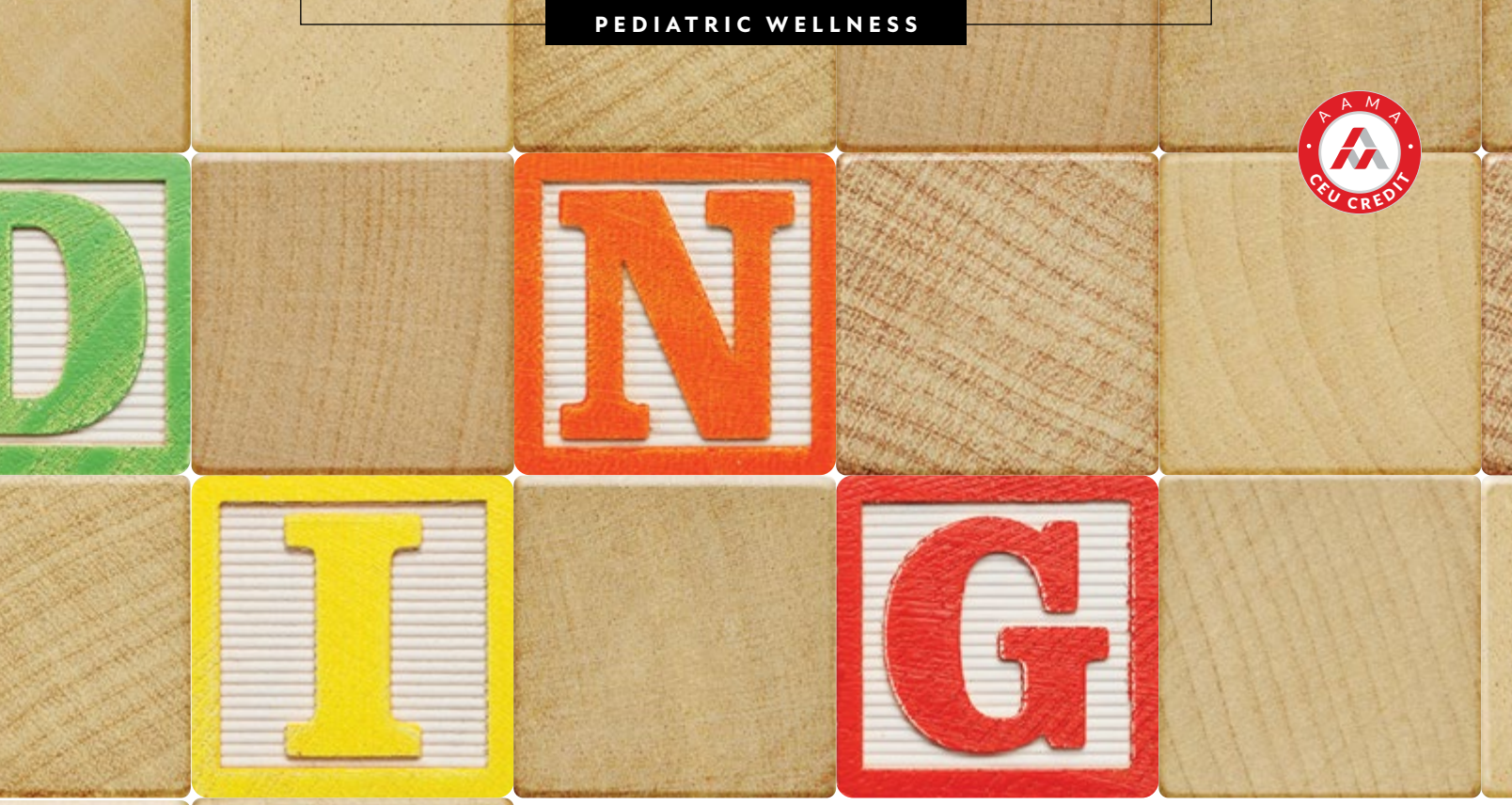

BUILD
BLOCK



Set the Foundation for Healthier Futures with Quality Pediatric Care

By Mark Harris

Ensuring children grow up in healthy and nurturing environments is a major responsibility, shared not only by parents and caregivers but also by communities and society as a whole.

