Using Bright Futures in Public Health Efforts to Promote Child Health: Findings from Six Case Studies

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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

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Bright Futures Case Studies: Synthesis of Findings from Six States

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

This report presents a synthesis of the findings from a series of case studies exploring how the Bright Futures for Infants, Children, and Adolescents initiative has been used in six States to promote children's health. The case studies were conducted by Health Systems Research, Inc. (HSR) for the Health Resources and Services Administration (HRSA)'s Maternal and Child Health Bureau (MCHB) as part of the first national evaluation of Bright Futures. The purpose of the case studies is to provide an indepth look at the multiple ways in which Bright Futures has been used at the State level to create a broader, more comprehensive vision of child health and to expand the range and types of individuals engaged in promoting bright futures for all children.

Background

The Bright Futures for Infants, Children, and Adolescents initiative was launched in 1990, with support from MCHB and from the Medicaid Bureau of the Health Care Financing Administration (now the Centers for Medicare and Medicaid Services). It was designed to improve the quality of health services for children through health promotion and disease prevention, using a developmentally based approach to address children's physical and psychosocial needs within their family and community context. The centerpiece of Bright Futures is a comprehensive set of health supervision guidelines for children from birth through age 21 titled *Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents,* published initially in 1994 and as a second edition in 2000.[1]

1 A third edition, being developed under the leadership of the American Academy of Pediatrics (AAP), will be released in 2007.

The national evaluation of Bright Futures has included both a process evaluation and an outcome evaluation plan. The State case studies and this synthesis report represent some of the products of that plan.

The case studies describe the Bright Futures stories in six States, including Georgia, Louisiana, Maine, South Carolina, Virginia, and Washington. This report presents the cross-site findings from those case studies. After an initial discussion of the methodology used to conduct this project, the report presents a synthesis of case study findings that addresses the following topics:

Bright Futures is a national health promotion and disease prevention initiative that uses a developmentally-based approach to address children's physical and psychosocial needs within their family and community context.

- Factors that facilitate the adoption of Bright Futures at the State level
- Why Bright Futures is used
- Who uses Bright Futures
- How Bright Futures is being used
- Challenges in using Bright Futures and strategies for addressing them
- Sustainability of Bright Futures.

The report concludes by presenting areas for national-level focus, as suggested by key informants, for supporting the ongoing use of Bright Futures as part of child health improvement efforts.

HSR's Bright Futures evaluation products are all available on HSR's Bright Futures Web page at **www.hsrnet.com/brightfutures.** Those products include this synthesis report, the six individual State case studies, the process evaluation report, and a how-to guide on promoting the use of Bright Futures in States and communities. Also available at this site are links to an array of Bright Futures training and educational resources.

Methodology

The case studies were conducted using qualitative research methods to gather data about the use of Bright Futures in selected States. Nine States were identified as potential case study sites, based largely on the findings of the process evaluation indicating their active use of Bright Futures as part of State public health initiatives to improve child health. After initial conversations with these, the six States indicated above were selected to participate in the study.[2]

Working in collaboration with MCHB, HSR developed several overarching research questions to guide the study. These are presented in Table 1.

Based on these research questions, HSR developed a discussion guide to frame the key-informant interviews, the vehicle through which data for the case studies was gathered. The discussion guide addressed the following broad areas:

- Background on the key informant's organization/agency
- Organization/key informant's introduction to Bright Futures
- Bright Futures infrastructure
- Use of Bright Futures
- Bright Futures partnerships
- Outcomes of Bright Futures use
- Lessons learned
- Plans for the future.

Key-informant interviews were conducted by HSR researchers in person or by telephone

Table 1.
Research Questions

▪ Why was Bright Futures selected for use by States? What components/attributes of Bright Futures were thought to be of value to their efforts?
▪ What components/attributes of Bright Futures are actually being employed to achieve State public health goals and objectives?
▪ What has been States' experience using Bright Futures? What has been the perceived value of adopting Bright Futures? Were there any unanticipated benefits or problems?
▪ What are the core elements of successful State/local Bright Futures implementation efforts?
▪ How have States and communities provided leadership in implementing Bright Futures?
▪ How is Bright Futures being integrated into ongoing child health promotion systems at the State and community levels?

2 The three States identified as potential sites that were not included in the study included Illinois, Kansas, and Massachusetts. In these cases, State officials generally did not believe there was enough information available to develop a case study.

during mid-2005. HSR researchers conducted site visits to two of the States – Washington and Virginia – and interviewed key informants by telephone in the remaining four States. Whether carried out in person or by phone, HSR worked closely with a main contact in each State to identify a range of key informants using Bright Futures at both at the State and community levels. Depending on the State, key-informants in the case study sites may have included officials from State and local departments of health and other public agencies, the private provider community, and staff members of home visiting programs, Head Start, and other community-based programs. (A list of key-informants for each State is provided at the end of each case study report.)

Synthesis of Case Study Findings

The individual case study reports explore the varying contexts in which Bright Futures was adopted, how use of Bright Futures evolved, and the diverse forms it has taken. They also look at the challenges encountered and lessons learned in each of the six individual case study States. This report considers the overarching findings and lessons that can be drawn from a cross-site review – punctuated with specific examples drawn from the study States. The aim of this report is to provide a synthesis of information that may serve to enlighten other States and localities interested in adopting or expanding their use of Bright Futures to help promote the health of children.

Factors Facilitating Bright Futures Adoption at the State Level

Bright Futures was designed as a national initiative meant to be used in multiple and diverse settings throughout the United States. Significant efforts were made early in the development of the Bright Futures materials to disseminate them widely and spread knowledge about and understanding of the program. As a result, there are many examples all across the country of ways in which Bright Futures has been or currently is being used in training, family and community outreach, and public and private health practice – examples that are highlighted in the Bright Futures process evaluation report. However, among all of these examples, six States stood out for having most actively integrated Bright Futures and adopted it as a formal or systematic component of their child health promotion efforts.

It is clear from these six case studies that the adoption of Bright Futures on a larger scale at the State level is not a matter of simple policy or program changes. Instead, it is highly dependent on a convergence of several key factors, which may vary slightly from one State to another but generally include:

- The presence of Bright Futures champions
- A State policy environment that values prevention, systems integration, or both
- The identification of a specific need – such as for strengthened child health standards – that can be addressed with Bright Futures
- The existence of periods of change – such as shifts in staff, administration, or reporting

requirements – that may provide opportunities for introducing new approaches

- The ability to pursue multiple and varied strategies for spreading awareness and use of Bright Futures.

These and additional related factors also help determine a State's ability to sustain a Bright Futures initiative over time, as discussed later in this report.

Why Bright Futures Is Used

Numerous reasons were cited by key informants in describing why they had chosen to use Bright Futures within their State health department, particular program, or private practice. Taken together these underscore particular attributes of Bright Futures that make it especially useful and applicable to efforts aimed at improving the quality of children's health care through training, education, policy development, and clinical practice. These attributes include:

- **The focus on prevention.** This aspect of Bright Futures is frequently identified by public health professionals and private practitioners as a key reason that the initiative was initially seen as a good fit with their policy priorities or practice styles. For example, the prevention focus of Bright Futures fit very well with the South Carolina Division of Oral Health's guiding principles which specifically identify prevention as a priority. This attribute was also central to the Louisiana Office of Public Health's adoption of Bright Futures as a resource in developing preventative approaches for improving infant health and reducing mental health problems. In Virginia, the prevention base was important not only for initiating interest in Bright Futures but also for maintaining buy-in through changes in staff and State administrations.

- **The family-centered and community-oriented approach of Bright Futures.** Similar to the prevention focus of Bright Futures noted above, these factors are priorities across multiple State health administrations. For example, in Virginia, the family focus of Bright Futures helped to overcome the reservations toward the program of a new State Health Commissioner. In Georgia and Louisiana, educating and empowering parents was central to efforts to improve child health outcomes at the State level. In Washington, several local initiatives and Head Start programs were attracted to the parent education components of Bright Futures, which they viewed as both parent-friendly and comprehensive. They took this interest further by developing accordion-style family health organizers to help parents be more informed and engaged in their children's health care.

> "Bright Futures came along at the right time, providing a needed emphasis on social history and family context, especially parental concerns."
>
> – State Public Health Employee, Louisiana

- **The comprehensiveness of Bright Futures and its organization around developmental periods.** These factors help make Bright Futures a useful vehicle for reaching a large number of children of different ages and

with diverse health and developmental needs. For example in Georgia, the State Medicaid staff identified Bright Futures as being a "perfect fit" for the State's Medicaid Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program due to the developmental focus, the match with EPSDT periodicity schedules, and its step-by-step description of anticipatory guidance. In Maine, the comprehensive scope of Bright Futures, including its focus on primary care and inclusion of oral and mental health, was determined to provide an appropriate and useful standard of care for the State. The ability to find comprehensive and consistent types of information for children of all age ranges – for example, by providers who see many children of multiple ages in the course of one day or by outreach workers whose clients may include both teenage mothers and their infants – was also cited frequently as a strong attribute of Bright Futures.

> "The *Bright Futures in Practice: Oral Health* guide is a very useful resource. It discusses oral health issues in a way that is easily understood by nondental professionals and emphasizes oral health as part of overall health."
>
> –State Dental Consultant, Georgia

- **Bright Futures provides a framework and common language that can appeal to broad audiences and across diverse disciplines.** Key informants describe the usefulness of Bright Futures in creating a common ground on which to unite individuals from different departments or disciplines around a shared focus on improving child health. This has facilitated cross-agency and interdepartmental collaborations at the State level. In addition, the clear and concise language of the Bright Futures materials has promoted interdisciplinary training and understanding. For example, Bright Futures oral health and mental health materials have been used in multiple States to train nonspecialists and facilitate interdisciplinary program coordination.

- **The Bright Futures materials are attractive, easy to use, and flexible.** These features are repeatedly cited as reasons for using the Bright Futures materials within health departments, in private practice, and with families and the community. For example, key informants in Maine described the materials as containing substantive information organized in an easy-to-access manner. In addition, the fact that they are updated and revised by MCHB and AAP is an important advantage.

> "The Bright Futures materials contain substantive information organized in an easy-to-access manner."
>
> – Key Informant, Department of Health and Human Services, Maine

- **The Bright Futures materials are useful resources for training programs.** They provide useful tools to support trainings in multiple public and private practice settings for both preservice and in-service training. Some of the features of the materials that respondents found particularly useful included the fact that the content is well-organized and acces-

sible, the language is clear, and the information and anticipatory guidance help prepare providers for real world situations with children and families.

- **The broad support for Bright Futures by major health professional associations and organizations involved with children's health and development.** This helps build a support network for Bright Futures and reduces potential resistance to the Bright Futures guidelines or philosophy.

In addition to these particular aspects of Bright Futures that appealed to key informants, two broad reasons were identified which explain the impetus for the adoption of Bright Futures. One is associated with the notion of "fit"; that is, for many individuals and States using Bright Futures, the compelling reason for doing so is because its philosophy and attributes reflect their key values. This connection was observed not only in State health departments and programs but also within private pediatric settings, where the focus on prevention, anticipatory guidance, families, and developmental approaches reflect the values of the individual practitioners.

The second overarching reason for adopting Bright Futures to emerge from these case studies is that it provides a solution to one or more needs or problems. Among those issues that Bright Futures was identified as helping to address were enhancing the content and consistency of child health supervision; helping to bring people together around a common goal of improving health for children and with a common language; building consistency and comprehensiveness across programs, disciplines, and practice settings; and facilitating the integration of families and community partners in child health promotion.

Bright Futures is often adopted as a solution to a need or problem.

Who Is Using Bright Futures?

Much consideration was given during the development of Bright Futures regarding the intended audience for this initiative. From the start, the audience that was envisioned for Bright Futures included providers, families, and community representatives or entities – building on the concept that each of these groups represents important partners in the promotion of healthy children. From these case studies, it is clear that all of those audiences are represented among Bright Futures users and that the range of individuals and entities that are using Bright Futures is quite diverse and varied.

Within the State health and social services departments represented in these case studies, there was a broad range of individuals and offices engaged in the use and promotion of Bright Futures. These included representatives from areas such as family health services, Medicaid, oral health, home visiting and case management programs, adoption and foster care, mental health and substance abuse, nutrition, health education, public health nursing, quality management, school health, and child care provision and licensing. In several cases, the State Governor also was involved in initiatives and activities integrating Bright Futures.

In addition, Bright Futures was being used by multiple individuals and groups at the local and regional levels. Examples that emerged from these case studies included representatives from private practice, school health, nursing, medical schools, State AAP Chapters, child care providers, families, Head Start organizations, family support programs, diverse healthy child programs, and community entities, such as the Children's Museum of Richmond, VA. The types of health care providers involved in using Bright Futures are quite diverse as well. Examples include pediatricians, nurse practitioners, medical students and residents, school nurses, dentists and other oral health professionals, nutritionists, mental health providers, and lay outreach workers. Private partners also have supported the dissemination of Bright Futures materials and activities. For example, Henrico County in Virginia partnered with a local hospital to develop a Bright Futures-inspired folder for families to keep track of their children's immunizations and health records.

The range of individuals and entities using Bright Futures is wide and varied. A few examples from these case studies illustrate their diversity:

- Port Gamble S'Klallam Tribe Head Start
- Richmond Children's Museum
- Child care licensing agents
- Pediatric residents
- School nurses
- State AAP chapters.

How Bright Futures Is Being Used

Describing how Bright Futures is used is complex because of the multiple and diverse ways in which it is implemented. This is entirely consistent with the nature of Bright Futures, which was developed for multiple uses and widely disseminated to encourage a broad and diverse application. In practice, Bright Futures is indeed a patchwork of activities – often happening independently of each other or crossing paths in both planned and unplanned ways.

To capture the breadth and depth of the ways in which Bright Futures is being used in the six case study States, this section is organized according to several major categories of activity: policy development and program planning, professional education and training, clinical practice, outreach and education to families/communities, and systems integration. It is important to note that, given the public health focus of these case studies, most of this information is based on examples from public health policy, planning, and practice; additional examples from private practice settings are included where available.

Policy Development and Program Planning

Bright Futures has been used to guide the development of policies and plans aimed at improving the quality of children's health care and children's health outcomes. Some have used Bright Futures as a tool for improving State performance on key child health indicators. Others have looked to Bright Futures as a standard for child health care. Integrating Bright Futures into policies and plans has also been an important strategy for institutionaliz-

ing the philosophy and approaches to care espoused by Bright Futures.

Responding to poor health outcomes. In several cases the adoption of Bright Futures at the State level was a direct response to poor State health outcomes or low performance standards. The following examples illustrate three States that used Bright Futures in these circumstances:

- In Louisiana, there was an identified need for a comprehensive approach by the public health system to respond to high rates of infant mortality, low birthweight, and child maltreatment. The Bright Futures prevention-focused approach and materials were used to train public health nurses, nutritionists, and other professionals to improve interviewing and counseling skills, use anticipatory guidance, and increase health promotion with families. In addition, Louisiana State policymakers used Bright Futures as a guide for revising the nutrition services offered by local agencies through the Supplemental Food Program for Women, Infants, and Children (WIC).

- In Georgia, the State integrated Bright Futures into its EPSDT program, called Health Check, as part of its efforts to improve performance on certain child health benchmarks (e.g., child abuse and neglect, parent education, mental health). The family education and resource materials from Bright Futures have been identified as important resources in helping the program to meet its quality review standards and Medicaid requirements to include anticipatory guidance in EPSDT.

- In South Carolina, Bright Futures was used within the context of a statewide initiative led by the Governor to improve school performance that recognized the role of health in academic achievement. A survey of school nurses identified oral health as a top priority issue, and the State Oral Health Director spearheaded the development of Bright Futures-based formal oral health guidelines for schools in South Carolina.

Developing new State standards for child health. Some States have used Bright Futures more specifically as the framework for developing a new State standard of health care for children and adolescents. For example:

- In Maine, the *Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents* have been applied as the standard of care for physicians enrolled as providers in the State's public insurance programs. Bright Future also was used in Maine to revise the State nursing standards, including those related to school nurses. As a way to help promote and integrate the use of Bright Futures as the standard of quality across the State, the Maine Medicaid/State Children's Health Insurance Program (SCHIP) program developed new clinical forms based on Bright Futures to be used for all recommended well-child visits. Providers who complete the forms are reimbursed at an enhanced rate.

