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August 2018
Handwashing is an easy, inexpensive, and effective way to prevent the spread of germs and keep people healthy.

For kids, washing hands can be a fun and entertaining activity. It is simple enough for even very young children to understand. Handwashing gives children and adults a chance to take an active role in their own health. Once kids learn how to properly wash their hands, they can—and often do—show their parents and siblings and encourage them to wash hands, too.

Parents can help keep their families healthy by:

• Teaching them good handwashing technique
• Reminding their kids to wash their hands
• Washing their own hands with their kids

**Improving Health**

- Handwashing education in the community:
  » Reduces the number of people who get sick with diarrhea by 31%
  » Reduces diarrheal illness in people with weakened immune systems by 58%
  » Reduces respiratory illnesses, like colds, in the general population by 21%

**Saving Time and Money**

• Handwashing is one of the best ways to avoid getting sick and spreading illness to others.
• Reducing illness increases productivity due to:
  » Less time spent at the doctor’s office
  » More time spent at work or school

**Helping Families Thrive**

Children who have been taught handwashing at school bring that knowledge home to parents and siblings. This can help family members get sick less often and miss less work and school.

Despite widespread knowledge of the importance of handwashing, there is still room for improvement. A recent study showed that only 31% of men and 65% of women washed their hands after using a public restroom.

*For more details, visit [www.cdc.gov/handwashing](http://www.cdc.gov/handwashing).*
### 2017 Recommended Immunizations for Children from Birth Through 6 Years Old

<table>
<thead>
<tr>
<th>Age</th>
<th>HepB</th>
<th>RV</th>
<th>DTaP</th>
<th>Hib</th>
<th>PCV</th>
<th>IPV</th>
<th>MMR</th>
<th>Varicella</th>
<th>HepA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth</td>
<td>HepB</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 month</td>
<td>HepB</td>
<td>RV</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 months</td>
<td>HepB</td>
<td>RV</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 months</td>
<td>HepB</td>
<td>RV</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 months</td>
<td>HepB</td>
<td>RV</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 months</td>
<td></td>
<td></td>
<td>DTaP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 months</td>
<td></td>
<td></td>
<td>DTaP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 months</td>
<td></td>
<td></td>
<td>DTaP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19–23 months</td>
<td></td>
<td></td>
<td>DTaP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2–3 years</td>
<td></td>
<td></td>
<td>DTaP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4–6 years</td>
<td></td>
<td></td>
<td>DTaP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FOOTNOTES:**
- Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.
- Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high-risk, should be vaccinated against HepA.

**NOTE:**
If your child misses a shot, you don't need to start over, just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.
## Vaccine-Preventable Diseases and the Vaccines that Prevent Them

<table>
<thead>
<tr>
<th>Disease</th>
<th>Vaccine</th>
<th>Disease spread by</th>
<th>Disease symptoms</th>
<th>Disease complications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chickenpox</td>
<td>Varicella vaccine</td>
<td>Air, direct contact</td>
<td>Rash, tiredness, headache, fever</td>
<td>Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>DTaP* vaccine protects against diphtheria.</td>
<td>Air, direct contact</td>
<td>Sore throat, mild fever, weakness, swollen glands in neck</td>
<td>Swelling of the heart muscle, heart failure, coma, paralysis, death</td>
</tr>
<tr>
<td>Hib</td>
<td>Hib vaccine protects against <em>Haemophilus influenzae</em> type b.</td>
<td>Air, direct contact</td>
<td>May be no symptoms unless bacteria enter the blood</td>
<td>Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>HepA vaccine protects against hepatitis A.</td>
<td>Direct contact, contaminated food or water</td>
<td>May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine</td>
<td>Liver failure, arthralgia (joint pain), kidney, pancreatic, and blood disorders</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>HepB vaccine protects against hepatitis B.</td>
<td>Contact with blood or body fluids</td>
<td>May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain</td>
<td>Chronic liver infection, liver failure, liver cancer</td>
</tr>
<tr>
<td>Influenza (Flu)</td>
<td>Flu vaccine protects against influenza.</td>
<td>Air, direct contact</td>
<td>Fever, muscle pain, sore throat, cough, extreme fatigue</td>
<td>Pneumonia (infection in the lungs)</td>
</tr>
<tr>
<td>Measles</td>
<td>MMR** vaccine protects against measles.</td>
<td>Air, direct contact</td>
<td>Rash, fever, cough, runny nose, pinkeye</td>
<td>Encephalitis (brain swelling), pneumonia (infection in the lungs), death</td>
</tr>
<tr>
<td>Mumps</td>
<td>MMR** vaccine protects against mumps.</td>
<td>Air, direct contact</td>
<td>Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain</td>
<td>Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness</td>
</tr>
<tr>
<td>Pertussis</td>
<td>DTaP* vaccine protects against pertussis (whooping cough).</td>
<td>Air, direct contact</td>
<td>Severe cough, runny nose, apnea (a pause in breathing in infants)</td>
<td>Pneumonia (infection in the lungs), death</td>
</tr>
<tr>
<td>Polio</td>
<td>IPV vaccine protects against polio.</td>
<td>Air, direct contact, through the mouth</td>
<td>May be no symptoms, sore throat, fever, nausea, headache</td>
<td>Paralysis, death</td>
</tr>
<tr>
<td>Pneumococcal</td>
<td>PCV vaccine protects against pneumococcus.</td>
<td>Air, direct contact</td>
<td>May be no symptoms, pneumonia (infection in the lungs)</td>
<td>Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death</td>
</tr>
<tr>
<td>Rotavirus</td>
<td>RV vaccine protects against rotavirus.</td>
<td>Through the mouth</td>
<td>Diarrhea, fever, vomiting</td>
<td>Severe diarrhea, dehydration</td>
</tr>
<tr>
<td>Rubella</td>
<td>MMR** vaccine protects against rubella.</td>
<td>Air, direct contact</td>
<td>Children infected with rubella virus sometimes have a rash, fever, swollen lymph nodes</td>
<td>Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects</td>
</tr>
<tr>
<td>Tetanus</td>
<td>DTaP* vaccine protects against tetanus.</td>
<td>Exposure through cuts in skin</td>
<td>Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever</td>
<td>Broken bones, breathing difficulty, death</td>
</tr>
</tbody>
</table>

* DTaP combines protection against diphtheria, tetanus, and pertussis.
** MMR combines protection against measles, mumps, and rubella.
Talk to your child’s doctor or nurse about the vaccines recommended for their age.