From infancy through childhood and adolescence, the developmental needs of the pediatric population encompass a range of physical, mental, interpersonal, and social-emotional needs. Quality education, proper nutrition, adequate physical activity, positive friendships, and a safe and loving family environment are all instrumental to children's healthy development.

Children and adolescents also require access to health care. From preventive medicine to treatment for illness, disease, and injuries, young people must have regular access to comprehensive health care resources.

For the most part, primary health care for pediatric patients is managed by pediatricians and family medicine physicians. Both specialties have training in pediatric health care, including acute, chronic, and preventive care. While family medicine physicians treat patients of all ages, pediatricians specialize in the medical care for infants, children, and adolescents. The field of pediatrics also includes several subspecialties, such as adolescent medicine and pediatric cardiology, oncology, neonatology, and emergency medicine.[1] Pediatricians are considered leading experts in understanding children's developmental milestones, tracking their growth over time, and monitoring key physical, cognitive, language, social-emotional, and other skills.

Play It Safe

While parenting can be one of life's most rewarding experiences, it often comes with many challenges. Indeed, child-rearing may be an especially daunting responsibility in today's society. Certainly, many parents worry about keeping their children safe and healthy in environments that have abundant potential risks to their well-being. In addition to the COVID-19 pandemic, concerns about worsening youth mental health, gun violence, school safety, the impact of social media, and other pressing issues and concerns only add to the myriad challenges involved in healthy development.

The scope of these challenges is the focus of a recent clinical report from the American Academy of Pediatrics (AAP). The 2024 *Pediatrics* journal report, "The Role of the Pediatrician in the Promotion of Healthy, Active Living," provides an informative overview of practical recommendations and strategies to enhance health and lower risks of illness in children and adolescents.[2]

The AAP report highlights several intersecting areas of focus and concern in pediatric health:

> Few children and adolescents meet federal nutrition or physical activity recommendations, and many experience poor or inadequate sleep and negative health effects from screen use and social media. These lifestyle factors exacerbate physical and mental health risks for children and adolescents.[2]

Further, the AAP report provides health care providers with a new, more comprehensive framework to understand and address these integrated health concerns. "This report is an update to an earlier 2015 report on the role of pediatricians to help prevent obesity," explains Natalie D. Muth, MD, MPH, RDN, lead author of the AAP report and clinic director of the Children's Primary Care Medical Group in Carlsbad, California. "It was reframed in this update because it's not only about preventing childhood obesity but also [about setting] a stage for what we've learned are fundamental areas that can help a child and a family to be well, healthy, and [thriving]. These involve five key areas: nutrition, physical activity, sleep, screen use and media use, and social-emotional wellness. These five areas all affect each other and the child's overall health and well-being. We're looking at what pediatricians should be advising or helping to support in these areas in a developmentally consistent way."

The lens of larger environmental influences also shapes AAP perspectives on child and adolescent health, says Dr. Muth. "We all live within environments that can help nurture and support us to do things or not," she observes. "We look at our recommendations in the context of not just the individual person … but in the context of the child with their family, their community, and the more institutional and policy world in which we live and then also take into account social determinants of health and other factors that impact a child's behaviors and well-being."

Recommendations for Screen Use

Review suggestions from the American Academy of Pediatrics:

- For children younger than 18 months, discourage screen media except for interactive video chatting.
- For children 18 months to 2 years of age, encourage parents to choose high-quality programs viewed together with their children and avoid allowing children to use media by themselves.
- For children 2 to 5 years of age, limit media to one hour or less per day of high-quality programming.
- For children and adolescents 6 years and older, adopt an individualized Family Media Plan (www.healthychildren.org/MediaUsePlan) that outlines the boundary between screen time and other activities and can be tailored by a child's age.[2]

Kids Menu

In this regard, the significant impact of the COVID-19 pandemic on the health and well-being of children and adolescents must be acknowledged. In fact, in 2021, the AAP, American Academy of Child and Adolescent Psychiatry, and Children's Hospital Association declared a national emergency in children's mental health. The groups noted the increasing prevalence and severity of anxiety, depression, and eating disorder symptoms among youth.[2]

While several years have passed since the beginning of the pandemic, youth mental health remains a major concern. As a 2021 Surgeon General's advisory highlights, mental health plays an integral role in overall youth health. Citing the "unprecedented pressures and stresses" facing young people, the Office of the Surgeon General has affirmed the importance of addressing the root causes of poor mental health. This includes the recommendation that all children should have access to high-quality, affordable, and culturally competent mental health care.[3]

