

# Well-Visit Planner Implementation Toolkit for Help Me Grow Affiliates

Engaging Parents as Partners to Customize and Improve Well-Child Care  
for Young Children and their Families

[www.WellVisitPlanner.org](http://www.WellVisitPlanner.org)



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## Acronyms Used Throughout the Toolkit

**AAP:** American Academy of Pediatrics, an organization of 66,000 pediatricians committed to the optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults; publishes the *Bright Futures Guidelines* upon which the Well Visit Planner is based

**CAHMI:** Child and Adolescent Health Measurement Initiative, a national initiative based out of the Bloomberg School of Public Health at Johns Hopkins University in Baltimore, Maryland, with a mission to advance patient-centered innovations and improvements in children's health and health care quality

**CAP:** Centralized Access Point, one of the Core Components of the Help Me Grow model; it typically takes the form of a call center and assists families and professionals in connecting children to appropriate community-based programs and services

**FAQ:** A list of Frequently Asked Questions for a particular subject

**HMG:** Help Me Grow, a system model that works to promote cross-sector collaboration in order to build efficient and effective early childhood systems that mitigate the impact of adversity and support protective factors among families, so that all children can grow, develop, and thrive to their full potential

**HRSA:** The Health Resources and Services Administration, an agency of the U.S. Department of Health and Human Services dedicated to improving health care to people who are geographically isolated and/or economically or medically vulnerable; its mission is to improve health and achieve health equity through access to quality services, a skilled health workforce, and innovative programs

**HS/EHS:** Head Start/Early Head Start, promotes the school readiness of young children from low-income families through programs in local communities that support the comprehensive development of children from birth to age 5

**MCHB:** The Maternal and Child Health Bureau, the division of HRSA whose mission is to improve the health of America's mothers, children and families; MCHB-funded programs, research, outreach, and other efforts seek to ensure the health and well-being of women and children across their lives

**PDSA:** Plan-Do-Study-Act cycle, an iterative four-step method to accomplish a continuous quality improvement process; the cycle includes developing a plan for a change (Plan), carrying out the change (Do), observing and learning from the consequences of the change (Study), and determining what modifications should be made to the change (Act)

**WVP:** Well Visit Planner, an online pre-visit planning website that enables the parent to optimize use of visit time by focusing on the priorities, concerns, and other issues specific to the child and family

## I. About the Well-Visit Planner

The Well-Visit Planner (WVP) is a free website and tool ([www.wellvisitplanner.org](http://www.wellvisitplanner.org)) for parents to use prior to their child's well-visit. It is also a family-centered quality improvement instrument which helps parents identify priorities and issues regarding their child's health which they can discuss with their child's provider at the child's next preventative services (well-child) visit. The WVP engages parents with age-specific questions and interactive materials anchored to *Bright Futures Guidelines*, 3<sup>rd</sup> Ed., a national health promotion and disease prevention initiative led by the American Academy of Pediatrics (AAP). Bright Futures is a set of strategies which are both theory-based and systems-oriented which are used to address child health needs within the context of family and community. Throughout the next year, funding will be sought to begin updating the WVP based on the new *Bright Futures* 4<sup>th</sup> Ed. update.

The WVP tool generates a customized visit guide to help parents communicate effectively and to help providers optimize time spent in the visit addressing priorities, concerns and other issues specific to the child and family. The WVP is available in English and Spanish for the 4, 6, 9, 12, 15, and 18 month well-visits and the 2, 3, 4, and 5/6 year well-visits. The WVP is designed for pediatric practices and community settings (such as Early Head Start, Head Start, Healthy Start, Help Me Grow, or school-based health centers). Practices and organizations around the country are using the WVP with their families today.

### I.A History and Development of the Well-Visit Planner

#### **How the Well Visit Planner was developed**

The WVP tools were developed and tested by the Child and Adolescent Health Measurement Initiative (CAHMI) through a grant from the federal Maternal and Child Health Bureau (MCHB) (R40 MC08959 03-00; 2008-2012), part of the Health Resources and Services Administration (HRSA). Its continued development and implementation was supported by the CAHMI, volunteer advisors, and through support from HRSA/MCHB through Cooperative Agreement U59-MC06890.

National experts, families, and pediatric physicians collaborated in the development and testing of the WVP tools to ensure the tools work well and improve the quality and efficiency of well-child visits for parents, children, and provider teams alike.

#### **The Well Visit Planner is nationally recognized**

The WVP was recognized in the Health 2.0/Academy Health 2012 Relevant Evidence to Advance Care and Health (REACH) competition and has relevance for meeting Meaningful Use and physician Maintenance of Certification requirements.

### I.B Parent Engagement and Feedback

#### **What parents are saying about the Well Visit Planner**

Testing of the WVP demonstrated improvements to health care provider office workflow as well as patient engagement, experience, and quality of care. For example, over 92% of the 3000 parents included in the initial feasibility testing reported that the tool: 1) was feasible and easy to use, 2) educated them about the purpose of well-child visits, 3) allowed them to more fully partner in well-child care visits and 4) would be recommended to other parents.

#### **Why Engage Parents in Well-Child Care?**

Well-child visits comprise a large portion of health care encounters for young children. They present an essential leverage point for early identification of physical, social, emotional, and behavioral issues, provision of critical anticipatory guidance and education for parents, and promotion of positive child and family health, resilience, and socio-emotional skills.