<table>
<thead>
<tr>
<th></th>
<th>7-8 Years</th>
<th>9-10 Years</th>
<th>11-12 Years</th>
<th>13-15 Years</th>
<th>16-18 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flu (Influenza)</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Tdap (Tetanus, diphtheria, pertussis)</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>HPV (Human papillomavirus)</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Meningococcal (MenACWY)</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Pneumococcal</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Inactivated Polio</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>MMR (Measles, mumps, rubella)</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Chickenpox (Varicella)</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
</tbody>
</table>

More information:
- Preteens and teens should get a flu vaccine every year.
- Preteens and teens should get one shot of Tdap at age 11 or 12 years.
- All 11-12 year olds should get a 2-shot series of HPV vaccine at least 6 months apart. A 3-shot series is needed for those with weakened immune systems and those age 15 or older.
- All 11-12 year olds should get a single shot of a quadrivalent meningococcal conjugate vaccine (MenACWY). A booster shot is recommended at age 16.
- Teens, 16-18 years old, may be vaccinated with a MenB vaccine.

These shaded boxes indicate when the vaccine is recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.

These shaded boxes indicate the vaccine should be given if a child is catching-up on missed vaccines.

These shaded boxes indicate the vaccine is recommended for children with certain health or lifestyle conditions that put them at an increased risk for serious diseases. See vaccine-specific recommendations at [www.cdc.gov/vaccines/pubs/ACIP-list.htm](http://www.cdc.gov/vaccines/pubs/ACIP-list.htm).

This shaded box indicates the vaccine is recommended for children not at increased risk but who wish to get the vaccine after speaking to a provider.
Diphtheria (Can be prevented by Tdap vaccination)
Diphtheria is a very contagious bacterial disease that affects the respiratory system, including the lungs. Diphtheria bacteria can be passed from person to person by direct contact with droplets from an infected person’s cough or sneeze. When people are infected, the bacteria can produce a toxin (poison) in the body that can cause a thick coating in the back of the nose or throat that makes it hard to breathe or swallow. Effects from this toxin can also lead to swelling of the heart muscle and, in some cases, heart failure. In serious cases, the illness can cause coma, paralysis, and even death.

Hepatitis A (Can be prevented by HepA vaccination)
Hepatitis A is an infection in the liver caused by hepatitis A virus. The virus is spread primarily person-to-person through the fecal-oral route. In other words, the virus is taken in by mouth from contact with objects, food, or drinks contaminated by the feces (stool) of an infected person. Symptoms can include fever, tiredness, poor appetite, vomiting, stomach pain, and sometimes jaundice (when skin and eyes turn yellow). An infected person may have no symptoms, may have mild illness for a week or two, or may have severe illness for several months, or may rarely develop liver failure and die from the infection. In the U.S., about 100 people a year die from hepatitis A.

Hepatitis B (Can be prevented by HepB vaccination)
Hepatitis B causes a flu-like illness with loss of appetite, nausea, vomiting, rashes, joint pain, and jaundice. Symptoms of acute hepatitis B include fever, fatigue, loss of appetite, nausea, vomiting, pain in joints and stomach, dark urine, grey-colored stools, and jaundice (when skin and eyes turn yellow). Influenza may lead to hospitalization or even death.

Influenza (Can be prevented by annual flu vaccination)
Influenza is a highly contagious viral infection of the nose, throat, and lungs. The virus spreads easily through droplets when an infected person coughs or sneezes and can cause mild to severe illness. Typical symptoms include a sudden high fever, chills, a dry cough, headache, runny nose, sore throat, and muscle and joint pain. Extreme fatigue can last from several days to weeks. Influenza may lead to hospitalization or even death, even among previously healthy children.

Measles (Can be prevented by MMR vaccination)
Measles is one of the most contagious viral diseases. Measles virus is spread by direct contact with the airborne respiratory droplets of an infected person. Measles is so contagious that just being in the same room after a person who has measles has already left can result in infection. Symptoms usually include a rash, fever, cough, and red, watery eyes. Fever can persist, rash can last for up to a week, and coughing can last about 10 days. Measles can also cause pneumonia, seizures, brain damage, or death.

Meningococcal Disease (Can be prevented by meningococcal vaccination)
Meningococcal disease is caused by bacteria and is a leading cause of bacterial meningitis (infection around the brain and spinal cord) in children. The bacteria are spread through the exchange of nose and throat droplets, such as when coughing, sneezing or kissing. Symptoms include sudden onset of fever, headache, and stiff neck. Meningococcal bacteria also cause blood infections. About one of every ten people who get the disease dies from it. Survivors of meningococcal disease may lose their arms or legs, become deaf, have problems with their nervous systems, become developmentally disabled, or suffer seizures or strokes.

Mumps (Can be prevented by MMR vaccination)
Mumps is an infectious disease caused by the mumps virus, which is spread in the air by a cough or sneeze from an infected person. A child can also get infected with mumps by coming in contact with a contaminated object, like a toy. The mumps virus causes swollen salivary glands under the ears or jaw, fever, muscle aches, tiredness, abdominal pain, and loss of appetite. Severe complications for children who get mumps are uncommon, but can include meningitis (infection of the covering of the brain and spinal cord), encephalitis (inflammation of the brain), permanent hearing loss, or swelling of the testes, which rarely results in decreased fertility.

Pertussis (Whooping Cough) (Can be prevented by Tetanus vaccine)
Pertussis is caused by bacteria spread through direct contact with respiratory droplets when an infected person coughs or sneezes. In the beginning, symptoms of pertussis are similar to the common cold, including runny nose, sneezing, and cough. After 1-2 weeks, pertussis can cause spells of violent coughing and choking, making it hard to breathe, drink, or eat. This cough can last for weeks. Pertussis is most serious for babies, who can get pneumonia, have seizures, become brain damaged, or even die. About half of children under 1 year of age who get pertussis must be hospitalized.

Pneumococcal Disease (Can be prevented by pneumococcal vaccination)
Pneumonia is an infection of the lungs that can be caused by the bacteria called pneumococcus. This bacteria can cause other types of infections too, such as ear infections, sinus infections, meningitis (infection of the covering around the brain and spinal cord), and bacteremia (bloodstream infection). Sinus and ear infections are usually mild and are much more common than the more serious forms of pneumococcal disease. However, in some cases pneumococcal disease can be fatal or result in long-term problems, like brain damage and hearing loss. Pneumococcal disease spreads when people cough or sneeze. Many people have the bacteria in their nose or throat at one time or another without being ill—this is known as being a carrier.

Polio (Can be prevented by IPV vaccination)
Polio is caused by a virus that lives in an infected person’s throat and intestines. It spreads through contact with the stool of an infected person and through droplets from a sneeze or cough. Symptoms typically include sore throat, fever, tiredness, nausea, headache, or stomach pain. In about 1% of cases, polio can cause paralysis. Among those who are paralyzed, About 2 to 10 children out of 100 die because the virus affects the muscles that help them breathe.

Rubella (German Measles) (Can be prevented by MMR vaccination)
Rubella is caused by a virus that is spread through coughing and sneezing. In children rubella usually causes a mild illness with fever, swollen glands, and a rash that lasts about 3 days. Rubella rarely causes serious illness or complications in children, but can be very serious to a baby in the womb. If a pregnant woman is infected, the result to the baby can be devastating, including miscarriage, serious heart defects, mental retardation and loss of hearing and eye sight.

