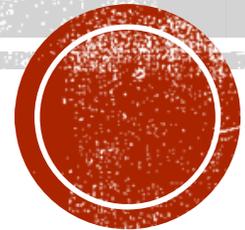


NUTRITION: SOCIAL JUSTICE AND POPULATION HEALTH

Sandra G Hassink, MD, MS, FAAP

Past President American Academy of Pediatrics

Medical Director AAP Institute for Healthy Childhood Weight



LEARNING OBJECTIVES

- Understand the importance of optimal nutrition for growth, development and longitudinal health.
- Understand the threat to the foundations of child health of food insecurity, hunger and obesity
- Understand the impact of poor nutrition on chronic non-communicable disease
- Understand systemic factors jeopardizing child nutrition in the context of health disparities and social justice as applied to individual and population health.
- Reflect on a possible framework for ensuring optimal nutrition for all children



FOUNDATIONS OF HEALTH: GOAL FOR EVERY CHILD

- **Sound, appropriate nutrition**
 - Health-promoting food intake, eating habits beginning with mother's pre-conception nutritional status
- **Stable, responsive environment of relationships**
 - Consistent, nurturing, protective interactions with adults that enhance learning, help develop adaptive capacities that promote well-regulated stress response systems
- **Safe, supportive physical, chemical and built environments**
 - Provide places for children that are free from toxins, allow active, safe exploration without fear, offer families opportunities to exercise, make social connections



CHILDREN'S NUTRITIONAL NEEDS

- **“an adequate diet for children...one that contains an appropriate density of nutrients, is sufficiently diverse that it supplies adequate but not excessive amounts of nutrition, is palatable and culturally acceptable, affordable and available year round and overall supports normal growth and development.”**

- Allen L, Causes of Nutrition Related Public Health Problems of Children : Available Diet J Pediatr 2006 43 S8-S12



OBESITY IS A DISEASE OF DYSFUNCTIONAL ADIPOSE TISSUE

■ Anatomy

- Excess and ectopic adipose tissue contribute to organ dysfunction i.e. sleep apnea, liver disease

■ Physiology

- Obesity is a multisystem pro-inflammatory disorder resulting cellular and metabolic abnormalities and organ dysfunction
 - Aidan Cullen, MB BCh • Andrew Ferguson, MB Bach Perioperative management of the severely obese patient a selective pathophysiological review *Can J Anesth/J Can Anesth* (2012) 59:974–996

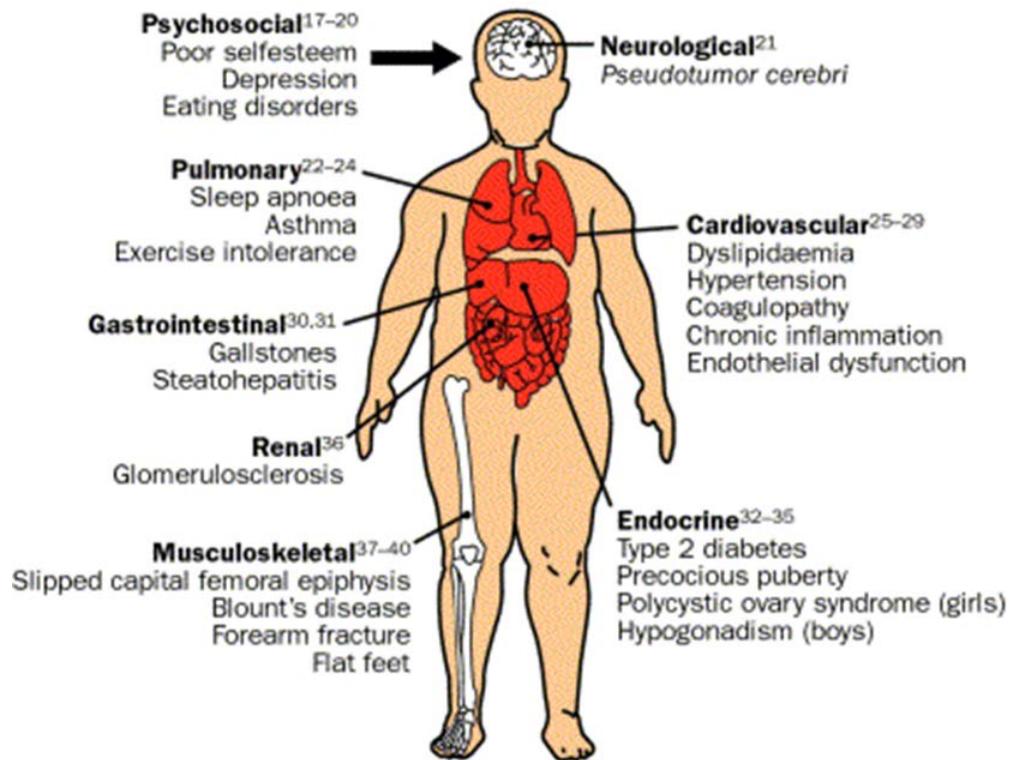
■ Neurobiology

- Obesity leads to inflammation within appetite control centers in the hypothalamus decreasing responsiveness to hunger and satiety signaling from other parts of the body.
 - Thaler JP, Schwartz MW. Inflammation and Obesity Pathogenesis: The Hypothalamus heats Up. *Endocrinology*. 2010;151(9):4109-4115.



HEALTH CONSEQUENCES OF CHILDHOOD OBESITY

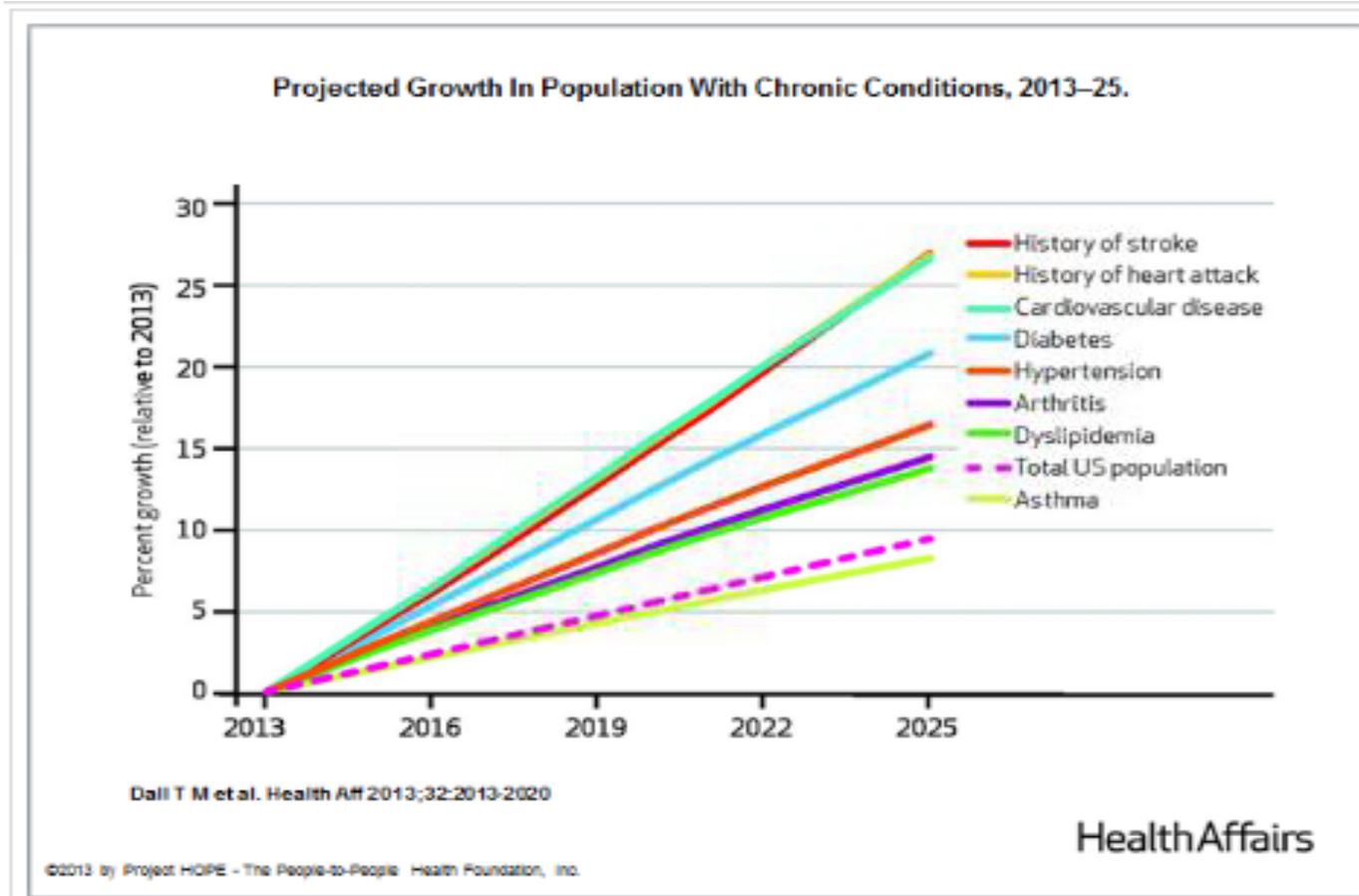
Obesity-related co morbidities



- Type 2 diabetes
- Hypertension
- Nonalcoholic fatty liver disease
- Dyslipidemia
- Upper Airway Obstruction
- Sleep Apnea Syndrome
- Blount's Disease
- Polycystic ovary syndrome
- Obesity related emergencies
- Depression/anxiety



