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ABOUT BRIGHT FUTURES

Bright Futures is a vision, a philosophy, a set of expert guidelines, and a practical developmental approach to providing health supervision for infants, children, and adolescents. Bright Futures is dedicated to the principle that every infant, child, and adolescent deserves to be healthy and that optimal health involves a partnership among health professionals, families, and communities.

Mission

The mission of Bright Futures is to promote and improve the health, education, and well-being of infants, children, adolescents, families, and communities.

Goals

• Foster partnerships between families, health professionals, and communities
• Promote desired social, developmental, and health outcomes in infants, children, and adolescents
• Increase family knowledge, skills, and participation in health promotion and disease prevention activities

• Enhance health professionals’ knowledge, skills, and practice of developmentally appropriate health care in the context of family and community

Objectives

• Develop materials and practical tools for health professionals, families, and communities
• Disseminate Bright Futures content, philosophy, and materials
• Train health professionals, families, and communities to work in partnership on behalf of children’s health
• Develop and maintain public-private partnerships
• Evaluate and refine health promotion and disease prevention efforts

Funding

Since its inception in 1990, Bright Futures has been funded by the U.S. Department of Health and Human Services, Health Resources and Services Administration’s Maternal and Child Health Bureau.
Optimal nutrition is important for sustenance, good health, and well-being throughout life. The nutrition status of infants, children, and adolescents affects their growth and development and resistance to disease. As the relationships among diet, health, and disease prevention have become clearer, nutrition and the promotion of healthy eating behaviors have received increased attention.

Lifelong eating behaviors are often established in early childhood. Therefore, it is important for children and adolescents to build the foundation for good health by choosing a healthy lifestyle, including practicing healthy eating behaviors and participating in regular physical activity.

A Developmental and Contextual Approach

The guidelines in Bright Futures in Practice: Nutrition represent a developmental and contextual approach to helping children and adolescents develop positive attitudes toward food and practice healthy eating behaviors. The developmental approach, which is based on the unique social and psychological characteristics of each developmental period, is critical for understanding children’s and adolescents’ attitudes toward food and for encouraging healthy eating behaviors. The contextual approach emphasizes the promotion of positive attitudes toward food and healthy eating behaviors by providing children, adolescents, and their families with consistent nutrition messages.

Partnerships Among Health Professionals, Families, and Communities

Encouraging healthy eating behaviors in children and adolescents is a shared responsibility. One of the principles of Bright Futures in Practice: Nutrition is that, together, health professionals, families, and communities can make a difference in the nutrition status of infants, children, and adolescents.

Throughout the nutrition guide, we use the term “parent” to refer to the adult or adults responsible for the care of the infant, child, or adolescent. In some situations this person could be an aunt, uncle, grandparent, custodian, or legal guardian.
HOW THIS POCKET GUIDE IS ORGANIZED

The pocket guide is based on Bright Futures in Practice: Nutrition. Presenting key information from the practice guide, the pocket guide serves as a quick reference and training resource for health professionals and students.

Nutrition Supervision

This section outlines nutrition supervision for infancy, early childhood, middle childhood, and adolescence. Nutrition supervision includes interview questions, screening and assessment, and counseling.

Nutrition Issues and Concerns

This section provides an overview of common nutrition issues and concerns that affect infants, children, and adolescents. Additional topics such as breastfeeding, hypertension, oral health, pediatric undernutrition, and children and adolescents with special health care needs are addressed in the practice guide.

Nutrition Tools

This section provides tools to help promote the nutrition and physical activity status of infants, children, and adolescents.
CORE CONCEPTS

Q: In today’s complex and changing health care system, how can health professionals implement a Bright Futures approach within each visit?

A: By using an innovative health promotion curriculum developed specifically to help professionals integrate Bright Futures principles into practice.

This unique curriculum, developed by a health promotion work group supported by the Maternal and Child Health Bureau, includes 6 core concepts:

- Partnership
- Communication
- Health promotion/illness prevention
- Time management
- Education
- Advocacy

A summary of each of these core concepts is presented on the following pages to help all professionals, both experienced practitioners and those in training, bring Bright Futures alive and make it happen for children, adolescents, and families.

For more information about this unique health promotion curriculum, please contact Henry H. Bernstein, Chair, Bright Futures Health Promotion Work Group, by phone (617) 355-7960 or by e-mail (henry.bernstein@tch.harvard.edu).

Using Open-Ended Questions Effectively

All 6 core concepts rely on the health professionals’ skills in using open-ended questions to communicate effectively; partner with and educate children, adolescents, and their families; and serve as their advocates to promote health and prevent illness in a time-efficient manner.

Open-ended questions...

- Help to start the conversation
- Are interpretive
- Have a wide range of possible answers
- Stimulate thinking
- Promote problem-solving

Example:

- “Evan, if you had 3 wishes, what would they be?”