A related area of long-standing concern for pediatricians involves diet and nutrition. Remarkably, people 2 to 19 years of age get about 67% of their total caloric intake from ultra-processed foods.[2] These are largely ready-to-consume foods high in sodium, sugar, fat, preservatives, additives, artificial colors, and other refined ingredients. The dietary culprits include fast-food products, frozen meals, sugary drinks, and many packaged food products. As a dietary staple, ultra-processed foods are associated with increased health risks of obesity, metabolic syndrome, adult depression, and all-cause mortality.[2]

The AAP report brings a new spotlight to this urgent issue. "The amount of ultra-processed foods consumed is just incredible," notes Dr. Muth. "The recommendation for pediatricians to counsel families to minimize ultra-processed foods is kind of obvious, but not something that's been said yet until this report. As a pediatrician, I try to encourage families to eat [unprocessed] food. The strategy to do that will depend on the child's age and devel-

opment, but there are things we can do to make it easier for children and families to eat more whole foods, whole grains, and plant-based foods. … For instance, whether they're fresh, frozen, or canned with the salt rinsed off, fruits and vegetables offer a lot of nourishment and are great to include in the diet. For various reasons, many people don't have these foods that often."

Dr. Muth suggests establishing regular meal and snack times. Parents can also make healthy foods and snacks—instead of sugary and highly processed drinks and snacks—more readily available in the home. Additionally, children can be encouraged to pay attention to their own cues for hunger and fullness, as opposed to eating out of boredom or in response to triggers like social invitations or peer pressure to eat or drink.

"As children get older and [when they are] adolescents, we can also teach them to look at labels," says Dr. Muth. "[We can teach them] to understand that when they see something that's got 30 ingredients, and mostly ingredients they've never heard of, this is a very processed food and maybe there are other options instead."

Notably, the AAP's dietary guidelines recommend children younger than two years consume no added sugars. For children and adolescents two years and older, the recommendation is to limit added sugars to less than 10% of their total calories. Sugary drinks are a common source of added sugars. Added sugars are associated with multiple health risks, including obesity, dental cavities, type 2 diabetes, and increased cardiovascular risks. For children and adolescents, water and unflavored milk are preferred alternatives. The AAP advises against juice drinks for children younger than one year and recommends limited access to them for older children. A better alternative is whole fruits, whether they are fresh, frozen, canned, or dried.[2]

Tag, You're It

Another major focus of child and adolescent health is physical activity. A valuable resource of age-appropriate recommendations on this topic can be found in the 2018 *Physical Activity Guidelines for Americans* published by the U.S. Department of Health and Human Services. The guidelines introduce two key recommendations. First, preschool-aged children 3 to 5 years of age should engage in regular physical activity throughout the course of the day. For children and adolescents 6 to 17 years of age, the guidelines recommend at least 60 minutes of daily physical activity. The activity should mostly involve moderate- or vigorous-intensity cardiovascular activity, with at least three days a week devoted to vigorous-intensity level activity.[4]

How can children and adolescents in the appropriate age range get 60 minutes or more of daily physical activity? "Structured sports can be a great way to do that for many children," says Dr. Muth. "But there are also many children who are not getting that activity through structured sports or don't think that's very fun. For children, it's important that the activity is something they enjoy and have fun doing. I think unstructured playtime can also do that. Because children can use their imagination, they can come up with ways to move, be active, or play with each other that don't have adults micromanaging them or the pressure that may sometimes come with sports. But that playtime in short spurts can also be a way of connecting with nature and with other kids to get movement and other benefits that come from free play. It starts at the youngest of ages too. Even infants should have time to practice tummy time, having a space to be able to move and be active."

Ideally, children will have opportunities to discover their own path to lifelong exercise habits. "If kids want to do organized sports, that's great, and I encourage it," says David G. Thoele, MD, a pediatric cardiologist at Advocate Children's Heart Institute in Park Ridge, Illinois. "But I sometimes get concerned even about the kids who are doing only organized sports. That's because I look at exercise and activity as something you build into your life. It's fine to be on a baseball team or a cheerleading team when you're 15 years old, but when you're 25 years old you're probably not going to be on a team. So, what are you doing at that time? Even if you are doing team sports, you should try to find some physical activity you like that you can continue for the rest of your life."

