Eat. Move. Talk!
Georgia’s Approach to Addressing Early Brain Development in Early Child Centers

Presentation to: Chronic Disease University
Presented by: Audrey Idaikkadar, MPH
Date: June 13, 2018
CHES/MCHES Competencies

2.1.3 Facilitate collaborative efforts among priority populations, partners, and other stakeholders

3.2.3 Identify training needs of individuals involved in implementation

7.1.3 Tailor messages for intended audiences
Georgia Approach to Obesity Prevention

Nutrition and Physical Activity Programs reducing childhood and adult obesity by focusing on healthy environments in:

• Worksites
• Schools
• Early Childhood Education (ECEs) Environments
• Communities
Program Goals

- Fruits and vegetables
- Quantity and quality of physical activity
- Quantity and quality of words spoken

To support healthy body and brain development and school readiness.
Healthy Eating

• Nutrition in the first 1000 days can set a lifelong foundation for health or illness.

• 35% of Georgia adolescents are overweight or obese, and more than 10% of children 2-5 years old are obese.
Physical Activity

Physical activity in early childhood sets the foundation for lifelong movement and healthy habits.

Benefits include:

• Building strength, self-confidence, concentration, and coordination.
• Increasing school readiness.
• Developing healthier social, cognitive, and emotional skills.
Language Nutrition

- The use of language that is rich in engagement, quality, quantity and context that nourishes the child’s brain, social skills and language development.
- Includes reading books, telling stories and singing.
- Effective in every language.
3rd Grade Reading Proficiency in Georgia in 2014

- 66% Not Reading Proficiently
- 34% Reading Proficiently

Academic and Health Outcomes

Educational achievement is associated with:
- higher socio-economic status
- longer life-expectancy
- lower lifelong burden of chronic conditions

Individuals who do not complete high school are 6 times more likely to report poor health, and 2 times more likely to have diabetes.

(Braveman & Egerter, 2013)
### Target Communities

<table>
<thead>
<tr>
<th></th>
<th>Clarkston, DeKalb</th>
<th>Dalton, Whitfield</th>
<th>Valdosta, Lowndes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of residents</strong></td>
<td>7,554</td>
<td>33,529</td>
<td>56,595</td>
</tr>
<tr>
<td><strong>Persons under 5 years</strong></td>
<td>9.7% or 761</td>
<td>9.1% or 3,051</td>
<td>7.7% or 4,357</td>
</tr>
<tr>
<td><strong>Under Federal Poverty Level</strong></td>
<td>43.9%</td>
<td>26.8%</td>
<td>33%</td>
</tr>
<tr>
<td><strong>White</strong></td>
<td>13.6%</td>
<td>65%</td>
<td>43.3%</td>
</tr>
<tr>
<td><strong>Black</strong></td>
<td>58.4%</td>
<td>6.4%</td>
<td>51.1%</td>
</tr>
<tr>
<td><strong>Asian</strong></td>
<td>21.6%</td>
<td>1.7%</td>
<td>1.7%</td>
</tr>
<tr>
<td><strong>American Indian/Alaskan Native</strong></td>
<td>0.4%</td>
<td>0.6%</td>
<td>0.3%</td>
</tr>
<tr>
<td><strong>Multiracial</strong></td>
<td>4.1%</td>
<td>3.2%</td>
<td>1.9%</td>
</tr>
<tr>
<td><strong>Hispanic or Latino</strong></td>
<td>2.8%</td>
<td>48.0%</td>
<td>4.0%</td>
</tr>
<tr>
<td><strong>Foreign-born persons</strong></td>
<td>53.5%</td>
<td>27.7%</td>
<td>5.0%</td>
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</tbody>
</table>
## Health Disparities Profile

<table>
<thead>
<tr>
<th>Leading Health Indicator/ Proxy</th>
<th>Clarkston, DeKalb</th>
<th>Dalton, Whitfield</th>
<th>Valdosta, Lowndes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean daily intake of total vegetables for age 2+</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Percent adults with inadequate fruit/vegetable consumption</td>
<td>70.9%</td>
<td>79.3%</td>
<td>74.8%</td>
</tr>
<tr>
<td>Percent of 3rd graders in the Healthy Fitness Zone for Body Mass Index</td>
<td>Boys: 69.05%</td>
<td>Boys: 57.41%</td>
<td>Boys: 65.94%</td>
</tr>
<tr>
<td></td>
<td>Girls: 70.74%</td>
<td>Girls: 64.81%</td>
<td>Girls: 62.11%</td>
</tr>
<tr>
<td>Percent of the population living in census tracts designated as food deserts</td>
<td>25.05%</td>
<td>31.26%</td>
<td>18.68%</td>
</tr>
<tr>
<td>Percent population with no leisure time physical activity</td>
<td>21.4%</td>
<td>31.4%</td>
<td>28.9%</td>
</tr>
<tr>
<td>High school graduation rate</td>
<td>63%</td>
<td>81%</td>
<td>78%</td>
</tr>
<tr>
<td>Proficient and Distinguished Learners for the 3rd grade English Language Arts</td>
<td>15.60%</td>
<td>23.70%</td>
<td>25.30%</td>
</tr>
</tbody>
</table>

Conceptual model for Eat. Move. Talk!

