

Bright Futures Ahead: Working Together to Promote Well Child Visits

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September 5, 2018



Bright Futures™

prevention and health promotion for infants,
children, adolescents, and their families™

American Academy of Pediatrics

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TODAY'S DISCUSSION

- Overview of Bright Futures
- Understanding Well Child Visits
- Talking with Families about the Well Child Visit
- Resources for Bright Futures



AMERICAN ACADEMY OF PEDIATRICS

Mission: To attain optimal physical, mental, and social health and well-being for all infants, children, adolescents and young adults

Enduring Principles:

- All children have, and all pediatricians, provide a medical home
- All systems of care maintain health equity
- Profession of pediatrics is sustained, maintained, and improved

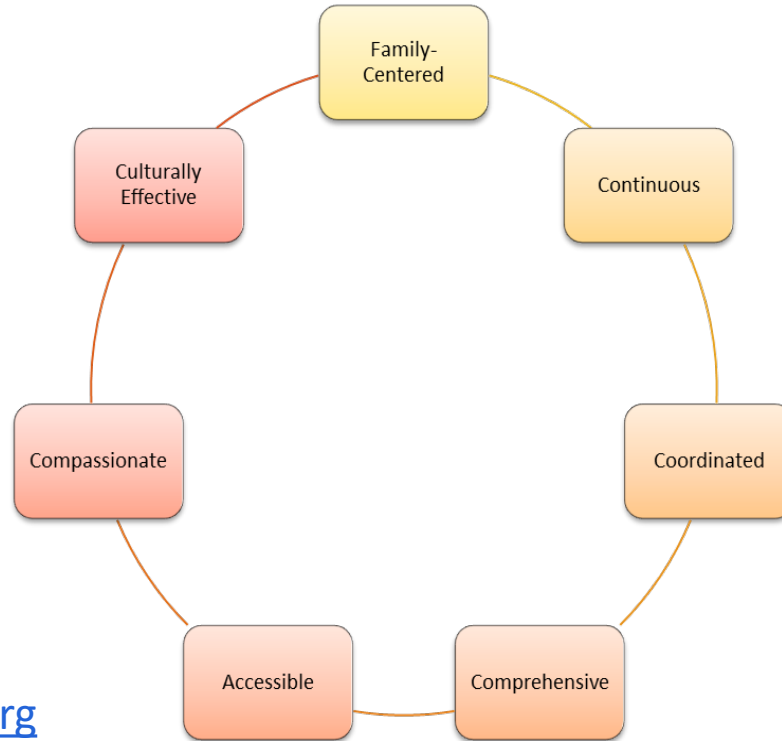


WHAT IS A MEDICAL HOME?

- A partnership among children, their families, & their pediatrician (or other health professional)
- Connections to support systems & services to meet the needs of the children & their families
- Respect for the cultural & religious beliefs of the children & their families
- Includes child care providers who feel supported in their work to provide healthy & safe environments for the children in their care



CORE TENANTS



www.medicalhomeinfo.org



WHY IS A MEDICAL HOME IMPORTANT?

- Family feels supported at all stages of their child's development
- Identification and referral to community resources
- Team Based care
- Improved coordination of care



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WHAT IS BRIGHT FUTURES?



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 is the health promotion/disease prevention part of the medical home
- At the heart of the medical home is the relationship between the clinician and the family or youth



Bright Futures

FOURTH EDITION

Guidelines for Health Supervision of Infants, Children, and Adolescents



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...is a set of principles, strategies and tools that are theory - based, evidence - driven, and systems - oriented, that can be used to improve the health and well-being of all children through culturally appropriate interventions that address the current and emerging health promotion needs at the **family, clinical practice, community, health system and policy levels.**

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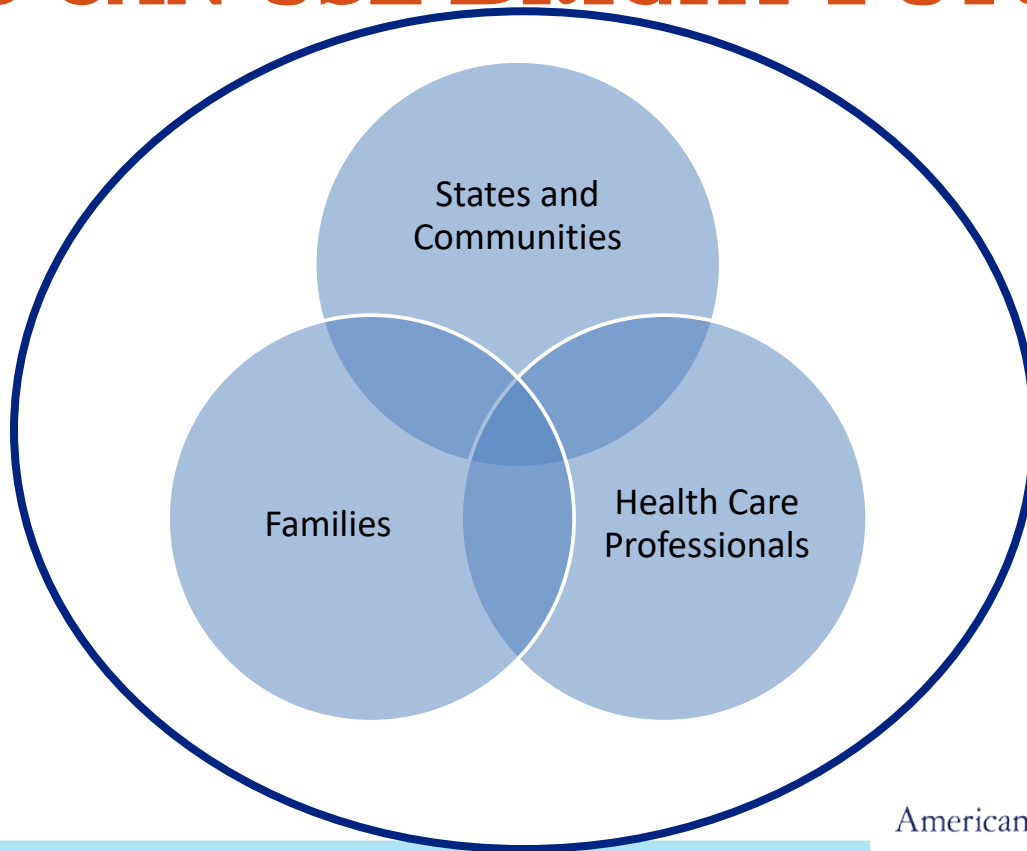


BRIGHT FUTURES GUIDELINES: HISTORY AND TIMING OF RELEASE

- 1994: First edition, Morris Green, MD, Editor
- 2000: Second edition and Revised Edition in 2002, Morris Green, MD, and Judith S. Palfrey, MD, Editors
- 2008: Third edition Joseph F. Hagan, Jr, MD, Judith S. Shaw, EdD, MPH, RN, Paula M. Duncan, MD, Editors
- 2017: Fourth edition Joseph F. Hagan, Jr, MD, FAAP, Judith S. Shaw, EdD, MPH, RN, FAAP, Paula M. Duncan, MD, FAAP, Editors



WHO CAN USE BRIGHT FUTURES?



Bright Futures Guidelines, 4th Edition

- Child Healthy Development
- Family Support
- Mental Health and Emotional Well-Being
- Nutritional Health
- Physical Activity
- Healthy Weight
- Promoting Lifelong Health for Families and Communities
- Oral Health
- Healthy Sexuality
- Safety and Injury Prevention
- Promoting the Healthy and Safe Use of Social Media
- Children and Youth with Special Health Care Needs

Red = New health promotion themes



IMPORTANT TOPICS

Bright Futures Guidelines, 4th Edition

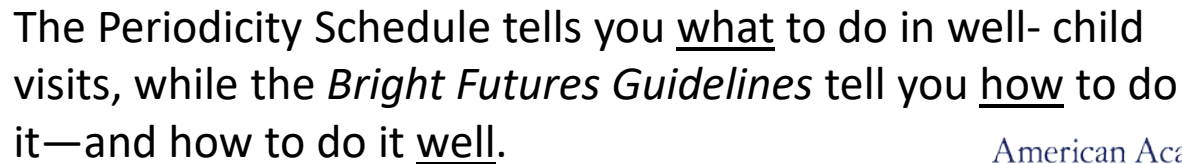
Part 1: Health Promotion Themes

- 12 chapters highlighting key health promotion themes
- New themes in development: **Social determinants of health**; Media use, Children with Special Health Care Needs

Part 2: Health Supervision Visits

- Rationale and evidence for screening recommendations
- 32 age-specific visits (including prenatal visit)
- 5 health supervision priorities for each visit
 - Designed to focus visit on most important issues for child that age
 - Includes: **social determinants of health**, health risks, developmental issues, positive reinforcement



[illegible]

Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.

[illegible]

Bright Futures/American Academy of Pediatrics

Refer to the specific guidance by age as listed in *Bright Futures* guidelines (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents*. 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2008).

