Parental Perceptions on Pediatric Obesity at Jackson-Hinds Comprehensive Health Center

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Abstract

Mississippi has one of the highest rates of childhood obesity in the nation. Research has indicated that parental misperceptions of their child’s weight affect their likelihood of adopting healthier eating habits and promoting physical activity for their children. This project aims to assess parental perceptions of their child’s weight and identify factors that influence their motivation to make healthy choices for their children. A survey was administered to 50 parents of children ages 2-18 at Jackson-Hinds Comprehensive Health Center. Parents were also counseled on BMI, growth chart, healthy food choices, physical activity, and health risks associated with pediatric obesity. Results of the survey showed that 60% of parents misperceived their child’s current weight status. Children who are overweight/obese are more commonly categorized as “healthy weight” by parents. Parents who misperceive their children’s weight as “healthy” are less concerned about their child’s weight, less aware of the functional, social, and health implications associated with childhood obesity, and less likely to make changes to their child’s food and physical activity environment. Health providers are encouraged to continue educating parents at every clinic visit using a combination of verbal education and written materials regarding their child’s current weight status. Parents should be advised on how to make healthier choices, recommended to make small changes, and held accountable by the providers. Collaboration with community church groups and local organizations to sponsor community events that promote physical activity, offer nutrition counseling and healthy cooking classes is also important in preventing childhood obesity.

Keywords: Parental Perception, Childhood Obesity, Weight Status, Education, Community Health Center

Introduction

Pediatric obesity is an increasing epidemic in the United States and can lead to many chronic medical conditions. Not only is obesity difficult to treat, but it is also associated with many chronic medical conditions such as hypertension, heart disease, dyslipidemia, and diabetes. ¹ According to the CDC, approximately 12.5 million children are overweight or obese in the United States. In children and adolescents aged 2-19, obesity is defined as having a Body Mass Index (BMI) at or above the 95th percentile on a CDC BMI-for-age growth chart. ² In Mississippi, childhood obesity is consistently one of the highest in the nation with a very large proportion found in African American children.¹,³ Without proper early prevention, obesity can continue to affect children through adolescence and into adulthood.

Background

The causes for the increase in overweight and obese children and adolescents are complex and multifaceted. Age, gender, socioeconomic status, and actual or perceived barriers to physical activity and healthy food choices have been implicated as factors for contributing to this epidemic. ³ Two of the biggest factors contributing to pediatric obesity are a child’s food and physical activity environment. Children today are consuming higher amounts of calorie dense foods and sugary drinks, while living more sedentary lifestyles due to increase TV time and media exposure. ² According to Garrett-Wright (2010), understanding how a parent defines healthy body weight for his or her child is important in successfully preventing and treating childhood overweight and obesity. ⁴ Parental beliefs and values regarding current and ideal body weight are shaped by race/ethnicity, geographic location, family and culture. Parental perception of their child’s weight impacts parental practices to instill healthy eating habits and exercise behaviors in their child. ⁵ In a concept analysis and data review regarding parental perception of child weight, researchers found a significant mismatch between parental perception of their child’s weight and their child’s actual weight. Results show parents tend to underestimate their child’s weight, particularly if their child’s BMI was in the overweight or obese category. ⁴ Additionally, parents
were unlikely to implement any changes to their child’s lifestyle unless they recognized there was a need or risk to that child.  

In order to implement effective strategies as health providers to increase healthy weight of children in the community, it is important to understand how a parent defines healthy body weight, assess their understanding of the social, psychological, and health risks associated with pediatric obesity, and identify the factors influencing a parent’s motivation to making changes.

The objectives of this project include (1) assessing parental perceptions of their child’s current weight status vs. their child’s actual weight status, (2) identifying factors that influence parental motivation to make healthy choices for their children, (3) based on the data collected, making recommendations for appropriate interventions to providers and staff at Jackson-Hinds CHC, and (4) improving childhood obesity within the local community of Jackson, MS in the long-term.