Tetanus (Lockjaw) (Can be prevented by Tdap vaccination)
Tetanus is caused by bacteria found in soil, dust, and manure. The bacteria enters the body through a puncture, cut, or sore on the skin. When people are infected, the bacteria produce a toxin (poison) that causes muscles to become tight, which is very painful. Tetanus mainly affects the neck and belly. This can lead to “locking” of the jaw so a person cannot open his or her mouth, swallow, or breathe. Complete recovery from tetanus can take months. One to two out of 10 people who get tetanus die from the disease.

Varicella (Chickenpox) (Can be prevented by varicella vaccination)
Chickenpox is caused by the varicella zoster virus. Chickenpox is very contagious and spreads very easily from infected people. The virus can spread from either a cough, sneeze. It can also spread from the blisters on the skin, either by touching them or by breathing in these viral particles. Typical symptoms of chickenpox include an itchy rash with blisters, tiredness, headache and fever. Chickenpox is usually mild, but it can lead to severe skin infections, pneumonia, encephalitis (brain swelling), or even death.
Handling an Asthma Flare-Up

What's an Asthma Flare-Up?
If you have asthma, you probably know about flare-ups (also called asthma "attacks"). That's when your asthma symptoms get worse. During a flare-up, you might have:

- trouble breathing
- a tight or painful feeling in the chest
- a whistling sound when you breathe (wheezing)
- a cough

Flare-ups happen because the airways in your lungs become more irritated and swollen (puffy) than usual. The lungs might make sticky mucus, which clogs the airways. And the muscles around the airways tighten up, making the airways really narrow. These problems make it hard for the lungs to pull air in and push air out.

You can learn to handle asthma flare-ups. Here are three ways to be prepared:

1. Learn how to spot clues that mean you're likely to have a flare-up.
2. Have a plan for how you will deal with a flare-up, no matter where you are (home, school, a friend's house, or on vacation).
3. Find out how to prevent future flare-ups by taking your long-term control medicine (also called controller or maintenance medicine) and avoiding triggers.

How Can I Spot an Asthma Flare-Up?
After you've had a few flare-ups, you may notice that you feel a certain way when one is coming on. You might have a tight chest, an itchy throat, or a tired feeling. Or do you have a cough, even though you don't have a cold? If you have a peak flow meter, this might be a good time to use it.

What Should I Do if I Have a Flare-Up?
Get help if you feel like a flare-up is about to happen. Let people around you know what's going on, and then remember your asthma action plan. That's the written plan created with your doctor that tells you which medicine to take and what to do next. Don't ignore the flare-up or hope it will go away on its own. It won't and you might end up in the emergency room.

Can I Prevent Asthma Flare-Ups?
You also have the power to prevent flare-ups, at least some of the time. Here's what you can do:

- Always have your inhaler and spacer with you.
- Stay away from things that may cause flare-ups (your triggers), such as tobacco smoke, cold air, pet dander, or pollen. If you don't know your triggers, ask your parents or your doctor.
- Take your long-term control medicine as directed. Don't skip it or take less of it because you're feeling better.
- Work with your parents and doctor to follow an asthma action plan.

Reviewed by: Elana Pearl Ben-Joseph, MD
Date reviewed: May 2017
Source: https://kidshealth.org/en/kids/asthma-flare-up.html?WT.ac=pairedLink
Tener un Ataque de Asma

¿Qué es una crisis asmática?

Si tienes asma, lo más probable es que ya sepas qué es una crisis asmática (o "ataque de asma"). Es cuando tus síntomas asmáticos empeoran. Durante una crisis asmática, es posible que tengas:

- problemas para respirar
- opresión de pecho o una sensación dolorosa en el pecho
- sonidos agudos al respirar (también llamados sibilancias)
- tos

Las crisis asmáticas ocurren porque las vías respiratorias de los pulmones están más irritadas e hinchadas (o inflamadas) de lo normal. Es posible que los pulmones fabriquen moco espeso, lo cual tapa las vías respiratorias. Y los músculos que rodean las vías respiratorias se contraigan y se tensen, haciéndolas más delgadas. Cuando esto ocurre, a los pulmones les resulta difícil hacer entrar y salir el aire.

Pero puedes aprender a controlar las crisis asmáticas. Aquí tienes tres formas de estar preparado:

1. Aprende a detectar los síntomas que indican que es probable que tengas una crisis asmática.
2. Dispón de un plan sobre cómo afrontar una crisis asmática, independientemente de dónde estés (en casa, en la escuela, en la casa de un amigo o de vacaciones).
3. Averigua cómo prevenir posibles crisis asmáticas en el futuro tomando tu medicamento de control a largo plazo (también conocido como "medicamento de mantenimiento" o "medicamento preventivo") y evitando tus desencadenantes.

¿Cómo puedo parar un ataque de asma?

Si has tenido unas cuantas crisis asmáticas, es posible que ya te hayas dado cuenta de que te sientes de una forma determinada cuando se avecina una crisis. Es posible que sientas opresión de pecho, picor en la garganta o sensación de agotamiento. ¿O tal vez tengas tos, aunque no estés acatarrado? Si dispones de un medidor de flujo máximo, este podría ser un buen momento para utilizarlo.

¿Qué debería hacer si tengo un ataque de asma?

Si sientes que se avecina una crisis asmática, pide ayuda. Haz que la gente que te rodea sepa qué es lo que te está ocurriendo, y recuerda tu plan de acción contra el asma. Se trata de un plan elaborado por tu médico que te indica qué medicamento debes tomar y qué debes hacer a continuación. No ignores el ataque ni esperes que desparezca por sí solo. No lo hará y podrías acabar en un servicio de urgencias médicas.

¿Se pueden evitar las crisis asmáticas?

A veces puedes evitar que las crisis asmáticas ocurran. He aquí las cosas que puedes hacer:

- Lleva siempre el inhalador y la cámara de inhalación contigo.
- Mantente alejado de las cosas que pueden provocar un ataque de asma (desencadenantes), como el humo del tabaco, el aire frío, la caspa animal o el polen. Si no sabes cuáles son tus desencadenantes, pregúntale a tus padres o al médico.
- Toma el medicamento de control a largo plazo de la manera que te lo indica el médico. No te saltes ninguna dosis o tomes menos de lo indicado, aunque te sientas mejor.
- Trabaja junto con tus padres y el médico para seguir el plan de acción para el asma.

Revisado por: Elana Pearl Ben-Joseph, MD   Fecha de revisión: mayo de 2017

Source: https://kidshealth.org/en/kids/asthma-flare-up.html?WT.ac=pairedLink
DECREASING SCREEN TIME

Today we talked about ways we can decrease screen time. We live in a world full of electronics and screens. They’re everywhere and vary in size. Screen time is time spent:

- watching television
- using the computer or internet
- texting
- playing hand-held games.

