

# Integrating the Life Course Model in MCH Training Programs

September 15, 2010

Training Branch

Division of Research Training and Education (DRTE)

Maternal Child Health Bureau (MCHB)

Health Resources and Services Administration (HRSA)

# Introduction

- Welcome
- Purpose of Webcast
- Updates from the MCH  
Training Program
- Introduction of  
Speakers



Laura Kavanaugh, MPP  
Division Director, Division of Research,  
Training and Education, (DRTE) MCHB,  
HRSA

# Speakers



Milt Kotelchuck, PhD  
Chair Emeritus, Community  
Health Sciences, Boston  
University



Ruth Stein, MD  
Project Director, Leadership Education  
Program in Behavioral Pediatrics,  
Albert Einstein College of Medicine

# Speakers



Betsy Haughton, EdD, RD, LDN  
Director, Public Health  
Nutrition, University of  
Tennessee, Knoxville



Karen Edwards, MD, MPH  
Program Director, LEND,  
Cincinnati Children's  
Hospital Medical Center

# **Integrating the Life Course Model in MCH Training Programs**

Milton Kotelchuck PhD, MPH  
Boston University School of Public Health  
Massachusetts General Hospital  
Harvard Medical School

# New strategic planning initiative of MCHB

- MCHB will kicked off the development of a new five year strategic planning effort at the Oct. 20<sup>th</sup> 75<sup>th</sup> Anniversary Title V meeting
- MCH life course, social determinants and health equity will serve as its framework
- It will be inclusive process and will invite everyone's participation
- This webinar is part of that larger strategic initiative, to engage the MCH training programs

# Why a new strategic approach?

- Existing MCH programmatic approaches are not sufficiently effective
- The current balance of clinical & public health practice and social environmental practices and policies seems out of kilter
- There is substantial new life course research to guide our new initiatives
- New political and programmatic opportunities
- Reasserts the Children's Bureau/Title V MCH leadership mandates

# MCH Bureau Life Course Initiatives

- Commitment of Dr. Peter Van Dyck to use MCH life course theory as a strategic planning framework for the Bureau
- Multiple MCH Bureau-wide and Senior Leadership Meetings and Presentations
- State Needs Assessment Conference, and a State Title V Directors' workgroup
- Amy Fine and Milt Kotelchuck engaged to develop a Life Course concept paper to help kick off their new Strategic Planning initiative
- Several new MCHB Life Course initiatives

# Life Course Development

Life course development provides a framework to understand how multiple determinants of health interact across the life span and across generations to produce health outcomes

# MCH Life Course aspirational goals

- To optimize health across the life span, for all people
- To eliminate health disparities across populations and communities

# MCH Life Course

Posits a new scientific paradigm for the MCH field

Addresses enduring health issues with new perspectives (e.g., disparities)

Requires new longitudinal and holistic approaches to MCH programs, policy and research

Provides an integrated framework for facilitating the MCH policy agenda

Links the MCH community to adult and elderly health and social service policy development

# Life Course is not new to MCH

“MCH does not raise children, it raises adults. All of tomorrow's productive, mature citizens are located someplace along the MCH continuum. They are at some point in their creation either being conceived or born or nurtured for the years to come. There is very little genuine perception that mature people come from small beginnings, that they've had a perilous passage every moment of the way. All the population, everybody of every age were all at one time children. And they bring to their maturity and old age the strength and scars of an entire lifetime.”

Pauline Stitt, MCHB 1960

# Key concepts of the MCH Life-course Model

- Today's experiences and exposures determine tomorrow's health
- Health trajectories are particularly affected during critical or sensitive periods
- The broader environment – biologic, physical, and social – strongly affects the capacity to be healthy
- Inequality in health reflects more than genetics and personal choice.

# Key concepts of the MCH Life-course Model

- ***Timeline*** conveys movement along a continuum and cumulative impacts over time.
- ***Timing*** reflects the importance of the earliest experiences and exposures and of critical periods throughout life.
- ***Environment*** recognizes the importance of family and community in shaping health, including the physical, social, and economic environment in which people live, grow and develop.
- ***Equity*** refers to the importance of addressing disparities in health and development across populations.

