

Understanding How the Environment Shapes a Child's Nutrition Habits

Hira Khan: Hi everyone, welcome and thank you for standing by. My name is Hira Khan, and I'm the program manager for the National Center for Early Childhood Health and Wellness. I'm pleased to welcome you to today's webinar, "Understanding How the Environment Shapes a Child's Nutrition Habits." Before we begin, I have just a few announcements for you. All participants will be muted throughout the presentation portion of the webinar.

There is a slide presentation being shown through the webinar's system. If you have a technical question, please type it into the chat box. My colleague, Robinn Yu, or I will try to address those during the session. You can also use the chat box to submit your questions to the presenter at any time. We will get to those at the end of the webinar. A feedback survey, and your certificate, are available after the webinar. And lastly, this webinar is being recorded. We will send you a link to view the webinar in the following days. Now, I will turn it over to my colleague, Stephanie Womack.

Stephanie Womack: Thank you, Hira. Hello and welcome everybody, I'm Stephanie Womack. I am a program manager with the National Center on Early Childhood Health and Wellness, responsible for our Healthy Active Living Initiatives, and I'm excited to have you here on this January day, to talk about the environment and how that environment shapes a child's nutrition habits.

So our learning objectives today are really to understand the important role that the physical environment plays in the adoption of healthy active living behaviors, and think about and identify some key protective factors that are associated with positive health outcomes, as well as some risk patterns associated with negative health outcomes, and also to recognize the role Head Start Health Services can play in supporting the early adoption of healthy active living practices.

So really, why we're here today is to talk about the important role of sound nutrition, and how nutrition really does support brain development. A proper balance of nutrients in the first year of life is really critical for normal brain development, and many nutrients, such as choline or folic acid, iodine, zinc, iron, just to name a few, have been specifically linked to early brain function. For example, iron has been shown to affect the parts of the brain that support learning and memory, and zinc contributes to brain structure and function, and B vitamins are just as important for that brain development and function and in making sure that the brain has a proper energy supply through carbohydrates.

So it's really important that sound nutrition is really set up from the start because these inefficiencies or inadequacies are often irreversible. So one study that we've seen is out of Barbados, sorry about that, showed that adults who suffered from an episode of moderate to severe malnutrition in the first year of life, showed more attention problems, and lower social status and standard of living, than match controls, and that was even after about four years, so, that just continues to prove that early nutrition is really important for brain development. So

with that, I'd like to throw up a poll question here. How familiar are you with the socioecological model? And the answers I think you can see, yep, on the screen there, very familiar, somewhat familiar, and not familiar. And I can see answers coming in. Just keep 'em coming. Keep 'em coming. Good. It looks about — it looks like most are about somewhat or not familiar, and that's fine. That's OK, because we're going to talk a little bit about that. So things here ...

I think we can move on, I just want to get a sense of where the audience was on this topic. So the foundations of child health are rooted in the socioecological model, meaning that children and their families don't live in a bubble, and we all know that, right? And there are several factors that influence how we live, how we work, and play and grow, and that is the environment that supports us and that we live in. So while many parents, and families, might be told that their child needs to be healthy, they might not fully understand how important these external factors are in early life, or understand how to really provide some of these key protective factors for their children, for them to get a healthy start in life.

So for example, the nutritional habits of mom while pregnant will obviously impact the nutrition of the baby, and the nutrition habits of that child, or parental weight status, or overall health of the parents and families, will impact that of the child. And another example might be access to healthy nutrition. If the family lives in a food desert, or the family is food insecure, obviously they might not likely have the best nutrition habits, and unless they have awareness and support to overcome these barriers, they might continue to stay in those situations. So there are many aspects within the environment that impacts the child's ability to be healthy, and there are also several key protective factors that we know can serve as facilitators of health, and there are also some key risk factors that can negatively impact health, and we'll talk about a few of those things today.

So age birth to 5, as I already mentioned, is considered to really be a critical period, with the first 1,000 days laying the groundwork here. So it's important to know that it is easier to establish healthy habits and growth now rather than trying to change those habits later. Despite beliefs that children are naturally active, behaviors of sedentary lifestyle are often commonplace in a daily routine for a child. So active play is really important, even for young infants, and has been associated with better health outcomes later in childhood — and into adulthood. On the other side of that, sedentary behavior could be very detrimental to children's short-term development and long-term health.

