

APPENDIX C:

CROSS-WALK BETWEEN TECHNICAL WORK GROUP (TWG) DRAFT SCREENING TOOLS FOR USE IN WELL-CHILD VISITS OF YOUNG CHILDREN (BIRTH THROUGH FOUR) AND BRIGHT FUTURES 4TH EDITION GUIDELINES

The Fourth Edition of Bright Futures has expanded its emphasis upon the role of well-child visits in identifying and beginning to respond to social determinants of health. The guidance Bright Futures offers covers a wide range of child-specific issues and concerns and provides guidance for each child visit related to the child's age and development, but all well-child visits also seek to identify and respond to social determinants of health. The guidance and set of possible questions to raise at each well-child visit do not always cover all social determinants and family risk and protective factors and they are structured somewhat differently depending upon the child's age. The following is Bright Futures' description of this new emphasis:

[T]his fourth edition highlights social determinants of health to reflect the importance of a broad view of health promotion. Contemporary health supervision looks beyond the office encounter to assess and address the family's risks, and strengths and protective factors, through intensified efforts in health promotion to focus on family, community, and social factors that affect health, both positively and negatively.

Although social factors are not new issues for health care professionals who care for children, adolescents, and families, new science underpins their importance and provides evidence for effective interventions. If we are to intervene to address risks and bolster strengths and protective factors, we must know the problem. And to know the problem, we must have effective screening techniques.

Brief and standardized screening tools now exist for prenatal alcohol exposure, parental depression, food insecurity, and adverse family experiences. These screens are included in selected visits according to age of the child and timing of risk. Certain screening is included in the pre-visit screening tools for these visits, and **additional social determinants of health questions are found in the Anticipatory Guidance section of the visits.** [emphasis added]

The Table below provides a cross-walk between the core questions developed by the TWG to be part of a screening tool (both versions developed by the TWG are shown) with social determinants anticipatory guidance questions included in Bright Futures for four well-child visits (Prenatal, Newborn, 2 Year, and 4 Year). Other well-child visit guidelines also include questions related to social determinants (many identical to or similar to the ones shown here), but this cross-walk gives a good overall indication of the similarities between the TWG Core Questions for Screening and the recommendations and guidelines in Bright Futures for health questions that should inform anticipatory guidance related to social determinants.

The TWG screening tools are designed to be completed by the parent or guardian prior to the visit with the practitioner, while many of the screening questions in the Bright Futures guidelines are designed to be asked of the parent either during the well-child visit or by the office – and therefore are more conversational in tone. What the cross-walk shows is the very substantial overlap and alignment between the TWG screening tool and the Bright Futures questions. In addition to questions, Bright Futures also has recommendations for practitioner observation and surveillance that relate to parent-child relationships and parental mood and behavior.