Whether the activity is swimming, running, biking, or other activities, Dr. Thoele suggests the best exercise is the one people enjoy and will do. "If it's something you enjoy doing, then you'll do it for a long time," he observes.

I Spy

Another current issue that merits attention is the growing use of media and technology products by young people. Understandably, many parents have concerns about how much time their children spend using electronic screens, smartphones, tablets, gaming consoles, TVs, and computers. They also may be uncertain about how to set rules or boundaries regarding their children's digital media use and exposure to social media.

Pediatricians share these concerns. In fact, media use classified as "problematic" is not uncommon in children and adolescents, warns the AAP. In one survey, 39% of 11- to 17-year-olds experienced behavioral issues with media preoccupation, withdrawal, and unsuccessful efforts by parents to control its use. Similar problems were reported among 33% of children 6 to 10 years of age.[2] The impact of the COVID-19 pandemic might have exacerbated these issues. Screen time use among children ages 8 to 12 now averages four to six hours a day, while teens spend up to nine hours a day engaged with screens, according to the American Academy of Child and Adolescent Psychiatry.[5]

Of course, screen use is not inherently detrimental. Digital media, online learning resources, and other technology can be useful tools for learning, entertainment, and social engagement. But as with most matters in life, balance is crucial. Their use should be managed responsibly and in moderation, caution experts. For parents, however, knowing how to find that healthy balance is not always easy. This is not only because screen time offers both benefits and risks but perhaps also in part because some parents might find today's rapidly evolving technology landscape different or unfamiliar

to their own experience growing up.

How can parents better navigate or manage their children's screen time and technology use? "As a pediatrician caring for adolescents, I am concerned about media preoccupation, withdrawal, and the conflicts that arise between parents and teens over device usage," says Maria G. Aramburu de la Guardia, MD, MPH, FAAP, a pediatrician with Lehigh Valley Reilly Children's Hospital in Allentown, Pennsylvania. "My recommended approach is preventive. Parents should start thinking about a media plan well before their children reach [their] preteen years. This should be an ongoing conversation and form of communication with their children about the risks and benefits of media usage. When a family decides to give a child or teen a device, they need to establish a plan based on trust, communication, and mutual education. It's also crucial to assess the child's readiness for a device, considering factors like age, maturity level, developmental conditions, and overall balance in their life."

Practical resources are available from the AAP and partner organizations to help parents and families manage their decisions and choices regarding media use, notes Dr. Aramburu de la Guardia, a specialist in adolescent medicine and mental health: "Aligned with my preventive approach, I suggest parents and caregivers use a questionnaire to assess whether their child is ready for a cell phone. A valuable resource is the questionnaire designed by AT&T and the American Academy of Pediatrics."

The cell phone questionnaire and other tips and tools for managing screen time and family media activity are available on the AT&T and AAP "Digital Parenting" web guide,[6] reports Dr. Aramburu de la Guardia. The digital parenting guide also includes information on the AAP's Family Media Plan. "The Family Media Plan is an excellent tool for ensuring joint decision-making regarding screen use," says Dr. Aramburu de la Guardia. "This plan helps families balance screen time with sleep, nutrition, schoolwork, family time, and physical activity, allowing children to see how screen time fits into their daily routine and understand the impact of excessive use. The Family Media Plan provides a customizable framework for families to establish healthy media habits. It covers aspects such as setting screen-free zones and times, determining the types of media that are appropriate, and creating rules that align with the family's values and the child's developmental needs."

Resources

American Academy of Pediatrics (AAP)
https://www.aap.org

The AAP Parenting Website
https://www.healthychildren.org/

The AAP's 5 Cs of Media Use also provide a simple framework to guide discussions with families about digital media use, adds Dr. Aramburu de la Guardia. "The AAP's 5 Cs of media guidance are crucial for managing device use," she remarks. The 5 Cs include the following[7]:

- **Content:** Ensure that the media content is appropriate and beneficial.
- **Calm:** If media is a used as a main strategy for coping with emotions or falling asleep, explore alternatives.
- **Child:** Consider the individual needs, maturity, and health of the child.
- **Communication:** Discuss media use often to improve digital literacy and problem-solving when issues arise.
- **Crowding Out:** Identify when media use crowds out other priorities.