EARLY CHILDHOOD	ADULT
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Bright Futures

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<p>1. If a child/caregiver comes to the first time of any part of the schedule, or if a new test or new test result is suggested, the schedule should be brought up to date at the earliest possible time.</p> <p>2. A prenatal visit is recommended for parents who are high risk for rubella exposure, and/or who attended a conference. The prenatal visit should include a rubella test, and discussion of levels of blood testing and immunization history. Offer the rubella test at the 20-23 APF appointment. The Prenatal Visit APF should be scheduled at the time of the prenatal visit. The rubella test should be offered to all pregnant women. Rubella test results should be reported to the physician. Rubella test results should be reported to the physician. Rubella test results should be reported to the physician.</p> <p>3. Every child should have an evaluation within 3-5 days of birth and within 48-72 hours after discharge from the hospital to assess vital signs and weight. The evaluation should be performed by a physician or a nurse. The evaluation should be performed by a physician or a nurse. The evaluation should be performed by a physician or a nurse.</p> <p>4. The 20-23 APF appointment "Observation and the Use of the Infant APF" should be scheduled at the time of the prenatal visit. The 20-23 APF appointment "Observation and the Use of the Infant APF" should be scheduled at the time of the prenatal visit. The 20-23 APF appointment "Observation and the Use of the Infant APF" should be scheduled at the time of the prenatal visit.</p> <p>5. The 20-23 APF appointment "Observation and the Use of the Infant APF" should be scheduled at the time of the prenatal visit. The 20-23 APF appointment "Observation and the Use of the Infant APF" should be scheduled at the time of the prenatal visit. The 20-23 APF appointment "Observation and the Use of the Infant APF" should be scheduled at the time of the prenatal visit.</p>	<p>1. Recommended screening is available at www.health.ny.gov/facilities/2023/2023.htm.</p> <p>2. Recommended screening using the Patient Health Questionnaire (PHQ-9) or other tools available in the Q-PRIME tool and the 20-23 APF appointment. The 20-23 APF appointment should be scheduled at the time of the prenatal visit. The 20-23 APF appointment should be scheduled at the time of the prenatal visit. The 20-23 APF appointment should be scheduled at the time of the prenatal visit.</p> <p>3. The 20-23 APF appointment "Observation and the Use of the Infant APF" should be scheduled at the time of the prenatal visit. The 20-23 APF appointment "Observation and the Use of the Infant APF" should be scheduled at the time of the prenatal visit. The 20-23 APF appointment "Observation and the Use of the Infant APF" should be scheduled at the time of the prenatal visit.</p> <p>4. The 20-23 APF appointment "Observation and the Use of the Infant APF" should be scheduled at the time of the prenatal visit. 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KEY ■ = to be performed ★ = risk assessment to be performed with appropriate action to follow, if positive ← ● → = range during which a service may be provided



WHAT'S NEW ABOUT THE 4TH EDITION

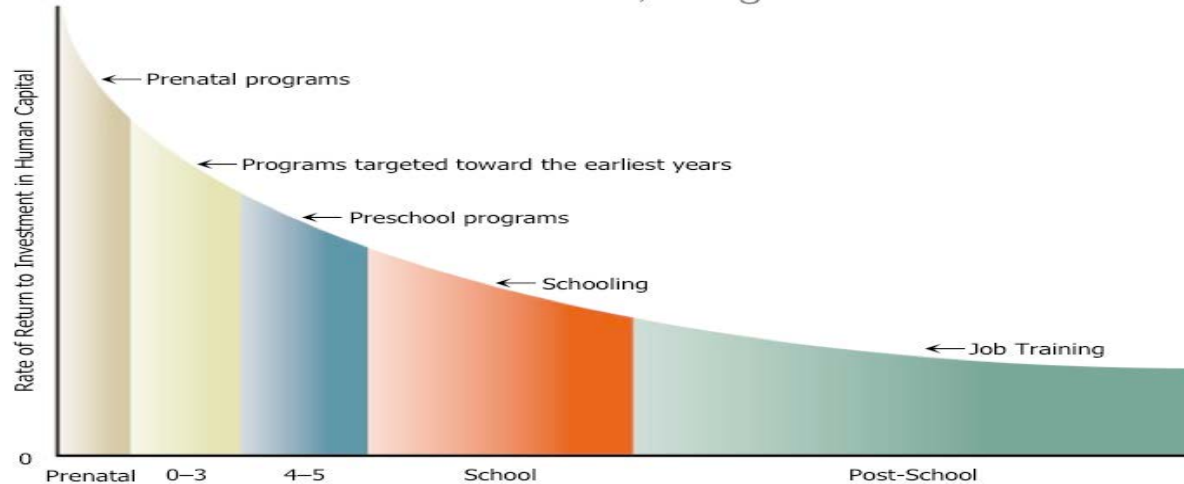
- Promoting Lifelong Health for Families and Communities
 - Provides greater focus on lifelong physical and mental health
- Promoting the Health and Safe Use of Social Media
 - Includes new screen time recommendations
- Promoting Health for Children and Youth with Special Health Care Needs
- Expanded Evidence and Rationale Chapter



Promoting Lifelong Health

EARLY CHILDHOOD DEVELOPMENT IS A SMART INVESTMENT

The earlier the investment, the greater the return



Source: James Heckman, Nobel Laureate in Economics

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WHAT'S NEW...(CONT'D)

- Social determinants of health are embedded in many visits
 - Strengths and protective factors make a difference
 - Risk factors make a difference
- Updated milestones of development and developmental surveillance questions
- New clinical content about the latest recommendations and provides guidance on implementation
- Updates to several adolescent screenings



SOCIAL DETERMINANTS OF HEALTH

"Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health."

Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be."

- Healthy People 2020, US HHS,
HealthyPeople.gov



Bright Futures Guidelines, 4th Edition highlights SDOH to reflect the importance of a broad view of health promotion.

Assess and address the patient/family's risks and strengths and protective factors through intensified efforts in health promotion to focus on family, community, and social factors that affect health, both positively and negatively.



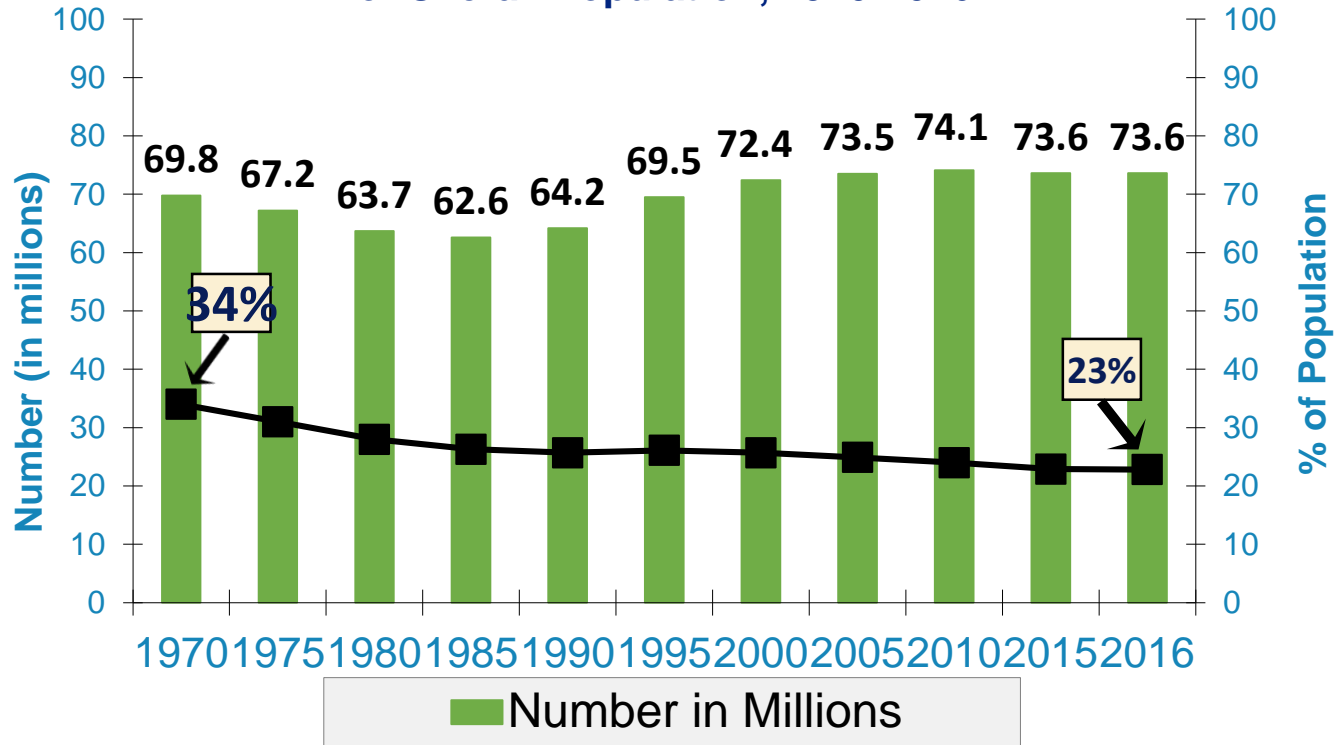
Who are America's Children?

