



PHILIP R. NADER

Legacy of Health

LECTURESHIP

October 7, 2021





Shreela and Vibhu Sharma Endowed Fund for Excellence in Community Nutrition, Health, and Wellness



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UC San Diego Health

Center for Community Health Dr. Nader's Legacy @ UC San Diego

October 7, 2021

Blanca Meléndrez, UC San Diego

Altman Clinical and Translational Research Institute



WHO WE ARE

The Center for Community Health is a multidisciplinary group of professional physicians, researchers, evaluators and public health and community outreach educators.

We are dedicated to promoting evidence-based health practices at a community level.

Mission

To transform health and wellness in diverse communities by improving health equity.



Reem Zubaidi, Health Policy Manager for
Refugee Health Unit

How Are We Tackling Health Inequities?



Lakisha McZeal & Nghi Dang, Community Food Project Specialists for Urban Food Equity Projects



We work with communities to develop and sustain policies, systems, and environments that promote health and wellness where people live, work, learn, play, and worship.

1 Policy & Advocacy

Build community and youth capacity to champion changes to create healthy and thriving communities.

2 Research

Lead health disparities research to inform prevention of childhood, adolescent, and adult disease.

3 Healthy Campus

Spearhead the coordination and integration of UC San Diego wellness programs and policies for students, staff, faculty, and patients.

4 Training and Education

Train and educate the next generation of culturally competent and diverse clinical and public health professionals.

5 Faith-Based Wellness

Encourage the health and well-being of faith-based communities in body, mind and spirit.

6 School Wellness

Create school environments that enhance learning and develop lifelong wellness practices.

7 Youth Leadership Development

Engage and build the capacity of young people to develop their leadership and social responsibility.

8 Refugee Health Unit

Provide research, evaluation, training and program development services through cross sector partnerships to improve the health and wellbeing outcomes for San Diego Refugee population.

9 Oral Health

Train and educate professionals, parents, and children to foster ongoing preventative dental care.

10 Lactation Supportive Environments

Work in multiple sectors to collaborate with stakeholders in expanding support for breastfeeding in the community.

11 Employee Wellness

Collaborate with local businesses to build a culture of health and foster a healthier, happier, and more productive workforce.

12 Food Insecurity Nutrition Incentive

Provide a dollar match to incentivize the purchase of fresh produce, increase food security and support our local food economy through the ¡Más Fresco! More Fresh program.

13 Urban Food Environments

Work to improve access to healthy affordable foods in urban underserved neighborhoods by supporting food pantries, farmers' markets, and food retailers.

14 Childhood Obesity Prevention

Facilitate a multi-sector coalition with the mission of reducing and preventing childhood obesity by advancing policy and environmental changes through collective impact.

ucsdcommunityhealth.org
centerforcommunityhealth@ucsd.edu

Our Impact, 2019

40 Policy, Systems, and Environmental Changes

Impacting nearly 1,000 schools, addressing access to healthy food, physical activity, and food security worksites, faith-based organizations, and retail locations

UC San Diego | Center for
SCHOOL OF MEDICINE | Community Health

Health Happens in the Community



270

PARTNERS

Establishing a network of support for health interventions

Government
Agriculture
Education

Community & Faith-based organizations

Healthcare

Neighborhood Food Markets

Business



330,946

INDIVIDUALS

Connecting with community residents to promote healthy living



57

COLLABORATIVES

Providing expertise to key regional, state, and national health and wellness coalitions



248

INTERNS, VOLUNTEERS & STUDENTS

Engaging our community in experiential learning opportunities



Mission: Protect, promote, and improve the physical, mental, and financial well-being of the refugee population in San Diego County.

Example Projects:

- San Diego Refugee Communities Coalition
- Youth Advisory Council
- Making Connections for Mental Health & Well-Being



Urban Food Equity

Mission: Improve food access by building local level food assets. We support small scale farms, farmers' markets, food pantries and community members in building an inclusive, equitable and thriving local food landscape.

Example Projects:

- San Diego Urban Growers' Collaborative
- Live Well Community Market Program
- Nutrition Pantry Program
- Good Food Finder
- Farmers' Markets for All



Community Garden Build in Southeastern San Diego with Project New Village, 2020

¡Más Fresco! More Fresh Nutrition Incentive Program

Randomized control trial study utilizing innovative point-of-sale technologies in a large-scale retail setting



Key Goals

1. Increase fruit and vegetable purchase and consumption
2. Decrease food insecurity
3. Improve health status
4. Reduce health care use and cost

Key Outcomes

- Enrolled 8,000 CalFresh Households (to date)
- Significant increase in fruit and vegetable purchase and consumption
- Significant reduction in food insecurity
- Program success has led to \$13.4 million in UCSD nutrition incentive program funding



Working Together to Shape a Healthy Future
Facilitated by UC San Diego Center for Community Health



COI Strategic Planning Process Retreat, Feb 2020

Mission: We are a multi-sector coalition to reduce and prevent childhood obesity in San Diego County by advancing policy, systems, and environmental change through collective impact.

- Example Projects:**
- Californians for Less Soda
 - COI Strategic Plan 2020
 - COVID-19 Stories of Resilience
 - P-EBT Promotion
 - ACEs Advocacy to Reduce Health Disparities
 - Urban Planning X Public Health

UC San Diego Health

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SCIENTIFIC PRESENTER



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Yale School of Public Health

PHILIP R. NADER

Legacy of Health
LECTURESHIP

Responsive Feeding and Childhood Obesity Prevention

An Equitable Nurturing Care Perspective

Rafael Pérez-Escamilla, PhD

Professor of Public Health

Director, Global Health Concentration, Office of Public Health
Practice, Maternal Child Health Promotion Program



Philip R. Nader Lectureship

University of Texas Michael & Susan Dell Center

for Healthy Living

October 7, 2021



@rperezescamilla

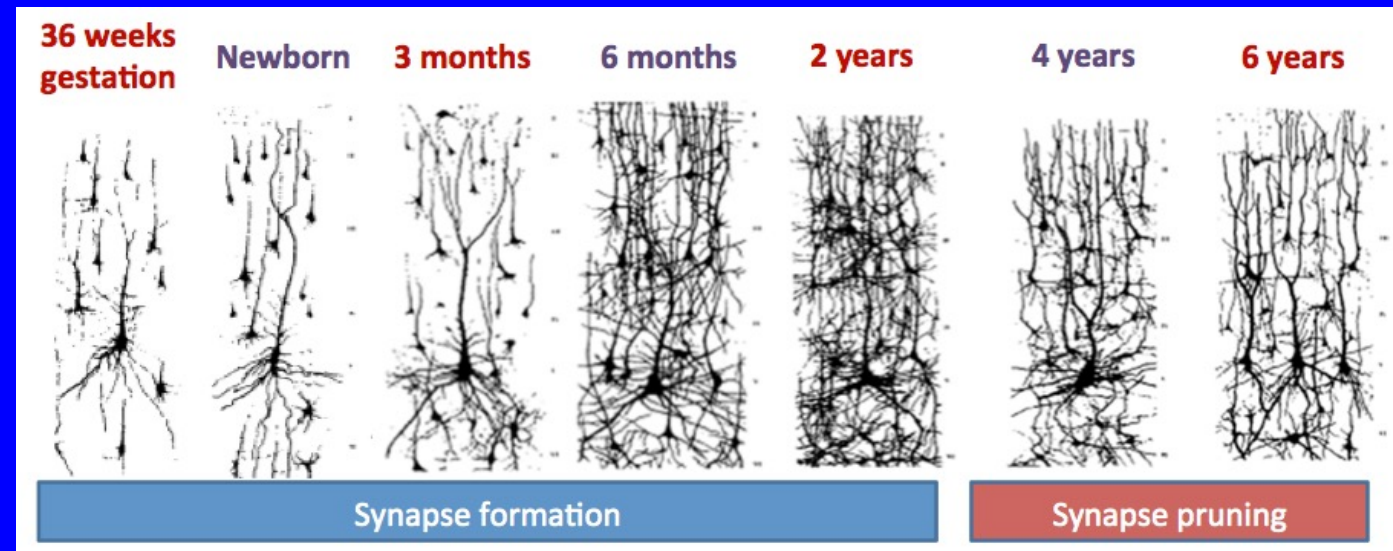
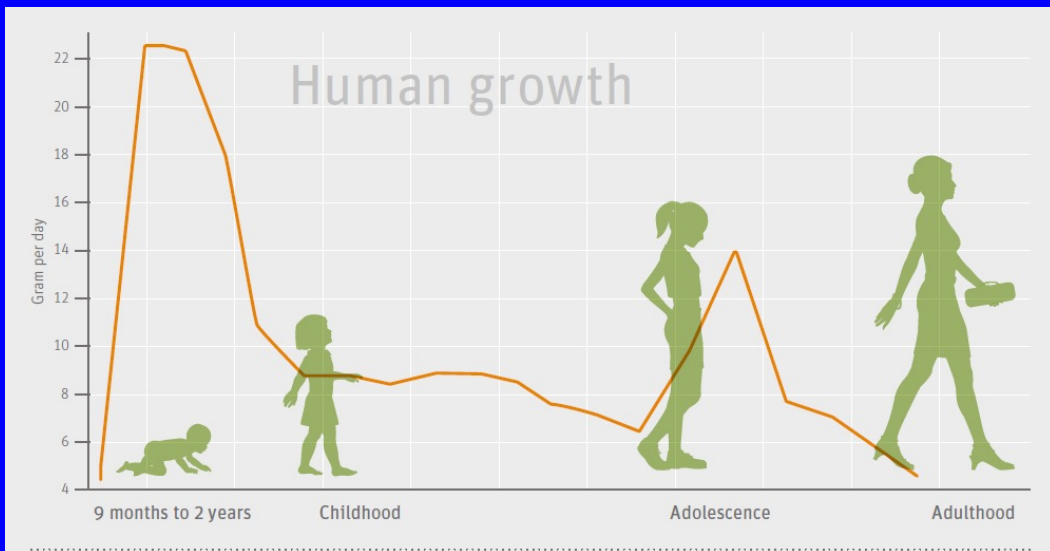
Yale SCHOOL OF PUBLIC HEALTH

Lecture Outline

- The 1st 1000 days, child growth & development
- Maternal and childhood obesity
- Nurturing care framework
- Strengthening 'nutrition' with responsive feeding
- Way forward

