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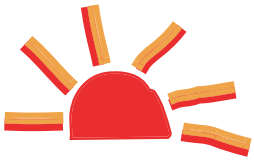


Bright Futures

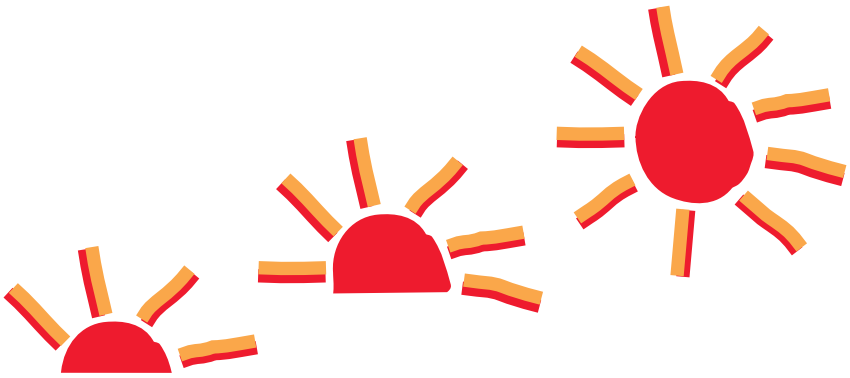
Guidelines for Health Supervision of Infants, Children, and Adolescents

Second Edition, Revised

U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration
Maternal and Child Health Bureau

NCE MCH
National Center for Education in Maternal and Child Health
Georgetown University

With updated immunization schedule and growth charts



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Morris Green, M.D., and Judith S. Palfrey, M.D., Editors

Sponsored by
Maternal and Child Health Bureau
Health Resources and Services Administration
U.S. Department of Health and Human Services

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The mission of the National Center for Education in Maternal and Child Health is to provide national leadership to the maternal and child health community in three key areas—program development, policy analysis and education, and state-of-the-art knowledge—to improve the health and well-being of the nation's children and families. The Center's multidisciplinary staff work with a broad range of public and private agencies and organizations to develop and improve programs in response to current needs in maternal and child health, address critical and emergent public policy issues in maternal and child health, and produce and provide access to a rich variety of policy and programmatic information. Established in 1982 at Georgetown University, NCEMCH is part of the Georgetown Public Policy Institute. NCEMCH is funded primarily by the U.S. Department of Health and Human Services through the Health Resources and Services Administration's Maternal and Child Health Bureau (MCHB).

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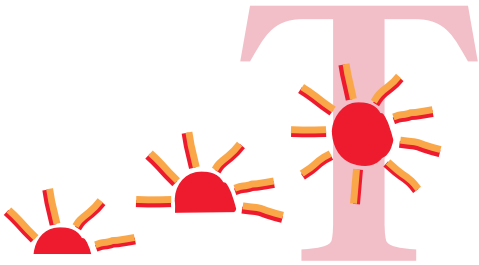
The Challenge of Bright Futures



The world of America's children and families has changed rapidly and extensively during the 20th century. As we begin a new century, it is now appropriate to take stock of the progress we have made and the distance we still have to travel. For many children and their families, each new day is an opportunity for further self-realization, enhancement of good health, and promotion of self-esteem.

For millions of others, however, the future holds little promise; their health status is poor, their health risks are many, and their prospects for successfully overcoming these problems are limited. These children, and all our nation's children, deserve the attention, the encouragement, and the intervention of health professionals from many disciplines to ensure that they develop the healthy bodies, minds, emotions, and attitudes to prepare them to be competent and contributing adults.

Health supervision policies and practices have not kept up with the pervasive changes that have occurred in the family, the community, and society. It has become evident that a "new health supervision" is urgently needed to confront the "new morbidities" that challenge today's children and families.

The goal of Bright Futures is to respond to the current and emerging preventive and health promotion needs of infants, children, and adolescents. To meet the complex challenge of developing new health supervision guidelines, the expertise and informed opinions of a large number of health professionals and consumers were elicited. Based on their wise suggestions, the guidelines are an exciting response to the needs of the times, a vision for the future, and, more importantly, a direction for child health supervision well into the 21st century.

The next step will be to promote the implementation of Bright Futures in the great variety of settings and arrangements that provide opportunities for health supervision throughout this country. It is also important to further an in-depth exploration of the science of prevention and health promotion and engage health professionals, educators, and families in this venture. It is time to walk into that bright future.

Morris Green, M.D.

What Is Bright Futures?

Bright Futures is a vision, a philosophy, a set of expert guidelines, and a practical developmental approach to providing health supervision for children of all ages, from birth through adolescence. Bright Futures is dedicated to the principle that every child deserves to be healthy and that optimal health involves a trusting relationship between the health professional, the child, the family, and the community as partners in health practice.

Bright Futures Mission

The mission of Bright Futures is to promote and improve the health, education, and well-being of infants, children, adolescents, families, and communities.

Bright Futures Project Goals

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

Bright Futures Project Objectives

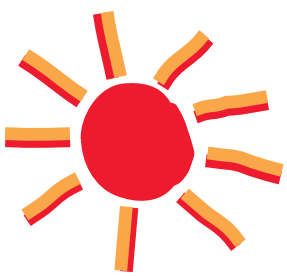
- Develop materials and practical tools for health professionals, families, and communities
- Disseminate Bright Futures philosophy and materials
- Train health professionals, families, and communities to work in partnership on behalf of children's health
- Develop and maintain public-private partnerships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

Development of Bright Futures

- Was initiated in 1990 and guided by the Health Resources and Services Administration's Maternal and Child Health Bureau, with additional program support from the Health Care Financing Administration's Medicaid Bureau
- Developed comprehensive health supervision guidelines with the collaboration of four interdisciplinary panels of experts in infant, child, and adolescent health
- Was reviewed by nearly 1,000 practitioners, educators, and child health advocates throughout the United States
- Published *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* in 1994
- Launched Building Bright Futures in 1995 to implement the Bright Futures guidelines by publishing practical tools and materials and providing technical assistance and training
- Updated and revised the guidelines for publication in 2000 to incorporate current scientific knowledge in health practice

Funding of Bright Futures

Since its inception in 1990, Bright Futures has been funded by the U.S. Department of Health and Human Services, under the direction of the Maternal and Child Health Bureau.



