



POST-SCRIPT

RECOMMENDED DEVELOPMENTAL OBJECTIVE FOR HEALTHY PEOPLE 2010

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Previous Rosalynn Carter Symposia that addressed the needs of children have emphasized treatment, rehabilitation, and social support approaches designed to deal with the problems of children, *i.e.*, their disorders, deficits, and disabilities.

The Fourteenth Annual Rosalynn Carter Symposium was different in its emphasis upon approaches based upon the assets, strengths, and abilities of children. While there are significant differences among Early Head Start, The Search Institute, The National Resiliency Resource Center, the Collaborative for the Advancement of Social and Emotional Learning, and the High/Scope Perry Preschool Project in terms of underlying theory, targeted populations, the degree of scientific rigor and validated effectiveness and scope of application, they share in common the focus of fostering the development of certain positive characteristics of children and the various environments in which they live. These include environments shaped by their families, peers, schools, and communities.

The belief is that children with these positive characteristics will function more successfully throughout life. Thus, these approaches can be viewed not just as preventive, but also as promotive of health and optimal development and well-being.

There is not yet consensus on which characteristics (physical traits, behaviors, skills, competencies, attitudes, beliefs) to foster, nor is there a generally accepted taxonomy for well-being. The fact that there are elaborate classification systems for disorders, deficits, and disabilities is indicative of the relative inattention historically paid to positive outcomes for children. Several of the speakers and

discussion groups noted the need for additional efforts to develop more consensus around what constitutes positive outcomes and how they can be measured if there is to be a shifting of more resources, energy, and creativity toward fostering assets, strengths, and abilities. It was also noted that, while there are data relating some interventions to some positive outcomes, there is need for additional research and evaluation across developmental stages.

Several recommendations emerged from the group discussions.

The first was to encourage The Carter Center to convene additional meetings of individuals and organizations to facilitate the development of a movement promoting positive outcomes in children.

The second was for all present to consider how their agencies and organizations might foster cross-sectoral dialogue about policy, research, and applications pertinent to positive outcomes for all children.

The third was to encourage continuing study of the interactions among children and their families, peers, schools, and communities. The final and most specific recommendation was to submit an objective focused on healthy, positive behaviors to the U.S. Department of Health and Human Services (DHHS) for inclusion in Healthy People 2010.

The following developmental objective was submitted by this writer by the deadline given by DHHS. It should be noted that a developmental objective is one for which there is not currently an established working data system. Perhaps, if this objective is accepted, there may be a surveillance and data system of healthy, positive outcomes developed by 2010.



DEVELOPMENTAL OBJECTIVE

Recommended for Healthy People 2010

INTRODUCTORY COMMENTS

The literature on developmental outcomes for children now encourages the opportunity to increase disease prevention and control efforts by investing in the science and interventions that tend to produce resilient children—those with social competencies, problem-solving skills, self-regulation, and a sense of purpose that lead them to decisions for successful living.

The following proposed focus area and related developmental objectives are intended to create a focus for the knowledge, strategies, interventions, and systems that contribute to the development of assets, strengths, and abilities of children and adolescents. Currently, elements of positive assets/skills are subsumed in various other focus areas, e.g., promote healthy behaviors, healthy and safe communities, improve systems, and prevent and reduce diseases and disorders. This fragmentation, though unintended, mutes the opportunity to comprehensively address important underlying causes of behaviors leading to bad decisions regarding health and well-being.

The inclusion of this proposal in Healthy People 2010 has the potential to focus the interest of researchers, health care providers, public health officials, child care providers, education specialists and community leaders to improve the knowledge base regarding positive child development and expand the application of that knowledge for all children and their families.

A focus upon the assets, strengths, and abilities of children and an expansion of knowledge of the specific behaviors, skills, competencies, and characteristics that are the basis for those assets, strengths, and abilities, combined with an expansion of knowledge of how to foster the acquisition and maintenance of them can contribute to the pro-

motion of health and adaptive functioning and to the prevention of illness and dysfunction later in life.

The proposal is relevant to both of the overarching goals of Healthy People 2010, i.e., Increasing Quality and Years of Life and Eliminating Health Disparities. While admittedly an ambitious effort, the idea of enabling all children to acquire the skills, competencies, and abilities to achieve their maximum potential as individuals and to enable parents to choose how to help them do that makes the effort important to pursue.

