

Transcription

Media File Name: Parenting.mp3

Media File ID: 2468169

Media Duration: 57:16

Order Number:

Date Ordered: 2016-04-25

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Interviewer: Hello, everyone, and welcome to this Parenting Strengths and Partnering with Medical Home Webinar. I'm Megan Hiltner with the Healthy Start EPIC Center and we have approximately 60 minutes set aside for this Ask the Expert webinar. It is being recorded and the recording along with the transcript and slides will be posted to the EPIC Center's website following the webinar.

This webinar is the fourth in a series of four that has covered the four perinatal periods. Today's webinar we will focus on parenting. You can access the other three webinars: preconception, prenatal, and post-partum on the Healthy Start EPIC Center's website and listen to those and get all the resources as well if you'd like.

But today's webinar is focused really on how Healthy Start works with mothers, babies, and families to strengthen family resilience, creating a foundation for optimal child health and development. And we're gonna cover the recommended guidelines for child development year to age two and parenting education using the soon-to-be-released Bright Futures Guidelines 4th Edition.

And so before I turn it over to the speaker today, Dr. Judith Shaw, I have a couple more housekeeping announcements. We really want your participation. So at any point, if you have a question or a comment, please chat them into the chat box at the bottom left corner of your screen. We will only be taking questions via the chat box, but we will be breaking at the end of the webinar to answer or get to your questions or comments. And if we don't get all of them, we will include them in a frequently asked questions document that we'll post along with the other webinar materials on the website. And we also want your feedback on this webinar. So after the event, please take a moment to complete the survey that will pop up on your screen right after.

So now let me quickly and thoroughly introduce your speaker for today, Dr. Judith Shaw. She is part of the Bright Futures Steering Committee and co-chairperson. She's also the Associate Professor of Pediatrics and Nursing and

Executive Director of the Vermont Child Health Improvement Program with The University of Vermont College of Medicine. And so without further ado, I'm gonna turn it over to you, Dr. Shaw, to begin the webinar.

Dr. Shaw: Thank you, Megan. It's a pleasure to be here today and to talk to you about my passion and interest in the work that I've been doing over the last couple of years, updating the Bright Futures Guidelines. What I have planned for today is to talk to you, just give you a basic overview of Bright Futures, what it is, to ground us in what happens in the pediatric primary care office and how the guidelines and the work that we hope the pediatricians, nurse practitioners, family physicians cover in the primary care setting, line up, align with, and help you in the work that you do day to day.

I'm going to talk a little bit about the fourth edition, give you a little bit of a look into the crystal ball of what's coming out in the fall. The fourth edition of Bright Futures is due out sometime in the fall. We've completed all the edits and I'm gonna give you a little snapshot of what to expect because there's quite a few different things coming out. I'm going to talk about the visits [inaudible 00:03:21], what happens on the primary care well-child care, health supervision side, and how that links to what you're doing.

And then we're going to talk a little bit about parenting strengths and how we've really incorporated that into this next version of Bright Futures. It's not that it wasn't there before but it's in a much more prominent position in this next version of Bright Futures. Just by way of history, Bright Futures is actually supported by the Maternal and Child Health Bureau, which is located in HRSA. The first edition, and often when I'm in a room, I say to people, "How many people have the 1994 version of Bright Futures?" The first edition came out in 1994, so quite a long time ago. It was updated in 2000.

Then significantly, in 2002, the American Academy of Pediatrics was successful in their response to the FOIA to take Bright Futures to the next level and to implement and work on the guidelines. So in 2002 is where Bright

Futures, some of you may have remembered, it was at Georgetown, it went over to the American Academy of Pediatrics. The third edition came out in October of 2007 and about two years ago we started working on the fourth edition. And we thought it was going to be a quick rewrite and small revision and it turns out that thanks to the great work that you've done and others have done, there's significantly more information and changes that we had to incorporate, so it took us a little longer than we expected. We put it out for public review last summer and some of you on the phone may have taken a look at it and provided comments. We had over 3000 comments that people provided and we incorporated those comments, so we expect it out sometime this fall in 2016. So that's the quick history of Bright Futures.

This is the picture of the third edition. We're still trying to decide what the fourth edition looks like. But when we did the third edition, we revised the definition of Bright Futures to include family, community, systems and policy. Although it's the guidelines for well-child care, for pediatricians, nurse practitioners, primary care, we feel that it has broad applicability to all groups and families, people that interact with children and families, so we're really taken a broad perspective and really respected the links between primary care and the work that you all do.

