

Learning Objectives

After reading this *CME Bulletin*, you should be able to:

- Discuss the environmental and cognitive-behavioral contributors to the epidemic of children who are “overfed but undernourished” in order to mitigate the effects of those influences.
- Engage in a fitness conversation with patients, providing them with individualized, specific steps for achieving an active lifestyle, healthy nutrition and emotional well-being.
- Motivate young patients to achieve and maintain a healthy lifestyle by discussing practical fitness strategies during well-child visits.

Be Active, Eat Smart, Feel Good • A Family-Centered Approach to Healthy Lifestyles

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Disclosure Statement: Dr. May has returned a disclosure form indicating that she is the owner of Am I Hungry?® P.L.L.C. and has consulted with the National Cattlemen's Beef Association on the topic of nutrition. Dr. Levine has returned a disclosure form indicating that he has consulted with Procter & Gamble and sanofi-aventis on the topic of osteoporosis. Their disclosure information was reviewed for potential conflict of interest and this was resolved prior to confirmation of their participation. Ms. Smiley has returned a disclosure form indicating that she has no financial interest in or affiliation with any commercial supporter or providers of any commercial services discussed in this educational material.

Introduction

Though more is known now than ever before about the importance of nutrition and physical activity, the incidence of overweight and obesity in the United States has reached epidemic proportions and is a leading public health priority. The increasing number of overweight children is considered a critical public health threat. While food insufficiency remains a significant problem for many children and should not be overlooked, there is now an epidemic of children who are “overfed but undernourished.” This phenomenon should be recognized as the “canary in the coal mine,” an early sign of more serious problems to come. It is also important to recognize that all children—even those of normal weight—are at risk for the consequences of unhealthy diets and inactive lifestyles.

The fact that the obesity epidemic has struck both children and adults at the same time suggests shared sociocultural contributors. Low-nutrient, calorically dense foods and beverages are readily available, affordable and heavily marketed. The portion sizes of many types of foods and beverages available to Americans have progressively increased. Busy lifestyles and shifting priorities force an emphasis on convenience over quality when it comes to eating. Meals are often eaten away from home, and families are less likely to eat together. All of these factors—in addition to factors such as the effects of the electronic age, changes in the community and school environment, and increasingly sedentary lifestyles—have led to suboptimal nutrient intake, excessive caloric intake, an increase in overweight and increased risk for chronic diseases.

A Family-Centered Approach

Family physicians have a responsibility and an opportunity to influence the nutrition and physical activity habits of their young patients—during visits that focus on fitness, but also during well-child checkups and acute-care visits. By asking parents about their family's eating habits, feeding practices and dietary intake, and encouraging both parents and children to adopt an active lifestyle,

family physicians can help their patients gain awareness and skills that support healthy behaviors.

In 2003, the American Academy of Family Physicians (AAFP) developed the Americans in Motion (AIM) fitness initiative (www.aafp.org/aim). AIM defines “fitness” as physical activity, nutrition and emotional well-being. This definition emphasizes the importance of a multidimensional approach and closely correlates with the consensus statements and positions of many other organizations.^{1,2}

A family-centered approach to fitness translates AIM's “physical activity, nutrition and emotional well-being” into the more child- and family-friendly message “Be Active, Eat Smart and Feel Good.” The following sections highlight these three elements. Each section presents a scenario that shows a family physician capitalizing on a “teachable moment” to initiate a conversation about fitness, followed by a discussion of the factors that may affect or influence a child's fitness. Family physicians should strive to weave fitness into their patient encounters, from well-child visits to problem-focused visits.

In general, family physicians should focus on creating a supportive, nonjudgmental environment and engaging families in regular conversations about physical activity, nutrition and emotional well-being. When lifestyle changes are indicated, it is important to assess the child's and family's readiness to change so that counseling and interventions are appropriate and likely to result in behavioral change. For information about the Stages of Change model and behavioral counseling, see the Physician Primer in the AIM to Change Toolkit (secure.aafp.org/catalog/viewProduct.do?productId=808&categoryId=4) and the *American Family Physician* article “A ‘Stages of Change’ Approach to Helping Patients Change Behavior” (www.aafp.org/afp/20000301/1409.html). Help families approach healthy lifestyles with a positive attitude and a clear but flexible plan. Emphasize the importance of small, sustainable, incremental changes.

A note about the use of the term “parent”: While this *Bulletin* will regularly refer to talking with parents and children, it is important to recognize that other family members and nonfamily members

may care for children. These caregivers (grandparents, teachers, day care providers and others) may also influence children's eating and activity habits and emotional well-being and should be included in fitness conversations when possible.

