

# POLICY FORUM

## *Bright Futures for Well-Child Care*

### Introduction

Advice on how to raise children started with Spock. (That's the iconic Dr. Benjamin Spock, not the iconic Vulcan.) Dr. Spock wrote *Baby and Child Care* over 60 years ago, and it became the bible—and, apocryphally, it is said to have been outsold only by the Bible—for mothers and fathers of the Greatest Generation, as they raised their Boomers. Dr. Spock told parents that they were so smart that they already knew how to raise their children; he then wrote over 1,000 pages telling parents what they did not already know. T. Berry Brazelton and his work, *Touchpoints*, were compared to and arguably supplanted Spock and his work, as the guidance for Baby Boomers parenting Generation X'ers. Brazelton told parents that they were keen observers of their children's growth and development, and then wrote nearly 500 pages telling them what they were seeing and what it meant.

The American Academy of Pediatrics' (AAP) Bright Futures guidelines, over 20 years in the making, blends the anticipatory guidance provided by Spock and Brazelton with evidence-based guidelines for examination, testing, screening, and immunization of babies, infants, children, and teens. Bright Futures is more than a reference; it is also a toolkit, providing tangible materials to help providers, children, parents, and families. Bright Futures is the new icon, shaped by evidence more than opinion and reified as the standard of care under provisions of the Affordable Care Act. Bright Futures is a triumph of public policy made practical.

The AAP nurtured the slow growth of Bright Futures from concept to blueprint. North Carolina providers contributed national leadership for the project, including input from 2 of the authors in this issue of the NCMJ, Jane Foy and Marian Earls. Foy chaired the AAP Task Force on Mental Health, and Earls was a key member of the AAP Committee on Psychosocial Aspects of Child and Family Health. In addition to this leadership, the North Carolina Pediatric Society and Community Care of North Carolina piloted demonstration projects that provided training, guidance, and materials to make evidence-based practice the norm in well-child care, not the exception, across the state.

The genius of Bright Futures lies in the near-invisible connection between evidence-based guidelines and population health. An individual provider, seeing a unique child and parent, applies clinical interventions that can ultimately lead to changes in population health outcomes. Bright Futures simply says: more immunization, less vaccine-preventable disease; earlier recognition of developmental disabilities, earlier intervention for school readiness and success; timely screening for age- and development stage-related issues, more timely referral, intervention, and treatment. Care well for the individual and family, and the community benefits.

Many, perhaps too many, of our emerging indicators of quality care measure how to slow the progression of chronic disease and illness. Instead, Bright Futures aims to detect and prevent disease, and its indicators promote and measure health. Bright Futures engages providers, children, and parents alike, encouraging engagement rather than prescription, and aiming us all in the direction of health.

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