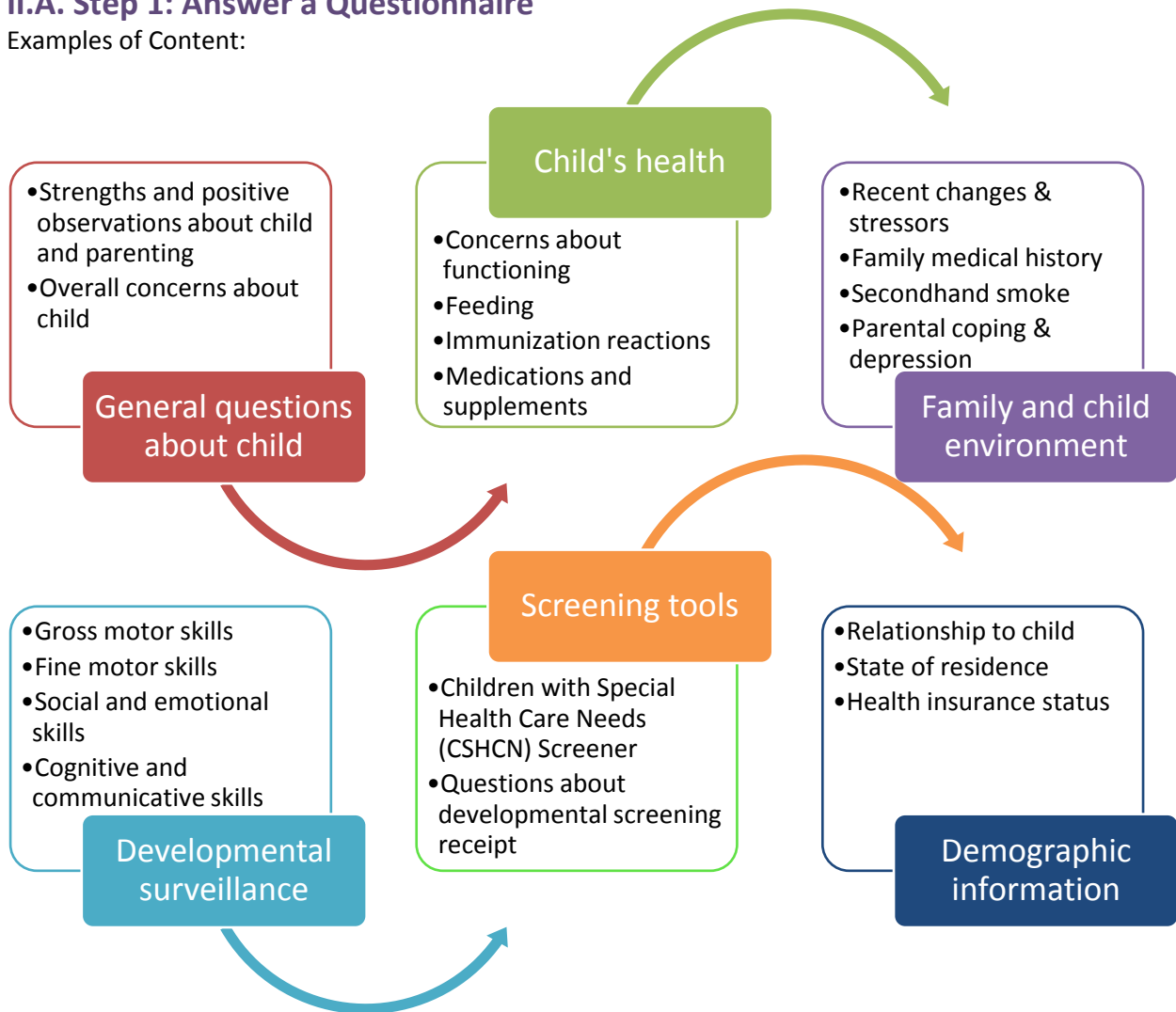
Gaps in the quality of well-child care are well documented. To fill these gaps for children, tools such as the WVP are needed to engage parents in identifying priorities for their child’s health and to promote open discussion with health care providers about child and family relationships & issues. Scientific evidence suggests that engaging parents in active partnerships with their child’s provider reduces errors and repeat procedures, improves compliance, leads to fewer no-shows, encourages better self-care, fosters better care coordination, builds trust, and enhances communication.

## II. How the Well-Visit Planner Works

Parents of young children visit the Well-Visit Planner website and take about 10 minutes to complete three simple steps before their child’s age-specific well visit:

### II.A. Step 1: Answer a Questionnaire

Examples of Content:



## II.B. Step 2: Pick Your Priorities

Age-specific topics parents can choose from and get more information about, such as:



## II.C. Step 3: Get Your Visit Guide

The Visit Guide includes:

- Summary of responses important to raise with the child’s health care provider
- Selected “Priorities” to focus on at the next well-child visit
- Sample questions parents can ask child health providers for each priority
- Space for parents to write in additional questions