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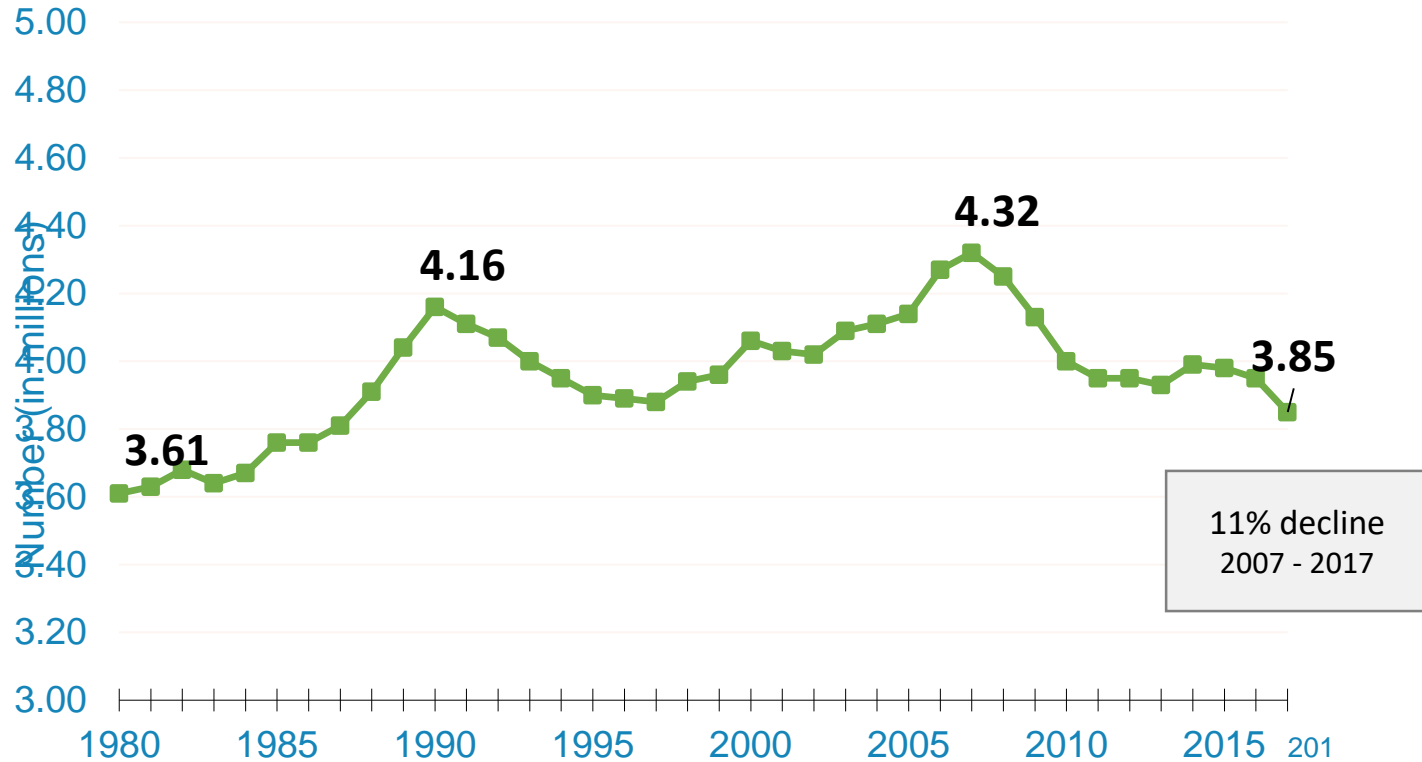
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US Child (under 18) Population Trends: Number and % of Overall Population, 1970-2016



US Birth Trends (in Millions of Children Born), 1980-2017*



*Data for 1980-2016 are final; data for 2017 are preliminary.

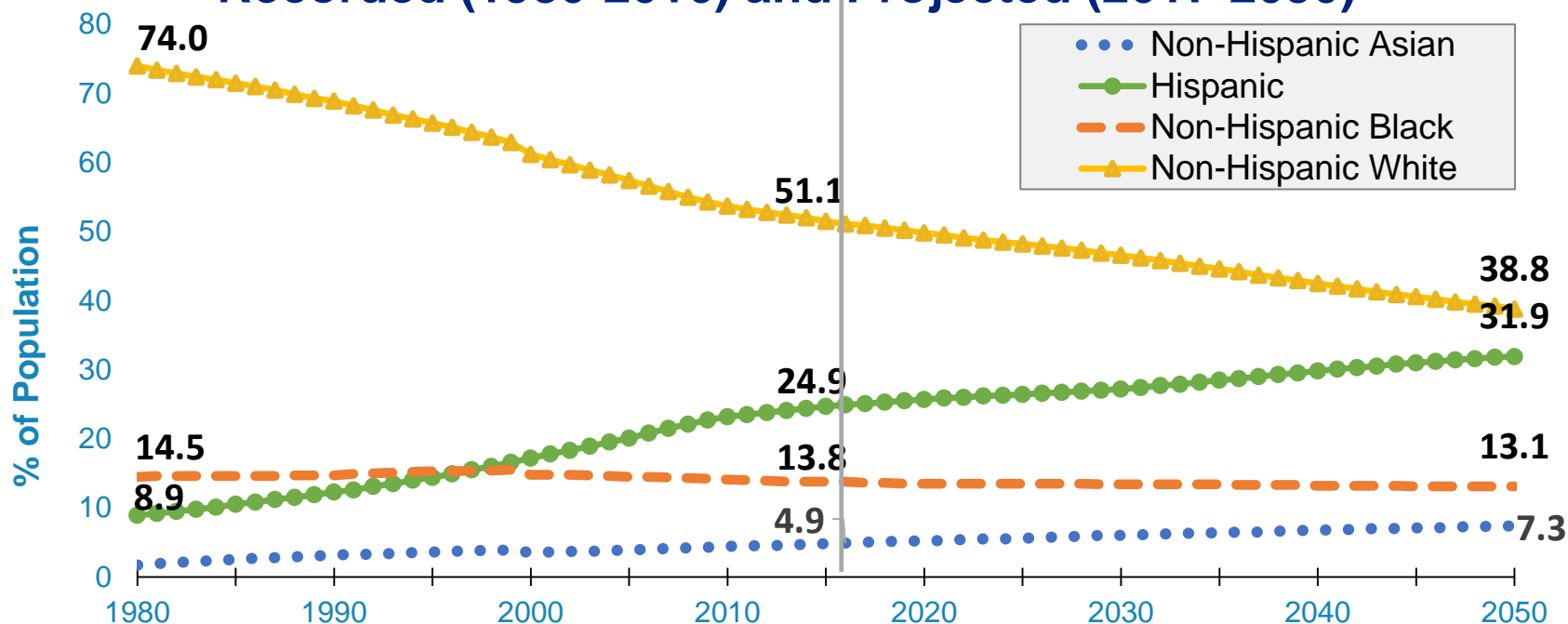
Source: CDC/NCHS, National Vital Statistics Reports (https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_01.pdf and <https://www.cdc.gov/nchs/data/vsrr/report004.pdf>)

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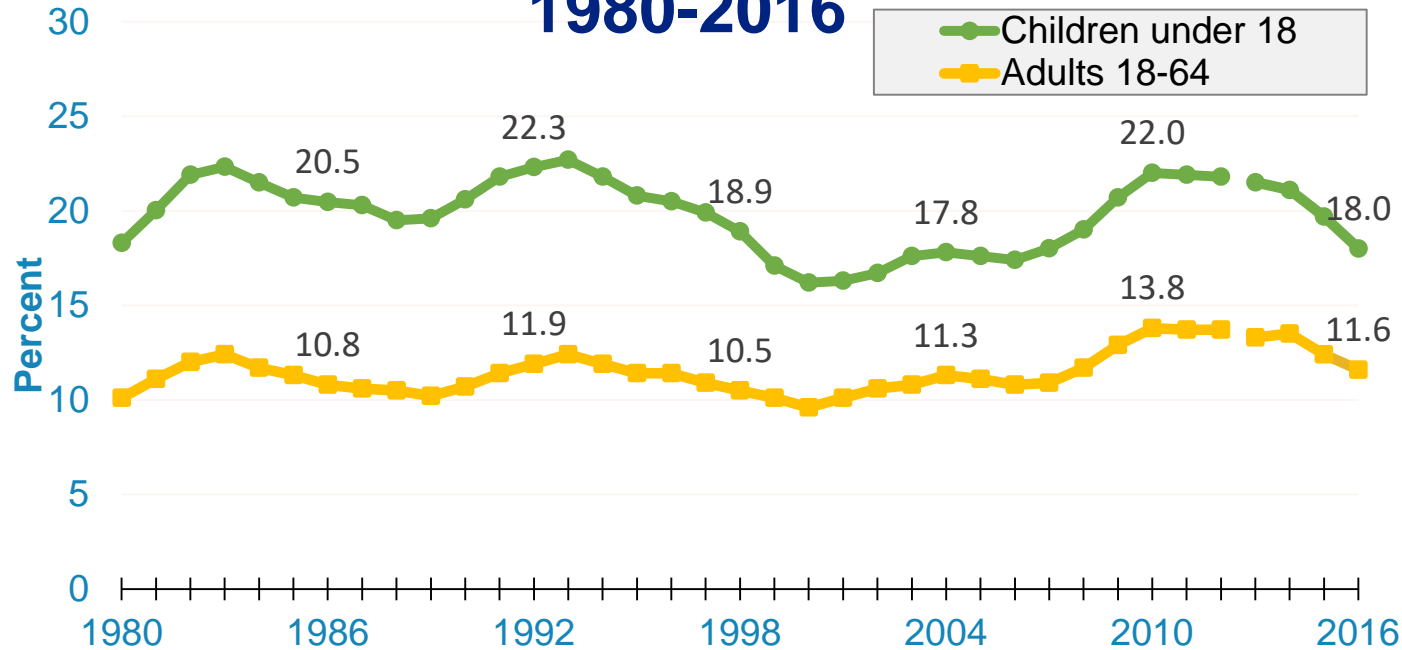
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Trends in Race/Ethnicity of US Children (under 18), Recorded (1980-2016) and Projected (2017-2050)



