



HEALTHCARE

TOOLKIT



www.letsgo.org



WELCOME!

are **you** ready?

Thank you for taking time to review the **Let's Go! Health Care Toolkit**. This toolkit was developed to help health care providers and their teams implement the essentials of prevention, assessment, management, and treatment of childhood obesity. *Let's Go! Health Care* is part of a larger program called *Let's Go!*. To learn more about *Let's Go!*, please visit www.letsgo.org.

The epidemic of youth overweight and obesity continues to have major implications for the health of the entire population, from infancy to adulthood. Research has shown that primary care providers can and should play an important role in obesity prevention because they are in a unique position to partner with families and patients and to influence key components of the broader strategy of developing community support.¹ To be effective in this role, we know that health care practice teams need tools and resources that are evidence-based, practical, and accessible. This toolkit is designed to help a primary care provider and their team to:

- **Connect** to the community and the *Let's Go!* community efforts;
- **Assess** a patient's height, weight, and measure BMI;
- **Talk** respectfully with patients about healthy eating, active living and weight

This toolkit will guide your practice through *Let's Go!*'s 5 Step Path to Success. Within each tab are the handouts, tools, and resources for each step. If you have questions about the toolkit, please email info@letsgo.org.

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

Victoria W. Rogers, MD
Director, *Let's Go!*

Emily Walters, MPH, CHES
Senior Program Manager, *Let's Go!*

Naomi Schucker, MPH
Senior Director, Community Health Improvement, MaineHealth



www.letsgo.org

22 Bramhall Street
Portland, Maine
04102-3175
(207) 662-3734

Let's Go! Health Care was generously funded by the Harvard Pilgrim Health Care Foundation from 2012-2015.

¹Daniels SR, Hassink SG & Committee on Nutrition. The Role of the Pediatrician in Primary Prevention of Obesity. *Pediatrics*; Vol 136, number 1, July 2015.

The Barbara Bush Children's Hospital  At Maine Medical Center

CONTENTS

STEP 1: Engage

- Let's Go! Health Care Overview
- Let's Go!'s 5 Step Path to Success
- Let's Go! in Maine
- Scientific Rationale for the 5-2-1-0 Message
- In the Know: F.A.Q.

STEP 2: Assess Office Environment

- Getting Started in Your Practice
- Getting Started in Your Practice Checklist

STEP 3: Implement Strategies

STRATEGY 1:

Connect to Community

- Why Does This Matter?
- How to Implement Strategy 1
- 5-2-1-0 Poster
- Healthy Bulletin Boards – A Creative Way to Connect
- Directions to Make Your Own Sugar Bottle Display
- Advocacy – Your Voice Matters!

STRATEGY 2:

Measuring and Weighing

- Why Does This Matter?
- Measuring Weight-for-Length
- Weight-for-Length Girls 0-2
- Weight-for-Length Boys 0-2
- Measuring Body Mass Index
- Body Mass Index for Age: Girls 2-18
- Body Mass Index for Age: Boys 2-18

STRATEGY 3:

Talk with Patients and Families

- Why Does This Matter?
- Healthy Habits Questionnaire Talking Points
- 5-2-1-0 Healthy Habits Questionnaire Ages 2-9
- 5-2-1-0 Healthy Habits Questionnaire Ages 10+
- Motivational Interviewing: A Behavior Change Tool
- Phrases that HELP and HINDER
- Additional Motivational Interviewing Resources

MORE: Childhood Obesity Algorithm

- Why Does This Matter?
- Algorithm for the Assessment and Management of Childhood Obesity in Patients 2 Years and Older
- Making the Algorithm Come Alive in Your Practice

it's **ALL**
about healthy!



MORE: Feeding Practices

- Why Does This Matter?
- Feeding Practices for Our Youngest Patients
- How to Practice the Division of Responsibility When Feeding Children
- Provider Guide to Breastfeeding
- Health Care Provider's Role in Supporting Breastfeeding
- Provider Resource Guide for Breastfeeding
- The Benefits of Breastfeeding: Information for Pregnant Women and New Families
- Tips for How to Get the Best Start with Breastfeeding: Information for Pregnant Women and New Families
- Family Resource Guide for Breastfeeding

MORE: Parent Handouts

- Measuring Your Baby: Weight-for-Length Measurements
- Eat at Least Five Fruits and Vegetables Every Day
- A Meal is a Family Affair
- How to Add Fiber to Your Meals
- Tips for a Healthier Diet
- A Healthy Start: Breakfast Is Best
- Fruits and Vegetables All Year Long!
- What is A Healthy Portion?
- Quick Snacks for Healthy Kids
- Healthy Shopping On a Budget
- Understanding Food Labels
- Limit Recreational Screen Time to Two Hours or Less
- Promote Healthy Viewing Habits
- Unplugged!
- Screen Time and the Very Young
- Get At Least One Hour of Physical Activity Every Day
- Take It Outside
- 0 Sugary Drinks...Drink Water!
- Water is Fuel for Your Body
- What Should Young Children Drink?
- Do You Think That Juice is a Healthy Choice or An Occasional Treat?

- Calcium Counts!
- Sports and Energy Drinks
- Non-Food Rewards at Home
- Healthy Sleeping Habits
- Eat at Least Five Fruits and Vegetables Every Day Brochure
- Limit Recreational Screen Time to Two Hours or Less Brochure
- Get At Least One Hour of Physical Activity Every Day Brochure
- 0 Sugary Drinks...Drink Water! Brochure
- Come Prepared for Your Child's Blood Pressure Reading Brochure

STEP 4: Complete Survey

- The Let's Go! Survey
- Let's Go! Evaluation Framework

STEP 5: Celebrate

- Celebrate ALL of Your Successes!
- Let's Go! Recognition Program: Health Care Practices

Additional Resources

- Visit the Let's Go! Online Store
- Let's Go! Motivational Interviewing Guide

STEP ONE

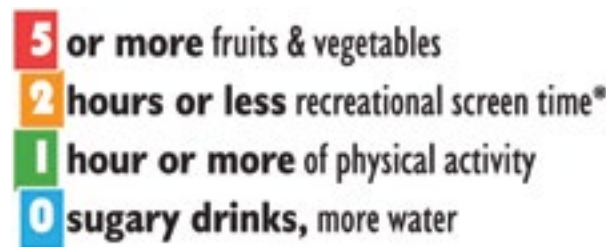
ENGAGE



LET'S GO! HEALTH CARE

**Our goal is to help
you go from where
you are to wherever
you want to be!**

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 across six settings (schools, out-of-school, early childhood, health care, workplace, and community) to reach children and families where they live, learn, work, and play. *Let's Go!* is centered on the common message of 5-2-1-0.



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

Introducing the *Let's Go!* messages in the health care provider offices not only provides a credible location for the messages, it also emphasizes the important role health care professionals can play as community partners.

The *Let's Go!* Health Care intervention focuses on educating health care providers and their practice teams on childhood overweight and obesity prevention, assessment, management, and treatment. *Let's Go!* provides educational outreach, supporting materials, and training to practice staff working with patients and their families on promoting healthy eating and active living.

Does your practice want to be recognized as a *Let's Go!* Health Care Site of Distinction?

Here's How:

Your health care practice needs to implement the following clinical strategies, which align with HEDIS and Meaningful Use quality measures. If you successfully implement all 3 strategies listed, you will receive a framed certificate for your office and will be listed on the *Let's Go!* website at www.letsgo.org.

1. Connect to your community and the *Let's Go!* community efforts

Display a *Let's Go!* poster in your waiting room and **ALL** exam rooms where pediatric patients are seen.

WANT TO DO MORE? Consider becoming an advocate for healthy eating, active living initiatives at the local, state, or national level. Learn more about advocacy opportunities under the *Connect to Community* tab.

2. Accurately weigh and measure patients (National Quality Metric)

ALL providers determine body mass index (BMI), BMI percentile, and weight classification for patients age two years and older at well-child visits.

WANT TO DO MORE? For patients with a BMI $\geq 85\%$ follow the Management and Treatment Algorithm, found under the *Childhood Obesity Algorithm* tab, and use planned follow-up visits with patients and families.

3. Have a respectful conversation around healthy eating and active living (National Quality Metric)

ALL providers use the 5-2-1-0 Healthy Habits Questionnaire at well-child visits.

WANT TO DO MORE? Use motivational interviewing techniques to further engage patients and families. Learn more about this under the *Talk with Patients and Families* tab.

Let's Go! Health Care provides 5 easy steps for practices to follow to improve their systems and work flow.

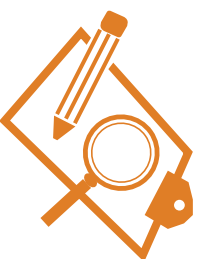
it's time to get started!

FOR MORE INFORMATION,
contact the *Let's Go!*
Home Office at
207.662.3734,
or email us at
info@letsgo.org



Health Care Practices Can Increase
Healthy Eating and Active Living Through Let's Go's

5 STEP PATH TO SUCCESS



New Sites:

Sign up through
the Let's Go! Home
Office.

Returning Sites:
You will hear from the
Let's Go! Home Office.

Assess your office

environment and
practices. Use the
Getting Started
Checklist to get
your team
organized.

Implement the 3

Let's Go! strategies.
Engage in one
or more types of
technical assistance
as needed.

Complete the

Let's Go! Survey each
spring based on the
strategies your site
has in place.

Share your successes

with other staff, senior
leadership, patients,
and the community.

Program year begins
July 1st.

Let's Go! IN MAINE



Have you ever wondered:

- How does *Let's Go!* work in Maine?
- Where do all the tools and resources come from?
- Who you should reach out to with questions?

Then keep reading!

The *Let's Go!* Home Office

The *Let's Go!* Home Office is located in Portland, Maine, at The Barbara Bush Children's Hospital at Maine Medical Center. The role of the Home Office is to:

- Oversee all of the *Let's Go!* programs across the state.
- Establish and maintain partners across the state who can implement the *Let's Go!* model locally in their schools, out-of-school programs, and child care sites.
- Create and manage annual evaluation activities and a statewide marketing campaign.
- Create and manage many of the tools and resources you receive including toolkits, e-newsletters, the website, and in-person and online trainings.

Dissemination Partners and *Let's Go!* Coordinators

Dissemination Partners are organizations located across the state that are responsible for supporting *Let's Go!* Coordinators in implementing the program locally. *Let's Go!* Coordinators are your local contact. Your *Let's Go!* Coordinator:

- Registers schools, out-of-school programs, and child care sites to participate in the 5-2-1-0 program designed for their setting.
- Works with registered schools, out-of-school programs, and child care sites to go through the *Let's Go!* 5 Step Path to Success, helping sites change environments and policies to support healthy behaviors.
- Is your go-to person for connecting to healthy eating and active living resources in the community.

If you don't know who your coordinator is, find out by going to www.letsgo.org and clicking on 'Partners' then 'Local Coordinators'.

*Note: This is for Maine-based sites only. If your region doesn't have a *Let's Go!* Coordinator, contact the Home Office at (207) 662-3734.*

Working with health care practices, schools, child care, and out-of-school programs

Every participating health care practice, school, child care program, and out-of-school program that signs-up to work with *Let's Go!* uses the 5 Step Path to Success and implements evidence-based strategies to work towards making the healthy choice the easy choice for all kids. The great news is that sites are usually doing a lot of this work already!



5-2-1-0 Message

THE SCIENTIFIC **RATIONALE****5** or more fruits and vegetables.

A diet rich in fruits and vegetables provides vitamins and minerals, 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 a healthy weight.

2 hours or less recreational screen time.*

Watching too much television (TV) and use of other screen media is associated with an increased prevalence of overweight and obesity, lower reading scores, and attention problems. The American Academy of Pediatrics (AAP) recommends no more than 2 hours of screen time a day and that children under age 2 not watch any TV or other screen media. The AAP recommends keeping the TV and computer out of the bedroom.

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.

Sugar-sweetened beverage consumption has increased dramatically since the 1970s; high intake among children is associated with overweight and obesity, displacement of milk consumption, and dental cavities. The AAP recommends that children 1–6 years old consume no more than 4–6 ounces of 100% juice per day and youth 7–18 years old consume no more than 8–12 ounces. Water provides a low-cost, zero-calorie beverage option and is a healthy alternative to sugary drinks.

* Screen time includes time spent watching television, playing video games, using a computer, smartphone, and tablet. Recreational screen time is screen time used for non-educational purposes.

Baker S, Cochran W, Greer F, et al. The use and misuse of fruit juice in pediatrics. *Pediatrics*. 2001;107(5):1210-1213. National Association for Sport and Physical Education, Physical Activity for Children: A Statement of Guidelines for Children Ages 5-12. (2004). Position of the American Dietetic Association: Dietary Guidance for Healthy Children Ages 2-11 Years. *J. Am. Diet. Assoc.*, 2004; 104: 660-677. Strasburger VC, Hogan MJ, Mulligan DA, et al. Children, adolescents, and the media. *Pediatrics*. 2013;132(5):958-961. The Henry J. Kaiser Family Foundation, Issue Brief: The Role of Media in Childhood Obesity, February 2004. USDHHS and USDA, 2005 Dietary Guidelines Advisory Committee Report, retrieved during 12/04 from www.health.gov/dietaryguidelines Walter C. Willett, M.D. Eat, Drink and Be Healthy: The Harvard Guide to Healthy Eating, 2001, Free Press, NY Adapted from the Harvard School of Public Health Prevention Research Center, Maine Youth Overweight Collaborative (MYOC) 6/5/15



IN THE KNOW **FAQ**

1. What is Body Mass Index?

Body mass index (BMI) is a number calculated from a child's height and weight (age 2 and older). 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 gender specific and is often referred to as BMI-for-age. (Source: 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 and teens. The CDC and the American Academy of Pediatrics (AAP) recommend the use of BMI-for-age to screen for overweight and obesity 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 gender, but to determine if excess fat is a problem, the health care team 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?

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 you take a proper height and weight measurement of a patient 2 years or older?

For detailed instructions on this, visit the *Measuring and Weighing* tab in this toolkit.

continued

6. How do I calculate BMI?

The majority of health care practices use an electronic medical record (EMR) and BMI is calculated automatically. However, you can also calculate BMI yourself by following the steps below:

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

BMI (English) = weight (lb) ÷ [height (in) x height (in)] x 703

BMI (Metric) = weight (kg) ÷ [height (cm) x height (cm)]

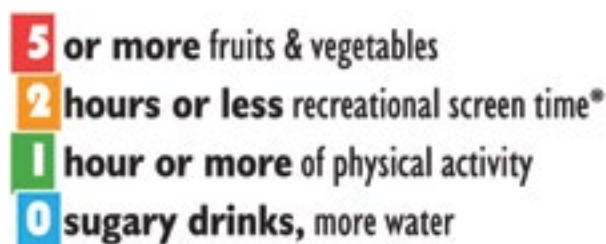
BMI Percentile Calculator for Children and Teens:

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

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

For detailed instructions on this, visit the *Measuring and Weighing* tab in this toolkit.

8. What does 5-2-1-0 stand for?



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

9. What is the science behind the 5-2-1-0 message?

There is a scientific rationale supporting each component of the 5-2-1-0 message. The 5-2-1-0 message is an easy way to begin an open discussion about the ways to increase physical activity and healthy eating. For more information on this, visit the *Step 1: Engage* tab of this toolkit.

10. Will discussion of the 5-2-1-0 message lead to an increase in eating disorders such as anorexia nervosa?

There is no current evidence that bringing up healthy behaviors in a positive manner leads to disordered eating. The 5-2-1-0 message provides an easy way to discuss general health subjects that apply to everyone. Its purpose is to spread healthy behaviors. A 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.

BMI
for
better
health



STEP TWO

ASSESS OFFICE ENVIRONMENT

STARTED IN YOUR PRACTICE

If you are looking for additional resources around childhood overweight and obesity, refer to page 6 of the Pediatric Obesity Clinical Decision Support Chart, located in the front cover of this toolkit.

The Getting Started in Your Practice Checklist, located next in the toolkit, provides concrete examples of how to successfully begin this work.

Prevention, assessment, management, and treatment of overweight and obesity are not like many of the other medical conditions your practice may have addressed in the past.

Addressing this growing challenge requires new techniques and skills. 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 your practice wary of starting this work; however, patients are looking to health care practices to help them. Practices don't need to take on the whole epidemic of obesity. *Let's Go!* is working across Maine communities to help patients and families make healthy choices.



Things to think about:

The focus is on healthy behaviors

It's important to remember that the focus should be on healthy behaviors and not weight for ALL children. Healthy behaviors include 5-2-1-0, setting structured mealtimes, eating less fast food, and getting enough sleep.

A team approach is essential

It's important to engage not only the medical and nursing staff but also the administrative staff. Using the team approach allows everyone to see value in the effort and have ownership over one or more of the steps.

continued

Staff may have their own attitudes and beliefs around healthy behaviors and weight issues (physical activity, healthy eating, etc.)

Reinforce that this can be an uncomfortable topic, filled with culturally sensitive behaviors, emotions, and opinions. Help staff reflect on their own experiences working with patients and families around healthy behaviors and weight issues.

