prestigious publications awards.

Following the publication and initial dissemination of the Bright Futures guidelines, a second phase of materials development, known as "Building Bright Futures," focused in much greater depth on particular health issues such as oral health, mental health, nutrition, and physical activity. These *Bright Futures in Practice* guides, designed to be practical and user friendly, were developed by panels of multidisciplinary experts who came up with the concepts and content for each new guide or tool. Like the guidelines, drafts were sent out to a wide array of reviewers, whose input was reviewed and incorporated by NCEMCH and MCHB staff.

Other Bright Futures materials, aimed at specific target audiences such as health care

Bright Futures Guidelines and Bright Futures in Practice Guides

KEY INFORMANT PERCEPTIONS

- The graphics, colors, and overall presentation were highly regarded by national, State, and local-level informants.
- These documents were seen as being among the most comprehensive resources available on child health.
- The material was viewed as inclusive and flexible for use by many different disciplines; however, the comprehensiveness of the guidelines can be a barrier, overwhelming providers who face tight time constraints in providing prevention services.
- The one-size-fits-all approach is seen as limiting the value of the materials to certain audiences; more targeted materials are needed.
- The division of information by topic area can limit the comprehensive view of age groups.
- Materials should be appropriate for a wider range of families, especially families with lower reading levels and non-English-speaking families.

Examples of Other Bright Futures Materials

TYPE	NAME	DESCRIPTION
Provider Training Materials	Bright Futures Case Studies for Primary Care Clinicians	This three-volume series of case studies was designed to translate Bright Futures guidelines into practical training for primary care clinicians.
Provider Tools	Anticipatory Guidance Cards	These tabletop, spiral-bound note cards were designed to facilitate discussion between health care providers and families by highlighting key health and safety issues relevant to each developmental stage.
Materials for Families	*Bright Futures Family Pocket Guide: Raising Healthy Infants, Children and Adolescents*	This quick-reference guide for families highlights health topics included in Bright Futures guidelines and is designed to foster parents' active role in the health care of their children.
Communications Tools	*BrightNOTES* Newsletter	This newsletter was produced by NCEMCH between 1996 and 2002 and was widely distributed. It provided information about Bright Futures publications, Bright Futures activities around the country, and issues in building Bright Futures programs.

providers or families, were developed by NCEMCH and national organizations. Examples included provider training materials, anticipatory guidance tools, quick-reference guides for families, and a national newsletter to highlight Bright Futures activities around the country. In addition, several States, organizations, and local entities developed tools and materials based on Bright Futures that were tailored to their own training, outreach, health assessment, or education needs.

One of the major tasks facing the developers of Bright Futures was how to disseminate materials efficiently and effectively. For the initial Bright Futures guidelines, they took advantage of the environment of change represented by national health care reform efforts. NCEMCH staff, with assistance from panel members and MCHB officials, pushed for completion of the *Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents* to coincide with this national focus.

The guidelines were officially launched during a national kickoff event that featured Senators Edward Kennedy and Christopher Dodd, who were eager to link Bright Futures with policy efforts to increase health care access for children. NCEMCH followed up on this activity with a mailing of the Bright Futures guidelines to MCH-related organizations, agencies, groups, and individuals identified in collaboration with MCHB. NCEMCH also created a database to track data on the numbers and types of requests for Bright Futures materials, along with information on how they were being used.

Over time, more than 1.2 million copies of Bright Futures materials were disseminated. Numerous national agencies and organizations played important roles in this effort, such as MCHB; HCFA's Medicaid Bureau; the U.S.

Material Dissemination

KEY INFORMANT PERCEPTIONS

- Broad dissemination of the materials among different groups of professionals was an effective way to create an awareness of Bright Futures.
- The provision of free copies of the materials was critical in spreading awareness and utilization of the materials.
- Access to Bright Futures materials through Web sites supplements, but does not replace, the need for dissemination of hard copies.
- Potential dissemination opportunities involving key partners, such as AMCHP or CDC, were not fully utilized.
- There is a need to expand the visibility of Bright Futures in keyword searches using the Internet and on organizational or government Web sites.