## III. Implementing the WVP in a Help Me Grow Call Center

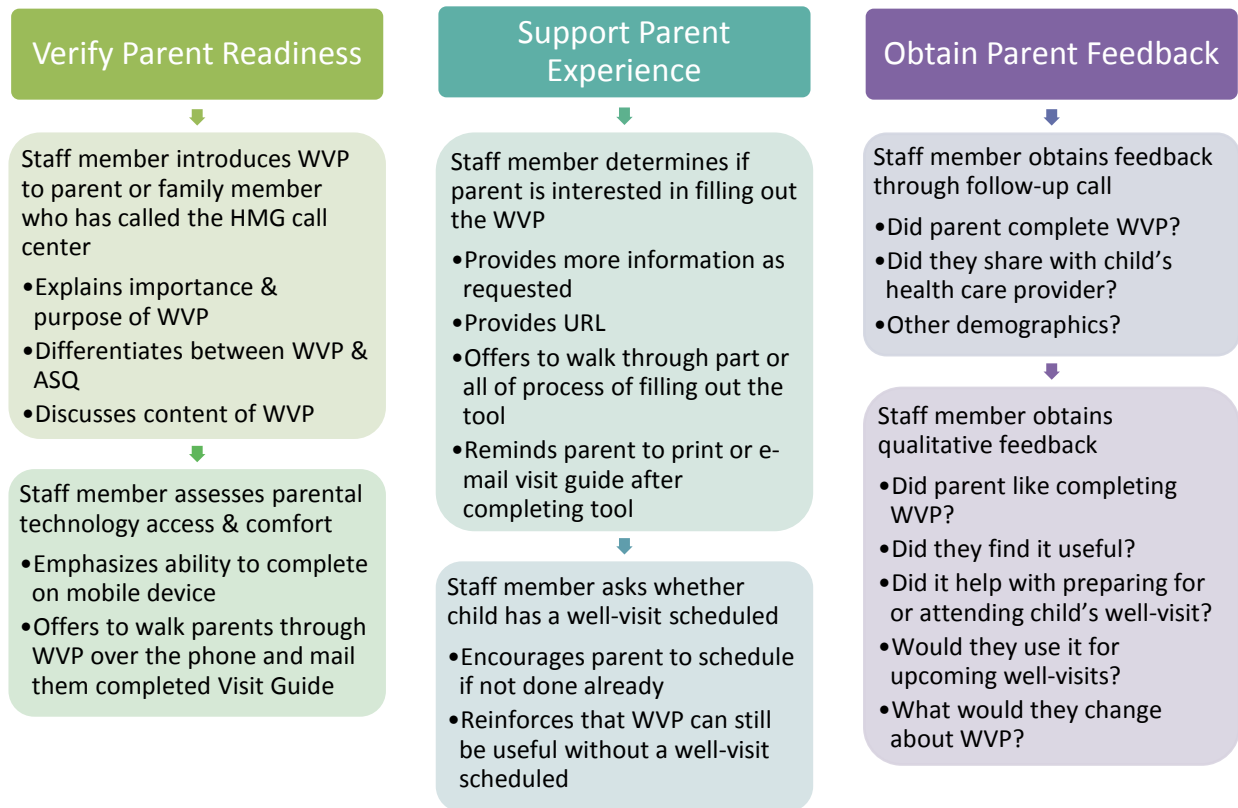
After following the steps in the pre-implementation guide, you are now ready to begin implement the WVP in your call center. The recommendations and resources listed below are **suggestions** based upon our past experiences with implementing the WVP in community organizations and from our conversations with HMG affiliates. Every affiliate is different and will likely need to develop their own unique method of implementing the WVP that fits with their own structure and workflow. You are welcome to use any of the resources we provide directly (as is) or with your own modifications.

CAHMI staff, along with HMG National staff are available to provide support and answer questions (see Appendix C: How to Contact the CAMHI or HMG for Technical Assistance). We also seek to partner with all users to learn and continuously identify and improve implementation guidelines and models.

### III.A Sample Workflow to Implement the WVP in a HMG System

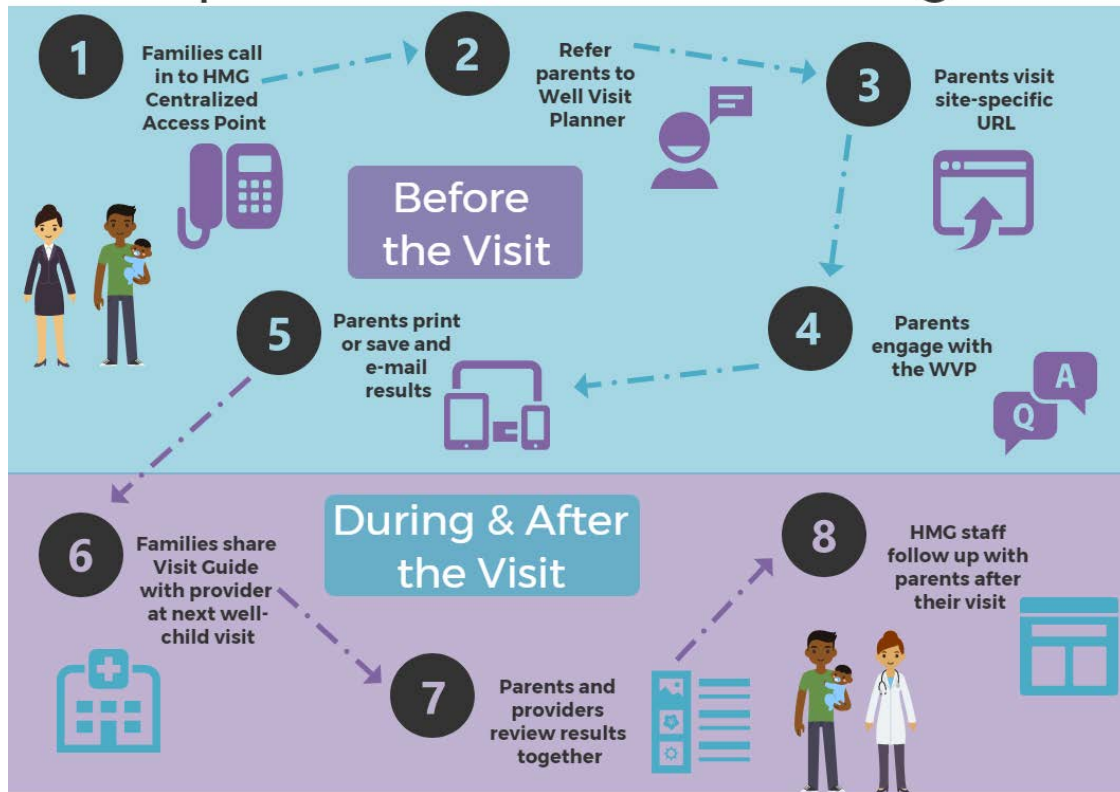
The main delivery model for HMG affiliates will be to offer the WVP through their call centers. However, sites with partnerships with pediatric providers and/or other community organizations may also choose to promote the WVP with those partners. Additional resources for these pathways can be found on the HMG portal.

Below is a sample workflow showing how the WVP might be implemented at a HMG Centralized Access Point (CAP). If families are e-mailing or coming in person to the site, the flow may be a little different, but the overall steps should be the same.



