

Reaching Children and Families Where They Are: Georgia’s Approach to Integrating Language Nutrition Coaching into Key Workforce Practices

IN BRIEF

Early exposure to words has a strong effect on children’s language development and future reading ability. Researchers at the Center on the Developing Child at Harvard University [have found](#) that responsive relationships—characterized by an ongoing exchange between adult and child, or what researchers call “serve and return” interactions—are the most important factor in building strong brain architecture and laying the foundation for positive long-term health and well-being. With this in mind, Georgia health leaders developed cross-sector partnerships to implement Talk With Me Baby, a population-based initiative designed to ensure that every child receives the language nutrition he or she needs to thrive.

In April 2018, ASTHO interviewed experts from the Georgia Department of Public Health (GDPH) to learn more about the key ingredients of Georgia’s approach to integrating language nutrition into the Special Supplemental Program for Women, Infants, and Children; maternal and child health nursing, and other workforces that collectively reach nearly all new parents and babies in the state. This case study examines GDPH’s efforts, key implementation steps, and recommendations for other states and territories that want to replicate or adapt this approach.

BACKGROUND AND GOALS

In 2013, only 34 percent of Georgia’s fourth graders were reading at or above grade level, prompting the Georgia Department of Public Health (GDPH) and its partners to launch the [Talk With Me Baby](#) (TWMB) initiative. The population-based initiative is designed to ensure that every child receives essential “language nutrition,” which TWMB defines as interactive conversations between caregivers and babies.¹ “Language is like nutrition for your brain. The more words you hear, the more your brain develops,” former GDPH Commissioner Brenda Fitzgerald [stated](#) when the project launched in 2013. “If you don’t have language, you can’t progress. Language is the key.”

The program encourages parents and caregivers to talk to, read to, and sing to their infants and toddlers to increase the quality and quantity of their language exposure, particularly for low-income infants and children accessing the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

“With science demonstrating the importance of language nutrition on early brain development, the Talk With Me Baby lead partner organizations began coming together in mid-2013 to explore strategies for addressing what they viewed as a public health crisis—that the majority of Georgia’s children were not receiving language-rich adult-child interactions during their infancy and, as a result, these children were failing to meet critical milestones of educational and lifelong success.”

— [Talk With Me Baby](#) website

TWMB's goals include improving reading skills and encouraging responsive relationships within a language-rich environment—essential ingredients for a child's healthy development and long-term health and well-being.

The Talk With Me Baby Catalyst

Researchers have found a “word gap” correlated with socioeconomic status: By 18 months of age, children with different socioeconomic backgrounds start to develop different vocabularies. By age 3, toddlers with college-educated parents or caregivers have vocabularies two to three times larger than those whose parents did not graduate high school. By the time they start school, children in more affluent families [hear](#) an average of 30 million more words than children in less affluent families. Unless they are engaged in language-rich environments early in life, children will enter school behind their peers who have.² According to Kimberly Stringer Ross, GDPH's early brain development and language acquisition program manager, former GDPH Commissioner Brenda Fitzgerald had attended a conference in 2013 where she learned about the long-term effects of the word gap. “She knew that public health can have a role in addressing the word gap because we have WIC,” Stringer Ross says. Each of Georgia's 159 counties has a WIC clinic, and the program reaches [61 percent](#) of all babies born in Georgia, offering a unique opportunity to engage with and support families regarding language development.