Department of Agriculture's Food and Nutrition Service; the President's Council on Physical Fitness; and private partners such as AAP and Family Voices, an organization representing parents of children with special health care needs. Pfizer played a particularly large role in the dissemination of free Bright Futures materials to pediatricians and families. The Region VII Head Start Quality Improvement Center and State health agencies also played major roles in disseminating Bright Futures materials to their constituents. Many of their efforts (including training sessions that used and distributed Bright Futures materials) targeted a wide range of health professionals, including those working in public health departments, local public health agencies, community health clinics, school-based clinics, and home-visiting programs. In addition, States and local organizations also reached out to families, teachers, day care providers, private practitioners, and numerous other individuals concerned with the health and welfare of children and adolescents.

One of the mechanisms used to help disseminate Bright Futures materials was the Internet. Bright Futures materials were made available to be downloaded or ordered online. Web sites sponsored by Federal agencies and national organizations were among the over 280 Web sites found to reference Bright Futures. Also included in this count were 14 State, 30 university, and 30 professional association sites. However, there is evidence that Bright Futures materials are not easily found on commonly used search engine keywords, thus missing important opportunities for dissemination. Information and trainings regarding Bright Futures were also disseminated through videoconferences and Web-based technologies. Other strategies included the presentation of Bright Futures information and materials at large conferences; the promotion of Bright Futures as a standard for Early and Periodic Screening, Diagnosis, and Treatment screenings; and incorporating Bright Futures into guidance for MCHB's grant programs.

A further method by which the Bright Futures philosophy, practices, and materials were widely disseminated was the adoption of Bright Futures guidelines into the standards of care promulgated by certain States and organizational entities. Numerous Federal agencies, including HCFA, the Agency for Healthcare Research and Quality (AHRQ), and the Centers for Disease Control and Prevention

Examples of Bright Futures Dissemination Strategies

STATE BRIGHT FUTURES INITIATIVES

- **Massachusetts** incorporated Bright Futures standards into a variety of State contracts and utilized the guidelines in other programs. A Child Health Diary was developed following the Bright Futures guidelines and was sent to all new parents. More than 80,000 copies were distributed during its first year of publication.
- **Washington** focused its Bright Futures efforts at community-level agencies and families by funding demonstration projects to promote the use of Bright Futures materials and by distributing pocket guides, the Family Encounter Forms, and other materials.
- **Virginia** adopted Bright Futures as the State standard for children's health care in 2000. Efforts have been focused on the dissemination of Bright Futures materials and on the training of health care professionals to promote the use of Bright Futures in health care service delivery.

STATE TRAINING ACTIVITIES

- **Kansas** disseminated *Bright Futures in Practice: Nutrition* and *Bright Futures in Practice: Physical Activity* to public health professionals across the State and conducted videoconference training sessions on how to use the materials.
- **Florida** has sponsored numerous train-the-trainer programs based on Bright Futures nutrition and physical activity materials. A State workgroup used these to help revitalize State nutrition services and the Department of Health conducted three distance-learning trainings on physical activity using telemedicine linkups.
- **Louisiana** used *Bright Futures in Practice: Mental Health* materials to create training sessions on children's mental health and psychosocial issues for public health nurses. They also adopted those materials to help create a new Child Health Record and Checklist for children from birth to age 6.
- **Arizona.** The Arizona Department of Public Health held a 2-day training in Fall 2002 to provide an overview of *Bright Futures in Practice: Nutrition* to nutritionists, child care providers, and other maternal and child health professionals. Small group discussions were held to plan the integration of Bright Futures into the service delivery system.
- **South Carolina.** The South Carolina State Oral Health Coordinator has made extensive use of *Bright Futures in Practice: Oral Health* in developing training sessions for local providers. These training activities have included four regional training conferences for all school nurses on assessing oral health and presentations to perinatal associations. Since the initial training sessions in 2000, the State has held annual training sessions with new school nurses assessing oral health.

(CDC), referenced Bright Futures as a model of care. Many State and Territorial health departments, including the District of Columbia, Florida, Georgia, Kentucky, Maine, Massachusetts, Puerto Rico, Virginia, and Washington, incorporated Bright Futures as standards for well-child visits or for the overall delivery of public health services to infants, children, and adolescents. In some cases, States mandated the application of Bright Futures to health services that received State funding.