Community Involvement

Family physicians should be prepared to offer families specific suggestions about local fitness resources and opportunities for physical activity in their community. In addition, as integral and respected members of the community, family physicians should be proactive and involved in the development of school and community programs and policies that encourage healthy lifestyle choices. Some useful resources include the following:

- **Action for Healthy Kids** (www.actionforhealthykids.org): A public-private partnership of more than 50 national organizations and government agencies working to improve nutrition and increase physical activity in schools.
- **America on the Move** (aom.americaonthemove.org): A national initiative dedicated to supporting sustainable individual behavior change by creating communities that promote healthy eating and active living. Search online for local AOM Affiliates and other fitness-based groups.
- **Kidnetic.com** (www.kidnetic.com): A Web site designed for kids aged 9 to 12 that includes activities and education about nutrition, physical activity and self-esteem.
- **The President's Challenge** (www.presidentschallenge.com): An online program that motivates kids, teens, adults and seniors to make physical activity a part of their daily lives.
- **Shaping America's Youth** (www.shapingamericasyouth.com): Provides information on programs and community efforts to increase physical activity and improve nutrition in our nation's youth. Site also offers news, information about meetings and events, funding opportunities, publications and other resources related to childhood obesity.
- **Walk 4 Life** (www.walk4life.com): Families and schools can order pedometers and other physical activity resources via this Web site.
- **YMCA** (www.ymca.net): This Web site offers links to local YMCAs, resources for families, information about YMCA camps and more.

Be Active

Case #1: Malcolm Sweeney

Malcolm Sweeney is an 11-year-old male who is visiting his family physician, Dr. Taylor, with his father, Martin. Type 2 diabetes runs in the Sweeney family, and Martin is concerned about his son's weight. Malcolm has, in fact, gained almost 25 pounds since his last visit to Dr. Taylor about 18 months ago. Martin Sweeney is very physically active himself and coached Malcolm's Little League team until about a year ago, when Malcolm told him he wasn't interested in baseball anymore.

Dr. Taylor: Malcolm, why did you quit your Little League team?

Malcolm: It was boring, and I wasn't good at it. I was always stuck in the outfield.

Mr. Sweeney: You pitched sometimes.

Malcolm: Yeah, but I wasn't a good pitcher either. I just got tired of it.

Mr. Sweeney: Well, you have to play something. But you don't like basketball or soccer, either.

Dr. Taylor: Malcolm, what do you like to do?

Malcolm: I guess I just don't like sports.

Dr. Taylor: Well, what do you do for fun?

Malcolm: Mostly I play video games.

Mr. Sweeney (sighing): An Xbox was the only thing he wanted for his birthday.

Dr. Taylor: OK, well, Malcolm, video games are fun, but they aren't very active so it's a good idea to limit your screen time to no more than two hours a day. Do you know what I mean by "screen time"?

Malcolm: I guess you mean TV, video games and my computer. But what about homework on the computer?

Dr. Taylor: Homework is OK, of course! Do you have any ideas for other ways you could be more active?

Malcolm: I don't know. I can't ride my bike because it's too small for me.

Dr. Taylor: What about a skateboard?

Malcolm: Yeah, I have a skateboard, but I really don't use it.

Mr. Sweeney: Skateboarding isn't a sport!

Dr. Taylor: Well, it's not a traditional sport, Mr. Sweeney, but it is a form of activity. I'd rather hear about Malcolm outside skateboarding than in his room playing a video game.

Malcolm: I'm pretty good at the Tony Hawk game.

Dr. Taylor: Great! Then you know that skateboarding isn't as easy as it looks. But I'll bet you'll be good at it with some practice. Would you be willing to give it a try?

Malcolm: OK.

Dr. Taylor: Good. Remember that you need to wear a helmet, wrist guards and knee pads when you skate. Now, what about your bike? If your old one is too small, maybe you could take it to one of those used sporting goods stores and get credit for it. You can put the credit towards a new bike. What do you think, Dad?

Mr. Sweeney: Sounds good. I'd be willing to chip in for a new bike, too, Malcolm, if you keep up with your chores.

Dr. Taylor: What kinds of chores do you have, Malcolm?

Malcolm: Um, I have to clean my room and take out the trash. Oh, and I feed Charlie, our dog.

Dr. Taylor: Do you take Charlie out for walks? I take my dog for a walk almost every day, and he loves it!

Mr. Sweeney: We're not very good about that, are we, Malcolm?

Malcolm: Nope.

Dr. Taylor: Well, since you're going to have more free time when you cut back on your screen time, what do you think about taking Charlie out for a walk every day when you get home from school? Do you think you could try that for a month, Malcolm?

Malcolm: I guess. Charlie would like it.

Mr. Sweeney: You know, Mal, they just put some new trails in the park near your aunt's house. If we got you a mountain bike, and I got my bike tuned up, we could check out some of the trails.

Dr. Taylor: Great idea, Mr. Sweeney. I would like to see you guys being active together again. It's too bad Little League didn't work out, but I know you can find other things to do as a family. Why don't you schedule a follow-up visit on the way out—say, six weeks from now? That way I can hear how Malcolm's goal of walking Charlie went, and maybe we can talk about how to make healthy eating choices, too. Sound good?

Mr. Sweeney: OK, we'll see you in six weeks.