Methodology

For my project, I surveyed 50 parents of children ages 2-18 that visited the Pediatric Department at Jackson-Hinds Comprehensive Health Center (Main) from June 27, 2014 – July 10, 2014. The survey implemented (Appendix A) included demographics of the parent and child, parental perceptions of their child’s weight, parental knowledge regarding BMI and growth charts, child’s healthy eating behaviors and level of physical activity, parental perceptions on barriers to healthy eating and physical activity, as well as an open ended question regarding what services the community health center can offer that would aid them in adopting healthier habits for their children. The surveys were completed with the parent in the patient rooms prior to being seen by the provider. After completing the survey, I counseled parents using an educational handout that I created based on CDC guidelines (Appendix B). The handout explains what BMI is, how to calculate their child’s BMI, and step-by-step instructions how to derive their child’s current weight status based on where their child plots on a BMI-for-age growth chart. Additionally, the handout also lists the short and long term health risks of childhood obesity, dietary recommendations, and
types of physical activity to include every day. After all the surveys were collected, descriptive data analysis was used to analyze the results.

**Results**

**Parent and Child Demographics**

There were 50 total parents that participated in the survey with children ranging from ages 2 to 16 years old. There were 23 males and 27 females (Figure 1) with 92% that were African American Non-Hispanic, 6% that were White Non-Hispanic, and 2% that were Hispanic/Latino. 43 of the 50 children had Medicaid as their primary insurance, 3 had CHIP, 3 had private insurance, and 1 did not have any insurance. 49 participants were mothers, and 1 was a grandmother. The majority of the parents had a high school level education with 20 having college level or higher. 74% of the parents surveyed had a family income below the Federal Poverty Level. Regarding the actual weight status of the children, 2% were underweight. 40% had a healthy weight, 16% were overweight, and 42% were in the obese category (Figure 2).

![Figure 1. Gender of Children](image1)

![Figure 2. Actual Weight Status of Children](image2)

**Parental Perceptions of their Child’s Weight**

When parents were asked if they knew their child’s current weight, regardless of their child’s actual weight status, the majority of parents did not know or incorrectly guessed their child’s current weight. A higher percentage of parents with overweight/obese children did not know their child’s weight (Figure 3). When the parents were asked if they could categorize their child’s current weight as
underweight, healthy weight, overweight, or very overweight, 97% of parents who had children who were either overweight/obese, incorrectly categorized their child’s weight (Figure 4).

Out of all that parents that miscategorized their child’s weight, 7% miscategorized their child as being underweight when they were actually a healthy weight, 70% miscategorized their child as having a healthy weight when they are overweight/obese, and 23% miscategorized their child as being overweight, when they were actually in the obese category.
Out of the 50 parents, 15 reported they did not know what BMI was, and 25 reported they did not know what a growth chart was. 13 parents reported that they have never been spoken to before by a health provider regarding healthy habits such as diet, exercise, and nutrition for their children (Figure 6).

![Parental Knowledge of BMI, Growth Charts, and Previous Education by a Health Provider](image)

**Figure 6. Parental Knowledge and Previous Education**

**Healthy Eating/Physical Activity Behaviors**

<table>
<thead>
<tr>
<th></th>
<th>Underweight/Healthy Weight</th>
<th>Overweight/Obese</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 3 servings/day of fruits/veggies</td>
<td>67%</td>
<td>55%</td>
</tr>
<tr>
<td>More than 2 sugary drinks/day</td>
<td>53%</td>
<td>45%</td>
</tr>
<tr>
<td>1 or fewer snacks/day (e.g. candy, cookies, chips)</td>
<td>48%</td>
<td>45%</td>
</tr>
<tr>
<td>1 or fewer times/week eating food not prepared at home</td>
<td>43%</td>
<td>55%</td>
</tr>
<tr>
<td>Drinks whole milk</td>
<td>43%</td>
<td>45%</td>
</tr>
<tr>
<td>More than 2 hours/day of active play</td>
<td>71%</td>
<td>55%</td>
</tr>
<tr>
<td>More than 3 days/week of outdoor play time</td>
<td>52%</td>
<td>41%</td>
</tr>
<tr>
<td>More than 3 hours/day of screen time</td>
<td>67%</td>
<td>76%</td>
</tr>
<tr>
<td>Rarely/never involved with school sports teams or community groups</td>
<td>76%</td>
<td>69%</td>
</tr>
<tr>
<td>Less than 2 days/week of family or community events together</td>
<td>76%</td>
<td>79%</td>
</tr>
</tbody>
</table>
### Parental Perception of Healthy Eating/Physical Activity Barriers

