

At A Glance: Adolescents and Life Course

The Life Course Model as Organizing Framework for Adolescent Health Programs Within the Public Health System

November 2013

The Health Resources and Services Administration (HRSA), and the Maternal Child Health Bureau (MCHB) has been exploring life course theory (LCT) as a framework to guide practice that promotes: 1) Optimal health and healthy development across the lifespan, as well as across generations; and 2) Equity in health across communities and populations.

In their 2010 paper, *Rethinking MCH: The Life Course Model as an Organizing Framework*, Section 1: Introduction to Life Course Theory summarizes it's key concepts as follows:

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

The authors introduce two additional concepts:

1. The development of health over a lifetime is an interactive process, combining genes, environments, and behaviors.
2. Throughout life and at all stages, even for those whose trajectories seem limited, risk factors can be reduced and protective factors enhanced, to improve current and subsequent health and well-being.

Section II: Implications of Life Course Theory for MCH Practice suggests the need to:

1. Refocus resources and strategies for a greater emphasis on early (upstream) determinants of health;
2. Incorporate earlier detection of risks coupled with earlier intervention;
3. Promote protective factors while reducing risk factors at the individual, family, and community levels;
4. Shift from discrete and episodic services to developing integrated, multi-sector service systems that become lifelong pipelines for healthy development, and;
5. Compliment a focus on individual conditions or body systems, with a whole-person, whole-family, whole-community systems approach.

Currently, adolescence is divided into the following age groups:

- Early Adolescence: 10-14 years old
- Middle Adolescence: 15-19 years old
- Late Adolescence/Emerging Adulthood: 20-24 years old

Continued on next page >>>



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This constitutes a 15-year span in an individual's life. Due to the multiple and difficult developmental changes and tasks occurring during this time, adolescence is considered one of the critical or sensitive periods in which adverse events and exposures have the greatest impact (Concept 2. Timing).

The life course model clearly demonstrates the need for an emphasis on adolescent health within the public health system due to Concept 2 and also due to the following:

- Adolescence occurs upstream in the lifespan enabling early detection of risk factors and early intervention
- Adolescents can be engaged in multi-sector service systems to promote protective factors and reduce risk factors, and;
- Adolescents are still closely connected to and involved in their family and community.

Section III: Using Life Course Theory as a Framework for MCHB Strategic Planning discusses the use of the four key concepts to guide the development of sub-goals, key strategies, and guiding principles. Based on the concepts, strategic planning in MCH would emphasize adolescent health through the following (for ages 10-24):

- Age appropriate health promotion
- Accessible, youth oriented services
- Routine developmental screenings
- Community-based interventions in the cultural context of the participants
- Referral/linkage support

Strategic planning in MCH would also emphasize adolescent health through promotion of the following guiding principles both within the public health system and within the community it serves:

- An emphasis on adolescence as an opportunity to build and strengthen health
- An understanding of healthy adolescent development, protective factors, and developmental assets
- Strong partnerships between youth-serving sectors and systems
- Positive, consistent messaging about youth and for youth
- Engaging young people in efforts to improve the health and well-being of all

State Adolescent Health Coordinators housed in Maternal and Child Health Bureaus have a vision for young citizens to be healthy and able to transition to adulthood. These professionals want to utilize their position in the public health system to advocate for their valuable youth and to promote safe/ healthy behavior, protective factors, and developmental assets among them. The life course model can act as an organizing framework for Adolescent Health Coordinators to develop an effective adolescent health program in their state.



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