Virginia's Bright Futures Story

Valerie Gwinner, M.P.P., M.A.
Beth Zimmerman, M.H.S.

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Health Systems Research, Inc. | 1200 18th Street NW Suite 700 | Washington DC 20036
Telephone: 202.828.5100 | Fax: 202.728.9469 | www.hsrnet.com

Introduction

This Bright Futures case study, based on key informant interviews conducted in spring 2005, describes the experiences of the Commonwealth of Virginia, in which the Bright Futures philosophy, guidelines, and specific components have been well-integrated into public health policy and practice at the State level. In an initiative spearheaded by the Virginia Department of Health (VDH) and State Nurses' Council, the *Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents* were adopted as the official State standard for children and adolescent health care in the spring of 2000. Currently, Bright Futures is specifically identified as a strategy in 18 of the State's 54 *Healthy People Virginia 2010* objectives. It is referenced as a resource or guideline in State health regulations regarding mental health and Medicaid's Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program. Each division and member of the VDH has been required to address Bright Futures in both office-level strategic plans and individual-level workplans.

The following describes Virginia's adoption of Bright Futures as the State child health standard and ways in which it has been championed through policy, training, education and outreach, collaborations, and service delivery to promote better quality health care and supervision for children. This case study illustrates the varied contexts in which Bright Futures has been used within the public and private sectors and many of the challenges that come with trying to transfer health guidelines and a new way of promoting children's health into practice. Lessons learned from Bright Futures Virginia are highlighted, as are considerations for the future.

Context for Bright Futures Virginia

In the late 1990s, VDH began to undertake an update of the State's standards for child health, as they did not reflect current practice and were based on a medical model of care. The group charged with the task of devising recommendations for updates and revisions was the State Nursing Council – a group housed within VDH that was composed of public health nurses from each of the State's 35 Health Districts. The Nursing Council embraced Bright Futures as a model for the new State standards, because it provided a way to move from a very clinically based set of standards to one that was more comprehensive. Bright Futures also represented a better fit with the health department's emphasis on working with community partners, the Public Health Services' identified 10 essential services,[1] and the four areas of focus of the Title V Maternal and Child Health (MCH) programs.[2] With these combined benefits, the Council felt that by using Bright Futures, it would be able to accomplish far more than by simply rewriting the standards. The Council recommended to the Health Commissioner that Virginia adopt

1 U.S. Department of Health and Human Services, Public Health Service, Public Health Functions Steering Committee. The public health workforce: an agenda for the 21st century. Full report of the Public Health Functions Project. Washington: U.S. Department of Health and Human Services; 1994.

2 Core public health services for the maternal and child population focus on four major areas: infrastructure building services, population-based services, enabling services, and direct health care services. Source: Maternal and Child Health Bureau Strategic Plan: FY 2003–2007. Available at: http://mchb.hrsa.gov/about/stratplan03-07.htm. Accessed January 31, 2006.

the Bright Futures guidelines as the new State child health standard. Several specific attributes of Bright Futures were cited as reasons for this recommendation, including the following:

- The comprehensiveness of the Bright Futures guidelines and the fact that they existed in a ready-to-use format. This was an important consideration for a group that did not have the resources to reinvent the wheel.
- The prevention-focused, family-centered, community-oriented, and developmentally based approach of Bright Futures. These themes resonated strongly with the Health Commissioner, whose background in international health and development made her particularly sensitive to the roles of prevention and community in promoting child health. They also were cited as critical to achieving buy-in from both health and social service department administrators.
- The widespread support for the Bright Futures guidelines from major health professional organizations, such as the American Academy of Pediatrics (AAP), which had taken part in its development. This was seen as an advantage in helping to stem resistance to the new guidelines from health care providers.
- The attractiveness of the Bright Futures materials.
- The fact that the Federal Maternal and Child Health Bureau (MCHB) was taking on the responsibility for updating and revising the guidelines over time, representing a considerable savings of cost and effort for the State.

As a result of these factors, the Bright Futures guidelines met with approval and support from the Health Commissioner and Division Directors within the State Health Department. In early 2000, the Commissioner convened a Bright Futures Advisory Committee to help promote statewide adoption of Bright Futures and to develop a training plan to address ways that the guidelines and materials could be used to improve the quality of child health supervision across the Commonwealth. This committee was composed of representatives from the State and local health departments, public and private health practices, health organizations such as the AAP Virginia Chapter (AAP-VA), Healthy Families Virginia, the March of Dimes, and community partners such as the Richmond Children's Museum. Most of these individuals either were already or soon would become strong champions of Bright Futures and continue to promote its use today.

Initiating Bright Futures

In the spring of 2000, the State Health Commissioner announced the adoption of Bright Futures as the official standard of care for children and adolescents in Virginia. A formal kickoff was held on June 7, 2001, to launch the Bright Futures Virginia campaign.

Campaign efforts focused primarily on training the public health staff at the State and district levels to understand the purpose and philosophy of Bright Futures and to translate its concepts and materials into practice in family, community, and service delivery settings. Trainees also received additional resources and

Bright Futures Virginia

GOALS

1. Increase family knowledge and skills regarding health promotion.
2. Train health professionals to incorporate Bright Futures guidelines, principles, and tools.
3. Develop and maintain community partnerships promoting the health of children and families.

materials to conduct further information sharing within their health districts to help spread the knowledge and use of the Bright Futures guidelines and resources.

In addition to this training, VDH undertook a major effort to disseminate the Bright Futures materials using monies from Title V funding. Copies of the full health supervision guidelines were distributed to more than 120 school nurses and 1,300 pediatricians across Virginia. Accompanying these was a letter from the Health Commissioner explaining that Bright Futures represented the new State standard for child health care. Bright Futures materials also were sent to each of the 135 local health departments. A Bright Futures Pocket Guide was distributed to every VDH employee working with children and families, and 10,000 Bright Futures Health Records were distributed to the local health departments for use in immunization clinics; Women, Infants, and Children (WIC) clinics; home visiting programs; schools; and community health fairs.