- In Washington Bright Futures was used as the framework to improve Medicaid and EPSDT services for children from birth to age five using interdisciplinary partnerships among family practice, pediatric, and other

children's services providers with a focus on early child health and development. With a grant from the Commonwealth Fund, the State launched a pilot of this project working with families in Head Start, Tribal health centers, and other public health venues in Whatcom County.

- In Georgia, Bright Futures has been used as a resource to develop new dental screening requirements for school-aged children and as a source for updating manuals for well-child screenings on topics such as adolescent health and children with special health care needs. The State's former State Dental Director has moved to a new role as the Region IV Head Start Oral Health Consultant, where he is helping to update the Head Start program's performance standards regarding oral health to promote more consistent guidance for Head Start and Early Head Start in areas such as tooth brushing, use of toothpaste, and application of fluoride varnish.

- In Virginia, the Bright Futures guidelines were adopted more broadly as the official State standard for child health. This included an official kickoff event, development of a Bright Futures Virginia Web site, designation of two Bright Futures Coordinators within the State Department of Health, and convening of a Bright Futures Advisory Committee composed of public and private partners focused on spreading Bright Futures into private practice and community level activities. The adoption of Bright Futures as a State standard for child health also has helped policymakers and advocates for child health in their efforts to integrate the quality of care promulgated by Bright Futures into public policies, such as requirements for school physicals.

Institutionalizing Bright Futures through State policies, performance measures, and plans. Several States have tried to further institutionalize the use of Bright Futures across their public health programs by inserting Bright Futures into official plans and documents. In Washington, Bright Futures has been incorporated as part of the Title V needs assessment performance measures. In Virginia, Bright Futures is specifically referenced in State regulations regarding EPSDT program services and children's eligibility for special health needs services. It is integrated in the Performance Improvement Plan for mental health services, was identified as a strategy in 18 of the State's 54 Healthy People Virginia 2010 objectives, and has been required to be included in workplans and strategic plans across the State's Department of Health.

The institutionalization of Bright Futures in public policy and program planning is important, not only for sustaining the quality standards and philosophy that Bright Futures represents but also for the ripple effect it creates in improving public health practice. The hope of the types of policy changes described here is that they will help change the conceptual framework for child health from the traditional, medically based model to one that is more holistic, developmentally based, and grounded in the family and community contexts in which children live and grow.

Education and Training of Health and Related Professionals

One of the most widespread uses of Bright Futures across all of the case study States is in the education and training of health professionals, both in the preservice training environment and in opportunities for continuing education. This is in part because the Bright Futures guidelines and materials are seen as very useful in promoting child and adolescent health and wellness due to their comprehensiveness, anticipatory guidance, and easy-to-use formats. It is also because training is so critical to spreading the understanding and use of Bright Futures across diverse practice settings and environments. Thus, training has been a priority area for numerous States trying to promote the broader use of Bright Futures among providers, families, and communities to improve knowledge, skills, consistency, participation, and ultimately the quality of children's health.

Training is critical to spreading the understanding and use of Bright Futures across diverse practice settings and environments.

For example, in Georgia, in response to surveys of local public health staff members regarding their training and technical assistance needs, the State hired additional staff members to support the use of Bright Futures. They designated a Bright Futures "point person" who holds district-level Bright Futures trainings that offer continuing education credits for public health staff members. The trainings focus on the use of Bright Futures in the context of the State EPSDT program and as a way to foster improvements in the State's child health indicators. Similarly, the two designated Bright Futures Coordinators in the Virginia Department of Health have developed and conducted numerous Bright Futures trainings across the State's public health districts. These were directed at many types of audiences, ranging from public health nurses and home visitors to child care consultants, nutritionists, and new employees within the Health Department's Office of Family Services. The Coordinators developed specialized training tools and programs, including a tabletop display to be used in community settings and at meetings to help educate parents about Bright Futures. In both Georgia and Virginia, as in the other case study States, trainings have taken the forms both of general introductions to Bright Futures and of more targeted trainings oriented toward particular health professionals or areas of focus, such as nutrition, oral health, or mental health.

Here are some select examples that illustrate the range and types of targeted trainings that have been undertaken:

- **Public health nurses.** This group was a major focus of Bright Futures training across all of the States interviewed for these case studies. For example, in Louisiana, all of the State's public health nurses (approximately 500) were trained in using the Bright Futures guidelines, including techniques for implementing the anticipatory guidance and strengthening interviewing and counseling skills related to child health. In Maine, one of the State's earliest Bright Futures activities consisted of training the regional public health nursing staff to use the Bright Futures

health supervision guidelines. In Virginia, numerous training efforts targeted public health nurses and nurse practitioners, including the development of distance learning materials developed with a grant from HRSA that could be used for continuing education credits.

- **School nurses.** This group of professionals also has been a target of Bright Futures training activities across various States. For example, in Washington State, the Bright Futures mental health materials have been used to train members of the School Nurse Corps, which serves rural school districts throughout the State. Washington also developed a train-the-trainer model that these school nurses could take back and use in their districts. In South Carolina, 400 of the State's 500 school nurses took part in regional trainings on oral health using the Bright Futures materials.

- **Private providers.** In Maine, as part of the effort to adopt Bright Futures as the standard of care for the State's public insurance programs (in which 89 percent of the State's primary care providers participate), statewide trainings were conducted for child health providers to describe the Bright Futures philosophy and health supervision standards. Trainings were also conducted with the State immunization program staff, who in turn incorporated Bright Futures into their one-on-one meetings with private providers.

- **Child care providers.** This audience is seen as an excellent one for Bright Futures, since child care providers are well-placed to look at children from a developmental standpoint and interact so directly with both children and parents. There are multiple examples of ways Bright Futures has been used with this group. For example, the Port Gamble S'Klallam Tribe in Washington State uses Bright Futures as part of its Head Start program to encourage parents to be active partners in their children's health and to increase education about nutrition and physical activity. In Virginia, Bright Futures is used as a resource and educational tool by child care licensing agents who work with child care providers to ensure they meet licensing standards.

The Bright Futures materials help to convey what it means to practice health promotion and preventive care. They offer real-life scenarios that illustrate the types of situations providers will encounter with children and families in the practice setting.

- **Community health workers and home visiting program staff members.** This audience was the focus of multiple trainings in each of the case study States. For example, in South Carolina, trainings were conducted with lay health workers in faith-based organizations to support their role in addressing the oral health needs of their communities. Participants received copies of the *Bright Futures Oral Health Pocket Guide.* In Virginia, the Department of Health's two Bright Futures coordinators worked with James Madison University to develop a Bright Futures manual for community health workers that was distributed to the Resource

Mothers Program which provides home visits to high-risk mothers and their infants.

- **Nutritionists.** State nutritionists in Louisiana, South Carolina, and Virginia were trained to use the *Bright Futures in Practice: Nutrition* manual. In Louisiana, this manual was also used as a resource for developing parent education materials. Unfortunately, in Virginia, there was a total turnover of the State nutrition staff following this training, so many effects were dissipated.

- **Cross-disciplinary and cross-agency trainings.** Several States used Bright Futures oral health materials to conduct trainings with oral health providers and with nondental providers, such as nurse practitioners, pediatric residents, childcare providers, and school nurses. Similarly, the Bright Futures mental health materials have been used widely to train not only mental health and substance abuse providers (including those who do not work with children typically) but also many other types of providers, such as family life educators, school nurses, and home visiting program staff members. In Georgia, the State offered seven regional cross-agency trainings directed at staff members from areas such as early childhood, child care, substance abuse, and child welfare focused on the social and emotional development of children from birth to age 5. These trainings included the presentation and distribution of numerous Bright Futures resources, including the health supervision guidelines and *Bright Futures in Practice: Mental Health.* Similar activities focused on the needs of older children are being planned.

Bright Futures also has been used within academic medical institutions for the preservice training of medical students/residents, nursing students, and other health care professionals. For example:

- In Washington, Bright Futures materials have been integrated into the curricula of the schools of Nursing, Public Health, and Medicine and in MCHB-funded training programs. The University of Washington's Family and Child Nursing Program developed mini-videos for nurse practitioners demonstrating the application of Bright Futures in a well-child visit within the context of its emphasis on partnerships, communication, health promotion, time management, education, and advocacy. Bright Futures materials also are used in nurse practitioner courses and in continuing education courses for graduate nurses.

- Pediatric residents at both Virginia Commonwealth University (VCU) Medical School and Tulane University School of Medicine have been trained in the clinical applications of Bright Futures. *Bright Futures in Practice: Oral Health* is also featured at an annual lecture to students of the Medical College of Georgia School of Dentistry.

- VCU faculty members have collaborated with partners from the State's Department of Health, AAP Chapter, and Medicaid office to develop a series of Web-based training modules based on Bright Futures and presented as individual case studies. These are targeted to pediatric, nursing, and nutrition students, and to a secondary audience of family practice physicians, nurse practi-

tioners, physician assistants, Medicaid providers, community health providers, clinic nurses, and unlicensed assistive personnel.

Faculty members explain that the Bright Futures materials, especially the pocket guides, are very useful tools for working with medical residents and health profession students. These help explain how to conduct a preventive care visit and illustrate the types of interactions that future providers can expect to encounter in the clinical practice setting.

Clinical Practice

In keeping with its goal of improving the quality of child health care, Bright Futures has been used in the clinical practice setting to improve quality assurance and consistency across providers. For example, in Georgia, the Bright Futures anticipatory guidance was integrated into the EPSDT well-child exams as a strategy to help improve State child health indicators. In Virginia, the State AAP President participated in the development of a new ADHD assessment tool, inspired by Bright Futures, that could be used by providers, teachers, and others working with children. This was in response to concerns raised in the State legislature that the rates of ADHD diagnoses and medication were too high (e.g., 26 percent of boys in Norfolk had been diagnosed with ADHD).

In Maine, Bright Futures has been used not only to ensure quality and consistency across EPSDT visits but also to "close the loop" between well-child health exams and needed followup for children in the public health system. The Maine Medicaid program has devised clinical forms based on Bright Futures for all recommended well-child visits within the program. Those forms are submitted to the State's Medicaid Bureau, which reviews them and sends those needing followup to the State's public health nurses who work with families and local agencies to ensure that appropriate followup is obtained. The nurses communicate with the referring providers regarding the outcome of the followup activities.

In Maine, providers using the Bright Futures clinical forms are reimbursed at a higher rate. This incentive, coupled with State agency support, has helped providers and planners to put into practice a broader definition of well-child care that includes mental health, social and cognitive development, oral health, and family relationships.

In Georgia, the State has an 80 percent target measure for the provision of parenting education as part of well-child exams. Results indicate that public health district scores have increased since the introduction of Bright Futures and now average a score of 95 percent.

At the individual private practice level, two practices in Virginia described using Bright Futures-based clinical forms and the Bright Futures guidelines, tip sheets, and family materials to help meet auditing and reporting requirements for well-child visits and certain chronic-care or specialty visits. They noted that these materials also helped improve consistency and record keeping across a busy practice with multiple providers.

Education and Outreach to Families and Communities

One of the central features of Bright Futures is its recognition of the critical role played by families and communities, who are the central players in children's day-to-day environments, in promoting children's health. States interviewed for these case studies have incorporated this philosophy into their Bright Futures activities. Efforts to engage families and community-based organizations are described below.

Direct outreach to families. States conduct outreach to families about their children's health through both provider-client encounters and broader communications strategies.

- **Provider-client encounters.** Other than well-child visits, which take place in clinical settings, Bright Futures was most commonly identified by the case study States as being used in direct client encounters that take place as part of home visiting and case management programs for at-risk children, pregnant women, and families, such as Louisiana's Nurse Family Partnership program for low-income, first-time mothers and their babies. Home visiting programs use Bright Futures to improve the quality and consistency of their educational and outreach efforts. Indeed, home visiting program staff members and other key informants referred to the Bright Futures guidelines as a home visiting "handbook," the "bible for health education," and the "gold standard" for home visiting. They noted the value of the case examples and family materials for providing home visitors with clear language for speaking to high-risk families, especially regarding difficult topics such as mental health, violence, and sexuality. Bright Futures' comprehensiveness and organization around developmental periods were cited as facilitating the provision of age-appropriate information and guidance to families; this is especially useful for less-experienced workers or those who see children of multiple ages, including adolescent mothers with young children. The anticipatory guidance and preventive focus of Bright Futures also were seen to be important in helping families in crisis, who are overwhelmed with issues of daily living, to think about longer-term issues related to their child's healthy development (e.g., why it is important to read to children or stay up to date on immunizations).

> **"Bright Futures is the bible for health education. It is clear, concise, and easily understandable."**
>
> —Health Department Staff, South Carolina

- **Broader communications strategies.** Another approach used by the case study States for reaching families with Bright Futures-based health promotion messages is to use broader-based outreach strategies, such as mass-marketing campaigns. South Carolina is conducting a "Happy 1st Birthday" social marketing campaign based on Bright Futures oral health recommendations which encourages parents to begin oral health care during infancy. In Virginia, the Office of the Governor initiated the development of a New Parents' Kit including a baby's first year calendar and other materials based on Bright Futures for distribution by hospitals, and the Bright Futures

Coordinators are working to develop a video by teens for teens to encourage regular use of health care services. Maine sends each family with a child enrolled in its MaineCare public insurance program, for which Bright Futures is the standard of care, reminders about scheduled well-child visits and a guide describing why preventive care is important, explaining what to expect during medical and dental checkups and offering a section for parents to keep track of questions they wish to ask their provider.

School-related efforts. As described earlier, numerous States have engaged school nurses in their Bright Futures training activities. Beyond that, States also recognize the potential offered by schools for directly reaching children and their families by incorporating Bright Futures messages into academic lessons. One strategy has been to link Bright Futures to academic standards. For example, the Virginia Bright Futures Coordinators successfully advocated for the inclusion of information from Bright Futures materials on nutrition and physical activity into the physical education curriculum for the Virginia Standards of Learning, which guide the content of public school curricula across the State, and are working on doing the same for oral health messages. On a more individual level, Bright Futures has been used as a resource in the development of Individual Education Plans (IEPs) for special-needs children, as reported by some private health practitioners working with schools to develop IEPs for their patients.

Efforts focused in child care settings. Given the significant amount of time that children spend in child care, and the influence of child care providers have with children and their parents, this is another setting in which some of the case study States have targeted Bright Futures efforts. For example, South Carolina has developed activities for use in the child care setting to educate and engage young children in oral health; the State's Bright Futures-based *Child Care Center Oral Health Training Curriculum* includes activities for children as well as parent education sheets to reinforce center-based lessons in the home. The Virginia Bright Futures Coordinators are also working with child care providers and the State's Head Start training network to integrate Bright Futures health promotion elements into the child care setting.

Schools, child care providers, and community organizations are important partners for disseminating Bright Futures messages to children and families.

Partnerships with community organizations. The case study interviews identified some interesting examples of partnerships with community organizations to disseminate Bright Futures messages and engage Bright Futures champions in nonhealth care settings. In South Carolina, the Department of Health is working with faith-based partners to implement a lay oral health education program incorporating Bright Futures messages in high-risk communities. Another example of a community-based Bright Futures partner was the Children's Museum of Richmond, VA. A museum representative served on the Bright Futures Virginia Advisory Board, the museum made Bright Futures materials available in its family resource room, and it

sponsored family resource fairs and community education events on child development. 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.

Challenges and Strategies

As described above, the case study States have succeeded in using Bright Futures in myriad ways to promote children's health. The key-informant interviews in all States, however, also identified important ongoing challenges that hinder efforts both to maintain and enhance existing Bright Futures activities, as well as to expand their scope and engage a broader array of Bright Futures partners. This section discusses the major challenges experienced across these States, as well as strategies for addressing these. An overview of these challenges and strategies is presented in Table 2.

