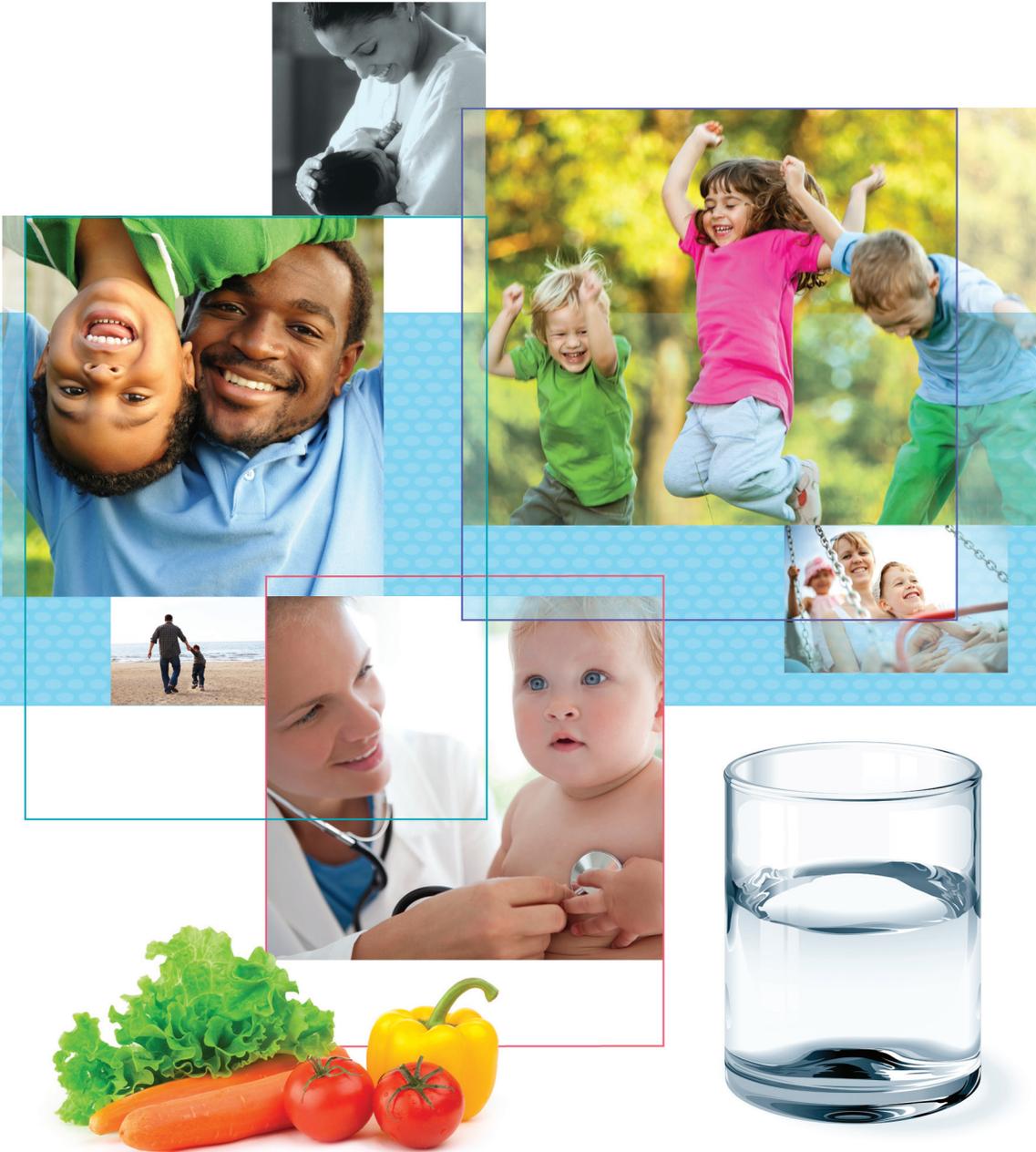


Encouraging Healthy Active Living for Families

A Report of the Healthy Active Living for Families Project

A project of the American Academy of Pediatrics Institute for Healthy Childhood Weight



The Healthy Active Living for Families project was funded by a grant from Nestlé Nutrition Institute.