Think about your environment

Is your office promoting positive cues around healthy behaviors and weight? If not, try these:

- **Posters:** Add the *Let's Go!* poster to your waiting room and all exam rooms (a great way to start a conversation!).
- **Role model:** Wear a pedometer, drink water, go on walking meetings.
- **Food:** Serve healthy lunches at staff meetings and be conscious of snacks and drinks that may be observed by patients and families.

For more information on how to integrate movement and healthy eating into the work day, check out our Let's Go! Healthy Workplaces Toolkit. www.letsgo.org

Stigma/bias

Consider what your practice currently does to ensure that it is a safe, accepting, and suitable environment for providing care to patients who have overweight or obesity. Providing proper seating, medical equipment, and accommodations for these patients is an ethical responsibility. For more information on this topic, visit the UConn Rudd Center for Food Policy & Obesity: <http://www.uconnruddcenter.org/>.

Incorporate the 5-2-1-0 Healthy Habits Questionnaire into your office work flow

This is one of the first things to institute in your practice at all well-child visits for children 2 years and older. This tool will help you focus on behaviors, not on weight, and engage in a respectful conversation with patients and families. More information on this can be found under the *Talk with Patients and Families* tab.

Screen and document body mass index (BMI) percentile for age/gender

Measuring BMI percentile is a good screening tool to identify children who may have an increased percentage of body fat. More information on this can be found under the *Measuring and Weighing* tab.

Talk with patients and families

This may require you to think differently about counseling patients. Remember, they don't necessarily need more information – they need to be guided in defining their own health goals and their willingness to change.

The language used is very important when working with patients and families on healthy behaviors. Be sure that you ask permission first and then focus on positive, healthy behaviors, not on weight.

Motivational Interviewing (MI) is a useful tool when engaging in conversations. More information on MI can be found under the *Talk with Patients and Families* tab.

Distribute patient and family tools one at a time – based upon the patient's and family's areas of interest

Target one piece of the healthy lifestyle message. It is important not to overwhelm a patient and/or family with too much information. Setting small, achievable goals is most effective. A whole host of educational materials can be found under the *Parent Handouts* tab.

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, child care centers, faith based organizations, etc.) and at the state and national level for policy changes. More information on advocacy can be found under the *Connect To Community* tab.

STARTED IN YOUR PRACTICE CHECKLIST

This checklist is designed to help your practice be successful in implementing the **Let's Go! Health Care program**. The following series of questions will help you to understand what your practice is currently doing and identify areas for improvement.

We are here to support you along the way!

Maine-based practices - If you need help thinking through the items on the checklist, please don't hesitate to reach out to us! (207) 662-3734!

Engage ALL staff in this effort:

- ☐ All team members have been informed of the practice involvement with *Let's Go!*
- ☐ All team members have explored their own experiences working with patients and families around healthy behaviors and weight issues?

Think about your environment:

- ☐ The practice has reviewed *Let's Go!'s Healthy Workplaces toolkit* and has considered what strategies it can try. www.letsgo.org
- ☐ The practice has hung a *Let's Go!* poster in the waiting room and all exam rooms where pediatric patients are seen.
- ☐ The practice has reviewed the UConn Rudd Center for Food Policy and Obesity website and reviewed the *Preventing Weight Bias: Helping Without Harming in Clinical Practice Toolkit*. biastoolkit.uconnruddcenter.org/

Incorporate the 5-2-1-0 Healthy Habits Questionnaire into your office work flow. The team has addressed the following:

- ☐ 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?

Screen and document body mass Index (BMI) percentile for age/gender. The team has addressed the following:

- ☐ How does your office currently measure patients' height and weight? Who does the measuring? Is it standardized throughout the office?
- ☐ If you do NOT have an electronic medical record (EMR), can the person who does the measuring also calculate the BMI and determine BMI percentile and weight classification?
- ☐ Where will the BMI percentile and weight classification be documented?

Talk with patients and families:

- ☐ All team members who will be addressing healthy behaviors and weight issues with families have reviewed the Motivational Interviewing tools located in the *Talk with Patients and Families* tab of this toolkit.

Distribute patient and family tools. The team has addressed the following:

- ☐ Where will the handouts be stored/displayed?
- ☐ What handouts are you going to use?
- ☐ Who is responsible for ordering/stocking handouts.

GOOD LUCK AND HAVE FUN!

STEP THREE

IMPLEMENT STRATEGIES

STRATEGY ONE

Connect to the Community

STRATEGY I: Connecting to the Community

why does this matter?

The physician's office is a worksite that can be a powerful tool to communicate healthy eating and active living messages. Prevention of childhood obesity remains a public health priority and primary care can be a resource for the community and can be an integral part of the solution.¹

In addition to providing credible health information, health care providers are a natural and powerful advocate on behalf of children's health. You can use your voice to create change.



¹References
Adapted from the Healthy Care for Healthy Kids Learning Collaborative (A Partnership of Blue Cross of the Shield of Massachusetts and the National Initiative on Children's Healthcare Quality).

STRATEGY I: Connecting to the Community

how to implement

Here are some ideas that
your office may want to try.

- Hang *Let's Go!* posters in waiting areas and in examination rooms.
- Create a 5-2-1-0 bulletin board.
More on this idea can be found on the *Healthy Bulletin Board* handout found under this tab.
- Display books, puzzles, and activity sheets that support healthy eating and active living.
- Play videos in the waiting area that show children taking part in non-traditional sports, other physical activities and healthy eating.
- Replace lollipop and candy rewards with stickers, bookmarks, and other non-food items.
- Incorporate Wii Fit or other active video games into the waiting area.
- Create a sugar bottle display for your waiting area!
*This is a FAVORITE activity of practices! Learn how to create this educational tool with the *Make Your Own Sugar Bottle Display* handout found under this tab.

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

- Sample a fruit or vegetable of the month—try items from different cultures.
- Host a healthy lunch.
- Provide 10-minute physical activity or walk breaks during the work day.
- Implement some of the *Let's Go! Healthy Workplaces Toolkit* resources.

Adapted from the Healthy Care for Healthy Kids Learning Collaborative (A Partnership of Blue Cross Blue Shield of Massachusetts and the National Initiative on Children's Healthcare Quality).





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



www.letsgo.org

HEALTHY BULLETIN BOARDS

Bulletin boards provide a fun and easy way to deliver healthy eating and active living messages and better connect health care practices to their community.

Let's Go! 5-2-1-0 bulletin boards are a great way to get everyone in your practice involved! There may be someone on your office team who has a creative eye and would enjoy taking on this role. Try connecting with your local *Let's Go!* Coordinator...they are a great resource!

Here are some ideas to keep in mind when creating your *Let's Go! 5-2-1-0* bulletin board:

- Regularly feature healthy community activities that patients and their families can attend. Examples include: local 5K runs, health fairs, FREE blood pressure screenings, supermarket tours, and farmers markets.
- Post resources and news articles for parents and children.
- Post seasonal activities like “safe sledding techniques” and “free hiking spots.”
- Feature a fruit or vegetable of the month.

Colorful parent handouts located under the *Parent Handout* tab can be used to bring your bulletin board to life!

BE CREATIVE AND HAVE FUN!



get the
message
out!

Directions to Make Your Own

SUGAR BOTTLE DISPLAY

Making a sugar bottle display is a great activity.

This powerful visual is one of the best ways to show just how much sugar is in some popular drinks—you'll be surprised. This is a tool that can be used to help kids and staff to make smart drink choices.



Supplies:

- Bottles of common sugary drinks – refer to the table on the next page for suggestions.
- Bag of white sugar
- Teaspoons
- Funnels

Directions:

1. Empty, wash, and completely dry bottles. Be careful not to damage the labels as you want to keep them on the bottles.

TIP: Give the bottles at least 24 hours to dry.

2. Find the Nutrition Facts on the bottle label.

3. Take note of serving size (many bottles contain two or more servings – something to think about!)

TIP: Make sure to pay attention to the information listed per bottle.

4. Record how many grams of sugar are in a bottle.

5. Figure out how many teaspoons of sugar are in each bottle by dividing the grams of sugar by 4.2 (the number of grams of sugar in a teaspoon).

For example:

- Serving size 1 bottle
- Grams of sugar per bottle: 48g
- Teaspoons of sugar per bottle: 48 divided by 4.2 \approx 11

The amount of sugar to put into this bottle is 11 teaspoons.

6. Put funnel into mouth of bottle and pour in the sugar. Replace cap. Screw on tight!

7. Make a chart like the one below that matches the drinks you chose.

TIP: Laminates the chart to ensure it lasts a long time.

8. Display the chart in your building so kids and staff can see how much sugar is in some of their favorite drinks. Place the bottles filled with sugar in front of the chart.

9. Other ideas:

- Take a photo of your display and use along with chart and other handouts to make a bulletin board.
- Make a game out of it by having people guess how many teaspoons of sugar are in their favorite drinks and give the winners a 5-2-1-0 approved prize.
- Have a poster contest around limiting sugar-sweetened beverages.

DRINK	SIZE	CALORIES	SUGAR GRAMS	SUGAR TSP.
Coca-Cola® Classic	20 oz	240 cal	65 g	15
Dunkin' Donuts Strawberry Fruit Coolata®	16 oz <i>sml</i>	230 cal	57 g	14
Sprite®	20 oz	240 cal	64 g	15
Monster Energy® Drink	16 oz	200 cal	54 g	13
Arizona® Green Tea & Honey	20 oz	175 cal	43 g	10
Minute Maid® 100% Apple Juice	15.2 oz	210cal	49 g	11
Glaceau Vitamin Water®	20 oz	120 cal	32 g	8
Gatorade Thirst Quencher®	20 oz	133 cal	35 g	8
Starbucks® Bottled Coffee Frappuccino®	9.5 oz	200 cal	32 g	8
Water	Any size	0 cal	0g	0

ADVOCACY

YOUR VOICE MATTERS

**Did you know
that health care
professionals are
natural advocates?**

be
heard!



It's true and here's why:

You put a human face to the statistics

You care for children every day who are affected by the environments in which they live. When you tell your story, you make the issue of children's health tangible to people in a way that fact sheets or statistics alone cannot.

You have credibility

By the nature of your profession, education, and training, people in your community respect and trust you.

You have influence

Because you instill trust in others and add credibility to your cause, your investment in the community can inspire others to do likewise.

Your patients are depending on you

Children cannot vote. They need your help to tell their story.

You have passion

Advocacy allows you to dig deeper into your interests and touches on why you originally became a health care professional.

You have relevant skills

Health care professionals already have the skill set of an advocate. The same skills you use every day to establish trust, develop relationships, and provide solutions to your patients can be applied to your community advocacy work.

Research is on your side

The issues you care about are backed by research.

You are not alone

Through advocacy, you can join other health care professionals, school personnel, youth organizers, agricultural groups and others, who, through their efforts and community partnerships, are making children's health a priority and working to eradicate childhood obesity.

continued

If you are interested in doing more to support *Let's Go!*'s advocacy efforts or are looking for support for your own cause related to healthy eating and active living, please contact us at info@letsgo.org.

There are many opportunities for your office team to advocate for healthy eating and physical activity in your community (schools, child care programs, faith based organizations, etc.), and at the state and national level for policy change.

Try one:

- Get more involved with your parent/teacher organization
- Become a school physician
- Present at a *Let's Go!* school board or city council meeting
- Testify at a state legislative hearing

Consider this:

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.

If you are interested in learning more about advocacy, the *Be Our Voice* campaign is a great place to start! *Be Our Voice* encourages health care 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, go to: <http://obesity.nichq.org/resources>

STEP THREE

IMPLEMENT STRATEGIES

STRATEGY TWO

Measuring and Weighing

STRATEGY 2: Measuring and Weighing

why does this matter?

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

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.

What is the purpose of measuring weight-for-length?

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 years old in the U.S.¹

The next section will provide you with a closer look as to WHY measuring weight-for-length and BMI is important and HOW to successfully do both at your practice.

WEIGHT-FOR-LENGTH

Why should I measure weight-for-length?

- BMI is not a unit of measurement under the age of two. BMI uses height not length in its calculation and under the age of two the length measure is used to track growth. 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.
- **Many older children and adolescents with BMI >95th percentile have been overweight since infancy, so early identification in the first 2 years can have large preventive effects.**



How do I measure weight-for-length?

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.

continued

A parent handout on the importance of measuring weight-for-length is available in the *Parent Handouts* tab.

Measuring Length^{1,2}

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 the 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 0.1 cm.

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:

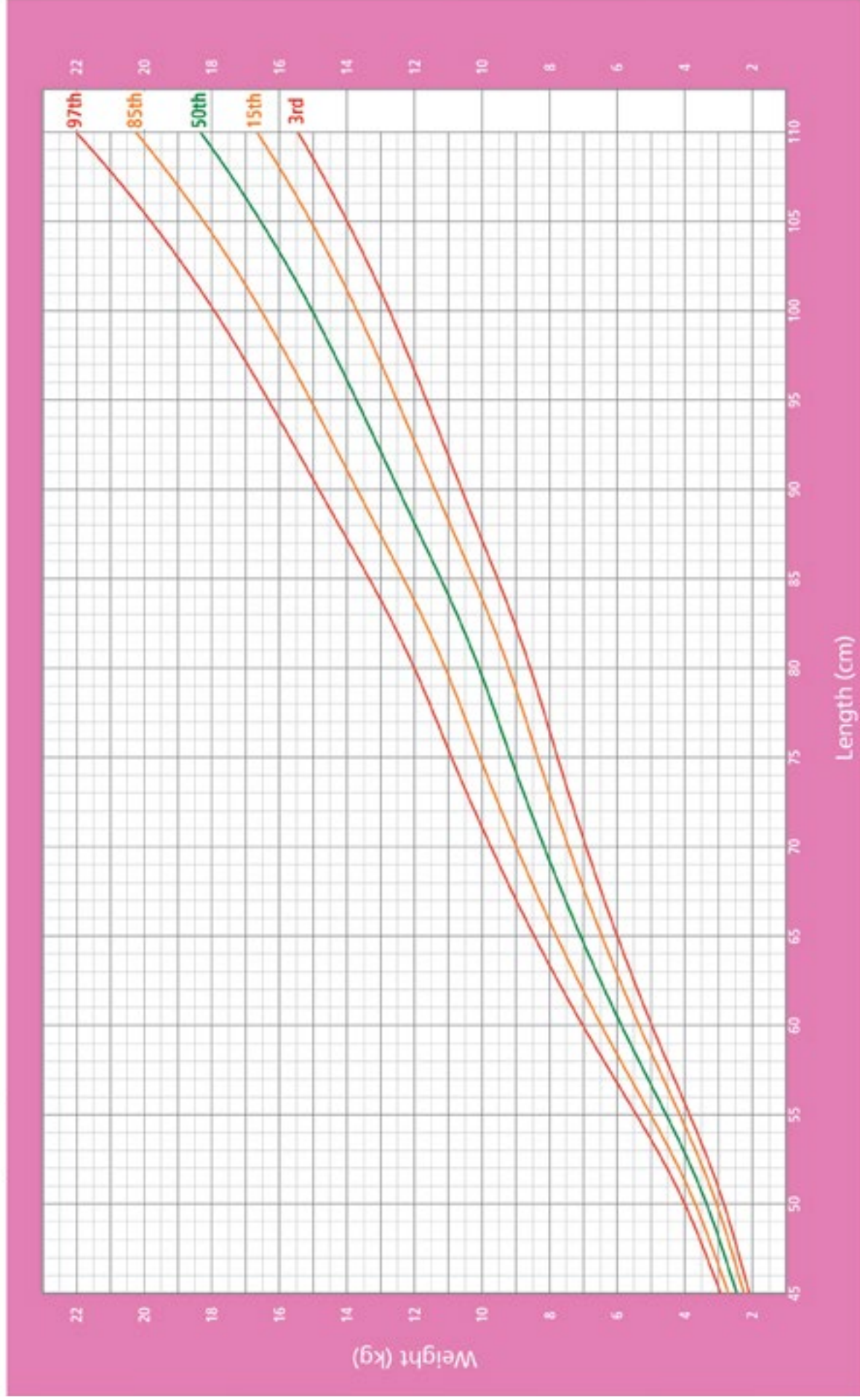
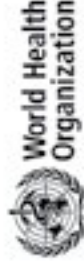
1. Ask the caregiver who is with the patient to hold the patient as still as possible.
2. Measure the length three times and use the average.
3. If you notice a leveling off or a decline in the patient's length consider a more precise measurement such as the best practice noted above.

References:

1. Lifshitz, Fima. Pediatric Endocrinology Fifth Edition: Volume 2. Growth, Adrenal, Sexual, Thyroid, Calcium and Fluid Balance Disorders. 2007: 4-6.
2. Wales, JKH, Rogol AD, Maarten W., Color J. Atlas of Pediatric Endocrinology and Growth. 1996: 2-3.