US Poverty Trends by Age Group, 1980-2016



**Estimates for 2013 and beyond are not directly comparable to previous years due a re-design of the income questions.*

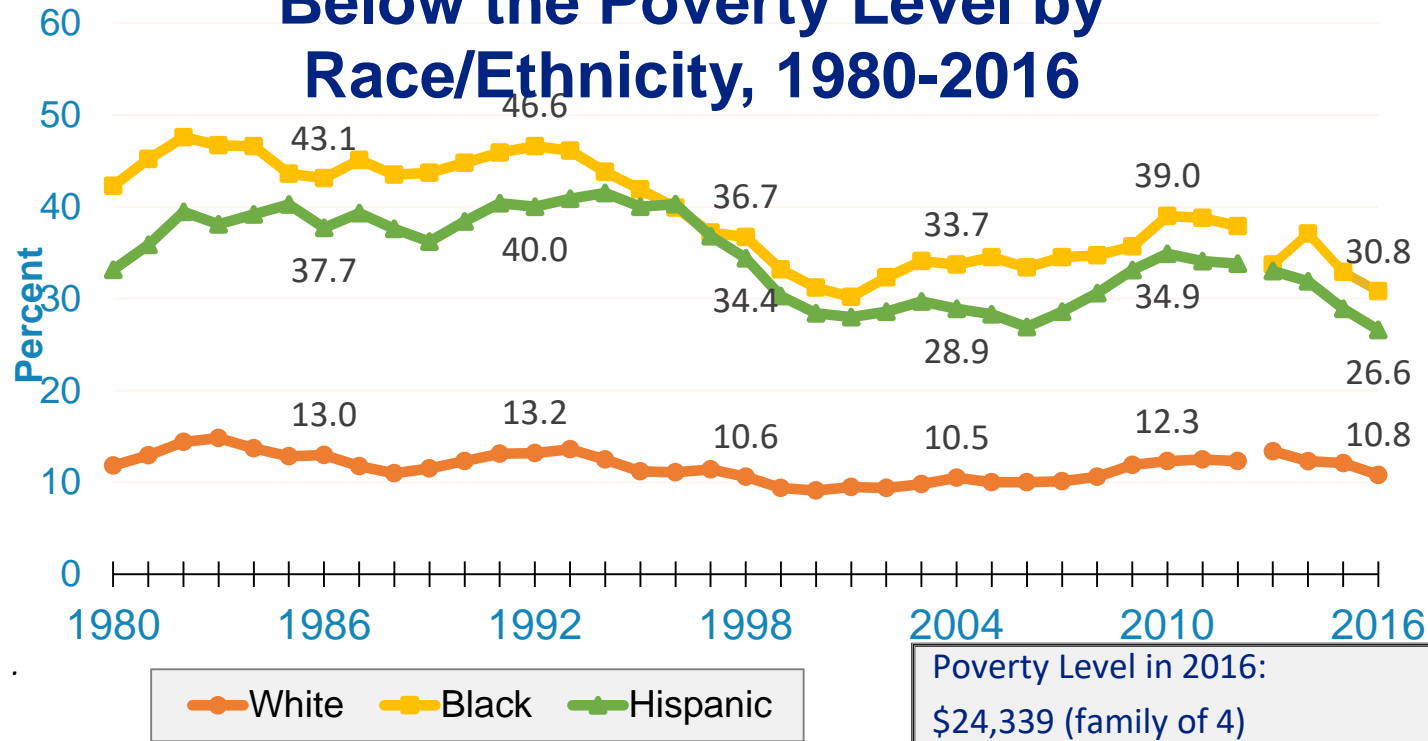
Poverty Level in 2016:
\$24,339 (family of 4)

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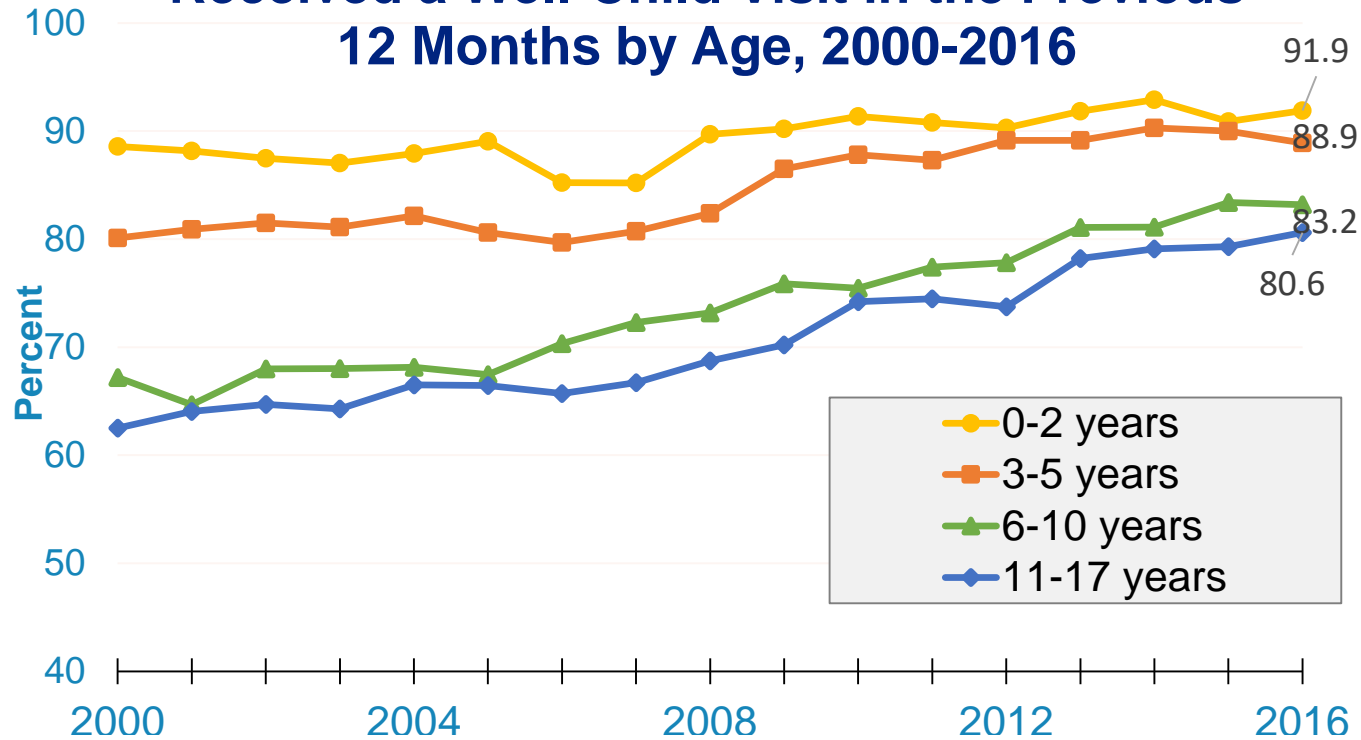
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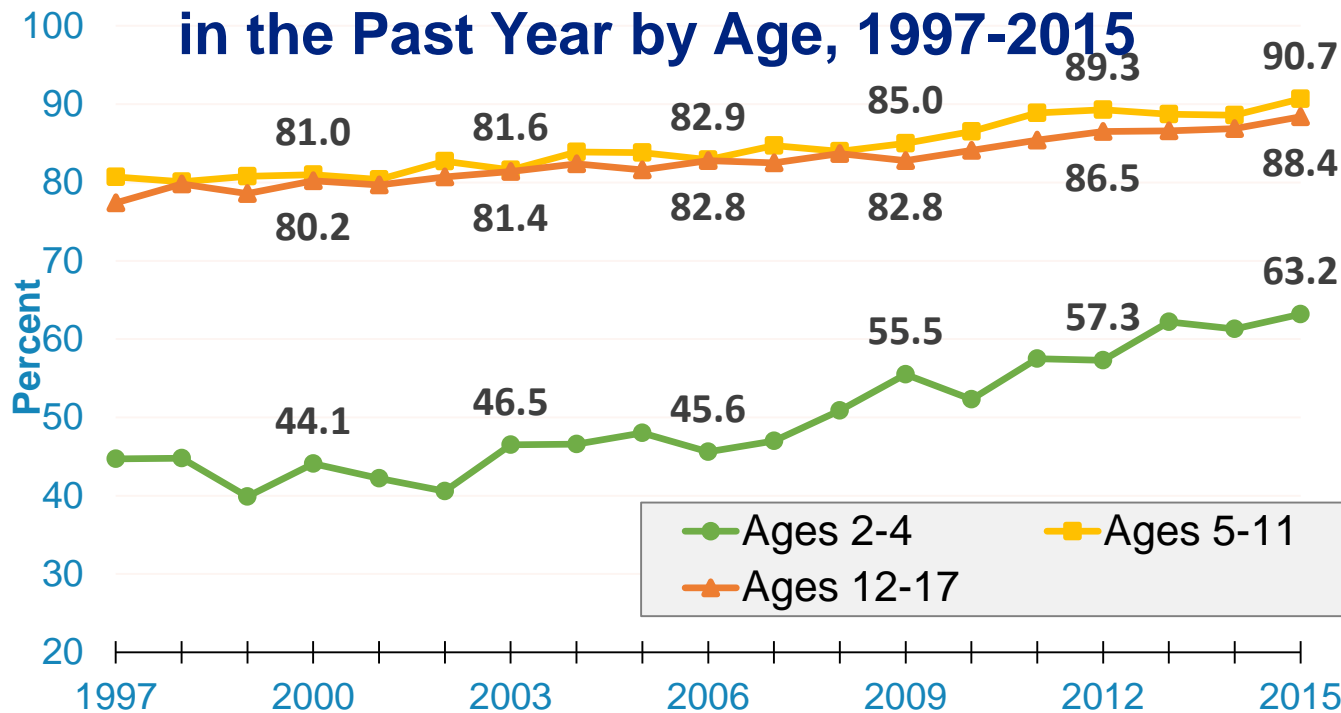
% of US Children (under 18) Living Below the Poverty Level by Race/Ethnicity, 1980-2016