American Academy of Pediatrics
Institute for Healthy
Childhood Weight

WHERE LIFELONG RESULTS BEGIN

www.healthychildren.org/growinghealthy
www.aap.org/HALFIG

Dear Colleague,

The Healthy Active Living for Families: Right From the Start (HALF) Parent Resources (healthychildren.org/growinghealthy) and Physician Implementation Guide (aap.org/HALFIG) has been developed by the American Academy of Pediatrics (AAP) Institute for Healthy Childhood Weight (Institute) to enhance the quality of obesity prevention messaging during health supervision care of infants and young children. These resources are designed to accompany and support the Expert Committee Recommendations on the Assessment, Prevention, and Treatment of Child and Adolescent Overweight and Obesity and the Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 3rd Edition. With the continued rise in childhood obesity at younger ages, we felt it essential to help pediatric health care providers and families address obesity prevention. These resources are focused for families with children birth to age 5 during health supervision visits.

The HALF parent resources are a monumental step forward as they are built on a foundation of qualitative research with over 200 parents. Over the course of 2 years, the HALF Project Team has spoken with over 200 parents of children (newly born up to age 5) across the nation both English and Spanish speaking, to explore parents' attitudes, needs and experiences related to messaging for healthy nutrition and active living. Through the use of web-based content and interactive widgets parents can focus in on the obesity prevention issues that are specific to their child's age and family's needs (healthychildren.org/growinghealthy).

The complementary HALF Physician Implementation Guide (aap.org/HALFIG) provides guidance for pediatric health care providers on how to establish a partnership with the family and how each visit can be tailored to individual child and family needs while focusing on the most evidence informed medical guidance related to early obesity prevention. We recognize that this may require adaptations to your current practice but we hope you will find these changes manageable and empowering.

We would like to thank our HALF Editorial Board colleagues that helped us to shape and guide the work from formation to final resources. A special thanks is given to William Dietz, MD, PhD, FAAP for providing vision and wisdom across the course of the project. We also would like to thank the Nestlé Nutrition Institute for funding the HALF project.

We are confident that becoming familiar with the HALF resources will help you in your journey to reduce childhood obesity.

Sincerely,



Sandra G. Hassink, MD, FAAP



Paula M. Duncan, MD, FAAP

Start Today! Help Children Stay at a Healthy Weight for Life

The Healthy Active Living for Families: Right From the Start project (HALF), an initiative of the American Academy of Pediatrics (AAP) Institute for Healthy Childhood Weight, strives to integrate the parent perspective and voice into evidence informed pediatric health guidance for early obesity prevention. Over the past 2 years, the HALF Project Team has spoken with over 200 parents of children (newly born up to age 5) across the nation both English and Spanish speaking, to explore attitudes, needs and experiences related to messaging for healthy weight, good nutrition and active living.

This report details:

- Parents' reactions toward current pediatric obesity prevention messaging
- How parents' voices were integrated and reconciled with current pediatric evidence-based recommendations to create parent and clinical web-based resources
- How HALF clinical and parent resources can be integrated into well child care and prevention efforts

Background

In 2009, the AAP Obesity Leadership Workgroup conducted an assessment of general pediatricians to see what was most needed to combat the burgeoning obesity epidemic. Pediatricians identified the desire and need to begin obesity prevention discussions at younger ages (birth to 5) but lacked age-appropriate tools to begin these sensitive preventive discussions with families. At the same time, AAP pediatric obesity experts recognized current clinical messaging efforts to parents did not always resonate and were curious about parents' perception of these counseling efforts.

These experts were driven by the vision that in order to reach families with salient messaging you need to talk with families, understand their beliefs and perceived barriers, and then develop targeted tools and resources for both parents and clinicians that support families "where they are."

