Population Health Forum

Health Before Birth: Why it Matters and What Can be Done

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Janet Currie, PhD is the Director of Princeton’s Center for Health and Wellbeing, an organization focused on research and teaching relevant to health policy, and how social determinants of health and policy influence the quality of people’s lives. Dr. Currie has conducted extensive research on socioeconomic differences in child health and environmental threats to children’s health. As an economist, she held leadership roles with a number of societies, including the American Economics Association and the Society of Labor Economists.

Dr. Currie began her presentation by delving into the issue of low birth weight (LBW) as a significant measure of health at birth. It’s an important measure to analyze because it has been well measured objectively over a long period of time in many populations. Currie compared populations to show economic and racial disparities related to LBW, and emphasized that these differences are not genetic.

Currie used the term “epigenetics” to describe the environmental influences that cause genetic changes. From an economic perspective, health at birth, as measured by birth weight, is very changeable. She went on to point out that multiple influences factor into birth weight including social programs; smoking, drinking, and drugs; maternal education; and pollution.

In one study by Currie that compared siblings, mothers, and grandmothers, it was found that a sibling who was LBW (when compared to another sibling) and gets less education is more likely to live in a high-poverty zip code at the time of her own infant’s birth.

Currie continued to stress that disparities are mostly influenced by environmental factors and in turn, health at birth predicts important outcomes including earnings, education, and health. She went on to discuss the emerging research and literature on environmental justice which is centered on the argument that poor and minority neighborhoods are disproportionately exposed to harmful pollution. Some of these factors may account for differences in health at birth.

Currie believes that differences can be remediated through person-based policies and that future research is dependent on access to data and an evaluation of policies aimed at giving children and equal start in life.

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