So the National Association for Sport and Physical Education developed guidelines for birth to 5 — for the birth-to-5 population, and recommended that toddlers engage in at least 30 minutes of structured play, and 60 minutes of unstructured physical play, which many children, we know, don't meet the recommendation. And for infants, sedentary behavior means too much time in a restrictive device and not enough time on a non-restrictive surface, in a safe environment, stretching and moving their arms, kicking their legs, and rolling — all those things that we want to see developmentally.

For toddlers, sedentary behavior includes watching TV or playing games on electronic devices, both of which expend very little energy. So sedentary behaviors can become a part of a young child's routine fairly early on, and typically increase into the preschool and grade school years.

And just a personal note on that, just with technology becoming so much more increasingly in use for children, younger and younger, I know, I have a 5-year-old son who can see his parents using their devices and they can automatically pick up on how to use it, and it's just our environment is more supportive of having technology rather than being more active outside, or outside of the home.

So the health benefits, as many of you probably already know, of active play and physical activity on child development really do extend beyond physical health. It really, like we talked about, it impacts the development of motor skills, psychologically, being well and social competence as well. And further, it really does impact sleep and appetite, so opportunities for daily physical activity really do promote health and encourage overall healthy active living. So in a world where everyone is on the go or multitasking, children do spend a lot of time in car seats, and in strollers and other devices that really constrain their movement.

So from day one, it really is important to prioritize motor development and active play. So rolling on the floor, like we said, kicking legs and raising their heads, are all ways that infants can engage in active play and develop motor skills necessary to achieve the next milestone, like reaching, or sitting with support, then sitting without support, scooting those little bottoms across the floor, crawling, and eventually walking.

So with that, we have another poll question up on the screen. How much physical activity do kids in your program receive throughout the day? And we have the answers: below the recommended amount, recommended amount, and above the recommended amount. So that's good. We're seeing most of the respondents comment about the recommended amount. Some above, some with the knowledge that they're a little bit below. Which is fine, it's good to know where you are, so that's really great. It looks like they're voting. Oh, still got some folks coming in. It looks like the voting has started to slow down, but most folks are around the recommended amount, which is good to have that awareness in your program. So we can go ahead and close that poll.

So most young children are sedentary — anywhere between 32 to 56 minutes per hour. Oh sorry, I didn't even change the slide there, so between 32 and 56 minutes per hour, which is a lot of time not moving and being still. So that's good that a lot of your programs are working to at least get that recommended amount, and some even above, so that's really great. And while research has really shown young children are becoming more and more sedentary, encouraging outdoor play typically does result in more physical activity for a young toddler and child, and the keyword really is play here. It's being able to get out, get active, and play, and also, we know that children learn through play so it's actually a really good learning tool as well. So physical activity in the ECE program.

Really, we know that it's estimated to account for up to 47% of the child's daily physical activity, and there's a large disparity between physical activity in the curriculum and observed during program activities, and these findings really suggest that adults need to provide enticing, self-directed play spaces and experiences, and some structured activities as well to encourage children to move on the playground for more than just a few minutes a day. So one of the best predictors of physical activity level in young children is the quality of the program in which they're enrolled. So one investigation found that vast differences in children's activity levels,

from one preschool program to another, and also individual classroom practices, particularly the amount of outdoor playtime provided and the size of the playground, factors which varied widely across program studies were strongly associated with them out of the amount and vigor of children's active playing.

Teachers have also requested additional training on children's movement and motor development, so they agree that there is an important link between movement and learning in young children, and felt that they would really benefit from more training about incorporating movement activities in their classroom. So it's really critical, I would say, to continue to identify innovative ways to improve Head Start and child care providers' basic nutritional and physical activity literacy so they can better understand the policies in place around these standards and support implementation of policies, and really help impart this knowledge to children and families in their care.