Core Questions from Draft TWG Screens	Bright Futures Anticipatory Guidance Questions
<p>Material and Household Questions</p> <p>Simplified (Yes, Sometimes, Know) responses framed as declarative sentences):</p> <p>19. Our household can manage itself financially and meet our children’s needs, including books and toys and games and clothes for different occasions and a good home with play areas. Y/S/N</p> <p>20. We often find it hard to pay for the very basics like food, housing, medical care, and heating. Y/S/N</p> <p>Validated (where possible) screening tools upon which simplified responses are based):</p> <p>#1 How hard is it for you to pay for the very basics like food, housing, medical care, and heating? Would you say it is: Very hard ___ Somewhat hard ___ Not very hard ___ Not at all hard ___</p> <p>#2 If you answered somewhat hard or very hard, please answer the following (otherwise go to #3)</p> <p>a. In the past year, have you or any family members you live with been unable to get any of the following when it was really needed?</p> <p>Food ___ Utilities ___ Medicine or any health care need (Medical, Dental, Mental Health, Vision) ___ Phone ___ Clothing ___ Child Care ___ Safe and stable housing ___ Transportation ___ Other (please write) _____</p> <p>b. In the past month was there any day when you or anyone in the family went hungry because you did not have enough money for food? Yes ___ No ___</p> <p>c. Which of the following describe a problem with your housing situation:</p> <p>bugs or rodents ___ general cleanliness ___ landlord disputes ___ lead paint ___ unreliable utilities ___ medical condition that makes it difficult to live in current house ___</p>	<p>(Asked at Prenatal, Newborn, 2 Year, and 4 Year visits) Tell me about your living situation. Do you live in an apartment or a house? Is permanent housing a worry for you? Do you have the things you need to take care of your child? Does your home have enough heat, hot water, electricity, working appliances? Do you need help paying for health insurance?</p> <p>Within the past 12 months, were you ever worried whether your food would run out before you got money to buy more? Within the past 12 months, did the food you bought not last, and you did not have money to get more?</p> <p>Have you ever tried to get help for these issues? What happened? What barriers did you face?</p> <p>(Asked at Prenatal Visit): (Dampness and mold) Are you aware of any health concerns in your family related to dampness or mold in your home? Have you had problems with bugs, rodents, or peeling paint or plaster in your home? (Lead) Do you have concerns about lead exposure in your home or neighborhood? How old is your home or apartment building? Was it built before 1978? Do you know if there have been any recent renovations on your house, or have you done any? Is your house near a freeway or busy roadway? Does anyone in your house work in a job that exposes him or her to lead?</p> <p>(Asked at Prenatal and Newborn Visit): Do you have the things you need to take care of the baby, such as a crib, a</p>

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<p>mold or dampness ___ overcrowding ___ threat of eviction ___ other (please write) _____ _____</p>	<p>car safety seat, and diapers?</p> <p>(Asked at Visits About Other Safety Issues): Car seats, firearms, pets, safety precautions (child-proofing, water temperature)</p>
<p>Parenting Confidence and Competence</p> <p>21. Generally, I am excited and confident, rather than stressed and worried, about my role as a parent. Y/S/N</p> <p>22. Generally, I feel I know what I need to do to take care of my child(ren) and respond to their needs and the way they are growing and behaving. Y/S/N</p> <p>#16 Generally, how do you about being a parent? Check which best applies: Usually excited, confident, and fulfilled ___ Usually in control and feeling good ___ Sometimes stressed and unsure about how to meet responsibilities ___ Often worried and frustrated and unsure of being a parent ___</p> <p>#17 Generally, how well-equipped do you feel in meeting your child’s needs? Always able to understand and meet child’s needs ___ Usually able to understand and meet child’s needs ___ Sometimes do not feel in control and able to meet needs ___ Frequently unsure about what I need to do</p>	<p>(Asked at Prenatal Visit): What do you think might be the most delightful aspect of being a parent? What do you think might be the most challenging aspect of being a parent? Where do you get information when you have questions about health issues or caring for your baby? How do you prefer to receive information?</p> <p>(Asked at Newborn Visit): How did you and your partner feel about becoming a parent when you first found out you were pregnant? How was the delivery? How are you feeling now? How are things going with the baby?</p> <p>(Asked at 2 Year Visit and 4 Year Visit): What are you most proud of since our last visit? (If the parent responds, “Nothing,” the clinician should be prepared with a compliment, such as, “You made time for this visit despite your busy schedule.”) How are things going in your family? Let’s talk about some of the things you most enjoy about your child. On the other hand, what seems most difficult?</p>
<p>Depression</p> <p>23. Often, over the last two weeks, I have felt little interest or pleasure in doing things. Y/S/N</p> <p>24. Often, over the last two weeks, I have felt down, depressed or hopeless. Y/S/N</p>	<p>(Asked at prenatal and newborn visit): Over the past 2 weeks, have you ever felt down, depressed, or hopeless? Over the past 2 weeks, have you felt little interest or pleasure in doing things?</p>

