

# Bright Futures:

## *An Essential Resource for Advancing the Title V National Performance Measures*

### Background

Children must receive comprehensive health care to ensure a healthy level of physical, emotional, social, and cognitive development. Developed by the American Academy of Pediatrics (AAP) with support from the Health Resources and Services Administration's Maternal and Child Health Bureau, *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* provides standardized, evidence-based strategies for addressing children's health needs from birth through age 21. Pediatric health professionals use *Bright Futures* as a reference tool to address topics pertinent for each routine well-child visit with parents and their children, including children with special health care needs. Additionally, *Bright Futures* underscores the need to promote collaboration and build partnerships among all stakeholders involved in children's health, to create a systems-based approach that will ensure the well-being and healthy development of children. Stakeholders include families, health care professionals, community organizations, and government agencies.



### Key Objectives of *Bright Futures*:

- Enhance health care professionals' knowledge, skills, and practice of developmentally appropriate health care in the context of family and community.
- Promote desired social, developmental, and health outcomes of infants, children, and adolescents.
- Foster partnerships between families, health care professionals, and communities.
- Increase family knowledge, skills, and participation in health-promoting and prevention activities.
- Address the needs of children and youth with special health care needs through enhanced identification and services

A multidisciplinary panel of pediatric health experts and family representatives developed the original *Bright Futures* recommendations for preventive visit priorities. The priorities included the physical examination, anticipatory guidance, immunizations, and universal and selective risk assessment screening for each age and stage of development. To remain up to date with the latest developments in pediatric health care, *Bright Futures* has undergone three revisions since its first publication in 1994. The fourth and most recent edition of *Bright Futures* was released in February 2017. This edition features three new health promotion topics: "Promoting Lifelong Health for Families and Communities," "Promoting Health for Children and Youth with Special Health Care Needs," and "Promoting the Healthy and Safe Use of Social Media."

**Bright Futures' Health Promotion Theme:**

- Lifelong Health for Families and Communities
- Family Support
- Health for Children and Youth with Special Health Care Needs
- Healthy Development
- Mental Health
- Healthy Weight
- Health Nutrition
- Physical Activity
- Oral Health
- Sexual Development and Sexuality
- Health and Safe Use of Social Media
- Safety and Injury Prevention

**An Evidence-Based Resource** Extensive analysis of the science of prevention and health promotion is necessary to develop and update *Bright Futures* on a regular basis. The *Bright Futures/AAP Recommendations for Preventive Pediatric Health Care* (Periodicity Schedule) provides a schedule of screenings and assessments recommended at each well-child visit from infancy through adolescence. The *Bright Futures Guidelines* and *Bright Futures/AAP Periodicity Schedule* include preventive services with the highest degree of supporting evidence. The Periodicity Schedule is annually reviewed and updated, as needed, in between revised editions. Examples of other critical preventive services and recommendations, which supplement the Periodicity Schedule, include encouraging new mothers to breastfeed; assessing maternal depression; and discouraging the use of tobacco, alcohol, and other drugs.

**Title V's Role in in Implementing Bright Futures Guidelines**

The Maternal and Child Health Bureau (MCHB), which is organized under the Health Resources and Services Administration at the U.S. Department of Health and Human Services, supported the original *Bright Futures Guidelines* through Title V Block Grant Special Projects of Regional and National Significance (SPRANS) funding. Since 2001, MCHB has awarded cooperative agreements to AAP to lead the *Bright Futures* initiative. Title V program investments support the promotion of *Bright Futures*, and states have used Title V funds

to develop policies and programs based on *Bright Futures* recommendations. *Bright Futures* is an essential tool for helping the Title V program promote national standards for preventive care for children and families. Moreover, Title V programs can use the Guidelines as a resource to achieve their national performance measures (NPMs) and advance their efforts to improve the health of children and families at the state level.

**Title V National Performance Measures Crosswalk**

The following crosswalk shows how *Bright Futures Guidelines* correlate to Title V National Performance Measures and how the guidelines serve as an effective resource for state MCH programs in implementing the goals and objectives (as stated in the first column) of each NPM.



