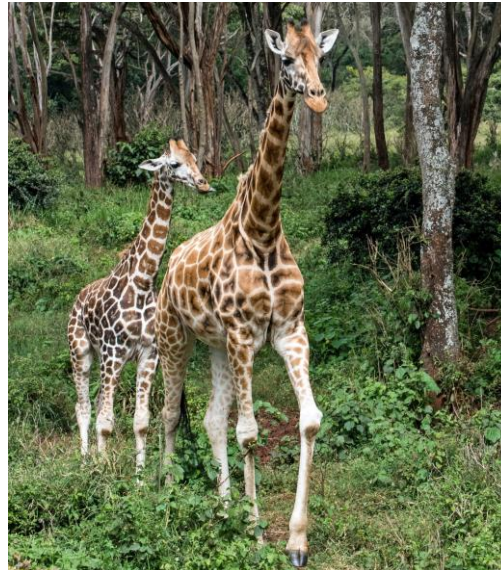


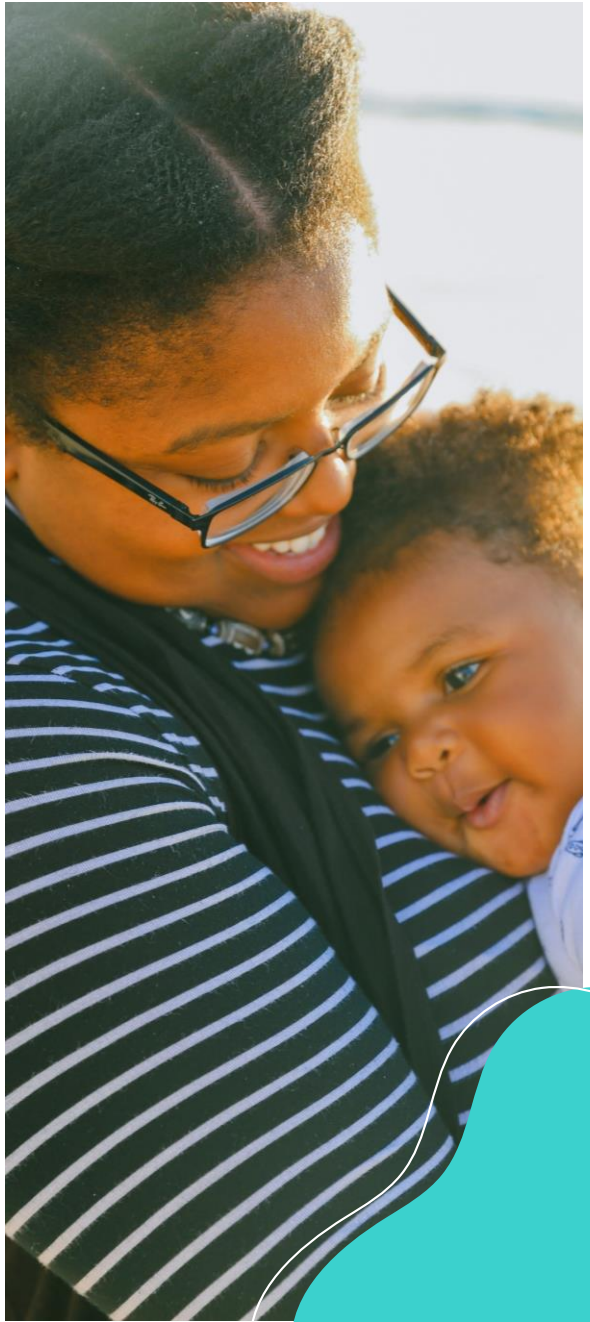
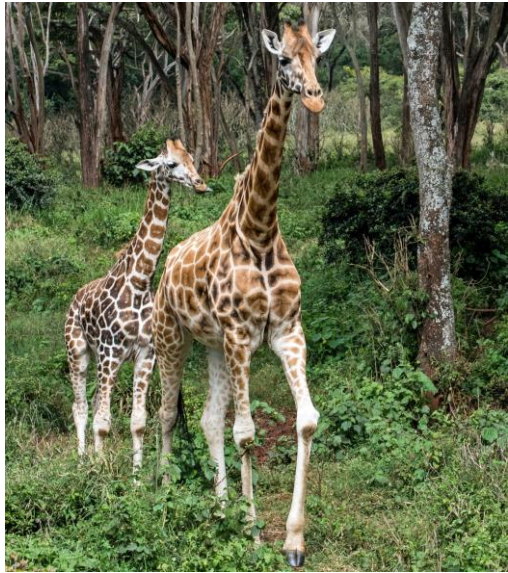


The first 1,000 Days: an opportunity we can no longer afford to miss

Blythe Thomas, Initiative Director
1,000 Days









AGENDA

01

Introduction

02

What's needed for a full, healthy 1,000 days?