So understanding the parents' perspective on active play. In general, most parents think infants and toddlers are always on the move and are surprised to hear that most young children are not getting enough daily activity. Parents are often thinking much more about limiting children's movement, and this comes from a desire to really keep them safe, right? As well as the desire for the parent to be able to get something done. Furthermore, taking care of young children can be tiring and exhausting at times, and many parents and caregivers perceive this exhaustion is because they're so busy chasing their little ones around, and, therefore, their children must be getting enough physical activity. But in reality, parent exhaustion is the result of much more than just busy children.

Parents are very open to talking about active play as an opportunity to help advance motor skills and increase bonding, but they need help with understanding, you know, what is appropriate during different developmental stages so what they can do and when they can do it. And what counts as active play? They want really specific suggestions. Also, parents seem to be very receptive to specific ideas and strategies to help promote their active play as well — their movement as well.

So here's just a practical tip — if parents are interested in playing with their children outside of the home, it might be helpful to have a list in place, or a list of places that parents can take their children, like nearby parks, what type of equipment they have, community swimming pools, what kind of maybe free or low-cost activities are happening around the community that could support active play, indoor playgrounds, if you have a local children's museum where you live, or other places like that, where folks can get outside of their homes, and away from screens. So the concepts ...

So some key takeaways and opportunities here are really to partner with parents about the importance of establishing an active routine, as early as infancy, and into toddlerhood. The concept of physical activity, you know, can be strange for parents to associate with young children, which is understandable, because physical activity is often associated with running, or sports, or exercise, but in the case of young children it is really best to use the word activity versus physical activity. Other ways to frame the conversation around active play in motor development. Parents are much more receptive to this framing of just thinking about play, and children learn through play, that's how their bodies ...

That's how their brain is learning and memorizing things. So not all parents, it's important to note, not all parents will initially understand the concept of structured and unstructured play, but will easily grasp the concept with further explanation. It's also important to encourage parents to build developmentally appropriate active play, both indoors and outdoors, into their children's — their child's daily routine, like I said, and explain some ideal activities, remind parents of the importance of ...

The impact of role modeling and encourage them to help their child be more active by being more active themselves, and it could be simple things, you know, just maybe even having a dance party, you know, or something like that. So providing the child with the opportunity to safely move their body and be more active so that they can eventually learn to run and jump and climb and all of those things to develop gross motor skills. So some conversation starters that might help with the dialogue or, you know, just a couple here, what kind of activities does your child enjoy? Who plays with your child at home?

Can you tell me about outdoor play spaces that are available for you? And what is your favorite play activity with your child? Just to get folks into a conversation and thinking about this idea of play. It's not just physical activity, it's play and it's movement that will eventually support long-term development and healthy habits. So we've got a chat question up on the screen, so feel free to put some answers in the chat box. So what other ways have you engaged families in conversations about physical activity? And I see some chat here. Not really feeling working out and exercising.

So I get it. I'm right there with you, but it's really like small changes. If we can encourage folks to make a small tweak, like if you can spend maybe, you know, 10 or 15 minutes starting out, just doing some different activity, you know, that can make a difference, and you build upon the small wins, and eventually, you know, those things become big wins. Started a parent-child walking club. That sounds really great. Make it fun, linking physical development to physical activity. We share a parent meeting.

They're really starting to roll in now. Talking about holding. Zumba! That sounds fun. I've done a Zumba class, I couldn't quite keep up, but I did do it, so ... Great! Keep those ideas coming in for others to share and see. That's really awesome. So I want to talk a little bit about screen time. Now, we're learning more and more every day about the impacts of screens on our daily lives. Infants and young children are not immune to this new trend. Like I mentioned, my son is, he kind of knows what's going on already.

So evidence really exists that shows a correlation between having excess weight and obesity for children who regularly consume two or more hours of TV and screen time. There's also some good evidence that suggests that screen viewing before the age of 18 months has lasting negative effects on children's language development, their reading skills, and their short-term memory, and it also contributes to problems with sleep and attention. So furthermore, exposure to advertising during that screen time has been associated with negative health behaviors and the desire for unhealthy foods and drinks.

There's a great deal of evidence regarding the negative health impacts associated with a TV in the bedroom.