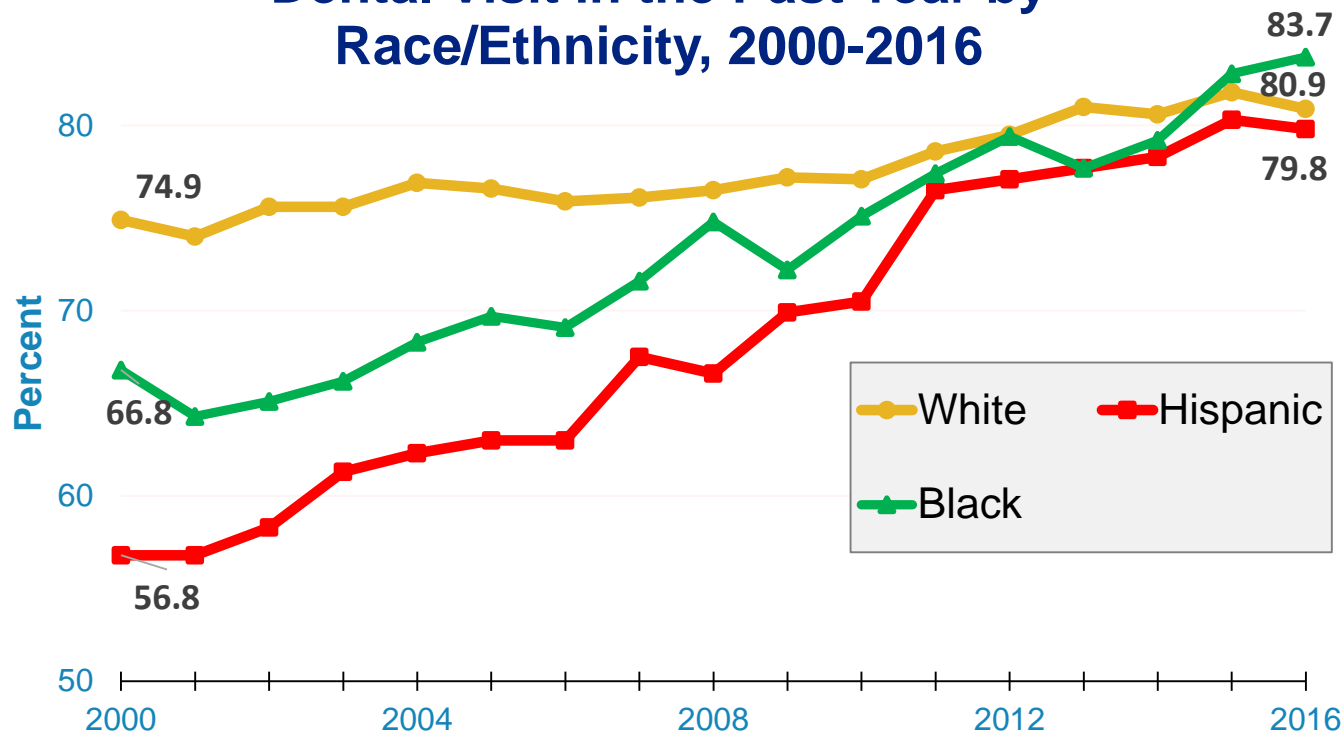
% of US Children (ages 0-17) Who Received a Well-Child Visit in the Previous 12 Months by Age, 2000-2016



% of US Children (ages 2-17) with a Dental Visit



% of US Children (1-17) Who Received a Dental Visit in the Past Year by Race/Ethnicity, 2000-2016



WELL-CHILD VISITS

The Four Goals of a Well-Child Visit:

- Disease detection
- Disease prevention
- Health promotion
- Anticipatory guidance



COMPONENTS OF A BRIGHT FUTURES VISIT

- ❖ History
- ❖ Surveillance of development
- ❖ Physical examination
- ❖ Screening
- ❖ Immunizations
- ❖ Anticipatory guidance



EXAMPLE FROM 4TH EDITION: 6-MONTH VISIT

Priorities for the 6 Month Visit

The first priority is to attend to the concerns of the parents.

In addition, the Bright Futures Infancy Expert Panel has given priority to the following topics for discussion in this visit:

- ▶ Social determinants of health^a (risks [living situation and food security; tobacco, alcohol, and drugs; parental depression], strengths and protective factors [family relationships and support, child care])
- ▶ Infant behavior and development (parents as teachers, communication and early literacy, media, emerging infant independence, putting self to sleep, self-calming)
- ▶ Oral health (fluoride, oral hygiene/soft toothbrush, avoidance of bottle in bed)
- ▶ Nutrition and feeding (general guidance on feeding, solid foods, pesticides in vegetables and fruits, fluids and juice, breastfeeding guidance, formula-feeding guidance)
- ▶ Safety (car safety seats, safe sleep, safe home environment: burns, sun exposure, choking, poisoning, drowning, falls)

^a Social determinants of health is a new priority in the fourth edition of the *Bright Futures Guidelines*. For more information, see the *Promoting Lifelong Health for Families and Communities* theme.



EXAMPLE FROM 4TH EDITION: 6-MONTH VISIT

Screening		
Universal Screening	Action	
Depression: Maternal	Maternal depression screen	
Oral Health	Administer the oral health risk assessment. Apply fluoride varnish after first tooth eruption.	
Selective Screening	Risk Assessment*	Action if Risk Assessment Positive (+)
Blood Pressure	Children with specific risk conditions or change in risk	Blood pressure measurement
Hearing	+ on risk screening questions	Referral for diagnostic audiologic assessment
Lead	+ on risk screening questions	Lead blood test
Oral Health	Primary water source is deficient in fluoride.	Oral fluoride supplementation
Tuberculosis	+ on risk screening questions	Tuberculin skin test
Vision	+ on risk screening questions	Ophthalmology referral

* See the *Evidence and Rationale* chapter for the criteria on which risk screening questions are based.



EVIDENCE AND RATIONALE CHAPTER

Elevated Blood Lead Levels: Universal	
Bright Futures Visits	12 Month (High Prevalence Area or Medicaid); 2 Year (High Prevalence Area or Medicaid)
Citations	American Academy of Pediatrics Council on Environmental Health. Prevention of children lead toxicity. <i>Pediatrics</i> . 2016;138(1):e20161493 Advisory Committee on Childhood Lead Poisoning Prevention of the Centers for Disease Control and Prevention. <i>Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention</i> . Atlanta, GA; 2012. http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf . Accessed November 22, 2016

Lead: Selective	
Bright Futures Visits	6, 9 Month; 12 Month (Low Prevalence, Not on Medicaid); 18 Month; 2 Year (Low Prevalence, Not on Medicaid); 3, 4, 5, 6 Year
Risk assessment	Does your child live in or visit a home or child care facility with an identified lead hazard or a home built before 1960 that is in poor repair or was renovated in the past 6 months?
Citation	American Academy of Pediatrics Council on Environmental Health. Prevention of childhood lead toxicity. <i>Pediatrics</i> . 2016;138(1):e20161493
Risk assessment	Local health care professionals should work with state, county, or local health authorities to develop sensitive, customized questions appropriate to the housing and hazards encountered locally.
Citation	Advisory Committee on Childhood Lead Poisoning Prevention of the Centers for Disease Control and Prevention. <i>Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention</i> . Atlanta, GA; 2012. http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf . Accessed November 22, 2016
Risk assessment	The Centers for Disease Control and Prevention recommends blood lead testing for all refugee children who are 6 months to 16 years of age upon entering the United States. Repeated blood lead level testing of all refugee children who are 6 months to 6 years of age 3 to 6 months after they are placed in permanent residences should be considered a "medical necessity," regardless of initial test results.
Citation	Advisory Committee on Childhood Lead Poisoning Prevention of the Centers for Disease Control and Prevention. <i>Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention</i> . Atlanta, GA; 2012. http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf . Accessed November 22, 2016

- Rigorous Guidelines Review
 - Evidence and Rationale Described
 - Evidence Consultant: Alex Kemper, MD, FAAP
- Recommendations interpreted with caution
 - Based in science
 - Consensus based
- What Evidence grounds our Recommendations?



