

PRESENTATION TYPE: Individual Poster

CATEGORY/THEME: Context and Prevention

TITLE: Early-life origins of mortality among inner-city African Americans

ABSTRACT BODY:

Introduction: Past research has shown that early life socioeconomic conditions, particularly parental SES and family structure, are associated with higher rates of death among African American men. In addition, early externalizing/internalizing behaviors are related to midlife mortality. Our previous studies find that being in foster care and being a male are significantly associated with high mortality. Using a life course framework, we examine the early life origins of mortality in a cohort of inner-city African Americans followed for 35 years. We explore the effects of early life conditions on later mortality. Early life conditions in 1966 include parental SES, family relationships, child behavioral problems and mental problems, and disease exposure.

Methods: Using a prospective, longitudinal study, the children were interviewed at four time points, when the children were 6 years old, at ages 16-17 years, at 32-34 years, and at ages 40-42 years. Information on death was obtained from family members and neighbors. We also submitted these names and the names of all those we could not locate to the National Death Index (NDI).

Results: Of 1242 participants in 1966, 87 (7%) deaths were reported in 2002-2004. In bivariate analysis, being in a foster care was significantly associated with later mortality: those in a foster care were 3.61 times (95% CI, 1.46, 8.90) more likely die by midlife than those not in foster care. Cox proportional hazards regression was used to calculate multivariate-adjusted hazard ratios (HRs) of death. Gender, mental health rated by mothers, and punishment were related to later mortality: Males had significantly higher adjusted HR for mortality than females (HR 2.68, 95% CI 1.60, 4.47). Those with a high level of mental health symptoms rated by mothers reported higher mortality than those with a low level of symptoms (HR 1.95, 95% CI 1.09 3.48). Those with frequent punishment for their misbehavior had higher mortality than those with infrequent punishment (HR 1.72, 95% CI 1.06, 2.79).

Conclusions: These findings have significant implications for public health prevention efforts in pointing to early environmental and family level interventions that may be beneficial in reducing later mortality. They also may be important for demonstrating the relevance of very early risk factors for later poor health outcomes.