CHALLENGE

Engaging private providers. The need to expand Bright Futures buy-in and use among private-sector providers was an issue identified by all of the case study States. Even in States in which the State AAP Chapter is an active Bright Futures partner, such as Virginia, engaging providers at an individual level remains a long-term and ongoing process. The challenge is particularly difficult to overcome in States where, although public health leaders may have a strong commitment to Bright Futures promotion, private-sector leadership has not identified adoption of Bright Futures as a priority. The case study findings indicate that many private providers in each State view Bright Futures (if they know about it) as something that duplicates existing guidelines, is likely to take too long to include in the tight time frames allocated for well-child visits, and will not be adequately reimbursed.

Strategies

While highlighting the difficulty and ongoing nature of addressing this challenge, the case studies also revealed numerous strategies for facilitating private providers' buy-in of Bright Futures:

- **Incorporate Bright Futures into State Medicaid/SCHIP program protocols, policies, and reimbursement schedules.** Support of Bright Futures health supervision guidelines by the State Medicaid program was reported to be a critical factor in facilitating provider receptivity to Bright Futures. Maine adopted Bright Futures as the standard of care for its MaineCare public insurance program and reports that most of the participating providers are complying with Bright Futures standards, as evidenced by their submission of clinical forms for each recommended well-child visit designed by the State based on Bright Futures. The State reimburses providers at an enhanced reimbursement rate for completing these forms and provides ongoing training and support to physicians in their compliance with the Bright Futures health supervision standards.

- **Integrate Bright Futures into preservice and continuing education training programs for health professionals.** Reinforcing a major finding of the national process evaluation,

Table 2.
Challenges to State Bright Futures Efforts and Strategies for Addressing Them

CHALLENGE	STRATEGIES
Engaging private providers	▪ Incorporate Bright Futures into State Medicaid/SCHIP program protocols, policies, and reimbursement schedules ▪ Integrate Bright Futures into preservice and continuing education training programs for health professionals ▪ Engage the State AAP Chapter as a Bright Futures partner ▪ Identify Bright Futures champions among private providers
Translating policy into practice	▪ Introduce change incrementally ▪ Present Bright Futures as a tool for bringing added value to existing practices or programs ▪ Take advantage of periods of change ▪ Offer continuing education credits for Bright Futures trainings
Providing ongoing training targeted to audience needs	▪ Offer multistaged training opportunities ▪ Allocate resources for individualized followup training ▪ Tailor training opportunities and materials
Dealing with staff turnover	▪ Institute Bright Futures through policies and procedures that will remain in effect beyond staff changes ▪ Incorporate Bright Futures into staff orientation materials and programs ▪ Require that Bright Futures be incorporated into work plans ▪ Identify opportunities resulting from the staff changes
Obtaining funding for Bright Futures materials	▪ Solicit support for materials dissemination from internal and external partners ▪ Build the cost of materials into new proposals for funding ▪ Access materials online
Engaging partners who may not see themselves as focused on child health	▪ Incorporate Bright Futures into accepted frameworks ▪ Frame Bright Futures as a tool for addressing a concern or problem ▪ Identify opportunities in which Bright Futures can serve as a resource ▪ Reach out to new partners
Getting information about existing Bright Futures resources and the experiences of others in using Bright Futures	▪ Review the national Bright Futures process evaluation, State-specific case studies, Bright Futures how-to guide, and list of other online resources (**www.hsrnet.com/brightfutures**) ▪ Visit the AAP Bright Futures Web site (**www.aap.org/brightfutures**) ▪ Reach out to others active in using Bright Futures ▪ Share the Bright Futures story

the case studies emphasize the importance of incorporating Bright Futures into health professional training programs as a means for promoting its use among providers once they enter practice. A major benefit of Washington's contractual relationship with the University of Washington (UW) to spearhead Bright Futures activities is the close proximity and ongoing relationships between the contracted Bright Futures staff and other university staff members, who have fostered the use of Bright Futures materials as part of curricula in UW's health professionals schools including the Schools of Nursing, Public Health, and Medicine. As described earlier, key informants from a Virginia medical school emphasized the value of Bright Futures materials for preparing residents trained in hospital settings for primary and preventive care practice, and public and private Bright Futures Virginia partners recently launched a Web-based Bright Futures training module for health care professionals for which continuing education credits are available.

- **Engage the State AAP Chapter as a Bright Futures partner.** In some States, the State AAP chapter has been a longstanding Bright Futures partner, and State efforts have benefited, for example, from resources to distribute health supervision guidelines to chapter members, the communications network with Chapter members, and political clout in legislative and policy advocacy efforts. In other cases, the State AAP Chapter is just becoming involved in helping to engage the private provider community in Bright Futures. Some State AAP chapters report that stronger leadership from the national AAP organization is needed before Bright Futures is likely to be become a higher priority; it is anticipated that the national AAP's release of the third edition of the Bright Futures health supervision guidelines, which will integrate existing AAP health supervision guidelines, will offer a critical opportunity for national AAP leadership to bolster State and provider-level involvement in Bright Futures efforts.

State AAP Chapters are critical partners in promoting Bright Futures use among private providers.

- **Identify Bright Futures champions among private providers.** Providers who have used Bright Futures and found it to be a useful tool are likely to be among the most influential people in raising awareness about and interest in Bright Futures among providers who have yet to integrate it into practice. The case studies and the process evaluation found that just one Bright Futures champion within a practice setting can have considerable success in integrating its use across the practices' providers. Featuring these Bright Futures champions at professional meetings can help to spread interest much more broadly.

CHALLENGE

Translating policy into practice. Closely related to efforts to engage private providers is the challenge of translating policies establishing Bright Futures as a standard of care into practice, both in private and public health settings. Although adoption of Bright Futures at a State level is a powerful tool for change, translating

State-level policies into practice at the regional and local levels requires ongoing effort and resources. Key informants described the challenges that are typically experienced when clinical staff members are asked to modify well-established routines in order to incorporate a new way of doing business. In some cases, district or local level leadership resisted changes instituted at the State level.

Strategies

The case studies indicate that the following strategies can help to facilitate the adoption of Bright Futures in both public- and private-sector settings:

- **Introduce change incrementally.** While introducing a completely new way of doing business may be met with understandable skepticism, modifications of protocols with which providers are already familiar are likely to be accepted more readily. For example, in Georgia, public health nurses were initially uncertain how State-level efforts to improve the quality of Health Check (Medicaid/EPSDT) screening exams would affect them, they but were happy to see that, rather than requiring them to use completely new clinical forms, Bright Futures was incorporated into existing forms. In a busy private practice, time is needed for building consensus and matching different practice styles with new approaches.

> "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

- **Present Bright Futures as a tool for bringing added value to existing practices or programs.** In the face of financial pressures and time constraints, it is unrealistic to expect staff members to adopt new practices unless these can bring clear added value to their work. For example, in several instances the acceptance of new patient encounter forms, based on the Bright Futures guidelines, was due to 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. In addition, public health administrators note that presenting Bright Futures as a resource rather than as a mandate draws a much more favorable response.

- **Take advantage of periods of change.** Periods of change offer natural opportunities for integrating Bright Futures. For example, staff changes in a clinical or public health setting can offer the chance to introduce or renew interest in Bright Futures. Several States include Bright Futures materials among those provided to new staff members to introduce them to the Bright Futures philosophy and to use as a resource in their job responsibilities.

- **Offer continuing education credits for Bright Futures trainings.** In order to meet professional continuing education requirements, health professionals are often looking for opportunities to participate in trainings. Numerous States use these credits as an incentive for health professionals to learn

about Bright Futures and ways that it can be used in various settings.

CHALLENGE

Providing ongoing training targeted to audience needs. 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 and simple guidance to help explain the varied aspects of Bright Futures. In addition, while the regional workshops held in many of the case study States were a useful strategy for rolling out State Bright Futures initiatives and providing a broad overview of Bright Futures, participants in these sessions frequently noted the need for more concrete, hands-on assistance in determining how the health supervision guidelines could be applied within their own settings.

Strategies

Although the need for training in the case study States is an ongoing one, the following examples demonstrate ways in which they have tried to address this need.

- **Offer multistaged training opportunities.** Several States built in multiple opportunities to train the same target audience to allow for skill building and sharing of experiences. In Washington, school nurses were brought together first for a general train-the-trainer program designed to facilitate their ability to address mental health issues. Participants were required to develop a Bright Futures workplan describing how they intended to train other school nurses. The training participants were brought together again approximately 9 months after the initial training to discuss implementation experiences in the field.

- **Allocate resources for individualized followup training.** After conducting regional Bright Futures trainings to launch its Bright Futures-based EPSDT quality improvement initiative, Georgia hired a staff person whose responsibilities included providing additional trainings to assist local public health providers in implementing Bright Futures in their own clinics. A critical component of this strategy is ensuring that local level providers are aware of this resource and how to access it.

- **Tailor training opportunities and materials.** While some case study States have offered training for a cross-section of providers, others have found it important also to offer trainings more tailored to the needs of specific target audiences, such as child care providers and school nurses. In a few cases, the States also have developed tailored curricula to use in these trainings as well as in health professionals training programs, which have contributed to the Bright Futures resource base. However, due to the resource intensive nature of this strategy and the desire to avoid reinventing the wheel, key informants emphasized the importance of learning about and using existing

Bright Futures trainings should be tailored to meet the needs of different target audiences.

resources. They noted that this continues to be a challenge and emphasized the importance of bolstering capacity at the national level for increasing awareness of and facilitating access to existing Bright Futures resources.

CHALLENGE

Dealing with staff turnover. Another frustration noted by key informants was the frequency of staff changes that occur in public health and other settings. These staff changes carry costs in terms of both institutional memory and resources invested in Bright Futures training. On the other hand, as indicated by the strategies identified below, staff changes also can present opportunities for furthering Bright Futures.

Strategies

The following strategies can help to maintain and even strengthen Bright Futures efforts in the event of staff changes continually experienced in both public health and private sector settings.

- **Institute Bright Futures through policies and procedures that will remain in effect beyond staff changes.** Incorporating the Bright Futures philosophy, strategies, and use of materials into policies and procedures can formalize the integration of Bright Futures and sustain it over time despite changes in personnel. Bright Futures can be incorporated into memoranda of understanding, contracts, strategic plans, regulations, requests for proposals, and position descriptions. For example, as the standard of care for MaineCare, Bright Futures is reflected in patient encounter forms used by providers and incorporated into the Public Health Nursing Policy and Procedure Manual.

> "You have to institutionalize Bright Futures. As people move around, if you don't write it down, it gets lost."
>
> —State Health Department Employee, Virginia

- **Incorporate Bright Futures into staff orientation materials and programs.** Inclusion of Bright Futures into staff orientation procedures and materials ensures that new staff members recognize the value placed on Bright Futures within the organization. Several case study States reported the value of Bright Futures materials in orienting new personnel to their positions and the organizational philosophy and providing an ongoing resource for health promotion activities.

- **Require that Bright Futures be incorporated into work plans.** In some case study States, participants in certain trainings were required to develop work plans to implement Bright Futures. As part of the Bright Futures Virginia launch, the State held a multiday training session for teams of public health staff members from local districts, and each team was required to develop a 6-month plan for implementing Bright Futures in their district. A followup at the end of this period of time indicated that 80 percent of those plans had been implemented.

- **Identify opportunities resulting from staff changes.** While the departure of staff members who have been trained in Bright Futures can hinder efforts to institutionalize Bright Futures use, staff changes also intro-

duce periods of change that can facilitate introduction of Bright Futures, especially when the departed staff person was resistant to its adoption. Further, the relocation of staff members who are convinced of Bright Futures' value can facilitate the adoption of Bright Futures in new settings. Finally, new staff members can help bring renewed energy to Bright Futures-related endeavors and foster another generation of Bright Futures champions.

CHALLENGE

Obtaining funding for Bright Futures materials. In the earlier years of the Bright Futures initiative, Pfizer was a major corporate sponsor and played a critical role in disseminating hard copies of the Bright Futures materials, especially to pediatricians and families. For the Bright Futures trainings hosted by the case study States, State health department funds typically have been used to purchase a limited supply of materials for training participants. However, both State and local-level key informants noted that the costs of these materials are prohibitively high, limiting their ability to share the materials with public health staff members and others expected to adhere to Bright Futures standards, as well as to promote its use both by existing and potential Bright Futures partners.

Strategies

While the difficulty of purchasing adequate supplies of Bright Futures materials remains a particularly challenging one for State and local Bright Futures partners, the following strategies may help to address the demand for materials.

- **Solicit support for materials dissemination from internal and external partners.** If convinced of the value of Bright Futures, policy and program decisionmakers within State Title V, Medicaid, WIC, early intervention, child care, and other venues may be able to allocate funding for purchasing materials. Private partners also may be willing to support outreach efforts by funding the distribution of Bright Futures materials to their members or affiliates. For example, the Virginia State AAP Chapter distributed copies of *Bright Futures Guidelines for Health Supervision* to its members when the State adopted Bright Futures as its standard of care.

> **Policy and program decisionmakers convinced of the value of Bright Futures may be able to allocate funding for purchasing Bright Futures materials.**

- **Build the cost of materials into new proposals for funding.** Bright Futures can be a useful tool in an array of child health promotion activities that may be supported by public or private grant funding opportunities. Costs associated with materials dissemination may also be included as part of funding proposals.

- **Access materials online.** Although key informants emphasized that online access to Bright Futures materials does not replace the need for dissemination of hardcopies, all nationally produced Bright Futures materials are available online on AAP's Bright Futures Web site free of charge.

CHALLENGE

Engaging partners who may not see themselves as focused on child health. Some agencies or organizations, especially those that are not explicitly focused on health care or health issues, may not recognize the role that Bright Futures can play in helping them to achieve their goals. While the potential audience for Bright Futures is extremely broad, engaging them takes ongoing commitment, time, and resources.

Strategies

The following approaches can help to ensure ongoing progress in the goal of widening the base of Bright Futures partners.

- **Incorporate Bright Futures into accepted frameworks.** In cases in which an organization could have a major impact on child health but Bright Futures is not a ready fit to their way of doing business, it may be necessary to incorporate Bright Futures components into existing guidance or frameworks. As noted earlier, case study States have found that incorporating Bright Futures messages into academic standards of learning can be critical to engaging schools as Bright Futures partners.

- **Frame Bright Futures as a tool for addressing a concern or problem.** While potential Bright Futures partners may view Bright Futures as nice, they are unlikely to embrace the philosophy and materials actively unless it is seen as a positive response to a perceived problem that is important to them, such as helping children learn in school or reducing childhood obesity. Numerous case study States used Bright Futures as a tool for improving performance on child health indicators or enhancing quality of care and found these goals to be helpful in unifying diverse groups of stakeholders in efforts to promote child health and safety.

- **Identify opportunities in which Bright Futures can serve as a resource.** While many people might know about Bright Futures, it takes repeated reminders of its existence and identification of how it can be used in order to facilitate its widespread adoption. Key informants stressed the importance of Bright Futures advocates continually seeking opportunities – often readily available in their ongoing job responsibilities such as serving on committees addressing health and social service issues – in which Bright Futures can serve as a useful resource.

- **Reach out to new partners.** There remains significant opportunity for broadening the number and range of Bright Futures partners. Taking the time to identify potentially interested audiences (e.g., youth clubs, summer camps, business groups) and introducing them to Bright Futures can pay multiple dividends. It can improve the consistency of health promotion messages across a community or State, and it can engage a broader array of providers, families, agencies, and organizations in efforts to improve children's health.

Bright Futures resources are available online at:

www.aap.org/brightfutures

www.hsrnet.com/brightfutures

CHALLENGE

Getting information about existing Bright Futures resources and the experiences of others in using Bright Futures. While there is a diverse and broad array of individuals, agencies, and organizations using Bright Futures in many different ways, the people and activities largely remain disconnected. Key informants indicated a strong desire to obtain more easily information about other Bright Futures activities in their own and other States and share experiences and resources.

Strategies

Numerous strategies were identified or requested by key informants to help further the exchange of information and resources about Bright Futures and its uses in diverse settings.