Bright Futures in Training

The third objective for Bright Futures involved the training of health professionals, families, and communities as key partners in the promotion of healthy futures for infants, children, and adolescents. In the years since the development and dissemination of Bright Futures, many types of training have taken place across the country to promote the goals and philosophy of Bright Futures. These have been directed at a wide array of audiences, ranging from private practitioners to public health providers, students, teachers, other professionals working with children, professional associations, community organizations, and parents. However, a common goal shared by many of these trainings, regardless of the targeted audience, has remained the promotion of greater communication, understanding, and partnering across these divergent groups to improve the quality of health for infants, children, and adolescents.

Preservice Health Professionals Training. Many key informants indicated that the best way to reach child and adolescent health professionals was by integrating Bright Futures into preservice training. The most widespread dissemination of Bright Futures training has been to pediatric nurse practitioners – according to the National Association of Pediatric Nurse Associates and Practitioners (NAPNAP), all 87 pediatric nurse practitioner programs in the country use Bright Futures in their curricula. Bright Futures also has been incorporated into curricula for pediatric residents, including an electronic case-based curriculum developed by the Bright Futures Center for Pediatric Education at Children's Hospital Boston. Other teaching modules incorporating Bright Futures have been developed for nutrition training programs, adolescent health provider training programs, and other courses within schools of medicine, nursing, public health, and pediatric dentistry.

Training to Promote Bright Futures

KEY INFORMANT PERCEPTIONS

- Bright Futures should be incorporated into the education and training programs of those who will be providing health care to infants, children, and adolescents.
- Training efforts need to be tailored to the particular needs of the target audience.
- Training works best when it focuses on how to apply what is learned in practice.

Continuing Education. Bright Futures has been incorporated into a number of different efforts to provide continuing education to practicing health professionals. With support from MCHB, the NCEMCH provided Bright Futures training to national and State organiza-

tions. Also with Bureau support, academic programs at the University of Alabama-Birmingham, University of North Carolina, University of Tennessee, and Indiana University developed continuing education training programs in nutrition, mental health, and physical activity. The National Parent Consortium on Maternal and Child Health sponsored training for families. State and community-level efforts also targeted public health staff, case managers, home visitors, school health staff, child care providers, and parents. Several initiatives have used videoconferencing, Web-based methods, and other technological solutions to overcome funding or travel constraints and spread their training efforts to a broader audience.

Bright Futures Partnerships

Since its inception, the Bright Futures initiative has been unique for its emphasis and reliance on partnerships. The very concept of Bright Futures was born of a collaborative effort among Federal Agencies (initially MCHB and the Medicaid Bureau of HCFA), and its development was possible only through the coming together of child health experts and stakeholders. For the initial Bright Futures guidelines, the panels of experts developing the guidelines were composed of individuals from multiple disciplines and a range of government, private, academic, family, and research perspectives. Subsequent products also have involved similar collaborations. Although it was MCHB that originally helped mobilize and coordinate the effort, no one entity claimed ownership of Bright Futures. It always has belonged to everyone who cares about the health and development of children.

Partnerships

KEY INFORMANT PERCEPTIONS

- Partnerships at all levels are important in supporting Bright Futures, including with a wide range of professions, organizations, and individuals.
- Public-private partnerships, such as the one among MCHB, NCEMCH, and Pfizer, can do a great deal to boost materials development and dissemination.
- Partnerships with other Federal agencies, such as the CDC, the Bureau of Primary Health Care (BPHC), and the Substance Abuse and Mental Health Services Administration (SAMHSA), could help expand the reach of Bright Futures.
- The endorsement of Bright Futures by partnering experts and organizations can give it greater weight and garner more broad-based support from policymakers.

The Bright Futures philosophy is grounded in partnerships among parents, health care providers, teachers and trainers, community members, and others. Thus, the focus of the Bright Futures guidelines and materials has been on promoting those partnerships with tools to enhance understanding, communications, and connections.