Techniques

- Begin with affirming questions
  Example: “Tell me some things you’re really good at.”
- Wait at least 3 seconds to allow family to respond to question
- Ask questions in a supportive way to encourage communication
BUILDING EFFECTIVE PARTNERSHIPS

A health partnership is a relationship in which participants join together to ensure health care delivery in a way that recognizes the critical roles and contributions of each partner (child, adolescent, family, health professional, and community) in promoting health and preventing illness. Following are 6 steps for building effective health partnerships.

1. **Model and encourage open, supportive communication with child and family.**
   - Integrate family-centered communication strategies
   - Use communication skills to build trust, respect, and empathy

2. **Identify health issues through active listening and “fact finding.”**
   - Selectively choose Bright Futures general and age-appropriate interview questions
   - Ask open-ended questions to encourage more complete sharing of information
   - Communicate understanding of the issues and provide feedback

3. **Affirm strengths of child and family.**
   - Recognize what each person brings to the partnership
   - Acknowledge and respect each person’s contributions
   - Commend family for specific health and developmental achievements

4. **Identify shared goals.**
   - Promote view of health supervision as partnership between child, adolescent, family, health professional, and community
   - Summarize mutual goals
   - Provide links between stated goals, health issues, and available resources in community

5. **Develop joint plan of action based on stated goals.**
   - Be sure that each partner has a role in developing the plan
   - Keep plan simple and achievable
   - Set measurable goals and specific timeline
   - Use family-friendly negotiation skills to ensure agreement
   - Build in mechanism and time for follow-up

6. **Follow up: Sustaining the partnership.**
   - Share progress, successes, and challenges
   - Evaluate and adjust plan
   - Provide ongoing support and resources
FOSTERING FAMILY-CENTERED COMMUNICATION

Effective Behaviors
■ Greet each family member and introduce self
■ Use names of family members
■ Incorporate social talk in the beginning of the interview
■ Show interest and attention
■ Demonstrate empathy
■ Appear patient and unhurried
■ Acknowledge concerns, fears, and feelings of child or adolescent, and family
■ Use ordinary language, not medical jargon
■ Use Bright Futures general and age-appropriate interview questions
■ Give information clearly
■ Query level of understanding and allow sufficient time for response
■ Encourage additional questions
■ Discuss family life, community, school

Active Listening Skills: Verbal Behaviors
■ Allow child or adolescent, and parents, to state concerns without interruption
■ Encourage questions and answer them completely
■ Clarify statements with follow-up questions
■ Ask about feelings
■ Acknowledge stress or difficulties
■ Allow sufficient time for a response (wait time >3 seconds)
■ Offer supportive comments
■ Restate in the child’s, adolescent’s, or parent’s words
■ Offer information or explanations

Active Listening Skills: Nonverbal Behaviors
■ Nod in agreement
■ Sit down at the level of the child or adolescent and make eye contact
■ Interact with or play with the child
■ Show expression, attention, concern, or interest
■ Convey understanding and empathy
■ Draw pictures to clarify
■ Demonstrate techniques
PROMOTING HEALTH AND PREVENTING ILLNESS

It is essential that health professionals identify and focus on the individual needs and concerns of the child and family, since families often hesitate to initiate discussion.

1. Identify relevant health promotion topics.
   - Ask open-ended, nonjudgmental questions to obtain information and identify appropriate guidance.
     Example:
     • “How is breastfeeding going? What questions/concerns do you have today?”
   - Ask specific follow-up questions to communicate understanding and focus the discussion.
     Example:
     • “How often and for how long do you breastfeed Manuel? How do you tell when he wants to be fed?”
   - Listen for verbal and nonverbal cues to discover underlying or unidentified concerns.
     Example:
     • “How do you balance your roles of partner and parent? When do you make time for yourself?”

2. Give personalized guidance.
   - Introduce new information and reinforce healthy practices.
     Examples:
     • Take time for self, time with partner.
     • Encourage partner to help care for baby.
     • Accept support from friends, family.

3. Incorporate family and community resources.
   - Approach child or adolescent within context of family and community.
   - Identify each family member’s role.
     Examples:
     • “Who helps you with Kim?”
     • “How much rest are you getting?”
   - Identify community resources such as lactation consultant or local La Leche League chapter.
   - Develop working relationships with community professionals, and establish lines of referral.
   - Create a list of local resources with contact information.

4. Come to closure.
   - Be sure that the health message is understood.
     Examples:
     • “Have I addressed your concerns?”
     • “Do you have any other concerns about Kim’s health?”
   - Identify possible barriers.
     Example:
     • “What problems do you think you might have following through with what we discussed today?”

Note:
• If parent hesitates with an answer, try to determine the reason.
• If parent brings in child multiple times for minor problems, explore the possibility of another unresolved concern.

