

# **How Families May Support 5210** Healthy Military Children

5210 Healthy Military Children is a Military-wide plan to improve child health. It spreads a common message throughout children's communities: where families work, live, and play. The message represents four healthy behaviors children should achieve each day:



5 or more servings of fruits and vegetables 2 or fewer hours of recreational screen time+ 1 or more hours of physical activity **0** sweetened beverages

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

Families play a critical role in child health because they influence children's behaviors and environment. The behaviors children learn and the environments in which they live may promote or be a challenge to good health. The resources assembled in this toolkit are designed to help families promote fruit and vegetable consumption, closely monitor and limit screen time, increase physical activity, and decrease sweetened beverage intake during family time. The 5210 resources for other sectors (e.g., commissaries and on-installation eateries) also pertain to families and give sectorspecific strategies to promote child health. Families should be engaged by 5210 Healthy Military Children to a high degree, so they become aware and may make use of the 5210 resources available throughout Military communities.

The following materials are available for families:

- 1. Tips For Families handout provides families with specific tips to increase fruit and vegetable consumption, closely monitor and limit screen time, increase physical activity, and decrease sweetened beverage intake during family time.
- 2. Tips For Families posters includes enlarged versions of the Tips for Families handout that are available in two sizes (27" x 40" and 38" x 56") to hang in highly visible locations.
- 3. **Definitions & Recommendations handout** explains the 5210 message and its research basis.
- 4. A Meal Is A Family Affair handout describes the importance of having regular family meals and gives suggestions for starting this habit.
- 5. Feeding Infants handout contains details about how and what to feed infants from birth to 12 months.
- 6. Feeding Toddlers And Preschoolers handout provides information about how and what to feed young children from 1 to 5 years.
- 7. Phrases That HELP And HINDER handout outlines helpful and harmful things to say to children during feeding.
- 8. **Healthy Kids' Snacks handout** lists examples of healthy snacks that can be provided for children.
- 9. May I have some juice, please? handout describes the American Academy of Pediatrics' recommendations for serving juice to children.



- 10. Most People Don't Need Sports And Energy Drinks handout provides information about the ingredients, recommendations for using, and possible effects of consuming sports and energy drinks.
- 11. Screen Time And The Very Young handout provides the evidence-based screen time recommendations for infants and children from the American Academy of Pediatrics.
- 12. It Takes 2 To Tune In handout describes the American Academy of Pediatrics (2015) guidelines on parenting strategies to ensure quality screen time.
- 13. **5210** and Healthy Sleep handout lists ways that the 5210 behaviors support healthy sleep habits in children.
- 14. **Television Tunnel Vision handout** lists alarming facts about children's typical amount of screen time and offers suggestions for alternative ways of spending free time.
- 15. Healthy Eating In A Hurry and Healthy Shopping On A Budget handout provides tips on ways to create quick, healthy meals on a busy schedule and provides tips on ways to purchase healthy foods cost effectively.
- 16. Turn Off to Fill Up handout provides evidence on the harmfullness of eating while distracted.

We recommend hanging the poster in highly visible locations in community locations families frequent, such as community centers, libraries, schools, and healthcare offices, and distributing the handouts in similar locations. Digital versions of all materials are available and may be inserted into community newsletters or emails and uploaded to websites and social media outlets.

For more information, visit 5210 online at www.5210.psu.edu or email us at 5210@psu.edu. We will be happy to answer your questions!





# **Tips for Families**





# or more servings of fruits and vegetables

Fruits and vegetables provide a lot of nutrients and water without a lot of calories. They also contain fiber and a variety of phytochemicals that help prevent cancer, heart disease, and other diseases. Young children often reject new foods at first – it may take several exposures to a new food before it is accepted so keep trying!

- Prepare meals and snacks at home using fruits and vegetables and let children help in the kitchen so they learn how to make healthy foods.
- Eat together as a family and model healthy eating to your children.
- Offer a variety of fruits and vegetables and other healthy foods at planned times throughout the day. Let children choose whether and how much they eat.



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

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

Screen time is free time spent in front of screens – like televisions, video games, and the internet. It is possible to get enough physical activity and still engage in an unhealthy amount of screen time – so encourage your family to find other fun ways to spend their free time!

- Same parenting rules apply to screen time set limits.
- Role modeling is critical limit your own screen time.
- Children learn better from live interactions than from passive videos – talk to your children!
- Content matters review what your children are watching and don't just set a timer!



# or more hours of physical activity

Moving your body is a great way to burn calories, improve your mood, boost your energy, prevent cancer and cardiovascular diseases, and help you sleep better at night – plus, it can be a lot of fun! Look for activities your family can enjoy together so everyone can reap the benefits and help keep one another stay on track!

- Use activities instead of foods as incentives a trip to the park, sledding hill, laser tag arena, skating rink, batting cage, or community pool can be a great alternative to the ice cream shop to celebrate a job well done.
- Walk or bike as a family to get where you're going.
- Set up activity dates with like-minded families or sign up your family for a charity walk – if you're accountable to someone else you may be more likely to stay active.



# sweetened beverages

It is important to drink fluids to stay healthy, but sweetened beverages add extra sugar and calories to the diet. Watch out for drinks with the following ingredients: sugar, honey, sweetener, syrup (e.g., corn syrup, brown rice syrup), and/or ingredients ending in "ose" (e.g., glucose, dextrose).

- Make water the norm for quenching thirst drink water when you are thirsty and offer water to thirsty children.
- Sparkling water, still water with slices of lemon, and fruity herbal iced teas are fun alternatives to plain water.
- Nonfat and 1% milk and 100% vegetable juices contain beneficial nutrients and calories, so think of them as foods that contribute towards your family's healthy diet.

