



[www.letsgo.org](http://www.letsgo.org)

Let's Go! Childhood Obesity  
Resource Toolkit  
for  
Healthcare Professionals







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Let's Go! Healthcare is generously funded by:

# Growing Up Healthy

From The Harvard  
Pilgrim Health  
Care Foundation



*and*

# MaineHealth







Summer 2012

Welcome to the fourth printing of the *Let's Go! Childhood Obesity Resource Toolkit for Healthcare Professionals*. In 2008, MaineHealth, in collaboration with the MMC Physician-Hospital Organization and the Maine Youth Overweight Collaborative, developed this Toolkit as part of the *Let's Go!* program to help healthcare providers and their teams implement the essentials of prevention, assessment, and treatment of childhood obesity. The toolkit was updated in 2009, 2011, and again in 2012.

Let's Go! is a nationally recognized childhood obesity prevention program designed to increase healthy eating and active living in children from birth to 18. Let's Go! works in 6 settings (schools, early childhood, after school, healthcare, workplace and community) to reach children and families where they live, study, work, and play. Let's Go! is centered on the common message of "5210".

The epidemic of youth overweight and obesity continues to have major implications for the health of the entire population, from infants and young children to adults. Here at Let's Go! we acknowledge childhood obesity is a multi-factorial problem and research has shown that healthcare providers play an essential role in promoting healthy weight and in the diagnosis and treatment of obesity. To be effective in this role, we know that health professionals need tools and resources that are evidence-based, practical, and accessible.

We would like to thank the Maine Youth Overweight Collaborative, Maine Prevention Research Center, and MaineHealth for dedicating their time and expertise to develop the resources in this toolkit, and the Harvard Pilgrim Health Care Foundation for their generous support of this project.

We appreciate your feedback and if you would like some helpful advice on how to implement this toolkit in your practice please feel free to contact me at [rogerv@mmc.org](mailto:rogerv@mmc.org). If you need information on how to get additional copies of the 5210 brochures or questions about the toolkit, please email [info@letsgo.org](mailto:info@letsgo.org).

Thank you for your efforts to help improve the health and well-being of children and families.

A handwritten signature in black ink, appearing to read 'Victoria W. Rogers', followed by a horizontal line.

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# Table of Contents

## Tab 1: Introduction

Acknowledgements

What is Let's Go!?

Scientific Rationale for 5210

Let's Go! Healthcare Sector Overview

Childhood Obesity Recommended References

Using the Toolkit: Helpful Hints

## Tab 2: Getting Started

Getting Started in Your Practice

Things to think about BEFORE a practice starts measuring BMI.

Frequently Asked Questions

## Tab 3: Provider Tools

Growth Standards in 0 - 2 Year Olds

Measuring Weight & Length: 0 - 2 Year Olds

World Health Organization Charts: Birth to 2 years (percentiles)

- Weight-for-length: GIRLS
- Weight-for-length: BOYS
- Weight-for-age: GIRLS
- Weight-for-age: BOYS
- Length-for-age: GIRLS
- Length-for-age: BOYS

Measuring Height and Weight

Body Mass Index-for-Age Percentiles Growth Chart: Girls

Body Mass Index-for-Age Percentiles Growth Chart: Boys

5210 Healthy Habits Questionnaire (Ages 2-9)

- English
- Spanish

5210 Healthy Habits Questionnaire (Ages 10-18)

- English
- Spanish

Summary of the American Academy of Pediatrics (AAP): Policy on Breastfeeding and Use of Human Milk

Pediatric Obesity Clinical Decision Support Chart (Flip chart can be found in the back of this binder.)

Additional Resources for Providers

## Tab 4: Talking With Patients & Families

Introduction to Talking With Patients & Families

What is Motivational Interviewing?

Why use MI?

Why use Motivational Interviewing with Healthy Weight?

Practitioner Barriers to Utilizing Motivational Interviewing within the Day-to-Day Health Care Setting

Introduction to BMI<sup>2</sup> Workbook (Workbook can be found in the back of this binder)

Example of Office Encounter: Traditional

Example of Office Encounter: Using Motivational Interviewing

Time Dependent Office Visit:

- Quick Well Child or Urgent (<1 minute)
- Well Child (<3 minutes)
- Follow-Up Visit or (10 or more minutes)

How To Elicit Behavior Changes: Questions and Statements

*How Ready Are You To Get More Energy* Readiness Ruler

Ask...Don't Tell & Stages of Readiness

Phrases that *HELP* and *HINDER*

Additional MI Resources

## Tab 5: Office Tools

Creating a Healthy Office Environment

Let's Go! 5210 Poster

Drink Comparison Chart and Display

Healthy Eating Booklist

Healthy Activity Booklist

Continued on next page...

## Tab 6: Patient Tools

### Patient Tools: 0 to 2 Years

Measuring Your Baby's Growth: Weight for Length Measurements

Feeding Infants

Feeding Toddlers and Preschoolers

Healthy Kids' Snacks

Making Your Own Baby Food

Physical Play Every Day! (6 months to 1 year)

Physical Play Every Day! (1 year to 2 years)

Screen Time and the Very Young

Families Resource Guide for Breastfeeding

5210 in the First Year Booklet (Insert)

### Patient Tools: 2 to 18 Years

#### **5** Eat at least five fruits and vegetables a day.

A Meal Is a Family Affair

How To Add Fiber to Your Meals

The Fittest Food

Breakfast Is Best!

To have fruits and vegetables year-round, add frozen or canned

Maine Seasonal Food Guide

What's a Healthy Portion?

Get Your Portions in Proportion

Go Foods, Slow Foods, Whoa Foods

Tasty Snacks for Healthy Kids

Fuel Learning with Fruits and Vegetables

Fuel Learning with Milk, Cheese and Yogurt

Healthy Shopping On A Budget

Understanding Food Labels

Encourage Kids to Eat More Fruits & Veggies

#### **2** Limit recreational TV or computer use to two hours or less.

Promote Healthy Viewing Habits

Step Away from the Screen!

Unplugged!

Take Control of TV and Other Screen Time

Facts and Figures About Our TV Habit

Active Video Games: Good for You?

#### **1** Get one hour or more of physical activity every day.

Fun Ways to Be Physically Active

Take It Outside!

Take It Outside! with Maine State Parks Flyers

Physical Play Every Day! (2 years to 3 years)

Physical Play Every Day! (Ages 3 and 4 years)

Physical Play Every Day! (Ages 4 and 5 years)

#### **0** Drink water and low fat milk; limit or eliminate sugary beverages.

Calcium Counts!

Water is Fuel For Your Body

How Much Sugar Do You Drink?

What Should Young Children Drink?

Enlightening Facts About Juice

Sports and Energy Drinks

Drink Your Milk Quiz & Answer Key

Have a Drink Plan

For Growing Bones...Which Milk?

Milk's Unique Nutrient Package

Think Your Drink

### Other Resources

Come prepared for your child's blood pressure reading

Non-Food Rewards at Home

Healthy Sleeping Habits

Choose MyPlate Brochure

Choose MyPlate 10 Tips to a Great Plate

Choose MyPlate Coloring Sheets

Hannaford Guiding Stars Program

Nutrition Coordinator Request Form

Select Resources

Insert: Healthy Favorites: A Booklet Full of Healthy Tips and Recipes

# In This Section

## Introduction

Acknowledgements

What is Let's Go!?

Scientific Rationale for 5210

Let's Go! Healthcare Sector Overview

Childhood Obesity Recommended References

Using the Toolkit: Helpful Hints





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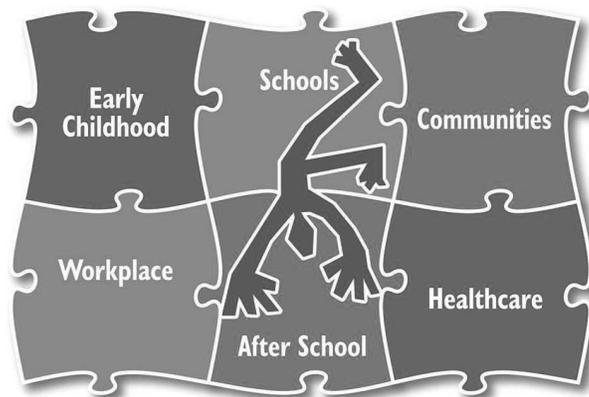


# What is Let's Go!?

Let's Go!, a program of The Kids CO-OP at the Barbara Bush Children's Hospital at Maine Medical Center, uses a multi-sector approach to reach youth and families where they live, study, work, and play to reinforce the importance of healthy eating and active living. The program is based on the premise that if families are exposed to the same health promotion messages through several settings, and if those settings have policies and environments that support healthy choices, they will be more likely to adopt or maintain the behaviors in their daily lives.

The Let's Go! multi-sector model is pictured below and includes the core principles of:

- Healthy Places Support Healthy Choices
- Consistent Messaging Across Sectors is Essential
- Strategies are Based on Science & Recommended by the Medical Community



The Let's Go! program interventions center on the use of the common message of "5-2-1-0". These behaviors are supported by science and endorsed as recommendations by medical professionals:

- 5** or more fruits & vegetables
- 2** hours or less recreational screen time\*
- 1** hour or more of physical activity
- 0** sugary drinks, more water & low fat milk

\*Keep TV/Computer out of the bedroom. No screen time under the age of 2.

Let's Go! has identified strategies and created tools to support and evaluate those strategies. All of these sectors are supported by a marketing campaign that utilizes multiple methods of communication including television advertising.

For more information, contact the Let's Go! Home Office at 207.662.3734, or email us at [info@lets-go.org](mailto:info@lets-go.org).



# Scientific Rationale for 5210

## **5** or more fruits and vegetables.

A diet rich in fruits and vegetables provides vitamins and minerals, which are important for supporting growth and development, and for optimal immune function in children. High daily intakes of fruits and vegetables among adults are associated with lower rates of chronic diseases such as heart disease, stroke, high blood pressure, diabetes, and possibly some types of cancers. Emerging science suggests fruit and vegetable consumption may help prevent weight gain, and when total calories are controlled may be an important aid to achieving and sustaining weight loss.

## **2** hours or less recreational screen time\*.

According to the American Academy of Pediatrics (AAP,) the average child watches an average of 5–6 hours of television a day. Watching too much television is associated with an increased prevalence of overweight and obesity, lower reading scores, and attention problems. The AAP therefore recommends that children under age two shouldn't watch any television. In addition, the AAP recommends no TV or computer in the room in which the child sleeps, and no more than 2 hours of screen time a day.

## **1** hour or more of physical activity.

Regular physical activity is essential for weight maintenance and prevention of chronic diseases such as heart disease, diabetes, colon cancer, and osteoporosis. While most school age children are quite active, physical activity sharply declines during adolescence. Children who are raised in families with active lifestyles are more likely to stay active as adults than children raised in families with sedentary lifestyles.

## **0** sugary drinks, more water & low fat milk.

Sugar-sweetened beverage consumption has increased dramatically over the past 20 years; high intake among children is associated with overweight and obesity, displacement of milk consumption, and dental cavities. It is recommended that children 1–6 years old consume no more than 4–6 ounces of juice per day and youth 7–18 years old consume no more than 8–12 ounces. Whole milk is the single largest source of saturated fat in children's diets. Switching to low or non-fat milk products significantly reduces dietary saturated and total fat, as well as total calories.

\*Keep TV/computer out of the bedroom. No screen time under the age of 2.  
Adapted from the Maine Center for Public Health



# Let's Go! Healthcare Sector Overview

Let's Go! is a nationally recognized childhood obesity prevention program designed to increase healthy eating and active living in children from birth to 18. Let's Go! works in six sectors (schools, early childhood, after school, healthcare, workplace and community) to reach children and families where they live, study, work, and play. Let's Go! is centered on the common message of "5210".

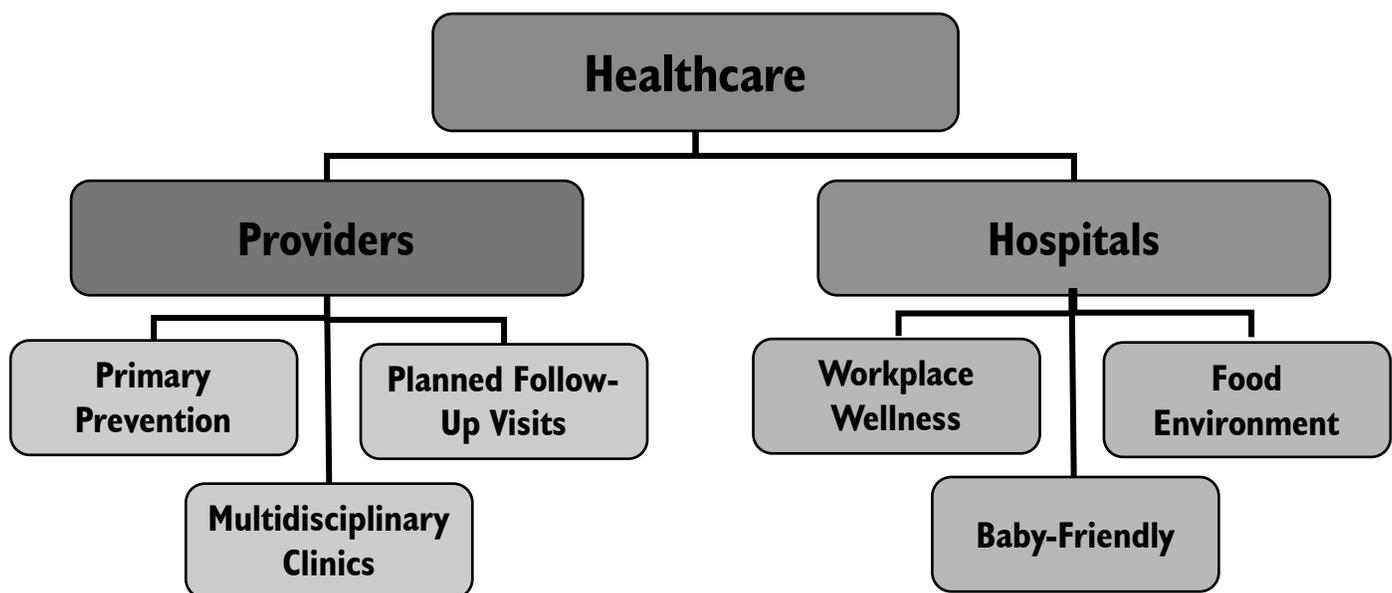
- 5** or more fruits & vegetables
- 2** hours or less recreational screen time\*
- 1** hour or more of physical activity
- 0** sugary drinks, more water & low fat milk

\*Keep TV/Computer out of the bedroom. No screen time under the age of 2.

## Healthcare Sector Overview:

The Let's Go! Healthcare Sector currently focuses on educating primary care physicians on childhood obesity. The Healthcare Sector provides educational outreach, supporting materials and training to physicians working with patients and their families on promoting healthy eating and physical activity to prevent obesity. Introducing the Let's Go! messages in the provider offices not only provides a credible location for the messages, it also emphasizes the important role healthcare professionals can play as community partners.

Let's Go! Healthcare also works with hospitals around 1.) being baby-friendly, 2.) their food environment, and 3.) workplace wellness.



# Let's Go! Healthcare Program Overview

Do you want to be recognized as a Let's Go! Practice? All you need to do is meet the basic criteria for the following 3 components. If you meet these components we will send you a framed certificate for your office and list you on our website: [www.letsgo.org](http://www.letsgo.org).

## 1. Connect to your community & the Let's Go! community efforts

BASIC	ADVANCED
Display a Let's Go! poster in your waiting room and exam rooms	<p>Connect with your local Healthy Maine Partnership</p> <p>Increase involvement in Let's Go! sector interventions</p> <p>Become an advocate for Healthy Eating, Active Living</p> <p>Join local, state, and national advocacy organizations</p>

## 2. Accurately weigh & measure patients

BASIC	ADVANCED
Determine Body Mass Index (BMI), BMI percentile, and weight classification in patients age two years and older	For patients with a BMI greater than 85% use planned follow-up visits and the most recent recommendations to further evaluate patients and provide more intensive treatment

## 3. Have a respectful conversation around healthy eating & active living

BASIC	ADVANCED
Use the 5210 Healthy Habits Questionnaire at well-child visits	Use motivational interviewing techniques to further engage patients and families

### WHAT DO YOU NEED TO DO TO GET STARTED?

Contact Let'sGo! at  
[info@letsgo.org](mailto:info@letsgo.org) or 207.662.3734



[www.letsgo.org](http://www.letsgo.org)

# Childhood Obesity Recommended References

*Pediatrics*, Dec. 2007, Supplement 4, Vol. 120:

- ▶ *American Academy of Pediatrics*, “Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report”
- ▶ *American Academy of Pediatrics*, “Recommendations for Prevention of Childhood Obesity”
- ▶ *American Academy of Pediatrics*, “Assessment of Child and Adolescent Overweight and Obesity”
- ▶ *American Academy of Pediatrics*, “Recommendations for Treatment of Child and Adolescent Overweight and Obesity”

For access to the above documents please visit the “Healthcare” section of our website at [www.letsgo.org](http://www.letsgo.org).

## *Childhood Obesity Action Network*

The Childhood Obesity Action Network is a web-based national network aimed at rapidly sharing knowledge, successful practices and innovation by:

- Mobilizing and inspiring healthcare providers to accelerate improvements in care and advocate for change
- Partnering with a broad constituency of health professionals, quality improvement leaders, childhood obesity experts and child health advocates
- Designing and disseminating policy interventions that will enhance the ability of the healthcare system to address the obesity challenge
- Providing tools and technical assistance to improve clinical care
- Focusing on strategies to reduce health disparities and provide culturally effective care for all families
- Committing to evaluating, learning and sharing evidence-informed strategies

To join the Childhood Obesity Action Network, where you can gain access to the Implementation Guide’s tools, resources, and more, go to: [www.nichq.org/childhood\\_obesity/index.html](http://www.nichq.org/childhood_obesity/index.html).

You will be asked to answer some short questions that include your name, where you work and your email address.

## *Be Our Voice*

Be Our Voice is a campaign that encourages healthcare professionals to be advocates for children in the fight against childhood obesity so the collective voice is heard by legislators who make and enforce rules and regulations that affect children’s health. The campaign involves a variety of resources and tools that can support this process, including:

- Advocacy training modules live and online

- Technical assistance on how to implement the desired change
- Opportunities to find legislators and attend events that could be instrumental in policy change

To join the Be Our Voice campaign and join online communities of other healthcare professionals who are helping to treat and prevent childhood obesity, go to <http://www.nichq.org/register.html> and register.

### ***Next Steps***

Next Steps is a pilot program started in April 2011 by the National Initiative for Children's Healthcare Quality (NICHQ) and the Barbara Bush Children's Hospital at Maine Medical Center that utilizes themed follow-up visits led by the practitioner that can help children and adolescents achieve a healthy weight. It emphasizes measurable goals, small steps, commitment, partnership, family, and community throughout the process. The guide includes:

- Information on how to talk to and encourage the patient and family to make long-lasting lifestyle changes
- Themed visit ideas that can be incorporated into treatment by a variety of specialists and at a variety of different points in the process
- Healthy Habits surveys that can be used to track progress

If you have any questions regarding the Next Steps program, please contact NICHQ ([obesity@nichq.org](mailto:obesity@nichq.org)), Dr. Jonathan Fanburg ([jonathanfanburg@gmail.com](mailto:jonathanfanburg@gmail.com)) or Dr. Victoria Rogers ([rogerv@mmc.org](mailto:rogerv@mmc.org)).

### ***Collaborate for Healthy Weight***

Collaborate for Healthy Weight is a NICHQ project that is funded by Health Resources and Services Administration (HRSA). The project is working together to join public health, primary care and other community sectors together in the effort to initiate change to prevent and treat individuals who are overweight and obese. The main goal of the project is to manage and implement the Healthy Weight Collaborative through which multi-sector teams come together and, after the provided training, help local communities, states, and other interested groups to develop practical approaches that can help prevent and treat obesity in children and families.

To learn more about getting involved, go to:  
<http://www.collaborateforhealthyweight.org/getinvolved.html>.

You can also sign up for the listserv to stay informed on the left-hand side where it says "CLICK HERE TO JOIN."

# Using the Toolkit: Helpful Hints

- Single copies of the *Toolkit* can be ordered FREE of charge by physician practices, hospitals, health centers, and other healthcare organizations in Maine. To order your first copy, email [info@letsgo.org](mailto:info@letsgo.org). Additionally, we're available to come to you for a hands-on demonstration on how to use the *Toolkit* in staff meetings or other venues.
- Multiple copies of the *Toolkit* are available at cost, including shipping and handling charges.
- Multiple copies of the *5, 2, 1, and 0 brochures* can be ordered FREE for use in the state of Maine. A minimum of 50 copies must be ordered. Please email [info@letsgo.org](mailto:info@letsgo.org) for more copies. If you are a practice affiliated with the MMCPHO and have access to the JS McCarthy online catalog, you may order them there as well.
- Out-of-state orders will be charged at cost, including shipping and handling.
- You may co-brand many of these materials by adding the logo, name, and address of your organization. Please do NOT delete the Let's Go! logo or website.
- All of the tools and resources except the flipchart and the BMI wheel can be downloaded in PDF format from the Let's Go! website by logging on to [www.letsgo.org](http://www.letsgo.org) and clicking on "Healthcare".
- Please contact us if you would like additional copies of the *Pediatric Obesity Clinical Decision Support Chart*.
- Should you wish to make any changes in the content of the materials, please contact us to request our permission.

*For more information, contact Let's Go! at [info@letsgo.org](mailto:info@letsgo.org) or (207) 662-3734.*



# In This Section

## Getting Started

Getting Started in Your Practice

Things to Think About BEFORE a Practice Starts Measuring BMI

Frequently Asked Questions



# Getting Started in Your Practice

Screening, prevention, and treatment of obesity are not like many of the other medical conditions you may have addressed in the past. Addressing this growing challenge may require new techniques for your office to learn; the words you use with your patients and families may need to be adjusted to reflect the sensitive nature of weight issues in our culture; and there really isn't a simple cure. All of this may make you wary of starting this work; however, our patients are looking to us to help them. You don't need to take on the whole epidemic of obesity. Let's Go! is working in our schools, childcare centers and at the local, state and national level to help our patients and families make healthy choices around physical activity and healthy eating. Here are a few steps you can take to get started, beginning with number one.

- 1st** **Talk with your staff about their own attitudes and beliefs around healthy behaviors and weight issues (physical activity, healthy eating, etc).** Reinforce that this is an uncomfortable topic, filled with culturally sensitive behaviors, emotions, and opinions. Allow staff to explore their own experiences working with patients and families around weight issues.
  
- 2nd** **Engage your staff; remember it's a team approach.** The whole practice doesn't have to implement these new approaches. However, it's important to engage not only the medical and nursing staff but also the administrative staff. So – your team could be one provider, one nurse, and one secretary. They could try things out and then gradually spread this to the rest of the team.
  
- 3rd** **Think about your environment.** Are there subtle messages your office sends out around healthy behaviors and weight? (In the Toolkit under the tab - *Office Tools*, there are resources to help you create a healthy office environment).
  - **Posters:** Add the Let's Go! poster to your exam rooms (a great way to start a conversation!)
  - **Role modeling:** Wear a pedometer, drink water
  - **Food:** Serve healthy lunches at staff meetings and be conscious of snacks and drinks that may be observed by patients and families.
  
- 4th** **Start screening and documenting Body Mass Index (BMI) percentile for age/gender.** (In the Toolkit under *Provider Tools*, there are resources to help you start implementing BMI percentile for age/gender screening in your office).

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**5th Incorporate the 5210 Healthy Habits questionnaire into your office work flow.** This tool will help you focus on behaviors and not on weight. (In the Toolkit under – *Provider Tools*, there are copies of the questionnaires – one for parents to fill out with children ages 2-9 and one for children ages 10-18 to fill out themselves).

**“A simple parent questionnaire and a simple slogan 5210 gives the provider an entry into this difficult topic of obesity and provides neutral ground for discussion with parents.”**

– Deb J. Ganem, MD - Pediatrician in Nashua, NH.

**6th Talk with Patients and Families.** This may require you to think differently about counseling patients – they don’t necessarily need more information, they need to be guided to helping them define their own priorities and their willingness to change. (In the Toolkit under *Talking with Parents and Families*, there are resources for you and your staff to use to learn more about these techniques).

**7th Hand out the patient and family tools one at a time – based upon the patient’s and family’s areas of interest.** (In the Toolkit under *Patient Tools*, there are a number of handouts on everything from 5210, to why breakfast is best to the importance of sleep).

**8th Explore your natural connections to the community – your voice matters!** There are many opportunities for you and your office team to advocate for healthy eating and physical activity in your community (schools, childcare centers, faith based organizations, etc.) and at the state and national level advocating for policy changes. Think about where you spend your time or are a member of a board or committee and whether there are ways to model healthy behaviors. Also, be sure to check out *Be Our Voice*, a campaign that encourages healthcare professionals to be advocates for children in the fight against childhood obesity so the collective voice is heard by legislators who make and enforce rules and regulations that affect children’s health To learn more and to register, go to <http://www.nichq.org/register.html>.

As your practice thinks about working these tools and 5210 messages into your office please know we are here to support you in your implementation. Please email: [info@letsgo.org](mailto:info@letsgo.org) for more information.

# Things to think about BEFORE a practice starts measuring BMI.

1. **The focus is on healthy behaviors.** It's important to remember the focus should be on healthy behaviors and NOT on the weight. Healthy behaviors include 5210, plus setting structured mealtimes, eating less fast food, and getting enough sleep.
2. **The 5210 Healthy Habits Questionnaire.** The first thing to institute in your practice is this questionnaire at all well-child checks for children 2 years and older. Questions to consider:
  - *When and where will the survey be handed out?*
  - *Who will the patient/parent give the survey back to?*
  - *Where will the survey be placed in the chart?*
3. **Goal setting with patients and families.** It's important to have patients and families work on one area at a time. Simple, easily attainable goals are the key to success. An example is reducing intake of sugar-sweetened beverages.
4. **Parent information.** It's important to have information for parents on how they can make simple changes in their lives to be healthier. The Let's Go! Toolkit has many handouts available for your patients. These handouts will also be available on the Let's Go! web site at [www.letsgo.org](http://www.letsgo.org). Questions to consider:
  - *What handouts are you going to use?*
  - *Where will the handouts be stored/displayed?*
  - *Who is responsible for ordering/stocking handouts?*
5. **Measuring BMI can be complicated.** Here are some things to consider:
  - *How does your office currently measure patients' height and weight? Who does the measuring? Is it standardized throughout the office?*
  - *Can the person who does the measuring also calculate the BMI and determine the BMI percentile and weight classification? (Usually one person does all of this.)*
  - *Where will the BMI percentile and weight classification be documented?*
  - *Are the appropriate staff members trained in BMI calculations and documentation?*

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6. The language we use is very important when working with patients and families on healthy behaviors. First ask permission and then focus on positive, healthy behaviors, not on the weight.

- *A BMI of less than 5% is medically termed “underweight”.*
  - ▶ Instead of using the term “underweight”, try saying, “Your child may not be getting enough calories every day.”
  - ▶ Ask the child about his/her daily eating habits.
  - ▶ Discuss the 5210 behaviors and encourage healthy eating habits.
  - ▶ If you think it is applicable, you could begin the conversation around a positive body image.
- *A BMI of 5-84% is medically termed “healthy weight”. It is still important to talk about healthy behaviors with this group.*
- *A BMI of 85-94% is medically termed “overweight”.*
  - ▶ Instead of using the term “overweight”, try reviewing the BMI growth chart with the child/parent. Use wording such as “Your child might be carrying a little extra weight. It might not mean he/she has extra fat.”
  - ▶ Quickly steer the conversation to the 5210 behaviors.
  - ▶ Ask the child/parent if there is one behavior they would like to work on.
  - ▶ Use the survey to help elicit interest.
  - ▶ If they are not interested in making a change now, stay positive and encourage them to pick a behavior to start thinking about.
- *A BMI of 95-98% is medically termed “obese”.*
  - ▶ Instead of using the term “obese”, try “Your child has put on more weight than they have grown tall,” or “Your child is carrying around extra weight and this can put them at risk for health conditions such as heart disease and diabetes.”
  - ▶ Once again, quickly move the discussion to healthy behaviors.
  - ▶ Refer to the clinical algorithm in the Toolkit to determine the recommended evaluation, intervention and follow-up.
- *A BMI of 99% or greater has no specific medical term.*
  - ▶ Try using some of the wording reviewed above.
  - ▶ Additional discussion of the health risks such as heart disease, diabetes, and liver problems is warranted.
  - ▶ Once again, focus the visit on making healthy behavior choices.
  - ▶ Refer to the clinical algorithm.

7. **It’s important to set a good example.** Practices can set a good example by having healthy snacks available for office staff and avoiding junk food and soda.

8. **Potential limitations on the use of the BMI.** BMI does not directly measure fat, it measures weight. That said, there have been numerous studies determining BMI to be a good screening tool to identify children who have an increased percentage of body fat and who are at risk for medical conditions, such as heart disease and diabetes.

# Frequently Asked Questions

## 1. What is BMI?

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Body Mass Index (BMI) is a number calculated from a child's (age 2 and older) height and weight. BMI is an inexpensive and easy-to-perform method of screening for weight categories that may lead to health problems. For children and teens, BMI is age- and sex-specific and is often referred to as BMI-for-age. (Source: [www.cdc.gov](http://www.cdc.gov))

## 2. What is a BMI percentile?

---

After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking.

Weight Status Category	Percentile Range
Underweight	Less than the 5th percentile
Healthy Weight	5th percentile to less than the 85th percentile
Overweight	85th to less than the 95th percentile
Obese	Equal to or greater than the 95th percentile

## 3. How is BMI used with children and teens?

---

BMI is used as a screening tool to identify possible weight problems for children. CDC and the American Academy of Pediatrics (AAP) recommend the use of BMI to screen for overweight in children beginning at 2 years of age. BMI is not a diagnostic tool. For example, a child may have a high BMI for age and sex, but to determine if excess fat is a problem, a healthcare provider would need to perform further assessments. These assessments might include evaluations of diet, physical activity, family history, skin fold thickness, and other appropriate health screenings.

## 4. What about the growth chart?

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This is where the beauty of pediatrics shines through. We love our growth charts. The tracking of BMI over time on a CDC BMI-for-age growth chart provides clinical information for assessment, education and intervention.

## 5. How do I calculate BMI?

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Use a BMI wheel, calculator (see below for a link to the CDC) or the BMI formula:

BMI (English) =  $\text{weight (lb)} \div [\text{height (in)} \times \text{height (in)}] \times 703$

BMI (Metric) =  $\text{weight (kg)} \div [\text{height (m)} \times \text{height (m)}]$

BMI Percentile Calculator for Children and Teens:

<http://apps.nccd.cdc.gov/dnpabmi/Calculator.aspx>

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# Frequently Asked Questions (continued)

## 6. How do you take a proper height and weight measurement of a patient 2 years or older?

### ***Measuring Weight***

Children should be weighed using a platform scale. This may be a beam balance scale or a digital (electronic load cell or strain gauge) scale. Check your equipment regularly to make sure you are getting accurate measurements. Scales should be calibrated on a routine basis. Calibration involves putting known weight on the scale to check accuracy. Be sure the scale is placed on a flat, uncarpeted floor.

Procedure:

- A. Ask the child to remove shoes and bulky clothing.
- B. Place the scale in the “zero” position before the child steps on the scale.
- C. Ask the child to stand still with both feet in the center of the platform.
- D. Record the measurement to the nearest decimal fraction.
- E. Have the child step off the scale.

### ***Measuring Height***

A standing height board or stadiometer is required. This device has a vertical ruler with a sliding horizontal rod that adjusts to rest on the head. It also has a permanent surface to stand on or the entire device is mounted on the wall of a room with a level floor.

Procedure:

- A. Before you begin, ask the child to remove shoes, hats, and bulky clothing, such as coats and sweaters. Ask the child to remove or undo hair styles and hair accessories that interfere with taking a measurement. In rare cases, a child may be unwilling to undo an intricate or costly hairstyle. In these situations, care should be taken to locate the actual crown of the head.
- B. Direct the child to stand erect with shoulders level, hands at sides, thighs together, and weight evenly distributed on both feet. The child’s feet should be flat on the floor or foot piece, with heels comfortably together and touching the base of the vertical board. There are four contact points between the body and the stadiometer: head, upper back, buttocks, and heels.
- C. Ask the child to adjust the angle of his/her head by moving the chin up or down in order to align head into the Frankfort Plane. The Frankfort Plane is an imaginary line from the lower margin of the eye socket to the notch above the tragus of the ear (the fleshy cartilage partly extending over the opening of the ear). This is best viewed and aligned when the viewer is directly to the side of and at the eye level of the child. When aligned correctly, the Frankfort Plane is parallel to the horizontal headpiece and perpendicular to the vertical back piece of the stadiometer. NOTE: When the chin is correctly positioned, the back of the head may not make contact with the board. In fact, in a very few individuals, only two points will make contact with the vertical back piece.

- D. Ask the child to breathe in and maintain his/her position. Lower the headpiece until it firmly touches the crown of the head and is at a right angle with the measurement surface. Check contact points to ensure that the lower body stays in the proper position and the heels remain flat. Some children may stand up on their toes, but verbal reminders are usually sufficient to get them in proper position.
- E. Record height to the nearest 1/8th of an inch.

*Adapted from the Center for Weight and Health at the University of California – Berkeley*

## **7. How do you take a proper weight and length measurement of a patient less than 2 years old?**

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### ***Measuring Weight***

Infants should be weighed using a hospital-grade platform scale. This may be a beam balance scale or a digital (electronic load cell or strain gauge) scale. Check your equipment regularly to make sure you are getting accurate measurements. Scales should be calibrated on a routine basis. Calibration involves putting known weight on the scale to check accuracy. Be sure the scale is placed on a flat, uncarpeted floor.

Procedure:

- A. Remove shoes, clothing, and diaper from the infant.
- B. Place the scale in the “zero” position before you place the infant on the scale.
- C. Make sure the child is on the center of the platform.
- D. Record the measurement to the nearest decimal fraction.
- E. Remove the child from the scale.

### ***Measuring Length***

Best Practice: A platform with an attached yardstick, a fixed head plate, and a movable footplate is required. The footplate can be adjusted so it comes up to the bottom of infant’s heels. This apparatus should be used on a flat surface and requires two people to operate.

Procedure:

- A. Remove shoes, clothing, and diaper from the infant.
- B. Lay the child on the platform.
- C. Have one person hold the head of the infant.
- D. The other person should keep the infant’s knees straight and bring the adjustable footplate up to the infant’s heels.
- E. Secure the footplate.
- F. Remove the infant from the surface.
- G. Record the measurement on the yardstick to the nearest 1/8th of an inch.

*(continued on other side)*

# Frequently Asked Questions (continued)

Common Practice: Many clinicians measure infants by laying the patient on the paper covering the exam table and marking the positions of the head and the feet on the paper. They then remove the patient and use a measuring tape to quantify the distance between the two pen markings. While this procedure can be very inaccurate due to the incorrect positioning of the infant, movement and crumpling of the paper and failure to get perpendicular markings by the pen there are a few tips to getting good length data if this method is used in your office:

- A. Ask the caregiver who is with the patient to hold the patient as still as possible.
- B. Measure the length three times and use the average.
- C. If you notice a leveling off or a decline in the patient's length consider a more precise measurement such as the best practice noted above.

## 8. What does 5210 stand for?

---

- 5 – 5 or more fruits & vegetables
- 2 – 2 hours or less of recreational screen time
- 1 – 1 or more hour of physical activity
- 0 – 0 sugary drinks, more water & low fat milk

## 9. What is the science behind the 5210 message?

---

There is a scientific rationale supporting each component of the 5210 message. It has been used in doctors' offices in Maine for the past three years and has been used in school settings for the past one and a half years. The 5210 message is an easy way to begin an open discussion about the ways to increase physical activity and healthy eating.

### **5 or more fruits & vegetables**

Scientific Rationale: A diet rich in fruits and vegetables provides vitamins and minerals, which are important for supporting growth and development, and for optimal immune function in children. High daily intakes of fruits and vegetables among adults are associated with lower rates of chronic diseases such as heart disease, stroke, high blood pressure, diabetes, and possibly, some types of cancers. Emerging science suggests fruit and vegetable consumption may help prevent weight gain, and when total calories are controlled may be an important aid to achieving and sustaining weight loss.

### **2 hours or less of recreational screen time**

Scientific Rationale: According to the American Academy of Pediatrics (AAP,) the average child watches an average of 5–6 hours of television a day. Watching too much television is associated with an increased prevalence of overweight and obesity, lower reading scores, and attention problems. The AAP therefore recommends that children under age two shouldn't watch any television. In addition, the AAP recommends no TV or computer in the room in which the child sleeps, and no more than 2 hours of screen time a day.

## **I hour or more of physical activity**

Scientific Rationale: Regular physical activity is essential for weight maintenance and prevention of chronic diseases such as heart disease, diabetes, colon cancer, and osteoporosis. While most school age children are quite active, physical activity sharply declines during adolescence. Children who are raised in families with active lifestyles are more likely to stay active as adults than children raised in families with sedentary lifestyles.

## **0 sugary drinks, more water & low fat milk**

Scientific Rationale: Sugar-sweetened beverage consumption has increased dramatically over the past 20 years; high intake among children is associated with overweight and obesity, displacement of milk consumption, and dental cavities. It is recommended that children 1–6 years old consume no more than 4–6 ounces of juice per day and youth 7–18 years old consume no more than 8–12 ounces. Whole milk is the single largest source of saturated fat in children’s diets. Switching to low or non-fat milk products significantly reduces dietary saturated and total fat, as well as total calories.

## **10. How do I use the 5210 Healthy Habits Questionnaire in my practice?**

---

The first thing to institute in your practice is the 5210 Healthy Habits Questionnaire at all well-child checks for children 2 years and older. Questions to consider:

- When and where will the survey be handed out?
- Who will the patient/parent give the survey back to?
- Who will review the survey with the patient/family?
- Where will the survey be placed in the chart?

## **11. Are there discussion points for the questionnaire I can use?**

---

### ***Discussion Points***

(Please note the questions below are from the questionnaire for Ages 10–18. The same discussion points apply to both age ranges.):

### **A. How many servings of fruits or vegetables do you eat a day?**

5 or more servings of fruits or vegetables per day help provide a healthy diet. The palm of the child’s hand is a good reference for a serving size for meat and protein and most vegetables. A more accurate guide for each meal is:

- 3 ounces of protein, such as chicken, lean meat, fish, tofu, or 2 tablespoons of peanut butter
- ½ cup to 1 cup of a starch, such as pasta, potato, rice, or 2 slices of bread
- ½ cup to 1 cup of vegetables
- ½ cup or one small piece fresh fruit
- 1 cup milk or 1–2 ounces of low fat cheese

(continued on other side)

# Frequently Asked Questions (continued)

For more information, refer generally to the “5” tab and in particular the following patient tools: “5 Brochure”, “What’s a Healthy Portion”, “To Have Fruits and Veggies Year-Round, Add Frozen or Canned”, “Fuel Learning with Fruits and Vegetables” and “Encourage Kids to Eat More Fruits & Veggies”

**B. How many times a week do you eat dinner at the table together with your family?**

Family meals are associated with an increased intake of fruits, vegetables, and milk. Encourage families to eat meals together more often. Mealtime is a great opportunity for parents to connect with their kids.

For more information, reference the “5” tab and in particular the handout “A Meal is a Family Affair”

**C. How many times a week do you eat breakfast?**

A daily breakfast is very important for a healthy diet. Skipping breakfast may be a risk factor for obesity.

For more information, reference the “5” tab, specifically the handout “Breakfast is Best!”

**D. How many times a week do you eat takeout or fast food?**

Eating takeout or fast food may be associated with obesity. These foods have a tendency to be fattier so children should eat them less often. If children do eat takeout or fast food, they should look for healthy options.

For general information reference the “5” tab. Check out the following tools in particular: “Healthy Favorites: A booklet full of healthy tips and recipes”, “Tasty Snacks for Healthy Kids”, “Snacking Tips for Healthy Kids”, “Healthy Shopping on a Budget”, “The Fittest Food” and “Go Foods, Slow Foods, Whoa Foods”

**E. How many hours a day do you watch TV/movies or sit and play video/computer games?**

**F. Do you have a TV in the room where you sleep?**

**G. Do you have a computer in the room where you sleep?**

The American Academy of Pediatrics recommends the following: 2 hours or less of recreational screen time. They also recommend: no screens in the child’s bedroom and no TV or computer under the age of 2.

For more information, reference the “2” tab, including the following handouts: “2 Brochure” and “Promote Healthy Viewing Habits”

**H. How much time a day do you spend in active play (faster breathing/heart rate or sweating)?**

1 hour or more; the time spent doing physical activity can be separated out throughout the day.

For more information, reference the “1” tab, specifically the “1 Brochure”, “Be Active Every Day!”, “Physical Activity Breaks” and “Take It Outside”

**I. How many 8-ounce servings of the following do you drink a day?**

**100% juice:**

- 4–6 ounces for children 1–6 years old
- 8–12 ounces for children 7–18 years old

- Children 6 months and under should not be given juice

**Water:** unlimited

**Fruit or sports drinks:** limited—you can use this opportunity to have a conversation about when a sports drink is needed (after 60 minutes of continuous vigorous activity).

**Soda or punch:** limited

**Whole milk:** recommended for children 1 year to 2 years. After age 2, children should be drinking low fat or skim milk. Children under 1 year should drink breast milk or formula.

**Fat-free or reduced fat milk:**

- Children ages 2–3: 2 cups a day
- Children ages 4–8: 3 cups a day
- Pre-teens and teens: 4 cups a day

*For general information, reference the “0 tab” and be sure to look at the following handouts: “0 Brochure”, “Calcium Counts!”, “Water is Fuel for your Body”, “What Should Young Children Drink?”, “Enlightening Facts About Juice” and “For Growing Bones...Which Milk?”*

## **12. Will discussion of the 5210 message lead to an increase in eating disorders such as anorexia nervosa?**

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There is no current evidence that bringing up healthy behaviors in a positive manner leads to disordered eating. The 5210 message provides an easy way to discuss general health subjects that apply to everyone. Its purpose is to spread healthy behaviors. A recent study in a medical journal (Austin, et al., Archives of Pediatrics and Adolescent Medicine, vol. 159: 225-230) supported the idea that interventions like Let’s Go! may actually help prevent eating disorders in early adolescent girls.

## **13. How important is our office behavior to the success of this program’s implementation?**

---

Role modeling is a very important part of changing behaviors among children. Healthy behaviors you can model include: offering healthy snacks at office meetings, holding walking meetings when possible, promoting the use of pedometers by staff, and not using food as a reward.

*For more information, reference the following patient tools: “Healthy Favorites: A booklet full of healthy tips and recipes” and “Creating a Healthy Office Environment”*

## **14. I have obese kids in my practice. Now what?**

---

Good question! There are many resources being put in place to help providers. We have educational opportunities such as regional workshops that will be offered in your area. Additionally, the Let’s Go! Childhood Obesity Resource Toolkit for Healthcare Professionals is available by emailing [info@letsgo.org](mailto:info@letsgo.org). Finally, below are resources that you may find helpful to get you started. And remember: you can always call us at 207-662-3734 if you have any questions – we are here to help!

