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Intersystem collaborations on the developmental origins of health and disease: Implications for the social determinants of health and health policy in health promotion**Michael D Barnes, Thomas L Heaton, Michael C Goates and Justin M Packer**
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A rapidly expanding body of clinical and biological science suggests that adult health and disease may originate in utero, indicating that prenatal conditions (in addition to influences later in life) may have health-related consequences in adulthood. Known most widely as the developmental origins of health and disease (DOHaD) and life course theory (LCT), they are emerging fields of research that have significant implications for the public health and health promotion professions. As the rapidly expanding knowledge base about this new science emerges, public health practitioners, researchers and academicians need to consider how vulnerability to most chronic diseases (e.g., heart disease, stroke, diabetes, obesity) and other health foundations (e.g., cognitive functioning, mental well-being) may further shape current understanding of the roots of these diseases, including their prevention. Regardless, it is clear that all entities within public health, including health promotion, should consider the program, intervention, and policy implications of DOHaD and LCT. This paper will describe the implications of DOHaD/LCT on public health. Using a DOHaD/LCT perspective, social determinants of health (SDH) take on new critical meaning by which health promotion professionals can implement DOHaD/LCT guided interventions, including recommended policies. Through these interventions, public health could further address the sources of worldwide chronic disease epidemics and reduce such disease rates substantially if related policy, programs and interdisciplinary and multi-sector collaboration are emphasized.

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