



How Healthcare Professionals 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

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

Healthcare professionals are natural allies for the 5210 Healthy Military Children campaign. They may help reinforce the 5210 message from a clinical perspective, lend their expertise to the campaign, and show their support for 5210 activities throughout their communities. The resources assembled in this toolkit are designed to help healthcare professionals promote and support the 5210 message.

The following materials are available for healthcare professionals:

1. **Tips for Healthcare Professionals handout** – targets healthcare professionals and provides them with tips to help children in their communities increase fruit and vegetable consumption, decrease screen time, increase physical activity, and decrease sweetened beverage consumption.
2. **Tips for Healthcare Professionals posters** – includes enlarged versions of the Tips for Healthcare Professionals 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. **Creating a Healthy Office Environment handout** – lists simple ideas to promote healthy eating and active living by thinking about the office environment of your clinic.
5. **Healthy Eating and Healthy Activity Booklists** – provide examples of books for children with content that reinforces the importance of a healthy lifestyle.
6. **Thirst Quencher! Poster** – advertises drinking fountain locations.
7. **How a Clinical Practice May Begin Using 5210 Healthy Military Children** – describes how to make easy modifications to standard medical visits to address 5210 in the context of child health.
8. **Measuring Weight & Length 0-2 Year Olds** – describe best-practice techniques to standardize the collection of height/length and weight measurements for BMI assessment.
9. **Measuring Height and Weight 2-18 Year Olds** – describe best-practice techniques to standardize the collection of height/length and weight measurements for BMI assessment.

10. **5210 Healthy Habits Questionnaires (Ages 2-9)** – contains a brief form for parents or patients (depending on their age) to fill out so their practitioner has an at-a-glance look at the patient’s health behaviors and the practitioner can initiate motivational interviews to elicit behavior change.
11. **5210 Healthy Habits Questionnaires (Ages 10-18)** – contains a brief form for parents or patients (depending on their age) to fill out so their practitioner has an at-a-glance look at the patient’s health behaviors and the practitioner can initiate motivational interviews to elicit behavior change.
12. **Motivational Interviewing** – includes an introduction to the concept of motivational interviewing, why it is good to use in clinical practices, how to conduct motivational interviews to elicit behavior change, and a readiness ruler to ask patients how ready they feel to make changes to their health behaviors.

We recommend hanging the poster in highly visible locations in the medical office, such as in the waiting area, restrooms, and clinical exam rooms. In addition, we advise reviewing all of the documents with healthcare staff to provide standardized care to children and adolescents that supports the 5210 Healthy Military Children campaign. Parent handouts are available in the 5210 Healthy Military Children toolkit that may be distributed to children and their families in the context of medical appointments or made available in the waiting area. Digital versions of all materials are available and may be inserted into newsletters or emails and uploaded to websites and via social media.

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!



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⁺

⁺ 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 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% 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 5210 at 5210@psu.edu or www.5210.psu.edu for help identifying programs and resources targeting nutrition, physical activity, and screen time!

References

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5 or more servings of fruits and vegetables

One serving of fruits and vegetables is:

1 medium fruit

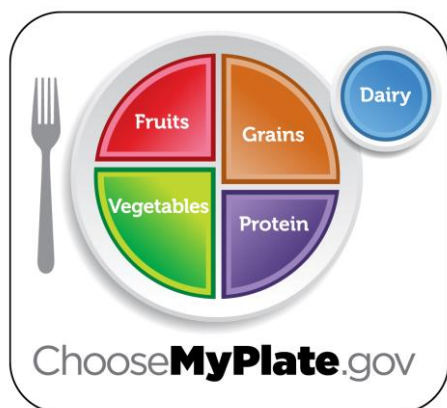
½ cup of chopped, canned, or cooked fruit

¼ 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 2010¹ 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 Pediatrics² 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 vegetables³. 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>

2 or fewer hours of recreational screen time⁺

⁺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 Pediatrics¹ 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 free-play.