Contact 5210 at 5210@psu.edu or <u>www.5210.psu.edu</u> for help identifying programs and resources targeting nutrition, physical activity, and screen time!



#### References:

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.

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.

Gillman, M. W., Rifas-Shiman, S. L., Frazier, A. L., Rockett, H. R. H., Camargo, C. A., Field, A. E., Berkey, C. S., & Colditz, G. A. (2000). Family dinner and diet quality among older children and adolescents. *Archives of Family Medicine*, *9*(3), 235-240.

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

Heyman, M. B., & Abrams, S. A. (2017). Fruit Juice in Infants, Children, and Adolescents: Current Recommendations. Pediatrics, e20170967.

Mancino, L., Todd, J. E., Guthrie, J., & Lin, B. (2009). Separating what we eat from where: Measuring the effect of food away from home on diet quality. *Food Policy*, *34*(6), 557-562.

McNeill, L. H., Kreuter, M. W., & Subramanian, S. V. (2006). Social environment and physical activity: A review of concepts and evidence. *Social Science & Medicine*, 63(4), 1011-1022.

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.

Salmon, J., Timperio, A., Telford, A., Carver, A., & Crawford, D. (2005). Association of family environment with children's television viewing and with low level of physical activity. *Obesity Research*, 13(11), 1939-1951.

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.

 $\hbox{U.S. Department of Agriculture. (n.d.). } {\it Choose MyPlate.gov.} \ \hbox{Retrieved from http://choosemyplate.gov.}$ 

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

Winston, C., & Beck, L. (1999). Phytochemicals: Health protective effects. Canadian Journal of Dietetic Practice and Research, 60(2), 78-84.



# Definitions & Recommendations



# or more servings of fruits and vegetables

One serving of fruits and vegetables is:

- 1 medium fruit
- ½ cup of chopped, canned, or cooked fruit
- 1/4 cup of dried fruit
- 1 cup of raw leafy greens
- ½ cup of raw or cooked vegetables
- ½ cup of 100% fruit or vegetable juice



The Dietary Guidelines for Americans 2010<sup>1</sup> provide the following recommendations:

- Increase fruit and vegetable intake.
- Eat a variety of vegetables, especially dark-green, red, and orange vegetables, and beans and peas.

The American Academy of Pediatrics<sup>2</sup> has the following recommendations for consuming fruit juice:

- Do not give juice to infants younger than 12 months.
- Limit juice to 4 oz per day in children under 4 years.
- Limit juice to 4-6 oz per day in children 4 to 6 years.
- Limit juice to 8 oz per day in children and adolescents 7 years and older.
- Fruit juice offers no nutritional benefits over whole fruits, and whole fruits provide fiber and other nutrients.

The United States Department of Agriculture recommends that half of a person's plate should be fruits and vegetables<sup>3</sup>. This recommendation is reflected on the current U.S. Food Guidance System, MyPlate, which is shown to the left.

- 1. 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
- 2. Heyman, M. B., & Abrams, S. A. (2017). Fruit Juice in Infants, Children, and Adolescents: Current Recommendations. Pediatrics, e20170967.
- 3. U.S. Department of Agriculture. (n.d.). ChooseMyPlate.gov. Retrieved from http://choosemyplate.gov



# or fewer hours of recreational screen time+

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

Recreational screen time is free time spent sitting or reclining in front of televisions, computers, tablets, and similar screens.

Children will engage in screen time as fully as they do in any other activity and screen time can have its positive and negative effects. So, the American Academy of Pediatrics<sup>1</sup> makes these recommendations:

- Become involved in children's media use and set limits around screen time.
- Help children learn to distinguish and choose programs that contain quality content.
- Become role models for children, demonstrating the value of productive time spent away from screens.
- Attempt to keep children under the age of 2 years away from screens entirely.
- 1. Brown, A., Shifrin, D.L (2015). Beyond turn it off: How to advise families on media use. American Academy of Pediatrics News, 36(10), 1-1.





# or more hours of physical activity

Physical activity is any movement of the body that raises one's heart rate above resting.

Structured physical activities are planned, and unstructured physical activities are freeplay.

Aerobic physical activities involve moving large muscle groups. Moderate and vigorous aerobic activities make a person's heart, lungs, and muscles work noticeably harder. Examples include bicycling, swimming, and playing chasing games, like tag.

Muscle-strengthening physical activities include climbing and swinging on playground equipment, doing sit-ups and push-ups, and resistance training.

**Bone-strengthening physical activities** create an impact on bones, such as hitting a tennis ball, jumping rope, or practicing gymnastics.

For children 5 years and younger, the National Association for Sport and Physical Education<sup>1</sup> has developed the following recommendations:

- Infants under 12 months of age should engage in structured and unstructured physical activities each day that are devoted to exploring movement and developing motor skills.
- Toddlers (12 to 36 months old) should engage in structured physical activities for at least 30 minutes per day plus unstructured physical activities for at least 60 minutes (and up to several hours) per day.
- Preschoolers (3 to 5 years old) should engage in structured physical activities for at least 60 minutes per day plus unstructured physical activities for at least 60 minutes (and up to several hours) per day.

For children and adolescents 6 years and older, the U.S. Department of Health and Human Services<sup>2</sup> provides the following recommendations:

- Children and adolescents (6 to 17 years old) should engage in 1 hour of physical activity per day.
  - Most of the 1 hour should be moderate- or vigorous-intensity aerobic physical activities.
  - Muscle-strengthening physical activities should be included at least 3 days per week.
  - Bone-strengthening physical activities should be included at least 3 days per week.
- 1. 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
- 2. 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



Sweetened beverages are fruit drinks, sodas, sports drinks, and other beverages with caloric sweeteners like sugars and syrups.