CHRONIC DISEASE EPIDEMIC-OBESITY



FOOD INSECURITY

- "the limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways."
- "Very low food security," the most severe level measured by the survey, is characterized by irregular meals and inadequate food intake, as determined by caregivers
 - U.S. Department of Agriculture
<http://www.childtrends.org/?indicators=food-insecurity#sthash.VXI2ws3z.dpuf>



FOOD INSECURITY

- **Hunger**
 - Low cost, low nutrient dense foods may take the place of higher quality more expensive food to avoid hunger.
- **Poorer Dietary Quality**
 - Children from low-income food insecure households vs. children from food secure higher income households
 - Consume fewer calories, grains, dark green vegetable and fruits, less yogurt, nuts, dried beans and peas.
 - Eat more sugar and eggs and have higher cholesterol values

- Black M, Household food insecurities: Threats to children's well-being APA SES Indicator June 2012 <http://www.apa.org/pi/ses/resources/indicator/2012/06/household-food-insecurities.aspx> Cole, N., & Fox, M. K. Diet Quality of American Young Children by WIC Participation Status: Data from the National Health and Nutrition Examination Survey. Special Nutrition Programs Report No. WIC-08-NH. Published July 2008. U.S. Department of Agriculture, Food and Nutrition Service. Accessed February 23, 2012. Olson, C. M., Bove, C. F., & Miller, E. O. (2007). Growing up poor: Long-term implications for eating patterns and body weight. *Appetite*, 49(1), Casey, P., Szeto, K., Lensing, S., Bogle, M., & Weber, J. (2001). Children in food-insufficient, low-income families: prevalence, health and nutrition status. *Archives of Pediatrics and Adolescent Medicine*, 155(4), 508-514.



CHILD HEALTH AND FOOD INSECURITY

- Parent-reported poorer health and developmental risk
 - More frequent stomach aches, headaches, colds, hospitalizations, anemia and chronic conditions
 - More anxiety, depression, school difficulties
 - Nord M, Food insecurity in households with children: Prevalence, severity, and household characteristics. 2009 USDA, Economic Research Service www.ers.usda.gov/Publications/EIB56/
 - More difficulty with interpersonal skills, self control, attentiveness, flexibility and persistence
 - Howard LL, Does food insecurity at home affect non cognitive performance at school? A longitudinal analysis of elementary school classroom behavior. 2010 Economics of Education Review 20, 157-176
- Infants more likely to have insecure attachments and perform more poorly on cognitive assessments
 - Zaslow M et al Food security during infancy; Implications for attachment and mental proficiency in toddlerhood. 2009 Maternal and Child Health Journal 13(1) 66-80



HOW IT FEELS

- ✓ School age children are aware and distressed
 - ✓ May develop their own strategies for reducing food intake including choosing to eat less than they want

Fram MS, Frongillo EA, Jones SJ. Et al. Children are aware of food insecurity and take responsibility for managing food resources. *J Nutr* 2011;141(6) 114-119.

- ✓ Teens express worry, anxiety or sadness, shame or fear of being labeled poor, feeling of having no choice

Connell CL, Lofton KL, Yadrick K, Rehner TA. Children's experiences of food insecurity can assist in understanding its effect on their wellbeing. *J Nutr* 2005;135(7)1684-1690

- ✓ Child hunger predictor of depression and suicidal ideation during late adolescence and young adulthood

✓ McIntyre L, Williams JVA, Lavorato DH, Patten S. Depression and suicide ideation in late adolescence and early adulthood are an outcome of child hunger. *J Affect Disord* 2013;150:123-9



HUNGER AND CHRONIC ILLNESS

- Children who experienced hunger more likely to have poorer health
- Repeated episodes of hunger are particularly toxic
- Multiple episodes of hunger associated with a higher likelihood of chronic conditions and of asthma
- The number of episodes of hunger that children experience is related to their health as they grow older

- Kirkpatrick SI, McIntyre L, Potestio ML. Child hunger and long-term adverse consequences for health. Arch Pediatr Adolesc Med 2010;164:754-62.