Organizations That Support Bright Futures

- Ambulatory Pediatric Association
- American Academy of Child and Adolescent Psychiatry
- American Academy of Pediatric Dentistry
- American Academy of Pediatrics
- American Academy of Physician Assistants
- American College of Nurse-Midwives
- American Dental Hygienists' Association
- American Dietetic Association
- American Medical Association
- American Medical Women's Association
- American Occupational Therapy Association, Inc.
- American Public Health Association
- American School Health Association
- Association of Maternal and Child Health Programs
- Association of State and Territorial Health Officials
- Child Welfare League of America, Inc.
- CityMatCH
- Family Voices
- March of Dimes Birth Defects Foundation
- National Association of County and City Health Officials
- National Association of Pediatric Nurse Associates and Practitioners
- National Association of School Nurses, Inc.
- National Association of WIC Directors
- National Organization of Nurse Practitioner Faculties
- National Parent Network on Disabilities
- National Perinatal Association
- The National PTA
- Society for Adolescent Medicine
- Society for Developmental and Behavioral Pediatrics
- Society of Pediatric Nurses
- Zero to Three

Foreword

In 1994 the first edition of *Bright Futures* was published under the leadership of the Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration, and the Medicaid Bureau, Health Care Financing Administration, with the hope that "those who care for children can be more effective in disease prevention and health promotion." As this new edition is published, we stand facing the 21st century and, presumably, an ever-improving world in which our children will live. The pace of change seems to accelerate with each passing year, and much of what is new has transformed the lives of children and their families for the better. Increased scientific understanding of life at its most basic levels, and the applications born of that understanding, have laid to rest countless diseases that once plagued our children. Genetic engineering, biomedical interventions, and immunizations can prevent, cure, or ameliorate many conditions that were shrouded in mystery as our ancestors began looking toward the 20th century.

Clearly, from that perspective, we've been successful, if only because improvements in sanitation and the provision of pure food and water have lengthened and bettered the lives of children. As we've solved these problems, however, pediatricians and others have begun to identify "new morbidities" that have had an equally profound influence on the lives of children and families. Issues such as the breakdown of the family and loss of extended family relationships, population mobility, cultural and language barriers, disparities in families' incomes, and deteriorating neighborhood and community structures have all affected our children. Additional challenges have included the links between poverty and diminished access to health care, between prenatal risks and low birthweight and prematurity, and between substandard housing and health conditions such as lead poisoning and asthma. These are causes for concern, as are intentional injuries (including homicide, suicide, and other violent acts) and unintentional injuries, substance abuse, depression, promiscuous sexual activity, and factors linked to the rise in HIV infection among our children and youth.

Technology will not solve all these problems, nor will molecular biology and genetic engineering. New approaches focused on public health are required. Isolation and violence don't respond to new medications. Immunizations work only if administered. Low-income and minority populations need to be included in universal access to health care. The health and education communities need to engage families to ensure that all children, including children with special health care needs, have the opportunity to grow and develop into productive citizens. These same communities need to help families provide their children with good nutrition, literacy (including media literacy), and opportunities for recreation and physical activity.

Partnerships between families and the health and education communities are beginning to develop. Pediatricians and other child health professionals are working with parents and community groups not only to ensure that children have financial access to health care, but also to design the content of that care so that it targets serious clinical problems as well as the new morbidities. In 1997 the passage of Title XXI, the State Children's Health Insurance Program, culminated years of work by the American Academy of Pediatrics (AAP) and other child health advocates. With this program a federal and state government reality, financial access to health care for a growing number of American children is at hand. Enrollment and outreach will be key, and program expansions to reach those millions still excluded are part of the work that remains.

The first edition of this document, *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents,* grew out of national recognition of the complex and often interwoven issues already noted. Pediatricians, nurses, dentists, family physicians, internists, nutritionists, psychiatrists, psychologists, social workers, and public health professionals created a partnership with parents to concentrate attention, efforts, and resources on the content of child health supervision, disease prevention, and health promotion. The second edition builds on a successful model and incorporates updated scientific and

expert opinion. The *Bright Futures* guidelines provide health professionals and families with practical information, effective preventive techniques, and health promotion materials. They are designed to be adapted to meet regional priorities, take advantage of community resources, and help health professionals organize their practices to meet their patients' needs. It is expected, therefore, that implementation will vary depending on geography, morbidity and mortality patterns, financing mechanisms, and the general organization of health care delivery. The constant is the imperative to protect our children.

This is a job we know we can do. In the last decade of the 20th century, infant mortality in the United States fell to 7.2 per 1,000 live births.[1] As a result of abstinence-based and other multidisciplinary efforts, the teen birth rate has decreased steadily in recent years, dropping to 54.7 per 1,000 live births in 1996.[2] The Back to Sleep campaign of the AAP, the National Institute of Child Health and Human Development, and MCHB has been instrumental in decreasing sudden infant death syndrome (SIDS) deaths from 140 per 100,000 live births in 1989 to 103 per 100,000 live births in 1994,[3] a number that continues to decline. And despite the prominence given to recent incidents, intentional injuries in schools have shown a modest decline and the violent deaths of adolescents have decreased in some cities where child health professionals, community groups, and families have joined to address the problem.

So there is room for optimism but not complacency. There are still racial disparities in health outcomes. There are sizable groups of children—immigrant, homeless, and street youth—who continue to fall through all of our safety nets. In this nation there are cities and even states that remain poorly responsive to the plight of children and families, and we cannot continue to allow the well-being of these children and families to be so tightly tied to the volatile nature of the country's economic health. Meanwhile, new threats to children's health emerge from the very technologies that provide so much benefit. We speculate that the new century will see an increase in multiple births and larger populations of children who survive with chronic health conditions and disabilities. New environmental hazards are being recognized, and the effects of an increasingly adult-centered, family-unfriendly lifestyle on child health and mental health are only beginning to be understood. So we must continue to acknowledge the complex factors that contribute to childhood morbidity. We must work hard to develop useful health supervision materials and effective health promotion strategies that will work at every level.

The AAP has been delighted to participate with MCHB, the National Center for Education in Maternal and Child Health, and others in developing the *Bright Futures* guidelines. A landmark document, this book focuses our collective attention on how we can help families at each critical stage in their children's lives. It remains for all of us to work together to ensure that our children—from the newborn period through adolescence—are healthy, reach their full potential, and have bright futures.

Donald E. Cook, M.D., F.A.A.P.
President, American Academy of Pediatrics

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1. Guyer B, MacDorman MF, Martin JA. 1998. Annual summary of vital statistics—1997. *Pediatrics* 102(6):1333–1349.
2. American Academy of Pediatrics, Committee on Adolescence. 1999. Adolescent pregnancy—Current trends and issues: 1998. *Pediatrics* 103(2):516–520.
3. American Academy of Pediatrics, Task Force on Infant Positioning and SIDS. 1996. Positioning and sudden infant death syndrome: Update. *Pediatrics* 98(6):1216–1218.

Bright Futures: A Historical Perspective

The Bright Futures project can best be understood in the historical context of child health programs such as Title V (Maternal and Child Health Services Block Grant) and Title XIX (Medicaid) of the Social Security Act. For many decades, both programs have been at the forefront of promoting and funding important child health promotion and treatment initiatives.

First authorized by legislation in 1935, Title V programs are valuable resources for improving infant and child health. They provide perinatal and primary child health care services and comprehensive services for children with special health care needs in 59 states and jurisdictions. Through a federal grant program, they support leadership training for maternal and child health program personnel, expand knowledge through applied research projects, and foster the development of comprehensive, family-centered, community-based systems for delivering services.

