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Bright Futures: 4th edition includes focus on social determinants of health

by Alyson Sulaski Wyckoff, Associate Editor

A new edition of the AAP *Bright Futures Guidelines*, the resource on health supervision visits for primary care professionals, was released today in conjunction with an updated Periodicity Schedule of recommended screenings. Both guide the preventive care of pediatric patients through age 21 years.

Taking a positive approach to health advice, *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* outlines guidelines for 31 health supervision visits, plus the prenatal visit. It complements the AAP policy statement *2017 Recommendations for Preventive Pediatric Health Care*, or Periodicity Schedule, from the AAP Committee on Practice and Ambulatory Medicine and the Bright Futures Periodicity Schedule Workgroup (see resources).

"The Periodicity Schedule tells us what should be done in a well visit," said Joseph F. Hagan Jr., M.D., FAAP, one of the *Bright Futures* co-editors. "I believe *Bright Futures* tells us how to do it well."

The updated edition builds on more than 20 years of experience with an aim to advance understanding of key health promotion themes and health supervision recommendations, to improve clinical practice and address children's health care needs within the context of the family and community. Driven by evidence, the guidelines have evolved as a common framework and language used by many practitioners in their interactions with children and families.

The first half of the book provides background and recommendations on 12 themes, including three new themes. The second half offers developmental information, health supervision recommendations and anticipatory guidance.

There is a new focus on assessing for social determinants of health. For most visits, pediatricians are encouraged to ask about topics such as food insecurity, domestic violence, substance use, housing situations and other issues that may affect a family's health.

"We have always known that children who are in healthy environments do better than children who are in less healthy environments. ...That's what's great about pediatrics. We always believed this made a difference. Now we have the science," Dr. Hagan said.

3 new health promotion themes

Besides a new theme called "promoting lifelong health for families and communities" (linked to social determinants of health), other new health promotion themes are "promoting health for children and youth with special health care needs" and "promoting the healthy and safe use of social media."

Dr. Hagan said the previous edition integrated information on caring for children with special needs throughout the book, emphasizing they are children first, who also need immunizations, various guidance, etc., and not just "lose them in their diagnosis."

"I think the times have changed and people get that," he said. "And the cost of doing that is we didn't have an area in the book where we could talk specifically about new trends in care planning, case management, decision-making in palliative care, etc."

Similarly, more data on social media allow for expanded coverage, such as the guidance in recent AAP



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statements on media use in children and adolescents, and the new family media use plan.

Taking a positive approach

Overall, *Bright Futures* emphasizes a strength-based approach to health supervision visits championed by co-Editor Paula M. Duncan, M.D., FAAP. The approach encourages safe, stable, nurturing environments, according to co-Editor Judith S. Shaw, Ed.D., M.P.H., R.N., FAAP (hon.). Dr. Shaw calls the health visits a roadmap.

"It's the visits that come alive in the practice. It's really what a clinician and family should experience during a well-child care visit," Dr. Shaw said. "I always say, if you're a really good clinician and you've been doing this, you just kind of have to look at the Periodicity Schedule and maybe some of the anticipatory guidance priorities of the visit, and you go in and know what to do."

Dr. Hagan routinely asks his residents and students to read the introductions to the visits in *Bright Futures* to fully understand "what we're trying to do."

"The intro really is a helpful piece - it lays out not just how the visit is done but why you do it that way," Dr. Hagan said. "I want people to see why it's really important to go into that (exam) room and find that family's strengths and support them."

Bright Futures zeroes in on "that very precious visit, that very precious time, where children and families come together with their health care professionals ... to really focus on the health of that child - the health of that family," Dr. Shaw said.

A comment period on the book's content drew about 3,500 entries, much more than last time. Reviewing all the comments entailed a lot of work, Dr. Hagan recalled, but it helped the editors broaden their evidence base and fine-tune the content.

The new edition of *Bright Futures* is dedicated to Dr. Duncan and reflects the input of numerous experts and liaisons.

Periodicity Schedule updates

The Periodicity Schedule, available at www.aap.org/periodicityschedule and scheduled for publication in the April issue of *Pediatrics*, updates 11 categories that will impact pediatric practice. They include:

- Postpartum depression screening is recommended from the 1-month visit through the 6-month visit.
- Adolescent depression screening begins at age 12.
- Changes are made in regard to hearing screening.

Resources

- [Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th edition \(BF0043; members \\$69.95\)](#)
- [Bright Futures Pocket Guide \(BF0044; members \\$16.95\)](#)
- [Bright Futures website includes history, a video, a link to the Periodicity Schedule and other resources](#)

The social determinants of health are the economic and social conditions that influence individual and group differences in health status. They are the health promoting factors found in one's living and working conditions (such as the distribution of income, wealth, influence, and power), rather than individual risk factors (such as behavioral risk factors or genetics) that influence the risk for a disease, or vulnerability to disease or injury. The distributions of social determinants are often

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Many public health and health care interventions focus on changing individual behaviors such as substance abuse, diet, and physical activity. Positive changes in individual behavior can reduce the rates of chronic disease in this country. Examples of individual behavior determinants of health include: Diet. Physical activity. Denmark Social determinants of health and health inequalities are political priorities. The government is expected to identify national goals soon and these are expected to include a priority on health inequalities. Further details are provided in the presentation from Denmark below.

These countries have proportionally greater policy focus on health information systems, social and health insurance, clinical treatment, medication and medical equipment. Further research is needed into policy implementation and impact analysis. Leadership at the EC level is required to (re)stimulate action and build capacity on tackling health inequalities in a targeted way.