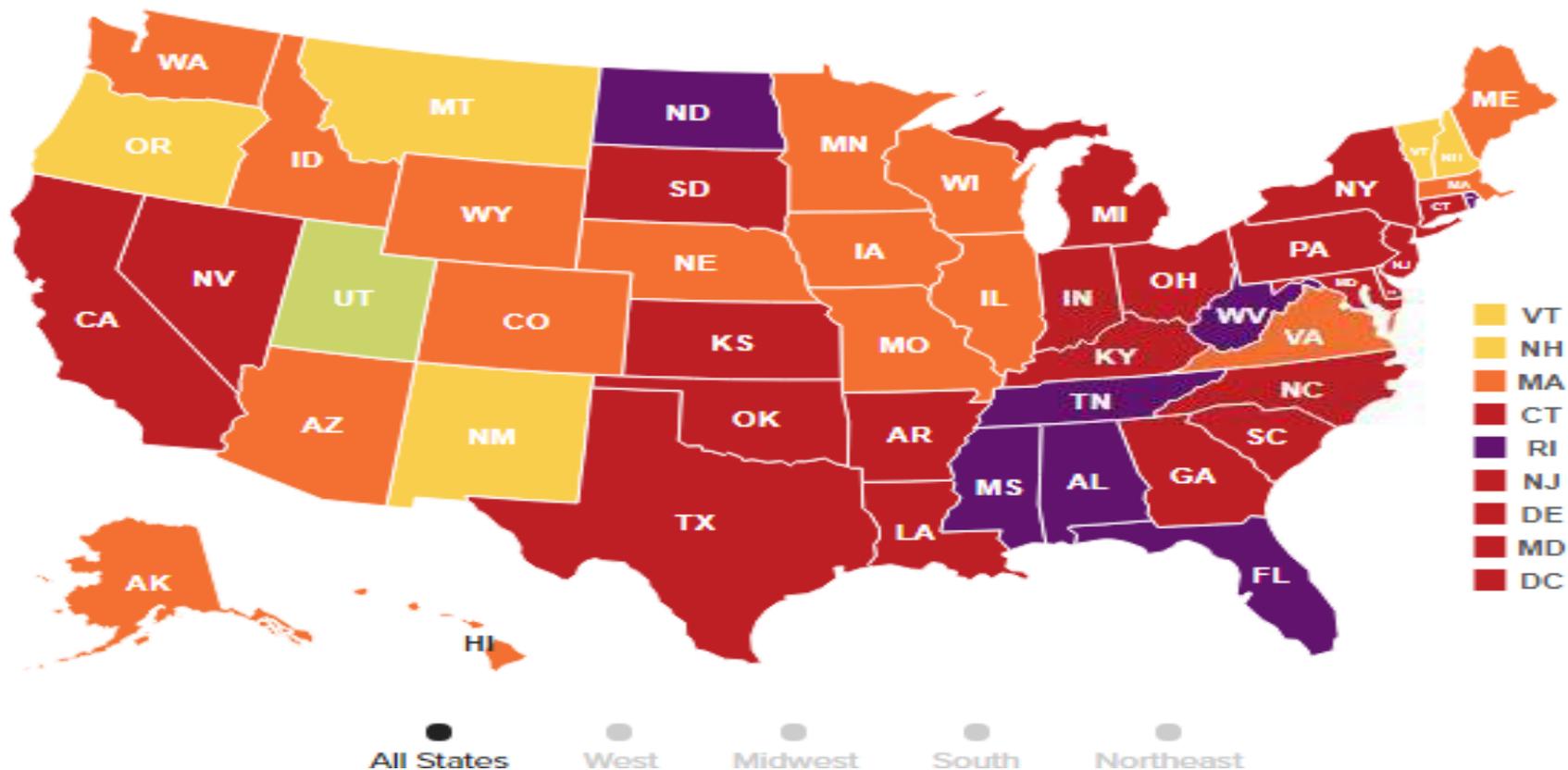


Overweight & Obese Children 10-17, 2016

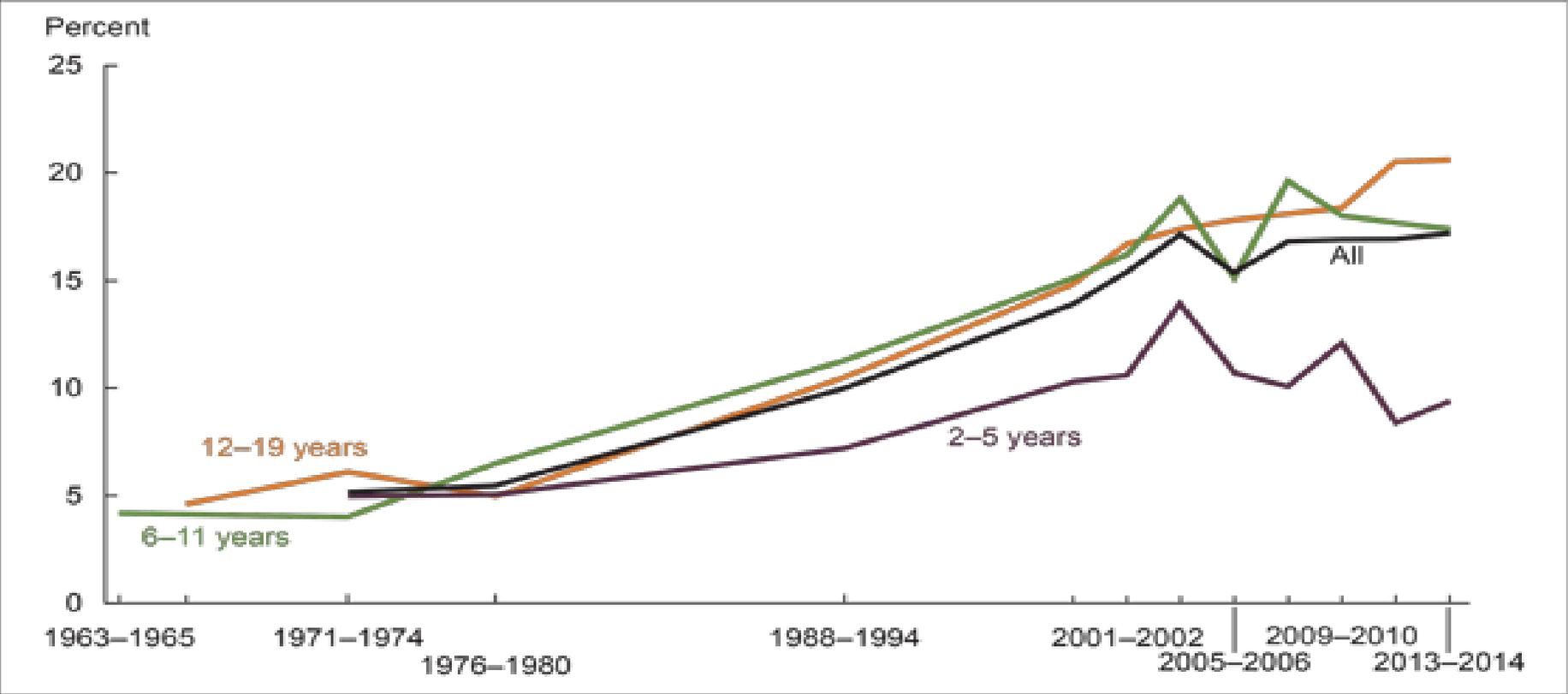
Select years with the slider to see historical data. Hover over states for more information. Click a state to lock the selection. Click again to unlock.

Combined overweight and obese rates, children ages 10 to 17

0 - 9.9% 10 - 14.9% 15 - 19.9% 20 - 24.9% 25 - 29.9% 30 - 34.9% 35%+



Trends in obesity among children and adolescents aged 2–19 years, by age: United States, 1963–1965 through 2013–2014



NOTES: Obesity is defined as body mass index (BMI) greater than or equal to the 95th percentile from the sex-specific BMI-for-age 2000 CDC Growth Charts.

SOURCES: NCHS, National Health Examination Surveys II (ages 6–11) and III (ages 12–17); and National Health and Nutrition Examination Surveys (NHANES) I–III, and NHANES 1999–2000, 2001–2002, 2003–2004, 2005–2006, 2007–2008, 2009–2010, 2011–2012, and 2013–2014.



Percentage of children living in food-insecure households by state, 2012–14 average

Louisiana, Alabama, and Mississippi have the highest rates of food insecurity, with almost 30 percent of children living in a food-insecure household.

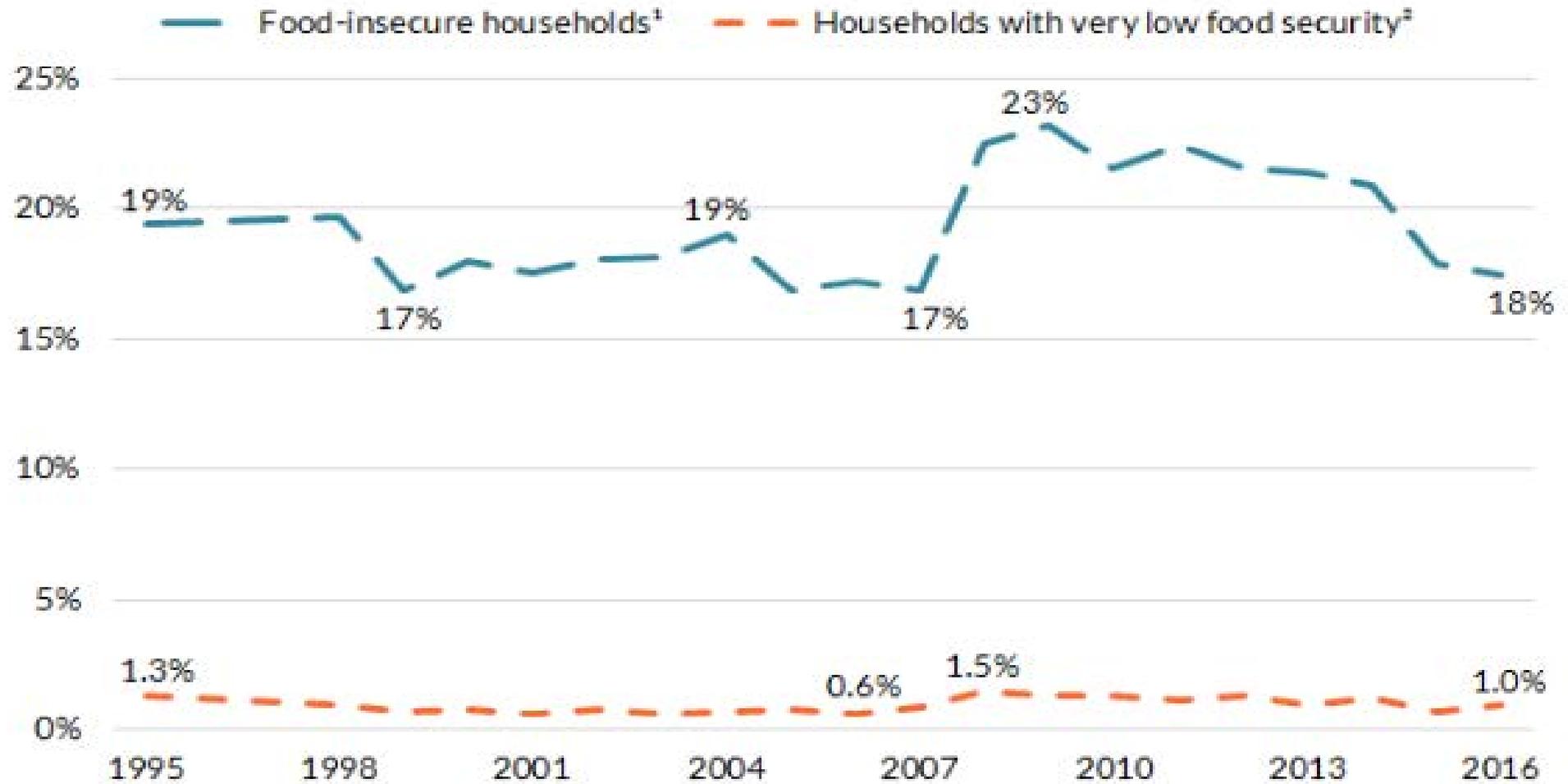


Source: Sources: CPS December-FSS 2012-14.

