

HEALTH EDUCATION AND THE PROCESS OF ANTICIPATORY GUIDANCE

RATIONALE

Substantial research has demonstrated the link between health behaviors and morbidity and mortality rates.^{1,2} Several dietary, lifestyle, and metabolic risk factors increase the risk of disease, disability, and death³, while four health risk behaviors – lack of physical activity, poor nutrition, tobacco use, and excessive alcohol consumption – lead to as much as 50% of preventable deaths in the United States every year.⁴ As such, health care providers play a key role in promoting healthy behaviors and lifestyle choices that in turn improve the quantity and quality of years of life.

According to the *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* 3rd Edition, “Many times, the most effective health messages a child receives originates in the home. Furthermore, health is the responsibility of parents, communities, child-helping individuals and organizations (including health care professionals), government agencies, as well as children and youth themselves.”⁵

Health care providers have a prime opportunity to assess the patient’s health behaviors and guide the patient and/or their parents through the process of behavior change at the well child visits utilizing the following health screening requirements.

SCREENING REQUIREMENTS

- Health education materials and anticipatory guidance should be age specific.
- Motivate children and families to improve and maintain their health. Stress the importance of disease prevention, and reducing risky behaviors.
- Encourage children and families to make appropriate health decisions.
- Supplement counseling with culturally appropriate educational materials specific to the counseling message.
- Encourage parent/guardian and child to keep an open dialogue and continue conversation around age-specific health issues.

Bright Futures*

For more information on anticipatory guidance, including guidelines for specific topics, refer to *Bright Futures* [Clinical Guide](#).

HEALTH EDUCATION AND THE PROCESS OF ANTICIPATORY GUIDANCE

CONSIDERATIONS FOR REFERRAL, TREATMENT, AND/OR FOLLOW-UP

- Refer patients and families to local community resources to assist with identified health education need(s).

Health Education Methods and Process

The following concepts and principles are based upon empirical research and clinical experience.^{6,7,8} During each health assessment, utilize these steps, as appropriate, to facilitate the health education and anticipatory guidance process:

- Discuss the results of the health assessment with the child/parent/guardian.
 - Ages 0-10 years: Address both the parent and the child regarding health issues.
 - Ages 11-12 years: Focus health education and information primarily on the pre-teen.
 - Ages 13-21 years: Meet with the teen or young adult alone for part of the health exam.
- Parents have the right to consent to health care on behalf of their minor child/children in most situations. However, minors may consent to their own health care under certain circumstances. Refer to National Center of Youth Law's Consent publications for California's Minor Consent Laws for more information.
- Identify health promotion and disease prevention concerns and risks based on age and sex.
- Ensure that the patient understands the relationship between behavioral risk factors and health status. Focus on behaviors and elements of health the patient can modify (e.g. nutrition, physical activity, stress management, etc.) instead of emphasizing changes to health indicators (e.g. weight, BMI, blood pressure, etc.)
- Utilize motivational interviewing techniques through the following steps:
 - Develop a partnership with the patient to help them improve their health
 - Work with the patient and their family to identify and overcome barriers to achieving behavior change.

HEALTH EDUCATION AND THE PROCESS OF ANTICIPATORY GUIDANCE

- Develop reasonable goals with the patient and gain their commitment to change.
- Monitor progress through follow-up contact with the patient. Reinforce success through positive verbal feedback.
- Counsel all patients in ways appropriate to their age, sex, race, culture, language, and level of understanding.
- Encourage the child/parent/guardian to ask questions and discuss issues of concern.
- Provide print and online materials to reinforce messages and provide additional information.
- Use a team approach involving office staff to reinforce messages. Utilize messaging (posters, brochures, audiovisual programming in waiting areas, etc.) throughout the medical office or clinic that reinforces healthy behaviors.
- If needed, provide referrals to individual counseling, group classes, and community resources.
- Reassess health concerns and risks at subsequent visits to determine progress toward meeting agreed-upon goals, to reinforce the health education messages delivered, and to provide support and encourage progress.
- For patients diagnosed with chronic conditions or multiple risk factors, follow up in 8-12 weeks to monitor progress and detect additional health concerns or comorbidities.

HEALTH EDUCATION AND THE PROCESS OF ANTICIPATORY GUIDANCE

RESOURCES

CHDP Programs located within local health departments throughout the State of California may have information on local resources and materials as well as provide educational consultation. A list of [local Child Health and Disability Prevention programs](#) can be accessed on the web site.

Health education trainings and materials are also available on the California Department of Health Care Services CHDP website:

- [Trainings for local CHDP staff and CHDP providers](#)
- [Health education materials for families](#)

The following state and national health education resources also contain print and online materials for a variety of health-related topics:

- American Academy of Pediatrics [Resources for Providers](#)
- American Academy of Pediatrics [Resources for Families](#)
- Health Information [California Department of Public Health](#)
- United States Department of Agriculture [Choose My Plate](#)
- United States Government & Health Agencies [Find Youth Info](#)
- United States Department of Health & Human Services [Be Tobacco Free](#)
- American Dental Association [Mouth Healthy Program](#)
- [Center on Media and Child Health](#) ¹

HEALTH EDUCATION AND THE PROCESS OF ANTICIPATORY GUIDANCE

REFERENCES

1. Ford ES, Zhao G, Tsai J, Li C. [Low-risk lifestyle behaviors and all-cause mortality: Findings from the National Health and Nutrition Examination Survey III Mortality Study](#). *Am J Public Health*. October 2011; 101(10):1922-1929. doi:10.2105/AJPH.2011.300167.
2. Centers for Disease Control and Prevention. [Four specific health behaviors contribute to a longer life](#). Published August 31, 2011. Accessed October 30, 2014.
3. Danaei G, Ding EL, Mozaffarian Dn et al. [The preventable causes of death in the United States: Comparative risk assessment of dietary, lifestyle, and metabolic risk factors](#). *PLoS Med*. April 2009;6(4):e1000058. doi:10.1371/journal.pmed.1000058.
4. Mokdad AH, Marks JS, Stroup DF, Gerberding JL. [Actual causes of death in the United States, 2000](#). *JAMA*. March 2004;291(10):1238-1245. doi:10.1001/jama.291.10.1238.
5. Hagan JF, Shaw JS, Duncan PM, eds. 2008. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, Third Edition. Elk Grove Village, IL: American Academy of Pediatrics.
6. Resnicow K, Dilorio C, Soet JE, Borrelli B, Hecht J, Ernst D. [Motivational interviewing in health promotion: It sounds like something is changing](#). *Health Psych*. 2002;21(5):444-451. doi:10.1037//0278-6133.21.5.444.
7. Erickson SJ, Ferstle M, Feldstein SW. [Brief interventions and motivational interviewing with children, adolescents, and their parents in pediatric health care settings](#). *Arch Pediatr Adolesc Med*. 2005;159(12):1173-1180. doi:10.1001/archpedi.159.12.1173.
8. Schwartz RP, Hamre R, Dietz WH, et al. [Office-based motivational interviewing to prevent childhood obesity: A feasibility study](#). *Arch Pediatr Adolesc Med*. May2007; 161(5):495-501. doi:10.1001/archpedi.161.5.495.

*American Academy of Pediatrics (AAP) materials linked to with permission for reference only. Use of these materials beyond the scope of these guidelines must be reviewed and approved by the AAP, who can be reached at marketing@aap.org.