Key Messages for Life Course

Through the Life Course Indicators Technical Assistance project, we endeavored to develop resources to assist those using the indicators to communicate with stakeholders. Along the way, we attempted to tackle some challenging aspects of talking about life course. This tip sheet summarizes key messages that AMCHP and our communications consultant, Glynis Shea (University of Minnesota), compiled to assist you with talking to stakeholders about life course and the life course indicators.

A Simplified Description

Nationally recognized researchers, public health visionaries and leading organizations offer a range of life course definitions and core principles. These tend to vary and – as they describe a complex concept – are, by necessity, multi-faceted. Further complicating (and enhancing!) the story: the life course model is both an innovation and a strategic approach to equity. We adopted these two outcomes (innovation and equity) as the lead benefits and constructed descriptions and talking points to support them.

In a Nutshell: Sample Statements

For further simplification and use in communications materials, the following are sample statements that quickly summarize what we mean by “life course,” a “life course perspective,” and taking a “life course approach.” Note that as more detail and description is added, the use of jargon necessarily increases.

<table>
<thead>
<tr>
<th>OUTCOME: INNOVATION</th>
<th>OUTCOME: EQUITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why care?</td>
<td></td>
</tr>
<tr>
<td>Because it is an effective innovation, transformation of the historical, standard model</td>
<td>Because it is an effective way to address health equity</td>
</tr>
<tr>
<td>Level 1:</td>
<td></td>
</tr>
<tr>
<td>• Overview statement</td>
<td>Life course is an updated and broader way of looking at health.</td>
</tr>
<tr>
<td>• Low jargon &amp; detail</td>
<td></td>
</tr>
<tr>
<td>Level 2</td>
<td></td>
</tr>
<tr>
<td>• Explains social determinants</td>
<td>Life course is an updated and broader way of looking at health because it includes social and environmental factors as well as biological factors while looking at the entire life span, not just individual stages or specific health experiences.</td>
</tr>
<tr>
<td>• Medium jargon</td>
<td></td>
</tr>
</tbody>
</table>
A Life Course perspective shows how health develops over a life time, with health improving or diminishing based in part on exposures to risk and protective factors that go beyond biology and individual behaviors to include social, economic, and environmental impacts.

By focusing on how social determinants and exposure to risk and protective factors impact health over a lifetime, the Life Course perspective illuminates the causes of disparities and informs strategies to achieve equity.

**DIY Descriptions**

To craft your own descriptions, the following chart provides suggested wording/talking points and shows how to align them under each outcome. This chart also demonstrates how these descriptions reference all the details of the timing, timeline, equity, environment (T2E2) (Fine and Kotelchuck) model. Use this chart to pick and choose language that best frames the data or strategies you present.

<table>
<thead>
<tr>
<th>Key characteristic</th>
<th>Suggested phrasing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OUTCOME: Innovation, transformation of historical, standard model</strong></td>
<td>“Life course is an updated and broader way of looking at health.”</td>
</tr>
<tr>
<td>Emphasizes: timeline/timing</td>
<td>“…because it considers health across the life span, not just individual stages or periods.”</td>
</tr>
<tr>
<td>Emphasizes: Ecological model; social determinants</td>
<td>“…because it considers the complex interplay of biological, social, and environmental factors.”</td>
</tr>
<tr>
<td>Emphasizes: Risk and protective factors</td>
<td>“…because it considers how risk and protective factors impact health over time and across contexts.”</td>
</tr>
</tbody>
</table>

**OUTCOME: Address health equity**

| Emphasizes the role of: Social determinants as primary driver of inequity/health disparities | “…because it recognizes that broad social, economic and environmental factors are the underlying causes of persistent inequalities.” |
| Emphasizes the role of: Timeline = cumulative effects | “…because it recognizes that the cumulative effects of inequities experienced across the life span significantly impact health behaviors and outcomes.” |

**Talking Points: Mix and Match**

Breaking down the descriptions even further, the following chart provides words and phrases for the component parts of the definition. Note that these talking points vary in their use of jargon and should be selected based on audience understanding and awareness.

**Biology is not Destiny**

The life course approach uses life trajectories to illustrate how genetics and life experiences interact to impact health, and life course models can seem deterministic or even fatalistic when you think about how to “undo” lifetimes of experiences and intergenerational effects. It is important to remember that the life course approach has as its fundamental underpinnings the concept that there are critical and sensitive points in the life course at which we can intervene. In fact, because of the interconnectedness of genetic factors and experiences, we can alter trajectories by focusing on modifiable factors and finding the best time to make those changes.
Timeline/Timing

- Health across the life span, not at individual stages or periods
- Not just single stages
- Interconnected, integrated whole
- Over the life span
- Developmentally critical points or periods
- Cumulative
- Inter-generational