The continual reliance on partnerships and collaboration has added complexities to the task of developing and promoting Bright Futures. However, it also has been critical to the dissemination, expansion, and successes of the initiative. With limited financial resources, much of the development and implementation of Bright Futures has been made possible primarily through the good will, inkind support, and dedication of major stakeholders. For

Value of Bright Futures

ACCORDING TO KEY INFORMANTS

- The comprehensiveness of its approach to infant, child, and adolescent health
- Its developmentally aligned approach to preventive health care
- The inclusion of roles for a wide range of health care professionals, families, and communities
- The extensive review by experts and support from organizations that gives it great credence for child health policy development
- An expanded vision of child development and what children need across different domains
- Its applicability to numerous disciplines

example, the experts who developed and those who reviewed the Bright Futures guidelines and related materials largely donated their knowledge and considerable time. Many organizations have supported Bright Futures either by sharing their staff and expertise or through efforts to help produce and distribute materials. These have ranged from government agencies, such as MCHB and HCFA; to non-governmental organizations, such as Family Voices and AAP; and corporate sponsors, such as Pfizer. Equally important to promoting the translation of Bright Futures into practice have been the numerous partnerships at every level: across national and regional organizations; at the State, Territory, and local levels; within communities and community-level entities; among key stakeholders; and between individual providers and families.

Evaluation

The last Bright Futures objective, to evaluate and refine efforts, was given less precedence than the others due to a sense of urgency ascribed to the development and dissemination of the guidelines and materials. Most evaluation efforts were limited to counting the numbers of distributed materials or training sessions. Other efforts addressed ways in which Bright Futures components were incorporated into care or compliance with the guidelines. However, there was no formalized feedback mechanism for incorporating evaluation findings back into program or materials development.

This national evaluation constitutes the first overall effort to assess the development and application of the Bright Futures philosophy, approach to health promotion and preventive care, and standard of care. For the purposes of this process evaluation, data on this objective were collected from such sources as key informants who shared their own conclusions, information that was extracted from items published in *BrightNOTES* (NCEMCH's Bright Futures newsletter), experiences described in solicited e-mails, and data found in articles.

The evidence from key informants and evaluation materials suggests that Bright Futures is well-received and serves as a gold standard for well-child preventive care, packaged in a practical and well-designed fashion. Respondents appreciate the fact that the guidelines and materials include a broad range of child and adolescent health topics and are accessible to many types of practitioners.

Findings Related to How Bright Futures Was Used

The ways in which Bright Futures was used were analyzed in several key domains. While each of these is discussed separately, it is important to emphasize their overlapping and related nature and to recognize that every domain has an ongoing impact on the others.

Bright Futures in Clinical Practice

Bright Futures is used in many different types of clinical practice sites, ranging from private practices to school-based clinics and inpatient tertiary care facilities. This variety reflects the usefulness of the materials and inherent flexibility of the approach and guidelines. The process evaluation findings suggest that the providers who approach Bright Futures as a philosophy of care or as a tool to support their efforts to provide health supervision services are more likely to translate it into practice than are clinicians who see the guidelines merely as a prescriptive checklist.

Bright Futures in Public Health Practice and Programs

A number of Federal- and State-level strategies promoted the application of Bright Futures in public health practice and programs, including requirements to use the guidelines. Virginia, Massachusetts, and Washington provide examples of extensive State efforts to use Bright Futures in public health efforts, although outcomes of such efforts have not been fully evaluated. MCHB has funded projects related to Bright Futures in several of its grant programs, further extending the reach of the initiative. The Bureau also has, to some extent, integrated Bright Futures language into its requests for proposals, although the extent to which grantees have incorporated Bright Futures into their projects is not clear.