Of note, Bright Futures is under the microscope right now, and why is that? Because it is contained in the Affordable Care Act. When it says in the Affordable Care Act that all health plans cover with no cost-sharing respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by HRSA, AKA Bright Futures. So all the families and the children that you see are able to get, with no cost share, access well-child care visits under their health plan. Therefore, the insurance companies are looking very closely now at the components of the Bright Futures Visit and what they require to cover vis-à-vis no cost sharing.

This is what we call the periodicity schedule. This is free and available to any and all of you. I call it the God plot or the what thou must do. It's not the best

image but it really shows you, in a column, each of the visits and what are the components of the well-child care visit. So what gets done at the visits? This may be helpful, as you see families, if they say, "Oh, when do I get my vision screening done?" and, "When do I get my hearing screening done? When is autism screening recommended? When is developmental screening recommended? When do many of the screening components take place?" This will be revised with a few more components based on the new guidelines, but it's a great road map for anticipating what might be coming up at a particular visit without looking at the details of the visit.

Let's talk a little bit. That's the background to Bright Futures. That's a quick, quick overview of Bright Futures, but let's talk about the fourth edition. In the third edition, we had 10 health promotion themes in the guidelines. This year, this version, we've got 12. The new themes are social determinants of health, media use, and children with special health care needs. Why I think this is important for you all to know about this is because these are often used in educational settings. These themes, it's a great 10-page overview of where things are at the moment the book gets produced.

For example, the child development, healthy development theme is often used in nurse practitioner, physical therapy, early care and education settings as a way to give a good snapshot and overview of child development. The promoting healthy nutrition section talks a lot about breastfeeding and is often used when people want to get a good review of the evidence for breastfeeding, what the recommendations are and what the recent guidelines are. So the themes are a great resource is what I would say. Then there's the visits and I'm gonna talk a little bit about the visits coming up.

But again, the Bright Futures book, the guidelines, is divided into these two sections. The beginning part is the themes and the second half of it is the age-specific visit. But I just encourage you that if you're working with students or you've got somebody new to the field that really wants to get updated, the themes are a great resource and they're a fairly easy read. They're only about 10 to 12 pages. Some of them are a little bit longer but give you a nice overview of

the state of the field at that point and time. This just shows you the 12 different themes and what we've changed. We've changed child development to healthy development because we have adolescent development in there and they don't like to be called children. So we changed that.

The section on community relationships and resources, which I think is pertinent to a lot of the work that you do was incorporated into the family support section theme and also into this new theme promoting lifelong health for families and communities. What we really realized with Bright Futures is there's so much new knowledge about the effects of poverty, the effects of community, the effects of lifelong health and really promoting lifelong health, that we felt it was important to call that out as a theme and describe that in Bright Futures, and that is an excellent chapter.

We've also added social media, because as many of you know, you probably see children and families at a very young age that are very good at swiping on the iPad or the iPhone or finding apps on the iPhone or playing games on the iPhone. And Bright Futures and The American Academy of Pediatrics still recommend no screen time under two years of age, but the reality is anyone has to walk downtown or in a mall and you see these kids holding these phones at a very young age. And so what we're talking about is the healthy and safe use of social media. As kids get older, what do you need to do to think about their access to information on these devices?

And the last component is children and youths special health care needs, which is a group of children that you probably have a lot of interaction with. And the last time we did not have a theme on it, but this time we decided that there's so much knowledge, especially the care/coordination role and the role that you play in helping to coordinate the care for families, making sure families get access to the care. There's a lot more about care plans and shared plans with care that families are involved in. And it's not that we didn't do that 10 years ago, but the field has emerged so significantly. We felt it was really important to have a specific theme for children and youth with special health care needs.

So again, those are the themes. Those are just the background material resources information about those particular areas. And if you're interested in the state-of-the-art of oral health and what we're recommending, you could take a look at that theme. That's an overview of the themes.

The visits. Many of you probably have children or remember going to your pediatrician or your nurse practitioner. The components of the Bright Futures visit has not changed. These are exactly the same as they were in the third edition and then previous versions. It's still important to get a history to do surveillance, which is an overview to do the physical exam and to screen and to give immunizations. And then the last component in anticipatory guidance where I'm going to focus the rest of this talk on is that precious time when we impart information to families, give them advice. We survey and assess how they're doing, but most importantly we help them to be the best parents that they can be to their child and help them be the best grandparents, whether we're dealing with grandparents.

That component of anticipatory guidance where we really guide people in what they do is just so critical and important and I'm going to focus on that in the rest of the talk. What I wanted you to see is that in each of the visits, and I'm going to talk a little bit more about what the visits are, each of the visits in Bright Futures has five priorities and five areas that are a focus. And what sometimes I do is, in a room of people, say, "Okay, when you go to see a family, when you do a visit, or when you're interacting with a family, how do you decide what to talk about? How do you decide what information to share?" What we've done in Bright Futures is said the first priority is to address the needs of the child and the family.