(continued on other side)



# Frequently Asked Questions (continued)

## *Internet resources:*

- ▶ **Let's Go!:**  
Maine information for kids, teens, parents, childcare and healthcare providers, schools, and workplaces.  
[www.letsgo.org](http://www.letsgo.org)
- ▶ **Childhood Obesity Action Network (COAN):**  
The Childhood Obesity Action Network is a web based national network aimed at rapidly sharing knowledge, successful practices and innovation.  
[www.nichq.org/NICHQ/Programs/ConferencesAndTraining/ChildhoodObesityActionNetwork.htm](http://www.nichq.org/NICHQ/Programs/ConferencesAndTraining/ChildhoodObesityActionNetwork.htm)
- ▶ **Healthy Maine Partnerships:**  
[www.healthymainepartnerships.org](http://www.healthymainepartnerships.org)

## **CDC**

- ▶ **Growth Charts:** [www.cdc.gov/growthcharts](http://www.cdc.gov/growthcharts)
- ▶ **Children's BMI Risk Category Dependent on Age:**  
<http://www.cdc.gov/healthyweight/assessing/bmi/index.html>
- ▶ **Z Score Data Files:**  
[www.cdc.gov/nchs/about/major/nhanes/growthcharts/zscore/zscore.htm](http://www.cdc.gov/nchs/about/major/nhanes/growthcharts/zscore/zscore.htm)
- ▶ **WHO Growth Standards:** [http://www.cdc.gov/growthcharts/who\\_charts.htm](http://www.cdc.gov/growthcharts/who_charts.htm)
- ▶ **Children's BMI Calculator:** <http://www.bcm.edu/cnrc/bodycomp/bmiz2.html>
- ▶ **Let's Move** [www.letsmove.gov/](http://www.letsmove.gov/)

## **Local Multidisciplinary Treatment Clinics**

- ▶ **WOW! Way to Optimal Weight**  
[http://www.emmc.org/pediatric\\_services.aspx?id=58902](http://www.emmc.org/pediatric_services.aspx?id=58902)
- ▶ **Countdown to A Healthy ME Program**  
[http://www.mmc.org/mmp\\_spcare.cfm?id=5690](http://www.mmc.org/mmp_spcare.cfm?id=5690)
- ▶ **Zing! Clinic**  
<http://www.pbmc.org/zing>

## **15. How do I get involved in my community?**

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Because providers are one component of a diverse plan to help children make healthy behavior changes, getting involved with your community can be very effective. Providers have the opportunity to leverage their public standing and their medical expertise to make changes in the overall health of the community. We want to help you get involved! Please contact Let's Go! at [info@letsgo.org](mailto:info@letsgo.org) with interest or ideas.

# In This Section

## Provider Tools

Growth Standards in 0 - 2 Year Olds

Measuring Weight & Length: 0 - 2 Year Olds

World Health Organization Charts: Birth to 2 years (percentiles):

- Weight-for-length: GIRLS
- Weight-for-length: BOYS
- Weight-for-age: GIRLS
- Weight-for-age: BOYS
- Length-for-age: GIRLS
- Length-for-age: BOYS

Measuring Height and Weight

Body Mass Index-for-Age Percentiles Growth Chart: Girls

Body Mass Index-for-Age Percentiles Growth Chart: Boys

5210 Healthy Habits Questionnaire: Ages 2 - 9

5210 Healthy Habits Questionnaire: Ages 10 - 18

5210 Healthy Habits Questionnaire: Ages 2 - 9 (Spanish)

5210 Healthy Habits Questionnaire: Ages 10 - 18 (Spanish)

Summary of the American Academy of Pediatrics (AAP): Policy on Breast-feeding and Use of Human Milk

Pediatric Obesity Clinical Decision Support Chart

Additional Resources for Providers



# Growth Standards in 0 - 2 Year Olds

Growth charts are composed of percentile curves that show the distribution of selected body measurements in children. Pediatric growth charts are used by pediatricians, nurses, and parents to assess the growth of infants, children, and adolescents in the United States.

The CDC recommends that health care providers use the WHO growth standards to track the growth for infants and children between the ages of 0 and 2 years of age. (After 2 years, the CDC recommends using the CDC growth charts.)

**It is important to remember that growth charts cannot be used as a solitary diagnostic instrument.** Rather, the clinician should use the charts in forming an overall clinical impression for the child being measured.

*Reference:*

Centers for Disease Control and Prevention: <http://www.cdc.gov/growthcharts>



# Measuring Weight & Length: 0 - 2 Year Olds

## What children should I take length measurements for?

- ▶ Length is measured lying down. Height is measured standing up. Typically, length (lying down) is measured in children 0-2 years old. The charts are normalized for this age group. The CDC recommends that health care providers use the WHO growth standards to monitor growth in infants and children ages 0-2 year old in the U.S. The CDC recommends using their growth charts for children age 2 years and older in the U.S!.

## Why should I measure weight-for-length?

- ▶ The CDC recommends that health care providers use the WHO growth standards to monitor growth for infants and children between 0 and 2 years old in the United States.
- ▶ BMI is not a unit of measurement under the age of two. Under the age of two the length measure is used to track growth. BMI uses height not length in its calculation. Length and height cannot be used interchangeably.
- ▶ Weight-for-length percentile charts allow clinicians to determine the trend of weight gain as compared to length gain *over time* (the measurement cannot stand on its own). Any abnormal patterns can help clinicians identify those children who need early dietary intervention.
- ▶ This important information is harder to appreciate when plotting weight-for-age and length-for-age with infants.
- ▶ Many older children and adolescents with BMI > 95 percentile have been overweight since infancy, so early identification in the first 2 years can have large preventive effects.

## Measuring Weight

Infants should be weighed using a hospital-grade platform scale. This may be a beam balance scale or a digital (electronic load cell or strain gauge) scale. Check your equipment regularly to make sure you are getting accurate measurements. Scales should be calibrated on a routine basis. Calibration involves putting known weight on the scale to check accuracy. Be sure the scale is placed on a flat, uncarpeted floor.

### Procedure:

1. Remove shoes, clothing, and diaper from the infant.
2. Place the scale in the “zero” position before you place the infant on the scale.
3. Make sure the child is on the center of the platform.
4. Record the measurement to the nearest decimal fraction.
5. Remove the child from the scale.

## Measuring Length<sup>2,3</sup>

**Best Practice:** A platform with an attached yardstick, a fixed head plate, and a movable footplate is required. The footplate can be adjusted so it comes up to the bottom of infant's heels. This apparatus should be used on a flat surface and requires two people to operate.

### Procedure:

1. Remove shoes, clothing, and diaper from the infant.
2. Lay the child on the platform.
3. Have one person hold the head of the infant.
4. The other person should keep the infant's knees straight and bring the adjustable footplate up to the infant's heels.
5. Secure the footplate.
6. Remove the infant from the surface.
7. Record the measurement on the yardstick to the nearest 1/8<sup>th</sup> of an inch.

**Common Practice:** Many clinicians measure infants by laying the patient on the paper covering the exam table and marking the positions of the head and the feet on the paper. They then remove the patient and use a measuring tape to quantify the distance between the two pen markings. While this procedure can be very inaccurate due to the incorrect positioning of the infant, movement and crumpling of the paper and failure to get perpendicular markings by the pen there are a few tips to getting good length data if this method is used in your office:

- ▶ Ask the caregiver who is with the patient to hold the patient as still as possible.
- ▶ Measure the length three times and use the average.
- ▶ If you notice a leveling off or a decline in the patient's length consider a more precise measurement such as the best practice noted above.

### Reference:

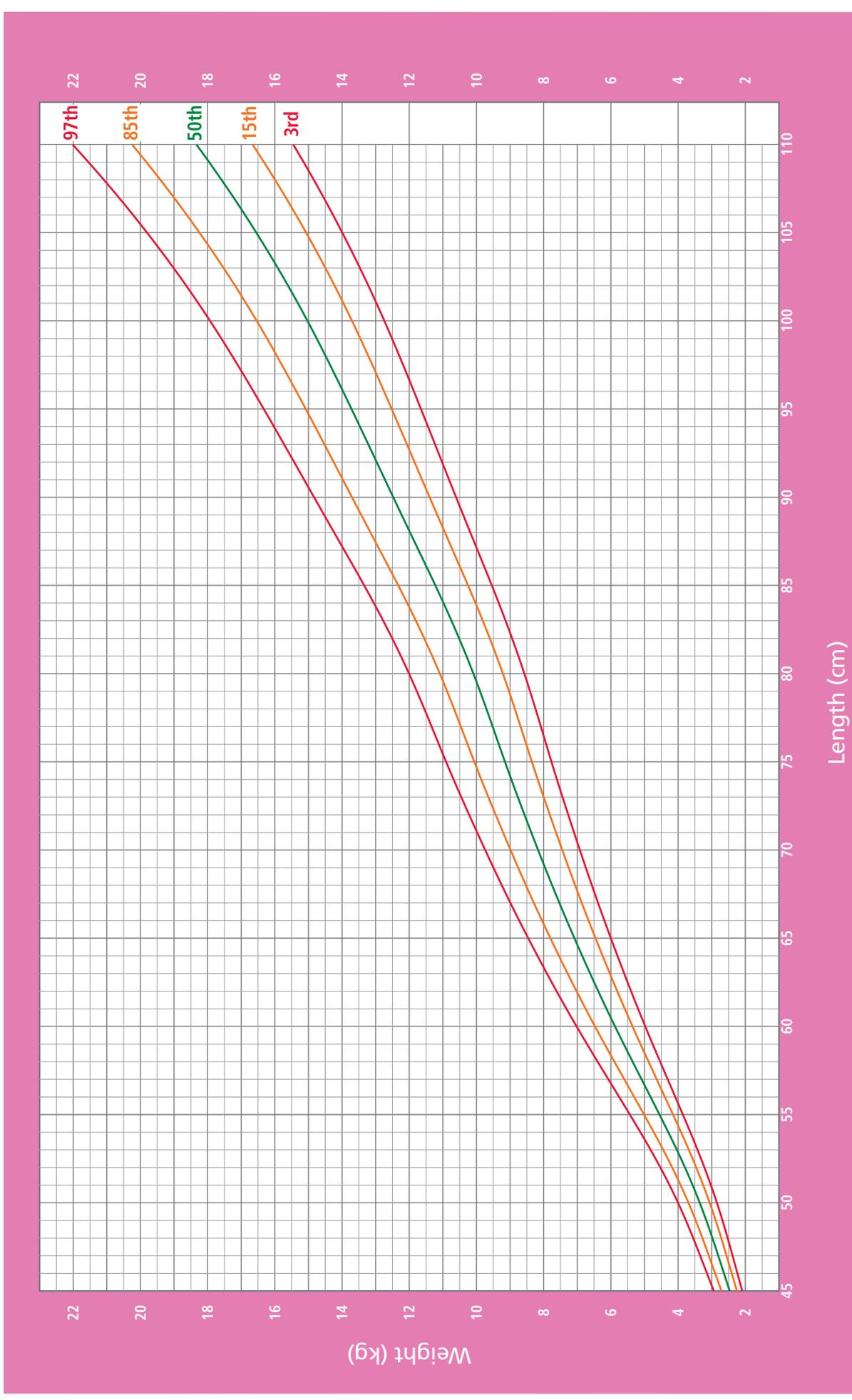
<sup>1</sup> Centers for Disease Control and Prevention: Growth Charts ([www.cdc.gov/growthcharts](http://www.cdc.gov/growthcharts))

<sup>2</sup> Lifshitz, Fima. *Pediatric Endocrinology Fifth Edition: Volume 2 Growth, Adrenal, Sexual, Thyroid, Calcium, and Fluid Balance Disorders*. 2007: 4-6.

<sup>3</sup> Wales, Jeremy K.H., Rogol, Alan D., Maarten Wit, Jan. *Color Atlas of Pediatric Endocrinology and Growth*. 1996: 2-3.

# Weight-for-length GIRLS

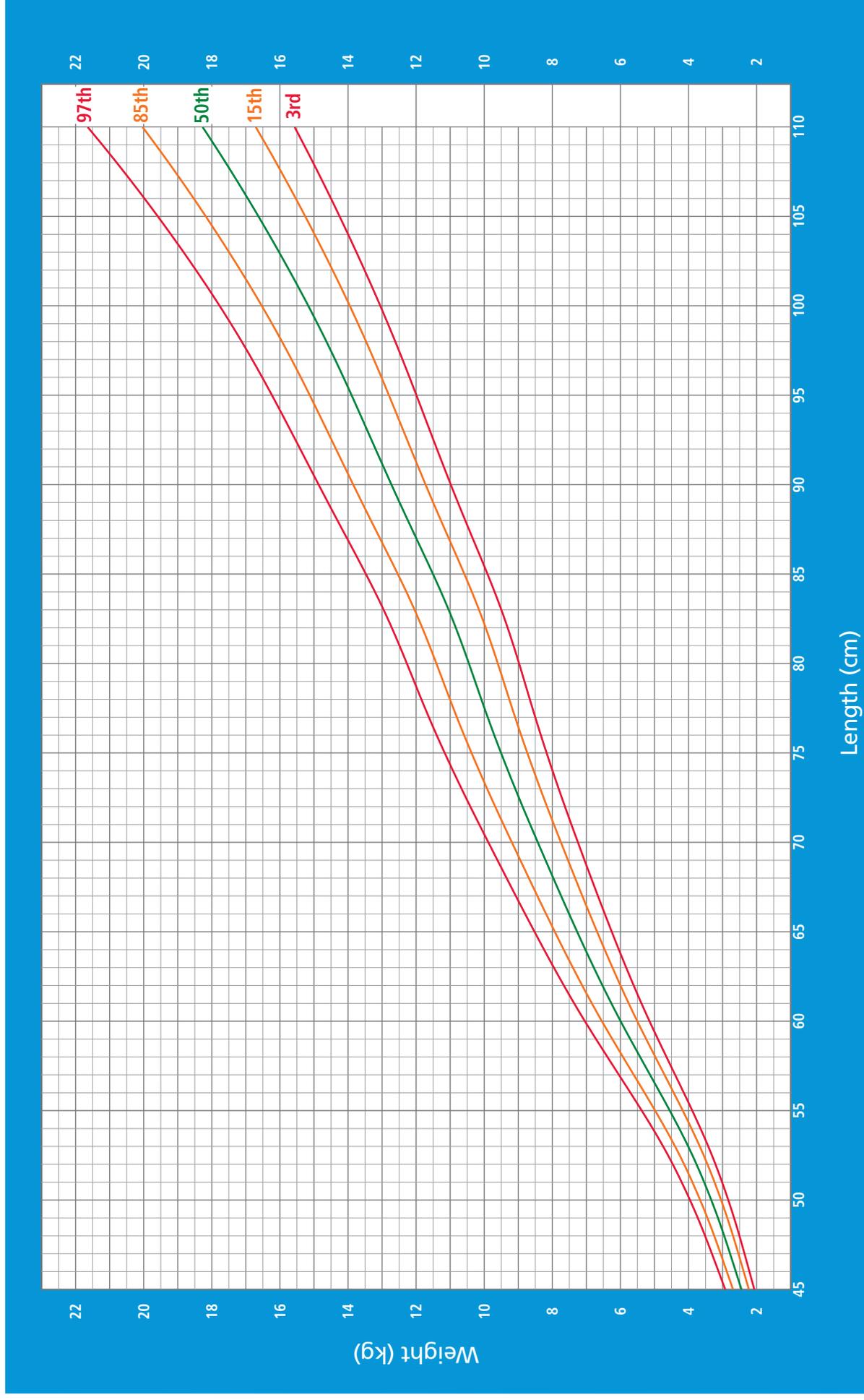
Birth to 2 years (percentiles)





# Weight-for-length BOYS

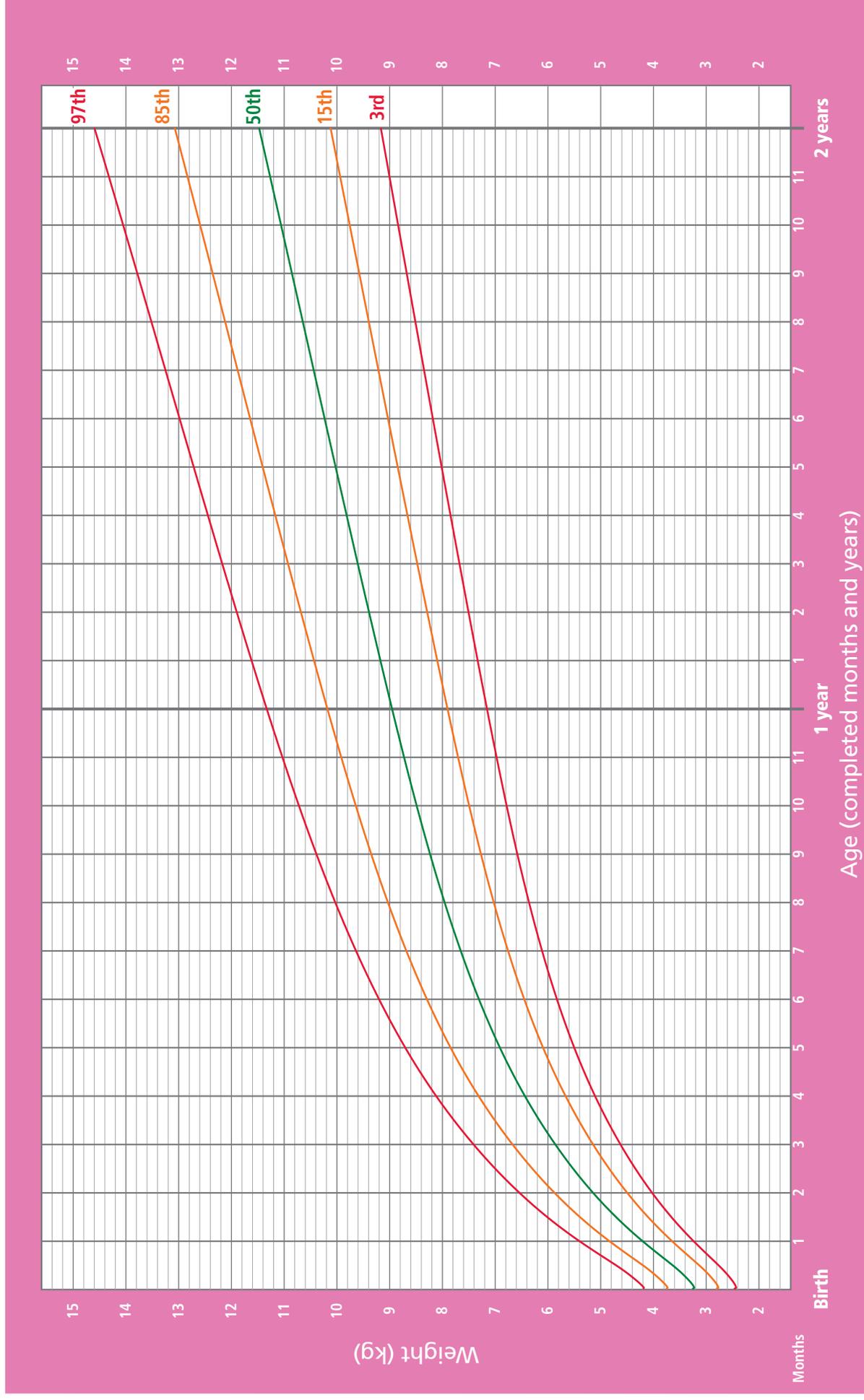
Birth to 2 years (percentiles)





# Weight-for-age GIRLS

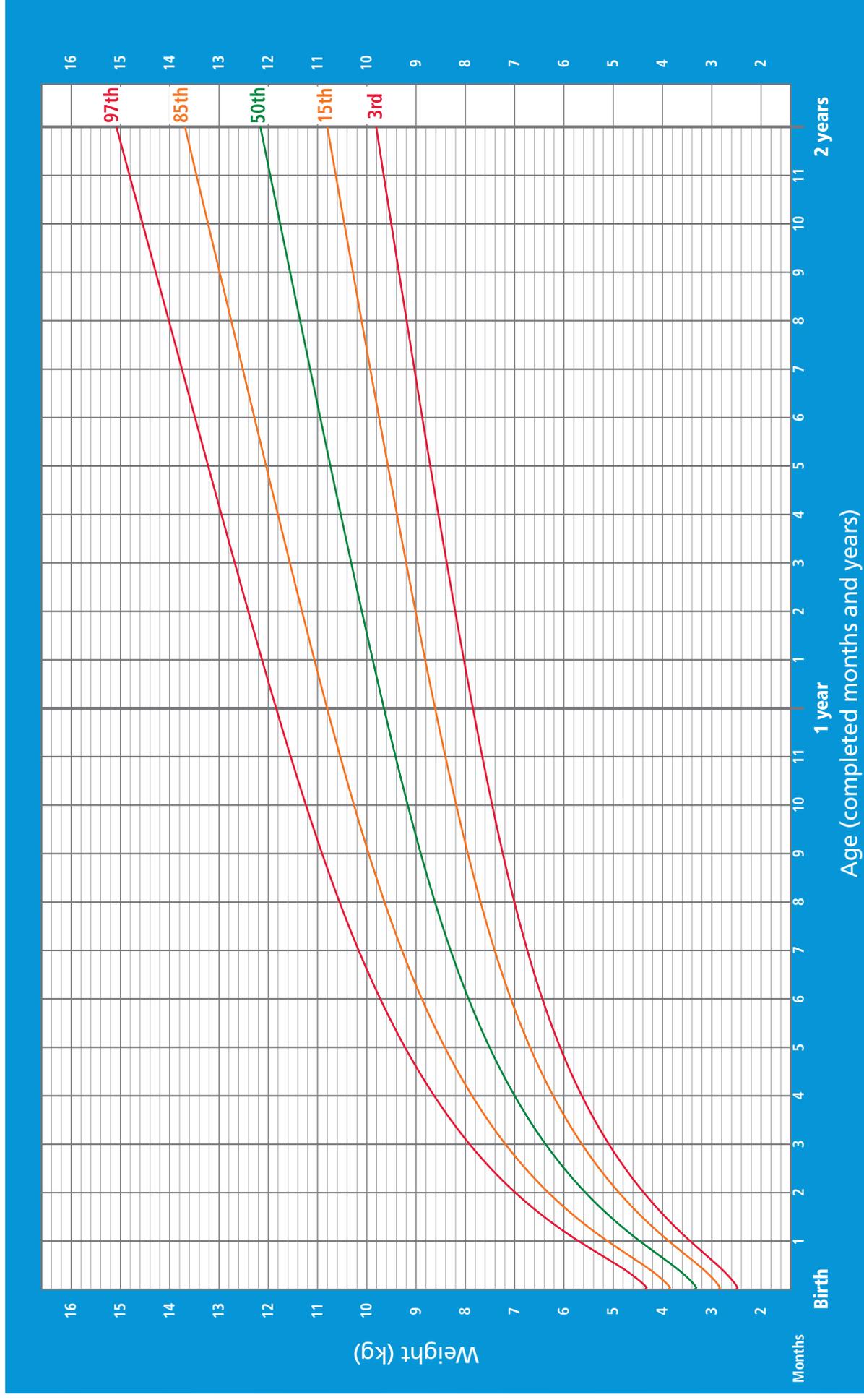
Birth to 2 years (percentiles)





# Weight-for-age BOYS

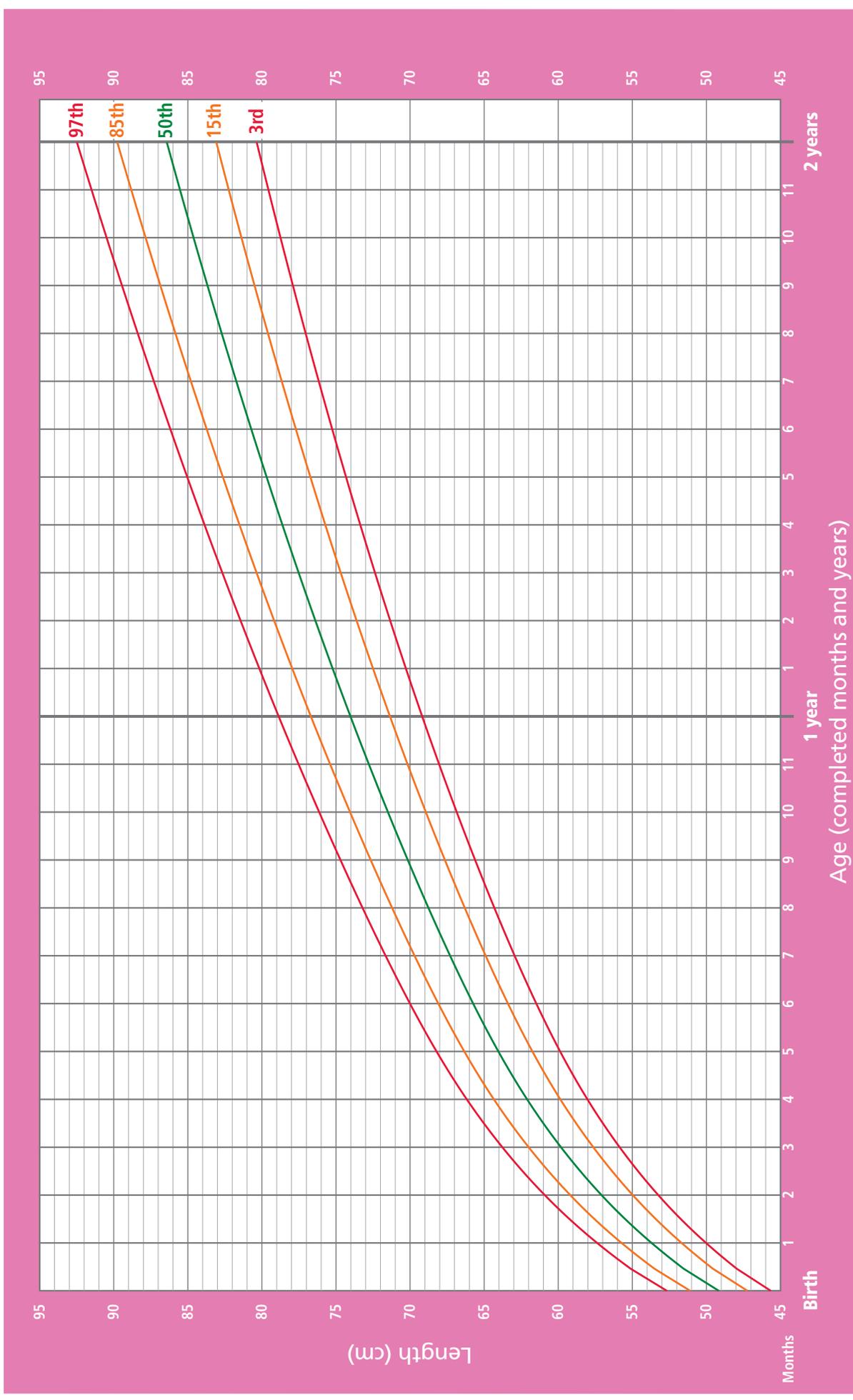
Birth to 2 years (percentiles)





# Length-for-age GIRLS

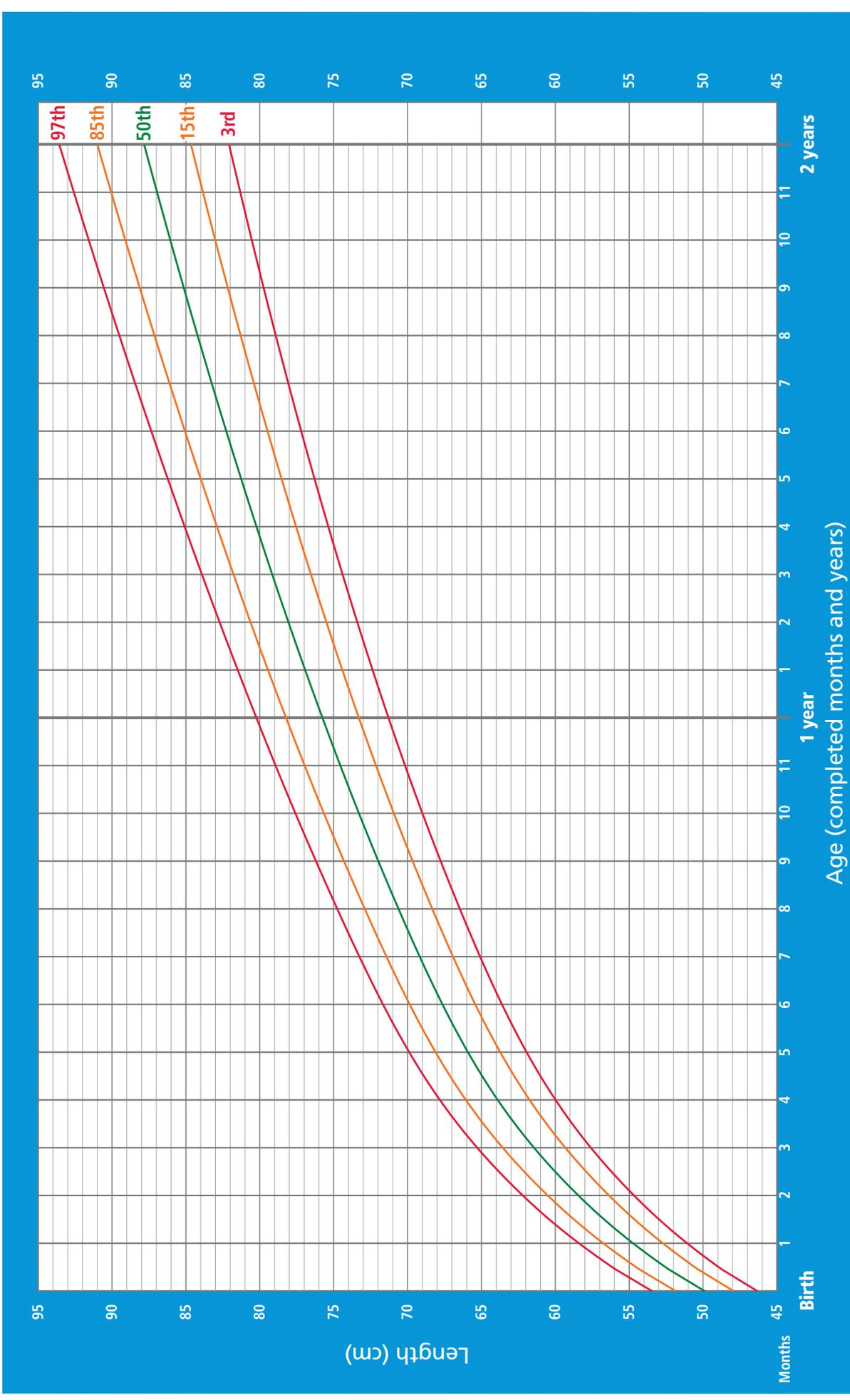
Birth to 2 years (percentiles)





# Length-for-age BOYS

Birth to 2 years (percentiles)





# Measuring Height and Weight

## 2 - 18 Year Olds

### Measuring Weight

Children should be weighed using a platform scale. This may be a beam balance scale or a digital (electronic load cell or strain gauge) scale. Check your equipment regularly to make sure you are getting accurate measurements. Scales should be calibrated on a routine basis. Calibration involves putting known weight on the scale to check accuracy. Be sure the scale is placed on a flat, uncarpeted floor.

#### Procedure:

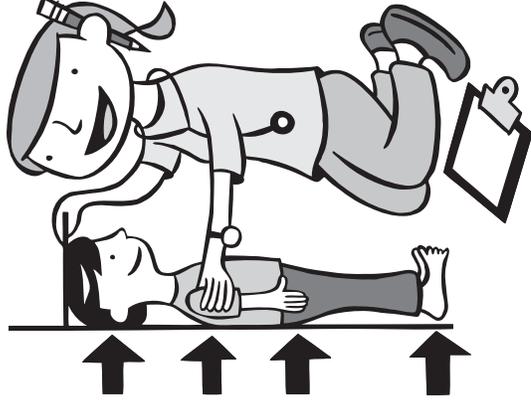
1. Ask the child to remove shoes and bulky clothing.
2. Place the scale in the “zero” position before the child steps on the scale.
3. Ask the child to stand still with both feet in the center of the platform.
4. Record the measurement to the nearest decimal fraction.
5. Have the child step off the scale.

### Measuring Height

A standing height board or stadiometer is required. This device has a vertical ruler with a sliding horizontal rod that adjusts to rest on the head. It also has a permanent surface to stand on or the entire device is mounted on the wall of a room with a level floor.

#### Procedure:

1. Before you begin, ask the child to remove shoes, hats, and bulky clothing, such as coats and sweaters. Ask the child to remove or undo hair styles and hair accessories that interfere with taking a measurement. In rare cases, a child may be unwilling to undo an intricate or costly hairstyle. In these situations, care should be taken to locate the actual crown of the head.
2. Direct the child to stand erect with shoulders level, hands at sides, thighs together, and weight evenly distributed on both feet. The child’s feet should be flat on the floor or foot piece, with heels comfortably together and touching the base of the vertical board. There are four contact points between the body and the stadiometer: head, upper back, buttocks, and heels.
3. Ask the child to adjust the angle of his/her head by moving the chin up or down in order to align head into the Frankfort Plane. The Frankfort Plane is an imaginary line from the lower margin of the eye socket to the notch above the tragus of the ear (the fleshy cartilage partly extending over the opening of the ear). This is best viewed and aligned when the viewer is directly to the side of and at the eye level of the child. When aligned correctly, the



Frankfort Plane is parallel to the horizontal headpiece and perpendicular to the vertical back piece of the stadiometer. NOTE: When the chin is correctly positioned, the back of the head may not make contact with the board. In fact, in a very few individuals, only two points will make contact with the vertical back piece.

4. Ask the child to breathe in and maintain his/her position. Lower the headpiece until it firmly touches the crown of the head and is at a right angle with the measurement surface. Check contact points to ensure that the lower body stays in the proper position and the heels remain flat. Some children may stand up on their toes, but verbal reminders are usually sufficient to get them in proper position.
5. Record height to the nearest 1/8th of an inch.

**5210**  
**LET'S GO!**

[www.lets-go.org](http://www.lets-go.org)

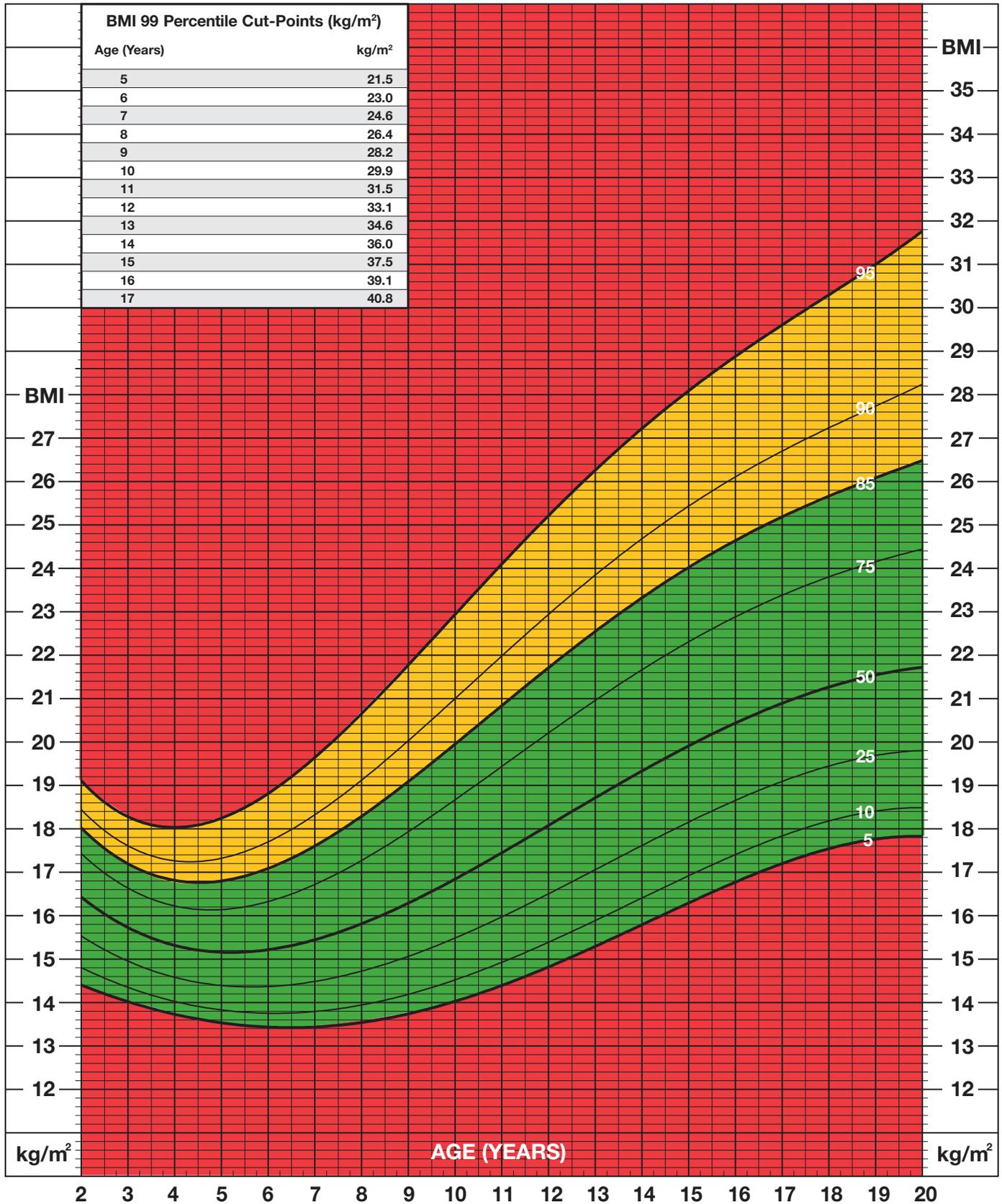


# 2 to 20 years: Girls

## Body mass index-for-age percentiles

metric system:  $\text{weight(kg)}/[\text{height(m)}]^2$

English system:  $\text{weight(lb)}/[\text{height(in)}]^2 \times 703$



Modified by Let's Go! 03/28/08.

Published May 30, 2000 (modified 10/16/00).

SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).

<http://www.cdc.gov/growthcharts>



[www.lets-go.org](http://www.lets-go.org)

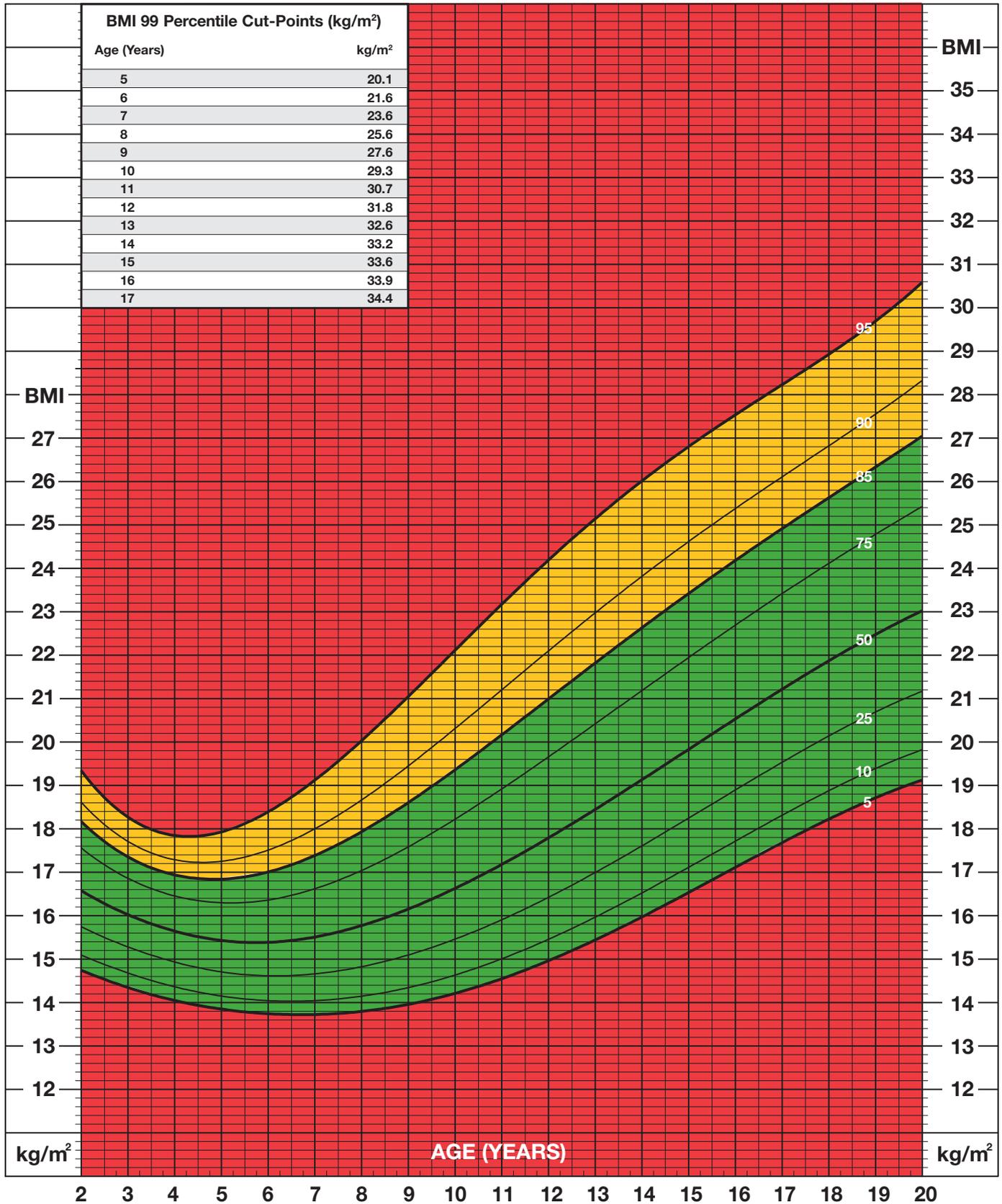


# 2 to 20 years: Boys

## Body mass index-for-age percentiles

metric system:  $\text{weight(kg)/[height(m)]}^2$

English system:  $\text{weight(lb)/[height(in)]}^2 \times 703$



Modified by Let's Go! 03/28/08.  
 Published May 30, 2000 (modified 10/16/00).  
 SOURCE: Developed by the National Center for Health Statistics in collaboration with  
 the National Center for Chronic Disease Prevention and Health Promotion (2000).  
<http://www.cdc.gov/growthcharts>



# 5210 Healthy Habits Questionnaire (Ages 2–9)

We are interested in the health and well-being of all our patients. Please take a moment to answer the following questions.

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ Today's Date: \_\_\_\_\_

1. How many servings of fruits or vegetables does your child eat a day?

*One serving is most easily identified by the size of the palm of your child's hand.*

\_\_\_\_\_

2. How many times a week does your child eat dinner at the table together with the family?

\_\_\_\_\_

3. How many times a week does your child eat breakfast?

\_\_\_\_\_

4. How many times a week does your child eat takeout or fast food?

\_\_\_\_\_

5. How many hours a day does your child watch TV/movies or sit and play video/computer games?

\_\_\_\_\_

6. Does your child have a TV in the room where he /she sleeps?

Yes  No

7. Does your child have a computer in the room where he /she sleeps?

Yes  No

8. How much time a day does your child spend in active play (faster breathing/heart rate or sweating)?

\_\_\_\_\_

9. How many 8-ounce servings of the following does your child drink a day?

100% Juice \_\_\_\_\_

Fruit drinks or sports drinks \_\_\_\_\_

Soda or punch \_\_\_\_\_

Water \_\_\_\_\_

Whole milk \_\_\_\_\_

Nonfat or reduced fat milk \_\_\_\_\_

10. Based on your answers, is there **ONE** thing you would like to help your child change now? Please check one box.

Eat more fruits & vegetables.

Take the TV out of the bedroom.

Play outside more often.

Switch to skim or low fat milk.

Spend less time watching TV/movies and playing video/computer games.

Eat less fast food/takeout.

Drink less soda, juice, or punch.

Drink more water.



www.letsgo.org

Please give the completed form to your clinician. Thank you.

Adapted by MaineHealth® and Maine Medical Center from the High Five for Kids in Massachusetts and Keep ME Healthy in Maine.



