Promoting Utilization of Bright Futures Health Supervision Guidelines: A How-to Guide for States and Communities

Judith Gallagher, R.N., Ed.M., M.P.A.

February 2006
Introduction

Bright Futures for Infants, Children, and Adolescents (Bright Futures) is an approach to the health supervision of children that is prevention based, family focused, and organized by age and developmental stage. The centerpiece of Bright Futures is a comprehensive set of health supervision guidelines for children from birth through age 21. The development of Bright Futures was spearheaded in 1990 by the Federal Maternal Child Health Bureau, with the effort supported by a broad range of professional and family organizations.

The Bright Futures guidelines reflect a growing body of scientific evidence suggesting the value of this model of care for improving the health promotion of children and adolescents. The issue, however, for those interested in using Bright Futures is how to apply this model to practice; in short, how can we make Bright Futures work?

The purpose of this Bright Futures How-to Guide for States and Communities is to help those interested in using the Bright Futures philosophy and materials in their localities to increase health quality and well-being among children and families. This guide is targeted to be used by an array of individuals, organizations, agencies, and groups. These may include those providing health care and other services to children and their families; community coalitions focused on the health of children; and a range of State, city, and county agencies.

This how-to guide provides concrete information on how to get the Bright Futures process started and how to sustain it. For purposes of clarity, the process is described in a series of steps. However, depending upon the needs and circumstances of each State or community, the tasks may be conducted in a sequence other than that described here – or they may be conducted simultaneously. The intention of the document is to offer a guide to the activities required to facilitate the use of Bright Futures to promote the health and well-being of infants, children, and adolescents.

The steps described in this guide have evolved from the experiences of communities and States that have used Bright Futures to address a variety of specific child health supervision issues. A national process evaluation that assessed the evolution and use of Bright Futures was conducted during 2003–2004 and describes the experiences of those involved in using Bright Futures in child health policy and practice. In addition, a series of case studies were conducted in 2005 that detail the stories of several States in using Bright Futures to foster child health promotion. These documents may be found at www.hsrnet.com/brightfutures.

Findings from the process evaluation and case studies revealed several actions taken by States and communities that significantly contributed to the successful utilization of Bright Futures. States
and communities who experienced success in promoting the utilization of Bright Futures:

- Looked for convergence of current policies and Bright Futures
- Took advantage of periods of change
- Identified the policy and practice problems that could be addressed with use of Bright Futures
- Framed the use of Bright Futures as a value added effort rather than as a new program
- Developed champions
- Established partnerships
- Sustained interest in Bright Futures over time.

Based on these findings, several steps crucial to the process of introducing and using Bright Futures were developed. These are listed below and serve as the core of this how-to guide.

Before moving on to a description of each step, let’s briefly review the Bright Futures philosophy.

Bright Futures is all about promoting and improving the health and well-being of infants, children, adolescents, families, and communities. Bright Futures aims to:

- Enhance the knowledge and skills of health professionals about developmentally appropriate health care and its application to practice
- Promote desired social, developmental, and health outcomes of infants, children, and adolescents
- Foster partnerships among families, health professionals, and communities
- Increase family knowledge, skills, and participation in health promotion and prevention activities.

To be healthy, children need many things – nurturing families; health care services; a safe environment; and opportunities to engage in activities that protect and promote their physical, emotional, social, and cognitive health. In response, Bright Futures was envisioned as a system of care for children not only to guide the provision of clinical health services but also...

---

### Steps to Promote the Use of Bright Futures

- Learn all you can about Bright Futures.
- Assess the political and program landscape.
- Frame Bright Futures as a solution to a perceived problem.
- Identify Bright Futures partners.
- Develop Bright Futures champions.
- Assure the availability of Bright Futures materials.
- Offer evidence of the ability of Bright Futures to solve problems.
- Foster partnerships and mobilize support and resources.
- Conduct topic-focused Bright Futures training sessions.
- Integrate Bright Futures into policy and practice.
- Evaluate the integration of Bright Futures into policy and practice.
- Share your Bright Futures stories.
to prevent or ameliorate the impact of the many psychosocial and environmental factors that threaten children’s health. Bright Futures is founded on the tenet that partnerships among all those who share responsibility for and who can affect children’s health – including families, health care providers, schools, and communities – are critical to the realization of children’s optimal physical, mental, and social development. Because of this system approach, Bright Futures can be used in many settings ranging from the offices of health care providers to child care facilities to schools.

The following is a description of a step-by-step process designed to facilitate the use of Bright Futures. You already may have completed some of the steps and therefore can move quickly on to others. Concrete hypothetical examples drawn from the actual experiences of those who have promoted the use of Bright Futures successfully are included to illustrate each of the implementation steps.