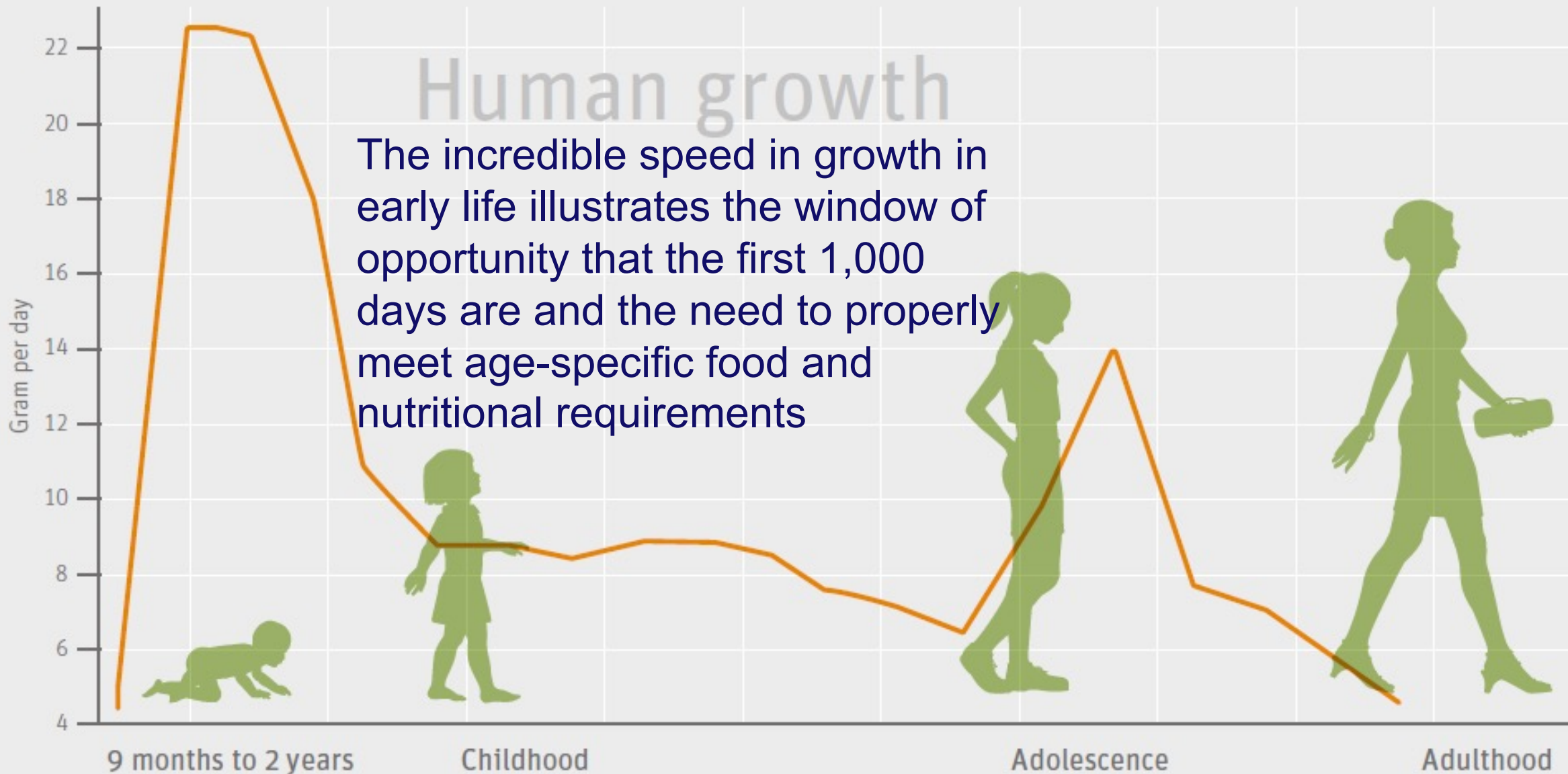


The First 1000 Days: The Foundation for Growth, Health and Brain Development

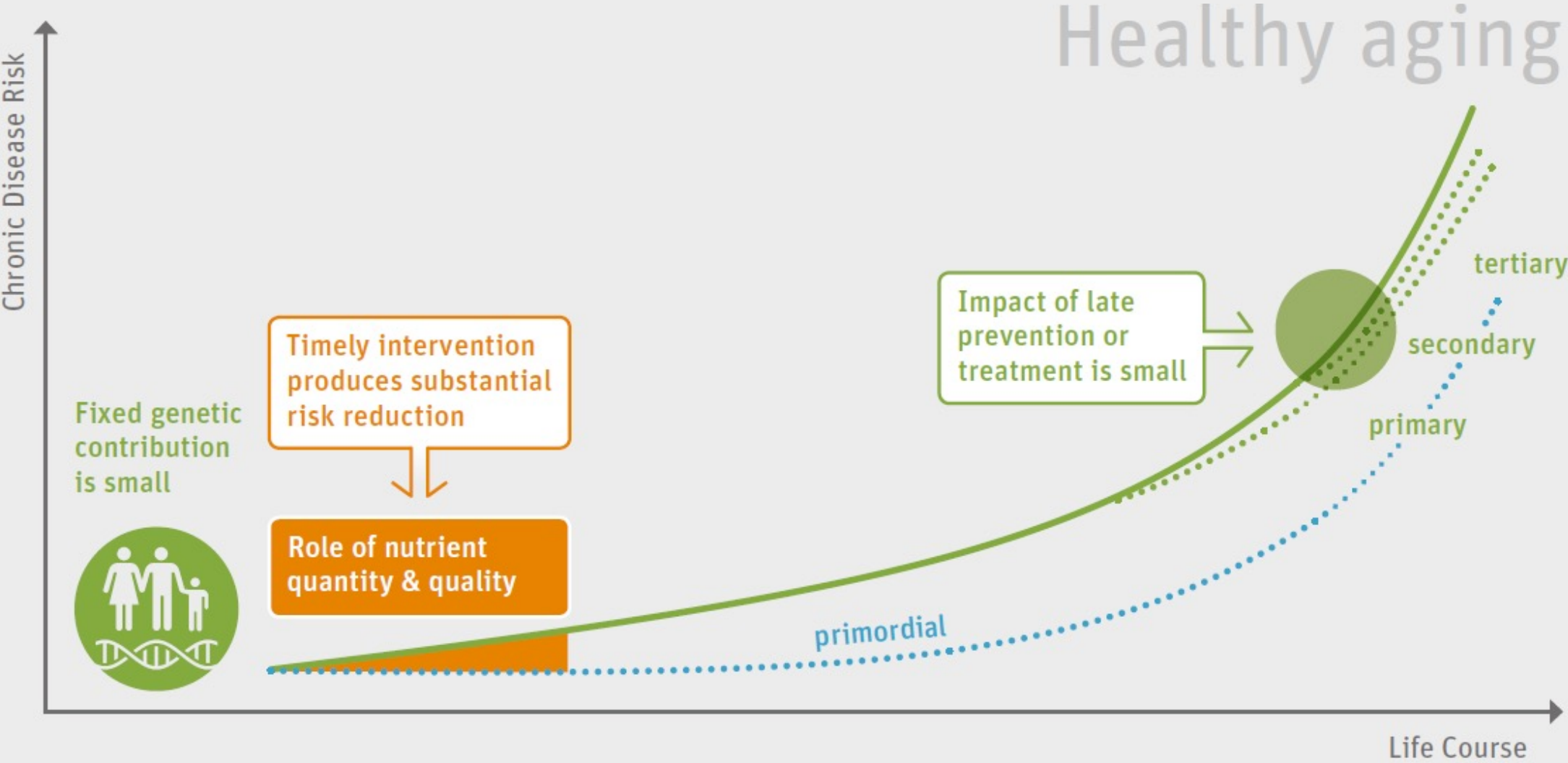


Human growth

The incredible speed in growth in early life illustrates the window of opportunity that the first 1,000 days are and the need to properly meet age-specific food and nutritional requirements

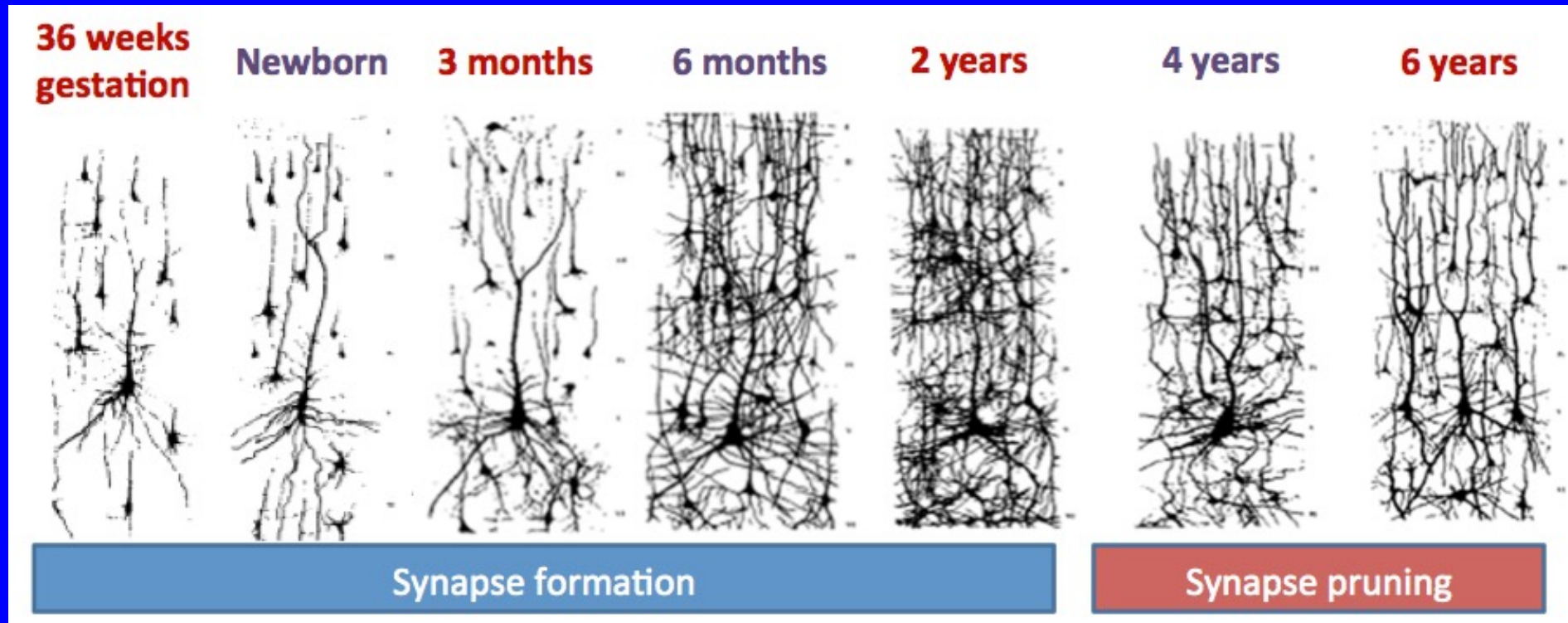


Growing evidence indicates that the vulnerability to NCDs is largely set during the first 1,000 days *Van der Beek. Sight and Life 2018;32(1):46-52*



Modified from Gluckman PD, Journal of Developmental Origins of Health and Disease 2010;1(01);6-18. Adapted with permission.

The experience-expectant, experience-dependent human brain



The first 1,000 days

Maternal health
Maternal nutrition status



Complementary feeding



a unique window of opportunity to nutritionally support growth in the infant and metabolic health of both mother and infant, to reduce NCDs risk



Embryo - Placenta development

Lactation

Diet Diversification



Conception



Fetal development



Birth



Infancy (0-12 months)



Toddlerhood



2 years

Ontogeny of taste preferences: basic biology and implications for health¹⁻⁵

Am J Clin Nutr 2014;99(suppl):704S-11S

Julie A Mennella



-Flavors passed from mother to fetus through amniotic fluid

-Flavors passed from mother to infant through breast milk

-Breastfed babies accept more easily fruits and vegetables than children who were formula fed

- However, formula fed infants can end up accepting food low in sugar, salt and bitter tasting if the mothers are advised on repeatedly exposing the infants to them
- Promoting the consumption of complementary foods low in salt and sugar is likely to have a positive influence on dietary choices, growth and weight outcomes later on in life

Infancy and the toddlerhood periods represent major sensitive periods for the development of food preferences

Learning to eat: birth to age 2 y¹⁻⁴

Am J Clin Nutr 2014;99(suppl):723S–8S

Leann L Birch and Allison E Doub



Familiarization

- Repeatedly offer healthy foods such as vegetables to young children

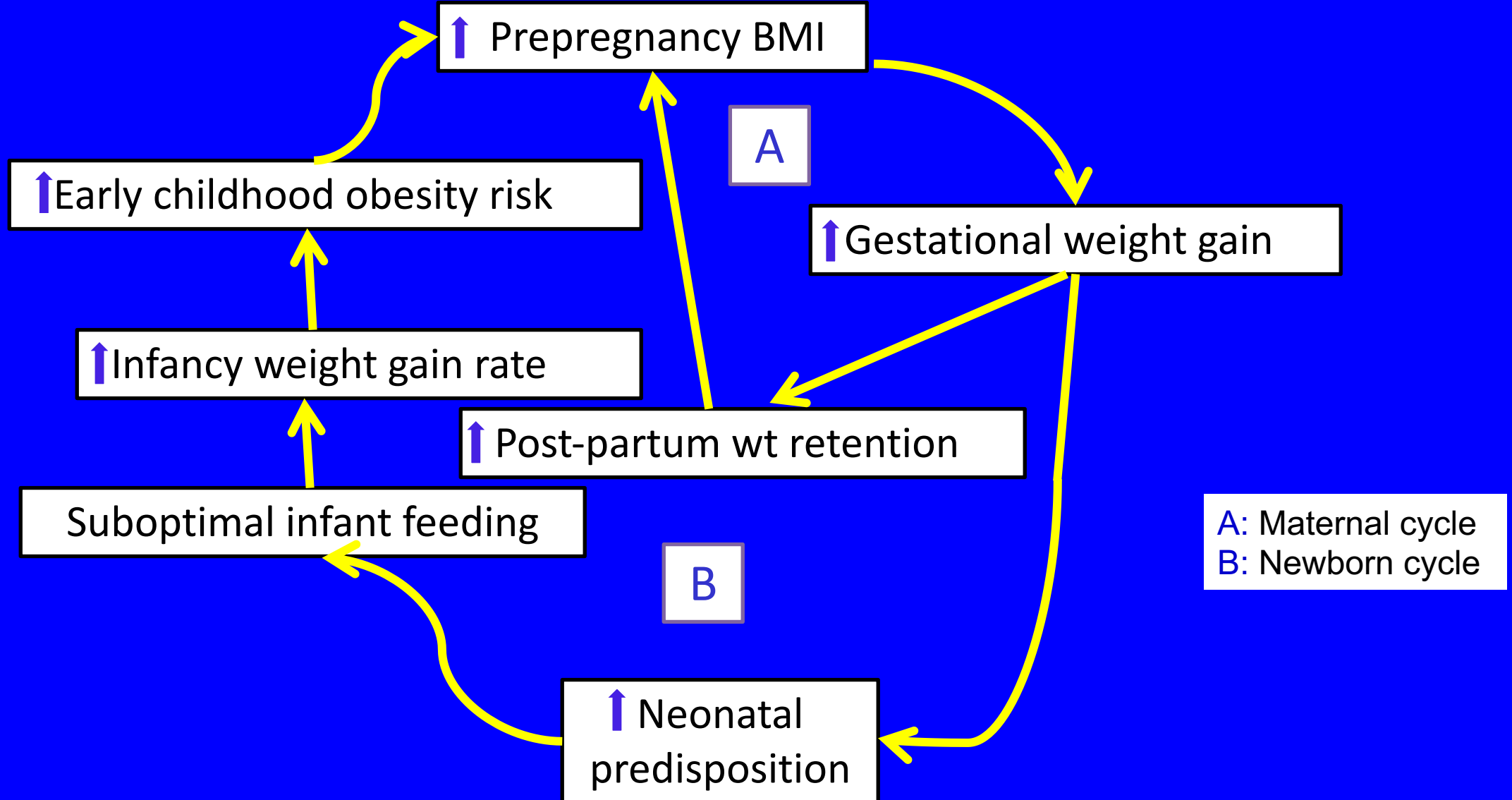
Associative learning

- Food preferences develop based on the context and psycho-emotional atmosphere in which it's offered