MCH National Performance Measure	MCH Population Domain	Related <i>Bright Futures</i> Guidelines
<p>1. Well-woman visits: Percentage of women who had a preventive visit within the past year</p>	<p>Woman/maternal health</p>	<p><i>New in 4<sup>th</sup> edition:</i> Maternal depression screening: Bright Futures now recommends screenings for maternal depression at the 1-month, 2-month 4-month, and 6-month well-child visits. Maternal depression screening during well-child visits can support the objectives of the well-woman visit.</p> <p>For girls transitioning from adolescence to adulthood, yearly visits are recommended from ages 18 through 21. Visits are designed to:</p> <ul style="list-style-type: none"> <li>• Address specific issues related to women’s health (cervical dysplasia screening, questions regarding pregnancy, and healthy periods).</li> <li>• Prioritize social determinants of health, physical health and health promotion, emotional well-being, risk reduction, and safety.</li> </ul> <p>Continues the transition from NPM 10, the adolescent well-visit</p>
<p>2. Low-risk cesarean delivery: Percentage of cesarean deliveries among low-risk first births</p> <p>3. Risk-appropriate perinatal care: Percentage of very low birth weight (VLBW) infants born in a hospital with a Level III Neonatal Intensive Care Unit (NICU)</p>	<p>Woman/maternal health</p> <p>Perinatal/infant health</p>	<p>A prenatal visit is recommended for all expectant families to:</p> <ul style="list-style-type: none"> <li>• Conduct screenings to inquire about maternal prenatal testing, discuss any abnormal findings seen on an ultrasound, and review any maternal conditions that may affect the developing fetus or newborn.</li> </ul>

MCH National Performance Measure	MCH Population Domain	Related <i>Bright Futures</i> Guidelines
4. Breastfeeding: (A) Percentage of infants who were ever breastfed; and (B) Percentage of infants breastfed exclusively through 6 months	Perinatal/infant health	<p>Breastfeeding decisions are discussed in the prenatal, newborn, first week, 1-month, 2-month, 4-month, and 6-month visit. The purpose of these visits is to:</p> <ul style="list-style-type: none"> <li>• Supporting a pregnant woman’s decision to breastfeed her child and provide ongoing encouragement and support postpartum and throughout the breastfeeding experience.</li> <li>• Emphasize that exclusive breastfeeding during the first four to six months will provide ideal nutrition and support best growth and development.</li> <li>• Discuss breastfeeding plans, breastfeeding concerns (e.g., past experiences, use of prescription or non-prescription medications/drugs, and family support of breastfeeding), breastfeeding support systems, financial resources for infant feeding, and feeding strategies.</li> </ul>
5. Safe sleep: Percentage of infants placed to sleep on their backs	Perinatal/infant health	<p>Safe sleep topics (location, position, crib safety) are discussed in prenatal, first week, 1-month, 2-month, 4-month, and 6-month visits. The purpose of the initial visits is to:</p> <ul style="list-style-type: none"> <li>• Emphasize the importance of exploring what infants sleep practices parents intend to have at home</li> <li>• Offer guidance to ensure the safest sleep environment for the newborn</li> </ul>
6. Developmental screening: Percentage of children, ages 10 through 71 months (5 years), receiving a developmental screening using a parent-completed screening tool	Child health	<p>Developmental screenings, including universal screening procedures and risk assessments, are completed at the 9-month, 18-month, and 30-month visits. Autism-specific screening is completed at the 18-month and 24-month visits. Key aspects of developmental screening are as follows:</p> <ul style="list-style-type: none"> <li>• Parental concerns raised during developmental surveillance should be promptly addressed with standardized developmental screening tests.</li> <li>• Developmental surveillance should be incorporated at all other visits.</li> <li>• Note that the “Promoting Healthy Development” chapter includes a table on developmental milestones for developmental surveillance at preventive care visits.</li> </ul>

MCH National Performance Measure	MCH Population Domain	Related <i>Bright Futures</i> Guidelines
7. Injury: Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9 and adolescents ages 10 through 19	Child health and/or adolescent health	<p>The “safety” discussion is a major component of each well-child visit. Topics include:</p> <ul style="list-style-type: none"> <li>• Safety belt use</li> <li>• Toys with loops and strings</li> <li>• Falls</li> <li>• Choking</li> <li>• Water temperature</li> <li>• Drowning</li> <li>• Guns</li> <li>• Fire safety</li> <li>• Bike helmets and outdoor safety</li> <li>• Bullying</li> <li>• Tobacco, alcohol, and drugs</li> </ul>
8. Physical activity: Percentage of children ages 6 through 11 and adolescents ages 12 through 17 who are physically active at least 60 minutes per day	Child health and/or adolescent health	<p>Physical activity levels are assessed at each visit. Health care professionals give recommendations on appropriate levels of physical activity for infants, children, and adolescents from birth through age 21 years, which are as follows:</p> <ul style="list-style-type: none"> <li>• 60 minutes of exercise each day starting at the 5- or 6-year visit.</li> <li>• Children and adolescents should engage in vigorous activity at least three days per week, and in muscle-strengthening and bone-strengthening activity at least three days per week.</li> <li>• Children and adolescents should be encouraged to participate in physical activities that are age-appropriate, enjoyable, and offer variety.</li> </ul>
9. Bullying: Percentage of adolescents ages 12 through 17, who are bullied or who bully others	Adolescent health	<p>Bullying is addressed beginning at the middle childhood visits (5- and 6-year visits).</p> <ul style="list-style-type: none"> <li>• The guidelines recommend teaching nonviolent conflict-resolution techniques, managing conflict nonviolently, and that children talk to a parent or trusted adult if they are bullied or stalked.</li> </ul> <p><i>New in 4<sup>th</sup> edition:</i> Chapter on “Promoting Mental Health” includes a Bullying section. Chapter on “Promoting the Healthy and Safe Use of Social Media” discusses how to address bullying via social media among adolescents.</p>