Researchers from the Robert Wood Johnson Foundation Healthy Eating Research program<sup>1</sup> made the following conclusion following an examination of current evidence:

- Reducing sweetened beverage intake "would have no negative effect on children's health and would reduce the risk of childhood obesity and many other health problems, including type 2 diabetes, poor nutrition, excess caffeine consumption, and dental decay."
- 1. 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-rwjfresearch/2009/11/the-negative-impact-of-sugar-sweetened-beverages-on-

For more information visit us at <a href="https://5210.psu.edu">https://5210.psu.edu</a> or email at 5210@psu.edu.



CLEARINGHOUSE This material is based upon work supported by the National Institute of Food and Agriculture, U.S. Department of Agriculture, and the Office of Fomily Policy Children of Many Chil and the Office of Family Policy, Children and Youth, U.S. Department of Defense under Award No. 2010-48709-21867 developed in collaboration with The Clearinghouse for Military Family Readiness at Penn State University. 5210 Healthy Military Children is adapted from Let's Go! www.letsgo.org.



# A Meal Is a Family Affair

In such a busy world, mealtimes often revolve around our lifestyles. As a result of this, we miss meals or eat foods that are not the best for our bodies. Did you know that experts have found that kids who eat regularly with their families are more likely to eat fruits & vegetables<sup>1</sup>? 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 when and where meals are
- served and what is offered. Your children can then decide Include your children in preparing the meal and turn off the TV.
- Gather around the table for a meal.
- Make the meal pleasant by keeping the conversation positive. Help your child learn good manners and mealtime behaviors.
- Limit eating and drinking unhealthy snacks between meals. Role model the habits you want your children to develop.

For more information visit us at https://5210.psu.edu or email at 5210@psu.edu.

Adapted from Family Meals, KidsHealth, www.kidshealth.org

(1) Gillman, M. W., Rifas-Shiman, S. L., Frazier, A. L., Rockett, H. R. H., Camargo, C. A., Field, A. E., Berkey, C. S., & Colditz, G. A. (2000), Family dinner and diet quality among older children and adolescents. Archives of Family Medicine, 9(3), 235-240.

(2) Satter, E. (1995). Feeding dynamics: Helping children to eat well. Journal of Pediatric Health Care, 9(4), 178-184.





# **Feeding Infants** (birth to 12 months)

# **HOW TO FEED**

Your infant is the best judge of how much food they need, and it is normal for an infant's appetite to vary greatly from day to day. Feed your infant when they show hunger cues and stop feeding your infant when they show fullness cues:

## **Hunger cues:**

- Putting fists in mouth
- Rooting (when an infant opens his or her mouth and moves it toward objects)
- Excited arm and leg movements
- Sucking or smacking lips
- Crying (this is a *late* hunger cue try to feed your infant before they get upset)

## **Fullness cues:**

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

Ignoring fullness cues may cause children to lose the ability to tell when they are hungry or full and lead to overeating. These tips can help your infant grow up to be a healthy eater!

- Never restrict infants to a meal schedule! Instead, feed them when they show hunger cues.
- Let infants eat their way fast, slow, steady, start-and-stop, much, or little.
- Never force an infant to keep eating after they are full! Instead, stop feeding them when they show fullness cues.
- Start with small amounts and go back for more if your infant is still hungry. This helps avoid waste while honoring your infant's hunger and fullness cues.

For more information visit us at https://5210.psu.edu or email at 5210@psu.edu.



# WHAT TO FEED

## The foods infants need change as they grow and develop:

## **Before 6 months**

Water

Juice

Cow's milk

Solid foods

doctor)

(unless directed by a

**YES** 

fortified infant

formula

Human milk or iron-

#### **NOT YET**

## Human milk or ironfortified infant formula

**YES** 

- Small amounts of water
- Appropriate solid foods

#### **NOT YET**

Juice

From 6 to 12 months

- Cow's milk
- Honey
- Choking hazards (e.g., nuts, grapes, candies)

Before 6 months the normal food for infants is human milk. Infants who are not breastfed should be given iron-fortified infant formula. Infant tummies are not mature enough for other foods and beverages. Unless directed by a doctor, you should wait until your infant is 6 months old, and has reached the developmental milestones described to the right, before feeding solid foods.

Infants should continue to drink human milk until 12 months or longer. Infants who are not breastfed should be given iron-fortified infant formula. After 6 months infants are ready for solid foods when they can sit in a feeding chair and maintain good head control, seem interested and eager to try solid foods, and can move food from a spoon into the throat. Be careful to avoid choking hazards!

- Introduce one single-ingredient food at a time and if your infant has an allergic reaction, stop feeding that food.
- Offer a variety of nutrient-dense foods such as fortified infant cereals and pureed fruits, vegetables, grains, poultry, and meats. Mix these foods with breastmilk or iron-fortified infant formula to thin their consistency. Do not add salt or sweeteners.
- It may take up to 10-15 exposures to a new food before an infant accepts it so keep trying!

For more information visit us at <a href="https://5210.psu.edu">https://5210.psu.edu</a> or email at <a href="mailto:5210@psu.edu">5210@psu.edu</a>.

## References:

American Academy of Pediatrics. (2012). Policy statement: Breastfeeding and the use of human milk. Pediatrics, 129(3) e827-e841.

American Academy of Pediatrics. (n.d.). Infant - Food an 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.

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.

Satter, E. (1995). Feeding dynamics: Helping children to eat well. Journal of Pediatric Health Care, 9(4), 178-184.





# Feeding Toddlers and Preschoolers (1 to 5 years)

# **HOW TO FEED**

Young children are usually good judges of how much food they need. To encourage healthy eating follow a division of responsibility for feeding your child:

<u>CAREGIVERS</u> are responsible for <u>WHEN</u>, <u>WHERE</u>, and <u>WHAT</u> foods are offered.