Benefits of Physical Activity

The health and quality-of-life benefits associated with regular moderate physical activity extend well beyond the prevention of obesity. Benefits include improved plasma lipid profiles; prevention of hypertension; increased peak bone mass and bone density; increased strength and endurance; decreased body-fat percentage, stress, and symptoms of depression and anxiety; improved self-esteem and body image; and improved overall health and adult health status.³⁻⁶

Children are born with a natural curiosity, a love of playtime, a will to overcome small challenges and a pride in mastering new skills. For babies and young children, physical activity is a natural and joyful part of playing and interacting with their environment, family and friends. Active playtime also helps them develop cognitive, motor and social skills.²

Unfortunately, in many cases, as children get older their environments do not encourage physical activity as a convenient or necessary part of day-to-day existence. Active play has to compete with television, computers and video games that easily meet a young person's need for adventure, play and mastery. As children move through adolescence into adulthood, they generally become even less physically active.⁷

It is currently recommended that children and adolescents get a minimum of 60 minutes of moderate to vigorous physical activity on all or most days (*Table 1*).⁸ To assist patients in reaching this goal, family physicians, school nurses, coaches and other community members should encourage families to engage in regular physical activity that is fun, comfortable, practical and intrinsically rewarding. Increasing playtime, family and school activities, and participation in organized sports will decrease the amount of time a child spends on sedentary activities. Further, physical activity that is integrated into a child's daily routine does not require a conscious decision to exercise. Physical activities should also be matched to the child's innate tendencies so that he or she will be motivated to stick with them. For example, some children are naturally competitive and enjoy individual and team sports. Some prefer unstructured play like pool games or hide-and-go-seek. Other children are adventurous and will enjoy hiking, rock climbing or mountain biking.

The Role of Media

Watching television, playing video games, surfing the Internet and other forms of "screen time" are sedentary and modifiable activities that require a significant amount of a child's discretionary time. The Kaiser Family Foundation reviewed evidence on the role of media in the childhood obesity epidemic in the United States and found that children who spend the most time using electronic media are more likely to be overweight.⁹ Although most of the studies reviewed by the Kaiser report did not find a statistically significant relationship between hours of screen time and levels of physical activity, at least one study did find that decreasing sedentary behaviors resulted in a decrease in overweight and body fat percentages.¹⁰ This strategy has become an element of many successful childhood obesity prevention programs.¹¹

In some cases, electronic media may be helpful for reinforcing the physical activity message. For example, Web sites such as Kidnetic (www.kidnetic.com), the VERB campaign (www.verbnow.com) and BAM Body and Mind (www.bam.gov)

Table 1. Kid-Friendly Activities

The National Association for Sport and Physical Education recommends that children and adolescents get 60 minutes of moderate to vigorous physical activity on all or most days.⁸ Suggesting some of the following activities conveys the message that not all physical activity needs to be sports-related.

- Run through the sprinkler.
- Wash and wax the car.
- Walk or run with the dog.
- Play tag.
- Shoot baskets.
- Ride bikes through the neighborhood or on a trail.
- Rake leaves, mow the lawn or do other yardwork.
- Splash and swim at the community pool.
- Dance—just for dancing's sake, or while watching TV or talking on the phone.

encourage children to be active and make healthy choices. Video games such as Dance-Dance Revolution require vigorous physical participation.

Additional messages about the importance of physical activity to pass along to patients are available in the "Tips for Healthy Families" handout (*page 8*).

Eat Smart

Case #2: The Winters Family

Cathy Winters, her nine-year-old son Evan and her three-year-old daughter Amy are visiting their family physician, Dr. Anderson, for the children's annual well-child visits. The children's physical exams show them both to be healthy and within normal range for height and weight. When Dr. Anderson asks about the family's eating habits, Mrs. Winters says she and her husband need tips on persuading Evan to eat better.

Mrs. Winters: We never used to have to fight with Evan about eating, but now that he's in school, it's a constant battle. Evan is always starving when he comes home. Sometimes he tells me he didn't eat all of his lunch because he didn't like what they served in the cafeteria. When I pack his lunch, he complains about what I give him. He says his friends' lunches are "better" and that he's embarrassed by what I send in his lunchbox. The fights usually continue at the dinner table. I swear, the only thing he'll eat anymore is chicken strips. Will you tell him it's important to start eating better?

Dr. Anderson: Well, it is important to eat healthy. It's also pretty normal for him to be hungry after school, so it's a good idea to have some healthy options for him to choose from when he gets home. But let's talk about lunch. Evan, what do you wish your parents would put in your lunch?

Evan: My lunches are boring, just sandwiches and stuff. My friends get bags of chips and desserts in their lunches, but Mom never puts that stuff in mine.

Mrs. Winters: Evan, you know we only have dessert after dinner, and that's only if you clean your plate.

Dr. Anderson: Sounds like your mom is trying hard to help you eat healthy, Evan. Sometimes you see stuff on TV or at school that looks cool, but if that food isn't very good for you, it's better if you don't eat it too often. What if you start helping your mom with your lunches? My kids like turkey roll-ups, string cheese, peanut butter and crackers, and fruit with yogurt dip—stuff that's fun to eat. And now

you can get crackers and other yummy, healthy foods in small bags, too. Does any of that sound good?