# MCH Life Course core concepts

- MCH life course, social determinants, and social justice models are complementary and synergistic
- It moves beyond, but includes, medical/clinical care; not safety net programs
- Life course not as disconnected stages, but as an integrated continuum; we are one
- Not deterministic, but transformational and interactive trajectories
- Fosters life long development and equitable valuation of life at every age

# **Educating and Training the Public Health Work Force on the MCH Life Course Model**

**MCH Life Course perspective is still evolving  
MCH Life Course Model Topics to be Addressed**

- Theory
- Research
- Practice
- Policy
- Education and Training

# Developing an Agenda for Change

- Strengthening the life course knowledge base
- Developing new program and policy strategies
- Enhancing political will
  
- And training of MCH professionals to be participants and leaders in the development and implementation of the new MCH life course initiatives

**Creating the Political Will  
to Educate and Train the Public Health Workforce on  
the MCH Life Course Model**

**Broad Educational and Training Needs**

- **Engage students** in the desire to learn about the MCH life course model
- **Develop faculty** who can address the intellectual content and skills of the life course model
- **Create a pedagogy** (content and skills) to teach about the MCH life course
- **Make a for time / place in curriculum** to address MCH life course model, for a full range of long-term, short-term, and CE MCH trainees
- **Link to ongoing research/evaluations and practice** on MCH life course to enhance the proposed curriculum
- **Meet the needs of MCH agencies** for future and current staff with MCH life course model skills and knowledge
- **Meet the needs of MCH communities and political supporters** for training of MCH professionals with MCH life course model skills and knowledge

# MCH Life Course Training Needs

- New skills and knowledge
- New pedagogic methods
- New integration
- New leaders

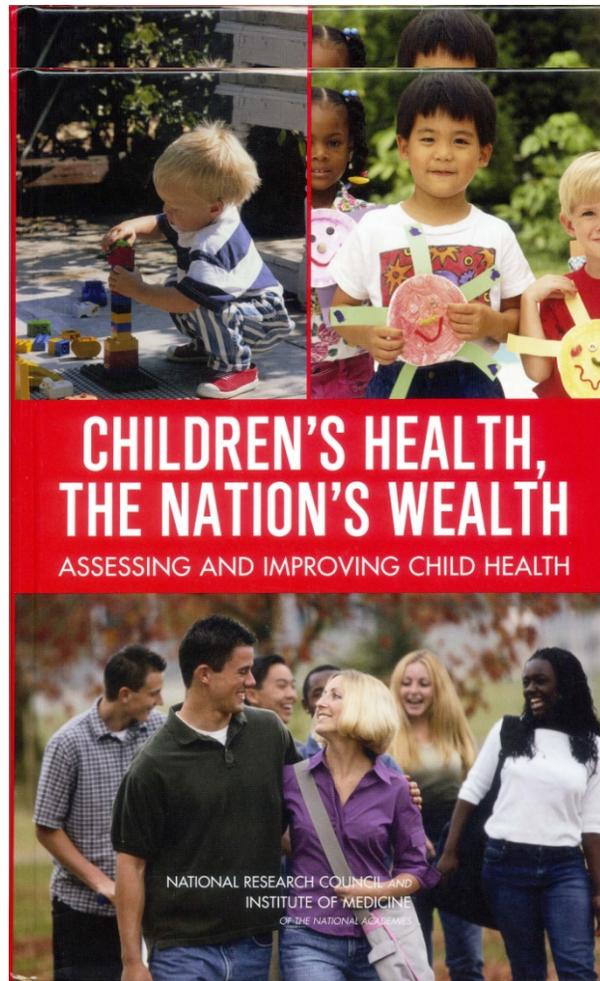
# MCH Life Course

Our challenge is to transform this new MCH Life Course theory, research and practice into enhanced, innovative and effective MCH training programs – to prepare the future leaders of the MCH field

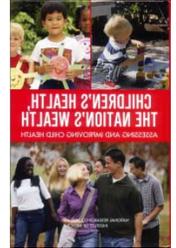
# Life Course Model: A Framework for Developmental Behavioral Training

