

# **Life Course Theory: Application to LEND Interdisciplinary Training Programs**

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## Goals

- Increase understanding of Life Course Theory (LCT)
- Share successful methods for incorporating LCT into LEND training; brainstorm new methods
- Consider how LCT applies to issues of importance to children and adults with disabilities and their families and values that guide LEND training

# **In Progress...Under Development...History being Made...**

- **75<sup>th</sup> Anniversary of Title V legislation 10-20-10**
  - **Dissemination of Concept Paper: “Rethinking MCH: The Life Course Model as an Organizing Framework” Concept Paper by Fine and Kotelchuck for HRSA**
  - **MCHB will develop strategic plan based on LCT**
  - **MCHB has recently initiated a life course research network and a life course website**
  - **Training programs are considering how LCT relates to training program goals and objectives and are developing methods to strengthen incorporation**

- **“Where will we put it?”**
- **“What exactly is ‘Life Course Theory (LCT)’?”**
- **“This is important.”**
- **“We already include LCT content in our training curriculum.”**
- **“How does it relate to leadership development and to disabilities/special health care needs?”**
- **“Who are the experts who will teach it?”**

**“Stated more simply, key life course concepts can be summarized as follows...”**

**(Dr. Kotelchuck used the mnemonic “T2E2” to refer to this list)**

- “Today’s experiences and exposures influence tomorrow’s health. (*Timeline*)**
- Health trajectories are particularly affected during critical or sensitive periods. (*Timing*)**
- The broader community environment –biologic, physical, and social –strongly affects the capacity to be healthy. (*Environment*)**
- While genetic make-up offers both protective and risk factors for disease conditions, inequality in health reflects more than genetics and personal choice. (*Equity*)”**

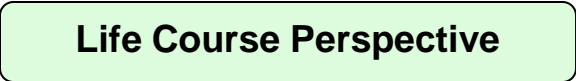


**Paraphrasing a recent presentation by Milt Kotelchuck, PhD.....**

**We are aiming to:**

- **Engage ... in incorporating LCT knowledge and skills into curriculum and training experiences**
- **Engage trainees in learning about the MCH life course model and practice based on it**
- **Create a pedagogy (content and skills) to incorporate LCT into the training program**
- **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**
- **Base this on ongoing research/evaluations and best practice**

## Social Determinants of Health



## Life Course Perspective



<http://www.wordle.net/>

## MCH Leadership Competencies

1. Working with Communities & Systems →
2. Policy & Advocacy →

**<http://leadership.mchtraining.net/>**





# 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 LCT

## Faculty

- **Familiarity with elements of LCT variable**
- **Structured opportunities to learn key elements, review evidence, develop common vocabulary**

## Planning for Incorporation of LCT

### **Faculty Reflection/ Faculty Development**

- **Parallels/synergies between MCH Leadership competencies and LC**
- **Identify where already incorporated**
- **Incorporating additional elements**
- **Suitable instructional methods**

# Strategies to incorporate LC into training

- **Foundational session re key elements as related to leadership development and disabilities/SHCN**
- **Note for trainees where it already exists**
- **Incorporate 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**

# **Inspiring Developing Young Leaders who will create systems and policy to better serve children and families**

- Skills for
  - Creating and managing change
  - Negotiation
  - Persuasion (oral and written communication skills)
  - Developing and applying the highest quality of evidence
  - Engaging unconventional partners
  - Thinking and acting outside of the box

**“He or she continually seeks new knowledge and improvement of abilities and skills central to effective, evidence-based leadership. The MCH leader is also committed to sustaining an infrastructure to recruit, train and mentor future MCH leaders to ensure the health and well-being of tomorrow’s children and families. Finally, the MCH leader is responsive to the changing political, social, scientific, and demographic context and demonstrates the capability to change quickly and adapt in the face of emerging challenges and opportunities.”** *From “MCH Leadership Competencies” (v.3).*

## Summary

- **Key elements of LCT**
- **Relationship to LEND Leadership Training**
- **Faculty knowledge of life course theory**
- **Examples of incorporation into MCH training program curriculum**
- **LCT applications will evolve as new evidence develops, so training programs will evolve in parallel...**
- **LCT and disabilities/SHCN**



**Break**  
**Then Small Groups**  
**Report-back to large group will**  
**be transcribed and soon**  
**available to all on our website**