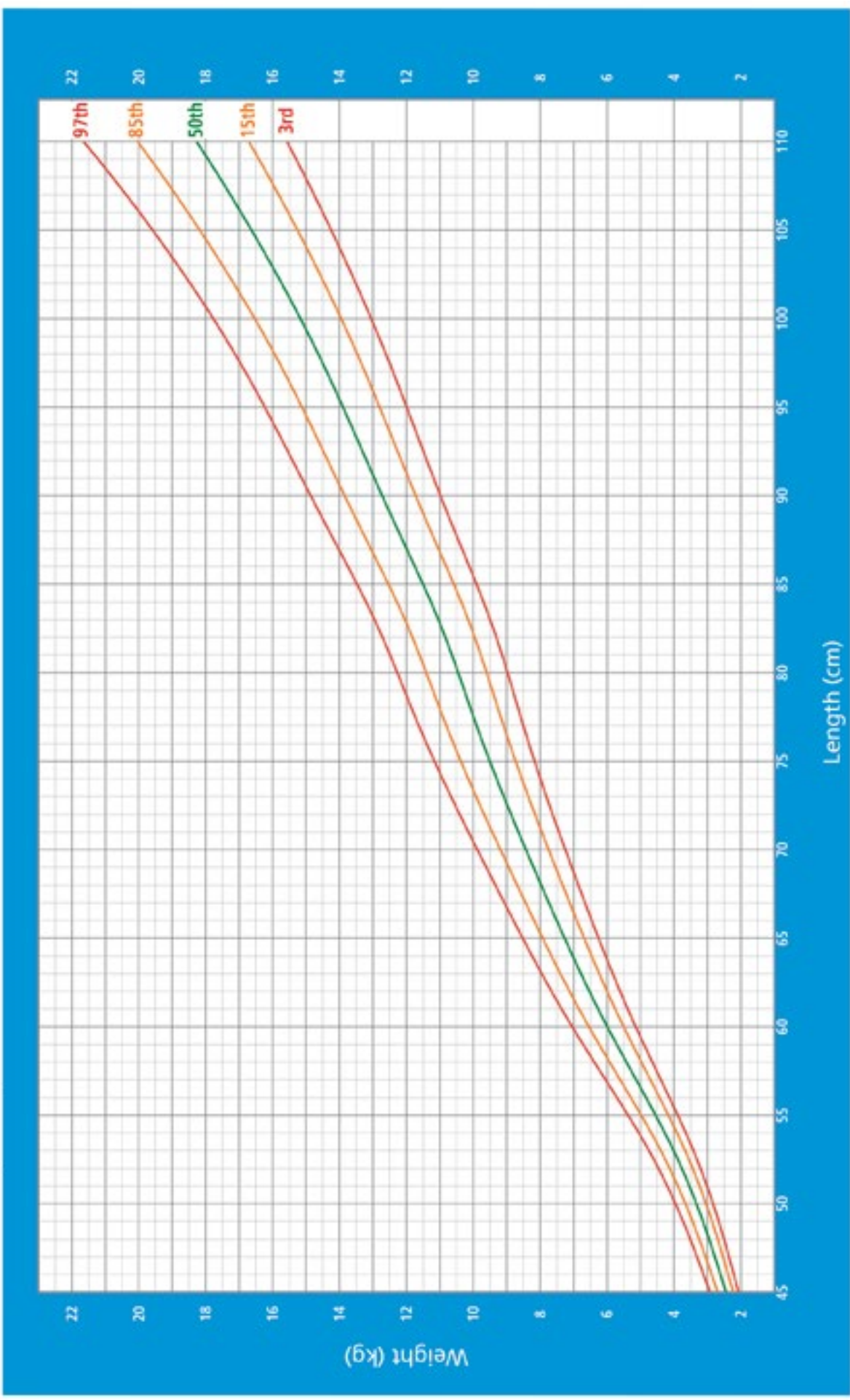
Weight-for-length GIRLS

Birth to 2 years (percentiles)



Weight-for-length BOYS

Birth to 2 years (percentiles)



BODY MASS INDEX

Why should I measure body mass index?

There have been numerous studies that have determined body mass index (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.

How do I measure BMI?

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:

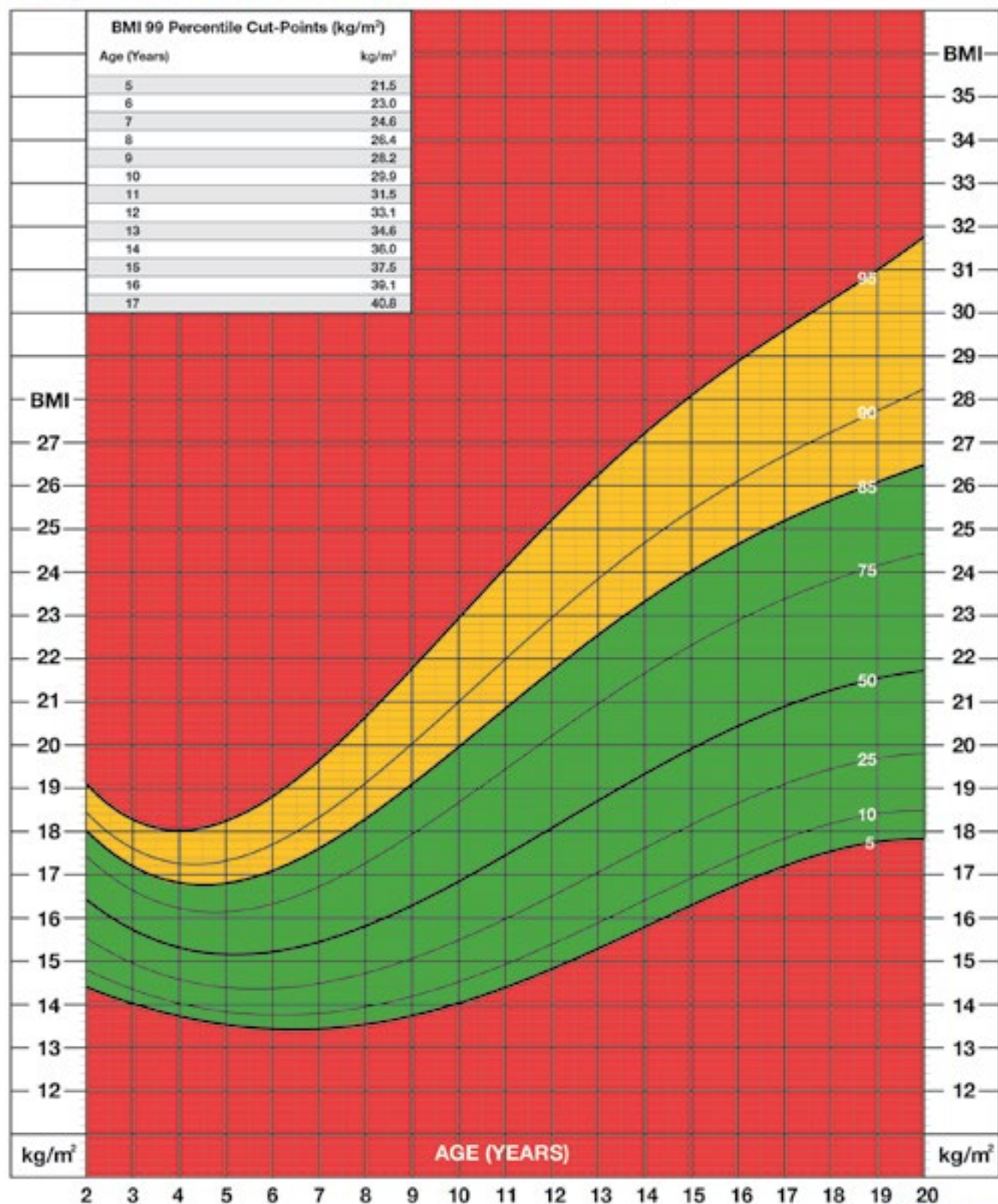
1. Before you begin, ask the child to remove shoes, hats, and bulky clothing, such as coats and sweaters. Ask the child to remove or undo hair styles and hair accessories that interfere with taking a measurement. In rare cases, a child may be unwilling to undo an intricate or costly hairstyle. In these situations, care should be taken to locate the actual crown of the head.

continued

2. Direct the child to stand erect with shoulder 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 their 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 0.1 cm.

2 to 20 years: Girls

Body mass index-for-age percentiles

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

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

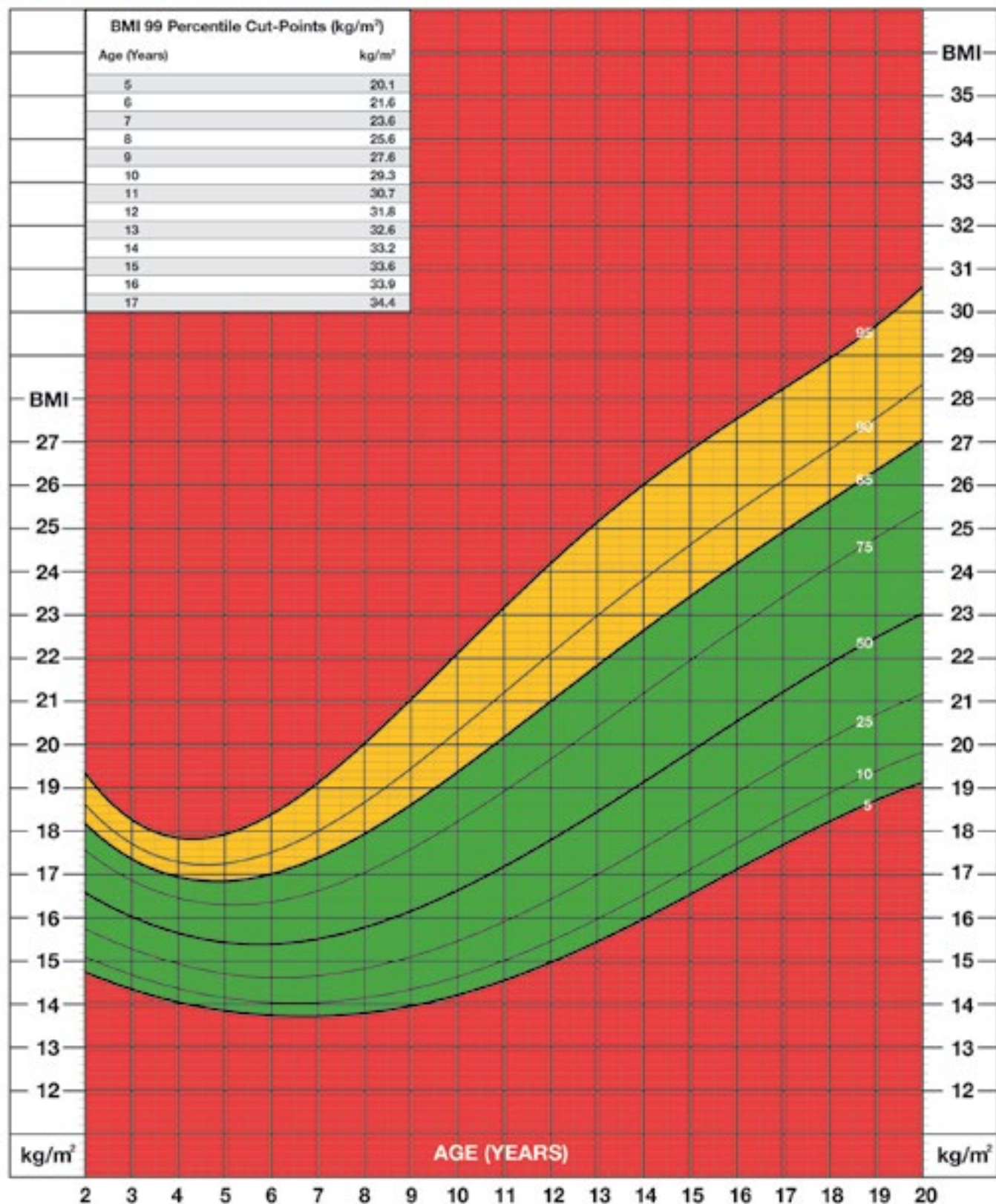
Published May 30, 2000 (modified 10/16/00).

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>

2 to 20 years: Boys

Body mass index-for-age percentiles

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

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>

STEP THREE

IMPLEMENT STRATEGIES

STRATEGY THREE

Talk with Patients and Families

why does this matter?

“Talking with kids and parents about weight, healthy eating and active living can be tough. Weight can be a charged issue. The Let’s Go! program has really provided a great framework for doing this. The Healthy Habits Questionnaire, helps staff switch the conversation from weight to healthy habits such as avoiding sugary drinks, eating more fruits and veggies, limiting fast foods, and more. These topics are easier for me, my patients and their families to talk about, make a plan around, and take action on.”

Kate Herlihy, MD – Pediatrician in Oxford, ME

This section provides helpful techniques for talking with patients and families about healthy eating and active living behaviors.

This is not intended to be an all-inclusive guide – it is simply a resource to get you started in your office.

The first tool is the *Healthy Habits Questionnaire*, which should be used at all well-child visits. Weight is a difficult topic to address with patients and families, and this tool helps in switching the conversation from weight to HEALTH. If you are looking for talking points to address some of the questions, refer to the *Healthy Habits Questionnaire Talking Points* document found in this section.

If you plan on going deeper with some patients, motivational interviewing (MI) tools can help guide your efforts. For a comprehensive overview of key MI skills and concepts, we recommend you review the BMI2 Workbook located in the back of the binder.

Don’t forget to check out the easy-to-use *Let’s Go! Motivational Interviewing Guide* and the *Additional MI Resources* document at the end of this section, which includes links to YouTube videos on MI presented by Kenneth Resnikow, PhD and Keri Bolton Oetzel, PhD.

QUESTIONNAIRE

TALKING POINTS

Here are some talking points for you to consider when addressing the questions included in the Healthy Habits Questionnaire.

let's talk!

Many offices have successfully used the Healthy Habits Questionnaire to gather basic healthy lifestyle information from their patients. Clinicians have found that simply using and reviewing the questionnaire is a powerful tool for starting the conversation around healthy lifestyles.

PLEASE NOTE: The questions below are from the questionnaire for ages 10–18; however, the same discussion points apply to ages 2–9 as well.

How many servings of fruits and/or vegetables do you have a day?

Five or more servings of fruits and/or vegetables per day contribute to a healthy diet. The palm of the child's hand is a good reference for a serving size of meat 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 cheese



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 and vegetables. Encourage families to eat meals together more often. Mealtime is a great opportunity for parents to connect with their kids.

How many times a week do you eat breakfast?

A daily breakfast is very important for a healthy diet. Eating breakfast every day provides the energy needed to start the day. It is fuel for the body!

continued

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

Eating takeout or fast food may be associated with poor nutrition. These foods have a tendency to be higher in salt, fat, and sugar so children should eat them less often. If children do eat takeout or fast food, they should look for healthy options.

How much recreational (outside of school work) screen time do you have daily?

AND

Is there a television set or Internet-connected device in your bedroom?

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.

How many hours do you sleep each night?

Research has found that chronic sleep curtailment has been associated with high overall obesity rates at age seven. Establishing healthy sleep habits may be a critical component of an obesity prevention intervention.

How much time a day do you spend being active (faster breathing/heart rate or sweating)?

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

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

Consider the following:

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 to 2 years old. After age 2, children should be drinking low fat or skim milk. Children under 1 year should drink breast milk or formula.

Non-fat, low-fat, 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



5210 Healthy Habits Questionnaire ages 2-9

Child's Name: _____

Age: _____ Today's Date: _____

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



1. How many servings of fruits or vegetables do you have a day? _____
One serving is most easily identified by the size of the palm of your 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 much recreational (*outside of school work*) screen time does your child have daily? _____
6. Is there a television set or Internet-connected device in your child's bedroom? _____
7. How many hours does your child sleep each night? _____
8. How much time a day does your child spend being active? _____
(*faster breathing/heart rate or sweating*)?
9. How many 8-ounce servings of the following does your child drink a day?

100% juice _____	Whole milk _____
Water _____	Soda or punch _____
Fruit or sports drinks _____	Nonfat (skim), low-fat (1%), or reduced-fat (2%) 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 and vegetables.
 - ☐ Eat less fast food/takeout.
 - ☐ Drink less soda, juice, or punch.
 - ☐ Drink more water.
 - ☐ Spend less time watching TV/movies and playing video/computer games.
 - ☐ Take the TV out of the bedroom.
 - ☐ Be more active – get more exercise.
 - ☐ Get more sleep.

Please give the completed form to your clinician. **thank you!**

5210 Healthy Habits Questionnaire ages 10+

Your Name: _____

Age: _____ Today's Date: _____

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



www.letsgo.org

1. How many servings of fruits or vegetables do you have 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 much recreational (*outside of school work*) screen time do you have daily? _____
6. Is there a television set or Internet-connected device in your bedroom? _____
7. How many hours do you sleep each night? _____
8. How much time a day do you spend being active? _____
(*faster breathing/heart rate or sweating*)?
9. How many 8-ounce servings of the following do you drink a day?

100% juice _____	Whole milk _____
Water _____	Soda or punch _____
Fruit or sports drinks _____	Nonfat (skim), low-fat (1%), or reduced-fat (2%) milk _____
10. Based on your answers, is there ONE thing you would be interested in changing now?
Please check one box.
 - ☐ Eat more fruits and vegetables.
 - ☐ Eat less fast food/takeout.
 - ☐ Drink less soda, juice, or punch.
 - ☐ Drink more water.
 - ☐ Spend less time watching TV/movies and playing video/computer games.
 - ☐ Take the TV out of the bedroom.
 - ☐ Be more active – get more exercise.
 - ☐ Get more sleep.