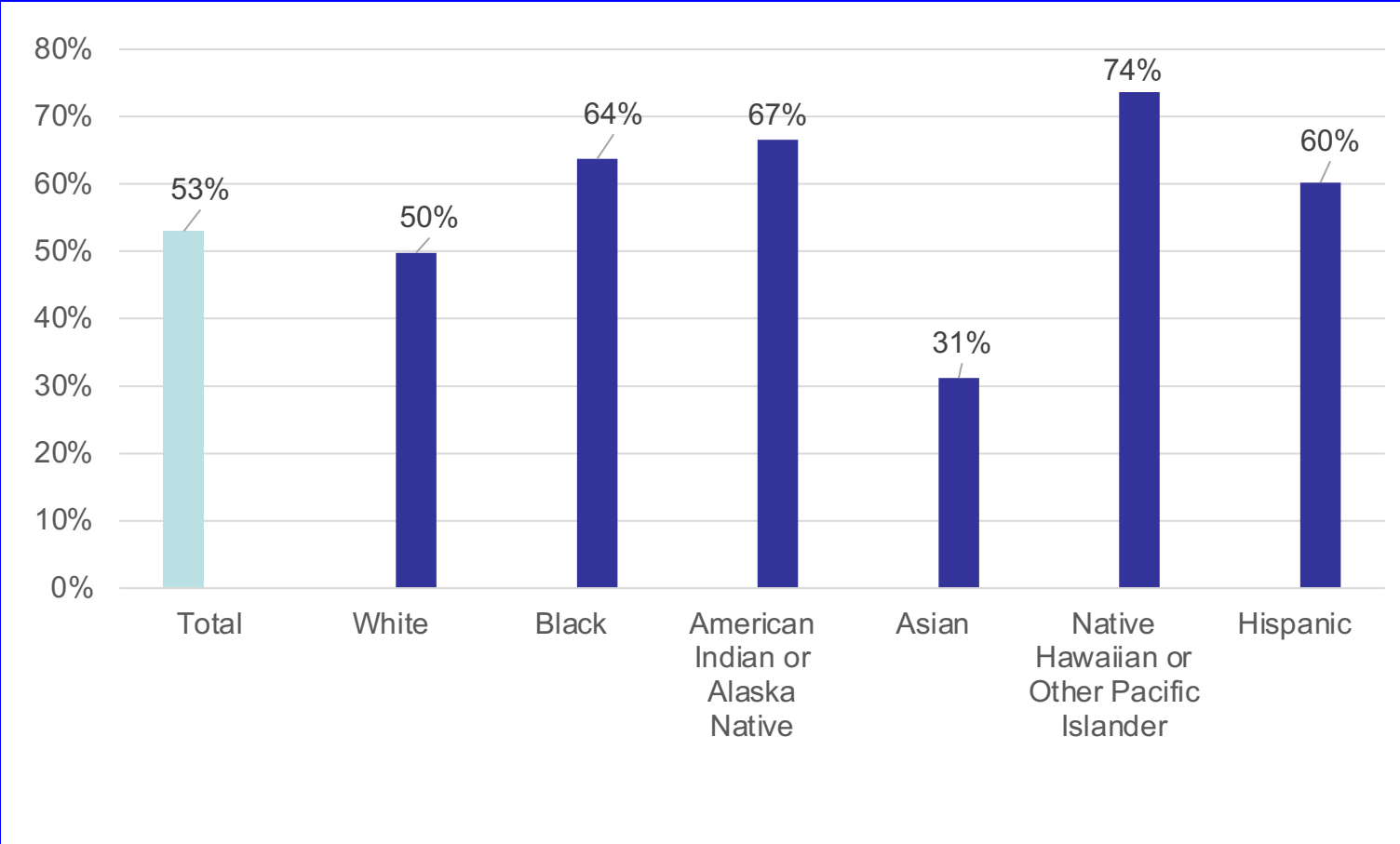
Observation learning

- Children may also establish food preferences by observing what their caregivers eat

Maternal-child life course obesity cycle



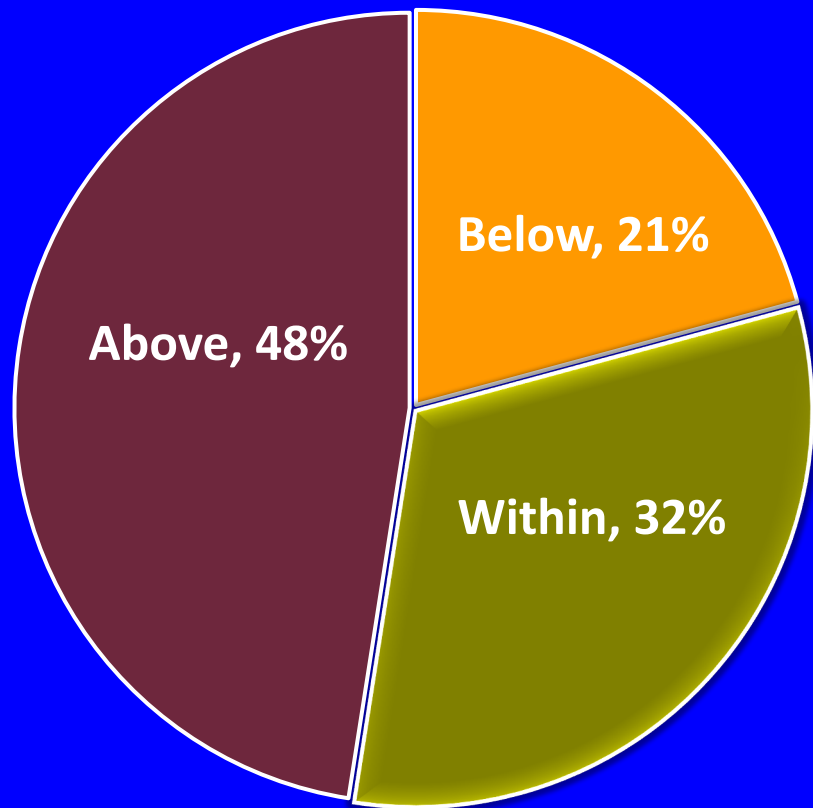
Prepregnancy overweight and obesity



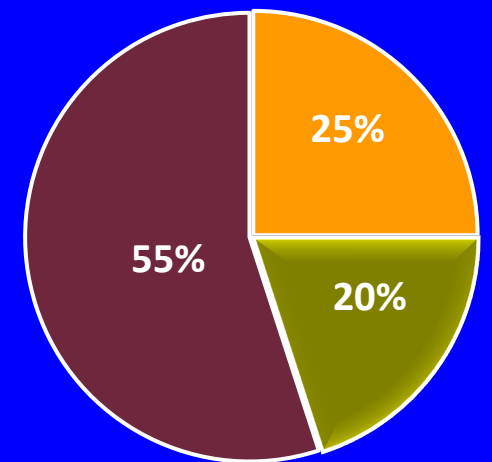
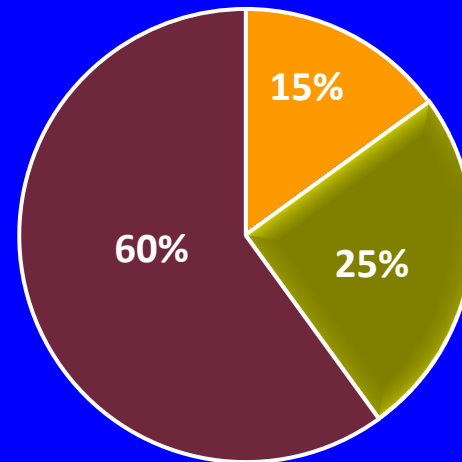
- More than half of births are to women who begin pregnancy already above a healthy weight (BMI ≥25)
- Disparities exist across racial and ethnic groups

Proportion of women meeting pregnancy weight gain recommendations

All women with full-term singleton births

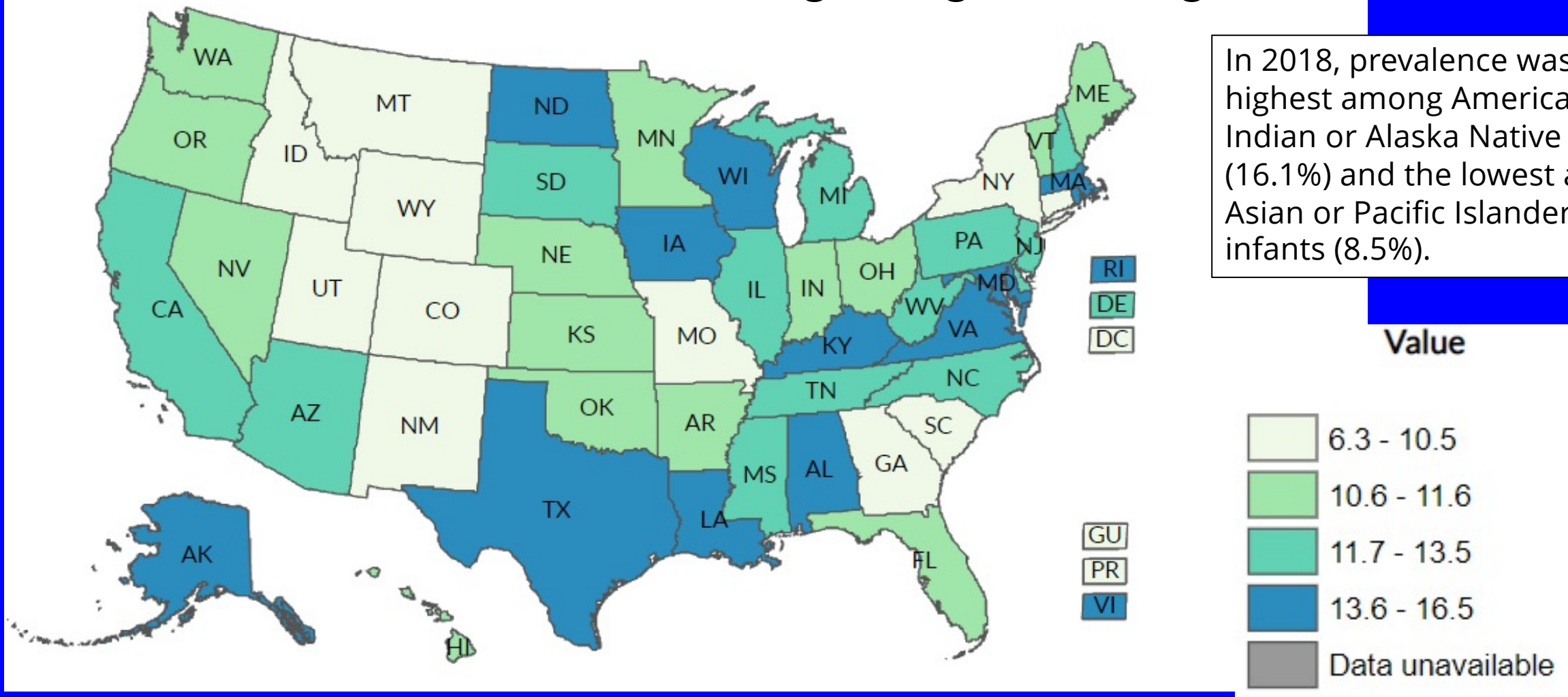


Women beginning pregnancy Overweight with Obesity



2018

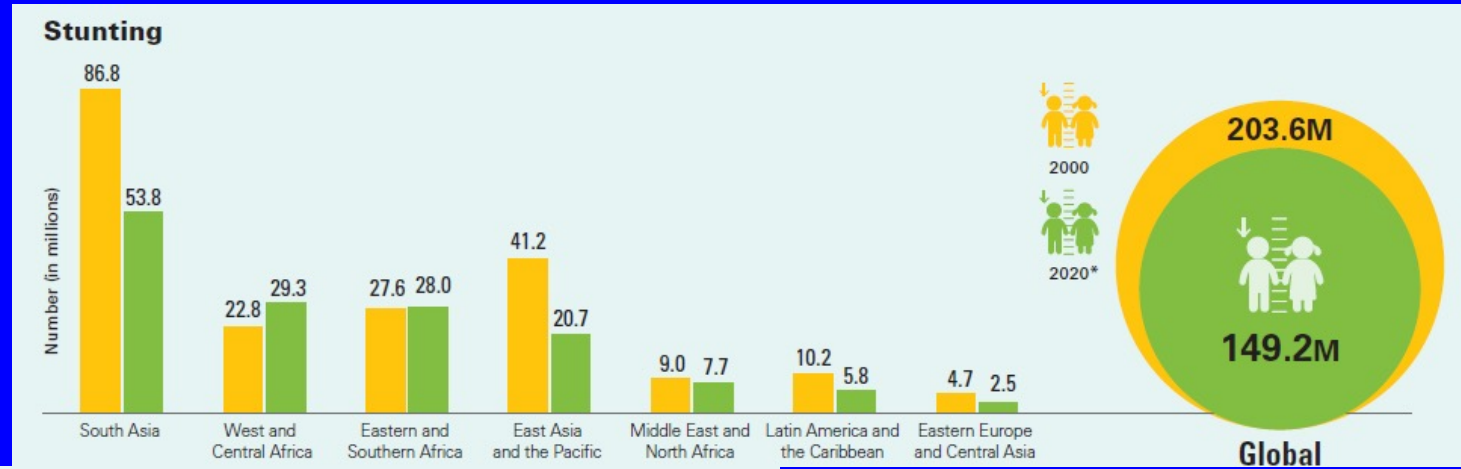
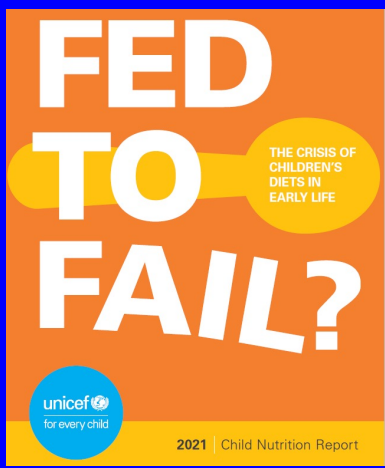
Percent of WIC children aged 3-23 months old who have a high weight-for-length