- **Review the national Bright Futures process evaluation, State-specific case studies, Bright Futures how-to guide, and list of other online resources.** These materials offer a wealth of insight regarding the history and evolution of the Bright Futures initiative, the types of individuals and organizations that have used Bright Futures, and why and how they have done so. They are available at **www.hsrnet.com/brightfutures.**

- **Visit the AAP Bright Futures Web site.** In addition to providing access to online Bright Futures materials, AAP's Bright Futures Web site (**www.aap.org/brightfutures**) provides information on new developments in Bright Futures and highlights resources of interest to the Bright Futures community. The site also includes examples of "Bright Futures in Practice" showing how Bright Futures is being used in different States across the country and among different categories of organizations (e.g., county health departments, nonprofit organizations).

- **Reach out to others active in using Bright Futures.** The AAP Bright Futures Web site has contact information for individuals and organizations featured in its "Bright Futures in Practice" examples. The State-specific case studies also include names of key informants interviewed for the study. These represent Bright Futures champions and other individuals eager to share stories and strategies.

- **Share the Bright Futures story.** Key informants noted that there are numerous large meetings devoted to issues such as Medicaid, maternal and child health, public health training, and such that provide excellent opportunities for sharing presentations, posters, and information. In addition, they cited other information exchange opportunities that should be further utilized, such as association and public health network listservs and newsletters. Two States, Virginia and Washington, have developed their own Bright Futures Web site or electronic newsletter. Several individuals expressed the hope that there would be more MCHB-sponsored national meetings specifically designed to talk about Bright Futures.

Sustaining Bright Futures

One of the research questions explored in the case studies had to do with identifying the core elements of a successful Bright Futures implementation effort. This question helped to elicit information not only on how State-level Bright Futures efforts and activities are adopted more broadly at the State level but also how they

evolve and are sustained over time. In some of the case study States, Bright Futures activities have gathered momentum over a period of years and become increasingly influential in guiding State health promotion activities for children and families. In other cases, the use of Bright Futures was initially strong but then diminished. In most of the study States, the use of Bright Futures continues to evolve, with ongoing efforts to engage new partners and to identify new ways that Bright Futures could be used in health promotion efforts. It is important to note, however, that all of the study States experienced times during which Bright Futures was more or less actively used. Furthermore, reflective of the varied audiences and uses for Bright Futures, there typically have been multiple paths being followed in the same State, often at the same time, to further the Bright Futures philosophy and messages.

To be sustainable, Bright Futures efforts need champions and continued commitment of resources. They also must bring added value and be integrated into program policy and planning.

The Bright Futures case studies, as well as the national process evaluation conducted previously, indicate that successfully integrating Bright Futures into child health promotion efforts and supporting its ongoing use and evolution over time depends on several factors:

- **Bright Futures champions.** Individuals who believe in the value of Bright Futures and can identify it as a resource in efforts to address various needs and problems are critical not only to initiating Bright Futures use but also its growth and long-term sustainability. While expanding the number and types of champions is key to broadening opportunities for using Bright Futures, the case studies demonstrate that even one individual in a key leadership position – with the capacity to influence staff orientation, training, and policy development – can be very influential in infusing Bright Futures principles and messages into State health promotion efforts.

- **Ongoing commitment and resources.** The experience of the case study States indicates that spreading use of Bright Futures is an ongoing and long-term process, with time and resources needed to engage partners, develop champions, provide training, and foster opportunities for using Bright Futures in various venues and across changing times, administrations, priorities, and staffs. In States that have identified one or more staff persons to serve as Bright Futures coordinators or point persons (e.g., Virginia, Washington, Georgia), key informants emphasized the value of this approach for growing and sustaining Bright Futures efforts. Title V funds have provided a major source of support for these staff resources, both within health departments and, in the case of Washington, through contracted staff. Grants from public and private sources and, in the case of Washington, a Congressional earmark also have supported Bright Futures activities. A lack of funds for critical activities – such as Maine's need to translate Bright Futures clinical forms into an electronic format that can be used with the State's new electronic medical records

system – can greatly hamper Bright Futures sustainability efforts.

- **Added value.** For Bright Futures to be accepted and integrated into practice over a sustained period of time, it must add value to the people and organizations using it. The States that have used Bright Futures over time have reported its value in such areas as improving quality standards, providing a framework for policies and programs, and delivering consistent health promotion messages.

- **Integration of Bright Futures into policies and programs.** Integrating Bright Futures into policies, strategic plans, and programmatic goals and structures that will remain in place through changes in administrations and staff can help to lay a strong framework for its continued use and support.

When considering Bright Futures' sustainability over time, it is important to recognize that Bright Futures may be sustained explicitly or implicitly. While many key informants stressed the value of the "Bright Futures" label and status as a national initiative with broad public and private support in obtaining buy-in for its use, others noted that the Bright Futures philosophy and approach is often used but not identified by name. For example, in South Carolina, Bright Futures has been used extensively by State health department officials to shape policies and programs to promote children's oral health, but the "Bright Futures" name is not widely recognized by local-level partners.

> **"A lot of what we do is what Bright Futures offers; we just never put that name on it."**
> — KEY INFORMANT IN LOUISIANA

Looking to the Future

The case studies indicate that Bright Futures has served as a valuable resource in efforts to promote quality of care, broaden the array of partners involved in improving children's health, and improve consistency in health promotion messages. Based on these experiences, the case study States identified, and are pursuing, additional opportunities for using Bright Futures to further health promotion goals. For instance, Several States noted their ongoing work to introduce Bright Futures to new partners and to develop targeted training materials for certain audiences.

As described above, States face numerous challenges in furthering their Bright Futures efforts. While the case studies illuminated strategies that States could use for addressing these, key informants noted that in some areas, national leadership from the MCHB/HRSA, AAP, or others could be particularly helpful. These areas include:

- **Facilitating linkages across States using Bright Futures to share experiences, resources, and lessons.** Key informants expressed a deep interest in being better connected to others using Bright Futures, especially to reduce duplication of effort in sharing training and other resources. In addition to disseminating the Bright Futures case study reports, one avenue for addressing this need is providing an opportunity for Bright Futures leaders to meet in person, which

would allow for more indepth exchanges, foster a more connected Bright Futures community that could bolster Bright Futures efforts into the future, and also inform national efforts led by MCHB and AAP to provide support for the initiative's ongoing development and evolution. Developing an easily accessible centralized clearinghouse of existing Bright Futures resources including those produced at the State level also would help to address this identified need.

- **Providing nationally produced training and publicity resources to facilitate outreach to new partners.** As noted previously, key informants noted an ongoing need for more targeted training resources to introduce various audiences to Bright Futures and facilitate its use in practice; having such resources available at the national level (and which would build on those developed by States) would reduce greatly the burden on States and others to develop new materials on their own. Similarly, States noted that nationally developed Bright Futures publicity materials that simply describe what Bright Futures is, clearly identify Bright Futures as a national initiative, and include a section for State-specific information would help to simplify outreach strategies and create more linkages and cohesion among Bright Futures activities nationally.

- **Integrating Bright Futures in Federal funding opportunities.** Explicit reference to Bright Futures in MCHB and broader HRSA-supported funding opportunities, as well as those offered by other Federal agencies, would raise the visibility of Bright Futures, provide incentive for its use, and offer financial support for Bright Futures activities. Given the reported difficulty of financing purchases of Bright Futures materials, Federal support for materials dissemination in these funding opportunities or other means (e.g., engaging a new corporate partner to support materials dissemination as Pfizer did previously) also would be very helpful to State and local Bright Futures efforts.

- **Engaging private providers.** Bright Futures clearly has been more widely used in the public sector than in the private sector. Numerous key informants stressed the need for stronger national leadership in more actively engaging State AAP chapters in promoting Bright Futures among their members. Given that many pediatric providers have viewed Bright Futures and AAP's existing health supervision guidelines as being duplicative, the convergence of these two sets of guidelines in the forthcoming third edition of the Bright Futures guidelines will present a critical opportunity for more broadly engaging private providers as Bright Futures partners.

Conclusion

In summary, the Bright Futures case studies illustrate the varied roles that Bright Futures has played in public health efforts to improve child and family health. The study findings also confirm the great potential that remains for broader application of the Bright Futures philosophy and approach in ongoing efforts to nurture the optimal growth and development of children.

Georgia's Bright Futures Story

Laura Sternesky, M.P.A.
Beth Zimmerman, M.H.S.

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Introduction

In Georgia, Bright Futures has been used by public health officials as part of an overall effort to improve child health indicators in the State. In particular, these efforts have focused on incorporating Bright Futures' use into Medicaid-covered well-child exams delivered by local health departments, especially by enhancing the anticipatory guidance provided to parents. Bright Futures also has been utilized as part of the State's broader efforts to improve child health, especially in the areas of mental health and oral health. This case study, based on key informant interviews conducted in mid 2005, describes how Georgia has utilized Bright Futures in these various ways.

Context for Bright Futures

Leadership for Georgia's Bright Futures initiatives lies with the Division of Public Health (DPH) Services, Family Health Branch (FHB), Office of Infant and Child Health (ICH), located within the Georgia Department of Human Resources. The mission of FHB is to promote the physical, mental, spiritual, and social well-being of children and families through partnerships with communities. To achieve this goal, FHB spearheads a number of programs, including those focused on the delivery of well-child care, early intervention, newborn screening, school health, and the development of collaborative child care systems.

Of the programs administered by FHB, the major focal point for Georgia's Bright Futures-related efforts has been the State's Well Child Program, which supports the delivery of primary and preventive care services for children up to age 21 through the State's Medicaid Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program, known as Health Check. As a result of the State's efforts to link all Medicaid recipients with a medical home, most children on Medicaid now receive their care in private physicians' offices. However, in some areas of the State, local health departments continue to play an important role in providing Health Check screening exams in their areas. Looking to the future, the State envisions an increased role for local health departments in providing such care to foster children.

Through an agreement with the Georgia Department of Community Health, FHB/ICH is responsible for conducting quality monitoring reviews and providing technical support and training to Health Check providers. It is in this role that ICH has promoted the use of Bright Futures in Health Check examinations. Although ICH's quality monitoring and support functions encompass both public and private Health Check providers, the DPH to date has focused primarily in encouraging the use of Bright Futures in the public sector.

Initiating Bright Futures

The impetus for Bright Futures use in Georgia grew out of a review by the DPH Family Health Branch leadership of Georgia's ranking in the annual KIDS COUNT report published by the Annie E. Casey Foundation which provides national and State-by-State benchmarks of child health status. Georgia public health officials were concerned that Georgia's child wellness indicators, including those on which Georgia ranked above the national average,

were not as high as they should be. To address this situation, the Family Health Branch launched a statewide effort aimed at improving Georgia's child health status indicators.

In developing their strategies, State public health officials focused on Medicaid as an important vehicle for reaching a large number of children, especially those at high risk for poor health outcomes. In particular, they considered how the quality of the Health Check examinations could be enhanced. It was decided that strengthening the focus on anticipatory guidance would help to improve child health indicators broadly.

In looking for tools to support this goal, State staff identified Bright Futures and found it to be a "perfect fit" for EPSDT. Key informants noted several reasons for this conclusion, including Bright Futures' organization by developmental period, its match with the EPSDT periodicity schedule (which outlines at what age well child screening exams should be received), its content, and its step-by-step guidance regarding the provision of anticipatory guidance. The Bright Futures health supervision guidelines were also appealing because they complemented the developmental screening approach – "Ages & Stages" – used during a Health Check visit; that is, Bright Futures materials could be used to address issues identified during the developmental assessment.

Based on its positive review of Bright Futures, the State took several steps to integrate Bright Futures into the Health Check program during 2002 and 2003. In accordance with Medicaid's requirement that anticipatory guidance be delivered as part of EPSDT exams, ICH identified parent education as an indicator for the Health Check quality reviews – establishing an 80 percent target for this measure. Health Check monitoring and exam forms were revised based on Bright Futures to emphasize the delivery of comprehensive anticipatory guidance. ICH also encouraged the use of Bright Futures Family Tip Sheets as informational handouts for families. While use of the forms and Bright Futures materials is not mandated, local health departments tend to use or adapt Health Check forms and follow guidance provided by the DPH, especially given its role in conducting Health Check quality reviews.

Georgia uses Bright Futures as a tool for strengthening the quality of EPSDT well-child exams.

The State held four regional Bright Futures kickoff meetings to "roll out" Bright Futures and introduce the new Health Check forms to local public health providers. Representatives from each of Georgia's 19 public health districts – representing the State's 159 county health departments – attended the regional trainings. Each district received an array of Bright Futures materials, including the Bright Futures health supervision manual and complementary pocket guide, the Bright Futures in Practice guides on oral health and mental health, and family materials including the Bright Futures Tip sheets and Family Encounter Forms, and districts were told how to obtain or purchase additional copies.

Evolution of Bright Futures Over Time

Consistent with the original vision that Bright Futures could support Georgia's efforts to improve its performance on various child health benchmarks, the State has built and expanded upon its initial Health Check activities in various ways. Driven by surveys of local public health staff members regarding their training and technical assistance needs, the State has hired additional staff members with responsibility for supporting Bright Futures use at the local level and also has conducted a series of regional Bright Futures trainings focused on mental health. Oral health is another area in which Bright Futures has influenced State policy and programs, as well as broader regional and national efforts addressing the needs of children in Head Start. These are described below, followed by examples of how Bright Futures has been incorporated into practice at the local level.

Building State Capacity to Provide Bright Futures Support at the Local Level

After the regional Bright Futures trainings that focused on Health Check were conducted, additional steps were taken to facilitate Bright Futures use at the local level. An evaluation of training participants found that Bright Futures was positively received but more training was needed to help translate it into practice. In response to this need, in April 2003, ICH hired Ancel Lawrence as a public health nurse consultant to ICH's Well Child Program. Ms. Lawrence conducts Health Check quality reviews of local providers as one of three ICH staff members who, through an agreement with the Medicaid division within the Department of Community Health, monitor and provide technical assistance for Health Check providers. Ms. Lawrence is the primary Bright Futures "point person."

One of Ms. Lawrence's responsibilities in this role is to hold district-level Bright Futures trainings for local public health staff members – for which continuing education credits are available – to support the provision of high-quality Health Check exams. To complement the Bright Futures components of the Health Check monitoring and exam forms, the trainings include general information about Bright Futures and the health supervision materials as well as interactive discussions, focused on case examples, intended to illustrate how the materials can be applied in local public health practice. These discussions take place within the broader context of how the State and local providers, working collaboratively, can foster Georgia's progress on child health indicators.

The State health department has designated a Bright Futures "point person" who offers training to local public health programs.

A particular area of focus in the trainings, consistent with the Health Check quality review measures, is the importance of doing strong anticipatory guidance, especially for specific populations such as children who are suspected of being maltreated, abused, or neglected.

The State has placed a high priority on reducing child abuse and neglect, especially among foster children, and key informants note that Bright Futures can be used to prevent or address this problem by educating parents, helping to create stronger families, and identifying abuse and neglect so that intervention becomes a primary action.

Bright Futures is part of the State's approach for reducing child abuse and neglect.

As indicated earlier, the State has an 80 percent target measure for the provision of parent education as part of well-child exams. Ms. Lawrence indicates that health districts' overall scores for this indicator currently average 95 percent or above and have increased since Bright Futures was introduced, and districts that use Bright Futures usually score higher on Health Check reviews. While county health departments tend to use the standard Health Check screening form developed by ICH, different types of assessment forms are seen in private practice. According to key informants interviewed for this case study from both the public and private sectors, Bright Futures is not commonly used in private physicians' offices.

In carrying out her role as the Bright Futures lead trainer and presenter, Ms. Lawrence reports using the full complement of Bright Futures materials. She uses both the Bright Futures Web sites of both the American Academy of Pediatrics (AAP), supported through AAP's Bright Futures cooperative agreement with the Maternal and Child Health Bureau, as well as the one supported by Georgetown University, which correlates nicely with EPSDT. She also reported that the Bright Futures newsletter produced by AAP is helpful. However, knowledge of AAP's role in Bright Futures and the availability of online resources was quite variable among local level key informants.