Kids two years old and younger should have ZERO hours of screen time. For kids older than two years of age, they should get no more than two hours TOTAL of screen time in a day.

AT HOME ACTIVITY

What can your family do to decrease screen time each day? Try these ideas:

- During commercials, do stretches, dance, do sit-ups or march in place.
- Try to remember to turn off the television if nobody’s really watching.

- Plan ahead! Look at the shows that are going to be on and choose which one would be good to watch.
- Turn off the television and games when eating meals.
- Avoid eating while at the computer or watching TV. This helps keep your family from eating too much.
- Set a timer to help your family remember to get away from the TV or computer or whatever screen they are using. It’s easy to lose track of time when you’re in front of a screen.

EATING SMARTER

Eating healthier means eating smarter. You can still eat foods you love, but if they contain large amounts of fat or sodium (salt) eat less of them less often.

You do not need to change your family’s diet overnight. Take small, new steps each week. Over time, your new focus on healthful eating will become healthy habits.
DISMINUYENDO EL TIEMPO FRENTE A LAS PANTALLAS

Hoy hablamos sobre maneras en que podemos reducir el tiempo frente a las pantallas. Vivimos en un mundo lleno de electrónicas y pantallas. Están por todas partes, y varían en tamaño. El tiempo de pantalla es el tiempo consumido en:

- ver televisión
- usar la computadora o el Internet
- enviar mensajes de texto
- jugar videojuegos portátiles.

Los niños de dos años o menos deben tener CERO horas de tiempo de pantalla. Los niños mayores de dos años de edad, no deben de tener más de dos horas de tiempo total de pantalla en un día.

ACTIVIDAD EN EL HOGAR

¿Qué puede hacer la familia para disminuir el tiempo de pantalla cada día? Pruebe estas ideas:

- Durante los comerciales estírese, baile, haga sentadillas, o marche en su lugar.
- Trate de acordarse de apagar la televisión si no hay nadie viéndola.
- ¡Planee por adelantado! Vea los programas que van a mostrar y elija cuál de ellos sería bueno ver.
- Apague la televisión y los juegos cuando se sienten a comer.
- No coma mientras está en la computadora o viendo la televisión. Esto ayuda a evitar que su familia coma demasiado.
- Ponga un cronómetro para ayudar a su familia a recordar que debe alejarse de la televisión o la computadora o cualquier otra pantalla que estén usando. Es fácil perder la noción del tiempo cuando se está frente a una pantalla.

COMER INTELIGENTEMENTE

El comer de forma más saludable es comer más inteligentemente. Usted también puede comer los alimentos que le gustan, pero si contienen grandes cantidades de grasa o sodio (sal) coma menos de ellos con menos frecuencia.

No es necesario cambiar la dieta de su familia de la noche a la mañana. Tome pequeños y nuevos pasos cada semana. Con el tiempo, su nuevo enfoque en la alimentación saludable se convertirá en hábitos saludables.
Lead Poisoning Prevention

Where is Lead Found?

- **Paint**: Lead can be found in paint that was made before 1978. This paint can be on any painted surface in your home, like doors, windows, and porches.
- **Dust**: Lead dust in the home is comes from lead painted surfaces that are chipping and peeling. Sanding and scraping old paint when repainting or remodeling can also cause a lead dust problem.
- **Soil**: Old paint that has fallen off the outside of your house onto the ground may have left lead in the soil.
- Lead can also be found in ceramic dishes, crystal, food cans from outside the U.S., water pipes, solder and fittings, and some ethnic cosmetics and home remedies.
- Some jobs and hobbies can expose children and adults to lead. Some examples are painters, house remodelers, plumbers, mechanics, bridge workers, making jewelry, ceramic/pottery or stained glass, and going to indoor firing ranges.

Is Your Child At Risk For Lead Poisoning?

If you answer yes to any of these questions you may want to have your child tested, even if your child is older.

- Does your child live in or often visit a building built before 1960?
- Does your child live in or often visit a building built before 1978 that is being or was just repaired or remodeled?
- Does your child live in or often visit a building that has peeling or chipping paint?
- Does your child live with an adult or often visit an adult whose job or hobby exposes them to lead?
- Does your family eat or drink from dishes made outside the U.S.?
- Does your family use home remedies?

How does a child get lead poisoned?

- Lead poisoning usually happens when children ingest (eat) dust that has lead in it. Children may also eat chips of lead paint or soil that has lead in it.

What Does Lead Do to the Body?

- No amount of lead in the body is safe. The damage lead can cause is forever! Lead can damage the brain. It can cause growth problems, hearing loss, and learning problems.
- Many children do not show signs of lead poisoning. Some signs of high levels of lead poisoning are the same as other childhood illnesses, like the common cold or teething.
What Does Lead Do to the Body? (continued)

- If a pregnant woman is around lead, she and her unborn child may become lead poisoned. Lead can cause lasting damage to the mother and her baby.

How Can You Reduce The Risk?

Replace, fix or manage all lead hazards in a lead safe way.

Steps you can take to prevent children from being lead poisoned:
- Keep children and pregnant women away from all lead hazards.
- Clean up lead dust and paint chips by wet wiping window sills and window wells and wet mopping floors. Do NOT dry sweep or vacuum, this will spread the lead dust.
- Block places with peeling or chipping paint. Do not use windows that have chipping paint.
- Move your child’s bedroom or play area to a room that has no peeling or chipping paint.
- Place washable mats inside and outside entry doors.
- Have people remove their shoes before coming in the home.
- Do not let your child (or pet) play in dirt.
- Wash and dry your child’s hands, toys and pacifiers often. Wash and dry your child’s hands before playing, eating, and bedtime.
- Use cold water from the tap for drinking, cooking and making formula. Let water run for 1-2 minutes before using.
- Give your child healthy meals and snacks to eat. An empty stomach takes in lead faster than a full stomach.

Steps adults can take to help prevent themselves or children from becoming lead poisoned from their job or hobby:
- Don’t eat, drink or smoke in your work/hobby area.
- Wash your hands and face before eating, smoking or drinking.
- Wear protective clothing (such as disposable gloves, hat, and shoe covers) when you work with lead. Use a NIOSH-approved respirator.
- Shower, wash your hair, and change into clean clothes and shoes before you leave the work area. Leaving dust on your clothes can contaminate your home and car.
- Put your work clothes and shoes in sealed plastic bags.
- Wash work clothes in a different load than the family’s laundry.

Does your child need to be tested for lead poisoning?