<table>
<thead>
<tr>
<th></th>
<th>Underweight/Healthy Weight</th>
<th>Overweight/Obese</th>
</tr>
</thead>
<tbody>
<tr>
<td>Used candy or food treats for behavior problems</td>
<td>14%</td>
<td>7%</td>
</tr>
<tr>
<td>Felt healthy foods cost too much</td>
<td>5%</td>
<td>17%</td>
</tr>
<tr>
<td>Felt their child does not like healthy foods</td>
<td>14%</td>
<td>7%</td>
</tr>
<tr>
<td>Felt healthy meals took too long to prepare</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Reported their child likes to eat in front of the TV or at the computer</td>
<td>33%</td>
<td>52%</td>
</tr>
<tr>
<td>Reported little access to grocery stores with fresh fruits and veggies</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Felt they do not have control over what their child eats</td>
<td>5%</td>
<td>3%</td>
</tr>
<tr>
<td>Reported taking away outdoor/indoor play time for misbehavior</td>
<td>57%</td>
<td>59%</td>
</tr>
<tr>
<td>Felt that it was hard to find time to play outside with their child</td>
<td>10%</td>
<td>4%</td>
</tr>
<tr>
<td>Felt it took too much time/money to have their child involved with sports programs</td>
<td>10%</td>
<td>28%</td>
</tr>
<tr>
<td>Felt their child will get teased when playing outside or on a team</td>
<td>0%</td>
<td>7%</td>
</tr>
<tr>
<td>Reported being too busy to drive their child to activities and sports</td>
<td>0%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Felt they do not have control over their child’s level of physical activity</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

The majority of parents, regardless of the child’s weight status, reported their child was receiving less than 3 servings of fruits and veggies/day and drinking more than 2 sugary drinks/day. The majority of children still drink whole milk. Although the majority of parents perceived their child’s diet as healthy, when asked the open ended question of what did your child eat yesterday specifically for breakfast, lunch, dinner, and snacks, the majority of parents reported meals that lacked fruits/vegetables, were calorie dense, high in sodium, and reported limited water intake. Many parents also reported children often skipped meals and ate “junk food” throughout the day. With physical activity, more healthy weight children received greater than 2 hours/day of active play and playing outdoors more than 3 days/week compared to the overweight/obese children. Additionally, more overweight/obese children received greater than 3 hours of screen time daily than the healthy weight children. 52% of parents of overweight/obese children reported their child likes to eat in the front of the TV or at the computer.
compared to 33% of healthy weight children. Although parents did not often report barriers to healthy eating and physical activity, there was financial implication in the results. More parents of overweight/obese children reported they felt healthy foods cost too much and that it took too much time or money to have their child involved with sports programs in comparison to parents of healthy weight children.

Out of the parents that miscategorized their child’s weight, the parents that miscategorized their child’s weight as healthy weight reported less concern for their child’s current weight, whereas 57% of parents who believed their child was overweight, reported they were very concerned about their child’s weight status (Figure 7). Parents who categorized their child’s weight as overweight more frequently reported their child is often teased, have or will have self esteem changes, and will develop negative health consequences because of their size or weight (Figure 8).

![Figure 7. Parental Concern](image1)

![Figure 8. Association of Weight & Risks](image2)
Regarding the association between a parent’s perception of their child’s weight category and their readiness to make changes to their nutrition and exercise level, more parents that categorized their child’s weight as overweight reported they were ready to make changes to both nutrition and physical activity level and would like help. More parents that categorized their child’s weight as healthy weight when they were actually overweight/obese, reported they were already helping their child to make healthier eating choices, be more active, and that no change is necessary at this time.