**Step 1: Learn All You Can About Bright Futures**

The first step is to become thoroughly familiar with the Bright Futures philosophy and materials. Perusing the documents identified in the introduction is helpful as is a review of the Bright Futures materials that can be found online at [www.brightfutures.aap.org](http://www.brightfutures.aap.org) (click on Public Health Professionals – Tools and Resources). This review will ground you in an understanding of Bright Futures and prepare you to talk knowledgeably with others about the philosophy and the materials. *Bright Futures Guidelines for Health Supervision for Infants, Children, and Adolescents* was originally published in 1994, with a second edition containing minor revisions published in 2002. Under the auspices of the American Academy of Pediatrics (AAP), the guidelines are currently under review for publication of a third edition.

Following the publication of the initial Bright Futures guidelines, a series of documents were developed that built upon the initial Guidelines but focused in more depth on key issues important to the health of children. These include *Bright Futures in Practice: Oral Health*, *Bright Futures in Practice: Nutrition*, *Bright Futures in Practice: Physical Activity*, and *Bright Futures in Practice: Mental Health*. Each of the Bright Futures in Practice Guides is organized by developmental stages, is written for a broad audience, and includes practical tools and examples.

As you review the Bright Futures materials, think about the attributes of the documents and materials that you particularly like. Do you think the materials are:

- Prevention based
- Family focused
- Engaging

---

**Bright Futures Materials**

- Health Supervision Guidelines
- Bright Futures in Practice:
  - Oral Health
  - Nutrition
  - Physical Activity
  - Mental Health
- Pocket guides
- Tip sheets
- Family materials:
  - Encounter forms
  - Checklists
  - Childrearing information
Comprehensive
Thorough
Evidence based
Easy to use
Targeted to the issues
Helpful to both providers and families
Others?

An important component of this step is sharing what you have learned about Bright Futures with others. Offer the materials to your closest colleagues and organize informal orientation sessions to describe and discuss Bright Futures. Also use these sessions to review the extent to which the philosophy and materials are appealing and to explore how they might be used. See the appendix for a link to an online Bright Futures orientation PowerPoint presentation.

Colleagues who are familiar with the concept of health supervision guidelines may grasp the concept of Bright Futures more quickly than those less familiar with this concept. Therefore, it is also useful to think about how you can define Bright Futures in “25 words or less” for others. You may wish to tailor the following descriptions to your situation:

- Bright Futures is a developmental approach to child health promotion. Use of the health supervision guidelines ensures that attention is paid to all aspects of the child’s health (physical, emotional, and cognitive).
- Bright Futures Guidelines and materials are designed to ensure that child health promotion services are of a consistent high quality, coordinated, and tailored to the developmental age of the child.

Now that you have a solid understanding of Bright Futures and have discussed the philosophy and materials with selected colleagues, you are ready to move to the next step.

**Step II: Assess the Political and Program Landscape**

Because strategies to foster the use of Bright Futures are influenced by the current political and health care environment, it is important that you, a group of colleagues, or an existing agency or a community group take a look at the current and emerging political and program landscape. Scan the environment to obtain a sense of current policies, priorities, and practices in your communities that affect child and adolescent health.

Notice if there is any particular opportunity for change. Policies and priorities in a community or State may change periodically for a number of reasons. A new mayor, town council, or Governor may be elected and introduce an agenda that differs from that of the previous administration; the priorities of county and State agencies may shift as a result of new State
or Federal legislation; and any number of events can affect the fiscal resources available within a community or State. This environmental scan can guide the conduct of subsequent steps in the process of using Bright Futures by providing important information about where and how and with whom to promote the use of Bright Futures.

Consider the policies and programs at the State or community that are related to the health promotion of children and adolescents and improving the availability, access and quality of care and health education. Questions to ask about the overall health care environment and how Bright Futures may fit it include the following:

What is the interest in prevention or accountability? While most would agree that “an ounce of prevention is worth a pound of cure,” policies and programs that focus on prevention may not be always priorities for decisionmakers. However, it may be possible to build on a general agreement about the importance of prevention and achieve greater emphasis on prevention policies and programs with the introduction of Bright Futures as a concrete strategy to promote health and wellness of children and adolescents. Decisionmakers are likely to have an interest in accountability and therefore may be interested in the opportunities provided by Bright Futures to ensure that children receive comprehensive, high-quality health promotion services.