TALKING WITH FAMILIES ABOUT THE WELL CHILD VISIT

- Bright Futures recognizes the strengths that families and parents bring to the health care partnership.



CHECK-UP=WELL-CHILD VISIT



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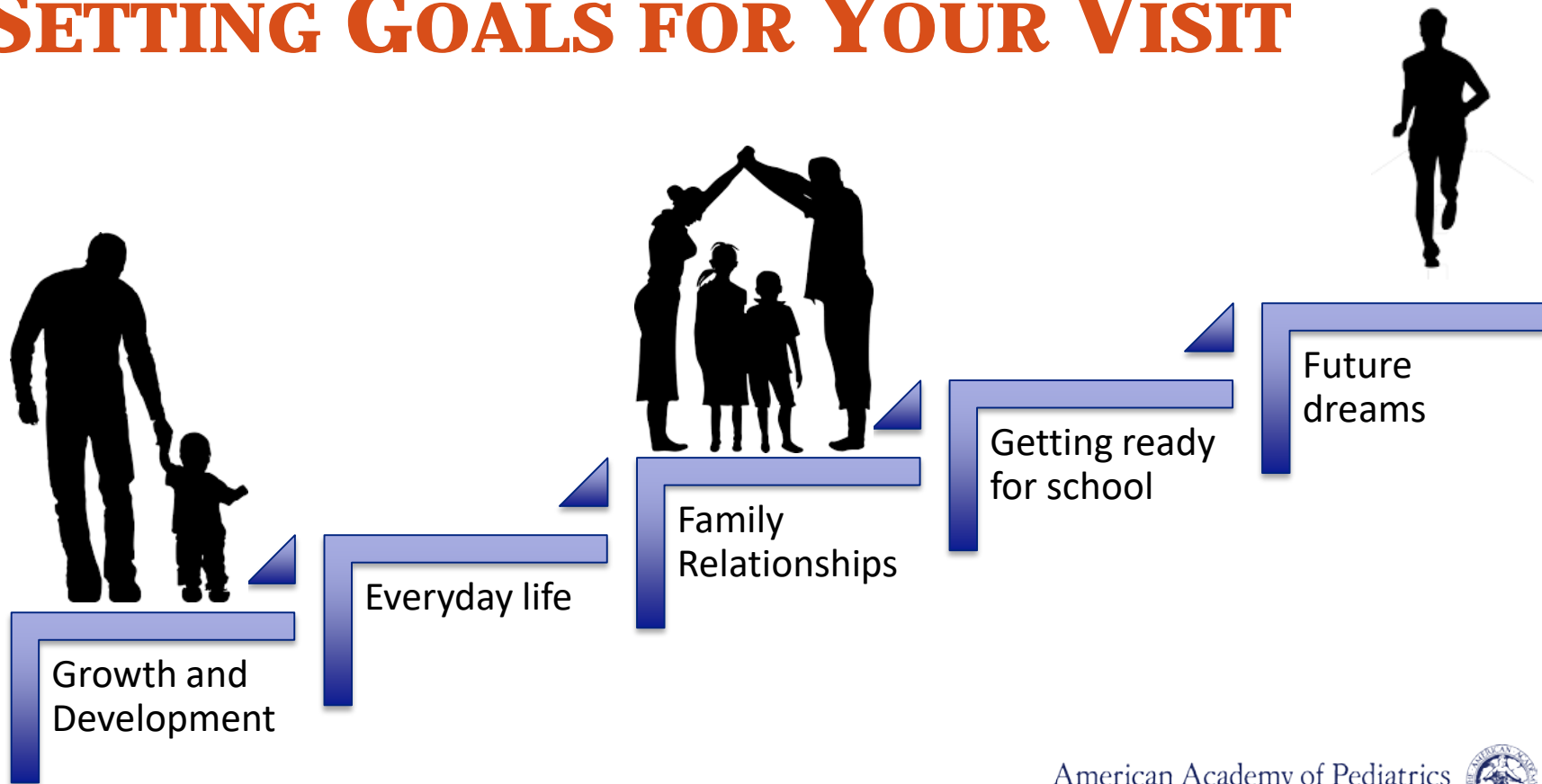


STARTING THE CONVERSATION

What are the most important things you want to talk about during your visit with your child's doctor?



SETTING GOALS FOR YOUR VISIT



WHAT TO EXPECT FROM THE VISIT

- Measurements
- Head-to-toe physical exam
- A chance to talk
- Necessary immunizations



CHECK-UP VISITS

3-5 days	15 months
1 month	18 months
2 months	2 years old
4 months	2.5 years old
6 months	3 years old
9 months	4 years old
12 months	5 years old
	Annually until 21 years old



WHAT WILL YOU TALK ABOUT?



- Your child's growth and development
- Your family's health
- Your everyday life
- Your proud moments
- Your challenges
- Advice



FOLLOW UP AFTER THE VISIT

- Information learned
- Actions to take
- Follow up appointments
- Referrals to specialists



Resources

Jane Bassewitz, MA
Manager, Bright Futures National Center



USING BRIGHT FUTURES AND ITS RESOURCES

The Bright Futures standards, tools and resources have been developed to be used by a broad audience and can be adopted “as-is” and/or adapted to meet state-specific pediatric preventive care requirements. Components include:

- Incorporating the Bright Futures Guidelines, Core Tools, into Home Visits.
- Using a Strength-based Approach to Partnering with Families
- Sharing Bright Futures Materials With Families
- Recommendations of linkages to Community Resources



HOW DOES BRIGHT FUTURES HELP YOU?

- Provides resources for sharing health information and developmental milestones with families, and serves a roadmap for preparing families for the well child visits. Provides resources and educational materials specific to each well-child visit.





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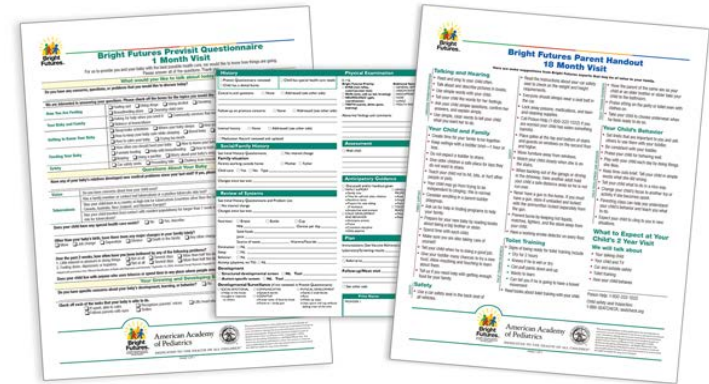
prevention and health promotion for infants,
children, adolescents, and their families™

- Guidelines for well-child care
- Information and talking points by age
- Handouts and questionnaires for you



BRIGHT FUTURES TOOL AND RESOURCE KIT

- Previsit Questionnaires
- Visit Documentation Forms
- Patient/Parent Education Handouts



Core Bright Futures Tools: Previsit Questionnaires, Documentation Forms, Parent/Patient Education Handouts

The revised Kit is anticipated in late 2018 and will include these core tools



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Bright Futures Parent Handout 3 Year Visit

Here are some suggestions from Bright Futures experts that may be of value to your family.

Reading and Talking With Your Child

- Read books, sing songs, and play rhyming games with your child each day.
- Reading together and talking about a book's story and pictures helps your child learn how to read.
- Use books as a way to talk together.
- Look for ways to practice reading everywhere you go, such as stop signs or signs in the store.
- Ask your child questions about the story or pictures. Ask him to tell a part of the story.
- Ask your child to tell you about his day, friends, and activities.

Your Active Child

- Apart from sleeping, children should not be inactive for longer than 1 hour at a time.
- Be active together as a family.
- Limit TV, video, and video game time to no more than 1-2 hours each day.
- No TV in your child's bedroom.
- Keep your child from viewing shows and ads that may make her want things that are not healthy.
- Be sure your child is active at home and preschool or child care.
- Let us know if you need help getting your

Family Support

- Take time for yourself and to be with your partner.
- Parents need to stay connected to friends, their personal interests, and work.
- Be aware that your parents might have different parenting styles than you.
- Give your child the chance to make choices.
- Show your child how to handle anger well—time alone, respectful talk, or being active. Stop hitting, biting, and fighting right away.
- Reinforce rules and encourage good behavior.
- Use time-outs or take away what's causing a problem.
- Have regular playtimes and mealtimes together as a family.

Playing With Others

- Playing with other preschoolers helps get your child ready for school.
- Give your child a variety of toys for dress-up, make-believe, and imitation.
- Make sure your child has the chance to play often with other preschoolers.
- Help your child learn to take turns while playing games with other children.