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<p>#3 Over the last two weeks, how often have you felt little interest or pleasure in doing things. Not at all ___ Several days ___ More than half the days ___ Nearly every day ___</p> <p>#4 Over the last two weeks, how often have you found yourself feeling down, depressed or hopeless. Not at all ___ Several days ___ More than half the days ___ Nearly every day ___</p>	<p>(Note: Some of the questions placed under “Stress” begin to address issues of parental depression and mental health.)</p>
<p>Stress</p> <p>25. [Stress is when someone feels tense, nervous, anxious, or can’t sleep at night because their mind is troubled.] I am often stressed in my day-to-day life and activities. Y/S/N</p> <p>#5 Stress is when someone feels tense, nervous, anxious, or can’t sleep at night because their mind is troubled. How stressed are you?</p> <p>Not at all ___ A little bit ___ Somewhat ___ Quite a bit ___ Very much ___</p>	<p>(Asked at Prenatal Visit): How do you feel about your pregnancy? What has been the most exciting aspect? What has been the hardest part? Pregnancy can be a stressful time for expectant families; do you have any specific worries? How have you been feeling physically and emotionally? Is this a good time for you to be pregnant? How does your family feel about it? Is it a wanted pregnancy? How does your partner feel about it? Is your pregnancy a source of discord between you and your partner? What works in your family for communicating with each other, making decisions, managing stress, and handling emotions?</p> <p>(Asked at Newborn Visit): Have you been able to get enough rest? What vitamin or mineral supplements do you take or plan to take? When you go home, what are your plans to help you get the rest you need and get back into your usual routines? How do you think your baby will change your lives? Will you be able to take time for yourself, individually and as a couple?</p> <p>(Asked at 2 Year Visit): Tell me about your own health and mood. How often do you take time for yourself? How often do you and your partner spend time together? What</p>

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	<p>activities do you do together as a family? What's one of the things you do with your child or family that you really enjoy? How can you find more time to do that really enjoyable thing? Who helps you with your child? Do you have someone to turn to if you need to talk about problems?</p>
<p>Tobacco, Alcohol, and Drugs</p> <p>26. I sometimes drink more than I feel I should. Y/S/N</p> <p>27. Someone in my household smokes. Y/S/N</p> <p>28. In the past year, I have used an illegal drug or a prescription medication for non-medical reasons, such as to feel better or get high. Y/S/N</p> <p>#6 How often do you have a drink containing alcohol? Never ___ Monthly or less ___ 2–4 times a month ___ 2–3 times a week ___ 4 or more times a week ___</p> <p>If more than Never or Monthly or less:</p> <p>a. How many standard drinks containing alcohol do you have on a typical day? 1 or 2 ___ 3 or 4 ___ 5 or 6 ___ 7 to 9 ___ 10 or more ___</p> <p>b. How often do you have <u>six</u> or more drinks on one occasion? Never ___ Less than monthly ___ Monthly ___ Weekly ___ Daily or almost daily ___</p> <p>#7 Is there anyone in your household who smokes? ___ Yes ___ No</p> <p>#8 How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons? (If asked what non-medical reasons means you can say because of the experience or feeling the drug caused) Never ___ Once ___ Very infrequently ___ Sometimes ___ Often ___</p>	<p>(Asked at Prenatal and Newborn Visits): How often do you drink beer, wine, or liquor in your household? For any response other than “Never,” ask the following questions:</p> <ul style="list-style-type: none"> In the 3 months before you knew you were pregnant, how many times did you have 4 or more drinks in a day? After you knew you were pregnant, how many times did you have 4 or more drinks in a day? <p>Depending on the responses to any of the above questions, the health care professional can, if desired, follow up to determine frequency and extent of consumption by asking the following:</p> <ul style="list-style-type: none"> During the pregnancy on average, how many days per week did you have a drink? During the pregnancy on a typical day when you had an alcoholic beverage, how many drinks did you have? Do you, or does anyone you ride with, ever drive after having a drink? Does your partner use alcohol? What kind and for how long? <p>If any maternal at-risk drinking is identified, a brief intervention and referral is recommended.</p> <ul style="list-style-type: none"> Are you using marijuana,