Figure 9. Readiness to Change Eating Behaviors

Figure 10. Readiness to Change Physical Activity

Discussion

Some of the key findings from this survey are the majority of parents did misperceive their child’s current weight status and that children who were overweight/obese were more commonly categorized as “healthy weight” by parents. Parents who misperceived their child’s weight as “healthy” are less concerned about their child’s weight, less aware of the functional, social, and health implications associated with childhood obesity, and less likely to make changes to their child’s food and physical activity environment. It was also found that there is still an educational gap regarding BMI and growth charts.

This project opens many avenues for further research. For example, a focus group with parents of overweight/obese children would enrich the current data. The results show that parents who believe their
child is overweight/obese are ready to make changes and would like help. The focus group will allow parents to discuss how we as a community health center can work with them to help their child achieve their health goals. Additionally, a pilot healthy weight program for children with individualized nutrition and exercise regimen from health experts such as nutritionist and personal trainer will help parents adopt healthier choices for their children.

A question that was raised during this project is does the weight status of mothers, as the primary care giver, affect her likelihood to misperceive her child’s weight status? It would be interesting to know whether a mother’s ability to correctly perceive her own weight category and understanding of the risks associated with being overweight/obese, affect her likelihood to change eating behaviors and increase physical activity for herself and children. Another question would be how often do the pediatric health providers address weight issues at Jackson-Hinds CHC? It would be interesting to know the priority in which providers address issues such as weight and diet and whether that is dependent on the type of visit.

After every survey, parents were counseled on adopting healthier eating habits and physical activity for their children. Providers, as a result, were more aware of the weight issues and addressed it during the patient visit.

There were multiple limitations to the study including the time constraint and the small sample size. The larger the sample size, the more reliable and valid the data would be. Additionally, there was a language barrier and therefore, Spanish-speaking parents were excluded from the survey. According to the CDC, the Hispanic population has the highest incidence of childhood obesity. Focusing on this population would also be a great future project. Finally, the majority of the parents surveyed were African-American, and it would be difficult to generalize the current data to the greater population.

**Recommendations**

Due to the knowledge gap regarding BMI and growth charts, I recommend that health providers and staff at Jackson-Hinds Comprehensive Health Center continue to educate parents at every clinic visit. The most effective tool is not only using verbal education but also using the educational handout.
(Appendix B) that was made to show parents where their child plots on the growth chart at the current visit and where they plotted during the last visit. This will give parents an idea of their child’s growth trend and raise the question of whether they should be making lifestyle changes for their children. Additionally, there was a discrepancy between what parents believed were “healthy” choices vs. what is actually healthy. Health providers should educate parents regarding what is healthy and some of the habits they can start changing. Focusing on small changes is key. Additionally, it is up to the provider to hold parents accountable at every visit regarding the types of changes they have made for their child since the last visit.

The community health center can participate in health fairs and educate parents on their child’s weight status and how to make healthier choices. Due to the financial implication seen as a barrier to eating healthy and increasing physical activity for their children, hosting community events such as healthy cooking classes demonstrating cost-effective recipes and nutrition counseling would be a great value to the parents who would like to make healthy changes for their child but feel they are unable to do so for financial reasons. Additionally, community events to encourage the children to play outdoors and to make exercise fun would instill these habits at an early age.

**Conclusion**

In conclusion, it was shown that the majority of parents did misperceive their child’s current weight status, which can affect their likelihood to make healthy changes for their children. Childhood obesity can lead to adverse health risks in the future and increase healthcare cost. Therefore, prevention is key. Instilling healthy behaviors at an early age will affect a child’s eating and physical activity habits in the future. Although combating childhood obesity is not a small or easy undertaking, progress is possible. According to the new report released by the CDC in August 2013, rates of childhood obesity for children aged 2-4 from low income families declined for 18 states between 2008-2011. Mississippi was one of those states with a significant decrease from 14.6% to 13.9%.\(^6\) Improving health outcomes for the youth
of tomorrow, requires a collaborative effort from health providers, parents, community, and the education system as a whole.
References


Appendix A

SURVEY (Parents of Children Ages 2-18)