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 Education¹ 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 Services² 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

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 program¹ 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-rwjf-research/2009/11/the-negative-impact-of-sugar-sweetened-beverages-on-children-s-h.html>

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Creating a Healthy Office Environment

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

- Hang physical activity and nutrition posters in waiting areas and in examination rooms; make them as prominent as vaccination posters
- Create a 5-2-1-0 bulletin board:
 - Monthly or quarterly updates can feature patient activities in their communities
 - Post resources and news articles for parents and children
 - Post seasonal activities
 - Feature a fruit or vegetable of the month
- Play videos that show children taking part in nontraditional sports and other physical activities
- Play videos of children trying new fruits and vegetables
- Display books, puzzles and activity sheets that support healthy eating and active living to entertain children
- Replace lollipop and candy rewards with stickers, bookmarks and other nonfood items
- Incorporate WiiFit or other active video games

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

- Sample a fruit or vegetable of the month—select items of different cultures to try
- Host a healthy lunch
- Provide 10-minute physical activity or walk break during the work day

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Healthy Eating Booklist

***Baby Signs for Mealtime*
by Acredolo, Linda**

Board Book \$6.99 Age 6 mo-1 yr ISBN: 0060090731

Through baby signing that parents can teach to their children, youngsters can communicate when they want more, when something is too hot, or even to let everyone know the food is all gone!

Eat

by Intrater, Roberta Grobel

Board Book \$4.95 Age 9 mo-2 yr ISBN: 0439420067

A group of babies enjoys some favorite foods—along with making as big a mess on their faces as possible while they eat.

My Food/Mi Comida

by Emberley, Rebecca

Hardcover \$6.99 Age 9 mo-2 yr ISBN: 0316177180

Labeled illustrations introduce various familiar foods and their names in English and Spanish.

Tucking In!

by Stockham, Jess

Board Book \$6.99 Age 9 mo-2 yr ISBN: 1846430461

Animals and young children enjoy the same types of foods, including oats, oranges, and fish, in a book with pictures hidden beneath the flaps.

Yum-Yum, Baby!

By Harwood, Beht

Board Book \$5.95 Age 9 mo-2 yr ISBN: 1592238033

Rhyming text describes which meals of the day a baby is hungry for, while labeled illustrations introduce related words, such as banana, cup, and peas.

The Carrot Seed

by Krauss, Ruth

Board Book \$6.99 Age 1-2 ISBN: 0694004928

A young boy plants and cares for a carrot seed that everyone says will not grow, but he lovingly tends to his seed, and he eventually grows a large carrot.

Crunch Munch

by London, Jonathan

Board Book \$5.95 Age 1-3 ISBN: 0152166009

Shows how different animals eat, from the nibble bibble of the chipmunk to the zap! zap! zap! of the frog, and reveals the tasty morsels that each animal loves, from the yummy ants for the aardvark to the green leaves for the giraffe.

Lunch

by Fleming, Denise

Board Book \$7.99 Age 1-3 ISBN: 0805056963

A sturdy board-book format follows a hungry little mouse as he munches his way through a variety of colorful fruits and vegetables.

My Very First Book of Food

by Carle, Eric

Board Book \$5.99 Age 1-3 ISBN: 0399247475

A split-page board book provides a simple introduction to the foods animals eat as preschoolers are challenged to match up the image of the food with the animal presented.

Bread, Bread, Bread

by Morris, Ann

Paperback \$6.99 Age 2-4 ISBN: 0688122752

Celebrates the many different kinds of bread and how it may be enjoyed all over the world.