The Medicaid program, enacted in 1965, was amended in 1967 to improve the health care of eligible children through the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program. EPSDT is a preventive and comprehensive health program for Medicaid-eligible children younger than age 21. The EPSDT program encourages and assists eligible children and their families in obtaining periodic screening; dental, vision, and hearing services; and medically necessary follow-up care.

Universal access to child health care has been a goal of health care professionals and advocates throughout the United States. The 1997 passage of Title XXI (State Child Health Insurance Program) has provided an important step toward reaching that goal. States have now increased funding to close gaps in financial access to care for children. Bright Futures provides the content of care to ensure that children have access to health promotion and disease prevention services that address their health needs in a comprehensive, family-centered, and community-based manner.

Creating Bright Futures

The Bright Futures project was originally sponsored by the Health Resources and Services Administration's Maternal and Child Health Bureau and the Health Care Financing Administration's Medicaid Bureau. The project represented a significant advance in formulating expert guidance for providing comprehensive health supervision for children and their families. A distinguished national board of directors and four multidisciplinary expert panels were convened to reflect the collective experience, knowledge, and expertise of professionals from a wide variety of child health disciplines (see Appendix O). These panels were charged with developing health supervision guidelines responsive to the current and emerging health promotion and disease prevention needs of infants, children, and adolescents. After a review of the literature and extensive dialogue, the panels drafted the *Bright Futures* guidelines based on extensive scientific review and on expert opinion and consensus. Their work was reviewed by nearly 1,000 practitioners and child health advocates throughout the United States. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* was published in 1994.

Need for More Research

The Bright Futures interdisciplinary panels recommended vigorous sponsorship of health supervision research. Because health promotion, community-based strategies, and family-centered care are relatively new concepts, research on interventions that work in these areas is still in the early stages. A first step is to create a common scientific language for discussing the content, timing, intensiveness, and reinforcement of such

interventions. The effectiveness of individual preventive efforts such as immunizations, injury prevention, screening, and nutrition counseling is well documented.

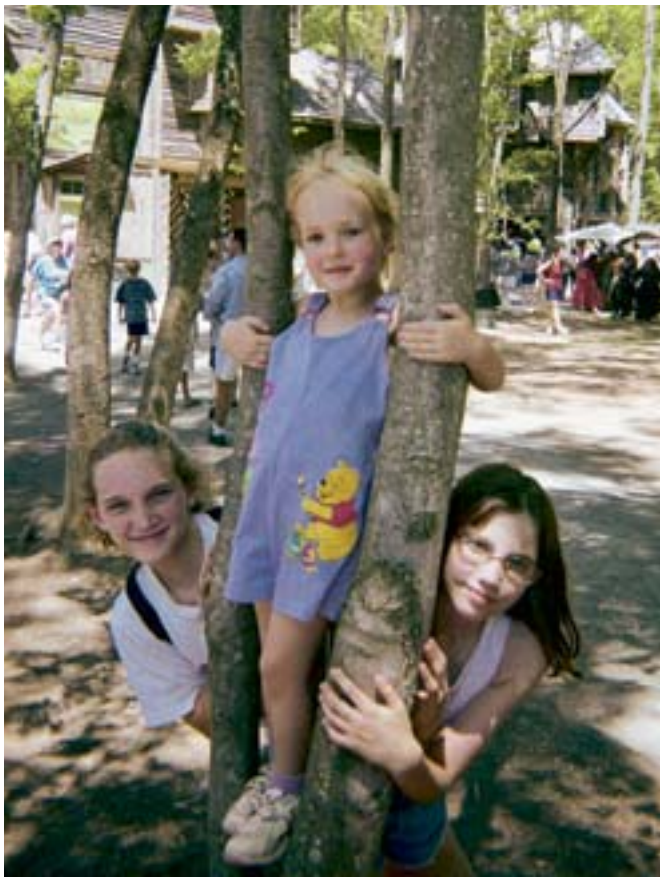
The continuing challenge is to determine the efficacy of "packages" of disease prevention efforts. Although research is available on the effectiveness of programs for specific groups of children, more widespread testing is needed to answer important questions about whether findings can be generalized to broader populations. To enhance the knowledge base, it is critical that researchers design studies with adequately large sample sizes, rigorous methodologies, and short-term and long-term outcomes. The challenge is substantial, but the development of a firm scientific base will allow continual refining of health promotion efforts and ensure opportunities to respond to changing times and circumstances.

Building Bright Futures: The Implementation Phase

Following the publication of the guidelines, the Maternal and Child Health Bureau launched "Building Bright Futures" as the operational phase of the project. The focus for this phase is fourfold: to foster partnerships between families, health professionals, and communities; to promote desired social, developmental, and health outcomes of infants, children, and adolescents; to increase family knowledge, skills, and participation in health education and prevention activities; and to enhance the way health professionals practice.

Many Bright Futures partners are currently working toward these goals. Professionals are using Bright Futures materials as resources to help build relationships with families, to train staff and students, to develop new health policies, and to provide current health promotion and disease prevention information and care.

The *Bright Futures* guidelines were developed as goals to be pursued in the interest of improving child health. The specific nature of these recommendations should prove useful to those working toward a brighter future for our nation's children—child health professionals and ancillary staff, public and private insurers, health departments, community health centers, schools, child



development programs, parents, educators, leaders of managed care organizations, and many others. The guidelines support the *Healthy People 2000* and *Healthy People 2010* national health promotion and disease prevention objectives related to mothers, infants, children, and adolescents.

The guidelines, however, are not intended to serve as the standard of health care per se. Variations of these guidelines that are responsive to individual differences, cultures, and circumstances are appropriate. In the case of public agencies or programs at federal, state, and local levels, other considerations (specific legislative requirements, resource limitations, court orders) may affect the degree to which the *Bright Futures* content and periodicity recommendations can be fully implemented.

Acknowledgments

To continue the journey begun by the Bright Futures project in 1990, *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents,* Second Edition, provides both new information and expanded recommendations that will move child health supervision forward into the 21st century. Under the leadership and vision of Claude Earl Fox, M.D., M.P.H., administrator of the Health Resources and Services Administration (HRSA), and Peter C. van Dyck, M.D., M.P.H., director of the Maternal and Child Health Bureau (MCHB), the project has benefited immeasurably from the dedicated guidance of MCHB staff, especially M. Ann Drum, D.D.S., M.P.H., acting division director, David Heppel, M.D., M.P.H., division director, and their colleague Denise Sofka, M.P.H., R.D.