The goals of the HALF project are: 1) truly understand parents' perspectives on early obesity prevention and from this knowledge 2) develop resources:

- for pediatricians – to begin early obesity prevention counseling during infancy and early childhood well visits.
- for parents – in support of healthy active living.

How are the HALF Resources Unique?

The HALF Parent Resources take into account over 200 English and Spanish speaking families' real-life concerns, barriers, thoughts and experiences while integrating accurate evidence based medical guidance to create early obesity prevention resources that are:

- Positive and strength-based. Families expressed an overwhelming need for positive messaging that helped them understand the "why" behind clinicians' guidance. This gives parents and children the ability to continue their development by encouraging a family's growth and competency building across time.
- Plain language. These materials are written at a 5th grade level. Content was reviewed and discussed with focus group parents to ensure broad acceptance and comprehension.
- Developmentally appropriate. Content was created for families with infants, toddlers, and preschool children recognizing the developmental differences among these age groups.
- Tailored information. Parents emphasized the need for individualized and focused materials that met their family's needs. The HALF resources allow for customization based on the child's age and concerns or interests of the family related to healthy active living.

- Action oriented. Throughout the country parents requested real life action strategies that other parents had adopted and used with success when implementing obesity prevention recommendations. The HALF resources integrate and highlight parent recommended action strategies, obtained from focus group participants.
- Clinically guided. Led by an Editorial Board of national obesity experts these resources are designed to accompany and support the Expert Committee Recommendations on the Assessment, Prevention, and Treatment of Child and Adolescent Overweight and Obesity and the Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 3rd Edition.

Early Childhood Obesity: A Growing Concern

The recent Institute of Medicine Report Early Childhood Obesity Prevention Policies highlights what pediatricians know and have been struggling to address. The obesity epidemic is reaching our nation's youngest children.

- Slightly over 20 percent of children aged 2 to 5 are overweight or obese.
- Almost 10 percent of infants and toddlers have high weight for length.
- Approximately one in five children is already carrying excess weight as he or she enters kindergarten.

While the growing trend of overweight and obese children at even the youngest ages can be daunting, there is also opportunity for pediatric health care providers to shape this unique developmental period in partnership with parents. During infancy and early childhood, children are acquiring their eating, activity, and sleep patterns—which can be discussed during the 15 recommended pediatric well child visits across a child's first 5 years of life.

HALF Project: Parents and Experts Together From the Start

HALF was led by an Editorial Board comprised of experts in obesity prevention, clinical care, child development, and community health.

In partnership with the Editorial Board, a team of local Chicago parents served as a real life “touch point” to advise and inform each phase of the project.

HALF Editorial Board

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Development of the HALF Project

While there is pediatric expert consensus and recognition that early obesity prevention is a public health concern, the HALF Project Team wanted to know what parents, as experts on their children, thought about early obesity prevention. Specifically how are parents dealing with early obesity prevention in their day-to-day lives?

To this end, the HALF Project Team began talking with parents:

- How do parents feel about the word obesity in relation to young children?
- What do parents perceive as the most important things to do to maintain a healthy lifestyle for their child?
- What are parents' concerns regarding breastfeeding, solid food introduction, mealtimes, and sugar sweetened beverages?
- How do families create healthy routines, do they limit fast food, do they increase activity, and are they eating together?
- What are parents' thoughts about screen time, do they allow TVs in the bedroom?

HALF Focus Groups



The purpose of the first round of focus groups, the formative focus groups, was to gather initial information and inform the development of strength-based healthy active living messages. The 6 formative focus groups were conducted in the Fall of 2010. A second round of focus groups, the evaluative focus groups, explored the developed messages, obtained successful obesity prevention action strategies parents had tried in their own homes, and discussed how parents would like to receive the messages from pediatric health care providers. The 22 evaluative groups were conducted over the Spring and Summer of 2011.