Demographics of the Child

<table>
<thead>
<tr>
<th>Gender of Child</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td>American Indian/Alaskan</td>
<td>Native American</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>Hispanic/Latino</td>
<td>Not Hispanic/Latino</td>
</tr>
<tr>
<td>DOB</td>
<td></td>
<td></td>
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<tr>
<td>Age</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Child's Insurance Coverage</th>
<th>Private</th>
<th>Medicaid</th>
<th>CHIP</th>
<th>Other</th>
<th>No Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual Height</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Actual Weight</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BMI (Calculated)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Classification of Child's Body Mass Index</td>
<td>Underweight</td>
<td>Healthy weight</td>
<td>Overweight</td>
<td>Obese</td>
<td></td>
</tr>
</tbody>
</table>

Demographics of the Primary Care Giver

<table>
<thead>
<tr>
<th>Primary Care Giver</th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Highest Level of Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monthly Family Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of People in Household</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

QUESTIONNAIRE (please circle one)

Parent's perception of their children's weight
1. What is your child's height?
   a. Height (feet/inches)  
   b. Do not know

2. What is your child's weight?
   a. Weight (in lbs)  
   b. Do not know

3. How concerned are you regarding your child's current weight?
   a. Not concerned  
   b. A little concerned  
   c. Very concerned

4. How would you describe your child's weight?
   a. Underweight  
   b. Healthy weight  
   c. Overweight  
   d. Very overweight

5. What is your child's calculated BMI?
   a. BMI  
   b. Do not know  
   c. I do not know what BMI is.

6. Where does your child plot on a growth chart?
   a. > 95th percentile  
   b. 80-95th percentile  
   c. 65-89th percentile  
   d. 50-64th percentile  
   e. 25-49th percentile  
   f. 10-24th percentile  
   g. 5-9th percentile  
   h. < 5th percentile  
   i. Do not know  
   j. I do not know what a growth chart is.

7. Has any health provider for your child ever spoken to you about healthy habits such as diet, nutrition, and exercise?
   a. Yes  
   b. No

8. If yes to the previous question, what type(s) of health provider? (Examples: Nurse, Physician Assistants (PA), Nurse Practitioners (NP), Primary Care Physicians, Specialists, Nutritionists, etc.)

SURVEY (Parents of Children Ages 2-18)

Healthy eating behaviors
1. How many servings of fruits and vegetables does your child eat each day?
   a. 0 servings  
   b. 1 serving  
   c. 2 servings  
   d. 3 servings  
   e. 4 servings  
   f. 5 or more

2. How many sugary drinks (soda, sports drinks, sweet tea, lemonade, "Kool-Aid", etc.) does your child drink each day?
   a. 0 servings  
   b. 1 serving  
   c. 2 servings  
   d. 3 servings  
   e. 4 servings  
   f. > 5 servings

3. How many snacks like cakes, cookies, ice cream, candy, and chips does your child eat each day?
   a. 0 servings  
   b. 1 serving  
   c. 2 servings  
   d. 3 servings  
   e. 4 servings  
   f. > 5 servings

4. How many times a week does your child eat fast food that is not prepared at home (fast food, convenience stores, vending machines)?
   a. 0 times  
   b. 1 time  
   c. 2-3 times  
   d. 4-6 times  
   e. > 6 times

5. The milk that my child most often drinks is...
   a. Whole milk  
   b. 2% milk  
   c. Skim milk  
   d. None

6. What did your child eat yesterday for...
   a. Breakfast  
   b. Lunch  
   c. Dinner  
   d. Snack

Healthy eating habits
1. Sometimes it seems like the only way to get my child to behave is to promise candy or other food treats.
   a. Strongly agree  
   b. Agree a little  
   c. Disagree

2. "Healthy foods cost too much."
   a. Strongly agree  
   b. Agree a little  
   c. Disagree

3. "My child doesn't like healthy foods."
   a. Strongly agree  
   b. Agree a little  
   c. Disagree

4. "I find that healthy meals take too long to prepare."
   a. Strongly agree  
   b. Agree a little  
   c. Disagree

5. "My child likes to eat in front of the TV or at the computer."
   a. Strongly agree  
   b. Agree a little  
   c. Disagree