Throughout the revision process, numerous reviewers (including health professionals, educators, and families) provided valuable comments and suggestions that significantly enhanced the document. The expertise contributed by reviewers from the American Academy of Pediatrics and by Gerald Zelinger, M.D., of the Health Care Financing Administration's Center for Medicaid and State Operations was particularly important in ensuring the accuracy and consistency of the guidelines. Ed Zimmerman, M.S., skillfully coordinated the Academy's review of the second edition and served as liaison. Demonstrating their strong commitment to improving the health and well-being of all children and their families, Betsy Anderson of Family Voices, and Patricia McGill Smith of the National Parent Network on Disabilities, have consistently offered meaningful family perspective to the project.

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Editors
Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, Second Edition

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American Academy of Pediatric Dentistry

American Academy of Pediatrics

American Dental Hygienists' Association

American Dietetic Association

American Medical Association

American Occupational Therapy Association, Inc.

American School Health Association

Association of State and Territorial Health Officials

CityMatCH

Family Voices

National Association of County and City Health Officials

National Association of Pediatric Nurse Associates and Practitioners

National Early Childhood Technical Assistance System

National Organization of Nurse Practitioner Faculties

National Parent Network on Disabilities

Society of Pediatric Nurses

Bright Futures Children's Health Charter

Throughout this century, principles developed by advocates for children have been the foundation for initiatives to improve children's lives. Bright Futures participants have adopted these principles in order to guide their work and meet the unique needs of children and families into the 21st century.

Every child deserves to be born well, to be physically fit, and to achieve self-responsibility for good health habits.

•

Every child and adolescent deserves ready access to coordinated and comprehensive preventive, health-promoting, therapeutic, and rehabilitative medical, mental health, and dental care. Such care is best provided through a continuing relationship with a primary health professional or team, and ready access to secondary and tertiary levels of care.

•

Every child and adolescent deserves a nurturing family and supportive relationships with other significant persons who provide security, positive role models, warmth, love, and unconditional acceptance. A child's health begins with the health of his parents.

•

Every child and adolescent deserves to grow and develop in a physically and psychologically safe home and school environment free of undue risk of injury, abuse, violence, or exposure to environmental toxins.

•

Every child and adolescent deserves satisfactory housing, good nutrition, a quality education, an adequate family income, a supportive social network, and access to community resources.

•

Every child deserves quality child care when her parents are working outside the home.

•

Every child and adolescent deserves the opportunity to develop ways to cope with stressful life experiences.

•

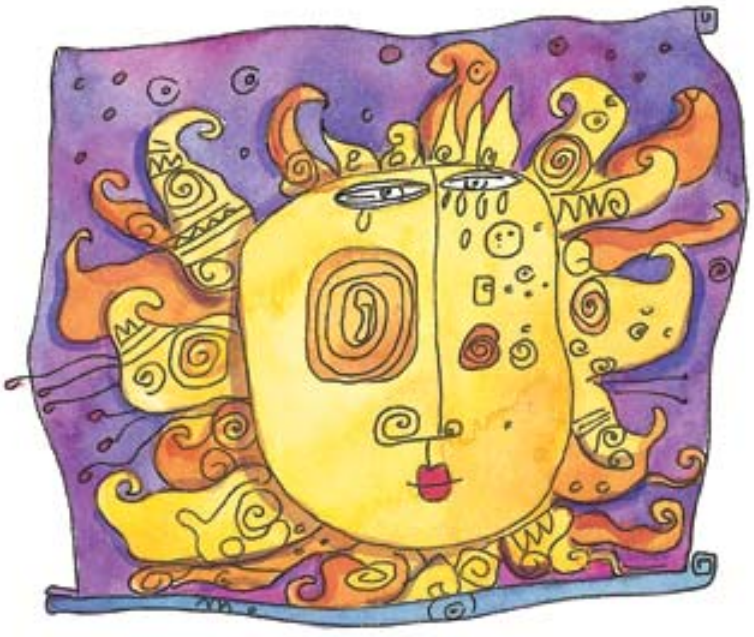
Every child and adolescent deserves the opportunity to be prepared for parenthood.

•

Every child and adolescent deserves the opportunity to develop positive values and become a responsible citizen in his community.

•

Every child and adolescent deserves to experience joy, have high self-esteem, have friends, acquire a sense of efficacy, and believe that she can succeed in life. She should help the next generation develop the motivation and habits necessary for similar achievement.



Getting Started

An Introduction to Health Supervision

The foundation of Bright Futures health supervision is health promotion—not just preventing or treating illness or injury but actively promoting the physical, emotional, mental, and social well-being of children, adolescents, and their families. From interview questions through anticipatory guidance, each health supervision visit seeks to thoroughly assess the health of the child or adolescent, enhance the child's development over time, in partnership with the family and community, and educate and support the child and family in developing and sustaining lifelong healthy habits.

Health Promotion Is Based on a Health Diagnosis

Although the term "diagnosis" usually relates to pathology (i.e., evaluation of biomedical or psychosocial symptoms and disease), a similar diagnostic approach applies to the child or adolescent seen primarily for health supervision. In the case of disease, diagnosis is a necessary prelude to therapeutic intervention; in the case of health, diagnosis determines the selection of appropriate health-promoting and preventive interventions, whether medical, dental, nutritional, educational, or psychosocial. In both disease and health, the more comprehensive and precise the "diagnosis," the more targeted and potentially effective the intervention.

Components of the diagnostic process in health supervision include the health "interview"; assessment of physiological, emotional, cognitive, and social development (including critical developmental milestones); observation of parent-child interactions; physical examination; screening procedures; and evaluation of strengths and issues. In addition, health professionals need adequate data about the family. Significant information should include household composition, the parents' and siblings' health and nutrition status, a three-generation family health and social history, employment status of the parent(s), and recent major changes in the family. The health professional also needs information about the family's community, including community-based resources such as child care, educational, and recreational facilities, and other community organizations and programs.

Families participate as full partners in the health diagnosis. Open and informed communication between the health professional and the family remains the most significant component of both health diagnosis and health promotion. Data also play an important part. Families complete medical history forms at their first health supervision visit and need to update these forms periodically. Family-friendly questionnaires, checklists, and surveys (both biomedical and psychosocial) that are appropriate for the child's age as well as the family's culture and broader community are additional tools to improve and update data gathering. This type of information helps initiate and inform discussions between the family and the health professional.

To prepare for each subsequent health visit, families, older children, and adolescents should be encouraged to write down their questions, concerns, and achievements to discuss during the next health supervision visit.

Health Promotion Is Both Developmental and Longitudinal

Health is a prospective enterprise. The potential for effective health promotion with children and their families is far greater during childhood and adolescence than at any other stage of life. Health supervision visits offer the health professional and the family the opportunity to observe the child's health, development, and relationships over time.

The linear model of prevention, in which the intervention prevents or resolves the problem, works well in specific health issues such as immunizing children, but such linear interventions cannot address the complex developmental, psychosocial, educational, and societal challenges facing today's children and adolescents. Just as clinicians know that minimal (subtherapeutic) doses of antibiotics do not work, they recognize that minimal "doses" of health supervision are ineffective.