# 5210 Healthy Habits Questionnaire (Ages 10–18)

We are interested in the health and well-being of all our patients. Please take a moment to answer the following questions.

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ Today's Date: \_\_\_\_\_

1. How many servings of fruits or vegetables do you eat a day?

*One serving is most easily identified by the size of the palm of your hand.*

\_\_\_\_\_

2. How many times a week do you eat dinner at the table together with your family?

\_\_\_\_\_

3. How many times a week do you eat breakfast?

\_\_\_\_\_

4. How many times a week do you eat takeout or fast food?

\_\_\_\_\_

5. How many hours a day do you watch TV/movies or sit and play video/computer games?

\_\_\_\_\_

6. Do you have a TV in the room where you sleep?

Yes  No

7. Do you have a computer in the room where you sleep?

Yes  No

8. How much time a day do you spend in active play (faster breathing/heart rate or sweating)?

\_\_\_\_\_

9. How many 8-ounce servings of the following do you drink a day?

100% Juice \_\_\_\_\_  
Water \_\_\_\_\_

Fruit drinks or sports drinks \_\_\_\_\_  
Whole milk \_\_\_\_\_

Soda or punch \_\_\_\_\_  
Nonfat or reduced fat milk \_\_\_\_\_

10. Based on your answers, is there **ONE** thing you would be interested in changing now? Please check one box.

Eat more fruits & vegetables.

Take the TV out of the bedroom.

Play outside more often.

Switch to skim or low fat milk.

Spend less time watching TV/movies and playing video/computer games.

Eat less fast food/takeout.

Drink less soda, juice, or punch.

Drink more water.



[www.lets-go.org](http://www.lets-go.org)

**Please give the completed form to your clinician. Thank you.**

Adapted by MaineHealth® and Maine Medical Center from the  
High Five for Kids in Massachusetts and Keep ME Healthy in Maine.



# 5210 Hábitos Saludables Questionario (Edad 2-9)

Estamos interesados en la salud y bienestar de todos nuestros pacientes. Por favor tome un momento para contestar las siguientes preguntas.

Nombre del paciente: \_\_\_\_\_ Edad: \_\_\_\_\_ Fecha: \_\_\_\_\_

1. Cuantas porciones de frutas y vegetales come su hijo (a) al día?  
*How many servings of fruits or vegetables does your child eat a day?* \_\_\_\_\_
2. Cuantas veces por semana cena su hijo (a) en la mesa con su familia?  
*How many times a week does your child eat dinner at the table together with the family?* \_\_\_\_\_
3. Cuantas veces por semana desayuna su hijo (a)?  
*How many times a week does your child eat breakfast?* \_\_\_\_\_
4. Cuantas veces por semana come su hijo (a) comida rapida o restaurantes?  
*How many times a week does your child eat takeout or fast food?* \_\_\_\_\_
5. Cuantas horas por día pasa su hijo (a) mirando la television, los videos, o jugando juegos en la computadora?  
*How many hours a day does your child watch TV/movies or sit and play video/computer games?* \_\_\_\_\_
6. Su hijo (a) tiene television en la habitacion donde duerme?  
*Does your child have a TV in the room where he /she sleeps?* Si  No
7. Su hijo (a) tiene computadora en la habitacion donde duerme?  
*Does your child have a computer in the room where he /she sleeps?* Si  No
8. Cuanto tiempo por día pasa su hijo (a) haciendo algun tipo de actividad fisica moderada?  
*How much time a day does your child spend in active play?* \_\_\_\_\_
9. Cuantas porciones de 8-onzas bebe su hijo (a) de lo siguiente?  
*How many 8-ounce servings of the following does your child drink a day?*  
100% Jugo (juice) \_\_\_\_\_ Bebidas de fruta o para deportes (fruit drinks or sports drinks) \_\_\_\_\_ Soda o ponche (soda or punch) \_\_\_\_\_  
Agua (water) \_\_\_\_\_ Leche entera (whole milk) \_\_\_\_\_ Leche reducida en grasa o descremada (nonfat or reduced fat milk) \_\_\_\_\_

**10. Basada en sus respuestas, hay ALGUNA cosa que quisiera ayudarlo a su hijo (a) cambiar ahora? Por favor marque una.**  
*Based on your answers, is there ONE thing you would like to help your child change now? Please check one box.*

- Comer mas frutas y verduras (eat more fruits & vegetables)
- Sacar la television de la habitacion (take the TV out of the bedroom)
- Jugar afuera mas seguido (play outside more often)
- Cambiar a leche descremada/reducida en grasa (switch to skim/low fat milk)
- Menos tiempo en la television/video juegos (less time watching TV/video games)
- Comer menos comida rapida/restaurantes (eat less fast food/takeout)
- Beber menos soda, jugo o ponche (drink less soda, juice, or punch)
- Beber mas agua (drink more water)



# 5210 Hábitos Saludables Questionario (Edad 10–18)

Estamos interesados en la salud y bienestar de todos nuestros pacientes. Por favor tome un momento para contestar las siguientes preguntas.

Nombre del paciente: \_\_\_\_\_ Edad: \_\_\_\_\_ Fecha: \_\_\_\_\_

1. Cuantas porciones de frutas y vegetales comes al día?  
*How many servings of fruits or vegetables do you eat a day?*

2. Cuantas veces por semana cenas en la mesa con tu familia?  
*How many times a week do you eat dinner at the table together with your family?*

3. Cuantas veces por semana desayunas?  
*How many times a week do you eat breakfast?*

4. Cuantas veces por semana comes comida rapida o restaurantes?  
*How many times a week do you eat takeout or fast food?*

5. Cuantas horas por día pasas mirando la television, los videos, o jugando juegos en la computadora?  
*How many hours a day do you watch TV/movies or sit and play video/computer games?*

6. Tienes television en la habitacion donde duermes?  
*Do you have a TV in the room where you sleep?*

Si  No

7. Tienes computadora en la habitacion donde duermes?  
*Do you have a computer in the room where you sleep?*

Si  No

8. Cuanto tiempo por día pasas haciendo algun tipo de actividad fisica moderada?  
*How much time a day do you spend in active play?*

9. Cuantas porciones de 8-onzas bebes de lo siguiente al día?  
*How many 8-ounce servings of the following do you drink a day?*

100% Jugo (juice) \_\_\_\_\_ Bebidas de fruta o para deportes (fruit drinks or sports drinks) \_\_\_\_\_ Soda o ponche (soda or punch) \_\_\_\_\_  
Agua (water) \_\_\_\_\_ Leche entera (whole milk) \_\_\_\_\_ Leche reducida en grasa o descremada (nonfat or reduced fat milk) \_\_\_\_\_

**10. Basada en tus respuestas, hay ALGUNA cosa que quisieras cambiar ahora? Por favor marque una.**  
**Based on your answers, is there ONE thing you would like to change now? Please check one box.**

- Comer mas frutas y verduras (eat more fruits & vegetables)
- Sacar la television de la habitacion (take the TV out of the bedroom)
- Jugar afuera mas seguido (play outside more often)
- Cambiar a leche descremada/reducida en grasa (switch to skim/low fat milk)
- Menos tiempo en la television/video juegos (less time watching TV/video games)
- Comer menos comida rapida/restaurantes (eat less fast food/takeout)
- Beber menos soda, jugo o ponche (drink less soda, juice, or punch)
- Beber mas agua (drink more water)





# Summary of the American Academy of Pediatrics (AAP)

## Policy on Breastfeeding and Use of Human Milk

### **Benefits:**

Most health professionals are familiar with the benefits of breastfeeding. The AAP continues to support the unequivocal evidence that breastfeeding protects against a variety of diseases and conditions in the infant such as:

- bacterial meningitis
- bacteremia
- diarrhea
- respiratory tract infection
- necrotizing enterocolitis
- otitis media
- urinary tract infection
- late-onset sepsis in preterm infants
- type 1 and type 2 diabetes
- lymphoma, leukemia, and Hodgkins disease
- childhood overweight and obesity

There are also maternal health benefits to breastfeeding such as:

- decreased postpartum bleeding and more rapid uterine involution
- decreased menstrual blood loss and increased child spacing (lactational amenorrhea)
- earlier return to pre-pregnancy weight
- decreased risk of breast and ovarian cancers

Breastfeeding is also a great benefit to the environment and society. Breastfeeding families are sick less often and the parents miss less work. It does not require the use of energy for manufacturing or create waste or air pollution. There is no risk of contamination and it is always at the right temperature and ready to feed.

### **Contraindications to breastfeeding:**

The only true contraindications to breastfeeding are the following:

- infants with classic galactosemia (galactose 1-phosphate uridylyltransferase deficiency)
- in the US, mothers who are infected with human immunodeficiency virus (HIV)
- refer to the AAP policy statement for other conditions that may require further investigation ([www.aap.org/breastfeeding](http://www.aap.org/breastfeeding))

*(continued on other side)*



### ***Breastfeeding is NOT contraindicated with the following conditions:***

- infants born to mothers who are hepatitis B surface antigen-positive
- mothers who are infected with hepatitis C virus (persons with hepatitis C virus antibody or hepatitis C virus-RNA-positive blood)
- mothers who are febrile (unless cause is a contraindication outlined in the previous section)
- mothers who have been exposed to low-level environmental chemical agents
- mothers who are seropositive carriers of cytomegalovirus (CMV) (not recent converters if the infant is term)
- mothers who smoke tobacco (though they should be encouraged to quit) or have an occasional celebratory drink
- the great majority of babies with jaundice or hyperbilirubinemia can continue to be breastfed without interruption

### ***The Pediatrician's Role:***

Pediatricians can play a key role in promoting breastfeeding and supporting families. You can:

- communicate the benefits of breastfeeding and the risks of formula feeding to all of your patients
- educate yourself about breastfeeding and how to care for breastfeeding families in your practice
- know how to assess breastfeeding and manage common breastfeeding problems
- know the local resources available to you and your patients (WIC, breastfeeding support groups, lactation consultants, breast pump rental stations, etc.)
- understand how to use breastfeeding equipment and be able to support women who wish to return to work or school while breastfeeding
- display positive images of breastfeeding in your office and encourage the elimination of practices that interfere with breastfeeding (free formula, industry gifts, or coupons to parents, separation of mother and infant, inappropriate feeding images, etc.)
- support breastfeeding research and advocate for positive media coverage about breastfeeding

### ***For more information on breastfeeding visit:***

- the AAP's Health Professional's Resource Guide:  
<http://www.aap.org/breastfeeding/healthProfessionalsResourceGuide.html>
- Identify your local Chapter Breastfeeding Contact
  - Chapter Breastfeeding Coordinators (CBCs) are pediatricians who are appointed by their AAP Chapter President to work within their AAP Chapter and the community on breastfeeding support and promotion. CBCs ensure that the members of their AAP Chapter are up to date on the latest breastfeeding education and advocacy activities.
  - Find the roster of CBCs here:  
<http://www.aap.org/breastfeeding/files/pdf/CBCRoster.pdf>

# Pediatric Obesity Clinical Decision Support Chart

*This flip chart is conveniently located in the back of this toolkit*

This flip chart provides child health care professionals practical support and guidance to help improve care and outcomes for overweight youth.

*“This flip chart is an easy to use general reference for treatment of childhood obesity. The 5210 guidelines are easy to recall for parents and children. The quick access to body-mass-index (BMI) and blood pressure charts are useful tools to have in the office”*

Amanda Jackson, MD, Ochsner Clinic Foundation, Doody’s Review

This flip chart includes:

- Treatment Interventions for the Overweight Children
- Feeding Guide for Children
- Tips & Resources for Busy Clinicians
- Obesity Assessment
- Medical Screening by BMI Category with Reference Values
- 15-Minute Obesity Prevention Protocol
- Universal Assessment of Obesity Risk
- Hypertension Evaluation and Management for Children
- Blood Pressure Levels
- Coding for Obesity and Related Comorbidities
- Body Mass Index (BMI) for girls and boys from 2-20 years
- Body Mass Index 99th Percentile Cut-Points/Weight Loss Targets

*Reference:*

American Academy of Pediatrics: [www.aap.org](http://www.aap.org)



# Additional Resources for Providers

## BMI Calculators and Information

- 2000 CDC Growth Charts | [www.cdc.gov/growthcharts](http://www.cdc.gov/growthcharts)
- WHO Growth Standards | [http://www.cdc.gov/growthcharts/who\\_charts.htm](http://www.cdc.gov/growthcharts/who_charts.htm)
- CDC Z Score Data Files | <http://www.cdc.gov/growthcharts/zscore.htm>
- CDC Child and Teen BMI Calculator | <http://apps.nccd.cdc.gov/dnpabmi/>
- KidsHealth BMI | [http://kidshealth.org/parent/growth/growth/bmi\\_charts.html](http://kidshealth.org/parent/growth/growth/bmi_charts.html)
- Children's BMI Risk Category Dependent on Age | [www.cdc.gov/nccdphp/dnpa/bmi](http://www.cdc.gov/nccdphp/dnpa/bmi)
- BMI Adults National Heart, Lung & Blood Institute | [www.nhlbisupport.com/bmi](http://www.nhlbisupport.com/bmi)

## National Resources

- American Academy of Pediatrics | [www.aap.org/obesity](http://www.aap.org/obesity)
- Bright Futures in Practice | [www.brightfutures.aap.org/web](http://www.brightfutures.aap.org/web)
- Harvard Prevention Research Center | [www.hsph.harvard.edu/prc](http://www.hsph.harvard.edu/prc)
- National Initiatives for Children's Healthcare Quality – Childhood Obesity Action Network | [http://www.nichq.org/register\\_coan.html?returnpage=/online\\_communities/coan/index.html](http://www.nichq.org/register_coan.html?returnpage=/online_communities/coan/index.html)
- National Initiatives for Children's Healthcare Quality – Be Our Voice | [www.nichq.org/advocacy](http://www.nichq.org/advocacy)
- Collaborate for Healthy Weight | <http://www.collaborateforhealthyweight.org/>
- Let's Move | [www.letsmove.gov](http://www.letsmove.gov)
- CDC Guide to Breastfeeding Interventions | <http://www.cdc.gov/breastfeeding/resources/guide.htm>

## Resources for Parents and Kids

- Healthy Eating and Activities for Kids & Parents | [www.kidnetic.com](http://www.kidnetic.com)
- KidsHealth | [www.kidshealth.org](http://www.kidshealth.org)
- Choose My Plate | [www.choosemyplate.gov](http://www.choosemyplate.gov)
- Overview of the VERB Campaign | [www.cdc.gov/youthcampaign](http://www.cdc.gov/youthcampaign)
- Children and Nature Network | [www.childrenandnature.org](http://www.childrenandnature.org)
- Screen Time | [www.screentime.org](http://www.screentime.org)
- CDC Physical Activity | [www.cdc.gov/physicalactivity](http://www.cdc.gov/physicalactivity)
- Meals for You | [www.mealsforyou.com](http://www.mealsforyou.com)
- Make Your Calories Count | <http://www.fda.gov/Food/LabelingNutrition/ConsumerInformation/ucm114022.htm>

## Maine Resources

- Action for Healthy Kids is about creating health-promoting schools that support sound nutrition and physical activity as part of a total learning environment. | [www.healthymainekids.org](http://www.healthymainekids.org)
- Healthy Policy Partners of Maine | [www.mcd.org/HPP](http://www.mcd.org/HPP)
- Healthy Maine Partnerships Info & Contacts by Town | [www.healthymainepartnerships.org](http://www.healthymainepartnerships.org)
- Healthy Maine Walks & Sites | [www.healthymainewalks.org](http://www.healthymainewalks.org)
- Maine Bureau of Parks and Lands | [www.maine.gov/doc/parks](http://www.maine.gov/doc/parks)
- Bicycle Coalition of Maine | [www.bikemaine.org](http://www.bikemaine.org)
- Let's Go! Maine information for kids, teens, parents, childcare, healthcare providers, schools and workplaces | [www.letsgo.org](http://www.letsgo.org)
- Maine Census Data | [www.state.me.us/newsletter/may2001/maine\\_census\\_data.htm](http://www.state.me.us/newsletter/may2001/maine_census_data.htm)
- Maine Center for Public Health | [www.mcph.org](http://www.mcph.org)
- Maine Chapter of the American Academy of Pediatrics | [www.maineaap.org](http://www.maineaap.org)
- Maine Children's Alliance/Maine Kids Count Data Book | [www.mekids.org](http://www.mekids.org)
- Maine Department of Education | [www.maine.gov/education](http://www.maine.gov/education)
- Maine Governor's Council on Physical Activity | [www.maineinmotion.org](http://www.maineinmotion.org)
- Maine Prevention Research Center | <http://www.une.edu/mhprc/>
- MaineHealth Learning Resource Centers | [www.mainehealth.org/lrc](http://www.mainehealth.org/lrc)
- Maine Nutrition Network | [www.maine-nutrition.org](http://www.maine-nutrition.org)
- Maine Physical Activity & Nutrition [PAN] Program | [www.maine.gov/dhhs/boh/hmp/panp](http://www.maine.gov/dhhs/boh/hmp/panp)
- Maine WIC Program | [www.maine.gov/dhhs/wic](http://www.maine.gov/dhhs/wic)
- Move and Improve | [www.moveandimprove.org](http://www.moveandimprove.org)
- WinterKids | [www.winterkids.org](http://www.winterkids.org)

# In This Section

## Talking With Patients & Families

Introduction to Talking With Patients & Families

What is Motivational Interviewing?

Why Use Motivational Interviewing?

Why Use Motivational Interviewing with Healthy Weight?

Practitioner Barriers to Utilizing Motivational Interviewing Within the Day-to-Day Health Care Setting

Introduction to BMi<sup>2</sup> Workbook

BMi<sup>2</sup> Workbook

Example of Office Encounter: Traditional

Example of Office Encounter: Using Motivational Interviewing

Time Dependent Office Visit:

- Quick Well Child or Urgent (< 1 minute)
- Well Child (< 3 minutes)
- Follow-Up Visit (10 or more minutes)

How to Elicit Behavior Changes: Questions and Statements

*How Ready Are You To Get More Energy?* Readiness Ruler

Ask...Don't Tell & Stages of Readiness Card

Phrases that *HELP* and *HINDER*

Additional MI Resources



# Introduction to Talking With Patients & Families

This section provides you with some helpful techniques for talking with patients and families about healthy eating and active living. It is not intended to be an all inclusive guide – it is simply a resource to get you started in your practice. We do acknowledge that some concepts appear more than once in the following section, however, we know that people learn in different ways.

For a comprehensive overview of key Motivational Interviewing (MI) skills and concepts we recommend you review the *BMi<sup>2</sup> Workbook* located in this section.

Don't forget to check out the "Additional MI Resources" document, which includes links to YouTube videos on Motivational Interviewing (MI) presented by Keri Bolton Oetzel, PhD.

We welcome your feedback on these resources and recommendation on any others that you may use in your practice. Please email us at [info@letsgo.org](mailto:info@letsgo.org) with comments or suggestions.



# What is Motivational Interviewing?

Motivational Interviewing (MI) is a directive style of communication that provides patients with the opportunity to create change in behaviors by dialoging in a non-judgmental atmosphere. This atmosphere invites patients to consider making changes in his-her behaviors and elicits intrinsic motivation for change (as opposed to providers telling patients what they must change). (Miller & Rollnick, 2002).

MI is a paradigm shift for many of us, especially those trained in a prescriptive style of communication. We engage in MI as we dialogue with people about many areas of behavior change. MI is not a technique, and it is not a switch that we turn on and off.

We talk about the “*Spirit of Motivational Interviewing*” which includes the following:

- Person-centered approach;
- Invitation to a collaborative partnership between patient and provider;
- Listening more than telling:
  - eliciting information rather than instilling;
- Placing the responsibility for change with the patient and not the provider;
- Being respectful:
  - asking permission,
  - honoring autonomy,
  - resourcefulness, and
  - providing the ability to choose or make decisions;
- Avoiding coerciveness;
- Increasing intrinsic motivation through thoughtful dialogue and careful listening.



# Why Use MI?

There are several reasons to use Motivational Interviewing; the most compelling however, are the following research outcomes:

- Several Hundred Outcome Studies - below are total number of publications:
  - 172 in 2009
  - 131 in 2008
  - 54 in 2007
- Through this research, we know that MI plus “*active treatment*” works exceptionally well.
  - Active treatment can include MI plus:
    1. nutrition education
    2. physical therapy
    3. exercise program/support
    4. general health education
- We also know that there is a larger effect size (i.e. works better with) with minority samples than with Anglo/White samples.
  - We think this outcome is true because
    - MI is congruent with cultural values of many minority populations.
    - The power hierarchy is diminished when engaging in MI.
- We also know that the very first meeting matters, and that **MI makes a difference in just one 15-minute interaction.**



# Why use Motivational Interviewing with Healthy Weight?

1. Numerous studies have shown that allowing patients the opportunity to **advocate for their own change is predictive of their future behavior change**. Conversely, if we force people to make a decision about change, or if we tell them they must change, they will argue for the status quo. Once a patient verbalizes an argument for change (or an argument for status quo), we can predict their behavior will follow that argument. Therefore, allowing patient's the opportunity to talk about why they want to change has proven benefits.

Additionally, studies have demonstrated that integrating MI into clinical encounters **improved outcomes**. People are more likely to “comply” with appointments, lab draws, medication adherence, and treatment plans when MI is integrated into practice.

2. Weight is a **difficult topic**. MI can make this tough topic a more enjoyable conversation between the provider and patient/family.



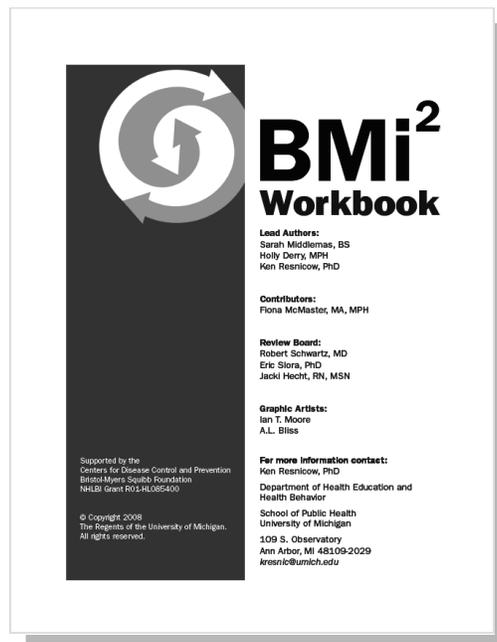
# Practitioner Barriers to Utilizing Motivational Interviewing Within the Day-to-Day Health Care Setting

Barriers/Concerns	Suggestions/Comments
I have a checklist of things to get through during my patient visits – how can I incorporate MI in such a short amount of time?	Finish everything on the checklist first. Then start using MI. As you get more practice with MI, it becomes easier to incorporate MI into all aspects of the visit.
How can I effectively give the patient information I deem important while also doing MI?	Using both MI and active treatment (nutrition info, physical therapy, etc) has proven to be quite effective. Aspects of MI are not always appropriate and you should always use your clinical judgment when determining if instruction should be used.
I've been a practicing physician for 20 years and I have a certain way of doing things. How can I start including MI now?	Though it is hard to change our routine habits, it is best to start small and work towards incorporating MI at every visit. It doesn't have to happen all at once!
My patients don't want to make these decisions. They are coming to me for expert advice and direction.	Some patients are not receptive to MI, so it is important to understand their expectations when they come in for a visit. Though you may be the clinical expert, they are the expert on themselves. It is best to work together by joining your clinical expertise and their personal knowledge.
MI takes too much time.	MI does not really take any longer than other visits and the first visit is always the most important. Patient outcomes can be influenced in the first 15 minutes of a visit.
MI leaves too much of the process up to the patient – I need to make sure that they actually change so they can get healthier.	It is not your responsibility to make the changes. You are there to facilitate the process. Your role is to help the patient identify the problem. If they identify it, then they usually feel responsible to change. If you identify it, however, they are more likely to resist and make excuses for their behaviors.
When using MI, patients see it as talking down to them.	MI is a genuine practice – it is not about convincing people or about tricking them into doing something. Patients know you have an agenda, so it is best to practice transparency. After all, isn't your agenda to foster a healthier patient population? Try to get the patients involved by giving them options and truly listening to their concerns.



# BMI<sup>2</sup> Workbook

This workbook supplements the BMi2 DVD training materials. It contains additional background material as well as practice exercises to reinforce key MI concepts and skills. The workbook is structured on a three phase model of MI encounters; Following, Guiding, and Directing. Each phase is characterized by different counseling objectives and usually entails specific skills and techniques.



To view and download this document, visit the Healthcare Resources page at [www.letsgo.org](http://www.letsgo.org)

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American Academy of Pediatrics  
American Dietetic Association





# Example of Office Encounter: Traditional

**Scene:** Provider Office

**Characters:** Provider and Overweight Adolescent

Greetings and small talk

**Provider:** Your weight continues to gradually climb. If this keeps up, you'll be at risk for serious complications like diabetes and heart disease. Do you understand how important it is to change your lifestyle?

**Adolescent:** Yes, I do, but it's really hard.

**Provider:** Now is the time to make changes. You need to increase your physical activity levels and eat healthier foods. You should be getting at least one hour of physical activity every day.

**Adolescent:** Okay.

**Provider:** Here are some handouts about the importance of physical activity and healthy foods.

**Adolescent:** Okay. \*sigh\*



# Example of Office Encounter: Using Motivational Interviewing

**Scene:** Provider and overweight adolescent.

Part of a Well-Child visit

**Time:** < 3 minutes

**Physician:** Do you mind if we take a few minutes to discuss ways to stay healthy and energized?

**Adolescent:** Okay.

**Physician:** How do you feel about your health and energy levels?

**Adolescent:** Alright, I guess. I know I'm overweight, but I'm just not sure what to do about it. People always tell me to eat more vegetables, but I don't like them. Also, I don't usually have a lot of energy.

**Physician:** Ah, so you know you are overweight and your energy levels are low.

**Adolescent:** Yeah.

**Physician:** Would you be interested in learning about ways to achieve a healthy weight and have more energy?

**Adolescent:** I guess so. As long as it's not just "Eat more vegetables".

**Physician:** Sure. Let's explore some different things. One thing that is often associated with overeating and sedentary behavior is screen time. Could we talk about that?

**Adolescent:** Okay. What do you mean by screen time?

**Physician:** I mean TV, movies, videos games and computer.

**Adolescent:** Ah, yes. I watch a lot of TV.

**Physician:** Do you think you watch too much TV?

**Adolescent:** Yeah, probably. I watch it when I get home from school and then before I go to bed. There's usually nothing good on, there's just nothing else to do.

**Physician:** You know you watch a lot of TV, but it sounds like it's out of habit or boredom a lot of the time. Did I hear you correctly?

**Adolescent:** Yes.

**Physician:** Would you like to consider reducing your screen time?

**Adolescent:** Yes.

**Physician:** Great. Let's discuss some next steps . . .

Invite adolescent to come back for a planned visit around healthy weight. At this planned visit, the provider would have time to further delve into the spirit of Motivational Interviewing.



# Time Dependent Office Visit: Quick Well Child or Urgent (< 1 minute)

<b>Type of Visit</b>	Well Child or Urgent Visit
<b>Topic of Visit</b>	Lifestyle Advice
<b>Length of Visit</b>	Under 1 minute
<b>Patient Scenario</b>	Child not currently at risk for overweight.

## Lifestyle Advice:

To stay healthy and energized, practice 5210 every day!

- 5** or more fruits & vegetables
- 2** hours or less recreational screen time\*
- 1** hour or more of physical activity
- 0** sugary drinks, more water & low fat milk

\*Keep TV/Computer out of the bedroom. No screen time under the age of 2.





# Time Dependent Office Visit: Well Child (< 3 minutes)

<b>Type of Visit</b>	Well Child
<b>Topic of Visit</b>	Brief Focused Advice
<b>Length of Visit</b>	Under 3 minutes
<b>Patient Scenario</b>	Child is currently overweight or obese

## Brief Focused Advice:

**Step 1:** Engage the patient/parent.

- Can we take a few minutes together to discuss your health and weight?
- What do *you* feel about your health and weight?

**Step 2:** Share information (optional).

- Did you know that your current weight puts you at risk for developing heart disease and diabetes?
- What do you make of this?
- Some ideas for staying healthy include...(5210 info).
- What are your ideas for working towards a healthy weight?

**Step 3:** Make a key advice statement.

- I strongly encourage you to practice 5210 every day. (see below)

**5** or more fruits & vegetables  
**2** hours or less recreational screen time\*  
**1** hour or more of physical activity  
**0** sugary drinks, more water & low fat milk

\*Keep TV/Computer out of the bedroom. No screen time under the age of 2.

**Step 4:** Arrange for follow-up.

- Would you be interested in more information on ways to reach a healthier weight?
- Let's set up an appointment in \_\_\_\_ weeks to discuss further.



## Time Dependent Office Visit: Follow-Up Visit (10 or more minutes)

<b>Type of Visit</b>	Follow Up
<b>Topic of Visit</b>	Brief Negotiation
<b>Length of Visit</b>	10 or more minutes
<b>Patient Scenario</b>	Child is currently overweight or obese

### Brief Negotiation :

#### Open the encounter.

- ▶ Ask permission.
  - Would you be willing to spend a few minutes discussing your weight?
  - Are you interested in discussing ways to stay healthy and energized?
- ▶ Ask an open-ended question. Listen. Summarize.
  - What do you think/how do you feel about your weight?
  - What have you tried so far to work towards a healthier weight?
- ▶ Share BMI/weight/risk factors. (optional)
  - Your current weight puts you at risk for developing heart disease and diabetes.
  - Ask for the patient's interpretation: What do you make of this?
  - Add your own interpretation or advice as needed AFTER eliciting the patient's/parent's response.

#### Negotiate the agenda.

- ▶ There are a number of ways to achieve a healthy weight. They include:

**5** or more fruits & vegetables  
**2** hours or less recreational screen time\*  
**1** hour or more of physical activity  
**0** sugary drinks, more water & low fat milk

\*Keep TV/Computer out of the bedroom. No screen time under the age of 2.

- ▶ Is there one of these you'd like to discuss further today?  
Or perhaps you have another idea that isn't listed here?

### **Assess readiness.**

- ▶ On a scale from 0 to 10, how ready are you to consider [*insert option chosen during negotiation*]?
- ▶ Straight question: Why a 5?
- ▶ Backward question: Why a 5 and not a 3?
- ▶ Forward question: What would it take to move you from a 5 to a 7?

### **Explore ambivalence.**

Step 1: Ask a pair of questions to help the patient explore the pros and cons of the issue.

- ▶ What are the things you like about \_\_\_\_\_? + What are the things you don't like about \_\_\_\_\_? OR
- ▶ What are the advantages to keeping things the same? + What are the advantages of making a change?

Step 2: Summarize ambivalence.

- ▶ Let me see if I understand what you've told me so far...(begin with reasons for maintaining the status quo; end with reasons for making a change).
- ▶ Ask: Did I get it all? Did I get it right?

### **Close the visit.**

- ▶ Summarize: Our time is almost up. Let's take a look at what you've worked on today...
- ▶ Show appreciation and acknowledge willingness to discuss change: Thank you for being willing to discuss your weight.
- ▶ Offer advice, emphasize choice, and express confidence: I strongly encourage you to be more physically active. The choice to increase your activity, of course, is entirely yours. I am confident that if you decide to be more active, you can be successful.
- ▶ Confirm next steps and arrange for follow-up: Are you able to come back in 1 month so we can continue our work together?

# How To Elicit Behavior Changes: Questions and Statements

## Open-ended:

- Can you tell me a little more about \_\_\_\_\_?
- What things do you do on a regular basis to stay healthy?
- Can you describe activities that you and your family do that are physically active?
- What is it like to live with diabetes?
- If you made the decision to \_\_\_\_\_, what are the steps you would take?
- What would be different about your life 3 months down the road if you make (or don't make) this change?
- How would you benefit from making a change?
- Why would you want to \_\_\_\_\_?
- Highs & Lows – Explain something that's really good and something that is bad.

## Affirming:

- I understand how hard it can be to talk about these things and I appreciate you opening up.
- I think you're making a great choice in wanting to improve your health.
- Wow! I'm impressed by your motivation to make some life changes.
- You're doing great!

## Reflective Listening:

- You are making legitimate lifestyle changes, but it doesn't feel like it's making a difference.
- You really want to make some changes, but you're not sure how those changes will fit with your current schedule.
- It sounds like \_\_\_\_\_ has actually complicated things.
- You are very worried about \_\_\_\_\_.

## Summary:

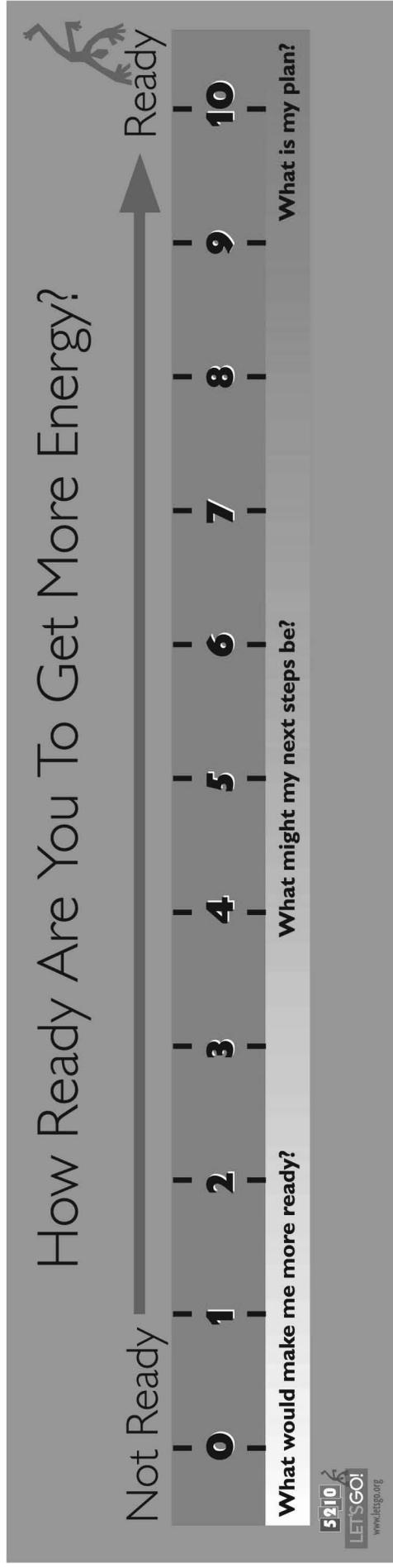
- Do I understand this correctly?

## Focused Advice:

- Ask permission
- Do you have any ideas on how to facilitate the change?
- Some things have worked well for other patients, including \_\_\_\_\_
- Gauge client's reaction: how do you feel about the things we've discussed/my advice?



## The Readiness Ruler



Adapted from Envision New Mexico THE INITIATIVE FOR CHILD HEALTHCARE QUALITY [www.envisionnm.org](http://www.envisionnm.org)

Please note: This ruler is available in a high resolution format appropriate for enlarging. For more information, contact Let'sGo! at [info@letsgo.org](mailto:info@letsgo.org) or at (207) 662-3734.



## Ask...Don't Tell

### Ask Permission

Would you be willing to spend a few minutes discussing ways to stay healthy and energized?

### Ask Open-Ended Questions, Listen & Summarize

How do you feel about your weight? What have you tried so far to work toward a healthier weight?

### Share BMI (Optional)

Your current weight puts you at increased risk for developing heart disease and diabetes.

Your BMI is at the \_\_\_%. The recommended level for your age is \_\_\_%. What do you make of this?

### Negotiate the Agenda

There are a number of ways to help you achieve a healthy weight - 5210.

Is there one of these you'd like to discuss further today?

### Assess Readiness

On a scale of 0-10, how ready are you to consider \_\_\_\_\_?

Why a \_\_\_ (# chosen)? Why are you a \_\_\_ and not a \_\_\_ (backward/forward)?

### Explore Ambivalence & Normalize the Behavior

What are the things you like/dislike about \_\_\_\_\_?

What are the advantages of keeping things the same/making a change?

### Summarize

Let me see if I understand what you have told me so far. Did I get it all? Did I get it right?

### Close the Encounter. Show Appreciation. Offer Advice, Emphasize Choice, Express Confidence

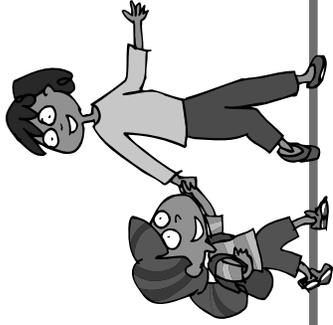
Our time is almost up. Thank you for being willing to discuss \_\_\_\_\_. I strongly encourage you to \_\_\_\_\_.

The choice, of course, is entirely yours. I am confident that if you decide to \_\_\_\_\_, you can be successful.

### Confirm Next Steps

Follow up appointment and/or referral to specialist.

<b>Key Questions</b>	
<p><b><u>Not ready 0-3</u></b>            Raise awareness            Elicit change talk            Advise &amp; encourage</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Would you be interested in knowing more about ways to stay healthy?</li> <li><input type="checkbox"/> How can I help?</li> <li><input type="checkbox"/> What might need to be different for you to consider a change in the future?</li> </ul>
<p><b><u>Unsure 4-6</u></b>            Evaluate ambivalence            Elicit change talk            Build readiness</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Where does that leave you now?</li> <li><input type="checkbox"/> What do you see as your next steps?</li> <li><input type="checkbox"/> What are you thinking/feeling at this point?</li> <li><input type="checkbox"/> Where does _____ fit in your future?</li> </ul>
<p><b><u>Ready 7-10</u></b>            Strengthen commitment            Elicit change talk            Facilitate action planning</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Why is this important to you now?</li> <li><input type="checkbox"/> What are your ideas for making this work?</li> <li><input type="checkbox"/> What might get in the way? How might you work around the barriers?</li> <li><input type="checkbox"/> How might you reward yourself along the way?</li> </ul>



# Phrases that **HELP** and **HINDER**

As the caregiver, you play the biggest role in your child's eating behavior. What you say has an impact on developing healthy eating habits. Negative phrases can easily be changed into positive, helpful ones!



## Phrases that **HINDER**

### **INSTEAD OF ...**

*Eat that for me.*

*If you do not eat one more bite, I will be mad.*

Phrases like these teach your child to eat for your approval and love. This can lead your child to have unhealthy behaviors, attitudes, and beliefs about food and about themselves.

### **INSTEAD OF ...**

*You're such a big girl; you finished all your peas.*

*Jenny, look at your sister. She ate all of her bananas.*

*Your have to take one more bite before you leave the table.*

Phrases like these teach your child to ignore fullness. It is better for kids to stop eating when full or satisfied than when all of the food has been eaten.

### **INSTEAD OF ...**

*See, that didn't taste so bad, did it?*

This implies to your child that he or she was wrong to refuse the food. This can lead to unhealthy attitudes about food or self.

## Phrases that **HELP**

### **TRY ...**

*This is kiwi fruit; it's sweet like a strawberry.*

*These radishes are very crunchy!*

Phrases like these help to point out the sensory qualities of food. They encourage your child to try new foods.

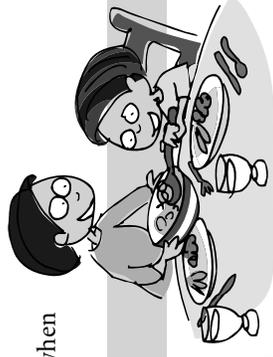
### **TRY ...**

*Is your stomach telling you that you're full?*

*Is your stomach still making its hungry growling noise?*

*Has your tummy had enough?*

Phrases like these help your child to recognize when he or she is full. This can prevent overeating.



### **TRY ...**

*Do you like that?*

*Which one is your favorite?*

*Everybody likes different foods, don't they?*

Phrases like these make your child feel like he or she is making the choices. It also shifts the focus toward the taste of food rather than who was right.

### **INSTEAD OF ...**

*No dessert until you eat your vegetables.*

*Stop crying and I will give you a cookie.*

Offering some foods, like dessert, in reward for finishing others, like vegetables, makes some foods seem better than others. Getting a food treat when upset teaches your child to eat to feel better. This can lead to overeating.

*We can try these vegetables again another time. Next time would you like to try them raw instead of cooked?*

*I am sorry you are sad. Come here and let me give you a big hug.*

Reward your child with attention and kind words. Comfort him or her with hugs and talks. Show love by spending time and having fun together.



# Additional MI Resources

## Books

Motivational Interviewing: Preparing People for Change, Miller & Rollnick, 2<sup>nd</sup> Ed, 2002.

Motivational Interviewing in Health Care: Helping Patients Change Behavior, Rollnick, Miller, & Butler, 2008.

Motivational Interviewing in the Treatment of Psychological Problems, Arkowitz, Westra, Miller, Rollnick, 2008.

## Websites

[www.MotivationalInterview.org](http://www.MotivationalInterview.org)

[www.letsgo.org](http://www.letsgo.org)

## Other Web Resources

Motivational Interviewing Videos on YouTube™ (links below):

Part 1 - <http://www.youtube.com/watch?v=zL9egqQXIII>

Part 2 - <http://www.youtube.com/watch?v=2bxjWqHzm08>

Part 3 - <http://www.youtube.com/watch?v=tntQ3sejcYA>

Part 4 - [http://www.youtube.com/watch?v=CozBbGyPK\\_k](http://www.youtube.com/watch?v=CozBbGyPK_k)

Part 5 - <http://www.youtube.com/watch?v=RyCGnRnT8Y4>

## DVDs

*Motivational Interviewing: Professional Training Series*, Moyers, Miller & Rollnick, 1998



# In This Section

## Office Tools

Creating a Healthy Office Environment

Let's Go! 5210 Poster

Drink Comparison Chart and Display

Healthy Eating Booklist

Healthy Activity Booklist



# Creating a Healthy Office Environment

*The physician's office is a worksite that can be a powerful tool to communicate healthy eating and active living messages.*

- Hang physical activity and nutrition posters in waiting areas and in examination rooms; make them as prominent as vaccination posters.
- Create a 5210 bulletin board:
  - Monthly or quarterly updates can feature patient activities in their communities.
  - Post resources and news articles for parents and children.
  - Post seasonal activities.
  - Feature a fruit or vegetable of the month.
- Play videos that show children taking part in nontraditional sports and other physical activities.
- Play videos of children trying new fruits and vegetables.
- Display books, puzzles and activity sheets that support healthy eating and active living to entertain children.
- Replace lollipop and candy rewards with stickers, bookmarks and other nonfood items.

**Work with your staff to make healthy eating and active living a part of their lives.**

- Have a staff contest to create an office slogan or universal message about healthy lifestyles.
- Sample a fruit or vegetable of the month—select items of different cultures to try.
- Host a healthy lunch.
- Provide 10-minute physical activity or walk break during the work day.



[www.letsgo.org](http://www.letsgo.org)





Every Day!

- 5** or more fruits & vegetables
- 2** hours or less recreational screen time\*
- 1** hour or more of physical activity
- 0** sugary drinks, more water & low fat milk

\*Keep TV/Computer out of the bedroom. No screen time under the age of 2.



[www.letsgo.org](http://www.letsgo.org)



# Drink Comparison Chart and Display

This is a tool that can be used to demonstrate and provide a visual display of how much sugar is contained in each drink.