So for all of those reasons it's important to really talk to families about screen time as early as infancy. Because, we know, some research, some literature has been out that says parents start to move TVs into the bedrooms around nine months if a child has their own bedroom. Which can impact sleep, and if they're co-sleeping and there's a TV in the parents' room, that obviously is impacting the parent and child's sleep. So there's little things that we're starting to learn and know that we can start to partner with parents to help them know and understand as to why we want to limit some of these things.

So while living screen-free is nearly impossible in this day and age, overexposure is very real and very — can be very detrimental to a child's short- and long-term development. So while 17% of infants, birth to 11 months, watch an average of one hour a day of television, 25% of toddlers 12 to 23 months, are watching on average about three hours of television. And we know that using media or television viewing starts as early as 4 months sometimes. You know, parents just need a break and put the cartoons on the phone and just, you know, let that be, and that's fine, this is not a place for judgment, it's just bringing awareness of what some of these things can do for the development of the child.

But really, the reality is that the data is changing every day, as screens become more accessible, and more programming targeting infants and children is created. So for those with televisions in their bedroom, outcomes have tended to be a little bit poorer, so children who have TVs in their bedrooms are more likely to be overweight, have poor sleep habits, and deal with a little bit of depression, because they spend less time interacting with family members, and more time alone.

So like we said, that screen time impedes sleep, which is also vital to that brain development, and to maintaining a healthy weight. Sleep is when the brain is really putting, it's working overtime to put, you know, activities from the day together, to really support learning and memory. So if that's impacted negatively, then cognition can be impacted negatively as well. So just ...

Surveys show that about 92% of 1 year olds have already used a mobile device, and like I said, starting as young as 4 months. In general parents do see TV and mobile screens as educational and valuable, so some parents are also worried that their child will miss out on educational opportunities through apps and television shows.

And while some programming can engage a toddler in learning, there are some very specific situations in which learning can take place. So parents can view the TV as a way to keep their child still and safe, like we've said, while they manage to get things done. And while 30% of children under age 3 have a TV in their bedroom, parents felt that this helped to keep their child in bed after bedtime and help their child fall asleep.

While research really points to the fact that it took children a little bit longer to fall asleep, and we're less likely to stay asleep through the night if they viewed screens one hour before bedtime. And the AAP recommends no television or screen time for children younger than 18 to 24 months, but for the most part parents don't feel that recommendation fits with their personal experience. For one, parents themselves have developed a media routine, and we're all addicted to our screens as well, and may feel that if, you know, they're going to be on a

phone or computer, their child can be doing the same and it's no harm. But, when parents are told about the negative outcomes associated with excessive media usage, including obesity, lack of sleep, school problems, or attention problems, parents are more likely to rethink their own personal policies on their child's consumption of media.

So it's important to really acknowledge the prevalence of screens and the perceived value parents assign to TV and screen use, and it's important to begin the discussion about screen time in infancy. And also remember that many parents opt put a TV in a bedroom and allow screens in bedrooms, starting very early in order to keep their child in bed, but with more information, we can start to kind of change some of those behaviors, and we're not saying this information or sharing this information to judge, it's just bringing awareness to some of the issues that can occur with some of that increased screen time and overexposure. So here are a few conversation starters related to TV and screen time.

Maybe you can ask like, who watches TV with your child? And what kind of shows are you watching? One of the things that we can encourage people, our parents to do, as well as, to engage with their child when they are watching TV or using screen time to kind of support some of that language development, if they are watching something that they deem educational to really follow up. Oh, they're doing ABCs or they're doing 123s, or something like that, to really engage with the child during that time.

So your families will be able to decide how much media — how their media use looks in these areas, but the AAP does have a media use plan template, that can be created, and it's kind of, it has these different components and, like I said, your families will be able to decide what areas are important to them. And here's an example of what that looks like, and it can be completed by the caregiver, and it's important for all caregivers in the home to understand the same rules when it comes to media usage.