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	<p>cocaine, pain pills, narcotics, or other controlled substances? What have you heard about the drug's effects on the baby during pregnancy or after the baby is born? Are you getting any help to cut down/stop your drug use? Are you taking any medicines or vitamins at the present time? Are you using any prescription or over-the-counter medications or pain relievers? Have you used any health remedies or special herbs or teas to improve your health since you have been pregnant? Is there anything that you used to take, but stopped using when you learned that you were pregnant?</p> <p>Did you smoke or use e-cigarettes before or during this pregnancy? Does anyone in your home smoke or use e-cigarettes? Have you been able to cut down the daily number of cigarettes? Do you know where to get help with stopping smoking?</p> <p>(Asked at 2 Year and 4 Year Visits): Does anyone in your home smoke? Are you worried about any family members and how much they smoke, drink, or use drugs? How often do you drink beer, wine, or liquor in your household? Do you, or does anyone you ride with, ever drive after having a drink? Does your partner use alcohol? What kind and for how long? Are you using marijuana, cocaine, pain pills, narcotics, or other controlled substances? Are you getting</p>

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	any help to cut down or stop your drug use?
<p>Mindfulness and Self-Control</p> <p>29. I can solve most problems if I invest the necessary effort. Y/S/N</p> <p>30. I can express my emotions, set limits for myself, and calm myself down. Y/S/N</p> <p>#9 How often is the following true: I can solve most problems if I invest the necessary effort? Almost always true ___ Sometimes true ___ Often not true ___ Almost never true ___</p> <p>#10 How true is it for you that you can express your emotions, set limits for yourself, and calm yourself down? None of the time ___ A little of the time ___ Some of the time ___ Most of the time ___ All ___</p>	<p>NOTE: Although there are not questions identified from Bright Futures specific to these issues, these do represent general elements of surveillance and many of the questions raised (under parenting confidence and competence and stress and social supports) begin to get at these issues of mindfulness and self-control.</p>
<p>Social Supports</p> <p>31. I have good friends who provide me the emotional support I need and I can share my successes and my problems with them. Y/S/N</p> <p>32. I can go to someone in my community if there is a sudden need for help – financially (like an unexpected \$500 bill) or social support (taking care of a problem like emergency child care or transportation help). Y/S/N</p> <p>#11 How true is it for you that you have good friends who provide you the emotional support you need and with whom you can share your successes and problems? None of the time ___ A little of the time ___ Some of the time ___ Most of the time ___ All ___</p> <p>#12 Is there someone you can go to in your community if there is a sudden need for help – financially (like an unexpected \$500 bill) or social support (taking care of a problem like emergency child care or transportation help) when you can't provide that yourself? None of the time ___ A little of the time ___ Some of the time ___ Most of the time ___ All ___</p>	<p>Asked at Prenatal Visit): Who will be helping you take care of the baby and yourself when you go home from the hospital? How will you handle your other children's needs? Are you working outside the home or attending school now? Who do you go to for help when you need a hand? Do you have friends or relatives that you can call on for help? Do they live near you? How are decisions made in your family? Is there anyone that you rely on to help you with decisions? Is there anyone that you want me to include in our discussions about the baby? If you are returning to school or work, do you have child care arrangements? Tell me about whom you ask for information and where else you go for answers about health questions. How do you decide if the information you get is something you can trust? Are going to believe? To try? Do you enjoy connecting with other parents using social media? What sites, including blogs and birth groups, do you use for networking and finding information about pregnancy, birth, parenting, and caring for a new baby?</p>