Georgia's Response

[TWMB](#) leadership organizations are working together to “bring the concept of language nutrition into public awareness and educate caregivers on the importance of talking with their baby every day, in an effort to close the word gap.”³ Public and private partners in Georgia have been leveraging their resources and expertise to promote language development through WIC nutritionists and nurses who already serve most expectant and new parents and babies across the state. Trusted providers and caregivers can promote language nutrition by modeling behaviors and using effective resources, such as a mobile app and [online conversation starters](#), to encourage parents to talk to, interact with, and engage with their children in everyday life conversations. By integrating language nutrition coaching as a core workforce competency, TWMB seeks to transform parents and caregivers into conversational partners for babies to support critical brain development. This, in turn, aims to pave the way for reading proficiency by the end of third grade, high school graduation, and long-term health and well-being.⁴

TARGET POPULATION

Although the WIC initiative specifically targets families receiving WIC services, TWMB has developed broader [training tools and resources](#) to help other trusted professionals and caregivers serve as language nutrition coaches to expectant and new parents. These individuals include home visitors, pediatricians, nurses, early learning educators, and foster parents. Since [99 percent](#) of new and expectant parents see a nurse between the third trimester of pregnancy and the child's first birthday, nurses offer a unique opportunity to reach most young families.⁵ “Starting in the third trimester, everywhere mom and baby go they're hearing the same language about language nutrition and talking with their baby—from prenatal visits to delivering their baby, to taking their baby to [an] early learning or daycare center or to WIC, it's everywhere,” Stringer Ross says.

IMPLEMENTATION STEPS

GDPH and a cross-sector coalition of partners have adopted the following steps to improve language nutrition:

Partner with Key Stakeholders

In late 2013, the United Way of Greater Atlanta [funded](#) GDPH and its partners to implement Talk With Me Baby across the Atlanta metropolitan area. The [six founding partners](#) include GDPH; the Georgia Department of Education; the Atlanta Speech School; Emory University School of Nursing; the Marcus Autism Center at Children’s Healthcare of Atlanta; and Get Georgia Reading, the Campaign for Grade Level Reading. The partners had collaborated to promote early brain development through other strategies before implementing TWMB, but the new collaboration helped partners leverage each organization’s expertise to design and implement a scalable and sustainable approach.⁶

Develop Language Nutrition Materials

In 2014, GDPH worked with the Marcus Autism Center to develop a short video that played in waiting rooms at every WIC clinic in Georgia. The video emphasized the importance of talking with one’s baby from the third trimester of pregnancy through the first three years of life. GDPH’s communications office also designed print materials, including a bookmark and a take-home flyer, that WIC nutritionists would distribute to families during their WIC visits.

Train Providers to Serve as Language Nutrition Coaches

To prepare WIC staff to integrate language development into their established visits, GDPH developed a webinar training to inform staff members about language acquisition, their vital role in addressing the word gap, and how to incorporate materials into their visits. In 2014, GDPH and TWMB partners trained 1,000 WIC nutritionists and clinic staff to support families with language-building activities as part of their WIC visits.

Develop Local Champions

GDPH developed a statewide network of 100 TWMB champions who promoted the initiative in communities across the state. According to Stringer Ross, these local champions, who include WIC nutritionists, public health nurses, public information officers, and other program staff, are key to implementing and supporting TWMB throughout the state, especially in the state’s rural communities. Initially, champions simply made sure that WIC offices were playing the informational video and distributing materials, and over time their engagement expanded to what Stringer Ross described as a “cheerleader” role. In addition to supporting WIC nutritionists, champions created waiting room libraries and attended health fairs to raise public awareness about the importance of language nutrition.

Support and Connect Local Champions and Health Agencies

GDPH uses the state’s telehealth network to support and connect champions through quarterly video conference calls, during which champions can share updates, ask questions, talk through problems, and request new materials. GDPH also creates and disseminates a TWMB newsletter to highlight upcoming training opportunities and program news. Through video conference trainings, GDPH can demonstrate use of materials and how to embed tools into the WIC visit. GDPH also uses their telehealth network for training, which has been an effective way to quickly train nurses throughout the state. TWMB’s train-

the-trainer approach aims to expand capacity to train additional nurses and medical staff. “By training champions as trainers in their districts if their local hospital system wants to train their nurses, we have a public health nurse champion who knows that district and that community,” Stringer Ross says.