Addressing Children's Mental Health Issues

Mental health is another important area in which Bright Futures has been used in Georgia and one that is strongly linked to the State's efforts to reduce child abuse and neglect. Surveys of local public health staff members indicated that they needed more skills in addressing the range of behavioral and mental health issues being faced by families with whom they work. In particular, staff in home visiting programs expressed a need for additional family resources.

In response, Susan Bertonaschi, the Coordinator of Children 1st, the single point of entry for public health children's services, collaborated with the Department of Family and Childen Services and other agencies that often serve the same clients to develop a cross-agency training program on these issues. In 2004, the State sponsored a series of seven regional trainings around the State on the social and emotional development of the young child (birth to age 5), with a major focus on Bright Futures. During the training, participants received a bag of Bright Futures resources, including the health supervision and mental health books as well as guidance on how to use the *Bright Futures in Practice:*

Mental Health guide from one of the individuals who led its development at the national level. Attendees included a total of approximately 430 district and county staff members from early childhood, child care, substance abuse, child welfare, and other State agencies and larger community agencies that work with children in this age group. By including a broad range of professionals working with families with young children, the regional trainings were intended to allow consistent messages to be conveyed by the broad range of providers dealing with mental health issues faced by this population.

Based on evaluations of the trainings that indicated that they were well-received, the State in 2005 began to proceed with plans for conducting a similar series of trainings focused on the needs of children in middle childhood. It is hoped that a subsequent series focused on adolescents will be conducted as well. To complement this work, the FHB also developed a resource directory of licensed mental health service providers who work with children and families. The directory includes approximately 1,200 licensed clinicians.

Georgia uses Bright Futures to promote the delivery of consistent messages across a broad range of child health professionals.

Improving Children's Oral Health

Another area in which Bright Futures has been utilized in Georgia's public health efforts is oral health. Joseph Alderman, the former State Dental Director, who continues to provide consultation to the Georgia Department of Human Resources' oral health program, described the *Bright Futures in Practice: Oral Health* guide as being a very useful resource for statewide oral health promotion efforts. In particular, he notes that the guide discusses oral health issues in a way that is easily understood by nondental professionals, emphasizes oral health as part of overall health, and has been updated recently (in pocket guide form). Dr. Alderman identified several ways in which the Bright Futures oral health guide has been utilized in Georgia as well as in broader-reaching oral health promotion efforts:

- **Dissemination of guidance/information to public health professionals and other oral health stakeholders.** As the State's Dental Director, Dr. Alderman sent copies of *Bright Futures in Practice: Oral Health* to the oral health contacts in the health districts when the book was released. He has conducted and continues to conduct lectures to public health professionals in districts (nurse practitioners, public health nurses, and others from dental and nondental staffs) about oral health. Bright Futures messages incorporated in these lectures include how Bright Futures addresses oral health supervision, how Bright Futures assesses risk, and how to get Bright Futures materials. In addition, Dr. Alderman conducted a 2-day course in late 2004 at the Medical College of Georgia School of Dentistry on providing dental care to children with special health needs in which he presented information on Bright Futures. He also does an annual lecture at this school on oral health and Bright Futures.

- **Development of State program rules and guidance.** In 2005, Georgia is providing more detailed information concerning the requirement that all children entering public school get nutrition, eye, ear, and dental screening exams. Dr. Alderman is consulting with the State's oral health program to develop the dental screening requirements, and Bright Futures is being utilized in that effort. Bright Futures also was used as a source for updating manuals (on such topics as children with special health care needs, adolescent health, and women's health) utilized by local health departments for well-child screenings with anticipatory guidance related to oral health. This work was done within ICH as part of Ms. Lawrence's work to update Health Check procedures and manuals. The goal was to integrate oral health and nutrition for all age groups in all manuals.

Bright Futures is informing policy development at the State and national levels to improve children's oral health.

- **Development of national policy/program guidance.** Dr. Alderman has translated his Georgia-based Bright Futures experience to his current role as the Region IV Head Start Oral Health Consultant. Oral health recently has become one of Head Start's priority areas, and efforts are focused on updating the program's performance standards in this area and increasing the focus on prevention of dental problems among children in Head Start and Early Head Start. Bright Futures is being used as part of this national effort as a resource for development of consistent guidance for Head Start/Early Head Start programs in such areas as tooth brushing, appropriate use of toothpaste, and application of fluoride varnish. In addition, Bright Futures was noted as a tool for promoting consistent adoption of Medicaid and other policies supporting the initiation of dental visits by 1 year of age – an important opportunity for providing anticipatory guidance to families around oral health – and also for facilitating the delivery of anticipatory guidance on oral health by nondentists who are more likely than dentists to see children during infancy and the toddler years.

Use of Bright Futures at the Local Level

Discussions with local-level key informants centered on how Bright Futures has been applied in Health Check and other programs administered by local health departments. As noted earlier, the level of involvement in well-child Health Check screenings by public health nurses is dependent upon the county in which they work. For this case study, key-informant interviews were conducted with public health nurses from numerous local health departments with some role in conducting well-child screenings as a complement to those conducted in the private sector, as well as in nurse home visiting programs for at-risk families.

In response to the initial trainings on Bright Futures and Health Check, local-level key informants noted a great deal of excitement from the State regarding Bright Futures but were initially unsure what it meant for them. Originally, some nurses thought that they would have to start using all new Health

Check forms based on Bright Futures, but they were happy to see that Bright Futures was incorporated into existing forms. Most nurses noted that while incorporation of Bright Futures into Health Check has not changed the way they conduct health screenings necessarily, Bright Futures supports the delivery of more comprehensive anticipatory guidance – focusing on both physical and mental health needs – than might otherwise be done and helps nurses to cover the most important issues at each visit, helping to make better use of the time available. They note that the Bright Futures emphasis on parent education helps to increase parental understanding in a nonthreatening way and provides basic information on how to direct children's behavior. Simplifying and streamlining paperwork and supporting providers in connecting families to community-based resources were other benefits noted of Bright Futures, in addition to its use helping some health departments to score higher on their Health Check quality reviews conducted by ICH.

Beyond the Health Check forms, public health nurses report using an array of Bright Futures materials including the books, pocket guides, Family Tip Sheets, and Family Encounter Forms. Many nurses reported using the materials to guide discussions with parents about what should be happening with a child at each stage of development. Health department nurses noted that families are very appreciative of the time spent on parent education and of Bright Futures materials, especially the Family Tip Sheets or Family Encounter Forms (different clinics reported using one or the other more frequently) that are reviewed with parents during the visit and given to them to take home. They frequently indicated that having "something we can put our hands on" and give to parents to take home was important, especially in assuring parents that their baby is reaching appropriate milestones.

Local public health programs report that Bright Futures has helped to strengthen parent education services.

Some barriers regarding use of the materials were noted, in particular the expense of the materials and the difficulty of copying them. Nurses also noted that clients require many different types of teaching methods due to different education levels and circumstances, and it would be helpful to have more materials and methods to meet families' needs. Nurses indicated a need for lower-literacy materials and simple, concise information. Picture illustrations were noted as something that would be helpful to convey messages to low-literacy clients. There was varying levels of knowledge among key informants regarding the full range of Bright Futures materials (including Spanish-language materials for families) and the availability of online materials.

In addition to use during Health Check exams, Bright Futures is used in some local-level home visiting programs aimed at reducing child abuse and neglect. For example, Bright Futures has been integrated into the Visiting Education Nurse in Transition (VENT) program in Gordon County, part of the Rome district. VENT is a pilot program – the county's primary prevention grant program – to reduce

child abuse and neglect, through which at-risk mothers with at least one child under the age of 1 receive home visiting services, averaging at least one visit per month during the first year of life. Bright Futures has been integrated into this home visiting program as the basis of VENT forms for use during the 1-, 2-, 4-, 6-, and 12-month visits; the focus of these forms is developmental milestones, safety issues, and parenting information. Nurses in this program note that Bright Futures helps to focus and facilitate conversations between home visitors and clients about nutrition, home environment, sleeping, and other issues. They also use the nutrition and oral health books and give out information on issues such as baby bottle tooth decay. The Bright Futures mental health book was also noted as being very helpful. The home visitors copy materials for families from the book and use the Edinburgh scale included in the mental health toolkit for determining postpartum depression. They noted that while the issue of where to refer women who screen positive remains, given the paucity of mental health providers in the area, the tool has been helpful in documenting the problem and advocating for more resources to address it. In Floyd County, Bright Futures also is being used in a secondary child abuse prevention program providing medical/nursing consultation to social workers conducting child abuse investigations.

Challenges

Interviews conducted for this case study also identified two areas in which Georgia is facing ongoing challenges in expanding the State's continued efforts to promote Bright Futures use. These include barriers to its adoption by private providers and the need for more communication and hands-on support at the local level. Each is discussed in turn below.

Engaging Private Providers

In considering barriers to the State's efforts to promote Bright Futures, the one that clearly emerged as the major challenge was expanding its use in the private sector. While Bright Futures has been integrated into the way in which public health nurses conduct Health Check screenings, the extent to which it is used among private providers appears to be very limited. This is of particular concern among public health officials because the bulk of patients receive care in the private sector.

Leaders of the Georgia AAP Chapter noted that although they recognize that the national AAP is involved in promoting Bright Futures, there is some resistance to it by its members. Several reasons for this were identified. In addition to Bright Futures' length and cumbersome nature, critical factors working against its use include the existence of multiple national guidelines for child health delivery, even within AAP, and the variation in standards among payers. Also, given the flat reimbursement fee for well-child visits, anything that is perceived as increasing the time spent in a visit can be difficult to implement.

More work is needed to engage private providers in using Bright Futures.

State health officials and leaders of the Georgia AAP Chapter both reported that the two entities have a strong relationship and collaborate

on many issues, such as standardizing developmental screening practices for the State and planning for physician training to support implementation of the new standards (effective for the Medicaid program as of October 1, 2006).[1] To date, however, encouraging Bright Futures use among private pediatricians has not been prioritized as an area for collaboration. Representatives of the Georgia AAP Chapter report that although Bright Futures is listed as a tool for anticipatory guidance on its Web site and they have shared information on Bright Futures as part of the Women, Infants, and Children program nutrition outreach efforts, they have not received any requests from members for information on Bright Futures and do not believe that many members are using this anticipatory guidance tool in their practices.

Leaders of the Georgia AAP Chapter noted that several factors would affect their interest in promoting Bright Futures' use among the State's pediatricians, most notably a directive from the national AAP office or interest from their members. In order to facilitate its use in the field, especially when AAP releases the third edition of Bright Futures (which will integrate current AAP health supervision guidelines), the Georgia AAP Chapter noted that educational materials and assistance will be needed to help providers integrate Bright Futures easily into their practices. In addition, approval from Medicaid was noted as being essential in order for it to be adopted as a standard, as providers are unlikely to adopt an approach without support from such a major payer.

Fostering Communication and Support at the Local Level

Interviews with key informants uncovered varying degrees of communication among the various child health providers. A theme that emerged from key-informant interviews was the need to share information among public health providers, as well as between public and private providers, about Bright Futures and how it is being used.

Despite the State's conduct of numerous regional trainings on Bright Futures and the availability of a State Bright Futures point person, local key informants often reported a desire for more clarity and support from the State in how to use the Bright Futures materials in their own settings. While the trainings at both the broader regional and smaller district levels (including multiple local health departments) were noted as useful overviews of the Bright Futures approach, it was felt that smaller 1-day training sessions for providers "at the same level" on how to use Bright Futures in clinics are needed to realize fully the benefit of Bright Futures. The importance of providing advance notice of trainings was emphasized to ensure that entire teams of staff members, who will use Bright Futures together and support each other, can attend. Videos were another type of support

Tailored, hands-on training is needed to maximize Bright Futures use at the local level.

1 Standardized developmental screening tools are required at ages 9 months, 18 months, 24 months, and 36 months. Suggested screening tools include ASQ, PEDS, or other standardized screening tools with specificity of at least 80 percent. A Bright Futures health supervision questionnaire or other similar template is recommended at all other Health Check visits.

identified for providing more indepth guidance on how to use Bright Futures.

Lessons Learned

Overall, the Georgia Bright Futures experience highlights several lessons learned regarding the use of Bright Futures, as discussed here:

- **Bright Futures can be utilized as a flexible tool in broad-reaching child health promotion efforts.** Bright Futures has been used in Georgia to support a range of activities to strengthen clinical practice, train health professionals, educate parents, and develop policies related to child health. This varied use helps to promote the delivery of consistent messages across public health providers serving families at high risk for poor health outcomes.

- **Integrating Bright Futures into current practices can facilitate its acceptance.** It was noted that incorporating Bright Futures principles into the way work was already being done in the State helped to garner buy-in of the end users. In particular, integrating Bright Futures into Health Check exam forms helped to ease the inclusion of Bright Futures into well-child exams conducted by public health nurses.

- **Bright Futures can help to streamline and enhance the delivery of comprehensive anticipatory guidance during well-child exams.** The experience of public health nurses working in clinical settings and conducting home visits indicates that Bright Futures can be used as a tool for delivering more consistent and comprehensive anticipatory guidance to families. Although public health providers may have more time to spend with families than private practitioners, insights from public health nurses indicating that Bright Futures can help to focus discussions with families and, if incorporated into exam forms, also streamline related paperwork may help to engage private practitioners to use Bright Futures.

- **Champions are needed at all levels.** In order for Bright Futures to be integrated in local practice, there must be someone at the local level to "run with it," and there is also a need for someone to embrace it at top level and make sure that staff members have the resources and support they need to facilitate implementation. It is also useful to have individuals "in the trenches" who have used it and can help to share lessons in how it can be implemented successfully. This lesson may be particularly relevant to hopes for better involving private providers in Bright Futures efforts – stronger advocacy by leaders in the private sector for Bright Futures use at the national, State, and local levels will be needed to build a base of support in the private practitioner community.

- **Tailored support and training is needed to facilitate implementation.** In addition to broad overviews of the Bright Futures philosophy and materials, front-line providers expressed a need for clear guidance in how materials can be used in practice and support and training tailored to the setting in which they work. Better linkages to others using Bright Futures in the State and across the Nation can help to respond to this need.

Sustainability and Future Directions

By incorporating Bright Futures into a range of ongoing initiatives aimed at improving children's health, Georgia has taken important steps to foster its use into the future, particularly in the public-health sector. However, ongoing support tailored to the needs of key stakeholders is needed to further promote its use and realize its benefits in multiple venues.

Building on its experiences to date, ICH leaders are working to introduce Bright Futures to other agencies and organizations also interested in promoting children's health, such as the Georgia Department of Education, the Parent-Teacher Association, the Governor's Council on Developmental Disabilities, and others participating in the Georgia Early Childhood Comprehensive Systems building initiative. Partnerships such as these will be important to continue to support Bright Futures' use in the public-health sector as well as to expand its use by private providers with a major role in promoting the health and development of Georgia's children.

Key Informants

Ancel Lawrence
Well Child Program
Office of Infant and Child Health
Division of Public Health Services
Georgia Department of Human Resources

Susan Bertonaschi
Children 1st
Office of Infant and Child Health
Division of Public Health Services
Georgia Department of Human Resources

Joseph Alderman
Former Dental Director, Georgia Department of Human Resources
Region IV Head Start Oral Health Consultant

Shelba Key
Putnam County Health Department

Denise Dasher
Coweta County Health Department

Wilma Ham
Spalding County Health Department

Lynn Cress, Judy Howerton, and Melanie Vaughn
Gordon County Health Department

Rick Ward
Georgia Chapter of the American Academy of Pediatrics

Louisiana's Bright Futures Story

Marisa Ferreira, M.P.H., R.D.
Judith Gallagher, R.N., Ed.M., M.P.A.

Introduction

This Bright Futures case study, based on key informant interviews conducted in spring 2005, describes how and why Bright Futures was initially adopted by Louisiana and how its utilization has evolved. The State's utilization of Bright Futures has fluctuated over time as the focus of the State's public health system has changed. Bright Futures initially was used as a tool for strengthening the provision of direct services in public health clinics. Over time, as the State's role in direct care diminished, Bright Futures has been used in other child health promotion efforts, including those related to infant mental health and nutrition. Currently, Bright Futures use is primarily focused in the State's Nurse Family Partnership (NFP) program, a home visiting program for first-time, low-income pregnant women and their infants.