So if the family comes in with questions, that's the first thing that you need to talk about. If the mom says, "This is a concern for me," or, "We have a wet, moldy basement and I'm really concerned about my child," you're not going to go, "Oh, well, I need to talk to you about oral health because that's on my list of

things." The first priority is to address the needs of the family. Then after that, Bright Futures gives you a roadmap of potential topics to talk about at each age that are relevant to a child at that age. And again, what we've tried to do is take that long, long, long laundry list of talk about this, talk about that, talk about this, talk about that, covering everything and try to hone it down. And what we hope is that this list and these topics are used and relevant in all settings, that it helps to guide the appropriate topics for a child at that particular age. So within the safety section, it'll be information that's relevant, pertinent, and the evidence says it's important to talk to a family about as a child at 12 months of age.

What's most important is the first bullet on this, the social determinants of health. And for those of you who have seen the last version of Bright Futures, those components of the social determinants of health were woven throughout the anticipatory guidance section, but they were not given a single priority. They were not contained under a single priority. And it became very clear to us that the economic and social conditions that shaped the health of individuals and communities, we're learning more and more about the effects of poverty, the effects of certain conditions that shape the health of that child and family. So we've given that a prominent position as an anticipatory guidance topic.

So a little later on, I am going to ask you a question about what are the social determinants of health that you think are important that affect the children and families that you see. And I'm going to ask you to type those into the chat box, but I wanted to give you a heads up so you could start thinking about those. What are the things that are important?

And then we'll take a look at, did we cover those in Bright Futures? Are the pediatricians going to be addressing the needs and the concerns that you all face with children and families and we'll take a look at what we've put in Bright Futures vis-à-vis. So start to think about what some of those social determinants of health are that affect the children and family, and we'll ask you to put it in the chat box a little bit later. Oh, I see some of you are putting it in now. You can go ahead and do it now if you want, but I'd love to hear what your thoughts are.

The last piece is the tool and resource kit. And I don't know if any of you have worked in the primary care setting or even your own setting where you have guidelines but you don't have the tools and materials that match the guidelines. I worked in primary care in Children's Hospital in Boston for years. We had guidelines, we had documentation forms, we had parent handouts, but nothing aligned. The guidelines said we didn't necessarily have handouts that linked to it.

So what the American Academy of Pediatrics did is when we created the Bright Futures Guidelines, we created a tool and resource kit. And I'm gonna show you on the next slide some of the tools that are in the kit. And the reason that this is important is many states, and especially public health departments, often use these in their setting. Early care and education have adapted these tools for their use. There's three core tools. One's the pre-visit questionnaire and that is questions pertaining to a visit, so the 12-month visit. And it aligns with what's in Bright Futures.

Now what you're looking at on this slide, if you can even see it on this slide, are the tools from the old Bright Futures from the third edition. We are in the process of updating the fourth edition and hope the tools will be out at the same time that the book comes out this fall, but what you're looking at is the third edition tools. The pre-visit questionnaire, some home visitors actually bring these to parents prior to a visit. If you know that the parent is going in for the two-month visit, you may actually give them the two-month pre-visit questionnaire and say, "Here's some of the questions that the doctor, nurse practitioner will ask you. Here are some of the common topics that people discuss to help prepare them for the visit." So actually the pre-visit questionnaire doesn't just have to be used in the primary care setting.

The second tool is a documentation form, and I'm just using standard slides that we have, and that's where the provider documents in their chart the visit. And what's important, though, is the components of the Bright Futures visit are on

the documentations form. And as many of you know, what the documentation form asks you to do is often what you do. So we know that having all those components on the forms that docs use to document is very important in helping to drive the agenda and what they talk about.

And the last form is the parent and patient handout. So for adolescents, we have patient handouts, for the younger children, we have parent handouts, again, aligning to the priorities and summarizing the information. A lot of people hand this out to parents, write all over it. It talks about what to expect at the next visit and it reinforces the anticipatory guidance information that was provided at that visit.

Again, I know a lot of community health workers, care coordinators, home visitors, people in the community that use this as a way to help to reinforce the information at the visit. We certainly encourage you to use this. The other thing is the American Academy of Pediatrics is very willing to provide this information for you. They're also willing to give you the parent handouts in a word format and have you adapt them for the population that you see. So if there's components of it that you find it doesn't really apply and you want to adjust them and make your own handouts to summarize for families, we're willing to work with you. Just let me know if you're interested in doing that and we can get you the information so that you can adapt it for the families that you serve.

