POLICY BRIEF

A NEW AGENDA FOR MCH POLICY AND PROGRAMS: INTEGRATING A LIFE COURSE PERSPECTIVE

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The California Endowment

The California Endowment is a private, statewide health foundation that was created in 1996 as a result of Blue Cross of California's creation of WellPoint Health Networks, a for-profit corporation. This conversion set the groundwork for our mission:

The California Endowment's mission is to expand access to affordable, quality health care for under-served individuals and communities, and to promote fundamental improvements in the health status of all Californians.

CONTRA COSTA HEALTH SERVICES

Contra Costa Health Services (CCHS) is a comprehensive county health system that cares for and improves the health of all people in Contra Costa with special attention to those who are most vulnerable to health problems.

BACKGROUND

A broad new paradigm is emerging in the field of Maternal and Child Health (MCH) that can potentially address long-standing differences in health across the population, while also improving the health of the population. This paradigm – the Life Course Perspective – has implications for the ways in which we might reduce racial and ethnic disparities, as well as disparities across income groups, communities, states, and nations. In addition, the Life Course Perspective points to the importance of critical periods for intervention, and cumulative impacts of environmental and other factors on health.

Historically, Maternal and Child Health (MCH) programs grew out of a broad understanding of health, including the impact of the social and economic environment, and stressed the importance of addressing these factors early in life. In recent decades, however, many MCH programs have focused primarily on strengthening individual knowledge and skills, promoting community and provider education, and providing individual services for mothers and children. In addition, MCH programs and clinical services have both tended to use a relatively narrow time frame for intervention and for measuring outcomes. Efforts to improve birth outcomes, for example, typically address only the nine-month period of a woman's pregnancy, and focus on more immediate medical, behavioral and, to some extent, individual social conditions rather than on long-term social, economic, or environmental factors.

The Life Course Perspective brings MCH back to its roots and offers an updated and broader way of looking at health, over a life span - not as disconnected stages (infancy, latency, adolescence, childbearing years, old age) unrelated to each other, but as an integrated whole. It suggests that a complex interplay of biological, behavioral, psychological, social, and environmental factors contribute to health outcomes across the course of a person's life.[1] It also builds on recent social science and public health literature that posits that each life stage influences the next, and that social, economic, and neighborhood environments acting across the life course have a profound impact on individual and community health.[2]

CONCEPTUAL ROOTS FOR THE MCH LIFE COURSE PERSPECTIVE

In 2003, Michael Lu and Neal Halfon proposed a new approach to examining racial and ethnic disparities in birth outcomes, the Life Course Perspective.[1] This Life Course Perspective conceptualized birth outcomes as the end product of not only the nine months of pregnancy, but of the entire life course of the mother leading up to the pregnancy. Disparities in birth outcomes, therefore, are the consequences of both differential exposures during pregnancy and differential developmental experiences across the life span.

The Life Course Perspective as proposed by Lu and Halfon synthesizes two longitudinal biomedical models: an early programming model and a cumulative pathway model.[5] The early programming model suggests that exposures in

Why We Need This New Approach to Maternal and Child Health

- **We spend more but get less.** Despite the fact that the U.S. has the highest spending on health care of any nation in the world, our ranking on health status and health outcomes falls below that of many other developed nations. For example, in 2004, the latest year for which worldwide data are available, the U.S. was ranked 29th in infant mortality, tied with Slovakia and Poland, and behind such countries as Japan, Hungary, and Cuba.[3]

- **Our system of care is fragmented at best.** Millions of Americans, lacking any or adequate health insurance coverage, only have access to emergency or urgent care. In 2005, nearly 1 in 5 children in the U.S. had no health insurance.[4] Even when children have health coverage, their parents often do not. For example, low-income women can receive prenatal care through Medicaid once they are pregnant, but coverage for services before and after pregnancy continues to be much more difficult to obtain.

- **Our financing system favors treating preventable diseases rather than preventing diseases in the first place.** The U.S. health system is geared toward episodic care, primarily responsive to acute illness. Treatment for chronic conditions has grown along with the disease burden of these conditions, but healthcare financing favors pharmaceutical and surgical interventions once a condition has developed and provides only limited incentives for disease prevention and health promotion. In many respects we have a disease care system, not a health care system focused on building health or promoting healthy development.

- **We need to take health promotion beyond clinical care.** Even as we focus clinical health services more prominently on promoting health and preventing disease, we must also recognize that the social, economic, and physical environments in which children and families live, work, and play have a profound impact on their health.

- **We need to address social-economic-environmental inequities that lead to health inequities.** Inequity in health coverage is mirrored by inequity in the conditions and environments in which people live, with poor populations and communities of color most often living in the least supportive environments and receiving the poorest quality care or none at all.

As a society, we have a choice: We can invest in access to quality health care, and develop health promoting communities for all, thereby turning around some of the deep-seeded determinants of poor health that are passed down through generations. Or, we can wait until symptoms of preventable diseases and disorders appear and then try to treat them after the fact. To date, we have a taken the second course and it has proven to be extraordinarily expensive and by no means the most effective, efficient, or just way to address the health of our nation.

early life could influence future reproductive potential. The cumulative pathways model proposes that chronic accommodation to stress results in wear and tear on the body's adaptive systems, leading to declining health and function over time.