03

How can states best effect positive change with its population's health?

THE POWER OF THE FIRST

1,000 DAYS



PREGNANCY

Pregnancy - Birth

Babies developing in the womb draw all of their nutrients from their mother. Access to healthcare, nutritious foods and a stable environment are critical for a child's health and development.



INFANCY

Birth - 6 Months

Breastmilk is superfood for babies and serves as the first immunization against illness and disease. Both mom's and baby's health and well-being are also essential during this period.



TODDLERHOOD

6 Months- 2 years

This sensitive period or "window of opportunity to eat healthy, nutritious diets protects against risk of childhood obesity and other chronic conditions.

Children who get the right nutrition in the first 1,000 Days:



ARE MORE LIKELY TO BE BORN AT A HEALTHY BIRTHWEIGHT.



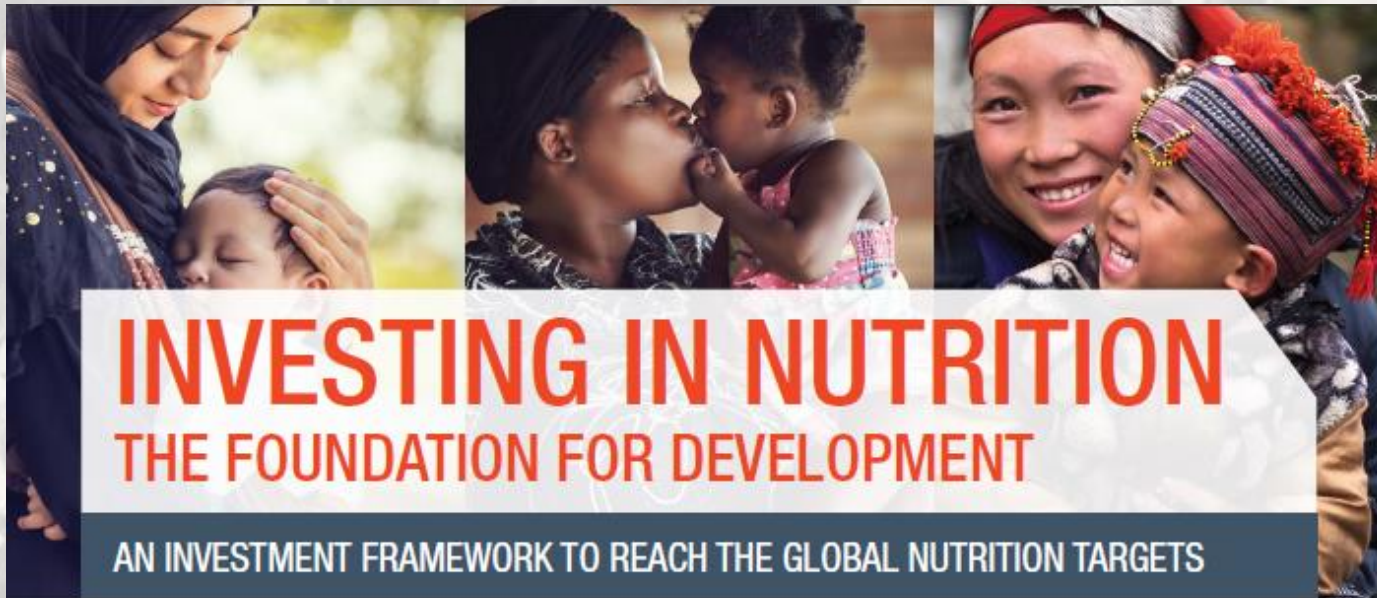
HAVE A LOWER RISK OF MANY ILLNESSES AND DISEASES, INCLUDING OBESITY AND TYPE 2 DIABETES.



