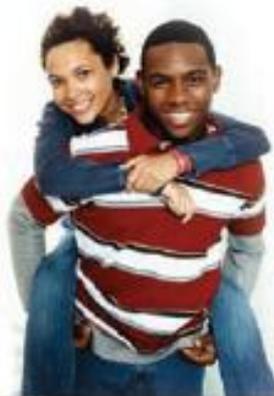


BRIGHT FUTURES

Guidelines for Health Supervision of
Infants, Children and Adolescents

THIRD EDITION



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lth



Bright Futures™

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

...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.



Wiley & Wilkins



Affordable Care Act – Section 2713

...requires all health plans to cover, with no cost-sharing,

“with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration,”



the services outlined in *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. (Hagan J, Shaw JS, Duncan PM eds.)



Part I—Themes

- 10 chapters highlighting key health promotion themes
- Emphasizes “significant challenges”—mental health and healthy weight

Part II—Visits

- 31 age-specific visits (+prenatal visit)
- 5 health supervision priorities for each visit
 - Designed to focus visit on most important issues for child that age
 - Include health risks, developmental issues, positive reinforcement
- Sample questions and anticipatory guidance for parent and child



Third Edition

- Child Development
- Family Support
- Mental Health and Emotional Well-Being
- Nutritional Health
- Physical Activity
- Healthy Weight
- Oral Health
- Healthy Sexuality
- Safety and Injury Prevention
- Community Relationships and Resources



Fourth Edition

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



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Effects of Toxic Stress

- Impairs connection of brain circuits, changes overall brain architecture, and activates physiologic stress response system
- Causes an individual to develop a low threshold for stress and be overly reactive to adverse experiences through life
- Persistent elevation of cortisol, can disrupt the developing brain's architecture and therefore **ultimately can impact learning, memory, and behavioral and emotional adaptation.**
- Suppresses the immune response, thus more vulnerable to infections and chronic health problems
- Different exposures to stressors at critical times can affect how a gene is expressed or how a pathway develops and subsequently the behaviors and health conditions that are manifested over the life of that person

Three Levels of Stress Response

Positive

Brief increases in heart rate,
mild elevations in stress hormone levels.

Tolerable

Serious, temporary stress responses,
buffered by supportive relationships.

Toxic

Prolonged activation of stress response systems
in the absence of protective relationships.

Trauma has the most severe effects when...

- It happens again and again
- Different toxic stressors are present and add up
- It happens to a young infant or young child (but has effects at any age)
- The child or youth has fewer social supports (less healthy personal relationships with caregivers or adults)
- The child or youth has fewer coping skills (more limited language skills, intellectual or cognitive delay, poor health, or poor self-esteem)

Adverse Childhood Experiences (ACE) Study

- Largest scientific research study of its kind- 17,000 adults; collaboration between Kaiser and CDC
- Links adverse childhood experiences and later life chronic health conditions, poor quality of life, and death
- As the number of ACE's a person experiences increase, the risk for many health and behavioral problems also increases in children, adolescents and adults

Adverse Childhood Experiences

- Recurrent and severe physical abuse
- Recurrent and severe emotional abuse
- Sexual abuse
- Neglect (physical and/or emotional)
- Alcoholic or substance abuse in household family member
- Imprisoned household family member
- Mentally ill, depressed, or institutionalized household family member
- Mother treated violently
- Parental separation or divorce

What We Know

- Common sense dictates and research shows that children do best in strong and healthy families and communities because they provide a buffer against life stresses and are fundamental to healthy brain development.
- Positive youth development is based on the elements necessary for thriving: competence, confidence, connection, character, caring, compassion, and contribution. [62-64](#)
- Research has identified that the more strengths or developmental assets young people have in their lives, the less likely they are to engage in health risk behaviors. [65,66](#)

Social Determinants of Health

- **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](https://www.healthypeople.gov).⁵

What are the Social
Determinants of Health?

Examples of Social Determinants That Are Risks to Health

- Interpersonal violence
- Substance use (parental/family, youth)
- Homelessness, poor housing, food insecurity
- Environmental toxins (mold, lead, tobacco smoke)
- Unsafe or violent neighborhood
- Death of a loved one or loss of parent through divorce

Examples of Social Determinants That Protect Health

- Safe and good housing
- Stable/secure home life
- High school education level or higher for parents/caregivers
- Opportunities for stable income/employment for household
- Food security for household
- Safe neighborhood with no violence
- Community resources for fresh produce, exercise, social interactions

Good News: Life Trajectories are NOT Set in Stone

- Interactive processes
 - The development of health over a lifetime is an interactive process, combining genes, environment and behaviors
 - *Children and families have varying abilities and strengths that can be developed to increase their protective factors*
- Lifelong development/lifelong intervention
 - At all stages of life, even for those whose trajectories seem limited, risk factors can be reduced and protective factors enhanced, to improve current and subsequent health and well-being

Developmental Tasks → Protective Factors for Youth

- Demonstrating social and emotional competence (including self-regulation)
- Exhibiting resiliency when confronted with life stressors
- Using independent decision-making skills (including problem-solving skills)
- Displaying a sense of self confidence and hopefulness
- Forming caring and supportive relationships with family members, other adults, and peers
- Engaging in a positive way with the life of the community
- Exhibiting compassion and empathy
- Engaging in healthy nutrition and physical activity behaviors
- Choosing safety (bike helmets, seat belts, avoidance of alcohol and drugs)

How does this translate into the
Fourth Edition of Bright Futures?