## DIRECTIONS:

- **For Simple Chart:** Post on bulletin board.
- **For Display:** Purchase bottles in sizes below, empty, dry, and fill with appropriate amounts of sugar
  - Substitutions may be used by calculating sugar content: 4.2g/teaspoon or 200g/cup

Common Drink Choices						
Drink	Size	Total Calories	Sugar Grams	Teaspoons Sugar	Included in Display	
Coca-Cola® Classic	20 oz	250 cal	65 g	15	X	
Dole® 100% Apple Juice	15.2 oz	220 cal	48 g	11	X	
Glaceau Vitamin Water®	20 oz	125 cal	32.5 g	8	X	
Monster Energy® Drink	16 oz	200 cal	54 g	13	X	
Poland Spring® Water	20 oz	0 cal	0 g	0	X	
Arizona® Green Tea & Honey	20 oz	210 cal	51 g	12		Options You Can Add to Your Own Sugar Bottle Display!
Dunkin' Donuts Strawberry Fruit Coolata®	16 oz	290 cal	65 g	15		
Gatorade™	20 oz	130 cal	34 g	8		
Mountain Dew®	20 oz	275 cal	78 g	18		
Sprite®	20 oz	250 cal	65 g	15		
Starbucks Bottled Frappuccino®	9.5 oz	200 cal	32 g	8		



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# Drink Comparison Display Photo

This sugar bottle display is a favorite part of the 5210 toolkit. It is a powerful visual tool that helps employees see the amount of sugar in their family's favorite drinks.



# Healthy Eating Booklist

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<b><i>Baby Signs for Mealtime</i></b> <b>by Acredolo, Linda</b>	Board Book	\$6.99	Age 6 mo-1 yr	ISBN: 0060090731
Through baby signing that parents can teach to their children, youngsters can communicate when they want more, when something is too hot, or even to let everyone know the food is all gone!				
<b><i>Eat</i></b> <b>by Intrater, Roberta Grobel</b>	Board Book	\$4.95	Age 9 mo-2 yr	ISBN: 0439420067
A group of babies enjoys some favorite foods—along with making as big as mess on their faces as possible while they eat.				
<b><i>My Food/Mi Comida</i></b> <b>by Emberley, Rebecca</b>	Hardcover	\$6.99	Age 9 mo-2 yr	ISBN: 0316177180
Labeled illustrations introduce various familiar foods and their names in English and Spanish.				
<b><i>Tucking In!</i></b> <b>by Stockham, Jess</b>	Board Book	\$6.99	Age 9 mo-2 yr	ISBN: 1846430461
Animals and young children enjoy the same types of foods, including oats, oranges, and fish, in a book with pictures hidden beneath the flaps.				
<b><i>Yum-Yum, Baby!</i></b> By Harwood, Beht	Board Book	\$5.95	Age 9 mo-2 yr	ISBN: 1592238033
Rhyming text describes which meals of the day a baby is hungry for, while labeled illustrations introduce related words, such as banana, cup, and peas.				
<b><i>The Carrot Seed</i></b> <b>by Krauss, Ruth</b>	Board Book	\$6.99	Age 1-2	ISBN: 0694004928
A young boy plants and cares for a carrot seed that everyone says will not grow, but he lovingly tends to his seed, and he eventually grows a large carrot.				
<b><i>Crunch Munch</i></b> <b>by London, Jonathan</b>	Board Book	\$5.95	Age 1-3	ISBN: 0152166009
Shows how different animals eat, from the nibble bibble of the chipmunk to the zap! zap! zap! of the frog, and reveals the tasty morsels that each animal loves, from the yummy ants for the aardvark to the green leaves for the giraffe.				
<b><i>Lunch</i></b> <b>by Fleming, Denise</b>	Board Book	\$7.99	Age 1-3	ISBN: 0805056963
A sturdy board-book format follows a hungry little mouse as he munches his way through a variety of colorful fruits and vegetables.				
<b><i>My Very First Book of Food</i></b> <b>by Carle, Eric</b>	Board Book	\$5.99	Age 1-3	ISBN: 0399247475
A split-page board book provides a simple introduction to the foods animals eat as preschoolers are challenged to match up the image of the food with the animal presented.				
<b><i>Bread, Bread, Bread</i></b> <b>by Morris, Ann</b>	Paperback	\$6.99	Age 2-4	ISBN: 0688122752
Celebrates the many different kinds of bread and how it may be enjoyed all over the world.				
<b><i>Spriggles: Healthy &amp; Nutrition</i></b> <b>by Gottlieb, Jeff</b>	Paperback	\$8.95	Age 3-6	ISBN: 1930439016
Motivates children in the areas of nutrition, hygiene, and general well-being with animal rhymes such as “Eat a balanced meal, Seal”, “Limit the fat, Cat”, “Have a carrot, Parrot” and many more.				

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# Healthy Eating Booklist (continued)

<b><i>Bread Is for Eating</i></b> by Gershator, David	Paperback	\$8.99	Age 2-4	ISBN: 0805057986
Mamita explains how bread is created in a song sung in both English and Spanish.				
<b><i>Give Me My Yam</i></b> by Blake, Jan	Paperback	\$3.99	Age 2-4	ISBN: 0763608734
When Jordan loses the yam he just dug up in the river, he keeps asking to get it back, only to get something else instead, in a repetitive story set on a Caribbean island.				
<b><i>Growing Vegetable Soup</i></b> by Ehlert, Lois	Board Book	\$ 6.95	Age 2-4	ISBN: 0152061762
A father and child grow vegetables and then make them into a soup.				
<b><i>Orange Pear Apple Bear</i></b> by Gravett, Emily	Hardcover	\$12.99	Age 2-4	ISBN: 1416939997
Explores concepts of color, shape, and food using only five simple words, as a bear juggles and plays.				
<b><i>The Little Mouse, the Red Ripe Strawberry, and the Big Hungry Bear</i></b> by Wood, Don	Board Book	\$6.99	Age 2-4	ISBN: 0859536599
Little Mouse worries that the big, hungry bear will take his freshly picked, ripe, red strawberry for himself.				
<b><i>World Snacks: A Little Bit of Soul Food</i></b> by Sanger, Amy Wilson	Board Book	\$6.99	Age 2-4	ISBN: 1582461090
Easy-to-read rhyming text introduces a variety of soul food dishes, including grits, fried chicken, collard greens, yams, and sweet tea.				
<b><i>World Snacks: Chaat and Sweets</i></b> by Sanger, Amy Wilson	Board Book	\$6.99	Age 2-4	ISBN: 1582461937
Through the author's trademark collage art, introduces toddlers to the Indian finger foods known as chaat, including phel puri, tandoori chicken, and sweet coconut cham-cham.				
<b><i>World Snacks: First Book of Sushi</i></b> by Sanger, Amy Wilson	Board Book	\$6.99	Age 2-4	ISBN: 1582460507
Illustrations and rhyming text introduce a variety of Japanese foods.				
<b><i>World Snacks: Hola Jalapeno</i></b> by Sanger, Amy Wilson	Board Book	\$6.99	Age 2-4	ISBN: 1582460728
Illustrations and rhyming text, sprinkled with some Spanish words, introduce a variety of Mexican foods.				
<b><i>World Snacks: Let's Nosh</i></b> by Sanger, Amy Wilson	Board Book	\$6.99	Age 2-4	ISBN: 1582460817
Illustrations and rhyming text introduce the variety of Jewish foods, from gefilte fish to challah bread, chicken soup to matzoh.				
<b><i>World Snacks: Mangia! Mangia!</i></b> by Sanger, Amy Wilson	Board Book	\$6.99	Age 2-4	ISBN: 1582461449
The sixth book in the World Snacks series pays tribute to dishes from the Italian table, from hearty minestrone and risotto to sweet, cool gelato.				
<b><i>World Snacks: Yum Yum Dim Sum</i></b> by Sanger, Amy Wilson	Board Book	\$6.99	Age 2-4	ISBN: 1582461082
Easy-to-read rhyming text introduces children to the varied Chinese foods called dim sum, which means a little bit of heart.				
<b><i>Eating the Alphabet</i></b> by Ehlert, Lois	Board Book	\$6.95	Age 2-5	ISBN: 015201036X
An alphabetical tour of the world of fruits and vegetables, from apricot and artichoke to yam and zucchini.				

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## Healthy Eating Booklist (continued)

<b><i>Market Day</i></b> by Ehlert, Lois	Paperback	\$6.95	Age 2-6	ISBN: 0152168206
On market day, a farm family experiences all the fun and excitement of going to and from the farmers' market.				
<b><i>The Little Red Hen (Hen Makes a Pizza)</i></b> by Sturges, Philemon	Paperback	\$6.99	Age 2-6	ISBN: 0142301892
In this version of the traditional tale, the duck, the dog, and the cat refuse to help the Little Red Hen make a pizza but do get to participate when the time comes to eat it.				
<b><i>An Island in Soup</i></b> by Levert, Mireille	Paperback	Need to buy used.	Age 3-6	ISBN: 0888995059
Staring at the fish soup he doesn't want to eat, Victor imagines that he is on an island of overgrown celery where he conquers a fierce pepper dragon only to be barraged by a wealth of terrifying ingredients, and soon Victor unexpectedly discovers that the dreaded fish soup is quite delicious.				
<b><i>Feast for 10</i></b> by Falwell, Cathryn	Paperback	\$6.95	Age 3-6	ISBN: 0395720818
Numbers from one to ten are used to tell how members of a family shop and work together to prepare a meal.				
<b><i>Grover's Guide to Good Eating</i></b> by Kleinberg, Naomi	Hardcover	\$6.99	Age 3-6	ISBN: 037584063X
Little ones can join their host Grover and his assistant Elmo in the Good Eats Cafe where they will learn all about good nutrition and healthy eating!				
<b><i>Little Pea</i></b> by Rosenthal, Amy Krouse	Hardcover	\$14.99	Age 3-6	ISBN: 081184658X
Little Pea hates eating candy for dinner, but his parents will not let him have his spinach dessert until he cleans his plate, in a story that many children can relate to!				
<b><i>Good for Me and You</i></b> by Mayer, Mercer	Paperback	\$3.99	Age 5-6	ISBN: 0060539488
Little Critter learns that a healthy lifestyle includes a balanced diet and exercise.				
<b><i>Muncha! Muncha! Muncha!</i></b> by Fleming, Candace	Hardcover	\$17.99	Age 5-6	ISBN: 0689831528
After planting the garden he has dreamed of for years, Mr. McGreely tries to find a way to keep some persistent bunnies from eating all his vegetables.				
<b><i>Two Eggs, Please</i></b> by Weeks, Sarah	Paperback	\$7.99	Age 5-7	ISBN: 141692714X
A harried waitress at the local diner tries to keep up with an abundance of orders from demanding patrons—all of whom want eggs, in a lively introduction to similarities and differences.				
<b><i>An Orange in January</i></b> by Aston, Dianna Hutts	Hardcover	\$16.99	Age 6-7	ISBN: 0803731469
An orange begins its life as a blossom where bees feast on the nectar, and reaches the end of its journey, bursting with the seasons inside it, in the hands of a child.				

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# Healthy Eating Booklist (continued)

<b><i>Blueberries for Sal</i></b> <b>by McCloskey, Robert</b>	Paperback	\$7.99	Age 6-7	ISBN: 014050169X
Little Bear and Sal both go berrying with their mothers, but after sitting down to rest, they each end up following the other one's mother.				
<b><i>I Will Never Not Ever Eat a Tomato</i></b> <b>by Child, Lauren</b>	Paperback	\$6.99	Age 6-7	ISBN: 0763621803
Fussy eater Lola makes it perfectly clear that she will not eat anything she doesn't want until her brother shows her that carrots are really orange twiglets from Jupiter and mashed potatoes are actually Mount Fuji cloud fluff.				
<b><i>The Edible Pyramid</i></b> <b>by Leedy, Loreen</b>	Paperback	\$6.95	Age 6-7	ISBN: 0823420752
Animal characters learn about good eating every day in a restaurant called The Edible Pyramid, where the waiter offers the foods grouped in sections of the Food Guide Pyramid and customers learn how many servings they need each day.				
<b><i>The Seven Silly Eaters</i></b> <b>by Hoberman, Mary Ann</b>	Paperback	\$7.00	Age 6-7	ISBN: 0152024409
Seven fussy eaters find a way to surprise their mother.				
<b><i>How to Make an Apple Pie and See the World</i></b> <b>by Priceman, Marjorie</b>	Paperback	\$6.99	Age 6-8	ISBN: 0679880836
Since the market is closed, the reader is led around the world to gather the ingredients for making an apple pie.				
<b><i>The Sweet Tooth</i></b> <b>by Platini, Margie</b>	Hardcover	<sup>08/08 07/09</sup> \$16.95	Age 6-8	ISBN: 0689851596
Stewart's loud, obnoxious sweet tooth constantly gets him into trouble, until Stewart uses a healthy diet to take control of the situation.				
<b><i>Cloudy With a Chance of Meatballs</i></b> <b>by Barrett, Judi</b>	Paperback	\$6.99	Age 7-10	ISBN: 0689707495
Life is delicious in the town of Chewandswallow where it rains soup and juice, snows mashed potatoes, and blows storms of hamburgers—until the weather takes a turn for the worse.				
<b><i>Gregory, the Terrible Eater</i></b> <b>by Sharmat, Mitchell</b>	Paperback	\$4.99	Age 7-8	ISBN: 0590433504
Mother Goat, alarmed by Gregory's bizarre dietary preferences—he prefers toast and scrambled eggs to shoe boxes and tin cans—consults Dr. Ram, who devises an appetizing transitional diet for little Gregory.				
<b><i>Sun Bread</i></b> <b>by Kleven, Elisa</b>	Paperback	\$6.99	Age 7-8	ISBN: 0142400734
During the dreary winter, a baker decides to bring warmth to her town by baking bread as golden and glorious as the sun itself.				
<b><i>Everybody Cooks Rice</i></b> <b>by Dooley, Norah</b>	Paperback	\$6.95	Age 7-9	ISBN: 0876145918
A child is sent to find a younger brother at dinnertime and is introduced to a variety of cultures through encountering the many different ways rice is prepared at the different households visited.				
<b><i>Good Enough to Eat</i></b> <b>by Rockwell, Lizzy</b>	Paperback	\$6.99	Age 7-9	ISBN: 0064451747
Describes the six categories of nutrients needed for good health, how they work in the body, and what foods provide each.				
<b><i>Why Do People Eat?</i></b> <b>by Needham, Kate</b>	Paperback	\$4.99	Age 7-9	ISBN: 0794516238
Using simple text and illustrations, explains why people need food, where food comes from, and how the body uses it.				

# Healthy Activity Booklist

<b>Row, Row, Row Your Boat</b> by <b>Kubler, Annie</b>	Board Book	\$4.99	Age 9 mo-2 yr	ISBN: 0859536580
In this traditional nursery rhyme, a group of babies and their toy animal friends row merrily down the stream.				
<b>Wiggle Waggle</b> by <b>London, Jonathan</b>	Board Book	\$5.95	Age 9 mo-2 yr	ISBN: 0152165886
Describes how various animals walk, from the wiggle waggle of a duck to the boing, boing, boing of a kangaroo to the bumble roll, bumble roll of a bear.				
<b>On the Go!</b> by <b>Stockham, Jess</b>	Board Book	\$6.99	Age 9 mo-2 yr	ISBN: 1846430496
Animals move by stretching, jumping, and climbing, and readers can flip the page to see babies doing the same action.				
<b>Head, Shoulders, Knees and Toes</b> by <b>Kubler, Annie</b>	Board Book	\$4.99	Age 9 mo-2 yr	ISBN: 0859537285
An illustrated version of the song which identifies parts of the body.				
<b>Eyes, Nose, Fingers, and Toes</b> by <b>Hindley, Judy</b>	Board Book	\$6.99	Age 9 mo-2 yr	ISBN: 0763623830
A group of toddlers demonstrate all the fun things that they can do with their eyes, ears, mouths, hands, legs, feet—and everything in between.				
<b>Bear About Town</b> by <b>Blackstone, Stella</b>	Board Book	\$6.99	Age 1-3	ISBN: 1841483737
The big, friendly bear goes on his daily walk through his neighborhood, meeting the people who live and work nearby.				
<b>I Went Walking</b> by <b>Williams, Sue</b>	Board Book	\$11.99	Age 1-3	ISBN: 0152056262
During the course of a walk, a young boy identifies animals of different colors.				
<b>Skippyjon Jones Shape Up</b> by <b>Schachner, Judy</b>	Board Book	\$6.99	Age 1-3	ISBN: 0525479570
Skippyjon Jones, a Siamese cat who thinks he is a Chihuahua dog, exercises using objects of different shapes.				
<b>Jumping Day</b> by <b>Esbensen, Barbara Juster</b>	Paperback	\$8.95	Age 2-4	ISBN: 1563978539
The pleasures of jumping, running, skipping, and hopping are celebrated as a little girl starts her day, goes to school, and comes home to play.				
<b>Doing the Animal Bop</b> by <b>Ormerod, Jan</b>	Paperback	\$9.99	Age 2-4	ISBN: 0764178997
Various animals dance to the animal bop, including ostriches, elephants, and monkeys; includes read-along compact disc.				
<b>I'm as Quick as a Cricket</b> by <b>Wood, Audrey</b>	Board Book	\$6.99	Age 2-4	ISBN: 0859536645
A young boy describes himself as loud as a lion, quiet as a clam, tough as a rhino, and gentle as a lamb.				

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# Healthy Activity Booklist (continued)

<b><i>Get Moving with Grover</i></b> <b>by Tabby, Abigail</b>	Hardcover	\$6.99	Age 2-4	ISBN: 0375830464
Grover and Elmo show young readers that being fit can be fun, encouraging exercises involving jumping over, running around, and dancing around the book itself.				
<b><i>Duck on a Bike</i></b> <b>by Shannon, David</b>	Hardcover	\$16.99	Age 2-4	ISBN: 0439050235
A duck decides to ride a bike and soon influences all the other animals on the farm to ride bikes too.				
<b><i>From Head to Toe</i></b> <b>by Carle, Eric</b>	Big Paperback	\$24.99	Age 2-6	ISBN: 0061119725
Encourages the reader to exercise by following the movements of various animals.				
<b><i>Froggy Learns to Swim</i></b> <b>by London, Jonathan</b>	Paperback	\$5.99	Age 3-6	ISBN: 0140553126
Froggy is afraid of the water until his mother, along with his flippers, snorkle, and mask, help him learn to swim.				
<b><i>Hop Jump</i></b> <b>by Walsh, Ellen Stoll</b>	Paperback	\$6.99	Age 4-6	ISBN: 015201375X
Bored with just hopping and jumping, a frog discovers dancing.				
<b><i>Froggy Plays Soccer</i></b> <b>by London, Jonathan</b>	Paperback	\$5.99	Age 5-6	ISBN: 0140568093
Although Froggy is very excited when his Dream Team plays for the city soccer championship, he makes a mistake on the field that almost costs the team the game.				
<b><i>Puddles</i></b> <b>by London, Jonathan</b>	Paperback	\$6.99	Age 5-6	ISBN: 0140561757
When the rain stops falling and the skies clear up, it's time to put on boots and go outside to play in the puddles.				
<b><i>Get Up and Go!</i></b> <b>by Carlson, Nancy L.</b>	Paperback	\$5.99	Age 5-6	ISBN: 0142410640
Text and illustrations encourage readers, regardless of shape or size, to turn off the television and play games, walk, dance, and engage in sports and other forms of exercise.				
<b><i>Animal Exercises</i></b> <b>by Ross, Mandy</b>	Paperback	\$7.99	Age 5-6	ISBN: 1846430445
A collection of poems describes how familiar animals keep in shape.				
<b><i>I Love Yoga</i></b> <b>by Chrissy, Mary Kaye</b>	Hardcover	Need to buy used	Age 5-8	ISBN: 0756614007
Presents young readers with simple instructions for the practice of yoga, discussing how to relax, focus, and have fun through basic poses explained in step-by-step sequences.				
<b><i>The Busy Body Book</i></b> <b>by Rockwell, Lizzy</b>	Paperback	\$6.99	Age 6-8	ISBN: 0553113747
Exploring all the many moves, twists, and turns a human body can do, this book is designed to encourage kids to move around, use their bodies, and learn the importance of staying actively fit.				
<b><i>Anna Banana</i></b> <b>by Cole, Joanna</b>	Paperback	\$7.99	Age 6-9	ISBN: 0688088090
An illustrated collection of jump rope rhymes arranged according to the type of jumping they are meant to accompany.				
<b><i>Spriggles: Activity &amp; Exercise</i></b> <b>by Gottlieb, Jeff</b>	Paperback	\$8.95	Age 3-5	ISBN: 1930439024
Motivates children in the areas of physical fitness and activity with animal rhymes such as "Go for a walk, Hawk", "Play in the park, Shark", "Ride your bike, Pike", and many more.				

# In This Section

## Tab 6: Patient Tools

### Patient Tools: 0 to 2 Years

Measuring Your Baby's Growth: Weight for Length Measurements

Feeding Infants

Feeding Toddlers and Preschoolers

Healthy Kids' Snacks

Making Your Own Baby Food

Physical Play Every Day! (6 months to 1 year)

Physical Play Every Day! (1 year to 2 years)

Screen Time and the Very Young

Families Resource Guide for Breastfeeding

Insert: 5210 in the First Year Booklet (Insert)

### Patient Tools: 2 to 18 Years

#### **5** Eat at least five fruits and vegetables a day.

A Meal Is a Family Affair

How To Add Fiber to Your Meals

The Fittest Food

Breakfast Is Best!

To have fruits and vegetables year-round, add frozen or canned

Maine Seasonal Food Guide

What's a Healthy Portion?

Get Your Portions in Proportion

Go Foods, Slow Foods, Whoa Foods

Tasty Snacks for Healthy Kids

Fuel Learning with Fruits and Vegetables

Fuel Learning with Milk, Cheese and Yogurt

Healthy Shopping On A Budget

Understanding Food Labels

Encourage Kids to Eat More Fruits & Veggies

#### **2** Limit recreational TV or computer use to two hours or less.

Promote Healthy Viewing Habits

Step Away from the Screen!

Unplugged!

Take Control of TV and Other Screen Time

Facts and Figures About Our TV Habit

Active Video Games: Good for You?

#### **1** Get one hour or more of physical activity every day.

Fun Ways to Be Physically Active

Take It Outside!

Take It Outside! with Maine State Parks Flyers

Physical Play Every Day! (2 years to 3 years)

Physical Play Every Day! (Ages 3 and 4 years)

Physical Play Every Day! (Ages 4 and 5 years)

#### **0** Drink water and low fat milk; limit or eliminate sugary beverages.

Calcium Counts!

Water is Fuel For Your Body

How Much Sugar Do You Drink?

What Should Young Children Drink?

Enlightening Facts About Juice

Sports and Energy Drinks

Drink Your Milk Quiz & Answer Key

Have a Drink Plan

For Growing Bones...Which Milk?

Milk's Unique Nutrient Package

Think Your Drink

### Other Resources

Come prepared for your child's blood pressure reading

Non-Food Rewards at Home

Healthy Sleeping Habits

Choose MyPlate Brochure

Choose MyPlate 10 Tips to a Great Plate

Choose MyPlate Coloring Sheets

Hannaford Guiding Stars Program

Nutrition Coordinator Request Form

Select Resources

Insert: Healthy Favorites: A Booklet Full of Healthy Tips and Recipes



# In This Section

## Patient Tools: 0 to 2 Years

Measuring Your Baby's Growth: Weight for Length Measurements

Feeding Infants

Feeding Toddlers and Preschoolers

Healthy Kids' Snacks

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Physical Play Every Day! (6 months to 1 year)

Physical Play Every Day! (1 year to 2 years)

Screen Time and the Very Young

Families Resource Guide for Breastfeeding

5210 in the First Year Booklet (Insert)



# Measuring Your Baby's Growth: Weight for Length Measurements

You may have noticed that we measure your baby's length when you come in for a check-up. Or you might have heard your baby's doctor talk about weight for length measurements. What are weight for length measurements, and why do they matter?



**Weight for Length Measurements help us track your baby's growth.**

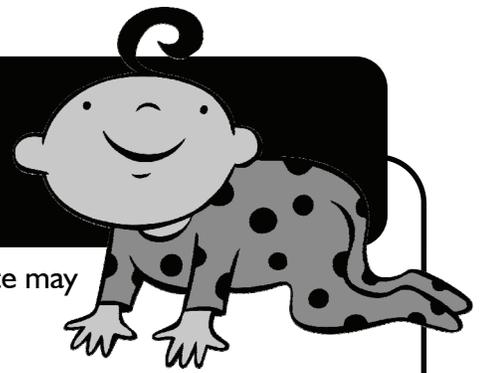
- You may have heard of BMI, or Body Mass Index. BMI tells us if children older than 2 and adults are at a healthy weight for their height.
- We can't measure the height of babies because they can't stand yet, so BMI doesn't work for them. We measure how long they are when they are lying down instead. This is their length.
- We track your baby's length and weight each time you visit. This lets us see how your baby is growing and gaining weight over time.

**Finding problems now will help us to keep your baby healthy in the future.**

- Usually, we are glad to see babies gain weight! This means they are getting bigger and stronger. But weighing too much can lead to health problems for kids and adults.
- Many kids and teens who are very overweight first started having problems with their weight when they were babies.
- If your baby is gaining weight too quickly, weight for length measurements help us to see this early.
- Finding problems now helps us to make sure that this doesn't become a bigger problem later. If needed, we can help you to make changes in what your baby eats.



# Feeding Infants



Babies are the best judge of how much food they need and their appetite may vary greatly from day to day.

Follow these tips to help your little ones learn to be healthy eaters:

- **Feed infants when they are hungry; do not restrict them to a meal schedule.**
- Let the child eat *their* way – much or little, fast or slow, steady or start-and-stop.
- If an infant is full, let him stop eating. **It is not necessary to finish off a bottle, container of food or food on the plate.** *Note: Ignoring fullness cues may cause a child to lose the ability to tell when they are hungry and full and lead to overeating.*
- To avoid waste, **start with small amounts and add more if the baby is still hungry (see hunger cues below).**

## Hunger cues:

- ▶ Putting fists in mouth
- ▶ Rooting (when an infant opens her mouth and turns her head towards anything near the mouth)
- ▶ Excited arm and leg movements
- ▶ Sucking or smacking lips
- ▶ Aim to feed before infant gets too upset and is crying from hunger (crying is a late hunger cue)

## Fullness cues:

- ▶ Clamping lips together
- ▶ Turning head away
- ▶ Spitting out nipple
- ▶ Pushing away bottle
- ▶ Decreased or stopped sucking
- ▶ Milk dribbling out corner of mouth

## Bottle Feeding Techniques:

- Put only breast milk or formula in the bottle. **Do not** put cereal, other food, juices, or other drinks in the bottle.
- Give the bottle to the baby at feeding time, not nap time, and do not let the baby go to sleep with the bottle.
- **Always hold the baby while feeding** instead of propping the bottle in the baby's mouth. Do not let the baby walk or crawl around with the bottle. Tip the bottle so that milk fills the nipple and air does not get in.
- **Never force a baby to finish what is in the bottle.** Babies are the best judge of how much they need. To avoid wasting milk or formula, start with a smaller amount and add more if the child is still hungry.

## What do babies drink?

It is not recommended to give children under 6 months of age anything to drink besides breast milk or iron-fortified infant formula. After 6 months it is okay to start introducing a small amount of water after feedings.

Age	Item	Amount
Birth to 4 months	<ul style="list-style-type: none"> <li>Breast milk (preferred)</li> <li>Iron-fortified infant formula</li> </ul>	<ul style="list-style-type: none"> <li>4-6 oz/feeding</li> </ul>
4-6 months	<ul style="list-style-type: none"> <li>Breast milk (preferred)</li> <li>Iron-fortified infant formula</li> </ul>	<ul style="list-style-type: none"> <li>4-8 oz/feeding</li> </ul>
6-8 months	<ul style="list-style-type: none"> <li>Breast milk (preferred)</li> <li>Iron-fortified infant formula</li> <li>Water with no added sweeteners</li> </ul>	<ul style="list-style-type: none"> <li>4-8 oz/feeding</li> <li>Small amounts of water can be given after breast milk or formula.</li> </ul>
8-12 months	<ul style="list-style-type: none"> <li>Breast milk (preferred)</li> <li>Iron-fortified infant formula</li> <li>Water with no added sweeteners</li> </ul>	<ul style="list-style-type: none"> <li>6-8 oz/feeding</li> <li>Small amounts of water can be given after breast milk or formula.</li> </ul>

## Hold off on any others fluids (including 100% fruit and vegetable juices) until 1 year of age. Feeding Solid Foods

- Introduction of solids can begin as early as 4-6 months.
- Introduce one “single-ingredient” new food at a time** and wait 3-5 days before introducing anything else to watch for possible allergic reactions.
- Choose foods that will provide key nutrients and help children meet their energy needs. Recommended first foods include: single-grain cereals, pureed vegetables and fruits, and pureed lean poultry or meats. You can make your own foods and thin them to a soupy consistency with breast milk or formula.
- Introduce a variety of foods by the end of the first year. **Remember, when offering a new food, it may take up to 15 exposures till the child accepts the food, so keep trying!**
- Avoid adding salt or any kind of sweetener.** These are not necessary to make children like a food – this can be done by repeatedly introducing a food (see above).

Age	Item	Amount
Birth to 4 months	No Solids Recommended	
4-8 months	Single-grain, iron-fortified cereal	0-3 Tbsp
	Fruits and/or vegetables	
	Pureed lean poultry and meats	
8-12 months	Single-grain, iron-fortified cereal	1-4 Tbsp
	Fruits and/or vegetables	
	Lean poultry, meat, egg, cooked beans or peas	
	Cottage cheese or yogurt	
	Cheese	½ oz to 2 oz
	Bread	¼ to ½ slice
	Crackers	2 crackers

\*An infant may eat more or less than what is listed here. Pay attention to hunger and fullness cues and talk to your doctor if you're concerned about your infant's intake.

# Feeding Toddlers and Preschoolers



Children need less food than adults. What may seem like a small amount to an adult may be the right amount for a child. Children are capable of “listening” to their body cues and will stop eating when they are full. Your role as a caregiver is to foster this natural ability. Not paying attention to hunger and fullness cues can lead to overeating or turn children off to foods they should be eating.

## What is a serving?

In general, a toddler-size portion is  $\frac{1}{4}$  to  $\frac{1}{2}$  an adult size portion. A preschooler-size portion is close to or the same size as an adults. For example, a one-year-old child would get a one-quarter serving, while a 3-year-old would get a half.

*NOTE: this refers to serving sizes recommended by ChooseMyPlate, not portions served in many restaurants.*

**A good general rule is to serve about 1 tablespoon per year of age for each type of food offered.**

See the table below for specific examples.

Type of Food	1-2 year old	3-4 year old	5-6 year old
Grains and Breads	$\frac{1}{4}$ slice bread 2 tbsp cereal 2 tbsp rice or pasta	$\frac{1}{2}$ slice bread $\frac{1}{4}$ cup cereal $\frac{1}{4}$ cup rice or pasta	1 slice bread $\frac{1}{2}$ cup cereal $\frac{1}{3}$ - $\frac{1}{2}$ cup rice or pasta
Dairy	$\frac{1}{4}$ - $\frac{1}{2}$ cup <b>whole</b> milk $\frac{1}{4}$ - $\frac{1}{3}$ slice cheese 2 tbsp yogurt	$\frac{1}{2}$ - $\frac{3}{4}$ cup <b>skim/low fat</b> milk $\frac{1}{2}$ slice cheese $\frac{1}{4}$ cup yogurt	$\frac{3}{4}$ - 1 cup <b>skim/low fat</b> milk 1 slice cheese $\frac{1}{2}$ cup yogurt
Fruit and Veggies	2 tbsp cooked or canned 2-3 pieces fresh $\frac{1}{4}$ small whole fruit	$\frac{1}{4}$ cup cooked or canned 4-5 pieces fresh $\frac{1}{2}$ small whole fruit	$\frac{1}{2}$ cup cooked or canned 6-7 pieces fresh 1 small whole fruit
Meat and Meat Substitutes	1 oz meat* 1 tbsp nut butter $\frac{1}{2}$ large egg 2 tbsp beans/peas 1-2 tbsp tofu	1 $\frac{1}{2}$ oz meat* 1-2 tbsp nut butter $\frac{3}{4}$ large egg $\frac{1}{4}$ cup beans/peas 2-3 tbsp tofu	2 oz meat* 2 tbsp nut butter 1 large egg $\frac{1}{2}$ cup beans/peas $\frac{1}{4}$ cup tofu

\*For reference, 3 oz of cooked meat is about the size of a deck of cards.

**Always start with one serving of each food and then let the child decide how much to eat. If he or she is still hungry, they can ask for more food.**

**Tip:**  
Not sure what a tablespoon or a ¼ cup of food looks like?  
Use measuring spoons and cups to portion out foods for a few days until you learn what the appropriate portion size looks like on your plates and bowls.

**Tip:**  
Offering two or three types of fruits and vegetables at each meal will help children meet the daily recommendations.



### How do I know if a child who can't talk yet is full?

Watch for these signs:

- ▶ pulling away from the spoon
- ▶ turning away/become distracted
- ▶ no longer opening mouth for food
- ▶ pushing food or spoon back out of the mouth
- ▶ throwing the food on the floor/playing
- ▶ shaking head “no”

Children's appetites change from day to day. It is okay if your child does not eat a whole serving or asks for more food. **DON'T force more food or stop your hungry child from eating. DO provide meals and snacks at the same time every day and offer a variety of foods in child size servings.** Trust your child to eat the amount that is right for him or her.

**Be a great role model!  
Eat your fruits and veggies!  
Mix it up!**

Resources: 1) eatright.org - American Dietetic Association 2) www.extension.org - University of Maine Cooperative Extension

# Healthy Kids' Snacks

Snacks are a bigger part of kids' diets than in the past. Snacks can make positive or negative contributions to kids' diets ...depending on the choices we offer. Next time your children say, "I'm hungry," or if you need to get them through to the next meal, reach for one of these healthy snacks



## Vegetables

Most of the snacks served to children should be fruits and vegetables, since most kids do not eat the recommended five to thirteen servings of fruits and vegetables each day. Popular vegetables that can be served raw with dip or salad dressing include:

- Broccoli
- Baby carrots
- Celery sticks
- Cucumber
- Peppers
- Snap peas
- Snow peas
- String beans
- Grape or cherry tomatoes
- Yellow summer squash
- Zucchini slices

## Low Fat Dairy Foods

Dairy foods are a great source of calcium, which can help to build strong bones. However, dairy products also are the biggest sources of artery-clogging saturated fat in kids' diets. To protect children's bones and hearts, make sure all dairy foods are low fat or nonfat after age 2.

- Yogurt
- Lower fat cheese like cheese sticks, Swiss cheese, and American cheese slices.
- Low fat pudding and frozen yogurt (*Serve only as occasional treats because they are high in added sugars.*)

## Fruit

Fruit is naturally sweet, so most kids love it. Fruit can be served whole, sliced, cut in half, cubed, or in wedges. Canned, frozen, and dried fruits often need little preparation; choose varieties with no added sugar.

- Apples
- Apricots
- Bananas
- Blackberries
- Blueberries
- Cantaloupe
- Cherries
- Clementines
- Grapefruit
- Grapes (red, green, or purple)
- Honeydew melon
- Kiwifruit
- Mandarin oranges
- Mangoes
- Nectarines
- Oranges
- Peaches
- Pears

For dips: Try salad dressings such as light/low fat ranch or Thousand Island, store-bought light dips, bean dips, guacamole, hummus (which comes in a variety of flavors), salsa, or peanut butter.

5210

LET'S GO!

[www.letsgo.org](http://www.letsgo.org)

# Healthy Kids' Snacks (continued)

- Pineapple
- Plums
- Raspberries
- Strawberries
- Tangerines
- Watermelon

## *Other popular fruit forms:*

- Applesauce (unsweetened), fruit cups, and canned fruit
- Dried fruit—Try raisins, apricots, apples, cranberries, and fruit leathers with little or no added sugars.
- Frozen fruit
- Fruit salad—Get kids to help you make a fruit salad.
- Popsicles—Look for popsicles made from 100% fruit juice with no added caloric sweeteners.

## **Important for Toddlers!**

Feed only age appropriate snacks.

Allow toddlers finger foods only under supervision. Be sure they stay seated as they eat and are not lying down or running around.

Avoid raw fruits and vegetables that snap into hard chunks, such as carrot and celery sticks and firm apples.

Peel and slice grapes. Whole grapes can cause choking.

## Healthy Grains

Try to serve mostly whole grains, which provide more fiber, vitamins, and minerals than refined grains, and include a source of protein like peanut butter, hummus, or low fat cheese.

- Whole wheat English muffins, pita, or tortillas
- Breakfast cereal—either dry or with low fat milk. Whole grain cereals like Cheerios, Grape-Nuts, Raisin Bran, Frosted Mini-Wheats, and Wheaties make good snacks. Look for cereals with no more than about 8 grams of sugar per serving.
- Whole grain crackers like Triscuits
- Popcorn
- Baked tortilla chips
- Granola and cereal bars—look for whole grain granola bars that are low in fat and sugars.
- Pretzels, rice cakes, breadsticks, and flatbreads—these low fat items can be offered as snacks now and then. However, most of these snacks are not whole grain and most pretzels are high in salt.

## **Important!**

Water should be the main drink served to kids at snack times. Water satisfies thirst and does not have sugar or calories. Plus, it's free or low-cost! If kids are used to getting sweetened beverages at snack times, it may take a little time for them to get used to drinking water. Be a great role model by drinking water yourself.



For more tips, go to [www.cspinet.org/nutritionpolicy](http://www.cspinet.org/nutritionpolicy)





# Making Your Own Baby Food

Bulletin #4309

Nellie Hedstrom, nutrition specialist



**W**ith a little planning, and a blender, a fork, a strainer, a food mill or a baby food grinder, you can make foods for your baby at home. Homemade infant food may help cut food costs, and provide baby with food as nutritious, if not more nutritious, than store-bought baby foods. Making your own baby food will also help baby get used to foods the family eats.

*Homemade infant food may help cut food costs, and provide baby with food as nutritious, if not more nutritious, than store-bought baby foods.*

Pureed fruits and vegetables can be prepared from fresh-cooked fruits and vegetables. Use the cooked fruits and vegetables without added salt, sugar or fat. Puree means to put food through a sieve or grinder to make the food into a liquid-like, smooth texture. Some foods, like ripe bananas, can be mashed or pureed with a fork and won't need to be precooked. It may be necessary to add some fluid (formula, breast milk, water or cooking water) to other pureed food to make it the right consistency for your baby.

Canned or frozen fruits and vegetables may also be pureed and used. When using commercially processed canned or frozen fruits

and vegetables, check the ingredient label. Make sure you are not adding extra sugar, salt and fat to your baby's diet. Other unnecessary additives may also be in canned or frozen foods.

Some commonly home-prepared fruits for babies are ripe mashed bananas, and pureed bananas and applesauce. Dried prunes that have been cooked and pureed are another food for baby. Fresh pears or peaches in season may also be soft-cooked and pureed. Fresh vegetables that can be home prepared and pureed include potato, winter squash, sweet potato, peas, asparagus, and green or wax beans.

*continued on page 2*

**Q:** Should I avoid certain foods if I make my own baby food?

**A:** High-nitrate vegetables, such as beets, broccoli, cabbage, carrots, celery, collard greens, lettuce, spinach and turnips, should not be fed to babies in large quantities. The naturally occurring nitrates in these vegetables can change to nitrites, which bind iron in the blood and make it difficult to carry oxygen. This can make it hard to breathe and cause the skin to become blue. Limit the serving size of these vegetables to one to two tablespoons per feeding.

## Equipment Needed to Make Baby Food

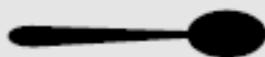
**Sieve/strainer:** It should have a small mesh. You can press foods through it with the back of a spoon. It can be used for juices, soft fruits and vegetables, but not meats.

**Spoon, forks and potato masher:** Use these to mash soft foods, such as most canned fruits, egg yolks, bananas and potatoes, to the right consistency.

**Food mills or grinders:** You may already have a food mill in your canning supplies, but if you don't, they are available in stores that sell kitchen supplies. The smaller size baby food mill is similar to the larger version. They can be purchased in the baby section of department stores. It can be used at home or when traveling. The larger mills and grinders are useful when preparing soft meats and both can be used for cooked fruits, vegetables and soft fresh fruits.

**Blenders:** Your blender can come in handy to prepare food for the baby. Food items cooked for the family can be blended smooth for baby or to freeze for later. Hand-held blenders are useful pieces of equipment that you may want to consider.

**Plastic ice cube trays:** Use trays for freezing extra food that you prepare. After the food is frozen, remove the cubes and store in a container designed for freezing.



*continued from page 1*

Later, when baby is between 8 months through 11 months, table food can be added to her diet. By that time, your baby will be able to move her tongue from side to side, and will have begun to spoon feed herself with your help. She'll also start chewing with her new teeth, and feed herself with her fingers. With your help, she will also drink from a cup.

At this stage, try feeding mashed or diced fruit, soft cooked or mashed vegetables; mashed, cooked egg yolk; strained meats or poultry; mashed, cooked dry beans and peas; cottage cheese or cheese cubes; sliced bread; crackers; and juice in a cup.

## Tips for Making Homemade Baby Food

- Work under the most sanitary conditions possible.
- Wash your hands with hot water and soap, scrub, rinse and dry with clean towel before fixing your baby's food, before feeding your baby, and after changing your baby's diapers.
- Scrub all working surfaces with soap and hot water.
- Scrub all equipment with soap and hot water, and rinse well.
- Prepare fresh fruits or vegetables by scrubbing, paring or peeling, and removing seeds.
- Prepare meats by removing all bones, skin, connective tissue, gristle and fat.
- Cook foods, when necessary, boiling them in a small, covered saucepan with a small amount of water until tender. The amount of water is important — the less water used, the more nutrients stay in the food.
- Puree food using a blender, food processor, baby food grinder, spoon or fork. Grind up

- tough foods. Cut food into small pieces or thin slices. Take out seeds and pits from fruit.
- Test for smoothness by rubbing a small amount of food between your fingers. Add a liquid such as formula, water or fruit juice to achieve a desired consistency.
- If pureed food is not being used right away, refrigerate quickly.
- To freeze: pour cooled, pureed food into a paper cupcake liner or a section of a clean ice cube tray, and cover with foil. When frozen solid, store cubes in a freezer container in the freezer in a freezer bag or box.
- Reheat frozen cube in a heat-resistant container in a pan of hot water.
- When cooking foods for the family, remember to separate the baby's portion before adding seasoning or spices. Babies need very little, if any, added salt or sugar.

## Thawing and Warming Baby's Food

Here are some suggestions on thawing and warming food for your baby. Frozen food can be thawed in the refrigerator or the microwave oven on the defrost setting. But remember, food that has been thawed should never be refrozen.

**Stove Method:** To warm food, place it directly in a saucepan and slowly warm over low heat, stirring often. Stir and test temperature of food before feeding it to your baby.

**Microwave Method:** Microwave ovens heat foods unevenly and cause hot spots. There may be hot spots even if the food feels cool to you. It is important to stir food well to prevent burns to you or your baby. Here are some other tips:

- Cover dish with a microwave-safe cover, not plastic wrap.
- Stir food and turn the dish often during the heating process.
- Allow food to sit for a few minutes; stir well and test temperature before feeding your baby.
- It is not recommended to heat pureed meats in the microwave. Hot spots in the meat could seriously burn your baby.
- For other foods, heat food in a microwave-safe dish or an opened baby-food jar.

## Pureed Baby Food Recipes

### Pureed Fruit Delight

- 1/2 cup freshly cooked or home-canned fruits, or cooked dried prunes (without sugar) (Use apples, pears, peaches, nectarines, apricots or prunes)
- 2-4 teaspoons liquid (water, unsweetened fruit juice — not citrus — or formula)

Remove skin and seeds. Press through a sieve, or put ingredients in food mill or blender and puree until smooth. Serve or freeze. Freeze no longer than 1 month.

### Applesauce Deluxe

- 1 medium apple
- 4 tablespoons pineapple juice

Peel, quarter and core apple. Cook with pineapple juice until soft. Blend until smooth in texture.