Note: Because of data variability due to the relatively small sample sizes available in a single year in each state, we take average food insecurity rates across a three-year period, 2012-14.



Percentage of Children (Ages 0-17) in Food-Insecure Households: Selected Years, 1995-2016



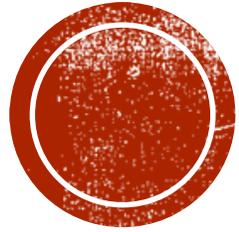
<https://www.childtrends.org/indicators/food-insecurity>



WHO IN THE COMMUNITY IS MOST FOOD INSECURE?

- All households with children (16.5 percent),
- Households with children under age 6 (16.6 percent),
- Households with children headed by a single woman (31.6 percent),
- Households with children headed by a single man (21.7 percent),
- Women living alone (13.9 percent),
- Men living alone (14.3 percent),
- Black, non-Hispanic households (22.5 percent),
- Hispanic households (18.5 percent), and
- Low-income households with incomes below 185 percent of the poverty threshold (31.6 percent; the Federal poverty line was \$24,339 for a family of four in 2016).
 - <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics.aspx#foodsecure>





FOOD AND ACTIVITY ENVIRONMENT





new **extra value menu™**

Try it today ▶



\$10 ANY PIZZA CARRYOUT
ANY SIZE AND ANY TOPPINGS

CARRYOUT NOW ▶

LIMITED TIME OFFER. ADDITIONAL CHARGE FOR STUFFED CRUST AND ADDITIONAL CHEESE.

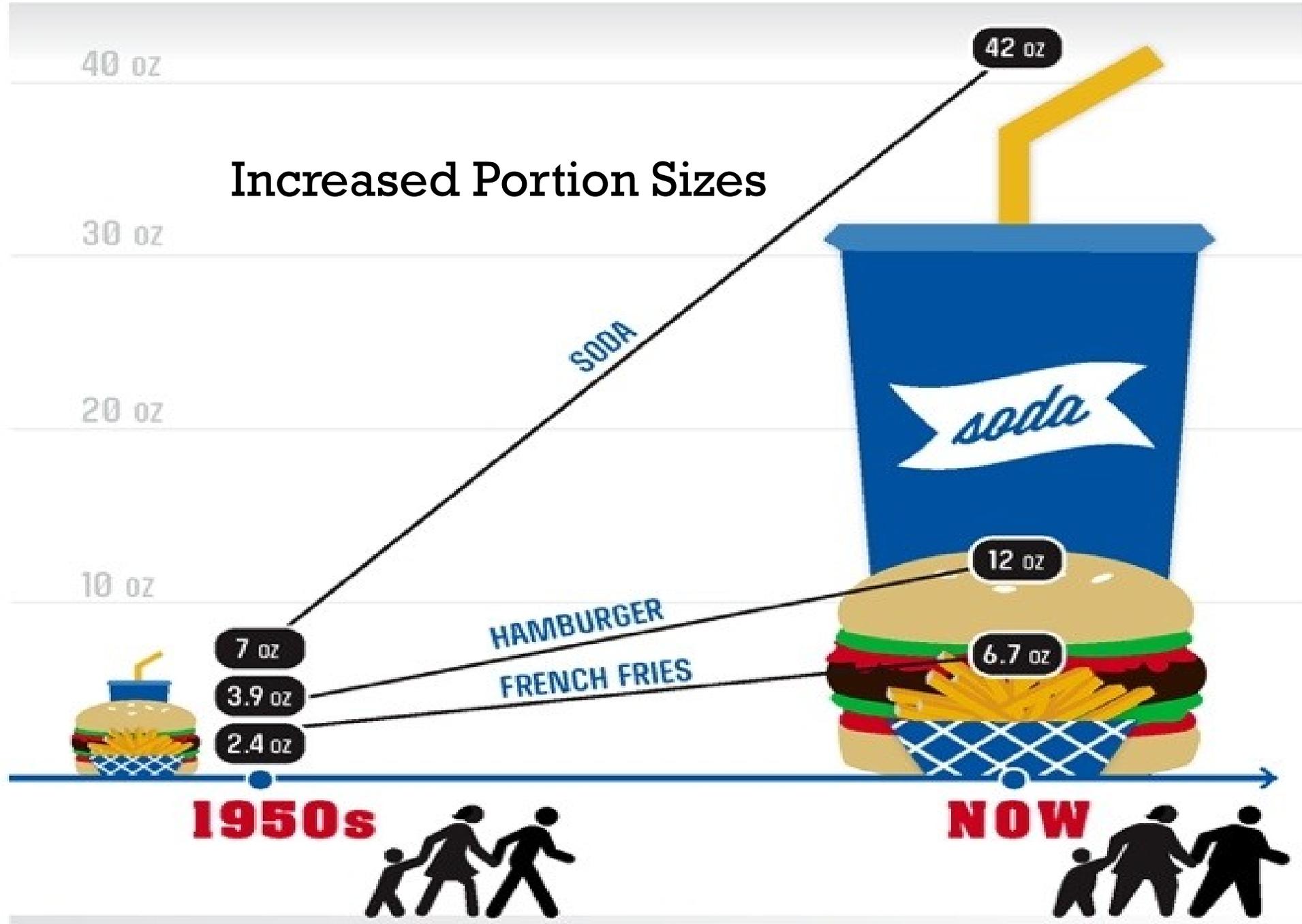
more | \$**4**
 for |

Upgrade any of our 5 NEW burgers with a fountain drink and 3 scoop 2 topping sundae for just \$4 more!

Find out more ▶



Increased Portion Sizes







Walkability and The Built Environment



Traditional
Grid
Design
(circa 1900)



Curvilinear Loop Designs &
Beginning of Cul-De-Sacs
(approx. 1930 – 1950)



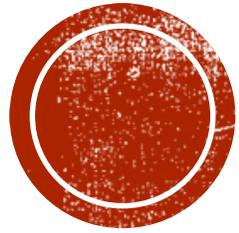
Conventional
Cul-De-Sac
Design
(since 1950)

http://4.bp.blogspot.com/_4tYuaX5IsjQ/S5C43eHos-I/AAAAAAAAAGE/dD1ktBs08LU/s400/walking_dog_with_car.jpg

http://www.cyberbia.org/gallery/data/500/gridstyles_thumb.jpg

<http://baby-stroller-reviews.org/wp-content/uploads/2011/03/Kolcraft-Contours-Lite-Strollera.jpg>