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

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

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<i>Market Day</i> by Ehlert, Lois	Paperback	\$6.95	Age 2-6	ISBN: 0152168206
On market day, a farm family experiences all the fun and excitement of going to and from the farmers' market.				
<i>The Little Red Hen (Hen Makes a Pizza)</i> by Sturges, Philemon	Paperback	\$6.99	Age 2-6	ISBN: 0142301892
In this version of the traditional tale, the duck, the dog, and the cat refuse to help the Little Red Hen make a pizza but do get to participate when the time comes to eat it.				
<i>An Island in Soup</i> by Levert, Mireille	Paperback	Need to buy used.	Age 3-6	ISBN: 0888995059
Staring at the fish soup he doesn't want to eat, Victor imagines that he is on an island of overgrown celery where he conquers a fierce pepper dragon only to be barraged by a wealth of terrifying ingredients, and soon Victor unexpectedly discovers that the dreaded fish soup is quite delicious.				
<i>Feast for 10</i> by Falwell, Cathryn	Paperback	\$6.95	Age 3-6	ISBN: 0395720818
Numbers from one to ten are used to tell how members of a family shop and work together to prepare a meal.				
<i>Grover's Guide to Good Eating</i> by Kleinberg, Naomi	Hardcover	\$6.99	Age 3-6	ISBN: 037584063X
Little ones can join their host Grover and his assistant Elmo in the Good Eats Cafe where they will learn all about good nutrition and healthy eating!				
<i>Little Pea</i> by Rosenthal, Amy Krouse	Hardcover	\$14.99	Age 3-6	ISBN: 081184658X
Little Pea hates eating candy for dinner, but his parents will not let him have his spinach dessert until he cleans his plate, in a story that many children can relate to!				
<i>Good for Me and You</i> by Mayer, Mercer	Paperback	\$3.99	Age 5-6	ISBN: 0060539488
Little Critter learns that a healthy lifestyle includes a balanced diet and exercise.				
<i>Muncha! Muncha! Muncha!</i> by Fleming, Candace	Hardcover	\$17.99	Age 5-6	ISBN: 0689831528
After planting the garden he has dreamed of for years, Mr. McGreely tries to find a way to keep some persistent bunnies from eating all his vegetables.				
<i>Two Eggs, Please</i> by Weeks, Sarah	Paperback	\$7.99	Age 5-7	ISBN: 141692714X
A harried waitress at the local diner tries to keep up with an abundance of orders from demanding patrons—all of whom want eggs, in a lively introduction to similarities and differences.				
<i>An Orange in January</i> by Aston, Dianna Hutts	Hardcover	\$16.99	Age 6-7	ISBN: 0803731469
An orange begins its life as a blossom where bees feast on the nectar, and reaches the end of its journey, bursting with the seasons inside it, in the hands of a child.				
<i>Spriggles: Healthy & Nutrition</i> by Gottlieb, Jeff	Paperback	\$8.95	Age 3-6	ISBN: 1930439016
Motivates children in the areas of nutrition, hygiene, and general well-being with animal rhymes such as "Eat a balanced meal, Seal", "Limit the fat, Cat", "Have a carrot, Parrot" and many more.				

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Healthy Activity Booklist

Row, Row, Row Your Boat

by Kubler, Annie

Board Book

\$4.99

Age 9 mo-2 yr

ISBN: 0859536580

In this traditional nursery rhyme, a group of babies and their toy animal friends row merrily down the stream.

Wiggle Waggle

by London, Jonathan

Board Book

\$5.95

Age 9 mo-2 yr

ISBN: 0152165886

Describes how various animals walk, from the wiggle waggle of a duck to the boing, boing, boing of a kangaroo to the bumble roll, bumble roll of a bear.

On the Go!

by Stockham, Jess

Board Book

\$6.99

Age 9 mo-2 yr

ISBN: 1846430496

Animals move by stretching, jumping, and climbing, and readers can flip the page to see babies doing the same action.

Head, Shoulders, Knees and Toes

by Kubler, Annie

Board Book

\$4.99

Age 9 mo-2 yr

ISBN: 0859537285

An illustrated version of the song which identifies parts of the body.

Eyes, Nose, Fingers, and Toes

by Hindley, Judy

Board Book

\$6.99

Age 9 mo-2 yr

ISBN: 0763623830

A group of toddlers demonstrate all the fun things that they can do with their eyes, ears, mouths, hands, legs, feet—and everything in between.