### Bananas Plain and Simple

Ripe bananas may be pureed or mashed and fed to your baby directly.

*continued on page 4*

## More Baby Food Recipes, *continued from page 3*

### **Yummy Fresh Fruit**

3/4 cup ripe fruit (uncooked peaches, nectarines, pears or apricots) without sugar  
1 tablespoon unsweetened fruit juice (not citrus)

Remove skin and seeds. Puree ingredients in baby food mill or blender until smooth. Serve or freeze. Freeze no longer than 1 month.

### **Vegetable Medley**

1/2 cup cooked fresh, frozen or canned vegetables (potato, sweet potato, green beans, peas, carrots, yellow squash), without salt added  
2-4 tablespoons cooking liquid, formula or water

Cook fresh vegetables or use frozen or canned vegetables without salt or seasoning. (Read labels for ingredients.) Press vegetable chunks through a sieve or baby food mill. Thin with cooking liquid or formula to eating consistency. Or put cooked vegetables and liquid in a blender and puree until smooth. Serve or freeze. Freeze no longer than 1 month.

**Note:** After the individual vegetables have been fed several times, some good combinations are: potatoes and carrots, potatoes and green beans, carrots and peas.

### **Simple Strained Meat or Poultry (for babies over 8 months)**

1/2 cup cooked meat (small pieces of lean chicken, beef, turkey or pork)  
2-4 tablespoons meat broth or formula

Cook lean meat (fat, skin and connective tissue removed) over low heat in a small amount of water. Puree meat and liquid until smooth. Serve or freeze. Freeze no longer than one month.

### **Egg Yolk Puree (for babies over 8 months)**

Cook one egg in simmering water 15 to 20 minutes. Remove shell. Remove yolk and mash with 1 tablespoon of formula or water until smooth. Serve or freeze. Freeze no longer than 1 month.

**Note:** Use only the yolk. Avoid feeding egg whites until 1 year to avoid problems with allergies. Use the extra egg white in the family's casseroles, salads or sandwiches.

### **Your Choice Combo Dish (for babies over 8 months)**

1 cup cooked, cubed or diced meat (cut off fat)  
1/2 cup cooked rice, potato, noodles or macaroni  
2/3 cup cooked, diced vegetables  
3/4 to 1 cup liquid (formula, broth or water)

Combine and blend until smooth. Serve or freeze in serving-size containers. If frozen, use within 1 month.

**Note:** If you prepare combination dishes, use them only after you have fed the individual food several times.

### **Creamy Custard (for babies over 1 year)**

3 egg yolks  
2 tablespoons sugar  
2 cups milk, warmed

Mix egg yolks and sugar. Stir in milk and mix well. Cook over low heat, stirring constantly, until mixture coats the spoon. Refrigerate. Use within 2 to 3 days.

*Peer reviewers: Kathleen Savote, Extenston educator,  
and Jane Conroy, Extenston educator*

## Active Play Movements to Try

Patting    Reaching    Grasping  
Releasing    Stretching    Creeping  
Crawling    Walking

## Ideas for Physical Play Toys

Crib gyms  
Mobiles  
Floor Mirrors  
Snap-lock beads  
Pat Mat  
3 inch Chime bells or Clutch balls  
Low climbing platforms  
Infant Swings with safety belt  
Push and Pull toys  
Simple cars  
Animals on wheels



# Physical Play Every Day!

**Fun Ways To Keep Your  
Child Active and Fit**

**(6 months to 1 year)**

-----  
New Hampshire Department of Health and Human Services,  
Division of Public Health Services, Nutrition and Health Promotion Section,  
WIC Program, 29 Hazen Drive, Concord, NH 03301  
Adapted from Hofstra University's "Parent's Guide to Physical Play". 2008

# Why Physical Play?

Physical play is important for healthy growth and development of young children.

Through active play, children learn:

- about their bodies,
- what their bodies can do, and
- how to control things around them.

A love of physical play is one of the most important gifts you can give your child.

The next page has physical play activities for 6 months to 1 year old children. As your child grows older they will be able to do more.

**Try some of the following with your child and have fun!**



# Let's Play!

**Shake It Up!** Move your body and shake a rattle to encourage your child to react to the following action rhyme.

**"Shake, shake, shake, shake, wiggle, wobble, quake,  
Shake it up..., shake it down...,  
Shake it round and round and round."**

**Bubble Burst** With child in an infant chair or car seat, blow bubbles within reaching distance of the child and show him how to pop the bubbles.

**"Pretty bubble in the sky,  
pop each one as it floats by."**

**Kick! Kick! Kick!** Sew bells to a light weight pillow and place within kicking distance of the child's legs. Touch each body part as you repeat this rhyme.

**"Leg, foot, toe, leg, foot, toe,  
kick, kick, kick, the pillow!"**

**Row, Row, Row Our Boat** While sitting on the floor, place child between your legs so that both of you are facing forward. Hold an empty paper tube in front of your child's arms so that you are both holding it. Gently reach forward and back in a rowing motion while reciting the following rhyme.

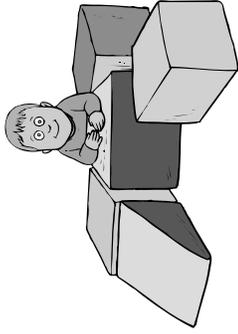
**"Row, row, row the boat, down the river  
we float. Pushing and pulling on our oar,  
sitting together on the floor."**

## Active Play Movements to Try

Clapping    Grabbing    Squeezing  
Rolling    Pressing    Arching    Stamping  
Pushing    Pulling    Walking    Jumping

## Ideas for Physical Play Toys

- Squeeze toys
- Plastic bowling set
- Bean bags
- Activity tables
- Wagon- low and open
- Tot tunnels- crawling
- Ride-ons- moved by child's feet, no pedals, 4 wheels
- Cymbals, drums, xylophones
- Large, light weight balls
- Small doll carriage



# Physical Play Every Day!

Fun Ways to Keep Your  
Child Active and Fit

(1 Year to 2 Years )

.....  
New Hampshire Department of Health and Human Services,  
Division of Public Health Services, Nutrition and Health Promotion Section,  
WIC Program, 29 Hazen Drive, Concord, NH 03301  
Adapted from Hofstra University's "Parent's Guide to Physical Play". 2008

## Why Physical Play?

Physical play is important for healthy growth and development of young children.

Through active play, children learn:

- about their bodies,
- what their bodies can do, and
- how to control things around them.

A love of physical play is one of the most important gifts you can give your child.

The next page has physical play activities for 1 year to 2 year old children. As your child grows older they will be able to do more.



**Try some of  
the following  
with your child  
and have fun!**

## Let's Play!

**Body Part, Follow the Leader!** Move your body parts as you repeat the rhyme and encourage your child to do the same.

**"Can you do this.....?"**

**"Shake a leg..., touch your toes..., clap your hands... wave your arms..., make circles with your hips, wiggle your fingers..., grin with your lips."**

**Squeeze Me** Encourage your child to grasp, squeeze and release cloth, yarn or crumpled paper balls, and to move the object around different body parts.

**"Squish, crumple, squeeze, Grip, grasp, grab, please.."**

**Let's see, I'll be...** With your child pretend to be....

**A tree, moving in the wind..., the sun rising....., a cat arching its back..., a kangaroo jumping..., a train chugging along a track....**

**See What I Can Do Walk** Give your child a chance to walk winding pathways, up and down small inclines or hills, along ledges, and up and down low steps.

**"Follow me as we go, up and over high then low. Now I'll follow you wherever you go, moving fast or moving slow!"**

# Screen Time and the Very Young

The American Academy of Pediatrics recommends **NO** screen time for children under 2 years of age. Excessive screen time (over two hours a day) can put young children at risk. Listed below are some of the effects that screen time can have on the very young

## Excessive screen time...

- ▶ can be habit-forming. The more time a young child is engaged with screens, the harder time they have turning them off as older children.
- ▶ for children under 3 is linked to irregular sleep patterns and delayed language acquisition.
- ▶ takes time away from meaningful interactions with parents, family members and caretakers.
- ▶ can be associated with problems in later childhood, including lower math and school achievement, reduced physical activity, social issues, and increased BMI.
- ▶ has been associated with increased early childhood aggression.
- ▶ simply put, means less time involved in creative play—the foundation of learning, constructive problem solving, and creativity.

## Reduced screen time...

- ▶ may lead to decreased interest in it as older children.
- ▶ can help prevent childhood obesity by allowing time for more physical activity and less exposure to television advertising for unhealthy foods targeted at children.
- ▶ allows for doing better in school, having a healthier diet, being more physically active and having the opportunity to better engage in school as older children.
- ▶ can start now! Limiting exposure before age 6 greatly reduces the risks of excessive screen time.



Do yourself and your young children a favor—create an electronic-media-free bedroom, and role model by reducing your own recreational screen time.

Adapted from *Kids and Screens*, Campaign for a Commercial-Free Childhood. [www.commercialfreechildhood.org](http://www.commercialfreechildhood.org).



# Families Resource Guide for Breastfeeding

## Compiled by the American Academy of Pediatrics (AAP)

The Resource Guide will direct you towards the Web sites and AAP publications for families about breastfeeding as well as those of other organizations.

### AAP Publications

#### **AAP Bookstore:**

- Website: <http://www.aap.org/bst/index.cfm?did=15>

The AAP sells educational products to professionals as well as parents.

#### **New Baby Packet:**

- Website: [http://www.aap.org/bst/showdetl.cfm?&DID=15&Product\\_ID=4254](http://www.aap.org/bst/showdetl.cfm?&DID=15&Product_ID=4254)

A complete, updated, and authoritative new-baby home library—the perfect gift for the experienced or new mother-to-be!

#### **New Mother's Guide to Breastfeeding:**

- Website: [http://www.aap.org/bst/showdetl.cfm?&DID=15&Product\\_ID=2844](http://www.aap.org/bst/showdetl.cfm?&DID=15&Product_ID=2844)

A basic breastfeeding 101 book for mothers. It is a good overview of the experience of breastfeeding from initiation to weaning for parents. Available in Spanish.

#### **Your Baby's First Year:**

- Website: [http://www.aap.org/bst/showdetl.cfm?&DID=15&Product\\_ID=4020](http://www.aap.org/bst/showdetl.cfm?&DID=15&Product_ID=4020)

From birth to your baby's first birthday, this book will guide you about every aspect of your child's health.

### Trusted Links

#### **An Easy Guide to Breastfeeding:**

- Website: <http://www.womenshealth.gov/pub/bf.cfm>

This popular pamphlet for mothers will give you the basics of breastfeeding. It is available in many different versions and languages including a guide for African American women, American Indian and Alaska Native women, and versions in Spanish and Chinese.

*(continued on other side)*



### ***Breastfeeding – Best for Baby, Best for Mom:***

■ Website: <http://www.womenshealth.gov/Breastfeeding/>

This comprehensive Web site from the Office on Women's Health offers breastfeeding information and a breastfeeding helpline.

### ***Breastfeeding Success: You Can Do It:***

■ Website: <http://www.breastfeedforall.org/index.html>

Visit this Web site for breastfeeding inspiration. Read real stories from mothers who have been successful.

### ***Centers for Disease Control and Prevention Breastfeeding Pages***

■ Website: <http://www.cdc.gov/breastfeeding/>

The CDC has basic information about breastfeeding including the safety of vaccinating pregnant women, traveling and breastfeeding, and other helpful information about breastfeeding and disease prevention.

### ***Human Milk Banking Association of North America***

■ Website: <http://www.hmbana.org/>

This Web site will answer your questions about human milk banking and direct to human milk banks in North America.

### ***International Lactation Consultant Association:***

■ Website: <http://www.ilca.org/>

Visit this site to find local International Board Certified Lactation Consultants by zip code. Be sure to have a name and number of a lactation consultant on hand before you have your baby. Also, ask your obstetrician and pediatrician about lactation support in their office.

### ***La Leche League International:***

■ Website: <http://www.llli.org/>

La Leche League International offers many resources for families including breastfeeding help, breastfeeding laws, breastfeeding publications, links to local LLL leaders and groups, and more.

### ***MyPyramid for Pregnancy and Breastfeeding:***

■ Website: <http://www.mypyramid.gov/mypyramidmoms/>

This Web site has nutrition tools to help you to eat right during pregnancy and lactation.

### ***AAP Section on Perinatal Pediatrics:***

■ Website: <http://www.aap.org/perinatal/families.html>

This Web site features up-to-date neonatal-perinatal information for families with premature babies.

Source: American Academy of Pediatrics Breastfeeding Initiatives - [www.aap.org/breastfeeding](http://www.aap.org/breastfeeding)

# 5210 in the First Year Booklet

This booklet is designed to guide both children's and caregiver's journey to good health! The tips and suggestions contained here will give them the tools to get started today!



To view and download this document, visit the Healthcare Resources page at [www.letsgo.org](http://www.letsgo.org)



# In This Section

## TAB 6: PATIENT TOOLS

### Patient Tools: 2 to 18 Years

#### **5** Eat at least five fruits and vegetables a day.

A Meal Is a Family Affair  
How To Add Fiber to Your Meals  
The Fittest Food  
Breakfast Is Best!  
To have fruits and vegetables year-round, add frozen or canned  
Maine Seasonal Food Guide  
What's a Healthy Portion?  
Get Your Portions in Proportion  
Go Foods, Slow Foods, Whoa Foods  
Tasty Snacks for Healthy Kids  
Fuel Learning with Fruits and Vegetables  
Fuel Learning with Milk, Cheese and Yogurt  
Healthy Shopping On A Budget  
Understanding Food Labels  
Encourage Kids to Eat More Fruits & Veggies

#### **2** Limit recreational TV or computer use to two hours or less.

Promote Healthy Viewing Habits  
Step Away from the Screen!  
Unplugged!  
Take Control of TV and Other Screen Time  
Facts and Figures About Our TV Habit  
Active Video Games: Good for You?

#### **1** Get one hour or more of physical activity every day.

Fun Ways to Be Physically Active  
Take It Outside!  
Take It Outside! With Maine Parks Flyers  
Physical Play Every Day! (2 years to 3 years)  
Physical Play Every Day! (Ages 3 and 4 years)  
Physical Play Every Day! (Ages 4 and 5 years)

#### **0** Drink water and low fat milk; limit or eliminate sugary beverages.

Calcium Counts!  
Water is Fuel For Your Body  
How Much Sugar Do You Drink?  
What Should Young Children Drink?  
Enlightening Facts About Juice  
Sports and Energy Drinks  
Drink Your Milk Quiz & Answer Key  
Have a Drink Plan  
For Growing Bones...Which Milk?  
Milk's Unique Nutrient Package  
Think Your Drink

#### Other Resources

Come prepared for your child's blood pressure reading  
Non-Food Rewards at Home  
Healthy Sleep Habits  
Choose MyPlate Brochure  
Choose MyPlate 10 Tips to a Great Plate  
Choose MyPlate Coloring Sheets  
Hannaford Guiding Stars Program  
Nutrition Coordinator Request Form  
Insert: Healthy Favorites: A Booklet Full of Healthy Tips and Recipes



# In This Section

## Patient Tools

2 to 18 Years:

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Understanding Food Labels

Encourage Kids to Eat More Fruits & Veggies

**5** Eat at least five fruits  
and vegetables a day.



# Food for thought

## What is a serving?

### Adults

- A whole fruit the size of a tennis ball
- 1/2 cup of chopped fruit or veggies
- 1 cup of raw, leafy greens
- 1/4 cup of dried fruits

### Kids

- Size of the palm of their hand

## Choose with the seasons

- Buy fruits and veggies that are in season.
- Don't forget that frozen fruits and veggies are always available and are a healthy choice.

## Family mealtime

- Do not underestimate the importance of family mealtime; take 10-15 minutes to sit down together.
- Get your family involved with meal planning.

**5210** Every Day!

Eat at least five fruits and vegetables a day.

**5210**

Every Day!

- 5** or more servings of fruits & vegetables
- 2** hours or less recreational screen time
- 1** hour or more of physical activity
- 0** sugary drinks, more water & low fat milk



**5210** **LET'S GO!**

[www.letsgo.org](http://www.letsgo.org)

**5210** **LET'S GO!**  
[www.letsgo.org](http://www.letsgo.org)

# Did You Know?

A diet rich in fruits and vegetables provides vitamins and minerals, important for supporting growth and development, and for optimal immune function.

Most fruits and vegetables are low in calories and fat, making them a healthy choice anytime. They may also contain phytochemicals (fight-o-chemicals) that work together with fiber to benefit your health in many ways. Different phytochemicals are found in different fruits based on their color—that's why it's important to put a rainbow on your plate.



## Redy's Rules

### Try it!

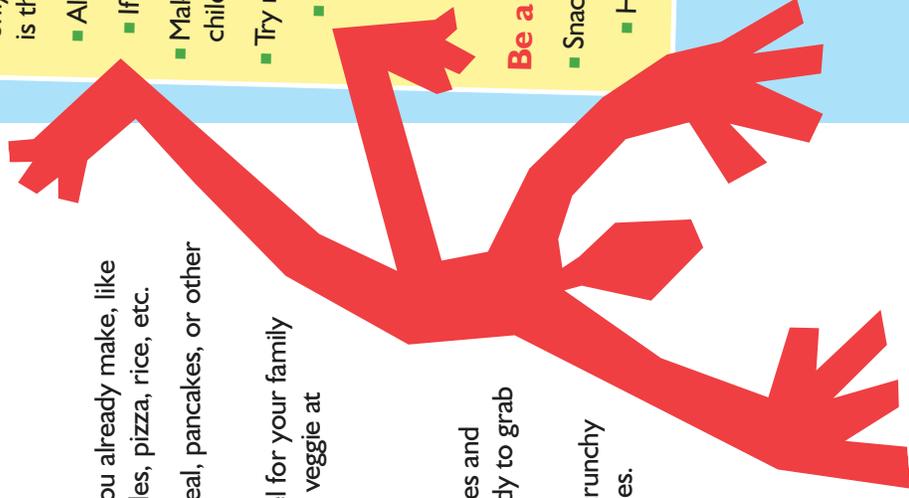
- Try the three bite rule. Offer new fruits and veggies different ways and try at least three bites each time—it can take 7 to 10 tries before you like a new food.
- Many fruits and veggies taste great with a dip or dressing. Try a low fat salad dressing with yogurt or get protein with peanut butter.
- Make a fruit smoothie with low fat yogurt.

### Mix it!

- Add them to foods you already make, like pasta, soups, casseroles, pizza, rice, etc.
- Add fruit to your cereal, pancakes, or other breakfast foods.
- Be a good role model for your family and have at least one veggie at every meal.

### Slice it!

- Wash and chop veggies and fruits so they are ready to grab and eat.
- Most people prefer crunchy foods over mushy ones. Enjoy them fresh or lightly steamed.



## Tips from Redy

### Offer Non-Food Rewards.

- Have your family put together a list of fun, non-food rewards that don't cost much. Post it where the whole family can see it. Examples: playing outdoors, a family game night, going to a ball game, buying a new book, extra reading time before bed.

### Put Limits on Juice.

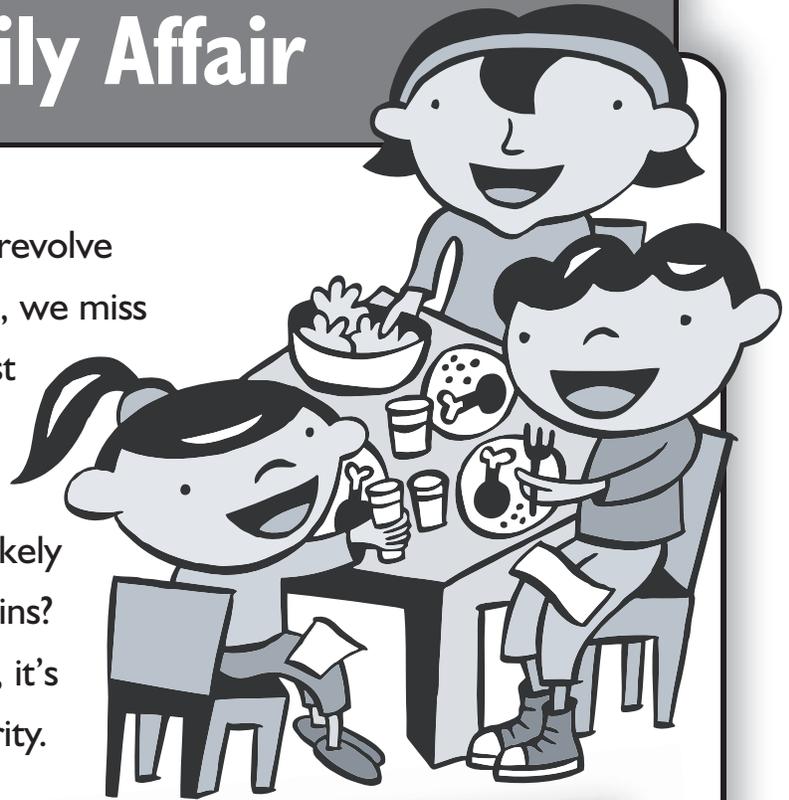
- Juice products labeled “-ade,” “drink,” or “punch” often contain 5% juice or less. The only difference between these “juices” and soda is that they're fortified with Vitamin C.
- Always try to choose whole fruits over juice.
- If you choose to serve juice, buy 100% juice.
- Make changes slowly by adding water to your child's juice.
- Try mixing seltzer with a small amount of juice.
  - Each day, juice should be limited to:
    - 4-6 ounces for children 1-6 years old
    - 8-12 ounces for children 7-18 years old
    - Children 6 months and under should not be given juice

### Be a Role Model.

- Snack on fruits and veggies.
- Have the family help plan meals.

# A Meal Is a Family Affair

In such a busy world, mealtimes often revolve around our lifestyles. As a result of this, we miss meals or eat foods that are not the best for our bodies. Did you know that experts have found that kids who eat regularly with their families are more likely to eat fruits, vegetables, and whole grains? So, no matter how busy life may seem, it's important to make family meals a priority.



## To get started, try some of these ideas:

- Choose a time when everyone can enjoy at least one meal together—it may be breakfast, lunch, or dinner.
- As the parent, you should decide what time meals are served and what the choices are. Your children can then decide what to eat and how much.
- Include your children in preparing the meal and turn off the TV.
- Gather around the table for a meal.
- Make the meal pleasant by keeping the conversation positive.
- Help your child learn good manners and mealtime behaviors.
- Limit eating and drinking unhealthy snacks between meals.
- Role model the habits you want your children to develop.

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LET'S GO!

[www.letsgo.org](http://www.letsgo.org)



# How To Add Fiber To Your Meals

Fiber is the part of plant foods that the body can not digest. Eating more fiber can help your child prevent constipation, diabetes, and heart disease. Foods that contain a lot of fiber are filling, have lots of vitamins and minerals, and help children maintain a healthy weight.

Fiber should be added very gradually to give the body time to adjust. Drinking plenty of fluids helps fiber do its work.



## How much fiber is enough?

You can find out how much fiber is in food by looking for the “dietary fiber” line on food labels. A simple rule of thumb: children ages 3-15 should aim for “age plus 5 grams” of fiber. For example, an 8-year-old should eat  $8 + 5 = 13$  grams of fiber a day. Older teens should eat 20-35 grams of fiber a day.

## Here are some easy ways to add fiber:

- Serve high-fiber cereal for breakfast, like bran flakes, oatmeal, or shredded wheat
- Add some raisins or a banana to breakfast cereal
- Serve whole fruit instead of juices
- Add a salad to lunch or dinner
- Eat apples, pears, and potatoes with the peels on
- Add beans (like kidney or navy beans) to salads and soups or eat baked beans as a side dish
- Popcorn makes a great high-fiber snack
- Fill 3/4 of the lunch or dinner plate with plant-based foods, such as fruits, vegetables, and whole grains

5210

LET'S GO!

[www.letsgo.org](http://www.letsgo.org)

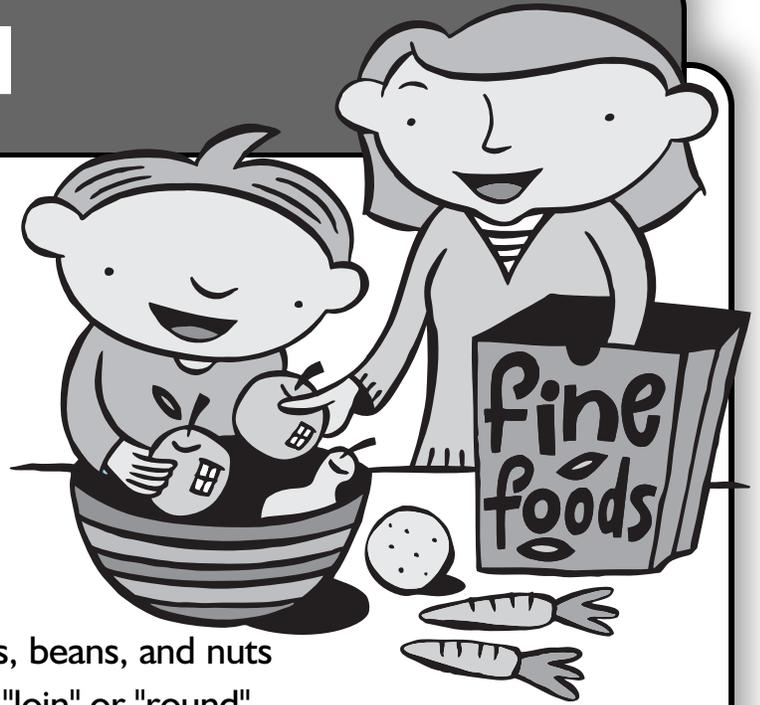


# The Fittest Food

Nutritious foods give your family the most vitamins, minerals and other nutrients for the fewest calories.

***Naturally nutritious foods make your child's calories count:***

- Brightly colored fruits
- Vibrant-colored vegetables
- Lean meat, skinless poultry, fish, eggs, beans, and nuts  
TIP: Choose cuts of meat that end in "loin" or "round".
- Fat-free and low fat milk, cheese, and yogurt
- Whole, fortified, and fiber-rich grain foods



## Tips to Help Your Kids Eat Healthier:

*Picky eaters? Remember, experts say that parents and caregivers, not children, should decide what foods to buy and serve. New foods may have to be offered many times before they are accepted. Here are some easy ways to get your child to accept unfamiliar nutritious foods:*

- Combine whole grain/high-fiber cereals with your child's favorite cereal.
- Make your own pizza with prepared whole wheat dough, a few veggies, and part-skim mozzarella cheese.
- Children age 2 and older: slowly step down from whole milk to low fat to fat-free milk.
- Clean and cut up fresh veggies in advance. Kids love dips, so serve them with salsa or hummus!
- On-the-go options: dried fruits, nuts, hard boiled eggs, low fat cheese sticks, yogurt cups, and single-serve fruits canned in water or 100% fruit juice.

### These nutritious foods are inexpensive and convenient:

- Canned beans (rinse well)
- Frozen vegetables
- Fresh fruit in season
- Whole grains in bulk
- Store brand whole-grain breakfast cereals



[www.letsgo.org](http://www.letsgo.org)



# Breakfast Is Best!

## Boost your energy and brain power!

### Why eat breakfast every day?

- It will give you the energy you need to start your day. It is “fuel” for the body!
- It can help you do better in school!
- It can help you feel and act your best!
- It can help with weight control and keep you healthy!

### Not hungry in the morning? Start small... try:

- a cup of low fat fruited yogurt
- a piece of fruit such as a banana, orange or apple
- a bowl of wholegrain cereal with low fat milk
- a slice of wholewheat toast with peanut butter and a glass of low fat milk

### Keep it simple, but keep it delicious! You may like:

- oatmeal with cinnamon, apple-sauce, a glass of low fat milk
- a waffle or pancake with light syrup and blueberries
- an English muffin with a slice of ham, egg and low fat cheese
- a low fat raisin bran muffin, glass of low fat milk and a banana



Try a variety of healthy foods! Find the ones YOU like!

- half of a toasted English muffin with a slice of low fat cheese
- trail mix of raisins, nuts and cereal

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# To have fruits and vegetables year-round, add frozen or canned.

## For health:

- Just as good for you as fresh fruit and vegetables—nutrients are preserved in the canning and freezing process
- Choose fruit packed in their natural juice, not in syrup
- Choose canned vegetables that are salt free and season to taste

## For savings:

- Cost less than fresh fruit and vegetables

## For convenience:

- Always in season
- Lots of choices
- Easily stored
- Already washed and cut—ready for your favorite recipe



Eat at least  
five fruits and  
vegetables  
a day!

5



## Use Frozen and Canned by Adding:

### Vegetables to:

- Chili
- Soup or stews
- Stir fry

### Tomatoes for sauce

Black beans & corn to spice up  
a Mexican dish

Chick peas, kidney or garbanzo  
beans to any salad

### Fruits to:

- Smoothies
- Yogurt parfaits
- Plain yogurt
- Fruit salad
- Cereal
- Stir fry (pineapple)

Or use as a  
side dish!





# Maine Seasonal Food Guide

Buying fruits and vegetables that are in season and locally grown means your food not only tastes better AND costs less. The chart below lists what produce is available locally depending on the time of year.

## January to April

Apples, Dry Beans, Beets, Cabbage, Carrots, Celeriac, Leeks, Onions, Parsnip, Potatoes, Rutabaga, Sweet Potatoes, Turnip, Winter Squash, Garlic

## May to June

Rhubarb, Asparagus, Radishes, Salad Turnips, Scallions, Peas, Fiddleheads, Chives and Parsley, Greens

## July to August

Berries (strawberries, raspberries, blueberries, blackberries), Plums, Peaches, Earliest Apples, Melons, Beets, Broccoli, Cabbage, Carrots, Cauliflower, Celery, Cucumbers, Eggplant, Fennel, Green Beans, Greens, Leeks, Onions, Scallions, Shallots, Peas, Peppers, Potatoes, Radishes, Salad Turnips, Summer Squash, Zucchini, Tomatoes, Garlic – scapes and bulbs

## September to October

Apples, Pears, Cranberries, Melons, Raspberries, Broccoli, Broccoli Raab, Brussel Sprouts, Cabbage, Cauliflower, Kohlrabi, Celeriac, Celery, Sweet Corn, Cucumbers, Fennel, Greens, Leeks, Onions, Scallions, Shallots, Beets, Carrots, Parsnips, Potatoes, Rutabaga, Sweet Potato, Turnips, Radishes, Salad Turnips, Green Beans, Shell Beans, Soy Beans (edamame), Summer Squash, Zucchini, Eggplant, Peppers, Tomatillos, Tomatoes, Winter Squash, Pie Pumpkins, Garlic

## November to December

*By this time of year, most local produce is coming from cold storage although you may be able to find some fresh greenhouse-grown products at your winter farmer's market.*

Apples, Pears, Dry Beans, Beets, Brussel Sprouts, Cabbage, Carrots, Celeriac, Late season greens (like kale and spinach), Kohlrabi, Leeks, Onions, Parsnips, Potatoes, Radishes, Rutabaga, Sweet Potatoes, Turnips, Winter Squash, Garlic

## Maine-produced foods that are in season all year long:

**FRUIT:** Blueberries & Apples

**VEGETABLES:** Potatoes, Carrots, Beets and Beet Greens, Garlic, Salad & Braising Greens, Tomatoes, Winter Squash, Cabbage, Onions

**DAIRY:** Milk & Cheese

**PROTEIN:** Eggs, Ground Meat, Seafood, Dry Beans

**GRAINS:** Wheat

## Where to find local foods through the winter:

Winter Farmers Market, Winter CSA (Community Support Agriculture), Natural Food Store, Local Food Coop (visit [www.mofga.org](http://www.mofga.org) and click on "Directories" for more information)

Resource: [www.mofga.org](http://www.mofga.org)



# What's a Healthy Portion?

Food portions are larger than ever these days—usually much more than you need. The recommended serving size is enough. But how much is that? These tips will help keep your portions, as well as your waistline, right-sized.



## Here are some tips to help you keep your portions under control:

- Teach your children portion size by relating food to everyday items. For example, a deck of cards is equal to a serving of meat, fish, or poultry. An apple or serving of fruit is about the size of a tennis ball. **Please note:** For young children, use the palm of their hand as an indicator of portion size



- Teach your children the concept of the divided plate. Think of a plate divided into four equal sections. Use one of the top sections for protein, and the other one for starch, preferably a whole grain; fill the bottom half with veggies (none of the foods should overlap or be piled high).
- Check the label on your food to see if it meets some basic needs in your diet, like calcium or Vitamin C; if it's not "good" for you, eat less of that food.
- Check the serving size and remember that if you eat more than one serving, you are eating more calories.
- Avoid eating directly out of the package. Try putting snacks into a small bowl or snack-size baggie.
- Eat three meals a day; this way you won't stuff yourself if you have skipped a meal.
- Serve food on smaller plates.
- Serve meals from the stove. This tip will keep you from feeling tempted to eat more when you are not hungry.
- Skip the "clean plate" club. Instead, encourage your children to start with smaller portions and eat until they are satisfied.
- At restaurants, ask for a lunch-size portion or share your meal.
- Role model the behaviors that you want your children to develop.

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# Get your portions in proportion

THIS HEALTHY WEIGHT AWARENESS MESSAGE IS BROUGHT TO YOU BY



Five simple, healthy steps families can take when serving food at home:

## 1. Breads, Cereals & Grains

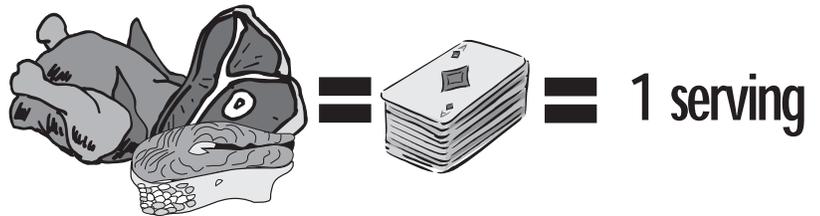
A bagel the size of a hockey puck = 2 servings



- Health experts recommend that adults eat at least six servings of breads, cereals and grains daily. At least half of those grain servings should be whole grain\*. A bagel the size of a hockey puck equals two of those servings.

## 2. Meat, Poultry or Seafood

A meat, poultry or seafood portion the size of a deck of cards = 1 serving



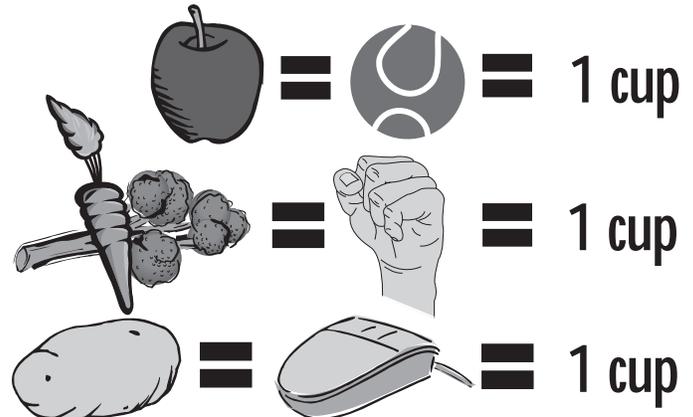
- Health experts recommend that adults eat two servings of lean meat, poultry or seafood daily. An average serving size is three ounces cooked. That's the size of a deck of cards.

## 3. Fruits & Vegetables

An apple or orange the size of a tennis ball = 1 cup

Carrots or broccoli the size of a fist = 1 cup

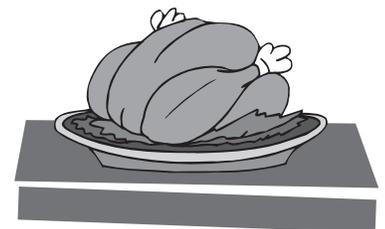
A potato the size of a computer mouse = 1 cup



- Health experts recommend that adults should have two cups of fruit daily and two and one half cups of vegetables daily.

## 4. Serve only from the Kitchen Counter!

- When serving meals at home, portion your food at the counter. Then, instead of bringing all the extra food to the table, leave it on the counter. Studies show people are far less likely to load their plate a second time—and double their calories—if the food is not right in front of them.



## 5. Serve it on the Side!

Teaspoon of butter = 36 calories



- Serve salad dressing, sour cream, mayonnaise and butter on the side, or use salsa or mustard to add flavor without the additional calories. Every added teaspoon of butter, margarine or oil is approximately 36 more calories.

\*Whole grains are: brown rice, bulgur (cracked wheat), graham flour, whole grain corn, oatmeal, pearl barley, whole oats, whole rye, whole wheat. Examples of these foods are whole wheat bread; whole grain ready-to-eat cereal; low fat whole wheat crackers; oatmeal; whole wheat pasta; whole barley added to soups, casseroles and salads.



# Go Foods, Slow Foods, Whoa Foods

Lots of kids want to know which foods to eat to be healthy. Here's something kids can do to eat healthier: Learn the difference between Go, Slow, and Whoa foods.



**Go Foods**  
**Slow Foods**  
**Whoa Foods**

You probably know that foods fit into different categories. The USDA puts them into these categories (visit [www.ChooseMyPlate.gov](http://www.ChooseMyPlate.gov) for the newest data):

- Grains
- Vegetables
- Fruits
- Milk and dairy products
- Meat, beans, fish, and nuts
- Oils

But now, foods can be classified in three new groups: Go, Slow, and Whoa. In 2005, the U.S. National Heart, Lung, and Blood Institute (part of the National Institutes of Health) suggested kids start thinking about whether foods are Go foods, Slow foods, or Whoa foods.

## Go Foods

These are foods that are good to eat almost anytime. They are the healthiest ones. Example: skim & low fat milk; some fruits & veggies. See the back of this sheet for more examples.

## Slow Foods

These are sometimes foods. They aren't off-limits, but they shouldn't be eaten every day. At most, eat them several times a week. Example: waffles and pancakes.

## Whoa Foods

These foods should make you say exactly that—Whoa! Should I eat that? Whoa foods are the least healthy and the most likely to cause weight problems, especially if a person eats them all the time. That's why Whoa foods are once-in-a-while foods. Example: french fries.

For a chart of Go, Slow, and Whoa foods, visit [http://www.kidshealth.org/kid/stay\\_healthy/food/go\\_slow\\_whoa.html](http://www.kidshealth.org/kid/stay_healthy/food/go_slow_whoa.html)



# Go Foods Slow Foods Whoa Foods

## Go Foods

- Baby carrots
- Celery sticks
- Snap peas
- Grape tomatoes
- Apples
- Cherries
- Melon
- Oranges
- Peaches
- Pears
- Whole grain breads
- Low fat and skim milk
- Chicken and turkey without skin
- Lower fat cheese and yogurt
- Water

## Slow Foods

- 100% fruit juice
- Fruits canned in light syrup
- White bread
- French toast, waffles, and pancakes
- Tuna canned in oil

## Whoa Foods

- French fries
- Fruits canned in heavy syrup
- Doughnuts
- Muffins
- Whole milk
- Fried hamburgers
- Chicken nuggets
- Cookies
- Ice cream

# Tasty Snacks for Healthy Kids

## Some Preparation Required:

- **Veggies & Dip:** baby carrots, cucumber slices, red pepper slices, chopped broccoli, cherry tomatoes, or celery sticks served with hummus, low fat salad dressing, or other low fat dip
- **Vegetable Sticks with Spread:** celery or carrot sticks with 2 tablespoons peanut butter or low fat cream cheese
- **Snack Kabobs:** veggie or fruit chunks skewered onto thin pretzel sticks
- **Sweet Potato Fries:** baked sweet potato wedges, tossed lightly w/olive oil and salt
- **Low Fat Cottage Cheese or Yogurt with Fruit and/or Granola:** try using fresh grapes, berries, or canned peaches
- **Apple Treats:** sprinkle apple chunks with cinnamon and/or raisins or granola, then mix in 1 tablespoon peanut or almond butter
- **Homemade Popsicles:** made with 100% fruit juice or low fat yogurt
- **Chips & Salsa:** use whole grain baked pita chips or baked tortilla chips. Also try chips with low fat bean dip
- **Taco Roll-up:** small whole wheat tortilla rolled w/low fat cheese, beans & salsa
- **Turkey Roll-up:** lean turkey slice rolled up with low fat cheese
- **Mini Pizzas:** toast pita bread or half of a whole wheat English muffin w/tomato sauce, cheese, and chopped vegetables
- **Mini Bagel with Spread:** try 1 tablespoon light cream cheese, peanut butter, or hummus
- **Mini Sandwiches:** use 1 slice whole wheat bread, pita bread, or several whole grain crackers. Fill or top with: peanut butter & jelly, low fat cheese & cucumber slices, or tuna salad made with low fat mayonnaise

*(continued on other side)*

## No Prep Snacks:

- **Whole Fruit:** grapes, apples, bananas, etc.
- **Fruit Salad:** 1/2 cup store-bought, fresh fruit, unsweetened canned fruit, or snack cup
- **Frozen Fruit:** 1/2 cup berries, etc.
- **Dried Fruit:** 1/3 cup
- **Apple Sauce:** 1 snack cup (unsweetened)
- **Nuts:** 1/3 cup of nuts such as almonds, peanuts, cashews, or mixed nuts
- **Cheese:** low fat string cheese, or 2 slices low fat cheese (like Cabot Creamery)
- **Yogurt:** 1 squeezable low fat yogurt (like Stonyfield Farm), or 1 low fat yogurt container (6 oz.)
- **Pudding:** 1 nonfat or low fat snack cup
- **Granola/Fruit Bar:** 1 low fat, whole grain bar
- **Cereal:** 1 cup whole grain cereal (like Cheerios or Multigrain Chex)
- **Trail Mix:** 1/3 cup made with nuts, seeds, low fat granola, and dried fruit
- **Pretzels:** about 20 tiny twists
- **Popcorn:** 2 cups "light" microwave popcorn (without butter)
- **Baked Chips:** (like Frito-Lay potato chips or Doritos)
- **Cookies:** Frootie Animal Crackers (10-15 cookies) or 3 Fig Newtons, Teddy Grahams (1 snack pack or 24 grahams)
- **Fruit Smoothies:** store-bought (like Silk or Stonyfield brand) or homemade with fresh or frozen fruit and low fat milk or yogurt

## Beverages:

- **Water**
- **Milk** (1 cup low fat milk or soy milk)
- **100% Fruit Juice** (no more than 6 oz. a day)
- **100% Fruit Juice with Club Soda/Seltzer**



[www.lets-go.org](http://www.lets-go.org)

(continued from other side)

Kids are active and growing and may need a snack between meals (about every 3-4 hours), if they get hungry.<sup>1</sup> Discourage kids from eating snacks before meals and eating when they are not hungry. Help kids develop good habits by modeling healthful eating behaviors, and providing opportunities for physical activity (at least 1 hour every day).