Bright Futures in Education and Training

Several States and organizations developed an array of training strategies to accompany Bright Futures materials, but there was no cohesive training strategy to accompany the dissemination of the Bright Futures materials, nor was there any followup assessment of how training sessions affected the integration of Bright Futures into practice. Efforts to include Bright Futures in the preservice education of health professionals has met with mixed results. Challenges include the traditional nature of

Lessons Learned

REFLECTED IN EVALUATIVE MATERIALS

- Policymakers and Federal agencies must sustain efforts to promote the acceptance and use of the Bright Futures approach and materials.
- Training needs to be sustained and address the nuts and bolts of using *Bright Futures in Practice.*
- There is a need for increased reimbursement for health supervision practices.
- Bright Futures needs to bring added value or efficiencies to the practice setting to be sustainable.
- There is a need for continued development of tools on specific Bright Futures topics.
- Better linkages are needed between dissemination, training, and a positive policy climate.
- Change is a long and arduous process.

Clinical Utilization of Bright Futures

INFLUENCES

- The provider's basic understanding and perception of the Bright Futures initiative
- Exposure to Bright Futures in preservice professional training
- Having a broad view of the practitioner's role that includes involving the family
- Support from policymakers and funding organizations to use Bright Futures
- The presence of a Bright Futures champion who raises awareness and promotes Bright Futures
- The availability of no- or low-cost materials
- The ability or the commitment of the practitioner to adapt and tailor Bright Futures to the structure and demands of the practice setting
- The availability of other child health supervision guidelines (e.g., Guidelines for Adolescent Preventive Services [GAPS]), which may be seen as competing alternatives to Bright Futures.

most health professional education programs, the lack of agreement on the role of prevention among providers, the high priority given to diagnosis and treatment, and the difficulties associated with bringing about change in health professionals training curricula. That said, among pediatric nurse practitioner training programs, use of Bright Futures is widespread.

Bright Futures and Public Policy

To a limited extent, some Federal and State agencies have used policy directives to promote Bright Futures, including adoption of the guidelines as an official or recommended standard. Alternative strategies focusing on legislators or groups such as the National Governors' Association potentially could help disseminate Bright Futures further at the policy level.

Bright Futures and Families

When Bright Futures materials are actually provided to families and used to help build positive relationships between parents and providers, they are seen as valuable. However, this practice is rather sporadic and has declined since Pfizer's corporate sponsorship of Bright Futures ended. Challenges facing the dissemination of materials to families include costs, the limited availability of foreign-language and low-literacy materials, resistance on the part of providers to the concept of increased partnering with families, and the need for a comprehensive plan to disseminate materials to families and support their use.

Bright Futures and Communities

The findings of this evaluation suggest that the focus of efforts to promote Bright Futures has been almost exclusively directed at health care professionals, and parents to a limited extent, rather than to community leaders or community-level organizations. Opportunities exist for using Bright Futures to engage community stakeholders in its approach and practice for bettering infant, child, and adolescent health. National-level efforts that focus on communities could also use Bright Futures as a framework for their efforts.

Recommendations

Overall

- Establish Bright Futures champions at every level (national, State, local, organizational, individual) to generate and sustain enthusiasm for the initiative and further its goals.
- Broaden MCHB efforts to integrate Bright Futures into its own grant programs and to further awareness and utilization of Bright Futures among other Federal programs and agencies.
- Consistently bring Bright Futures to the attention of policymakers, providers, advocates, and families and identify opportunities for applying the Bright Futures philosophy and utilizing materials; one-time efforts are not enough.
- The development of materials is insufficient to effect change in behavior. Materials developed to implement Bright Futures should include tools targeted to specific user groups and should be accompanied by training and strategies to promote adoption and use.

For Clinical Practice

- Integrate Bright Futures into the preservice training programs of health professionals from various disciplines concerned with children's health and well-being.
- Promote the coordination and consolidation of different child and adolescent health supervision guidelines in use.
- Develop tools and practice strategies to promote the adoption of Bright Futures in the clinical care setting.

PROCESS EVALUATION

OVERALL FINDINGS

- Building awareness is not enough to spur the translation of Bright Futures into practice.
- Efforts to refine, link, and promote Bright Futures must be conducted consistently.
- Stakeholders cannot assume, "If we build it, they will come." There must be comprehensive dissemination, education, and training strategies to promote the integration of Bright Futures into clinical care.
- The acceptance, reach, and use of Bright Futures are highly influenced by the existence or absence of service environments that support the philosophy of a holistic, developmentally based, and prevention-focused system of care.