A Bright Futures Virginia Web site **(www.vahealth.org/brightfutures)** was created as part of the official program launch to highlight the Bright Futures mission, goals, and activities. It also served as an information-sharing tool for members of the Bright Futures Advisory Group. The site offers links to Bright Futures materials and describes Bright Futures activities that have taken place in diverse public and private settings across the State.

Another product of the official Bright Futures Virginia launch was the designation of two Bright Futures Coordinators within VDH. These two individuals had served as the co-chairs for the State kickoff and represented strong champions of Bright Futures. The role of Bright Futures Coordinator was added to their existing responsibilities within the Health Department, and there was no additional budget attached to their Bright Futures responsibilities. In spite of these limitations, however, the Coordinators have succeeding in crafting an annual Bright Futures plan for the Department each year. They have integrated Bright Futures promotion and activities into their other work for the Department, and they have managed to obtain funding from the Office of Family Health Services (Title V/MCH funding) and from other State and private agencies to support training, materials dissemination, and collaborations promoting the use of Bright Futures. The fact that the two Coordinators came from different divisions and represented different professional groups (nursing and social work), each with extended professional networks, proved to be an important asset in promoting Bright Futures.

Equally important, the Bright Futures Coordinators have been strong advocates for keeping the philosophy and presence of Bright Futures alive within the State government over time and across multiple staff changes and

administrations (e.g., integrating Bright Futures Guidelines into the strategies for reaching 18 of the 54 Healthy People 2010 State-specific goals). One of the two Coordinators has remained in that position since its inception, integrating Bright Futures into all of her activities. For example, she presented the prevention focus of Bright Futures to colleagues from the Department of Social Services' (DSS) child abuse prevention division for inclusion in its 5-year plan.

According to individuals interviewed for this case study,[3] having designated Bright Futures point persons within VDH has been very valuable, despite the lack of funding for the position. It has offered them the ability to lead from within, which has been important for promoting Bright Futures implementation across VDH and its districts. The role has given the Coordinators the opportunity to find out what other agencies or programs need to improve services and health promotion, and the Bright Futures materials have provided a resource to offer them. The role of Coordinator also has been useful for negotiating bureaucratic hurdles (e.g., facilitating approval for printing materials). Other key informants note that the diplomatic and collaborative style of the Coordinators has been an important factor in the positive contributions associated with Bright Futures and the Coordinator positions.

The State Bright Futures Coordinators initially were the ones repeatedly raising the question, "How does this fit with the Bright Futures guidelines?" They knew it was a sign of progress when others started asking the question themselves.

Evolution of Bright Futures Virginia

Beyond the official State adoption of the Bright Futures guidelines, the evolution of Bright Futures Virginia included efforts to disseminate the Bright Futures approach and materials across the State and provide training to help translate the Bright Futures concept and resources into practical applications. This section highlights those efforts and ways in which Bright Futures Virginia has evolved to include its continued integration into State policies and activities; has reached beyond the Health Department to other State-level organizations; and has been used in efforts to improve the quality of child health education, outreach, and practice at the local level.

Training

VDH initially focused resources and attention to training initiatives aimed at spreading the understanding and use of the Bright Futures approach and materials, both within VDH and at the community level through the State health districts. The two Bright Futures Coordinators developed multiple training programs and materials (e.g., PowerPoint presentations, materials describing the core concepts and competencies of Bright Futures), and they offered numerous training sessions across the State. An early example was a multi-day training provided to four-person teams –

3 Note: A list of key informants is provided at the end of this case study.

One of the lessons from all the training that was developed and implemented by the official Bright Futures Coordinators in Virginia was the importance of finding a quick and easy way to describe the program and its philosophy:

OVERARCHING CONCEPTS

- Prevention works
- Families matter

CORE COMPETENCIES

- Partnerships
- Communication
- Health promotion and injury prevention
- Education and anticipatory guidance
- Time management
- Advocacy

comprised of a mix of public health clinic nurses, school nurses, home visitors, dental staff members, nutritionists, child safety specialists, and other public health professionals – from 33 of the State's 35 health districts. Each team was required to develop a 6-month plan for implementing Bright Futures in their district. A followup by VDH at the end of those 6 months indicated that 80 percent of those plans had been implemented.

The Bright Futures Coordinators developed numerous targeted training sessions to show how Bright Futures could be integrated into diverse types of public health practice and outreach. Examples of training activities ranged from summer sessions for regional school nurse coordinators to trainings for public health nurses, nurse practitioners, nurse child care consultants, nutritionists, and new employees within VDH's Office of Family Services.

Multiple training efforts were directed at using Bright Futures as a resource for home visiting program coordinators and outreach workers from programs such as Healthy Start, the Resource Mothers Program, and the Child Health Improvement Project. The Coordinators also developed tabletop displays on Bright Futures that could be used by community groups or in professional meetings to educate parents and professionals about the Bright Futures approach, core concepts, and materials.

Bright Futures oral health materials were used in trainings with dentists and dental assistants as well as with nondental providers such as nurse practitioners, pediatric residents, preschool providers, and staff members from programs such as WIC and Head Start. Trainings based on the Bright Futures mental health materials were also provided to family life educators, school nurses, and home visiting program workers to help them discuss and screen for depression and other mental disorders.

In collaboration with the Department of Medical Assistance Services, the Bright Futures Coordinators integrated sections on how Bright Futures could be used to increase quality and efficiency in the practice setting as part of the training providers received across the State on the Medicaid EPSDT program. They also collaborated with the Department of Education, Governor's Office, and AAP-VA to offer Bright Futures training and materials to school nurses during annual school nurses conferences and training sessions. They met with representatives from the departments of family practice, pediatrics, and nursing at the

University of Virginia and Medical College of Virginia to develop and distribute the Bright Futures Pediatric Case Studies within these two academic medical centers. The two Coordinators also worked with James Madison University, using Healthy Start Project funds, to develop a Bright Futures Core Concept Training Manual for community health workers that was distributed to Resource Mother Program Coordinators for use with their local staff. In addition, Bright Futures Virginia Coordinators have collaborated with the national Bright Futures Workgroup to seek grant funding from HRSA to develop distance-learning materials based on Bright Futures for use by health providers as part of their continuing education training.

Public Health Programs and Planning

Another major area in which there has been much State-level focus has been in the incorporation of the Bright Futures guidelines and resources into Virginia's public health and human service programs and planning. Examples of these from discussions with key informants are presented below:

Social Services

- Bright Futures is specifically referenced in State regulations concerning the need to inform physicians and mental health providers about the comprehensive services available through the EPSDT component of Medicaid.[4] The requirements refer directly to the Bright Futures guidelines and underscore the way they support EPSDT. Regulations also reference the usefulness of Bright Futures as a model for targeting diverse types of health professionals.

In Virginia, Bright Futures has been used by an array of State public health and human services agencies and programs including Medicaid, foster care and adoption, mental health and substance abuse, family services, school health, oral health, and child care.

- Bright Futures has been integrated into the screening documentation used to determine children's eligibility for special health needs services.

- The Bright Futures guidelines and *Bright Futures in Practice: Mental Health* have been piloted with plans for fully incorporating them into the training for staff members and parents in the foster parent and adoptions programs.

- Bright Futures is referenced as a standard in official memos and manuals of the DSS.

- The Department's experience and familiarity with Bright Futures is seen as an asset to be highlighted to funders; it is thus integrated into every grant application they submit.

- The Bright Futures guidelines and mental health guide are specifically referenced in the Department's Performance Improvement Plan for Mental Health Services for Foster Care and Adoption Services.

4 For example, HJ166 references the Bright Futures Guidelines as the framework for EPSDT State legislation.

Mental Health and Substance Abuse

- The Bright Futures materials are cited as a basis on which to develop mental health screening tools; as a resource for the training of resource and foster parents; and as a tool for promoting collaboration between the Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) and the DSS.

- Bright Futures is listed as a resource for educators and health professionals working with children on mental health issues, including nonclinical behavioral health professionals and community service providers. In his 2005 report to the Governor and the Legislature on the redesign of State mental health services to meet the President's New Freedom Act requirements, the Commissioner of DMHMRSAS presented plans for using the Bright Futures approach to reach families and to promote health, not just rehabilitation.

- The Bright Futures mental health materials are being used as a model to help mental health and substance abuse professionals – who are experienced in working with adults – learn to work with children, adolescents, and families on issues such as child development, substance abuse, mental disorders, and early intervention.

- Bright Futures has been used as a resource to help pregnant and parenting women with substance use disorders to learn to use medical care appropriately for themselves and for their children, including such issues as what to expect during a well-child visit, what types of questions to ask, and how to give their children medications appropriately.

Oral Health

- The Bright Futures oral health materials, particularly the anticipatory guidance components, have been integrated into the design, training, and application of the State's Bright Smiles Program, which targets preschool children ages 0 to 5 years.

- The Division of Dental Health in the Office of Family Health at VDH and its strong Medicaid, local community dental clinic, and professional dental association contacts have used the Bright Futures guidelines as a tool for successfully promoting increased State reimbursement rates for oral health services for children.

- The Department currently is distributing the Bright Futures oral health materials to public schools and trying to integrate oral health into the State curriculum and Standards of Learning[5] requirements for school-age children.

Family Services

The Bright Futures guidelines and materials are used as manuals and reminder sheets to help nurses, nutritionists, and outreach workers talk with families about their child's health and development. These also are seen as offering language and tips for how to approach sensitive topics such as safety, mental health, or sexuality.

School Health

- The Bright Futures Coordinators successfully advocated for the inclusion of

5 The Virginia Standards of Learning for Public Schools reflect the State's expectations for student learning and achievement in grades K–12 for subjects including, English, mathematics, science, history/social science, technology, fine arts, foreign language, health and physical education, and drivers' education.

information from the Bright Futures materials on nutrition and physical activity into the physical education curriculum for the Virginia State Standards of Learning.

- Virginia's adoption of Bright Futures as the State standard was used by representatives from MCHB, AAP-VA, and the Department of Education to argue successfully for the inclusion of (and Medicaid reimbursement for) urinalysis as a standard requirement for school health forms when these were revised in 2001.

Collaborations Across Departments and Divisions

One of the notable aspects of Bright Futures Virginia has been the extent to which it has promoted cross-departmental collaborations at the State level. With a strong State policy emphasis on building systems of care, numerous State-level divisions and departments are working together more extensively than before, according to key informants. In some cases, particularly involving EPSDT and social services, cross-departmental collaboration is not only necessary due to cuts in funding but also is mandated by law. In the face of these needs, Bright Futures has been seen as a useful vehicle for helping to conduct intra- and interdepartmental collaborations. As one key informant describes it, the initiative's focus on prevention, families, and community involvement has helped to create the necessary common ground. The following examples illustrate some of the ways described by key informants that Bright Futures has helped engender State-level collaborations and activities across the departments of health and social services:

Bright Futures has helped to provide consistency across multiple agencies serving at-risk families.

- Many at-risk clients are served by multiple public agencies. Bright Futures has been credited with offering a way to provide useful resources and consistency across these multiple agencies and diverse programs. It helps to provide a common link between areas such as health, recreation, education, substance abuse services, mental health, and social services that make up a "system of care" for these clients.

- Bright Futures has been used to help promote collaboration around EPSDT across education, social services, mental health, and other health services for children who are in the public health system. This cross-departmental collaboration is described as creating a synergy, which has been used to help smooth and streamline the integration of mental health and Medicaid/EPSDT services.

- Bright Futures has been used as a standard of care in State legislative activity directing a study on lead poisoning (GA 2002 SJ65ER), in a Medicaid agency study of EPSDT (GA 2002 HJ166), and in the recommendations for improving ADHD services (GA 2003 HD12). The legislative activity was the result of AAP members' advocacy.

- Bright Futures Guidelines have been used to define the school entry physical exam and to determine if it met criteria to be Medicaid reimbursable.

- The Bright Futures mental health materials and the initiative's comprehensive approach are being used to help assemble and integrate formally disparate areas of activity within DMHMRSAS. These include children's health, substance abuse, and mental health, which involve diverse professionals whose areas of activity have not overlapped traditionally. Bright Futures has served as a unifying tool to show how mental health, physical health, and child development fit together as integral parts of child health and well-being.

Education and Outreach

Home visiting. One of the effects of the State of Virginia's early emphasis on adopting the Bright Futures guidelines, disseminating the materials, and offering training on how to use them has been the integration of Bright Futures into public education and outreach efforts with families, communities, and individuals who interact with children. One of the most frequent examples has been the use of Bright Futures materials across diverse types of home visiting and case management programs.

Home visitors note Bright Futures' usefulness in talking to clients about their children's developmental milestones, difficult topics such as mental health issues and violence, and longer-term issues related to their child's health that families may lose sight of in the midst of daily crises.

Several individuals interviewed for this study described using Bright Futures as a central tool for home visiting and case management with at-risk children, pregnant women, and families. The Bright Futures guidelines were cited in particular as being very useful resources, described in some cases as a "guidebook" or "bible" for home visiting. Informants also emphasized the usefulness of tip sheets and family materials that could be distributed to families during home visits. Some of the positive attributes of the Bright Futures materials that have made them valuable to home visitors and case managers include:

- Their attractiveness and completeness
- Their availability online or free of charge (through dissemination efforts funded by the State or MCHB and its partners)
- Their usefulness for helping staff members to think about issues they otherwise might miss and triggering questions when outreach workers are tired
- The assistance in considering the teen mother's progress in her own development as well as that of her infant
- The fact that the Bright Futures materials offer home visitors and case workers language that they can use to discuss particular topics with families, especially sensitive topics such as violence, sexuality, and mental health
- The way the vignettes and descriptions in Bright Futures help prepare staff members for real-life situations

- The fact that the anticipatory guidance helps reassure families regarding typical behaviors and developmental milestones associated with the age of their child
- The way the anticipatory guidance helps families in crisis, who are overwhelmed with issues of daily living, to think about longer-term issues related to their child (e.g., why it is important to read to a baby or stay up to date on immunizations).

Positive youth development programs. The Bright Futures materials on promoting healthy bone development of teen girls through nutrition and physical activity have been used in a group education and mentoring program for youth ages 9–15 years considered at high risk for pregnancy due to having a sibling who is a teen parent. The program also promotes school achievement, avoidance of drugs and cigarettes, delay of early sexual initiation, future career plans, and voluntary community service.

Child care. The Bright Futures Coordinators are working with the child care providers and Head Start training networks to integrate Bright Futures health promotion elements into the child care setting. This is seen as a promising area for further outreach because of the fact that child care workers are well-poised to interact with children and families, see the children's health needs, and discuss with parents about their child's health and development.

Child health records. The Henrico County public health district, which serves many immigrant families, formed a partnership with a local hospital to create and distribute a plastic pocket folder that could be used by families to keep their Bright Futures child health record that includes information on immunizations and other health records.

Museum education. A more unique example of a local educational initiative involves the Children's Museum of Richmond, which integrated Bright Futures into some of its child and family enrichment initiatives. The museum's approach targets the *whole child* with methods to stimulate discovery, development, and understanding within the context of children's families and environments. In the early 2000s, the museum signed on as a community partner of Bright Futures Virginia and sent a representative to serve on the Bright Futures Virginia Advisory Board. It collaborated with VDH to sponsor family resource fairs and trainings on child development featuring Bright Futures. The museum hosted an event with the health department featuring child development specialist T. Berry Brazelton, and it made Bright Futures materials available in its Family Resource Room. Although the museum's focus on Bright Futures was not sustained over time, it provided a promising example of how museums can be effective partners in promoting health education in an environment that may feel less threatening than a health care setting to some consumers.

New Parents' Kit. The Office of the Governor initiated the development of a New Parents' Kit, distributed to all parents of newborns in hospitals across the State. This kit contains easy-to-understand materials and resources for new families, including a baby's first-year calendar based on Bright Futures; information on

The Governor's Office spearheaded development of a New Parents' Kit that features information from Bright Futures.

child safety; a bedtime book; a Bright Futures child health record; and links to resources on issues such as child care, health insurance, and parenting support. More than 110,000 copies of the kit have been produced in English and Spanish and distributed to parents all across the State. The State estimates that 70 percent of new parents received kits in 2005, and Governor Mark Warner proposed allocating an additional $300,000 in State funding to continue the program in 2006. Governor Tim Kaine, who just took office in January 2006, is continuing support of the Kit, which fits well with his emphasis on early childhood education.

Video for Teens. To address the fact that the majority of teens do not access regular health care supervision visits, the Bright Futures Virginia Coordinator is in the process of developing a video by teens for teens. It promotes an understanding of prevention and seeking regular health care, working in partnership with a health care provider, being an advocate for oneself, and the concept of time management during office visits.

Private Practice

AAP-VA. The State's efforts to promote the use of Bright Futures have been greatly boosted by the active endorsement and promotion of Bright Futures on the part of AAP-VA. The Chapter includes information and updates on Bright Futures in its newsletters to members and invites the State Bright Futures Coordinators to give presentations at the organization's semiannual meetings and presentations to other groups. AAP-VA collaborates with Bright Futures champions across the State in statewide and national policy planning meetings and efforts. The Academy has been an instrumental ally in the promotion of the Bright Futures standards in Medicaid reimbursements and school health requirements and also has helped to ensure smooth partnerships with AAP members in academic health institutions, such as in the development of the Web-based training modules.

The Virginia AAP Chapter has been an active and influential Bright Futures partner.

Individual practices. Individual pediatricians have introduced Bright Futures materials and integrated its concepts in quality improvement efforts and in developing medical homes.

Partnerships with schools. Another area in which private health practitioners have used Bright Futures as a resource has been in their work with school systems to develop Individual Educational Plans for special-needs children or in the development of school health activities.

Training for Health Care and Other Professionals

Training medical residents. Several key informants interviewed for this study underscored the importance of integrating Bright Futures into the training of future providers as an effective

way of encouraging its use in clinical practice. Representatives of the Virginia Commonwealth University Medical School engaged in training residents and health professional students within the academic medical center context explained that they saw Bright Futures as an excellent way to teach preventive care and to model the types of interactions future providers can expect to encounter in the practice setting. They noted that many residents, for example, are trained within a hospital setting where the focus is mainly on acute and emergency care. As a result, they receive little exposure to the type of primary and preventive care they are likely to encounter in a private pediatric or family practice.

The Bright Futures materials, including the guidelines, vignettes, and anticipatory guidance, were seen as a useful tool for helping to prepare residents for that setting. In particular, the key informants cited the usefulness of the Bright Futures pocket guides as teaching tools for helping residents learn how to convey information to parents. They explained that one important challenge that residents face is figuring out how much information to give parents without overwhelming them and within a short office visit. The pocket guides offer examples of how to focus on a few essential pieces of information that can be conveyed to individual families and tailored to their needs. The Virginia Commonwealth School of Nursing has used the Bright Futures materials in its education of nurses for more than 5 years – noting that it is especially useful for community-based nurses.

However, in spite of the value of Bright Futures in the preprofessional training context, key informants noted that its use does not seem to be widespread across the State's multiple health care professional schools.

Web-based training modules. Another major initiative of Bright Futures Virginia that targets the training of health care professionals has been the development of a set of six Web-based training modules that incorporate the Bright Futures guidelines and anticipatory guidance with EPSDT services for children and teens. These have been the product of a major collaboration that has brought together a number of the State's key Bright Futures champions, including VDH's two Bright Futures Coordinators and representatives from AAP-VA, the State Medicaid Office, and the Virginia Commonwealth University Medical School. The team also has used a medical writer and graphic designer to help develop these modules.

The State launched a Bright Futures Web-based training module for health care professionals developed in collaboration with public and private partners.

The primary audience for these training modules consists of pediatricians, family practice physicians, nurse practitioners, physician assistants, Medicaid providers, community health centers, clinic nurses, nutritionists, school nurses, social workers, dentists, and unlicensed assistive personnel. The project's secondary audience includes pediatric, nursing, and nutrition students. The modules address the following topics:

- Overview of Bright Futures
- Developmental assessments
- Medical assessments, immunizations, and screenings
- Anticipatory guidance
- Integrating Bright Futures into the practice setting
- Reimbursements for well-child visits
- Materials for families.

Each 30- to 45-minute module provides training on well-child exams and access to screening tools and informational materials that can be handed out to parents. It also provides links to other sources of information and materials. It is expected that, along with serving as a useful professional education tool, the modules will further energize the Bright Futures Virginia campaign. The modules are available online at **www.vcu-cme.org/bf.**

Examples of Other Applications of Bright Futures in Virginia

In addition to the way Bright Futures has been integrated into public health policy and practice, education, and training described above, key informants cited a number of other ways in which Bright Futures is being used in health care, educational, family, and community settings across the State.

Child care licensing. The Healthy Child Care America Project in Virginia uses the Bright Futures guidelines as part of the State registration process for child care providers and the training of the child care nurse consultants stationed at local health departments. It is part of the core curriculum of the training through which child care providers must go to become registered. It also is a tool that licensing agents use during child care inspections to help increase the comfort level of child care providers in addressing and discussing child health issues. In addition, licensing staff members use the Bright Futures materials as a resource to help guide child care providers on how to implement quality improvements when their level of care does not meet the required standard.

Head Start. Head Start developed a Healthy Start toolkit that was distributed to child care centers (including family home care and faith-based centers) and includes Bright Futures materials. Ten thousand of these kits have been produced. There is an 8-hour, four-part training that is required to obtain the toolkit, which incorporates much of the philosophy, text, and materials from Bright Futures. The toolkit focuses on preventive health, the environment, nutrition, immunizations, lead poisoning, SIDS, shaken baby syndrome, asthma, and more. There are also plans to incorporate Bright Futures mental health materials into this tool kit. Key informants note that there is a great demand for these types of materials in Spanish.

Improving the quality of assessments for ADHD. The President of AAP-VA participated in the development of a new assessment tool to screen children for ADHD. This was in response to concerns raised in the State legislature that the rates of children diagnosed and medicated for

ADHD were too high (e.g., 26 percent of boys in Norfolk, VA, had been diagnosed as having ADHD). They developed and pilot-tested a Bright Futures-inspired assessment tool to inform providers, teachers, and others who interact with children how to identify children who may need to be screened for ADHD.

Challenges

The individuals interviewed for this case study cited numerous examples of challenges they encountered in implementing Bright Futures. Equally important, they shared numerous strategies that could be used to address these challenges, which also are incorporated in this section.

Training. One of the most commonly cited challenges had to do with developing and providing Bright Futures training to public health professionals, health care providers, and others who work with children. Several respondents commented on the absence of a national training module to accompany the Bright Futures program and materials. Also lacking, they said, was simple guidance to help explain the varied aspects of Bright Futures: the underlying philosophy, the guidelines, and the sets of materials for different audiences of providers, trainers, teachers, parents, and so forth. Two individuals mentioned having seen a videotape produced by Henry Bernstein of the Bright Futures Health Promotion Workgroup,[6] featuring some of the original authors and minds behind Bright Futures. Although they found this videotape to be very useful, they noted it was difficult to come by and not well-known.

Several individuals interviewed for this study were unaware of any centralized communications or information sharing structure in place to share resources and training tools regarding Bright Futures. As a result, they complained of having to reinvent the wheel in terms of training. They noted that there had been some discussion between State-level Bright Futures proponents in Virginia and in Washington State to work together on training, but these initiatives had faltered due to staff and funding limitations. The call for greater investment and coordination surrounding training for Bright Futures was a common theme across the State, particularly among program managers eager to use Bright Futures more fully with their staff and activities.

Translating policy changes into changes in practice. Although the official adoption of Bright Futures as the State child health supervision guidelines has gone a long way toward integrating Bright Futures into the policies and activities of VDH, getting individuals to translate this into practice remains an important challenge. Individuals working at both the State and District levels commented that, even with the State's official adoption of Bright Futures, this news has not trickled down systematically to the regional and local levels. Moreover, without the ability to sustain the type of effort, resources, and attention that accompanied the official launch of Bright Futures Virginia, institutional memory is lost over time and awareness dissipates. As one State employee put it, "As people move around, if you don't write it down, it gets lost."

6 http://www.pediatricsinpractice.org/faq.html

In some cases, State staff members deliberately chose not to adopt Bright Futures into practice in spite of the mandate. For example, in one State Health District early efforts to use Bright Futures were purposely hindered by key staff members opposed to the idea of change. As a result, it was not until there was a change of leadership in that district that Bright Futures was introduced and implemented. In addition, there has been an unevenness of use of Bright Futures by different divisions even within the Office of Family Health Services, as some managers have not felt that the Bright Futures materials were directly related to their particular service area.

The Bright Futures Coordinators explain that they feel it is incumbent upon them to stay alert to opportunities in which Bright Futures may assist the work of particular programs and to foster champions within different offices and programs. Thus, for example, they seize opportunities to integrate Bright Futures when educational materials are being developed or revised or when there is a chance to have materials translated into diverse languages.

> **"It is not enough to say that Bright Futures is the standard of care. The State needs to make certain that the news gets out, the expectation is made known, and that people across the State understand that they are expected to adopt Bright Futures."**
>
> –District Administrator

Staff turnover. One of the great challenges in Virginia has been ensuring the life and sustainability of Bright Futures over time and in the face of staff changes within VDH. Many early training and dissemination efforts around Bright Futures have been lost due to changes in personnel. For example, the entire VDH community nutrition team in Richmond has experienced a 100 percent turnover since the effort was made to train them to use the Bright Futures nutrition materials. The new staff person who was assigned to become a Bright Futures liaison for nutrition was just about to launch new initiatives when she was deployed to Iraq. Similarly, much of the effort that went into developing a mental health training curriculum based on Bright Futures was lost when one individual who had been instrumental in its design and presentation left for a new job and others moved in different directions. Thus, staff changes can carry costs in terms of both institutional memory and resources.

However, staff changes have not resulted always in a net loss for State Bright Futures initiatives. In some cases, proponents of Bright Futures have taken their knowledge of the program's benefits and successes with them to new departments and agencies, promoting greater cross-fertilization. For example, when one Bright Futures champion moved from the Department of Mental Health, where she was involved in developing a training curriculum around the Bright Futures mental health materials for school nurses, substance abuse providers, and community mental health providers, she took that experience with her to a new position in the DSS. There she highlighted ways Bright Futures could be

incorporated in her work with foster children and adoptive families. She introduced Bright Futures to her colleagues and became a Bright Futures point person within the division.

In a similar example, a staff person who had previously used Bright Futures in her work with substance-using women and their dependent children introduced Bright Futures into her new position within the Department of Mental Health. There she has been instrumental in helping to integrate the Bright Futures mental health materials with efforts aimed at training substance abuse and mental health providers to work more effectively with families, children, and adolescents.

Within the Department of Health, the first Bright Futures Co-coordinator moved into the Pediatric Screening and Genetic Services, unit where she continues to use Bright Futures. For example, she has raised questions about how to use Bright Futures materials with expectant parents and in interviews related to family medical history. Those questions have led to the development of the Bright Futures Virginia Child Health Record.

Staff changes within the Medicaid department are reported to have brought new energy and support for Bright Futures. In that case, Bright Futures has been well-integrated into policies and regulations regarding areas such as EPSDT and children with special health care needs, and the influx of new leadership within the department is reinvigorating the weaving of Bright Futures into policy and program planning.

Promoting change within the practice setting. Although AAP-VA promotes Bright Futures use in pediatric practice and e-mails articles and materials on the initiative to its 800 chapter members across the State, interviewees suggest that it is not easy to get individuals in private practice to buy into a new project or change their habits. Similarly, individuals from the State and County Health Departments also described difficulties convincing public health staff members to adopt new forms or materials based on Bright Futures. In both the public and private practice settings, key informants cautioned that it was important to introduce change incrementally with time for buy-in from staff. They suggested that any new method of doing business must bring added value in an easy-to-use fashion without disrupting the practice flow.

For example, in one setting the use of new clinical forms, based on Bright Futures, provided a way to document visits to meet requirements for insurance audits – recording what takes place in a well-child visit, including developmental milestones and anticipatory guidance. The forms were ultimately also recognized as being useful for improving service delivery by adding greater efficiency and accuracy in patient records. In a county-level public health setting, the introduction of new intake forms was made easier when staff discovered these were simpler to use, inexpensive, easy to adopt without having to duplicate old

> **"To adopt Bright Futures across a busy practice, you have to acknowledge that practitioners all have their own practice styles. To implement change, you must find consensus and match those practice styles."**
>
> **– Pediatrician, Private Practice**

records, and useful for improving consistency across patient visits and different practitioners.

