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CHDS Research Update: “Disparities in self-rated health across generations and through the life-course”

In February of 2017, the Child Health and Development Studies (CHDS) published an article titled, “Disparities in self-rated health across generations and through the life-course,” in the journal *Social Science and Medicine*.



This article reports on a study called the “Disparities in Health (DISPAR)” study that was based on CHDS 2nd generation sons and daughters who participated in childhood studies (at ages 5, 9-11, and 15-17) and in adulthood at age 50.

The study was designed to assure participation of both African Americans and non-African Americans in order to understand the reasons for disparities in health related to income, experiences of discrimination, and education.

Data collected in adulthood via telephone interview and a home visit was linked to data collected in childhood by the CHDS. Over 600 2nd generation cohort members participated in the adult study interviews and over 500 completed a home visit (40% African American participants). The CHDS collaborated with researchers at Columbia University to conduct this study.

Participants were asked to rate their health as poor, fair, good, or excellent as their parents had done decades before. Many other studies have shown that self-rated health is a very good indicator of physical health.

Our goal was to understand what might improve health over two generations using the long-term information we have accumulated over 50 years on parents and their children.

We found that if children's health was good, then regardless of race or income, health was better in mid-life. Likewise, among all families, including lower income families and among African Americans, getting a college education predicted better health in mid-life. But we also found much room for improvement—generally lower income families and African-American families had poorer health that was reproduced across generations.

Why is this study important? Our research supports the idea that protecting the health of children and providing opportunities for higher education is a strategy for protecting the health of families, including vulnerable populations who have lower income or experience discrimination. While this seems like common sense, research can reinforce society's decisions about how to spend resources for policies and programs. **Our study predicts that protecting the health of children and providing access to higher education will preserve the quality of life well into mid-life, will save society the costs of health care that mount in midlife, and interrupt the cycle of poor health in vulnerable families.**

If you are interested in reading more [click here](#) for a link to the full article.

The Benefits of Reading to your Baby - by Sheena Cresswell

You have probably heard about the importance of starting to read, talk, and sing to your baby when he or she is young. However, like me, you may wonder what exactly are the benefits. Well, reading aloud to young children promotes brain development in the following key ways:



- Builds a baby's language awareness, listening, and memory skills
- Introduces concepts such as stories, letters, colors, and shapes in a fun way
- Promotes bonding and closeness - especially because babies are soothed by the sound and rhythm of their parents' voices
- Gives babies information about the world around them
- Instills a lifelong love of books and learning

Research shows that kids who don't develop basic literacy skills by kindergarten are three times more likely to drop out of school later in life. What better way to help insure your child's success later in life than to engage with them when they are babies! And as we read in this newsletter, CHDS study participants who stay in school longer had better health outcomes as adults. How empowering to know that reading, talking, and singing to your baby now will have a huge payoff to his or her health in later life!

For more information visit [First 5 California's](#) website.

Ask Barbara:

In every newsletter we plan to answer questions from readers like you! So please [email the CHDS](#) with your health concerns or questions and we will choose one to answer in future e-newsletters. **If your question is chosen you will win a \$10 Amazon gift card!** Remember to provide your name and best contact information in your email so that we can get in touch with you if you are the winner. **The question below was asked by a reader of our Winter 2016 newsletter. Please keep the questions coming!**

Dear Barbara: I would appreciate knowing how safe our information is and how safely stored our samples are.

Dear CHDS cohort member: Thanks for your very important question. I hope readers will feel reassured by my answer and feel encouraged to participate in future research studies.

Making sure your information is kept private is of utmost importance to us. Each CHDS cohort study participant is assigned a study identification number and only this ID number is used on study materials. The DNA, blood, urine, and saliva samples we have collected over the years are also coded with a sample ID number (different from the study ID) and no names appear on the collection

tubes. For each new study a different ID numbering system is created. Electronic files that include health information do not have cohort member names or addresses, only these study IDs. All electronic files are kept on private servers with high level security systems. The combination of these security measures means that your information is safe and protected. All paper documents are kept in locked file cabinets in a locked room with restricted access. The CHDS has not had a security breach in its 50-plus year history.

We store our biological samples in two different “bio-repositories,” which are special facilities designed to keep samples at temperatures and climate conditions necessary to preserve them for many decades. Biological samples from the first generation of mother and fathers, collected over 50 years ago (1959-1967), are stored at the National Institute of Child Health and Human Development (NICHD) Biorepository in Rockville, Maryland. Over 65,000 of these serum samples taken from mothers in each trimester and shortly after delivery, and from fathers usually shortly after delivery are preserved at the NICHD Bio-repository in giant, walk-in freezers. Biological samples collected from the 2nd generation during their 40s and 50s; and, from the 3rd generation in childhood and early adulthood are stored at the University of California, Berkeley, School of Public Health (SPH) Biorepository in Richmond, California. Over 15,000 samples, including blood components, saliva, and urine, are stored in this bio-repository. Both bio-repositories have 24-hour quality control monitoring, special inventory catalogs, and high-level security systems to make sure samples are stored safely, confidentially, and under the best possible conditions. When we publish study results, only statistical summaries are presented and study participants are never identified by name.

Sincerely,
Barbara

Another Chance to Win a \$20 Amazon Gift Card!

Thanks for reading this CHDS Quarterly Newsletter. We hope you are enjoying getting updated health and research information from the people on the Participant Advisory Committee and from researchers at the Child Health and Development Studies. To say Thank You to our readers, we're holding another raffle drawing for a \$20 Amazon Gift Card. [Please click here and submit your email address](#) to enter the raffle. Feel free to also provide feedback about the newsletter.

[Please forward!](#) We are always looking to widen our circle of interested recipients so please send this to anyone who would like to receive quarterly updates from us and thanks for considering it.

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