Bright Futures Previsit Questionnaire

15 to 17 Year Visits

For us to provide you with the best possible health care, we would like to get to know you better and know how things are going for you. Our discussions with you are private. We hope you will feel free to talk openly with us about yourself and your health. Information is shared with other people without your permission unless we are concerned that someone is in danger. Thank you for your time.

What would you like to talk about today?

Do you have any concerns, questions, or problems that you would like to discuss today?

What changes or challenges have there been at home since last year?

Do you have any special health care needs? No Yes Unsure, describe:

Do you live with anyone who uses tobacco or spend time in any place where people smoke? No Yes, describe:

How many hours per day do you watch TV, play video games, and use the computer (not for schoolwork)? _____

We are interested in answering your questions. Please check off the boxes for the topics you would like to discuss the most today.

Your Growing and Changing Body How your body is changing Teeth Appearance or body image How you feel about yourself
 Healthy eating Good ways to keep active Protecting your ears from loud noise

School and Friends Your relationship with your family Your friends Girlfriend or boyfriend How you are doing in school
 Organizing your time to get things done Plans after high school

How You Are Feeling Dealing with stress Keeping under control Sexuality Feeling sad Feeling anxious
 Feeling irritable Keeping a positive attitude



file includes fillable form fields.
 can print the completed form and save it to your device or Acrobat.com. Highlight

	<input type="checkbox"/> How to follow through with decisions you have made about sex, alcohol, and drugs
Violence and Injuries	<input type="checkbox"/> Car safety <input type="checkbox"/> Using a helmet <input type="checkbox"/> Driving rules for new teen drivers <input type="checkbox"/> Gun safety <input type="checkbox"/> Dating violence or abuse
	<input type="checkbox"/> Bullying or trouble with other kids <input type="checkbox"/> Keeping yourself and your friends safe in risky situations

Questions

Vision	Do you complain that the blackboard has become difficult to see?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Have you ever failed a school vision screening test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do you hold books close to your eyes to read?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do you have trouble recognizing faces at a distance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do you tend to squint?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Hearing	Do you have a problem hearing over the telephone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do you have trouble following the conversation when 2 or more people are talking at the same time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do you have trouble hearing with a noisy background?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do you find yourself asking people to repeat themselves?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do you misunderstand what others are saying and respond inappropriately?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Tuberculosis	Were you born in a country at high risk for tuberculosis (countries other than the United States, Canada, Australia, New Zealand, or Western Europe)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Have you traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Has a family member or contact had tuberculosis or a positive tuberculin skin test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Have you ever been incarcerated (in jail)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Are you infected with HIV?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Dyslipidemia	Do you have parents or grandparents who have had a stroke or heart problem before age 55?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do you have a parent with an elevated blood cholesterol (240 mg/dL or higher) or who is taking cholesterol medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do you smoke cigarettes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Anemia	Does your diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unsure
	Have you ever been diagnosed with iron deficiency anemia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure



Bright Futures Adolescent Supplemental Questionnaire 15 to 17 Year Visits

For us to provide you with the best possible health care, we would like to get to know you better and know how things are going for you. Our discussions with you are private. We hope you will feel free to talk openly with us about yourself and your health. Information is not shared with other people without your permission unless we are concerned that someone is in danger. Thank you for your time.

Your Name _____ Today's Date _____

Your Age _____ Your Sex (circle one): M F Your Grade (in school) _____

Your Growing and Changing Body: Physical Growth and Development

1.	Do you live in your parents' home?	Yes	No
2.	Do you go to school?	Yes	No
3.	Are you having any problems in school or at work? Circle all that apply: grades worse than last year fighting homework suspension in the last year missing school or work other _____	No	Yes
4.	Do you receive health care from anyone besides a medical doctor (such as an acupuncturist, herbalist, or other healer)?	No	Yes
5.	Do you brush your teeth twice a day?	Yes	No
6.	Do you floss your teeth once a day?	Yes	No
7.	Have you been to the dentist in the last year?	Yes	No



	suspension in the last year	missing school or work	other		
4.	Do you receive health care from anyone besides a medical doctor (such as an acupuncturist, herbalist, or other healer)?	No		Yes	
5.	Do you brush your teeth twice a day?	Yes		No	
6.	Do you floss your teeth once a day?	Yes		No	
7.	Have you been to the dentist in the last year?	Yes		No	
8.	Do you eat 5 or more helpings of fruits and vegetables each day?	Yes		No	
9.	Do you drink milk and eat yogurt, cheese, or other calcium-rich foods (such as dark-green leafy vegetables, or calcium-fortified orange juice or cereal) at least 3 times each day?	Yes	Sometimes	No	
10.	Do you eat more than 1 fast food meal per week?	No	Sometimes	Yes	
11.	Do you participate in any physical activities, such as walking, skateboarding, dancing, swimming, or playing basketball, for a total of 1 hour on a daily basis?	Yes		No	
12.	Do you drink more than 1 soda or juice drink each day?	No		Yes	
13.	Do you watch TV, play video games, or spend time on the computer for more than 2 hours per day (not including computer time for homework)?	No		Yes	
14.	Do you have any concerns or questions about the size or shape of your body or your physical appearance?	No		Yes	
15.	In the past year have you tried to lose weight or control your weight by vomiting, taking diet pills or laxatives, or starving yourself?	No		Yes	
16.	Do you eat meals together as a family?	Yes		No	