- Yes, all children, at about ages one and two, must be tested for lead poisoning...it’s the law!
- Blood tests will tell how much lead is in your child’s blood at the time of the test. If the level is high, your child will need more testing.
- If your child is at risk at other ages, have your child tested at those times too.
Prevención de envenenamiento por plomo

¿Dónde se encuentra el plomo?
- **Pinturas**: es posible hallar plomo en las pinturas fabricadas antes de 1978. Estas pinturas pueden encontrarse en cualquier superficie pintada de tu hogar, como puertas, ventanas y porches.
- **Polvo**: el polvo con plomo en el hogar proviene de las superficies pintadas con pinturas a base de plomo que se están desprendiendo y descascarando. El lijado y rasqueo de la pintura vieja cuando se vuelve a pintar o remodelar un lugar también pueden generar un problema con el polvo que contiene plomo.
- **Tierra**: la pintura vieja que se ha desprendido de la parte exterior de la casa sobre el suelo puede haber dejado residuos de plomo en la tierra.
- El plomo también se halla en los platos hechos de cerámica, los cristales, las latas de alimentos de países extranjeros, las cafeteras del agua, las soldaduras y accesorios, en ciertos productos cosméticos para pieles de distintos orígenes étnicos y en los remedios caseros.
- Ciertos empleos y hobbies pueden exponer a los niños y adultos al plomo. Entre los ejemplos se encuentran los pintores, los remodeladores, los plomeros, los mecánicos, las personas que trabajan en puentes, en la fabricación de joyas, cerámicas, alfacería o vitrales y quienes ingresan a polígonos de tiro bajo techo.

¿Su hijo corre riesgo de envenenarse con plomo?
Si responde afirmativamente a cualquiera de las siguientes preguntas, tal vez desee someter a su hijo a un análisis, aunque ya sea mayor.
- ¿Su hijo vive o visita con frecuencia un edificio construido antes de 1960?
- ¿Su hijo vive o visita con frecuencia un edificio construido antes de 1978 que está en proceso de reparación o remodelación o que ha sido reparado o remodelado recientemente?
- ¿Su hijo vive o visita con frecuencia un edificio cuya pintura se está desprendiendo o descascarando?
- ¿Su hijo vive con un adulto o visita con frecuencia a un adulto cuyo trabajo o hobby lo expone al plomo?
- ¿Su familia come o bebe utilizando platos o vasos fabricados fuera de los EE. UU.?
- ¿Su familia utiliza remedios caseros?

¿Cómo se envenena por plomo un niño?
- El envenenamiento por plomo suele ocurrir cuando los niños ingieren polvo que contiene plomo. Los niños también pueden comerse restos de pintura o tierra con plomo.

¿Qué provoca el plomo en el cuerpo?
- Ninguna cantidad de plomo en el cuerpo es segura. ¡El daño provocado por el plomo es para siempre! El plomo puede dañar el cerebro. Puede causar problemas de crecimiento, pérdida de audición y trastornos de aprendizaje.
- Muchos niños no exhiben signos de envenenamiento por plomo. Algunos signos de niveles altos de envenenamiento por plomo son los mismos que en otras afecciones infantiles, como el resfriado común o la dentición.
¿Qué provoca el plomo en el cuerpo? (cont.)

- Si una mujer embarazada se encuentra en un ambiente donde hay plomo, ella y el bebé por nacer pueden envenenarse por plomo. El plomo puede causar un daño prolongado a la madre y al bebé.

¿Cómo se puede reducir el riesgo?

Reemplace, arregle o gestione todos los peligros relacionados con el plomo en forma segura.

Pasos a seguir para evitar que los niños se envenenen por plomo:

- Mantener a los niños y a las mujeres embarazadas alejadas de todo peligro relacionado con el plomo.
- Limpiar el polvo con plomo y la pintura desprendida en los alféizares y huecos de las ventanas con un paño húmedo o limpiar los pisos con agua. NO limpiar en seco ni usar una aspiradora, ya que esto puede esparcir el polvo que contiene plomo.
- Bloquear los lugares donde hay pintura desprendida o desascarada. No usar ventanas con pintura desprendida.
- Trasladar la habitación o el área de juegos de los niños a un espacio donde no haya pintura desprendida o desascarada.
- Colocar felpudos lavables dentro y fuera de las puertas de entrada.
- Hacer que las personas se quiten los zapatos antes de ingresar a la casa.
- No permitir que los niños (o mascotas) jueguen con tierra.
- Lavar y secar las manos, los juguetes y chupetes de los niños a menudo. Lavar y secar las manos de los niños antes de jugar, de comer y al acostarse.
- Usar agua fría de la canilla para beber, cocinar y preparar la leche de fórmula. Dejar correr el agua entre 1 y 2 minutos antes de usarla.
- Ofrecer a los niños comidas y bocadillos sanos. Si una persona tiene el estómago vacío, el plomo se absorbe con más rapidez que con el estómago lleno.

Pasos que los adultos pueden seguir para ayudar a evitar que ellos o niños se envenenen por plomo debido a su trabajo o hobby:

- No comer, beber ni fumar en su lugar de trabajo o hobby.
- Lavarse las manos y el rostro antes de comer, fumar o beber.
- Usar vestimenta de protección (como guantes descartables, gorra y fundas para zapatos) al trabajar con plomo. Usar un aspirador aprobado por el Instituto Nacional de Salud y Seguridad Ocupacional (NIOSH).
- Ducharse, lavarse el cabello y colocarse ropa y zapatos limpios antes de dejar el área de trabajo. Si queda polvo en la vestimenta, puede contaminar su casa y automóvil.
- Colocar la ropa y los zapatos de trabajo en bolsas de plástico selladas.
- Lavar la ropa de trabajo en una carga separada de la ropa sucia de la familia.

¿Es necesario someter su hijo a la prueba para detectar envenenamiento por plomo?

- Sí, todos los niños que tengan entre 1 y 2 años de edad deben someterse a la prueba de detección de envenenamiento por plomo. ¡Es la ley!
- Los análisis de sangre indicarán la cantidad de plomo en la sangre de su hijo al momento del análisis. Si el nivel es alto, su hijo necesitará pruebas adicionales.
- Si su hijo está en riesgo en otras edades, también debe someterlo a los análisis en esos momentos.

Programa sobre Plomo y Salud en el Hogar de Connecticut

(860) 509-7299

Why is active play important?

Active play helps your child learn healthy habits. There are many health benefits of active play, such as:

- Active children are less likely to weigh too much.
- Keeping your child active now helps lower the chance of developing chronic diseases like Type 2 diabetes.
- Activities, like running and jumping rope, help your child learn movement skills to develop muscles and strong bones.
- Active play can also help the mind develop. Playing “pretend” lets kids be creative.
- Active children are more likely to be happy and feel good about themselves. Children feel proud after learning how to bounce a ball or ride a bike.

Your child loves to move!

Encourage your child to play actively several times each day.
Active play for children can happen in short bursts of time and can be led by you or your child. Active play can include playing on the playground, playing tag with friends, or throwing a ball.

Do you wonder if your child is active enough?

