



CARE FOR KIDS



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12 Principles to Promote Healthier Eating for Children

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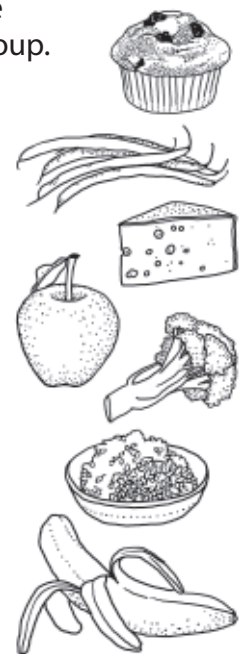
Center for Disabilities and Development, University of Iowa Children's Hospital

From prenatal visits through adolescence, measurement of a child's weight is an integral part of each visit to the doctor. Today, however, the emphasis is on preventing excessive rather than poor weight gain. Identifying excessive weight gain early is essential to preventing obesity in young children. Health care providers routinely review dietary intake for infants and toddlers, and give anticipatory guidance on diets appropriate to a child's development and to basic nutrition requirements.

Twelve principles

At right are twelve principles of nutrition that families can follow to make a child's diet healthier.

1. Have clear rules about eating, and follow these rules.
2. Have parents decide what foods will be offered.
3. Know the basic food groups, and serve meals that include foods from each group.
4. Know healthy serving sizes.
5. Provide homemade meals.
6. Practice strategic menu planning.
7. Eat meals together as a family.
8. Avoid "tech at the table."
9. Be a role model for your child.
10. Trust your child's natural appetite.
11. Don't use food to reward or punish.
12. Provide healthy snacks.



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12 Principles to Promote Healthier Eating in Children (continued from page 1)

To expand your conversation with families about their child's eating habits, see "Nutrition Principles for Parents" on page 5. These basic nutrition principles may sound easy enough, but can present a true challenge for parents in what some are calling our *obesigenic* environment.

You can empower families by helping them identify areas of high calorie intake, giving them specific steps to take toward change, and encouraging them to take small steps, rather than trying to do everything overnight.

Realize that some families may feel trapped by previous failures with dieting, or have issues related to food or body

image. For some parents, feeding a child is so much a part of nurturing that they cannot easily set limits, even when their child's weight gain is a concern. Discuss whether making changes may bring on behavioral problems with children, and how to deal with these concerns.

Personal PHITness plan

Communities across Iowa are responding to concerns about childhood nutrition by offering family-centered programs for weight management, health promotion, and recreation.

A pilot program created by the Center for Disabilities and Development at the Children's Hospital of Iowa is among these. Called Pediatric Health, Intervention and Treatment, or PHIT, this weight management program is for children 5 to 12

years old. It is family focused and multidisciplinary, and emphasizes healthy lifestyle education and physical activity.

Unlike many such programs, PHIT includes an innovative home intervention component. Coaches visit the family every other week to help them practice what they learn. The coach and the family work together to address positive lifestyle changes, such as daily planning and dealing with behavior challenges. Hands-on activities include measuring foods, planning menus, preparing shopping lists, and making meals.

An 8-week PHIT class is planned for this spring. For more information or to make referrals, contact Anne Tabor, MPH, RD/LD at anne-tabor@uiowa.edu, 319-356-1322.



Helping the Overweight Teen

Karen Nelson, PhD, Associate Clinical Professor of Psychiatry,
University of Iowa College of Medicine

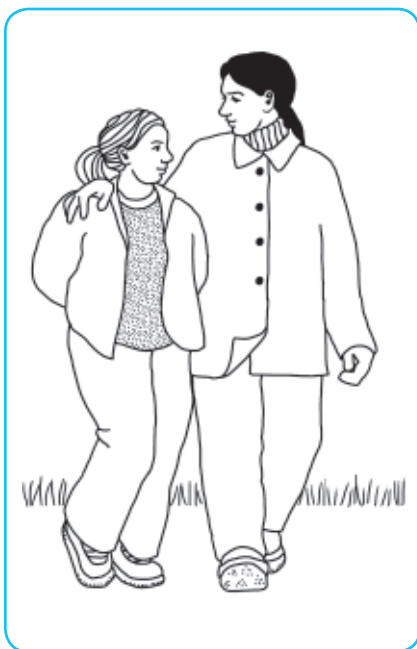
Obesity has been identified as one of the leading public health concerns of the 21st century; pediatric and adolescent obesity in the US has reached epidemic proportions:

- Since 1970, obesity rates have doubled in children age 3 to 5, and tripled in 6- to 19-year-olds (Institute for Medicine).
- Nearly one in three Iowa high school students was overweight or at risk for becoming overweight (CDC, 2005).
- Every year in Iowa, obesity-related health concerns cost Iowa Medicaid \$198 million; and health problems caused by obesity cost Iowans about \$783 million a year (*Journal of Obesity Research*).
- Overweight children are more likely to be overweight adults; 80% of overweight adolescents are overweight as adults (*Journal of Obesity Research*).
- Obesity may reduce life expectancy by 2 to 5 years in the coming decade (*New England Journal of Medicine*).

Culprits: Inactivity, emotional eating

Why are so many teens overweight? Adolescents who take in more calories than they burn will gain weight. Though overeating is by far the biggest contributor to weight gain, lack of activity also contributes.

Children, like adults, overeat for many reasons – depression, anxiety, low self-esteem, stress, boredom. Children imitate parents who relieve emotional pressures with a snack. Research shows that overweight children experience peer teasing and rejection, and this can also play a role in a cycle of seeking emotional relief by overeating.



Setting realistic goals

Most adults remember all too well their own sensitivity to perceived physical deficits during adolescence. Teens, bombarded with images of ultra thin models and movie stars, can find it hard to reject the notion that a perfect body exists. Parents and health providers can help adolescents set reasonable goals for health and body image.

Teens often become defensive when parents broach concerns about weight. It can be useful for parents to affirm that the teen is in charge of his or her body. At the same time, it is appropriate to say, "I can help you make healthy decisions about what you eat and how much you exercise."

Parents should avoid language like "fat" and "skinny." Instead, focus on incorporating physical activity and healthful eating into daily life. A physician or dietician can help a teen set reasonable goals for weight and body mass index that reflect the teen's individual build, height, and age.

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Fad diets, fast food

A 2003 Youth Risk Behavior Survey found that, in the 30-day period under review:

- **43.8%** of teens reported they were trying to lose weight
- **42.2%** reported eating less food, fewer calories, and focusing on low fat foods
- **13.3%** had gone without eating for 24 or more hours
- **9.2%** had taken diet pills, powders, or liquids without doctor's advice
- **6.0%** reported vomiting or taking laxatives to lose weight

Teens are especially attracted to fad diets that promise fast results, but these diets are often nutrient poor and fail to address emotional eating. Point out that no one will realistically go through the rest of life without eating bread, or existing on frozen diet meals and celery. Teens who follow fad diets often experience rapid weight loss, then regain all they lost – and more. They need to understand that losing weight and then maintaining a healthy weight require permanent changes in how you eat and exercise.

Fast food is also a concern. In 2003, *Pediatrics* presented research showing that one of every three American children age 4-19 eats fast food daily.

While the average bagel used to have a 3" diameter and 140 calories, today it's about 6" across and has 350 calories.

Encourage activity

In 2001, the *Journal of School Health* reported that only 25% of high school students took part in 30 minutes of physical activity five times per week, but we know that adolescents need about 60 minutes of physical activity per day to maintain weight and fitness. However, it is not necessary to be active for 60 minutes at a time; shorter bursts of activity throughout the day are equally effective.

Adolescents need 60 minutes of physical activity per day to maintain weight and fitness.

Journal of Pediatrics, 2005

Many overweight teens are reluctant to join sports teams, and that is OK. Instead, encourage them to walk or bike to school, use stairs, walk the dog. Parents – key role models for eating and physical activity – can encourage activity by accompanying teens on walks, praising them when they exercise, even giving small rewards. While Iowa winters can pose a challenge to being active, many schools, malls, and local recreation centers offer winter

walking programs and other indoor activities.