Are changes in policies and programs occurring or anticipated? Periods of change are often good times to introduce new ideas or approaches. They may bring new energy and a chance to re-evaluate or replace the old ways of thinking and doing with new ones. This may be an opportune time to interest those involved in orchestrating these changes to take a look at Bright Futures.

What congruence is there between current policies and programs and the Bright Futures philosophy? Is there a policy or program emphasis on family-centered care, on the importance of the social and emotional assessment of children, or on the provision of developmentally appropriate care? These are all important components of the Bright Futures philosophy and materials. The greater the congruence between current or desired policy and program outcomes and Bright Futures, the greater the likelihood that decisionmakers will have an interest in taking a look at Bright Futures.

What groups are currently focused on child and adolescent health issues? These can include a community coalition, an advocacy group, a local or statewide task force, an interagency workgroup, or State agency. Become familiar with the objectives and agendas of these entities, and explore their interest in fostering the promotion of health and wellness for children and adolescents. Learn more about how these and other groups are working together, and identify the partnerships that have developed. These groups and partnerships may be very interested in learning how Bright Futures can be used to achieve their goals.

The next step is to consider how Bright Futures can be used by decisionmakers and policymakers.
Step III: Frame Bright Futures as a Solution to a Perceived Problem

While decisionmakers, providers, and families may view Bright Futures as “very nice,” it is unlikely they will embrace the philosophy and materials actively unless it is seen as a positive response to a perceived problem that is important to them. Therefore, consider how Bright Futures can respond to specific concerns of policy and program decisionmakers in efforts to improve child health promotion. It is unlikely, given time and budget concerns, that policy and program decisionmakers will entertain the use of Bright Futures unless it can help address a problem of concern to them. The following chart displays some possible connections between policy and program problems and the role of Bright Futures in creating solutions.

The following story illustrates how Bright Futures can help policymakers and program managers solve problems.

“Solving a Problem with the Help of Bright Futures”

A State Medicaid agency was concerned about inconsistencies in the provision of care to children enrolled in the EPSDT Program. The State Early Childhood Initiative wished to improve the screening of young children for potential emotional problems. Since Bright Futures is a comprehensive set of health supervision guidelines, its adoption by the State as the standard of care for child health promotion was seen as addressing both these problems.

By understanding the contribution of Bright Futures to solving real problems, decisionmakers can understand easily the value of Bright Futures and why this approach to health promotion for children needs to be supported.

Bright Futures can act as a mechanism to bring together the individuals, groups, and agencies active with or concerned about the health and wellness of children and to focus and coordinate their efforts. The next step is to identify these Bright Futures partners.

Step IV: Identify Bright Futures Partners

In order to maximize the potential of the full range and variety of individuals, groups, and agencies with the capacity to foster the health and wellness of children, it is important to engage them as partners to promote the utilization of Bright Futures.
Promoting Utilization of Bright Futures Health Supervision Guidelines: A How-to Guide for States and Communities

From the earlier environmental scan, identify key programs, organizations, and colleagues in both the public and private sectors at the local and State levels who are concerned with issues related to promoting and assuring the health and well-being of children and their families.

Learn more about their issues and the activities they are engaged in to address those issues. Think about the specific areas in which the mission and activities of these groups may converge with the Bright Futures philosophy, materials, and tools.

From these groups or agencies, identify those that are in a period of change and are experiencing a particular problem(s) that potentially could be addressed by Bright Futures. Consider how Bright Futures might be helpful. Introduce them to Bright Futures; describe the relationship between perceived problems and the ability of Bright Futures to contribute to solutions. Always remember that it is easier to build on what exists than it is to start from scratch; remind others that Bright Futures is not a new program but rather an approach that can strengthen and expand current programs and activities.

Once potential partners have been identified and oriented to Bright Futures, it is time to engage them fully in its use.

**Step V: Develop Bright Futures Champions**

Regardless of the issue or the problem at hand, it is people who ultimately make things happen. This includes people at the top policymaking levels who actively embrace and support an idea or strategy and those at the local level who make the idea or strategy come alive. In this information age, it is difficult for those with policy and program responsibilities to stay on top of and sort through all the information available to them. As a result, it is easy for good ideas and useful materials to get lost. Therefore, to promote and sustain an interest in Bright Futures and the opportunities it offers, it is essential that champions for