HALF Parent Focus Group Findings

Across the focus groups parents' thoughts, ideas and feelings regarding early obesity prevention most often fell into three categories:

- 1 **Open doors**—where parents discussed ideas and expressed a need for additional support and action strategies
- 2 **Windows**—where parents experienced disconnect from recommendations but were open to discussions about early obesity prevention themes and expressed a desire to know the “why”
- 3 **Closed doors**—where parents' personal experience negated expert guidance and evidence

1 Open Doors: Receptive and Engaged

Individualized Attention

Parents across all focus groups regardless of socioeconomic status, gender, ethnicity, number of children or region felt the most important message developed by the AAP regarding early obesity prevention was:

Being a parent is an important job! When you set a good example, your baby learns healthy habits. She watches what you eat and do to stay healthy.

Parents responded to their role as an expert of their child and their own ability to be a positive influence on their child's life from the beginning.

“I think a good thing to do would be to give parents the confidence of knowing that the choices that they're making for their kids [are good ones]. A lot of times when you go to a well visit check it's like ok, your height, your weight, this and that...”

Parents viewed early obesity prevention guidance as more meaningful and actionable when it was perceived to be specifically about their child as opposed to generalized guidance.

“They [doctors] follow a chart, well, this is how big, this is how old your baby is, this is what your baby is supposed to be doing. They don't doctor the individual child, they doctor on a time chart and not every kid is on that chart.”

Safe and Fun Active Play Ideas

Parents welcomed discussions about fun active play.

“Just be like oh, so what do you guys like to do for fun? And give a couple suggestions like have you tried doing this? Have you tried doing that? Oh, this is really fun...”

Parents wanted guidance about safe suggestions for active play for their child and family across all seasons in their community.

“Have a list of things in the community that are free.”

Parents of infants also wanted ideas about how to specifically keep their baby active.

“They don’t really teach you how to keep your kid active in the 1st year because they don’t even walk or whatever so I think teaching (parents)...would be helpful.”

Guidance for Other Caregivers

Parents expressed concerns, frustrations, and welcomed ideas on how to approach extended family to support their healthy eating decisions.

“...the little one, I’m losing, I need advice because I’m losing control on that one. She’s 3 and literally when she stays over (with grandma), she’s like 7:00am and she’s got a chocolate ring from eating chocolate ice cream or an ice cream sandwich and my mother’s like oh, leave her, I’m not gonna deal with her crying.”

Breastfeeding Support

Parents across the groups supported breastfeeding and agreed that some breastfeeding no matter the duration was better than not breastfeeding. However, parents felt that the decision had to work for their family and barriers had to be overcome to continue to breastfeed successfully.

“...I think the information that says that if you breastfeed your baby for this much time she’ll be more healthy or not fall sick, I think that info is fine but...it’s the practical problems or challenges that you can’t just overcome.”

“As long as I could keep up with them I did (breastfeed)...but ... I worked for every pregnancy. I worked almost immediately so there was just no way for me to keep up with them.”

② Windows: More explanation needed

Parents often “knew” or had heard of the recommendations pediatricians make to families related to childhood obesity prevention but expressed a consistent need for understanding the “why” behind some recommendations to make them relevant to their family.

When Does Obesity Start?

The majority of parents felt obesity prevention starts “when a baby starts eating solid foods.” Many parents expressed a lack of concern regarding obesity prevention while the child was consuming only breast milk and/or formula.

“...when they’re born you can’t control what they eat. They have to grow, they have to eat their milk every 3 hours and they have to grow...but as soon as she is 6 months and she starts eating her solid foods I can control what I give her.”

Transitioning to solids: It’s what she eats?

Many parents had followed the 4-6 month solid food introduction guidance of their pediatrician but more so out of food allergy or choking fears rather than a concern about obesity prevention.

In general, parents did not find the link between earlier feeding and later weight issues credible, again stating what a parent feeds a child is more important than the timing of solid introduction.