6. "There are very little or no grocery stores in my area with fresh fruits and vegetables."
   a. Strongly agree  
   b. Agree a little  
   c. Disagree

7. "If I feel that I do not have control over what my child eats."
   a. Strongly agree  
   b. Agree a little  
   c. Disagree

Reasons to change (excuses)
1. How do you feel about making some changes to help your child eat healthier?
   a. I am not interested in making these changes at this time  
   b. I am not ready to make these changes yet, but want to talk more  
   c. I am not ready to make any changes now and would like to help  
   d. I am already helping my child to eat healthier and do not feel any change is necessary

2. Are there any other reasons you feel preventing you from making healthy food choices for your child?
Questionnaire adopted from:

Appendix B

Making Healthy Choices for Your Children

Defining Your Child’s Weight
What does BMI mean?
BMI stands for Body Mass Index and is a number calculated using a child’s weight and height. BMI is an indicator of body fat for children and teens. It is a method of screening to indicate weight categories that may lead to health problems.

Calculating BMI:
\[
\text{BMI} = \frac{\text{weight (in lbs)}}{\text{height (in inches)}^2} \times 703
\]

For children and teens, BMI is translated into percentiles that are age- and sex-specific. This is because the amount of body fat changes with age and differs between girls and boys. The BMI-for-age growth charts take into account these differences and translates your child’s calculated BMI number into a percentile.

Steps to Determine Your Child’s Weight Status
1. Calculate BMI
2. Using age and BMI, determine percentile range on the growth chart (page 2)
3. Determine weight status using table on the right

What is your child’s weight status?

<table>
<thead>
<tr>
<th>Weight Status Category</th>
<th>Percentile Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>Less than 5&lt;sup&gt;th&lt;/sup&gt; percentile</td>
</tr>
<tr>
<td>Healthy Weight</td>
<td>5&lt;sup&gt;th&lt;/sup&gt; percentile to less than 85&lt;sup&gt;th&lt;/sup&gt; percentile</td>
</tr>
<tr>
<td>Overweight</td>
<td>85&lt;sup&gt;th&lt;/sup&gt; to less than 95&lt;sup&gt;th&lt;/sup&gt; percentile</td>
</tr>
<tr>
<td>Obese</td>
<td>Equal to or greater than the 95&lt;sup&gt;th&lt;/sup&gt; percentile</td>
</tr>
</tbody>
</table>

Source: Centers for Disease Control and Prevention
http://www.cdc.gov/healthyyouth/obesity/facts.htm
Where does your child plot on a BMI-for-age growth chart?

**Health Effects of Childhood Obesity**

**Immediate Health Effects:**
- High Cholesterol
- High Blood Pressure
- Pre-Diabetes
- Bone and Joint Problems
- Sleep Apnea
- Psychological Problems: Poor Self-Esteem

**Long-term Health Effects:**
- Heart Disease
- Type 2 Diabetes
- Osteoarthritis
- Stroke
- Liver and Gallbladder Disease
- Cancer

Source: BMI-for-age growth chart copyright of Texas Heart Institute 1998-2014
http://www.texasheartinstitute.org/HIC/Topics/HSmart/children_risk_factors.cfm
Balanced Nutrition

Dietary Recommendations

- Eat 2 ½ cups to 6 ½ cups of FRUITS and VEGGIES each day.
- Eat 2-3 ounces of WHOLE GRAINS each day.
- Limit sodium intake to (1,500-2,300 mg) each day.
- Switch to fat-free and low-fat dairy products (such as skim or 1% milk).
- Avoid sugary drinks; drink 5-8 cups of WATER every day.

Physical Activity

Encourage children and teenagers to be physically active for AT LEAST 60 MINUTES each day.

Be sure to incorporate ALL 3 types of physical activity. Playing sports is a great way to include all 3!

1. **Aerobic Activity**
   - Playing Tag
   - Riding a Bike

2. **Muscle Strengthening**
   - Playing on the Monkey Bars
   - Push-ups

3. **Bone Strengthening**
   - Jumping Rope
   - Running

Source: choosemyplate.gov