Please give the completed form to your clinician. **thank you!**

MOTIVATIONAL INTERVIEWING

Motivational Interviewing (MI) is a collaborative, goal-oriented method of communication, with particular attention to the language of change. It is designed to strengthen an individual's motivation for and movement toward a specific goal by eliciting and exploring the person's own arguments for change. (Miller & Rollnick, 2013.)

Motivational Interviewing (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.

MI includes the following:

- A person-centered approach
- Expressing empathy
- An invitation to a collaborative partnership between patient and provider
- Listening more than telling, and eliciting information rather than instructing
- Placing the responsibility for change with the patient and not the provider
- Asking permission
- Honoring the patient's autonomy and resourcefulness
- Avoiding coerciveness



We know that the very first meeting matters and that MI can make a difference in just one 15-minute interaction. Go ahead...TRY IT!

Why should we use MI in obesity work?

There are several reasons to use MI when the focus is on achieving a healthy weight. Weight is a difficult topic to address. MI can make this tough topic a more enjoyable conversation between the provider and patient/family. However, it helps to start the conversation by asking, “Would it be okay if we discussed your weight?” or “How do you feel about your weight?”

Research outcomes demonstrate a compelling case for the use of MI. Here are a few examples:

- A number of 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 that their behavior will follow that argument. Therefore, allowing patients the opportunity to talk about why they want to change has proven benefits.
- Research has also shown that MI in addition to “active treatment” works exceptionally well. “Active treatment” can include MI and:
 - Nutrition education
 - Physical therapy
 - Exercise program/support
 - General health education
- There has been demonstrated success with integrating MI into clinical encounters. The outcomes improve. People are more likely to “comply” with appointments, lab draws, medication adherence, and treatment plans when MI is integrated into practice.



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.

You 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.

TRY ...

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.

Adapted from "What You Say Really Matters?" in Feeding Young Children in Group Settings, Dr. Janice Fletcher and Dr. Laurel Branen, University of Idaho.

MOTIVATIONAL INTERVIEWING RESOURCES

dive
in!

Books

- *Motivational Interviewing: Preparing People for Change*, Miller & Rollnick, 3rd Ed, 2013.
- *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, 2nd Ed, 2015.

Websites

- Motivational Interviewing Network of Trainers (MINT)
www.MotivationalInterviewing.org
- Let's Go!
www.letsgo.org

Other web resources

- *Motivational Interviewing Videos on YouTube™* through ProjectECHO (links below):
- Five Part Series: <https://www.youtube.com/channel/UCmwGG7IuLREM-LQkvhwXBIXQ>

DVDs

- *Motivational Interviewing: Professional Training Series*, Moyers, Miller & Rollnick, 1998
- *BMI2 : Brief Motivational Interviewing to Reduce Body Mass Index*, University of Michigan, 2009.

This toolkit includes an easy-to-use *Let's Go! Motivational Interviewing Guide*. This tool can be used to help you guide a conversation through Importance and Confidence Rulers, Change Talk, Values and Strengths, Reflective Listening, and Goal Setting.

STEP THREE

IMPLEMENT STRATEGIES

MORE

Childhood Obesity Algorithm



STEP 3: Childhood Obesity Algorithm

why does this matter?

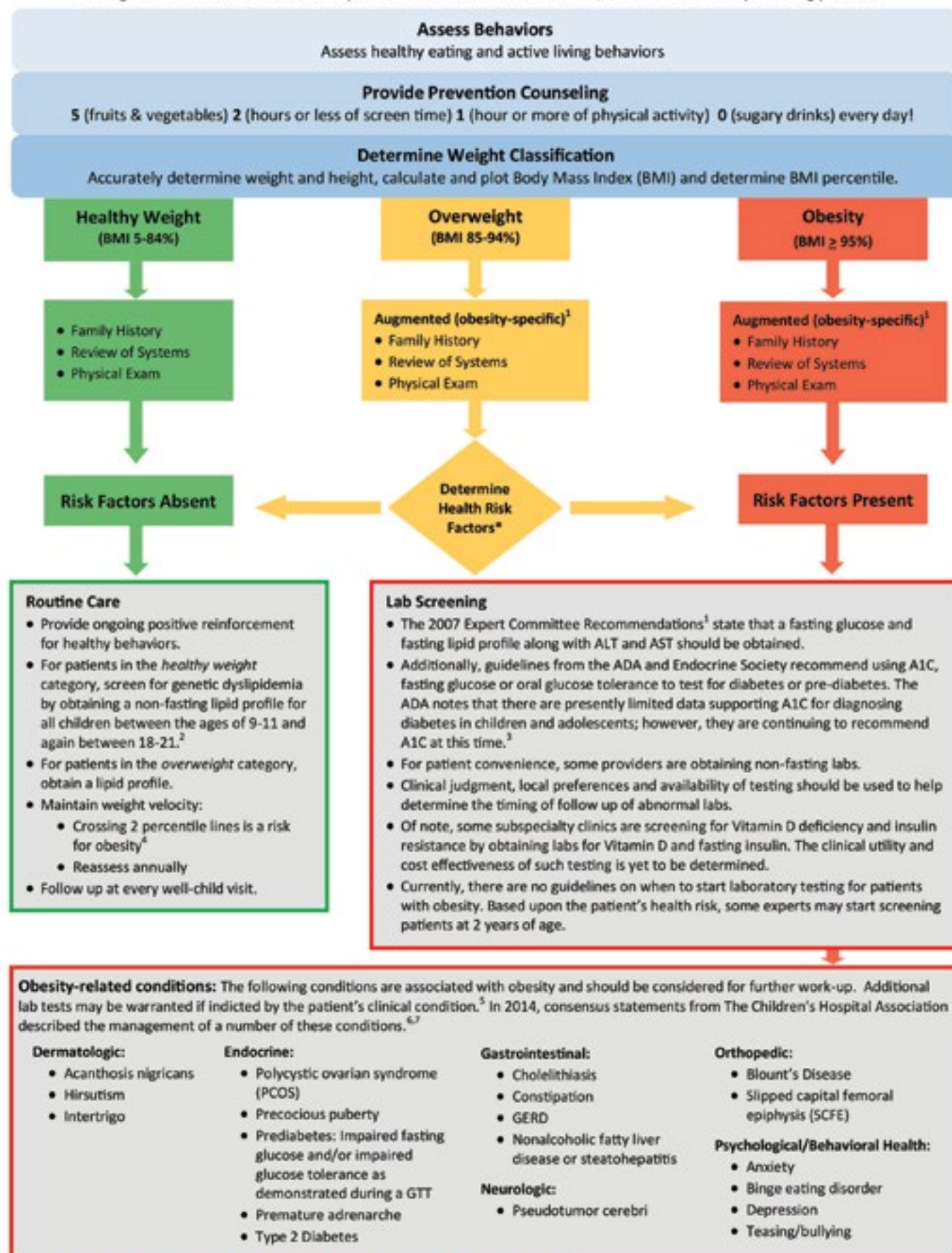
Over the last few years there has been increased understanding and research demonstrating that children with overweight and obesity may be sick, and often times these children are not being appropriately screened for co-morbidities.

Providers want to be able to keep their patients in their medical homes by managing and treating them in their offices and these providers have asked for guidance.

With these points in mind, the American Academy of Pediatrics Institute for Healthy Childhood Weight, a team of national experts, created the *Algorithm for the Assessment and Management of Childhood Obesity in Patients 2 Years and Older*, to support Primary Care Providers.

Algorithm for the Assessment and Management of Childhood Obesity in Patients 2 Years and Older

This algorithm is based on the 2007 Expert Committee Recommendations,¹ new evidence and promising practices.



*Based on behaviors, family history, review of systems, and physical exam, in addition to weight classification.

Management and Treatment Stages for Patients with Overweight or Obesity

- Patients should start at the least intensive stage and advance through the stages based upon the response to treatment, age, BMI, health risks and motivation.
- An empathetic and empowering counseling style, such as motivational interviewing, should be employed to support patient and family behavior change.^{8,9}
- Children age 2 – 5 who have obesity should not lose more than 1 pound/month; older children and adolescents with obesity should not lose more than an average of 2 pounds/week.

Stage 1 Prevention Plus

Where/By Whom: Primary Care Office/Primary Care Provider

What: Planned follow-up themed visits (15-20 min) focusing on behaviors that resonate with the patient, family and provider. Consider partnering with dietician, social worker, athletic trainer or physical therapist for added support and counseling.

Goals: Positive behavior change regardless of change in BMI. Weight maintenance or a decrease in BMI velocity.⁴

Follow-up: Tailor to the patient and family motivation. Many experts recommend at least monthly follow-up visits. After 3 – 6 months, if the BMI/weight status has not improved consider advancing to Stage 2.

Stage 2 Structured Weight Management

Where/By Whom: Primary Care Office/Primary Care Provider with appropriate training

What: Same intervention as Stage 1 while including more intense support and structure to achieve healthy behavior change.

Goals: Positive behavior change. Weight maintenance or a decrease in BMI velocity.

Follow-up: Every 2 - 4 weeks as determined by the patient, family and physician. After 3 – 6 months, if the BMI/weight status has not improved consider advancing to Stage 3.

Stage 3 Comprehensive Multi-disciplinary Intervention

Where/By Whom: Pediatric Weight Management Clinic/Multi-disciplinary Team

What: Increased intensity of behavior changes, frequency of visits, and specialists involved. Structured behavioral modification program, including food and activity monitoring, and development of short-term diet and physical activity goals.

Goals: Positive behavior change. Weight maintenance or a decrease in BMI velocity.

Follow-up: Weekly or at least every 2 – 4 weeks as determined by the patient, family, and physician. After 3 – 6 months, if the BMI/weight status has not improved consider advancing to Stage 4.

Stage 4 Tertiary Care Intervention

Where/By Whom: Pediatric Weight Management Center/Providers with expertise in treating childhood obesity

What: Recommended for children with BMI $\geq 95\%$ and significant comorbidities if unsuccessful with Stages 1 - 3. Also recommended for children $> 99\%$ who have shown no improvement under Stage 3. Intensive diet and activity counseling with consideration of the use of medications and surgery.

Goals: Positive behavior change. Decrease in BMI.

Follow-up: Determine based upon patient's motivation and medical status.

References

1. Barlow S, Expert Committee. Expert committee recommendations regarding prevention, assessment, and treatment of child and adolescent overweight and obesity: Summary report. *Pediatrics*. 2007;120(4):5164-5192.
2. US Department of Health and Human Services. Expert panel on integrated guidelines for cardiovascular health and risk reduction in children and adolescents: Full report. 2012.
3. American Diabetes Association. Classification and diagnosis of diabetes. Sec. 2. In *Standards of Medical Care in Diabetes – 2015*. *Diabetes Care* 2015;38(Suppl.1):S8-S16.
4. Taveras EM, Rifas-Shiman SL, Sherry B, et al. Crossing growth percentiles in infancy and risk of obesity in childhood. *Arch Pediatr Adolesc Med*. 2011;165(11):993-998.
5. Copeland K, Silverstein J, Moore K, et al. Management of newly diagnosed type 2 Diabetes Mellitus (T2DM) in children and adolescents. *Pediatrics*. 2013;131(2):364-382.
6. Estrada E, Eneli I, Hampel S, et al. Children's Hospital Association consensus statements for comorbidities of childhood obesity. *Child Obes*. 2014;10(4):304-317.
7. Haemer MA, Grow HM, Fernandez C, et al. Addressing prediabetes in childhood obesity treatment programs: Support from research and current practice. *Child Obes*. 2014;10(4):292-303.
8. Preventing weight bias: Helping without harming in clinical practice. Rudd Center for Food Policy and Obesity website. <http://biastoolkit.uconnruddcenter.org/>.
9. Resnicow K, McMaster F, Bocian A, et al. Motivational interviewing and dietary counseling for obesity in primary care: An RCT. *Pediatrics*. 2015;134(4):649-657.



Updated 10/7/15

COME ALIVE IN **YOUR PRACTICE**

The algorithm is a tool to support primary care providers in their efforts to assess, manage, and treat childhood overweight and obesity.

take
action!



Here are a few key points to consider as you begin:

1. How to use the algorithm

- It starts at the well-child visit and continues on in planned follow-up visits as determined by the patient, family, and provider
- It's not a protocol – it is a suggested course of action and provides guidance to be used with clinical judgment

2. Things to think about

- These kids could be sick
- Children with a BMI greater than the 85th percentile are at a higher risk for comorbidities
- There are three ways to fine-tune/augment your assessment:
Augmented obesity-specific:
 - Family history
 - Review of systems
 - Physical exam
- For patients with BMI greater than the 85th percentile, laboratory and comorbidity work-up is needed

3. Working with patients and families

- Be respectful
- Be empathetic
- Listen more than you speak
- Use Motivational Interviewing techniques:
 - Ask open-ended questions
 - Use reflective listening
 - Roll with resistance

4. Use treatment stages as a guide

- Not every patient is ready to make change
- Fear tactics don't work
- There are no quick fixes
- Frequent visits over time work best
- Small behavior changes can have profound effects on health and they are usually much more sustainable
- Motivational Interviewing works

continued

For patients with a BMI \geq the 85th percentile, include the following in your annual well-child visit:

1. Augmented obesity-specific family history

Does your patient have a first-degree relative with any of the following?

If yes, they are at a greater risk of comorbidities associated with obesity.

- ☐ Heart disease
- ☐ Hypertension
- ☐ Lipid level abnormalities
- ☐ Obesity
- ☐ Type 2 Diabetes

2. Augmented obesity-specific review of systems

SYMPTOMS	PROBABLE CAUSES
<input type="checkbox"/> Snoring/sleep disturbances	Obstructive sleep apnea
<input type="checkbox"/> Abdominal pain	GERD, constipation, gallbladder disease, NAFLD
<input type="checkbox"/> Menstrual irregularities	Polycystic ovary syndrome
<input type="checkbox"/> Hip, knee, leg pain	SCFE
<input type="checkbox"/> Foot pain	Musculoskeletal stress from weight
<input type="checkbox"/> Polyuria/Polydiopsia	Type 2 diabetes
<input type="checkbox"/> Anxiety, school avoidance, social isolation	Depression
<input type="checkbox"/> Severe recurrent headaches	Pseudotumor cerebi
<input type="checkbox"/> Shortness of breath	Asthma

Barlow S, Expert Committee. Expert committee recommendations regarding prevention, assessment, and treatment of child and adolescent overweight and obesity: Summary report. Pediatrics. 2007;120(4):S164-S192.

3. Augmented obesity-specific physical exam

FINDINGS	PROBABLE EXPLANATIONS
<input type="checkbox"/> Elevated blood pressure, make sure to use correct size cuff	Hypertension on 3 or more occasions
<input type="checkbox"/> Short stature	Underlying endocrine condition
<input type="checkbox"/> Acanthosis nigricans	Increased risk of insulin resistance
<input type="checkbox"/> Acne, hirsutism	Polycystic ovary syndrome
<input type="checkbox"/> Skin irritation, inflammation	Intertrigo
<input type="checkbox"/> Papilledema, cranial nerve VI paralysis	Pseudotumor cerebri
<input type="checkbox"/> Tonsillar hypertrophy	Obstructive sleep apnea
<input type="checkbox"/> Goiter	Hypothyroidism
<input type="checkbox"/> Wheezing	Asthma
<input type="checkbox"/> Tender abdomen	GERD, gallbladder disease, NAFLD
<input type="checkbox"/> Abnormal gait, limited hip range	SCFE
<input type="checkbox"/> Bowing of tibia	Blount disease
<input type="checkbox"/> Small hands and feet, polydactyly	Some genetic syndromes
<input type="checkbox"/> Reproductive (Tanner stage, apparent micropenis, undescended testes)	Premature puberty, may be normal penis buried in fat, Prader-Willi syn.

Barlow S, Expert Committee. Expert committee recommendations regarding prevention, assessment, and treatment of child and adolescent overweight and obesity: Summary report. Pediatrics. 2007;120(4):S164-S192.

continued

For patients with a BMI \geq 85th percentile WITHOUT Risk Factors*:

- Obtain a lipid profile

For patients with a BMI \geq 85th percentile WITH Risk Factors:

Laboratory Screening and Work-up for Comorbidities

- The 2007 Expert Committee Recommendations state that a **fasting glucose** and **fasting lipid panel** along with **ALT** and **AST** should be obtained.
- Additionally, guidelines from the ADA and Endocrine Society recommend using **A1C, fasting glucose, or oral glucose** tolerance to test for diabetes or pre-diabetes.
- For patient convenience, some providers are obtaining non-fasting labs.
- Clinical judgement, local preferences, and availability of testing should be used to help determine the timing of follow-up of abnormal labs.
- Of note, some subspecialty clinics are screening for Vitamin D deficiency and insulin resistance by obtaining labs for **Vitamin D** and **fasting insulin**. The clinical utility and cost effectiveness of such testing is yet to be determined.
- Currently, there are no guidelines on when to start laboratory testing for patients with obesity. Based upon the patient's health risk, some experts may start screening patients at 2 years of age.

Laboratory screening summary

The recommended tests for patients with BMI \geq 85th percentile with risk factors:

- Fasting glucose
- Fasting lipid panel
- ALT
- AST

Additional laboratory test should be obtained based upon the patient's signs, symptoms, family history, and medical condition

*Based on behaviors, family history, review of systems, and physical exam, in addition to weight classification.