On the next page is a sample WVP Intervention Diagram, which helps to visualize the flow and role of HMG staff, families and child health providers in using the WVP. Note this may not exactly match the flow your HMG affiliate site will have, but is a starting point for mapping out how the intervention will look. There are 8 steps to this process, all of which the CAHMI staff believes are critically for efficacy of the WVP tool and to increase parent and family engagement as much as possible. The final step in the intervention is following up with families to determine if and how they used the WVP at their child's well-visit; gleaming insight into the families' perspectives of the feasibility and applicability of the tool is also critical at the follow up step.

# Sample WVP Intervention Diagram



1. Families call in or visit the HMG Affiliates via CAP: This first step is critical to assess families' ability to participate in the WVP. Confirm the age of the child, and if they have an upcoming well-visit (if not, help them to coordinate a well-visit).

2. Refer families to WVP: This will primarily happen through calls to the CAP, but could also come through e-mail or in-person contact from families, or through a referral from a provider or community organization. The HMG site staff member will get the child's age, find out whether they have a well-visit scheduled, and discuss why they think the WVP will be beneficial to the family and child.

3. Parents visit your site-specific URL: HMG care coordinators will provide the parent with the link to your site-specific WVP website, letting them know that the site can be easily accessed on a computer or mobile device. If the parent does not have access to either of those, the staff member can offer to fill it out for them while on the phone and then mail them the visit guide.

4. Parents engage with the WVP: Parents answer questions about their child and family and choose topics as priorities to discuss with their health care provider.

5. Parent prints or saves results: Parents get the Visit Guide and either print it out or e-mail it to their provider (and anyone else they would like).

6. Parents share WVP visit guide with provider at next well-child visit: Parents bring in, or make sure their provider has copy of the visit guide and actively makes time to bring this up with their provider.



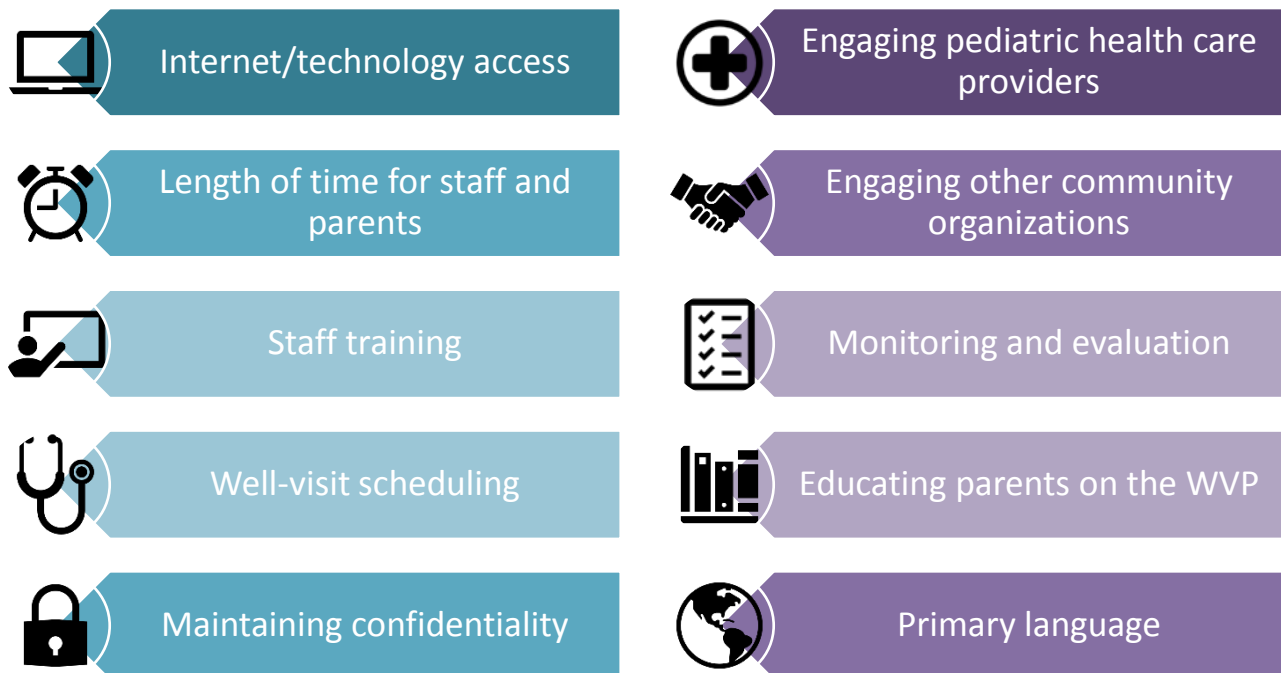
7. Parents and providers review results together: Parents feel prepared to effectively communicate with their provider about their child’s health. The visit guide also provides an orientation for providers to the WVP.

8. HMG staff follow-up with families who have used the WVP after their well-child visit to determine the extent of use, and allow families to provide feedback about the tool.

### III.B Key factors to consider for implementation

There are many factors to consider that will determine how an individual HMG affiliate implements the WVP into its daily activities. Below is a list of the biggest factors to consider that influence how the WVP will fit into your program, followed by a checklist with specific questions to consider.

#### III.B.1 Considerations



#### III.B.2 Checklist of Items to Review Before Implementation Begins

##### Internet/Technology Access

- All CAP staff have access to WVP on computer or mobile device
- All CAP staff comfortable with walking parents through the tool online
- There is a plan in place for what to do if a parent cannot complete the tool online (e.g. suggestions for accessing public computers, offering to fill out the tool online and mail parents the Visit Guide)
- If on-site CAP assistance is available, there is a computer/mobile device available for parents to use

##### Length of Time for Staff and Parents

- All CAP staff are prepared for the amount of time it will take to go through the tool with parents
- All CAP staff can discuss benefits of tool with parents if they have concerns about time

##### Staff Training

- All CAP staff have reviewed Pre-Implementation Protocol & Implementation Toolkit
- At least one staff member has attended the Orientation Webinar
- Technical assistance contact information for HMG National and CAHMI is readily available
- All CAP staff understand how the WVP fits into their regular workflow