My child plays outside several times a day or inside where he or she is free to move.  
I make sure my child’s TV and screen time is less than 2 hours a day.  
I make sure my child is actively moving for at least 60 minutes a day.  
When actively playing, my child breathes quickly or sweats.

If you can usually answer yes to these statements, your child is probably getting enough active play.
How can you raise an active child?

- **Make active play fun for the whole family.** Let your child help plan the fun.
- **Focus on fun, not performance.** All children like to play. They will win when they move, have fun, and are active daily.
- **Set limits on TV and computer time.** Limit TV and other screen time to less than 2 hours a day, as advised by many doctors. Try reading during inactive time rather than watching TV.
- **Be active yourself.** Active parents tend to raise active children. You influence your child’s behavior, attitudes, and future habits. Be more active and limit your own time watching TV. Set the example by using safety gear, like bike helmets.

As children grow, they may be ready for new activities.

By **age 2**, they can run, walk, gallop, jump, and swim with adult help.

By **age 3**, they can hop, climb, ride a tricycle or bicycle with training wheels and a safety helmet, and catch, throw, bounce, and kick a ball.

By **age 4**, they can skip, swim, and complete an obstacle course.

There are many activities you can do with your child. Here are some ideas of how to be active with your child. Write down your own ideas, too!

**Indoor play**
- Act out a story
- Turn up the music and dance
- Walk inside a shopping mall
- Play games, such as duck-duck-goose, hide and seek, follow the leader, Simon says

Your family ideas: __________________________

**Outdoor play**
- Family walks after dinner
- Play catch
- Take a nature hike
- Games in the yard or park
- Kick a ball

Your family ideas: __________________________

For more great tips on these and other subjects, go to: ChooseMyPlate.gov/preschoolers/
Physical inactivity is a major risk factor for developing coronary artery disease. It also increases the risk of stroke and such other major cardiovascular risk factors as obesity, high blood pressure, low HDL ("good") cholesterol and diabetes. The American Heart Association recommends that children and adolescents participate in at least 60 minutes of moderate to vigorous physical activity every day.

Why is exercise or physical activity important for my child?
Just like in adults, increased physical activity has been associated with an increased life expectancy and decreased risk of cardiovascular disease. Physical activity produces overall physical, psychological and social benefits. Inactive children are likely to become inactive adults.

Physical activity helps with:
- controlling weight
- reducing blood pressure
- raising HDL ("good") cholesterol
- reducing the risk of diabetes and some kinds of cancer
- improved psychological well-being, including gaining more self-confidence and higher self-esteem

How do I promote physical activity in my child?
- Physical activity should be increased by reducing sedentary time (e.g., watching television, playing computer video games or talking on the phone).
- Physical activity should be fun for children and adolescents.
- Parents should try to be role models for active lifestyles and provide children with opportunities for increased physical activity.

What if my child is uncoordinated or overweight?
All children, even less-coordinated ones, need to be physically active. Activity may be particularly helpful for the physical and psychological well-being of children with a weight problem.

AHA Recommendation

All children age 2 and older should:
- Participate in at least 60 minutes of enjoyable, moderate-intensity physical activities every day that are developmentally appropriate and varied.
- If your child or children don't have a full 60-minute activity break each day, try to provide at least two 30-minute periods or four 15-minute periods in which they can engage in vigorous activities appropriate to their age, gender and stage of physical and emotional development.

Source: [http://www.heart.org/HEARTORG/HealthyLiving/HealthyKids/ActivitiesforKids/The-AHAs-Recommendations-for-Physical-Activity-in-Children_UCM_304053_Article.jsp#.XGglNKQy71](http://www.heart.org/HEARTORG/HealthyLiving/HealthyKids/ActivitiesforKids/The-AHAs-Recommendations-for-Physical-Activity-in-Children_UCM_304053_Article.jsp#.XGglNKQy71)
Growing children should eat a variety of fruits and vegetables to get all of the nutrients they need to thrive. Although many children might say that they don’t like veggies, there are many fun and tasty ways to sneak them in to their diets! According to the Center for Disease Control, 9 out of 10 children do not eat enough vegetables. Fruit intake has been increasing since 2003; but vegetable intake has not changed.

Try out some of these tips to help your children increase their veggie intake, sometimes without them even knowing:

1. Grate vegetables like carrots, zucchini or sweet potatoes and add them to your child’s favorite marinara sauce. Serve on top of whole wheat pasta or spread on homemade pizzas!
2. Make a fruit smoothie with a few handfuls of spinach. The fruit flavor will cover-up the flavor of the greens, and you can even give it a fun name like a “Hulk Smoothie!”
3. Serve a few flavorful dips at snack time. Offer mild salsa or red pepper hummus (see recipe) with cut-up vegetables for fun, dunkable snacks. If you can make your own dips, add in grated or chopped up vegetables too!
4. To boost the nutritional value of mashed potatoes add some chopped cauliflower to the pot, along with the potatoes when boiling.
5. Add grated zucchini or carrots in to your baked goods like quick breads or muffins. The other ingredients will cover up any flavor from the vegetables, so they can easily go undetected.

For more information: https://tinyurl.com/y78ato32

Roasted Red Pepper Hummus
Adapted from: http://www.thesneakychef.com/recipes/roasted-red-pepper-hummus/

Ingredients
• 1 cup canned chickpeas, drained and rinsed
• ½ cup cauliflower, blended
• 3 TBSP chopped roasted red peppers
• 1 TBSP freshly squeezed lemon juice
• ¼ tsp sea salt
• 2 TBSP tahini
• Carrots, celery, and red pepper strips for dipping

Instructions
1. Place all ingredients into a food processor or blender and puree until smooth.
2. If hummus is too thick to spread on bread or dip vegetables in, thin it with water by adding one tablespoon at a time until you reach the desired consistency.
3. Serve hummus as a dip with raw veggie, as a spread on your favorite sandwich or in a wrap.
4. Store extra hummus in an airtight container in the refrigerator. Use within 5 days.

*You can double this recipe to make a large batch and store any leftovers in the freezer so you can easily offer it with many more meals and snacks!

Written by Alexa Pratt, Dietetic Intern, Yale-New Haven Hospital Nutrition Clinic
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Is My Child’s Appetite Normal?

Cayla, who is 4 years old, did not finish her lunch. But she is ready to play. Her mom quietly removes the plate and fixes a snack for later. That is okay!

Your child’s appetite changes.
Children do not grow as fast in their preschool years. That is why your child may have a smaller appetite now. That is normal. If he or she is not hungry or does not finish a meal, relax. Take the food away.

Your child probably is eating enough if he or she is full of energy and is growing and seems healthy. If your child is losing weight or has special food needs, get help from a health professional. This is not the time to figure out the problem by yourself.

Most young children do best when fed four to six mini-meals a day.

Your child knows how much to eat.
Your child probably will eat the right amount if you do not force him or her. Healthy kids usually eat when they are hungry. And they stop when they feel full.