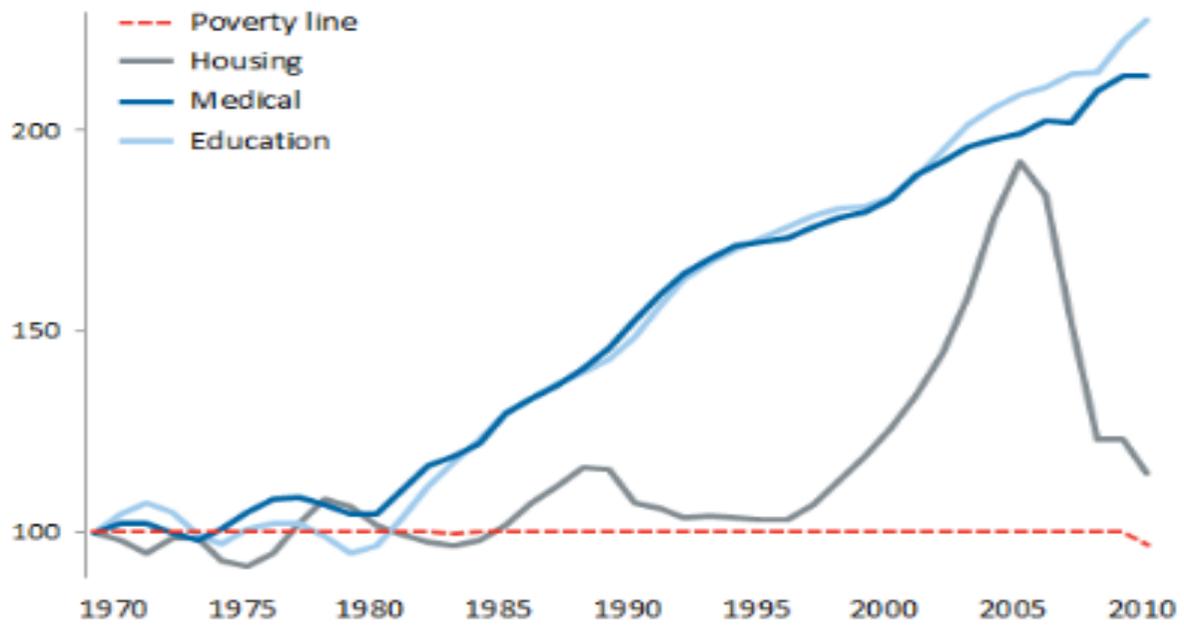
POVERTY





POVERTY

The official U.S. poverty threshold has not keep pace with rising cost of education, housing or health care
Inflation-adjusted price index (1970=100)



Source: Census, BLS, FHFA, Case-Shiller HPI, Federal Reserve



RACE AND ETHNICITY MAGNIFY EFFECTS OF POVERTY

Children under 18 Years Living in Poverty, 1959-2010

Source: U.S. Bureau of the Census, Historical Poverty Tables, People, Table 3

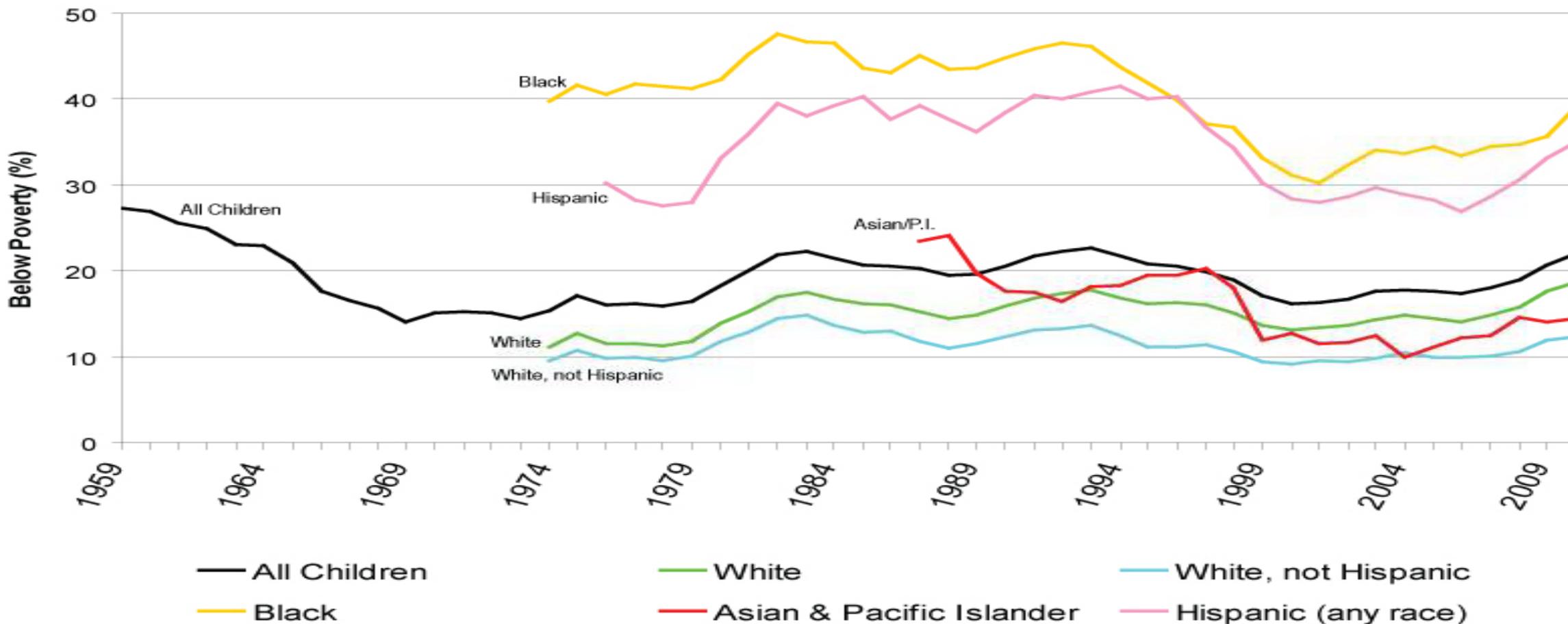
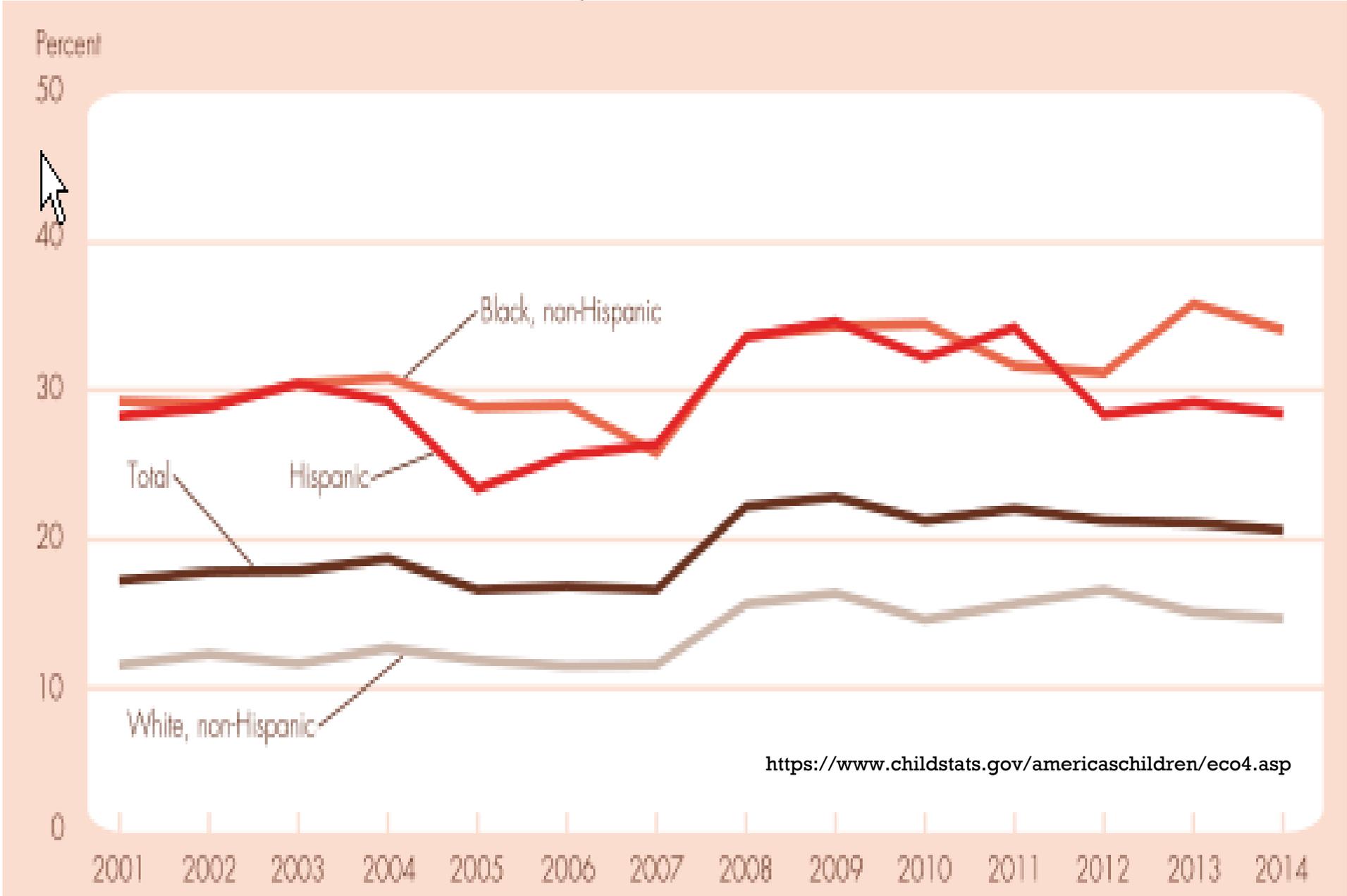