Ruth E.K. Stein, MD  
Professor of Pediatrics  
Albert Einstein College of Medicine  
Children's Hospital at Montefiore  
Bronx, New York

# IOM-NRC Child Health Report



# Definition of Child Health



**“Children’s health should be defined as the extent to which individual children or groups of children are able or enabled to**

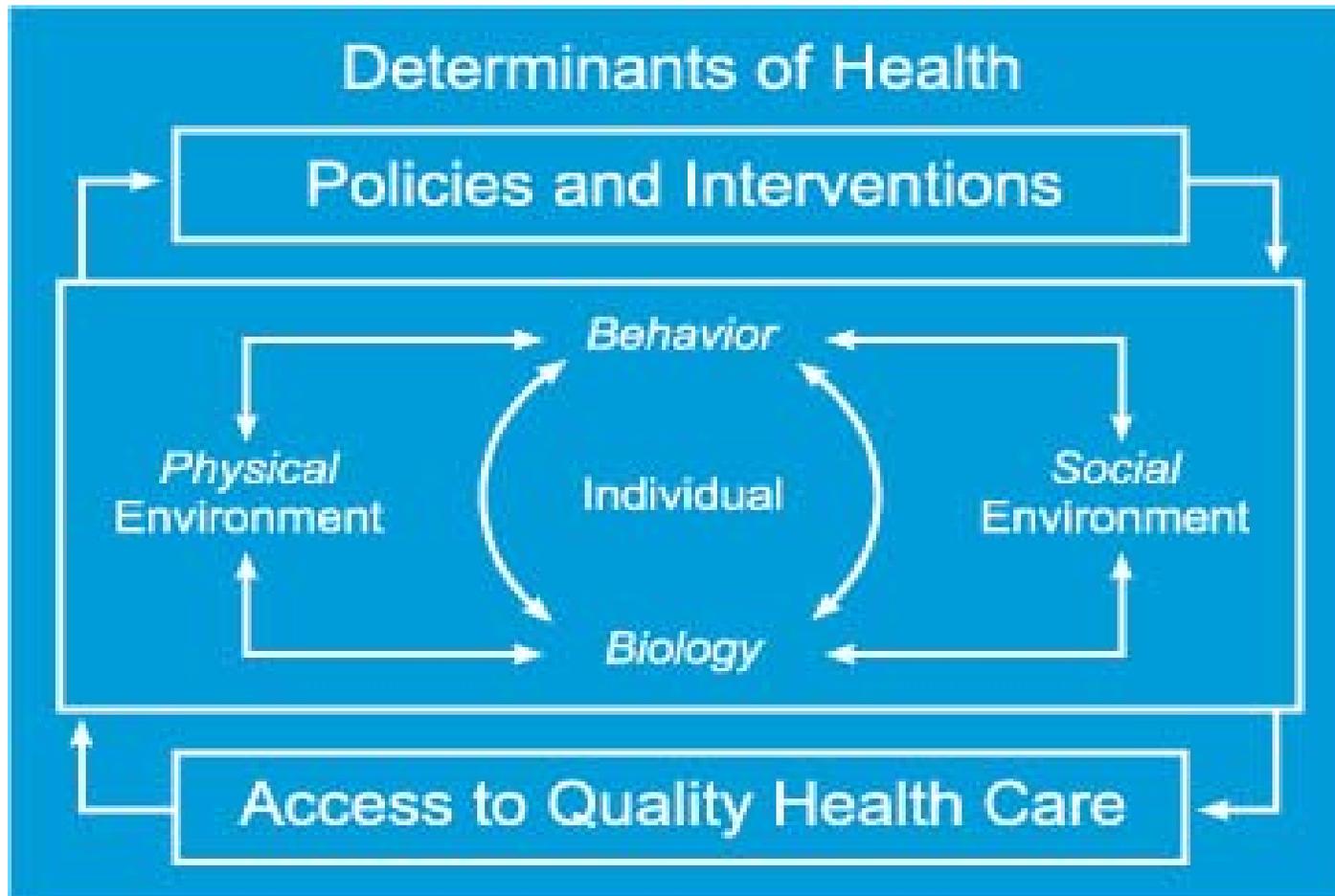
- (a) develop and realize their potential,**
- (b) satisfy their needs, and**
- (c) develop the capacities that allow them to interact successfully with their biological, physical, and social environments.”**