- **You decide** what foods to offer and plan regular times to eat. Perhaps suggest two kinds of fruit for snacks.

- **Let your child pick** from foods you offer **and decide** how much to eat. Giving your child that right and respect is important, even if he or she is overweight.

Learning hunger cues is important.
Keep eating times relaxed so your child learns body signals for being hungry and feeling full. That is how your child can learn to eat in a normal way, not overeat. That is a good habit for lifelong health.
Is My Child’s Appetite Normal?

Overfeeding can be a different problem.
Overfeeding and withholding food may end up in weight gain. Surprised? It is obvious that eating too much can make people fat. But underfeeding can have the same result. Your child might overeat later when there is another chance to eat.

The same thing can happen to grownups. For example, skipping breakfast can lead to overeating at lunch. It is okay for you to leave food on the plate, too, or to start with a smaller portion. You can try it!

More overweight kids are developing type 2 diabetes at an early age. You do not want that to happen. Deal with it now. Help your child learn to eat normally to keep a healthy weight as he or she grows.

Your child is watching you.
If you overeat, your child may, too – if not now, then later. Your child learns how to eat by watching you.

Keep your own portions sensible. Start with a small portion; only eat more if you are hungry. Eat when you are hungry, not just bored or stressed. Slow down to eat the right amounts.

When you take care of yourself, you take care of your child, too!

You Can Help Your Child Eat the Right Amount

- Offer small portions. Let the child ask for more.
- Allow enough time. This may give your child a chance to feel full.
- Take food away when your child stops eating.
- Avoid extremes of withholding food when your child is hungry. Offer a small snack.
Snacks can help children get the nutrients needed to grow. Prepare snacks that include two or more food groups. For younger children, help them get just enough to satisfy their hunger. Let older kids make their own snacks by keeping healthy foods in the kitchen. Visit ChooseMyPlate.gov to help you and your kids select a satisfying snack.

1. Save time by slicing veggies
Store sliced vegetables in the refrigerator and serve with hummus. Top half of a whole-wheat English muffin with spaghetti sauce, chopped vegetables, and low-fat shredded mozzarella and melt in the microwave.

2. Mix it up
For older school-age kids, mix dried fruit, unsalted nuts, and popcorn in a snack-size bag for a quick trail mix. Put fat-free yogurt, 100% fruit juice, and frozen peaches in a blender to make a tasty smoothie.

3. Grab a glass of milk
A cup of low-fat milk or fortified soy beverage is an easy way to drink a healthy snack.

4. Go for great whole grains
Offer whole-wheat breads, popcorn, and whole-oat cereals that are high in fiber and low in added sugars, saturated fat, and sodium. Limit refined-grain products such as snack bars, cakes, and sweetened cereals.

5. Snack on protein foods
Choose protein foods such as unsalted nuts and seeds, hummus or other bean dips, and hard-cooked (boiled) eggs for a healthy, easy snack. Store hard-cooked eggs in the refrigerator for up to 1 week for kids to enjoy any time.

6. Keep an eye on the size
Snacks shouldn’t replace a meal, so look for ways to help your kids understand how much is enough. Store snack-size bags in the cupboard and use them to control serving sizes.

7. Fruits are quick and easy
Fresh, frozen, dried, or canned fruits, such as applesauce, frozen grapes, or raisins, can be easy “grab-and-go” options that need little preparation. Offer whole fruit and limit the amount of 100% juice served. Choose canned fruits that are lowest in added sugars.

8. Consider convenience
A single-serving container of low-fat yogurt or individually wrapped string cheese can be just enough for an after-school snack.

9. Swap out the sugar
Keep healthier foods handy so kids avoid cookies, pastries, or candies between meals. Add seltzer water to a ½ cup of 100% fruit juice instead of offering soda.

10. Prepare homemade goodies
For homemade sweets, add dried fruits like apricots or raisins and reduce the amount of sugar in the recipe. Adjust recipes that include fats like butter or shortening by using unsweetened applesauce or prune puree for half the amount of fat.
Consejos de bocadillos de MyPlate para los padres y las madres

Los bocadillos pueden ayudar a los niños a obtener los nutrientes necesarios para crecer. Prepare bocadillos que incluyan dos o más grupos de alimentos. Para los niños más pequeños, ayúdelos a obtener lo suficiente para satisfacer el hambre. Deje que los niños mayores hagan sus propios bocadillos teniendo alimentos saludables en la cocina. Visite ChooseMyPlate.gov para ayudarle a usted y a sus hijos a seleccionar un bocadillo sustancioso.

1. Ahorre tiempo cortando los vegetales
   Guarde los vegetales cortados en el refrigerador y sírvalos con hummus. Cubra la mitad de un English muffin de trigo integral con salsa de espagueti, vegetales picados y mozzarella rallada de bajo contenido de grasa y derrítala en el microondas.

2. Mézclelo
   Para niños mayores en edad escolar, mezcle frutas deshidratadas, frutos secos sin sal y palomitas de maíz en una bolsa de tamaño bocadillo para un surtido rico rápido. Ponga yogur desnatado, jugo 100% de fruta y melocotones congelados en una licuadora para hacer un batido sabroso.

3. Tome un vaso de leche
   Una taza de leche baja en grasa o una bebida de soya fortificada es una manera fácil de tomar un bocadillo saludable.

4. Elija excelentes granos enteros
   Ofrezca pan integral, palomitas de maíz y cereales integrales de avena que sean ricos en fibra y bajos en azúcares añadidos, grasas saturadas y sodio. Limite los productos de grano refinado, tales como barritas, pasteles y cereales endulzados.

5. Tome bocadillos de alimentos proteínicos
   Elija alimentos ricos en proteínas como frutos secos y semillas sin sal, hummus u otras salsas de frijoles y huevos cocidos (hervidos) para un bocadillo saludable y fácil. Conserve los huevos cocidos en el refrigerador por hasta 1 semana para que los niños los disfruten en cualquier momento.

6. Vigile el tamaño
   Los bocadillos no deben reemplazar una comida, así que busque maneras de ayudar a sus hijos a entender cuánto es suficiente. Guarde bolsas del tamaño de bocadillos en el armario de la cocina y úselas para controlar los tamaños de las porciones.

7. Las frutas son rápidas y fáciles
   Las frutas frescas, congeladas, secas o enlatadas, como la compota de manzana, las uvas congeladas o las pasas, pueden ser opciones fáciles “listas para llevar” que necesitan poca preparación. Ofrezca fruta entera y limite la cantidad de jugo 100% servido. Elija las frutas enlatadas que sean más bajas en azúcares añadidos.

8. Considere la conveniencia
   Un recipiente de una sola porción de yogur bajo en grasa o barritas de queso envueltas individualmente puede ser suficiente para un bocadillo después de la escuela.

9. Cambie el azúcar
   Tenga alimentos saludables a mano para que los niños eviten galletas, pasteles o caramelos entre las comidas. Agregue agua mineral a ½ taza de jugo de fruta 100% en vez de ofrecer refrescos.