<table>
<thead>
<tr>
<th>Potential Bright Futures Champions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INDIVIDUALS FROM:</strong></td>
</tr>
<tr>
<td>State Title V</td>
</tr>
<tr>
<td>State Office of Quality Assurance</td>
</tr>
<tr>
<td>Medicaid and Early Periodic</td>
</tr>
<tr>
<td>Screening, Diagnosis, and Testing (EPSDT) programs</td>
</tr>
<tr>
<td>State Chapter of American Academy of Pediatrics</td>
</tr>
<tr>
<td>Oral health programs</td>
</tr>
<tr>
<td>Women, Infants, and Children (WIC) agencies</td>
</tr>
<tr>
<td>Public health nursing</td>
</tr>
<tr>
<td>Early childhood programs</td>
</tr>
<tr>
<td>Mayor or city council offices</td>
</tr>
<tr>
<td>State legislature</td>
</tr>
</tbody>
</table>
Bright Futures are created and sustained. A Bright Futures champion is an individual or group with foresight and persistence who can envision the opportunities presented by Bright Futures and how these opportunities can be used to solve problems and improve health promotion outcomes for children and adolescents. Bright Futures champions can be child care providers, health care practitioners, elected officials, concerned citizens, and many others. What does a Bright Futures champion do? This person or group describes for others how Bright Futures could help them address current problems and how this could be accomplished. The following are descriptions of Bright Futures champions in action.

**A Bright Futures Story:**
*A Bright Futures Champion at Work*

A State Title V Director learns about Bright Futures and believes the Guidelines can be used by public health nurses to improve the home visiting program for at-risk families because it is easy to use, is comprehensive, and focuses on the family. Due to staff turnover, it is difficult for the public health nurses (PHNs) to provide consistent child health promotion services. She obtains the Bright Futures materials and arranges for staff training. The reporting system is revised to be congruent with the Guidelines. Adherence to the use of the Guidelines is included as a performance measure for the PHNs.

**A Bright Futures Story:**
*Bright Future Champions at Work*

A group of citizens comes together under the auspices of the Mayor and City Council because of their concern about the social-emotional health of young children in their community. A member of the group is a nutritionist in the WIC program and knows of Bright Futures and its emphasis on the social, emotional, and mental health of children. She shares ideas on how Bright Futures might be used with the full group. The group recognizes the connection between their problem and the capacity of Bright Futures to contribute to a solution. They purchase Bright Futures materials and engage the local health care, child care, and mental health providers and the elementary school principal as partners. Through this partnership, the providers and agencies that touch the lives of young children all use Bright Futures for social, emotional, and mental health assessment and promotion.

**Step VI: Ensure the Availability of Bright Futures Materials**

Remember that a picture is worth a thousand words. It is important to have the Bright Futures materials readily available so that potential partners and champions actually can see these for themselves. This will give them an opportunity to muse about how the materials could help address a current or emerging problem.

While the materials may be accessed from the AAP’s Bright Futures Web site ([www.brightfutures.aap.org](http://www.brightfutures.aap.org)), it may be useful, particularly early in the process of introducing Bright Futures, to order hard copies of the materials (this can be accomplished via the same Web site) to share with others. The materials are colorful, engaging, and easy to use, and again, people need to experience this for themselves. Often, groups have tailored or adapted the Bright Futures materials for local usage.

The next question is, “How do we pay for the materials?” Some agencies may have funds budgeted for the purchase of materials and can buy the Bright Futures materials. It may be neces-
necessary only to purchase a few copies at this point to spark the interest of policy and program decisionmakers who, once they examine the materials, may be willing to allocate funds to purchase additional copies. Think broadly about agencies that may want to learn more about Bright Futures and are willing to provide the funds to purchase materials. These could include the State Title V, Medicaid, WIC, primary care, early intervention, and child care or quality assurance programs. The State AAP chapter or the Governor’s office also may be interested. Other groups to consider are children’s advocacy organizations, local hospitals, health plans, and local foundations focused on issues affecting children and their families.

Once there is a critical mass of people interested in Bright Futures, it is time to circle back and talk with the groups mentioned above to obtain funds to ensure the ongoing availability of Bright Futures materials. Evaluations focused on the use of Bright Futures consistently have revealed the importance of having the materials readily available to those interested in using them. The availability of materials is essential to creating and sustaining buzz about Bright Futures and its potential usefulness in addressing an array of problems.

Remember that the more groups and agencies buy into the Bright Futures philosophy and approach, the more likely they are to purchase the materials.

The importance of carefully designed hands-orientation and training in the use of the materials is describes in Step IX.

**Step VII: Offer Evidence of the Ability of Bright Futures to Solve Problems**

The Bright Futures guidelines and materials are nice, but can they help to solve problems? Decisionmakers need evidence of the ability of Bright Futures to solve problems before they will invest time, energy, and dollars in its use. They will want to know, for example, “If Bright Futures is introduced to solve the problem of inconsistency in provider documentation of EPSDT assessments, can adoption of Bright Futures increase the consistency of documentation?”