Evan: Yogurt dip sounds kind of gross, but string cheese is cool. And I like peanut butter, too.

Dr. Anderson: Maybe next time your mom goes to the grocery store, you can help her pick out some healthy foods that would be fun to take for lunch. What do you think?

Evan: Yeah, I guess so.

Dr. Anderson: Now, what about soda?

Mrs. Winters: He asks for it all the time!

Dr. Anderson: Don't give in to the pressure. Evan, soda has lots and lots of sugar in it but nothing that's healthy for you, so it's best if you only have it once or twice a week. Water and milk are much healthier choices.

Mrs. Winters: OK then, soda only on special occasions.

Dr. Anderson: Well, I'd encourage you not to look at it that way. When you tell your kids they can only have certain foods "on special occasions," those foods have a kind of special importance in the kids' minds. It's confusing if you tell Evan that some foods are "good" and some are "bad" because, to him, it probably seems like all his favorite foods are in the "bad" category.

Mrs. Winters: Well, all of Evan's favorite foods are pretty bad for him.

Dr. Anderson: I'm not surprised. Most nine-year-olds prefer candy to broccoli. But try to use words like "healthy" and "not so healthy" instead of "good" and "bad." Evan, what's your favorite kind of candy?

Evan: Um, M&Ms. No! Skittles.

Dr. Anderson: Yeah, I like Skittles, too. What are your favorite fruits?

Evan: Hmm. Grapes and apples and bananas.

Dr. Anderson: Hey, grapes and apples and bananas are really healthy and nutritious. Good for you! When you eat nutritious foods every day you'll be healthy and strong. Evan, should we ask your mom to make sure there are always grapes and apples and bananas and other nutritious foods around for you to eat when you're hungry?

Mrs. Winters: Evan, you can help me pick out your favorites at the store.

Evan: OK.

Dr. Anderson: And what about Amy? Are you having some of the same problems with her?

Mrs. Winters: Not really. Amy's always been such a good eater and eats everything I put in front of her. But, of course, I always try to fix her favorite foods because I want to make sure she eats something.

Dr. Anderson: Well, let's talk a little about family meals, then, because you also mentioned that you battle Evan at the dinner table sometimes, too. First, I want to applaud you for making an effort to eat together. It is a crucial time for you and Mike to model healthy eating habits for the kids. It's also an important time for connecting with each other. In other words, let's try to keep the power struggles out of it. Choose a mealtime when everyone is likely to be hungry. Then, do your best to have tasty, healthy options for the kids to choose from, but let them decide if and how much they are going to eat. Over time, when they realize that what you serve is what they get, they'll be more likely to eat it if they're hungry. This way there is less drama. Don't worry, they won't starve themselves. Is this making sense?

Mrs. Winters: Yes, it is. Although it's tempting to fill them up on what they *will* eat rather than what they *should* eat just to avoid a scene...

Dr. Anderson: Focus on each other and enjoying the meal rather than finishing every bite. And try to let your kids recognize the feeling of being full. If Evan has to clean his plate to earn dessert he might keep eating even though he's already had enough. A lot

of us are in the habit of doing that, and that's a problem that can start when we're very young. Don't make dessert the prize, just an occasional part of the meal.

Mrs. Winters: OK.

Dr. Anderson: You mentioned that Amy finishes all the food you put in front of her. That's great, but you don't want to train her to eat too much by praising her for it. She's old enough to tell you when she wants more, so try giving her smaller portions. If she's still hungry when she finishes what's on her plate, she can ask for seconds. Make sense?

Mrs. Winters: Yes, it does. My husband and I should probably try the same thing! I know I sometimes feel stuffed after I eat. I'm just afraid they won't be willing to eat healthy foods.

Dr. Anderson: Well, good habits start with Mom and Dad. Everyone can practice eating a variety of foods, making healthy choices and stopping when they've had enough.

Balance, Variety and Moderation

Advice about nutrition should emphasize balance, variety and moderation. In general, children's diets should be balanced across food groups and include a wide variety of nutrient-dense foods to provide adequate amounts and proportions of macronutrients (protein, fat and carbohydrates), essential micronutrients (vitamins, minerals) and dietary fiber, and to provide appropriate energy to meet the needs of maintenance, growth and development.¹² Less nutrient-dense foods should be consumed in moderation. Specific recommendations on caloric and nutrient intake by age and activity level are available in the Dietary Guidelines for Americans 2005 (www.healthier.us.gov/dietaryguidelines).