So that might be an activity to have families go through or think about just in these areas – just those areas that were mentioned in those components. What are maybe one or two things that we could tackle to maybe reduce our screen time or have more intentional screen time? So we've talked about how screen time affects sleep, so we'll dive into that just a little bit more. Sleep is really important to physical health, like we mentioned, and studies have shown that 6-month-old infants that sleep less than 12 hours in a 24-hour period, have increased risk for higher BMI and overweight as early as 3 years of age, and this really leads us to believe that what happens, again, in those critical first – that critical first year of life, including sleep habits, sets the stage for later health. Another factor, like we mentioned, that could hinder sleep is the screen time, and the use of phones, right before bed. New research has shown that children using touchscreens or tablets before their nap and bedtime took longer to fall asleep than children who do not use these devices, like we mentioned.

So what's the detrimental impact on American adults? Lack of sleep has been well-researched and documented. Research is now just coming out about very young children's sleep patterns and their health outcomes. For children, not getting enough sleep is associated with negative health outcomes, including, like I've mentioned, increased risk for obesity, even hypertension, depression, and injury from being overly tired. So sleep habits and sleep routine are rooted in early infancy, and the toddler years, and are well established by early childhood. So over the

past 20 years, sleep across all age groups has decreased, but research has shown that the sharpest decrease is in the 0-to-3 population.

And while childhood obesity rates do still remain high, establishing good sleep habits is just one of the many modifiable behaviors that can have an impact. So we already know that children growing up in poor neighborhoods are at higher risk for developing overweight or obesity at a younger age, and they typically have less safe places to play outside and get exercise and have less access to fresh produce. And now research is saying that these children also sleep for a shorter duration, and children are not immune to the stress that poverty causes in their daily lives, and the more stress the child is under, the less sleep they tend to get.

So parents' lives, especially during that infancy and early childhood years, are really connected with sleep, whether it's sleeping through the night, safe sleep environment, or bedtime struggles, parents are focused on sleep. Much of their interest in sleep is focused on their immediate needs, trying to get them sent to sleep, so the parents can sleep or get something done. However, you know, few parents really understand the long-term impact of healthy sleep routines and sleep habits, and we're not going to focus solely on safe sleep today, but safe sleep should always be discussed, you know, with parents, and it's important to recognize that co-sleeping and routine naptime and bedtime can be very cultural. So it's important to be sensitive and understanding of cultural differences. It's also important not to assume a parent understands safe sleep, and it's important for you to recognize that there may need to be a little bit of education there.

So some key takeaways and opportunities again here: Sleep is important to how children learn, grow, and behave, and sleep routines help infants and toddlers settle down at night and children with regular sleep and sleep routines are less likely to get overly tired, and that's when they start to have the meltdowns and the tantrums, and those types of things. So that's why, you know, that might be a little driver for families as well.

So just a couple of conversation starters around sleep you can ask, you know, where does your child sleep? To kind of see if, you know, the environment is supportive of safe and sound sleep. What is your bedtime routine? That might be a little nugget right there. Do you save time at the end of the day for your child to, you know, take a bath, brush their teeth, read a book, and then go to bed? How many hours is your child sleeping? And, what's your favorite part of the bedtime routine with your child?

And what's your least favorite part of bedtime? So try to get those conversations going to open up the window to have different conversations about sleep habits and how they can be improved. So the AAP supports the American Academy of Sleep recommendation guidelines as follows, as you can see on the screen, we won't go into this in too much detail but you can see and you'll have it in the slides, sleep recommendations over a 24-hour period of time. So a child that also may not sleep well if they're hungry, so let's talk a little bit about food insecurity.

Some of you may already be aware, but food insecurity is the limited or uncertain availability of nutritionally, adequate, and safe foods or limited or uncertain ability to acquire acceptable foods in socially-acceptable ways. So in 2006, the USDA came out with new language to define varying levels of food insecurity, and those levels include high food security, marginal food

security, low food security, or food insecurity without hunger, and very low food security, or food insecurity with hunger. So the defining characteristic of very low food security is that, at times during the year, the food intake of the household – of household members is reduced and their normal eating patterns are disrupted because the household lacks money or other resources for food. A number of research studies in the U.S. and abroad have found positive association between food insecurity and, actually, overweight and obesity, and some may be wondering, how is it that food insecurity and overweight and obesity can coexist?