Health care providers can make parents and families aware of these helpful AAP resources. "These tools and strategies help families create a balanced approach to media consumption, promoting healthier habits and reducing conflicts over device use," concludes Dr. Aramburu de la Guardia.

Follow the Leader

Whatever the health concern or recommendation, the issue of how pediatricians and other practitioners can influence patients and families to adopt or improve healthy behaviors and practices is an ongoing challenge.

"I use a number of techniques to engage patients and families to improve their fitness, nutrition habits, and behaviors," says Dr. Thoele. "First, I make it a point to bring up the importance and benefits of a healthy lifestyle for every patient I see, starting even with the parents of babies who are being seen because of something like a heart murmur. I talk to parents about exercise because the main way that children learn is through modeling. I will emphasize to parents how important it is for them to move, be active, and do things with their kids. I want to set the tone for families to avoid a sedentary lifestyle. In my opinion, it's far more efficient and effective to build a healthy life early on.

"For all my patients and families, I try to make a personal connection—to find things we share in common—and emphasize ways that exercising and eating healthy foods can benefit them now and throughout their lives," adds Dr. Thoele. "Healthy living gives you more energy, [lessens] depression and anxiety, and generally helps you feel better. In the future, these behaviors will also help prevent problems like cancer, heart attacks, strokes, or [Alzheimer disease]. I encourage eating fruits, vegetables, whole grain foods, foods with omega-3 oils; avoiding junk food; and staying active. I also mention that I do these things myself and share personal stories, such as how I often make a 24-mile, round-trip bike ride to the clinic or the hospital in my own effort to stay healthy and avoid having to use the medical system too much."

Another communication tool Dr. Thoele may use is the Three-Minute Mental Makeover (3MMM), a research-based journaling practice he developed

with colleagues in the narrative medicine program at Advocate Children's Hospital.[8] "The Three-Minute Mental Makeover is a mindfulness technique that helps families, patients, and health professionals decrease stress and build relationships to have a more positive therapeutic relationship," explains Dr. Thoele.

Easy as ABC

Medical appointments can involve some trepidation for young children. For this reason, every member of the clinic staff must be sensitive to their youngest patients and their clinic experience.

"It's very important to make children feel comfortable coming to the clinic," says Jessica Brown, CMA (AAMA), a staff member at Kaiser Permanente Bellevue Medical Center in Washington. "I would say it's about 50-50 for the young children as far as being apprehensive. The more apprehensive are usually about 15 months to 5 to 6 years. I try to make the visits fun for the kids. As far as rooming, for example, I will make it kind of a game to get their weight and height, their vision screening, and other parts of the visit. Many children are really scared, especially when they're 3 and 4, to get their blood pressure taken. So, I might describe it to them as kind of like a squeezy hug: 'Can I give you a quick squeezy hug?' If they want to, I'll let them play with the blood pressure cuff a little and explain how it works. For the little ones, I might give them crayons so they can color on the examination table paper. I do my best to make it fun and less scary."

When the visit involves vaccinations, children are often apprehensive. "We have some kids that are afraid of needles," Brown says. "I'm able to relate to the children who are afraid of needles because I myself am [afraid of needles]. So, I might say, 'Hey, you want to hear a little secret?' and I'll share with them that I [have a phobia of needles]. I'll tell them it's normal to feel anxious, but we will get through it together. I let them know they're not alone in their feelings, and that helps. I might also teach them ways I keep myself calm, such as deep breathing or counting. There are also different tools that

we can use, like Buzzy or the Shotblocker, that help distract their minds from being poked by a needle."

Buzzy is a small device that uses cold and vibration to block pain and provide distraction when giving injections. The Shotblocker is a device that uses blunt contact points to supply sensory signals around an injection site and similarly helps to distract patients from potential discomfort.[9]

"I think the most important thing is trying to connect with the children," concludes Brown. "It's very important to talk not just to the parents but also to the kids and to make [kids] feel included in the visit."

The importance of a child-centered staff perspective is one shared by Porshia Craig, CMA (AAMA), a staff member in family medicine at North Memorial Health in New Hope, Minnesota. "From the time that you call the patient back until the end of the appointment, [it] is all about being open and engaging with the child, getting on their level," says Craig. "When children are a little older, they're usually easier to talk to, but when they're younger, they're more likely to be scared of the unknown. You can usually tell when a child is uncomfortable or has had a lot of medical appointments at a very young age and [is] scared. That's why the first thing for me is always to make sure the child is comfortable and the parents are comfortable as well."