So those are the tools. That's sort of a snapshot of Bright Futures, the tools and materials that are available. We really encourage folks to use them in all settings. They're not just for pediatrics and primary care but we do see broad applicability. And I think what's most important is that we all care about children and families. So if you're seeing a two-month-old, whether it's in the primary care setting, whether it's in the early care and education setting, whether it's as a home visitor, in whatever context you're seeing that child and family, that we all talk about what's important to a two-month-old and to that family to raise that child as a healthy, happy child. And we hope that the Bright Futures structure and guidelines, which we have really tried hard to align with a

lot of the other disciplines in the work that they do serves as a road map for those conversations.

A talk on Bright Futures wouldn't be complete without talking about the measures and how all of us, including all of you, are being held accountable for the outcomes and the measures of the children and families that we serve. Providing a Bright Futures visit, primary care, meets many of the national performance measures that are part of the Title V MCH block grant as well as the Chipper Core measures that come out of the Center for Medicaid and Medicare services. And I know that you have measures and metrics that you are held accountable for reporting against. And so these are just some of the measures that wink back to the primary care visit. By improving access to primary care, making sure that the children and families are getting the services, they should be getting the well-child care visits in the first 15 months of life, getting the developmental screenings, the immunizations.

So part of our work nationally is focused on getting children access to those services in the primary care, thereby improving these measures, which many of them are shown to improve the outcomes of children and families. So I just wanted to include this crosswalk and we've done a lot of crosswalks between the component, the measures that we're all being held accountable for, and the components in a Bright Futures visit.

So what is anticipatory guidance in a Bright Futures visit? So if you guys can count, there's 12 visits in the first 2 years of life. Prenatal, newborn, first week, then 1 month, 2, 4, 6, 9, 12, 15, 18 and 2 years. So 12 times, if a family shows up for their well-child care that they get all of those components that we talked about earlier, the immunizations, the surveillance, the screening, the physical exam, and the anticipatory guidance. We know that all families don't show up for all the visits and it's up to the clinician to adjust accordingly. But these are those visits that are in Bright Futures. So what is anticipatory guidance? I talked about it a little bit earlier. It's really imparting information to families based on the age of the child, the receptivity of the family, and the needs of the family.

What I wanted to show you is that in Bright Futures, many of you may know this but you may not know it, we have a prenatal visit and we encourage all families, all parents to go in for a prenatal visit with their pediatrician, their nurse practitioner or family physician, whoever's doing the well-child care. We feel like this is a really important visit for a couple of reasons. And, again, if I could talk with you guys and interact, I would ask you why, but I'm sure you can understand when that baby is born, it's a very stressful time to start to impart a lot of information about the dos and don'ts and things to think about. It's really a great opportunity, prior to the birth of the baby, to have that prenatal visit with the pediatrician.

So for those of you who are doing home visiting for pregnant women, and especially for their first child, the opportunity to link them up and get them in for a prenatal visit...and the prenatal visit's pretty comprehensive. It looks at the environment, mold in the environment, lead. It talks a lot about breastfeeding. It helps the family to think about a plan for that. It certainly talks about safety, basics of newborn care, covers a lot of information, and it really looks at the health of the family and the parents.

So what's important there is that I know that many of the families you see are probably lucky to even get into their prenatal care, let alone think about trying to find a pediatrician. But to the extent that you have been able to or link them up to a primary care and get them in prior to the visit to think about the components about how their lives are gonna change, especially with their first baby, it's really important. So we've put a lot of attention into the components of the prenatal visit and have made some revisions to that going forward.

So I just wanted you to get a chance to see what the components of the anticipatory guidance part of the prenatal visit is, because it's so important to the work you do.

So what else is discussed in the first two years of life? And every visit is different, but I tried to summarize, in this slide, some of the high-level topics that are covered at each visit. This is going to resonate with you as you interact with children and families. Many of these components are pieces that I'm sure you talk with families about and help to educate the families about. There's our social determinants of health at the beginning, we talk about parent health and well-being. There's a huge focus, obviously, in the first two years of life on the child's development, and as you can see, it advances from infant behavior in care to communication and social development. As a child gets older, we talk about temperament, language development, and then we begin to talk about television and social media, toilet training. Those are some of the components. This is not an exhaustive list. There's probably plenty of things. Then you go, "How come that's not on there?" It's probably on there. I just tried to summarize the major component.