Context for Bright Futures

The Louisiana Department of Health and Hospitals, Office of Public Health (OPH), Center for Preventive Health identifies as its vision the promotion of "a healthy population absent of disease and risk factors for disease." The primary responsibility of the Center is protection of public health through the management of programs and activities that engage in anticipatory guidance to prevent the occurrence of disease or to minimize its effects after it has occurred.[1] Housed within the Center for Prevention are maternal and child health (MCH); immunization; nurse home visiting; Women, Infants, and Children (WIC); and school-based health services, among other programs and activities. The State is subdivided into 64 parishes or counties, which are organized into nine regions.

In the late 1990s, the OPH MCH program undertook a variety of efforts to address Louisiana's high rates of infant mortality, low birthweight, and child maltreatment. Infant health and mental health were identified as two primary focus areas in which local health departments could work with families to impact the health of their infants and children. State officials began their search for a comprehensive approach to health promotion to support local health departments in addressing these areas.

Initiating Bright Futures

Around the same time that State officials were searching for a way to assist the local health departments in addressing infant and mental health, a team from the National Center for Education in Maternal and Child Health (NCEMCH), which spearheaded growth of the Bright Futures initiative with the Federal Maternal and Child Health Bureau, contacted Louisiana officials and offered to conduct training to introduce them to the Bright Futures approach and materials. Agreeing that Bright Futures was a good fit for the Louisiana public health agency, given its focus on prevention, State officials welcomed the opportunity to obtain training and to offer the guidelines to the public health nurses and medical staff members.

Through MCH Block Grant funding, all public health registered nurses and medical doctors were given copies of *Bright Futures: Guidelines*

1 Department of Health and Hospitals Web site: http://www.oph.dhh.louisiana.gov/centersfad6.html?DID=3

for Health Supervision of Infants, Children and Adolescents. Additionally, these staff members, approximately 500 in all, received training to familiarize themselves with Bright Futures and to receive information on how to use the materials in practice. Training focused on interview and counseling skills related to child health and development and anticipatory guidance appropriate to each health visit. This initial training was co-led by the State public health staff and the staff from NCEMCH. Subsequently, Bright Futures training was conducted across the State by the Louisiana public health staff. Bright Futures soon became the model for care in the State's public health clinics.

In addition to public health nurses and physicians, training was offered to other public health professionals, including nutritionists, to support the implementation of Bright Futures.

Louisiana conducted trainings around the State to introduce Bright Futures as a model of care for its public health clinics.

Approximately 20 State nutritionists attended the State training and received the *Bright Futures in Practice: Nutrition* manual in addition to the Health Supervision Guidelines. State nutritionists viewed Bright Futures as a comprehensive resource for delivering nutrition services to the families of infants and children, and therefore useful as a resource for training and developing nutrition education materials. Consequently, State WIC officials decided to use the Bright Futures guidelines as a reference to guide the revision of WIC services offered by local agencies.

Once training was underway, OPH launched another major initiative using Bright Futures. This initiative was designed to revise, pilot-test, and implement a new version of the Child Health Record & Checklist. These forms were an integral part of the documentation process used in the Office of Public Health clinics in the State; the revised versions included age-specific screening and assessment forms for every health visit from birth to 6 years. In describing the final version of the child health record, one key informant explained, "Bright Futures came along at the right time, providing a needed emphasis on social history and family context, especially parental concerns." In addition to the child health record, OPH developed Family Tip Cards based on Bright Futures that were also disseminated statewide.

Bright Futures was incorporated into Kidmed, the screening portion of Louisiana's Early and Periodic Screening, Diagnosis and Treatment Program. Although Kidmed used the periodicity schedule recommended by the American Academy of Pediatrics (AAP), the health education component of Kidmed, tailored to the child's age and health status at the time of the screening service, corresponded to Bright Future's description of developmentally appropriate milestones.

Evolution of Bright Futures over Time

Soon after the initial training was completed, the Louisiana Department of Health and Hospitals endured significant changes, including budget cutbacks and staff layoffs. These changes brought an end to the provision of direct child health services by the public health

care system, consequently leaving the private sector as the sole provider of direct services.

This reorganization prompted a shift in the role of the public health nurses at the local level away from the direct delivery of care and toward an emphasis on prevention through counseling and education. Although public health nurses no longer used Bright Futures to deliver direct services, they continued to use Bright Futures to structure and enhance the provision of counseling and anticipatory guidance services. These efforts are described below.

As the public health system moved away from a focus on direct delivery of care, Bright Futures was integrated into prevention-focused counseling and education activities.

- **Infant mental health.** Just prior to the implementation of Bright Futures, Paula Zeanah, Ph.D., of the Maternal and Child Health division developed an intensive training program in infant mental health as part of an overall effort to reduce the State's rising incidence of infant abuse and neglect. The training consisted of a five-session, 30-hour training program for public health nurses and other nonmental health professionals. The training was designed to improve knowledge and skills of staff members in the early recognition of factors and conditions that place the infant and caregiver at risk for immediate, as well as long-term problems in social, emotional, and cognitive growth and development. MCH has subsequently trained all nursing and social work staff members in infant mental health in all regions of the State. Bright Futures, with its emphasis on parent-infant relationships and social-emotional development, was a natural partner in the overall goal of increasing public health staff knowledge, understanding, and skills in infant mental health.

- **WIC Supplemental Nutrition Program.** Building on the participation of WIC staff in statewide Bright Futures training as described earlier, State WIC officials developed training materials based on the *Bright Futures in Practice: Nutrition* book more tailored to the needs of WIC staff. The purpose of the training materials was to provide a general orientation to the Bright Futures nutrition concepts and stimulate ideas as to how to use the materials in WIC settings.

- **NFP Program of Louisiana.** An important program directed by OPH in Louisiana, although available in many States around the country, is the NFP program. NFP is a home visiting program with services provided by specially trained public health nurses. The program focuses on prenatal and early childhood interventions to improve the health and social functioning of low-income, first-time mothers and their babies. Home visits begin before the 28th week of pregnancy and continue through the child's second birthday.[2] The program operates in all nine regions of the State, mostly in rural, underserved areas. The project is supported by the OPH through MCH/Title V and Medicaid funding; collaboration with the Office of Mental Health helps provide an

2 http://www.oph.dhh.state.la.us/maternalchild/nursehome/index.html

additional mental health component.[3] NFP adopted Bright Futures to guide the conduct of the child health home visits conducted by the NFP nurses. Use of the Bright Futures guidelines assists in the provision of comprehensive anticipatory guidance that include a focus on both health and psychosocial issues.

The supervisors of the NFP team support the utilization of these guidelines, since they serve to ensure that at each home visit, all important anticipatory guidance areas are consistently and thoroughly covered. In addition, as it has become more difficult for NFP to recruit nurses with public health or MCH backgrounds, the guidelines are particularly useful to nurses less experienced in the provision of age-appropriate information and guidance. The NFP program in Region IX has developed a policy that states, "Bright Futures is to be introduced, discussed and used in new staff training and also in creating new materials." Additionally in Region VI, the NFP supervisor developed her own staff policy and procedure manual using Bright Futures materials and made these available online.

Bright Futures guides the delivery of comprehensive anticipatory guidance in a statewide home visiting program for at-risk pregnant women and new mothers.

Another area in which Bright Futures has begun to emerge as a useful tool is in medical school curricula. At Tulane University School of Medicine, pediatric residents are trained in the clinical applications of Bright Futures. There are also a small number of professors at Louisiana State University that have included Bright Futures in their curricula, although use of Bright Futures in Louisiana medical schools does not appear to be widespread.

3 2003 Louisiana Health Report Card, Preventive Health Outreach, Service and Education Programs.

Challenges and Lessons Learned

As illustrated in this case study, key informants interviewed for this study describe the State's Bright Futures efforts as having been focused primarily in the public health arena. Highlights and lessons from this experience include the following:

- Bright Futures can be used as part of comprehensive programs to address an array of public health issues, such as high rates of infant mortality, low birthweight, child maltreatment, and infant mental health.
- Champions and partners are needed to sustain and advance the use of the Bright Futures staff (for example, OPH staff members familiar with Bright Futures supported efforts to incorporate Bright Futures into NFP programming).
- Ongoing Bright Futures training is essential.

With regard to furthering the use of Bright Futures, one of the important challenges identified is expanding the use of Bright Futures in the private sector. Practitioners in private practice were identified as being less likely than other types of child health professionals to be familiar with and to have "buy-in" to Bright

Bright Futures is utilized as part of medical training curricula in some Louisiana medical schools, and efforts are expanding to engage private providers in using Bright Futures in practice.

Futures. Furthermore, given the limited number of pediatricians and obstetricians that accept individuals enrolled in the State's medical assistance program as patients, as well as the competing demands on the public health agency's resources, it is difficult for the State to promote actively the use of Bright Futures outside of the public health community.

This challenge is beginning to be addressed, however. Recently, the Louisiana Chapter of the AAP has begun to promote Bright Futures among its members. The State AAP chapter recently sponsored a 2-day conference in conjunction with the Louisiana State University Health Sciences Center in which Paula Duncan, Professor of Pediatrics at University of Vermont and member of the national AAP's Bright Futures Steering Committee, conducted a presentation on *Bright Futures and New Practice-Based Approaches to Promoting Emotional Well Being and Partnerships with Parents.* This conference was targeted to pediatricians, pediatric specialists, and family practice physicians, as well as registered nurses. This effort by the State AAP chapter to promote Bright Futures may also help to address a related area of need identified by key informants – expanding the use of Bright Futures in training programs for health professionals.

Future Directions and Sustainability of Bright Futures

For many years, Bright Futures has played an important role in Louisiana's public health efforts to improve children's health, although the State's focus on actively promoting Bright Futures has varied over time. Initially, OPH conducted a widespread effort to train public health employees across the State on the Bright Futures approach and to provide them with the Bright Futures materials. With OPH's shift in focus away from the provision of direct clinical services, the momentum of Bright Futures significantly slowed.

As of 2005, the major use of Bright Futures appears to be among public health nurses who provide home visiting services as part of the NFP program. Nurses working within NFP are aware of Bright Futures and are encouraged to use the materials. However, the utilization of Bright Futures is not regularly monitored and the degree of understanding of the materials varies among the nurses in different regions. Some regions of the State appear to be more effective in promoting and utilizing Bright Futures than others, primarily because these regions have better access to training and support through "champions" who truly believe in the Bright Futures philosophy. An example of this disparity is the variance in knowledge among NFP nurses about what Bright Futures resources are available. Some staff members interviewed for this project reported that they were aware of the first edition of the guidelines for health supervision but not of any other Bright Futures materials, while other staff members interviewed stated that they routinely used the pocket guides, tip sheets, or mental

health or nutrition guidelines. Therefore, while individual Bright Futures champions are sustaining efforts in some regions, the State is no longer taking as active a role in disseminating the use of Bright Futures as broadly as it once did.

Sustainability prospects, however, must be considered in light of reports by some key informants that they are often using the Bright Futures philosophy and approach in their work with children and families, but not always identifying their work as Bright Futures. In fact, one key informant summarized by stating, "A lot of what we do is what Bright Futures offers; we just never put that name on it."

Such reports reflect some progress in integrating Bright Futures into ongoing child health promotion efforts. In addition, the AAP's recent promotion of Bright Futures and its limited use in medical school curricula are promising developments. However, more Bright Futures champions who enthusiastically and persistently advocate for Bright Futures are needed for Bright Futures to flourish more broadly in the State.

Key Informants

Paula Zeanah
Director of the Nurse Family Partnership Program
Louisiana Department of Health and Hospitals Office of Public Health, Maternal and Child Health Division

Cynthia Suire
Assistant Supervisor of Nurse Family Partnership
Louisiana Department of Health and Hospitals Office of Public Health

Cindy Hilger
Public Health Nurse V and Supervisor of Nurse Family Partnership
Louisiana Department of Health and Hospitals Office of Public Health

Megan Louque
Regional Nurse Practitioner and Long Term Public Health Nurse
Louisiana Department of Health and Hospitals Office of Public Health

Maine's Bright Futures Story

Judith Gallagher, R.N., Ed.M., M.P.A.
Marisa Ferreira, M.P.H., R.D.

Introduction

The Maine Department of Health and Human Services identifies as its mission "to provide health and human services to the people of Maine so that all persons may achieve and maintain their optimal level of health and their full potential for economic independence and personal development." Since 1998, Bright Futures has played an important role in working toward achievement of that mission by strengthening the comprehensiveness and quality of the health supervision provided to Maine's children and adolescents. The following describes the organizational context for this role, how the use of Bright Futures was initiated and evolved, current status, and future challenges. This case study is based on key-informant interviews conducted by researchers at Health Systems Research, Inc. during mid-2005.

Context for Bright Futures

The Department of Health and Human Services (DHHS) was established by Public Law in July 2004 by combining and reorganizing the former Departments of Human Services and Behavioral and Developmental Services.[1] Key goals of this reorganization were to support primary prevention efforts and to facilitate the provision of integrated services to Maine residents.

The DHHS Office of MaineCare Services, formerly the Bureau of Medical Services (BMS), is responsible for the organization, implementation, and monitoring of the State's MaineCare program. MaineCare is a health insurance program funded jointly by the Federal Centers for Medicare and Medicaid Services and the States. Through Title XIX (Medicaid) and XXI (State Children's Health Insurance Program, SCHIP) of the Social Security Act, MaineCare provides health insurance benefits for eligible children and adults enrolled in Medicaid and SCHIP.[2]

Due to the expansion of health insurance access for Maine residents, the DHHS Public Health Nursing Program no longer provides direct clinical services to children and adolescents and focuses instead on health education, health promotion, health assessment, and advocacy. Activities within these functions include standard setting and enforcement, policy development, training, and collaboration with other public and private sector agencies. The Department contracts with a variety of agencies (e.g., Visiting Nurse Associations, community-based programs) that provide direct public health services.

Initiating Bright Futures

Leadership staff members in BMS and the broader DHHS became aware of Bright Futures at about the same time but in dissimilar ways. In 1998, soon after national SCHIP legislation was passed, the Federal Maternal and Child Health Bureau distributed *Bright Futures: Guidelines for Health*

The comprehensiveness of Bright Futures guidelines led to their adoption as a standard of care for Maine.

1 Department of Health and Human Services; State of Maine. Available at: www.maine.gov/dhhs. Accessed January 10, 2006.

2 Annual Report to the State Legislature MaineCare, SFY 2004.

Supervision of Infants, Children and Adolescents to each State Health Department, including Maine's. The DHHS Nursing leadership was impressed with the document and conducted in-service education with regional nursing staff members to encourage its use; subsequently, Bright Futures became the "handbook" for home visiting services throughout the State. At about the same time, the BMS Quality Assurance Manager was concerned about the lack of a standard of health supervision care for health care providers to follow and the increase in mental health and other related needs. Her research identified the Bright Futures health supervision guide. She then brought together a group that included the Director of Immunizations, the Medical Director, private-sector providers, and other BMS staff members to discuss the desired attributes of a standard of health supervision care for children and adolescents and their fit with Bright Futures. The group determined that the comprehensiveness of Bright Futures with its focus on primary care and inclusion of oral and mental health provided an appropriate and useful standard of care for Maine.

Parallel to this process, other changes were occurring in the State's child health programs and systems. The State's Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program was centralizing services and beginning to provide home visiting care for all enrollees. At this same time, the BMS also was assisting DHHS with building an immunization registry. This timely coming together of an array of needs and activities coupled with the presence of champions including the Medicaid Medical Director and the DHHS Maternal and Child Health (MCH) Medical Director, who envisioned the long-term usefulness of Bright Futures, resulted in the establishment of a role for Bright Futures in the provision of care to children and adolescents enrolled in publicly funded health insurance programs in Maine. The following section describes how the role of Bright Futures evolved.

