

# From Evidence to Action: Uniting Around Nutrition in the 1000-Day Window

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## ABOUT THE AUTHOR

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If you had 1000 days to change the world, how would you do it? For us, it starts with an urgent opportunity to safeguard a child's potential to learn, grow, and thrive.

Studies show that countries that fail to invest in the well-being of women and children in the first 1000 days, the time between a pregnancy and the baby's second birthday, lose billions of dollars to lower economic productivity and higher health costs.<sup>1</sup> Roger Thurow, author of *The First 1000 Days*, said, "If we want to shape the future, to truly improve the world, we have 1,000 days to do it, mother by mother, child by child."<sup>2</sup>

While the international global health community has been guided by the United Nations Millennium Development Goals—and now, the Sustainable Development Goals—since 2000, the United States has failed to take meaningful action to protect its mothers and young children. The United States has one of the highest infant mortality rates and maternal mortality rates of any wealthy country, with notable disparities along racial and ethnic lines. Our nation also ranks among the worst of our peers on key child health metrics: one in 10 babies is born prematurely,<sup>3</sup> one in six babies is never breastfed,<sup>4</sup> and one in eight toddlers is overweight.<sup>5</sup> Workers are not guaranteed

comprehensive, job-protected paid leave, jeopardizing the ability of many parents to care for themselves and their children. And too many families struggle to put nutritious foods on the table. Even before the COVID-19 pandemic and related economic recession hit, nearly one in seven households with children were food insecure.<sup>6</sup>

Nutrition plays a foundational role in a child's development and her country's ability to prosper. Poor nutrition in the first 1000 days can cause irreversible damage to a child's growing brain, affecting her ability to do well in school and earn a good living—and making it harder for a child and her family to rise out of poverty.<sup>7</sup>

In 2008 (<https://bit.ly/3BlgxlG>), and again in 2013 (<https://bit.ly/3oYUtlY>) and 2021 (<https://bit.ly/3Q7g5Sy>), a landmark series of papers was published that identified the first 1000 days as a powerful window of opportunity for tackling undernutrition and improving maternal and child health in low- and middle-income countries. For nearly two decades, the first 1000 days has been an organizing agenda for nutrition advocacy and programming in international settings.

While the medical, public health, and social support communities in the United States know which interventions are most critical to support the health

and well-being of vulnerable families, a clear, unifying plan for policy, systems, and environmental change to improve nutrition security has been elusive. Now more than ever—in the face of persistent racial health disparities, an ongoing pandemic, and its economic fallout, we see four sectors where immediate actions can be taken, and where long-term investment can make a significant impact on maternal and child health.

## EARLY CHILDHOOD DEVELOPMENT

The early childhood development sector is complex and involves a dizzying array of programs and assessments. However, because two thirds of infants and toddlers in the United States are in some form of care outside the home,<sup>8</sup> access to nutritious food and the opportunity to establish healthy eating habits at a young age should be some of the most fundamental supports provided by child-care programs. In addition, we must prioritize paid leave and workplace support programs to encourage breastfeeding and optimize the physical and mental health and nutrition of the mother, as well as home wellness visits and other whole-child solution supports.

Some key actions for this sector include the following:

- Improve monitoring and measurement of healthy infant feeding practices and availability of nutritious foods in early care and child care settings.
- Invest in support for breastmilk and breastfeeding.
- Invest in the Child and Adult Care Food Program to increase participation and support implementation.
- Improve integration of nutrition programs into federal funding for

early care and education including the Child Care and Development Block Grant.

- Make intentional connections to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and Supplemental Nutrition Assistance Program to connect families to other programs for which they may receive assistance.
- Engage and train early childhood professionals working with expectant mothers, babies, and toddlers on the importance of early nutrition and optimal infant and young child feeding practices.

## HEALTH CARE

Nutrition is not a core subject at most US medical schools. This could potentially undermine doctors' abilities to effectively support families in those critical early years.<sup>9</sup> Within the first 1000 days, pregnant, birthing, postpartum, and parenting people and their children have numerous interactions with health care providers. Each one of these interactions is a critical touchpoint to ensure individuals have access to the nutritious foods and feeding supports they need. To address this gap, the health care sector can do the following:

- Provide ongoing training and professional development to providers and staff who serve families in the first 1000 days.
- Better equip these trusted messengers with accessible and culturally appropriate nutrition messages and services.
- Streamline health care and nutrition programs so that education and resources are provided for families all in one location.