Bear About Town

by Blackstone, Stella

Board Book

\$6.99

Age 1-3

ISBN: 1841483737

The big, friendly bear goes on his daily walk through his neighborhood, meeting the people who live and work nearby.

I Went Walking

by Williams, Sue

Board Book

\$11.99

Age 1-3

ISBN: 0152056262

During the course of a walk, a young boy identifies animals of different colors.

Skippyjon Jones Shape Up

by Schachner, Judy

Board Book

\$6.99

Age 1-3

ISBN: 0525479570

Skippyjon Jones, a Siamese cat who thinks he is a Chihuahua dog, exercises using objects of different shapes.

Jumping Day

by Esbensen, Barbara Juster

Paperback

\$8.95

Age 2-4

ISBN: 1563978539

The pleasures of jumping, running, skipping, and hopping are celebrated as a little girl starts her day, goes to school, and comes home to play.

Doing the Animal Bop

by Ormerod, Jan

Paperback

\$9.99

Age 2-4

ISBN: 0764178997

Various animals dance to the animal bop, including ostriches, elephants, and monkeys; includes read-along compact disc.

I'm as Quick as a Cricket

by Wood, Audrey

Board Book

\$6.99

Age 2-4

ISBN: 0859536645

A young boy describes himself as loud as a lion, quiet as a clam, tough as a rhino, and gentle as a lamb.

(continued on next page)

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

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THIRST QUENCHER

5210 Every Day!

A healthy body
needs water.

FILL UP!



5210
Healthy Military Children

5210
LET'S GO!
www.letsgo.org



Using 5210 Healthy Military Children

1. The focus is on healthy behaviors.

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

2. The 5-2-1-0 Healthy Habits Questionnaire.

The first thing to institute in your practice is this questionnaire at all well-child checks for children 2 years and older. Questions to consider:

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

3. Goal setting with patients and families.

It's important to have patients and families work on one area at a time. Simple, easily attainable goals are the key to success. An example is reducing intake of sugar-sweetened beverages.

4. Parent information.

It's important to have information for parents on how they can make simple changes in their lives to be healthier. The 5210 Healthy Military Children toolkit has many handouts available for your patients and their families. Questions to consider:

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

5. Measuring BMI can be complicated.

Here are some things to consider:

- How does your office currently measure patients' height and weight? Who does the measuring? Is it standardized throughout the office?
- Can the person who does the measuring also calculate the BMI and determine the BMI percentile and weight classification? (Usually one person does all of this.)
- Where will the BMI percentile and weight classification be documented?
- Are the appropriate staff members trained in BMI calculations and documentation?

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6. The language we use is very important when working with patients and families on healthy behaviors.

First ask permission and then focus on positive, healthy behaviors, not on the weight.

- A BMI of less than 5% is medically termed “underweight”.
 - ☐ Instead of using the term “underweight”, try saying, “Your child may not be getting enough calories every day.”
 - ☐ Ask the child about his/her daily eating habits.
 - ☐ Discuss the 5-2-1-0 behaviors and encourage healthy eating habits.
 - ☐ If you think it is applicable, you could begin the conversation around a positive body image.
- A BMI of 5-84% is medically termed “healthy weight”. It is still important to talk about healthy behaviors with this group.
- A BMI of 85-94% is medically termed “overweight”.
 - ☐ Instead of using the term “overweight”, try reviewing the BMI growth chart with the child/parent. Use wording such as “Your child might be carrying a little extra weight. It might not mean he/she has extra fat.”
 - ☐ Quickly steer the conversation to the 5-2-1-0 behaviors.
 - ☐ Ask the child/parent if there is one behavior they would like to work on.
 - ☐ Use the survey to help elicit interest.
 - ☐ If they are not interested in making a change now, stay positive and encourage them to pick a behavior to start thinking about.
- A BMI of 95% and above is medically termed “obese”.
 - ☐ Instead of using the term “obese”, try “Your child has put on more weight than they have grown tall,” or “Your child is carrying around extra weight and this can put them at risk for health conditions such as heart disease and diabetes.”
 - ☐ Once again, quickly move the discussion to healthy behaviors.