### Guidelines:

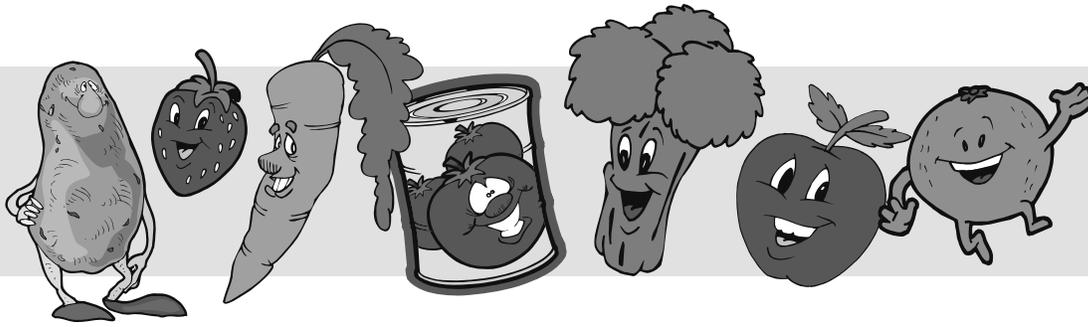
- Keep beverage choices healthful. Choose low fat milk (1 cup serving), water, and moderate amounts of 100% fruit juice (the American Academy of Pediatrics recommends no more than a 4-6 oz. serving of 100% fruit juice a day for ages 1-6 and no more than an 8-12 oz. serving for ages 7-18). Flavored low fat milk or soy milk is also a great alternative.
- Avoid soda, sweetened juice drinks, and sports drinks!
- Look for snacks that have at least 2 grams of fiber per serving listed on the nutrition label.
- Choose whole grain snacks as much as possible. Look for the word “whole” as one of the first ingredients on the product label.
- Keep fresh fruits and veggies readily available. Wash and prepare snacks such as carrot and celery sticks ahead of time, then keep in the refrigerator for easy snacking later.
- Choose low fat dairy products (for children over age 2), like low fat cheese, cottage cheese, sour cream, yogurt, and milk.
- Aim for snacks low in fat, sugar and sodium. The Mayo Clinic recommends choosing snacks that have close to 5% of the daily value for fat, sugar, and sodium, and not more than 20% (this is listed on the nutrition facts label)—except nuts and nut butters, as they contain a healthy type of fat.
- Snacks that include at least two of the major food groups are best (grains, meats & beans, milk, fruits, and vegetables). For example, an apple with peanut butter, cottage cheese with peaches, or carrot sticks with hummus.
- Make it a good habit for kids to brush their teeth or at least rinse their mouths with water after they finish eating snacks. Sugary snack foods that stick in the teeth pose the greatest risk for tooth decay.

<sup>1</sup>Mayo Foundation for Medical Education and Research 2004

### Food Allergies:

Some people have food allergies or intolerances. Food allergies or intolerances can cause reactions such as sneezing, coughing, nausea, vomiting, diarrhea, hives, rapid heart rate, shortness of breath, and rashes. People who have severe food allergies may not be able to touch or be in the same room with the food allergen. People with mild food allergies usually only need to refrain from eating the food, but can be near it. Food allergies are most often caused by proteins in milk, eggs, corn, nuts (especially peanuts), seafood, soy products, and wheat. Other foods frequently identified with bad reactions include meat and meat products, fruits, and cheese. Food intolerances are caused by an individual’s inability to digest certain foods. Intolerances have adverse reactions to food that do not involve an allergic response. Generally, larger amounts of a food are required to produce the symptoms of an intolerance than to trigger allergic symptoms.

Developed by the Children in Balance initiative at the Friedman School of Nutrition Science and Policy of Tufts University



# Fuel Learning with Fruits and Vegetables

Help fuel children's learning with a variety of healthy snacks from all food groups. Let physical activity and smart snacking spell success for your child's school year. Choose colorful fruits and vegetables that are fresh, frozen or canned (in 100% juice). Try some of the fruit and vegetable ideas below for snacks, platters for school parties and sports events.



## Snacks That Kids Love!

### Grab and Go

- baby carrots
- celery sticks
- sliced bell peppers
- cherry tomatoes
- apples
- berries
- bananas
- orange wedges
- grapes
- pears
- unsweetened apple sauce
- fruits in 100% fruit juice
- dried apricots

### Salsa Dip with Chips

- 15 oz can black beans (drained)
- 15 oz can corn (drained)
- 16 oz jar salsa

#### Directions:

1. Mix beans, corn and salsa in a bowl and chill.
2. Serve with tortilla chips (give baked chips a try).

### Fruit Kabobs

- 3 – 4 types of canned or fresh fruit
- Low-fat yogurt
- Wooden skewers

#### Directions:

1. Cut fruit into bite-size chunks and alternate chunks on the skewers.
2. Dip the kabobs in the yogurt.

### Banola Bar

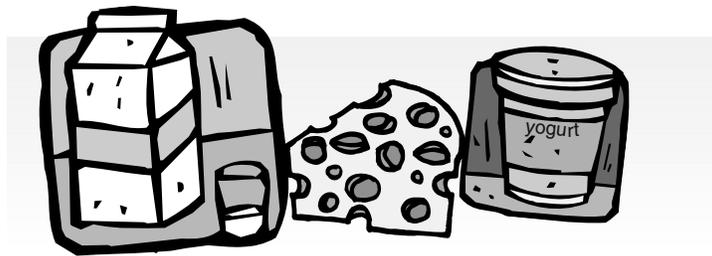
- 1 banana
- 1/4 – 1/2 cup granola (or any other crushed whole-grain cereal)
- peanut butter

#### Directions:

1. Peel the banana.
2. Spread peanut butter over the banana.
3. Roll in the granola (or other cereal).

This sheet has been developed by the Grocers and Schools Project with support from Hannaford Bros. Supermarket & Pharmacy.





# Fuel Learning with Milk, Cheese and Yogurt

Help fuel children's learning with a variety of healthy snacks from all food groups. Let physical activity and smart snacking spell success for your child's school year. Choose 1% or nonfat milk, reduced fat cheese and lowfat or nonfat yogurt. Try these kid-friendly recipes and snacks at home with your family or at a school party!



## Snacks That Kids Love!

### Grab and Go

- 8 oz 1% or skim milk
- 8 oz flavored 1% and skim milk
- 8 oz lowfat or nonfat fruit yogurt
- part skim mozzarella cheese sticks
- 1–2 oz reduced fat cheddar cheese and apple wedges
- 1–2 oz reduced fat cheese, 4–6 whole grain crackers and tomato slices
- reduced fat cottage cheese single servings

### Pretzel Wrap (Serves 1)

- 1–2 slices Swiss cheese
  - 1 whole grain pretzel rod (whole wheat, multigrain or rye)
- Wrap a slice of cheese around a pretzel! (Swiss cheese is naturally low in sodium.)

### Bean & Cheese Quesadilla (Serves 1)

- 1 part skim mozzarella cheese stick or 1/4 cup reduced fat cheese, shredded
- 1/4 cup black beans or refried beans
- 6-inch whole grain tortilla

#### Directions:

1. Spread beans down the center of the tortilla.
2. Top with reduced fat shredded cheese.
3. Roll it up and microwave until cheese melts.

*Other topping ideas:* salsa, avocado, lettuce, tomatoes and lowfat plain yogurt or reduced fat sour cream

### Fruit Smoothie (Serves 8)

- 8 ounce bag of frozen strawberries
- 1 banana
- 1/2 cup 100% apple juice
- 2 cups lowfat or nonfat plain yogurt

Pour ingredients into a blender pitcher and blend until smooth.

Change it up by using different fruits. If not using a frozen fruit add ice cubes to the mix to keep it thick and frosty.



# Healthy Shopping On A Budget

Healthy shopping on a budget takes planning!  
Planning helps you **SAVE TIME, MONEY, and EAT HEALTHIER.**



## Tips:

- **Make a list and stick to it** – this helps you avoid impulse buys that are usually unhealthy and expensive.
- **Shop mostly the perimeter of the store** – spend most of your grocery budget on natural foods found around the outside of the store like fruits, vegetables, dairy and protein foods that are good for your body. Limit your shopping in the middle aisles to staples like pasta, canned tuna, and peanut butter, avoiding other expensive manufactured, and often unhealthy, packaged foods.
- **Shop when you are NOT hungry or stressed** – people who shop when hungry or stressed tend to not only buy MORE food but also healthier food.
- **Compare unit prices** – bigger is not always better! Use the unit price to compare similar products and make sure you're getting the best deal. The unit price is the cost per a standard unit (like ounce or pound) and is usually found on a sticker on the shelf beneath the product.
- **Weigh the cost of convenience** – if food tends to rot in your fridge before you prepare it, then you could actually save money by purchasing fresh fruits and veggies that have been washed and chopped for you.
- **Try frozen and canned** – canned and frozen produce keeps for a long time and may be cheaper per serving than fresh. For frozen, make sure you look for items with no added sauces or sugar. For canned, choose fruit canned in 100% juice and vegetables that are labeled either "low sodium" or "no added salt".
- **Use store flyers to plan your menu** – save money by planning your menu around what fruits, vegetables and other items are on sale each week and save time by already knowing what you are going to make for dinner each night.
- **Try store brands** – store brands on average are cheaper by about 26% to 28% and their quality usually at least meets, and often surpasses, that of name brand products.
- **Shop in season** – buying fruits and vegetables in season generally means your food not only tastes better, but is more nutritious and more affordable.
- **Buy in bulk when foods are on sale** – frozen and canned produce, and some fresh items like apples and carrots will last a long time. If you have the storage space, stock up on the foods you eat regularly when they are on sale to save some money.



# Understanding Food Labels

What can I use the Nutrition Facts label for?

- ▶ Getting a general idea about what's in a food (i.e. how nutritious a food is).
- ▶ Figuring out what counts as one serving and how many calories are in each serving.
- ▶ Comparing two similar products to choose the healthiest option.

**1 START HERE**  
Start by checking what counts as one serving size and how many servings there are per package.

**2 CHECK CALORIES:**  
How many calories would you eat if you ate a whole package?  
*Multiply the number of "servings per container" by the "calories".*

**3 LIMIT THESE NUTRIENTS**  
Aim to eat only small amounts of saturated fat, cholesterol and sodium. Keep *trans*fat to 0.

**4 GET ENOUGH OF THESE NUTRIENTS**  
Aim to get enough fiber, vitamins and minerals.

Nutrition Facts	
Serving Size 1 cup (228g)	
Servings Per Container 2	
Amount Per Serving	
<b>Calories</b> 250	Calories from Fat 110
% Daily Value*	
<b>Total Fat</b> 12g	18%
Saturated Fat 3g	15%
Trans Fat 3g	
<b>Cholesterol</b> 30mg	10%
<b>Sodium</b> 470mg	20%
<b>Total Carbohydrate</b> 31g	10%
Dietary Fiber 0g	0%
Sugars 5g	
<b>Protein</b> 5g	
Vitamin A	4%
Vitamin C	2%
Calcium	20%
Iron	4%

**5 QUICK GUIDE TO % DAILY VALUE**  
•5% or less is Low  
•20% or more is High.  
Use the % Daily Value to compare similar foods and choose the healthiest option.

Watch out for these common misconceptions:

- ▶ Assuming sugar-free or fat-free means calorie-free; it's not true!
- ▶ Buying something because it says "organic", "natural", "multigrain" or has some other "healthy" claim. These statements do not mean a product is good for you!
- ▶ Assuming that because a package looks like it should only be one serving it actually is. Many beverage bottles and packages of chips, cookies and candy are actually 2 or 3 servings!

Resources: [www.fda.gov/food/labelingnutrition/consumerinformation/default.htm](http://www.fda.gov/food/labelingnutrition/consumerinformation/default.htm)



# Encourage Kids to Eat More Fruits & Veggies

Eating fruits and vegetables is part of a healthy diet\* for both children and adults. Finding creative ways to encourage fruits and vegetables in your child's diet can be fun for the entire family.

There are more fruits and vegetables available in fresh, frozen, canned, and dried forms than ever before. Taking the time to introduce a variety of fruits and vegetables to kids can help develop a lifetime of healthy habits.



## 10 Ways to Help Kids Eat More Fruits & Veggies

1. Keep a bowl of fresh fruits on the counter. Refrigerate cut up fruits and vegetables in small bags for easy snacks on the run.
2. Serve fruits and vegetables at every meal. Add grated or cut vegetables into entrees, side dishes, and soups. Top off cereal with fruits or add frozen fruits to smoothies.
3. Set a good example. Snack on fruit and order low-sodium, low-fat salads, soups, or vegetable sides when at restaurants.
4. Pack the refrigerator, freezer and cupboard with pre-cut, frozen and canned vegetables so that it is easier for you to prepare meals and snacks that include vegetables.
5. Challenge family members to reach their daily fruits and vegetable goal. Reward the winner with a prize of his or her choice.
6. Ask that fruits and vegetables be offered at school functions, after school programs, and in vending machines.
7. Let children choose which fruits and vegetables to serve and how to incorporate them into their favorite meals.
8. Make fruits and vegetables fun. Try dressing up sandwiches with faces and smiles made from fruits and vegetables.
9. Keep trying. For some foods, it may take multiple times before a child acquires a taste for it.
10. Encourage friends or relatives to offer vegetables and fruits to your children.



### Important Elements—Smell, Texture, and Color

- Kids are turned off to trying new foods if the smell, flavor, or color is not appealing to them. It may be more appealing to a child if the fruits or vegetables are served raw.
- Try feeding different textures of fruits and vegetables to your child. Some children prefer smooth food, where as others like lumpy, and some children like crisp foods, but others like soft.
- Offer new fruits and vegetables in combination with old favorites to show your child a variety of smells, textures, and colors. Various vegetables can be added to any whole grain pasta dish or pizza, and fruit is a great topping for low-fat or fat-free yogurt.

\*In addition to fruits and vegetables, a healthy diet also includes whole grains, fat-free or low-fat milk products, lean meats, fish, beans, eggs and nuts, and is low in saturated fats, *trans* fats, cholesterol, salt, and added sugars. A healthy diet also means staying within your daily calorie needs.





# In This Section

## Patient Tools

2 to 18 Years:



Limit recreational TV or computer use to two hours or less.

Promote Healthy Viewing Habits

Step Away from the Screen!

Unplugged!

Take Control of TV and Other Screen Time

Facts and Figures About Our TV Habit

Active Video Games: Good for You?



[www.letsgo.org](http://www.letsgo.org)

Limit recreational TV  
or computer use to  
two hours or less





# Turn on! the fun!

Life is lots more fun when you join in!  
Try these activities instead of watching TV.

- Ride a bike
- Go on a nature hike
- Put together a puzzle
- Turn on the music and dance
- Read a book or magazine
- Spend time catching up with your family
- Take your kids to the park or beach
- Play board games
- Walk, run, or jog
- Start a journal
- Play ball (basketball, catch, soccer, etc.)
- Go to the library
- Explore gyms in your community
- Rollerblade
- Charades
- Sled, ski, or snowshoe

**5210** Every Day!

Limit recreational  
TV or computer use to  
two hours  
or less.



**5210**

Every Day!

- 5** or more servings of fruits & vegetables
- 2** hours or less recreational screen time
- 1** hour or more of physical activity
- 0** sugary drinks, more water & low fat milk

**5210**   
**LET'S GO!**

[www.lets-go.org](http://www.lets-go.org)

**5210**   
**LET'S GO!**

[www.lets-go.org](http://www.lets-go.org)

# Did You Know?

- Screen time includes TV, computer, Playstation, and Gameboy. All are important to limit.
- American children and adolescents spend 22-28 hours per week viewing television, more than any other activity except sleeping. By the age of 70 they will have spent 7 to 10 years of their lives watching TV.  
— The Kaiser Family Foundation
- Watching TV is associated with more snacking and increased obesity.
- Too much TV has been linked to lower reading scores and attention problems.
- Healthy Screen Time:
  - No TV/computer under the age of 2
  - No TV/computer in the room the child sleeps
  - One hour of educational TV/computer time between ages 2 and 5
  - After the age of 5, 2 hours or less

## Redy's Rules Tame the TV and Computer!

### Participate – keep TVs, computers, DVD players, and video games out of your child's room.

- Having the TV in a common room makes watching a family activity.
- Watch TV with your child and discuss the program. Ask them questions and express your views.
- This will also let you know what your children are watching.

### Set Limits – know how much TV your child is watching.

- Set some basic rules such as no TV or computer before homework or chores are done.
- Do not watch TV during mealtime.
- Use a timer. When the bell rings its time to turn off the TV or eliminate TV time during the week.

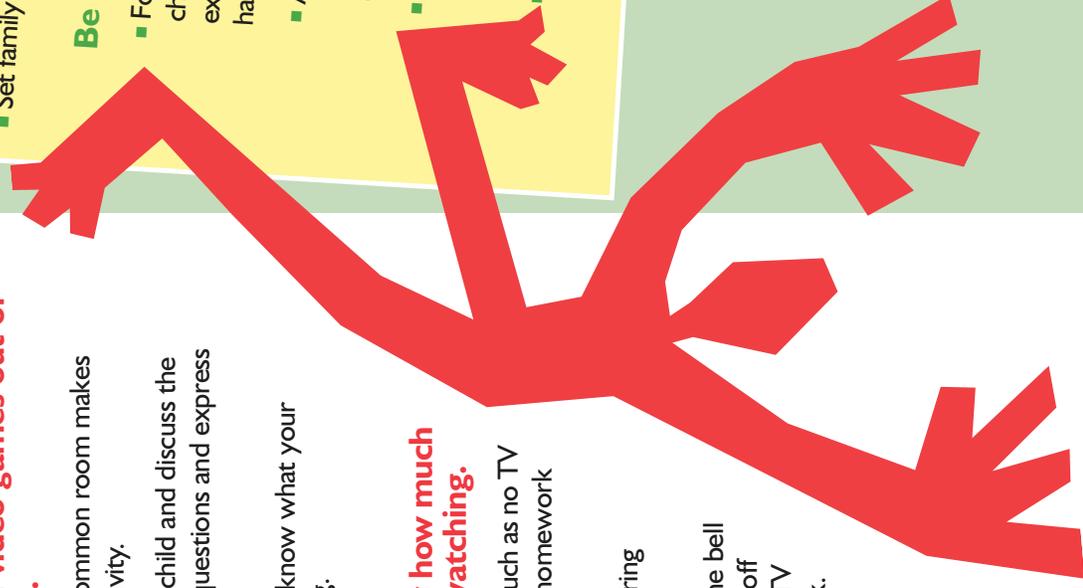
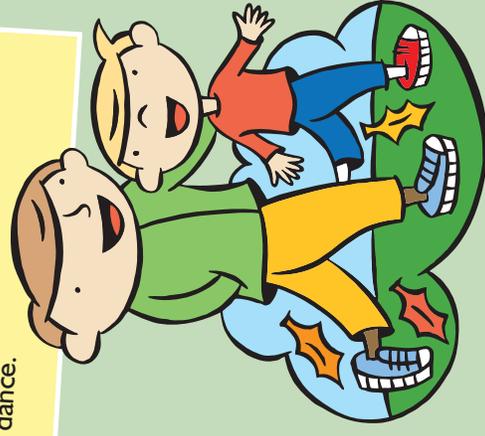
## Tips from Redy

### Help your child plan television viewing in advance.

- Keep books, magazines, and board games in the family room.
- Make a list of fun activities to do instead of being in front of a screen.
- Set family guidelines for age-appropriate shows.

### Be a Role Model.

- Follow your own rules. Because children model behavior, set a good example with your own TV viewing habits.
- Avoid watching programs containing adult content when your child is in the room or nearby.
- Have the family help with dinner. It gets them involved and shows them helping is important.
- Put on music and let the kids dance.



# Promote Healthy Viewing Habits

Here are some tips you can use to help your child develop positive TV and computer habits.

- Keep televisions, DVD players, video games, and computers out of your child's bedroom.
- Set family guidelines for age-appropriate shows.
- Set limits on the amount of time your child spends in front of a screen. Less than two hours a day is recommended.
- Help your child plan television-viewing and computer-playing in advance.
- Make a list of fun activities to do instead of being in front of a screen.
- Keep books, magazines, and board games easily available.



**Limit TV and computer use (not related to school) to 2 hours or less a day.**

**Try some of these screen-time alternatives:**

- Play outside.
- Learn to play the guitar or other musical instrument.
- Go to a local school sporting event.
- Write a letter.
- Plant a flower or vegetable garden. Start seedlings indoors.
- Play hopscotch.
- Read a book.



# Step Away from the Screen!

## Ways to Shake Up Your Routine

It's hard to cut back on screen time when you're used to turning to the TV or computer for entertainment; we know! Here are some great ways to figure out other things and other ways you can spend your free time. Good luck!



### Mom! Dad! I'm bored...

**What parents can do when they hear this - *instead of turning on the TV or computer.***

Role model, role model, role model. Don't use the TV or computer excessively. Let your kids see you turn off the TV and turn to them for a fun activity!

Do not put a TV or computer in your child's bedroom. It's too tempting!

Start a list of things that you and your family can do together that doesn't involve a screen — tack it to a bulletin board or stick it on your fridge where you can see it easily (and add to as ideas come).

Make certain days or times screen-free e.g. no TV or video games on school nights, or "No TV Tuesday".

Discuss and enforce your rules around screen time. Set limits and stick to them!

Talk about it in a positive way. Instead of "turn off the TV," say "instead of watching TV right now, let's go on a nature hike." Offer fun options instead of just saying no.

When the TV is on, sit down and watch with your kids. Talk to them about the shows they like. Schedule shows to watch that the whole family will enjoy!

Remember: boredom most often leads to creativity. Stick with it and see what great things come from limiting screen time to two hours or less!

### Some Indoor Alternatives to Screen Time:

- Dance to your favorite music; let the kids DJ
- Set up an indoor obstacle course
- Keep a balloon aloft as long as you can
- Create a family art project
- Teach everyone a new game and play it

### Some Outdoor Alternatives to Screen Time:

- Organize a neighborhood scavenger hunt
- Take a walk with your family
- Ride your bike to the nearest playground
- Play catch with friends and/or family
- See how many jumping jacks you can do

## Step Away from the Screen!

## Shake Up Your Routine!

Adapted from the LIVE OUTSIDE THE BOX Toolkit from the King County Overweight Prevention Initiative



[www.letsgo.org](http://www.letsgo.org)

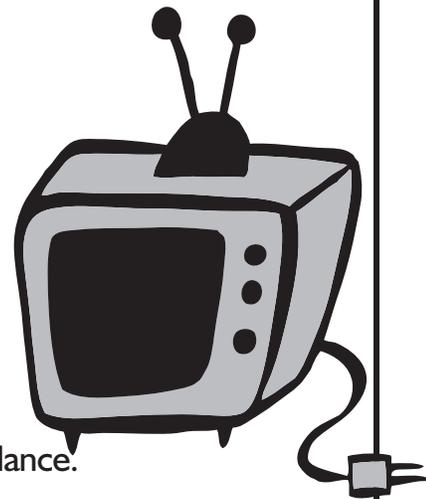


# Unplugged!

Life is a lot more fun when you join in!  
Try some of these "unplugged" activities  
instead of watching TV.

Life is a lot more fun when you join in! Try these activities  
instead of watching TV.

- Take a walk.
- Ride a bike.
- Go on a nature hike.
- Put together a jigsaw puzzle.
- Go camping (even if it's just in the backyard).
- Go to a school sporting event.
- Play a board game.
- Read a book.
- Play outside.
- Turn on the music and dance.
- Start a journal.



**Useful Web Pages:**  
[www.turnoffyourtv.com](http://www.turnoffyourtv.com)  
[www.screentime.org](http://www.screentime.org)  
[www.cmch.tv](http://www.cmch.tv)

## INTERESTING FACTS ABOUT TV

- Number of minutes per week that parents spend in meaningful conversation with their children: 38.5
- Number of minutes per week that the average child watches television: 1,680
- Number of 30-second commercials seen in a year by an average child: 20,000
- Percentage of children ages 6-17 who have TVs in their bedrooms: 50%
- Percentage of childcare centers that use TV during a typical day: 70%
- Hours per year the average American youth spends in school: 900 hours
- Hours per year the average American youth watches television: 1500 hours
- Percentage of Americans that regularly watch television while eating dinner: 66%

— [www.turnoffyourtv.com](http://www.turnoffyourtv.com)

**5210**  
**LET'S GO!**  
[www.letsgo.org](http://www.letsgo.org)



# Take Control of TV and Other Screen Time

American children spend as much time watching TV as they spend in school or doing any other activity besides sleep.

Watching television occupies many kids for several hours each day, and can result in less physical activity, more overeating, and a higher risk for becoming overweight. Why? Because watching TV means being inactive while viewing, snacking more, and getting exposed to lots of advertising for high fat, high sugar foods. Kids who watch several hours of television each day are very vulnerable to the effects of violent content. And school performance can suffer if TV viewing gets in the way of times spent on activities such as reading and homework. Setting limits on kids' TV time is important for their health and development now, and as they grow into adulthood.

## Suggested Rules to Live By:

- 2 hours/day or less\* of total screen time—TV, non-school related computer, and video games
- No TV during meal times
- No TV during homework
- No television sets in any bedrooms
- No eating while watching TV
- No surfing—watch favorite shows only
- Limit viewing to specific days/times

\*American Academy of Pediatrics

## Tips for Success:

**Use Technology:** Screening devices (like TiVo) can remove advertising, and allow you to view TV programs in less time.

**Be a good role model:** Keep a check on your own TV viewing habits...kids will take their cues from you.

**Endure kids' complaints:** This may be a parent's biggest challenge. Stick it out!

**Help kids deal with boredom:** Be prepared to suggest other activities. Over time, kids will learn to entertain themselves.

## What can kids do instead?

Keeping kids busy with positive activities can be a challenge, but you may find many resources once you begin to look. Check into local sports and recreation programs that are offered after school and on weekends. Some programs are offered free through schools or town government, and many offer scholarships.

Provided by the Prevention Research Center at Harvard School of Public Health.



# Facts & Figures About Our TV Habit

## TV Undermines Family Life

- Amount of television that the average American watches per day: over 4 hours
- Percentage of US households with at least one television: 98
- Percentage of US households with exactly two TV sets: 35
- Percentage of US households with three or more TV sets: 41
- Time per day that TV is on in an average US home: 7 hours, 40 minutes
- Percentage of Americans who always or often watch television while eating dinner: 40
- Chance that an American falls asleep with the TV on at least three nights a week: 1 in 4
- Percentage of Americans who say they watch too much TV: 49
- Percentage of US households with at least one VCR: 85
- Number of videos rented daily in the US: 6 million
- Number of public library items checked out daily: 3 million
- Number of hours of media consumed daily by the average American in 1998: 11.8

Makes you think!  
Come up with a list of things  
YOU can do that  
DON'T involve a screen...

## TV Harms Children and Hampers Education

- Average number of hours per week that American one year-old children watch television: 6
- Number of hours recommended by the American Pediatric Association for children two and under: 0
- Average time per week that the American child ages 2-17 spends watching television: 19 hours, 40 minutes
- Time per week that parents spend in meaningful conversation with their children: 38.5 minutes
- Hours of TV watching per week shown to negatively affect academic achievement: 10 or more
- Percentage of children ages 8-16 who have a TV in their bedroom: 56
- Percentage of those children who usually watch television in their bedroom: 30
- Percentages of television-time that children ages 2-7 spend watching alone and unsupervised: 81
- Percent of total television-time that children older than 7 spend without their parents: 95
- Percentage of children ages 8 and up who have no rules about watching TV: 61
- Percentage of parents who would like to limit their children's TV watching: 73
- Percentage of day care centers that use TV during a typical day: 70
- Hours per year the average American youth spends in school: 900
- Hours per year the average American youth watches television: 1,023
- Percentage of self-professed educational TV that has little or no educational value: 21
- Chance that an American parent requires children to do their homework before watching TV: 1 in 12
- Percentage of teenagers 13-17 who can name the city where the US Constitution was written (Philadelphia): 25
- Percentage of teenagers 13-17 who know where you find the zip code 90210 (Beverly Hills): 75
- Average time per day American children spend in front of a screen of some kind: 4 hours, 41 minutes
- Percentage of 4-6 year-olds who, when asked, would rather watch TV than spend time with their fathers: 54
- Percentage of young adults who admit to postponing their bedtime for the internet or TV: 55

### TV Promotes Violence

- Number of violent acts the average American child sees on TV by age 18: 200,000
- Number of murders witnessed by children on television by the age 18: 16,000
- Percentage of youth violence directly attributable to TV viewing: 10
- Percentage of Hollywood executives who believe there is a link between TV violence and real violence: 80
- Percentage of Americans who believe TV and movies are responsible for juvenile crime: 73
- Percentage of children polled who said they felt “upset” or “scared” by violence on television: 91
- Percent increase in network news coverage of homicide between 1993 and 1996: 721
- Percent reduction in the American homicide rate between 1993 and 1996: 20
- Percent increase in number of violent scenes per hour on 10 major channels from 1992 to 1994: 41
- Percentage of programs that show the long-term consequences of violence: 16
- Percentage of violent programs that emphasize an anti-violence theme: 4

### TV Promotes Excessive Commercialism and Sedentary Lifestyles

- Number of TV commercials viewed by American children a year: 20,000
- Age by which children can develop brand loyalty: 2
- Number of TV commercials seen by the average American by age 65: 2 million
- Percentage of toy advertising dollars spent on television commercials in 1997: 92
- Percentage of local TV news broadcast time devoted to advertising: 30
- Total amount of money spent in 1999 to advertise on broadcast television: \$40 billion
- Net worth of the typical middle-class American household after accounting for debts: less than \$10,000
- Number of ads aired for “junk-food” during four hours of Saturday morning cartoons: 202
- Percentage of American children who were seriously overweight in 1964: 5; 1994: 13
- Percentage of young people who report having had no recent physical activity: 14
- Factor by which men who watch more than 21 hours of TV a week increase their risk of Type 2 diabetes: 2
- Percentage of pediatric diabetes cases that are now Type 2, (adult-onset), not Type 1 juvenile-onset: 30

### TV Squelches Political Awareness

- Money spent on ads for the major presidential candidates between June 1, 2000 and September 13: \$63 million
- Money spent on issue ads between January 1, 1999 and August 30, 2000: over \$342 million
- Percentage of those which were attack ads: 61
- Amount of time broadcasters must provide to candidates free of charge under the 1996 Telecommunications Act: 0
- Value of public airwaves allocated to broadcasters at no cost under the 1996 Telecommunications Act: \$70 billion
- Amount spent on lobbying by TV broadcasters and the National Association of Broadcasters in 1996: \$4 million
- Number of network news stories about the environment in 1990: 377; 1996: 113
- Percentage of Americans who can name The Three Stooges: 59
- Percentage of Americans who can name three Supreme Court Justices: 17

*-Adapted from a list created by RealVision, a project of TV-Turnoff Network.*

# Active Video Games: Good for You?

## The new generation of video games has kids (and the elderly!) jumping at the chance to be a **Guitar Hero**—but are they really good for you?

The latest wave of video games, including the ubiquitous Wii from Nintendo, has certainly struck a cord with players: High-tech, interactive games are attracting devotees of all ages, from grade schoolers to grown-up gamers to octogenarians. What sets these games apart are their motion-detecting controls, which require users to get off the couch and virtually box, bowl or play a fierce guitar solo in a simulated rock band. Guitar Hero, for example, lets users jump around “playing” the guitar to on-screen musical notes that correspond to fret buttons on the controller. It recently set a world record with sales reaching more than \$1 billion.

Elderly players have shared in the craze, having discovered a way to return to playing sports through simulated games like fishing and baseball, which allow them to mimic the motions of casting a line or pitching an inning (one Maryland retirement home even hosted a “Wii Home Run Derby” that got residents swinging at fastballs). And while these games have been lauded for enticing users to be more active, many parents are wondering if they really should be encouraging their children to plug in and play.

While the benefits and drawbacks of new video games are being studied, Bickham is careful to point out that encouraging children, especially those who are overweight, to reduce their overall time playing video games may no longer be as advantageous as it has in the past.

Researchers at Children’s Hospital Boston are asking the same question. “We’re working to find out what all the links are between media use and health,” says David Bickham, PhD, a researcher in Children’s Center on Media and Child Health (CMCH). Bickham and his colleagues have examined previous studies that have shown that some video games are, indeed, capable of getting kids up off the sofa for extended periods of time. For example, Dance Dance Revolution (DDR), a game where players step on a special mat in response to on-screen prompts, has been successfully used in schools, homes and after-school programs to encourage

*(continued on other side)*

kids to exercise. “Playing DDR for 45 minutes has been found to raise heart rates to a high enough level to burn calories and speed up metabolism,” says Bickham. “For new games to be equally successful, they must require consistent and relatively strenuous movements—not just simple arm swings and wrist movements.”

They’ve also got to have substance and style. “If the active games rely on the novelty of the movement instead of on good game design, then young people will quickly revert to the more fun, sedentary games.”

This new generation of active games is also causing doctors to look at research done on TV watching to determine if kids who play a lot of video games are actually heavier and less healthy. “It turns out that decreasing television viewing for young people slows their weight gain, but it does not increase their physical activity,” Bickham says. This indicates that watching television does not influence obesity simply by replacing more active pursuits.

So what’s happening? Two theories have been put forth: effects of food advertising on nutritional choices and eating while watching television. So far, the new, active games don’t have food ads, and given their physical requirements, don’t allow for simultaneous eating and playing. So if these games stay free of advertising, then children who use them may be at less of a risk for negative health effects than if they were spending the same amount of time watching television.

The potential benefits of active video games demonstrate one reason why parents shouldn’t group all video games into a category of unhealthy behavior. However, Bickham points out one major drawback: Some games have players act out extremely violent acts in very realistic ways. “Research has repeatedly demonstrated that violent video game play increases young people’s aggressive thoughts and behaviors,” he says. On the Wii, for example, actual stabbing and punching motions replace simple button presses in certain games. “Going through the motions of the violence may have a stronger influence on later behaviors than traditional violent video games,” Bickham says.

While the benefits and drawbacks of new video games are being studied, Bickham is careful to point out that encouraging children, especially those who are overweight, to reduce their overall time playing video games may no longer be as advantageous as it has in the past. “With the advent of high quality, active video games comes the potential to include them in the treatment for obesity rather than simply blaming them for contributing to the epidemic,” he says.

By Erin Graham  
Children’s Hospital Boston, Dream Online

The potential benefits of active video games demonstrate one reason why parents shouldn’t group all video games into a category of unhealthy behavior.

# In This Section

## Patient Tools

2 to 18 Years:

**I** Get one hour or more of physical activity every day.

Fun Ways to Be Physically Active

Take It Outside!

Take It Outside! with Maine State Parks Flyer

Physical Play Every Day! (2 years to 3 years)

Physical Play Every Day! (Ages 3 and 4 years)

Physical Play Every Day! (Ages 4 and 5 years)

**I** Get one hour or more of physical activity every day.



[www.letsgo.org](http://www.letsgo.org)



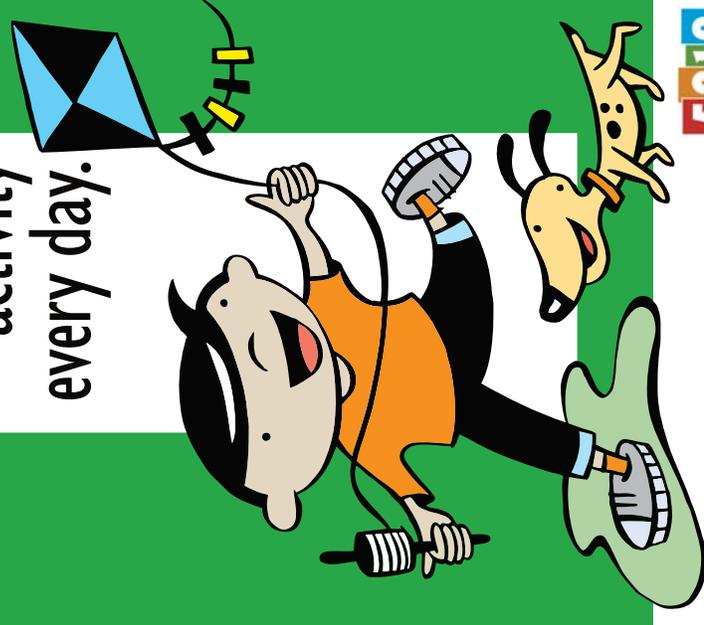
# Use physical activity as a reward

## The Good Behavior Game:

- Write a short list of good behaviors on a chart. Mark the chart with a star every time you see the good behavior.
- After your child has earned a small number of stars, give him or her a reward.
- Give your child extra play time before or after meals as a reward for finishing homework.
- Avoid giving your child extra time in front of the screen as a reward.
- Choose fun, seasonal activities.
- Encourage your child to try a new sport or join a team.

**5210** Every Day!

Get one hour or more of physical activity every day.



**5210**  
**LET'S GO!**

[www.letsgo.org](http://www.letsgo.org)

**5210**

Every Day!

- 5** or more servings of fruits & vegetables
- 2** hours or less recreational screen time
- 1** hour or more of physical activity
- 0** sugary drinks, more water & low fat milk

**5210**  
**LET'S GO!**

[www.letsgo.org](http://www.letsgo.org)

# Did You Know?

One hour of **moderate** physical activity means:

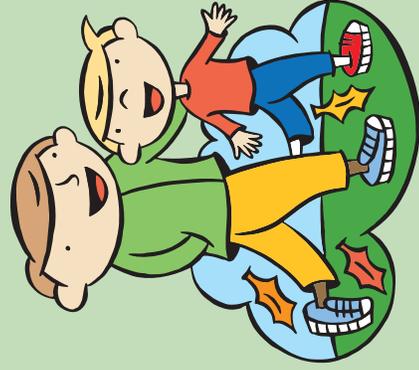
- Doing activities where you breathe hard like hiking or dancing.

20 minutes of **vigorous** physical activity means:

- Doing activities where you sweat, like running, aerobics, or basketball.

Physical activity ...

- Makes you feel good
- Helps you keep a healthy weight
- Makes your heart happy
- Makes you stronger
- Makes you flexible



## Redy's Rules

### Move An Hour Every Day!

- Encourage at least an hour of daily physical activity...for kids and adults!

### Let Physical Activity be Free and Fun!

- Take a walk with your family
- Play with your pet
- Play tag
- Take a bike ride (remember to wear your helmet)
- Turn on music and dance
- Jump rope
- Play Frisbee
- Take the stairs
- Park the car at the end of the parking lot
- Make snow angels

## Tips from Redy

### Make Physical Activity Easier.

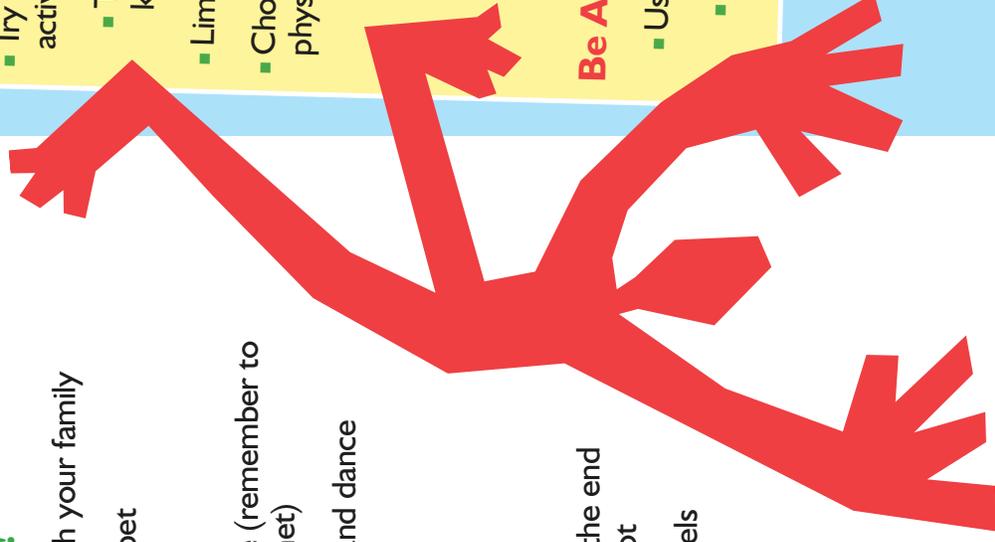
- Make gradual changes to increase your level of physical activity.
- Incorporate physical activity into your daily routines.
- Try tracking the level of your physical activity using a pedometer.
  - Turn off the TV and computer and keep them out of the bedroom.
  - Limit recreational computer time.
- Choose toys and games that promote physical activity.

- Encourage lifelong physical activity by incorporating physical activity into your routine.

- Keep physical activity fun!!

### Be A Role Model.

- Use a pedometer.
- Take a walk after dinner.



# Fun Ways to Be Physically Active



Being a kid and being active is fun! Think of all the ways you like to be active in school, home, on vacation, at a friend's house, with your family. Getting an hour of physical activity a day is not problem when you take advantage of all the ways you can be active and have fun.

Here are some things you probably already enjoy that count as physical activity. Do you do any of these? Check the box if you do to remind you what you like when you feel like you're out of ideas.

- |   |  |
|---|--|
| <input type="checkbox"/> Ride your bike                   | <input type="checkbox"/> Practice karate                     |
| <input type="checkbox"/> Walk to school                   | <input type="checkbox"/> Play hopscotch                      |
| <input type="checkbox"/> Go out at recess and play        | <input type="checkbox"/> Go swimming                         |
| <input type="checkbox"/> Skateboard with your friends     | <input type="checkbox"/> Play tennis                         |
| <input type="checkbox"/> Play basketball                  | <input type="checkbox"/> Go to the park                      |
| <input type="checkbox"/> Jump rope                        | <input type="checkbox"/> Play softball, or baseball          |
| <input type="checkbox"/> Dance with your friends          | <input type="checkbox"/> Play soccer or kickball             |
| <input type="checkbox"/> Walk the dog                     | <input type="checkbox"/> Play catch with a ball or a frisbee |
| <input type="checkbox"/> Take a hike in your neighborhood | <input type="checkbox"/> Take a dance or gymnastics class    |

Come up with a game plan for getting your at least one hour of physical activity every day. Write down some activities you like to do (consult the list above if you can't come up with anything!); decide how many minutes you'll spend on each

NAME OF ACTIVITY	# OF MINUTES

**Get up! Get out! Get at least an hour of physical activity.  
Make sure it's fun!**





# Take It Outside!

With so much technology, it can be hard to pull ourselves away from indoor attractions like computers, TVs, and video games. As a result, we miss out on the exciting and beautiful world of nature that is right outside our door. Spending time in nature alone and with our families has positive outcomes for everyone.



Did you know that experts have found that kids who have greater contact with nature are happier, healthier, smarter, more creative, more optimistic, more focused, and more self-confident? Families also have stronger bonds and get along better if they participate in activities outside. Getting outside can even help prevent diabetes, behavioral disorders, and depression. So, no matter how tempting staying inside may be, making time for nature is really important!

## Tips to get kids involved:

- Make a list of nature activities that your kids want to do and then use those activities as rewards
- Encourage kids to go outside with you while you do yard work
- Help kids plant a garden that they can take care of
- Check out books on local animals, like birds, and help your kids pick them out
- Get other friends and families involved in your nature outings too – the more, the merrier!

## Here are some fun, family-friendly outdoor activities you can try:

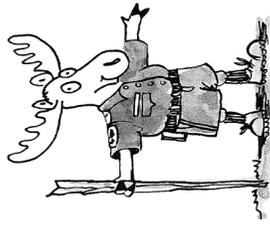
- Go apple or berry picking
- Follow animal tracks
- Go sledding
- Sleep in the backyard
- Go fishing
- Jump in puddles
- Go stargazing and pick out your favorite constellations
- Plant a vegetable garden
- Go for a hike or nature walk
- Collect seashells on the beach

## Resources:

- Children and Nature Network | <http://www.childrenandnature.org/>
- Let's Go! | <http://www.letsgo.org/>
- Maine Bureau of Parks and Lands | <http://www.parksandland.com>
- Healthy Maine Walks | <http://www.healthymainewalks.org/>



Take it Outside!  
with  
Maine State  
Parks  
www.parksandlands.com



## A Summertime of FUN!

**Biking:** check for designated trails

Androscoggin Riverlands, Bradbury Mountain, Camden Hills, Mount Blue

### Camping:

Aroostook, Bradbury Mountain, Camden Hills, Cobscook Bay, Lake St. George, Lamaine, Lily Bay, Mt. Blue, Peaks-Kenny, Rangeley Lake, Sebago Lake, Warren Island

### Freshwater Fishing:

Fishing license required

Aroostook, Damariscotta Lake, Grafton Notch, Lake St. George, Lily Bay, Mt. Blue, Peaks-Kenny, Range Pond, Rangeley Lake, Sebago Lake, Swan Lake

### Hiking:

State Parks suited for families include:

Bradbury Mountain, Cobscook Bay, Ferry Beach, Lily Bay, Peaks-Kenny, Range Ponds, Vaughn Woods Memorial, Wolfe's Neck Woods, and the beaches—see other side for Beach Walking list

More challenging hikes with views and vistas include:

Aroostook, Camden Hills, Grafton Notch, Mount Blue, Mount Kineo, Quoddy Head

### Lake Swimming:

Aroostook, Damariscotta Lake, St. George, Lily Bay, Mt. Blue, Peaks-Kenny, Range Pond, Rangeley Lake, Sebago Lake, Swan Lake

### Ocean Swimming:

Birch Point, Crescent Beach, Ferry Beach, Holbrook Island, Popham Beach, Reid, Roque Bluffs

### Programs:

Nature programs are offered at Ferry Beach, Mt. Blue, Sebago Lake, Wolfe's Neck Woods, Colonial Pemaquid, Fort Knox Historic Sites offer historic and cultural programs.

