

2025 KACO Posts

January

Healthy Active Living Behaviors #2: Activity

The Clinical Report on Healthy Active Living stresses individual choices and nowhere is the importance of individual choice and appropriateness more evident than in promotion of physical activity. Preference for aerobic vs resistance, individual vs team, competitive vs non-competitive, personal vs social, indoor vs outdoor as well as physical limitations and financial or time constraints makes selecting activities very personal. As with nutrition, the guidelines we give can help families organize around the developmental stage.

Infancy: Encourage tummy time and limit time in confining equipment like seats and strollers.

Toddlerhood: Promote active play and development of fundamental movement skills.

Preschool: Encourage outside time and at least 15 minutes of activity per day.

School Age: Encourage free play and organized sports if interested, aim for 60 minutes of moderate to vigorous activity per day including muscle and bone strengthening activities three times per week.

Adolescence: As above, shoot for 60 minutes of activity per day with muscle strengthening three times per week, encourage movement in activities of daily living, support continued participation in athletics and enjoyable physical activities.

FUN RESOURCE TO HELP YOU PRESCRIBE EXERCISE: [Exercise is Medicine website](#)

February

Healthy Active Living Behaviors #3: Sleep

The understanding of the importance of sleep in health promotion has advanced remarkably over the past thirty years. Appetite regulation, cell repair, mental health, emotional well-being, longevity, metabolic health, and other functions are influenced by sleep. And getting only six hours a night is not enough, even for us busy pediatricians. Below is a summary of advice to share with your patients based on developmental stage.

Infancy: Establish good routines and sleep initiation, 14-17 hours for young infants, 12-16 for older infants

Toddlerhood: 11-14 hours per day, promote good sleep hygiene, promote bath, brush, book, bed (4B's), keep tv out of bedroom

Preschool: 10-13 hours per day, avoid screen time before bed, promote 4B's

School Age: 9-12 hours per day, same as above with screens and 4B's, no media in bedroom

Adolescence: 8-10 hours per day, avoid media as above

Looking for a simple screening tool for sleep disorders? Click [here](#).

March

Healthy Active Living Behaviors #4: Media Use

Over the past several years, the AAP has gotten much more sophisticated with regard to media use. While 5-2-1-0 is still useful to start the discussion with regard to healthy active living, we can now get much more individualized and specific. Check out this very helpful [AAP Family Media Plan](#) and keep the following guidelines in mind for your families.

Infancy: Avoid media except for interactive video chatting

Toddlerhood: chose only high-quality programming viewed together up to 18 months; 1 hour or less for ages 2-5 years; avoid screen “baby-sitting”

Preschool: Limit as above keep tv out of bedroom and avoid within 1 hour of bedtime

School Age and Adolescence: Keep Individualized Family Media Plan and continue to avoid media in bedroom and within 1 hour of bedtime

April

Healthy Active Living Behaviors #5: Social-Emotional Wellness

Like many health indicators, the pandemic did mental health in youth no favors. Healthy active living depends on solid social-emotion and mental health wellness. No one needs to be reminded that depression, anxiety and eating disorders are on the rise. We must be diligent in screening, identification, and treatment. What follows are some developmental stage-based recommendations from the Healthy Active Living Clinical Report.

Infancy: Promote healthy interactions and bonding, promote good sleep

Toddlerhood: Promote positive parenting, start good nutrition, activity, and sleep habits; link to behavior and parenting supports as needed

Preschool: Develop emotional literacy and managing feelings, link to behavior supports as needed, continue to foster healthy nutrition, activity, and sleep habits

School Age: Continue to develop management of emotions strategies, foster good nutrition, sleep, activity and media use habits, screen for anxiety in children over 8 years, link to supports

Adolescence: Screen for depression and suicide risk over age 12 years, continue to develop healthy habits and link to supports as needed

May

Healthy Active Living: Your Role in Promotion

It is easy to think we do not have much ability to influence our patients’ habits. Think again. Despite the onslaught of poorly informed politicians and certain crackpot social media influencers, patients and families continue to cite pediatricians as one of the most trusted sources of information for their families. The Healthy Active Living Clinical Report lists three

concrete actions you can take to increase the likelihood that your families will benefit from your expertise.

- 1) Use respectful, non-stigmatizing language when addressing a child's weight or behaviors. [The Rudd Center at the University of Connecticut](#) has great resources to reduce weight bias and stigma. In addition, the [AAP Policy on Weight Bias](#) is helpful.
- 2) Learn and practice communication strategies like [motivational interviewing](#) to promote behavior change.
- 3) Be a role model. What we do and say does make a difference! No one expects you to run a marathon, but patients do notice when we are trying. It's all in the effort!

June

Healthy Active Living: Policy in Action

The final call in the AAP Clinical Report "The Role of the Pediatrician in the Promotion of Healthy, Active Living (HAL)" is for pediatricians to change the world! Pediatricians have a vital role in creating an environment where services and support wrap around our patients promoting healthy active living.

In our communities, the call is for us to know, support, and refer to initiatives that help our patients. These communities' resources come in many different shapes and sizes. SNAP and WIC, the Y, Boys and Girls Clubs, Parks and Recreation Departments, churches, and many others can be valuable partners. Pediatricians provide referrals and expertise that make the difference between success and failure for these programs.

In the public sphere, advocating to address social determinants of health, eradicating racism, increasing activity, and reducing access to sugary drinks are all steps that can promote healthy active living. Again, pediatricians can provide the unbiased data to help policy makers.

Prevention is not as readily paid for by insurers. As with other aspects of preventive medicine, advocacy for team-based care to promote healthy active living is needed.

You can review the HAL Clinical Report in full [here](#).

July

Trying to Make Sense of MAHA

Part1: Nutrition Recommendations

In the next few months of the KACO newsletter, we will be looking at what to make of Robert F. Kennedy Jr.'s "Make America Healthy Again" agenda and what it might mean for us as Kentucky's pediatricians. First up, nutrition. We will also delve into SNAP, GLP-1 coverage, and Medicaid issues as we move along.

The MAHA movement has been outspoken on several topics that have been at the forefront of pediatric nutrition for many years. Michelle Obama's "Let's Move", in particular, addressed many of the same concerns about diet quality, food colorings, added sugar, chronic disease, and obesogenic public policy. Interestingly, the cries of "Nanny State!" by many politicians have been remarkably absent with MAHA coming from a different administration. So, maybe that's a

good thing. While the change of heart is likely a manifestation of political loyalty, perhaps being forced to be on a different side of certain issues will open minds to ways we can make healthy choices easier.

The following article at Politico is an interview with Sam Kass, White House chef during the Obama years, and provides some good insight on the connections to and differences with the previous campaign. You can access that article [HERE](#).