7. It's important to set a good example.

Practices can set a good example by having healthy snacks available for office staff and avoiding junk food and soda.

8. Potential limitations on the use of the BMI. BMI does not directly measure fat, it measures weight.

That said there have been numerous studies determining BMI to be a good screening tool to identify children who have an increased percentage of body fat and who are at risk for medical conditions, such as heart disease and diabetes.

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Measuring Weight & Length

0-2 Year Olds

What children should I take length measurements for?

- ▶ Length is measured lying down. Height is measured standing up. Typically, length (lying down) is measured in children 0-2 years old. The charts are normalized for this age group. The CDC recommends that health care providers use the WHO growth standards to monitor growth in infants and children ages 0-2 year old in the U.S. The CDC recommends using their growth charts for children age 2 years and older in the U.S¹.

Why should I measure weight-for-length?

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

Measuring Weight

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

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Procedure:

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

Measuring Length^{2, 3}

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

Procedure:

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

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

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

Reference:

¹ Centers for Disease Control and Prevention: Growth Charts (www.cdc.gov/growthcharts)

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

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

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Measuring Height & Weight

2-18 Year Olds

Measuring Weight

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

Procedure:

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



Measuring Height

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

Procedure:

1. Before you begin, ask the child to remove shoes, hats, and bulky clothing, such as coats and sweaters. Ask the child to remove or undo hair styles and hair accessories that interfere with taking a measurement. In rare cases, a child may be unwilling to undo an intricate or costly hairstyle. In these situations, care should be taken to locate the actual crown of the head.
2. Direct the child to stand erect with shoulders level, hands at sides, thighs together, and weight evenly distributed on both feet. The child's feet should be flat on the floor or foot piece, with heels comfortably together and touching the base of the vertical board. There are four contact points between the body and the stadiometer: head, upper back, buttocks, and heels.
3. Ask the child to adjust the angle of his/her head by moving the chin up or down in order to align head into the Frankfort Plane. The Frankfort Plane is an imaginary line from the lower margin of the eye socket to the notch above the tragus of the ear (the fleshy cartilage partly extending over the opening of the ear). This is best viewed and aligned when the viewer is directly to the side of and at the eye level of the child. When aligned correctly, the Frankfort Plane is parallel to the horizontal headpiece and perpendicular to the vertical back piece of the stadiometer. NOTE: When the chin is correctly positioned, the back of the head may not make contact with the board. In fact, in a very few individuals, only two points will make contact with the vertical back piece.
4. Ask the child to breathe in and maintain his/her position. Lower the headpiece until it firmly touches the crown of the head and is at a right angle with the measurement surface. Check contact points to ensure that the lower body stays in the proper position and the heels remain flat. Some children may stand up on their toes, but verbal reminders are usually sufficient to get them in proper position.
5. Record height to the nearest 1/8th of an inch.

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Healthy Habits Questionnaire

(Ages 2-9)

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

Patient Name: _____ Age: _____ Today's Date: _____

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

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

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

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

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

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

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

Yes No

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

Yes No

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

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

100% Juice _____
Water _____

Fruit drinks or sports drinks _____
Whole milk _____

Soda or punch _____
Nonfat or reduced fat milk _____

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

Eat more fruits & vegetables.
Take the TV out of the bedroom.
Play outside more often.

Spend less time watching TV/movies
and playing video/computer games.
Drink less soda, juice, or punch.

Eat less fast food/takeout.
Drink more water.
Switch to skim or low fat milk.