**CHILDREN** are responsible for **WHETHER** and **HOW MUCH** they eat.

CAREGIVER RESPONSIBILITIES	WHEN	Offer meals and snacks at about the same time every day. Children need to feel secure that food will be available to them in a predictable way.
	WHERE	Offer meals and snacks at a table or other feeding location. Set up the
		feeding environment to be free of televisions, toys, and other distractions so
		that children may pay attention to eating and when their bodies tell them when they're full.
	WHAT	Offer a variety of nutrient-dense foods. Offer the same foods to everyone at the table. If a new food is being offered, offer it alongside a familiar food that is liked (e.g., bread, apple, cheese). When asking children for help deciding what to offer, give choices and make sure they're nutritionally similar (e.g., carrot sticks or orange slices instead of carrot sticks or cookies).
CHILD RESPONSIBILITIES	WHETHER	It is normal for children's appetites and food preferences to vary. Let children decide whether they want to eat all, some, or none of the foods offered. Never coerce, pressure, bribe, or reward children to get them to eat. Don't tell children you will be happy or angry because of what they choose to eat. These external signals to start and stop eating may cause children to ignore their own hunger and fullness signals and may lead to overeating.
	ноw мисн	As soon as children are able, let them serve themselves. Help children take small portions and let them know that they may have more if they are still hungry. Let children eat as much as they need. It is normal for children to eat more some days than others.

For more information visit us at <a href="https://5210.psu.edu">https://5210.psu.edu</a> or email at <a href="mailto:5210@psu.edu">5210@psu.edu</a>.

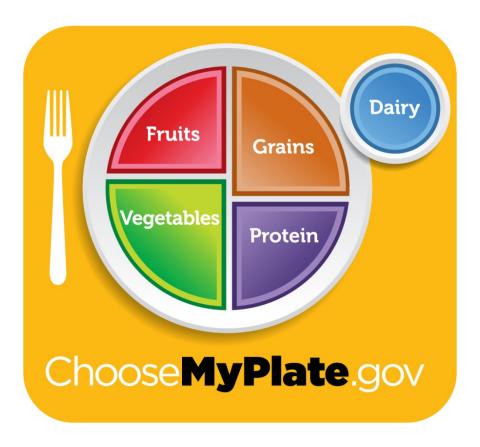
Adapted from:

Satter, E. (2014). Ellyn Satter's division of responsibility in feeding. Retrieved from: http://ellynsatterinstitute.org/dor/divisionofresponsibilityinfeeding.php



# WHAT TO FEED

Young children should eat a variety of nutrient-dense foods.
The USDA's food guidance system, *MyPlate*, shows what a healthy variety looks like:



- <u>Keep your child's overall diet in mind</u>. Children may not eat a variety of food groups at a single meal. They are more likely to eat a variety of food groups over the course of a day.
- Offer a variety of nutrient-dense foods in the different food groups. Minimize added sweeteners, salt, and solid fats. Be aware that small, round foods such as whole grapes and cherry tomatoes, and foods that are especially gummy or difficult to chew may increase the risk of choking cut foods into pieces no larger than ½ inch.
- It may take up to 10-15 exposures to a new food before a child accepts it keep trying! An exposure may include looking at a food, smelling it, touching it, licking it, or spitting it out. These are all normal behaviors. Vegetables, in particular, may not be accepted at first because they can be bitter or have strong flavors. Some children prefer raw vegetables instead of cooked vegetables, or may be willing to try a vegetable if it is offered with dip.

For more information visit us at https://5210.psu.edu or email at 5210@psu.edu.

#### References

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. Satter, E. (1995). Feeding dynamics: Helping children to eat well. *Journal of Pediatric Health Care, 9*(4), 178-184.

U.S. Department of Agriculture. (n.d.). ChooseMyPlate.gov. Retrieved from http://choosemyplate.gov





# 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.

## 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 ...

This is kiwi fruit; it's sweet like a strawberry. These radishes are very crunchy!

Phrases that HELP

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.

#### **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.



# **Healthy Kids Snacks**

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



## **Fruit**

Fruit is naturally sweet, so most kids love it. Fruit can be served whole, sliced, cut in half, cubed, or in wedges. Canned, frozen, and dried fruits often need little preparation.

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

(continued on next page)

# **Vegetables**

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

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

For more information visit us at <a href="https://5210.psu.edu">https://5210.psu.edu</a> or email at <a href="5210@psu.edu">5210@psu.edu</a>.

# Low Fat Dairy Foods

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

- Yogurt
- Lower fat cheese
- Low fat pudding and frozen yogurt – Serve only as occasional treats because they are high in added sugars.

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

# Healthy Kids' Snacks (continuted)

- Pineapple
- Plums
- Raspberries
- Strawberries
- Tngerines
- Watermelon

## Other popular fruit forms:

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



For more tips, go to Science IN THE Public Interest Www.cspinet.org/nutritionpolicy

# **Healthy Grains**

Try to serve mostly whole grains, which provide more fiber, vitamins, and minerals than refined grains.

- Whole wheat English muffins, pita, or tortillas
- Breakfast cereal Either dry or with low fat milk, whole grain cereals like Cheerios, Grape-Nuts, Raisin Bran, Frosted Mini-Wheats, and Wheeties make good snacks. Look for cereals withno more than about 8 grams of sugar per serving.
- Whole grain crackers like Triscuits
- Rice cakes
- Popcorn
- Baked tortilla chips
- Granola and cereal bars -Look for whole grain granola bars that are low in fat and sugars.
- Pretzels, breadsticks, and flatbreads - These low fat items can be offered as snacks now and then.
   However, most of these snacks are not whole grain and most pretzels are high in salt.