The evaluation and case study reports mentioned earlier and available at [www.hsrnet.com/brightfutures](http://www.hsrnet.com/brightfutures) provide numerous examples from States and communities indicating that Bright Futures works. The following are a few brief examples drawn from these two reports:

**A Bright Futures Story:**

“*Yes, Bright Futures Makes a Difference*”

- Use of Bright Futures materials with families facilitates dialogue between health care professionals and consumers.
- Use of Bright Futures to record health assessments in the child’s health record improves the comprehensiveness and consistency of the assessment.
- Use of *Bright Futures in Practice: Oral Health* in coding the severity of a child’s oral health problems facilitates access to appropriate care.
Step VIII: Foster Partnerships and Mobilize Support and Resources

The idea of using Bright Futures can initiate from any level – from the State, county, city, or any configuration of community. A nurse practitioner in a rural community health center, a community task force on improving child health, the State Oral Health Director, or a nutritionist in the State WIC program can get the ball rolling. Momentum for Bright Futures can progress from the community to the State or from the State to the community. All things are possible; enthusiasm and creative thinking can move in any direction.

However, regardless of where the Bright Futures idea begins to germinate, for it to continue to grow, it is essential that those involved in the process develop partnerships with other stakeholders. Bright Futures is all about the whole child; the family; and how the child’s health, development, and level of wellness are affected by a range of factors. Therefore, the agencies, groups, and professional disciplines that can contribute in any way to the child’s health, development, and level of wellness all have a stake in Bright Futures.

The diagram below illustrates some key aspects of the health and wellness system and provides examples of partners in efforts to foster health promotion. The Bright Futures approach is the umbrella under which these and other programs and providers best can serve the interests of the whole child and his or her family.
Partnerships can start small, perhaps between a local Community and Migrant Health Center and a Head Start Center, with both entities agreeing to use the Bright Futures Health Supervision Guidelines and materials to foster health promotion. This partnership could grow to include a home visiting program sponsored by the local health department. This could lead to the involvement of a community-based organization that conducts parent education and family support programs. As the partnerships grow, more and more of the entities that touch the lives of children and families are using the same approach to health promotion – Bright Futures.

**Step IX: Conduct Topic-Focused Bright Futures Training Sessions**

Knowing about Bright Futures does not lead automatically to using Bright Futures. The Bright Futures philosophy and materials were not developed to be an end in themselves – remember, Bright Futures is not a new program – but rather they are intended to be applied to opportunities to promote the health and well-being of children and adolescents. It is important, therefore, to develop mechanisms in which potential Bright Futures stakeholders can explore the opportunities available to them for the application of Bright Futures and then can learn how to use Bright Futures effectively in these situations.

To be effective, training about Bright Futures should be built on an understanding of the dynamics and needs of adult learners. Adult learners are autonomous and self-directed and need to be actively involved in the learning process. Adults seek out learning experiences, because they perceive a use for the knowledge or skill being taught. For them, learning is a means to an end. Adults are practical and relevant-oriented; they must see a reason for learning something and understand its relevancy to their work and responsibilities and how it fits with and builds upon their life and work experiences. Adult learners need to integrate new ideas with what they already know if they are going to keep and use the information. Therefore, training strategies should be:

**Outcome driven.** To promote awareness, acceptance, and use of Bright Futures, the outcomes of the training should be thoughtfully crafted and clearly articulated. People are not generally interested in attending a training to hear about new materials; they are interested in attending a training that will help them do a better job.

Examples of training outcomes include the following:

- At the completion of the training, PHNs will know how to use Bright Futures to conduct age-appropriate anticipatory guidance home visit sessions with parents of young children.
- At the completion of the training, child care and Head Start staff members will know how to conduct a health promotion program for children enrolled in out-of-
home child care and early education programs.

**Realistic.** Everyone functions within an array of limitations that affect how they take advantage of new opportunities. Therefore, the training should focus on minimizing and managing those limitations and focus on what is doable now, while considering what might be possible in the future.

Examples of realistic training scenarios include:

- A training program targeted to primary care health providers focused on using Bright Futures to engage parents in the promotion of the social-emotional health of their children.
- A training program targeted to State Title V staff members exploring how to integrate Bright Futures into program guidance.

**Concrete.** While a description of the conceptual framework for new ideas and methods is important in helping an audience to consider them, busy adults generally want to cut to the chase and learn how implementation of the new ideas or methods can make a tangible and useful difference to them.