# Critical Aspects of the Definition

- Health as a positive construct
- Emphasizes DEVELOPMENT and long term implications
- Interactions between the child and environment
- Acknowledges that multiple influences interact with biology over time



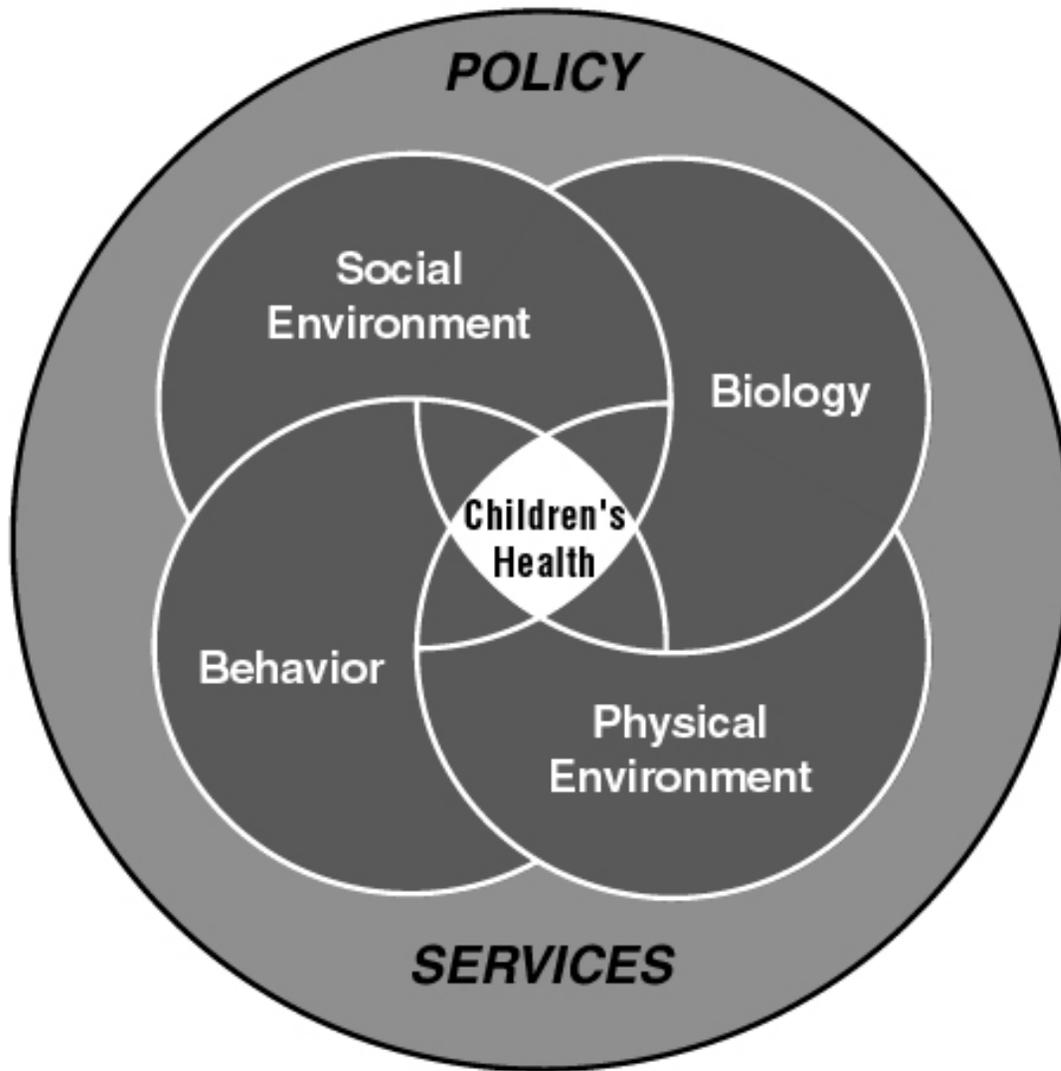
# HP 2010 Model

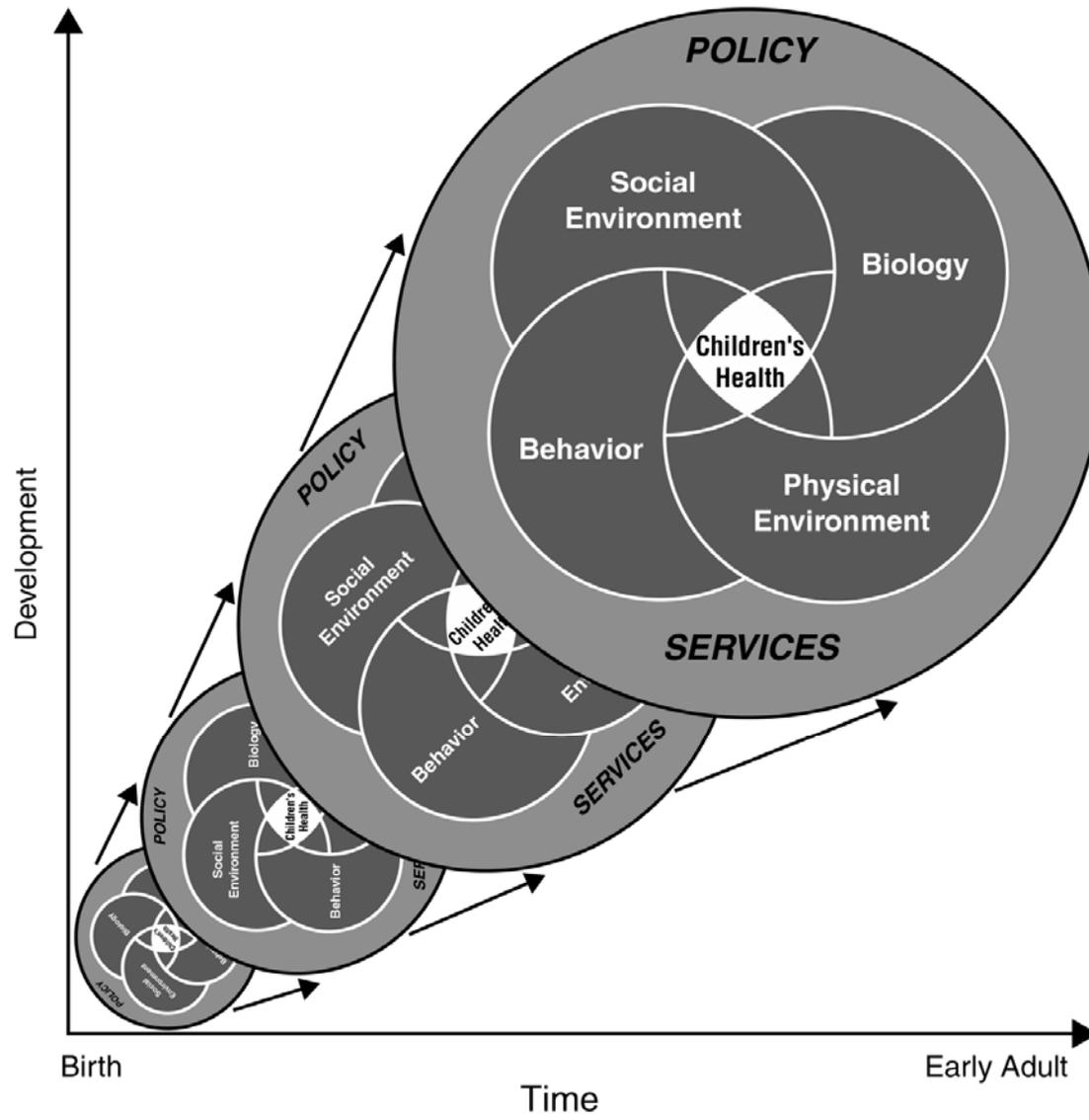


# Components of Model

- **Influences - Risk and Protective Factors**
- **Transactional and Interactive**
- **Six categories of Influences**







# Implications

- Each turn changes the pattern
- Incorporates previous elements
- Critical and sensitive periods
- Influences overlap
- Need for longitudinal measures
- Trajectories