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	<p>(Asked at Newborn Visit): Do you have family and friends you can call who are willing and able to help you and your baby when you have a question or need help, or in case of an emergency? How easily can you get help from others? Is there someone who can help you care for the baby? Can someone help with transportation? Is there someone you can leave the baby with?</p> <p>(Asked at 4 Year Visit): How safe do you feel in your community? Do you or other trusted adults watch over your child when she is in the neighborhood? How cautious is your child around strangers? Who do you turn to if you have concerns about your child's safety?</p> <p>What activities do you participate in outside of the home? What help do you need in finding other community resources, such as a faith-based group, recreational centers, or volunteer opportunities? What help do you need in finding safe places in your community where your child can play and participate in activities? Do you know parents of other children? Tell me about family or friends you enjoy spending your free time with. Can you go to them when you have a problem?</p>
<p>Racism and Personal Value</p> <p>33. I feel valued and accepted and included by my family and my community. Y/S/N</p> <p>34. In the past month, I have felt emotionally upset (angry, sad, or frustrated) on how I was treated because of my race. Y/S/N</p> <p>#13 How accepted and included and valued do you feel overall in your family and community? Very well ___ Sometimes ___ Not very well ___ Poorly ___</p> <p>#14 Within the last 30 days, have you felt emotionally upset, for instance</p>	<p>NOTE: Many of the questions under social supports give an indication of value and acceptance by family and friends, but there also are larger issues of acceptance in the broader society that deserve attention, particularly around issues of race and discrimination.</p>

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angry, sad, or frustrated, as a result of how you were treated as a result of your race? Yes ___ No ___	
<p>Partner Violence</p> <p>35. In the past year, I have at some time felt threatened in my home or been afraid of my partner or ex-partner (or someone who cares for me). Y/S/N</p> <p>#15 In the past year, have you ever felt threatened in your home or been afraid of your partner or ex-partner (or someone who cares for you)? Yes ___ No ___</p>	<p>(Asked at Prenatal and Newborn Visit): Because violence is so common in so many people’s lives, I’ve begun to ask about it. I don’t know if this is a problem for you, but many children I see have parents who have been hurt by someone else. Some are too afraid or uncomfortable to bring it up, so I’ve started asking all my patients about it routinely. Do you always feel safe with your partner? Has your partner, or another significant person in your life, ever hit, kicked, or shoved you, or physically hurt you in any way? Has he or she ever threatened to hurt you or someone close to you? Do you have any questions about your safety at home? What will you do if you feel afraid? Do you have a plan? Would you like information on where to go or who to contact if you ever need help? Can we help you develop a safety plan for you and your other children?</p> <p>Asked at 2 Year and 4 Year Visit: Because violence is so common in so many people’s lives, I’ve begun to ask about it. I don’t know if this is a problem for you, but many children I see have parents who have been hurt by someone else. Some are too afraid or uncomfortable to bring it up, so I’ve started asking about it routinely. Do you always feel safe in your home? Has your partner, or another significant person in your life, ever hit, kicked, or shoved you, or physically hurt you or the baby? Are you scared that you or other caregivers may hurt the baby? Do you have any questions about your safety at home? What will you do if you feel afraid? Do you have a plan? Would you like information on where to go or who to contact if you</p>

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	ever need help?
<p>Change in Life Circumstance</p> <p>36. I have had a change in my family life (move to a new location, divorce or ending of relationship, new partner or new major interest in life, arrest or major illness of a family member, etc.) since my last visit that is affecting my role as a parent .</p> <p>Y/S/N</p> <p>If yes, describe:</p> <p>_____</p> <p>#18 Have you had any changes in your family life (move to a new location, divorce or ending of relationship, new partner or major interest in life, arrest or major illness of a family member, etc.) that could affect you and your parenting? ___ Yes ___ No (Describe)</p> <p>_____</p>	<p>(Asked at 2 Year Visit): What major changes have occurred in your family since your last visit? Tell me about any stressful events. What is the effect of these changes on your family?</p> <p>(Asked at 4 Year Visit): What changes have occurred in your family over the past year?</p>