“...it depends on what you’re feeding the kid and how much you’re feeding them. Because I don’t think (it matters) if they start eating (solids) at 4 months or 8 months, if you’re portioning out the food the way it should be portioned out, I don’t understand why that would make them more obese.”

Juice—Why Limit?

Parents struggled with how to decipher juice recommendations. Many parents had discussed with various health care professionals the need to limit their child's juice intake but still struggled with understanding if juice was nutritive especially, 100% fruit juice.

“...all I know from my doctor, she would tell me, like everyone else, just give a certain amount of juice 1-2 a day but there was never a why to it and that's what's catching my attention now. It's like even the 100% fruit juice could harm your baby's new teeth. I did not know that.”

“I just had a WIC appt and she's all 'well your child shouldn't be having more juice than this a day' and I'm like 'well why do you guys give regular juice? ...I mean what's the difference if they eat an apple or they eat a little fruit cocktail? When they go to preschool what do they give em? They give them peaches in a can, they give em apple juice...so for me to say I'm not gonna have [juice] for them at home just seems ridiculous.”

③ Closed Doors: Immediate Needs Trump Future Benefits

Some early obesity prevention recommendations and discussions were polarizing to parents—parents valued the findings of their own day-to-day experience more than expert consensus or research, particularly guidance that focused far into the future. Parents' current and day-to-day struggles were much more real to them than worrying about what might happen in a year or 15 years.

Sleep! Sleep! Sleep!

Parents often discussed sleep, both their own sleep and their child's sleep, as a motivation for not adhering to obesity prevention and media use recommendations for young children.

“I think every parent, regardless of what's said, they're gonna do whatever it takes [referring to cereal in the bottle] to get that baby to sleep, to comfort that baby.”

“He likes to be up at night so when he wakes up at 4:00am, I turn on the TV and go back to sleep because that's what keeps him quiet then and in bed for the most part.”

“My kids have a TV in their room. I've tried reading books to them, I've tried singing to them to get them to fall asleep, I've tried just leaving the TV off and everything but something that will help them fall asleep is watching Dora.”

The Value of TV

Parents across all groups were uniformly disinterested in limiting young children's TV viewing and only a few parents reported maintaining no TV watching while their children were under the age of 2. In the eyes of focus group parents, TV serves an educational purpose, and allows parents time for themselves or to complete household chores. TV was also viewed as a sleep aide. Parents truly felt their own experiences simply did not fit with evidence presented about the negative impact of TV for young children and did not connect TV watching with obesity.

“The TV is helping you out pretty much. So if you got the TV up in there and the kid's watching the TV you ain't got to worry about them all up in your house, messing up your house. I don't agree with you because the TV is useful for me and it's helping me out.”

“I was in school and working towards my degree and TV was my babysitter and it was literally how I grew up too. My daughter turned out fine, she started reading at 2 ½ and I have to say it wasn't me, that was probably Leap Frog.”

the tools

Translating the HALF Focus Group Findings into Parent and Clinical Resources



Parent and Family Resources

Learning from the parent perspective was critical to ascertain what messages would (and would not) resonate with parents. The challenge for the HALF Project Team was integrating this perspective with the evidence and the desired behaviors (see Figure 1 and 2). To accomplish this, the team capitalized on those factors emerging from the focus groups that contributed to message endorsement such as:

- Respect for parent's expertise
- Explanation of "why"
- Strategies that were realistic and actionable
- Tailored and personalized information

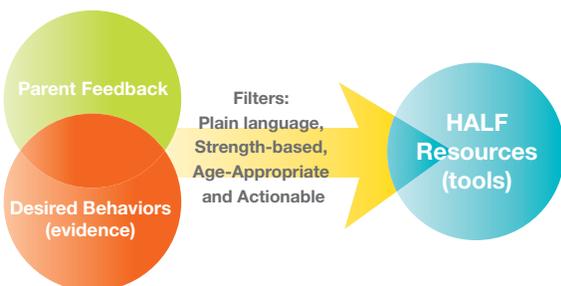
The team also took into account factors that parents reported detracted from message endorsement including:

- Use of "obesity" language especially in infancy
- Guidance focused on distant future outcomes
- Limited knowledge of expert guidance
- Disconnect between parent experience and expert guidance

Figure 1: Evidence-Informed Desired Family Behaviors

Breastfeeding for at least 6 months (ideally longer)
Appropriate bottle feeding
Appropriate introduction of solid foods
Understanding hunger and satiety cues
Foster self-feeding and responsive feeding
Establish sleeping, eating and activity routines
Limit/eliminate juice and SSBs
Limit TV and avoid TVs in the bedroom
Encourage active play for all ages
Role modeling

Figure 2: Process for Developing HALF Resources



The end results are parent and evidence informed resources designed to engage and support families with healthy active living right from the start. Per parent feedback, indicating a preference for web-based resources, the resulting family-focused HALF resources are available at: www.healthychildren.org/growinghealthy.

This widget produces personalized information based on the priority healthy active living topics selected by the parent or caregiver. The resulting feedback is tailored to child's age and gender.



Food & Feeding
Good eating habits begin early.

baby 0 to 12 months | **toddler** 1 to 3 years | **preschool** 3 to 5 years

Physical Activity
Even small children need to get moving.

baby 0 to 12 months | **toddler** 1 to 3 years | **preschool** 3 to 5 years

Tips for Parents
Being a parent is an important job!

baby 0 to 12 months | **toddler** 1 to 3 years | **preschool** 3 to 5 years

As showcased on the home page, developmentally appropriate content is presented in three age groups and features three overarching content areas.

www.healthychildren.org/english/healthy-living/growing-healthy/Pages/default.aspx

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From the American Academy of Pediatrics

Healthy Living Active Living for Families

Start today: Help your child stay at a healthy weight for life.

Food & Feeding
Physical Activity
Tips for Parents

Parent2Parent
"My 3 year old is eating tons of new foods because I've been saving it for her for 2 years. She eats broccoli which I never thought would happen...she'll look at it, she might lick it, now she'll eat the top off of it."
-Mom, Midwest

Are you raising a healthy, active child?
TAKE QUIZ

Quick Tips
Keep Your Child Healthy

1: My child is:
@ 0 to 1 | @ 1 to 3 | @ 3 to 5 years

2: @ Boy | @ Girl

3: I want tips on:
 Breastfeeding
 Bottlefeeding
 Starting solid food
 Picky eaters
 Snack time!
 Routines and schedules
 Physical activity
 Screen time (tv & online)
 Sleep

GET TIPS

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About HALF
Healthy Active Living for Families (HALF) is a program of the American Academy of Pediatrics (AAP). The goal of the project is to partner with parents to encourage healthy habits right from the start.

LEARN MORE

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www.healthychildren.org/growinghealthy

HealthyChildren.org - HALF Quiz

Are You Raising a Healthy, Active Child?

We spoke with hundreds of parents about helping their children eat better and move more—and got a lot of great tips and ideas. We also heard a lot of myths about children's eating and exercise habits. Answer these questions and bust a few myths!

1 You've tried giving your child broccoli a few times and she just won't eat it...
Will you try offering it again?

No—she doesn't like it, and I won't force it.

Yes, I will try a dozen or so more times before giving up.

Yes, I will keep trying until she likes it.

Submit

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The Growing Healthy site features a number of interactive widgets to engage parents or caregivers in healthy active living in both a fun and educational way.

Parent2Parent

"...my doctor, she would tell me just give a certain amount of juice a day but there was never a "why" to it... It's like even 100% fruit juice could harm your baby's new teeth? I did not know that!"
-Mom, East Coast

The AAP talked with hundreds of parents to find out what works when it comes to raising a healthy active child. Parent voices are essential elements to the web-based resources and are integrated throughout the site!