Facilitating Collaboration

- Build on existing networks focused on childhood obesity and early brain development
- Convene state-wide and local partners in a partner stakeholder group
- Convene a curriculum development team
- Include state early care and learning agency, early brain development and chronic disease experts, and training organizations
Local Partnerships

- Early Education Empowerment Zones (E3Zs) in Dalton and Valdosta
- Friends of Refugees and the Family Literacy Program
- Clarkston Early Learning Network and CDF
Identifying Training Needs and Messages

• Six community listening sessions with 31 family members and 39 early childhood educators:
  • Strategies: trying new foods, including children in food shopping, accessing public parks and play spaces, role modeling physical activity, asking open-ended questions, and reading books.
  • Challenges: access, expense of healthy food and physical activity facilities, and time to prepare food and to support reading.
Early Child Care and Education Training and Toolkit

- Five-hour professional development credits
- Online Coaching Training: Talk With Me Baby for Infant and Toddler Teachers
  www.readrightfromthestart.org
- Follow-Up and Technical Assistance
- Accessibility for English Language Learners
Eat. Move. Talk! Training

Language Nutrition Key Elements
• Connect
• Take Turns
• Keep it Going
Conversations about Healthy Eating
- Food shopping
- Cooking and food preparation
- Eating
- Reading books and telling stories

Language Nutrition to Support Healthy Eating and Moving

Movement Vocabulary
- Actions
  - Walk
  - Run
  - Jump
  - Hop
  - Leap
  - Skip
  - Gallop
  - Slide
- Space
  - High
  - Middle
  - Low
  - Forward
  - Backward
  - Sideward
  - In Your Own Space
  - Through Space
- Body Parts
  - Shoulders
  - Chest
  - Stomach
  - Hips
  - Back
  - Arms
  - Elbows
  - Wrists
Toolkit and Resources

Toolkit
• Why is this important?
• Handouts for centers and families
• Center success stories

Resources
• Books and posters
• Family engagement dry erase boards

Kids in the Kitchen
Encourage the children in your care to try new foods by having them help you in the preparation of snacks and meals. Children are less likely to reject foods that they help to make. Kids feel good about doing something “grown-up.” Give them small jobs to do. Praise their efforts.

As toddlers and preschoolers grow, they are able to help out with different tasks in the kitchen. While the following suggestions are typical, children may develop these skills at different ages. Consider incorporating some of these ideas into your center and sharing these ideas with families.

<table>
<thead>
<tr>
<th>5 Years</th>
<th>4 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>All that a 4-year-old can do, plus:</td>
<td>All that a 3-year-old can do, plus:</td>
</tr>
<tr>
<td>Measure liquids</td>
<td>Feel eggs and some fruits, such as oranges and bananas</td>
</tr>
<tr>
<td>Cut soft fruits with a dull knife</td>
<td>Set the table</td>
</tr>
<tr>
<td>Use an egg beater</td>
<td>Crack eggs</td>
</tr>
<tr>
<td></td>
<td>Help measure dry ingredients</td>
</tr>
<tr>
<td></td>
<td>Help make sandwiches and tossed salads</td>
</tr>
</tbody>
</table>
Training Evaluation

Purpose
• Training early child care educators as agents to support infants and toddlers and their families to improve healthy behaviors, active living and language interaction.

Evaluation approach
• Assess participants’ perceptions about changes in their knowledge of the topics covered.
• Assess satisfaction with training conduct.
• Assess willingness to take the next step training.
Cumulative Perceived Knowledge Gain

<table>
<thead>
<tr>
<th>Healthy Eating</th>
<th>Physical Activity</th>
<th>Language Literacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.61</td>
<td>1.51</td>
<td>1.40</td>
</tr>
</tbody>
</table>

Paired Sample T-test

<table>
<thead>
<tr>
<th>T alpha at 95% CI</th>
<th>Healthy Eating</th>
<th>Physical Activity</th>
<th>Language Literacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>20.4</td>
<td>18.8</td>
<td>15.8</td>
<td></td>
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</tbody>
</table>

Confidence Interval

<table>
<thead>
<tr>
<th></th>
<th>Healthy Eating</th>
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<th>Language Literacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.29-1.57</td>
<td>1.18-1.62</td>
<td>1.04-1.36</td>
<td></td>
</tr>
</tbody>
</table>
Messages for Families
Discussion/Questions
Thank you!

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404-657-0614