Self-Regulation

Children need to heed their body's hunger and satiety cues in order to consume an appropriate quantity of food. Numerous experiments have shown that infants and children are able to regulate their intake based on the energy content of the food they consume.¹³ When they require additional energy, babies and toddlers exhibit signs of hunger such as crying, fussiness and irritability, while older children may verbalize that they are hungry and request or seek out food. Children who maintain this instinctive ability to regulate their energy balance may do better in a food surplus environment than children who base their eating primarily on external cues or emotional triggers.¹⁴

Family Influence

In addition to their genetic influence, parents shape their children's eating habits in a variety of important ways. These include: their choice of infant feeding method (i.e., breast or bottle); how they interact with their children in the context of eating; what foods they make available and accessible to their children; the eating behaviors they model; and other factors, such as the amount of media exposure in the home.

Breastfeeding

Breastfeeding provides the best nutrition and supports optimal growth and development for the first six months of life. (See the AAFP policy statement on breastfeeding at www.aafp.org/online/en/home/policy/policies/b/breastfeedingpolicy.html) An additional benefit is that breastfeeding appears to allow

the infant to take an active role in controlling his or her food intake.¹⁵ This may foster appropriate self-regulation of energy intake as the child grows up. Further, breastfeeding infants of mothers who eat a variety of healthy foods are exposed to those flavors in the breast milk, which may lead to improved acceptance of healthy foods after weaning.¹⁶

In addition to the physiologic, emotional and economic benefits of breastfeeding, several studies have demonstrated a link between the initiation and duration of breastfeeding and a reduced risk of becoming overweight later.¹⁷⁻²⁰ Although some studies have shown no relationship between breastfeeding and later obesity,²¹ the numerous known benefits warrant the encouragement of breastfeeding.

In order to maintain their child's ability to self-regulate their energy intake, parents who bottlefeed their infants should be encouraged to let the child control when he or she eats and how much formula he or she consumes.

Feeding Practices

Parental feeding practices that encourage eating based on external factors can result in the loss of the child's ability to self-regulate according to cues of hunger and satiety. This can, in turn, lead to increased food intake.²² A parent may urge an infant to finish off a bottle to avoid wasting the formula or to increase time between feedings. In the toddler years, parents may give nonverbal reinforcement such as smiling or clapping when the child eats certain foods or eats every bite on his or her plate. In order to get their child to eat, parents may also give verbal praise (e.g., "What a good eater!") and give the child additional attention in the form of games like "airplane." Some parents may exhibit excessive concern about how little the child is eating.

Ellyn Satter, who is well known for her work in the area of child feeding, suggests a division of responsibility between parent and child. It is the parents' responsibility to decide what food to offer and to create a supportive eating context, whereas it is the child's responsibility to decide when and how much to eat.²³ In other words, parents should provide healthful food options at consistent mealtimes and snack times and then allow the child to determine whether he or she is hungry and, if so, how much of the food to consume. This approach provides healthy choices and food security while allowing children to regulate their intake, eliminating the power struggle that can undermine family mealtime.

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Food Preferences

There is no evidence that humans have an innate preference for high-fat or high-energy foods. Instead, a preference for these foods may be learned when their flavors become associated with the physiological satiety achieved from eating them or through various social influences, such as the use of food to reward or reinforce desired behaviors.^{24,25}

The food environment created by the parents shapes a child's food preferences because children tend to like and eat what is most familiar to them. Parents should be mindful that early exposure to particular foods, whether healthy or

unhealthy, may play a key role in establishing a hierarchy of food preferences and selections.²⁶ It is also important for parents to persist in offering a new food, even if their child initially resists trying it. In fact, parents may need to offer a new food as many as 10 times before a child will accept it.²⁷

Parents are also important role models for their children's eating behavior.²⁸ For example, children whose parents eat a diet high in saturated fat are more likely to eat a diet high in saturated fat.²⁹ Likewise, children whose parents enjoy a variety of healthful foods are more likely to enjoy those foods as well. Adoption of healthier eating habits is more likely to occur when there is positive modeling and support rather than coercion, hiding foods, bribing or threat of health consequences. Family mealtime is essential for modeling healthy eating, as well as for bonding and communication.

In addition, children are exposed to billions of dollars worth of food advertising and marketing in the media. It is estimated that the typical child sees about 40,000 television ads each year and that the majority of ads targeting kids are for candy, cereal and fast food.³⁰ Increasingly, children are also exposed to advertising on the Internet and in their schools. Exposure to this food marketing influences children's food preferences and requests. It may also contribute to confusion among children about the relative health benefits of certain foods. For example, advertisers may use the phrase "as part of a balanced breakfast" to conceal the fact that their sugary cereal has little nutritional value.³¹

Dieting

Following a restrictive diet has been shown to be largely ineffective for long-term weight reduction in adults. In children, dieting may actually promote weight gain.³² When parents try to control how much their children eat by restricting their diet, the children may actually eat more when they are not hungry, choose the restricted foods more often and feel guilty about eating.³³ Dieting for weight control can affect a child's physical and emotional connections to food. For example, dietary restrictions often require children to deny their hunger cues and stop eating when they are still hungry. Further, adherence to the rules of a strict diet places undue focus on food.