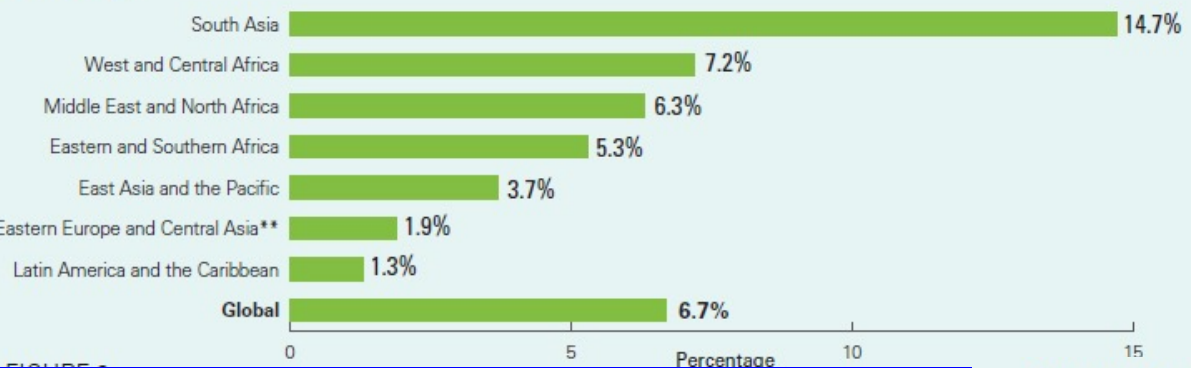
State of Nutrition During Early Childhood in the U.S.

- Among children 12-23 months:
 - Fewer than half have eaten a vegetable daily
 - 1 in 3 drink a sugar-sweetened beverage daily
- By 2-5 years of age, 14% of U.S. children have obesity
- Nearly 1 in 5 children under 6 years of age live in food-insecure households



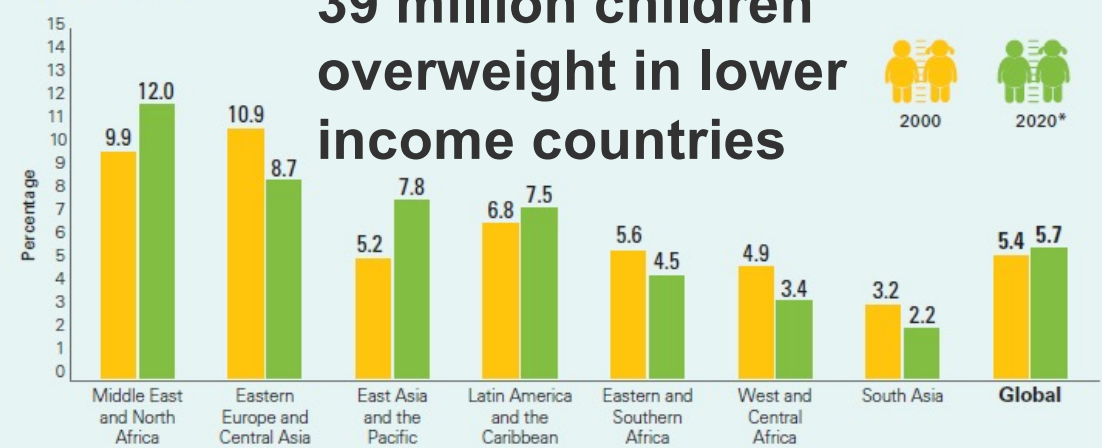


Wasting



45.4 million children under 5 suffer from **wasting** globally

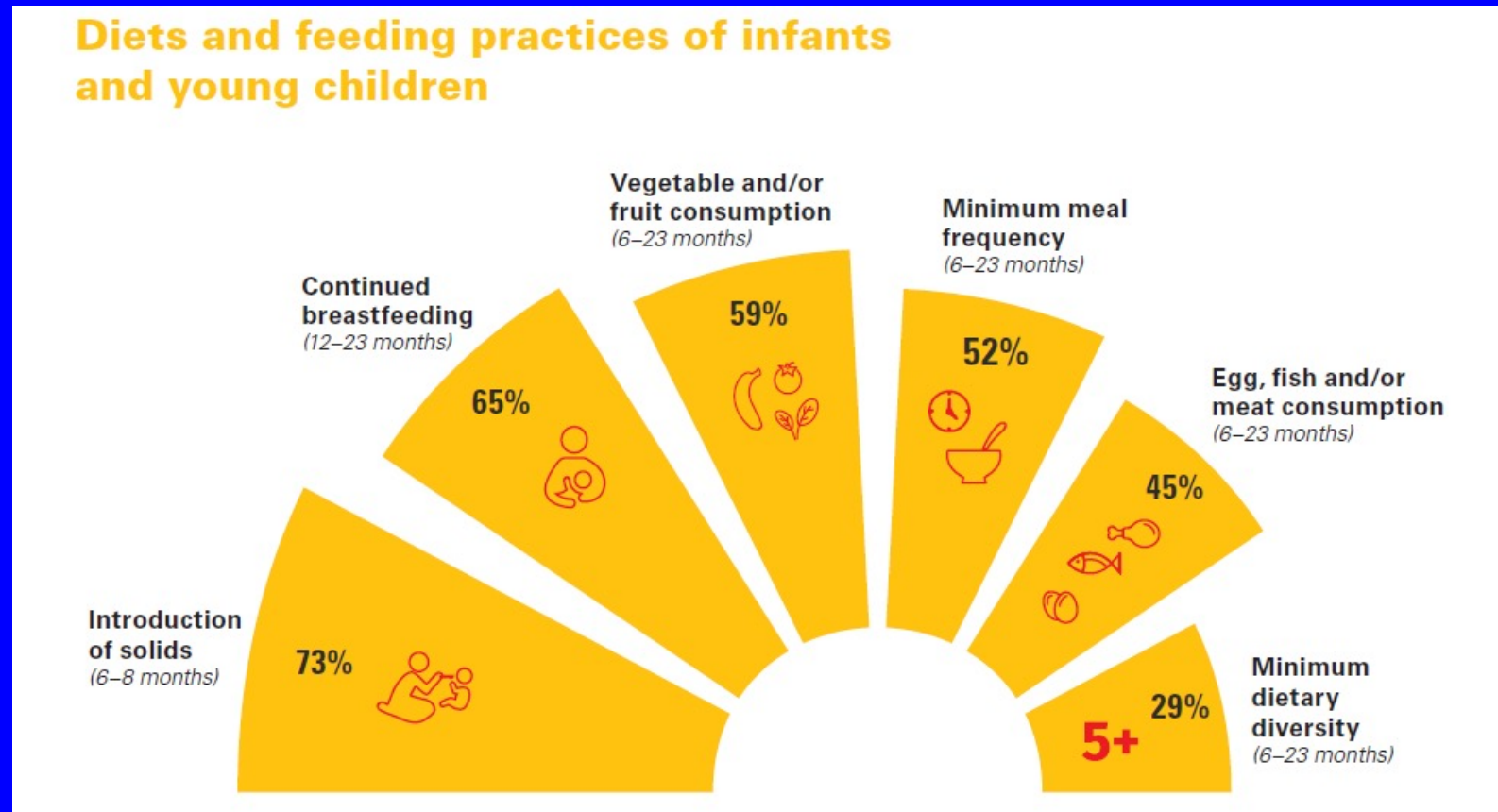
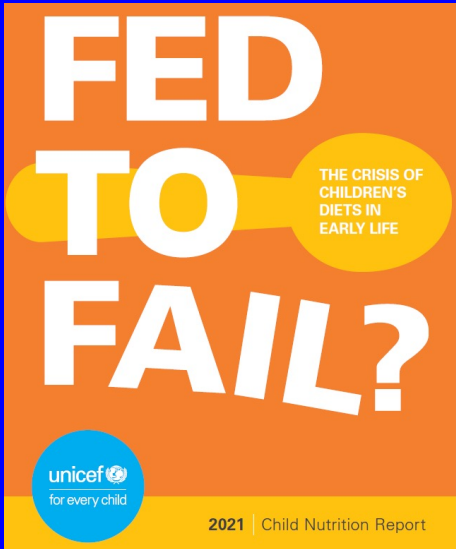
Overweight



39 million children overweight in lower income countries

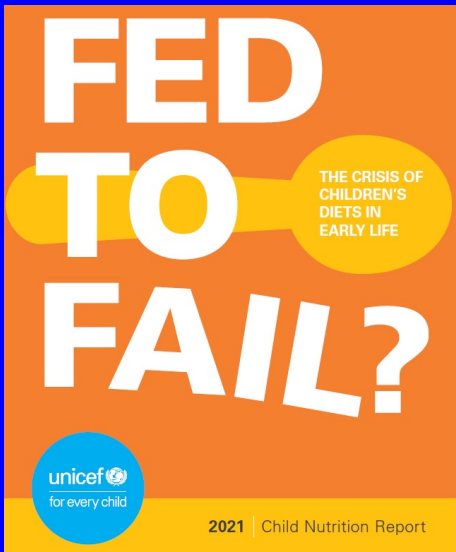
The global number of children under 5 with **overweight** has increased from 33.3 to 38.9 million in the last two decades

Source: UNICEF
<https://www.unicef.org/reports/fed-to-fail-child-nutrition>



Strongly recommends revamping first food systems

Source: UNICEF <https://www.unicef.org/reports/fed-to-fail-child-nutrition>

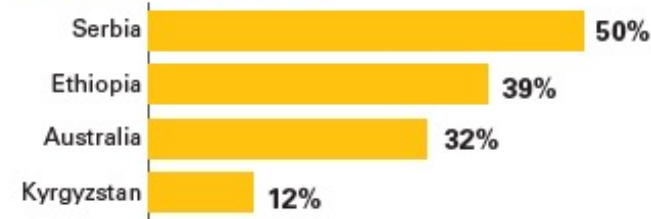


Young children across high-, middle- and low-income countries are consuming ultra-processed foods and drinks on a daily basis

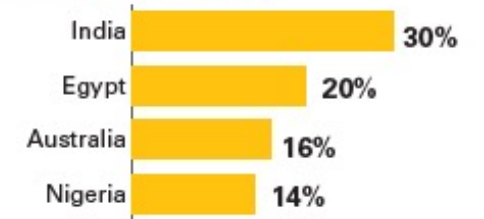
Biscuits/cake



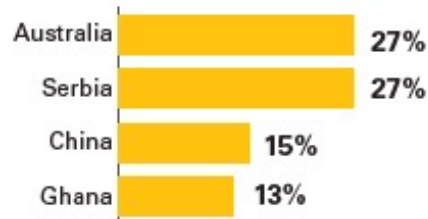
Processed bread



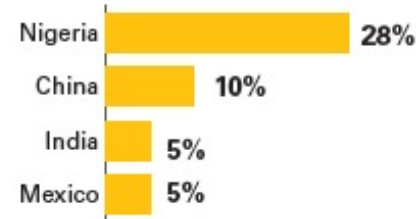
Confectionary



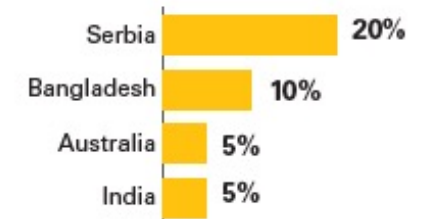
Breakfast cereal



Instant noodles



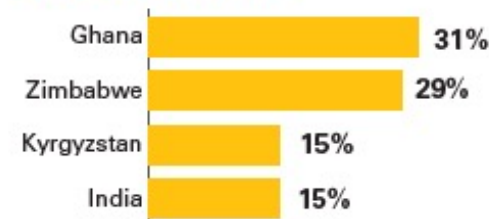
Sugar



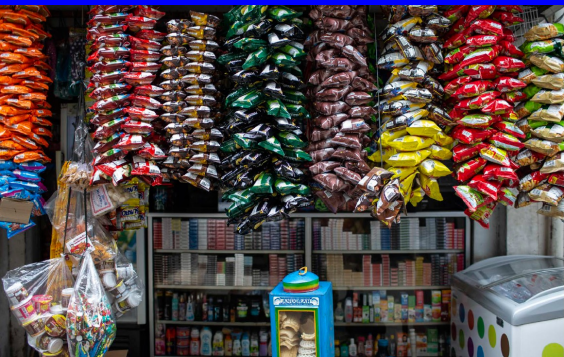
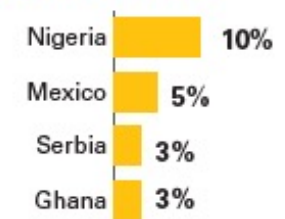
Juice