Craig also cautions against unwittingly putting the focus more on the parent instead of the child. "Medical assistants should be careful not to pay more attention to the parent than the child," she observes. "The child usually wants you to interact with them during their appointment. Doing so can make their time with the provider easier too."

Youth Got This

In the United States, the pediatric health care system provides a strong foundation for pediatric health. However, access to care, affordability issues, and other barriers to health and health equity continue to challenge the health care system.

"Social determinants of health are a critical but often overlooked aspect of overall health," concludes Dr. Aramburu de la Guardia. "As pediatricians, we must proactively screen for the effects of these determinants in our patients' lives. For example, food insecurity, which affects approximately 10.5% of households in the United States, is a prevalent issue impacting physical health, mental health, and learning. Housing instability is another significant concern, affecting around 37.1 million households. Additionally, approximately 30 million Americans lack consistent access to health care. In patients with mental health diagnoses, these social factors can exacerbate their conditions. We should prioritize asking patients and families about these issues using evidence-based screening tools. After identifying social determinants of health, the next step is providing resources and support to address these needs. This holistic approach is essential for improving patient outcomes and ensuring health equity."

While the issues and challenges are many, comprehensive health care resources exist to benefit the health and well-being of children and adolescents. Certainly, every member of the health care team has a crucial role to play in supporting pediatric patients. From well-child check-ups to preventive screenings, immunizations, care for illness and injuries, and advice and information as children grow and mature, quality health care can help ensure children and adolescents have every opportunity to lead the healthy, active lives they all deserve. ✦

School of Thought

"I think the social determinants of health aspect of care, regarding the child within a broader community, can help us to go beyond just providing advice or saying something we think should be done but maybe isn't always practical for certain families. As providers, we want to really listen and get a good sense of where the patient and family are [and] how we can partner with a family and help connect them with resources that will help their child thrive. We want to be looking for opportunities to improve nutrition, physical activity and movement, sleep routines, and screen use. We're also looking at social-emotional wellness that gets into parenting strategies and issues like anxiety, depression, and bullying."

—Natalie D. Muth, MD, MPH, RDN

References

1. UCLA David Geffen School of Medicine. A quick look at pediatric subspecialties. UCLA Health. July 13, 2018. Accessed August 15, 2024. https://medschool.ucla.edu/blog-post/a-quick-look-at-pediatric-subspecialties
2. Muth ND, Bolling C, Hannon T, Sharifi M. The role of the pediatrician in the promotion of healthy, active living. *Pediatrics*. 2024;153(3):e2023065480. https://doi.org/10.1542/peds.2023-065480
3. Office of the Surgeon General. *Protecting Youth Mental Health: The U.S. Surgeon General's Advisory*. 2021. Accessed August 15, 2024. https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf
4. US Department of Health and Human Services. *Physical Activity Guidelines for Americans*. 2nd ed. 2018. Accessed August 15, 2024. https://health.gov/sites/default/files/2019-09/Physical_Activity_Guidelines_2nd_edition.pdf
5. Screen time and children. American Academy of Child and Adolescent Psychiatry. Updated May 2024. Accessed August 15, 2024. https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Children-And-Watching-TV-054.aspx
6. Digital parenting. AT&T ScreenReady. Accessed August 15, 2024. https://screenready.att.com/digital-parenting
7. The 5 Cs of media use. American Academy of Pediatrics. Updated April 30, 2024. Accessed August 15, 2024. https://www.aap.org/en/patient-care/media-and-children/center-of-excellence-on-social-media-and-youth-mental-health/5cs-of-media-use/
8. Thoele GD, Gunalp C, Baran D, et al. Health care practitioners and families writing together: The three-minute mental makeover. *Permanente J*. 2020;24(1). https://www.thepermanentejournal.org/doi/10.7812/TPP/19.056
9. D'Argenio Waller J. Want tear-free shots? These devices can reduce pain from vaccinations and injections. Motherly. May 12, 2023. Accessed August 15, 2024. https://www.mother.ly/baby/shotblocker-buzzy-bee-for-shots/