Longitudinal and developmental health supervision allows health-promoting and/or preventive interventions to be introduced at multiple points in time. Health supervision must also be viewed as a developmental process—one that occurs over time and is responsive to the emerging capabilities and challenges of the individual child or adolescent. The Bright Futures recommendations for the frequency of health supervision visits coincide with key developmental periods and are consistent with American Academy of Pediatrics' *Guidelines for Health Supervision III* (1997) and the EPSDT guidelines.[1] (More frequent visits may be indicated for children at increased risk because of medical and/or social concerns.)

Medical Home

Families who establish a long-term trusting relationship with a primary health professional tend to receive continuous, coordinated, comprehensive care and to use services appropriately and cost-effectively. The benefits of continuing care are best ensured by a "medical home" offering accessible health services that are coordinated, comprehensive, family centered, community based, and compassionate. A medical home[2] includes

- Provision of preventive care
- Assurance of ambulatory and inpatient care, 24 hours a day
- Continuity of care from infancy through adolescence
- Appropriate use of subspecialty consultation and referrals
- Interaction with school and community agencies
- A central record and database containing all pertinent medical information

It is critical that these components be supported at the systems level as well as at the individual practice level. This means that even when health insurance changes, children should maintain continuity with their health professional. Managed care may improve continuity of care and provide access to a medical home, yet frequent changes in family providers sometimes work against this goal. Private and public insurers, managed care companies, and public health agencies should all strive to protect the medical home for children and families.

Unfortunately, many children and adolescents still do not have a medical home. As a result of new initiatives to enroll uninsured or underinsured children (e.g., the State Children's Health Insurance Program), the number of families who can now financially access needed health services is increasing. But some families lack access to health supervision because of language, transportation, geographic location, or other barriers. By serving as advocates for these families, health professionals and other community leaders can help ensure that all children have access to a medical home.

Partnerships Are Primary in Health Supervision

The *Bright Futures* guidelines are based on the belief that effective health supervision involves an ongoing partnership between health professionals and families. The success of Bright Futures health supervision depends on creating and nurturing a true partnership through which children and adolescents, families, and health professionals all work together to establish both short-term and long-term goals.

Working in partnership with the family, health professionals can be remarkably effective in promoting health. Creating opportunities for thoughtful dialogue between families and health professionals is one of the most effective ways to establish trust and build a partnership that works to promote health and prevent illness or injury. Older children and adolescents, as they mature, should actively participate in the health partnership and assume increasing responsibility for their own health.

Partnership with the Child or Adolescent: Individualized Care

Bright Futures tailors health supervision to fit the individual needs of the child or adolescent. Effective health supervision considers the well-being of the whole person, not merely the current health status. During the child's growth and development from infancy through adolescence, health supervision strives to enhance a personal sense of self-worth, self-efficacy, social competence, appreciation of unique capabilities, and an increasing ability to assume responsibility for personal health and for contributing to the well-being of others.

Health supervision should always be tailored to meet individual needs. Each child's health status and possible risk need to be assessed regularly to determine the frequency and type of health supervision and/or interventions needed. This assessment should occur within the context of an ongoing primary relationship between child, family, and health professional. An augmented schedule of health supervision should be determined according to the child's and family's needs.

Children and adolescents with chronic illness or disability, living in foster care, or at biomedical or psychosocial risk will need more frequent or intensive health supervision or interventions. Supplementary health supervision and referrals may also be needed during critical periods of family transition or discontinuity (e.g., divorce, remarriage, death, parental illness, unemployment, relocation, school entry).

Partnership with the Family

Bright Futures views health as contextual—that is, the child is viewed within the context of the family and community. Most families want to learn how to help their children reach full potential. Bright Futures health supervision promotes this learning. Day-to-day family life has a profound effect on individual well-being, and family experiences often mold our expectations of what it means to be healthy. One essential task of health supervision is to affirm and strengthen the role of the family as primary partner in health promotion.

Developing a trusting partnership with the family is crucial to effective health supervision. Important health supervision goals include recognizing and reinforcing families' strengths and healthy practices, addressing their concerns and vulnerabilities, promoting resiliency, and building parental competence and confidence.

Families and health professionals have much to learn from one another, individually and collectively. Families should be encouraged to talk about what's going well, in addition to asking questions and discussing concerns. Based on their own experiences, they can offer feedback about which health recommendations were reasonable to carry out, proved useful, and seemed to have good results—and which did not. Since families most often are responsible for implementing next steps and recommendations, it is important that health professionals listen to and learn from their perspectives.

Families also have considerable day-to-day experience and opinions about services and resources. Health professionals who encourage families to contribute ideas and reactions will find an increasing wealth of resource information that will benefit other children and families.

Partnership with the Community

Communities, like families, are cultures unto themselves, with differing values and characteristics. Like families, communities have strengths and vulnerabilities that flow both from individuals and from the members as a unit. The health professional must view the child in the context of the community and must consider the

influence of this environment on the child's health and development.

Conducting group health supervision visits and scheduling after-hours events on special focus topics can serve as an innovative and effective way for health professionals to provide and receive valuable information about the community while creating an atmosphere of mutual support and reinforcement. Families can benefit from listening to questions and answers in a group setting and can gain a greater appreciation of the wide range of behavioral and developmental norms. Group sessions for older children and for adolescents can be an effective means of using positive peer influence.

Health professionals need to establish strong links with schools, churches, and other community-based resources and services. Community supports and resources may be needed for children with physical or developmental disabilities and for those at risk for abuse or neglect. Issues identified through risk assessment and screening during health supervision may require counseling in the primary care setting or referral for more intensive care. Families facing difficulties such as depression or substance abuse also need counseling or referral for treatment. Successful interventions often require efforts that extend beyond what can be provided in any one setting or through any one discipline, and health professionals need to maintain and participate in a broad resource and referral network of skilled professionals.

Integration of Health Care with Other Human Services

Health supervision can be provided in many settings, often with collaboration between a variety of organizations. Integrated health-promoting and preventive services may be delivered in a physician's office, community health clinic, home, school, child care facility, shelter, correctional institution, or other community setting.

Bright Futures views health supervision as part of a seamless system that includes community-based health, education, and human services. To be fully effective, health supervision must be integrated with other community-based health and human services, such as secondary and tertiary care, early intervention, special education programs, mental health services, diagnosis and evaluation, family support, food and nutrition resources, outreach services, and others.

Although many health supervision services are appropriately delivered to the individual child and family, others should be population or community focused. Health promotion requires a supportive and healthy environment, including the availability of community and other resources, adequate housing, employment and recreational opportunities, and quality schools. Health and family life curricula in the schools and information conveyed through the media strengthen health supervision and encourage family responsibility and functioning. It is crucial that barriers to accessing and using health services be understood and addressed, and that steps be taken to broaden services to persons and communities who have had inadequate care.