Talk about nutrition and feeding, certainly a huge focus on breast feeding that is supplemented and complimented by the work that you do. What I want you to understand is that in the primary care setting, the pediatrician, and I'm just saying pediatrician, I mean nurse practitioner or anyone that's in primary care, is reinforcing talking about the importance of this. When the families interact with you, it is so important that you reinforce the same message and that you are a part of that care team. What we like to say is eight times eight ways is more likely to happen. So if a family hears about car safety or breastfeeding from you in the primary care setting, in their early care and education setting, even from their grandparents, they're more likely to follow that advice. Oral health and then obviously safety, and the components in the first year of life, certainly about safe sleep, and then the usual component of safety.

So that's the overview of the anticipatory guidance in the first two years of life. Now I want to shift gears a little bit and look at the social determinants of health. So I'm gonna turn it over to Megan. Anyone who had contributed information, we're gonna talk a little bit about what does social determinants of health mean to you all? What if we put in Bright Futures? So if you have contributions as far as what you think about the social determinants of health, please put them in the chat box and I'm gonna have Megan facilitate and talk a

little bit about what you guys have put in, then in the next slide I'll show you what we've put in Bright Futures.

Interviewer: Sure. Thanks, Dr. Shaw. There's been a lot of great comments already that the Healthy Start grantees have shared already. Some of those include poverty, lack of quality education, inadequate housing, obesity, transportation, housing acceptability and quality, level of education of the parents, place or community resources where they live, for example, major grocery stores. And then, another person, this is along the same lines as the transportation, but this person added that access to transportation that allows them to get to employment opportunities, and then another person just chatted in food security.

Dr. Shaw: Those are great. My question is how many of those do you think pediatric primary care can affect? I want you to think about that. But they certainly can inquire about them and connect the families to the needed resources. I don't know, Megan, if you had anything more to say about these.

Interviewer: That was the summary of the examples that were listed at this point, Dr. Shaw.

Dr. Shaw: That's great. Well, let's go to the punch line and see what we've got in bright futures and how you all have done, because you're pretty close and I think you've done a great job. One of the important things that we recognized in Bright Futures, as we were putting together the social determinants of health, we fell into the trap of all the risks. And I think some of you have talked about housing accessibility and quality, level of the educations. Oh, here's another one. Family behaviors of mothers, grandmothers, aunts, and other family leaders, the impact that it has on the child and family, absolutely. And what we realized is that we were taking a very negative view of it: what's bad about you and what do we need to fix versus what's good about you and looking at the strengths and protective factors.

And so we did a huge 180 turn and we said, "Oh my gosh. These risks are important," but boy, you all know when you see a family that's clicking and the child is thriving and the family's doing really well, they may not be doing very well in all components, but when they're doing something well, wouldn't it be nice to recognize that? Wouldn't it be nice to say, "Wow, I really think you're doing a great job with limiting the screen time in your child. I really admire that in you. I know how difficult that can be with three children in the house and it's so much easier to turn the TV on, but I think you're doing a wonderful job finding creative ways for your child to do things?" What a different approach than to just say, "Oh, you're doing things that aren't good."

So we really recognize the importance of strengths and protective factors, so let's look at the risks. Living situation, food security, so we've really pulled out a focus on what the environment is that the families live in and whether they have access to food. Environmental risks, mold, lead, and I spoke to those earlier, what's going on in their environment. Intimate partner violence and it focused on intimate partner violence and then obviously tobacco, alcohol, and drug use questions. Those are all under the risks of the social determinants of health.

What I want to say is that what I really want, if we have one take home message here is we're asking pediatricians and primary care practices to assess for the things that you probably know well that affect children and families that traditionally have not been part of the well-child care visit. Families still think that they take their child to the pediatrician to get shot. Some of them still do. But we're asking the primary care setting to assess for these factors.

And what I want you to be aware of is when these guidelines come out and people start really using the tools and asking questions, we're gonna need, as a community, to have a response to support that pediatrician, nurse practitioner asking those questions. Because if they ask the questions and they have

nowhere to turn for help or for resources to assist the family, guess what they're gonna do. They're gonna stop asking the questions.

So we really have this window of opportunity to align the work that you're doing with what's getting asked in the primary care setting and what pediatricians are really going to be focusing on. And I can tell you that I presented this to all the pediatricians at the American Academy of Pediatrics last fall at their annual meeting and not one single person or group pushed back and said, "Oh, that's not my job." Everyone was excited.

So I really look to you all to say alignment, when bright futures comes out, it's a real opportunity to talk about aligning the work that the pediatricians are doing with the work that you're doing to make sure that when they ask the question and there's a difficult situation that you can help those families either refer them to the resources or know what the resources are. Many of the situations, such as transportation, housing, accessibility beyond the control of all of us and it behooves us to be advocates for changes to the system of care, but to the extent that we can be aware of how those situations impact children and family and get them to the resources is really important.