### Playgrounds:

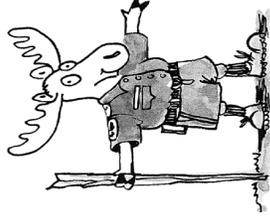
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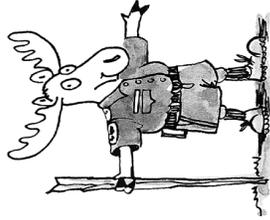
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Androscoggin Riverlands, Bradbury Mountain, Camden Hills, Mount Blue

### Camping:

Aroostook, Bradbury Mountain, Camden Hills, Cobscook Bay, Lake St. George, Lamaine, Lily Bay, Mt. Blue, Peaks-Kenny, Rangeley Lake, Sebago Lake, Warren Island

### Freshwater Fishing:

Fishing license required

Aroostook, Damariscotta Lake, Grafton Notch, Lake St. George, Lily Bay, Mt. Blue, Peaks-Kenny, Range Pond, Rangeley Lake, Sebago Lake, Swan Lake

### Hiking:

State Parks suited for families include:

Bradbury Mountain, Cobscook Bay, Ferry Beach, Lily Bay, Peaks-Kenny, Range Ponds, Vaughn Woods Memorial, Wolfe's Neck Woods, and the beaches—see other side for Beach Walking list

More challenging hikes with views and vistas include:

Aroostook, Camden Hills, Grafton Notch, Mount Blue, Mount Kineo, Quoddy Head

### Lake Swimming:

Aroostook, Damariscotta Lake, St. George, Lily Bay, Mt. Blue, Peaks-Kenny, Range Pond, Rangeley Lake, Sebago Lake, Swan Lake

### Ocean Swimming:

Birch Point, Crescent Beach, Ferry Beach, Holbrook Island, Popham Beach, Reid, Roque Bluffs

### Programs:

Nature programs are offered at Ferry Beach, Mt. Blue, Sebago Lake, Wolfe's Neck Woods, Colonial Pemaquid, Fort Knox Historic Sites offer historic and cultural programs.

### Playgrounds:

Bradbury Mountain, Damariscotta, Lake St. George, Lamaine, Moose Point, Peaks-Kenny, Range Pond, Sebago Lake, Two Lights



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Maine Department of Conservation





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## Winter Wonderlands to Explore!

### Beach Walking:

Crescent Beach, Ferry beach, Kettle Cove, Owls Head Light, Popham Beach, Reid, Roque Bluffs

### Cross Country Skiing:

\*groomed trails  
Aroostook, Bradbury Mountain, Camden Hills, Cobscook Bay, Holbrook Island Sanctuary, Lily Bay, Moose Point, \*Mount Blue, Reid, \*Sebago Lake, Wolfe's Neck Woods

### Horseback Riding:

Popham Beach, Reid State Park

### Ice Fishing:

Allagash Wilderness Waterway, Damariscotta Lake, Lake St. George, Lily Bay, Mount Blue, Penobscot River Corridor, Sebago Lake

### Playgrounds:

Bradbury Mountain, Fort McClary, Two Lights

### Skating:

\*skates available  
Cobscook Bay, Ferry Beach, Fort McClary, \*Mount Blue

### Sledding:

Aroostook, Mount Blue

### Snowmobile Riding:

Check for designated trails

Allagash Wilderness Waterway, Aroostook, Bradbury Mountain, Camden Hills, Lily Bay, Mount Blue, Peaks-Kenny

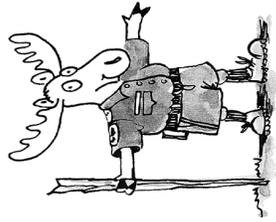
### Snowshoeing:

\*snowshoes available to rent

Aroostook, \*Bradbury Mountain, Camden Hills, Cobscook Bay, Crescent Beach, Kettle Cove, Ferry Beach, Fort McClary, Holbrook Island Sanctuary, Lily Bay, Moose Point, Mount Blue, Owls Head Light, Shackford Head, Vaughan Woods

### Winter Camping:

Call for specific park information  
Aroostook, Bradbury Mountain, Camden Hills, Cobscook Bay, Mount Blue



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### Beach Walking:

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### Playgrounds:

Bradbury Mountain, Fort McClary, Two Lights

### Skating:

\*skates available  
Cobscook Bay, Ferry Beach, Fort McClary, \*Mount Blue

### Sledding:

Aroostook, Mount Blue

### Snowmobile Riding:

Check for designated trails

Allagash Wilderness Waterway, Aroostook, Bradbury Mountain, Camden Hills, Lily Bay, Mount Blue, Peaks-Kenny

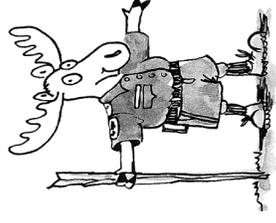
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### Playgrounds:

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### Skating:

\*skates available  
Cobscook Bay, Ferry Beach, Fort McClary, \*Mount Blue

### Sledding:

Aroostook, Mount Blue

### Snowmobile Riding:

Check for designated trails

Allagash Wilderness Waterway, Aroostook, Bradbury Mountain, Camden Hills, Lily Bay, Mount Blue, Peaks-Kenny

### Snowshoeing:

\*snowshoes available to rent

Aroostook, \*Bradbury Mountain, Camden Hills, Cobscook Bay, Crescent Beach, Kettle Cove, Ferry Beach, Fort McClary, Holbrook Island Sanctuary, Lily Bay, Moose Point, Mount Blue, Owls Head Light, Shackford Head, Vaughan Woods

### Winter Camping:

Call for specific park information  
Aroostook, Bradbury Mountain, Camden Hills, Cobscook Bay, Mount Blue



## Active Play Movements to Try

Marching   Shuffling   Running  
Rolling   Climbing   Sliding   Waddling  
Turning   Holding   Balancing   Jumping  
Twisting   Exploring   Hiding

## Ideas for Physical Play Toys



Pull toys with strings  
Wagon  
Light wheelbarrow  
Hippity hops  
Spinning seat

Rocking Horse- waist height, with handles  
Ride-ons- moved by child's feet, no pedals, 4 wheels  
Light weight balls for bowling or basketball games  
Cymbals, drums, xylophones  
Play barrels



New Hampshire Department of Health and Human Services,  
Division of Public Health Services, Nutrition and Health Promotion Section,  
WIC Program, 29 Hazen Drive, Concord, NH 03301  
Adapted from Hofstra University's "Parent's Guide to Physical Play". 2008

# Physical Play Every Day!

Fun Ways to Keep Your  
Child Active and Fit

(2 Years to 3 Years )

## Why Physical Play?

Physical play is important for healthy growth and development of young children.

Through active play, children learn:

- about their bodies,
- what their bodies can do, and
- how to control things around them.

A love of physical play is one of the most important gifts you can give your child.

The next page has physical play activities for 2 year to 3 year old children. As your child grows older they will be able to do more.



Try some of the following with your child and have fun!

## Let's Play!

**Chase Me, Chase Me!** Playfully chase your child safely throughout your house or playground and hug and say the following upon capture.

**"You chase, I flee can you catch me?  
All around we run. Exercise is so much fun!"**

**Super Kids** Increase your child's ability to jump and land safely by holding his/her hand while jumping from low steps, curbs, or boxes. Have your child practice landing on both feet and bending their knees when they land.

**"We'll leap tall buildings with a single bound.  
Landing firmly on the ground. Super kids can jump this way, because they practice every day."**

**Balance Trail** Design a balance trail of objects such as a wooded plank, a twisted rope and taped pathways that encourage your child's movement and improve balance skills.

**"Watch each step as you follow the trail.**

**Begin moving slowly like a snail. Raise your arms out from your side. It helps your balance if you hold them wide!"**

**Log Rolling** Show your child how to make a long, stiff log shape on the floor with his/her fingers held above their head so they "hide" their ears. See if your child can "roll like a log" by keeping his/her legs stretched and "glued" together.

**"Logs roll down a hill,  
then off they go to the saw mill"**

## Active Play Movements to Try

Hopping    Bouncing    Tossing    Galloping  
Darting    Dashing    Flying    Wandering  
Jumping    Searching    Tossing    Trudging  
Slithering    Twisting    Exploring    Hiding

## Ideas for Physical Play Toys



Tricycle\*\*, stick pony  
Foam flying disks  
Wading pools  
Whiffle balls  
Double blade ice skates  
Adult-like push toys: shopping cart, doll strollers,  
vacuum, lawnmowers

Light weight pedal ride-ons  
Soft baseball and bat  
Pillow cases, ribbon wands, jump ropes  
Cymbals, drums, xylophones  
Light weight balls for bowling or basketball games

\*\* ***Wear safety helmet.***

.....  
New Hampshire Department of Health and Human Services,  
Division of Public Health Services, Nutrition and Health Promotion Section,  
WIC Program, 29 Hazen Drive, Concord, NH 03301  
Adapted from Hofstra University's "Parent's Guide to Physical Play". 2008

# Physical Play Every Day!

Fun Ways to Keep Your  
Child Active and Fit

(Ages 3 and 4 Years )

## Why Physical Play?

Physical play is important for healthy growth and development of young children.

Through active play, children learn:

- about their bodies,
- what their bodies can do, and
- how to control things around them.

A love of physical play is one of the most important gifts you can give your child.

The next page has physical play activities for children ages 3 and 4 years old. As your child grows older they will be able to do more.

Try some of the following with your child and have fun!



## Let's Play

**Read, Run, and Race About** Pick a favorite action storybook and encourage your child to act out the actions and expressions of the characters as the story is read aloud.

**Ride 'em Cowboy/girl** Place a jump rope under your child arms and grasp the "pretend reins" as your child gallops around.

"Giddy up horse walk..., trot..., run...,  
Whinny "whee hee hee!" oh what fun.  
Riding together, just you and me,  
galloping across our wide prairie."

**Bodies in Motion** Ask your child to follow along.

"Our bodies are made of special parts.

**Wave** your arms (child's name), **Shake** a leg..., **Nod** your head..., and **touch** your chest to feel your heart. **Stamp** your feet (child's name), **Snap** your fingers..., **Rub** your belly..., And **wiggle** your toes..., Now stand very tall and **touch** your nose."

**Cape Capers** Have your child use a small blanket or bath towel as a cape, hold out his/her outstretched hands and follow along:

"Flap your wings like an eagle in the sky..., then soar like an airplane flying high..., float like a ghost and say "WHOOO!" Then drift like a giant cloud in the sky

of blue, become a super hero, dash and dart about. "I am coming to the rescue!" Is what you want to shout."



## Active Play Movements to Try

Skipping	Prancing	Chasing	Running
Hopping	Tumbling	Jumping	Galloping
Strutting	Twisting	Turning	Trotting
Throwing	Catching	Rolling	Hiding
Tip-toeing	Balancing	Stretching	Bending
Flying	Waddling	Dodging	Marching
Bouncing	Rolling	Sneaking	Collapsing

## Ideas for Physical Play Toys

Full size rocking horse



Wagon

Climbing ropes

Kites



Jump rope

Foam hockey mitts

Velcro catching mitts

### Junior size:

Soccer ball, football, basketball, bats and batting tee

Bicycle \*\* with training wheels, scooter\*\*

### \*\* Wear safety helmet

.....  
New Hampshire Department of Health and Human Services,  
Division of Public Health Services, Nutrition and Health Promotion Section,  
WIC Program, 29 Hazen Drive, Concord, NH 03301

Adapted from Hofstra University's "Parent's Guide to Physical Play".

2008

# Physical Play Every Day!

Fun Ways to Keep Your  
Child Active and Fit

( Ages 4 and 5 Years )

# Why Physical Play?

Physical play is important for healthy growth and development of young children.

Through active play, children learn:

- about their bodies,
- what their bodies can do, and
- how to control things around them.

A love of physical play is one of the most important gifts you can give your child.

The next page has physical play activities for children 4 and 5 years old. As your child grows older they will be able to do more.

Try some of the following with your child and have some fun!



# Let's Play!

**Search and Find** Hide five to ten slips of paper throughout a two to three room area and keep your child's interest with a promise of a "favorite activity" when the slips are collected. Write parts of the favorite activity on each piece of paper so that it is spelled out when all the papers are found. Example: "Hide and Seek"

HI DE

AND

SE

EK

**Targets** Make targets for aiming and throwing practice.

- Draw on or cut out holes in cardboard boxes
- Line up plastic bottles and/or cans
- Roll a Hula-Hoop™
- Scatter paper plates
- Use chalk to make different shapes



**Movement Month** Use a large monthly calendar and ask your child to help you in filling each daily block with one of the "Active Play Movements" listed on the back cover. Ask your child to place a ✓ next to the activity each day, after doing it.



**Balloon Body Juggling** Toss a balloon and call out the part of your child's body to be used to hit it. ( i.e. knee, foot, elbow...) The balloon can also be batted, kicked or bounced the papers are found. Example: "Hide and Seek" between you and your child or another child.



"Balloon juggle with your body. Can you hit it with your knee? Bounce it twice on your elbow. Kick it up if it goes low."

**NOTE:**

Balloons can be a choking hazard. If you have other children under 3 years old in your home, use another light weight balls like a NERF ball™ or beach ball instead.

# In This Section

## Patient Tools

2 to 18 Years:

**0** Drink water and low fat milk; limit or eliminate sugary beverages

Calcium Counts!

Water is Fuel For Your Body

How Much Sugar Do You Drink?

What Should Young Children Drink?

Enlightening Facts About Juice

Sports and Energy Drinks

Drink Your Milk Quiz & Answer Key

Have a Drink Plan

For Growing Bones...Which Milk?

Milk's Unique Nutrient Package

Think Your Drink

**0** Drink water and low fat milk;  
limit or eliminate sugary  
beverages.



# Put limits on Juice

- Juice products labeled “-ade,” “drink,” or “punch” often contain 5% juice or less. The only difference between these “juices” and soda is that they’re fortified with Vitamin C.
- Always try to choose whole fruits over juice.
- If you choose to serve juice, buy 100% juice.
- Each day, juice should be limited to:
  - 4-6 ounces for children 1-6 years old
  - 8-12 ounces for children 7-18 years old
  - No juice for children 6 months and under



- Make changes slowly by adding water to your child's juice.
- Suggest a glass of water or low fat milk instead of juice.

**5210** Every Day!

Drink less sugar.

Try water and low fat milk instead of soda and drinks with lots of sugar.



**5210**

Every Day!

- 5** or more servings of fruits & vegetables
- 2** hours or less recreational screen time
- 1** hour or more of physical activity
- 0** sugary drinks, more water & low fat milk

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**5210**   
**LET'S GO!**

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# Did you know?

Soda has no nutritional value and is high in sugar. Just nine ounces of soda has 110-150 empty calories. Many sodas also contain caffeine, which kids don't need.

Energy drinks are **NOT** sports drinks and should never replace water during exercise.

Water is fuel for your body:

- Water is the most important nutrient for active people.
- Between 70-80% of a child's body is made up of water.
- When you exercise, you sweat, and when you sweat you **LOSE** water and minerals – it is important to replace the water you lose when you sweat.
- Water is the #1 thirst quencher!

## Redy's Rules

### Water

#### Keep It Handy, Keep It Cold:

- Keep bottled water or a water bottle on hand.
- Add fresh lemon, lime, or orange wedges to water for some natural flavor.
- Fill a pitcher of water and keep it in the fridge.
- Drink water when you're thirsty. It's the best choice.
- Cut back slowly on sugar-sweetened drinks.
- Replace soda with water, instead of other sugar-sweetened beverages, such as juice or sports drinks.

#### Be A Role Model:

- Grab a glass of water instead of soda.
- Try mixing seltzer with a small amount of juice.

# Milk

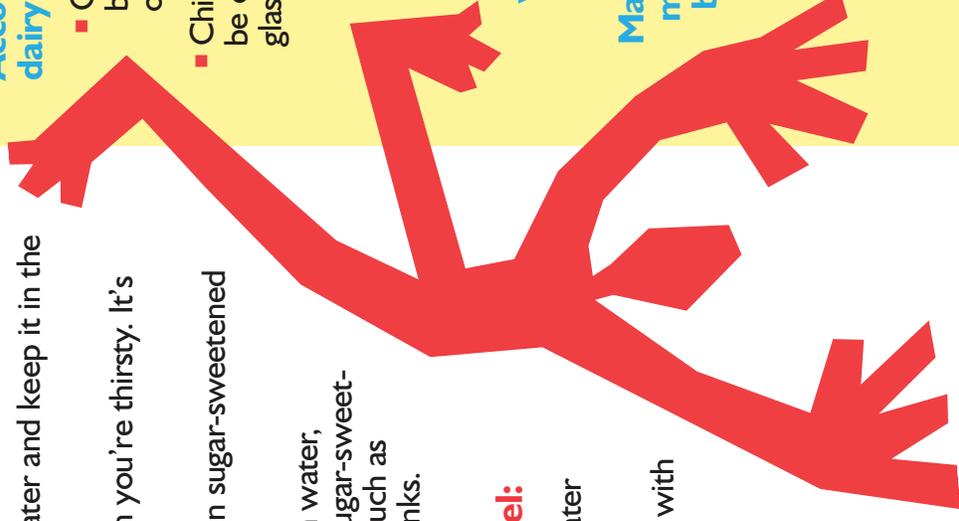
## Encourage low fat milk instead of sugar-sweetened drinks.

### According to the national dairy council:

- Children ages 4-8 years old should be consuming three 8-ounce glasses of milk or other dairy each day.
- Children ages 9-18 years old should be consuming four and a half 8-ounce glasses of milk or other dairy each day.

The recommendation is that children over the age of two drink low fat milk. Gradually make the change from whole milk to low fat milk.

Make a milkshake using low fat milk, ice, and your favorite berries.



# Calcium Counts!

Calcium is a mineral found in some foods and drinks. It works with other vitamins and minerals to build strong bones and teeth for life!

The best sources of calcium in the diet are milk and milk products. The United States Department of Agriculture says that most young people should drink nonfat or low fat milk products in these amounts:

---

*Children ages 1-3: 2 cups a day*

---

*Children ages 4-8: 3 cups a day*

---

*Preteens and teens: 4 cups a day*

---

## What if your child can't or won't drink that much milk?

Other foods containing smaller amounts of calcium include low fat macaroni and cheese, turnip or beet greens, kale, canned salmon, broccoli, cottage cheese, navy or pinto beans, almonds, and oranges.

If milk products cause gas or diarrhea in an older child, don't let that stop her from getting enough calcium. Serve Lactaid™ (specially treated) milk instead of regular milk. Small servings of yogurt and cheese may not cause a problem.

If your child has an allergy to milk, ask your health care provider how to select a calcium supplement. Or, ask for a nutrition "check up" to help you make sure your child is getting enough calcium.



**Here are some easy options that have the same amount of calcium (300 mg) as a cup of nonfat milk:**

- Yogurt, nonfat or low fat, 1 cup; choose those with less added sugar or corn syrup
- Smoothies made with milk, yogurt, and frozen fruit
- Nonfat or low fat chocolate milk, 1 cup; try mixing chocolate milk 50/50 with low fat or skim white milk
- Cheese, 2 ounces
- Orange juice plus calcium, 1 cup
- Calcium-fortified soy milk, 1 cup (shake well)
- Total cereal, 3/4 cup



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# Water Is Fuel for Your Body

Ever wonder why you need water? Like food, water acts like fuel in your body and helps your body function. To keep your body running smoothly, drink plenty of water throughout the day.

**Children who eat healthy, drink enough water, and sleep well at night will have energy for all their sports and activities.**

- Water is the most important nutrient for active people.
- Between 70-80% of a child's body is made up of water.
- Water is the #1 thirst quencher!



## Fuel your body with water when you need more fuel!

When you exercise, you sweat, and when you sweat, you **LOSE** water and minerals. It is important to replace the water you lose when you sweat. Kids who are very active for longer than 60 minutes may need to replace water and minerals using sports drinks, like Gatorade® and Powerade®, especially when it's hot and humid.

Energy drinks are **NOT** sport drinks and should never be used to replace water during exercise. Most energy drinks, like Red Bull® and SuperStar™, contain **CAFFEINE**. Caffeine causes the body to lose water and can sometimes cause anxiety, headaches, stomachaches, and sleep problems.

Energy drinks contain **HIGH** amounts of sugar and calories. The extra sugar and calories may add to weight gain and tooth decay.

**“In a game, when my players get thirsty, water gets the call.”**

—Arnie Beyeler, Manager, Portland Sea Dogs

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# How Much Sugar Do You Drink?

Consider how frequently you or your child enjoy these beverages and what nutrition, if any, they get from it.

Common Drink Choices				
Drink	Size	Total Calories	Sugar Grams	Teaspoons Sugar
Arizona <sup>®</sup> Green Tea & Honey	20 oz	210 cal	51 g	12
Coca-Cola <sup>®</sup> Classic	20 oz	250 cal	65 g	15
Dole <sup>®</sup> 100% Apple Juice	15.2 oz	220 cal	48 g	11
Dunkin' Donuts Strawberry Fruit Coolata <sup>®</sup>	16 oz	290 cal	65 g	15
Gatorade <sup>™</sup>	20 oz	130 cal	34 g	8
Glaceau Vitamin Water <sup>®</sup>	20 oz	125 cal	32.5 g	8
Monster Energy <sup>®</sup> Drink	16 oz	200 cal	54 g	13
Mountain Dew <sup>®</sup>	20 oz	275 cal	78 g	18
Poland Spring <sup>®</sup> Water	20 oz	0 cal	0 g	0
Sprite <sup>®</sup>	20 oz	250 cal	65 g	15
Starbucks Bottled Frappuccino <sup>®</sup>	9.5 oz	200 cal	32 g	8

## Tips to make cutting back on sugary drinks easier:

- Cut back slowly
- Don't replace soda with other sugar-sweetened beverages, such as juice and sports drinks
- Remember, water is the best drink when you are thirsty
- Make low fat milk and water the drink of choice



# What Should Young Children Drink?

The best drinks for preschoolers — and for kids of all ages — are milk and water.

- Children between one and two years old should be drinking whole milk and/or breast milk.
- Preschoolers should consume 2 cups of low fat or nonfat milk (or equivalent dairy products) every day.
- Try to avoid premixed chocolate or strawberry drinks, which often contain considerably more calories, sugar, and fat than milk you flavor yourself.
- Limit juice, which has a significant amount of sugar, to no more than one serving of 100% juice, about 4-6 ounces, a day.
- Kids may be less likely to drink enough milk if soda and other sugar-sweetened beverages are available.

DRINK	SIZE	CALORIES	SUGAR
Water	8 ounces	0	0g
Low-Fat Milk	8 ounces	100	11g
100% Orange Juice	8 ounces	110	22g
Juice Drink (10% fruit juice)	8 ounces	150	38g
Powdered Drink Mix (with sugar added)	8 ounces	90	24g
Soda	8 ounces	100	27g

## What Parents Can Do:

- Promote water and low fat milk as the drink of choice.
- Provide low fat milk, skim milk, and other milk alternatives in place of whole milk.
- Use the Drink Comparison Chart to demonstrate how much sugar is in a variety of drinks.
- Provide water and low-fat milk instead of sugar-sweetened drinks at celebrations.
- Be a role model by drinking water or milk.
- Visit a local dairy farm.



Adapted from KidsHealth.org



www.lets-go.org



# Enlightening Facts About Juice

## ACCORDING TO THE AMERICAN ACADEMY OF PEDIATRICS (AAP):

- Fruit juice offers no nutritional benefits for infants younger than 6 months.
- Fruit juice offers no nutritional benefits over whole fruit for infants older than 6 months and children.
- Fruit “drinks” are not nutritionally equivalent to fruit “juice” (see below).
- Fruit juice is NOT appropriate in treating dehydration or diarrhea.
- Excessive juice consumption may be associated with malnutrition.
- Excessive juice consumption may be associated with diarrhea, flatulence, abdominal distention, and tooth decay.
- Calcium-fortified juices do provide calcium, but lack other nutrients present in breast milk, formula, or cow’s milk.

## RECOMMENDATIONS :

- If you decide to give your child juice, it is recommended that you do not introduce it until your infant is twelve months old.
- Serve juice in open cups, not bottles or “sippy” cups that allow children to consume juice easily throughout the day.
- Offer and encourage children to eat whole fruit instead of juice. They will get all the great fiber of the whole fruit and feel more full than with drinking juice.
- Serve only pasteurized juices.
- Choose 100% juice instead of fruit “drinks,” which, by definition, could contain between 10% and 99% juice and most likely contain added sweeteners and flavors.
- Younger children aged 1 to 6 years should have only 4-6 ounces of juice a day, if any at all.
- Older children should be limited to 8-12 ounces of juice a day, if any at all.

*Taken from the American Academy of Pediatrics Committee on Nutrition*

Check out how much sugar is in some popular (and marketed towards children) juice & juice drinks:

*\*One Teaspoon equals 4.2 grams of sugar.*

Beverage	Sugar Grams per Serving	Teaspoons of Sugar*
Sunny D® Baja Orange Drink	43g	10 1/4
Capri Sun® Red Berry Drink	25g	6
Apple & Eve® Bert & Ernie Berry 100% Juice	13g	3
Earth’s Best® Strawberry Pear 100% Juice	11g	2 2/3
Water	0g	0

**Rule of Thumb:**  
You are better off giving your children fruit instead of fruit juice.



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# Sports and Energy Drinks

## SPORTS DRINKS

- Flavored beverages that usually contain sugar, minerals and electrolytes (like sodium, potassium and calcium).
- Most people don't need them! They are recommended only when you have been doing intense physical activity for an hour or longer (such as long distance running or biking, or high intensity sports like soccer, basketball or hockey).
- If you drink them when you have been doing just routine physical activity or just to satisfy your thirst, you actually increase your risk of excess weight gain.
- What are some examples?
  - Gatorade • Powerade • Accelerade • All Sport Body Quencher • Propel

**You know what rocks? WATER!**

## ENERGY DRINKS

- Flavored beverages that typically contain stimulants like caffeine and other compounds along with sugar, added vitamins and minerals, and maybe even protein. (We don't need these nutrients from drinks; we get them from our food!)
- These drinks are not the same thing as sports drinks and are NEVER recommended for children or adolescents.
- Could cause you to have increased heart rate, increased blood pressure, trouble sleeping, anxiety, difficulty concentrating, upset stomach, and even caffeine toxicity.
- What are some examples?
  - Monster • Red Bull • Power Trip • Rockstar • Full Throttle • Jolt

**Most people  
don't need  
them!**



**Did you  
know?**

Neither sports drinks or energy drinks are a good substitute for water – water is always the best thirst quencher! Water is the best choice for hydration, even before, during and after most people's exercise routines.

Adapted from KidsHealth.org and *Sports Drinks & Energy Drinks for Children & Adolescents: Are They Appropriate?* Committee on Nutrition and the Council of Sports Medicine and Fitness. Pediatrics. 2011; 1227; 1182.



[www.letsgo.org](http://www.letsgo.org)



# Drink Your Milk

## Did you know...?

Children, ages 4-8 years, should be consuming three 8-ounce glasses of milk or other dairy each day.



How many ounces of milk is that per day? \_\_\_\_\_

How many ounces of milk is that per week? \_\_\_\_\_

Children, ages 9-18 years, should be consuming four and a half, 8-ounce glasses of milk or other dairy each day.



How many ounces of milk is that per day? \_\_\_\_\_

How many ounces of milk is that per week? \_\_\_\_\_



[www.lets-go.org](http://www.lets-go.org)

# Drink Your Milk: Answers

## Did you know...?

Children, ages 4-8 years, should be consuming three 8-ounce glasses of milk or other dairy each day.



How many ounces of milk is that per day? 24

How many ounces of milk is that per week? 168

Children, ages 9-18 years, should be consuming four and a half, 8-ounce glasses of milk or other dairy each day.



How many ounces of milk is that per day? 36

How many ounces of milk is that per week? 252



[www.lets-go.org](http://www.lets-go.org)

# Have a Drink Plan

On average, how often do you drink sugar-sweetened beverages?

*Examples: soda, fruit punch, sports drinks, or other sugared drinks*

\_\_\_\_\_ Daily

\_\_\_\_\_ Once a week

\_\_\_\_\_ 3 times a week

\_\_\_\_\_ Only at special events

Should it be an everyday choice or an occasional treat?

What other drinks do you enjoy instead of soda?

Revisit question one in a month to see if you've made any changes!





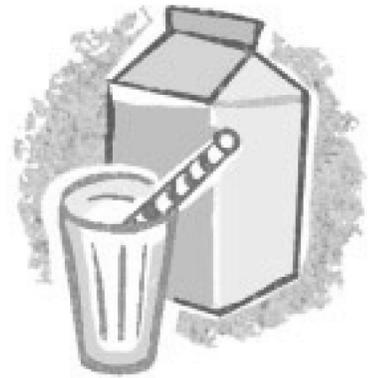
# For Growing Bones... Which Milk?

## Why Milk?

Check the Nutrient Facts panel on milk cartons to find the benefits. You'll see several nutrients that everyone in your family needs.

- **Calcium and vitamin D** for your child's growing bones and teeth. These same nutrients help your bones stay healthy.
- **Protein** for building a growing body. It also keeps your body in good repair.
- **Vitamin A** for healthy eyes and skin.

Offer milk or water to satisfy thirst. Your child needs plenty of fluids to stay healthy, too.



### Whole Milk

Nutrition Facts		
Serving Size 8 fl oz (244g)		
Servings Per Container 1		
Amount Per Serving		
<b>Calories</b>	150	Calories from Fat 70
%Daily Value*		
<b>Total Fat</b>	8g	13 %
Saturated Fat	5g	25 %
<b>Cholesterol</b>	35mg	11 %
<b>Sodium</b>	120mg	5 %
<b>Total Carbohydrate</b>	11g	4 %
Dietary Fiber	0g	0 %
Sugars	12g	
<b>Protein</b>	8g	
Vitamin A	6%	• Vitamin C 4%
Calcium	30%	• Iron 0%

\* Percent Daily Values are based on a 2,000 calorie diet.

### 2% Reduced Fat Milk

Nutrition Facts		
Serving Size 8 fl oz (244g)		
Servings Per Container 1		
Amount Per Serving		
<b>Calories</b>	120	Calories from Fat 40
%Daily Value*		
<b>Total Fat</b>	4.5g	7 %
Saturated Fat	3g	15 %
<b>Cholesterol</b>	20mg	6 %
<b>Sodium</b>	120mg	5 %
<b>Total Carbohydrate</b>	12g	4 %
Dietary Fiber	0g	0 %
Sugars	11g	
<b>Protein</b>	8g	
Vitamin A	10%	• Vitamin C 4%
Calcium	30%	• Iron 0%

\* Percent Daily Values are based on a 2,000 calorie diet.

### 1% Low-fat Milk

Nutrition Facts		
Serving Size 8 fl oz (244g)		
Servings Per Container 1		
Amount Per Serving		
<b>Calories</b>	100	Calories from Fat 25
%Daily Value*		
<b>Total Fat</b>	2.5g	4 %
Saturated Fat	1.5g	8 %
<b>Cholesterol</b>	10mg	3 %
<b>Sodium</b>	125mg	5 %
<b>Total Carbohydrate</b>	12g	4 %
Dietary Fiber	0g	0 %
Sugars	11g	
<b>Protein</b>	8g	
Vitamin A	10%	• Vitamin C 4%
Calcium	30%	• Iron 0%

\* Percent Daily Values are based on a 2,000 calorie diet.

## Which milk would you buy? What's different? What's the same?

Nutrition Facts on milk cartons can help you make choices for your family. Your child will get the same amount of bone-building calcium no matter what type you pick. Low-fat milk has less fat. If you prefer, look for fat-free (skim) milk.

Provided by \_\_\_\_\_



# MILK'S UNIQUE NUTRIENT PACKAGE

## Benefits for Stronger Bones and Better Bodies

Milk contains nine essential nutrients, making it one of the most nutrient-dense beverages you can enjoy. Drinking 8 ounces of delicious, satisfying milk can help get you on your way to meeting the Dietary Guidelines for Americans' recommended three servings of low-fat or fat-free milk or milk products a day. Read on to learn just how important milk's nutrients are for your body's health!



### **CALCIUM (30% DV\*)**

Calcium helps build and maintain strong bones and teeth. It also plays an important role in nerve function, muscle contraction and blood clotting.

### **POTASSIUM (11% DV)**

Potassium regulates the body's fluid balance, helps maintain normal blood pressure and is needed for muscle activity and contraction.

### **PHOSPHORUS (20% DV)**

Phosphorus helps strengthen bones and generates energy in the body's cells.

### **PROTEIN (16% DV)**

Protein builds and repairs muscle tissue and serves as a source of energy during high-powered endurance exercise.

### **VITAMIN A (10% DV)**

Vitamin A helps maintain normal vision and skin, helps regulate cell growth and maintains the integrity of the immune system.

### **VITAMIN D (25% DV)**

Vitamin D helps promote the absorption of calcium and enhances bone mineralization.

### **VITAMIN B12 (13% DV)**

Vitamin B12 helps build red blood cells that carry oxygen from the lungs to working muscles.

### **RIBOFLAVIN (24% DV)**

Riboflavin, also known as vitamin B2, helps convert food into energy – a process crucial for exercising muscles.

### **NIACIN (10% DV)**

Niacin (or niacin equivalent) is important for the normal function of many enzymes in the body and is involved in the metabolism of sugars and fatty acids.

\*Percent of Daily Value based on rounded values for 8-ounce cup of milk as found on Nutrition Facts Label according to FDA

Additional resources are available on [3aday.org](http://3aday.org). Call (312) 240-2880 for more information. ©2006 NATIONAL DAIRY COUNCIL®

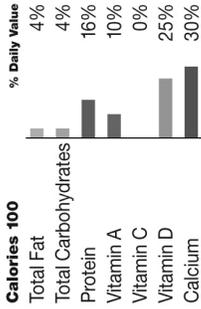


When it comes to **NUTRITION**, not all drinks are created equal!

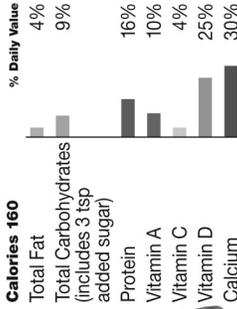
# DRINK

**THINK YOUR**

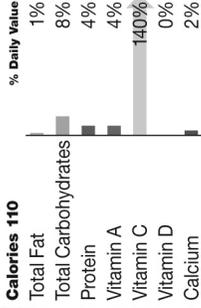
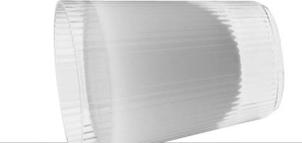
## MILK LOWFAT 1%



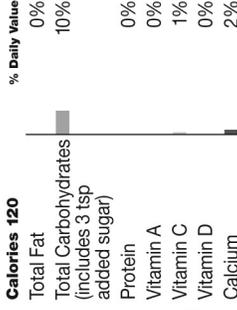
## CHOCOLATE MILK LOWFAT 1%



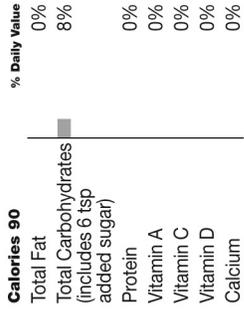
## 100% ORANGE JUICE



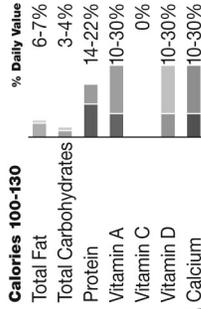
## FRUIT PUNCH



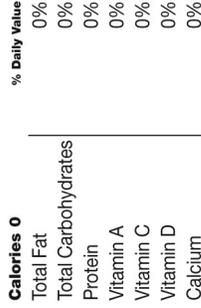
## COLA



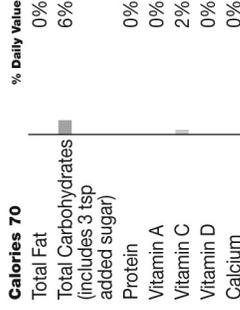
## SOY BEVERAGE, PLAIN\*



## BOTTLED WATER



## SPORTS DRINK



\*Nutrient ranges for soy beverage reflect the differences between unfortified soy beverages as reported by USDA National Nutrient Database for Standard Reference, Release 19 and a large-distribution fortified soy beverage. Unlike milk, there is no federal standard of identity for soy beverages, and nutritional data will vary by brand. Consumers must carefully check the nutrition panel.

Sources: USDA National Nutrient Database for Standard Reference, Release 19; USDA database for the added sugars content of selected foods, Release 1, February, 2006. Percent Daily Values are based on a 2,000 calorie diet. All nutrients quoted for 8 oz. portion.

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[www.NutritionExplorations.org](http://www.NutritionExplorations.org)



# In This Section

## **Patient Tools**

### **2 to 18 Years:**

#### **Other Resources**

Come prepared for your child's blood pressure reading.

Non-Food Rewards at Home

Healthy Sleeping Habits

Choose MyPlate Brochure

Choose MyPlate 10 Tips to a Great Plate

Choose MyPlate Coloring Sheets

Hannaford Guiding Stars Program

Nutrition Coordinator Request Form

Select Resources

Insert: Healthy Favorites: A Booklet Full of Healthy Tips and Recipes



## Steps for a blood pressure check

1. Have your child wear a short-sleeved shirt or a shirt that can be easily slipped off the arm.
2. For Teens: At least 30 minutes before the appointment, **Do Not:**
  - Smoke
  - Exercise
  - Drink caffeine – no coffee, tea, soda or energy drinks
3. At least five minutes before your child's blood pressure check, have your child:
  - Empty his or her bladder
  - Sit quietly with both feet on the floor and his or her back supported, if possible
4. Don't talk with your child while his or her blood pressure is being checked.

**5210** Every Day!

Come prepared for your child's blood pressure reading.



**5210**  
**LET'S GO!**  
www.lets-go.org

**5210**

Every Day!

**5** or more fruits & vegetables  
**2** hours or less recreational screen time\*  
**1** hour or more of physical activity  
**0** sugary drinks, more water & low fat milk

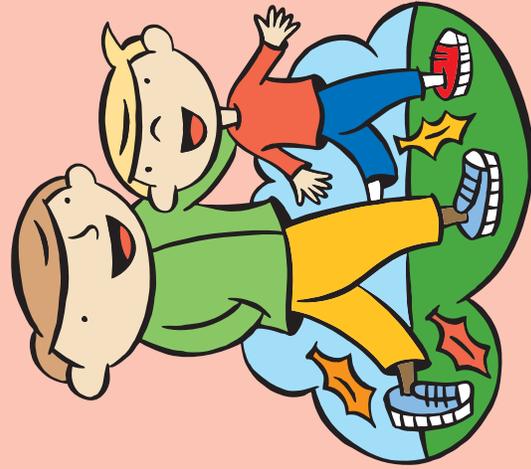
\*Keep TV/Computer out of the bedroom. No screen time under the age of 2.

**5210**  
**LET'S GO!**  
www.lets-go.org

# Did You Know?

High blood pressure is more common in overweight children. Children who have high blood pressure have a greater risk of developing these conditions during their lifetime:

- Seizures
- Stroke
- Heart disease
- Kidney disease



## What Do Blood Pressure Numbers Mean?

Blood pressure is measured by two numbers. The top number, “systolic”, is the pressure in the blood vessels when the heart beats. The bottom number, “diastolic”, is the pressure in the blood vessels between heartbeats.

### Normal Blood Pressure:

- Varies depending upon your child’s age
- Should be checked once a year beginning at age 3

### High Blood Pressure:

- May be checked at every visit
- Raises the risk of high blood pressure in adulthood

## Tips from Redy

- Keep blood pressure in the normal range.

# 5210

## Every Day!

- 5** or more fruits & vegetables
- 2** hours or less recreational screen time\*
- 1** hour or more of physical activity
- 0** sugary drinks, more water & low fat milk

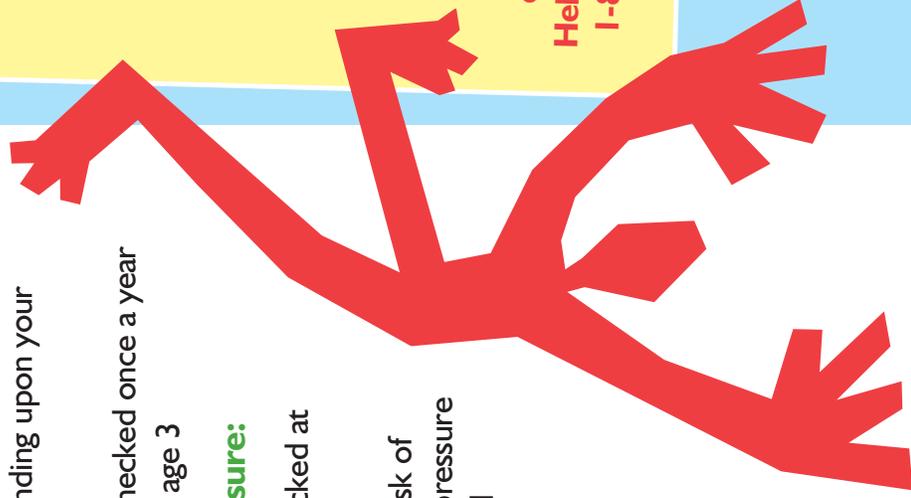
\*Keep TV/Computer out of the bedroom. No screen time under the age of 2.

and

- Use less salt
- Resist using tobacco products

## Be a Role Model

Don’t smoke around your child. Call the **Maine Tobacco HelpLine** for help with quitting, **1-800-207-1230**.



# Non-Food Rewards at Home

## How can you celebrate a job well done without using food treats?

### Here are ways to reward your child:

- Make a list of fun, non-food rewards that don't cost much and post it where the whole family can see it.
- Have a separate list of special and inexpensive rewards for those really big achievements.
- Give certificates or ribbons for healthy behaviors.
- Allow your child to have a few friends over after school to play sports.
- Invite a few of their friends to a sleepover.
- Have a family game night.
- Keep a box of special toys or art supplies that can only be used on special occasions.
- Go to a sports game.
- Camp out in the back yard.
- Encourage the use of electronics that support physical activity, like Dance Dance Revolution.
- Choose toys and games that promote physical activity like jump ropes, balls, or Skip-Its.



Words of appreciation can go a long way. Children love to hear "You did a great job" or "I appreciate your help."

### Using Food as a Reward:

- Contributes to poor health
- Encourages overconsumption of unhealthy foods
- Contributes to poor eating habits
- Increases preference for sweets

Be sure to avoid giving extra time in front of the TV or computer as a reward!



# Healthy Sleeping Habits

National experts recently surveyed kids about their sleep habits.