Examples of concrete training scenarios include:

- A training program directed to Medicaid program staff members focused on how to use Bright Futures to ensure compliance with EPSDT standards.
- A training program directed to a child health community coalition targeting techniques for using Bright Futures as a template for improving the health of children in the community.

**Ongoing.** To keep Bright Futures in the spotlight and to provide opportunities for those participating in earlier trainings to share their current experiences and design additional strategies for using Bright Futures, it is important to provide ongoing training opportunities.

Examples of ongoing training scenarios include the following:

- Child care providers participate in semianual training sessions to focus on various aspects of health and wellness promotion for young children.
- Primary health care providers participate in semiannual training sessions to share techniques for using Bright Futures in the provision of well-child care.

Careful consideration should be given to the organization of training. It might be useful to bring together a group of individuals in a community to focus on how Bright Futures can help with particular child health promotion issues. Each stakeholder would then have a general knowledge of where and how Bright Futures fits in. A followup training session could then be conducted for primary care physicians, another for child care providers, and yet another for public health nursing. In this way, sessions can be tailored to the specific responsibilities, needs, and experiences of each group, while at the same time everyone shares a common understanding of Bright Futures and
how it can be useful in the promotion of child health and wellness. To encourage added interest in the training, continuing education credits may be offered to professional groups including physicians, nurses, and social workers.

Opportunities for followup support also should be built in to the training. Those participating in the training may have questions or issues that arise as they apply the outcomes of the training to their work and need someone to contact for information and support. In addition, because there are always new people coming into the community interested in child and adolescent health and wellness promotion, and since new issues are constantly surfacing, it is important that Bright Futures trainings are held regularly. Regular opportunities to learn about Bright Futures and how it can be used to promote child health also keep Bright Futures in the news, thereby reminding child health stakeholders of its relevancy. In this way, a community of learners is developed, creating a critical mass of individuals who can encourage others to learn how Bright Futures can help them foster health promotion for children and adolescents.

While most would agree that training is essential to the effective use of Bright Futures, it is important to consider who will conduct the training and how it will be financed.

Opportunities for training resources are most likely available somewhere in the child health and service delivery systems; the issue is finding and mobilizing them for use in Bright Futures training. Due to the comprehensiveness of Bright Futures and its potential for addressing myriad issues, there is a broad audience of potential funders who may be interested in supporting Bright Futures training. However, before approaching a group to seek support, first consider what costs will be incurred – these probably will include advertising the training, the cost of Bright Futures materials, and potentially the expense of bringing in a trainer. Suitable space for the conduct of the training probably can be found at no cost. It will be useful to develop a brief proposal describing Bright Futures, the issues that its implementation can address, and the anticipated outcomes of using Bright Futures; also include the purpose, target audiences, and outcomes of the proposed training and how it will be evaluated.

State agencies (Medicaid, maternal and child health, primary care, quality assurance, etc.) may have professional development or training funds included in their budgets. While one agency may not be able to support all the training needed, it may be able to support training for specific groups. Another possibility is the blending of multiagency funding to support a series of trainings. There also may be State or local child health advocacy groups whose mission includes training, and they may

---

A Bright Futures Story:
“Promoting Family Involvement in Primary Care... A Bright Futures Training”

A group of pediatricians, pediatric nurse practitioners, and PHNs requested training to strengthen their collective ability to promote family involvement in well-child care. The training consisted of identification of the core family involvement concepts they would promote collectively and the Bright Futures materials they all would use. They also developed specific strategies that would be used to engage families in specific health promotion activities around safety, discipline, and oral health.
be in a position to support Bright Futures training activities. Finally, State and local foundations, businesses, and civic organizations also may have an interest in child health and could be eager to support a training project that not only would advance their mission but also would offer them visibility in the community.

Finally, the availability of a point person to plan, coordinate, oversee, and provide followup to training events is very important. Without such a person, it is difficult to ensure the appropriateness, quality, and continuity of training efforts. The Bright Futures point person can help to stitch together the patchwork of Bright Futures activities that may develop from the training sessions into a coordinated approach to child health promotion that gains momentum with every person trained and each activity initiated.