GO ON TO BE BETTER LEARNERS WITH FEWER BEHAVIOR PROBLEMS IN KINDERGARTEN.



ENJOY IMPROVED HEALTH AND ECONOMIC SECURITY AS ADULTS.



INVESTING IN NUTRITION

THE FOUNDATION FOR DEVELOPMENT

AN INVESTMENT FRAMEWORK TO REACH THE GLOBAL NUTRITION TARGETS

Shekar M, Kakietak J, D'Airomonte M, Sullivan L, Walters D, Rogers H, Dayton Eberwein J, Soe-Lin S, Hecht R

Every year, malnutrition claims the lives of 3 million children under age five and costs the global economy billions of dollars in lost productivity and health care costs. Yet those losses are almost entirely preventable. A large body of scientific evidence shows that improving nutrition during the critical 1,000 day window from a woman's pregnancy to her child's second birthday has the potential to save lives, help millions of children develop fully and thrive, and deliver greater economic prosperity.^{1, 2, 3, 4, 5, 6}

There is an urgent need for global action on nutrition. In 2012, the 194 member states of the World Health

Assembly (WHA) endorsed the first-ever global targets to improve nutrition focusing on six areas: stunting, exclusive breastfeeding, wasting, anemia, low birth weight, and overweight. And while some of the targets were enshrined within Sustainable Development Goal 2, which commits to end malnutrition in all its forms by the year 2030, the world is not on track to achieve any of the six nutrition targets.

Accelerating progress against malnutrition will require investment in both proven nutrition interventions and research to understand how to bring promising solutions to scale in a cost-effective

manner.⁷ To inform the action needed, the World Bank, Results for Development Institute (R4D), and 1,000 Days, with support from the Bill & Melinda Gates Foundation and the Children's Investment Fund Foundation (CIFF) conducted an in-depth costing analysis and developed an investment framework for achieving four of the six global nutrition targets (see Table 1).⁸

This brief summarizes the analysis of the costs, impacts, and investments needed to achieve the targets and how governments, donors, the private sector, foundations, and others can come together to finance these at scale.

2021



Series from the Lancet journals

View all Series

Maternal and child undernutrition progress

Published: March 8, 2021

Executive Summary

The latest Series on Maternal and Child Undernutrition Progress, includes three new papers that build upon findings from the previous 2008 and 2013 Series, which established an evidence-based global agenda for tackling undernutrition over the past decade. The papers conclude that despite modest progress in some areas, maternal and child undernutrition remains a major global health concern, particularly as recent gains may be offset by the COVID-19 pandemic. The Series reiterates that previously highlighted interventions continue to be effective at reducing stunting, micronutrient deficiencies, and child deaths and emphasizes the importance of delivering these nutrition interventions within the first 1,000 days of life. However, despite this evidence, program delivery has lagged behind the science and further financing is needed to scale up proven interventions.

Series

Revisiting maternal and child undernutrition in low-income and middle-income countries: variable progress towards an unfinished agenda

Cesar G Victora, Parul Christian, Luis Paulo Videlletti, Giovanna Gatica-Domínguez, Purnima Menon, Robert E Black

The Lancet, Vol. 397, No. 10282

Published: March 7, 2021

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Mobilising evidence, data, and resources to achieve global maternal and child undernutrition targets and the Sustainable Development Goals: an agenda for action

Rebecca A Heidkamp, Ellen Piwoz, Stuart Gillespie, Emily C Keats, Mary R D'Alimonte, Purnima Menon, and others

The Lancet, Vol. 397, No. 10282

Published: March 7, 2021

Full-Text HTML | PDF



Related Links

Register to attend the launch of the Lancet Series on maternal and child undernutrition progress (8th March 2021, 2-4 PM GMT)

Visit the Maternal and child nutrition 2013 Series hub

Visit the Maternal and child undernutrition 2008 Series hub

Related Content

India's child malnutrition story worsens REFLECTIONS

Chatterjee

The Lancet Child & Adolescent Health, Vol. 5, No. 5

Published: March 7, 2021

Full-Text HTML | PDF

2013



Series from the Lancet journals

View all Series

Maternal and Child Nutrition

Published: June 6, 2013

Executive Summary

Maternal and child undernutrition was the subject of a Series of papers in *The Lancet* in 2008. Five years after the initial series, we re-evaluate the problems of maternal and child undernutrition and also examine the growing problems of overweight and obesity for women and children, and their consequences in low-income and middle-income countries. Many of these countries are said to have the double burden of malnutrition: continued stunting of growth and deficiencies of essential nutrients along with the emerging issue of obesity. We also assess national progress in nutrition programmes and international efforts toward previous recommendations. Read the entire Executive Summary [here](#).