# Applications

- Incorporated into clinical work
- Basis for selecting research questions
- Foundation for advocacy
- Part of teaching framework



# **Integrating a Life Course Model in MCH Training**



**MCH Nutrition Training Programs' Perspective  
Betsy Haughton, University of Tennessee, Knoxville**

# Objectives

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- How we began to learn how to incorporate 3 strategic planning models in MCH nutrition training
- Examples of how to incorporate a life course model



# Background

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- MCH Nutrition Training Programs: 2008-2013
  - Clinical & public health perspectives
    - Maternal, neonatal, pediatrics, adolescents, CSHCN, & public health to promote healthy weight
  - Professional & degree-based training
- Change is on the way! 2008-2009
  - Social determinants of health?
  - Health equity?
  - Life course perspective?
- How use in graduate & professional training? 2009-2010
  - Formative evaluation: Conference calls & email
  - Process & outcome evaluation: Meeting



# Formative Evaluation: Fall & Spring 2009

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- Objective:
  - Identify outcomes for face-to-face meeting
  - Delineate plan for participant preparation
  - Provide input on meeting logistics
- Literature review on 3 models: What are they & implications for MCH planning?
  - Foundation readings
  - Summary table



# Three Models & Implications

Component	Life Course Perspective	Social Determinants of Health	Health Equity
Theory			
Research	Use longitudinal measures		
Practice			
Policy			Social justice & human rights
Training & Education		New skills sets: Assess & monitor social inequalities' impact on health	
Overlap of Models			



# Process Evaluation: March 2010 Meeting

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- Keynote speaker on 3 models
- Small group discussion: How incorporate models into MCH nutrition leadership training?
  - University courses
  - Degree-based training programs
  - Professional training
  - Clinical & public health programs



# Outcome Evaluation: Incorporation in Training

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Category of Incorporation	How
By Training Grants	Practical experience
	Coursework
	Material development
	Continuing education
	Skill development
	General training
Through Collaboration	Interdisciplinary within health care
	With other training grants
	Media
	States
	Other collaborations

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# Outcome Evaluation: Incorporation in Training

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Category of Incorporation	How
By Others	MCHB
	Advocate for change
	Prevention
	Examples
Challenges	Funding
	Research to support policy
	Uncertainties



# Incorporating Life Course Theory

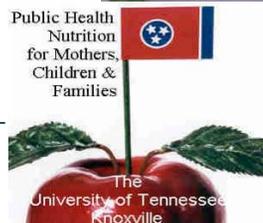
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- Faculty development
- Leadership education & training
  - Coursework
  - Field practice
  - Development of new materials
  - Continuing education & technical assistance
- Collaboration with practitioners, other training grants, Title V programs, & the media
- Advocacy to use models in training & practice; focus on prevention
- Development of new research methodologies & research to support policy



# MCH Nutrition Trainees, Faculty, MCHB, Other Stakeholders, Alexandria, VA March 2010

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**-Life Course Theory**  
**-Social Determinants of Health**  
**-Health Equity**  
**(“LC”)**  
**As Curricular Elements in MCH**  
**Training Programs**

Karen Edwards MD MPH

LEND Program Director

(Leadership Education in Neurodevelopmental and related Disabilities )

Training Director

Division of Developmental and Behavioral Pediatrics

Cincinnati Children's Hospital

## **Initial reactions may be:**

- **“Our curriculum/schedule is full...where will we put it?”**
- **“What exactly is LC?”**
- **“This is important” “We already include [some, a bit of, quite a bit of] LC content in our training curriculum; values look familiar”**
- **“How does LC relate to leadership development and to ..... [adolescent health, neurodevelopmental disabilities/special health care needs, developmental/behavior pediatrics, nutrition, public health, pediatric pulmonary]?”**
- **“Who are the experts who will teach LC?”**



## From MCH Leadership Competency 3: Ethics & Professionalism

### Examples from “KNOWLEDGE AREAS”

- The principles, values, and ethical behaviors such as beneficence, non-maleficence, truthfulness, **justice**, and respect for autonomy that underlie professional conduct within the health care system.