STEP THREE

IMPLEMENT STRATEGIES

MORE

Feeding Practices

why does this matter?

There is a growing body of evidence on the long-term health effects of establishing healthy eating practices early in life.

In fact, children who learn these habits, when they are young, are more likely to continue making healthy choices into adulthood.

It is important for caregivers to understand their role and the child's role at mealtimes. The caregiver's role is to offer healthy foods at regular times; the child's role is to decide whether and how much to eat.

This section will provide you with information and resources on feeding practices and the benefits of breastfeeding. If you are interested in learning more, familiarize yourself with the *Best Practices for Healthy Eating* guide, from Nemours.

http://www.nemours.org/content/dam/nemours/wwwv2/filebox/service/healthy-living/growuphealthy/fivetwoone/Nemours_BestPracticesHealthyEatingGuide.pdf

Key Feeding Messages for Caregivers:

- Make mealtime fun and enjoyable
- Role model healthy eating
- Divide responsibilities for healthy meals – caregivers provide, kids decide
- Acknowledge hunger cues – Eat when your body is hungry, stop when you are full
- Control portions – Start with smaller portions
- Turn off screens when eating
- Avoid food rewards and bribes



OUR YOUNGEST PATIENTS

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

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. Hold off on any other fluids (including 100% fruit and vegetable juices) until 1 year of age.

AGE	DRINK	AMOUNT*
Up to 6 months	Breast milk (preferred) Iron-fortified infant formula	4-6 oz/feeding
6-12 months	Breast milk (preferred) Iron-fortified infant formula Plain unflavored water	4-8 oz/feeding Small amounts of water can be given after breast milk or formula.



The American Academy of Pediatrics (AAP) recommends exclusive consumption of breast milk for at least the first 4-6 months of life. Breastfeeding should still continue until 12 months of age or later.

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

Signs of Hunger:

- 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 an infant before they get too upset and are crying from hunger (crying is a late hunger sign)

Signs of Fullness:

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

continued

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. Adding food to the bottle does NOT help infants sleep through the night. In fact, this practice makes it harder for the infant to recognize signs of fullness.
- Give the bottle to the baby at feeding time only, not nap time, and do not let the baby go to sleep with the bottle as it promotes overeating and tooth decay.
- Always hold the baby while feeding instead of propping the bottle in the baby's mouth. This will prevent overeating and tooth decay. Tip the bottle so that milk fills the nipple and air does not get in.
- Do not let the baby walk or crawl around with the bottle.
- Never force a baby to finish what is in the bottle. Babies are the best judge of how much they need. To avoid wasting breast milk or formula, start with a smaller amount and add more if the baby is still hungry.

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 until 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.

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

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

Resources – 1) Nemours: Best Practices for Healthy Eating, 2) Team Nutrition Feeding Infants: Guide for Use in the Child Nutrition Programs 3) American Academy of Pediatrics: Pediatric Nutrition Handbook. If fast food, they should look for healthy options.

How to Practice the **DIVISION OF RESPONSIBILITY** When Feeding Children

The Division of Responsibility varies slightly depending on the age and ability of a child.

A crucial part of parents' and caregivers' job around mealtime is trusting children to determine *how much and whether* to eat from what is offered. Children are born with a natural ability to eat. As adults do their jobs with feeding, children do their jobs with eating. Because of this, we encourage caregivers to practice Ellyn Satter's Division of Responsibility when feeding children.

When parents and caregivers follow this Division of Responsibility in feeding, children build on this natural ability and become eating competent. This leads to them eating the appropriate amount of food and growing in the way that is right for them.

For infants

- The caregiver is responsible for *what* is offered.
- The child is responsible for *how much* they eat from what is offered.

For babies making the transition to family food

- The caregiver is still responsible for *what* is offered, and is becoming responsible for *when* and *where* the child is fed.
- The child is still responsible for *how much* and *whether* to eat the foods offered by the caregiver.

For toddlers through adolescents

- The caregiver is responsible for *what*, *when*, and *where* the food is offered.
- The child is responsible for *how much* and *whether* to eat from what is offered.

Content adapted from Ellyn Satter's Division of Responsibility in Feeding at <http://www.ellynsatterinstitute.org/>. Visit this website for more about eating and feeding and for Ellyn Satter's books, videos, and other resources. For the evidence behind this model, read "The Satter Feeding Dynamics Model" under "Who We Are" on the website.



BREASTFEEDING

Benefits for baby:

Most health professionals are familiar with the benefits of breastfeeding. The American Academy of Pediatrics, American Congress of Obstetricians and Gynecologists, American Academy of Family Physicians, Centers for Disease Control, World Health Organization, and United Nations Children's Fund continue to support the unequivocal evidence that breastfeeding protects against a variety of diseases and conditions in the infant such as:

- Atopic dermatitis
- Asthma
- Otitis media
- Urinary tract infection
- Bacterial meningitis
- Late-onset sepsis in preterm infants
- Celiac disease
- Type 1 and Type 2 diabetes
- Diarrhea
- Lymphoma, leukemia, and Hodgkin's disease
- Respiratory tract infection
- Childhood overweight and obesity
- Necrotizing enterocolitis
- Sudden infant death syndrome (SIDS)

Benefits for mom:

- 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
- Decreased risk of postpartum depression
- Decreased risk of Type 2 diabetes

continued



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.

For these reasons, as well as the potential risk to an infant's health from formula feeding (e.g., differences in the neonatal GI microbiome), all maternal/child health care organizations recommend exclusive breastfeeding for approximately the first 6 months of life and continued breast milk feeding for at least the first year of life.

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)
- Human t-lymphotropic virus type I or II

Refer to the American Academy of Pediatrics policy statement for other conditions that may require further investigation/careful consideration at (www.aap.org/breastfeeding).

Breastfeeding is NOT contraindicated in 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)

SUPPORTING **BREASTFEEDING**

Pediatricians, obstetricians, nurse practitioners, nurse midwives, and family medicine providers can play a key role in promoting breastfeeding and supporting families.

You and your staff can:

- Communicate the benefits of breastfeeding and the risks of formula feeding to all of your patients (Use the handout *Benefits of Breastfeeding: Information for Pregnant Women & New Families*).
- Educate yourself about breastfeeding and how to care for breastfeeding families in your practice (Use the *Provider Resource Guide for Breastfeeding*).
- 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.
- Consider having a Lactation Consultant on staff to address any questions or concerns your patients may have.



GUIDE FOR **BREASTFEEDING**

Website

- Baby Friendly USA – Organization that credentials hospitals for the Baby Friendly Hospital Initiative (BFHI). <http://www.babyfriendlyusa.org>

Self-Study

- The AAP's Health Professional's Resource Guide: <http://www.aap.org/breastfeeding/healthProfessionalsResourceGuide.html>
- Academy of Breastfeeding Medicine. International physician organization for promotion, protection, and support of breastfeeding. Evidence-based protocols available for free download; annual CME conference occurs every fall. www.bfmed.org
- Breastfeeding Friendly Consortium. Offers 20 hours of on-line CME education including education on the Ten Steps to Successful Breastfeeding/BFHI – helping advanced-level providers meet the required 3 hours of training to achieve BFHI-designation. Also offers ABP Maintenance of Certification-approved activities and practice monitoring tools. \$99 for one year registration. Endorsed by the AAP. <https://bfconsortium.org/pages/13>
- Resources for safety of medications in breastfeeding: Lactmed. Online, evidence-based website supported by the NIH. <http://lactmed.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT>
- Video demonstration of hand expression of breast-milk. <http://newborns.stanford.edu/Breastfeeding/HandExpression.html>
- Wellstart International (2013) Lactation Management Self-Study Modules, Level I, Fourth Edition, Shelburne, Vermont: Wellstart International. Available at: <http://www.wellstart.org/Self-Study-Module.pdf> Available at no cost.

Identify your local Chapter Breastfeeding Coordinator

- 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: <https://www2.aap.org/breastfeeding/files/pdf/cbcroster.pdf>

Apps

- Massachusetts Breastfeeding Coalition's evidence-based smartphone app, Breastfeeding Management 2, is now available in Android <https://play.google.com/store/apps/details?id=com.mentpr.breastfeed.mgr&hl=en> as well as for iPhone/iPod touch <https://itunes.apple.com/us/app/breastfeeding-management-2/id366578339?mt=8> for \$1.99. It is specifically designed to help health professionals manage breastfeeding issues and includes triage tools, links, calculators, and lots of other useful information. Proceeds help support the non-profit MA Breastfeeding Coalition.

Source:
American Academy of Pediatrics Breastfeeding Initiatives – www.aap.org/breastfeeding
Ip, et al. A summary of the Agency for Healthcare Research and Quality's evidence report on breastfeeding in developed countries. *Breastfeed Med*. 2009; 4:S17-30.
American Academy of Pediatrics Section on Breastfeeding. Breastfeeding and the use of human milk. *Pediatrics*. 2012; 129:e827-841.
ACOG, <http://www.acog.org/Search?Keyword=breastfeeding>
AAP Guidelines, <http://www.aafp.org/aafp/2000/0401/p2093.html>



www.lets-go.org

The Benefits of

BREASTFEEDING

Information for Pregnant Women and New Families



Benefits of breastfeeding for babies:

- Decreased pain during painful procedures
- Better brain development
- Fewer ear infections
- Fewer respiratory tract infections (especially severe infections)
- Fewer gastrointestinal (GI) infections/episodes of diarrhea
- Fewer serious childhood illnesses such as:
 - Leukemia
 - Necrotizing enterocolitis (a severe illness of premature infants)
 - Sudden Infant Death Syndrome (SIDS)
 - Type 1 diabetes
- Healthier bacteria in the gastrointestinal (GI) tract with fewer episodes of diarrhea
- Lower risk of childhood asthma
- Lower risk of eczema/atopic dermatitis (an allergic skin condition)
- Lower risk of obesity in adolescence and adulthood
- Possible lower risk of other childhood/adulthood illnesses such as:
 - Bacterial infections in the blood, urine, and spinal fluid
 - Celiac disease
 - High blood pressure
 - High cholesterol
 - Type 2 diabetes

Benefits of breastfeeding for mothers:

- Helps uterus return to normal size after delivery
- Helps decrease bleeding and anemia after delivery
- Lowers risk of breast cancer
- Lowers risk of ovarian cancer
- Lowers risk of postpartum depression
- Possible additional benefits:
 - May help aid in gradual weight loss after delivery
 - Lowers risk of heart disease
 - Lowers risk of fractures from osteoporosis

Benefits of breastfeeding for families/communities:

- A mother's breast milk is always available and ready for her baby
- A mother's breast milk is free
- Families are healthier due to lower rates of infection in the infant and family
- Parents miss less work as their children are healthier
- Less use of energy for manufacturing and less waste/pollution in the environment

Adapted from materials developed by the NH's Ten Steps to Successful Breastfeeding program, and the DHMC-Lebanon Baby Friendly Task Force and Women's Health Resource Center with their permission.



www.letsgo.org

Tips on How to Get the **BEST START** WITH BREASTFEEDING

Information for Pregnant Women and New Families

To help you and your baby get the best start with breastfeeding, begin breastfeeding after birth as soon as you are able.

Your milk is the best nutrition for your baby.

Feeding a baby with breast milk only helps make a baby the healthiest he or she can be. To make sure your baby gets the best start in life, feed your baby breast milk only for the first 6 months of life unless your baby's health care provider recommends otherwise. If your baby's provider does recommend that you supplement your baby with formula, ask to see a breastfeeding specialist (a Lactation Consultant) to help make sure you are breastfeeding as well as can be. Before giving any other type of milk to your baby (donor breast milk or formula), see if you can pump/express your breast milk and feed this milk first to your baby.

Spend lots of time with your baby skin-to-skin.

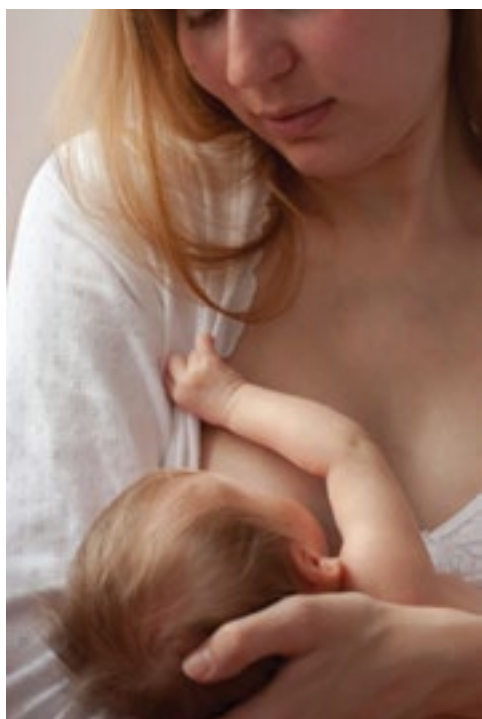
This means holding your baby close so that as much of your baby's skin touches as much of your skin as possible. Skin-to-skin contact helps your baby have the healthiest start in life. By doing skin-to-skin:

- Your baby will be calmer and more content.
- Your baby will feed better.
- Your baby will have the healthiest body temperature, blood sugar and oxygen level, and breathing and heart rate.
- Skin-to-skin contact also helps your milk "let down" during feeding and helps you make more milk. It also helps your uterus contract more after birth which helps limit bleeding.

The earliest time after delivery is when a baby is most alert and will often feed the best. Soon after, it is common for a baby to become sleepy and less interested in feeding.

Breastfeed your baby early and often.

This means feeding your baby at least 8-10 times per day (even up to 12 times per day is normal and healthy). Feeding your baby often makes sure your baby gets all of the benefits of your breast milk, and makes sure your baby gets the most breast milk possible. It also helps your milk come in sooner and with the best supply. When babies breastfeed 8-10 times per day, they lose less weight than if they feed less often. They are also less likely to have high levels of jaundice (a yellow color of the skin).



continued

Feed your baby when he or she shows early feeding or hunger cues.

Your baby will show you he or she is hungry by making mouth movements, or by licking the lips or bringing hands to the mouth. Offer breastfeeding any time your baby shows these cues. If your baby decides not to feed, that is ok. Keep your baby close to you in skin-to-skin contact while you wait for your baby to eat.

Room-in with your baby day and night.

This will help you learn your baby's needs and feeding cues. Being close to your baby also helps you respond to these needs and cues early. Responding early to these cues helps your baby feed as well as possible. It also helps your baby stay calm and comfortable. Rooming-in will also help you feel more comfortable and confident in caring for your baby on your own. This will help prepare you for when you go home with your baby. It is very important that you are not separated from your baby in the hospital unless there is a medical reason to do so.

Limit visitors in the first few days after delivery to give you and your baby private time to get to know each other. This will also help give you some quiet time to work on breastfeeding. Limiting visitors in the first few days also helps give you protected time to **sleep when your baby sleeps**. This extra rest is very important as babies are often hungriest and most awake at night – just when you want to sleep.

Ask a nurse or lactation consultant to watch you and your baby breastfeed. Ask if they can teach you how to position your baby and how to know if your baby is latching well.

Ask your baby's nurse, doctor, or lactation consultant for **information on who you can contact after you go home** from the hospital. This information will be helpful if you have questions or any concerns about breastfeeding after discharge. Ask if there are any breastfeeding support groups in your area such as a breastfeeding peer support group, or if you qualify for the WIC peer counseling breastfeeding program. Knowing other mothers who breastfeed can be a strong source of support in the early weeks and months of your baby's life.

Adapted from materials developed by the NH's Ten Steps to Successful Breastfeeding program, and the Dartmouth-Hitchcock Medical Center-Lebanon Baby Friendly Task Force and Women's Health Resource Center with their permission



GUIDE FOR BREASTFEEDING

Compiled by New Hampshire's Ten Steps to Successful Breastfeeding program and Let's Go!

This resource will direct you towards websites and AAP publications for families about breastfeeding as well as those of other organizations.

AAP Publications

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

Website: <http://shop.aap.org/>

New Mother's Guide to Breastfeeding: A basic breastfeeding 101 book for mothers. A good overview of the experience of breastfeeding from initiation to weaning for parents. Available in Spanish.

WEBSITE: <http://www.amazon.com/American-Academy-Pediatrics-Mothers-Breastfeeding/dp/0553386662>

Your Baby's First Year: From birth to your baby's first birthday.

This book will guide you about every aspect of your child's health.

WEBSITE: <http://www.amazon.com/Your-Babys-First-Year-Edition/dp/0553593005>

The Joint Commission's Speak Up™ brochure "What you need to know about breastfeeding." Provides new mothers/families with information on the benefit of breastfeeding, and helpful tips on preparing for breastfeeding in the prenatal period, in the hospital, and after leaving the hospital.

WEBSITE: http://www.jointcommission.org/assets/1/18/Breastfeeding_final_7_19_11.pdf

An Easy Guide to Breastfeeding. 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.

WEBSITE: <https://www.womenshealth.gov/publications/our-publications/breast-feeding-guide/>

Breastfeeding – Best for Baby, Best for Mom. This comprehensive Web site from the Office on Women's Health offers breastfeeding information and a breastfeeding helpline.

WEBSITE: <http://www.womenshealth.gov/Breastfeeding/>

continued

Centers for Disease Control and Prevention Breastfeeding Pages.

