



THE VALUE OF POSITIVE OUTCOMES

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We miss Hod Ogden, for many years the creative director of health education at the Centers for Disease Control and Prevention (CDC). After his death, his friends published two small books of his maxims — such things as, “He who lives by bread alone ... needs sex education.” Two years ago Hod was on his death bed. Being very organized, he said his goodbyes, asked a colleague to write his obituary, and slipped into a coma. To the surprise of everyone, he began to recover, resumed conversations, and got out of bed. He said it was a great thrill to edit his own obituary.

We edit our obituaries every day, and we do not realize that in our actions, we are also editing the obituaries of many other people.

Today we edit our obituaries by asking, “*Can we take our experiences, our knowledge, our own suffering, and focus it for a better life for others? Specifically, how could we enhance positive outcomes in our children?*”

A NEW LOOK

Editing is always helped by taking a new look. The great physicist, Richard Feynman — looking in the mirror one day — realized that the explanation physicists gave for why left and right were reversed in the mirror could not be right, or top and bottom also would be reversed. It caused him to come up with a new explanation.

David, my oldest son, once said to me, “I wish I could see you for the first time.” I was puzzled and asked, “What do you mean?” He said, “My friends say you are so tall and I

do not notice. But I wish I could see you for the first time.”

What I would like to do is to take a new look at positive outcomes by asking what have we learned from health care delivery and public health, and how that might inform our approach.

If a new look is useful to improving what we do, so also is the concept we all learned in science: how to use a microscope. We started by using the low-power lens that gave the broadest possible look at the object. Then we moved to a higher power lens, and finally an oil immersion lens to enlarge a specific piece of the field. We focused eventually on the details, but only after seeing the context. We need specialists — we absolutely need them — but also we need the generalists who see the bigger picture.

More than that, we all need to be generalists.

The theologian Pelikan from Yale has said that the difference between average and good scholarship is often found in the academic program of study. But the difference between good and great scholarship is found in how much one knows beyond his or her field of expertise. Being a generalist helps to avoid polar approaches, where one thing is considered correct and everything else is wrong.

With perspective, we find that the question is not family versus society, it is family *and* society. It is not science versus religion, but science *and* religion; not traditional versus modern, but using the best from tradition with the best of the new age. A perspective says the pathological perspective is important, but it is not the only one. What if we could take a perspective that keeps in mind, at all times, the positive outcomes that we want.

Gary Wills, in his book on the Gettysberg Address,



says Lincoln’s speech was not a casual talk sketched on the back of an envelope. This was Lincoln’s whole life, his “positive outcome” that invaded every dark moment of the Civil War. For, as Gary Wills says, that two-minute talk changed the United States from a plural noun to a singular noun. That was the positive outcome that drove Lincoln.

I recall in my training the magic of fluorescence in microscopy. By adding a tagged antibody to a slide, it would attach to the antigen or organism I was seeking. The slide would retain all of its characteristics, but in addition would glow at the place where the antigen was.

What if we could do the same with positive outcomes? Where we still see the whole problem, the normal, the pathology, the problems, but the positive outcomes are tagged with fluorescence so we never lose sight of where we are going.

HEALTH CARE DELIVERY SYSTEM

What have we learned from the health care delivery system? For starters, there seems to be something wrong when we can spend over \$1 trillion a year on the health care system and still have 40 million Americans uninsured, and, in the area of mental health, much larger numbers inadequately insured.

This doesn’t happen by accident. One reason involves our very human tendency to procrastinate. We do not focus on prevention. The system puts a much higher value on treating lung cancer than in helping people stop smoking. In President Jimmy Carter’s new book, *The Virtues of Aging*, he says that for every \$12 spent on people over 65, the federal government spends only \$1 on children under 18. For all our rhetoric on prevention and children, we do not put our money there.

We always have had problems with our health care delivery system, but those problems increased when we

introduced the profit motive into the equation. Two things resulted:

First, health decisions are now made on the basis of returns expected for a stockholder rather than returns expected for a patient.

Second, the person with the most money always wins the competition for services. I do not want the marketplace solving my problem if I need a new kidney, because I know I cannot compete.

But in my clearest moments, I say to myself that no matter how much I protest, this will not change. Therefore, is there a way to beat the market system?

Maybe.