All Foods Fit

From a purely nutritional perspective, there is no clear definition of "good food" or "bad food" since overall energy intake and dietary quality are determined by the total amount and combination of foods consumed. A given food or beverage may have multiple nutritional quality dimensions, and its impact will depend on a person's overall eating habits and on what other foods are eaten in a given time period. According to the American Dietetic Association, all foods can fit into a healthy diet.³⁴

Family physicians should urge parents to teach their children simple nutrition information that emphasizes the importance of balance, variety and moderation while avoiding subtle or overt messages about "good" and "bad" foods. Parents can teach children about the health benefits of certain foods, involve them in selecting and preparing delicious examples of those foods, and model eating those foods consistently. Children should learn that less nutrient-dense foods can be eaten as part of their total energy intake but should be consumed in moderation to leave room for adequate nutrient intake. This approach allows children to learn to negotiate the current food environment by

balancing eating for health with eating for pleasure in the context of hunger and satiety.

It is important to remember that children and adults consume food and beverages because it is a pleasurable and integral part of family life, celebrations, recreational events and other social occasions. Therefore, it is unrealistic to base recommended eating patterns solely on the chemical composition of foods without taking cultural, social, economic and emotional drivers of food consumption into account.

In addition to the messages in Case #2 and on the “Tips for Healthy Families” handout (*page 8*), family physicians can use the materials available in the AIM initiative’s Toolkit and can direct parents to the Food & Nutrition section of the AAFP’s consumer Web site, familydoctor.org, for detailed information on making smart nutritional choices.

Feel Good

Case #3: Allison Andrews

Allison Andrews is a 14-year-old female who is planning to try out for the high school marching band; she is visiting her family physician, Dr. Carroll, for a mandatory physical. Allison’s parents both work, so she walked to the doctor’s office on her way home from school. The nurse mentioned to Dr. Carroll that Allison seemed embarrassed about stepping on the scale.

Dr. Carroll: It’s good to see you, Allison. How’s school?

Allison: It’s OK. I’m glad it’s almost summer. I’m trying out for marching band again for next year.

Dr. Carroll: I know; I think that’s great. Are a lot of your friends trying out, too?

Allison: Not really. I decided I’m kind of ready for some new friends.

Dr. Carroll: Really? Why is that?

Allison: Well, most of my friends dropped out of band. They all want to be cheerleaders.

Dr. Carroll: And you don’t want to be a cheerleader?

Allison: I don’t think I’d be very good at it. I’m not very coordinated, and I don’t want a bunch of people watching me jump around.

Dr. Carroll: Well, it sounds like marching band is a better choice for you. But you can still be friends with the girls on the cheerleading squad, can’t you?

Allison: They don’t seem to think so.

Dr. Carroll: Ah, I see. Have you talked to your mom about this?

Allison: Not really. I know what she’d say anyway.

Dr. Carroll: What’s that?

Allison: That I don’t need those snobby girls anyway. I mean, I know she’s right, but just because I’m in band doesn’t mean I’m this big fat dork or something.

Dr. Carroll: Is that something they said to you, or is that something you made up?

Allison: No, nobody’s ever said that to me.

Dr. Carroll: Well, it’s not a very nice thing to say about yourself. Is that what you think?

Allison: No. Well, sort of. Some days I think I look OK, and some days I think I look totally fat. There are girls at school who are way skinnier than I am and are totally obsessed with their weight. I’m not like them or anything. Every time they eat, all they can talk about is

how bad they’re cheating on their diet. And they don’t even need to be on a diet! It’s so annoying.

Dr. Carroll: Yes, I can see how that could get annoying. What about you? Have you tried dieting?

Allison: My friend Brianna and I tried doing low-carb, but after about a week I got sick of it.

Dr. Carroll: You need to be careful about trying fad diets that promise to help you lose a lot of weight really fast, without making healthy changes in the way you eat or how active you are. Instead of worrying about losing weight, you could focus on having a really fun summer and making some new friends. What do you have planned?

Allison: Some babysitting. Oh, and hanging out at the pool mostly, plus taking trumpet lessons.

Dr. Carroll: That’s great! Does your family still belong to the community center?

Allison: Yeah.

Dr. Carroll: Well, when you’re up there at the pool, check out some of the other stuff they have going on. They have really good classes and other things going on for teenagers. I know it can be hard to meet new people, but if you’re looking to make some new friends, that might be a good place to start.

Allison: But what should I do if I want to lose some weight?

Dr. Carroll: Be as active as you can, doing stuff you like. Running around with the kids when you’re babysitting, taking walks and swimming will help keep you in shape for marching band. And if you’re ready to make some changes in the way you eat, take a look at what and when you’re eating now. People eat for lots of reasons. For instance, sometimes people eat when they’re bored or lonely, even if they aren’t hungry. The most important thing is to try to make changes that you can live with—not like that low-carb diet. I would be happy to help you some more with this. Would that be OK? Would you be willing to come back again in a few weeks to talk some more?

Allison: I’ll have to check with my parents, but I think that would be OK.

Dr. Carroll: And, Allison, try to talk to your mom about your friends. I bet she went through some of the same stuff when she was in high school.