GDPH maintains strong local partnerships, which has been key to establishing buy-in and engaging local leaders. According to LaToya Osmani, GDPH director of health promotion, GDPH supports and builds county and public health capacity by scheduling monthly conference calls with WIC and nutrition service directors and providing clear direction and communications through action memos and webinars. GDPH relies on these relationships to disseminate materials, identify champions, and identify local partners willing to test or pilot new approaches.

Evaluate and Improve Methods

In 2014, GDPH worked with WIC clinics to examine the impact that TWMB materials had on parents’ behaviors. They found mixed results related to message retention and subsequent behavior change among WIC families who had been exposed to TWMB materials. For example, busy and sometimes loud WIC office waiting rooms may not be conducive environments for parents to absorb the messages conveyed in a video. And while parents reported that they retained information from some materials (including TWMB bookmarks), they also reported that the messages had little effect on their behavior—prompting GDPH to further examine how to produce and deliver materials and methods that more effectively reach and influence behaviors.

In 2017, GDPH surveyed its staff members and families in three WIC offices to learn more about how TWMB materials could change parent behavior. GDPH gathered input from WIC nutritionists about how much time they spent covering the TWMB tools and what difference they felt the tools had made in changing behaviors. Because of staff input and clients’ self-reported behavior change, GDPH identified two promising new tools: a flip chart and a prescription pad that prescribes reading to, talking to, singing to, and playing with children, and setting language nutrition goals. GDPH is currently developing a dissemination plan for the new materials.

Stringer Ross notes that gathering feedback from WIC staff is a critical step toward embedding language nutrition curricula into WIC visits in a non-burdensome way. According to Stringer Ross, GDPH engaged with staff to understand their workflow needs and incorporate TWMB into the work they were already doing. “It’s not saying ‘here’s another thing for you to do,’ but ‘here’s another approach for what you’re already doing’” during WIC visits, Stringer Ross says. For example, WIC nutritionists can adjust change their behavior and model TWMB principles by doing something as simple as greeting babies first upon entering the room and talking with babies about what they will be doing that day.

PROGRESS AND OUTCOMES

The TWMB [evaluation plan](#) includes randomized clinical trials and use of the Language Environment Analysis technology to analyze verbal interactions and measure parents’ behavior changes. The evaluations seek to determine whether nurse-led language nutrition training affects a mother’s communications with her infant and compare language interactions between a control and intervention group at birth and through the babies’ first 18 months.

While these evaluations are still in process, early evaluations have been able to show the program's reach. Initial findings show positive message penetration: more than one-third of WIC clients report that they had seen the TWMB instructional video, approximately 80 percent of clients report that they received counseling on the importance of language from WIC staff, and 88 percent of clients report seeing the TWMB informational posters.⁷ As described above, however, certain messaging tools did not have a strong effect on parent behavior, prompting GDPH and partners to refine their messaging tools and practices to achieve maximum impact.

A [2016 article](#) published in the *Journal of the Georgia Public Health Association* examined four Georgia agencies' approaches for supporting early brain development, including TWMB.⁸ Authors conclude that Georgia "is making substantial efforts to provide and support early education environments based on emerging research on how brain development affects various aspects of a child's development, including those that are social, cognitive, emotional, physical, and linguistic."

REPLICATION AND SCALING

WIC offices are located in every Georgia county and are managed by a [central state office](#)—a structure that enabled GDPH to spread and scale TWMB statewide.⁹ Georgia has also developed a library of resources that could facilitate training and TWMB program implementation in other states. For example, in 2016, TWMB developed an [online toolkit](#) that other states and communities can use to train nurses, WIC nutritionists, social workers, foster parents, early learning educators, and pediatricians to promote language nutrition. DPH continues to develop workforce [training](#) and parent education resources, which are available on the [TWMB website](#).

RECOMMENDATIONS AND KEYS TO SUCCESS

Stringer Ross offered several recommendations for states and territories that want to incorporate language development coaching into WIC or other early childhood workforces, saying, "It's not just about materials; transferring capacity is a skill for families."