# Important!

Water should be the main drink served to kids at snack times. Water satisfies thirst and does not have sugar or calories. (Plus, it is low cost!) If kids are used to getting sweetened beverages at snack times, it may take a little time for them to get used to drinking water.



For more information visit us at <a href="https://5210.psu.edu">https://5210.psu.edu</a> or email at <a href="mailto:5210@psu.edu">5210@psu.edu</a>.





# May I have some juice, please?

Interesting facts about juice

# Know the facts about drinking fruit juice!

- **5** Eating fruit is better than drinking fruit juice as whole fruits contain fiber that is not found in the juice.
- Fruit juice contains more sugar and calories than eating the

# Did you know?

grapefruit juice can interfere with medication's effectiveness. Also, fruit juice is not appropriate in the treatment of dehydration or management of diarrhea.

Encourage kids to eat whole fruit instead of drinking fruit juice. Also, be aware of the difference between fruit juice and fruit drinks.

Fruit drinks are less than 100% fruit juice and must include terms like "drink," "beverage," or "cocktail" on their labels.

# Tips:

whole fruit.

Use a blender or extractor for fruits instead of a juicer

Cut fruit into pieces, remove the seeds (if any) and add to a glass of water for flavor

Refrain from giving toddlers juice in bottles or "sippy cups" or at bedtime as this could increase dental health risks.



For more information visit us at <a href="https://5210.psu.edu">https://5210.psu.edu</a> or email at <a href="mailto:5210@psu.edu">5210@psu.edu</a>. Reference:

Heyman, M. B., & Abrams, S. A. (2017). Fruit Juice in Infants, Children, and Adolescents: Current Recommendations. Pediatrics, e20170967.

CLEARINGHOUSE

This material is based upon work supported by the National Institute of Food and Agriculture, U.S. Department of Agriculture, and the Office of Family Policy, Children and Youth, U.S. Department of Defense under Award No. 2010-48709-21867 developed in collaboration with The Clearinghouse for Military Family Readiness at Penn State University.

5210 Healthy Military Children is adapted from Let's Go! www.letsgo.org.



# Most people don't need Sports and Energy Drinks



What drink does everyone need?

# Water!

Water is the best thirst quencher!

Your body needs water to function.

Water keeps you hydrated when you're physically active.

Water doesn't contain calories and doesn't contribute to extra weight.

For more information visit us at <a href="https://5210.psu.edu">https://5210.psu.edu</a> or email at 5210@psu.edu.

# **Sports drinks**

Are marketed as beverages to help athletes stay hydrated and replenish their electrolytes. Examples include Gatorade and Powerade.

Are only recommended for individuals who have been doing intense physical activity for an hour or more, such as long-distance running or playing soccer.

In addition to water, they usually contain:

- Sweeteners

   (e.g., sugar, syrup, ingredients ending in "ose" like sucrose or fructose)
- Electrolytes

   (e.g., sodium, potassium, magnesium, calcium)
- Flavorings and colorings



Contain calories and may contribute to excess weight gain if consumed as thirst quencher.

# **Energy drinks**

Are marketed as beverages that provide mental and physical energy. Examples include 5-hour ENERGY, Red Bull, AMP, Monster, Rockstar, Full Throttle, and Starbucks Doubleshot Energy.

Are not recommended for anyone, and should NEVER be given to children or adolescents.

In addition to water, they usually contain:

- Sweeteners

   (e.g., sugar, syrup, ingredients ending in "ose" like sucrose or fructose)
- Vitamins

   (e.g., B1/thiamine, B2/riboflavin,
   B3/niacin, B5/pantothenic acid,
   B6/pyridoxine, B7/biotin, B9/folic acid,
   B12/cobalamin)
- Amino acids
   (e.g., taurine, tyrosine, phenylalanine)
- Stimulants (e.g., caffeine)
- Herbal supplements (e.g., guarana, ginseng)
- Flavorings and colorings

Contain ingredients that may increase your heart rate and blood pressure, and may lead to trouble sleeping, anxiety, difficulty concentrating, and caffeine toxicity.

#### Reference:

Sawka, M. N., Burke, L. M., Eichner, E. R., Maughan, R. J., Montain, S. J., & Stachenfeld, N. S. (2007). ACSM position stand: Exercise and fluid replacement. *Medicine & Science in Sports & Exercise*, 39(2), 377-390.





# Screen Time and the Very Young

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

#### Excessive screen time...

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

## Reduced screen time...

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

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

For more information visit us at <a href="https://5210.psu.edu">https://5210.psu.edu</a> or email at <a href="mailto:5210@psu.edu">5210@psu.edu</a>.

Adapted from Kids and Screens, Campaign for a Commercial-Free Childhood. www.commercialfreechildhood.org,

American Academy of Pediatrics Council on Communications and Media. (2013). Children, adolescents, and the media. Pediatrics, 132(5), 958-961. -(Continued on the next page) -



#### References, continued:

Chonchaiya, W. & Pruksananonda, C. (2008). Television viewing associates with delayed language development. Acta Paediatrica, 97(7), 977-982.

Christakis, D., & Zimmerman, F. (2006). Early television viewing is associated with protesting turning off the television at age 6. *Medscape General Medicine*, 8(2), 63.

Coolahan, K., Fantuzzo, J., Mendez, J., & McDermott, P. (2000). Preschool peer interactions and readiness to learn: Relationships between classrooms peer play and learning behaviors and conduct. *Journal of Education Psychology*, *92*(n3), 458-465.

Epstein, L. H., Roemmich, J. N., Robinson, J. L., Paluch, R. A., Winiewicz, D. D., Fuerch, J. H., & Robinson, T. N. (2008). A randomized trial of the effects of reducing television viewing and computer use on body mass index in young children. *Archives of Pediatrics and Adolescent Medicine*, 162(3), 239-245.

