Introduction

The Special Olympics Pennsylvania Young Athletes™ Nutrition Guide is designed as a resource for young athletes, parents, coaches, teachers, and caregivers to help develop healthy eating skills to compliment the physical and cognitive skills learned through the Young Athletes™ Program. Young athletes can have multiple caregivers throughout the day, so it is important that everyone involved in your child’s development and care is on board to ensure consistency in daily nutrition. Special Olympics Pennsylvania recognizes the importance of optimal nutrition in the performance of young athletes during Special Olympics activities and in their daily lives. Young athletes are growing and changing physically, mentally, and socially. As young athletes grow and develop, they change in many ways that affect behavior, including eating habits. Children develop eating habits at their own individual pace.

Nutritional Needs for Young Athletes

Help your young athlete build healthy eating habits by choosing a variety of foods and beverages from each food group for each meal. MyPlate provides an example of a healthy plate using an image familiar to your young athlete. Visit www.choosemyplate.gov for age and gender specific nutritional checklists. Remember that each child is different. Do not be alarmed if your young athlete does not eat the exact amount suggested. The MyPlate nutritional checklists are guidelines and each young athlete’s needs may vary from day to day depending on how fast he or she is growing and other factors.

“Everyday” and “Sometimes” Foods

It is important to be positive when helping your young athlete build healthy eating habits. Instead of using words such as “good” and “bad” to describe food and beverages, use the words “everyday” and “sometimes”. This will help your young athlete learn to make responsible, healthy choices. “Everyday” foods are the healthiest options and should be included in every meal. Examples of “everyday” foods are whole-grain breads, low-fat yogurt, and whole fruits and vegetables. “Sometimes” foods are higher in saturated fats, sugar, and sodium (salt) and should be saved for special occasions or periodic treats. Examples of “sometimes” foods are cookies, doughnuts, bacon, chips, and soda.
Understanding the Nutrition Facts Label

Healthy eating habits start with making healthy choices. It is important to understand and use the nutrition facts label located on foods and beverages. Visit www.fda.gov for more detailed information about the Nutrition Facts Labels and how to use them.

1. **Start Here.** Pay attention to the serving size and compare it to how many servings are in a container. Also think about how many servings you will consume.

2. **Check Calories.** The number of calories will help you determine how much energy you get from a serving of food. Remember the number of servings you consume determines the number of calories you actually eat.

3. **The Nutrients and How Much.** The nutrients listed first are generally ones consumed in adequate or excessive amounts. The nutrients listed later are ones that are generally lacking in most American diets but can improve health when consumed appropriately. Remember you can use the Nutrition Facts label to help limit nutrients you want to cut back on and also to increase nutrients you need to consume in greater amounts.

4. **Understanding the Foot Note.** Note the * after the % Daily Value on the label. That directs you to the footnote that tells you that the percentages are based on a 2,000 calorie diet. This part of the footnote is required on all food labels. The rest of the footnote may not appear if the package is too small. These are the suggested intake levels for the listed nutrients based on a 2,000 or 2,500 calorie diet. Compare the amount of each nutrient above to the suggested intake level at the bottom to stay within recommended upper or lower limits for these nutrients.

5. **The Percent Daily Value (%DV).** The %DV is based on a 2,000 calorie diet but can be used as a reference for diets containing other calorie counts. The %DV can help you determine how much of each nutrient is in one serving and how much that food or beverage will contribute to your daily recommended allowance. Some nutrients will not have a %DV listed because the FDA has not established a Daily Value or %DV for that nutrient. Protein will not have a %DV unless it is intended for children under 4.
Tips to Help Young Athletes Develop Healthy Habits

- Parents and caregivers are role models for young athletes. If your young athlete sees you eating healthy, being active, and trying new foods, he or she will want to do the same thing.
- When introducing a new food, encourage your child to try at least a bite or two, but do not force your child to taste if they are not interested. Some young athletes need to try a new food several times before they like it. Try reading a social story about trying new foods like *The Two-Bite Club* available online at [http://www.fns.usda.gov/tn/two-bite-club](http://www.fns.usda.gov/tn/two-bite-club).
- Make mealtimes family times by eating at a table and turning off the TV, cell phones, and other electronic devices.
- Keep things positive by giving your child healthy options rather than telling him or her what he or she cannot have. Allow your young athlete to pick new, healthy foods while shopping, so they feel more involved.
- Make a game of reading food labels. This will not only help your young athlete learn how to use nutrition facts labels, but will also prepare him or her make healthy choices in the future.
- Remember to get moving! Healthy eating is not the only component to raising healthy children. Children need at least 60 minutes of physical activity every day. Use the Young Athletes™ @ Home guide, attend a Young Athletes™ group session, or plan times for the whole family to be active together.

Special Dietary Needs and Considerations

**Medication and Nutrient Interactions**

Medication and nutrients can interact and sometimes cause negative effects. Medications can affect nutrition in young athletes by altering absorption, metabolism, or excretion of specific nutrients; causing gastrointestinal disturbances; causing anorexia; increasing appetite; or interacting with nutrients prior to ingestion (such as when medication is mixed with food or formula). Young athletes with special needs are at risk for these types of interactions because they are often prescribed multiple medications, use medications long-term, and have minimal nutrient intake. Always discuss with your young athlete’s doctor how medications may affect nutrition and what steps to take to alleviate the effects of potential interactions.

**Autism Spectrum Disorders**

Due to common behaviors in children with Autism Spectrum Disorders (ASD), such as difficulty with transitions, impaired social interaction, impaired verbal and nonverbal communication, and restricted and/or repetitive behaviors, a narrow list of accepted foods is common. The “picky eating” found in children with ASD is typically more persistent than picky eating habits generally found among young children. Young athletes with ASD are at risk for minimal or inadequate
micronutrient intakes, especially vitamin A, vitamin E, fiber, and calcium. Working on healthy eating behaviors is best done with a team including feeding specialists and/or behavior specialists. Interventions can also be included in the educational goals of a young athlete including Individualized Family Service Plans and Individual Education Programs.

**Common Nutrition Related Health Issues**

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<th>Health Issue</th>
<th>Nutrition Suggestions</th>
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| Constipation    | • Increase intake of water, juice, and foods with high water content. For example, vegetables and fruit are approximately 90% water.  
• Increase intake of foods that are high in fiber such as whole grain breads, crackers, and cereals; raw, cooked or dried fruits such as prunes; vegetables, and legumes such as beans, lentils, and split peas.  
• Consider supplemental fiber products like Benefiber® or Metamucil®. |
| Diarrhea        | • Short-term (acute) diarrhea can cause dehydration and electrolyte loss. Consider a rehydration drink like Pedialyte®.  
• Long-term (chronic) diarrhea caused by medications or food intolerances can cause nutrient deficiencies. Consult your doctor and dietitian. |
| Underweight     | • Incorporate high-calorie snacks like milkshakes, trail mix, ice cream, full-fat cheese, and full-fat granola.  
• Add sauces, fats, and spreads to foods. For example, spread peanut butter on fruit and add salad dressings to veggies, butter or oil to rice or pasta, and gravy on meats.  
• Consider supplemental nutrition products like Caloreen® powder, Ensure Plus®, or Boost Plus®. |
| Overweight      | • Consult with your doctor and dietitian about healthy weight management. