Washington's Bright Futures Story

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February 2006

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Introduction

Washington State uses Bright Futures in a broad variety of ways to support health promotion and health education activities designed to improve children's health and well-being. In fact, Washington State's Bright Futures initiative is quite unique, in that the State has demonstrated ongoing commitment to funding Bright Futures activities, has retained a major university to provide leadership for Bright Futures activities, and most recently has received a Congressional earmark that has positioned Bright Futures further at the forefront of health promotion in the State. This case study provides a detailed description of how the Washington State Department of Health's (DOH) Office of Maternal and Child Health (OMCH) initiated the use of Bright Futures and how its utilization has evolved over time. The primary source of information used to write this case study was a series of key-informant interviews conducted during spring 2005. The case study also draws on findings from a process evaluation conducted in 2002.

Context for Bright Futures

The OMCH, part of the DOH's Community and Family Health Division, maintains a mission "to promote a community that supports the health of women (especially pregnant women), infants, children, adolescents, and children with special health care needs (CSHCN)."[1] One of several programs housed within the OMCH is the Child and Adolescent Health (CAH) section. It is this section that has spearheaded Bright Futures efforts within the State.

1 http://www.doh.wa.gov/cfh/mch/default.htm

Although OMCH is the primary entity within the State health department to facilitate Bright Futures use and promotion, it contracts with the University of Washington (UW) to take a lead role in spearheading Bright Futures activities on its behalf. At the time this case study was conducted in 2005, the contract between the DOH and the UW was in its sixth year.

Initiating Bright Futures

A combination of events occurring over a several-year period between the late 1990s and early 2000s contributed to the introduction of Bright Futures implementation across the State. During this time, the focus of the States' health districts shifted away from the provision of direct care to a more population-based focus, which resulted in a redefinition of the role of public health. Within this context, the OMCH was awarded a State Systems Development Initiative (SSDI) project grant from the Federal Government, whose goal was to "facilitate the development of State-level infrastructure which would, in turn, support the development of systems of care at the community level."[2] The development of Bright Futures activities at the State level was also informed by the experiences of one of its counties, which had used Bright Futures as a foundation for community health improvement efforts.

SSDI Program Initiation Activities

The SSDI program, funded by the Federal Maternal and Child Health Bureau (MCHB), was designed to complement the Title V/MCH

2 http://hmecbp.org/resources/workshop2/SSDI%20Grant%20Guidance%20Summary.pdf

Block Grant Program and to strengthen the capacity of the State MCH and CSHCN agencies. After being awarded an SSDI grant, the DOH assembled a group of stakeholders from the MCH community to determine the role the OMCH would assume with regard to ensuring the quality of health care in the context of health care reform and the shift in the role of the local health districts.

Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents was introduced by an MCH public health nurse consultant who had learned about the guidelines when the materials were first published in 1994. At that time, while she recognized the usefulness of the guidelines in promoting health and wellness, the OMCH did not have the capacity or resources to promote the Bright Futures initiative. However, with the advent of the SSDI grant award, a new opportunity for implementing Bright Futures was presented and the MCH stakeholders began to explore how the utilization of Bright Futures could contribute to health promotion efforts in the State. Although the majority of stakeholders agreed to support the use of Bright Futures in promoting the health of children and adolescents, concerns were expressed by a small group of pediatricians who felt that Bright Futures was the "Cadillac" version of health supervision and therefore impossible to implement. The group of assembled stakeholders also discussed the importance of involving partners with sufficient capacity to support implementation of Bright Futures activities.

Whatcom County Bright Futures Project

In addition to the SSDI award, the use of Bright Futures in Washington was facilitated by a grant awarded by the Commonwealth Fund to the Washington Medical Assistance Administration of the Department of Social and Health Services (DSHS). The purpose of the grant was to improve Medicaid/Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services for children from birth through age 5 by developing an interdisciplinary model of early child health and development services through partnerships with family practice and pediatric physicians, agency providers, and other children's services providers.

DSHS offered communities an opportunity to apply for funds through this grant to support Bright Futures efforts at the local level. Whatcom County applied for and received funding through this grant to implement the Whatcom County Bright Futures Project, through which several pilot sites such as Tribal health centers and Head Start, with staff members who work directly with families, were funded to incorporate Bright Futures. Funding was provided from 2000 to 2003. During this time, a county-level Bright Futures Coordinator was hired to facilitate the project, a developmental screening workgroup was convened to develop recommendations for screening practices and the use of Bright Futures materials, and Bright

The Whatcom County Bright Futures Project provided a foundation for broader State Bright Futures efforts.

Futures pocket guides and encounter forms were purchased for use within the pilot programs. The Whatcom pilot also conducted training for staff members from the pilot sites on how to use the Bright Futures materials.

Based on these efforts, Whatcom County served as a model for the rest of the State on how to bring together community partners and address public health concerns using the Bright Futures approach. Unfortunately, however, with the end of the grant in March 2003, the project officially concluded, and due to lack of funding, many of the Bright Futures activities also ceased.

In summary, as a result of the activities ensuing from the SSDI and Commonwealth grants, partnerships at both the State and local levels were formed and the Bright Futures seed was planted. Bright Futures was integrated into many programs and has continued to grow. Descriptions of these partnerships and the various ways in which Bright Futures is being implemented follow.

Evolution of Bright Futures

The DOH-UW Partnership

Based on the experiences described above, the State of Washington decided to make a commitment to develop Bright Futures efforts further. Recognizing that the resources necessary to move forward with this work would extend beyond its current capacity, the DOH-OMCH looked to the University of Washington for assistance.

Building on an existing contract with the UW's Center on Human Development and Disability to manage the Medical Home Leadership Network for CSHCN project, the OMCH enhanced the contract to include the management of Statewide Bright Futures activities. This arrangement began in Federal Fiscal Year 2000–2001 and is currently in its sixth year. Over this time, a total of $282,000 has been awarded by OMCH to UW for Bright Futures activities, all of which has come from the State's Title V/MCH funds or other MCHB-administered grant programs. As described later, these funds were supplemented in the fifth project year with a $465,000 Congressional earmark for Bright Futures activities. A detailed breakdown of funding sources, amounts, and timeframes allocated to UW for State Bright Futures activities is presented in the appendix.

The State health department contracts with the University of Washington to carry out Bright Futures activities including outreach, training, and technical assistance to local programs.

In the early contract years, one part-time staff member was engaged to provide technical assistance to those in the State interested in pursuing the utilization of Bright Futures to improve health promotion. In 2004, staffing was increased to two part-time UW staff members.

In the beginning, there was a lack of clarity about the targeted audiences for Bright Futures promotion and the specific direction the technical assistance should take. Therefore, UW

staff members coordinated a range of Bright Futures promotional activities to introduce and disseminate Bright Futures materials broadly. Activities included the provision of education, training and technical assistance, and the conduct of presentations regarding Bright Futures at Statewide conferences. Other important activities have included:

- **Promoting Bright Futures in the field.** In an effort to develop models of how local programs could use Bright Futures materials effectively for health promotion, the UW funded seven Bright Futures Demonstration Projects. Community programs were invited to develop a demonstration project to implement and measure Bright Futures activities for a period spanning 9–10 months. The efforts were supported with a small stipend of either $1,000 or $500. The seven agencies that applied were all funded: three programs were funded at the $1,000 level, and four were funded at the $500 level. All seven projects additionally received ongoing technical assistance and support from staff at the UW.

- **Developing electronic communications mechanisms.** Additionally, UW staff members worked to develop electronic communication capabilities in an effort to keep Bright Futures players connected throughout the State. An electronic newsletter and listserv have been developed and maintained. A State Bright Futures Web site is currently under development, an idea that stemmed from the implementation of the Bright Futures listserv. The Web site will be designed to highlight Bright Futures projects across the State and to promote partnerships through the sharing of ideas and information. It will be a component of the DOH Web site and therefore accessible to a wide audience.

An electronic newsletter and listerv help to disseminate information about Bright Futures activities and resources. A State Bright Futures Web site is currently under construction.

Through these efforts, word began to permeate in various arenas, and Bright Futures utilization gained momentum. In interviewing key informants, examples of how Bright Futures has been utilized as a result of this initial effort were described. These are presented below, organized into categories describing the use of Bright Futures in academic training programs, other training activities, and by State agencies and other partner organizations.

Integration of Bright Futures into Academic Training Programs

A benefit of having the UW as a major Bright Futures partner was the close proximity and ongoing relationships between the contracted Bright Futures staff members and other university staff members. These relationships fostered the use of Bright Futures materials as part of curricula in university-based higher education and advanced training programs within and beyond the UW. These included the UW's Schools of Nursing, Public Health, and Medicine; MCHB-funded training programs; and the Washington State University College of Nursing. Examples of how Bright Futures has

been utilized in academic training programs are provided:

- **The Family and Child Nursing Program of the UW School of Nursing.** *Bright Futures: Guidelines for Health Supervision* and *Bright Futures in Practice: Mental Health Practice Guide and Toolkit* was seen by School of Nursing faculty as a valuable teaching tool to use with both students and patients. Subsequently, a mini grant was written and the program received funds from Bright Futures Washington to develop short videos demonstrating the Bright Futures Core Concepts of Partnership, Communication, Health Promotion/Illness Prevention, Time Management, Education, and Advocacy.[3] The videotapes review the role of pediatric nurse practitioners in well-child visits of young children. The videotapes are useful for demonstration of the application of Bright Futures concepts and have helped to raise awareness of Bright Futures in the UW School of Nursing. Bright Futures tools developed at the National and State levels (e.g., Family Tip Sheets, Adolescent Health Fact Sheets) are also introduced in nurse practitioner courses that are taught at the UW. One key informant described the usefulness of Bright Futures materials to nurse practitioners by stating her belief: "Primary care physicians don't have the time to fully address health supervision with parents, and nurse practitioners do."

- **MCHB-funded training programs.** Bright Futures also has been incorporated into academic training through the UW MCHB-funded training programs. For example, trainees in the MCHB-supported Maternal and Child Health Leadership Education in Neurodevelopmental and Related Disabilities (LEND) MCH Training Program must complete a community-based project in order to graduate from the program, and Bright Futures is included as an option for the community project.

- **Library resources.** *Bright Futures: Guidelines for Health Supervision* and *Bright Futures in Practice: Mental Health Practice Guide and Toolkit* have been placed on reserve by the School of Nursing faculty at the UW Medical Library. Instructors reported that Bright Futures is an organized tool for health promotion that is developmentally focused and prevention oriented and therefore a valuable resource for nursing students, public health students, and others.

- **Intercollegiate College of Nursing/ Washington State University College of Nursing.** Faculty members at this nursing school have incorporated Bright Futures into various nursing program curricula and integrated the materials into continuing education courses for graduate nurses. Bright Futures is taught as one of several sets of health supervision guidelines for infants, children, and adoles-

Bright Futures has been incorporated into curricula in nursing, medical, and other health professional training programs.

3 The core concepts were developed by the Bright Futures Health Promotion Workgroup based at Children's Hospital Boston.

cents. To heighten familiarity with the Bright Futures material, research assignments are given that incorporate use of the material. Based on their positive experiences with Bright Futures, some faculty members are working to bring Bright Futures to other environments that incorporate health promotion and education; currently, some of these faculty members are exploring the use of Bright Futures in summer camps. After introducing this idea to a national organization of summer camps, a next step – writing an article about Bright Futures and its camp applications – has been initiated.

Bright Futures Training Activities

As a result of the efforts of the DOH-OMCH, the UW, and other stakeholders in spreading the word about Bright Futures, various groups became interested in learning more about this approach to child health supervision and began to request training on how to implement the approach and use the materials. As a result of this interest, Bright Futures training modules were developed and tailored to specific groups. Training activities for two of these groups are described here.

- **School Nurse Corps.** The School Nurse Corps is a statewide program focused on the provision of nursing services to small rural schools and is responsible for staffing each of the nine Educational Service Districts (ESD) in the State of Washington. Each month, representatives from each ESD gather in Olympia to share information and obtain training related to their nursing functions. During one such meeting, the Nurse Corps staff expressed an interest in the *Bright Futures in Practice: Mental Health* book and requested training on how to use the materials effectively. The OMCH agreed that school nurses were an important group to get involved in Bright Futures and therefore granted additional monies to the UW to provide the training. As a result, *School Nurses on Bright Futures in Practice: Mental Health,* a train-the-trainer model, was developed and training was provided to school nurses in August 2004. Participants were required to develop and write a Bright Futures workplan describing how they intended to train other school nurses in their own and surrounding districts. A second followup training, *Bright Futures School Nurse Mental Health Promotion Instructor Training,* was offered in spring 2005, which operated primarily as a debriefing where participants reported on their training experiences and other Bright Futures implementation efforts. Informal feedback showed that the material was well-received by the nurses and that they are routinely using the materials in their work.

School nurses and Child Care Health Consultants have been important audiences for Bright Futures training.

- **Child Care Health Consultants.** Healthy Child Care Washington, a statewide network of Child Care Health Consultants (CCHCs) located in every local health jurisdiction, is another group that indicated interest in Bright Futures as a comprehen-

sive health promotion resource. CCHCs are public health nurses whose role is to provide health education and training to child care providers. CCHCs indicate that the Bright Futures materials are an organized and accessible training tool to use with child care providers who do not have any health background. The UW staff helped develop Bright Futures training modules to be included in an existing resource, the *Child Care Health Consultant Resource Kit.*

Other Examples of Bright Futures Use by State Agencies and Other Partner Organizations

While the OMCH has served as the principal leader in the promotion of Bright Futures in the State of Washington, many other State health promotion programs have been instrumental in this effort. The activities described above have been complemented by those occurring within various State agencies and other partner organizations, as illustrated below.

OMCH. In addition to its previously described leadership roles, the OMCH has incorporated Bright Futures into existing health promotion systems and/or new activities.

- **CHILD profile.** Housed within the OMCH, Children's Health Immunizations Linkages and Development (CHILD) Profile is the State's health promotion and immunization registry system. Bright Futures was seen as a natural fit with the goals of this system. CHILD Profile sends a mailing of informational materials to the family of every newborn in the State and regular mailings continue until the child turns 6 years old. The information provided corresponds with the topics that are assessed at periodic well-child visits with a health care provider. Bright Futures materials serve as a resource for the development of newsletter messages about immunizations, well-child checkups, growth, development, and safety.

- **Adolescent fact sheets.** Bright Futures was used as a resource by staff members from the CAH section to develop Adolescent Health Fact Sheets. The fact sheets were developed for adults who work with adolescents or who are parents of teenagers. A series of 16 fact sheets were developed touching on subjects such as depression and suicide, eating disorders, and special needs and disabilities. The fact sheets can be downloaded from the DOH Web site at **www.doh.wa.gov/cfh/adolescenthealth.htm.**

- **Mental health partnerships.** The DOH recently received a grant for a project titled Bright Futures for Children and Youth in Foster Care. The staff from the CAH division, in conjunction with the staff from the child welfare agency, developed and submitted a proposal to HRSA to assist the State in addressing child and adolescent mental health issues. The proposal focused on the development of a training curriculum, based on *Bright*

Bright Futures has been used for multiple purposes by various State agencies and programs, including maternal and child health, Medicaid, child welfare, and public instruction agencies.

Futures in Practice: Mental Health, for foster parents and foster care advocates to increase their ability to sustain and improve the mental health of children and teens in their care. Bright Futures will be used as a resource for the training program, as it promotes the integration of social, emotional, and mental health into overall health, thereby promoting a holistic approach to the needs of children and teens.

Medical Assistance Administration of the DSHS. Bright Futures was used as a resource by the Medicaid Program in the redesign of the program's State Well Child Exam Forms. The forms were revised to include anticipatory guidance messages specific to the age of the child at the time of the health visit. DSHS also supported the previously described training programs for school nurses on mental health promotion and use of Bright Futures mental health materials.

Office of Superintendent and Public Instruction (OSPI). OSPI worked closely with the DOH and the UW to prepare the training programs for school nurses on mental health promotion and use of Bright Futures mental health materials.

Family Voices. Washington State's Family Voices organization is serving as one of five pilot sites for the Tufts University and the national Family Voices office Centers for Disease Control and Prevention-funded project, *Family Matters: Using Bright Futures to Promote Health and Wellness for Children with Disabilities.* Funds are provided under this initiative to evaluate the effectiveness of Bright Futures in getting health and wellness messages to families of CSHCN. The national office of Family Voices developed the *Bright Futures Family Pocket Guide* and encourages families, including those with special needs children, to use it to help them understand and coordinate their child's health care.

Head Start and the Early Childhood Education and Assistance Program (ECEAP). Three local efforts in Washington State have conducted extensive outreach to the staffs of Head Start, Early Head Start, and ECEAP programs. The Whatcom County Bright Futures project, the Puget Sound Educational Service District's Early Head Start Program, and Spokane County Head Start all provide pocket guides to staff members who work directly with families to help them feel more comfortable in discussing the range of health issues of concern to families. In addition, *Encounter Forms for Families* are distributed along with accordion folder-style health organizers to help families become more informed and engaged partners in their children's health care. Spokane County Head Start is highlighted below:

Spokane County Head Start

Staff members at Spokane County Head Start were looking for a resource to use with their parents that was different. They were looking for something that was comprehensive, yet parent friendly. At a regional Head Start meeting, they were introduced to Bright Futures material by the Washington Bright Futures team and thought that the material looked interesting. After doing further research into what Bright Futures could offer, Spokane County Head Start decided to present their own training on Bright Futures for other area Head Start and ECEAP social

workers. Spokane County Head Start uses Bright Futures in a variety of ways. All of the Bright Futures books are used within the program in addition to the Encounter Forms. Staff members have developed their own version of the health organizer and have even gone a step further and developed a financial organizer for parents. Bulletin boards, magnets with Bright Futures tips, and newsletters have all been additionally developed and shared across sites. Spokane County Head Start is housed with many other community organizations, a point that was cited as supporting utilization of Bright Futures because it enabled them to collaborate and share ideas. In fact, currently, Spokane County Head Start staff members are often called upon by the State to assist with trainings on use of Bright Futures.

Early Childhood Programs. In 2003, the OMCH received a unique source of funding for expanded Bright Futures activities. The OMCH and the Georgetown University National Center for Education in Maternal Child Health developed a proposal for the Senate Health and Education Committee to fund a project whose purpose was to "determine if applying and using Bright Futures principles and materials helps to enhance outcomes of existing health promotion systems for children and their families enrolled in Washington State early childhood care and education programs." [4] Senator Patty Murray from Washington State, who chaired this Senate committee, was familiar with the success of previous OMCH Bright Futures projects and sponsored the proposal for a Congressional earmark. The $465,240 appropriation passed through Congress in 2003 and was to provide initially 17 months of funding to the DOH to implement Bright Futures in Early Childhood but recently has been approved for an extension through June 2006.

Bright Futures in Early Childhood has used Bright Futures as the core foundation to build on established health systems in pilot site programs representing Head Start, Early Head Start, ECEAP, and child care programs. A unique aspect of this project is the inclusion of an evaluation piece. Outcomes being assessed include improvement in meeting required early childhood health standards by the pilot sites; direct-service staff members in the pilot programs indicating improved knowledge, skill, and confidence in health promotion practices with children and their families; and families within the pilot program indicating enhanced knowledge and confidence in health promotion practices for their children. The evaluation component will assist the OMCH to assess project activities and outcomes and also to tailor the project for replication in other areas of the State.

In 2003, Washington received an earmark from Congress to support the use of Bright Futures in early childhood programs. The State is evaluating the experiences of Head Start, Early Head Start, and other early childhood centers in incorporating Bright Futures health promotion activities into this setting.

Eleven pilot sites have been chosen for this project and are comprised of 65 centers serving a total of 2,422 children across the State. Staff

4 Bright Futures in Early Childhood Care and Education Fact Sheet, 2004

members from the pilot programs have participated in health promotion trainings, developed Bright Futures work plans for their individual programs, initiated the use of Bright Futures in their programs, and started data collection. Each site has developed its own unique strategies to incorporate Bright Futures into their program; one of these sites is highlighted below:

Port Gamble S'Klallam Tribe Head Start

Port Gamble S'Klallam Tribe Head Start staff was attracted to Bright Futures because they felt that it empowered parents and encouraged them to be active partners in their children's health care. One of the tribe's chief goals is encouraging members to obtain their health care on the reservation. Head Start staff recognized that Bright Futures could assist them in achieving this goal. After the initial training provided by the UW, Head Start management staff came back to Port Gamble and began to develop their own work plan for utilizing Bright Futures. Their goal was to increase the awareness of Head Start families about nutrition and physical activity topics. Some of the activities that they completed include: developing a bulletin board promoting physical activity and using the physical activity pyramid with pictures of staff and children from the program, placing Bright Futures nutrition and physical activity tips on the back of the weekly menu that is sent home with the children, and sponsoring a parent mini-retreat using Bright Futures material as a resource for curriculum development. Parents of the children were also provided with and oriented to "My Family's Health Organizer," a folder that contains dividers to file information about appointments, test results, bills, medical care, dental care and immunizations.

Increasing DOH-OMCH Bright Futures Capacity

In 2004, as attention to Bright Futures continued to grow across Washington State, the CAH section of the OMCH felt it was necessary to develop a position to focus on Bright Futures efforts. The Bright Futures staff person's role is the overall coordination of Bright Futures efforts across the State to maximize collaboration and minimize duplication of effort.

One of the section's first activities after developing this position was to organize a joint meeting between Washington and Virginia Bright Futures stakeholders. Representatives from Virginia and Washington as well as the national American Academy of Pediatrics were also present. There were multiple objectives for this meeting, the primary being to inform and add breadth to Bright Futures activities in the two States. It also served to establish the relationship between two States with multiple Bright Futures activities and give them a group structure within which to work.

Challenges and Lessons Learned

Washington State faces several challenges to sustainability and ongoing growth of Bright Futures. Local-level key informants stressed the need for the State to play a bigger role in facilitating information sharing and promoting partnership building at the local level. For example, although Washington has a Statewide Bright Futures campaign with active local players, these local players were often not informed about each other's activities and did not feel very connected to the statewide effort.

Additional challenges cited by key informants include the following:

- **Continued access to Bright Futures materials.** A common issue identified during key-informant interviews was the cost of materials. OMCH funding has supported purchasing Bright Futures materials to some degree for trainees and program staff members participating in OMCH-sponsored trainings and projects. However, these materials are expensive, and most often, trainees and others needed to purchase some or all of the Bright Futures materials they wished to use for Bright Futures implementation within their programs.

- **Need to offer evidence of successful utilization.** In order to promote Bright Futures as a standard of care, it is important to communicate, widely, successful efforts in using Bright Futures as a standard and the positive outcomes that result.

- **Broad-based participation of health care providers is important.** While community health providers readily engage in Bright Futures, most primary health care providers do not. The lack of inclusion of Bright Futures in the professional training of these providers often limits their ability to use the guidelines. This is compounded by the lack of resources to distribute Bright Futures materials widely to primary care providers.

- **Sharing of Bright Futures resources across the State.** Organizations would benefit from being made aware of the Bright Futures efforts of others. Frequently during the site visits, it was evident that programs of similar nature are unnecessarily reinventing the same wheel; that is, using valuable resources to develop an application of Bright Futures that has already been developed by another program.

- **Networking is crucial to expanding the Bright Futures initiative.** In order to facilitate Bright Futures implementation, it is necessary to ensure that programs have a way to communicate with one another. Often during site interviews, it was clear that programs are unaware of available Bright Futures resources.

Ongoing challenges include paying for Bright Futures materials, engaging more primary health care providers, and facilitating communication among Bright Futures partners.

Washington State's experience with Bright Futures thus far also offers valuable lessons about program development and sustainability. Key informants identified the following as critical to Washington's experience in supporting and expanding Bright Futures:

- **Grow incrementally.** Bright Futures was seen as a strategy for responding to issues resulting from changes in the health care delivery structure and for facilitating health promotion activities in an organized, age-appropriate, and developmentally appropriate manner.

- **Develop partnerships.** While the leadership of one agency is important, equally important is engaging other stakeholders to partner in efforts to promote and integrate Bright Futures in child health-focused activities.

- **Funding is critical.** Dedicated resources, including funding and staff time, are essential to provide the coordination, training, promotion, and materials needed to facilitate the utilization of Bright Futures. In order to replicate and expand Bright Futures implementation further across the State, additional funding support must be secured.

- **Stakeholders must take ownership.** Stakeholders who learn about Bright Futures and understand its efficacy in promoting child health must assume responsibility for promoting Bright Futures and teaching others about its usefulness in order to encourage its broader use.

- **Providers and consumers need in-person introduction to Bright Futures.** The "personal touch" by the UW, the OMCH staff, and other stakeholders is the best way to introduce Bright Futures to those who are unaware of the materials or unclear about how to use them for health promotion.

- **Training is essential.** Training provides an opportunity to learn about not only the materials but also how to apply them to the particular needs of specific audiences.

- **Provide ongoing support, mentoring, and coaching.** While individuals and groups may be initially enthusiastic about Bright Futures, without ongoing support and encouragement, it is difficult to maintain that enthusiasm.

Future Directions and Sustainability of Bright Futures in Washington

While Bright Futures activity in Washington State began slowly, it has, with time and the determination of advocates and champions, gathered momentum and become increasingly influential in guiding the States' health promoting activities for children and adolescents (including those with special health care needs) and their families. Evidence of this is the incorporation of Bright Futures as a Title V needs assessment performance measure to promote best practices in child and adolescent health in the State and the inclusion of Bright Futures in Statewide conferences focused on child health – for example, the Washington Association for the Education of Young Children and the Partners in Mental Health Development of Children conferences.

With time and the determination of Bright Futures champions, Bright Futures has become increasingly influential in guiding the State's health promotion activities for children and families.

The groundwork which has been laid for the integration of Bright Futures clearly provides a solid platform for future efforts. Past success plus the presence of a dedicated staff position enables the State to explore new opportunities to use Bright Futures to promote health and wellness. Opportunities under discussion include developing linkages with health care plans, expanding mechanisms for the distribution of Bright Futures materials, and developing strategies to track health promotion outcomes.

Other future directions suggested by key informants include the following:

- Identify opportunities to incorporate Bright Futures into funding proposals.
- Promote the use of Bright Futures by consumers through linkages with private-sector, family-oriented groups.
- Increase collaboration with local health departments and MCH regional teams.
- Identify a champion within the UW School of Dentistry who is willing to learn about Bright Futures and, as a result, incorporate it into curricula.
- Work with the OMCH Oral Health Director in expanding access to oral health services as outlined by Bright Futures.

Overall, key informants stressed the value of Bright Futures as a unique resource that focused on age- and developmentally appropriate guidance useful to a range of stakeholders, including policymakers, providers, and families. They emphasized the attractiveness of the materials and the organization of content as factors influencing their usefulness. The DOH-OMCH and its partners have identified a wide range of opportunities in which Bright Futures can play a major role in fostering child and adolescent health promotion. Pursuing these will help to further strengthen health promotion efforts in the State.

Key Informants

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Appendix

Funding for Washington State Bright Futures*

Project Year	Dates	Title V MCH Block Grant **	Community Integrated Services System Child Care Grants **	State Agency Partnerships for Promoting Child and Adolescent Mental Health Grant **	Bright Futures Early Childhood (Congressional Earmark)	Totals
1	10/1/00-9/30/01	$12,000				**$12,000**
2	10/1/01-9/30/02	$32,000	$10,000			**$42,000**
3	10/1/02-9/30/03	$52,000	$10,000			**$62,000**
4	10/1/03-9/30/04	$72,000				**$72,000**
5	10/1/04-9/30/05	$52,000			$465,240	**$517,240**
6	10/1/05-9/30/06	32,000		$10,000		**$42,000**
Totals		**$252,000**	**$20,000**	**$10,000**	**$465,240**	**$747,240**

**All funding reflected in this table has been directed, through a variety of contracts, to the University of Washington to support Bright Futures activities.*

*** This funding source is administered by the Federal Maternal and Child Health Bureau.*