10. Prepare dulces caseros
    Para los dulces caseros, agregue frutas deshidratadas como albaricoques o pasas y reduzca la cantidad de azúcar de la receta. Ajuste las recetas que incluyen grasas como mantequilla o manteca mediante el uso de compota de manzana sin azúcar o puré de ciruela por la mitad de la cantidad de grasa.

Basado en las Guías Alimentarias para los Estadounidenses

Center for Nutrition Policy and Promotion
El USDA es un proveedor, empleador y prestamista que ofrece igualdad de oportunidades.

Visite ChooseMyPlate.gov para obtener más información.

DG TipSheet No. 24
Marzo 2013
Revisado Octubre 2016
Garden Vegetable Dip
Makes Approximately 12oz

Chef Raquel Rivera-Pablo, owner of A Pinch of Salt, graduated with highest honors from the culinary program at the Institute of Culinary Education (ICE) after completing her externship at Le Bernardin in NYC. Chef Raquel served as the nutrition/chef instructor at the West Side Campaign Against Hunger providing patrons of the food pantry with a 12-week hands-on cooking curriculum aimed at teaching healthy, budget-friendly meals incorporating pantry staples with farmer’s market produce, while covering culinary lessons like food safety and classical French techniques.

Chef Raquel developed A Pinch of Salt: The Restaurant Edition a free, 12-week, hands-on culinary training for low-income Bridgeport residents aspiring to be chefs and food entrepreneurs. Participants can obtain their ServSafe certification.

A Bridgeport resident, Chef Raquel provides cooking programming for children and adults at Hall Neighborhood House, YMCA Ralhola Center, Wakeman Boys & Girls Club, LifeBridge/FreshConnections, local senior centers and for the 7 Bridgeport Farmers markets.

Chef Raquel is a board member of the Bridgeport Food Policy Council and the Bridgeport Farmers Market Collaborative.

Ingredients:
- 12oz Whipped Cream cheese
- 1 large carrot, peeled and minced
- 2 celery stalks, minced
- 3 small Radish, minced
- 1 bunch of chives or scallions, thinly chopped

Directions:
1. Place cream cheese in a bowl, fold in veggies and chives.

**Serve on top of cucumbers or with crackers or with bagels

Chef Raquel Rivera-Pablo
A Pinch of Salt, LLC
www.apinchofsalt.com
Raquel@apinchofsalt.com
Dip o Crema de Vegetales de Jardín
Hace aproximadamente 12 oz

La chef Raquel Rivera-Pablo, propietaria de A Pinch of Salt, se graduó con los más altos honores del programa culinario en el Instituto de Educación Culinaria (ICE) después de completar su pasantía en Le Bernardin en Nueva York. La chef Raquel fue la instructora de nutrición / chef en West Side Campaign Against Hunger y brindó a los clientes de la despensa de alimentos un plan de cocina práctico de 12 semanas para enseñar comidas saludables y económicas que incorporan productos básicos de despensa con productos del mercado de agricultores, mientras cubriendo las lecciones culinarias como la seguridad alimentaria y las técnicas clásicas francesas. La chef Raquel dirige un programa piloto, A Pinch of Salt: The Restaurant Edition, una capacitación culinaria práctica y gratuita de 12 semanas para residentes de bajos ingresos de Bridgeport que aspiran a ser chefs y emprendedores de alimentos.

Residente de Bridgeport, Chef Raquel ofrece programación de cocina para niños y adultos en Hall Neighborhood House, YMCA Ralphola Center, Wakeman Boys & Girls Club, LifeBridge / FreshConnections, centros para personas mayores y para los 7 mercados de Bridgeport Farmers. La Chef Raquel es miembro de la junta del Consejo de Política Alimentaria de Bridgeport y miembro de Bridgeport Farmers Market Collaborative.

Ingredientes:
12 oz de queso crema batida
1 zanahoria grande, pelada y picada
2 tallos de apio picados
3 pequeños rábanos picados
1 manojo de cebollín o cebolla de verdeo, finamente picado

Direcciones:
1. Coloque el queso crema en un tazón, doble las verduras y el cebollín.

** Sirva encima de pepinos o con galletas saladas o con bagels

Chef Raquel Rivera-Pablo
A Pinch of Salt, LLC
www.apinchofsalt.com
Raquel@apinchofsalt.com
Monthly Health Challenge - Squat Jump Challenge

Are you looking for a leg work-out that does not require weights? Squat jumps are a great exercise that strengthens your leg muscles which can be performed virtually anywhere. Squat jumps help tone your hamstrings, quads, calves, buttlock, and abdominals. Squat jumps can also be considered a total body workout since it can increase the heart rate if done repeatedly.

**Jump Squat**

![Jump Squat Image]

**How to perform a squat jump**

1. Stand with the feet shoulder width apart
2. Squat down as if you were performing a normal squat. Make sure to keep your back straight, and chest up.
3. As your thighs become parallel to the floor, push through the ball of your feet and jump upwards as high as you can.
4. Control your landing. When you feet touch the ground, immediately perform another squat and then jump.
5. Repeat until the desired numbers of reps are completed.

*To make the squat jump easier, instead of jumping, lift up on the ball on your feet (use only tippy toes). To make the squat jump more difficult, add weight like a barbell.*

For beginners, please follow the Easy Track (E). For difficult track, follow the Challenging track (C).

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Source: http://30dayfitnesschallenges.com
¿Está buscando un ejercicio de piernas que no requiera de pesas? Las sentadillas con salto es un gran ejercicio que fortifica los músculos de sus piernas y que puede ser realizado en cualquier lugar. Las sentadillas con saltos ayudan a tonificar sus músculos isquiotibiales, cuádriceps, pantorrillas, glúteos y abdominales. Las sentadillas con saltos pueden también ser considerados un ejercicio completo debido a que incrementa los latidos del corazón si las hace repetidamente.

**Como realizar las sentadillas con salto**

1. Párese con los pies separados a la altura de los hombros
2. Realice una sentadilla como lo haría normalmente. Asegúrese de mantener la espalda derecha y el pecho levantado
3. Cuando sus muslos se alinean paralelamente al suelo empuje el talón de sus pies y salte hacia arriba lo más alto que pueda
4. Controle su caída. Inmediatamente después que sus pies toquen el suelo realice otra sentadilla y luego salte
5. Repita este ejercicio hasta alcanzar el número sentadillas con salto deseado

* Para hacerlo más fácil, en vez de saltar, póngase en punta de pies (usando solo la puntita de los dedos del pie). Para aumentar la dificultad de la sentadilla con salto agrega el uso de una barra de peso.

Para principiantes siga el entrenamiento con la letra (P) Para avanzados siga el entrenamiento con la letra (A)

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Fuente de la información: http://30dayfitnesschallenges.com