- Increase access to experts, including registered dietitians and lactation consultants, as well as leverage peer support models.

## Philanthropy

There are numerous foundations and funding collaboratives that focus on maternal health, child health, early childhood education, and nutrition security. Unfortunately, these funding streams often work in silos and with sector-specific goals and metrics.

Imagine a philanthropic landscape in which funding for programs, communications, and services serving those in the first 1000 days incorporate nutrition into their logic models. Expecting success in other outcomes will not be realized without investing in this basic and critical need. Leveraging funding collaboratives and pooled funds could serve as a catalyst to build consensus around shared priorities and outcomes that include developmental milestones, health, and nutrition security.

## US Government Relations

The addition of pregnant and lactating women, as well as children aged 0 to 2 years, in the current *Dietary Guidelines for Americans* was a critical step to elevate the importance of nutrition for mothers and children in their 1000-day window in the US policy landscape.<sup>10</sup> Now, equal focus on ensuring implementation of those guidelines into programs and policies, including guaranteed access to federal programs such as WIC and the Child and Adult Care Food Program, requiring breastfeeding workplace supports, and advancing paid leave is needed. Increased surveillance of pregnant and nursing

people and children aged 2 years and younger is also needed to make sure there are accurate data on nutritional intake and health status of these age groups.

Above all, work in this field must be centered by the voices in the communities we serve. We provide a platform for women the world over to tell their own stories, in their own words, and give them opportunities to take action on the issues they care about, like Darlene from Texas, who told us, "If it weren't for WIC, there would have been many days that I would not have been able to eat a meal when I was pregnant and breastfeeding."

Achieving nutrition security during the first 1000 days will ultimately require multisector collaboration, advocacy, and action to fully support families where they live, learn, work, play, and gather. We invite all to join us in prioritizing and realizing the opportunity presented by this *AJPH* supplement issue. **AJPH**

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## CONFLICTS OF INTEREST

The author reports no conflicts of interest.

## REFERENCES

1. The World Bank. The World Bank and nutrition. Available at: <https://www.worldbank.org/en/topic/nutrition/overview#1>. Accessed July 15, 2022.
2. Thurow R. *First 1,000 Days—a Crucial Time for Mothers and Children—and the World*. LaVergne, TN: Ingram Publisher Services US; 2017.
3. Centers for Disease Control and Prevention. Preterm birth. 2019. Available at: <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm>. Accessed July 15, 2022.
4. Centers for Disease Control and Prevention. Breastfeeding rates. 2019. Available at: [https://www.cdc.gov/breastfeeding/data/nis\\_data/results.html](https://www.cdc.gov/breastfeeding/data/nis_data/results.html). Accessed July 15, 2022.
5. Centers for Disease Control and Prevention. Childhood obesity facts. April 5, 2021. Available at: <https://www.cdc.gov/obesity/data/childhood.html>. Accessed July 15, 2022.
6. US Department of Agriculture, Economic Research Service. Key statistics & graphics. Available at: <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-u-s/key-statistics-graphics/#children>. Accessed July 15, 2022.
7. UNICEF. The changing face of malnutrition. 2019. Available at: <https://features.unicef.org/state-of-the-worlds-children-2019-nutrition>. Accessed July 15, 2022.
8. Zippia. US child care availability statistics. 2021. Available at: <https://www.zippia.com/advice/us-child-care-availability-statistics>. Accessed July 15, 2022.
9. Harvard T.H. Chan School of Public Health. Nutrition education lacking at most medical schools. July 9, 2018. Available at: <https://www.hsph.harvard.edu/news/hsph-in-the-news/nutrition-education-lacking-at-most-medical-schools/#:~:text=Nutrition%20education%20lacking%20at%20most%20medical%20schools%20Few>. Accessed May 31, 2022.
10. US Department of Agriculture, US Department of Health and Human Services. *Dietary Guidelines for Americans, 2020–2025*. 9th ed. December 2020. Available at: <https://www.dietaryguidelines.gov>. Accessed July 15, 2022.