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.

WEBSITE: <http://www.cdc.gov/breastfeeding/>

Human Milk Banking Association of North America. This Web site will answer your questions about human milk banking and direct-to-human milk banks in North America.

WEBSITE: <http://www.hmbana.org/>

International Lactation Consultant Association. 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.

WEBSITE: <http://www.ilca.org/>

La Leche League International. 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.

WEBSITE: <http://www.llli.org/>

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

WEBSITE: <http://www.choosemyplate.gov/pregnancy-breastfeeding.html>

AAP Section on Perinatal Pediatrics. This Web site features up-to-date neonatal-perinatal information for families with premature babies.

WEBSITE: <http://www2.aap.org/sections/Perinatal/aboutus.html>



STEP THREE

IMPLEMENT STRATEGIES

MORE

Parents Handouts

MEASURING YOUR BABY

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?



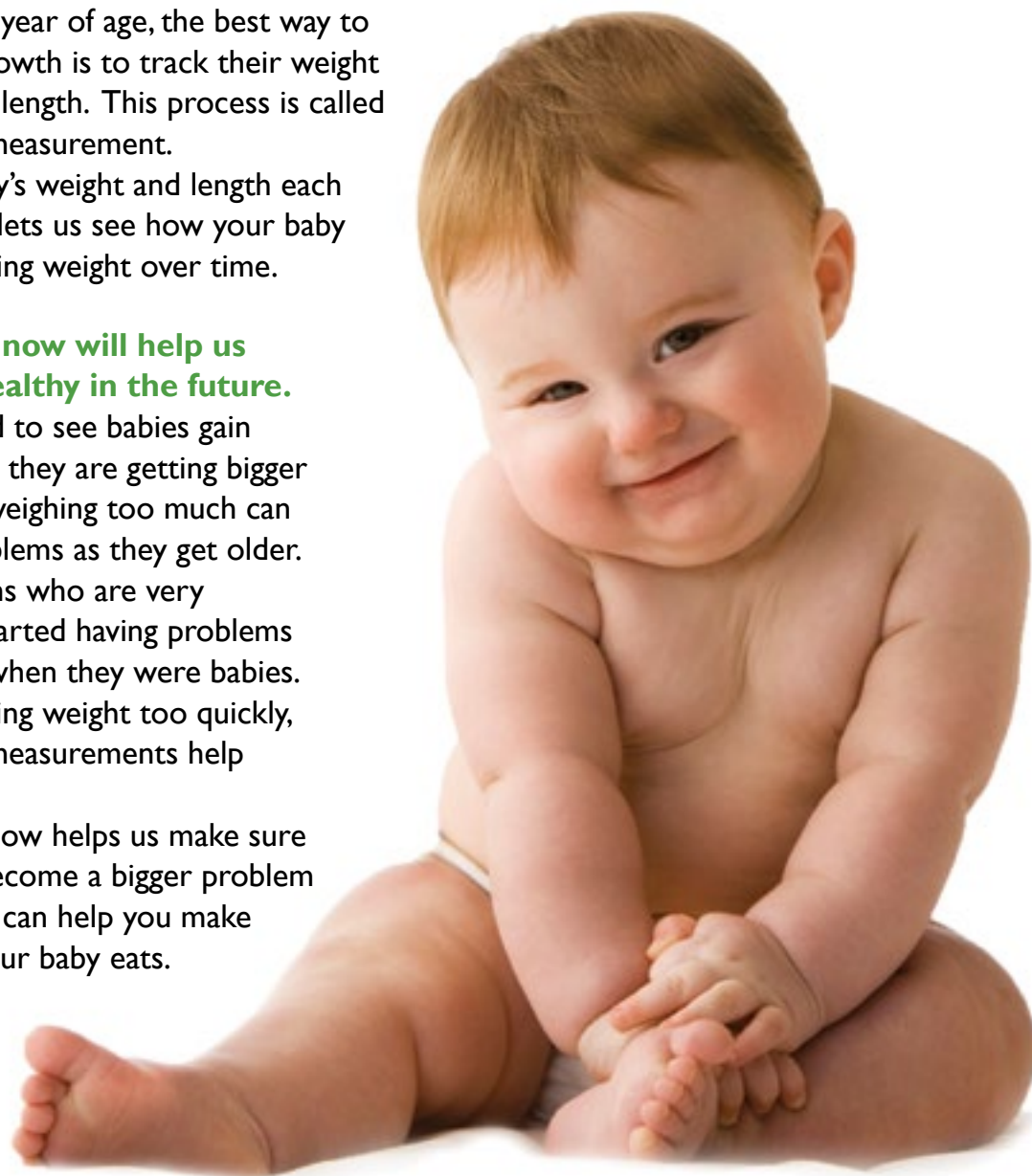
www.letsgo.org

Weight-for-length measurements help us track your baby's growth.

- For babies up to 2 year of age, the best way to determine their growth is to track their weight compared to their length. This process is called weight-for-length measurement.
- We track your baby's weight and length each time you visit. This lets us see how your baby is growing and gaining weight over time.

Finding problems now will help us 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 as they get older.
- 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 see this early.
- Finding problems now helps us make sure that this doesn't become a bigger problem later. If needed, we can help you make changes in what your baby eats.



5

EAT AT LEAST FRUITS + VEGETABLES EVERY DAY



REDDY'S RULES

Try it!

- Try fruits and veggies different ways and try at least a couple of bites each time. It can take 7 to 10 tries before you like a new food, so be open to trying again and again. It may become your new favorite!
- Many fruits and veggies taste great with a dip or dressing. Try salad dressing, yogurt, nut butter, or hummus.
- Make a fruit smoothie with yogurt.

Mix it!

- Add veggies to foods you already make, like pasta, soups, casseroles, pizza, rice, etc.
- Add fruit to your cereal, pancakes, or other breakfast foods.

Slice it!

- Keep washed and chopped veggies and fruits in the fridge so they are ready to grab and eat.
- Most people prefer crunchy foods over mushy ones. Enjoy vegetables fresh or lightly steamed, and avoid overcooking.

Did you know?

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

What is a serving?

Kids

- Size of the palm of their hand

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



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 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 food choices are. Your children can then decide what and how much to eat of what's offered.
- Include your children in preparing the meal.
- Gather around the table for a meal and turn the TV and mobile devices off.
- Make the meal pleasant by keeping the conversation positive.
- Limit eating and drinking unhealthy snacks between meals.
- Role model the habits you want your children to develop.

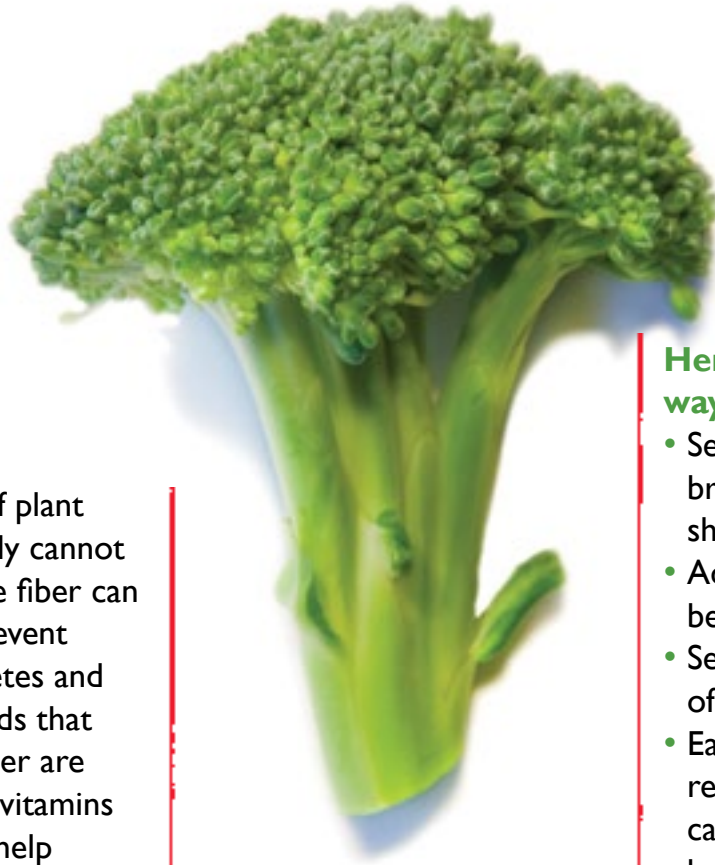


together
energy



www.letsgo.org

HOW TO ADD FIBER TO YOUR MEAL



Fiber is the part of plant foods that the body cannot 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 of food labels.

Children ages 3-15 should aim for “age in years plus 5-10 grams” of fiber. Older teen should eat 20-35 grams of fiber a day.

FOR EXAMPLE

an 8-year old should eat 8 grams + 5 to 10 = 13 to 18 grams of fiber a day.

Here are some easy ways to add fiber:

- Serve high-fiber cereal like bran flakes, oatmeal, or shredded wheat.
- Add some raisins or berries to breakfast cereal.
- Serve whole fruit instead of juices.
- Eat vegetables that are really high in fiber like carrots, winter squash, broccoli, cauliflower, peas, potatoes and avocado.
- Add a salad to lunch or dinner.
- Eat apples, pears, and potatoes with the peels on.
- Add beans (like kidney or navy beans), chickpeas, or lentils to salads and soups or eat baked beans as a side dish.
- Popcorn makes a great high-fiber snack.
- Fill $\frac{3}{4}$ of the lunch or dinner plate with plant-based foods, such as fruits, vegetables, and whole grains.



TIPS FOR A HEALTHIER DIET

Healthier foods are generally more “nutrient-dense.” This means they provide tons of vitamins and minerals along with the calories they contain.

These foods are nutrient-dense and easy to include in your diet:

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

By choosing nutrient-dense foods like these, you can make sure your child’s calories count

- Vibrant, deeply-colored fruits and vegetables
- Lean meat, skinless poultry, fish, eggs, beans, and nuts

TIP: The leanest cuts of meat end in “loin” or “round”

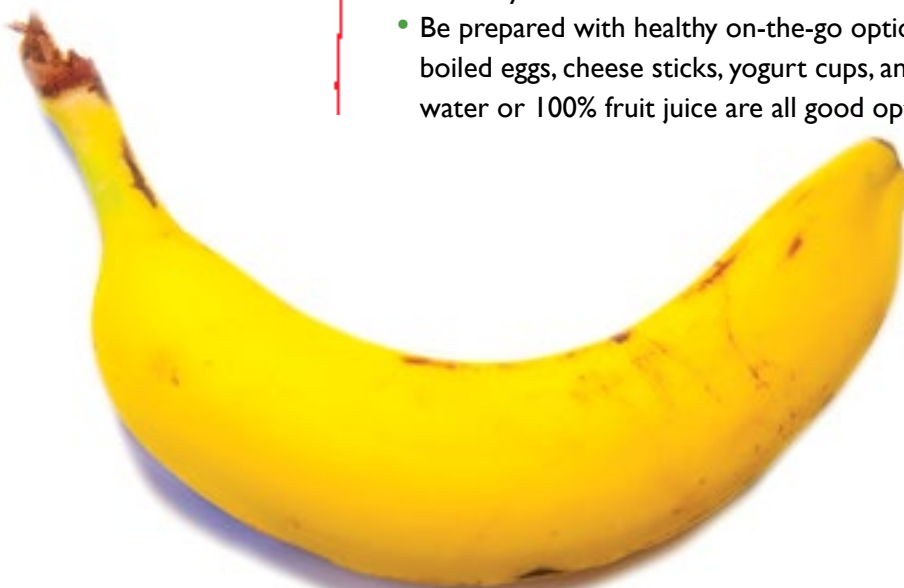
- Fiber-rich whole grain foods
- Milk, cheese, and yogurt

Tips to help your family have a healthier diet

Are you looking to help everyone in your family eat healthier? Here are some ideas for how to successfully introduce new foods and improve the quality of your family’s diet.

- Offer new foods over and over again. It can take many exposures to a food before a child is willing to try it.
- Offer less familiar foods alongside your child’s favorite foods to increase the chances they’ll try it.
- Mix more nutritious foods into less nutritious ones. For example, mix whole grain cereal into your child’s favorite cereal, plain yogurt into sugar-sweetened yogurt, and whole grain flour into your pancake mix.
- Make your own versions of favorite foods (e.g. pizza with whole wheat dough and veggies on top, baked ‘French fries’ tossed in olive oil and salt).
- Let the kids help you cook! They are more likely to try something they helped make.
- Have fresh veggies available for kids to snack on while they wait for dinner to be ready.
- Be prepared with healthy on-the-go options: whole or dried fruit, nuts, hard boiled eggs, cheese sticks, yogurt cups, and single-serve fruit cups canned in water or 100% fruit juice are all good options.

Adapted from The Fittest Food by Nutrition Works, LLC © 2008



A Healthy Start

BREAKFAST IS BEST

**Keep it simple,
but keep it delicious!**

You may like:

- Oatmeal with cinnamon, applesauce, and a glass of milk
- A waffle or pancake with blueberries
- An English muffin with a slice of ham, egg, and cheese
- A raisin bran muffin, a banana, and a glass of milk.

**Choose whole grains
most of the time!**

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 focus on work or school!
- It can help you feel and act your best!
- It can help keep you healthy!

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

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

- A cup of yogurt (plain – add your own fruit).
- A piece of fruit such as a banana, orange, or apple.
- A bowl of cereal with milk.
- A slice of toast with nut butter and a glass of milk.
- Half of a toasted English muffin with a slice of cheese.
- Trail mix of raisins, nuts, and cereal.

boost your energy
and brain power!



FRUITS AND VEGETABLES ALL YEAR LONG!

5

Eat at least five fruits and vegetables a day!

There's no reason not to have fruits and vegetables year-round. Here's why frozen or canned produce is a good choice:

For Health

- They're just as good for you as fresh fruit and vegetables – their 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. You can season to taste. If you have only have salted canned vegetables, rinse in water before preparing.

For Savings

- They cost less than fresh fruit and vegetables.

For Convenience

- They're always in season.
- You'll have lots of choices.
- They're easily stored.
- They're already washed and cut—ready for your favorite recipe!

Add Frozen and Canned Vegetables to

- Chili
- Soups or stews
- Stir-fry
- Pasta sauce
- Casseroles

Use canned black beans, corn, peppers, and onions to spice up a Mexican dish. Add chick peas or kidney beans to any salad.

Add Frozen and Canned Fruits to

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

Or simply use as a side dish!

SOOOOOO cool!



WHAT IS A HEALTHY PORTION?

Food portions are larger than ever these days—usually much more than we need. Choose your starting portion size by relating food to everyday items.



A serving of meat, fish, or poultry is equal to a deck of cards.



A serving of fruit or vegetables is about the size of a tennis ball.



A serving of nut butter or salad dressing is about the size of a ping-pong ball.



For toddlers, the right portion size is the size of the palm of their hand.

continued

Use these tips to help keep your portions right-sized.

- Start with one portion of each food on your plate. If you are still hungry, you can always get more.
- Use the MyPlate model to create a balanced plate. Fill half of your plate with veggies (and/or fruit), $\frac{1}{4}$ with protein, and $\frac{1}{4}$ with starch, preferably a whole grain.
- Check the serving size on packaged foods for guidance on portion size.
- Eat your food while sitting down and using a plate or bowl. Avoid eating directly out of packages.
- Eat regularly throughout the day; this helps keep you from getting too hungry.
- Serve food on smaller plates.
- Serve meals from the stove. This can help you avoid eating more when you are no longer hungry.
- At restaurants, ask for a lunch-size portion, split your meal, or box up half to take home.
- Skip the “clean plate” club. Instead, start with smaller portions, savor your food, and eat until you are satisfied.
- Role model the behaviors that you want your children to develop.



no
more
clean
plate
club!

QUICK SNACKS

for Healthy Kids

The kids are hungry and your time is limited. Try some of these quick snacks for healthy kids that require little prep time!



- **Veggies and Dip:** Baby carrots, cucumber slices, red pepper slices, broccoli, cherry tomatoes, snap peas, or celery sticks served with hummus, salad dressing, or other dip.
- **Vegetable Sticks with Spread:** Celery or carrot sticks topped with nut butter or cream cheese (add some raisins to make 'ants on a log'!)
- **Snack Kabobs:** Veggie or fruit chunks skewered onto thin pretzel sticks.
- **Sweet Potato Fries:** Baked sweet potato wedges, tossed lightly with olive oil and salt.
- **Cottage Cheese or Yogurt with Fruit and/or Granola:** Try using fresh grapes, frozen berries, or canned peaches or pineapple.
- **Mini Bagel with Spread:** Try cream cheese, nut butter, or hummus.
- **Apple Treats:** Sprinkle apple chunks with cinnamon and/or raisins or granola, then mix in some nut butter.
- **Chips and Salsa:** Use whole grain baked pita chips or baked tortilla chips. Also try out bean dip instead.
- **Taco Roll-Up:** Small whole wheat tortilla rolled with cheese, beans and salsa.
- **Turkey Roll-Up:** Turkey slice rolled up with cheese.
- **Mini Pizzas:** Top pita bread or half of a whole wheat English muffin with tomato sauce, cheese, and chopped vegetables and toast until cheese is melted.

continued



even QUICKER SNACKS

for Healthy Kids

For even quicker snacks, try one of these!