Healthy lifestyle: A family affair

The most important factor in teen diet is for the whole family to adopt healthier habits. Instead of singling out the overweight teen, it is more effective to help the entire family choose nutritious meals and to increase everyone's activity level. Some basic guidelines to share with families:

- Don't skip meals
- Decrease total calories
- Eat appropriately sized portions (to learn more about portion size, see "A Parent's Guide to Healthy Eating," page 6)
- Without restricting any specific foods, eat more "light" foods, like fruits and vegetables, and fewer "heavy" foods that are high in saturated fats and calories
- Exercise as a family – walk, hike, run, swim, bike – together

SHAPEDOWN: Just for Teens

In 2007, the University of Iowa Children's Hospital piloted a weight management program called SHAPEDOWN: Just for Teens. The 10-week program targeted 7-12th graders with BMI > 85th%ile for age. Teens and parents attended weekly

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Nutrition Principles for Parents

- 1. Have clear rules about eating, including regular times for meals and snacks, and stick to them.**

Eat and drink only at regular meal and snack times. Kids like structure. Grazing throughout the day, whether on drinks or food, depresses normal appetite, adds extra calories, and can lead to poor nutrition.
- 2. Parents, not kids, decide what foods will be served as meals and snacks.**

Kids don't understand nutrition; parents need to offer healthy choices.
- 3. Know the basic food groups, and serve meals that include foods from each food group.**

Kids are more likely to get the nutrients they need when every meal includes: **1. Whole grains 2. Fruits 3. Vegetables 4. Milk 5. Meats or beans**
- 4. Know what makes a healthy serving size.**

Children learn to overeat by the age of 5 if consistently given oversized portions of food. At each meal, provide foods from each food group in these serving sizes:

 - Toddlers: 1 tablespoon per year of age**
 - Older children: 1/2 to 1 cup**
- 5. Provide homemade meals.**

The food industry makes us believe that cooking is difficult, time consuming, and expensive. In fact, homemade meals can be easy to prepare, healthier, and less costly. They provide:

 - Fewer calories
 - Better nutrition
 - More variety
- 6. Practice strategic menu planning.**

Make only enough of the main dish for one serving per person; provide extra servings of fruits and vegetables.
- 7. Eat meals as a family, with one menu for everyone.**

Shared meals teach children healthy eating habits, as well as table manners and social skills.
- 8. No tech – TV, cell phones, PDAs, handheld games – at the table.**

People eat less when they attend to their food, and they communicate better without interruptions.
- 9. Be a role model for your child.**

If you eat healthy foods, your kids will eat healthy foods. Don't overindulge in snacks, or hide snack foods from kids – this tells kids it's OK to sneak food and be deceitful about eating.
- 10. Trust your child's natural appetite.**

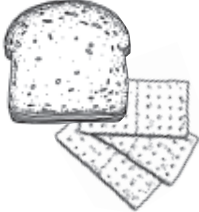





Allow children to eat healthy foods until they feel full, so they satisfy their appetites, don't overeat, and don't sneak food. If you offer a balanced variety of foods, kids will eat appropriately over time.
- 11. Don't use food to reward, comfort, or punish.**

No candy bar for behaving in the grocery store, no extra snack when the team loses the game, no loss of dessert if you don't clean your plate.
- 12. For snacks, provide small portions; use foods from the basic food groups.**

Many snack foods are high in calories and low in nutrition; too much snacking, and kids won't eat at mealtime.

A Parent's Guide to Healthy Eating

Each meal should provide foods from the food groups below.

Each day, serve:	For TODDLERS age 1-3 years: One serving = one tablespoon per year old	For CHILDREN and TEENS: One serving = 1/2 to 1 cup
	WHOLE GRAINS: 6 to 11 servings Bread Dry cereal Cooked cereal, rice, pasta Crackers, 2-3 small	WHOLE GRAINS: 6 to 11 servings Bread, 1 slice Dry cereal, 1/2 cup Cooked cereal, rice, pasta, 1/2 cup Crackers, 4-5 small
	VEGETABLES: 3-5 servings Leafy greens, raw Other veggies, raw or cooked Veggie juice, 1/4 cup	VEGETABLES: 3-5 servings Leafy greens, raw, 1 cup Other veggies, raw or cooked, 1/2 cup Veggie juice, 1/4 cup
	FRUITS: 3-5 servings Chopped, cooked, or canned fruits Fruit juice, 1/4 cup	FRUITS: 3-5 servings Apple, banana, orange - 1 medium Chopped, cooked, or canned fruit - 1/2 cup Fruit juice, 3/4 cup
	DAIRY: 2-3 servings Cheese Milk Yogurt	DAIRY: 2-3 servings Cheese, 1/2 oz Milk, 1 cup Yogurt, 1 cup
	MEAT AND BEANS: 2-3 servings Cooked lean meat, poultry, fish Dried beans, cooked Eggs Peanut butter	MEAT AND BEANS: 2-3 servings Cooked lean meat, poultry, fish - 3 oz Dried beans, 1/2 cup cooked Egg, 1 Nuts, 1/3 cup Peanut butter, 2 tablespoons
	Fats and sweets: Serve sparingly Fats and sugar are found in many foods; daily intake from all sources should not exceed: Unsaturated fats: 2-3 ounces (2-3 tablespoons) per day. Use oils and margarines made from olive, canola, safflower, corn, sunflower, cottonseed, soybeans Sugar: 6 tablespoons per day	