Emotional Fitness

As children grow and mature—and especially as they enter adolescence—it’s important for family members, caregivers, peers and family physicians to help foster their self-esteem and sense of identity. Physical activity and nutrition are often seen as the pillars of fitness, but the AAFP’s AIM initiative also includes emotional well-being in its definition. Fit kids (and fit adults) do not have optimal health without emotional health.

Half of the 24 recommendations in the AMA Guidelines for Adolescent Preventive Services (GAPS) address behavior-related topics such as nutrition and physical activity; tobacco, alcohol and drug abuse; sexual activity; mental health (including body image); and emotional, physical and sexual abuse. Following the GAPS screening recommendations (www.aafp.org/afp/980501ap/montalto.html) may help family physicians identify existing or potential negative behavior patterns and start a conversation about the long-term consequences of a patient’s lifestyle choices.³⁵

It is crucial to recognize that monitoring young patients’ emotional development is as important as recording their physical milestones. Family physicians should address emotional issues with their patients by asking age-appropriate, open-ended questions. Additionally, it is important to speak with adolescents

and teens—and sometimes younger children—one-on-one, without their parents present.

Keep in mind that adolescents may be reluctant to discuss emotional issues with their family physician, and younger children may not have the experience or self-awareness to answer questions about emotional health. When visiting with young children and adolescents, it may be useful to address emotional well-being by asking questions about the following:

- Hobbies and interests
- Friendships and intimate relationships
- Communication and self-expression through art, music, writing, dance, etc.
- Relationships with parents, siblings and other family members
- School, including grades and extracurricular activities
- Substance use and abuse
- Long-term goals and future plans (when appropriate)

In addition, when talking one-on-one with parents, ask them about their perception of their child's emotional health. Reinforce the fact that providing a loving home environment is one of the best things parents can do for their children's health. For more family-centered messages about emotional health, see the "Tips for Healthy Families" handout (*page 8*).

Body Image

Body image distortion often develops through socialization and exposure to messages in the media. However, there is also some concern that the "medicalization" of nutrition advice and obesity prevention efforts will lead to inappropriate weight concern, dieting preoccupation or unhealthful weight control practices among children and youth.² Discussing physical activity and nutrition with patients often stems from—or leads to—a conversation about the patient's weight. Family physicians should focus such discussions on behavior rather than appearance. Keep in mind that the patient's self-image is almost always inextricably linked to their body image.

Body image is a significant issue since weight concerns—regardless of actual weight—have been reported in young children and adolescents, numerous ethnic groups, and both low and high socioeconomic populations. A study of more than 4,700 adolescents found high body satisfaction in only 20 percent of girls and 34 percent of boys.³⁶ Even before puberty, girls report a heightened sense of body dissatisfaction and a desire to be thinner, even if they are not overweight. Many girls also engage in dieting behaviors, regardless of their actual body weight; such behaviors are often modeled from the dieting behaviors of their mothers. Adolescent restrained eaters may experience feelings of worthlessness, body dissatisfaction, fear of weight gain, depression, social anxiety and higher weight status.³⁶ Preadolescent girls who are concerned about being obese, regardless of their actual body weight, may exhibit depressive symptoms.³⁷ Further, overweight in childhood is associated with depression, low self-esteem, social withdrawal and the consequences of stigmatization.

As previously discussed, parents' messages about physical activity and nutrition can positively or negatively affect their children's health habits. The same is true for parents' attitudes about weight and body image. Encourage parents to focus on health by modeling positive behaviors rather than focusing on a certain "look" or an ideal weight. Remind parents that children have undoubtedly already been affected by societal preferences for certain body types, so it is important to keep their home environment from reinforcing these preferences.

Wrapping Up

Family physicians are in an ideal position to engage in important fitness conversations with their patients of all ages. Addressing nutrition, physical activity and emotional well-being does take time and effort, but by delivering consistent positive messages during teachable moments, family physicians can have a long-lasting impact on the health and well-being of individual patients and whole families.

Be Active, Eat Smart, Feel Good • Tips for Healthy Families

Be Active

- Make regular physical activity a high priority for your family. Plan fun activities that provide everyone with exercise, enjoyment and time together.
- Walk or bike to school, lessons, practices and stores, if possible.
- Spend time outside playing actively.
- Provide plenty of positive feedback when your kids are physically active. Find activities that match their skill level and interests, foster confidence and provide opportunities for success every time.
- Teens may be interested in a more formal exercise program. They may enjoy group classes, personal training or a gym environment that is supportive and nonintimidating.
- Immediate rewards may motivate teens to be physically active. Involve your teen in setting goals for regular activity. Then identify incentives—such as movie tickets, music, clothing or extra privileges—for meeting their goals.
- Pedometers (step counters) can be an excellent way to motivate kids to increase their daily physical activity. If your family has been fairly inactive, pedometers may be a good “starting point.” Web sites such as Walk 4 Life (www.walk4life.com) and America’s Walking (www.pbs.org/americaswalking) promote pedometer use and offer kits and products to get families started.
- Kids who love video games, the Web and other electronic media may be interested in active games such as Dance-Dance Revolution and Web sites such as Kidnetic (www.kidnetic.com), the VERB campaign (www.verbnow.com) and BAM Body and Mind (www.bam.gov).