Maintaining and improving the health of infants, children, and adolescents provides a clear imperative to increase knowledge and efforts in health promotion and

disease prevention. Further supportive work needs to be conducted throughout the diverse settings in which health supervision occurs, as more and more health professionals, families, and communities embrace the medical and developmental advantages to promoting the health and well-being of children and families.

Endnotes

1. Federal Medicaid law requires states to set their own periodicity schedules for screening, dental, vision, and hearing services for their Medicaid EPSDT programs, after consultation with recognized medical and dental organizations involved in child health care. States must also provide Medicaid-eligible children with these services at intervals more frequent than those specified in their EPSDT periodicity schedules, if medically necessary.
2. American Academy of Pediatrics. 1992. The medical home [policy statement]. *Pediatrics* 90(5):774. Also available through the Academy's Web site at www.aap.org/policy/04992.html.

How to Use the *Bright Futures* Guidelines

The health supervision guidelines are organized into four sections: infancy, early childhood, middle childhood, and adolescence. Each developmental section includes the following elements that provide an overview of the issues for that age group:

- Developmental overview
- Chart of achievements, tasks, and outcomes
- Family preparation for health supervision
- Strengths of the child, family, and community
- Issues of the child, family, and community

Each section also describes the health supervision for that developmental period. The components of health supervision are presented as a package of services for each visit. Intended to promote optimal outcomes at each age, health supervision includes the following topics:

- "Portrait" of the child and family
- Health supervision questions
- Developmental surveillance and milestones (or developmental surveillance and school performance)
- Observation of parent-child interaction
- Physical examination
- Additional screening procedures
- Immunizations
- Anticipatory guidance for the family
- Opportunities for building partnerships

Although the components of health supervision are discussed separately in these guidelines, in actual practice they are integrated, allowing the health professional to respond flexibly to the needs of individual families. For example, some anticipatory guidance may be provided during the physical examination or in response to questions asked by the parent or child. To individualize health supervision, the health professional can select questions and anticipatory guidance that seem most appropriate, using clinical judgment to decide what is timely and relevant for a particular child and family.

Developmental Sections

Developmental Overview

As the biological sciences provide the basis for preventive and therapeutic interventions in disease, the study of child development serves as the basic science for much of health supervision, especially health promotion. A developmental overview precedes each of the four major sections of the guidelines, describing common issues and changes within each developmental period.

Developmental Chart

Each section of the guidelines includes a chart of significant achievements, tasks for the family, and health supervision outcomes for the specific developmental period. The chart summarizes some of the critical aspects of health supervision that are described more fully in the visits.

During each health supervision visit, the health professional needs to reassess the achievements of the infant, child, or adolescent since the last visit. Monitoring the developmental status of the child and family is a crucial part of developmental surveillance and health assessment.

Health professionals should also provide guidance to the family on the anticipated tasks for the developmental period. This anticipatory guidance should meet the individual needs of each child and family.

The health outcomes for each developmental period represent both short- and long-term goals for health supervision and provide a means of measuring its effectiveness.

Family Preparation for Health Supervision

Each developmental section includes suggestions for helping the parent and child or adolescent prepare for health supervision visits, an essential component of the process. Such an investment supports a partnership in which the health professional, the family, and the child or adolescent share responsibility.

Along with an appointment reminder, tools such as psychosocial and developmental screening instruments, an initial or interval history form, or an injury prevention survey may be mailed to the family for completion before the next health visit, or the *Bright Futures Encounter Forms for Families* may be provided before each visit. Questions about the parents' health habits (e.g., smoking, safety belt use) may be included. If there is a language or literacy barrier, it would be helpful for a staff member to assist the family on site. The family should also be asked to bring in report cards, school health examination forms, and the child's or adolescent's health record.

Strengths and Issues of the Child, Family, and Community

Part of determining the health of an infant, child, or adolescent involves assessing the strengths and issues for a specific child, family, and community. Some of the more common strengths and issues are listed in each section. Although listed separately for the child, family, and community, these strengths and issues are interrelated and interdependent.

The lists of strengths can help health professionals remind families of their assets as they adapt to the various stages of development. The lists of issues can facilitate a case-finding strategy. (As used in these guidelines, the term "issues" refers to those concerns, problems, and stressors that may be present in a specific child, family, or community. Although health supervision is not primarily problem oriented, these issues may be priority items for the family.)

Some problems can be addressed adequately during the time scheduled for the health supervision visit. When the problem is more complex, however, the health professional must decide whether to address it immediately and reschedule the health visit, arrange another time to address the problem, or refer the child for secondary or tertiary care. Early detection makes early intervention possible, thus enhancing the goal of secondary prevention.

Health Supervision Visits

Portrait of the Child and Family

Each visit is introduced by a "portrait" describing the growth and developmental processes and challenges typical of the age. These descriptions provide glimpses into the development of children and families, but are not meant to serve as standards of measurement.

Health Supervision Questions

Health supervision questions offer the health professional the opportunity to obtain diagnostic data and to build a partnership with the family. The nature and phrasing of these questions can contribute to both of these goals. The most successful visits are those in which discussions are shaped primarily by issues raised by the parent and child, with their expectations, questions, and concerns addressed.

Ideally, both parents should participate in the health "interview" when possible; when the child's primary caregiver is an individual other than a parent, such as a grandmother, that person should participate in the dialogue. Beginning with the middle childhood years, the child or adolescent should take part in the conversation. Talking with older children and adolescents alone helps create a partnership that encourages them to assume responsibility for their own health.

A good health supervision visit includes a focused conversation between the health professional and the family. Since parents, children, or adolescents may not always be aware of the precise information needed by the health professional, open-ended questions (e.g., "What questions or concerns do you have at this time?") are helpful in starting the conversation. Not all families are comfortable sharing concerns and asking questions, especially before a trusting relationship has been established. Parents who fear being viewed as inadequate may hesitate to disclose problems or concerns; others tend to be passive and expect that they will be asked whatever the health professional needs to know; still others seem unaware of the impact that family stressors and important life events have on their children.

Some families may need to be asked questions designed to elicit specific responses. Useful questions may be general or may focus on a specific age concern (e.g., "How is your child sleeping?"). Other questions depend on the age of the child, the information obtained from the parent, or observations made by the health professional. Questions should be modified to meet the health professional's style and should address the individual needs of the family and community.

Developing a comfortable relationship with the child during the visit is also crucial. The health professional's personal warmth, empathy, and ability to elicit trust and respect are major professional strengths. The health professional's friendliness will place most children at ease, although some children may still be reserved. Health professionals might play with toddlers and preschool children while asking questions as a means of getting acquainted. Blocks, balls, crayons, a pad of paper, picture books, stuffed animals, hand puppets, or dolls may help the child feel more comfortable. Questions for younger children may include the following: "How do you like school?" "What are some of the things you're good at?" "Do you have a best friend?"