Video



2008



Series from the Lancet journals

View all Series

Maternal and Child Undernutrition

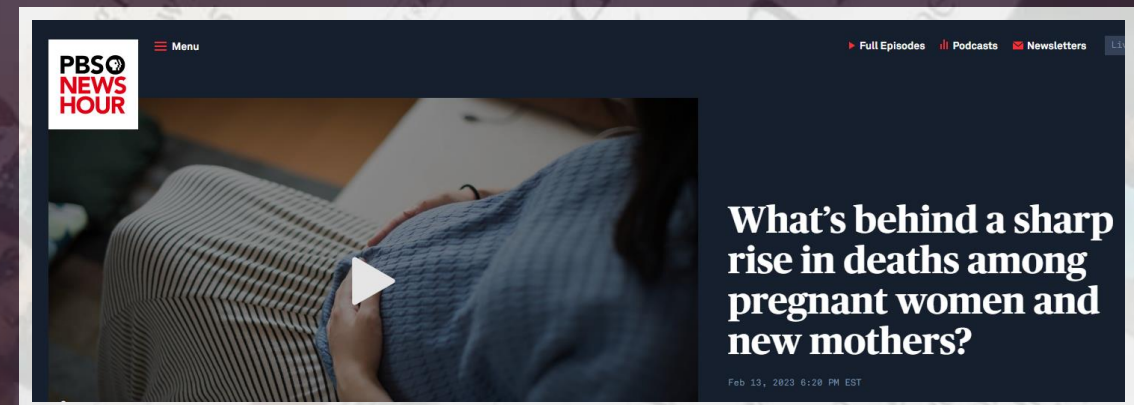
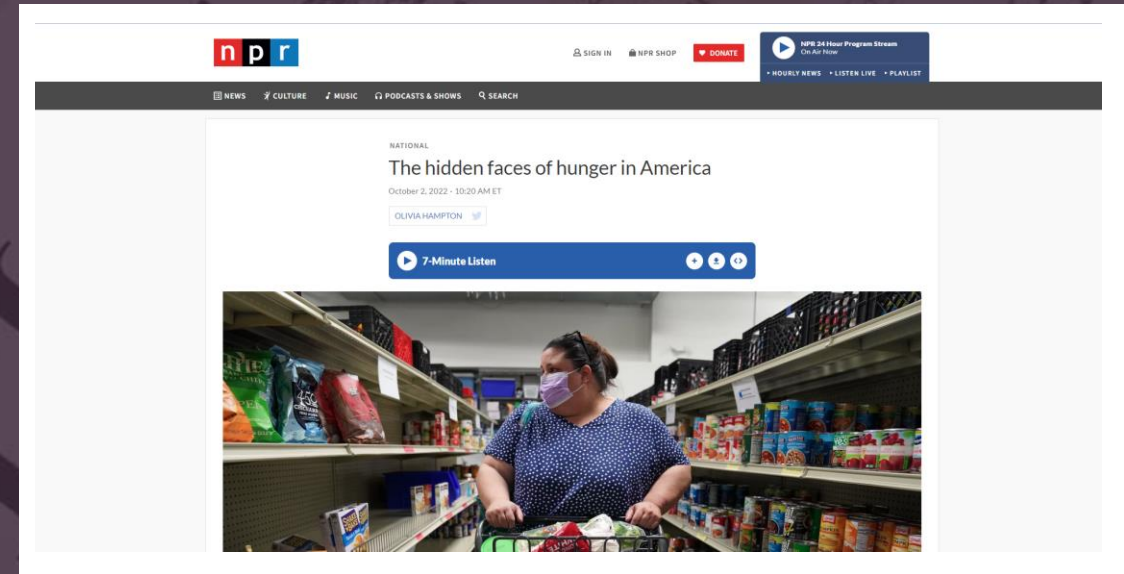
Published: January 16, 2008

Executive Summary

"Nutrition is a desperately neglected aspect of maternal, newborn, and child health. The reasons for this neglect are understandable but not justifiable."