Eat Smart

- Serve age-appropriate portions, and allow your child to request more if he or she is still hungry. Respect your child’s natural cues of hunger and satisfaction.
- Don’t force children to clean their plates or bribe them with dessert for finishing a meal.
- Reward desired behavior with praise, extra attention and privileges, not with food.

- Don’t impose stringent food rules or hide your children’s favorite foods. This may lead to rebellious eating when the child is out of your control. Remember, all foods fit, so promote and model healthy food choices, moderation and appropriate portion sizes.
- Play “scan the pantry” with your children. Teach them that some foods are healthier than others. Identify healthy foods and ones that are not so healthy (as opposed to “good” or “bad”). Make sure the healthiest choices are at your kids’ eye-level.
- Don’t give up! Experts say it can take up to 10 tries for a child to accept a new food.
- Sit down and eat together as a family. Mealtimes should be a pleasant time to fuel up, model healthy eating and reconnect with your family.

Feel Good

- Unconditional love, support, acceptance and encouragement are the most powerful tools that families have for raising healthy, happy children.
- Help your child develop good communication skills and encourage your child to express his or her feelings. You don’t necessarily need to respond to these emotions; just be a good listener.
- Praise children for making healthy lifestyle choices.
- Build self-esteem by focusing on your child’s positive qualities, unique talents and individuality.
- Help your child identify his or her skills and interests and find fulfilling, pleasurable hobbies.
- Allow your child plenty of unstructured time to just play, relax and “be a kid.”
- Teach your child effective emotional coping skills to decrease the chance that he or she will use food for comfort.
- Emphasize the importance of good health, not ideal weight.
- Never tease or criticize children or adolescents about their weight. Such comments are hurtful and can stick with a person for a lifetime.
- Be a positive role model. When children observe parents communicating well, enjoying hobbies and pursuing interests, and choosing healthy foods and physical activity, they are more likely to do the same.

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CME Bulletin is published by the American Academy of Family Physicians, 11400 Tomahawk Creek Parkway, Leawood, Kansas 66211-2672 www.aafp.org

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Self-Assessment Quiz

1. Which one of the following statements is true?

- A. Current recommendations state that children and adolescents should get at least 90 minutes of moderate to vigorous physical activity on all or most days.
- B. Enforcing a restrictive diet is the most effective way for parents to control a child's weight.
- C. Because adolescents may be reluctant to discuss emotional issues with their family physician, such discussions should be left to the parents.
- D. In the home environment, parents should try to avoid reinforcing societal preferences for certain body types.

2. Which one of the following statements regarding parents' role in shaping a child's eating environment is true?

- A. Currently, there is no evidence that the initiation and duration of breastfeeding has any impact on a person's risk of becoming overweight.
- B. At mealtimes, parents should provide healthful food options and set expectations for how much the child must eat.
- C. Parents may need to introduce a new food to a child as many as 10 times to establish acceptance.
- D. Parents should teach their children about health eating habits by helping them differentiate between "good foods" and "bad foods."

3. Which one of the following is not an element of the Americans in Motion (AIM) initiative's definition of "fitness"?

- A. Physical activity
- B. Limited media use
- C. Nutrition
- D. Emotional well-being

4. Which one of the following statements regarding the family physician's role in impacting his or her patients' fitness is true?

- A. Family physicians should encourage families to set ambitious goals for immediate changes in their nutrition and exercise habits.
- B. Family physicians should be aware of local and national community fitness activities that are available in their area.
- C. Because parents often have a distorted perspective, it is best for physicians to gain insight on a child's emotional health solely from conversations with the child.
- D. Family physicians should focus fitness discussions with adolescents on appearance because adolescents will be more motivated to make lifestyle changes that will improve their appearance.

5. Which one of the following statements is true?

- A. Children are likely to resist eating healthy foods because they have an innate preference for high-fat foods.
- B. Unless emotional issues are affecting a child's physical development, family physicians do not need to monitor their young patients' emotional development on a regular basis.
- C. Evidence indicates that girls rarely experience body dissatisfaction and weight concerns prior to adolescence.
- D. Family mealtime is essential for modeling healthy eating.

6. Even children of normal weight are at risk for the consequences of unhealthy diets and inactive lifestyles.

- A. True
- B. False

Answers: 1. D, 2. C, 3. B, 4. B, 5. D, 6. A.

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Note: On this scale, 5 is the highest rating, 1 is the lowest.

Relevance of topic to my practice	5	4	3	2	1
Currency of clinical information	5	4	3	2	1
Usefulness of clinical information	5	4	3	2	1
Overall rating	5	4	3	2	1

Answers (Please circle one):

1. A B C D	4. A B C D
2. A B C D	5. A B C D
3. A B C D	6. A B

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