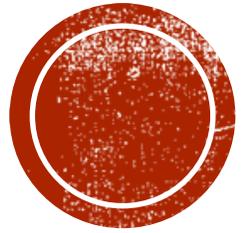
FIGURE 8: PERCENTAGE OF CHILDREN AGES 0-17 IN FOOD-INSECURE HOUSEHOLDS BY RACE AND HISPANIC ORIGIN OF HOUSEHOLD REFERENCE PERSON, 2001-2014



POVERTY COMPROMISES CHILD NUTRITION

- More than one in five (21.1 percent) children and almost one in five (19.8 percent) young adults live in households with incomes below the federal poverty line (\$19,073 for a family of three).
- Even families with incomes somewhat above this threshold often struggle to cover basic needs—and nearly 4 in 10 children are in families with incomes under twice the poverty level.
 - Testimony on Renewing Communities and Providing Opportunities through Innovative Solutions to Poverty Presented to the Committee on Homeland Security and Governmental Affairs <http://www.clasp.org/resources-and-publications/publication-1/2016-06-22Olivia-Golden-Senate-HSGA-Testimony.pdf>
- Full-time minimum wage worker in a family of three well below the federal poverty line;
 - The White House, “Raise the Wage,” <https://www.whitehouse.gov/raise-the-wage>.





DOUBLE BURDEN



DOUBLE BURDEN

- Obesity, under nutrition seen as separate, sometimes opposing entities
- These two conditions coexist globally, nationally, locally — even within families and individuals
- The dual burden of under and over nutrition occurring simultaneously within a population is referred to as the double burden of malnutrition
 - **Chopra, M. From apartheid to globalization: Health and social change in South Africa. *Hygiea Internationalis*, 2004.4(1): 153–174.**



COEXISTENCE OF FOOD INSECURITY AND OBESITY

Food insecure and low-income people can be especially vulnerable to obesity because of the unique challenges they often face in adopting and maintaining healthful behaviors, including:

- Limited resources
- Lack of access to healthy, affordable foods
- Cycles of food deprivation and overeating
- High levels of stress, anxiety, and depression
- Fewer opportunities for physical activity
- Greater exposure to marketing of obesity-promoting products
- Limited access to health care



CHILDHOOD OBESITY AND FOOD INSECURITY

- **Paradigm of a disease embedded in the socioecological framework**
- **Indicator of failure of the wider system to support child health**
- **Need for a multifactorial solution across all sectors**
- **Part of the shift from acute to non communicable disease**
- **Calls for both an individual and a population health approach**



STRATEGIES TO IMPROVE NUTRITION

Food Insecurity

- Education
- Dietary modification
- Food provision
- Supplementation and fortification
- Reduce disparities and provide equitable access to food
- Alleviate poverty

Obesity Prevention and Treatment

- Adult and child health education
- Family Systems change
- Lifestyle modification
- Interaction with clinical care
- Access to healthy affordable food
- Opportunity and access to physical activity



SCHOOLS AND CHILDCARE

Correcting Basic Undernutrition

- Increase participation in school lunch program
- Increase breakfast in class
- Increase nutritional quality of after school snack
- Consider alternate venues for summer feeding programs
- Identify infants with undernutrition

Obesity prevention and treatment

- Vending machine snacks and beverages
- School meals
- Physical education
- Fund raising
- Health education
- Built environment
- Time constraints



NEIGHBORHOODS

Correcting Basic Undernutrition

- Improve transportation to healthy food sources
- Decrease unhealthy food options
- Lower cost of healthy foods
- Alter existing shopping patterns

- Sadler et al Int J Env Res Pub Health 2013 Aug 10(8) 3325-2246

Obesity prevention and treatment

- Ability to walk to school
- Child friendly neighborhoods
- Neighborhood culture (active or inactive)
- Faith based initiatives
- Access to health care providers and services



EMPLOYERS / WORKPLACE

Correcting Basic Undernutrition

- Increase income eligibility for food assistance programs
- Increase adult full time employment
- Increase eligibility for households with disabled adult
- Increase high school completion for adults in household
 - <http://www.ers.usda.gov/media/1120651/eib-113.pdf>

Obesity prevention and treatment

- Health benefits
- Wellness programs
- Healthier work environments
- Activity opportunities
- Marketing of healthier choices



COMMUNITY FOOD SECURITY

- “community food security concerns the underlying social, economic, and institutional factors within a community that affect the quantity and quality of available food and its affordability or price relative to the sufficiency of financial resources available to acquire it”

- Cohen, B, IQ Solutions Community Food Security Assessment Toolkit Prepared for the USDA
https://www.ers.usda.gov/webdocs/publications/43164/15824_efan02013_1_.pdf?v=41063



COMMUNITY FOOD INSECURITY

- Inadequate resources from which people can purchase foods
- Available food purchasing resources are not accessible to all community members.
- Food available through the resources is not sufficient in quantity or variety.
- Food available is not competitively priced and thus is not affordable to all households.
 - Cohen, B, IQ Solutions Community Food Security Assessment Toolkit Prepared for the USDA .https://www.ers.usda.gov/webdocs/publications/43164/15824_efan02013_1_.pdf?v=41063



COMMUNITY FOOD INSECURITY

- Inadequate food assistance resources to help low-income people purchase foods at retail markets
- No local food production resources.
- Locally produced food is not available to community members.
- No support for local food production resources.
- Any significant household food insecurity within the community.

- Cohen, B, IQ Solutions Community Food Security Assessment Toolkit Prepared for the USDA https://www.ers.usda.gov/webdocs/publications/43164/15824_efan02013_1_.pdf?v=41063



COMMUNITY FOOD SECURITY IS A CONTINUUM

- Communities are unlikely to be either entirely “food secure” or entirely “food insecure.”
 - Goal is to move from less food secure to more food secure.
 - Goal is a “food secure” community in which “all people in a community have access to a culturally acceptable, nutritionally adequate diet through non-emergency (or conventional) food sources at all times”
 - Biehler D et al. Getting Food on the Table: An Action Guide to Local Food Policy, 1999
 - Cohen, B, IQ Solutions Community Food Security Assessment Toolkit Prepared for the USDA [.https://www.ers.usda.gov/webdocs/publications/43164/15824_efan02013_1_.pdf?v=41063](https://www.ers.usda.gov/webdocs/publications/43164/15824_efan02013_1_.pdf?v=41063)



POLICIES AND PROGRAMS IMPLEMENTED TO IMPROVE COMMUNITY FOOD SECURITY

- **Farmers' markets boost incomes of small, local farmers and increase consumers' access to fresh produce.**
- **Community gardens help consumers supplement their diets**
- **Food-buying cooperatives that pool food purchases.**
- **Community-supported agriculture programs for small farm economic stability and high-quality produce below retail prices.**
- **Farm-to-school initiatives local farmers sell directly to school meals programs.**
- **Community kitchens that provide job training to the unemployed**
 - **Cohen, B, IQ Solutions Community Food Security Assessment Toolkit Prepared for the USDA**
.https://www.ers.usda.gov/webdocs/publications/43164/15824_efan02013_1_.pdf?v=41063