- **Whole Fruit:** Grapes, apples, bananas, etc.
 - **Fruit Salad:** Store-bought fresh fruit, unsweetened canned fruit, or snack cup.
 - **Frozen Fruit:** Berries, mango, you can even freeze grapes.
 - **Dried Fruit:** Look for unsweetened varieties and keep it to a handful.
 - **Apple Sauce:** Unsweetened.
 - **Nuts:** Such as almonds, walnuts, cashews, or mixed nuts; keep it to a handful.
 - **Cheese:** One string cheese or 2 slices of cheese.
 - **Granola/Fruit Bar:** Look for whole grain bars that are low in sugar.
 - **Cereal:** Choose whole grain cereals like Cheerios, Multigrain Chex, and Shredded Wheat.
 - **Trail Mix:** Made with nuts, seeds, granola, and/or dried fruit; keep it to a handful.
 - **Popcorn:** 2-3 cups popped.
 - **Fruit Smoothies:** Store-bought or homemade with fresh or frozen fruit and milk or yogurt.
 - **Pretzels:** A handful served with a spoonful of hummus or nut butter.
- Let's not forget about beverages.**
Reach for some of the suggestions below the next time you provide beverages!
- **Water**
 - **Milk**
 - **Seltzer water** with a splash of 100% fruit juice
- Try making yummy infused water**

Just add fruit (think berries, melons, citrus fruit, kiwi, etc.) and/or vegetables (like cucumber, celery or carrot), and/or fresh herb leaves (like thyme, mint, cilantro, or parsley). Mix and match and let it sit a few hours in the fridge to let the flavors infuse.

HEALTHY SHOPPING ON A BUDGET

Healthy shopping on a budget takes planning!

Planning helps you **SAVE TIME, MONEY, and EAT HEALTHIER.**

- **Make a list and stick to it.** Lists help 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 nut butter, avoiding other expensive processed, 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 unhealthier 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 fruits, vegetables and other items that are on sale each week. 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 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

For more information visit <http://www.fda.gov/> and search “Food Labeling”

What can I use the Nutrition Facts label for?

- Getting a general idea about how healthy 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.

Watch out for these common misconceptions:

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

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 Know Your Fats and Reduce Your Sodium

Aim to eat only small amounts of saturated fat and cholesterol. Keep *trans* fat to 0. Limit your sodium by choosing foods with less sodium.

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	
Calories 250	Calories from Fat 110
% Daily Value*	
Total Fat 12g	10%
Saturated Fat 3g	15%
Trans Fat 3g	
Cholesterol 50mg	10%
Sodium 470mg	20%
Total Carbohydrate 31g	10%
Dietary Fiber 6g	0%
Sugars 5g	
Protein 5g	
Vitamin A	4%
Vitamin C	2%
Calcium	20%
Iron	4%

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.



LIMIT RECREATIONAL SCREEN TIME HOURS OR LESS EVERY DAY

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

Life is a lot 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 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 free activities in your community.
- Rollerblade.
- Play charades.
- Go play in the snow (e.g. sled, ski, snowshoe, build a snowman or fort).

Tame the TV and Computer!

Set Limits and Provide Alternatives.

- 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, it's time to turn off the TV.
- Eliminate TV time during the week.
- Set family guidelines for age-appropriate shows.
- Make a list of fun activities to do instead of being in front of a screen.
- Keep books, magazines, and board games in the family room.

Healthy Screen Time Means:

- No TV/computer in the room where the child sleeps.
- No TV/computer under the age of 2.
- One hour of educational TV/computer time between ages 2 and 5.
- After the age of 5, two hours or less per day.

Did you know?

- Screen time includes time spent on TVs, computers, gaming consoles/handhelds, tablets, and smartphones. It's important to limit the use of ALL screens.
- Watching TV is associated with more snacking and increased obesity.
- Too much TV has been linked to lower reading scores and attention problems.

PROMOTE **HEALTHY VIEWING** HABITS

How much screen time is too much?

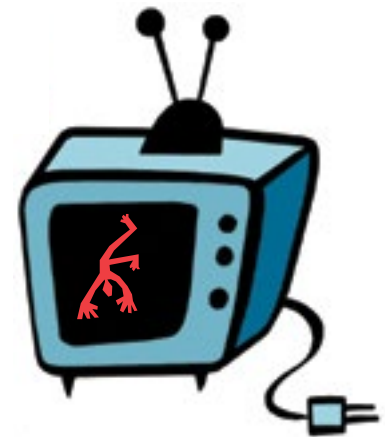
The American Academy of Pediatrics (AAP) recommends that kids under 2 years old not have ANY SCREEN TIME and that those older than 2 have no more than 1-2 hours a day of quality programming.

Why is this important?

The first two years of life are considered a critical time for brain development. TV and other electronic devices can get in the way of exploring, playing, and interacting with parents and others, which encourages learning and healthy physical and social development.

Here are some tips you can use to help your child develop positive screen time habits:

- Keep screens out of your child's bedroom.
- Turn off TV and put away handheld devices during meal time.
- Treat screen time as a privilege to be earned — not a right.
- Establish and enforce family viewing rules, like allowing screen time only after chores and homework are complete.
- Make a list of fun activities to do instead of being in front of a screen. Keep books, magazines, and board games easily available.



What counts as a screen time?

Screen time means any time spent using TVs, computers, video games, tablets, and/or smart phones.



UNPLUGGED!

Life is a lot more fun when you join in!



Interesting Facts About TV

- Screen time can be habit-forming: the more time children engage with screens, the harder time they have turning them off as they become older children.
- Over 50% of advertisements accompanying children's TV shows are about foods, and up to 98% of these promote foods that are high in fat, sugar, and/or sodium.
- Reducing screen time can help prevent childhood obesity.
- Children who spend less time watching television in early years tend to do better in school, have a healthier diet, be more physically active, and be better able to engage in schoolwork in later elementary school.
- Limiting exposure to television during the first 4 years of life may decrease children's interest in it in later years.

Adapted from Campaign for a Commercial-Free Childhood

Try some of these “unplugged” 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

Check these out!

- Center on Media and Child Health: www.cmch.tv
- Campaign for a Commercial-Free Childhood: www.commercialfreechildhood.org



SCREEN TIME AND THE VERY YOUNG

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

The American Academy of Pediatrics recommends NO screen time for children under 2 years of age. Listed below are some of the effects that excessive screen time (over two hours a day) 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.
- Is linked to irregular sleep patterns and delayed language acquisition for children under 3.
- Is associated with problems later in childhood, including lower math and school achievement, reduced physical activity, social challenges, and increased BMI.
- Means less time involved in creative play and constructive problem solving.

Reduced Screen Time

- May lead to decreased interest in screen time when children are older.
- Can help prevent childhood obesity by allowing more time for physical activity and less exposure to television advertising for unhealthy foods targeted at children.
- Is related to doing better in school, having a healthier diet, being more physically active, and being better able to engage in school work.
- Can start now! Limiting exposure before age 6 greatly reduces some of the risks of excessive screen time.

Source: Campaign for a Commercial-Free Childhood.



GET AT LEAST HOUR OF PHYSICAL ACTIVITY EVERY DAY

Move an hour every day!

Physical Activity Can 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

Make Physical Activity Easier.

- Make gradual changes to increase your level of physical activity.
- Track the level of your physical activity using a pedometer, fitness band, or online tracker.
- Choose toys and games that promote physical activity (e.g. balls, hula hoops, jump ropes, scarves).
- Do physical activities together with friends or family.
- Turn off the TV and computer and keep them out of the bedroom.
- Limit recreational screen time (e.g. TVs, computers, video games, etc.).
- Encourage lifelong physical activity by incorporating it into your routine.
- Keep physical activity fun! You'll be more likely to do it.



Did you know?

One hour of moderate physical activity means:

- Doing activities where you breathe hard, like fast walking, 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.
- Makes your heart happy.
- Makes you stronger.
- Makes you flexible.

Be a Role Model.

- Schedule active family play time daily.



www.letsgo.org

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 the door. Spending time in nature, either alone or 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 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 explore them.
- Get other friends and families involved in your nature outings – the more, the merrier!

Here are some fun, family-friendly outdoor activities you can try:

- Go apple or berry picking
- 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
- Follow animal tracks
- Sleep in the backyard
- Go sledding
- Go fishing



0



SUGARY DRINKS...

DRINK WATER!

Put limits on juice!

- Juice products labeled “-ade,” “drink,” or “punch” often contain 5% juice or less. Sometimes, the only difference between these “juices” and soda is that they have added Vitamin C.
- Always try to choose whole fruits over juice.
- Suggest a glass of water or milk instead of 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.

Did you know?

Soda has no nutritional value and is high in sugar. Just 9 ounces of soda has up to 150 empty calories. Many sodas also contain caffeine, which kids don't need.



Water!

Keep It Handy, Keep It Cold:

- Keep bottled water or a water bottle on hand.
- Fill a pitcher of water and keep it in the fridge.

Liven It Up, Make It Fruity:

- Add fresh lemon, lime, or orange wedges to water for some natural flavor.
- Try mixing seltzer with a splash of juice.

Be a Role Model:

- Drink water when you're thirsty.
- Replace soda with water, instead of other sugar-sweetened beverages, such as juice or sports drinks.

Water is Fuel For Your Body:

- Between 70-80% of our body is made up of water.
- When you exercise, you sweat, and when you sweat, you LOSE water— it is important to replace the water you lose when you sweat.
- Water is the #1 thirst quencher!



WATER IS FUEL for Your Body

**“In a game,
when my
players get
thirsty, water
gets the call.”**

Arnie Beyeler, Manager,
Portland Sea Dogs

Ever wonder why you need water? Like food, water acts like fuel in your body and helps your body run. To keep your body running smoothly, drink plenty of water throughout the day.

Kids who eat healthy, drink enough water, and sleep well at night will have more energy for all their sports and activities!

- Between 70-80% of your body is made up of water.
- Water is the # 1 thirst quencher.

Give Your Body Water When You Need More Fuel!

When you exercise, you sweat, and when you sweat, you LOSE water and minerals. It's important to replace the water you lose when you sweat by drinking water. You can replace the minerals by eating a piece of fruit such as a banana. It's uncommon for kids to reach a level of activity where they require sports drinks. Most often the best choice is water and a light snack.

Energy drinks 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 and many sports drinks contain HIGH amounts of sugar and calories. The extra sugar and calories may add to weight gain and tooth decay.



Stay hydrated!
It's cool.

What Should YOUNG CHILDREN

DRINK



The best drinks for young children—and for kids of all ages—are water and milk.

- Water is essential for good health and is the best thirst quencher.
- Milk is loaded with important nutrients, especially calcium, which is vital to proper development of teeth and bones.
 - Children between 1 and 2 years old should be drinking whole milk and/or breast milk.
 - Preschoolers can consume 2-3 cups of milk (or other dairy, or dairy alternative products like fortified soy or almond milk) every day.
- Even 100% juice has a significant amount of sugar, so limit to no more than one serving (about 4-6 ounces) of 100% juice a day.
- Kids may be less likely to drink enough water and milk if soda and other sugar-sweetened beverages are available.

What you can do

- Promote water and milk as the drinks of choice.
- Offer milk or milk alternatives at all meals, and water between meals.
- For flavored milk, limit the added sugar by flavoring it yourself versus buying premixed versions. Note: Flavored milk should only be an occasional treat, if served at all.
- Use the drink chart below to talk with your kids about how much sugar is in some common drinks.
- Bring water or milk instead of sugar-sweetened drinks to celebrations.
- Be a role model by drinking water or milk.

DRINK	SIZE	SUGAR
Water	8 oz.	0
Milk	8 oz.	11 grams
100% Orange Juice	8 oz.	22 grams
Juice Drink (10% fruit juice)	8 oz.	38 grams
Powdered Drink Mix (with added sugar)	8 oz.	24 grams
Soda	8 oz.	27 grams

Do You Think That

JUICE IS A HEALTHY CHOICE OR AN OCCASIONAL TREAT?

Juice is best as an occasional treat.

Here's why...

- Juice contains similar amounts of sugar as soda.
- Fruit juice offers no health benefits for infants younger than 6 months.
- For infants older than 6 months and children, fruit juice offers no health benefits over whole fruit.
- Fruit juice is NOT appropriate in treating dehydration or diarrhea.
- Too much juice may lead to obesity, diarrhea, gas, malnutrition, and tooth decay.
- Calcium-fortified juices do provide calcium, but lack other nutrients present in breast milk, formula, or cow's milk.

Recommendations

- Offer and encourage children to eat whole fruit instead of juice. They will get all the great fiber of the whole fruit and feel fuller than with drinking juice.
- If you decide to give your child juice:
 - It is recommended that you do not introduce it until your infant is at least twelve months old.
 - Choose 100% juice instead of fruit "drinks," which most likely contain added sweeteners and flavors.
 - Younger children aged 1 to 6 years should be limited to only 4-6 ounces of 100% juice a day, if any at all.
 - Older children should be limited to 8-12 ounces of 100% juice a day, if any at all.
 - Serve juice in open cups, not bottles or "sippy" cups that allow children to consume easily throughout the day.

Adapted from the American Academy of Pediatrics Committee on Nutrition.

Check out how much sugar is in some popular (and marketed towards children) juice and juice drinks:

BEVERAGE	SUGAR GRAMS PER SERVING	TSP. OF SUGAR PER SERVING
Sunny D Baja Orange Drink	43g	10
Capri Sun Red Berry Drink	25g	6
Apple & Eve Bert & Ernie Berry 100% Juice	13g	3
Earth's Best Strawberry Pear 100% Juice	11g	2.5
Water	0g	0

eat your fruit
instead of
drinking it.
it's better
for you.



www.lets-go.org

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 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 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 milk.

- Yogurt, 1 cup: choose those with less added sugar or corn syrup
- Smoothies made with milk, yogurt, and frozen fruit
- Chocolate milk, 1 cup
- Cheese, 2 ounces
- Orange juice plus calcium, 1 cup
- Calcium-fortified soy milk, 1 cup (shake well)
- Total cereal, $\frac{3}{4}$ cup



Most People Don't Need

SPORTS AND ENERGY DRINKS

Did you know?

Neither sports drinks nor energy drinks are a good substitute for the water we need each day – water is always the best thirst quencher! Water is the best choice for hydration, before, during, and after most people's exercise routines.

Sports drinks

- These are flavored drinks that usually contain sugar, minerals, and electrolytes (like sodium, potassium, and calcium).
- Most people don't need them! They are recommended **only when you are doing intense physical activity for at least an hour or longer** (such as long-distance running or biking, or high intensity sports like soccer, basketball, or hockey).
- Avoid drinking them when you are just doing routine physical activity or to satisfy your thirst.
- Examples of Sports Drinks:
 - Gatorade
 - Powerade
 - Accelerade
 - All Sport Body Quencher
 - Propel

Energy drinks

- These are flavored beverages that usually contain stimulants like caffeine and other compounds along with sugar, added vitamins and minerals, and maybe even protein.
 - Guess what?! 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.
- These could cause increased heart rate, increased blood pressure, trouble sleeping, anxiety, difficulty concentrating, upset stomach, and even caffeine toxicity.
- Examples of Energy Drinks:
 - Monster
 - Red Bull
 - Power Trip
 - Full Throttle
 - Jolt
 - Rockstar

Instead of sports drinks, have some water and a piece of fruit after a workout!



NON-FOOD REWARDS AT HOME

How can you celebrate a job well done without using food treats?

Here are some ideas:

- Make a list of fun, non-food rewards that don't cost much and post it where the whole family can see it. Allow your child to choose something from the list when appropriate.
- 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 your child's 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.
- Allow 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.

Food as a reward:

- Contributes to poor health.
- Encourages over-consumption of unhealthy foods.
- Contributes to poor eating habits.
- Increases preferences for sweets.

Be sure to avoid giving extra time in front of the TV or computer as a reward!

Words of appreciation can go a long way. Children love to hear "You did a great job" or "I appreciate your help."



HEALTHY SLEEPING HABITS

How much sleep is enough?

There are 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) need 10 to 13 hours of sleep a night.
- School-Age kids (ages 6 to 13) need 9 to 11 hours of sleep a night.
- Teens (ages 14 to 17) need 8 to 10 hours of sleep a night.

The average kid has a busy day. There's school, taking care of pets, playing with friends, participating in sports practice or other activities, and doing homework. By the end of the day, kids need sleep. However, a lot of kids are not getting the sleep they need. National experts surveyed kids about their sleep habits and 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.



Six 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 can help:

1. Help your child prepare for school the night before by laying out their clothes, backpack, etc.
2. Set up a routine where kids slow down before bed and go to bed about the same time each night.
3. Avoid screen time at least one hour before bedtime.
4. Make the bedroom a cozy environment where your child wants to be.
5. Make the bedroom a screen-free zone.
6. Adjust your child's bedtime earlier if they are not getting enough sleep.

Why is this important?

A diet rich in fruits and vegetables provides vitamins and minerals, 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 cancer. 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 a healthy weight.

What is a serving?

Kids

- Size of the palm of their hand

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

EAT AT LEAST
5 FRUITS +
VEGETABLES
EVERY DAY



www.letsgo.org



Here's what You can do

Choose with the seasons!