With older children or adolescents, the invitation to "tell me about some of the things that you are proud of" conveys both personal acceptance and recognition of their efforts and strengths. Adolescents need to be reassured that their discussions with the health professional will remain confidential and that information would be shared with the parents only if the adolescent's health or safety is at risk.

Active listening is especially important during health supervision. Families, children, and adolescents who have significant problems or concerns are likely to reveal such concerns directly or indirectly at some time during the visit.

Because the child's parents are highly influential role models, observing the parents' specific interactions with the child as well as their overall sense of well-being is an appropriate part of health supervision. The health visit offers a prime opportunity to introduce or affirm health-promoting messages for parents (e.g., regular physical activity, use of safety belts, healthy eating, avoidance or discontinuation of smoking and drug use).

Developmental Surveillance and Milestones (or School Performance)

Through developmental surveillance, health professionals and families observe the emergence of abilities in children over time. The process is longitudinal and collaborative, as both the family and the health professional note the progress of the child and share concerns. The status of infants and young children can generally be assessed through developmentally appropriate questions, developmental questionnaires completed by the parent, and the health professional's observations during the health visit and physical examination. For older children and adolescents, academic performance can usually be appraised by reviewing report cards, school achievement records, and performance on psychoeducational tests when indicated.

If the child is not progressing through milestones as expected, developmental surveillance should become more vigilant. Careful monitoring is generally the next step, with parental responsibilities well defined and expectations for follow-up clearly stated. Formal developmental examinations are recommended when surveillance suggests a delay or abnormality, especially when the opportunity for continuing observation is not

anticipated. Since formal developmental screens do not provide exact data, developmental surveillance requires some tolerance for ambiguity.

Observation of Parent-Child Interaction

Focused conversations and the physical examination provide opportunities for behavioral observations that help identify strengths, issues, and potential risk factors for the child and family. The health professional may note, for example, whether parents respond reciprocally to their baby, whether parents have the ability to set limits for a toddler, whether parents of a school-age child contribute to the child's self-esteem, and whether parents of an adolescent seem to encourage self-responsibility and gradual independence. Careful observation may also indicate the presence of depression or other emotional difficulty in a parent or child.

Physical Examination

In addition to active listening and observation, a complete physical examination is recommended during each visit. The *Bright Futures* guidelines focus on those aspects most relevant at various ages rather than presenting the specific details of the general physical examination for each visit. In addition to identifying physical and developmental concerns, the physical examination can reassure parents and adolescents about the range of norms within child development. Some families tend to talk more readily during or immediately after the physical examination, so additional questions or concerns may be raised at that time.

Additional Screening Procedures

The health supervision visit (the interview questions, the physical examination, the observation of the child and family, and the psychosocial, educational, and developmental surveillance) is considered a basic screening procedure. In addition to promoting health, each visit is intended in part to be a screening process to assess risk and to identify possible problems and vulnerabilities. The *Bright Futures* appendices present the latest scientific information on screening procedures to detect vision and hearing impairments, iron-deficiency anemia, lead exposure, hyperlipidemia, and high blood pressure, and to identify areas that may warrant further assessment and intervention.

Immunizations

Immunizations are an essential part of health supervision. For families with new babies, the immunization schedule also helps reinforce and ensure regular health supervision visits. Every contact with the family, including acute care visits, provides an opportunity to review the child's or adolescent's immunization status and to emphasize the importance of being immunized in accordance with the current recommended schedule. The *Bright Futures* guidelines include the latest Recommended Childhood Immunization Schedule approved by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians. Federal law requires that state Medicaid programs use the most current approved immunization schedule.

Anticipatory Guidance

Anticipatory guidance helps families understand what to expect during their child's or adolescent's current and approaching stage of development. Families find anticipatory guidance most helpful when the health professional views it as a means of providing personalized instruction and family education rather than as a lecture. Learning what families already know and do to promote health will enable the health professional to target the anticipatory guidance, use the available time to clear up any misconceptions, introduce new information, and reinforce healthy family practices.

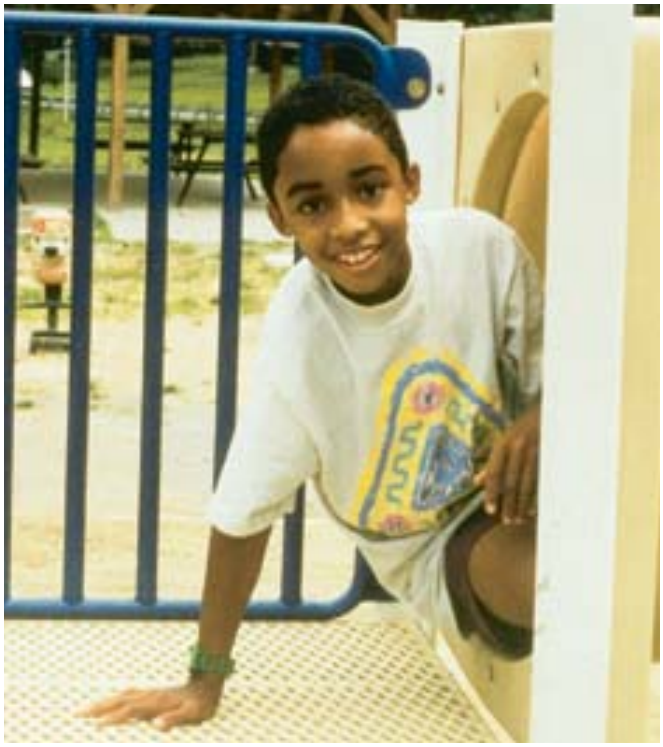
Anticipatory guidance topics to be considered for each visit include healthy habits, prevention of illness and injury, nutrition, oral health, sexuality, social development, family relationships, parental health, community interactions, self-responsibility, and school/vocational achievement. All of these cannot be adequately discussed during time-limited visits, so supplementary educational handouts and videotapes for parents and older children are recommended for home

study. The anticipatory guidance in the *Bright Futures* guidelines reinforces the importance of the family in health partnership by presenting tasks for the parent or child to accomplish.

Anticipatory guidance should also be supplemented and complemented by school health education curricula, parent education programs, and media health promotion. The health professional who is aware of what the child is learning at school on issues such as nutrition, sexuality, injury prevention, conflict resolution, and avoidance of tobacco, alcohol, and other drugs can reinforce similar themes when providing anticipatory guidance. Such reinforcement of health promotion messages by a trusted health professional can be highly effective. Group health supervision visits for families, older children, and adolescents are another effective means of providing health education and anticipatory guidance.

Opportunities for Building Partnerships

As the health visit ends, the health professional can briefly summarize findings and recommendations and identify other opportunities for building the partnership with the child and family. Specific health and developmental achievements and strengths should be recognized, and the child and family commended. Many families appreciate and benefit from a written summary of the visit, including weight, height, instructions, dietary changes, other suggestions, and referrals.



