The Life Course Perspective:
What is it, why should we care, and how can we use it to improve maternal and child health?

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Infant Mortality Rate (for every 1,000 live births, how many babies die before their first birthdays)

What is the international ranking of the United States?
Infant Mortality Rate
(for every 1,000 live births, how many babies die before their first birthdays)

U.S. is ranked #45!
Percent of Mothers who Received Early Prenatal Care, by Race/Ethnicity, Contra Costa, 2007

- White: 89.0%
- African-American: 79.5%
- Latina: 77.7%
- Asian/Pacific Islander: 87.0%
- CCC Overall: 87.6%

Source: California Department of Health Services Birth Statistical Master Files 2000-2007. Prepared by Contra Costa Health Services – Community Health Assessment, Planning and Evaluation (CHAPE)
Rate of Low Birth Weight Births (per 100 live births), by Race/Ethnicity, Contra Costa, 2007

- White: 5.8
- African-American: 11.9
- Latino: 5.5
- Asian/Pacific Islander: 7.0
- CCC Overall: 6.6

Source: California Department of Health Services Birth Statistical Master Files 2000-2007. Prepared by Contra Costa Health Services – Community Health Assessment, Planning and Evaluation (CHAPE)
Infant Mortality Rate (per 1,000 live births), by Race/Ethnicity, Contra Costa, 2005-2007

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
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<tbody>
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</tbody>
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Source: California Department of Health Services Death Statistical Master Files 2000-2007. Prepared by Contra Costa Health Services – Community Health Assessment, Planning and Evaluation (CHAPE)
Is It Socioeconomic Status?

U.S. Infant Mortality Rate (per 1,000 live births), by Race/Ethnicity and Education Level, 2002

- White college grads: 3.7
- Black college grads: 10.2
- White high school dropouts: 9.9

Source: Vital Statistics of the United States, 2002
Is it Genetics?

No! Black women born in Africa and the Caribbean have lower LBW rates than U.S.-born black women.

Something about the pre-pregnancy experiences of U.S.-born black women is detrimental to their pregnancy outcomes.
Latina Paradox

- Latinas living in the United States but born abroad have birth outcomes similar to White women
- Birth outcomes worsen with each following generation
Life Course Perspective

- A way of looking at life not as disconnected stages, but as an integrated continuum
- Suggests that a complex interplay of biological, behavioral, psychological, and social protective and risk factors contributes to health outcomes across the span of a person’s life
Key Concepts

- Early Programming
- Cumulative Pathways
Early Programming
Barker Hypothesis: Birth Weight and Coronary Heart Disease

Barker Hypothesis: Birth Weight and Insulin Resistance Syndrome

Maternal Stress and Fetal Programming
Cumulative Pathways
Allostasis: Maintain Stability through Change

Allostatic Load: Wear and Tear from Chronic Stress

Racism and Preterm Birth

Racism over life course

Chronic stress over life course

More stress hormones produced in response to stressors during pregnancy

Increased risk of preterm labor
The Life Course Game
So, what can we do?
The Life Course Initiative

- A 15-year initiative
- Launched in 2005
- The Life Course Perspective (Lu and Halfon)
Life Course Initiative Goals

- Reduce health disparities and health inequities
- Optimize reproductive potential
- Create a paradigm shift in MCH work
- To change the health of a generation
A 12-Point Plan...

- To close the Black-White gap in birth outcomes
- Goes beyond prenatal care
- Goes beyond individual-level interventions
- Goes beyond the medical model
Traveling Many Paths to Health Equity in Contra Costa County
Find a way to keep your stress level down. What works for me is making a ton of money & having practically free health care.
Social Gradient of Health
Higher Income, Longer Life

Adult life expectancy* increases with increasing income. Men and women in the highest-income group can expect to live at least six and a half years longer than poor men and women.

Prepared for the Robert Wood Johnson Foundation by the Center on Social Disparities in Health at the University of California, San Francisco; and Norman Johnson, U.S. Bureau of the Census.


* This chart describes the number of years that adults in different income groups can expect to live beyond age 25. For example, a 25-year-old woman whose family income is at or below 100 percent of the Federal Poverty Level can expect to live 51.5 more years and reach an age of 76.5 years.

Parents’ Income, A Child’s Chances for Health

Children in poor families are about seven times as likely to be in poor or fair health as children in the highest-income families.

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Prepared for the Robert Wood Johnson Foundation by the Center on Social Disparities in Health at the University of California, San Francisco.


*Age-adjusted

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Disparity, Inequality, or Inequity?

- **HEALTH DISPARITY** = **INEQUALITY** = difference in the health status or distribution of health determinants between different population groups
- **HEALTH INEQUITY** = uneven distribution of health status and determinants is unnecessary and avoidable, as well as unjust and unfair.

*Not all inequalities are unjust, but all inequities are the product of unjust inequalities.*

Reduce disparities and inequities in health outcomes by improving financial security and stability.
Long–Term Outcomes

Family income for daily living maximized

↓

Preservation of and increase in financial assets

Increased financial security and stability, and improved financial status

↓

Increased access to care, improved housing, better neighborhoods, increased food security, decreased violence, etc.

↓

Improved health outcomes and financial status for future generations
Developing Interventions

- Staff trainings on asset development
- Follow-up meetings with program managers and staff
- Consultation w/experts
- WIC client and staff focus groups (report on website)
- Review of financial education curricula
- Development of Asset Development Resource Guide
Mom, how come Lawrence has to go to a sitter every day?

Because his mom has to work, Michael.

She works so that she can pay for their house, food, clothes—everything!

But why doesn’t she just get money from the bank like everyone else?
Home Visiting Intervention

One-on-one:
- Assessment
- Information
- Referrals
- Follow-up
WIC Intervention

Groups:

- Introductory financial education classes
- Optional series of in-depth classes
- Referrals
BEST Partners

- Community Financial Resources
- Contra Costa Family Economic Security Partnership (FESP)
- Health-Wealth Connection Collaborative (HWCC)
- Spark Point Center Collaboratives
Lessons Learned

- Start with staff where they are
- Acknowledge what staff are already doing and build on this
- Recognize that change takes time
- Have a long view
- Seize opportunities to collaborate with new partners
- Develop evaluation plan while developing program interventions
For More Information

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www.cchealth.org/groups/lifecourse/