More than a third of child deaths and 11% of the total disease burden worldwide are due to maternal and child undernutrition. These and other stark findings are the conclusions of an international collaboration of investigators published as part of *The Lancet's* Maternal and Child Undernutrition Series.







NUTRITION IN THE 1,000-DAY WINDOW

An opportunity we can no longer afford
to miss

AJPH SPECIAL SERIES

Focused on the importance of nutrition in the 1000-day window, through pregnancy, infancy and toddlerhood.

Launched in collaboration with 1,000 Days, an initiative of FHI Solutions (501C3) and funded by Pritzker Children's Initiative

Highlights the state of science and research needs, as well as how policies, systems, and environments affect the nutrition of mothers and children.

Features over 15 authors from academia, government, private sector and philanthropy

THE SERIES IDENTIFIES

The role of Early Childcare and Education (ECE) settings to strengthen overall support systems for low-income families and influence the healthy development of children.

Steps to improve breastfeeding outcomes, without leaving anyone behind.

New analysis on COVID's impact for people who gave birth during the height of the pandemic.

Investments needed to achieve nutrition security

New opportunities for pediatricians to support families in their care with nutrition advice and access.

Actions key sectors can take immediately, including childcare, healthcare, and the philanthropic sector, as well as policy recommendations for the U.S. government.

CHILDCARE

Leveraging Federal, State, and Facility-Level Early Care and Education Systems and Providers Toward Optimal Child Nutrition in the First 1000 Days

Carrie A. Dooyema, MPH, MSN, RN, Kelly Hall, MPH, Alison Tovar, PhD, MPH, Katherine W. Bauer, PhD, MS, Amy Lowry-Warnock, MPA, and Heidi M. Blanck, PhD, MS

ABOUT THE AUTHORS

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Early childhood is a critical period in the development, growth, and health of children. Many infants and

Children spend much of their time in the care of ECE providers, with infants and toddlers who attend ECE centers

the *Dietary Guidelines for Americans*,⁴ the Healthy Eating Research feeding guidelines for infants and toddlers,⁵ and the Healthy Eating Research healthy beverage recommendations for young children.⁶ Also, *Caring for Our Children (CFOC)*, created by the National Resource Center for Health and Safety in Child Care and Early Education, outlines standards for a multitude of topics in ECE settings including breastfeeding and nutrition.⁷ Together, these guidelines help parents and caregivers understand important nutrition topics such as maintaining breastfeeding, providing opportunities for children to consume a diverse array of nutrient-dense foods, and engaging in feeding practices that allow children to communicate their hunger and fullness cues.

The ECE system in the United States is complex, layered, and decentralized, with providers connected to information and resources through sometimes overlapping federal, state, and local programs.⁸ These can include federal and state programs and policies such as ECE subsidies, state licensing regulations, state quality improvement programs, and accrediting organizations. Over the past decade, with support from federal and state agencies, nongovernmental partners, and the research







Breastfeeding Friendly Child Care Designation Recipients

Altoona

Learn and Grow Depot

Cindy Wickham's DC Home

Bonner Springs

McDaniel Early Childhood Center

Chapman

Ariy S. Agapetianu

Mission

Little Lambs Montessori School

Munjor

Early Childhood Connections – Early Head Start Program

Ottawa

Precious Generations

Topeka

What Will It Take to Improve Breastfeeding Outcomes in the United States Without Leaving Anyone Behind?

Rafael Pérez-Escamilla, PhD

ABOUT THE AUTHOR

Rafael Pérez-Escamilla is a tenured professor at the Yale School of Public Health, New Haven, CT, where he directs the Maternal Child Health Promotion Program, the Global Health Concentration, and the Office of Public Health Practice.

Supporting breastfeeding is one of the most cost-effective interventions that countries, including the United States, can make to improve maternal and child health outcomes. This commentary addresses why it is crucial for the United States to invest more in breastfeeding support ensuring that the needs and wants of people of color and other socio-economically disadvantaged groups are met.