What to Expect at Your Child's 4 Year Visit

We will talk about

- Getting ready for school
- Community involvement and safety
- Promoting physical activity and limiting TV time
- Keeping your child's health healthy
- Safety inside and outside
- How to be safe with adults

Poison Help: 1-800-222-1222
Child safety seat inspection:
1-866-SEATCHECK; seatcheck.org



Consejos de Bright Futures para los padres Visita de los 3 años

Estos son algunos sugerencias de los expertos de Bright Futures que pueden ser de utilidad para su familia.

Leer y hablar con su niño(a)

- Lea libros, entone canciones y haga juegos rítmicos con su hijo todos los días.
- La lectura en voz alta y comentar el cuento y las ilustraciones le ayudan a un niño a aprender a leer.
- Use los libros como punto de partida para conversar.
- Al salir, busque oportunidades de practicar la lectura, como las señales de alto o los letreros de las tiendas.
- Hágale preguntas al niño sobre el cuento o las ilustraciones. Pídale que le cuente una parte del cuento.
- Pídale que le hable sobre sus actividades diarias y sus amigos.

Su niño(a) en movimiento

- Aparte de dormir, los niños no deben permanecer inactivos por más de una hora a la vez.
- Hagan actividades físicas en familia.
- Limite el tiempo de televisión, videos y juegos de video a 1 a 2 horas diarias.
- No coloque un televisor en la alcoba del niño.
- Evite que vea programas y anuncios que le hagan querer cosas poco saludables.
- Asegúrese de que el niño se mantiene activo en la casa y en el preescolar o la guardería.
- Asegúrese si necesita ayuda para inscribir a su hijo en un jardín preescolar o en Head Start.

- Déle a su hijo la oportunidad de hacer elecciones.
- Muéstrole cómo afrontar bien el enojo: tiempo a solas, hablar respetuosamente o ponerse activo. Déle dejar de golpear, morder y pelear de inmediato.
- Haga énfasis en las reglas y estimule la buena conducta.
- Use las pausas obligadas o retire lo que está causando el problema.
- Establezca horas regulares de juegos y comidas en familia.

Seguridad

- Use un asiento de seguridad orientado hacia adelante en el asiento trasero de todos los vehículos.
- Pásele al niño a una silla elevadora con cinturón de seguridad cuando le quede pequeño el asiento orientado hacia adelante, o al jardín.
- Nunca deje al niño solo en el auto, la casa o el jardín.
- No lo deje al cuidado de hermanos de poca edad.
- Su hijo no tiene la edad para cruzar la calle solo.
- Asegúrese de que las ventanillas del segundo piso en adentro tengan seguros que funcionen. Añaje los muebles de las ventanillas.
- No tenga armas en su casa. Si debe tener un arma, guárdela bajo llave sin las municiones.

Jugar con otros niños

- Jugar con otros niños de edad preescolar le ayudará a su hijo a prepararse para la escuela.
- Déle diversos juguetes y objetos para que se distraiga y participe en juegos imaginativos.
- Déle la oportunidad de jugar a menudo con otros niños de edad preescolar.
- Enséñele a turnarse mientras juega con otros niños.

Qué esperar en la visita de los 4 años

Hablaremos de:

- Prepararse para la escuela
- Participación en la familia y seguridad
- Fomentar la actividad física y limitar la televisión
- Mantener la salud dental de su hijo
- Seguridad adentro y afuera
- Cómo protegerse de otros adultos

Poison Help (intoxicaciones): 1-800-222-1222
Inspección de asiento de seguridad para el auto:
1-866-SEATCHECK; seatcheck.org

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BRIGHT FUTURES TOOL AND RESOURCE KIT

Below are some tools and resources to assist with implementation of the Fourth Edition:

- Screening and Priorities for each age/stage
 - Available on: brightfutures.aap.org/materials-and-tools/Pages/Presentations-and-Handouts.aspx
- Medical Screening Reference Tables
 - Includes risk assessment questions
 - Available on: brightfutures.aap.org/materials-and-tools/tool-and-resource-kit/Pages/Medical-Screening-Reference-Tables.aspx
- Revised Infancy Parent Education Handouts with updated food allergy and oral health information
 - 4, 6, 9, and 12 Month visits





Bright Futures™

prevention and health promotion for infants,
children, adolescents, and their families™



BRIGHT FUTURES IMPLEMENTATION TIP SHEET

Community Resources

Taking full advantage of the resources in your community may enable you to provide a wider range of services to your patients. Many communities have agencies and organizations that can extend the reach of the primary care provider by supporting extended counseling, offering extensive follow-up for patients who are more complex, and providing targeted services for routine patients. A practice is most effective when it identifies the needs and strengths of the individual child and family, works within its own limitations, and maximizes community supports to address the wide range of issues patients face.

Following are several key changes that practices can undertake to more effectively link with their community:

- Identifying an individual or team who is responsible for coordinating with the community
- Identifying the most frequent community referrals for

ABOUT BRIGHT FUTURES

Bright Futures is a national health promotion and prevention initiative, led by the American Academy of Pediatrics and supported by the Maternal and Child Health Bureau, Health Resources and Services Administration. The Bright Futures Guidelines provide theory-based and evidence-driven guidance for all preventive care screenings and well-child visits. Bright Futures content can be incorporated into many public



BRIGHT FUTURES IMPLEMENTATION TIP SHEET

Eliciting Parental Strengths and Needs

The Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 3rd Edition, is based on the belief that effective health supervision involves an ongoing partnership between health care 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 care professionals all work together to establish both short- and long-term goals. Working in partnership with the family, health care professionals can be remarkably effective in promoting health. By eliciting parental strengths and needs, the health care professional is creating opportunities for thoughtful dialogue between families and health care professionals.

Bright Futures views health as contextual (ie, 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.

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How to Obtain Bright Futures Materials

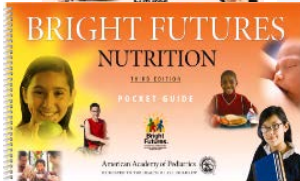
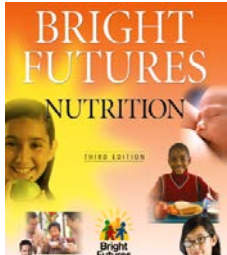
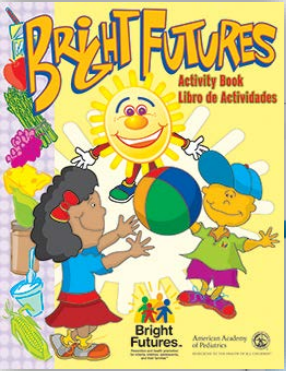
Visit the Bright Futures Web site:
brightfutures.aap.org

Futures Materials go to shopAAP.org

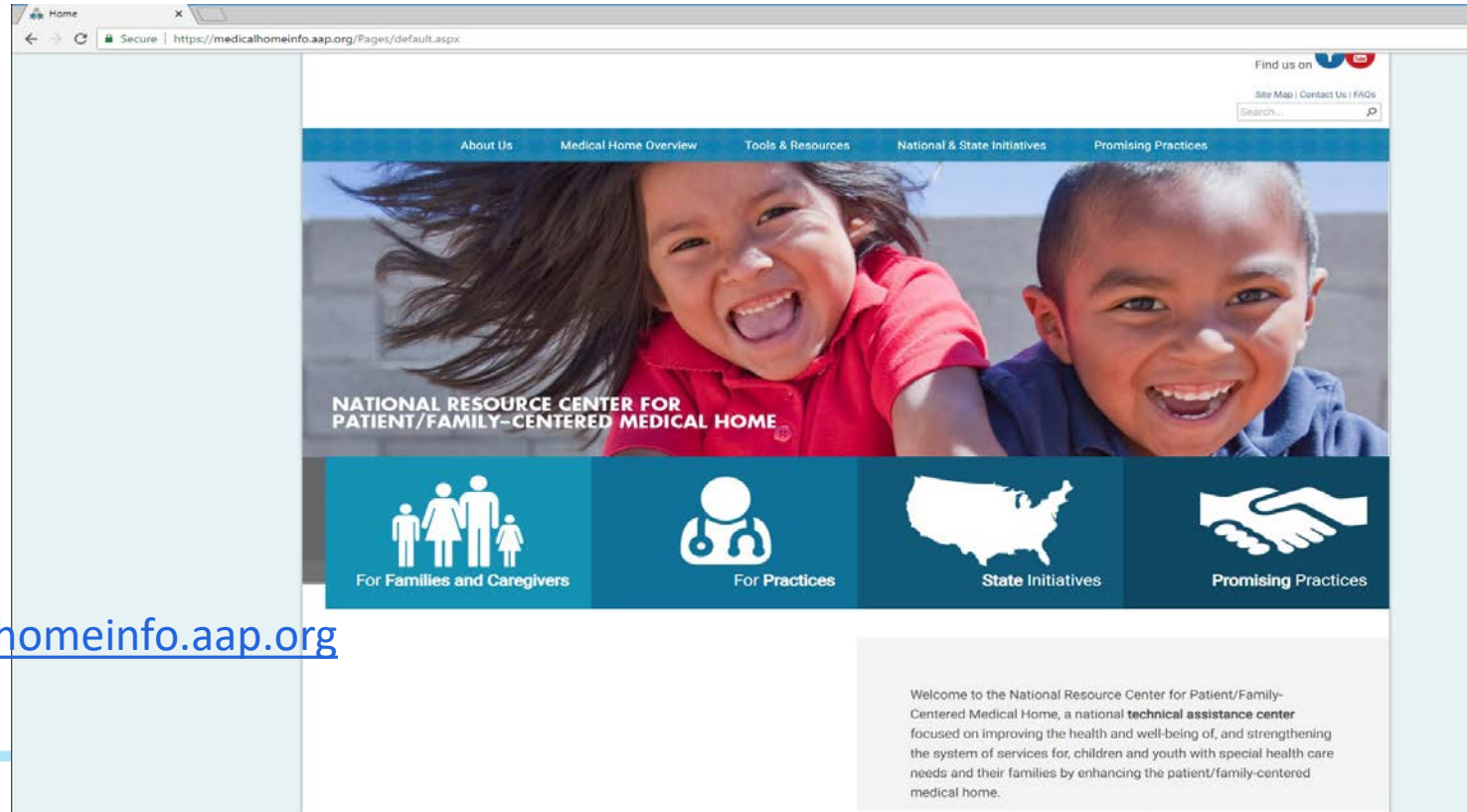
Sign up for our eNews and other
alerts at brightfutures.aap.org