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



Healthy Habits Questionnaire

(Ages 10-18)

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

Patient Name: _____ Age: _____ Today's Date: _____

1. How many servings of fruits or vegetables do you eat a day?
(One serving is most easily identified by the size of the palm of your hand.) _____
2. How many times a week do you eat dinner at the table together with your family? _____
3. How many times a week do you eat breakfast? _____
4. How many times a week do you eat takeout or fast food? _____
5. How many hours a day do you watch TV/movies or sit and play video/computer games? _____
6. Do you have a TV in the room where you sleep? Yes No
7. Do you have a computer in the room where you sleep? Yes ☐ No
8. How much time a day do you spend in active play
(faster breathing/heart rate or sweating)? _____
9. How many 8-ounce servings of the following do you drink a day?
_____ 100% juice _____ Fruit or sports drinks _____ Soda or punch
_____ Water _____ Whole milk _____ 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 & vegetables.

Take the TV out of the bedroom.

Play outside more often.

Spend less time watching TV/movies

and playing video/computer games.

Drink less soda, juice, or punch.

Eat less fast food/takeout.

Drink more water.

Switch to skim or low fat milk.

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

What is Motivational Interviewing?

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

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

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

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

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Why Use Motivational Interviewing

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

- Through this research, we know that MI plus “*active treatment*” works exceptionally well.

Active treatment can include MI plus:

1. Nutrition education
 2. Physical therapy
 3. Exercise program/support
 4. General health education
- We also know that there is a larger effect size (i.e. works better with) with minority samples than with Anglo/White samples. We think this outcome is true because
 1. MI is congruent with cultural values of many minority populations.
 2. The power hierarchy is diminished when engaging in MI.
 - We also know that the very first meeting matters and that **MI can make a difference in just one 15-minute interaction.**

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Barriers to Utilizing MI

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

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Traditional Encounter

Scene: Provider Office

Characters: Provider and Overweight Adolescent

Greetings and small talk

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

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

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

Adolescent: Okay.

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

Adolescent: Okay. *sigh*

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MI Encounter

Scene: Provider and overweight adolescent. Part of a Well-Child visit

Time: < 3 minutes

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

Adolescent: Okay.

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

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

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

Adolescent: Yeah.

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

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

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

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

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

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

Physician: Do you think you watch too much TV?

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

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

Adolescent: Yes.

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

Adolescent: Yes.

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

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

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Elicit Behavior Changes

Open-ended:

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

Affirming:

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

Reflective Listening:

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

Summary:

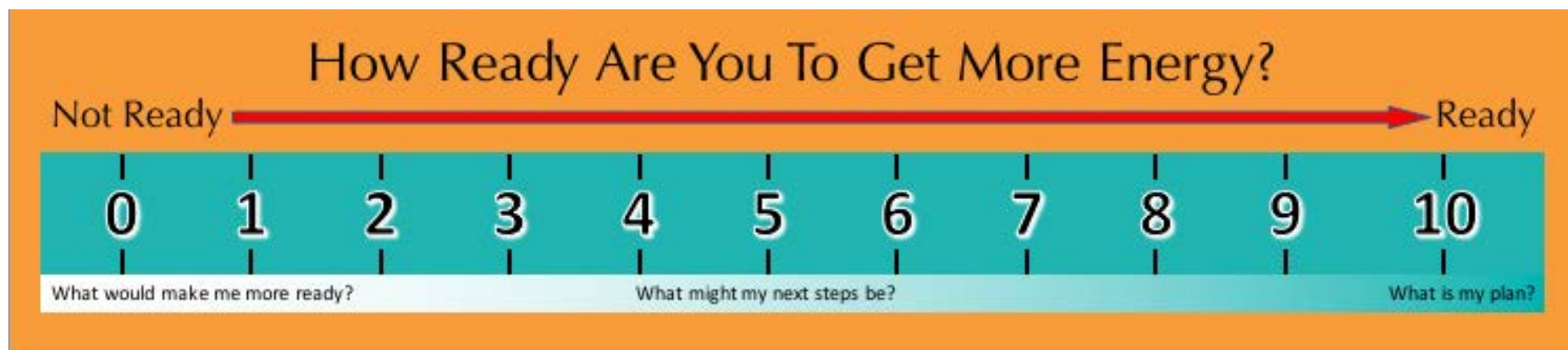
- Do I understand this correctly?

Focused Advice:

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

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The Readiness Ruler



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