What would happen if we could re-determine the outcomes for which the market system will pay?

Large companies buying health insurance wanted a report card to measure what they were getting. The HEDIS system developed measures — certain agreed-upon items — to see if the premium is a bargain. Most of the items measure process rather than health *per se*. These include, for example, immunization coverage, the percentage of women given pap smears or mammography, etc. What if we could define the positive health outcomes we want and get the market system to compete in delivering those?

For example, a health maintenance organization (HMO) in Minnesota made the decision to do the best quality job it could in treating patients with heart attacks, but it also was going to set an objective of reducing heart attacks by 25 percent in five years. This meant offering smoke-enders clinics, diet programs, aerobic programs, better control of blood pressure — in short, all of the public health and preventive programs. If the health outcomes could be defined, we could change the basis for competition in health care delivery to our advantage.

Defining positive outcomes is difficult but necessary if

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we are to wrest control from a system that has gone badly awry. Could we, in like manner, define the positive outcomes we want in childhood and increase the resources society will invest for those outcomes? And could we get society to do this for *all* children?

There are also lessons from public health.

PUBLIC HEALTH EXAMPLES

It was a big step in health to move from care to prevention. It was also a big — and recent — step to shift from personal health to public health. The modern public health era started 202 years ago when Edward Jenner gave the first smallpox vaccination to James Phipps. We are just beginning our third century of public health.

It was also a big step to go from disease prevention to health promotion. With disease prevention, we focused on pathology, asking, “How can we reduce the extent of a problem or the deaths from a pathogen?” With health promotion, both the target and the philosophy changed. The object was not just to bring some adverse event down to zero; the object became to change the scale and go to a positive perspective.

It means not being a fatalist. It means believing we can change society and the future and our own health destiny. It means determining what can be changed and what cannot.

Health promotion helped us shift our thinking from reducing smoking not just to reduce lung cancer rates, but also to enhance the lives of people not compromised by reduced lung capacity; where one can enjoy racquetball or hiking the Grand Canyon. It is not just the absence of disease, it is the enhancement of life.

Health promotion is getting hooked on racquetball or tennis or golf or hiking and going to bed in anticipation of getting up early to compete, to enjoy, and to then feel the glow left by that exercise as you go through your day. To

feel that is to know the difference between health promotion and disease prevention.

PROMOTING CHILDREN’S HEALTH

And what do we learn from the attempt to protect children?

In 1962, C. Henry Kempe coined the phrase “battered child syndrome.” We know there are some genetic influences on our mental health, but we need to know also about the influences of our environment and how they shape our upbringing. This year the CDC and Kaiser published a study on the footprints of child abuse that can still

be seen in adult life. We know, of course, about the cycle of abuse from generation to generation, but this looked specifically at the health of adults if they had suffered abuse as children.

The study looked at physical, psychological, and sexual abuse; witnessing a mother being beaten; and a person in the family using drugs or going to jail. While not surprising, this was the first time it was documented that smoking and drinking, the use of drugs, depression, suicide attempts, and being overweight were all elevated in people who had experienced such adverse events in childhood.

We have known for more than a decade that it is possible at birth to identify children at increased risk of being abused. And we have known for more than a decade, thanks to the work of David Olds, that it is possible to reduce the risk significantly with a visiting nurse program during the first two years of life — *prevention*.

But we, as a society, do not fund such activities.

Instead, we allow the battered child syndrome to lead to the battered adult syndrome. Many people in our society grow up with post-traumatic stress syndrome, not because of war, but because of their preschool years.

Still, we invest in repair rather than prevention.





ENVISION IT

Again, we know that genetics has an influence, but within those parameters, what could we do to promote positive outcomes?

Jonas Salk used to emphasize that “evolution will be what we want it to be.” He said that if we can envision it, we can achieve it. Thus, creating that future starts with the ability to envision it.

What would our vision be? We are often wrong in predicting the stock market, or an election. Likewise, there is no formula that can predict the trajectory of each child. But there are some things that are true in the aggregate.

We have been greatly aided by a literature on successful aging that shows the importance of education, physical activity, the feeling of some control, the importance of one or more close relationships, and the feeling of purpose. Now it appears that these are also indicators of successful living and perhaps even successful childhood.