**Well-Visit Scheduling**

- All CAP staff have been trained to ask parents about their child's next scheduled well-visit
- There is a list of pediatric providers/practices to refer parents to if they don't already have one
- The list of Bright Futures recommended well-visits is readily available
- All CAP staff are comfortable with working with parents to schedule well-visits for their child
- There is a procedure for reminders and follow-up around well-visit scheduling

**Maintaining Confidentiality**

- There is a plan in place for maintaining confidentiality of parents and children
- The Family Participation Tracker & any other data collection systems will be kept secure
- All CAP staff have been trained to get consent from parents for any data sharing and follow-up
- All CAP staff know what information is and is not stored in the WVP database, and are comfortable relaying that information to parents

**Engaging Pediatric Healthcare Providers**

- Providers are informed about the WVP and where to get resources
- All CAP staff know where to find provider-specific resources
- If feasible, there is a plan in place for telling providers about families who may be coming into the visit having used the WVP

**Engaging Other Community Organizations**

- For other community organizations where there is already a relationship, they have been informed about the WVP and where to get resources
- For other community organizations where there is not already a relationship, there is a plan in place to reach out to community organizations with information on the WVP
- Promotional materials have been distributed to community organizations

**Monitoring and Evaluation**

- All CAP staff have been trained on the use of the Family Participation Tracker
- There is a plan in place for following up with families after their use of the WVP and documenting their responses
- All CAP staff understand the metrics that they are required to report on for this project

**Educating Parents on the Well Visit Planner**

- All CAP have been trained on how to introduce the WVP to parents
- All CAP staff feel comfortable explaining and discussing the WVP with parents

**Primary Language**

- All CAP staff know how to access the tool in both English and Spanish
- There is at least one staff member who feels comfortable explaining the tool in Spanish and walking parents through it

**Community of Practice**

- All CAP staff have been trained on how to access the Community of Practice discussion board
- All CAP staff actively participate in webinars throughout the project

**Site Registration**

- The affiliate has come up with an individual URL for their site
- A staff member has uploaded the affiliate logo and registered their site

Congratulations! Now that you've completed your checklist, you're nearly ready for implementation. But first, keep reading for tips, tricks, and lessons learned from previous implementation projects.

### III.C Steps and Ideas to Implement WVP

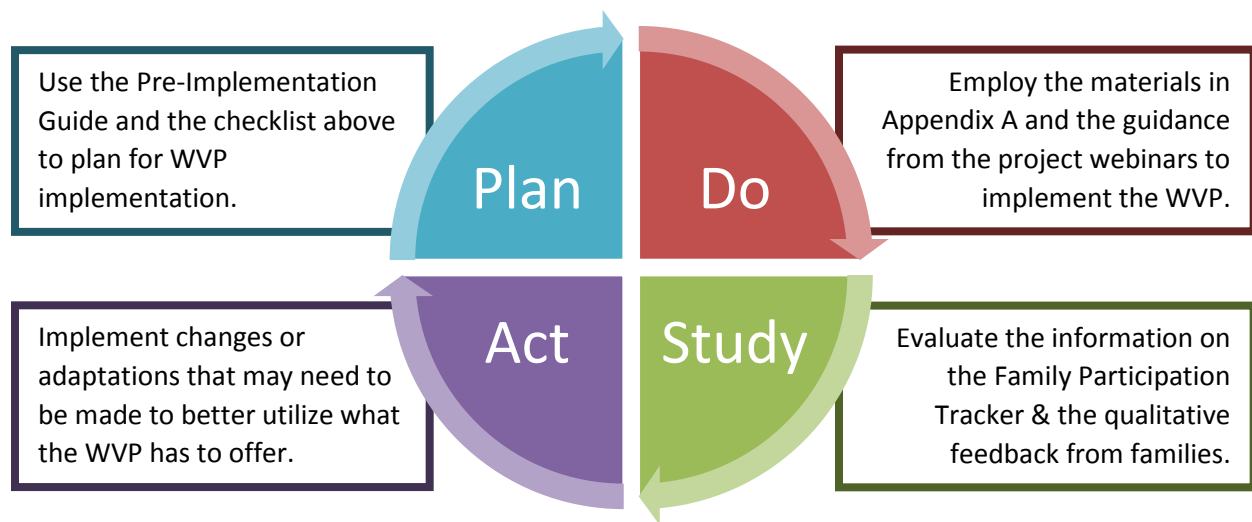
#### 1. Promote the WVP to families in your community. Options include:

- Include links to both the WVP tool itself and to supporting materials (FAQs, parent information handouts, etc.) on your website
- Distribute implementation resources and family engagement materials to your community and health care partners
- Hand out, e-mail, or mail out informational FAQ, postcards, and reminders for parents
- Hand out, e-mail, or mail out stickers for children
- Verbally tell parents about the WVP whenever they contact the HMG CAP (whether via phone, e-mail, or in person)

Printable Family Engagement Materials are included in Appendix A. These include parent handouts, posters, invitation postcards, stickers, and a family media toolkit. These materials can be used as is or tailored for your use.

**2. Remind parents to take their personalized Visit Guide to their child’s next well visit with a pediatric healthcare professional.** If parents are contacted with reminders for an upcoming well visit or to schedule a well visit for their child with the pediatric healthcare professional, consider using this as an opportunity to also remind them to bring in their Visit Guide. The Visit Guide contains important information about parent priorities, possible risk factors, and other issues requiring discussion during well visits.

**3. Create a continuous improvement plan.** This could include performing a Plan-Do-Study-Act (PDSA) cycle or other plans. It is important to assess and address any issues or areas of improvement that arise with the WVP integration into the HMG CAP. Revise the PDSA or other process as needed. Here is an example for creating a PDSA continual improvement plan:



For more information about the full PDSA process, please visit the [Institute for Healthcare Improvement's Plan-Do-Study-Act \(PDSA\) Worksheet](#).