Jago, R., Baranowski, T., Baranowski, J. C, Thompson, D., & Greaves, K. A. (2005). BMI from 3-6 y of age is predicted by TV viewing and physical activity, not diet. *International Journal of Obesity*, 29(6), 557-565.

Landhuis, E. C., Poulton, R., Welch, D. & Hancox, R. J. (2008). Programming obesity and poor fitness: The long-term impact of childhood television. *Obesity*, *16*(6), 1457-1459.

Moore, M. & Russ, S. W. (2008). Follow-up of a pretend play intervention: Effects on play, creativity, and emotional processes in children. *Creativity Research Journal*, 20(4), 427-436.

Pagani, L., Fitzpatrick, C., Barnett, T. A., & Dubow, E. (2010). Prospective associations between early childhood television exposure and academic, psychosocial, and physical well-being by middle childhood. *Archives of Pediatrics and Adolescent Medicine*, 164(5), 425-431.

Thompson, D. A., & Christakis, D. (2005). The association between television viewing and irregular sleep schedules among children less than 3 years of age. *Pediatrics*, 116(10), 851-856.

Vandewater, E. A., Bickham, D. S., & Lee, J. H. (2006). Time well spent? Relating television use to children's free-time activities. *Pediatrics*, 117(2), 181-191

Wyver, S. R., & Spence, S. H. (1999). Play and divergent problem solving: Evidence supporting a reciprocal relationship. *Early Education and Development*, 10(4), 419-444.

For more information visit us at <a href="https://5210.psu.edu">https://5210.psu.edu</a> or email at <a href="mailto:5210@psu.edu">5210@psu.edu</a>.





# It Takes 2 to Tune In



The American Academy of Pediatrics developed new recommendations to help parents and caregivers manage technology in their children's lives. It is still important to limit nonproductive screen time and break up time spent sitting during productive time in front of screens, no matter your age.

Since face-to-face interactions promote language development most effectively, the Academy recommends co-viewing with infants and toddlers.



Children over the age of 2 will engage in screen time as fully as they do any other activity. And, like any other activity, it can have its positive and negative effects. So, parents and caregivers should **Set** limits around screen time and be involved in children's media use, just as they do with other activities.

we should become role models for children, demonstrating the value of productive time spent away from screens. When children practice away-from-screen activities, they have more fun and learn more about navigating in the real world.





The AAP states that the quality of the content is more important than the device or hours of screen time.

Rather than just setting a limit of how much screen time children can have, participate with children around recreational screen time.

For more information visit us at https://5210.psu.edu or email at 5210@psu.edu.

#### References

Brown, A., Shifrin, D. L., & Hill, D. L. (2015). Beyond 'turn it off': How to advise families on media use. AAP News, 36(10), 54-54. Council on Communications and the Media. (2011). Policy Statement: Children, Adolescents, Obesity, and the Media. Pediatrics, 128(1), 201-208.





# 5210 and Healthy Sleep

# **Support Healthy Sleep Patterns with 5210!**

- 5 servings of fruit and vegetables daily is part of a healthy diet which helps promote quality sleep
- 2 Any screen time viewed within one hour of bedtime has been associated with difficulty falling asleep, anxiety around bedtime, and fewer sleeping hours
- Engaging in regular physical activity helps improve sleep quality
- O Caffeinated beverages close to bedtime may contribute to difficulty falling asleep

# Create an environment conducive to good sleep



# Improve Healthy Sleep by...

- ensuring your child has a consistent sleep and wake time
- ensuring your child has a consistent bedtime routine
- removing all electronics from the bedroom
- ensuring your child has a cool, quiet, dark and comfortable sleep environment

Reduce screen time in the evenings to help children go to bed on time and get sufficient sleep.

Getting a good night's sleep allows your child to engage physical activity during the day.

Children who get inadequate sleep tend to make unhealthy food choices.



With enough sleep, it may be easier to refrain from those caffeinated sweetened beverages to stay awake!

For more information visit us at https://5210.psu.edu or email at 5210@psu.edu.

CLEARINGHOUSE FOR MILITARY FAMILY READINESS

This material is based upon work supported by the National Institute of Food and Agriculture, U.S. Department of Agriculture, and the Office of Family Policy, Children and Youth, U.S. Department of Defense under Award No. 2010-48709-21867 developed in collaboration with The Clearinghouse for Military Family Readiness at Penn State University.

5210 Healthy Military Children is adapted from Let's Go! <a href="www.letsgo.org">www.letsgo.org</a>.

#### References

American Academy of Sleep Medicine (2009). Better Sleep Across Both Weekdays and Weekends is Associated with Improved Academic Success - American Academy of Sleep Medicine (AASM). Retrieved from http://www.aasmnet.org/articles.aspx?id=1328

Drescher, A., Goodwin, J., Silva, G., & Quan, S. (2011). Caffeine and screen time in adolescence: associations with short sleep and obesity. *Journal Of Clinical Sleep Medicine: JCSM: Official Publication Of The American Academy Of Sleep Medicine, 7*(4), 337.

Fox, K. (1999). The influence of physical activity on mental well-being. Public Health Nutrition, 2(3a), 411-418.

Health.mil,. (2014). *Help Your Children Recharge through Sleep*. Retrieved from http://www.health.mil/News/Articles/2014/04/24/Help-Your-Children-Recharge-through-Sleep

Peuhkuri, K., Sihvola, N., & Korpela, R. (2012). Diet promotes sleep duration and quality. Nutrition Research, 32(5), 309-319.

