Can the lifecourse approach help shape public health policy?

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Promoting good health throughout the lifecourse
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Messe Lucerne
Lifecourse epidemiology

- Fetus and infant
- Child
- Adult

Aetiology

Mechanisms

Intervention
The Ecological model of health across the lifecourse

- Social policies
  - Welfare
  - Health
  - Housing
- Neighbourhood and social context
  - Services
  - Transport
  - Environment
- Family and household
  - Support
  - Stability
  - Finances
- Individual development
  - Physical
  - Cognitive
  - Social
  - Mental
  - Behavioural
- The lifespan

Cohesion

Employment

Fiscal

Work

Social networks
Intervening

• When?
• Where?
• Who?
• How?
WHEN?
Functional capacity across the life course

- Early Life: Growth and development
- Adult Life: Maintaining highest possible level of function
- Older Age: Maintaining independence and preventing disability

Disability threshold:
- Rehabilitation and ensuring the quality of life

Source: Kalache and Kickbusch, 1997
Life course perspectives on coronary heart disease, stroke and diabetes

The evidence and implications for policy and research

Ageing and Life Course
Department of Noncommunicable Diseases Prevention and Health Promotion
Noncommunicable Diseases and Mental Health Cluster
WORLD HEALTH ORGANIZATION
WHERE?
i) Lessons from cross-national lifecourse research

• Generality of findings
  – From one society to others

• Impact of variation in ..... 
  – Institutional settings
  – Social structures
  – Historical development
  – Welfare provision
Health decline by minority status

a) United States

b) Britain

c) Germany

d) Denmark

Sacker A et al. (2011) JECH 65(2):130-6
Health decline by employment status

a) United States

b) Britain

c) Germany

d) Denmark

Sacker A et al. (2011) JECH 65(2):130-6
WHO?
Life course strategy for disease prevention

- **Infancy**: Inadequate response to new challenges
- **Childhood**: Intervention in childhood increases resilience to new challenges
- **Adulthood**: Late intervention impactful for vulnerable groups

Adapted from Godfrey et al DOI: http://dx.doi.org/10.1016/j.tem.2009.12.008
Percentage of children exposed to risk factors at age 3
Verbal ability: months ahead or behind by no. of risk factors

Number of months

Number of risk factors

Age 3  Age 5  Age 7
Verbal ability: months ahead or behind by no. of risk factors

Number of months

Number of risk factors

Age 3 • Age 5 • Age 7 • Age 11
Mean vitamin C concentrations by number of adverse life course indicators among British women aged 60–79 years.

HOW?
Breastfeeding associations over the lifecourse

- Birth - 5yrs Early Years
- School Aged Children 5-18yrs
- Young Adults to Established Adults 18 to 64yrs
- Older Adults >65yrs

Health
- Developmental milestones
- Cognition
- Behaviour
- Obesity/CVD risk
- Social mobility
- Stress biomarkers
- ?
Summary

Shown that the lifecourse perspective by considering

- Social, physical and psychological hazards
- Behavioural, biological and psychosocial processes
- Risks at all stages of the life span
- Specificity of influences across populations

Can inform policy makers on the

- Targeting, timing, setting and mode of interventions
Summary

• More research to be done on
  – The importance and process of intergenerational transmission of risk
  – The interplay between genetic and environmental exposures
  – How the social “gets under the skin” to affect our biology
Life Gets Under Your Skin

Edited by
Professor Mel Bartley

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