**Step X: Integrate Bright Futures into Policy and Practice**

A number of factors must be present and converge to operationalize Bright Futures. Those systems that affect child health – health, mental health, child care, education, social services, health insurance, community development – and the individuals that comprise each system must:

- Know about Bright Futures
- Have access to Bright Futures materials
- Visualize the congruency between policies to promote child health and wellness and the Bright Futures approach to child health promotion
- Understand the link between a health promotion problem and Bright Futures as part of the solution to the perceived problem
- Value comprehensive, age-appropriate, family-centered child health promotion
- Be willing to consider adjustments to their current approach to child health promotion

There are various levels at which the utilization of Bright Futures can be initiated. The starting point depends on the current political and financial environment and the issues that are perceived as priorities by policymakers, program managers, and the public. In one State, a top-down approach might be the most effective, while in another, it might be best to start at the community level and extend to statewide use over time. The following stories illustrate how this might happen:

*A Bright Futures Story: “Bottom-up Utilization of Bright Futures”*

Several school nurses became concerned about the oral health status of kindergarten children and shared their concerns with three local dentists. One of the dentists shared information about the *Bright Futures in Practice: Oral Health* materials with the others. Other school officials and the local public health agency became involved and together the group started a Bright Futures Oral Health Program in the community designed to improve oral health and access to oral health care. The State Dental Officer learned of the success of this local effort and engaged the assistance of the State Health Officer and the Secretary of Education to initiate similar programs in other communities.

A combination of the two approaches is also possible. For example, a particular State agency could initiate the utilization of Bright Futures
to address a problem and work with several communities to pilot its utilization. The outcomes of this process could result in the incremental engagement of other State and community partners to further extend the utilization of Bright Futures.

A number of specific strategies can be used to promote and sustain the integration of Bright Futures into ongoing policies and practices. It is very useful to formalize this integration whenever possible, since with the probability of staffing changes over time and the emergence of competing priorities, it is easy to lose ground gained. The Bright Futures philosophy, strategies, and use of materials can be integrated into established policies and practices via:

- Memoranda of understanding or agreement
- Contracts
- Strategic plans
- Regulations
- Request for proposal requirements
- Staff orientation materials
- Position descriptions
- Training curricula.

It may be useful to start small, perhaps by including a requirement in a home visiting contract that Bright Futures will be used to guide the conduct of home visits to families with children and then to expand to other areas, such as formal agreements between State agencies to use Bright Futures as the standard of health supervision care for children and adolescents.

While integrating Bright Futures into current policies and practices may be viewed as the last step in the process of promoting the use of Bright Futures, there are two more, very important steps to complete.

**Step XI: Evaluate the Integration of Bright Futures into Policy and Practice**

In the excitement of focusing on the implementation of Bright Futures, it is easy to forget about the importance of evaluating implementation efforts and the outcomes anticipated from the utilization of Bright Futures and to neglect this essential step.

**A Bright Futures Story:**

"Evaluating the Outcomes from Using Bright Futures"

Staff in a local pediatric office reviewed the number of telephone calls to the physicians, nurse practitioners, and nurses from parents asking for basic information about age-appropriate development prior to and following the introduction of Bright Futures and activities designed to strengthen anticipatory guidance and parent involvement. The evaluation question examined was, “To what degree does the appropriate utilization of Bright Futures decrease the number of calls from parents seeking basic information about age-appropriate development?”

Overall, it will be important to know and understand the degree to which Bright Futures has been accepted and the extent to which its use has achieved desired outcomes. Evaluation provides information to guide revisions for the Bright Futures approaches in use and to document outcomes. Evaluation is a useful policy and program tool. It is useful to keep evalua-
tion as simple and uncomplicated as possible by asking only the evaluation questions that really matter and by initiating the evaluation at the onset of using Bright Futures.

Incorporating an evaluation of a Bright Futures strategy with other evaluation efforts also keeps the process simple and useful. For example, the State Medicaid Agency may be conducting an evaluation to assess the compliance of providers with EPSDT requirements. This may be an opportunity to evaluate the impact on compliance for providers trained in and using Bright Futures versus those not trained in or using Bright Futures.

**Step XI: Share Your Bright Futures Stories**

The number and range of opportunities to use Bright Futures to solve problems and to promote child health and wellness are endless. It is important to share information about the creative, imaginative, and meaningful ways in which Bright Futures champions have seized on these opportunities to promote the use of Bright Futures to foster the health and wellness of children and adolescents. The experiences of others can stimulate or support our efforts; our efforts can in turn stimulate and support others. The sharing of stories and ideas helps to keep the Bright Futures approach fresh and champions energized.

There are a number of strategies that can be used or developed to facilitate the sharing of Bright Futures stories. These include the following:

At the national level:

- **Use the American Academy of Pediatrics Bright Futures Web site.** Describe your experiences and strategies and read about the experiences of others by using the Bright Futures in Practice feature on this Web site.

- **Attend and present at annual meetings of health and health-related professional groups.** These can include the American Public Health Association, the National Association of Community/Migrant Health Centers, the American Nurses Association, the American Academy of Pediatrics, and other gatherings of individuals and organizations concerned about child and adolescent health and wellness.