Sweet drinks



Soft drinks



Profound changes in first food systems changes needed

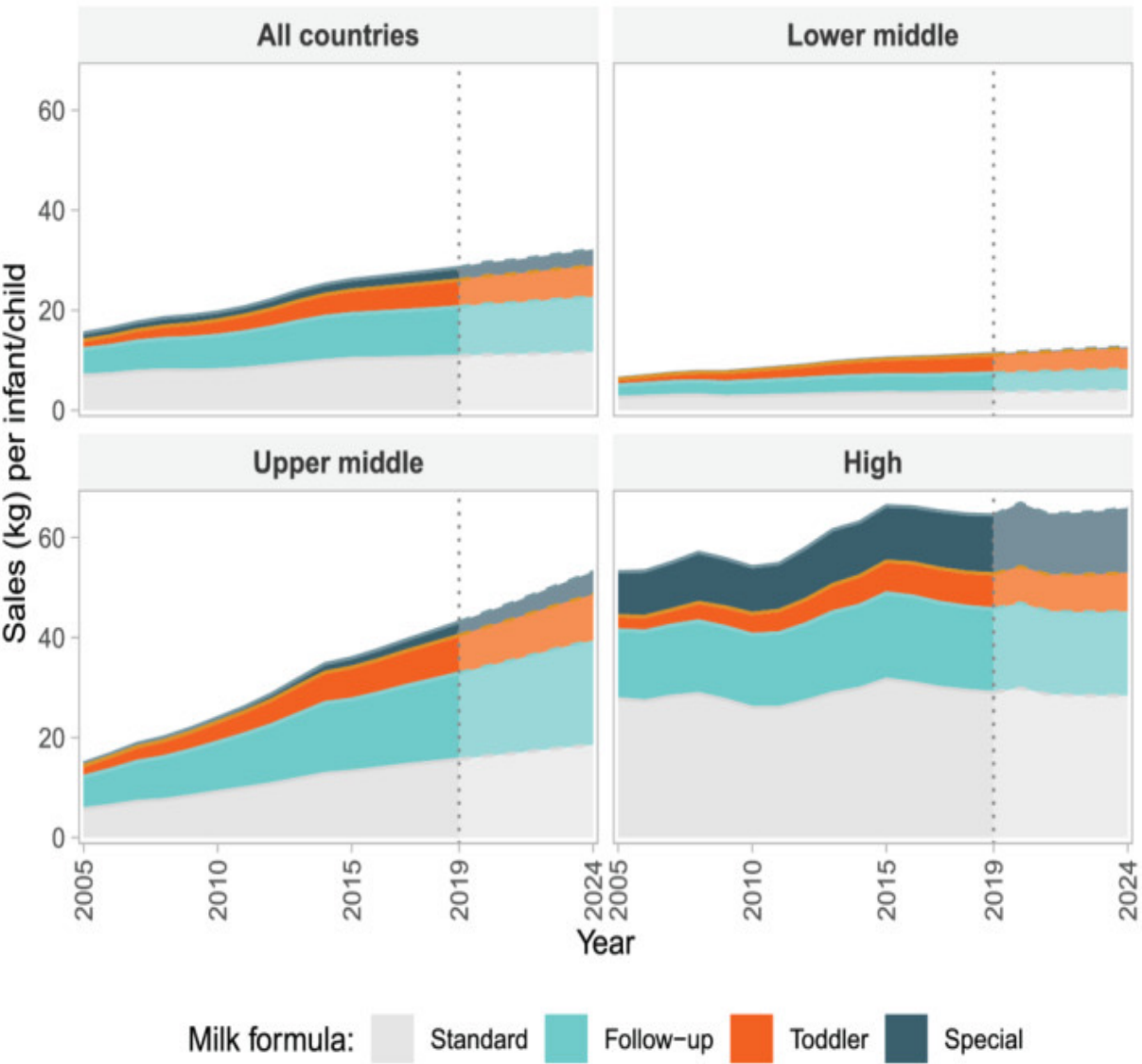
Source: UNICEF <https://www.unicef.org/reports/fed-to-fail-child-nutrition>

First-food systems transformations and the ultra-processing of infant and young child diets: The determinants, dynamics and consequences of the global rise in commercial milk formula consumption

Phillip Baker^{1,2} | Thiago Santos³ | Paulo Augusto Neves³ | Priscila Machado¹ | Julie Smith⁴ | Ellen Piwoz⁵ | Aluisio J. D. Barros³ | Cesar G. Victora³ | David McCoy⁶

<https://onlinelibrary.wiley.com/doi/10.1111/mcn.13097>

- Lack of adequate investments in breastfeeding protection promotion and support globally
- Lack of proper food industry marketing regulations globally



Commercial milk formula category sales volumes (kg) per child by World Bank country income-level, 2005–2019, with projections to 2024

Public Health Nutrition: page 1 of 9 doi:10.1017/S1368980021003451

Breastmilk or infant formula? Content analysis of infant feeding advice on breastmilk substitute manufacturer websites

Jennifer L Pomeranz^{1,*}, Xiangying Chu¹, Oana Groza¹, Madeline Cohodes¹ and Jennifer L Harris²

¹School of Global Public Health, New York University, New York, NY, USA; ²UConn Rudd Center for Food Policy and Obesity, University of Connecticut, Hartford, CT, USA

Submitted 23 March 2021; Final revision received 13 July 2021; Accepted 10 August 2021

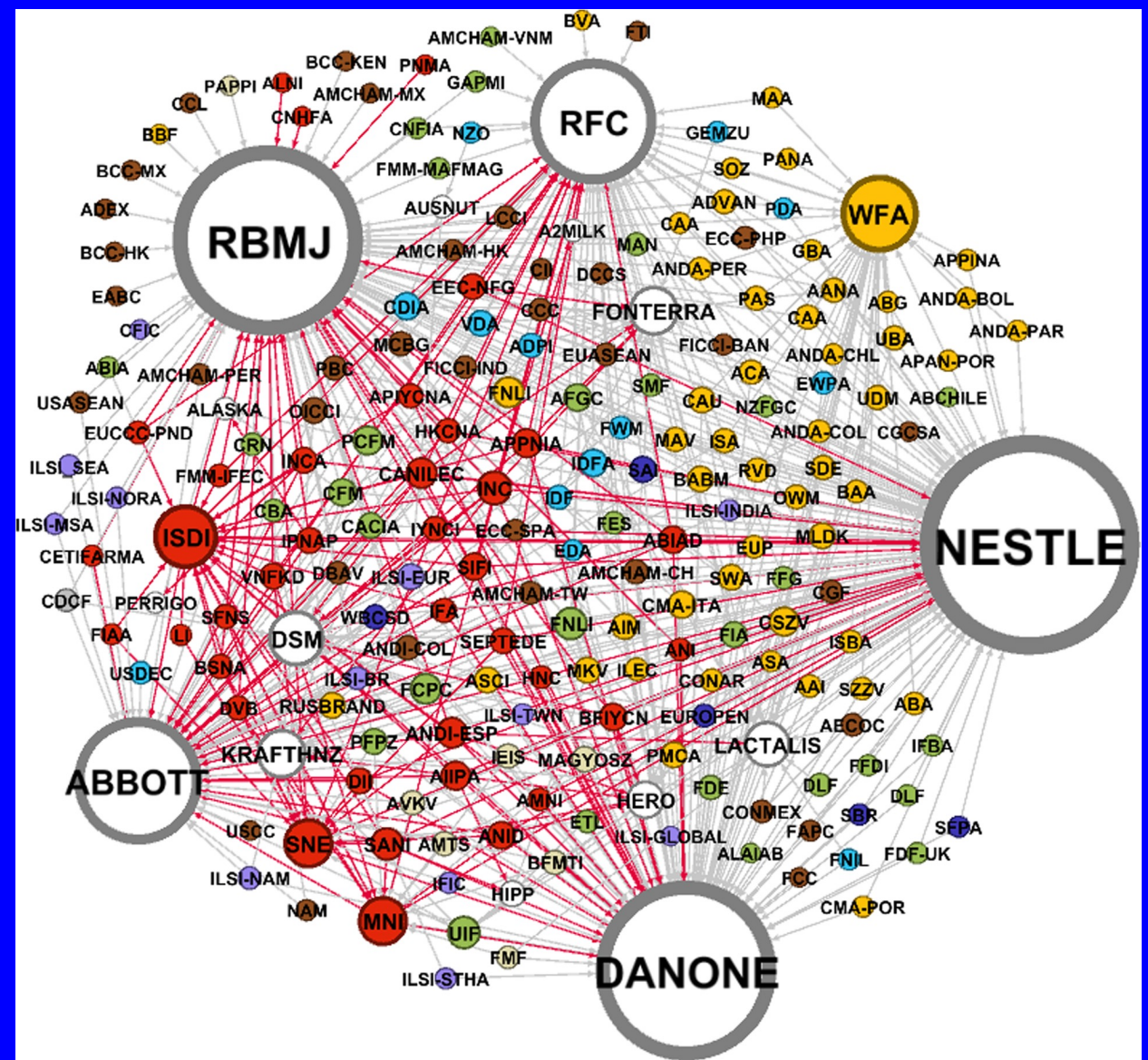
Globalization, first-foods systems transformations and corporate power: a synthesis of literature and data on the market and political practices of the transnational baby food industry

Phillip Baker^{1*}, Katheryn Russ², Manho Kang², Thiago M. Santos³, Paulo A. R. Neves³, Julie Smith⁴, Gillian Kingston⁵, Melissa Mialon⁶, Mark Lawrence¹, Benjamin Wood⁷, Rob Moodie⁸, David Clark⁹, Katherine Sievert¹⁰, Monique Boatwright¹⁰ and David McCoy¹⁰

Globalization and Health



<https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-021-00708-1>

The baby food industry's global influence network of trade associations and other corporate-funded influence organizations, with lines representing membership



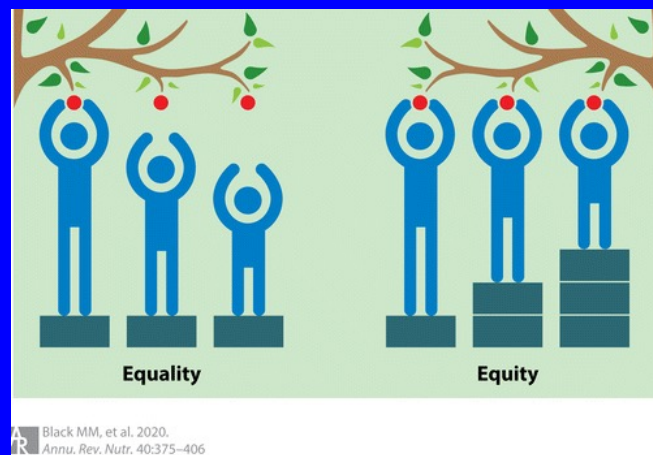
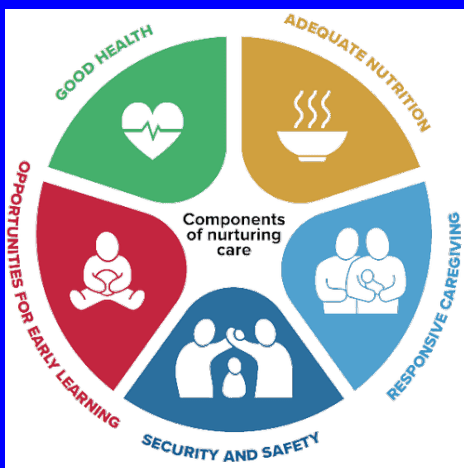
White circles- baby food industry corporations; red- infant nutrition associations; yellow- branding and advertising associations; green- food, beverage and grocery manufacturers associations; brown- general trade associations, e.g., chambers of commerce; blue- dairy industry trade associations; purple- consumer information and industry-funded scientific organizations

Reframing the early childhood obesity prevention narrative through an equitable nurturing approach

Helen Skouteris^{1,2} | Heidi J. Bergmeier¹  | Scott D. Berns³ |
Jeanette Betancourt⁴ | Renée Boynton-Jarrett⁵ | Martha B. Davis⁶ |
Kay Gibbons^{7,8} | Rafael Pérez-Escamilla⁹  | Mary Story¹⁰

Key messages

- The first 2,000 days, from conception to age 5 years, are crucial for preventing childhood obesity.
- Mother-child dyads function within and are influenced by a broader context of socio-ecological factors involved in promoting the quality of caregiving, including nutrition, across the highly sensitive early stages of child development.
- Childhood obesity prevention must address social and health inequities, including historical and racialized trauma, underpinning links between maternal and early childhood nutrition and the disproportionate prevalence of obesity among disadvantaged populations.
- A holistic life course approach to childhood obesity prevention that includes an equitable developmental perspective is needed.