Well, both food insecurity and obesity can be consequences of low income and high stress associated with poverty. These individuals generally have limited resources and lack of access to healthy, affordable food, and individuals that are food insecure and have low income can be especially vulnerable to obesity because of the unique challenges they often face in adopting and maintaining helpful behaviors, including, you know, limited resources, lack of access to healthy affordable food, cycles of food deprivation or overeating, high levels of stress, as we mentioned, anxiety and depression, and maybe even fewer opportunities for physical activity, greater exposure to marketing of obesity-promoting products and food, and limited access to health care, even.

So that's the factor, we mentioned a little bit, food insecurity is linked to a variety of mental and physical conditions, including iron deficiency in children. And as we talked about, you know, iron is really a key nutrient in brain development. So 30% of families that identified as food insecure, had to choose between paying for food and paying for medicine, or medical care, which is unfortunate, but then you start to understand when folks have to make these types of decisions day-in and day-out, you can understand how that stress might impact the overall health, and when we know that children are not immune to that stress and to that anxiety, we can start to see, or maybe understand, why there might be challenging behaviors or, you know, issues when the child is in the program.

So when we discuss food insecurity, we most commonly think of low-income families living in an urban setting, but you know, both suburban and rural areas are also affected by food insecurity, with rural populations of food-insecure homes growing, really, every year. So while food insecurity isn't limited, there are certain factors that make families more susceptible to food insecurity. For example, immigrant families often lack support, the support of the family and the community they left behind, so they're often underemployed or in low-earning income jobs, so they, therefore, they are ...

Their families are at risk for becoming food insecure. While not always the case, large families may have to make their food budget stretch a little further to ensure everyone gets enough to eat and may experience a low level of food insecurity. Families headed by single women, families with low education, or families experiencing a divorce or a separation are also more likely to experience food insecurity.

So as food insecurity has harmful impacts on the health and well-being of children and their families, in both the short and long term, it's important to screen for food insecurity, just to make sure that you have a sense of what's going on in your program, and that you also have a sense of community resources that you can connect families to, if you do uncover that a family is struggling, that you have some support to direct them to. There's another resource on ECLKC,

if you're just interested in exploring more about root causes of food insecurity and hunger and that impact, there's a webinar series on ECLKC, for strategies to increase food security among Head Start families, so I would encourage you to check that out if you just want a bit of a deeper dive.

So food insecurity can be an adverse childhood experience, so with that we'll transition to talk about Adverse Childhood Experiences, or ACEs as they're more commonly known. So ACEs are potentially traumatic events that can have negative and lasting effects on health and well-being. And why is it important to screen parents and families for ACEs? Well, it's important to really understand that there's a link between toxic stress and trauma, and how that starts to show up, and how parents function and interact with their child and, therefore, their child's developing brain, and how this all becomes embedded in our bodies, and how parents can pass this on to children, and if there's not some type of stopgap or some type of intervention, it can continue to go on and on and on, and be — start to become kind of generational trauma, is a term that's being used.

So encouraging parents to really break through some of their own ACEs and really to try to build resilience in their children can really start with things like, just reading or playing with their child or being responsive with their feeding practices, or just being responsive in their parenting, being engaged in their parenting to really help build those strong relationships with their child, so that they can break through some of those barriers that can exist. So again, it's important to just think about when you are trying to screen in your program, or find out more about your families, if there's issues going on, you know, how will you ask some of these questions that might be a little bit more sensitive?

How are you going to maintain their confidentiality if they do, you know, disclose something that, you know, might be a little bit shameful or they might have been judged about in the past. So those are things you would want to think about and how do you want to document those conversations, and also making sure that you have some resources readily available. I think that's the other side of the process, if you think you want to, if you're going to be screening and improving your screening, every family, every time, or making sure that we know our families, and what's going on, that you keep an updated list of resources and how to connect families with those resources, which Head Start does so well anyway.

So this is just one thing that, in the literature, that has come up, that I think is just interesting, that all respondents, when screening for ACEs, regardless of race, social class, or education, were equally likely to report experiencing at least one ACE, so that just speaks to the commonality of it and also, to help families understand, and even staff understand that, you know, that we're not alone in these issues, and there are supports that exist, that can help us move forward. So just some final thoughts here. Foundations of child health are rooted in appropriate and sound nutrition, and stable and supportive relationships, and safe and supportive environments.