POLICIES / PROGRAMS TO REDUCE CHILDHOOD OBESITY AND FOOD INSECURITY

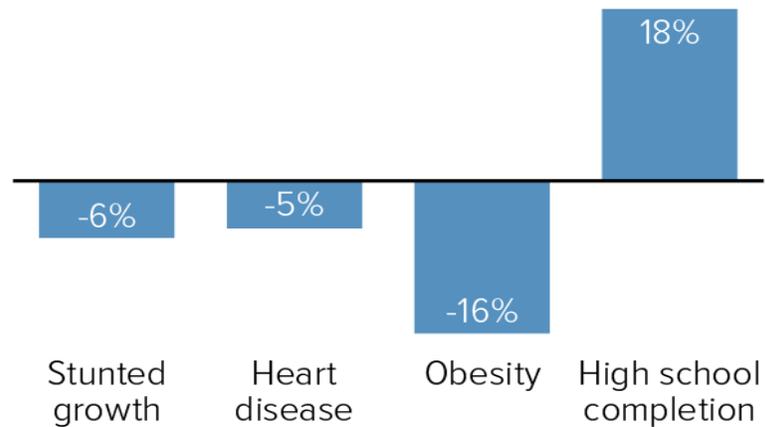
- Supplemental Nutrition Assistance Program (SNAP)
- Women, Infants and Children (WIC) Program
- Child and Adult Care Food Program (CACFP)
- Healthy Food Financing Initiative
- Menu Labeling
- Dietary Guidelines
- Nutrition Facts
- Head Start
- School Meals and Snacks
- School Based Physical Education
- Safe Routes to School
- Medicare, Medicaid and CHIP
- Diabetes Prevention Program
- Prevention and Public Health Fund
 - <https://stateofobesity.org/policy/>



HEALTH EFFECTS OF FEDERAL NUTRITION PROGRAMS

Children With Access to SNAP Fare Better in Adulthood

Percentage-point change in outcomes for adults who received SNAP as children, compared to adults who did not receive SNAP as children



Source: Hoynes, Schanzenbach, and Almond, "Long Run Impacts of Childhood Access to the Safety Net," National Bureau of Economic Research, November 2012.

WIC

- ✓ Healthier Babies and Lower Infant Mortality
- ✓ Higher Vaccination Rates and Improved Access to Health Care
- ✓ Breastfeeding Promotion
- ✓ Improves Children's Educational Prospects



POLICIES AND PROGRAMS IMPLEMENTED TO IMPROVE COMMUNITY FOOD SECURITY

- **Economic opportunity and job security**
 - Asset development programs that assist low-income families to accumulate funds for obtaining additional education, purchasing a home, or starting a business.
- **Community development and social cohesion**
- **Ecologically sustainable agricultural production, farmland preservation, economic viability of rural communities,**
- **Direct food marketing**
- **Diet related health problems**
- **Emergency food assistance access.**

- Cohen, B, IQ Solutions Community Food Security Assessment Toolkit Prepared for the USDA https://www.ers.usda.gov/webdocs/publications/43164/15824_efan02013_1_.pdf?v=41063



SOLUTIONS FOR THE MOST VULNERABLE FAMILIES

- Intensive, high quality services, available over a long time
 - Career pathways that allow individuals to enter and exit based on opportunities or crises in their lives
- Access to income support that meets basic needs and stabilizes their lives while they are receiving other help
 - "Earn while you learn" strategies such as subsidized jobs
- Access to health and mental health treatment
- Two-generational approaches that target both children's and parents' needs
- A well-trained case manager with adequate funding for benefits and a small caseload who can provide help in the context of a trusting relationship
 - Olivia Golden et.al, Economic Security for Extremely Vulnerable Families



SOLUTIONS FOR THE MOST VULNERABLE FAMILIES

- Ensure access to high-quality child care and early education programs by increasing funding
- Ensure access to high-quality workforce development programs and career opportunities to all low-income and low-skilled workers, both youth and adults.
- Tear down financial barriers to postsecondary success for today's low-income students.
- Fix gaps in the safety net and support work for the neediest Americans. esp. young adults
- Establish minimum standards for wages and key aspects of job quality, so jobs support rather than destabilize families
 - Testimony on Renewing Communities and Providing Opportunities through Innovative Solutions to Poverty Presented to the Committee on Homeland Security and Governmental Affairs <http://www.clasp.org/resources-and-publications/publication-1/2016-06-22Olivia-Golden-Senate-HSGA-Testimony.pdf>



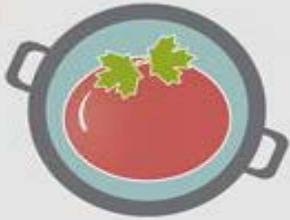
IMPORTANCE OF COMMUNITY CHARACTERISTICS

- Community may be bounded by geography or identity but for collective action needs;
- Membership
 - sense of identity and belonging
- Common symbol systems
 - similar language, rituals, and ceremonies
- Shared values and norms
- Mutual influence
 - community members have influence and are influenced by each another
- Shared needs and commitment to meeting them
- Shared emotional connection
 - members share common history, experiences, and mutual support
 - Israel B, Checkoway B, Schulz A, Zimmerman M. Health Education and Community Empowerment: Conceptualizing and Measuring Perceptions of Individual, Organizational, and Community Control; Health Education Quarterly, Vol 21(2); Sumer 1994.





Right to food



Healthy and Sustainable



Sustainable Food Systems



Food and Reconciliation



More Voices at the Table

<https://foodsecurecanada.org/policy-advocacy/five-big-ideas-better-food-system>



<https://www.calacademy.org/educators/lesson-plans/food-waste-audit>



<https://www.yogajournal.com/lifestyle/eat-way-happy-food-mood-boostin>

WHO'S HUNGRY



YOU CAN'T TELL BY LOOKING

1 in 4 California children go to bed hungry.
Join your American Academy of Pediatrics in asking "Who's Hungry" and universally screening for food insecurity.

Use this quick, validated tool;

- Within the past 12 months, we worried whether our food would run out before we got money to buy more.
- Within the past 12 months, the food we bought just didn't last and we didn't have money to get more.

AAPCA1.0

HUMAN RIGHT TO FOOD

- 1948 Universal Declaration of Human Rights provides that
 - "everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including food ... "
- 1963 Special Assembly on Man's Right to Freedom from Hunger
- 1996 the World Food Summit
 - "the right to adequate food and the fundamental right of everyone to be free from hunger."
- 1996 World Food Summit called upon the UN High Commissioner for Human Rights,
 - "...to better define the rights related to food"

- George Kent The Human Right to Food and Dignity American Bar Association Human Rights Publication 2010 Vol. 37 No. 1
https://www.americanbar.org/publications/human_rights_magazine_home/human_rights_vol37_2010/winter2010/the_human_right_to_food_and_dignity.html
- George Kent, Children's Right to Adequate Nutrition
<http://archive.unu.edu/unupress/food/8F154e/8F154E0d.htm>



HUMAN RIGHT TO FOOD

- 1999, UN Committee on Economic, Social and Cultural Rights
 - “The right to adequate food is realized when every man, woman and child, alone or in community with others, has physical and economic access at all times to adequate food or means for its procurement.”
 - “The availability of food in a quantity and quality sufficient to satisfy the dietary needs of individuals, free from adverse substances, and acceptable within a given culture;
 - The accessibility of such food in ways that are sustainable and that do not interfere with the enjoyment of other human rights.”

- George Kent The Human Right to Food and Dignity American Bar Association Human Rights Publication 2010 Vol. 37 No. 1 https://www.americanbar.org/publications/human_rights_magazine_home/human_rights_vol37_2010/winter2010/the_human_right_to_food_and_dignity.html
- George Kent, Children’s Right to Adequate Nutrition <http://archive.unu.edu/unupress/food/8F154e/8F154E0d.htm>



OBLIGATIONS OF GOVERNMENTS

- Ensure for everyone under its jurisdiction access to the minimum essential food which is sufficient, nutritionally adequate and safe, to ensure their freedom from hunger.
- Respect existing access to adequate food and not to take any measures that result in preventing such access
- Ensure that enterprises or individuals do not deprive individuals of their access to adequate food
 - UN Substantive Issues Arising in the Implementation of the International Covenant on Economic, Social and Cultural Rights: General Comment 12 (Twentieth Session, 1999), The Right to Adequate Food (Art. 11).
 - George Kent The Human Right to Food and Dignity American Bar Association Human Rights Publication 2010 Vol. 37 No. 1 https://www.americanbar.org/publications/human_rights_magazine_home/human_rights_vol37_2010/winter2010/the_human_right_to_food_and_dignity.html



OBLIGATIONS OF GOVERNMENTS

- Pro-actively engage in activities intended to strengthen people's access to and utilization of resources and means to ensure their livelihood, including food security.
- Whenever an individual or group is unable, for reasons beyond their control, to enjoy the right to adequate food by the means at their disposal, States have the obligation to fulfil (provide) that right directly. This obligation also applies for persons who are victims of natural or other disasters.”
 - UN Substantive Issues Arising in the Implementation of the International Covenant on Economic, Social and Cultural Rights: General Comment 12 (Twentieth Session, 1999), The Right to Adequate Food (Art. 11).
 - George Kent The Human Right to Food and Dignity American Bar Association Human Rights Publication 2010 Vol. 37 No. 1 https://www.americanbar.org/publications/human_rights_magazine_home/human_rights_vol37_2010/winter2010/the_human_right_to_food_and_dignity.html