## IV. Implementing the WVP: Lessons from the Field

Below are two case studies based on previous implementation projects with HS/EHS organizations. Although the settings and procedures are different than those of an HMG affiliate, we hope that the lessons learned from this work will still be helpful for implementation at your site.

### IV.A. Using the WVP with Home Visits

In a given HS/EHS program, many families receive services through home visits rather than come to the HS/EHS Center. To address this issue, we piloted the WVP in the home visit setting to better understand the challenges and identify potential solutions. Families who receive home visits are frequently more distressed and are dealing with more significant health, behavioral, economic, and environmental stressors with their children and themselves. As such, the focus of the home visit may be on more critical or crisis-oriented issues. In one site, the first three visits focused on mental health, violence in the home and neighborhood, and other critical issues. The well-child visit was not a topic of discussion until the third or fourth visit, and only 50% of home-visiting families had documentation that they had completed a well-child visit. Additionally, knowledge about children's health and parenting may be more of a challenge, and literacy and cultural issues regarding interaction with healthcare providers may pose more significant issues for these families.



Families who receive home visits may also lack access to computers or printers. Computers may be available at the HS/EHS sites for families and parent to use. However, there are limitations concerning what staff can put on the computers because of security issues and issues with maintaining sensitive information on computers that are shared with staff and parents. One solution to this issue is to have a dedicated “public” computer for families that does not contain sensitive information. Another solution is to use the paper and pencil version of the WVP; however, this is not recommended except as a last resort as it does not contain the full tool and data cannot be collected for evaluation purposes. HS/EHS home visitors could also provide postcards, posters, or the one page overview of the WVP (see Appendix A: Implementation Resources) and encourage families to find a public computer – for example at a local library – to try it out. Reminders can also be given out during the home visit.

HS/EHS staff was enthusiastic about using the WVP; however, they faced their own set of issues. The timing of our field test yielded conflicting views about timing for WVP implementation. One site indicated that the beginning of the fiscal year (Sept/Oct) is a good time; another site said the opposite as new enrollment was starting. It might well be imagined that the beginning of a new school year will be busy and may be a difficult time to begin implementation of the WVP. Timing is a key issue with parents and should be carefully considered when deciding when and how to implement the WVP with families.

One home visiting family tested the WVP and reported that while it seemed long, it also brought to their attention issues they had not thought about (e.g. overfeeding). The parent felt that was a good thing. They also suggested using a phone version of the WVP and suggested that a mobile application (app) for a smart phone would be useful. After this implementation project was completed, the WVP was optimized for mobile use – although there is not yet a dedicated app, the tool is now much easier to use on phones and tablets.



In summary, our initial field tests suggest timing of the WVP implementation is key for both parents and staff. Additionally, access to computers and consideration of a family's life situation are important factors to consider and trouble-shoot prior to working with parents and caregivers. Field testing of the WVP with home visits has been limited and additional testing is warranted to more fully understand the best ways to address the challenges and barriers faced by these families.

#### **IV.B. Collaborating with Pediatric Healthcare Providers**

Among sites that tested the WVP, staff, pediatric healthcare providers, and parents were all receptive to using the WVP. Parents saw the utility of the WVP in helping them better prepare for and get the most out of their child's well-visits. Head Start staff and providers saw the tool as a promising strategy to engage parents in the well child visit and ensure that any concerns that parents have are addressed while increasing the efficiency of the well visit. Each group, however, identified important challenges and barriers.

**Parents** reported that the child's well-visit is short and they feared that providers would use the tool to shorten the visit rather than spend more time addressing issues, or that providers would not be prepared or have reviewed their reports in advance of the meeting. Parents also feared that the information from the WVP would be stored in their child's records and at some point that information could potentially be used against them. The WVP also seemed redundant to assessments conducted by providers and HS/EHS staff. Additionally, access to computers and printers was problematic. The WVP is now available in a mobile-optimized format to address this issue. Some parents also stated that they might find it difficult to keep track of the WVP visit guide, or that they would forget to bring it with them to their child's well visit. Parents mentioned that a smart phone application (app) would solve this issue; with the mobile optimization, they can now e-mail or save the visit guide directly to their phone or tablet.







**HS/EHS Staff** similarly expressed concerns about the redundancy of the WVP with issues that they already address, particularly social issues like domestic violence. Staff were further concerned about communication with providers and being kept in the loop in terms of the providers' responses to issues identified on the WVP. HS/EHS staff do not have the ability to communicate with providers or leave notes in the children's charts so they felt they needed some system to facilitate communication with providers. One site, for example, developed a form for parents to sign that permitted data sharing with the provider specifically for (and limited to) the well child visit. At the same time, staff are reluctant to request time from providers and are discouraged by providers' lack of time or responsiveness. Because we knew this would be an issue, we specifically tested the WVP in the home visit setting to obtain further information on this topic (see previous case study).

**Providers:** As with parents and HS/EHS staff, providers also expressed concerns that the WVP might be redundant with questions they already ask around health and development. And, they felt that the reading level might be too high for their patients. The most valuable area of the tool was getting families to talk more about their social issues as these are problems that providers would like to hear about and help the family address but feel that parents are uncomfortable discussing.

**Lessons Learned:** It was clear from these field tests that the WVP is perceived as an exciting new tool to engage parents in primary care and improve the efficiency of well-visits. HS/EHS staff saw the WVP as a strategy to help them work with patients to address health-related issues but indicated that they would also need to establish lines of communication with providers so that they would not be kept out of the loop. Providers were concerned that the WVP would be yet another document they needed to address as part of the well visit. A future possibility for obtaining provider buy-in would be to simplify the process by linking the WVP with the provider's EMR/EHR. Data security, funding requirements, and HIPAA concerns may present challenges to this, but they are not insurmountable. Finally, there is a need to empower staff with the tools and language to engage and develop viable relationships with providers. Obstacles to provider collaboration include conflicting schedules, lack of provider response, lack of up-to-date authorization for data sharing, families never providing consent to share data directly to doctor, and no direct route of communication to the pediatrician.