**Here's what they learned:**

**70%** of kids said they wish they could get more sleep.

**71%** of kids said they feel sleepy or very sleepy when it's time to wake up for school.

**25%** of kids said they feel tired at school every single day.



## Five Tips for Bedtime

*It may be a challenge to make a change to your children's bedtime routine, but if you stick to it, your efforts will pay off. These ideas will help:*

- Help your child prepare for school the night before by laying out their clothes, backpack, etc.
- Slow down and set a routine before bed.
- Make the bedroom a cozy environment where your child wants to be.
- Avoid putting a TV in your child's bedroom; if they already have one, do not let them watch TV in their bedroom at bedtime.
- Adjust your child's bedtime if they are not getting enough sleep.

## How much sleep is enough?

There's no exact number of hours of sleep required by all kids in a certain age group, but the National Sleep Foundation suggests:

- **Preschoolers (ages 3 to 5):** should sleep about 11 to 13 hours per night
- **School-Age Children (ages 5 to 12):** need about 9 to 11 hours of sleep a night
- **Teens:** need at least 8.5 to 9.5 hours of sleep per night

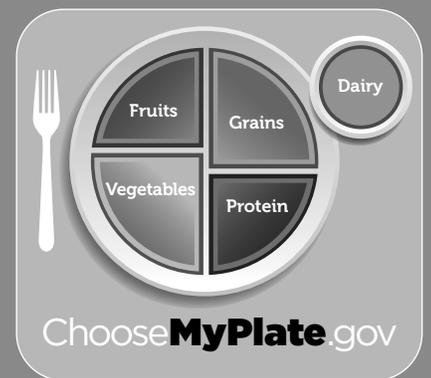
—KidsHealth 2007

**5210**  
**LET'S GO!**  
www.letsgo.org





# Let's eat for the health of it



Start by choosing one or more tips to help you...



**Build a  
healthy plate**



**Cut back on  
foods high in solid  
fats, added sugars,  
and salt**



**Eat the right  
amount of  
calories for you**



**Be physically  
active your way**

## ► Build a healthy plate

Before you eat, think about what goes on your plate or in your cup or bowl. Foods like vegetables, fruits, whole grains, low-fat dairy products, and lean protein foods contain the nutrients you need without too many calories. Try some of these options.

### Make half your plate fruits and vegetables.

- Eat red, orange, and dark-green vegetables, such as tomatoes, sweet potatoes, and broccoli, in main and side dishes.
- Eat fruit, vegetables, or unsalted nuts as snacks—they are nature's original fast foods.

### Switch to skim or 1% milk.

- They have the same amount of calcium and other essential nutrients as whole milk, but less fat and calories.
- Try calcium-fortified soy products as an alternative to dairy foods.



### Make at least half your grains whole.

- Choose 100% whole-grain cereals, breads, crackers, rice, and pasta.
- Check the ingredients list on food packages to find whole-grain foods.



### Vary your protein food choices.

- Twice a week, make seafood the protein on your plate.
- Eat beans, which are a **natural** source of fiber and protein.
- Keep meat and poultry portions small and lean.



Keep your food safe to eat—learn more at [www.FoodSafety.gov](http://www.FoodSafety.gov).

## ► Cut back on foods high in solid fats, added sugars, and salt

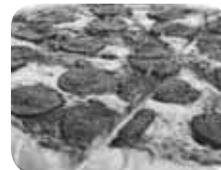
Many people eat foods with too much solid fats, added sugars, and salt (sodium). Added sugars and fats load foods with extra calories you don't need. Too much sodium may increase your blood pressure.

### Choose foods and drinks with little or no added sugars.

- Drink water instead of sugary drinks. There are about 10 packets of sugar in a 12-ounce can of soda.
- Select fruit for dessert. Eat sugary desserts less often.
- Choose 100% fruit juice instead of fruit-flavored drinks.

### Look out for salt (sodium) in foods you buy—it all adds up.

- Compare sodium in foods like soup, bread, and frozen meals—and choose the foods with lower numbers.
- Add spices or herbs to season food without adding salt.



### Eat fewer foods that are high in solid fats.

- Make major sources of saturated fats—such as cakes, cookies, ice cream, pizza, cheese, sausages, and hot dogs—occasional choices, not everyday foods.
- Select lean cuts of meats or poultry and fat-free or low-fat milk, yogurt, and cheese.
- Switch from solid fats to oils when preparing food.\*

\*Examples of solid fats and oils

#### Solid Fats

Beef, pork, and chicken fat  
Butter, cream, and milk fat  
Coconut, palm, and palm kernel oils  
Hydrogenated oil  
Partially hydrogenated oil  
Shortening  
Stick margarine

#### Oils

Canola oil  
Corn oil  
Cottonseed oil  
Olive oil  
Peanut oil  
Safflower oil  
Sunflower oil  
Tub (soft) margarine  
Vegetable oil

## ► Eat the right amount of calories for you



Everyone has a personal calorie limit. Staying within yours can help you get to or maintain a healthy weight. People who are successful at managing their weight have found ways to keep track of how much they eat in a day, even if they don't count every calorie.

### Enjoy your food, but eat less.

- Get your personal daily calorie limit at [www.ChooseMyPlate.gov](http://www.ChooseMyPlate.gov) and keep that number in mind when deciding what to eat.
- Think before you eat...is it worth the calories?
- Avoid oversized portions.
- Use a smaller plate, bowl, and glass.
- Stop eating when you are satisfied, not full.

Cook more often at home, where *you* are in control of what's in your food.

When eating out, choose lower calorie menu options.

- Check posted calorie amounts.
- Choose dishes that include vegetables, fruits, and/or whole grains.
- Order a smaller portion or share when eating out.



Write down what you eat to keep track of how much you eat.

If you drink alcoholic beverages, do so sensibly—limit to 1 drink a day for women or to 2 drinks a day for men.

## ► Be physically active your way

Pick activities that you like and start by doing what you can, at least 10 minutes at a time. Every bit adds up, and the health benefits increase as you spend more time being active.



### Note to parents

What you eat and drink and your level of physical activity are important for your own health, and also for your children's health.



You are your children's most important role model. Your children pay attention to what you **do** more than what you **say**.

You can do a lot to help your children develop healthy habits for life by providing and eating healthy meals and snacks. For example, don't just **tell** your children to eat their vegetables—**show** them that you eat and enjoy vegetables every day.

# Use food labels to help you make better choices

Most packaged foods have a Nutrition Facts label and an ingredients list. For a healthier you, use this tool to make smart food choices quickly and easily.

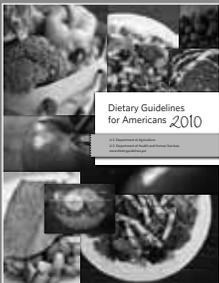
Check for calories. Be sure to look at the serving size and how many servings you are actually consuming. If you double the servings you eat, you double the calories.

Choose foods with lower calories, saturated fat, *trans* fat, and sodium.

Check for added sugars using the ingredients list. When a sugar is close to first on the ingredients list, the food is high in added sugars. Some names for added sugars include sucrose, glucose, high fructose corn syrup, corn syrup, maple syrup, and fructose.



## Dietary Guidelines for Americans



The *Dietary Guidelines for Americans, 2010* are the best science-based advice on how to eat for health. The Guidelines encourage all Americans to eat a healthy diet and be physically active.

Improving what you eat and being active will help to reduce your risk of chronic diseases such as diabetes, heart disease, some cancers, and obesity. Taking the steps in this brochure will help you follow the Guidelines.

**For more information, go to:**

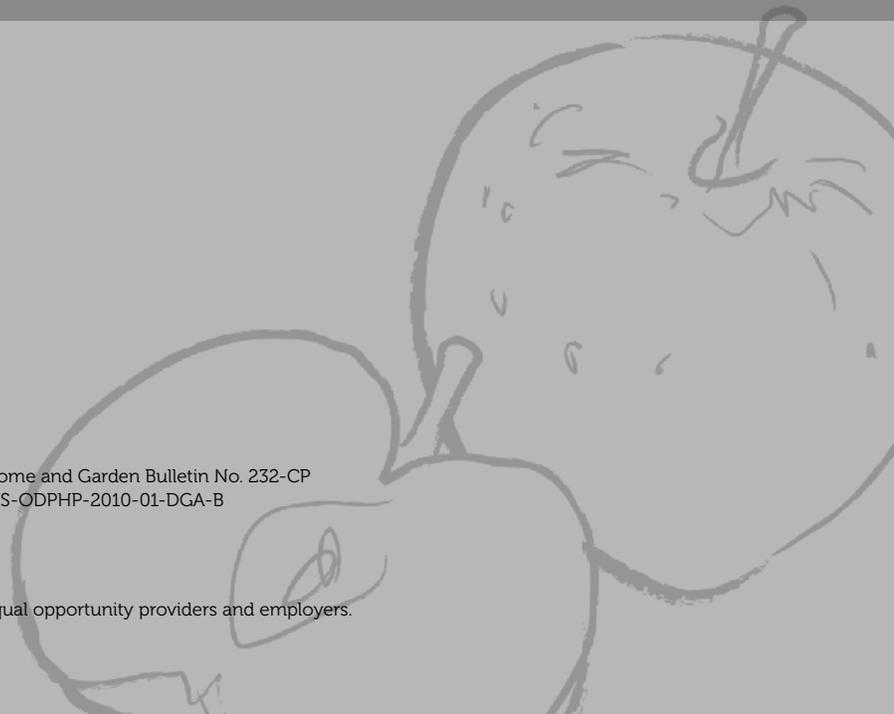
- [www.DietaryGuidelines.gov](http://www.DietaryGuidelines.gov)
- [www.ChooseMyPlate.gov](http://www.ChooseMyPlate.gov)
- [www.Health.gov/paguidelines](http://www.Health.gov/paguidelines)
- [www.HealthFinder.gov](http://www.HealthFinder.gov)



USDA Publication number: Home and Garden Bulletin No. 232-CP  
HHS Publication number: HHS-ODPHP-2010-01-DGA-B

June 2011

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# choose MyPlate

## 10 tips to a great plate



**Making food choices for a healthy lifestyle can be as simple as using these 10 Tips.**

Use the ideas in this list to *balance your calories*, to choose foods to *eat more often*, and to cut back on foods to *eat less often*.

### 1 balance calories

Find out how many calories YOU need for a day as a first step in managing your weight. Go to [www.ChooseMyPlate.gov](http://www.ChooseMyPlate.gov) to find your calorie level. Being physically active also helps you balance calories.

### 2 enjoy your food, but eat less

Take the time to fully enjoy your food as you eat it. Eating too fast or when your attention is elsewhere may lead to eating too many calories. Pay attention to hunger and fullness cues before, during, and after meals. Use them to recognize when to eat and when you've had enough.



### 3 avoid oversized portions

Use a smaller plate, bowl, and glass. Portion out foods before you eat. When eating out, choose a smaller size option, share a dish, or take home part of your meal.

### 4 foods to eat more often

Eat more vegetables, fruits, whole grains, and fat-free or 1% milk and dairy products. These foods have the nutrients you need for health—including potassium, calcium, vitamin D, and fiber. Make them the basis for meals and snacks.



### 5 make half your plate fruits and vegetables

Choose red, orange, and dark-green vegetables like tomatoes, sweet potatoes, and broccoli, along with other vegetables for your meals. Add fruit to meals as part of main or side dishes or as dessert.

### 6 switch to fat-free or low-fat (1%) milk

They have the same amount of calcium and other essential nutrients as whole milk, but fewer calories and less saturated fat.



### 7 make half your grains whole grains

To eat more whole grains, substitute a whole-grain product for a refined product—such as eating whole-wheat bread instead of white bread or brown rice instead of white rice.

### 8 foods to eat less often

Cut back on foods high in solid fats, added sugars, and salt. They include cakes, cookies, ice cream, candies, sweetened drinks, pizza, and fatty meats like ribs, sausages, bacon, and hot dogs. Use these foods as occasional treats, not everyday foods.

### 9 compare sodium in foods

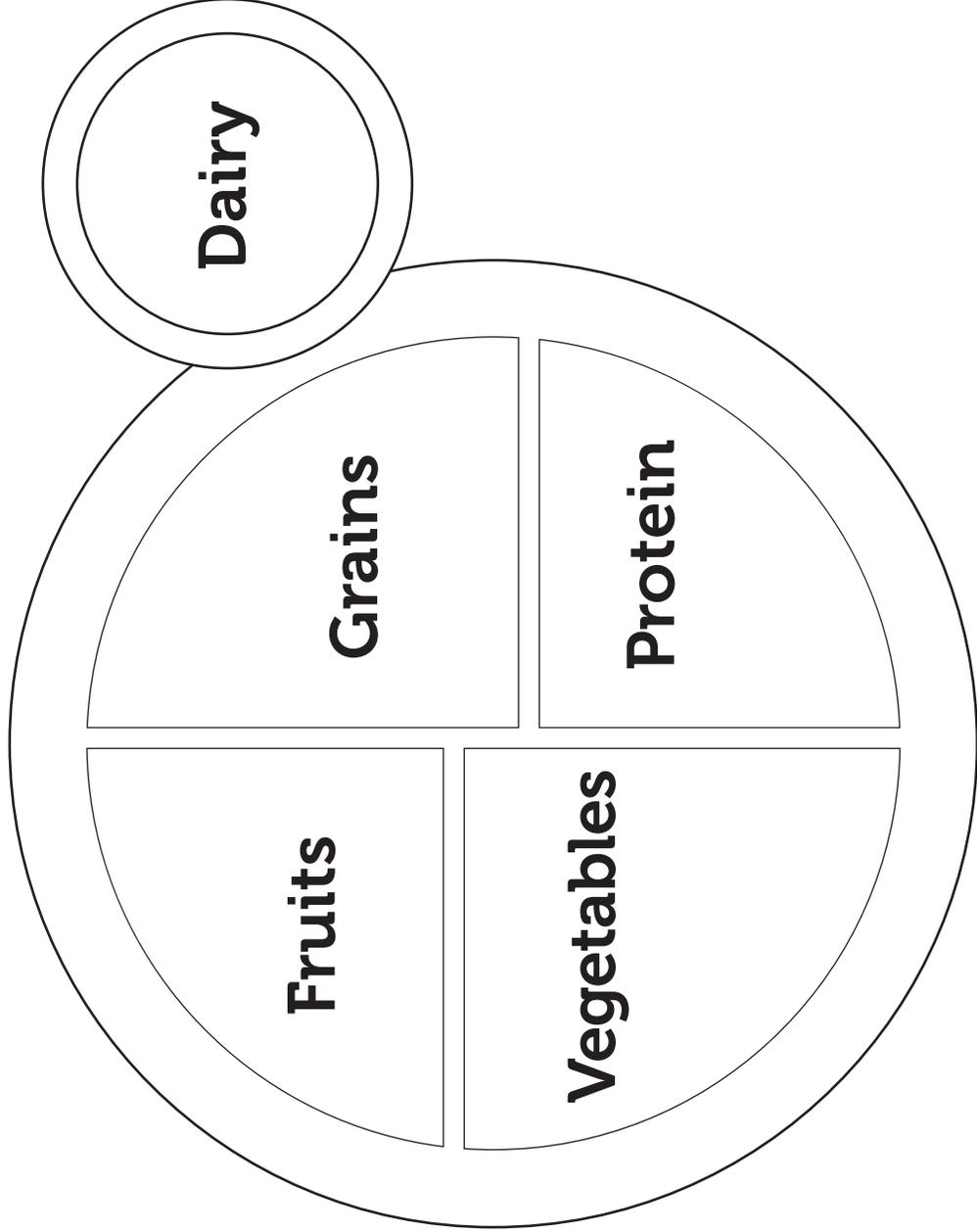
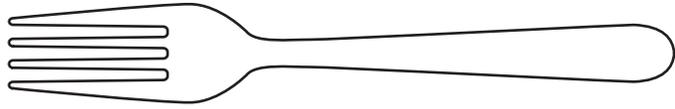
Use the Nutrition Facts label to choose lower sodium versions of foods like soup, bread, and frozen meals. Select canned foods labeled “low sodium,” “reduced sodium,” or “no salt added.”



### 10 drink water instead of sugary drinks

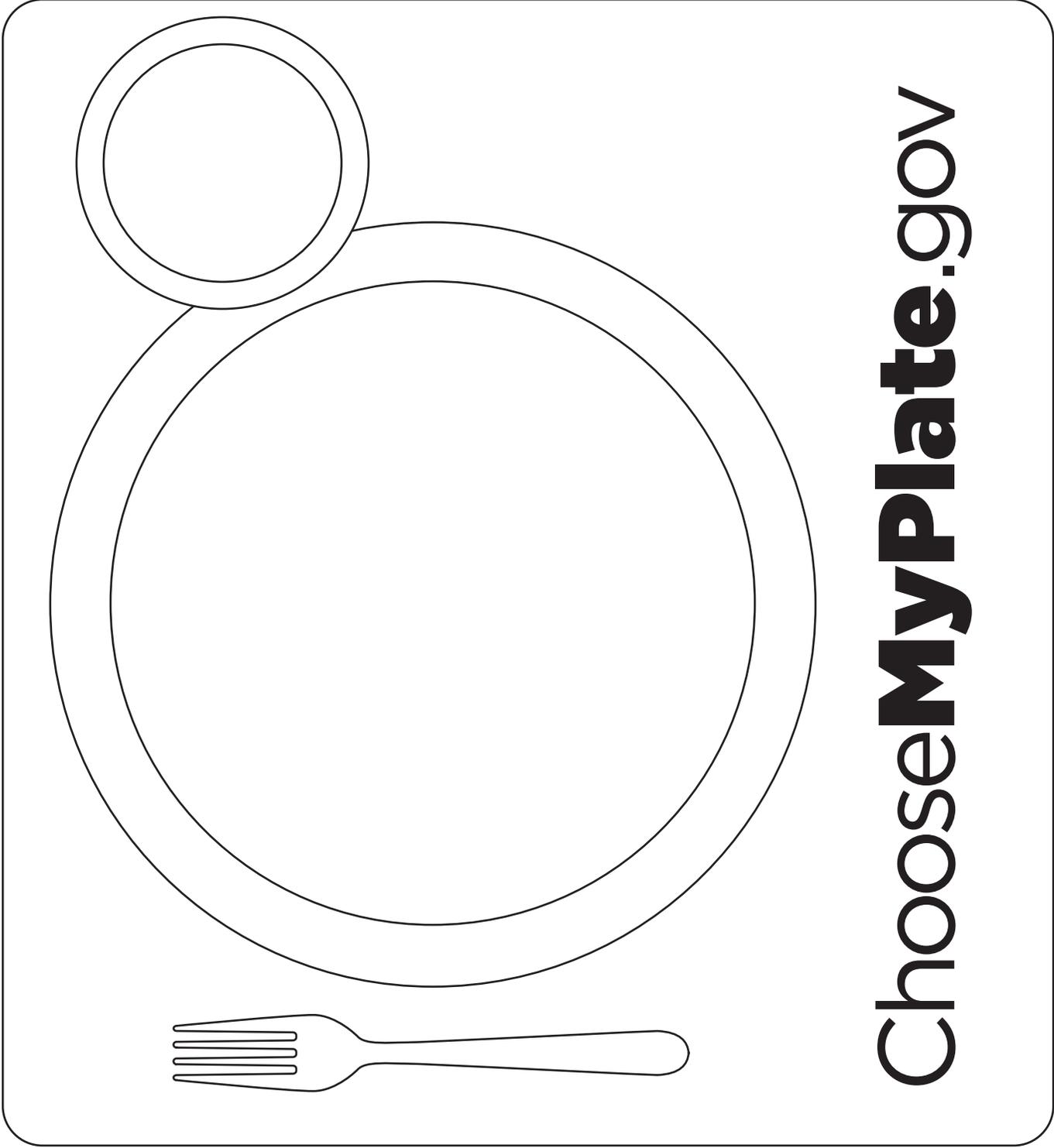
Cut calories by drinking water or unsweetened beverages. Soda, energy drinks, and sports drinks are a major source of added sugar, and calories, in American diets.





**ChooseMyPlate.gov**





**ChooseMyPlate.gov**





## Choosing Foods for a Healthy Diet can be Overwhelming!



### Hannaford Helps Your Patients Make Good Food Choices:

Even well-intended shoppers can feel frustrated by conflicting claims, misleading labels and confusing facts panels. Guiding Stars is a patented nutrition navigation program that helps shoppers quickly identify foods with more nutrition per calorie as they make choices in the aisles of our stores.

### What's behind Guiding Stars?

A team of leading doctors and scientists translated recommendations from the FDA, USDA, WHO, DHHS & National Academies of Science into an algorithm that evaluates **all** of the foods sold at Hannaford. Foods are credited for the presence of vitamins, minerals, dietary fiber, and whole grains and debited for added sugar, added sodium, cholesterol, *trans*-fat, and saturated fat. The weighted score is communicated to shoppers on a scale of 0-3 stars. Visit [www.guidingstars.com](http://www.guidingstars.com) for more details.

### What do Shoppers See?

1, 2 or 3 Guiding Stars on the shelf tag indicates good, better or best nutrition per calorie, respectively. Simply put, foods with Stars have more positive nutritional attributes than negative. If a shelf tag does not have a star, it means that the food did not meet the nutritional criteria to earn a Star, or has less than 5 calories per serving.



Good



Better



Best

### Free Resources from Hannaford:

- \_ Guiding Stars basic brochures – explains how this simple system works
- \_ Good Nutrition Starts Early brochures – feeding baby & toddler
- \_ Smart Snacks for Kids brochures – great ideas for healthy eating
- \_ Saving with the Stars brochure – money saving meal ideas
- \_ Children's Activity booklets - make it fun!

The Hannaford website ([www.hannaford.com/healthy](http://www.hannaford.com/healthy)) has information about free services, including store tours and healthy eating classes with Hannaford's Registered Dietitians.

If you are interested in receiving these free materials or want to learn more about store tours and healthy eating classes with Hannaford's Registered Nutrition Coordinators, please call Hadley Johnson or Connie Clifford at 207-885-2000.







# Nutrition Coordinator Request Form

*To be completed by organization representative*

**Please attach the following information :**

- Description of the event/organization to be sponsored

Date of application:		Date response needed:		Event Date(s):	
Organization:			Event:		
Location:			Primary Contact:		
Telephone:		Ext:		Fax:	
E-mail:			Website: www:		
Physical (Street) Address:					
Mailing address:					
Suite/Flr/Unit#:		City:		State:	Zip:
Hannaford stores in proximity (list):			Estimate number of Attendees/Participants:		
<b>Type of Support Requested</b>		<input type="checkbox"/> Advice/ Expertise From a Nutrition Coordinator <input type="checkbox"/> Food Samples <input type="checkbox"/> Other (Please indicate):			
Are props such as informational handouts, signs, food samples for this event?			What are the responsibilities/ expectations of a Nutrition Coordinator for this event?		
<b>Official Use Only</b>					
Store number(s) with location(s) for assignments:					
Request approved for:					
Feedback on event:					



# Select Resources

## *Maine Resources*

### *General*

**Bicycle Coalition of Maine:** [www.bikemaine.org](http://www.bikemaine.org)

**Healthy Maine Partnerships:** The Healthy Maine Partnerships is an initiative that was established to link aspects of four Maine Center for Disease Control and Prevention programs. The coordination of the state and local intervention activities are funded by the tobacco settlement and assures linkages with related program activities. Visit [www.healthymainepartnerships.org](http://www.healthymainepartnerships.org) to find your local HMP.

**Healthy Maine Walks & Sites:** [www.healthymainewalks.org](http://www.healthymainewalks.org)

**Healthy Policy Partners of Maine:** [www.mcd.org/HPP](http://www.mcd.org/HPP)

**Let's Go! Maine** information for kids, teens, parents, childcare, healthcare providers, schools and workplaces: [www.letsgo.org](http://www.letsgo.org)

**MaineHealth Learning Resource Centers:** The MaineHealth Learning Resource Centers are health information and education resources for patients, families and communities. Each center has an extensive library of books, periodicals and videos on a wide variety of healthcare topics. [www.mainehealth.org/lrc](http://www.mainehealth.org/lrc)

**Maine Bureau of Parks and Lands:** [www.maine.gov/doc/parks](http://www.maine.gov/doc/parks)

**Maine Census Data:** [www.state.me.us/newsletter/may2001/maine\\_census\\_data.htm](http://www.state.me.us/newsletter/may2001/maine_census_data.htm)

**Maine Center for Public Health:** [www.mcph.org](http://www.mcph.org)

**Maine Chapter of the American Academy of Pediatrics:** [www.maineaap.org](http://www.maineaap.org)

**Maine Children's Alliance:** The Maine Children's Alliance is a strong, powerful voice for children, youth and families and provides leadership to create or change policy on their behalf. The Maine Children's Alliance collects the voices and data of various organizations, develops, promotes and advocates a substantive strategic plan including desired outcomes to insure positive change for children and their families. [www.mainechildrensalliance.org](http://www.mainechildrensalliance.org)

**Maine Children's Alliance/Maine Kids Count Data Book:** [www.mekids.org](http://www.mekids.org)

**Maine Department of Education:** [www.maine.gov/education](http://www.maine.gov/education)

**Maine Governor's Council on Physical Activity:** [www.maineinmotion.org](http://www.maineinmotion.org)

**Maine Prevention Research Center:** <http://www.une.edu/mhprc/>

**Maine Nutrition Network:** [www.maine-nutrition.org](http://www.maine-nutrition.org)

**Maine Physical Activity & Nutrition [PAN] Program:** [www.maine.gov/dhhs/boh/hmp/panp](http://www.maine.gov/dhhs/boh/hmp/panp)

**Maine WIC Program:** [www.maine.gov/dhhs/wic](http://www.maine.gov/dhhs/wic)

**March into May:** [www.marchintomay.org](http://www.marchintomay.org)

**WinterKids:** WinterKids is a nonprofit organization committed to helping children develop lifelong habits of health, education, and physical fitness through participation in outdoor winter activities. [www.winterkids.org](http://www.winterkids.org)

## ***NATIONAL RESOURCES***

### ***General***

**American Alliance for Health, Physical Education, Recreation, and Dance:** This professional alliance seeks to support and assist those involved in physical education, leisure, fitness, dance, health promotion, and education and all specialties related to achieving a healthy lifestyle. [www.aahperd.org](http://www.aahperd.org)

**American Council on Exercise:** This nonprofit group's mission is to serve as an education and certification provider by setting standards and protecting the public against unqualified fitness professionals and unsafe or ineffective fitness products, programs, and trends. [www.acefitness.org](http://www.acefitness.org)

**American Council on Fitness and Nutrition:** With partner organizations, ACFN works to promote nutrition education, and physical activity programs to improve community health. [www.acfn.org](http://www.acfn.org)

**American Dietetic Association** is the largest organization of Food and Nutrition Professionals in the United States. The ADA offers reliable, objective food and nutrition information. [www.eatright.org](http://www.eatright.org)

**America on the Move** is a national initiative dedicated to helping individuals and communities across our nation make positive changes to improve health and quality of life. [www.americaonthemove.org](http://www.americaonthemove.org)

**CDC Body Mass Index (BMI) Calculator:** This simple tool calculates weight adjusted for height, which can be used to approximate whether someone is underweight, normal weight, overweight, or obese. [www.cdc.gov/nccdphp/dnpa/bmi](http://www.cdc.gov/nccdphp/dnpa/bmi)

**Centers for Disease Control, Healthy Youth:** This website offers information, resources, and strategies for encouraging physical activity in youth. [www.cdc.gov/HealthyYouth/PhysicalActivity](http://www.cdc.gov/HealthyYouth/PhysicalActivity)

**Center on Media and Child Health:** The Center on Media and Child Health at Children's Hospital Boston, Harvard Medical School, and Harvard School of Public Health is dedicated to understanding and responding to the effects of media on the physical, mental, and social health of children through research, production, and education. [www.cmch.tv](http://www.cmch.tv)

**The Citizenship Through Sports Alliance:** This coalition of athletic organizations focuses on character in sport. CTSA promotes fair play at all levels—youth leagues to professional sport—to reinforce the value of sport as a test of character. Since 1997, CTSA has been building a sports culture that encourages respect for self, respect for others, and respect for the game. [www.sportsmanship.org](http://www.sportsmanship.org)

**Food and Nutrition Information Center** serves to provide “credible, accurate, and practical resources for consumers, nutrition and health professionals, educators, and government personnel.” The “Consumer Corner” contains information about popular food and nutrition topics. The Food and Nutrition Service offers free, downloadable posters and activity sheets as well as other materials. [www.nal.usda.gov/fnic](http://www.nal.usda.gov/fnic)

**Healthy Hearts 4 Kids** is a web-based intervention that encourages children to participate in physical activity regularly, eat nutritiously, and avoid the use of tobacco products. The web-based instructional module is designed to impact children's knowledge, attitudes, and behaviors related to these risk factors associated with cardiovascular health. It encourages youngsters to read, write, and problem solve, while learning to make wise decisions that will impact them throughout their lifetimes. In addition, children are encouraged to complete daily logs of their physical activity and diet intake for which they receive immediate feedback to applaud their reports or to help them make wiser decisions the following day. Incentives are provided to encourage students to complete online tasks, take quizzes, and complete physical activity and diet logs. [www.healthyhearts4kids.com](http://www.healthyhearts4kids.com)

**Healthy People 2010:** This framework is a statement of national objectives to identify and reduce threats to the health of the nation. [www.healthypeople.gov](http://www.healthypeople.gov)

**HeartPower!** is the American Heart Association's curriculum-based program for teaching about the heart and how to keep it healthy for a lifetime.  
[http://www.heart.org/HEARTORG/Educator/FortheClassroom/ElementaryLessonPlans/Elementary-Lesson-Plans\\_UCM\\_001258\\_Article.jsp](http://www.heart.org/HEARTORG/Educator/FortheClassroom/ElementaryLessonPlans/Elementary-Lesson-Plans_UCM_001258_Article.jsp)

**International Health, Racquet and Sportsclub Association:** IHRSA's mission is "to grow protect and promote the health and fitness industry, and to provide its members with benefits that will help them be more successful."  
[cms.ihrsa.org](http://cms.ihrsa.org)

**KidsHealth:** *KidsHealth*, a partner with the Barbara Bush Children's Hospital in Maine, is the largest and most-visited site on the Web providing doctor-approved health information about children from before birth through adolescence. It has separate sections for kids, teens, and parents. [www.kidshealth.org](http://www.kidshealth.org)

**National Association for Health & Fitness:** This nonprofit organization "exists to improve the quality of life for individuals in the United States through the promotion of physical fitness, sports and healthy lifestyles and by the fostering and supporting of Governor's and State Councils on physical fitness and sports in every state and U.S. territory." [www.physicalfitness.org](http://www.physicalfitness.org)

**National Center on Physical Activity and Disability:** This group serves as an information center on physical activity and disability. [www.ncpad.org](http://www.ncpad.org)

**National Institute for Fitness and Sports:** NIFS is a nonprofit organization committed to enhancing human health, physical fitness, and athletic performance through research, education, and service by encouraging the adoption of appropriate healthy behaviors. [www.nifs.org](http://www.nifs.org)

**The President's Council on Physical Fitness and Sports:** This organization promotes physical activity, fitness, and sports through various partnerships and activities. The President's Challenge is a program that awards children and adults for participating in physical activities. [www.fitness.gov](http://www.fitness.gov)

**State Agriculture Departments:** Your state agriculture department can help you find local farmers' markets, state fairs and other resources and events that may align with your program's mission. [www.usda.gov](http://www.usda.gov)

**Sustainable Table:** This consumer campaign was "launched to help fill in the gaps in the sustainable food movement, and to help direct consumers to the leading organizations who are working on the issue." [www.sustainabletable.org](http://www.sustainabletable.org)

**TV Turnoff Network:** This national nonprofit organization encourages children and families to watch less to promote healthier lives and communities. <http://www.turnoffyourtv.com/turnoffweek/TV.turnoff.week.html>

**USDA Center for Nutrition Policy & Promotion:** CNPP works to improve the health and well-being of Americans by developing and promoting dietary guidance that links scientific research to the nutrition needs of consumers. [www.usda.gov/cnpp](http://www.usda.gov/cnpp)

**US Food and Drug Administration:** The FDA is the federal agency responsible for protecting the public health by assuring the safety of our food supplies as well as various drugs, medical devices, and other products. It also serves to educate the public on nutrition and other health topics. [www.fda.gov](http://www.fda.gov)

## *Sector Specific Resources*

### *After School*

**AfterSchool Alliance:** The nation's leading voice for afterschool, the Afterschool Alliance is the only organization dedicated to raising awareness of the importance of afterschool programs and advocating for more afterschool investments. [www.afterschoolalliance.org](http://www.afterschoolalliance.org)

**CATCH Kids Club:** The Child and Adolescent Trial for Cardiovascular Health (CATCH), an NHLBI-funded study, created a school health education curriculum designed to motivate heart-healthy behavior in children in grades K-5 in after-school and summer camp settings. For more information, please visit <http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan/tools-resources/curricula-toolkits.htm> (scroll down).

**The HEAT Club:** The HEAT Club curriculum was developed as part of the Shape Up Somerville: Eat Smart. Play Hard™ project of Tufts University and revised in 2005 and 2007 for broader dissemination through the Children in Balance initiative. This health curriculum, called The HEAT (Healthy Eating and Active Time) Club, includes hands-on activities to use with elementary school children in after school programs in order to improve eating habits and increase physical activity levels. For more information, please visit <http://www.childreninbalance.org>.

**Maine Afterschool Network:** The purpose of the Maine Afterschool Network is to enable every child to have access to quality, inclusive, affordable after school programming that meets the needs of the child, the family and the community. [www.maineafterschool.net](http://www.maineafterschool.net)

**National AfterSchool Association:** The National AfterSchool Association is the leading voice of the afterschool profession dedicated to the development, education and care of children and youth during their out-of-school hours. [www.naaweb.org](http://www.naaweb.org).

## ***Early Childhood***

**National Association for Family Child Care (NAFCC):** The NAFCC is a non-profit organization dedicated to promoting quality child care by strengthening the profession of family child care. [www.nafcc.org](http://www.nafcc.org)

**National Association for the Education of Young Children (NAEYC):** The NAEYC is dedicated to improving the well-being of all young children, with particular focus on the quality of education and developmental services for all children from birth through age 8. [www.naeyc.org](http://www.naeyc.org)

**National Association of Child Care Resource & Referral Agencies (NACCRRA):** NACCRRA's mission is to promote national policies and partnerships to advance the development and learning of all children and to provide vision, leadership, and support to community Child Care Resource & Referral. [www.naccrra.org](http://www.naccrra.org)

**Nutrition and Physical Activity in Child Care:** *Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) Program.* [www.napsacc.org](http://www.napsacc.org)

**Resource Development Centers:** The Department of Health and Human Services funds eight regional Child Care Resource Development Centers located around the state. Resource Development Centers can do a number of things for different individuals and groups including parents, child care providers, community members, schools, businesses, and others interested in child care. Each Child Care Resource Development Center serves a certain area of Maine; usually their service area spans one or two counties. Use the map or the list below to click on the area of the state you live in to get the contact information for your Child Care Resource Development Center. [www.maine.gov/dhhs/octs/ec/occhs/devcenters.htm](http://www.maine.gov/dhhs/octs/ec/occhs/devcenters.htm)

## ***Healthcare***

### **BMI Calculators and Information**

**2000 CDC Growth Charts:** [www.cdc.gov/growthcharts](http://www.cdc.gov/growthcharts)

**WHO Growth Standards:** [http://www.cdc.gov/growthcharts/who\\_charts.htm](http://www.cdc.gov/growthcharts/who_charts.htm)

**CDC Z Score Data Files:** <http://www.cdc.gov/growthcharts/zscore.htm>

**CDC Child and Teen BMI Calculator:** <http://apps.nccd.cdc.gov/dnpabmi/>

**CDC Child and Teen BMI Calculator:** <http://apps.nccd.cdc.gov/dnpabmi/>

**KidsHealth BMI:** [http://kidshealth.org/parent/growth/growth/bmi\\_charts.html](http://kidshealth.org/parent/growth/growth/bmi_charts.html)

**Children's BMI Risk Category Dependent on Age:** [www.cdc.gov/nccdphp/dnpa/bmi](http://www.cdc.gov/nccdphp/dnpa/bmi)

**BMI Adults National Heart, Lung & Blood Institute:**  
[www.nhlbisupport.com/bmi](http://www.nhlbisupport.com/bmi)

## **National Resources**

**American Academy of Pediatrics:** [www.aap.org/obesity](http://www.aap.org/obesity)

**Bright Futures in Practice:** [www.brightfutures.aap.org/web](http://www.brightfutures.aap.org/web)

**Harvard Prevention Research Center:** [www.hsph.harvard.edu/prc](http://www.hsph.harvard.edu/prc)

**National Initiatives for Children's Healthcare Quality – Childhood Obesity Action Network:** [http://www.nichq.org/register\\_coan.html?returnpage=/online\\_communities/coan/index.html](http://www.nichq.org/register_coan.html?returnpage=/online_communities/coan/index.html)

**National Initiatives for Children's Healthcare Quality – Be Our Voice:**  
[www.nichq.org/advocacy](http://www.nichq.org/advocacy)

**Collaborate for Healthy Weight:**  
<http://www.collaborateforhealthyweight.org/>

**Let's Move:** [www.letsmove.gov](http://www.letsmove.gov)

**CDC Guide to Breastfeeding Interventions:** <http://www.cdc.gov/breastfeeding/resources/guide.htm>

## **Schools**

**Action for Healthy Kids:** This nationwide network was designed “to improve children’s nutrition and physical activity in schools by collaborating with diverse stakeholders in advocating, promoting, and implementing national and state initiatives.” [www.actionforhealthykids.org](http://www.actionforhealthykids.org)

**Alliance for a Healthier Generation:** The Alliance for a Healthier Generation is a partnership between the American Heart Association and the William J. Clinton Foundation. The Alliance is working nationally to create awareness and real solutions to the childhood obesity epidemic. The Alliance will positively affect the places that can make a difference to a child’s health: homes, schools, restaurants, doctor’s offices, and the community. [www.healthiergeneration.org](http://www.healthiergeneration.org)

***Eat Well & Keep Moving: An Interdisciplinary Curriculum for Teaching Upper Elementary School Nutrition and Physical Activity*** by Lilian Cheugn, Steven Gortmaker, and Hank Dart.

The curriculum, designed as a joint research project between the Harvard School of Public Health and Baltimore City Public Schools, is one of the first curricula to address nutrition and physical activity simultaneously. It also is among the first to address physical inactivity, namely TV viewing and computer games. It is a multifaceted program that encompasses the classroom, the cafeteria, and the gymnasium. For more information, please visit [www.eatwellandkeepmoving.org](http://www.eatwellandkeepmoving.org).

**Healthy Maine Kids:** The purpose of Maine Action for Healthy Kids (AFHK) is to bring together nutrition and physical activity organizations that serve Maine schoolchildren with the goal of raising healthy children. In order to do this, Maine AFHK coordinates and shares state-wide resources and information with parents, teachers, students, community members and partners.  
[www.healthymainekids.org](http://www.healthymainekids.org)

**NASPE's Teacher Toolbox:** A site for physical education teachers that provides resources each month. In addition to the toolbox, the most popular resource is a series of physical activity calendars for kids: one for elementary and one for secondary. The website even provides a letter to print on the back and send home to parents. [www.aahperd.org/naspe/publications/teachingTools/toolbox/index.cfm](http://www.aahperd.org/naspe/publications/teachingTools/toolbox/index.cfm)

**PE4Life:** The mission of this organization is to raise awareness about the dangers of physical inactivity and to promote daily physical education in schools across the nation. [www.pe4life.org](http://www.pe4life.org)

**PE Central:** This website offers the latest information and resources about physical education programs for children and youth. [www.pecentral.org](http://www.pecentral.org)

***Planet Health: An interdisciplinary Curriculum for Teaching Middle School Nutrition and Physical Activity*** by Jill Carter, Jean Wiecha, Karen Peterson, and Steve Gortmaker.

This curriculum, also developed by the Harvard School of Public Health, brings physical activity and nutrition beyond health class and into math, science, language arts, and social studies. In addition to classroom components, there is a PE curriculum that includes a self-assessment tool that students can use to assess their current physical activity and inactivity levels. Students are encouraged to set goals and track progress. The curriculum encourages self-exploration of current behaviors and helps students understand alternative choices available to them. For more information, please visit [www.planet-health.org](http://www.planet-health.org).

**Smart Moves for ME School Program:** The Smart Moves for ME School Program (Formerly the Maine-ly Nutrition/TakeTime! School Program) provides teachers, administrators, and school nurses with training and resources to help schools provide 10-20 minutes accumulated time for physical activity during the school day, for every child. The environment for learning is improved by offering nutrition education and daily physical activity opportunities in addition to physical education classes, which benefits both the mental and physical health of all students, creating a true culture shift in the school. This project is open to preschool - high school teachers and school nurses who teach in schools statewide that have 50% or more of students eligible for free or reduced price meals. There is very limited funding available that allows the program to be offered to a limited number of K-8 schools that do not meet the low-income guidelines. <http://www.maine-nutrition.org/Projects/MNTT.htm>

**Safe Routes to School:** Safe Routes to School is a federal, state, and local effort to enable and encourage children, including those with disabilities, to walk and bicycle to school; and to make walking and bicycling to school safe and more appealing. A major goal of the program is to increase bicycle, pedestrian, and traffic safety. [www.maine.gov/mdot/opt/srts.php](http://www.maine.gov/mdot/opt/srts.php)

**Take 10!** This is a classroom-based physical activity curriculum for kindergarten to 5th grade students. [www.take10.net](http://www.take10.net)

## ***Resources for Parents and Kids***

**(Some of the websites listed below are great for computer classes or free computer time.)**

**Body and Mind:** A CDC website that focuses on topics that kids say are important to them— such as stress and physical fitness—using kid-friendly lingo, games, quizzes, and other interactive features. [www.bam.gov](http://www.bam.gov)

**CDC Physical Activity:** [www.cdc.gov/physicalactivity](http://www.cdc.gov/physicalactivity)

**Children and Nature Network:** [www.childrenandnature.org](http://www.childrenandnature.org)

**Choose My Plate:** [www.choosemyplate.gov](http://www.choosemyplate.gov)

**Dole 5 A Day:** Dole's SuperKids website is designed educate and encourage elementary school children to eat 5 to 9 servings of fruits and vegetables a day to promote better health. [www.dole5aday.com/](http://www.dole5aday.com/)

**Eat Smart, Play Hard Kids:** Interactive website with lots of materials, geared to elementary age students. [www.fns.usda.gov/eatsmartplayhardkids](http://www.fns.usda.gov/eatsmartplayhardkids)

**Go Healthy Challenge:** An Alliance for a Healthier Generations website that addresses nutrition and physical activity for children. [www.igohugo.org](http://www.igohugo.org)

**Kidnetic.com:** This interactive website offers nutrition and physical activity games, information, and resources for 9-12 year old children and their parents. [www.kidnetic.com](http://www.kidnetic.com)

**KidsHealth:** [www.kidshealth.org](http://www.kidshealth.org)

**Make Your Calories Count:** <http://www.fda.gov/Food/LabelingNutrition/ConsumerInformation/ucm114022.htm>

**Meals for You:** [www.mealsforyou.com](http://www.mealsforyou.com)

**Nutrition Explorations Kids:** A Dairy Council Website designed to promote nutritious eating. [www.nutritionexplorations.com/kids](http://www.nutritionexplorations.com/kids)

**Overview of the VERB Campaign:** [www.cdc.gov/youthcampaign](http://www.cdc.gov/youthcampaign)

**Screen Time:** [www.screentime.org](http://www.screentime.org)

**Small Step Kids:** Health and Human Services website designed to promote physical activity and nutrition for kids. [www.smallstep.gov/kids/flash/index.html](http://www.smallstep.gov/kids/flash/index.html)

# Healthy Favorites

## Recipe Booklet

This booklet is designed to help guide you on your journey to good health. The tips, suggestions, and recipes it provides will give you the tools to get started today!



To view and download this document, visit the Healthcare Resources page at [www.letsgo.org](http://www.letsgo.org)