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NATIONAL RESOURCE CENTER FOR PATIENT/FAMILY-CENTERED MEDICAL HOME



<https://medicalhomeinfo.aap.org>

RESOURCES

- [National Resource Center for Patient/Family-Centered Medical Home](#) – a cooperative agreement between the Maternal and Child Health Bureau and the American Academy of Pediatrics
- [Building Your Medical Home Resource Guide](#)
- [Family Engagement Quality Improvement Implementation Guide](#)
- [Innovative and Promising Practices](#) and [Summary Report](#)
- [Care Coordination Measurement Tool](#) and [Implementation and Adaptation Guide](#)
- [Shared Plan of Care: A Tool to Support Children and Youth with Special Health Care Needs Fact Sheet](#)
- [Medicaid and Children's Health Insurance Profiles](#)
- [States At-a-Glance Table](#)
- [Supporting Title V and Medicaid Collaboration in Pediatric Medical Home Implementation Webinar](#) and [Fact Sheet](#)



RESOURCES CONT'D

- [AAP Practice Transformation Page](#)
- [AAP Practice Transformation Implementation Guide](#)
- [AAP Team-Based Care Policy Statement](#)
- [AAP Care Coordination Policy Statement](#)



NATIONAL CENTER ON EARLY CHILDHOOD HEALTH AND WELLNESS

Head Start and Families Working Together—18 months

Welcome to Group Care!



- H**ead Start and other programs that serve infants and toddlers provide your child a safe environment to learn. We believe you are your child's first teacher. Parents, grandparents, and other caregivers are viewed as partners. We promise to...
- Value individual culture, beliefs, and traditions in raising children
 - Listen to your concerns and share ideas on healthy child development
 - Support and encourage you through your child's development
 - Provide you with daily reports on how your child is doing

Guidance

- Setting limits and being consistent is key. Guiding your child to follow simple rules will help her understand and follow rules on her own.
- We focus on what she should do instead of what she should not do. For example, "Use walking feet."
 - We offer her choices. "Do you want to put the food on the shelf or in the box?"
 - We praise her efforts and successes by speaking about what she did right and reinforcing positive behavior right after it happens.
 - Let us know if you have concerns or questions about how to guide your child.

Learning through Play

- Your child is learning as she plays. We help her build language skills by participating in age-appropriate games and activities.
- She understands more words than she says.
 - We talk with her about everyday things.
 - We teach her correct names of objects and body parts.



- We expand on what she says. When she says, "book," we may ask, "Do you want to read a book?"
- We enjoy reading and singing to her every day.
- You can do the same at home.
- Ask your child to point to pictures that you name in a book.
- Talk to your child about everyday things.
- Play games with simple rules.
- Picked play with you or staff.

Head Start children begin with health!

Head Start National Center on Health | Toll-free phone: 888-227-5125 | E-mail: health@ecetta.info

Head Start and Families Working Together—18 months

Welcome to Group Care!



Healthy Active Living at Home

- Set up regular mealtimes and snack times.
- Snacks are small meals between bigger meals. Snacks should be the same type of food you would give your child at mealtimes.
- Avoid continuous feeding or grazing.
- Give healthy choices, and keep portions small. Toddlers often like three or four different kinds of food at a meal, with different textures and tastes.
- Start with small portions; you can always give her more if she needs it.
- Put new foods next to foods your child likes. Encourage her to touch, smell, lick, or taste the new food.
- Giving healthy dips, such as yogurt, hummus, or low-fat salad dressings, can help children learn to like eating vegetables.
- Don't force your child to eat. It can make kids more likely to refuse food and eat less.
- Do not use food as a reward or punishment.
- If your child has a hard time sitting at the table during mealtimes, try to keep mealtimes short—10 minutes or so. Let your child get up when she shows she is finished eating.
- Encourage your child to drink water if she is thirsty.
- Limit juice to no more than four to six ounces a day. Add water to the juice, or offer fresh fruit instead.
- Make sure that everyone who cares for your child gives healthy foods and not sweets.
- Let your child see you eating healthy food.
- Parents are a child's best teachers! Teach by example. Make time to be active with your family. Show healthy activity by exercising. Talk with your children about it.
- Make time to play with your toddler. Play follows the leader, marching band, or ring-around-the-rosy or dance to music.
- Choose active play rather than TV time. TV viewing for children younger than 2 years is strongly discouraged.
- Turn activities such as cleaning up and putting away toys into a game your child can "play".
- Read together. Reading is fun and can be part of your bedtime routine.



Questions to Ask Your Baby's Pediatrician
 "Is my child developing normally?"
 "How do I know when my child is ready for toilet training?"

Adapted from Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 3rd Edition, Copyright 2005.

Published by the American Academy of Pediatrics.

Head Start National Center on Health | Toll-free phone: 888-227-5125 | E-mail: health@ecetta.info

Toll-Free: 888-227-5125

Email: health@ecetta.info

Website:

<https://eclkc.ohs.acf.hhs.gov/health>

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English ↕

Take 10 minutes to get a **personalized visit guide** for your child's next well-care visit ([learn more](#)).

EXPLORE key issues and needs important to the health of your child and family

LEARN about important topics to discuss with your healthcare provider

PICK your top priorities and get educational information before the visit

PARTNER with your child's provider by sharing your personalized visit guide

The Well-Visit Planner is based on national recommendations for parents/guardians of children 4 months to 6 years old.

Step 1



Answer a
Questionnaire

Step 2



Pick Your
Priorities

Step 3



Get Your Visit
Guide

GET STARTED NOW!

Tool takes approximately 10 minutes

ESPAÑOL

<http://wellvisitplanner.org>

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HealthyChildren.org



healthychildren.org

Powered by pediatricians. Trusted by parents.
from the American Academy of Pediatrics

Search for safety, tips, illness, etc.



[Ages & Stages](#)

[Healthy Living](#)

[Safety & Prevention](#)

[Family Life](#)

[Health Issues](#)

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shopAAP

How long should my child ride rear-facing?

Rear facing is not just for babies!

[Learn more here.](#)

<https://HealthyChildren.org>



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AAP.ORG

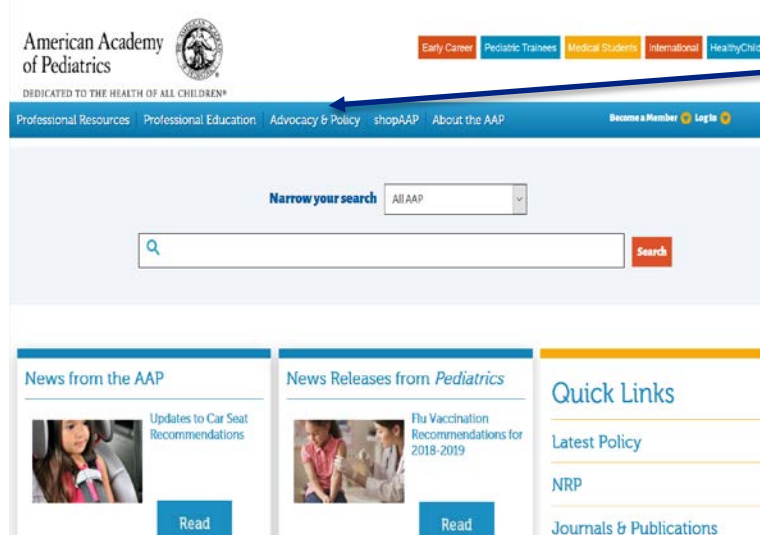
AAP Policy

Visit the Institute for Healthy Childhood Weight:

<https://ihcw.aap.org/>

Visit the Screening and Technical Assistance Resources Center:

<https://www.aap.org/screening>



STATE AND LOCAL RESOURCES



Arizona AAP Chapter: <http://www.azaap.org>

OUR PROGRAMS

- _____
- _____
- _____



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