#### IV.B.1. Suggestions for Collaborating with Providers

The key to working with healthcare providers is **relationship building** and **developing good lines of communication**, which will take perseverance. Suggestions for helpful ways to introduce the WVP to the provider community include having an initial in-person meeting with providers or with healthcare organization leadership, or offering community educational forums about the WVP. Once introduced, establish communication norms around the WVP. For example, e-mail or fax the Visit Guide to the provider before the visit so providers can include it in their record. Also, call before the visit to remind the front office to collect the visit guide from families and then give it to the doctor before the visit. Having the families sign a form that permits data sharing with healthcare system or developing an MOU with the provider organization to facilitate data exchange may also be helpful if it is feasible. Finally, **follow-up** with both the family and provider to learn the results of using the WVP in the visit will help close the loop and keep all parties informed about important issues for the child's health, development and well-being.

## V. Tips for Maximizing the Impact of the WVP

### V.A. Build trust with parents, and be sure to follow up.

If parents are invited to complete the WVP online tool, be sure to follow up and optimize the use of their Visit Guide during well-visits, and in the community encounter setting, as appropriate. Staff can also encourage utilization of the WVP by doing small things like mailing or e-mailing stickers to children of parents who completed the WVP prior to their child's visit (see Appendix A for stickers we used during development—children loved them!). As a part of this pilot project, each site will also get qualitative feedback from families on the WVP.

Some families have asked who should fill out the WVP. The caregiver who is most familiar with the child and child's health status is the best choice, which may be mother and/or father, foster parent, or grandparent. If the person accompanying the child to the visit did not fill out the WVP, have them review the Visit Guide with the caregiver who did.

### V.B. Plan in advance and work together.

As observed during testing of the WVP, its use in your HMG site may bring up parental concerns (such as psychosocial issues and care coordination needs). Staff should know how to follow up on key concerns, support and direct parents, and provide proper follow-up. It's helpful to hold regular meetings where staff members can share their experiences with the WVP and learn from one another. Staff across all sites in the pilot project can also use the Community of Practice discussion board to share and learn from other HMG affiliates. The WVP sets the stage for ongoing quality improvement – be sure to have the systems and culture in place where staff and pediatric healthcare professionals openly share tips and suggestions and work together to find solutions for what may not be working optimally.

### V.C. Ensure your team has adequate information and resources for parents.

The WVP covers many topics that, if answered in a certain way, may require follow-up. In addition to the parent Educational Materials that the WVP provides (available at [wellvisitplanner.org/education](http://wellvisitplanner.org/education)), HMG affiliates may find it helpful to have one member of the team who is the “expert” on community resources related to the WVP. This person will collate a list of community organizations and contacts available for all staff members to use. They often start with referrals for important issues likely to come up, such as early childhood development, maternal depression, domestic violence, or parental substance abuse.

If you don't have one already, you may also find it useful to develop a “Community Resource Guide” that includes extensive lists of community agencies with short descriptions of the resources and services they provide. Your local health department may already have something similar that you can use to get started. We recommend having a file of these resources in an easy to access location to be able to provide parents with these resources when they call.

See Appendix B for an initial suggested list of local governmental agencies, private business and community organizations for referrals.

### V.D. Anticipate potential barriers and be flexible.

Some sites will encounter issues or barriers with their WVP implementation. Be flexible and recognize that this is an evolving process. Examples of barriers have included:

- Health care provider ignores the Visit Guide and Parent Feedback. Someone on the physician team will need to address the issues that were identified in the WVP Visit Guide. Some of the resources included on the "[For Providers](#)" tab in the HMG portal may help convince providers of the WVP value.
- The parent already "knew everything" and didn't find the WVP tool useful. Some of your most experienced parents, particularly those with multiple children, may feel they already know most of the information presented in the WVP educational materials. The WVP questionnaire is still useful to those parents, helping them articulate and focus on the items they'd like to discuss during the visit.
- Communications and processes with health care providers may need to be strengthened or changed prior to implementation.

## Appendix A: Implementation Resources for the WVP

The following resources and materials available on the HMG portal will help you implement the WVP in your program.

### Overview Materials

- *One Page Overview* of the Well-Visit Planner tool
- *Overview of the HMG/CAHMI project*
- *History of the WVP*
- *Guide to Topics and Questions Asked*, the complete list of questions asked at each age group in the WVP

### Implementation & Evaluation Resources

- *Pre-Implementation Guide*
- *Sample Implementation Timeline*
- *Family Participation Tracker*
- *Sample Script*, for offering the WVP to families
- *Sample Questions for Family Feedback*
- *Community of Practice Forum to Engage with Other HMG Affiliate Sites*

### Family Engagement Materials

- *Family Posters*
- *Family Postcards*
- *Family Media Toolkit*, developed in partnership with Family Voices
- *Child Stickers*
- *AAP Bright Futures Guidelines, 4<sup>th</sup> Edition*: The Well-Visit Planner is based on the AAP's *Bright Futures Guidelines* for the delivery of well-child care. The CAHMI has developed parent handouts for each visit from 4 months-4 years showing the developmental surveillance milestones and recommended anticipatory guidance.

### Provider Engagement Materials

- *Provider FAQs*
- *Video Tutorials*
- *Supplemental Implementation Resources*

## Appendix B: Suggested Parent Referral Information

We have listed below some national resources such as governmental agencies, private businesses or community organizations that can be helpful for your parents, but it will also be important to find local resources and assistance for these issues.