MCH National Performance Measure	MCH Population Domain	Related <i>Bright Futures</i> Guidelines
10. Adolescent well-visit: Percentage of adolescents, ages 12 through 17, with a preventive medical visit in the past year	Adolescent health	<p>Early adolescence (11 through 14 years) and middle adolescence (15 through 17 years) visit recommendations and guidelines cover physical exam and screenings, physical growth and development, social and academic competence, emotional well-being, risk reduction, and violence and injury prevention.</p> <ul style="list-style-type: none"> <li>Well-visits for adolescent girls continue through NPM 1 as they transition to adult health care.</li> </ul>
11. Medical home: Percentage of children with and without special health care needs having a medical home	Children with special health care needs	<p><i>New for 4<sup>th</sup> edition:</i> Children and Youth with Special Health Care Needs (CYSHCN) health promotion theme:</p> <ul style="list-style-type: none"> <li>Recommends that medical homes develop a team-based, integrated, continuously updated plan of care for the child or youth with special health care needs. This type of plan can be an effective for linking activities from visit to visit and for coordinating the child’s care across the health care continuum.</li> <li>Discusses shared plan of care (SPoC), which is developed in partnership with the family and multiple care providers and describes the child and family’s priorities and plans to support optimal health. The SPoC enables all partners to operate from the same family-centered perspective and to be accountable for desired outcomes.</li> </ul>
12. Transition: Percentage of adolescents with and without special health care needs who received services necessary to make transitions to adult health care	Children with special health care needs	<p><i>New for 4<sup>th</sup> edition:</i> CYSHCN health promotion theme:</p> <ul style="list-style-type: none"> <li>Emphasizes the need to have a formal plan for youth that will transition to an adult health care professional, and to ensure that the youth and family are engaged early and participating with the pediatric and adult health care teams to develop a formal plan. Recommends assessing developmental milestones in order to determine the youth’s readiness to assume responsibility for his or her own care before initiating the transfer to adult care. The health care professional should work with the young adult to continue developing a transition plan over the course of the late adolescent visits.</li> </ul>



MCH National Performance Measure	MCH Population Domain	Related <i>Bright Futures</i> Guidelines
<p>13. Oral health: (A) Percentage of women who had a dental visit during pregnancy; and (B) Percentage of children ages 1 through 17, who had a preventive dental visit in the past year</p>	<p>Cross-cutting/life course</p>	<p>The “Promoting Oral Health” chapter:</p> <ul style="list-style-type: none"> <li>• Encourages health care professionals to teach children, adolescents, and their families about oral hygiene, healthy diet and feeding practices, optimal exposure to fluoride, and timely referral to a dentist.</li> <li>• Emphasizes the importance of a “dental home,” which establishes an ongoing relationship between a dentist and patient and ensures that all aspects of oral health are delivered in a comprehensive, continuously accessible, coordinated, and family-centered way.</li> <li>• <i>New for 4<sup>th</sup> edition:</i> “assessing for a dental home” has been updated to occur every six months through the 6-year visits. A subheading has been added for fluoride supplementation; the recommendation for supplementation is from the 6-month through 12-month and 18-month through 16-year visits.</li> </ul>
<p>14. Smoking: (A) Percentage of women who smoke during pregnancy; and (B) Percentage of children who live in households where someone smokes</p>	<p>Cross-cutting/life course</p>	<p><i>New for 4<sup>th</sup> edition:</i> The “Promoting Lifelong Health for Families and Communities” chapter:</p> <ul style="list-style-type: none"> <li>• Emphasizes that tobacco smoke is one environmental factor that families can moderate to improve adverse health issues for children and promote healthy development.</li> <li>• Provides guidance on how to screen and counsel parents about risks associated with smoking during pregnancy (e.g., the higher risk of an early birth or a low birthweight, of the baby having an orofacial cleft of the lip or palate, or of a sudden unexplained death during infancy).</li> </ul>
<p>15. Adequate insurance coverage: Percentage of children ages 0 through 17 who are adequately insured</p>	<p>Cross-cutting/life course</p>	<p>The Patient Protection and Affordable Care Act (ACA) requires insurers to cover the services outlined in <i>Bright Futures</i> at no out-of-pocket cost to families.</p>

## From the Field

### Virginia

The Virginia Title V program has developed two *Bright Futures*-related projects that advance two of the state's selected NPMs: medical home (NPM 11) and adolescent transition (NPM 12).