Sleepfoundation.org. (2014). *National Sleep Foundation - Sleep Research & Education*. Retrieved from http://sleepfoundation.org

Sleepfoundation.org,. (2014). Taste: What You Eat Can Affect Sleep - National Sleep Foundation. Retrieved from http://sleepfoundation.org/bedroom/taste.php

Stt Onge, M., McReynolds, A., Trivedi, Z., Roberts, A., Sy, M., & Hirsch, J. (2012). Sleep restriction leads to increased activation of brain regions sensitive to food stimuli. *The American Journal Of Clinical Nutrition*, *95*(4), 818t 824.

For more information visit us at https://5210.psu.edu or email at 5210@psu.edu.





# Television Tunnel Vision

Setting rules and enforcing limits can help reduce the amount of leisure time children spend in front of screens, like televisions, computers, and tablets.

Here are some fun things kids can do instead of engaging in screen time:

- Take a walk
- Cook something delicious
- Ride a bike
- Plant a garden
- 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
- Go stargazing
- Read a book
- Write a story
- Play outside
- Explore a new playground
- Turn on the music and dance
- Start a journal
- Make art
- Talk with a friend
- Take pictures
- Join a club

For more information visit us at https://5210.psu.edu or email at 5210@psu.edu.

# SCREE TIME DIGITS

1,456 Children ages 6-1 spend about 28 hours per week i front of the television. That adds up to 1,456 hours per year!

**71%** 71% of 8-1 year olds have a TV in their bedroom and 54% have a DVD/VCR

**7** Children and teenagers ages 8-1 on average consume 7 hours and 11 minutes o screen media pe day.

64% Among 8-1 year olds, about 64% reported that the TV is usually on during meals.

232 The average US Child is exposed to 232. minutes of background television on a typical day. That is ove 84,700 minutes a year!

#### References

Common Sense Media. (2013). Zero to eight: children's media use in America 2013. Retrieved from http://www.commercialfreechildhood.org/sites/default/files/kidsandscreens.pdf

Lapierre, M. A., Piotrowski, J. T, Linebarger, D. L. (2012). Background television in the homes of U.S. children. Pediatrics, 130(5), 839-846.

McDonough, P. (2009). TV viewing among kids at an eight-year high. Retrieved from http://www.nielsen.com/us/en/newswire/2009/tv-viewing-among-kids-at-an-

Rideout, V. J., Foehr, U. G., Roberts, D. F. (2010). Generation M2: media in the lives of 8- to 18- year olds. Retrieved from http://www.kff.org/entmedia/upload/8010.pdf





# Healthy Eating in a Hurry



- ₩ Use the slow cooker. Use time to your advantage! It only takes a few minutes to assemble most slow cooker recipes. The meal will cook during the day and be ready at dinnertime.
- Plan ahead for the week's meals. Buy and prep meals once a week on your least busy day. This allows you to portion foods and save money by buying in bulk.
- Make a shopping list that includes everything needed for the upcoming week. This ensures you have everything on hand when it is time to get cooking, and will eliminate trips to the grocery store mid-week.



- Avoid fast food restaurants. If you know you're going out, look at the menu options that are marked healthier choices, smaller sandwiches, salads, and limit fried foods.
- Meep the pantry well stocked with healthy choices for the week.
- Chop fruits and veggies ahead of time and serve with low fat dressings or dips.
- **Cook in large batches and freeze.** Cook more than needed for one meal and freeze the leftovers in single serving size containers.
- Stash snacks. Keep a supply of healthy snacks in your desk drawer, in the car, and at work.
- When time is tight, **consider pre-cooked protein options** like a rotisserie chicken, canned tuna or chicken, or pre-cooked shrimp. For a quicker cooking option, try fresh fish filets that are on the thinner side (like tilapia) and vegetarian protein foods like tofu and canned beans.



For more information visit us at <a href="https://5210.psu.edu">https://5210.psu.edu</a> or email at <a href="mailto:5210@psu.edu">5210@psu.edu</a>.

#### Website sources:

http://www.diabetes.org/mfa-recipes/tips/2014-09/15-ways-to-eat-healthy-in-a.html

 $\frac{http://consumer.healthday.com/encyclopedia/food-and-nutrition-21/food-and-nutrition-news-316/eating-healthy-in-a-hurry-648424.html}{}$ 

http://www.mankatofreepress.com/news/health and fitness/speaking-of-health-healthy-eating-even-when-you-re-in/article\_edf5d7cc-e637-11e4-bb35-e339ff29a252.html





# **Healthy Shopping on a Budget**



- **Buy store brands.** You will get the same or similar product for a cheaper price. If your grocery store has a membership card, sign up for even more savings.
- Make a shopping list and stick to it. Make sure it includes everything needed for the upcoming week.



Don't shop when you're hungry. You'll be more tempted by snack foods.



- **Buy in-season produce**, which is often easier to find, more flavorful, and less expensive. If you are not going to use them all right away, buy some that still need time to ripen.
- Prepare yourself rather than buy ready-to-eat. Buy vegetables and fruits in their simplest form. Pre-cut, pre-washed, ready-to-eat, and processed foods are convenient, but often cost much more than when purchased in their basic forms.
- **Buy canned or frozen fruits and vegetables.** For canned items, choose fruit canned in 100% fruit juice and vegetables with "low sodium" or "no salt added" on the label.
- **Buy in bulk.** It is almost always cheaper to buy foods in bulk. Smart choices are family packs of chicken, steak, or fish and larger bags of frozen vegetables. Before you shop, remember to check if you have enough freezer space.



When time is tight, **consider making large batches** of your favorite recipes by doubling or tripling the recipe). Freeze in individual containers. Use them throughout the week and you won't have to spend money on takeout meals.

For more information visit us at <a href="https://5210.psu.edu">https://5210.psu.edu</a> or email at <a href="mailto:5210@psu.edu">5210@psu.edu</a>.