At the State and community levels:

- **Develop a State Bright Futures Web site.** This may be organized and supported by the State Maternal and Child Health Title V Agency. Web pages can be devoted to current Bright Futures activities, training opportunities, and success stories. Links from other sites, including the Medicaid Program, the State American Academy of Pediatrics, oral health, and child care, also can be established.

- **Develop an electronic newsletter.** Stories and tips about how Bright Futures has been used can be sent out to interested parties in the form of an electronic newsletter. Washington State’s Bright Futures electronic newsletter may be viewed on AAP’s Bright Futures Web site. You also may want to investigate opportunities for submitting Bright Futures
news, activities, and events to the electronic newsletters of partner organizations.

- **Incorporate a Bright Futures component into appropriate State and local conferences and meetings.** There may be an annual maternal and child health meeting as well as conferences on topics such as oral health, mental health, injury prevention, and family involvement. Each of these provide opportunities to share information and stories and explore new ways to use Bright Futures to solve problems.

**And Finally...**

Congratulations! You have worked your way through the steps needed to promote the use of Bright Futures to foster the health and wellness of children and adolescents. Hopefully, you are already thinking about whom you can share this information with and are considering ways in which you can tailor the information to use in your community or State. Please take a look at the resources included in the appendix and feel free to use them in your efforts to facilitate the utilization of Bright Futures.

In a child health care system that more often than not is focused on treatment rather than prevention and health promotion; is categorical, fragmented, and uncoordinated; and frequently leaves families out, Bright Futures, with its focus on the family, prevention, comprehensiveness, and developmental approach to the health promotion of children, can be used in a myriad of ways to address the health care system problems that concern all those who care about children and their families.

Good luck!
Appendix
Bright Futures Resources

The following Web sites offer Bright Futures resources to support child health promotion efforts:

Maternal and Child Health Bureau – Bright Futures for Infants, Children, and Adolescents
www.mchb.hrsa.gov/programs/training/brightfutures.htm
Overview of the national Bright Futures initiative.

Bright Futures at the American Academy of Pediatrics
www.brightfutures.aap.org
Resources for health care and public health professionals as well as families and communities. Includes online versions of a wide array of Bright Futures publications.

Bright Futures at Georgetown University
www.brightfutures.org
Online access to Bright Futures publications, distance learning and other training tools, and related resources.

Bright Futures for Families
www.brightfuturesforfamilies.org
Bright Futures materials and tools designed for use by families.

Overview Presentation of Bright Futures
www.doh.wa.gov/cfh/mch/Bright_Futures/Documents/bf_intro.ppt
This PowerPoint presentation available on the Washington State Department of Health Web site provides an overview of the Bright Futures philosophy and materials.

Children’s Hospital Boston/Harvard Medical School – Bright Futures Center for Pediatric Education in Growth and Development, Behavior, and Adolescent Health
www.pedicases.org
Case-based teaching materials for pediatric training programs.

Children’s Hospital Boston/Harvard Medical School – Pediatrics in Practice
www.pediatricsinpractice.org
Health promotion curriculum for child health professionals.

LENDlinks: A Title V Training Consortium for Creating Distance Learning Modules on Bright Futures in Practice: Mental Health Issues in Infants and Children (birth–age 6)
www.lendlinks.net
Hosts modules, videoconferences, and curriculum resources.

Maximizing Resources for Results Extending Bright Futures through Community-Based Nutrition Planning
http://nutrition.he.utk.edu/max_resources/maximize
Train-the-trainer modules introducing and exploring Bright Futures in Practice: Nutrition.
National Institute for Health Care Management Research and Educational Foundation  
Child Health Corner  
www.nihcm.org/childframe.html  
Information on children’s health to promote the Bright Futures health supervision model of comprehensive care of children to managed care entities. Bright Futures Resources

Bright Futures Virginia  
www.vahealth.org/brightfutures  
Overview of national Bright Futures initiative and of Bright Futures Virginia children’s health promotion initiative.

Bright Futures and EPSDT Online Educational Series  
www.pubinfo.vcu.edu/curriculum/cme/bf  
Online modules for health care providers working in a variety of settings demonstrating tools for utilizing Bright Futures guidelines in improving quality of care and addressing EPSDT requirements. Developed by Virginia Department of Health, Virginia Chapter of American Academy of Pediatrics, Virginia Department of Medical Assistance Services, and Virginia Commonwealth University (CE credit available).

State of Maine Department of Health and Human Services, Office of MaineCare Services  
www.state.me.us/bms/providerfiles/bright_future.htm  
Clinical EPSDT screening forms based on Bright Futures.