

OCTOBER 2, 2018

HOW DO IOWA KIDS STAY HEALTHY?

THROUGH THE IDEA OF 5210!
 It's a fun way to make being healthy easy.



Why 5-2-1-0 works

Healthy Choices Count! is based on 5-2-1-0's scientific rationale, which includes the following.

5 or more fruits and vegetables.

A diet rich in fruits and vegetables provides vitamins and minerals, important for supporting growth and development, and for optimal immune function in children. High daily intakes of fruits and vegetables among adults are associated with lower rates of chronic diseases such as heart disease, stroke, high blood pressure, diabetes, and possibly, some types of cancers. Emerging science suggests fruit and vegetable consumption may help prevent weight gain, and when total calories are controlled, may be an important aid to achieving and sustaining a healthy weight.

2 hours or less recreational screen time.*

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

1 hour or more of physical activity.

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

0 sugary drinks, more water.

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

It's how we help Iowa kids live 5-2-1-0!

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

Where Does Typical Teen Behavior End and ADHD Begin?

Defiance. Clutter. Disorganization. Poor time management. Difficulty with routines. Are these typical teen behaviors? Or indicators of unmanaged ADHD?

On the surface, your child's behaviors may look like those of a defiant teen. But once you've secured a diagnosis — and are confident that it's accurate — you'll likely see that they were actually clear indicators of your child's struggles with ADHD.

In this video, learn what to do to manage the behaviors in supportive, productive ways.

[Click Here to Watch the Video](#)



And how can a parent differentiate between enabling bad behavior and providing needed support for a teen with ADHD?

Start with these four steps.

1. Educate yourself about ADHD.

Research how ADHD impacts:

- Attention
- Organization
- Impulsivity
- Hyperactivity
- Emotionality
- Executive functions
- Motivation

2. Get help.

Find a professional who specializes in ADHD and will work to understand how symptoms manifest for your child, specifically.

3. Assume best intentions.

- Start believing that your teen isn't being purposefully "bad."
- She isn't meeting your expectations because she doesn't have the skills to...yet.

4. Adjust expectations.

- Resist the temptation to think that your teen "should" be able to do something.
- Teens with ADHD can be 3-5 years behind same-age peers in maturity.
- Set your expectations based on maturity level, not his age in years.

Why Might a Foster or Adoptive Parent Struggle to Feed Well?

Feeding challenges may be met by overwhelmed, under-supported, and worried foster and adoptive parents. As one mother of adopted school-aged siblings shared,

"Despite having read a TON in preparation, I wish I had known how much feeding is a key for attachment, even for older children. I wish I had had more information that there was a good chance that the table could be a very difficult place for a while, and some of the reasons for that—that is, the possibilities of chewing/swallowing/sensory issues. I may have been better able to stay calm and let some things slide if my expectations of a happy family meal had not been met with such a slap in the face."

Parents may also receive poor advice, even from doctors and feeding therapists such as, "Just make them eat," "No child will starve himself," "Do whatever you have to do to get food in," and, "Withhold eye contact until he eats." Such advice can lead to tremendous battles—and desperate parents. As a physician, I can sadly say that many of my colleagues receive little-to-no training in feeding and have been the source of harmful advice. Combine the lack of support with a primal need to nourish and perhaps pressure to make up for poor past nutrition, and parents understandably fall into maladaptive feeding tactics. For example, 2 1/2-year-old Amari's mom brought Amari to her pediatrician, a speech therapist, and dietitian who were unable to offer meaningful support. A psychology appointment was almost two months away.

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