

Nutrition Services and Resources for Families in the First 1000 Days: A Needs Assessment in the State of California

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Objectives: To identify the current status of and gaps within nutrition services and resources provided to California families during the first 1000 days of life (from conception to age 2 years).

Methods: A semi-structured online survey was developed by a task-force group at the University of California, Irvine, and Dairy Council of California. The survey addressed five pillars of nutrition service provision in the first 1000 days: accessibility of services, delivery of nutrition education, content of nutrition messages, breastfeeding support, and professional development on nutrition. The survey was disseminated across California to health professionals and providers from agencies that provide services to pregnant women and families with infants and young children up to 2 years of age.

Results: 148 survey responses were obtained with representation across the state and organization types (37% healthcare, 23% child-care/preschools, 20% Government agencies, and 20% community organizations). Almost 60% of respondents estimated that at least 75% of the

clients they serve are Medi-Cal eligible. Although most organizations provide referrals to the Women Infants and Children program, only 46% of clinical and 69% of community-based respondents reported referring clients to the CalFresh benefits program. Several needs were identified to better support optimal health, growth and development including improved access to nutritious food and educational resources for low-income families, improved cultural appropriateness in the delivery and content of nutrition education, messaging around key micronutrients for fetal and early child development, enhanced social support and guidance regarding breastfeeding, and further professional development opportunities on early life nutrition. Notably, technology as a means of outreach and communicating nutritional messages to families during the first 1000 days was reportedly underutilized.

Conclusions: The accessibility, content, and delivery of nutritious food, nutrition-related resources, and breastfeeding support for families in the first 1000 days can be improved. A comprehensive and coordinated approach to improve social support, nutrition security and education is needed to support health outcomes during the first 1000 days of life.

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