Ecological Model

- Defined as the complex interplay of biological, social and environmental factors
- Goes beyond biology and individual decision making/behaviors to address broad social, economic and environmental factors
- Sectors, spheres of influence, factors
- The broader community, outer rings of model, beyond the individual
- Social, economic and neighborhood environments, conditions, factors
- Social determinants

Risk and Protective Factors

- Health improves or diminishes based in part on exposures to risk and protective factors
- Interventions that reduce risks and increase protective factors can change the health trajectory of individuals and populations
- Health risk and protective factors are considered across time and contexts

Why Life Course? Make a compelling case

In addition to providing a reason to care and defining the life course approach, communications should “make the case” for why adopting this approach is needed, how it will benefit public health practice and impact population health. The two OUTCOMES referenced above can also be framed as public health challenges with supporting data:

- Failure to move disparities: Although we have reduced the rates of many diseases and conditions over the last hundred years, there has been a lack of progress on eliminating health disparities.
- Innovative approaches: A narrow focus on treating disease and individual factors/behaviors limits solutions. Innovative approaches come from a broadened perspective on disease prevention and health promotion and addressing the impact of social, economic, and physical environments across the lifespan, guided by the idea that there are critical and sensitive time periods where we can have maximum impact.

How is Life Course different or better than current approaches?

The innovation inherent in the life course approach is most visible when it is presented in contrast to existing approaches. Life course strategies demand attention to how public systems and structures drive practice and strategy. While this is surely a call to innovate and transform, it is best framed as a challenge/opportunity or challenge/improvement contrast:

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Opportunity for Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distinct, unconnected life stages</td>
<td>Look across life span; over time; development</td>
</tr>
<tr>
<td>Systems silos built around stages and/or diseases</td>
<td>Integrated approaches focused “holistically”</td>
</tr>
<tr>
<td>Priority on biology and individual behaviors</td>
<td>Priority includes social, environmental factors</td>
</tr>
<tr>
<td>Limited role in addressing environmental factors</td>
<td>Partnership, collaborative approaches to address environmental factors</td>
</tr>
</tbody>
</table>

International contrast

Make the case by contrasting U.S. investments and outcomes internationally:

- The U.S. spends more on health care than any other country but sees less improvement in health and is ranked below many developed nations.
- According to the Organization for Economic Cooperation and Development (OECD) the US leads the participating nations in health expenditures as measured both by percent of gross domestic product (16.4% vs. 8.9% for OECD nations) and per capita spending ($8,713 US vs. $3,453 for OECD nations) and yet has lower life expectancy at birth (78.8 years US vs. 80.4 for OECD nations) and higher infant mortality (2013: 6.0 per 1,000 live births vs. 4.1 for OECD nations).
- Infant mortality, a key indicator of population health, is still high compared to other countries.
- At 6.0 per 1,000 live births, the US is consistently ranked below other developed countries, including Australia (3.6), the United Kingdom (3.8), Japan (2.1) and the Slovak Republic (5.5).1

Use with caution: International comparisons do not resonate with all audiences so you may need to figure out if your audience is receptive to this type of information.

1 OECD.org.
Visualizing Life Course: Infographics and Ideas

Even after simplifying the model into two overarching goals and three descriptive areas, the Life Course approach remains complex and likely relies on too much jargon for lay audiences. Visual treatments – like infographics or simple visual representations of the concepts – can be far more appealing, compelling and engaging. Following are some examples of visual approaches that effectively convey the concepts – use these to inform and Inspire your work.

**Talking about Time: Show the Life Span**

Literally drawing a timeline is the clearest way to describe this concept. The example above from Jefferson County Public Health’s Community Health Assessment, Jefferson County, Colorado illuminates the concept by aligning health concerns and impacts with typical public health life stage segments.

- Health concerns during this life stage are (insert example with supporting data)
- Health behaviors like (insert example) are formed during this life stage (provide supporting data)

**Talking about the Ecological Model: Pictures over Words**

One of the biggest challenges when communicating about social determinants is the public perception (and our own public health predisposition) that individual factors/behaviors are the most significant and impactful cause of negative health outcomes. Challenging this belief is more successfully accomplished when you can visually portray the idea that multiple factors impact health. The example from Jefferson County is a simple approach – but far more effective than text bullet points.

Visual representations of the ecological model are also an effective way to show the multiple factors that impact health outcomes. Depending on your audience, adapt and edit how you name “spheres of influence.” Note the variation in the examples presented on page 5.

Representing the ecological model also creates opportunities to highlight other life course elements and public health strategies. Consider:

- Documenting/describing risk and protective factors by sphere of influence

<table>
<thead>
<tr>
<th>Protective Factors: Adolescent Sexual Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
</tr>
<tr>
<td>Condom use</td>
</tr>
</tbody>
</table>

- Highlighting policy and systems reform solutions

<table>
<thead>
<tr>
<th>Adolescent Sexual Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policies</td>
</tr>
<tr>
<td>• Minor’s Consent</td>
</tr>
<tr>
<td>• Explanation of Benefits</td>
</tr>
<tr>
<td>• Health care coverage of contraception</td>
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</tbody>
</table>
We all have a role to play.