PROMOTING HEALTH AND PREVENTING ILLNESS
MANAGING TIME FOR HEALTH PROMOTION

1. Maximize time for health promotion.
   - Use accurate methods that minimize documentation time
   - Ask family to complete forms in waiting area
   - Organize chart in consistent manner
   - Scan chart before meeting with the child or adolescent, and family
   - Train staff to elicit information and to provide follow-up with family

2. Clarify health professional’s goals for visit.
   - Review screening forms and other basic health data
   - Observe parent-infant interaction
   - Clarify key issues for visit
     Example: Review age-appropriate anticipatory guidance.
   - Identify needs, then rank them in order of importance

3. Identify family’s needs and concerns for visit.
   - Selectively use Bright Futures general and age-appropriate interview questions
   - Include open-ended questions to draw family into visit
     Example: “Tell me about Sabrina’s sleeping habits. What position does she sleep in?” (Elicits more than yes/no answer, and presents “teachable moment” on “Back to Sleep” and SIDS.)

4. Work with the family to prioritize goals for visit.
   - Explain purpose of visit (identify, address specific concerns and overall health and development)
   - Identify family’s and health professional’s shared goals
   - Prioritize needs through family-friendly negotiation
     Example: “I appreciate your concerns about _______. While you are here, I would also like to talk about _______."

5. Suggest other options for addressing unmet goals.
   - Acknowledge importance of issues that could not be fully addressed during the visit
   - Offer additional resources (handouts, audiotapes, videotapes, Web-based materials)
   - Suggest a follow-up visit or phone call
     Example: "I’m sorry we weren’t able to talk about _______ during today’s visit. Could I call you one afternoon next week to follow up on that?"
     Or: "Would you be able to come back next week so we could talk more about that?"
   - Provide referral to professional or community resource
     Example: “I know we haven’t had a chance to cover your concern about _______ today. Would you like to pursue it with a specialist in that area?”
EDUCATING FAMILIES THROUGH TEACHABLE MOMENTS

Teachable moments occur multiple times each day but often go unrecognized. Health visits present opportunities for the health professional to teach the child and family.

1. Recognize “teachable moments” in health visit
2. Clarify learning needs of child or adolescent, and family
3. Set a limited agenda and prioritize needs together
4. Select teaching strategy
5. Seek and provide feedback
6. Evaluate effectiveness of teaching

Four characteristics of the teachable moment
- Provides “information bites” (small amounts of information)
- Is directed to the child’s, adolescent’s, or family’s specific need
- Is brief (e.g., a few seconds)
- Requires no preparation time

<table>
<thead>
<tr>
<th>Teaching strategies</th>
<th>Advantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>■ Telling</td>
<td>Works well when giving initial explanations or clarifying concepts</td>
</tr>
<tr>
<td>(explain, provide information, give directions)</td>
<td></td>
</tr>
<tr>
<td>■ Showing</td>
<td>Illustrates concepts for visual learners</td>
</tr>
<tr>
<td>(demonstrate, model, draw)</td>
<td></td>
</tr>
<tr>
<td>■ Providing resources</td>
<td>Serves as reference after family leaves the office/clinic</td>
</tr>
<tr>
<td>(handouts, videos, Web sites)</td>
<td></td>
</tr>
<tr>
<td>■ Questioning</td>
<td>Promotes problem-solving, critical thinking; elicits better information; stimulates recall</td>
</tr>
<tr>
<td>(ask open-ended questions, allow time for response)</td>
<td></td>
</tr>
<tr>
<td>■ Practicing</td>
<td>Reinforces new concepts</td>
</tr>
<tr>
<td>(apply new information)</td>
<td></td>
</tr>
<tr>
<td>■ Giving constructive feedback</td>
<td>Affirms family’s knowledge; corrects misunderstandings</td>
</tr>
<tr>
<td>(seek family’s perspective, restate, clarify)</td>
<td></td>
</tr>
</tbody>
</table>
1. Identify Family Needs or Concerns.
   ■ Use open-ended questions to identify specific needs or concerns of the family
     Example: “What are some of the main concerns in your life right now?”
   ■ Choose a specific area of focus
     Example: Obtaining special education services for a child
   ■ Clarify family’s beliefs and expectations about the issue
   ■ Determine what has been done to date, and what has (or hasn’t) worked
     Example: Parents may have tried unsuccessfully to obtain services for their child.
   ■ Do some initial “fact finding” and obtain data
     Example: Contact board of education or local department of public health.

2. Assess the Situation.
   ■ Determine existing community resources
   ■ Learn the laws
     Example: Are there any existing laws that address the issue?
   ■ Review the data and resources to be sure they support the issue
   ■ Assess political climate to determine support or opposition
     Example: Is this issue of interest to anyone else (school/early intervention teacher, local policymakers)? Who (or what) might oppose the advocacy efforts? Why?

3. Develop a Strategy.
   ■ Limit efforts to a specific issue
     Example: Obtaining special education services for a child rather than changing the laws
   ■ Use existing resources
   ■ Start with small steps, then build upon successes
     Examples: Write a letter to the school district. Attend the special education evaluation.

4. Follow Through.
   ■ Be passionate about the issue, but willing to negotiate
   ■ Review the outcome
   ■ Evaluate your efforts
   ■ Determine next steps with family
   ■ Recognize that health professionals and families can learn from one another about effective advocacy