Before leaving the health care setting, the family should make an appointment for the next regularly scheduled health supervision visit. The health professional should indicate that if health concerns or major family stressors arise before the next scheduled visit, a contingency visit may be arranged. Additional visits beyond those shown in the health supervision periodicity table should be scheduled as needed.

Families at risk or those with special health or developmental needs will benefit from referrals to community-based resources such as home visiting programs, food and nutrition assistance programs, child care resource and referral agencies, preschool programs, and early intervention or developmental stimulation programs. Older children and adolescents can be encouraged to join recreational programs or supervised activities or can be referred for educational diagnostic or tutoring help if needed. Parents may benefit from parenting classes or support groups, or they may need referrals for medical consultation, marriage counseling, substance abuse programs, or mental health services.

The health professional should establish lines of referral and working relationships with community resource professionals before making referrals. Public health and social service professionals may assist in providing the complementary and supplementary services required. The health professional should seek to provide comprehensive health supervision that is family centered, culturally competent, and incorporated into a community-based system of care. Because families facing serious problems may not always seek needed services, follow-up helps ensure that the child and family actually receive coordinated and appropriate care.

The health professional can also help Medicaid and other insurers assess health supervision efforts and improve access by regularly reporting health supervision encounters through established claims and reporting procedures.

Bright Futures in Practice

One of the charter principles of Bright Futures is that children should be able to look forward to a future that is bright with possibility and a belief in their own potential—unclouded by disease, injury, or disadvantage. This principle can become a reality when health professionals make Bright Futures health supervision the core of their practice and encourage children, families, and communities to become valued members of the health team.

Bright Futures Health Supervision...

- Promotes the physical, emotional, intellectual, and social health, safety, and well-being of children and adolescents in the context of their family and community
- Views health from a developmental perspective, providing a continuum of care as children progress through the developmental milestones and challenges of childhood, from birth through adolescence
- Nurtures a trusting partnership between the health professional, the child, the adolescent, and the family
- Recognizes that families know their children best and are important partners in health promotion and disease prevention
- Acknowledges the impact of the family and the community on the health of the child
- Realizes that health promotion is everybody's business and requires the participation and commitment of many community partners
- Leads to improved health and developmental outcomes as well as increased personal responsibility and social competence

Putting Bright Futures into Practice: Implementation Tools

Bright Futures has developed a number of practical tools to help health professionals put the guidelines into practice.

Bright Futures Pocket Guide

The Bright Futures pocket guide is a compact, quick-reference booklet based on the comprehensive material presented in the guidelines. The pocket guide highlights the important issues and components of each of the 29 recommended health supervision visits.

Bright Futures Encounter Forms

Bright Futures has developed two sets of encounter forms, one for health professionals and the other for families. The *Bright Futures Encounter Forms for Health Professionals* outline the content of care during health supervision visits and can serve as the patient's health record. The forms provide developmentally appropriate questions to ask, sections for documenting the visit, and anticipatory guidance checklists.

Available in both English and Spanish, the *Bright Futures Encounter Forms for Families* provide information on what to expect at each visit and ways to prepare for the next visit. These encounter forms may be given to families before or during health visits.

Both sets of encounter forms are adaptable for use in a variety of health care settings. The forms can be photocopied or downloaded from the Bright Futures Web site at www.brightfutures.org.

Bright Futures Anticipatory Guidance Cards

These table-top, spiral-bound flip cards can be displayed in waiting areas and examination rooms to stimulate thoughtful discussions between families and health professionals. Topics cover a range of health issues such as eating, fitness, safety, and oral health; family and community relationships; and developmental issues such as success in school, confidence, responsibility, and independence.

Bright Futures Activity Book

Drawing on children's creativity and fascination with coloring books, the *Bright Futures Activity Book* features delightful drawings for children to color as well as activity pages that stimulate their imagination and learning skills. Children have lots of fun while learning or reviewing basic health and safety messages. The activity book is available in English and Spanish in print and on the Web.

Bright Futures Health Record

Intended for families with young children (newborn through 6 years), the health record provides space for recording basic information about the child's growth and development, physical exams, immunizations, screenings, and other health information. The health record also lists developmental topics or issues the family may want to talk about with the health professional.

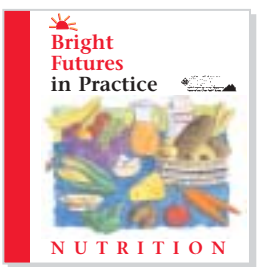
Bright Futures in Practice: Oral Health

Designed to help oral health and other professionals implement the oral health guidance in *Bright Futures*, this publication provides specific oral health supervision guidelines as well as information on risk assessment, measurement of outcomes, steps to make oral health supervision accessible, and essentials of oral health. Appendices include a glossary, fluoride supplementation schedule, infection control references, resources, and a bibliography.

Bright Futures in Practice: Oral Health Quick Reference Cards

These handy cards summarize the important points from *Bright Futures in Practice: Oral Health*. The eight laminated cards include recommended content and frequency of oral health visits, questions for the family and the child, risk assessment, anticipatory guidance, and outcomes for five developmental periods, prenatal through adolescence.

Bright Futures in Practice: Nutrition



Emphasizing prevention and early recognition of nutritional concerns, *Bright Futures in Practice: Nutrition* provides developmental guidelines from the prenatal period through adolescence. Included are strategies and tools for health professionals to incorporate nutrition information and counseling into their primary care services and to build partnerships in nutrition with families and community members. In addition, a number of special-issue chapters present the latest scientific information on topics such as hypertension, hyperlipidemia, iron-deficiency anemia, eating disorders, obesity, vegetarian eating, and sports nutrition.

Bright Notes

This illustrated newsletter highlights what's new and noteworthy in Bright Futures. The newsletter typically includes a feature article on a particular focus issue. "Around the U.S.A." showcases innovative ways in which Bright Futures partners (ranging from individual health professionals to entire states) are using Bright Futures to make a difference in people's lives.

Bright Futures Web Site: www.brightfutures.org

This animated Web site provides an easy way for health professionals and families to access the *Bright Futures* guidelines and other publications. Browsers are encouraged to download pages and adapt and reproduce them (they are copyright-free). Some materials in Spanish are also available on the site. Links to the organizations that support Bright Futures and to other useful sites for professionals and families are just a click away when accessing www.brightfutures.org.

In Development...

Bright Futures in Practice: Physical Activity

Bright Futures in Practice: Mental Health

Bright Futures Materials for Families

Bright Futures for Children with Special Health Care Needs

Bright Futures
Health Supervision Outcomes

Central to the concept of health supervision is the belief that specific preventive and health-promoting interventions lead to desired outcomes. The social, developmental, and health outcomes summarized below contribute to the overall health and well-being of infants, children, adolescents, and families. These outcomes occur along a continuum, varying in their timing from child to child and family to family.