Clinical Resources

HALF Implementation Guide

An Implementation Guide accompanies the HALF parent materials designed to aide clinicians in making the most effective use of their limited time for early obesity prevention during health supervision encounters. The Implementation Guide is an online resource equipped with content, language and communication tools that clinicians can use in each visit to promote healthy nutrition and activity along with healthy lifestyle changes for families. Information about what the HALF Project Team learned from parents, the literature review, and core elements of effective communication with families are highlighted. In addition, the guide incorporates age specific recommendations and interactive tools.

Specific features include:

- An Onset of Risk Behaviors Timeline for Infants, Toddlers and Preschoolers helps clinicians prioritize what healthy active living topics to discuss during the 15 scheduled well visits from birth to age 5.
- For each desired behavior a list of conversation starters, parent feedback, supporting evidence, and recommended anticipatory guidance that can enhance preventative care and engage parents in healthy active living in those critical early years.
- Tips and techniques for effective communication utilizing motivational interviewing, strength-based approaches and plain language.

The Implementation Guide is available at:
www.aap.org/HALFIG.

Layered Information

For each desired behavior, a list of conversation starters, parent feedback, supporting evidence, and recommended anticipatory guidance that can enhance preventative care and engage parents in healthy active living in those critical years.

Food Introduction:
Introduce solid foods around 6 months of age
Expose baby to a wide variety of healthy foods
Also offer a variety of textures

For information -> [click to hide information](#)

Evidence
A substantial number of families introduce complementary solid foods around 3-4 months, especially if the infant is perceived as fussy.
Formula fed infants are at more risk for early introduction of solids.
Introduction to solids prior to 4 months is associated with increased weight gain and adiposity, both in infancy and early childhood.
Research indicates that it is important to expose children to a wide variety of flavors and textures.
Many babies and toddlers need to be exposed to foods multiple times before accepting them.
Babies and toddlers are more likely to eat foods they see their peers and parents eating.



Food Introduction:
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Expose baby to a wide variety of healthy foods
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For information -> [click to hide information](#)

Opportunities for Care
If parent reports fussiness and/or sleeping problems, counsel about the importance of appropriate complementary food introduction. Share potential calming and soothing strategies for infants, as well as coping strategies for parents.
Encourage parents to wait until around 6 months to introduce solids.
Remind parents that this is a very important time and the kinds of foods your baby eats now help him to enjoy healthy foods later.
Counsel about the importance of introducing a wide variety of foods, especially vegetables and fruits. As the infant grows, it is important to expose the baby to variety of textures.
Explain that sometimes it takes a baby 10-15 tries over time before they will actually accept a new food.
Explain that this 10-15 tries is over a period of months and to not get discouraged.
To address concerns about waste, discuss strategies that limit wasted food, such as not feeding directly from a jar but removing a small serving from a jar to a different container.
You can reassure parents that it is okay if the infant doesn't like something the first time, and it is important to keep offering it.



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Also offer a variety of textures

For information -> [click to hide information](#)

Conversation Starters
Tell me how your family and friends (spouse, grandparents, etc) are supporting you with feeding your baby.
How would you describe your baby? Is she content, fussy, sleepy, etc?
Well Visit 2 and 4:
Can you tell me a little about your plans to introduce your baby to solid foods?
6 month visit:
It is wonderful that your baby is ready to embark or beginning to eat solid food. It is an exciting milestone! Do you have any concerns or questions?
Tell me a little bit about your experiences so far.
Can you tell me about your feeding experiences so far? Are you having fun? Do you have any concerns?
Can you describe what foods your baby likes and dislikes?
What do you do when your baby seems to dislike or not try a new food?
How do you introduce new foods to your baby?



Food Introduction:
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For information -> [click to hide information](#)

Parent Feedback
Other family members and friends were influencers and provided false evidence that introducing solids helped calm fussy babies.
Parental frustration and desire for happy babies were big motivators to introduce solids.
Parents cited the concern about wasting food.
Many parents assumed once their child rejected a food that it meant their child did not like that food.
Concept of offering a food 10-15 times before acceptance was confusing.