#### Website sources:

http://www.choosemyplate.gov/budgetosemyplate.gov/budget http://www.cnpp.usda.gov/USDAFoodPlansCostofFood





# Turn Off to Fill Up!

Did You know?

Distracted eating can have a negative impact on your digestive system.



Distracted eating, especially eating while watching TV, has proven to create poor eating habits. Distracted eating effects the proper performance of our brain receptors and masks taste and fullness. Studies that compare eating while watching TV, playing video games, or listing to the radio showed that eating while watching TV was the worst. This also includes smartphones, tablets, and other such devices. While we are all busy, it is recommended to find time to eat as a family without the added distractions.

Watching TV while eating can cause you to eat more than you would if you were not watching TV.



Eating while watching TV leads to even more eating later.

Advertising works! Kids tend to eat more 'junk food' while watching TV.

For more information visit us at https://5210.psu.edu or email at 5210@psu.edu.



CLEARINGHOUSE This material is based upon work supported by the National Institute of Food and Agriculture, U.S. Department of Agriculture, and the Office of Family Policy, Children and Youth, U.S. Department of Defense under Award No. 2010-48709-21867 developed in collaboration with The Clearinghouse for Military Family Readiness at Penn State University. 5210 Healthy Military Children is adapted from Let's Go! www.letsgo.org.

#### References

- Bickham, D. S., Blood, E. A., Walls, C. E., Shrier, L. A., & Rich, M. (2013). Characteristics of screen media use associated with higher BMI in young adolescents. *Pediatrics*, *131*(5), 935–941. https://doi.org/10.1542/peds.2012-1197
- Blaine, R. E., Fisher, J. O., Blake, C. E., Orloski, A., Younginer, N., Bruton, Y., ... Davison, K. K. (2016). Conditioned to eat while watching television? Low-income caregivers' perspectives on the role of snacking and television viewing among pre-schoolers. *Public Health Nutrition*, *19*(9), 1598–1605. https://doi.org/10.1017/S136898001500364X
- Braude, L., & Stevenson, R. J. (2014). Watching television while eating increases energy intake. Examining the mechanisms in female participants. *Appetite*, 76, 9–16. https://doi.org/10.1016/j.appet.2014.01.005
- Campbell, K. J., Crawford, D. A., & Ball, K. (2006). Family food environment and dietary behaviors likely to promote fatness in 5–6 year-old children. *International Journal of Obesity*, *30*(8), 1272–1280. https://doi.org/10.1038/sj.ijo.0803266
- Eisenberg, M. E., Larson, N. I., Gollust, S. E., & Neumark-Sztainer, D. (2016). Snacking on Television: A Content Analysis of Adolescents' Favorite Shows. *Preventing Chronic Disease*, *13*, 160014. https://doi.org/10.5888/pcd13.160014
- Falbe, J., Willett, W. C., Rosner, B., & Field, A. E. (2016). Body mass index, new modes of TV viewing and active video games. *Pediatric Obesity*, (October), 406–413. https://doi.org/10.1111/ijpo.12158
- Francis, L. A., & Birch, L. L. (2006). Does eating during television viewing affect preschool children's intake? *Journal of the American Dietetic Association*, 106(4), 598–600. https://doi.org/10.1016/j.jada.2006.01.008
- Halford, J. C. G., Gillespie, J., Brown, V., Pontin, E. E., & Dovey, T. M. (2004). Effect of television advertisements for foods on food consumption in children. *Appetite*, *42*(2), 221–225. https://doi.org/10.1016/j.appet.2003.11.006
- Higgs, S. (2015). Manipulations of attention during eating and their effects on later snack intake. *Appetite*, *92*, 287–294. https://doi.org/10.1016/j.appet.2015.05.033
- Jashinsky, J., Gay, J., Hansen, N., & Muilenburg, J. (2017). Differences in TV Viewing and Computer Game Playing's Relationships with Physical Activity and Eating Behaviors among Adolescents: An NHANES Study. *American Journal of Health Education*, 48(1), 41–47. https://doi.org/10.1080/19325037.2016.1250017
- Ogden, J., Coop, N., Cousins, C., Crump, R., Field, L., Hughes, S., & Woodger, N. (2013). Distraction, the desire to eat and food intake. Towards an expanded model of mindless eating. *Appetite*, *62*, 119–126. https://doi.org/10.1016/j.appet.2012.11.023
- Ogden, J., Oikonomou, E., & Alemany, G. (2015). Distraction, restrained eating and disinhibition: An experimental study of food intake and the impact of "eating on the go." *Journal of Health Psychology*, 1359105315595119. https://doi.org/10.1177/1359105315595119
- Pearson, N., Ball, K., & Crawford, D. (2011). Mediators of longitudinal associations between television viewing and eating behaviours in adolescents. *International Journal of Behavioral Nutrition and Physical Activity*, 8(1), 23. https://doi.org/10.1186/1479-5868-8-23
- Pearson, N., Griffiths, P., Biddle, S. J. H., Johnston, J. P., & Haycraft, E. (2017). Individual, behavioural and home environmental factors associated with eating behaviours in young adolescents. *Appetite*, *112*, 35–43. https://doi.org/10.1016/j.appet.2017.01.001
- Ramos, E., Costa, A., Araújo, J., Severo, M., & Lopes, C. (2013). Effect of television viewing on food and nutrient intake among adolescents. *Nutrition*, 29(11–12), 1362–1367. https://doi.org/10.1016/j.nut.2013.05.007
- Tal, A., Zuckerman, S., & Wansink, B. (2014). Watch what you eat: Action-related television content increases food intake. *JAMA Internal Medicine*, 174(11), 1842–1843. https://doi.org/10.1002/oby.20629.6