So let's look at the strengths and protective factors, because those are the pieces that really influence the positive side of things and we know that maternal and family support, parent/infant relationship, family relationship and childcare, again, these are just some of the components. I didn't list everything up here. It's not an exhaustive list. I tried to pull out some of the highlights from the various visits. But we put child care under strength and protective factor. We really didn't know where to put it, but we really felt like good quality, early care and education and good child care is so protective and so helpful for that child and family.

Many of you, many of the people in the early care and education community really added a lot in the public review about the importance of that in the child and family's life. And so we really wanted to put that under...we didn't want it

buried in another section of Bright Futures. We really wanted to highlight it in strengths and protective factors because we really think it's such an important component in the lives of the children and families.

So, you guys, I think you did really well as far as the social determinants. It really remains to be seen that as pediatricians start to more purposefully ask these questions, it means we'll appear on the pre-visit questionnaire what the effect is on the pediatricians asking the question, primary care, and referrals to community resources, and I hope what you're seeing here is alignment between the work that you've done and what you've discovered and what you've learned about the importance of raising healthy and happy children and families and how we're expanding that to be included in the primary care setting.

The last pieces I wanted to talk about, and I'm giving you a snapshot of what's to come in Bright Futures, and unfortunately we're not gonna be able to post these afterwards, but I actually pulled some of the content. This is the crystal ball of what's in Bright Futures in the upcoming.

Here's an example of the strengths and protective factors, family relationships and support in the four-month visit. So you can read it. I'll just give you some highlights that we have a description about what we mean by that, so by the time the infant is four months old, parents are truly enjoying their role, we hope, as parents and gaining confidence. If they're juggling work or child care in parenting, if they're less likely to find it enjoyable, then we have sample questions that the pediatrician, nurse practitioner can ask. And we tried to keep them open-ended as opposed to yes/no. "What do you do when problems really get to you? Who do you turn to? And then the anticipatory guidance with a real focus on who their supports are in their environment.

And in the beginning, inquire about who helps them with the child. If less than three are offered, ask the parent what family lives nearby, about neighbors and children, really feeling like if they say, "I don't have anybody," or, "I just have one person to lean on," it's a red flag. We can't go out and make those supports,

but we may be able to try to find some parenting classes or some child care opportunities or opportunities for that family to interact with other people that have children of that age.

This is an example of a strength and protective factor of family relationships and support at the four-month visit, so you can see a little bit about what we're asking the pediatricians to inquire about with the family.

Now let's go on and talk about the safe sleep piece. I just pulled a couple of other examples of the two-month visit, safe sleep. Here it is about counseling parents about the risks of bed-sharing. Where does your baby sleep now that the child's two months of age? What have you heard about Back to Sleep? And I know that that's one of the indicators and one of the areas that you all really focus on. Real emphasis and push to the components of Back to Sleep where they place the child, the use of a crib, and a playpen, and all of that.

And I know just for you to realize that the pediatrician can only go so far. Many of you are actually in the home and can observe what's going on and can observe the environment and have a lot more interaction with the family, so this is what we recommend that is imparted in the primary care setting. It is everyone's responsibility in the community to reinforce what's said and what advice is given to the family.

And let's take a look at another area that I know is really important to you and that's the early literacy area. And now, as many of you know, pediatricians give out books through the Reach Out and Read program and there's a real emphasis on early reading and now it's down to zero to birth. It used to be at six months of age and the new Bright Futures is gonna be starting at birth, encouraging parents to read to their children.

We talk about what have you noticed about changes in your baby's development and behavior? How does your baby adapt to new situations as far

as communication? Is he sensitive? How does your baby respond when you look at books together? The response might be, "We don't do that." And so we hope that the pediatrician will talk about that. Also very important, books don't have to be read. The parent can tell a story, so often times modeling that behavior. So that's an example of literacy in the sixth month visit.

And what I'm hoping that you see is there's different components, different anticipatory guidance pieces that get discussed at each of the different visits, and on the parent handout or the pre-visit questionnaire, you'll get a sense of what those are and an opportunity to reinforce those. But if the pediatrician is doing it, the home visitor or the care coordinator and early care and education, everyone that's interacting with those families, it's a wonderful opportunity for them to get the information reinforced in their child's life.

So I'm just gonna end with this slide and really the goals of Bright Futures and working with states to make the Bright Futures approach the standard of care for infant children and adolescents. And I just tell you all that if you're in a state...North Dakota has adopted Bright Futures as the standard of care. Certainly Maine has done that. Many of the states, Virginia has done an amazing job adopting Bright Futures as the standard of care. It now is part of the ACA, so it really is required under the health plans.