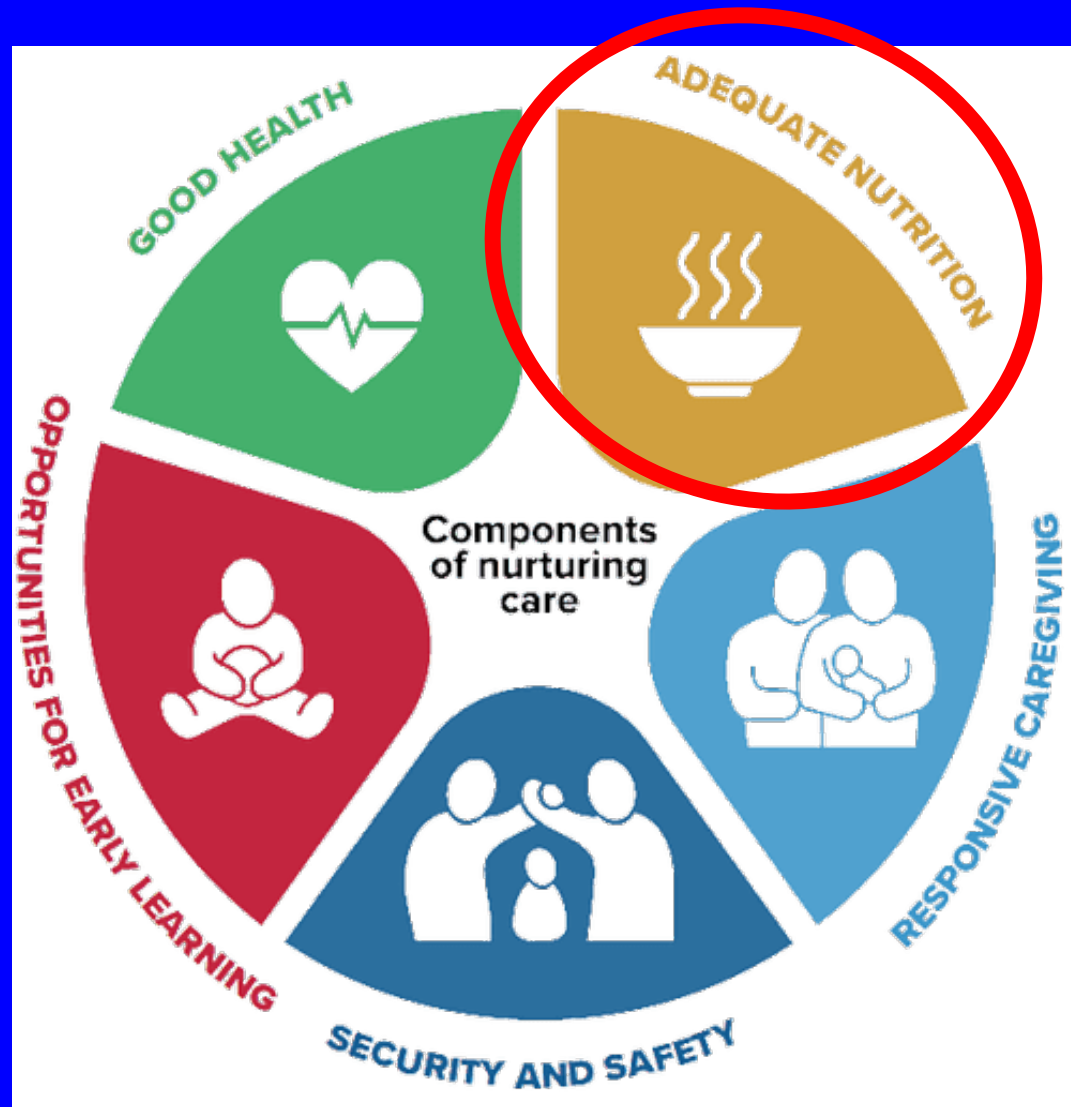
Nurturing Care

- Comprises all essential elements for a child to grow and develop
 - Health Care
 - **Nutrition**
 - **Responsive Caregiving**
 - Protection and Security
 - Opportunities to learn and discover



Requires stable environments where children receive love and stimulation responsive to their developmental stages

Nurturing care should envelop children since beginning of life



Adequate nutrition during the first 1,000 days:

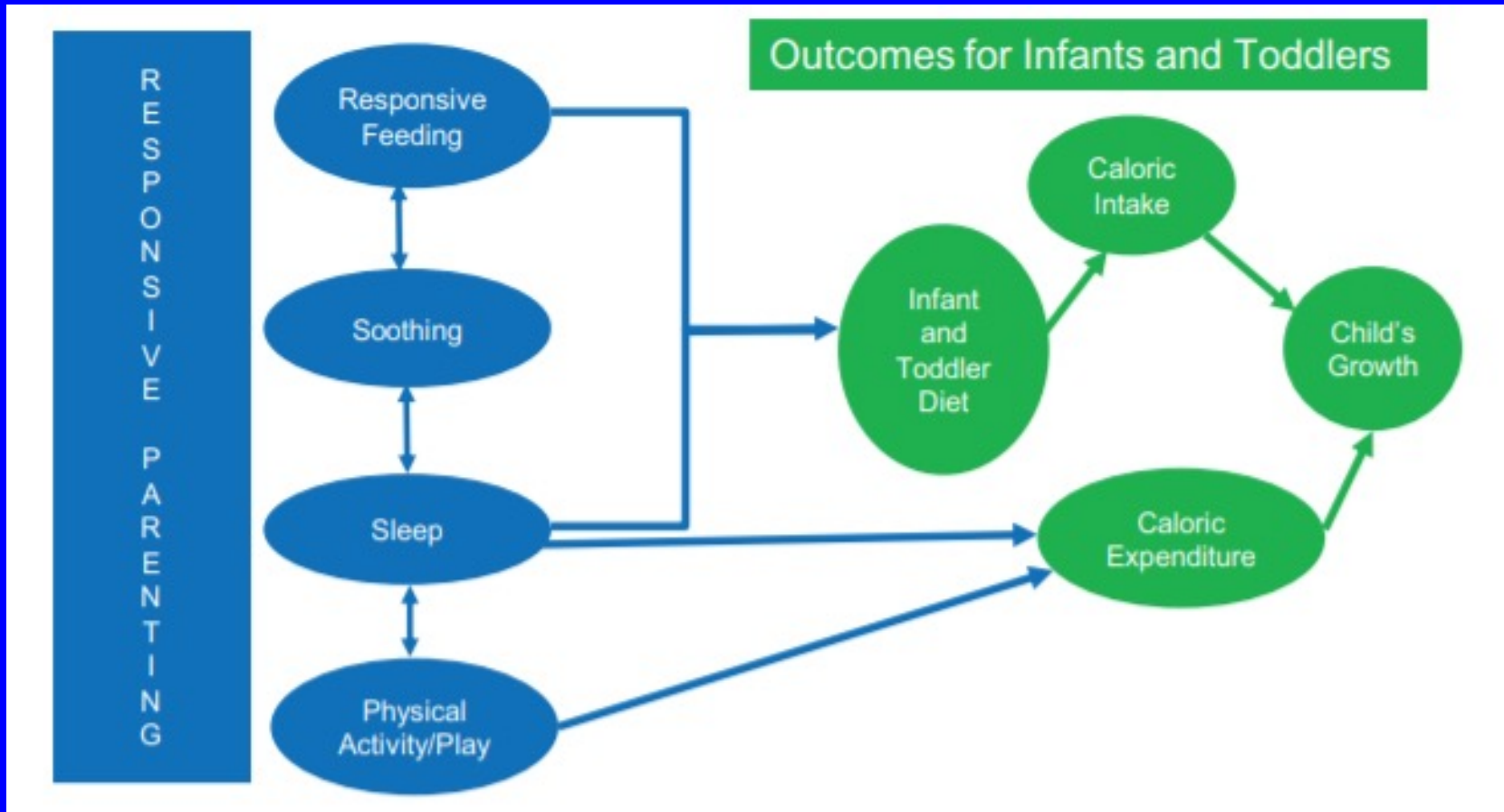
- Provides the essential building blocks for proper brain development, healthy growth and a strong immune system
- Strongly impacts a child's ability to grow, learn and thrive
- Strongly impacts national development



The first 1000 days are the foundation of a person's lifelong health, including social, behavioral and cognitive development and the prevention of obesity and chronic diseases



Responsive Parenting Framework



RCTs in high-income countries have consistently shown that responsive parenting approaches improve feeding behaviors and may reduce the risk of early childhood overweight (Perez-Escamilla, Lott, Segura-Pérez et al. (2017))

<http://healthyeatingresearch.org/research/feeding-guidelines-for-infants-and-young-toddlers-a-responsive-parenting-approach/>

Perez-Escamilla et al. (2021) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8178105/pdf/nzab076.pdf>

Responsive Feeding: Principles and Applications



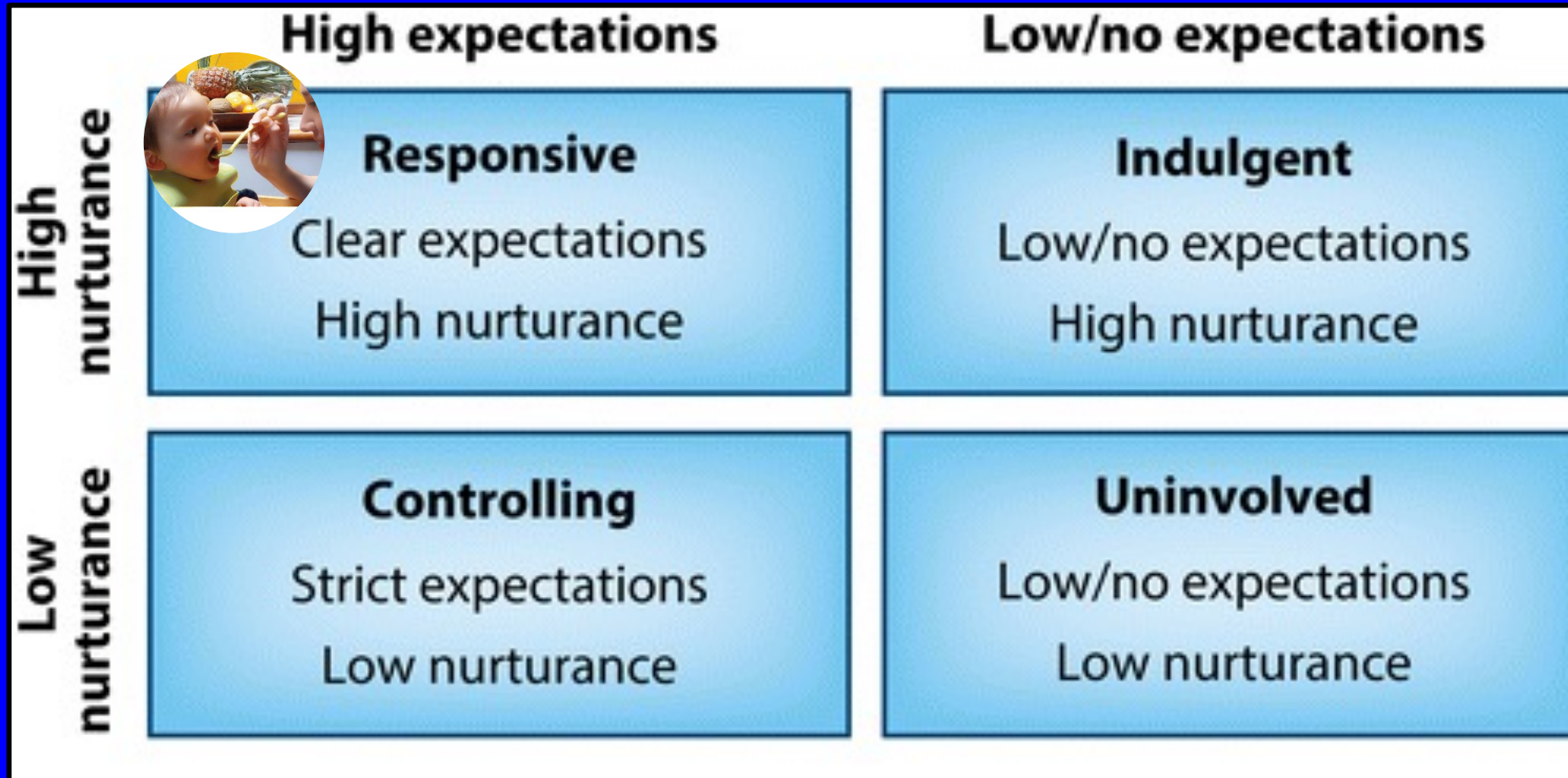
What is Responsive Feeding?

RF refers to ‘feeding practices that encourage the child to eat autonomously and, in response to physiological and developmental needs, which may encourage self-regulation in eating and support cognitive, emotional, and social development’

(adapted from: Pérez-Escamilla, Segura-Pérez, & Hall Moran, 2019)



Parental Feeding Styles?

