



## 5 or more servings of fruits and vegetables

Educate the families in your care about nutrition recommendations for children and the importance of incorporating a variety of fruits and vegetables into their child's diet – regardless of their child's weight status. Provide support to help families apply their knowledge – use motivational interviewing to help them identify barriers preventing them from serving or eating fruits and vegetables, help them problem solve ways to overcome those barriers, and encourage them to set realistic goals they can monitor to improve their fruit and vegetable intake over time.

- Support a healthy introduction of solid food, which includes promoting exclusive breastfeeding for six months and explaining neophobia to caregivers so they know to expose young children to new fruits and vegetables repeatedly!
- Promote healthy eating behaviors – teach caregivers how to recognize hunger and fullness cues; encourage them to make nutritious foods available at regular times and allow children to choose whether and how much to eat; and deter caregivers from restricting access to palatable foods, using foods as rewards and punishments, and coercing children to eat.
- Consider hosting a farmers' market at your healthcare center to increase patient access to fruits and vegetables and send the message that nutrition is important for good health!

## 2 or fewer hours of recreational screen time<sup>+</sup>

<sup>+</sup> review guidelines on parenting strategies to ensure quality screen time (AAP, 2015)

Teach youth and caregivers that recreational screen time is free time spent in front of screens – like televisions, video games, and the internet – and that it is possible to get enough physical activity and still engage in an unhealthy amount of screen time.

- Urge parents to remove screens from children's bedrooms and turn off phones and TVs during mealtimes. Explain that children under two years should have NO screen time.
- Promote National Screen-Free Week, usually in early May, in your healthcare center. See [www.screenfree.org](http://www.screenfree.org) for details.
- Ask youth to brainstorm active ways to spend their free time. Consider compiling a master list of responses from children in different age groups and making it available to all.

## 1 or more hours of physical activity

Explain age-specific physical activity recommendations to your patients and their caregivers. Use motivational interviewing to help empower ALL family members to be more active – and have fun at the same time!

- Encourage using activities instead of foods as incentives – a trip to the park, sledding hill, or community pool is a great alternative to the pizza shop to celebrate a job well done!
- Consider keeping a list of activities available for youth in your community and distributing it to your patients.
- Promote stair use in your healthcare center – increase appeal with colorful paint, carpeting, music, and artwork.

## 0 sweetened beverages

Help children and caregivers understand the importance of drinking fluids to stay healthy while avoiding the extra sugar and calories from sweetened beverages. Coach them to look out for drinks with sugar, honey, syrup (e.g., corn syrup, brown rice syrup), sweetener, and/or ingredients ending in "ose" (e.g., glucose, dextrose).

- Encourage caregivers to make water the norm for quenching thirst by drinking water when thirsty and offering water to thirsty children.
- Present the idea that nonfat and 1% milk and 100% fruit and vegetable juices contain beneficial nutrients and calories – they are healthy foods that promote a nutritious diet; they are not beverages to drink when thirsty.
- Lead by example – drink water yourself and make it freely available to visitors in your healthcare center!

Contact the Clearinghouse for Military Family Readiness at 1-877-382-9185 or [www.militaryfamilies.psu.edu](http://www.militaryfamilies.psu.edu) for help identifying programs and resources targeting nutrition, physical activity, and screen time!

## References

- American Academy of Pediatrics. (2012). Policy statement: Breastfeeding and the use of human milk. *Pediatrics*, 129(3) e827-e841.
- American Academy of Pediatrics. (2013). Policy statement: Use and misuse of fruit Juice in pediatrics. *Pediatrics*, 107(5), 1210-1213.
- American Academy of Pediatrics. (n.d.). Infant – food and feeding. Retrieved from <http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/HALF-Implementation-Guide/Age-Specific-Content/Pages/Infant-Food-and-Feeding.aspx>
- Birch, L. L. & Marlin, D. W. (1982). I don't like it; I never tried it: Effects of exposure on two-year-old children's food preferences. *Appetite*, 3(4), 353-360.
- Boutelle, K. N., Jeffery, R. W., Murray, D. M., & Schmitz, K. H. (2001). Using signs, artwork, and music to promote stair use in a public building. *American Journal of Public Health*, 91(12), 2004-2006.
- Brown, A., Shifrin, D.L., & Hill, D.L. (2015). Beyond turn it off: How to advise families on media use. *American Academy of Pediatric News*, 36(10), 1-1.
- Engell, D., Kramer, M., Malafi, T., Salomon, M., & Leshner, L. (1996). Effects of effort and social modeling on drinking in humans. *Appetite*, 26(2), 129-138.
- Freedman, D. A., Whiteside, Y. O., Brandt, H. M., Young, V., Friedman, D. B., & Hebert, J. R. (2012). Assessing readiness for establishing a farmers' market at a community health center. *Journal of Community Health*, 37(1), 80-88.
- Gortmaker, S., Long, M., & Wang, Y. C. (2009). The negative impact of sugar-sweetened beverages on children's health. Retrieved from <http://www.rwjf.org/en/research-publications/find-rwjf-research/2009/11/the-negative-impact-of-sugar-sweetened-beverages-on-children-s-h.html>
- Hurley, K. M., Cross, M. B., & Hughes, S. O. (2011). A systematic review of responsive feeding and child obesity in high-income countries. *Journal of Nutrition*, 141(3), 495-501.
- National Association for Sport and Physical Education. (2009). Active start: A statement of physical activity guidelines for children from birth to age 5. Retrieved from <http://www.aahperd.org/naspe/standards/nationalGuidelines/ActiveStart.cfm>
- Office of Disease Prevention & Health Promotion, U.S. Department of Health and Human Services. (2008). 2008 Physical activity guidelines for Americans. Retrieved from <http://www.health.gov/paguidelines/guidelines/default.aspx>
- Popkin, B. M., Armstrong, L. E., Bray, G. M., Caballero, B., Frei, B., & Willett, W. C. (2006). A new proposed guidance system for beverage consumption in the United States. *American Journal of Clinical Nutrition*, 83(3), 529-542.
- Rubak, S., Sandbæk, A., Lauritzen, T., & Christensen, B. (2005). Motivational interviewing: a systematic review and meta-analysis. *British Journal of General Practice*, 55(513), 305-312.
- Satter, E. (1995). Feeding dynamics: Helping children to eat well. *Journal of Pediatric Health Care*, 9(4), 178-184.
- Savage, J. S., Fisher, J. O., & Birch, L. L. (2007). Parental influence on eating behavior: Conception to adolescence. *The Journal of Law, Medicine & Ethics*, 35(1), 22-34.
- Screen-Free Week (2014). Screen-Free Week. Retrieved from <http://www.screenfree.org/>
- U.S. Department of Agriculture. (n.d.). ChooseMyPlate.gov. Retrieved from <http://choosemyplate.gov>
- U.S. Department of Agriculture & U.S. Department of Health and Human Services. (2010). Dietary guidelines for Americans 2010. Retrieved from <http://www.cnpp.usda.gov/DGAs2010-PolicyDocument.htm>