IMPORTANCE OF BREASTFEEDING

risk, and improved cognitive development. Furthermore, it reduces the risk of major noncommunicable diseases among women, including breast and ovarian cancer, hypertension, cardiovascular disease, and type 2 diabetes.

BREASTFEEDING INEQUITIES

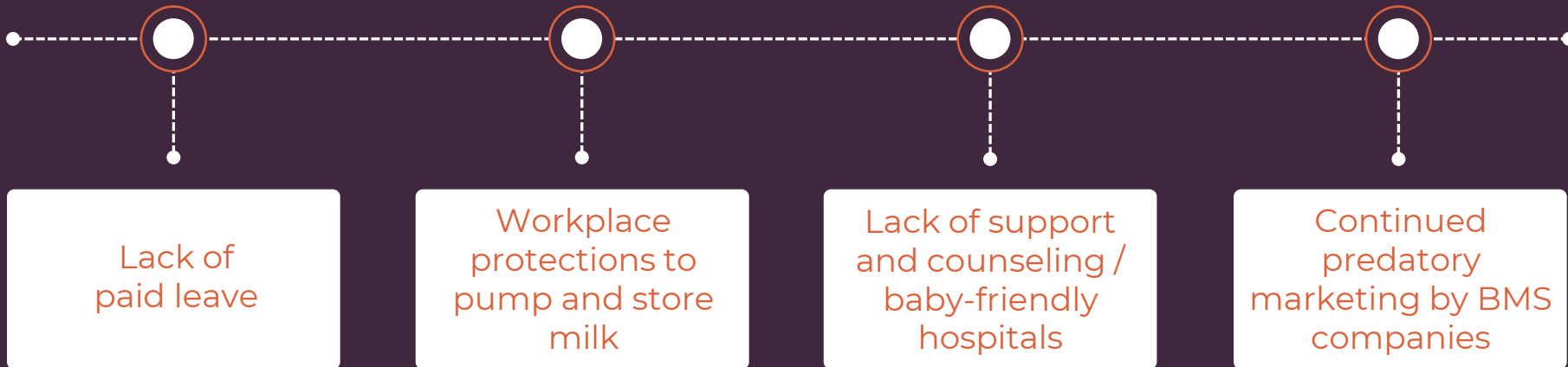
A recent international comparison of large-scale breastfeeding programs shows that even though breastfeeding promotion and support programs have been implemented and breastfeeding

inequities experienced by women of color and women of lower socioeconomic status largely driven by socioeconomic and ethnic/racial inequities in breastfeeding in the country. In the United States, almost 60% of women do not breastfeed for as long as they would like, and women of color are much less likely to meet their breastfeeding goals. Indeed, among women enrolled in the Supplemental Nutrition Program for Women Infants and Children (WIC), Black and Hispanic women are much less likely than their White counterparts to meet their breastfeeding goals.² As recently seen in the United States, women who rely on formula may be subject to the added stress from formula shortages, whether they are a result of formula recalls or supply chain issues in the context of an oligopoly-like structure of the infant formula industry, and this crisis has affected women of color much more than White women. Why these inequities exist and what can be done to address them are the focus of this editorial.

BARRIERS FOR IMPROVING BREASTFEEDING

KEY FINDINGS:

Barriers include but are not limited to:







KANSAS: EXAMPLE OF BEST PRACTICES

- Breastfeeding Friendly Physicians Practice designation (14 practices)
- Breastfeeding Friendly Local Health Department designation (NEW – 3 have this designation)
- Baby-Friendly Hospitals (11 hospitals)
- High 5 for Mom & Baby Premier Hospital designation (22 hospitals)
- Breastfeeding Employee Support Award (375 employers in KS have this award)
- Breastfeeding Welcome Here program (1038 establishments enrolled)
- Community Supporting Breastfeeding designation (28 communities)

BRINGING IT TOGETHER FOR COLLECTIVE IMPACT

Unique time periods

- Maternal Nutrition
- Breastfeeding
- Establishing healthy eating behaviors in infants and toddlers

Complex issues: Not an easy fix

- Unequal access to nutritious foods has been influenced by historical systems of discrimination and racism
- Translating Dietary Guidelines for Americans into action