**Healthy Futures VA Project.** The [Healthy Futures VA project](#) uses *Bright Futures* information that was originally designed for pediatric care professionals and repurposes it for parents and caregivers through videos and text. Parents now have access to a web-based version of *Bright Futures*, which includes three- to five-minute family-friendly videos featuring parents, health professionals, and community members discussing their experiences with children's health and development topics. The web-based version also explores *Bright Futures* medical home concepts. The videos are paired with short summaries that include information and resources that are relevant to Virginia.

**Medical Neighborhood Project.** Virginia has also partnered with AAP to develop the Medical Neighborhood project. Building on the medical home concept, this project aims to ensure that all children are receiving quality, comprehensive care by implementing a "medical neighborhood," which includes primary care and specialty professionals, pharmacies, schools, churches, community organizations, health insurers, and government agencies. Led by Title V, this partnership is working on provider training modules to introduce the medical neighborhood concept to family audiences. AAP representatives and practicing physicians have approved the framework of these modules, and Title V funds will be used to develop the modules. Virginia's goal is to make the modules free for Virginia residents.



### Nevada

**Healthy Kids.** Nevada Title V is addressing NPM 6 (developmental screening) through "[Healthy Kids](#)," its state-specific Early Periodic Screening Diagnosis and Treatment (EPSDT) program, which utilizes the *Bright Futures* periodicity schedule. The Title V MCH program is instrumental in advancing the Healthy Kids program, by funding parent education materials, which encourage *Bright Futures* recommended preventive health services for infants, children, and adolescents and provide information on enrollment in Nevada's Medicaid program. Title V has also developed a growth chart based on the *Bright Futures*' recommended preventive pediatric health care visits. The growth chart includes important milestones, outlined by the *Bright Futures* guidelines. Title V partners also receive these materials to disseminate to their clients. In addition, a one-page version of the growth chart is included in the "Protect and Immunize Nevada's Kids (PINK)"

packets; across the state, hospitals distribute these materials to all new parents after the birth of a child. Title V also funds other *Bright Futures*



materials, including the *Bright Futures* tool and resource kit, health care professional pocket guide, and family pocket guide, which are provided to partners statewide.

## Iowa

“1<sup>st</sup> Five.” Iowa Title V is also addressing NPM 6 (developmental screening) through its “1<sup>st</sup> Five” initiative. “1<sup>st</sup> Five” is a primary-care-based program that promotes the use of developmental surveillance and screening tools, including *Bright Futures* surveillance, to detect social-emotional and developmental delays in children age birth to five. Operating in 88 of Iowa’s 99 counties, the program establishes relationships with primary care practices and provides resources for implementing developmental assessment tools per the EPSDT health maintenance recommendations. The Iowa Department of Public Health also contracts with the University of Iowa Child Health Specialty Clinics to provide peer-to-peer practitioner consultation (pediatric, family medicine, and nurse practitioner). These consultations are designed to increase provider knowledge on the use of developmental surveillance and screening tools in a practice setting.



Annual program report data show significant growth in the way primary care practices are implementing this program. Among the 300 participating practices, surveillance utilization, such as *Bright Futures* and the Iowa Child Health & Development Record (CHDR), and screening utilization, such as the Ages & Stages Questionnaires, has nearly tripled in the past four years.

## Conclusion

States can adapt the tools of *Bright Futures* to fit their specific needs and priorities. The *Bright Futures* guidelines align with the goals of maternal and child programs and can help advance the work to make progress in the NPMs. Because the Guidelines are used by many stakeholders and those invested in children’s health, they can serve as a tool for cross-sector collaboration and to strengthen partnerships. As such, states should also ensure that families, the communities, and health care professionals are included in all stages of implementation of the Guidelines.

## Resources

American Academy of Pediatrics: [Bright Futures](#)

ASTHO: [Bright Futures and State Implementation](#)

Altarum: [Promoting Utilization of Bright Futures Health Supervision Guidelines: A How-to Guide for States and Communities](#)

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### About AMCHP

The Association of Maternal & Child Health Programs is a national resource, partner, and advocate for state public health leaders and others working to improve the health of women, children, youth, and families, including those with special health care needs. AMCHP's members come from the highest levels of state government and include directors of maternal and child health programs, directors of programs for children with special health care needs, and other public health leaders who work with and support state maternal and child health programs. AMCHP builds successful programs by disseminating best practices; advocating on our member's behalf in Washington; providing technical assistance; convening leaders to share experiences and ideas; and advising states about involving partners to reach our common goal of healthy children, healthy families, and healthy communities.

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