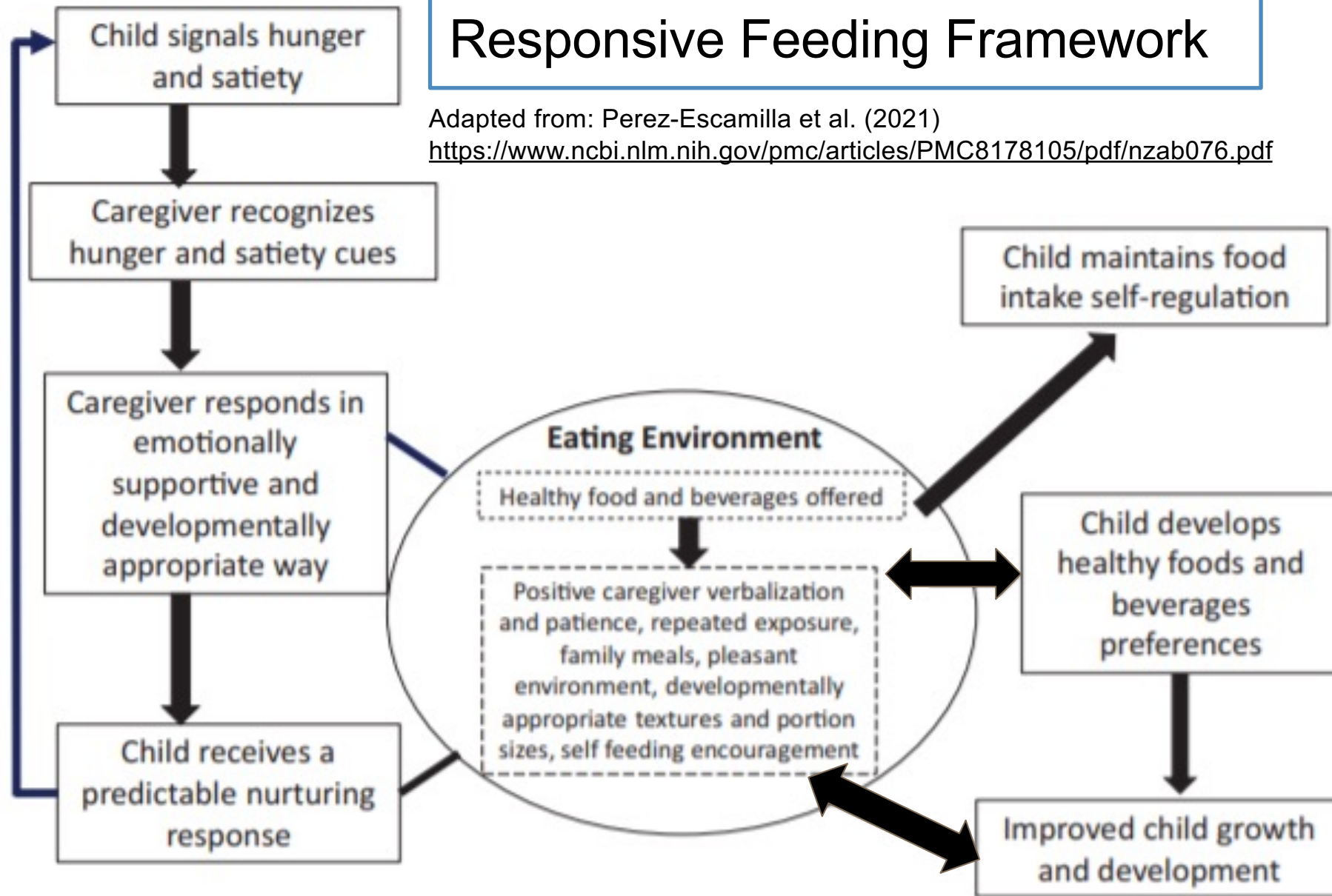


Black et al. Ann. Rev. Nutr (2020)

Responsive Feeding Framework

Adapted from: Perez-Escamilla et al. (2021)

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8178105/pdf/nzab076.pdf>



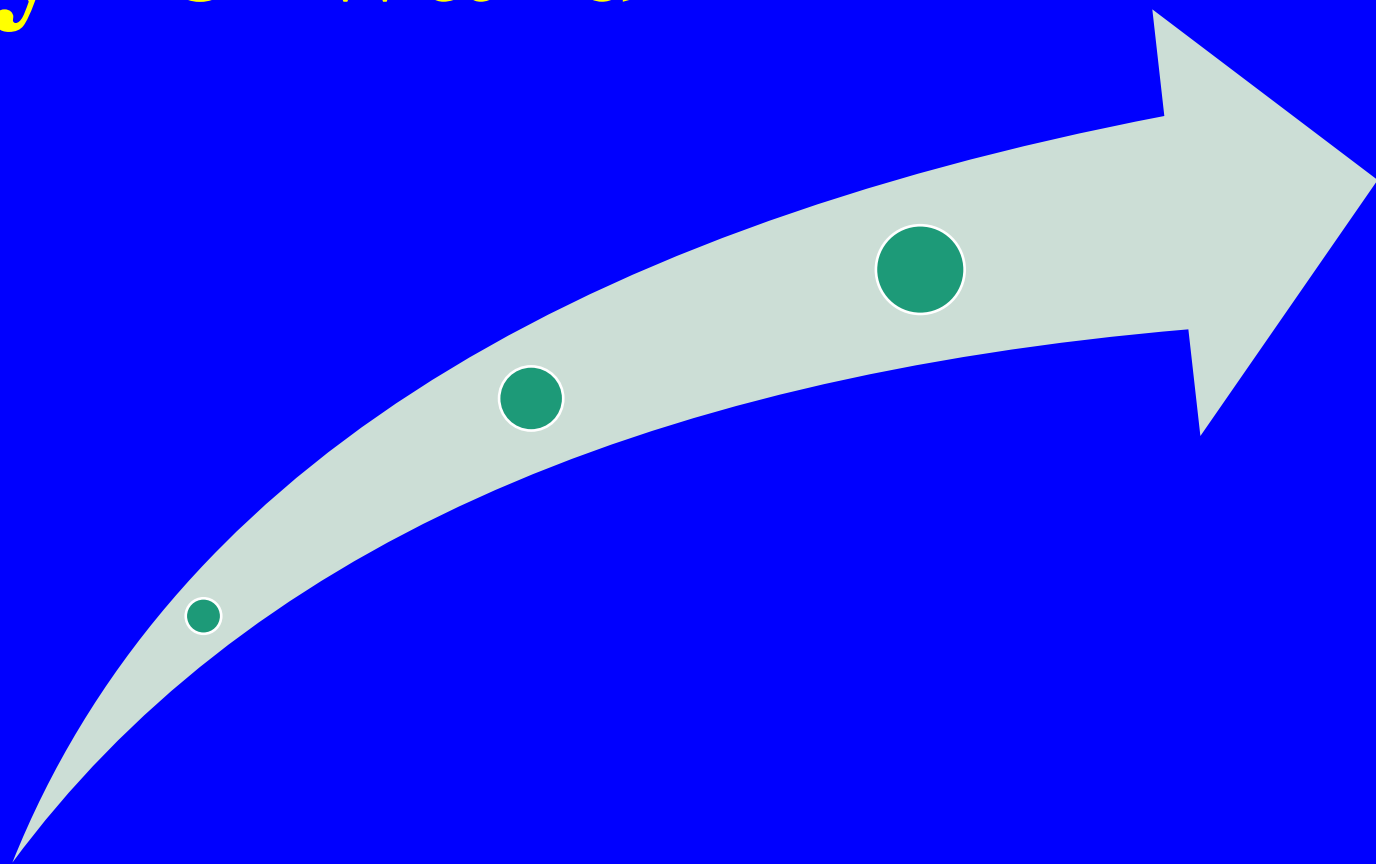
Responsive feeding recommendations



Black et al. Annu. Rev. Nutr (2020)

- Feed infants directly and assist older children when they feed themselves, being sensitive to their hunger and satiety cues
- Feed slowly and patiently, and encourage children to eat, but do not force them
- If children refuse many foods, experiment with different food combinations, tastes, textures, and methods of encouragement
- Minimize distractions during meals if the child loses interest easily
- Remember that feeding times are periods of learning and love—talk to children during feeding, with eye contact

The way forward



CHILDHOOD OBESITY
June 2012 | Volume 8, Number 3
© Mary Ann Liebert, Inc.
DOI: 10.1089/chi.2012.0004

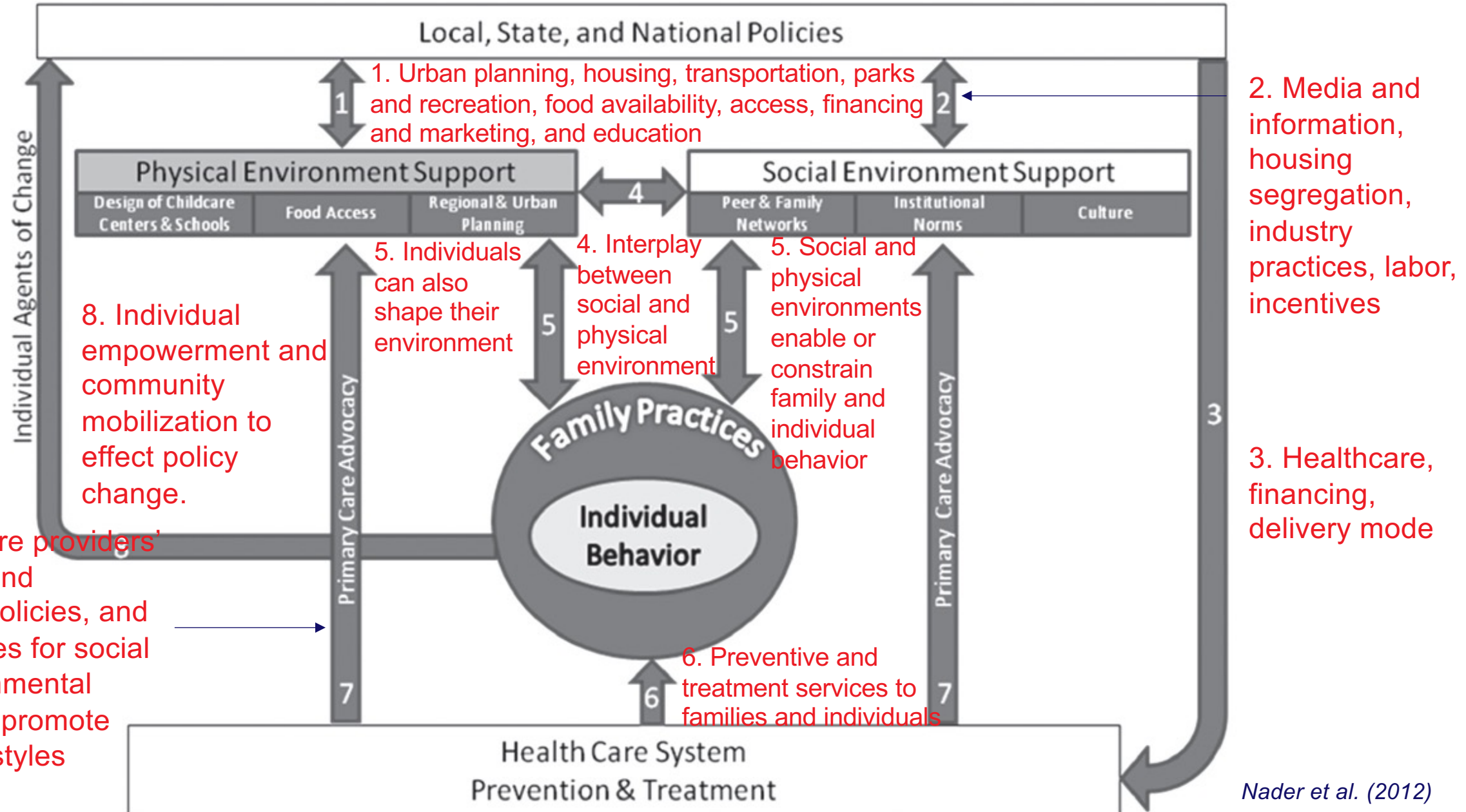


REVIEW

Next Steps in Obesity Prevention: Altering Early Life Systems To Support Healthy Parents, Infants, and Toddlers

Philip R. Nader, M.D.,¹ Terry T.-K. Huang, Ph.D., M.P.H.,² Sheila Gahagan, M.D., M.P.H.,¹
Shiriki Kumanyika, Ph.D., M.P.H.,³ Ross A. Hammond, Ph.D.,⁴
and Katherine Kaufer Christoffel, M.D., M.P.H.⁵

A community systems framework of early intervention of childhood obesity with feedbacks between individuals and the environment



Early Life Systems: Key Behavior Intervention Targets

Pregnancy

- Engage in early prenatal, post-natal, and inter-conceptual care
- Achieve healthy gestational weight gain
- Post-partum return towards a healthy weight
- Prepare to breastfeed

Infancy

- Initiate and maintain breast feeding
- Appropriate introduction of other beverages and foods
- Support healthy sleep
- Support for appropriate soothing, not always using food
- Support motor development
- Avoid excessive weight gain
- Avoid screen time

Toddler Years

- Active play at least one hour per day, limitation of screen time
- Consumption of healthy foods, snacks, and un-sweetened beverages in appropriate portion sizes
- Healthy nutrition and activity standards in childcare settings
- Limit screen time



Dietary guidelines for children under 2 years of age in the context of nurturing care

Matern Child Nutr. 2019;15:e12855.