- **Transferring skills to families doesn't need to cost a lot of money.** Stringer Ross emphasized that "the important thing to remember about TWMB is that it doesn't need to cost anything." When nurses are trained, for example, they learn how to model serve-and-return and to transfer this skill capacity to families. "People get wrapped up in saying, 'we can't afford the book.' It's great when you have the resources, but really we want everyone modeling talking with babies," she says.
- **Coordinate language development with other early brain development initiatives.** As GDPH's early brain development and language acquisition program manager, Stringer Ross oversees TWMB and coordinates work across four areas: language acquisition and early learning, physical well-being, social emotional health, and self-regulation. Early brain development initiatives are not consolidated under an organizational chart, and thus a coordinator role can help facilitate workgroups and support partners.

- **State-level leadership is key.** Language nutrition coaching takes place in WIC offices, homes, daycare centers, and clinic settings in communities across Georgia. To ensure engagement, Stringer Ross emphasized the importance of strong state-level leadership and a commitment to building strong relationships with local providers, champions, and public health agencies. “It’s about buy-in and getting support at the local level,” she says. Moreover, Georgia’s state agency leadership has raised public and policymaker awareness and support for telehealth and other investments that support early language and brain development.
- **Support and facilitate communications with county and public health districts.** Georgia utilizes telehealth infrastructure and conference calls to exchange information and engage and support local providers, counties and public health districts. Although every state may not have a statewide telehealth platform, they can foster communication through conference calls with WIC and nutrition service directors and through a network of champions who can extend local reach through their roles as TWMB trainers and local advocates.
- **Gather and integrate WIC staff and client input.** Collaborating with the WIC and other workforces is a key step for any state that wants to embed language nutrition coaching into workforce practice. Georgia works with WIC staff to make sure that they are not taking time away from their nutritional counseling to cover language development, but are instead enhancing what they’re already covering within the busy WIC visit. Piloting this process with three counties helped TWMB leaders identify materials and processes that worked for families and staff.

Key Resources

More information on Georgia’s TWMB initiative is available through the following resources:

- Georgia Department of Public Health website: <https://dph.georgia.gov/talkwithmebaby>
- Talk With Me Baby website: <http://www.talkwithmebaby.org/>.

¹ Talk With Me Baby. “About: You Talking To Me?” Available at http://www.talkwithmebaby.org/toolkit_about. Accessed 5-9-2018.

² Center on the Developing Child. “Five Numbers to Remember About Early Childhood Development.” Available at <https://developingchild.harvard.edu/resources/five-numbers-to-remember-about-early-childhood-development/>. Accessed 1-9-2018/.

³ Talk With Me Baby. “About: You Talking To Me?” Available at http://www.talkwithmebaby.org/toolkit_about. Accessed 5-9-2018.

⁴ Talk With Me Baby. “Our Story.” Available at http://www.talkwithmebaby.org/our_story. Accessed 5-5-2018.

⁵ Ibid.

⁶ Ibid.

⁷ ASTHO. “Georgia’s Talk With Me Baby Program Aims to Improve Low-Income Toddlers’ Verbal and Reading Skills.” 2016. Available at <http://www.astho.org/StatePublicHealth/Georgias-Talk-With-Me-Baby-Program-Aims-to-Improve-Low-Income-Toddlers-Verbal-and-Reading-Skills/3-25-16/>. Accessed 5-3-2018.

⁸ Webb N and Gates M. “Brain Development: A Look at Four Programs in Georgia that Support Optimal Brain Development.” 2016. Available at <https://www.gapha.org/wp-content/uploads/2016/12/5.pdf>. Accessed 5-15-2018.

⁹ Talk With Me Baby. “WIC Nutritionists.” Available at http://www.talkwithmebaby.org/wic_nutritionists. Accessed 5-3-2018.