Costs. A commonly cited limitation, particularly among local public health programs, was the cost of obtaining Bright Futures materials. The ability to obtain free or low-cost materials – especially ones that can be distributed to families – was on the "wish list" of several of the respondents.

Lessons Learned

Numerous important lessons can be gleaned from the Bright Futures Virginia case study regarding the use and integration of Bright Futures within public and private settings at both the State and local levels. These lessons include the following:

Champions are critical. Bright Futures Virginia has benefited greatly from the presence of program champions within the State Health Department, State Health Districts, AAP-VA, academic training institutions, private practice, and community entities. In addition, the designation of the State Bright Futures Coordinators has supported the ongoing work of two State-level point persons in actively marketing Bright Futures, developing targeted training for diverse public health staff members, and helping to coordinate intragovernmental or public/private partnerships to expand the use and value of Bright Futures in practice.

Take advantage of periods of change. Periods of change offer natural opportunities for introducing and integrating Bright Futures, such as responding to the need for new State child health guidelines or for new forms to meet EPSDT or insurance auditing needs. Staff changes at the State or local level or within a practice setting also can offer the chance to introduce or renew interest in Bright Futures.

Bring added value to existing programs or practices. In the face of financial pressures and time constraints, it is unrealistic to expect staff members to adopt new practices unless these can bring a clear added value to their work. For example, in several instances the acceptance of new patient encounter forms, based on the Bright Futures guidelines and anticipatory guidance, was due to a recognition that the forms were easier to use than prior ones, saved time, and ultimately improved service delivery by adding greater efficiency and accuracy in patient records.

Use Bright Futures as a policy tool. Because the Bright Futures guidelines reflect the accepted standard of care of major health professional organizations such as AAP, they can be used as a framework for promoting policy changes – for example, ensuring that EPSDT screenings and reimbursements reflect the guidelines or that school health forms include the developmentally appropriate recommended screenings. With the State's formal adoption of Bright Futures as the official child health standard, VDH, AAP-VA, and others have been able to successfully argue for its inclusion in State regulations, performance improvement plans, and program planning.

When working at the local level or within an individual practice setting, introduce Bright Futures as a resource rather than as a mandate. In contrast to the effectiveness of a State mandate within State health policies and agencies, at the local level, the presentation of Bright Futures as a resource draws a more favorable response from people on the ground, especially those working in financially strapped programs. It is particularly effective if they can identify ways in which Bright Futures can fill gaps.

Integrate Bright Futures into health professional training. Key informants from both the public health and private practice settings pointed out that getting Bright Futures into the preservice training of health professionals is an effective way to spread its use and influence. They also noted that it is far easier to train medical and other health professional students to use Bright Futures than to get practitioners to change their ways of working.

Take advantage of creative opportunities for spreading the understanding and use of Bright Futures. For example, numerous sites in Virginia are introducing Bright Futures in the child care setting either through training or as a tool for quality control and licensing, because child care providers are well-placed to interact with children and families around issues of healthy development. Several respondents cited useful existing networks and e-mail lists that could serve as good communication vehicles around Bright Futures initiatives. For example, AAP-VA has a strong network of provider members accessible through e-mail lists and newsletters, the Healthy Families Program has easy access to local sites and a ready-made network in which to promote Bright Futures, and oral health specialists have a national communications link through the National Maternal and Child Oral Health Resource Center.

Sustainability of Bright Futures Virginia

The national process evaluation of Bright Futures[7] revealed that there are several key components necessary for developing and sustaining Bright Futures in States and communities. All of these components are present in the case of Bright Futures Virginia, and they have helped to ensure a continual presence of Bright Futures within efforts to improve the quality of health and social services for children and families at the State and community level. Specifically, these components include the following:

- **Time.** Bright Futures was officially adopted by the State in 2000 and has had time to expand incrementally across State agencies and programs, as well as within community, academic, and practice settings. The challenge remains to sustain interest in the core concepts of Bright Futures across changing times, administrations, and staff.

- **Training.** This was a key area of focus by State administrators and planners following the official adoption of Bright Futures Virginia. Proponents of Bright Futures within the Departments of Health, Mental Health, and Social Services continue to apply for funds and develop new methods for training providers and individuals who

7 This report is available electronically at http://www.hsrnet.com/brightfutures

work with children to incorporate the Bright Futures materials into their work.

- **A sustained commitment.** Early on, Bright Futures Virginia benefited from the sustained commitment of major leaders, including the Nursing Council, State Health Commissioners, and agency heads. The program's comprehensiveness and its focus on families, communities, and prevention have been central to maintaining sustained support from top-level administrators, including the current Governor, AAP-VA, agency heads, and numerous champions across the State.

- **Champions.** Bright Futures Virginia has numerous champions at the State, regional, and local levels. These champions represent a multitude of areas of focus ranging from public health to academic medicine, private practice, social services, professional associations, schools, and local organizations. Within the State government, the person who has served in the role of Bright Futures Coordinator since its inception has played a central role in developing Bright Futures across the State. She has used training, outreach, consistency, and creative strategies to educate people about Bright Futures and integrate the program across multiple activities and players. Her connections with and support from other champions in the State has led to continued cross-fertilization and collaborations to develop tools and trainings, submit grant applications, and create new products such as the Web-based training modules for health professionals.

- **Bringing added value.** In Virginia, Bright Futures has provided a framework for improving quality standards, consistency, and efficiencies in policy and in practice.