Rafael Pérez-Escamilla¹ | Sofia Segura-Pérez² | Victoria Hall Moran³



Guías de alimentación para niñas y niños menores de dos años: Un enfoque de crianza perceptiva

Investigación en Alimentación Saludable
Prevención de obesidad infantil causada en el embarazo

Febrero 2017

“The incorporation of...responsive feeding principles into dietary guidelines has a strong potential to enhance their impact on early childhood development outcomes for infants and young children...”

Responsive feeding: Key for nurturing care



<http://healthyeatingresearch.org/research/feeding-guidelines-for-infants-and-young-toddlers-a-responsive-parenting-approach/>

Feeding Guidelines for Infants and Young Toddlers

A Responsive Parenting Approach

Rafael Pérez-Escamilla, PhD
Sofia Segura-Pérez, MS, RD
Megan Lott, MPH, RD

Nutrition Today 2017;52:223-231

Responsive parenting is a caregiving style expected to foster the development of self-regulation and promote optimal cognitive, social, and emotional development from the beginning of life. Critical dimensions of responsive parenting include feeding, sleeping, soothing, and play/physical activity; all are highly interconnected with each other. Responsive parenting interventions have been shown to have a beneficial impact on child feeding behaviors and weight outcomes. An expert panel convened by Healthy Eating Research, a national program of the Robert Wood Johnson Foundation, developed evidence-based guidelines for feeding infants and toddlers during the first 2 years of life. These responsive feeding guidelines were developed after an evidence-based consensus methodology. The guidelines address the periods of gestation, birth to 6 months, more than 6 months to 1 year, and more than 1 to 2 years. Fundamental principles of the guidelines include hunger and satiety cues, developmental milestones that indicate readiness for introduction of solids, and responsive approaches to repeatedly expose the young child to a variety of healthy foods and age-appropriate textures in the context of a stable and predictable nurturing environment. Nutr Today. 2017;52(5):223–231

Responsive Feeding

Responsive feeding is a term used to describe a feeding style that emphasizes recognizing and responding to the hunger or fullness cues of an infant or young child. Responsive feeding helps young children learn how to self-regulate their intake.

See [Table 2-2](#) for some examples of signs a child may show for hunger and fullness when he or she is a newborn through age 5 months, and signs a child may start to show between age 6 through 23 months.

It is important to listen to the child's hunger and fullness cues to build healthy eating habits during this critical age. If parents, guardians, or caregivers have questions or concerns, a conversation with a healthcare provider will be helpful.

For more information on signs a child is hungry or full, see: [cdc.gov/nutrition/infantandtoddlernutrition/mealtime/signs-your-child-is-hungry-or-full.html](https://www.cdc.gov/nutrition/infantandtoddlernutrition/mealtime/signs-your-child-is-hungry-or-full.html). More information on infant development skills, hunger and satiety cues, and typical daily portion sizes is available at [wicworks.fns.usda.gov/sites/default/files/media/document/Infant_Nutrition_and_Feeding_Guide.pdf](https://www.wicworks.fns.usda.gov/sites/default/files/media/document/Infant_Nutrition_and_Feeding_Guide.pdf).

Table 2-2
Signs a Child is Hungry or Full

Birth Through Age 5 Months	
<p>A child may be hungry if he or she:</p> <ul style="list-style-type: none">• Puts hands to mouth.• Turns head toward breast or bottle.• Puckers, smacks, or licks lips.• Has clenched hands.	<p>A child may be full if he or she:</p> <ul style="list-style-type: none">• Closes mouth.• Turns head away from breast or bottle.• Relaxes hands.
Age 6 Through 23 Months	
<p>A child may be hungry if he or she:</p> <ul style="list-style-type: none">• Reaches for or points to food.• Opens his or her mouth when offered a spoon or food.• Gets excited when he or she sees food.• Uses hand motions or makes sounds to let you know he or she is still hungry.	<p>A child may be full if he or she:</p> <ul style="list-style-type: none">• Pushes food away.• Closes his or her mouth when food is offered.• Turns his or her head away from food.• Uses hand motions or makes sounds to let you know he or she is still full.

DGA Dietary Guidelines for Americans
2020 - 2025

Make Every Bite Count With the Dietary Guidelines

USDA
DietaryGuidelines.gov

2020 Dietary Guidelines for Americans

UNICEF
PROGRAMMING
GUIDANCE

Improving Young
Children's Diets During the
Complementary Feeding Period



A Responsive Feeding Intervention Increases Children's Self-Feeding and Maternal Responsiveness but Not Weight Gain^{1,2}

Frances E. Aboud,^{3*} Sohana Shafique,⁴ and Sadika Akhter⁵ J. Nutr. 139: 1738–1743, 2009

Original Article

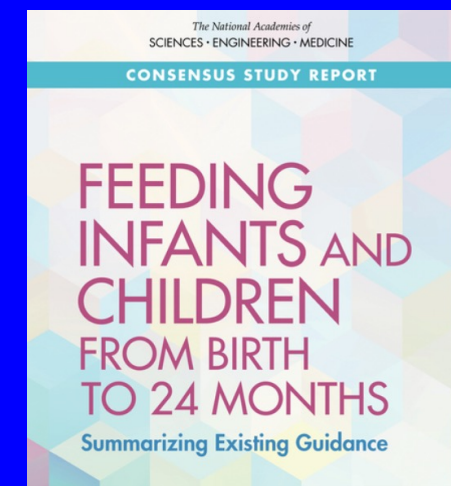
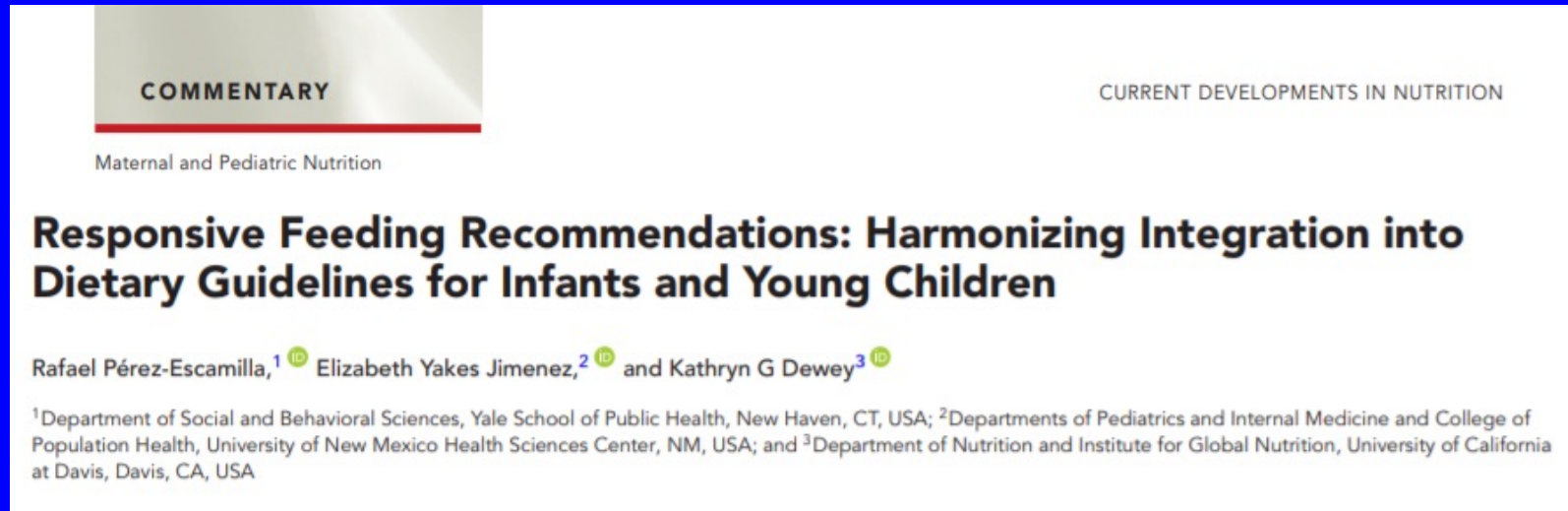
Effectiveness of a community-based responsive feeding programme in rural Bangladesh: a cluster randomized field trial *Maternal and Child Nutrition* (2008), 4, pp. 275–286

Frances E. Aboud*, Anna C. Moore† and Sadika Akhter‡

Strongly recommends responsive feeding and the rest of the nurturing care practices as part of infant and young child feeding

Source:
https://mcusercontent.com/fb1d9aabd6c823bef179830e9/files/12900ea7-e695-4822-9cf9-857f99d82b6a/UNICEF_Programming_Guidance_Complementary_Feeding_2020_Portrait_FINAL.pdf





- Guidelines included generally consistent messages about several RF behaviors, such as the importance of encouraging self-feeding and self-regulation in infants/toddlers
 - however did not present the recommendations as part of a cohesive RF interdisciplinary framework
- Moving forward, evidence-based RF recommendations should be routinely incorporated and identified in dietary guidance for IYCF
 - based on a consensus definition of RF
- implementation science research to improve our understanding of how best to disseminate and implement RF-related recommendations across settings (e.g., home and early care and education centers)
 - taking the social determinants of health into account

<https://www.nap.edu/catalog/25747/feeding-infants-and-children-from-birth-to-24-months-summarizing>

Research need

Received: 13 March 2020 | Accepted: 19 March 2020

DOI: 10.1111/mcn.13004

PERSPECTIVE

Maternal & Child Nutrition WILEY

Can a pragmatic responsive feeding scale be developed and applied globally?

Rafael Pérez-Escamilla¹ | Sofia Segura-Pérez²

Key messages

- A recent study conducted in rural Cambodia validated an 8-item responsive feeding (RF) scale through repeated direct feeding observations of 6 to 23 months old infants.
- Similar research needs to be conducted in other settings to explore developing a valid pragmatic RF scale for use in community studies and population surveys globally.
- It is important to reach consensus on definition of RF to help move the field forward.

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DOI: 10.1111/mcn.12956

ORIGINAL ARTICLE

Maternal & Child Nutrition WILEY

A measurement scale to assess responsive feeding among Cambodian young children

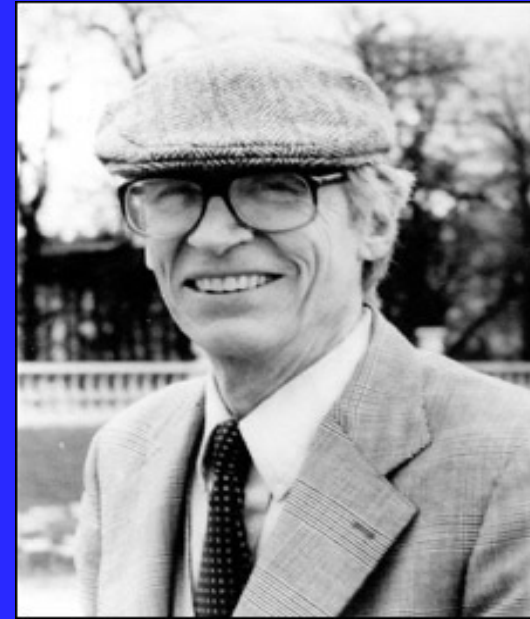
Ndèye S. Sall¹ | France Bégin² | Jérémie B. Dupuis³ | Jimmy Bourque⁴ |
Lylia Menasria¹ | Barbara Main⁵ | Lenin Vong⁶ | Vannary Hun⁷ |
David Raminashvili⁷ | Chhorvann Chea⁸ | Lucie Chiasson⁹ | Sonia Blaney¹

Measuring Responsive Feeding in Sri Lanka: Development of the Responsive Feeding Practices Assessment Tool

Prabhath Pallewaththa, BSc, MBA¹; Thilini C. Agampodi, MBBS, MSc, MPH, PhD¹;
Suneth B. Agampodi, MBBS, MSc, MPH, MD¹; Rafael Pérez-Escamilla, MS, PhD²;
Sisira Siribaddana, MBBS, MD³ J Nutr Educ Behav.2021;53:489–502

What is a fair society?

'...one in which a new entrant would be happy to be born even though he did not know his social position ahead of time.'



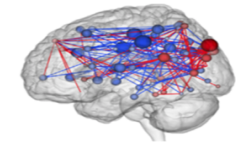
John Rawls

1921-2002

Preventing and management of childhood obesity requires equitable nurturing care embedded in the social-ecological model



Nurturing care by parents & caregivers



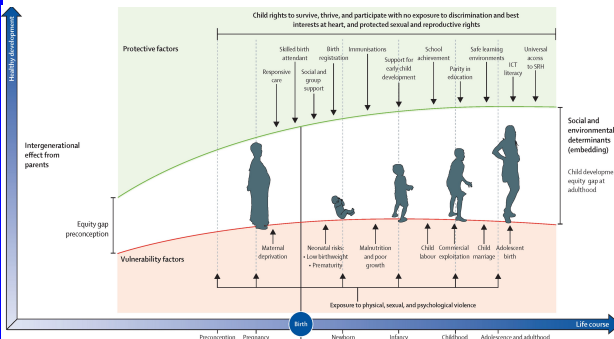
Health, nutrition, education, social & child protection services

National policies

Thank you!



A future for the world's children? A WHO-UNICEF-Lancet Commission Lancet (2020)



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Legacy of Health

LECTURESHIP

October 7, 2021

