Bright Futures at Georgetown University

Every child deserves a Bright Future!

“New Morbidities”
of the 21st Century

- Changing family structures
- Highly mobile populations
- Health disparities
- Deteriorating neighborhoods and communities
- Intentional and unintentional injury
- Substance abuse

What is Bright Futures?

Bright Futures is

- A vision
- A philosophy
- A set of expert guidelines
- A practical developmental approach to providing health supervision

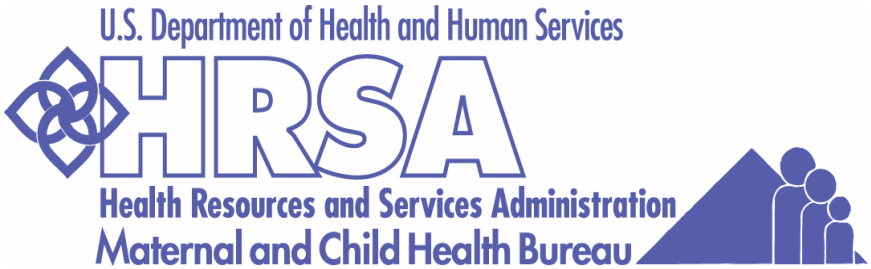
The Mission of Bright Futures

To promote and improve the health and well-being of infants, children, adolescents, families, and communities. Bright Futures is dedicated to developing educational materials for health professionals and families; implementing Bright Futures content, philosophy, and materials; and fostering partnerships and collaboration.

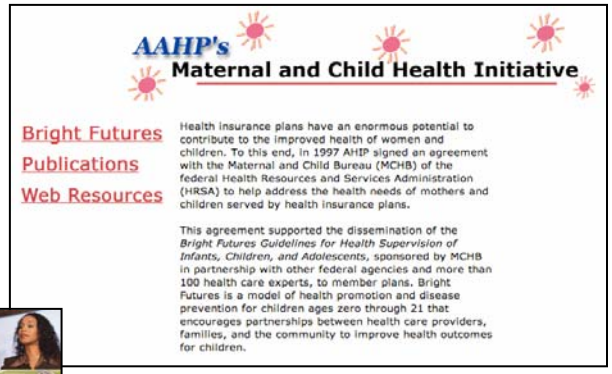
The Goals of Bright Futures

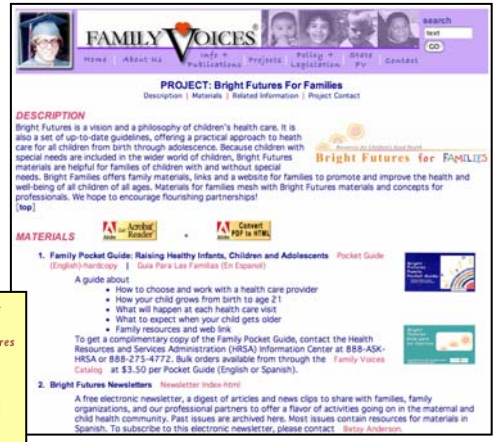
- Foster partnerships between families, health professionals, and communities
- Promote desired social, developmental, and health outcomes
- Increase family knowledge, skills, and participation in health-promoting and disease prevention activities
- Enhance health professionals' knowledge, skills, and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

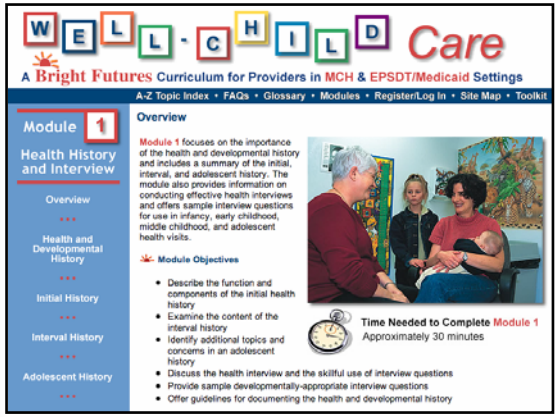
Bright Futures
Initial Development

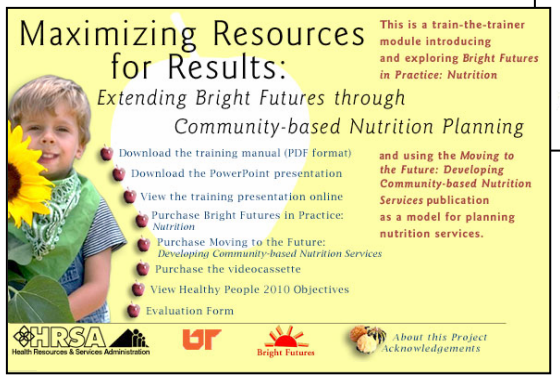


Selected Current Bright Futures Initiatives









Bright Futures: An Organized Structure for Health Supervision

Bright Futures provides a framework to address the current and emerging health needs of infants, children, adolescents, and their families.

Prevention Works!

Specific preventive and health promotion interventions improve children's social, developmental, and health outcomes.