- Buy fruits and veggies that are in season.
- Don't forget that frozen and canned fruits and veggies are always available and are a healthy choice; be mindful of those with added sugar and/or salt.



Try it!

- Try fruits and veggies different ways and try at least a couple of bites each time. It can take 7 to 10 tries before you like a new food, so be open to trying again and again. It may become your new favorite!
- Many fruits and veggies taste great with a dip or dressing. Try salad dressing, yogurt, nut butter, or hummus.
- Make a fruit smoothie with yogurt.

Mix it!

- Add veggies 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!

- Keep washed and chopped veggies and fruits in the fridge so they are ready to grab and eat.
- Most people prefer crunchy foods over mushy ones. Enjoy vegetables fresh or lightly steamed, and avoid overcooking.

Be a role model!

- Snack on fruits and veggies.
- Plan and prepare meals with your family.

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.



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!

- Always try to choose whole fruits over juice.
- Juice products labeled “-ade,” “drink,” or “punch” often contain 5% juice or less. Sometimes, the only difference between these “juices” and soda is that have added Vitamin C.
- Suggest a glass of water instead of juice.



Why

is this important?

Watching too much television and the use of other screen media is associated with an increased prevalence of overweight and obesity, lower reading scores, and attention problems. The American Academy of Pediatrics (AAP) recommends no more than 2 hours of screen time a day and that children under age 2 not watch any TV or other screen media. The AAP recommends keeping the TV and computer out of the bedroom.

The use of screens can be habit-forming. The more time kids engage with screens, the harder time they have turning them off as they become older.

Over half of advertisements during kids' TV shows are about foods, and up to 98% of these promote foods that are high in fat, sugar and sodium.



Did you know?

- Screen time includes time spent on TVs, computers, gaming consoles/handhelds, tablets, and smartphones. It's important to limit the use of ALL screens.
- Watching TV is associated with more snacking and increased obesity.
- Too much TV has been linked to lower reading scores and attention problems.

LIMIT
RECREATIONAL
SCREEN TIME
2 HOURS
OR LESS
EVERY DAY



www.letsgo.org

Here's what **You** can do

Life is a lot 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 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 free activities in your community.
- Rollerblade.
- Play charades.
- Go play in the snow (e.g. sled, ski, snowshoe, build a snowman or fort).
- Play music and dance.

Help your child plan screen viewing in advance



Screen time rules!

Tame the TV and computer!

Set limits and provide alternatives

- 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, it's time to turn off the TV.
- Eliminate TV time during the week.
- Set family guidelines for age-appropriate shows.
- Make a list of fun activities to do instead of being in front of a screen.
- Keep books, magazines, and board games in the family room.

Healthy screen time means:

- No TV/computer in the room where the child sleeps.
- No TV/computer under the age of 2.
- One hour of educational TV/computer time between ages 2 and 5.
- After the age of 5, two hours or less per day.

Why is this important?

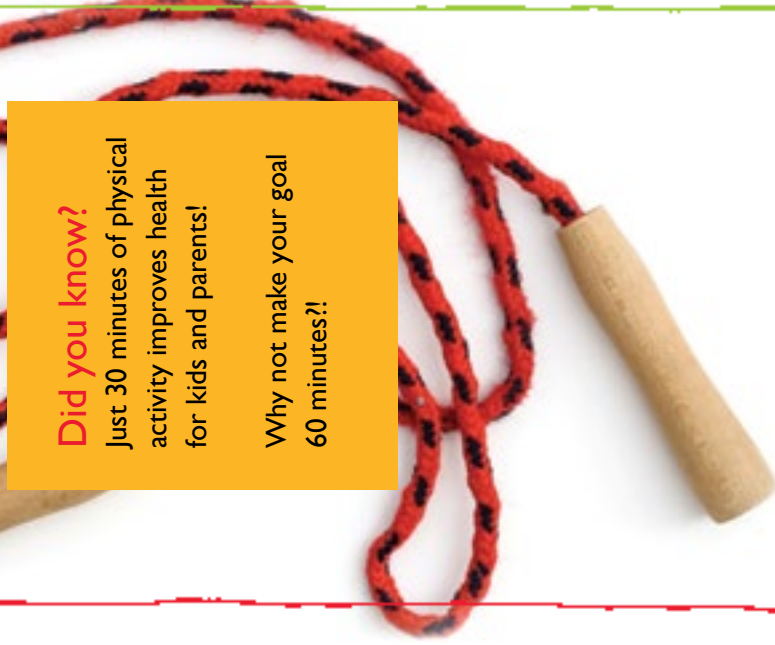
Regular physical activity is essential for weight maintenance and prevention of chronic diseases such as heart disease, diabetes, colon cancer, and osteoporosis. While most school age children are quite active, physical activity sharply declines during adolescence. Children who are raised in families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

Physical activity...

- Makes you feel good.
- Makes your heart happy.
- Makes you stronger.
- Makes you flexible.
- Helps keep you healthy!



GET AT LEAST
1
HOUR OF
PHYSICAL
ACTIVITY
EVERY DAY



Did you know?

Just 30 minutes of physical activity improves health for kids and parents!

Why not make your goal 60 minutes?!



www.lets-go.org

Here's what **You** can do

Physical activity can be free and fun

- Take a walk with your family
- Play with your pet
- Play tag
- Take a bike ride (remember 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

Make physical activity easier

- Make gradual changes to increase your level of physical activity.
- Track the level of your physical activity using a pedometer, fitness band, or online tracker.
- Choose toys and games that promote physical activity (e.g. balls, hula hoops, jump ropes, scarves).
- Do physical activities together with friends or family.



- Turn off the TV and computer and keep them out of the bedroom.
- Limit recreational screen time (e.g. TVs, computers, video games, etc.).
- Encourage lifelong physical activity by incorporating it into your routine.
- Keep physical activity fun! You'll be more likely to do it.

Be a role model

- Schedule active family play time daily.

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 behaviors.
- 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 activity or join a team.
- Keep books, magazines, and board games in the family room.

Why

is this important?

Sugar-sweetened beverage consumption has increased dramatically since the 1970s; high intake among children is associated with overweight and obesity, displacement of milk consumption, and dental cavities. The AAP recommends that children 1–6 years old consume no more than 4–6 ounces of 100% juice per day and youth 7–18 years old consume no more than 8–12 ounces. Water provides a low-cost, zero-calorie beverage option and is a healthy alternative to sugary drinks.



Did you know?

- Soda has no nutritional value and is high in sugar. Just 9 ounces of soda has up to 150 empty calories. Many sodas also contain caffeine, which kids don't need.
- Sugar-sweetened beverages can make you feel full and then you won't be hungry for healthy foods and drinks.

0 SUGARY DRINKS
DRINK MORE WATER



www.letsgo.org



Here's what **You** can do

Put limits on juice

- Juice products labeled “-ade,” “drink,” or “punch” often contain 5% juice or less. Sometimes, the only difference between these “juices” and soda is that they have added Vitamin C.
- Make healthy choices: Always try to choose whole fruits over juice.
- Think water first: Suggest a glass of water or milk instead of 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.

Water

Keep It Handy, Keep It Cold:

- Keep bottled water or a water bottle on hand.
- Fill a pitcher of water and keep it in the fridge.

Live it up, make it fruity

- Add fresh lemon, lime, or orange wedges to water for some natural flavor.
- Try mixing seltzer with a splash of juice.

Be a role model

- Drink water when you're thirsty.
- Replace soda with water, instead of other sugar-sweetened beverages, such as juice or sports drinks.

Water is fuel for your body

- Between 70-80% of our body is made up of water.
- When you exercise, you sweat, and when you sweat, you LOSE water—it is important to replace the water you lose when you sweat.
- Water is the #1 thirst quencher!

Energy drinks are **NOT** sports drinks and should **NEVER** replace water during exercise.

It's **OK** to cut back slowly on sugar-sweetened drinks. Aim to drink a little more water and a little less sugary drinks each day.

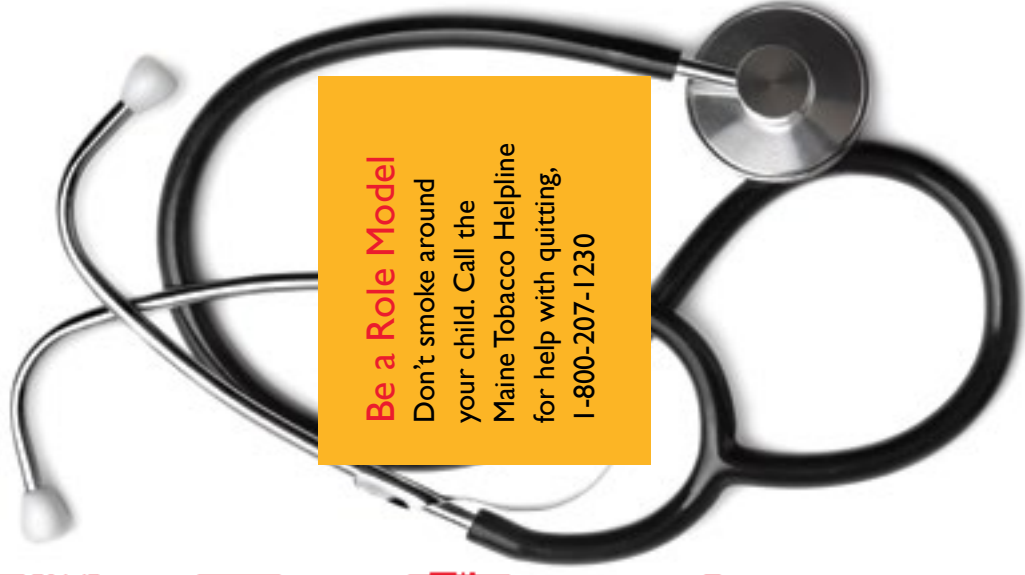


Did you **Know**

High blood pressure is more common in children with obesity.

Children who have high blood pressure have a greater risk of developing these conditions during their lifetime:

- Stroke
- Heart disease
- Kidney disease
- Seizures



Be a Role Model
Don't smoke around your child. Call the Maine Tobacco Helpline for help with quitting, 1-800-207-1230

COME PREPARED
FOR YOUR CHILD'S
**BLOOD
PRESSURE
READING**



www.letsgo.org



Here's what **You** can do

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 in childhood:

- Varies depending upon your child's age and gender
- Should be checked once a year beginning at age 3

High blood pressure in childhood:

- May be checked at every visit
- Raises the risk of high blood pressure in adulthood

Tips from Redy

To keep blood pressure in the normal range live by 5-2-1-0!



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

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

- Use less salt
- Resist using tobacco products



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.



STEP FOUR

COMPLETE SURVEY

We Want to Hear from You

THE *LET'S GO!* SURVEY

**Remember,
the survey needs
to be completed
every year!**

We know you are busy,
so we keep the survey
as short and quick as
possible.

We thank you in
advance for filling it out
on behalf of your site
each year.

Annually, in the spring, *Let's Go!* surveys our registered sites to measure progress on the implementation of our three clinical strategies:

1. Connecting to your community and *Let's Go!* by hanging a *Let's Go!* poster in the waiting room and ALL exam rooms where pediatric patients are seen.
2. ALL providers accurately weighing and measuring patients by determining body mass index (BMI), BMI percentile, and weight classification for all patients ages two years and older at well-child visits.
3. ALL providers regularly engaging in respectful conversations with patients about weight by using the 5-2-1-0 Healthy Habits Questionnaire at well-child visits.

Why is it important to complete the survey?

- Your site becomes eligible to qualify as a *Let's Go!* Health Care Site of Distinction.
- You paint the picture of how Maine's environment is changing to support healthy eating and active living.
- You help inform new initiatives around the assessment, management, and treatment of childhood obesity.
- You help build the evidence for the *Let's Go!* Health Care program.
- You're telling us that your site still wants to participate in *Let's Go!*.

Let's Go! can provide support throughout the year to help your practice qualify as a Site of Distinction. We can provide you with posters and/or schedule a site visit with a health care champion.



EVALUATION FRAMEWORK

Let's Go! includes a comprehensive evaluation plan to track program performance and measure impact.

Let's Go!'s theory of change is based on a social ecological framework of behavior change – that people's behaviors are influenced by many factors including family, friends, local surroundings, built environment, and community.

In order to bring about behavior change, the supporting environments and policies must be changed to make it easier for people in those environments to make the healthy choice.



The following evaluation activities provide evidence of progress and help inform decision making at Let's Go!:

1. Implementation of Program Strategies

Let's Go! surveys sites and relies on self-reported information to track the implementation of *Let's Go!*'s environmental and policy strategies for increasing healthy eating and active living.

- Child care programs, schools, and out-of-school programs are measured on their implementation of *Let's Go!*'s 10 Strategies for Success.
- Health care practices are measured on their adherence to *Let's Go!*'s clinical approaches for the prevention, assessment, and treatment of childhood obesity.

This is where you come in!

Please be sure to complete the *Let's Go!* Survey every spring!

- School cafeterias are measured on their implementation of Smarter Lunchrooms strategies that make the healthy choice the easy choice for all students.

2. Changes in Awareness

Let's Go! creates awareness of the program and the 5-2-1-0 messages with annual media campaigns that have included radio commercials, Maine Public Broadcasting Network TV spots, bus ads, Facebook, and Twitter. *Let's Go!* monitors parent awareness by adding a few questions to a local market research firm's statewide telephone survey.

3. Changes in Behaviors

Let's Go! uses the Maine Integrated Youth Health Survey (MIYHS) data to track changes in each of the 5-2-1-0 behaviors among Maine students. The MIYHS is administered in odd-numbered years, beginning in 2009, by the Maine Department of Health and Human Services and the Maine Department of Education. Its purpose is to quantify the health of kindergarten and grade 3 students through parent interviews, and the health-related behaviors and attitudes of 5th through 12th graders by direct student survey.

4. Changes in Weight Status

Let's Go! uses two sources to track the prevalence of overweight and obesity:

- MIYHS data are used to track the prevalence of overweight and obesity among students in kindergarten and grades 3, 5, and 7-12. Data for grades 7-12 are based on self-reported heights and weights.
- Healthcare patient data are used to track the prevalence of overweight and obesity for children and adolescents aged 2-19. Data are based on measured heights and weights.

STEP FIVE

CELEBRATE

Celebrate

ALL OF YOUR SUCCESSES

Remember, even small steps are a step in the right direction. Just talking with your patients and families about the 5-2-1-0 message is a great start for your practice to make!

How many successes can you recognize and celebrate this year?

At Let's Go!, we believe in celebrating every step you take, big or small, towards increased healthy eating and active living. Significant change is usually the result of many smaller changes. There is no need to wait until a goal is fully achieved before recognizing and celebrating progress.

Maybe you haven't been able to fully integrate the Healthy Habits Questionnaire into the patient flow for the entire practice, but some providers and their teams have successfully figured it out. What should you do? Recognize and celebrate your progress, and then keep on going!

We think your practice is awesome regardless of formal recognition, so keep up the great work!

Let's Go! has a formal recognition program that is outlined on the next page. We know that it can take a lot of work incorporating *Let's Go!* into your practice, so make sure you celebrate small steps along the way.

Key points to remember:

1. Taking small steps matters
2. Talking to patients and families about 5-2-1-0 connects to other community efforts
3. Celebrate along the way and connect with your community partners



RECOGNITION PROGRAM

Should you have any questions about the Let's Go! Health Care Recognition Program, or for information on Let's Go's! child care, school, and out-of-school Recognition Programs, please visit: www.letsgo.org

The Let's Go! Recognition Program celebrates health care practices, child care programs, schools, and out-of-school programs that have made improvements in their environments related to healthy eating and physical activity. Recognition is given to health care practices that complete the yearly Let's Go! survey and show they are implementing the three clinical strategies of the Let's Go! health care program.

Health care practices receive annual recognition when implementing the following:

1. Connect to your community and Let's Go! community efforts:
 - How: Hang a Let's Go! poster in your waiting room and ALL exam rooms where pediatric patients are seen.
2. Accurately weigh and measure patients:
 - How: ALL providers at well-child visits determine body mass index (BMI), BMI percentiles, and weight classification in patients ages 2 years and older.
3. Have a respectful conversation around weight:
 - How: ALL providers at well-child visits use the 5-2-1-0 Healthy Habits Questionnaire.

Recognized health care practices are publicly acknowledged in the following ways:

- The practice is listed as a "Site of Distinction" on www.letsgo.org.
- The practice receives a framed Let's Go! "Site of Distinction" certificate.
- The practice's senior leadership receives a signed "Letter of Acknowledgment" from the Director of Let's Go! acknowledging the great work the practice has completed.



RESOURCES

Visit

THE *LET'S GO!* ONLINE STORE

Take some time to visit the *Let's Go!* Online Store.

Let's Go! has partnered with local companies to offer you 5-2-1-0 tools, resources, and promotional materials at a great price. You can purchase the following branded items with just a few clicks:

- **Toolkits**
- **Posters**
- **Brochures**
- **Activity Rings**
- **Stickers**
- **Bracelets**
- **Water Bottles**
- **School Policy Guide**

Give students stickers instead of food rewards, provide water bottles for use at your child care program, refer to the activity ring during your out-of-school program, and offer role modeling brochures to parents.



www.letsgotoolkits.com