While there is no easy answer or single reason "why" young people contract an STD, research indicates that solutions must go beyond the individual characteristics or behaviors of young people. For example, research has shown that how connected a young person is to their school reflects both on their educational success and their health. It has also demonstrated that a community's assets and challenges can either help to "protect" a young person from contracting chlamydia or increase their "risk" of being exposed to it. Researchers have identified the risk and protective factors listed below to be associated with STDS and sexual health:

**RISK FACTORS**
- Lower academic achievement
- Higher violent crime rate
- Higher levels of unemployment
- Greater residential mobility
- Higher level of community stress

**PROTECTIVE FACTORS**
- People important to youth approve of contraception or condoms
- Attachment to a faith community
- Opportunities for community involvement
- Higher socio-economic status
- Work and recreational opportunities

This research makes it clear that we all have a role to play in preventing chlamydia. In an effort to reach and activate the broader Minnesota community, the MCP has prepared this action guide. Take a look at the Table of Contents to find the sections that make the most sense for you. There you'll find a short list of specific things you can do to support the sexual health of young people.
**Talking about Equity: Cumulative Impact**

Life course theory points to broad social, economic and environmental factors as underlying causes of persistent inequalities in health for a wide range of diseases and conditions across population groups. While genetic make-up offers both protective and risk factors for disease conditions, inequality in health reflects more than genetics and personal choice.

The Alameda County Public Health Department’s Building Blocks Collaborative (BBC) “roadshow” presentation includes a slide that describes the cumulative impact of disparities, illustrating for the viewer how inequities can compound over a lifetime.

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**Implications for Equity**

Each of the life course indicator narratives has a section called “Implications for Equity” where we describe the disparities in experience of the indicator and explore the opportunities to address social determinants of health to eventually restore equity. Below is an excerpt from the “Implications for Equity” section of Experiences of Race-Based Discrimination or Racism among Women (LC-13), which describes the magnitude of the impact of racism on health outcomes and the pathways we can explore to begin to restore equity:

“There are many socioeconomic factors that impact the health of women in the United States, including education, income, and health insurance status (Ross et al 2012, Jones et al 2002). There is evidence that women of all racial/ethnic groups have worse health outcomes than their male counterparts (Read and Gorman 2006). Further, women of color have worse health outcomes than their white counterparts (Read and Gorman 2006). All of this information points to a need to focus particularly on the experiences of women as they seek and receive health services.

Pregnancy is a critical and sensitive period in the life course of a woman; her life experiences prior to and during pregnancy have the potential to directly impact the health of her children and her children’s children, as well as the overall health and well-being of her family. Despite decades of work to reduce disparities in birth outcomes, two- and three-fold differences in infant mortality, low birth weight, preterm birth, and other health outcomes persist. As proposed by Lu and Halfon (2003), if the persistent disparity in outcomes is at least in part attributable to the impact of racism experienced by African Americans over generations, it is essential to monitor women’s experiences of discrimination immediately before and during pregnancy, as well as the experiences of discrimination when receiving health care for all adults and the experiences of racism reported by children. These three life course indicators provide the field of MCH and our partners with a powerful picture of the pervasiveness of experiences of racism, which is the first step in being able to design strategies to reverse racism and restore equity.”

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**RESOURCE: Implications for Equity**

Do: focus on what we can do, what is modifiable

Don’t: blame individuals for their experiences
Talking about Equity: Place Matters

When we use a life course approach, we embrace the concept that place matters, and call this one of the “social determinants” of health. Talking to lay audiences about social determinants does not always resonate. The Robert Wood Johnson Foundation conducted communications research to identify A New Way to Talk About The Social Determinants of Health.

Their message testing sought a way to talk about social determinants that was meaningful, easily understood, and not aligned with an existing political perspective or agenda. They came up with a simple statement: “Health starts where we live, learn, work and play.” In the table below are six phrases that tested well in conveying the concept of social determinants. Variations on these statements include:

“Your neighborhood or school shouldn’t be hazardous to your health”
“Your opportunities for better health begin where we live, learn, work and play.”
“Your zip code may be more important than your genetic code”

Alameda County Public Health Department’s Building Blocks Collaborative (BBC) took this idea and created a summary slide in their “roadshow” presentation to illustrate the concept that “Where You Live Affects Your Health.” Note how easily the representation of place overlaps with ecological model concepts.

Now What? So What?

Ideally, your discussion of the Life Course model will include clear recommendations and strategies for addressing your priority health issues. Beyond your specific strategies, Life Course dictates a need for MCH to collaborate -- 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.

For More Information

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