LESSONS FOR MENTAL HEALTH

Starting with this belief that people have more satisfying lives if certain traits are present, it is possible to ask what could we do to increase the chances that that happens. For example, researchers at the CDC have attempted to find agreement on some of the most important outcomes. It is a start. What are these outcomes?

- SATISFYING RELATIONSHIPS — *e.g., with a spouse or other person.*
- OPTIMAL HEALTH
- COGNITIVE ABILITIES — *e.g., intellectual skills, problem-solving abilities, etc.*
- SOCIAL RESPONSIBILITY — *helping, whether another person, a cause, a better environment, or society as a whole, is associated with a feeling of successful living.*
- PURPOSE IN LIFE — *for many, this comes from identifying with a faith group, and the feeling that one has some power to influence health or events.*

Those outcomes, we can safely predict, will lead to successful lives. And we know that we increase the chances that children will have those outcomes if they develop certain attributes. These same researchers, especially Camille

Smith with The Task Force for Child Survival and Development and the CDC, have assembled what is known about attributes that increase the chances of these outcomes.

Then it is possible to ask, “What parental attributes are most helpful in assuring these attributes in children?” Gandhi said that people often become what they believe themselves to be, and children often become what their parents believe them to be. *Desired parental attributes* are:

- NURTURING CAPACITY
- VERBAL & COGNITIVE STIMULATION
- BEHAVIORAL REGULATION
- GOOD MENTAL HEALTH
- ADEQUATE EDUCATION AND LITERACY
- NETWORK OF POSITIVE SOCIAL SUPPORT

Finally, we ask, “What attributes in society help parents be what they want to be?” Those *desired social attributes* include:

- SOCIETY COMMITTED TO FAMILY AND PARENTHOOD
- SOCIETY COMMITTED TO EQUITY
- SOCIAL STANDARDS
- ADEQUATE EDUCATION SYSTEM
- ADEQUATE CHILD CARE SYSTEM
- ECONOMIC STABILITY

The point is, we could be more purposeful in trying to influence the chain of causation that leads to successful and satisfying adult lives.

If evolution is to be what we want it to be, we would organize ourselves to enhance the chances that things would happen as we want them to happen. We would pro-



vide social support for every parent and we would fund parenting programs and educational trust funds. Our society would benefit if every child could pursue education to the extent of her or his capacity.

Why do children in the United States do worse on math and science tests than children in many other countries, but still end up being creative? Perhaps it is because we are a country of infinite second chances. While religion is often seen as a harsh master, it is the epitome of second chances — characterized by forgiveness, a chance to start over, confession, and redemption. So our religions and our national history promote the idea of *another chance*.

What if parents, no matter how poor and regardless of their education, could be given a second chance? For example, if they were willing to participate in a curriculum on parenting — covering conception to school entry, and including group work with other parents, sessions with experts on parenting, joint activities for parents and children — parents could earn an educational trust fund for their child. Think of what this could do for their self-image and how children would regard their parents, knowing they had done that for them.

What if there was even a third chance (a second, second chance), so that children would know they could earn, or add to, an educational trust fund by participating in such outside activities as Scouts, sports, learning a musical instrument or a second language, or community service.

And what if there was even a fourth chance, because some children are “late bloomers” — in a program

similar to the Hope Scholarships in Georgia, in which students could get college tuition by keeping a B average in high school.

These are investments in the future. Congressman Charles Rangel once said that when he died, he wanted to be buried in Chicago so that he could remain politically active. By making these investments we remain politically and socially active forever. To achieve a social change that rewards promoting mental health, we need creative activism with the involvement of everyone, not just official leaders.

Understanding the positive outcomes — the attributes involved, what is malleable, the roles of parents, families, and society — is an important part of changing our approach. We need to organize our resources, our experience, our new science, our ingenuity, and our sense of community with new approaches to education; we need to do what needs to be done, so that we have early intervention and prevention, all leading to positive outcomes.

As Jim Grant, former head of UNICEF, said in his last speech to the UN General Assembly, “The vital vulnerable years of childhood should be given a first call on societies’ concerns and capacities. There will always be something more immediate; there will never be anything more important.”

Paul Frame has said that an ounce of prevention is a ton of work. Developing a new focus on positive outcomes will be hard work. But as Jonas Salk said, if we do these things, we will have been good ancestors.

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