A stable and safe environment really does support healthy growth and development for young children, especially during those critical years. That, those first 1,000 days of life and the first five years of life are critically important. So many factors contribute to the environment that can help or hinder the development of healthy active living behaviors for young children, and

families, and environmental factors should be assessed and considered when incorporating physical activity and sleep and nutrition education into the program. I think it's important, if you think back to that ecological model, it's important to think about how all of the other factors outside of your program may be impacting the family's ability to support the things that you are doing in the program, around active play, around sleep, and nutrition. But partnering with families, working together, having strong community connections and support, can support families in moving forward, and really moving out of the cycle of poverty. So with that, I will open it up for questions or other sharing or lessons learned, that anybody wants to share in the chat box. Let's see here.

Do we know why they sleep less? Is it, I'm going to assume that that's maybe for the younger children, since you're all on mute you can't jump in and clarify, but the research is pointing to more and earlier access to screen time impacting sleep. Let's see, what tools do programs use to screen for food insecurity? If there are tools that programs have used, I know the AAP has a few question screener that's really used in well-child visits, but it could easily be asked during intake process as well. Let's see. The questions ...

They're scrolling fast though. Looks like you guys are really, you know, talking to each other, sharing some ideas, which is great. Nutrition is good for overall mental health as well. Thank you for your feedback on the presentation format. OK. So oh, let's see, there's some other questions, generational trauma, does that mean if mom went through trauma she might be teaching her children ways to protect themselves but in turn are causing the child some fear and trauma also?

So yes, partly, that's part of it, and then it's also like, right, those habits of coping or not coping can be passed down and passed down, and then that becomes normal, and if there's nothing to kind of break in and teach about, you know, resilience and how to have those strong connections to each other, then that becomes some generational issues. Children that grow up in low-income households sleep less, what research or study is this from? Happy to share, I can put the study, and we can send that out.

I have a child that doesn't eat anything but fruit and junk food, her mother doesn't cook, I'm concerned. How can I help this child? You know, that's a good comment, and so colleagues on the phone or on the chat can feel free to jump in. But I think it's important to also acknowledge parents' strengths as well, you know, they might not be doing everything perfectly, as a parent we're not doing everything perfectly, but I think to start conversations with strengths. "Wow, it's really great that so-and-so eats so much fruit. That's really good for her.

She also probably needs a few vegetables in there to kind of balance out, you know, that diet a little bit. Are there any vegetables that you've tried that she likes?" Another resource that ... It's not available on ECLKC but it is available, and I can put the link in the chat box, of like different finger foods for children to try, and different cooking styles. So like, you know, if it's raw but like shredded, or puree, but diced, cooked a little where it's like, it's not like a high-level cooking skill required, but can give a child an opportunity to taste some other things.

So I think probably, taking some of the fear out of cooking, or judgment, even, that, you know, something's not happening but to acknowledge strengths and see how you can build upon the

strengths. And yes, remembering how many times it might take a child to try and take and really like something. That's a good reminder. So let's see, I think that, we do have some more time, but as far as I'm concerned, I am happy to stay on and answer more questions, but I just want to say thank you guys for being on today and being attentive to the presentation and sharing so much in the chat box.

You guys are always so active and engaged, so we really do love having these types of webinars with our Head Start folks. So I don't know, Hira, I'm going to turn it back over to you, if you want to do any closing remarks, and I can look at any last-minute questions.

Hira: OK. I think I'll just turn to the last slide here. All right, thank you guys, and thank you, Stephanie, for the presentation. If you guys do want more information, or if you have additional questions, you can contact the National Center at the email address on the screen, you can also call us and talk to us there.

As a reminder you will see — you will have access to the survey and instructions for that after the webinar, and to everyone asking about the slides, yes they are available in the files pod, you can click the link and download them. We have gotten a few comments that some of the slides are jumbled up, so I will try to clean those up and send out a better copy with the recordings in the next few days. All right, thank you so much.