But if there's anything that we can do as the American Academy of Pediatrics or Bright Futures to help you in your state, I do know that the AAP is very interested in working with state governments and state partners as far as getting the material disseminated and will give a pretty good, substantial discount and deal to states that want the Bright Futures material. So I just wanted to let you know about that.

Helping health care providers shift their thinking to a prevention-based family focus and development-oriented direction and we're really focusing to a strength-based approach as far as that goes and also thinking prevention,

prevention, prevention and really looking at strengths and looking at working more broadly.

Fostering partnerships between families, providers and communities, and I think that's the theme of today, is how do we support the families, how do we partner with families, how do we really promote families, and I hope what you've seen is there's a real focus in Bright Futures on looking at the strengths of the families and really fostering and developing that.

I hate to say it but it's getting away from just giving immunizations and that the well-child care visit is just about getting shots. It really isn't. It's much more broadly applicable and I think aligns with the work you do. Then empowering families with the skills and knowledge to be active participants in their child's healthy development, I think that's something that we all do and we all do a very good job of it.

So I'm gonna end there and I would love to take any questions that you all have. This last slide has access to the AAP resources. Jane Bassewitz is my colleague there and she's just masterful at answering questions and getting you the materials that you need. The Bright Futures email and then the Bright Futures website, all of the materials are available on the website. If you have any questions, you certainly can email me, and Megan has my email address. I just realized I didn't put it on the slide, so I apologize for that.

What questions do you all have about what we just presented? Or I would be really curious about your interactions, pros or cons with primary care, and how you've worked with primary care practices and/or Bright Futures in the past.

Interviewer: Great. Well, thanks, Dr. Shaw. That was a really great informative presentation and aligned so nicely with what the Healthy Start folks are doing. So folks, chat your questions in. There was one question here for you. The

question is "What does Bright Futures say about maternal depression screening?"

Dr. Shaw: Ooh, good question. Well, as you all know, ten years ago, maternal depression screening was not really strongly promoted, however The United States preventative services task force just came out with strong recommendations to conduct maternal depression screening at all visits up to 12 months of age. So without promising, again, we've submitted the guidelines, there still might be some changes but I don't think so, what we do in Bright Futures is take the United States Preventative Services Task Force recommendations. And if they give a strong recommendation, that usually gets translated into Bright Futures. So we will be recommending that the clinicians and the primary care practices administer and assess for maternal depression screening at all the visits up through the 12-month visit. Now, the question for you all is then what happens when the screen is positive.

And the pediatrician can obviously make a referral but I think that that's where the work that you're all doing in Healthy Start and in the community really provides an opportunity to get that mom and that family into services and to really continually assess how the mom's doing. So maternal depression screening, great question, is going to be certainly part of Bright Futures going forward. There are some things like that that are getting added, and that is certainly one that has strong evidence and that will be in there.

Interviewer: Great. So folks, if you do have questions or comments, please chat them in the chat box. And also, to Dr. Shaw's question, too, about your interactions with primary care, please chat those in as well. We have a question here and I'll ask it but I want to make sure that I'm asking it in the way that the person is framing it. So the person is asking, "How important is it for parents to gain access to help develop and implement policies that we have at Healthy Start?"

You know what, I may ask for a little bit of clarification from the last person asking that question, Dr. Shaw. So hold on to that question. I'm gonna go back and see if I can get a little bit more clarification. But I did get another follow-up question about what does Bright Futures say about intimate partner violence screening, and you alluded to that earlier.

Dr. Shaw: Yeah, I did allude to that earlier. What's really interesting in Bright Futures is that we've tried to normalize intimate partner violence screening because we've realized, first of all, some families may say, "Why are you asking me these questions?" In other situations, pediatricians, nurse practitioners, family physicians, primary care setting may not be comfortable with how to ask about intimate partner violence. And I just remember working in Boston years ago, people would say "screen for it." What does that mean? When somebody says "screen for intimate partner violence," I bet if I asked each of you to type in what questions you use or how you communicate or do that, there's gonna be tremendous variability. And what we did in Bright Futures is we try to normalize it, in a way, normalizing asking the questions, so we've added...

And what we try to do in Bright Futures, and this is what's great for students or people in training, is write the words that you could use. So it's something like because this affects so many children and families that I see, I routinely ask these questions of everyone. So it's not like you've singled someone out and then, "Has anyone hurt or threatened..." I don't have it in front of me, so I apologize, but again, we really try to explain...