Resources

American Academy of Pediatrics: Parenting Qs & As: Nutrition – www.aap.org/publiced/BR_NutritionABC.htm

Fruits and veggies: More matters! – fruitsandveggiesmorematters.org/?page_id=3

Guide to Healthy Fast Food Restaurant Eating – www.helpguide.org/life/fast_food_nutrition.htm

Kids Health for Parents, Food and Nutrition – www.kidshealth.org/parent/food/index.html#General_Nutrition

Mayo Clinic Nutrition for Kids (by age) – www.mayoclinic.com/health/nutrition-for-kids/NU00606

Helping the Overweight Teen

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psycho-educational groups that focused on nutrition, self-esteem, and understanding emotional eating. Teens and parents exercised together during each meeting, and were also encouraged to increase overall physical activity at home. Most of the teens who completed the SHAPEDOWN program lost weight. All reported satisfaction with the program.

For more information about upcoming teen weight management opportunities through UIHC, visit www.uihealthcare.com/healthyweight, or contact Karen Nelson, 319-353-6040 karen-nelson@uiowa.edu.

Resources

Effects of fast-food consumption on energy intake and diet quality among children in a national household survey. *Peds* 2003; 111, 112-8.

Iowa Medical Society white paper: Key messages physicians should use to prevent early childhood obesity, www.iowamedical.org/public_h/Obesity_White_Paper.pdf

SHAPEDOWN: Just for Teens. Balboa Publishing: San Anselmo, CA: 2007.

Youth Risk Behavior Surveillance Report. Centers for Disease Control. www.cdc.gov/mmwr/preview/mmwrhtml/ss5302a1.htm

Claiborne Dungy Leaving Editorial Board

Claiborne Dungy, MD, MPH, is retiring from the editorial board of this newsletter after 15 years of service. A Professor of Pediatrics, Epidemiology, and Law at the Department of Pediatrics of the University of Iowa Children's Hospital, Dr. Dungy has served as a division director for over 25 years. He is a past president of the Ambulatory Pediatric Association, and president of the International Board of Lactation Consultant Examiners, and is a member of the

American Academy of Pediatrics, American Board of Pediatrics, American Pediatric Society, and the American Public Health Association. His research focuses on factors influencing the maternal decision to breastfeed, and he has conducted studies in Central America, the Marshall Islands, Nigeria, Romania, and the United Kingdom. Dr. Dungy's wisdom, knowledge, and humanity have shaped each issue of this newsletter, and he will be sorely missed.

REMINDER: All Iowa Children Need Lead Screening

The Iowa Department of Public Health reminds child health care providers that all Iowa children need to be assessed and tested for lead levels:

- **All children** should be tested at ages 12 months and 2 years
- **Children at high risk** require additional testing at 18 months, 3 years, 4 years, and 5 years.

FOR MORE INFORMATION about lead screening, visit www.iowaepsdt.org/ScreeningResources/Screening.htm#lead

Coming Your Way:

A statewide policy on perinatal substance abuse

In the next issue, learn more about Iowa's new, statewide policy for screening/testing and intervention for perinatal substance abuse. The policy calls for health care providers at every Iowa birthing hospital to identify, during pregnancy or birth, pregnant women with addiction concerns, and drug-exposed infants, and to provide treatment and intervention for baby and mother. Developed through statewide collaboration, this policy has the approval of the Perinatal Care Program Advisory Council of the Iowa Department of Public Health, and is now included in the Perinatal Care Clinical Guidelines.

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<http://www.iowaepsdt.org/EPSDTNews/>

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