Tools for Your Practice Website

To support pediatricians and parents two interactive widgets "Quick Tips: Keep Your Child Healthy" and "Are you Raising a Healthy, Active Child?" were developed. Copy the code provided and embed on your practice website today!

Interactive Information

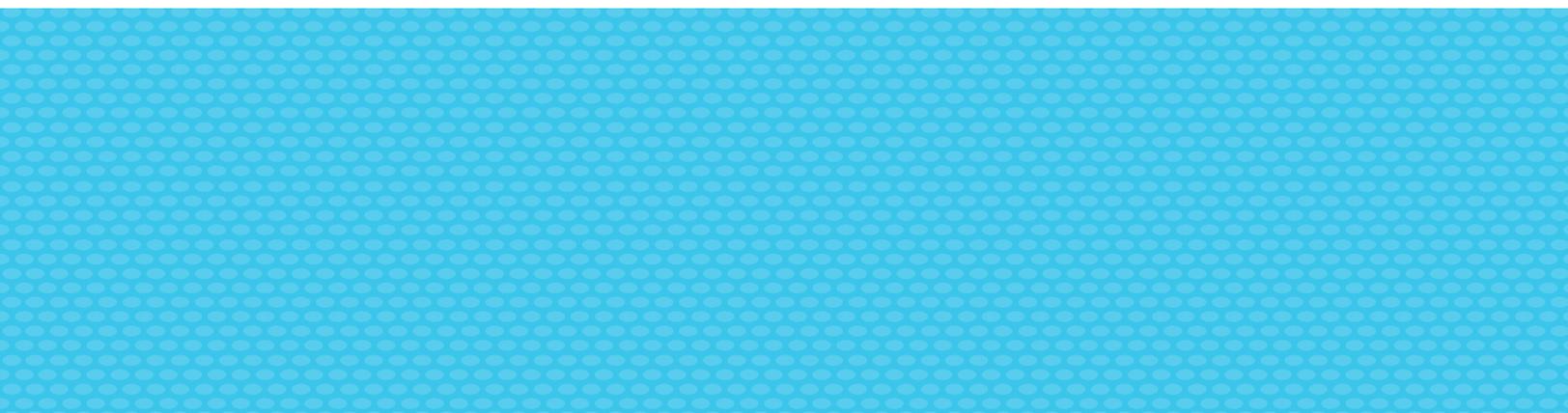
Three interactive Onset and Patterns of Risk Behaviors Timelines exist. One for infants, toddlers and preschoolers to help clinicians prioritize what healthy active living topics to discuss during the 15 scheduled well visits from birth through age 5.

Infant Timeline
Onset and Patterns of Risk Behaviors
 This timeline illustrates when and what kind of risk behaviors associated with overweight and obesity develop during infancy. Use this tool to help prioritize anticipatory guidance for families.
To use: Point at the timeline dots below to see valuable information, click and hold a dot for Evidence. Important patient care information is available using the Acute/Medical Opportunities button at the bottom left. There is a close box at the top right of this window.

Toddler Timeline
Onset and Patterns of Risk Behaviors
 This timeline illustrates when and what kind of risk behaviors associated with overweight and obesity develop during toddlerhood. Use this tool to help prioritize anticipatory guidance for families.
To use: Point at the timeline dots below to see valuable information, click and hold a dot for Evidence. Important patient care information is available using the Acute/Medical Opportunities button at the bottom left. There is a close box at the top right of this window.

Preschool Timeline
Onset and Patterns of Risk Behaviors
 This timeline illustrates when and what kind of risk behaviors associated with overweight and obesity develop during preschool years. Use this tool to help prioritize anticipatory guidance for families.
To use: Point at the timeline dots below to see valuable information, click and hold a dot for Evidence. Important patient care information is available using the Acute/Medical Opportunities button at the bottom left. There is a close box at the top right of this window.

www.healthychildren.org/growinghealthy
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The Healthy Active Living for Families project was funded by a grant from
NestléNutritionInstitute