While the original MCH Life Course model focused on the issue of birth outcomes, the Life Course paradigm goes well beyond a single outcome or condition. It can be applied to a wide range of other current or emerging conditions for which there are disparities across population groups that cannot be explained purely on the basis of differences in an individual's genetics, knowledge, behavior, or use of medical services. Thus, MCH and other public health practitioners have begun to use a Life Course Perspective to help address emerging epidemics such as childhood obesity, asthma, diabetes, and developmental and behavioral issues, all of which are influenced by the social, economic, and physical environment in which the children and families live.

Halfon and colleagues have also expanded the Life Course Perspective beyond disparities in birth outcomes and chronic conditions to include a focus on optimizing child health; that is developing the health of all children across their lifespan and across the population. This model, the Life Course Health Development model, holds that health is more than the absence of disease, and that with the right policies, systems, and environments in place, health can be nurtured so that all children can reach their full potential.

FRAMING A NEW MCH POLICY AND PROGRAM AGENDA

By embracing a Life Course Perspective approach to public health work, MCH could provide a strong foundation for lifelong health not

only among women and children but also across the population. Moving from theory to practice involves identifying a basic framework for systems change and beginning to pilot and evaluate specific strategies within that framework.

As a starting point for implementing a Life Course Perspective, MCH will need to work in collaboration with others – both within and beyond the health sector – to address three broad areas of change:

- Rethinking and realigning the organization and delivery of individual and population-based health services.
- Linking health services with other services and supports (educational, social services, etc).
- Transforming social, economic, and physical environments to promote health.

The following strategies are offered as potential first steps in moving towards a new MCH policy and program agenda based on the Life Course model.

Organization and Delivery of Individual and Population-based Health Services

- **Provide continuity of care, starting before pregnancy and continuing throughout life.** Provide women, children and families with health benefits that allow them to identify a medical home/primary care provider of their choice and maintain care with that provider over time regardless of changes in income or jobs, so that together, providers and families can chart a course for long-term health.

- **Focus "well-person" visits on assessing and developing health building blocks.** Baseline and periodic follow-up assessments of physical, social-emotional, and intellectual development should become part of routine care. Assessments of strength, endurance, flexibility, and physical activity patterns; dietary patterns and emotional-behavioral capacity; and intellectual milestones should all be reviewed and regularly incorporated into care. Beyond looking for deficits, these assessments should be used to chart and enhance individual trajectories for healthy development.

- **Recognize and organize prenatal, intrapartum, well-child, and adult health visits around critical or sensitive periods of development.** Timely, well-chosen assessments and needed interventions during these periods can set the course for health throughout life. Pediatric offices should routinely assess language development, preliteracy skills, and literacy activities in young children. Services for adolescents should help them transition to adulthood and take increased responsibility for building and maintaining their own health through responsible choices around diet, exercise, their social and economic development, and behavioral health. Health financing should cover assessments and counseling as well as linkages to follow-up health development services.

Linkages between Health Services and other Services and Supports

- **Deploy public health nurses, social workers and other staff to serve as resources in non-health settings,** including early childcare and educational programs, schools, after-school programs, and family resource centers. These health professionals would be available to screen, treat, consult and develop pro-active approaches to developing the health of children and families.

- **Develop community-wide resources to help link women, children and families to health enhancing services, supports and activities.** Community call-in centers with trained care coordination staff can help health and other service providers link women, children and families to needed services and supports. In addition, these centralized resources can be accessed directly by families, thus providing a "no wrong doors" approach to serving a population.

- **Develop the tools and support for providers to be able to link women, children, and families to health-enhancing services, supports and activities.** Health care providers should be reimbursed for the time they spend linking patients to health-building activities as these linkages serve to promote health and foster better use of existing community resources.

Transformation of Social, Economic, and Physical Environments to Promote Health

- **Develop health promotion standards and incorporate these into local planning and development guidelines.** Health Impact Assessments can be used to examine the number of playgrounds per child population, availability of fresh produce and/or supermarkets by population density and distance, air quality, neighborhood "walkability," etc.

- **Invest in policies and programs that make it easier for the public, health care providers, and business and civic leaders** to change the way they do business as usual to better promote health. Identify and target small changes in practices and policies that can lead to broader change over time. Provide training, technical assistance, supports and incentives for these changes across settings and sectors, engaging early adopters in piloting and evaluating these efforts. Consider models of health trusts in other countries that apply a long-term time frame when allocating funds.

Refining the Vision and Moving Forward

This issue brief was written to begin a dialogue on the transformation of the MCH Life Course model into more concrete policies and programs. It lays out some initial ideas for a policy and program framework, along with some starting strategies. It is hoped that others will continue to refine and expand on these ideas to accelerate the transition from MCH Life Course theory to practice. MCH leaders, advocates, organizations, and agencies are encouraged to contribute to this transformation by:

- Embracing a life course approach at the organizational level.
- Developing and testing programs that explicitly incorporate a Life Course Perspective.
- Enhancing consumer involvement in shaping life course strategies and programs– to help assure that policies and programs reflect and respond to real life course needs of the populations being served.
- Promoting laboratories for social change at the local and state level in order to test models that can be adopted and adapted in other locales and inform policy at the local, state and federal levels.
- Sharing strategies and outcomes widely, to further enhance knowledge, theory and practice.

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