### **Mental Health** (counseling, resources, or support)

- National Suicide Prevention Life-Line: **1-800-273-TALK (8255)**
  - A 24/7 hotline with skilled, trained counselors at a crisis center in your area
- Mental Health Treatment locator website: <https://findtreatment.samhsa.gov/locator/home>
  - A website that identifies mental health treatment locations in your state or local community

### **Domestic Violence** (shelters, housing, counseling, legal aid, etc.)

- National Domestic Violence Hotline: 1-800-799-SAFE (7233)
  - A hotline with advocates that provide support and assistance to anyone involved in a domestic violence situation.
- Rape, Abuse & Incest National Network (RAINN): <http://www.rainn.org/>
  - RAINN is the nation's largest anti-sexual violence organization.
  - Call **800-656-4673** or visit the website to chat now, in English or Spanish

### **Substance Abuse** (counseling, detox, support groups, etc.)

- Substance Abuse and Mental Health Services Administration's Helpline: 1-800-622-HELP (4357) (English and Spanish)
  - A 24/7, confidential hotline with information for individuals and family members facing substance abuse and mental health issues.
- Substance Abuse Treatment locator website: <https://findtreatment.samhsa.gov/locator/home>
  - A website that identifies substance abuse treatment locations in your state or local community.

### **Health Insurance** (where to register, patient assistance programs for prescriptions, etc.)

- [www.healthcare.gov](http://www.healthcare.gov)
  - A website to find affordable health insurance in your area, including Medicaid and CHIP (Children's Health Insurance Program). Select "See if I Can Enroll" or "See if I Can Change" and follow steps to your state website.
- Affordable Health Care locator website: [http://findahealthcenter.hrsa.gov/Search\\_HCC.aspx](http://findahealthcenter.hrsa.gov/Search_HCC.aspx)
  - A website that identifies local Health Resources and Services Administration health centers. (Practices that provide care, even for patients without health insurance. Patients pay what they can afford, based on their income.)

### **Parenting** (classes, education, etc.)

- USA.gov Parenting Resources website: <http://www.usa.gov/Topics/Parents.shtml>
  - A website that has tips on exercise, nutrition, education, online skills, money skills, safety, and more.



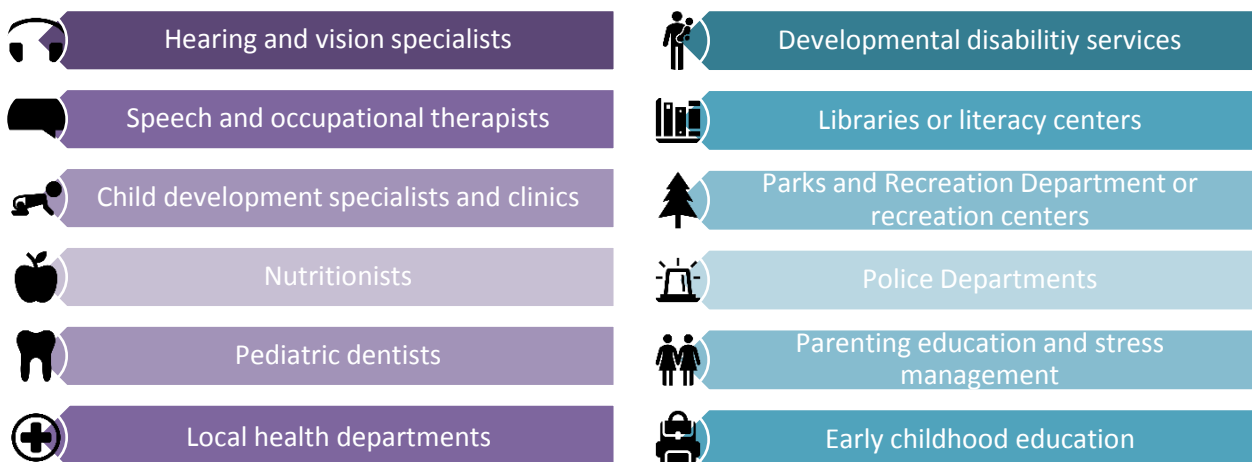
## Childcare

- ChildCare Aware: <http://www.childcareaware.org/families/>
  - A website that helps families learn more about the elements of quality child care and how to locate programs in their communities, through the CCR&R (Child Care Research & Referral Search)
- State-level childcare information from Child Care Aware: <http://childcareaware.org/resources/map/>
- Early Intervention: <http://www.ectacenter.org/families.asp>
  - A website that helps families understand their rights, connect with other families, and find high-quality resources related to caring for infants, toddlers and young children with disabilities.
  - Services for babies and toddlers: <http://www.parentcenterhub.org/babies/>
  - Services for preschoolers (age 3-5): <http://www.parentcenterhub.org/preschoolers/>
- Individualized Education Programs (IEP): <http://www.parentcenterhub.org/repository/iep-overview/>
  - Short overview of IEP, required for every child who receives special education services
- Find local school districts, such as San Francisco Unified School District, <http://www.sfusd.edu/>

## Financial Assistance (for rent, utilities, food, clothes, childcare, etc.)

- Find state-level Temporary Assistance for Needy Families (TANF) programs: <https://www.acf.hhs.gov/ofa/help>
  - Select your state to find the program
- Find state-level Supplemental Nutrition Assistance Program (SNAP): <https://www.fns.usda.gov/snap/snap-application-and-local-office-locators>
  - Select your state to find the program, use the screening tool to see if the family may be eligible, or find the toll-free number to call in your state.
- Family Financial Education Foundation: <http://www.accesseducation.org/aboutus.htm>
  - Visit this website for free training series and forms for tracking budgets.
- Rental Assistance from U.S. Dept. of Housing & Urban Development: [https://portal.hud.gov/hudportal/HUD?src=/topics/rental\\_assistance](https://portal.hud.gov/hudportal/HUD?src=/topics/rental_assistance)
  - A website to find affordable or subsidized housing in your area.

Examples of local organizations, agencies, and practices to include in a Community Resource Guide are:



## Appendix C: How to Contact the CAHMI for Technical Assistance

The Child and Adolescent Health Measurement Initiative (CAHMI) is available to provide technical assistance and consultation via e-mail at [info@cahmi.org](mailto:info@cahmi.org). In addition, there will be interactive webinars held throughout the project year as well as a Community of Practice discussion board on the CAHMI HMG portal. Please visit the [www.cahmi.org/projects/helpmegrow](http://www.cahmi.org/projects/helpmegrow) portal to find out more.