The timing for this proposal has the advantage of capturing the increased interest of researchers and practitioners in mental health, pediatrics, social services, education, and child health policy who increasingly see that developing constructive behaviors, skills, competencies, and characteristics in children, youth, and families is a wise investment for the health and well-being of all children.

There are several examples of the current public and private sector efforts to improve developmental outcomes, including those of the Institute of Medicine's Committee on Integrating the Science of Early Childhood Development; The Search Institute (youth assets for healthy communities); Cooperative Extension, USDA, (National Outcomes Work Group); and the National Institute of Child Health and Human Development, NIH.

Inclusion of this proposal in the 2010 Objectives for the nation will provide visible evidence of the renewed intent to foster child health and development in multiple ways to ensure the vision of health as stated by the World Health Organization.

PROPOSED FOCUS AREA

(to be added to Promote Healthy Behaviors)

- Behavioral Assets, Strengths, and Abilities
- Healthy Behaviors and Adaptive Functioning



GOAL: To improve the health and functioning of children and adolescents by fostering the acquisition and maintenance of behaviors, skills, competencies and characteristics that enable them to develop the assets, strengths, and abilities to cope effectively with the stresses and challenges of daily living and which are correlated with healthy, adaptive functioning later in life.

TERMINOLOGY: Behaviors, skills, competencies, and characteristics that enable children and adolescents to cope effectively include:

- Social competencies as manifest by flexibility in dealing with others, responsiveness to social cues, empathy, good communication skills, ability to elicit positive responses from others.
- Problem-solving skills as manifest by age-appropriate development (personal care, language, socialization, etc.), literacy, education achievement, abstract thinking, reflection, ability to develop alternate solutions to problems.
- Autonomy and self-direction as manifest by goal setting, internal locus of control, impulse control, emotional self-regulation.
- Sense of purpose as manifested by goal directness, future planning, persistence, articulated educational and vocational objectives, personal expectations of success and achievement.

DEVELOPMENTAL OBJECTIVES

(Illustrative)

1. To implement a surveillance and data system of behaviors, skills, competencies, and characteristics that enable children and adolescents to develop the assets and abilities to cope effectively with the stresses and challenges of daily life, resulting in choices that promote health and optimal functioning.

2. To increase to _____ percent the proportion of health departments, school systems, and early intervention programs that collaborate in the identification and reporting of indicators of relevant behaviors, skills, competencies and characteristics.

3. To increase by _____ percent the number of researchers in the fields of early intervention, child development, children's mental health, early education, public health, pediatrics, and maternal, infant and child health who are focused upon the assets, strengths and abilities of children and adolescents rather than their disorders, deficits, and disabilities.

4. To increase to _____ percent the proportion of prospective and current parents and alternate adult caregivers who are supported to acquire the knowledge and skills that foster the acquisition and maintenance of adaptive behaviors in their children.

5. To increase to _____ percent the proportion of health care providers, health departments, preschool programs, schools, and communities that support or provide the information, services, programs, and supports that foster the acquisition and maintenance of healthy behaviors and optimum, adaptive functioning of children, adolescents, and their adult caregivers, teachers, and business, faith, media, and community leaders.

The goal for us is to improve the health and functioning of children and adolescents by fostering the acquisition and maintenance of behaviors, skills, competencies, and characteristics that enable them to develop the assets, strengths and abilities to cope effectively with the stresses and challenges of daily living.

CURRENT POTENTIAL DATA SOURCES

- National Longitudinal Study of Adolescent Health
- Current Population Reports, Bureau of the Census
- Early Childhood Longitudinal Study - Kindergarten Cohort
- National Health and Nutrition Examination Survey
- National Educational Longitudinal Study
- National Evaluation of Welfare to Work Strategies
- National Household Education Survey



- National Health Interview Survey
- National Longitudinal Survey of Youth
- Survey of Program Dynamics
- Youth Risk Behavior Surveillance System
(others to be developed as knowledge base expands)

RELATED OBJECTIVES FROM OTHER FOCUS AREAS

The focus area and related developmental objectives proposed here can be related to some of the objectives in the following categories:

- Promote Health Behaviors
 - Physical activity and fitness
 - Nutrition
 - Tobacco use

- Promote Healthy and Safe Communities
 - Educational and community-based programs
 - Injury/violence prevention
- Improve Systems for Personal and Public Health
 - Access to quality health services
 - Maternal, infancy, and child health
 - Health communication
- Prevent and Reduce Diseases and Disorders
 - HIV/AIDS
 - Mental health and mental disorders
 - Sexually transmitted diseases
 - Substance abuse