Opportunities for improvements

- Helping women meet their breastfeeding goals
- Enriching micronutrient status for pregnant women and infants
- Promoting healthy eating patterns early to support long-term healthy eating choices
- Helping physicians and others learn about nutrition
- Strengthening nutrition assistance programs



AGENDA

01

Introduction

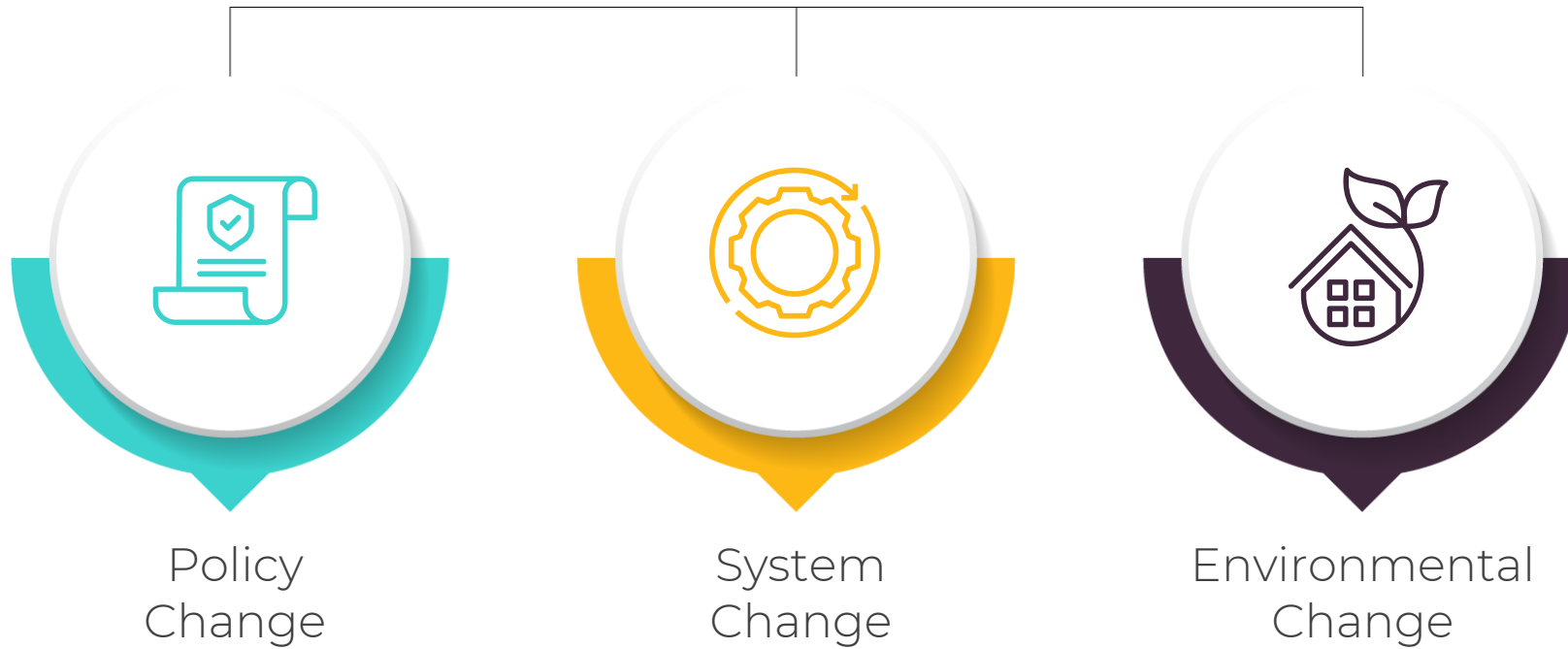
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PSE



ENVIRONMENTS





Man Loses Weight Eating Every Meal at a Gas Station for 30 Days

Frank Beard ate breakfast, lunch and dinner at gas station convenience stores and lost 6 lbs.

By **Gabrielle Olya** | Published on April 27, 2017 11:18 AM



SYSTEMS



POLICIES



ACHIEVED!

- ✓ PUMP Act
- ✓ Pregnant Workers Fairness Act
- ✓ WIC veggie bump + Healthy Meals Healthy Kids Act

ON OUR WAY ...

- ✓ Paid leave for all
- ✓ Medicaid expansion for all 50 states



THANK YOU!