The official adoption of Bright Futures as the State guideline and the widespread incorporation of components of Bright Futures within State goals, plans, and policies have gone a long way to help sustain and expand the program in Virginia. Nonetheless, Bright Futures Virginia will continue to face challenges related to negotiating funding constraints, expanding training opportunities, confronting resistance to change, facing staff and priority shifts, and needing to maintain fresh interest in the program – even among its champions. An interesting example of this last point emerged from the case study discussion with a group of Bright Futures champions from a county health department. This group noted that taking part in the case study interview was itself an opportunity for them to feel re-energized about the program. The discussion prompted them to consider the value of reconvening a group to talk about common challenges, strategies, resources, and ways they are each using Bright Futures.

Future Directions for Bright Futures Virginia

The individuals interviewed for this study indicated several areas of focus for future directions with Bright Futures. Among the more immediate of these were efforts to obtain Federal grant funding to further expand and develop training around the Bright Futures mental health materials; the updating and dissemination of the Web-based modules for the training of health professionals; and further integration of Bright

Futures in the activities of the Departments of Mental Health, Social Services, and Medicaid.

Participants in this case study also noted areas of growth in which they would like to see Bright Futures evolve. One of these was to make further use of electronic technologies. For example, VDH just has issued a request for proposals to develop electronic health records – providing an opportunity to consider how to include Bright Futures in the process. Other potential examples include helping individuals share information and resources about Bright Futures across the country, expanding the use of Bright Futures as a teaching tool with families (e.g., touch-screen information based on Bright Futures in waiting rooms), and expanding its use with medical students (e.g., electronic versions of the pocket guides that can be loaded onto a PDA).

> **"It takes personal commitment and connections to keep championing a program like Bright Futures."**
>
> —Bright Futures Champion in Virginia

Another future direction that was noted was the need for greater communications mechanisms about Bright Futures, including national meetings, Web-based exchanges, and other opportunities to share ideas and resources. Respondents cited listservs and networks in which they worked and said they would like to see more opportunities to share information, for example, on which schools of nursing or social work are integrating Bright Futures into their training and curricula.

On the wish list of the Bright Futures Coordinators was the desire to develop the family and community components of Bright Futures more fully. One idea that was shared was the possibility of establishing connections with family and community organizations, such as the Parent-Teacher Association or youth organizations. Another idea was to use Bright Futures as a resource regarding school nutrition. The Federal Child Nutrition Act reauthorization requires all local school districts by fall 2006 to initiate a school wellness plan promoting healthy nutrition and physical activity and evaluating the results. Bright Futures could be integrated into this effort and promoted by school nurses and pediatricians.

Further opportunities have been cited for using the Bright Futures concepts as the new administration under Governor Kaine promotes early childhood education, as the State Board of Health promotes a plan to decrease the human and financial costs of chronic disease through prevention, and as the new VDH position of Women's Health Coordinator develops programs.

Conclusion

The extent and long-term range of Bright Futures within VDH and across the State is more extensive than in most other States across the Nation. This has been due largely to the adoption of Bright Futures as the official State standard of child health care and to the existence of important champions within VDH. It is also a reflection of the unusual degree of cross-agency and cross-departmental collaboration that has taken place at the State level around Bright Futures frameworks and activities. In addition, there have been important champions, allies, and partners outside of the

State government, including key members of AAP-VA, whose contributions have further strengthened the reach and impact of Bright Futures in Virginia.

It is important to note, however, that the efforts of Bright Futures champions in Virginia have not been as smooth and comprehensive as they might have wished, especially at the district and local levels. Instead, they have had to seize individual opportunities and target specific areas of focus as a function of funding, staffing, and other considerations. However, the efforts and activities of Bright Futures Virginia come together in a great patchwork, which is indeed extensive and accurately reflects the multiple and diverse aspects of Bright Futures itself.

Key Informants

Bright Futures Co-coordinators

Catherine Bodkin
Program Manager, Resource Mothers Program
Division of Women's and Infants' Health, VDH

Sherry Shrader
School Health Nurse Specialist, Division of Child and Adolescent Health, VDH

Additional State- and Local-Level Key Informants

Lisa Armstrong
Nutrition Manager, Division of WIC & Community Nutrition Services, VDH

Dora Butler
Technical Assistance and Quality Assurance Specialist, Healthy Families Virginia

Brian Campbell
EPSDT Coordinator, Department of Medical Assistance Services

Pamela F. Cooper
Division of Family Services, Virginia DSS

Karen C. Day
Director, Division of Dental Health, VDH

Leslie Ellwood
President, AAP-VA, Chief of Pediatrics, Kaiser Permanente Northern Virginia Area

Allan Friedman
Professor and Chairman, Division of General Pediatrics, Virginia Commonwealth University Medical Center

Bethany Geldmaker
Representative, Healthy Child Care America, Program Director, Early Childhood Health, VDH

Stacey Hinderliter
Director of Pediatrics, Central Virginia Health District

Pam King
Senior Public Health Nurse, Immunizations , and Home Visits, Arlington County Health Department

Colleen Kraft
(will be AAP-VA President in July 2006)
Private-practice physician

Martha Kurgans
Office of Child and Family Services, Virginia DMHMRSAS

Linda Meloy
Faculty Advisor, Division of General Pediatrics, Virginia Commonwealth University Medical Center

Cindy Miller
Nurse Supervisor and MCH Coordinator, Russell County Health Department

Therese Panagis
WIC Supervisor, Arlington County Health Department

Virginia Salb
Public Health Nursing Supervisor, Case Management and Outreach, Arlington County Health Department

Judy Smith
Coordinator, Jefferson Area Comprehensive Health Investment Project

Thomas Sullivan
Immediate past President, AAP-VA
Private-practice physician

Susanne de la Torre
Resource Mothers of Arlington (located in the Arlington County Health Department)

Pat Wollard
Clinical Supervisor, Child Health, Arlington County Health Department