Examples of successful interventions include child safety seats, water fluoridation, immunizations, the Back to Sleep campaign to reduce the risk of SIDS, bike helmets, and home safety practices.

Each Bright Futures health supervision visit includes extensive anticipatory guidance on injury prevention and health promotion.

Families Matter!

- Families as partners
- Families as caregivers
- Families as teachers
- Families as resources

Health Promotion is Everybody's Business!

- Health professionals
- Families
- Child care professionals
- Social service professionals
- Schools
- Local and state government
- Community groups
- Business/industry
- Faith communities
- Payers

Bright Futures as a Tool for Health Supervision

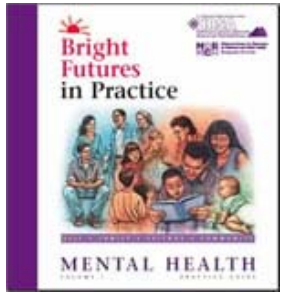
- Organize health supervision
- Increase the quality of preventive services
- Enhance communication
- Develop partnerships
- Integrate community-based health, education, and social services in a seamless system of care
- Improve overall health outcomes

Bright Futures as a Partner in Policy

Bright Futures continues to be:

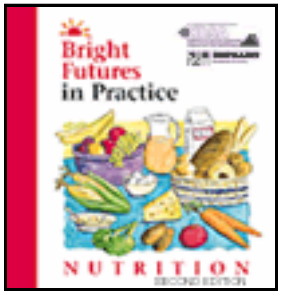
- Incorporated into EPSDT guidelines, SCHIP, Head Start, and WIC programs
- Incorporated into standards of practice
- Used to promote program development
- Used as a training tool for health professionals and health departments

Materials for Health Professionals

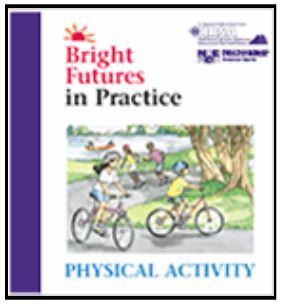


Bright Futures in Practice:
Mental Health

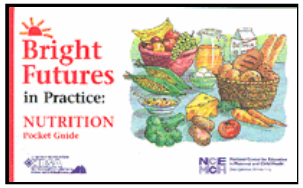
Bright Futures Guidelines
and Pocket Guide



Bright Futures in Practice:
Nutrition (2nd ed.) Online Only



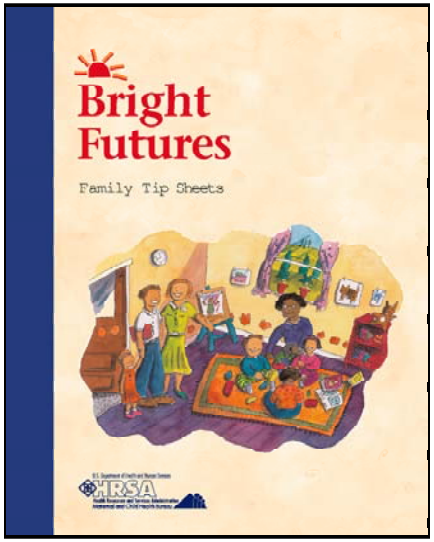
Bright Futures in Practice:
Physical Activity



Bright Futures in Practice:
Nutrition Pocket Guide

Bright Futures Oral Health
Pocket Guide NEW

Training Materials and Family Resources

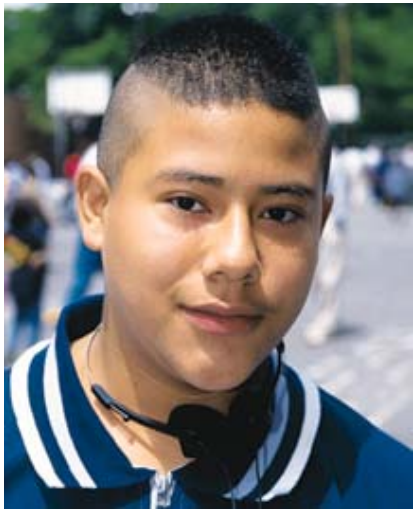


Bright Futures is presented in Developmental Stages

Infancy
0–11 Months

Early
Childhood
1–4 Years

Middle
Childhood
5–10 Years



Adolescence
11–21 Years

Bright Futures offers age-appropriate strategies to:

- Promote healthy behaviors
- Reduce morbidity and mortality
- Develop partnerships between health professionals, families, andcommunities
- Improve health outcomes

Bright Futures includes: Health Interview Questions …

HEALTH SUPERVISION: 1 YEAR

The following questions are intended to be used selectively to invite discussion, to gather information, to address the needs and concerns of the family, and to build partnerships. Use of the questions will vary from visit to visit and from family to family. Questions can be modified to match the health professional's communication style.