Evolution of Bright Futures

Once the decision had been reached to use *Bright Futures: Guidelines for Health Supervision* as the standard of care for MaineCare, the staff had to determine how to implement the utilization of these standards. Implementation involved an array of issues including engagement, training, and retention of providers across the State and the development of policies and procedures to promote utilization of and compliance with the standards:

- **Policy development.** Recognizing that it is not easy for providers to alter the manner of their practice and in appreciation of the financial pressures experienced by providers, the leaders of BMS and DHHS knew it would be important to involve providers in the development of clinical forms that embodied the Bright Futures standards and also to offer financial incentives to encourage adoption of the Bright Futures

Maine developed clinical forms based on Bright Futures for all recommended well-child visits. Providers who complete the forms are reimbursed at an enhanced rate.

standards. To these ends, a group of pediatric and family physicians were brought together to develop age-appropriate clinical forms that would be used to document the care provided and make referrals. The group subsequently developed a series of 19 forms that begin with the Bright Futures health exam for newborns and end with a form designed to guide the Bright Futures exam for 18- to 20-year-olds. The forms are available at the MaineCare Web site, **www.state.me.us/bms/providerfiles/bright_future.htm.** In addition, enhanced reimbursement was made available to providers who completed the Bright Futures forms. The reimbursement is about $20 more than previous reimbursement with the specific amount dependent on the age of the child and the extent of the Bright Futures examination required. The MaineCare Reimbursement Code for Bright Futures Preventive Medicine is available at **www.state.me.us/bms/provider/childrens/rate_comparison_chart** and is compared with reimbursement rates for non-Bright Futures care.

Policies were also established to promote the participation of families in the MaineCare program. Using the Bright Futures Periodicity Schedule, MaineCare Member Services sends to each family with a child enrolled in MaineCare a checkup reminder letter. The letter encourages the family to make an appointment with their child's provider, and offers assistance to the family in arranging an appointment and obtaining transportation as needed. Including in these mailings is a brochure and healthy visit guide describing why preventive care is important and what is likely to transpire at medical and dental visits. The guide also includes a section for parents to write down questions they wish to ask their child's provider. Finally, a postage-paid foldout postcard is included to enable families to inquire about additional assistance from MaineCare.

As Bright Futures continued to become established, it was also used to influence policy in a range of areas. For example, Bright Futures is used to guide overall nursing standards including those for school nursing. The staff at DHHS led a legislative task force in 1998 on early care and education that focused on the development of a handbook for parents. The task force used Bright Futures to guide the development of this handbook.

- **Engagement of providers.** The State Medicaid Medical Director led efforts to engage providers in the utilization of Bright Futures as the standard of care for MaineCare. MaineCare policies were established that required physicians to enroll as EPSDT providers and through this process indicate their intention to follow the Bright Futures standards. A letter accompanied by Bright Future materials was sent to providers describing Bright Futures and related policy and reimbursement changes. The provider relations staff from BMS, under the leader-

Trainings were conducted to introduce Bright Futures to physicians participating in the State's MaineCare program.

ship of the State Medicaid Director and the DHHS MCH Medical Director, conducted statewide provider trainings to describe the Bright Futures philosophy, discuss the health supervision standards, and answer questions. Trainings were also conducted with the State immunization program staff, which in turn included Bright Futures training in their one-on-one meetings with private providers. Others involved in training included the State public health nurses located in each of the Regional Offices, who also play a major role in helping local providers become familiar with Bright Futures. Finally, BMS maintains a MaineCare provider file, and through this mechanism, the staff can identify newly enrolled MaineCare providers. A packet of Bright Futures information is mailed to these providers who may also request onsite in-service sessions to assist them with implementation of Bright Futures.

- **Closing the loop.** Discussions about the Bright Futures philosophy and the development and introduction of the Bright Futures forms led to an exploration of how to use Bright Futures to "close the loop" between the conduct of the health assessment exam and needed followup. The MaineCare physician advisory group along with staff members from BMS and DHHS were concerned that needed followup was not always provided. Therefore, a process was put in place to ensure that this problem was addressed.

BMS receives an average of 5,500 Bright Futures forms per month and reviews each within 24–48 hours of receipt. Forms of patient visits that require followup (which total in excess of 400 per month) are forwarded to the DHHS public health nurses who work with families and local agencies to ensure that the followup care needed is provided. Followup may include providing assistance with the identification of a medical or dental provider, arranging for transportation, referring "no-shows" to the Immunization Program, or conducting a home visit. Home visits provided by the public health nurses are also conducted in accordance with Bright Futures; Bright Futures guidelines are incorporated into the Public Health Nursing Policy and Procedure Manual and have become the "gold standard" for the provision of services offered via home visits. Each public health nurse has been provided with a copy of the guidelines and uses it to guide infant, child and family assessments and family education and counseling.

Patients that require followup after a well-child exam receive home visits conducted in accordance with Bright Futures by public health nurses.

To complete the circle, the public health nurses communicate with the referring providers regarding the outcome of the followup activities. A memorandum of understanding was developed and became effective January 1, 2005 between BMS and the Public Health Nursing Program for the conduct of these followup activities. Public Health Nursing is reimbursed for the Federal share of nursing time spent reviewing Bright Futures forms and providing followup.

- **Incorporation of Bright Futures into physician practice.** Bright Futures continues to be the accepted standard of care for the provision of preventive care to children and adolescents enrolled in MaineCare. This policy is clearly indicated on the MaineCare Web site and in MaineCare Policies and Procedures, and there is evidence that it has been implemented widely. Since in Maine, providers are required to complete an enrollment process to participate in EPSDT (and then can serve children covered under both the Medicaid and SCHIP portions of MaineCare), the BMS can track provider participation. As of June 2005, the BMS staff estimated that 89 percent of primary care physicians in Maine are enrolled in MaineCare and that most of these providers are complying with the utilization of the Bright Futures standards and documenting this with submission of the Bright Futures forms. BMS and DHHS staff members interviewed for this project attributed the significant and sustained involvement of physicians to the availability of the enhanced reimbursement rates and the ongoing training and support provided by BMS and Public Health Nursing. Staff members felt that the Bright Futures incentives and State agency support helped to get people thinking differently and more inclusively about well-child care and facilitated the utilization of a broad definition of well-child care embodied in Bright Futures that includes mental health, social and cognitive development, oral health, and family relationships.

The Bright Futures clinical forms are widely used by MaineCare physicians.

Key informants interviewed for this study cited an array of attributes identified by them and by colleagues that promoted the adoption and ongoing utilization of Bright Futures as guidelines for preventive health care for children and adolescents enrolled in MaineCare. These attributes are categorized by function including the provision of information, the facilitation of communication and the promotion of quality.

- **Information.** The comprehensiveness of the guidelines, especially the inclusion of mental health and oral health and the stand-alone mental health, nutrition, and oral health books were cited as critical attributes of the materials. The materials were also described as containing substantive information organized in an easy-to-access manner.

- **Communication.** The Bright Futures forms permitted the sharing of information between primary care providers and public health nurses and others to promote coordinated care. They also facilitate the sharing of information between parents and providers.

- **Quality assurance.** The use of Bright Futures promotes statewide consistency in the level of preventive care provided to children and adolescents enrolled in MaineCare and permits the DHHS to review the Bright Futures forms for compliance with standards of care.

Lessons Learned and Future Challenges

Maine has taken significant steps to implement Bright Futures successfully as the standard of care for the MaineCare Program. In addition the Bright Futures Health Supervision Guidelines are used to guide the provision of services offered by the State's public health nursing via their home visiting program. Bright Futures also has played a significant role in forming policy and program directions in other areas, including early care and education.

As a result of these efforts, the State has learned a great deal about the factors that facilitate and support achievement of desired outcomes and about the challenges ahead. The following is a description of lessons learned that appear to have been influential in promoting and sustaining the utilization of Bright Futures in Maine:

- **Bright Futures responded to specific concerns of policy and program decisionmakers.** Staff members at BMS were concerned about the lack of a standard of care for children and adolescents enrolled in MaineCare, while staff at DHHS were interested in strengthening the content and consistency of services offered via the home visitation program. Utilization of Bright Futures was viewed as a direct response to these concrete needs and not as some new program unconnected to current policy and program issues.

> **Bright Futures was utilized as a direct response to the needs of current programs.**

- **Staff members were aware of the existence of Bright Futures.** For Bright Futures to be used, policy and program staff members must be aware of its existence. In 1998, the Bright Futures Health Supervision document was distributed free of charge to State DHHS programs, and as a result, the Director of Public Health Nursing learned of its usefulness. Because Bright Futures was Internet searchable, the staff at BMS discovered it while researching standards of preventive health care for children and adolescents.

- **Champions of Bright Futures helped to promote utilization of the standards and related materials.** The Medical Directors of both MaineCare and DHHS/MCH, along with other leaders at BMS and with Public Health Nursing, actively promoted the use of Bright Futures. They shared information and enthusiasm about Bright Futures with others (e.g., Women, Infants, and Children [WIC] and immunization programs; Early Care and Education Task Force), which built support for the utilization of *Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents.*

- **Bright Futures is used as a mechanism to strengthen systems of care.** Therefore, Bright Futures is not an "add-on" to other activities but rather is integral to the MaineCare system of care. The Bright Futures clinical forms are included in the clinical records maintained by providers with copies sent to BMS to document and monitor the provision of care. In addition, the information on these forms is used to trigger followup activities conducted by the public health nursing staff. This institutionalization of Bright Futures helps to ensure the sustainability of

current efforts and promote its use in future efforts.

- **Leaders understood the importance of realistically addressing issues related to implementation of Bright Futures.** MaineCare and public health nursing leaders recognized the importance of identifying barriers to implementation of the Bright Futures standards and the need to address these in realistic ways. To promote the involvement of the provider community, the State included practitioners in the development of the Bright Futures forms and created an enhanced reimbursement system to facilitate utilization of the standards. Statewide and individual training was conducted to assist providers with the integration of the Bright Futures standards into their MaineCare practices.

- **The philosophy of DHHS supports services integration and collaboration.** Collaboration between BMS and DHHS Public Health Nursing played a key role in promoting the utilization of Bright Futures. This collaboration has continued over the years and is formalized through a memorandum of understanding. Other important partners include the WIC and Immunization Programs. The recently reorganized DHHS cites as primary values the integration of services via collaboration. This philosophy creates a working environment that supports a systems approach to service delivery that includes the integration of Bright Futures.

Maine also faces several challenges to the sustainability and ongoing growth of Bright Futures. These challenges include:

- **Continued access to Bright Futures materials.** Issues include the cost of materials and the need for additional/revised materials. The DHHS is experiencing difficulty making the Bright Futures products available that are cited in the DHHS Public Health Nursing Manual as funds for maternal child health has been reduced in the State. While the MaineCare program supports Bright Futures, it too does not have the financial resources to purchase materials. However, the State WIC program has been able to be of some assistance by purchasing the Bright Futures Nutrition materials.

> **Additional funding is needed to make Bright Futures materials widely available to providers.**

The staff indicated an interest in the development of additional Bright Futures materials targeted at families particularly around parenting styles. Additional emphasis should also be placed on assuring the cultural sensitivity of materials and appropriate reading levels. It also would be helpful to send Bright Futures pocket guides to each MaineCare provider to promote clinical care that meets the Bright Futures standards.

- **Implementation of an electronic medical record system.** The State is moving to the implementation of an electronic medical records system, and BMS is working with a contractor to develop an interface that will permit the uploading of Bright Futures data into the electronic system. However, completion of this is at least 2 years in the future, and BMS currently does not have

adequate numbers of staff members to hand-enter data from the Bright Futures forms of patients who required followup into the electronic record system. The goal of BMS is to have electronic Bright Futures forms that can be uploaded into the new medical record system and thus permit the aggregation of data. However, BMS is in need of additional financial resources to proceed with this activity.

- **Use of Bright Futures in private-sector health care.** While the State has been very effective in implementing Bright Futures-guided preventive care for children and adolescents enrolled in MaineCare, less is known about the utilization of the Bright Futures standards with children and adolescents who are privately insured. While it can be assumed that most providers are caring for both publicly and privately insured children and adolescents and it intuitively seems reasonable that providers would not offer two levels of care, little is known about compliance with Bright Futures standards for non-MaineCare patients. An ongoing challenge is to ensure that all children and adolescents in Maine are offered and obtain high quality comprehensive and appropriate preventive care.

Overall the State has identified many opportunities in which Bright Futures can be of significant help in the promotion of the health of children and adolescents. Bright Futures is playing a crucial role in providing solutions to an array of quality assurance and delivery system issues.

Key Informants

Brenda McCormick
Manager of Quality Management Unit
at Bureau of Medical Services
Department of Health and Human Services,
Office of MaineCare Services

Karen Casey
EPSDT Coordinator
Department of Health and Human Services,
Office of MaineCare Services

Ellen Bridge
Maine Department of Health and Human Services
Maine Center for Disease Control
and Prevention
Public Health Nursing

South Carolina's Bright Futures Story

Beth Zimmerman, M.H.S.

Introduction

In South Carolina, Bright Futures has been an integral tool in the State's efforts to improve children's oral health. These efforts focused initially on school-age children and, with support from the Robert Wood Johnson Foundation, have expanded to address the oral health needs of younger children, including infants, toddlers, and preschoolers, as well as children with special health care needs. The State's Department of Health and the Environment (DHEC) has spearheaded the use of *Bright Futures in Practice: Oral Health* in policy development, family and community education and outreach, and provider training initiatives designed to address the oral health goals outlined in *Healthy People 2010*. This case study, based on key informant interviews conducted in spring 2005, tells the story of how *Bright Futures in Practice: Oral Health* has been used in South Carolina to reduce the significant burden of oral disease among its young citizens.

South Carolina has utilized Bright Futures to develop oral health promotion policies, curricula, and campaigns.

Context for Bright Futures

As the State agency charged with promoting and protecting the health of the public, DHEC has been a central player in the State's effort to improve the oral health of children. Oral health activities within DHEC are spearheaded by the Division of Oral Health, housed within the Bureau of Maternal and Child Health. This division has championed the use of Bright Futures in South Carolina's oral health promotion efforts. The Bright Futures philosophy is also clearly reflected in the Division's guiding principles, which are as follows:

- Prevention and education are priorities.
- Treatment is available, accessible, affordable, timely, and culturally competent.
- Responsibility is shared among patients, parents, providers, employers, and insurers.
- Collaboration by government, higher education, and the private sector ensures resources, quality, and patient protection.

Although the Division of Oral Health is currently a vibrant and active unit within the broader DHEC agency, this was not always the case. In fact, between 1991 and 2001, South Carolina did not have a State Oral Health Director. Without this key leadership position filled, the State's dental public infrastructure suffered.

However, the publication in 2000 of the U.S. Surgeon General's landmark report, *Oral Health in America,* renewed the State's attention to oral health problems. The Surgeon General's report documented the widespread problems of unmet oral health needs among Americans, especially those in low-income populations, and also highlighted the high prevalence of decay among children and the negative impact of untreated dental disease on children's development and ability to learn. In response to these problems, South Carolina undertook a variety of actions to address the oral health problems of its population. For

example, the State established a Children's Oral Health Coalition[1] and developed a State oral health plan which provided a comprehensive blueprint for oral health promotion and disease prevention.

Another critical action taken by the State was to fill the long-vacant State Oral Health Director position through an agreement between DHEC and the Federal Health Resources and Services Administration, which designated a Federal assignee for this role. In 2001, Dr. Ray Lala became South Carolina's Oral Health Director. As described below, he also became the State's primary Bright Futures champion as he worked to rebuild the State's public health infrastructure.

Initiating Bright Futures

The use of *Bright Futures in Practice: Oral Health* was initiated by the State's new Oral Health Director, who had prior experience using Bright Futures as a resource for oral health training. This section describes how Bright Futures was used initially to address the oral health needs of South Carolina's school-age children.

School Nurse Training

Upon joining DHEC as the State's first Oral Health Director in a decade, Dr. Lala became quickly engaged in the range of State initiatives underway to improve oral health. Particular priority, however, was placed on efforts to enhance the oral health status of school-age children. The Governor at this time had an initiative to improve school performance, one which recognized the role of health in academic achievement. Building on this initiative, the Children's Oral Health Coalition conducted a survey of school nurses which identified oral health as their top priority concern. In turn, the Coalition asked Dr. Lala for help in training school nurses in how to address students' oral health needs.