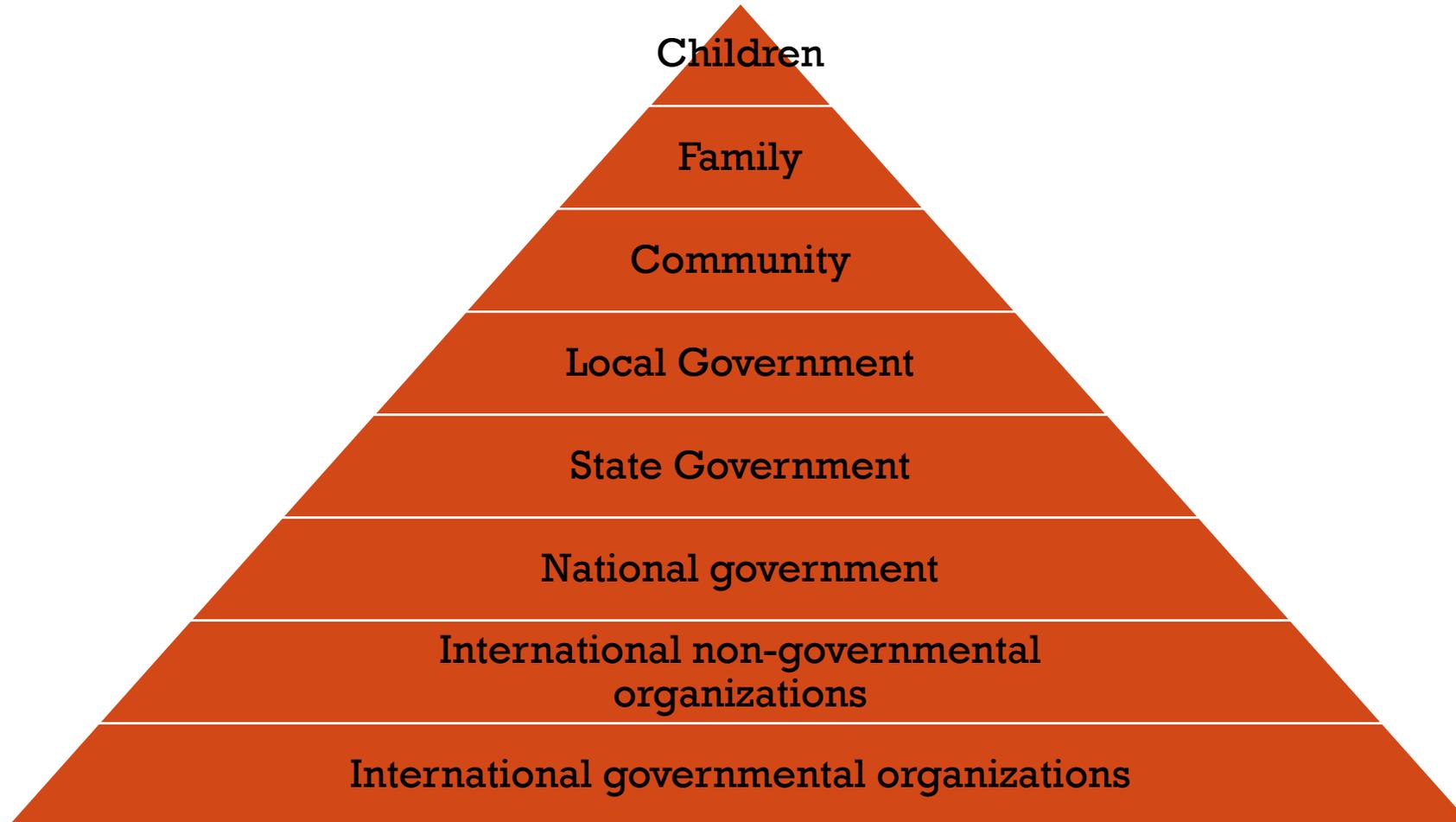


WHO IS RESPONSIBLE FOR CHILDREN?

- “The question is not whose fault is it that children suffer so much (who caused the problems?) but who should take action to remedy the problems.
- Many different social agencies may have some role in looking after children, but what should be the interrelationships among them?
- What should be the roles of churches, fraternal societies, local and national governments, and other agencies in dealing with the hunger problem?”
 - George Kent, Children’s Right to Adequate Nutrition
<http://archive.unu.edu/unupress/food/8F154e/8F154E0d.htm>



RESPONSIBILITY HIERARCHY



George Kent, Children's Right to Adequate Nutrition
<http://archive.unu.edu/unupress/food/8F154e/8F154E0d.htm>



COMMUNITY

- “In many cultures children belong not only to their biological parents but to the community as a whole”.
 - ‘In many places, especially in "developed" countries, that option is no longer available because of the *collapse of the idea of community.*’
 - Many of us live in nice neighborhoods in well-ordered societies, but *the sense of community of love and responsibility and commitment to one another---has vanished.*’
 - “In such cases the remaining hope of the abandoned child is the *government, the modern substitute for community.*”
- “We look to government to provide human services that the local community no longer provides.”
 - “Agents more distant from the child should not simply substitute for those closer to the child.”
 - “Instead, those who are more distant should try to work through and *strengthen those who are closer* to help them become more capable of fulfilling their responsibilities toward children.”
 - George Kent, Children’s Right to Adequate Nutrition
<http://archive.unu.edu/unupress/food/8F154e/8F154E0d.htm>



CONVENTION OF THE RIGHTS OF THE CHILD

- **Article 24 (Health and health services):** Children have the right to good quality health care – the best health care possible – to safe drinking water, nutritious food, a clean and safe environment, and information to help them stay healthy. Rich countries should help poorer countries achieve this.
 - https://www.unicef.org/crc/files/Rights_overview.pdf



CONFERENCE OF CATHOLIC BISHOPS

- Matthew 25:35-40 “For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink...”
- “Every person has a right to life and to the material and spiritual support required to live a truly human existence. The right to a truly human life logically leads to the *right to enough food to sustain a life with dignity*. The poverty and hunger that diminish the lives of millions in our own land and in so many other countries are fundamental threats to human life and dignity and demand a response from believers”.
 - Protecting Human Life and Dignity—The Right to Food <http://www.usccb.org/issues-and-action/human-life-and-dignity/agriculture-nutrition-rural-issues/for-i-was-hungry-cst-and-agriculture.cfm>



JUDAISM AND HUNGER

- Isaiah 58:7-8, 10-11 “Is it not to share your bread with the hungry, and bring the homeless poor into your house”.
- “Based on Jewish values and Jewish history, we must identify with the starving masses of the world. We must be involved by speaking out and acting”.
 - The Jewish response to hunger <http://www.jewishvirtuallibrary.org/the-jewish-response-to-hunger>



ISLAM AND HUNGER

- As the Prophet Mohammad Sallalallahu Alayhi wa Sallam is reported to have said, “He is not a Muslim who goes to bed satiated while his neighbor goes hungry”.
- “The Qur’an warns those who do not bring themselves to feed the poor and neither do they exhort others to do the same, that they will suffer a grievous punishment in the hereafter”.
- Mohammed Yusuf Dadani FEEDING THE HUNGRY – AN ISLAMIC PERSPECTIVE <http://amfhr.com/index.php/articles/88-feeding-the-hungry-an-islamic-perspective>



BUDDHISM AND HUNGER

- The Buddha said “hunger is the worst kind of illness” (Dhammapada 203).
- He also declared: “If people knew the results of giving, they wouldn’t eat without having shared their meal with others” (Itivuttaka 26).
 - Why Should Buddhists Be Concerned About Global Hunger?
<https://www.buddhistglobalrelief.org/index.php/en/understanding-hunger?showall=&start=2>



QUESTIONS

- Who is responsible for the children?
 - Have we lost the responsibility hierarchy?
- Do we value all children?
 - What is the role of individualism in our approach to the community of children?
- What are the assumptions we make about those who are hungry? About those who have obesity?
- How can we strengthen the role of the community and family?