### Examples from “SKILLS AREAS”

- Describe the **ethical implications of health disparities** within MCH populations.
- Consider the **culture and values of communities** in the **development of policies, programs, and practices** that may affect them.
- Describe the **ethical implications of health disparities** within **MCH populations** and propose strategies to address them.

## From MCH Leadership Competency 7: Cultural Competency

### Examples from “KNOWLEDGE AREAS”

- The influence of personal biases and assumptions on individual and organizational behavior.
- How **cultural, ethnic, and socioeconomic factors influence the access to health care services.**
- The **impact of culturally competent health care practices on individuals’ access to health services, participation in health promotion and prevention programs, adherence to treatment plans, and overall health outcomes.**

## From MCH Leadership Competency 11: Working with Communities and Systems

Examples from “KNOWLEDGE AREAS”:

- Principles of building constituencies and **collaborations in communities and among organizations.**

Examples from “SKILLS AREAS”

- Identify **community stakeholders and their extent of engagement in the collaboration process.**

## From MCH Leadership Competency 12: Policy and Advocacy

### Examples from “KNOWLEDGE AREAS”:

- **Public policy process...**
- **...public-sector policies and private-sector initiatives that affect MCH population groups.**
- **...methods for informing and educating policymakers about the needs of and impacts of current policies on MCH population groups.**

### Examples from “SKILLS AREAS”

- **Frame problems based on key data, including economic, political, and social trends that affect the MCH population. Use data, levels of evidence, and evaluative criteria in proposing policy change.**
- **Identify a wide range of stakeholders who influence changes in MCH policy.**

# Planning for Incorporation of LC

## Faculty Reflection/ Faculty Development

- Key elements of LC / key documents review (at <http://mchb.hrsa.gov/lifecourseresources.htm> )
- Common vocabulary, knowledge of evidence
- Parallels/synergies between MCH Leadership competencies and LC
- Elements already incorporated into training
- Incorporating additional elements
- Suitable instructional methods

# Strategies to incorporate LC into training

- **Foundational session: overview of key elements as related to leadership development and [ \_\_\_\_ ]**
- **Note it where it already exists**
- **Incorporating into existing offerings**
  - **Incidence? Add: across racial/ethnic/income groups**
  - **Research finding? Add: diverse subjects included?**
  - **Etiology discussions? Add: impact of environment (Obesity: discuss unsafe neighborhoods and lack of opportunity to buy healthy food)**

# Strategies...

## Case-based discussions

- **Build in elements which require discussion of social determinants.**
  - “Can you think of possible reasons for the parent to have discontinued the medication in this situation?”  
[linguistic mismatch; literacy level; family advice; health belief mismatch; adverse effect of medication; financial; parent with three jobs cannot get to pharmacy; transportation or child care difficulty....vs. “noncompliance”]

## **Strategies.....**

- **Journal Club: selection of articles incorporating consideration of social determinants, life course, health equity**
- **Cultural Competency Training**
  - **Build in self-assessment**
  - **Discuss difficult issues, for instance: does racial bias have a role in creating health disparities?**

## **Strategies.....**

- **Membership in professional organization and interest groups**
  - **Role in advocacy**
  - **Role in education of legislators**
- **Active learning components concerning “the big picture” or population perspective: exercises requiring use of NSCSHCN or NSCH**

# **Family Mentoring Experiences/ Community-based Organization Experiences**

- **Seeing social determinants through the eyes of the family, through the perspective of organizations that are part of the community**
- **Build consideration of social determinants into the assignment**

# Incorporating LC into Clinical Supervision

- **Expectation to include social determinants in history, as in “Social Context Review of Systems\*”**
  - **patient’s explanatory model; control over environment; social stressors and social supports; literacy level; changes in environment, among others**
- **Role model consideration of social determinants of health**
- **Attention to linguistic differences and assuring adequate translation**

\*Carrillo et al; *Ann Intern Med.* 1999;130:829-834.





# **Incorporating LC into Research Mentoring**

- **Recruitment and inclusion of diverse subjects**
- **Community participation**
- **Secondary analysis of datasets that include social determinants**

# Summary

- **Faculty knowledge of life course theory, social determinants of health, and health equity**
- **Examples of incorporation into MCH training program curriculum**