In determining how best to respond, Dr. Lala drew on his past experience as a clinical and administrative dentist in the Indian Health Service, during which time he provided training to Head Start programs in oral health. For that endeavor, he found the *Bright Futures in Practice: Oral Health* guidelines to be a useful resource for communicating about oral health to individuals without formal dental training and facilitating interdisciplinary coordination. He noted Bright Futures' clear and concise information as helping to convey information in an easily understandable way.

Bright Futures was a useful resource for training school nurses in how to address student's oral health needs.

Based on that experience, DHEC's Oral Health Director, in collaboration with the State's Department of Education (DOE), utilized Bright Futures to train and serve as an educational resource in oral health for South Carolina's school nurses:

- **Training.** Dr. Lala conducted four regional trainings for the State's school nurses. In

1 The Coalition was established as part of the South Carolina Department of Education's Healthy Schools project, funded by the Centers for Disease Control and Prevention.

developing the training content, he drew heavily on *Bright Futures in Practice: Oral Health*, especially in relation to the delivery of age-appropriate anticipatory guidance to the child and family regarding oral health. Four regional trainings were conducted for 400 of the State's 500 school nurses. To make the training available for the remaining school nurses as well as newly hired nurses, a telecast was conducted and videotaped copies were shared with local health departments. The content also has been incorporated into ongoing trainings conducted by the health department for new school nurses and other public health nurses.

- **Educational resources.** DHEC and the Children's Oral Health Coalition decided that Bright Futures materials also would be useful for school nurses to have on hand in developing their schools' interventions. A limited number of *Bright Futures in Practice: Oral Health* books were provided as resources to the schools. In addition, *Bright Futures Oral Health Cue Cards* were purchased for school nurses to be used as tools to support the provision of oral health supervision including risk assessment, anticipatory guidance, and delivery of recommended services.

> **"At DHEC, Bright Futures is the bible for health education. It is clear, concise, and easily understandable."**
>
> **-HEALTH DEPARTMENT STAFF**

Dental Health Program Guidelines for Schools

Building on the trainings for school nurses, the next step in bolstering schools' ability to improve children's oral health and, in turn, enhance their ability to learn was the development of formal guidelines for school dental health programs. No national guidelines for school dental programs were available on which to base State guidelines, so DHEC's Oral Health Director set out to write his own. Once again, the Bright Futures oral health guidelines were a major resource to which he turned.

The resulting *Guidelines for South Carolina School-Based Dental Prevention Programs* explicitly indicates that school dental programs should include services recommended in *Bright Futures in Practice: Oral Health,* including dental assessment, treatment and/or referral, followup, and case management. Other examples of how Bright Futures is reflected in the guidelines include its emphases on:

- Prevention of dental caries over treatment
- Community involvement in planning and development of school-based dental programs
- Educational efforts for individual and community awareness of oral health and the benefits of dental preventive measures such as dental sealants
- Collaboration among oral health providers and other health services staff members and regular school personnel to assess and meet the health, developmental, and educational needs of the students

- Advocacy for the establishment and retention of oral health education in the school's overall curriculum
- Coordination of services delivered at the school with those delivered in the community
- Integration of school dental programs with the overall community public health and oral health systems.

Dr. Lala noted the importance of Bright Futures in successfully obtaining support for the guidelines from key stakeholders including DHEC leadership and legislators, who were very receptive to guidelines based on a nationally developed model of care with support from the Federal Government and a broad range of dental professional and other organizations. A particularly important outcome of this support was DHEC's allocation of resources to hire a School Oral Health Program Coordinator to work with DOE's Healthy Schools Oral Health Project to implement the new school dental program. This position, which was filled by a dental hygienist, added a critical new component to the State's re-emerging dental public health infrastructure. Moreover, when Christine Veschusio joined DHEC in this role in October 2002, the State obtained another important Bright Futures champion.

The use of Bright Futures helped to garner support for new oral health promotion guidelines for schools.

Once the guidelines were developed, the next step was to implement them. A central component of the dental preventive program guidelines was the specification that oral health education services be provided in the schools. To implement this specification, curricula were needed for use in the classrooms. Given the need to build lessons within the existing academic framework, the DOE took the lead in developing the oral health curricula, with input from DHEC and members of the Children's Oral Health Coalition Curriculum Committee. Oral health curricula were developed for kindergarten, second grade, and seventh grade to reinforce DOE's health and safety learning standards at these grade levels. The guides contain lessons, primarily designed for classroom use, that encourage students to take care of their teeth as well as teach them oral heath concepts. Kindergarten lessons, for example, include hands-on activities on the proper way to brush and floss teeth, the dental office, healthy recipes, and safety rules to prevent oral health injuries. In seventh grade, lessons address additional age-appropriate oral health topics such as resisting tobacco use and orthodontics.

Bright Futures' role in this phase of curriculum development was not explicit; the DOE staff drew on other resources in developing their content in accordance with academic standards. However, curricula for younger ages were later developed under DHEC's leadership that more extensively drew upon Bright Futures as a resource.

Evolution of Bright Futures over Time

Bright Futures was an important tool in the State's work during 2000–2002 to address the

oral health needs of children, as described above, and has continued to be an extremely valuable tool for its ongoing and expanded efforts in this area. In late 2002, South Carolina was awarded a 3-year $960,000 grant from the Robert Wood Johnson (RWJ) Foundation through its State Action for Oral Health Access Program. This grant supported South Carolina's establishment and operation of its More Smiling Faces in Beautiful Places (MSF) initiative, which is aimed at increasing access to oral health for children from birth to age 6 and for children and adolescents with special needs, with particular focus on minorities and economically disadvantaged populations who are uninsured or underinsured. This focus responds to the findings of a statewide dental needs assessment conducted during the 2001–2002 school year showing that one-third of kindergarteners had untreated tooth decay, with Black children experiencing significantly more untreated decay than White children.

In addition to the needs assessment findings, program planners cite *Bright Futures in Practice: Oral Health,* as well as Healthy People 2010 goals and the recommendations of dental professional organizations, as providing support for the project. DHEC officials also point to Bright Futures as an underlying framework for MSF's major components, which include:

Bright Futures is one of the underpinnings of the State's extensive efforts, funded by the RWJ Foundation, to improve oral health.

- Creation of an integrated oral health network of dentists, physicians, nurse practitioners, dental hygienists, public and private health providers, community health centers, and churches to increase access to oral health care
- Provision of pediatric oral health training programs for medical and dental professionals
- Establishment of a system to link medical homes with oral health care providers, provide patients with resources, screen for eligibility for Medicaid or other insurance programs, and arrange patient transportation
- Provision of educational guidance and support to parents and families that enable them to become effective managers of their children's oral health needs.

In interviewing key informants, several specific examples of how Bright Futures has been utilized as part of the MSF oral health initiative were noted:

- **Staff orientation.** All staff working on DHEC's oral health initiatives are introduced to *Bright Futures in Practice: Oral Health* to communicate the guiding philosophy of the DHEC Oral Health Program. The Oral Health Director, who utilized Bright Futures in his program development work, provided it to the School Oral Health Program Coordinator when she joined DHEC, and she, in turn, has provided it to staff and consultants working with her. She also provided copies of the book to the MSF coordinators in each of the six target counties. Use of Bright Futures by staff at the

State and local levels helps to foster the development of consistent messages across program components.

- **Partnership development.** Strengthening partnerships among dentists, other health professionals, and community organizations is at the core of the MSF initiative. Bright Futures' merging of dental and medical information was noted as helping to facilitate interdisciplinary communication and partnerships, and its emphasis on the community role in health helps to build connections between health professionals and community agencies and organizations serving children. At the local level, public health staff members trained in Bright Futures have assisted schools with implementation of the oral health curricula developed and shared by DOE, providing a foundation for broader involvement of public health staff members in health education and health promotion activities for school-age children. However, the cost of Bright Futures materials limited the number of copies that could be shared with schools and other partners. State officials noted that funding for additional copies would help to make the resources more readily recognized and available by partners.

Bright Futures can help to deliver consistent messages over time to different audiences and through multiple messengers.

- **Curriculum development and training.** Under MSF, DHEC has spearheaded the development of several curricula for both medical and nonmedical professionals for which *Bright Futures in Practice: Oral Health* served as a major resource. These include *Pediatric Oral Health for the Medical Professional; Infant Oral Health 101,* a practical guide for planning to integrate infant oral health into a general dental practice; and a *Child Care Center Oral Health Training Curriculum,* which includes activities to be used in child care centers to educate and engage young children in oral health, as well as parent education sheets. The South Carolina Dental Hygienists Association has supported the use of the latter curriculum by hosting a train-the-trainer session at its 2005 annual meeting. Trainings also have been conducted for lay health workers in faith-based organizations to support their role in addressing the oral health needs of their communities. Participants in curriculum trainings receive copies of the *Bright Futures Oral Health Pocket Guide.*

- **Advocacy.** Bright Futures was also noted as being a useful tool for advocacy with the Medicaid agency regarding children's dental benefits. Its recommendation, reflective of those of professional dental and pediatric associations, that children see a dentist upon eruption of the first tooth or by age 1, whichever comes first, has been used to support requests that the State Medicaid agency update the Early and Periodic Screening, Diagnosis, and Treatment dental periodicity schedule to cover dental screenings for infants. This schedule currently indicates that dental screening services begin at age 3.

- **Community outreach.** Another component of MSF is the conduct of a "Happy 1st Birthday" social marketing campaign which, based on the aforementioned recommendations, encourages parents to begin oral health care for infants, including brushing their children's teeth early and taking them to the dentist, by their first birthday.

Challenges and Lessons Learned

South Carolina's experience in using Bright Futures to improve children's oral health provides important lessons into how this resource can be used to address public health goals. These include the following:

- **Bright Futures champions are critical.** South Carolina's experience with Bright Futures demonstrates how one person in a leadership position – especially with the capacity to influence staff orientation, training, and policy development – can foster widespread institutionalization of Bright Futures principles and messages into a State's public health infrastructure.

- **Use of Bright Futures materials for staff orientation can help to create champions.** This case study supports the value of using Bright Futures guides to communicate a philosophical approach to public health and related activities. Individuals who are introduced to Bright Futures as a guide by their supervisors and mentors are likely to draw on it for various purposes, thus influencing the shape and focus of programs, partnerships, and training pursued by these individuals.

- **Bright Futures can be a valuable resource for policy and program development.** By drawing on Bright Futures as a resource during critical periods of change in the State's oral health system, South Carolina was able to foster the development of oral health programs and policies that are strongly grounded in Bright Futures principles. These include the importance of prevention, health education, a focus on the family, and community partnerships.

While Bright Futures has been used extensively by DHEC to foster a health promotion/disease prevention model for oral health efforts in the State, the importance of expanding the explicit use of Bright Futures by key partners was noted. In particular, further work is needed to build Bright Futures into curricula for health professionals. Dentists were noted as being less likely than other kinds of child health professionals to know about Bright Futures. (The recently completed pediatric oral health curricula aimed at medical and dental professionals are aimed at supporting these critical partners in applying Bright Futures to their particular environments.) Encouraging schools to be partners in community health efforts and to use Bright Futures also can be challenging, as the academic framework for school-based lessons may make Bright Futures a less-than-obvious choice as a resource, given its health orientation.

More opportunities exist to expand the network of Bright Futures partners.

The cost of Bright Futures materials limited the number of copies that could be shared with

schools and other partners. Funding for additional copies would help to make the resources more readily recognized and engage new partners.

Future Directions and Sustainability of Bright Futures

Bright Futures has been instrumental in South Carolina's efforts to strengthen its dental public health infrastructure and efforts to improve children's oral health, beginning with school-based activities and expanding to include the broader initiatives funded through MSF. Bright Futures messages have formed the foundation for and are reflected in the policies and programs that have been developed in South Carolina over recent years related to children's oral health.

By utilizing Bright Futures as the underlying framework for oral health promotion policies, curricula, and campaigns, and therefore embedding Bright Futures principles and messages into South Carolina's infrastructure and tools for oral health promotion, sustainability prospects are strong. This form of sustainability, however, acknowledges that Bright Futures' role may not be recognized by the many partners involved in the varied oral health promotion activities that have been grounded in Bright Futures. Indeed, while local-level key informants interviewed for this case study were familiar with Bright Futures, they noted its most explicit use at the State level by DHEC in crafting oral health initiatives.

Given the end of RWJ funding for the MSF project in early 2006, there have been numerous efforts to integrate the project's Bright Futures-based activities into the ongoing work of DHEC and various partner organizations. For example:

- Oral health education based on Bright Futures has been integrated into ongoing trainings conducted by DHEC for public health nurses and school nurses.
- DHEC is partnering with the South Carolina Dental Hygiene Association to provide training to child care centers statewide using the *Child Care Center Oral Health Training Curriculum* based largely on Bright Futures. An online training curriculum is envisioned in the future.
- DHEC is working with faith-based partners to implement a lay oral health education program, again incorporating Bright Futures messages, in high-risk communities.
- DHEC collaborates with the WIC program to promote oral health to WIC clients. In addition to providing anticipatory guidance to clients, training will also soon begin for WIC eligibility staff to complete an oral screening on infants and young children to assess their oral health status.

Bright Futures can serve as a resource for crafting messages related not only to children but to broader populations as well.

- Bright Futures-based oral health educational components are being integrated into medical and dental school curricula and continuing education programs for practicing providers.

The DHEC oral health staff indicated that other divisions within the agency have utilized Bright Futures or are interested in doing so. That DHEC leadership was also noted as being supportive of Bright Futures indicates an opportunity to expand use of Bright Futures materials more broadly within the health department.

In looking to future oral health promotion efforts, DHEC officials indicated that they would like to expand the focus from young and school-age children to adolescents and eventually to elders. Although these populations of interest extend beyond Bright Futures' focus on children, DHEC officials indicated their belief that, although the Bright Futures messages would need to be tailored, they are relevant across the age spectrum. Use of Bright Futures in health promotion activities for these broader populations would represent another important evolution in the use of Bright Futures to a broad array of public health efforts.

Key Informants

Christine Veschusio
Dental Health Program Coordinator
South Carolina Department of Health and Environmental Control

Ray Lala
Oral Health Director (2001–2004)
South Carolina Department of Health and Environmental Control

Mary Kenyon Jones
Curriculum Development Consultant
South Carolina Department of Education
South Carolina Department of Health and Environmental Control

Brad Smith
Director of Health Education
Low Country Public Health District

Trisha Collins
Director of Health Education
Pee Dee Public Health District

Rocky Napier
Pediatric Dentist
Aiken, SC

Virginia's Bright Futures Story

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

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.

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

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 –

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

Washington's Bright Futures Story

Marisa Ferreira, M.P.H., R.D.
Rebecca Ledsky, M.B.A.

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

Judy Schoder
Washington State Department of Health

Teresa Cooper
Washington State Department of Health

Sue Wendel
University of Washington

Jean Myers
University of Washington

Janet Cady
Family and Child Nursing Program, University of Washington School of Nursing

Tory Clarke Henderson
Department of Health/Maternal Child Health: Child and Adolescent Health – Mental Health Partnerships

Gayle Thronson
Health Services Program Supervisor
Office of Superintendent of Public Instruction

Lorrie Grevstad
Department of Health/Maternal Child Health: Child and Adolescent Health – Early Childhood Partnerships

Jan Gross
Public Health Consultant, Early Childhood Specialist

Barb Lantz
Department of Social and Health Services

Cassie Johnston
Family Voices

Lynn Nelson
School Nurse Corps

Kris Lishner Miller
Associate Professor
Intercollegiate College of Nursing/Washington State University College of Nursing

Diane Uphoff
Early Head Start Program Manager, Puget Sound Educational Service District Early Head Start

Janel Dudley
Social Services Specialist
Spokane County Head Start

Karron McGrady

Jill Moran
Port Gamble S'Klallam Tribe Head Start

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.*