- Promote Bright Futures as a quality improvement tool for clinical practice. Evaluate the effectiveness of these tools and strategies.
- Establish opportunities for peer training among a variety of health care professionals.
- Strengthen the evidence base for guidance included in Bright Futures materials by supporting outcomes research in prevention and health promotion for infants, children and adolescents.
- Promote the use of Bright Futures in programs that access large numbers of clinical providers, such as Community Health Centers and the Indian Health Service.

For Public Health Practice and Program Development

- Establish communication mechanisms to facilitate sharing of best practices pertaining to the utilization of Bright Futures.
- Mobilize and provide resources to States to enable them to initiate and sustain Bright Futures efforts.
- Encourage and support regional and community-based public health programs that promote infant, child, and adolescent health using the Bright Futures approach.
- Use Bright Futures guidelines to direct the planning of public health programs and subsequent monitoring and evaluation.
- Facilitate linkages across programs working with families to promote community-wide use of Bright Futures.

For Education and Training

- Broadly distribute Bright Futures to targeted audiences on a regular, consistent basis.
- Link dissemination of materials with training.
- Tailor training and training materials to target audiences.
- Engage all potential audiences interested in child health in Bright Futures training activities.
- Develop an overarching plan for the continuous dissemination of Bright Futures materials, the conduct of training and followup, and the evaluation of efforts.
- Incorporate Bright Futures into the preservice education of child health professionals from various disciplines.
- Provide education and training for parents regarding the importance of well-child care and prevention, using Bright Futures to help parents participate as partners in their children's preventive health care.
- Refine the review process for new Bright Futures materials.

For Public Policy

- Include Bright Futures as a requirement in MCHB requests for proposals, and conduct appropriate followup activities to monitor the utilization or adaptation of Bright Futures.
- Promote Bright Futures awareness and utilization among existing and new MCHB partners, including organizations representing State and local policymakers.
- Incorporate the use of Bright Futures into Title V and Discretionary Grant Performance Measures. Create and disseminate materials, under the authority of MCHB, designed to facilitate the utilization of Bright Futures in policy development.
- Convene a task force to promote Bright Futures as a standard of care for public and private insurance programs and service delivery systems (e.g., Medicaid, SCHIP, private insurers, managed care organizations) and to draft strategies for promoting adequate reimbursement by third-party payers for the provision of health promotion and preventive services included in the guidelines.

- Consider adopting Bright Futures as the organizing framework and content to guide State policies, programs, and services in health promotion and prevention for infants, children, and adolescents.
- Use existing funding and contract mechanisms to facilitate utilization of Bright Futures.
- Consistently promote awareness and utilization of Bright Futures.
- Use Bright Futures as the foundation for collaboration around child health at the community level.

Conclusion

Over a decade has passed since the initial creation of the Bright Futures initiative. Since that time, numerous socioeconomic shifts have transformed the landscape of health care for America's infants, children, and families. The advent of managed care, changing demographics, efforts to extend health care access, and pressures to increase efficiencies have continued to influence our country's ability to promote healthy families. Throughout this period, a diverse set of public and private partners has invested heavily in the development, promotion, and implementation of the Bright Futures approach to health promotion and prevention and the materials to implement it. As this report reveals, many entities at the national, State, and local levels as well as individuals have adopted *Bright Futures in Practice*. Their efforts have had a ripple effect that has touched the health care attitudes and practices of countless parents, providers, and communities.

The question that challenges Bright Futures today is how to chart a strategic course for the future. The successes and sustained interest in Bright Futures suggest that the program continues to have much to offer. The concept of focusing on the whole child within the broad context of his or her family, community, and environment is as relevant today as it was when Bright Futures was first conceived. The value of parental involvement and partnerships endures. The major threats to the health of children and adolescent remain associated with behavioral and environmental influences – and thus Bright Future's focus on risk reduction, health promotion, and disease prevention is still critical.

This report presents a range of recommendations for furthering the goals of Bright Futures. The hope is that these will provide an important next step in the development of a comprehensive and coordinated strategy to take Bright Futures into the next decade, and beyond.