Again, also tobacco, alcohol and drugs, there's some sensitivity about, "Well, why are you asking me those questions? Why are you probing? We suggest wording and asking it in a way that makes it part of the standard of care to assess the health of the family and the child, so intimate partner violence is certainly in Bright Futures. Again, it doesn't have evidence at The US Preventive Services Task Force, and off the top of my head, I can't tell you exactly what visits it's covered at, but it certainly is a strong component in the Bright Futures visit. So we got clarity on that question?

Interviewer: Yes, we do, and it's a great question. So with Healthy Start having a consumer focus, how important is having parents at the table and moving forward for Bright Futures? And do you think that that focus is imperative to the work that they're doing at Healthy Start?

Dr. Shaw: Oh, I think it's absolutely imperative. I think it's so important to have parents at the table. Because, again, we've developed these guidelines. You do your work with the families, but how do we know how effective the work is that we do if we don't include parents in that conversation and in how we're doing as far as Bright Futures? What I would love to do is see in your communities apparent...actually even, I've challenged communities to have a parent-led effort to improve the quality of prevention that's administered to children and families. But short of that, a collaborative effort with it includes families, primary care, community resources, all of the Healthy Start work that you're doing, to really think about how you are all working together to address the health and the preventive side of children and families, and I really think that it's important.

And one little tip I will give you is when Bright Futures came out the last time, our American Academy of Pediatrics chapter, working with the health department and with our family organization, went from region to region in the state and talked about Bright Futures and we brought in Head Start Early Care and Education. I don't even know if there was home visitors back in those days, but we brought in everyone in the community that impacts children and families and we talked about, "Here's what the pediatrician does."

And what was fascinating is, at the end, we did a case presentation. Okay, here's a child and a family that shows up with this issue. What would happen? This was done in Vermont, but what was fascinating is that in some communities, everyone turned and pointed to a certain individual and said, "I would call him," or, "I would call her," or, "Here's what I would do." And then in other communities, everybody said, "You call me", and then somebody else

says, "No, you call me", "No, you call me," and the pediatrician goes, "Now you see why I'm confused," or the community worker says, "Now you see why there's confusion in our community. How do we align our work?"

So they actually used Bright Futures as a vehicle for bringing people together to talk about how we look at the preventive side. And again, Bright Futures and health supervision is really about anticipatory guidance, guiding families, doing surveillance and assessment and really guiding them and the importance of prevention. But I might challenge you to think about using this as an opportunity to introduce yourself as Bright Futures comes out in the fall for Healthy Start grantees to take the initiative to say, "I want to learn more. I want to learn more about what you're doing and I really think that component of parent involvement is just absolutely critical to moving Bright Futures forward, so thank you for that question. Other questions?"

There are no more in the chat box right now but I'm gonna give folks a moment or two to add any final questions. And while you do that, I'm gonna let you know of a couple of reminders for some webinars that we have scheduled. On May 5, from 2:00 to 3:30 p.m. Eastern Time, there's a quarterly conversation with the division of Healthy Start and perinatal services. They will be giving an update on relevant priority issues and these have gone on. We've had two prior to this, so mark your calendars for that.

Then on May 17, from 3:00 to 4:30 p.m., there's going to be a "Hear From Your Peer" webinar focused on training opportunities to support breastfeeding among Healthy Start. And this webinar is really gonna focus on the different training certifications that Healthy Start grantees can take part in and advantage of, including CLC certification and IBCLC certification. You'll hear from some other grantees that have through these processes, and also the webinar will also highlight the importance of partnering with other agencies like WIC. So that's May 17th from 3:00 to 4:30 p.m., and you can access the webinars either by registering, going to the Healthy Start EPIC Center's website listed here, and click on the date on the calendar for the webinar. Or you can also look out for the training alert that is sent out and register for the webinars that way.

Dr. Shaw, it doesn't look like we have any other questions in the hopper, but do you have any closing remarks before we close the webinar?

Dr. Shaw: No. I just want to say, other than just thank you for all of you for what you do day in and day out and the importance of the work that you do, it certainly makes my job a lot easier in writing the guidelines for what takes place in primary care to know that you all are out there supporting the children and the families and the pregnant women in the community. And I just wanted to say thank you. And if there's ever anything we can do regarding Bright Futures, if you want a Bright Futures talk in your community, if you want any information, or if we can be of any assistance, just don't hesitate to contact me. But I really appreciate your time today and I would be happy to talk to you at any point in time, but thank you again for all the great work that you're doing.

Interviewer: Great. Well, thank you to you, Dr. Shaw, for the great presentation and all the helpful information and thanks everyone for your participation. This concludes our webinar for the day. Enjoy the rest of your afternoon.

Dr. Shaw: Thanks, bye.