EARLY CHILDHOOD • 1 YEAR

Questions for the Parent(s)

- How are you?
- How are things going in your family?
- What questions or concerns do you have about Cindy today?
- What are some of the things you enjoy most about her?
- Do you think Cindy hears all right? Sees all right?
- What new things is Cindy doing?
- Have there been any major stresses or changes in your family since your last visit?
- What is Cindy eating now?
- Does Cindy sleep through the night?
- Does David have an obj
  he uses to comfort hims
- What are some of the m
  your life right now? Tra
  Money? Food? Family
  Housing? Personal
- Have you
- How have you childpro
  Where do you keep household cleaners and poisonous items? Are they locked up or stored out of David's sight and reach?
- Do you have smoke alarms in your home? Have you checked the batteries recently?
- Do you know how to reduce your child's risk of exposure to lead hazards if you live in an older home or one that has been renovated recently?

How have you childproofed your home? Where do you keep household cleaners and poisonous items? Are they locked up or stored out of David's sight and reach?

Developmental Observation and Milestones …

Developmental Surveillance and Milestones

Questions and Possible Responses

- Do you have any specific concerns about Tashi's development or behavior?
- How does Tashi communicate what she wants?
  - Vocalizes (screeches, bbles)
  - Gestures (points, shak ad)
  - Speaks words ("mama, ")
- What do you think lerstands?
  - Names of family memb
  - Names of familiar object
  - Simple phrases ("all gone

Milestones

Pulls to stand, cruises, and may take a few steps alone

Plays social games such as pat-a-c

Has vocabulary of one to three words in addition to "mama" and "dada"

Imitates vocalizations

Drinks from a cup

Looks for dropped or hidden objects

Waves "bye-bye"

eeds self

Y CHILDHOOD • 1 YEAR

Pulls to stand, cruises, and may take a few steps alone.

How does Tashi communicate what she wants?

Components of the Physical Examination …

Observation of Parent-Child Interaction

Are the parent and toddler interested in and responsive to each other (e.g., sharing vocalizations, smiles, and facial expressions)? Does the parent respond to the toddler's distress? What is the toddler's activity level, and how does the parent react? Does the parent respond supportively to the toddler's autonomy or independent behavior as long as it is not dangerous? Do the parent speak to the toddler in positive ter

Does the parent speak to the toddler in positive terms?

Physical Examination

Measure and plot on a standard chart (e.g., the revised CDC/NCHS rth charts) the toddler's head circumfere gth, weight, and weight for length. Sh mation with the family.

Measure and plot the toddler's length and weight. Plot these on the CDC growth charts. Share the information with the family.

- Developmental hip dysplasia
- Evidence of possible neglect or abuse

Screening Procedures and Immunizations …

Additional Screening Procedures

Vision: Examine eyes; assess ability to fix and follow with each eye, alternate o clusion, corneal light reflex, red reflex.

Hearing: Conduct initial heari screening if not previously done; otherwise, as for possible hearing loss, with follow-up s ing as needed (see Appendix D).

Lead exposure: Assess risk exposure and screen as needed (see Appe

Anemia: Screen for anem was not screened at 9 months (se F).

Tuberculosis: Administe test (PPD) if child meets any of the f criteria:[1]

- Exposure to tubercul
- Radiograp
- Immigrati
- Residence
- Homelessn
- HIV infect
- Other me

Immunizations

Please see Appendix C and refer to the current recommended childhood immunization schedule in the back pocket of this publication.

Be sure that immunizations are up to date. Discuss possible effects, what to do about them, and when to health professional.

Be sure that immunizations are up to date. Discuss possible side effects, what to do about them, and when to call the health professional.

Link to CDC's Immunization Schedule
(Section 508 Compliant)

Vision: Examine eyes; assess ability to fix and follow with each eye, alternate occlusion, corneal light reflex, red reflex.

and Anticipatory Guidance

ANTICIPATORY GUIDANCE FOR THE FAMILY

In addition to providing anticipatory guidance, many health professionals give families handouts at an appropriate reading level or a videotape that they can review or study at home.

Promotion of Healthy and Safe Habits

Wash your toddler's hands and your own frequently, especially after diaper changes and before eating.

Clean your toddler's toys with soap and water.

If your toddler is in child care, provide personal items (e.g., blankets, cups) for individual us

Limit television and video view 1 hour per day. Be sure the pro appropriate and watch them w

Expect your toddler to sleep th her own bed. Reinforce good sl Maintain a regular bedtime rou

Participate in physical activities as a family (e.g., taking walks, playing at a playground).

Supervise your toddler constantly whenever she is near water (bathtub, playpool, buckets, toilet).

Do not expect young siblings to supervise your toddler (e.g., in the bathtub, house, or yard).

ntinue to empty buckets, tubs, or small pools mediately after use.

Children should be supervised by an adult

community, four-sided gate.

crib, the ss than 1/4 inch (6 mm). Never leave your toddler in a mesh playpen or crib with the drop-side down.

EARLY CHILDHOOD • 1 YEAR

Do not expect young siblings to supervise your toddler (e.g., in the bathtub, house, or yard).

Bright Futures Appendices

Highlight key screening issues such as:

- Hearing and Vision
- Iron-deficiency anemia
- Elevated blood lead levels
- Hyperlipidemia
- Hypertension
- Sexually transmitted diseases

Bright Futures at Georgetown University Web Site

http://www.brightfutures.org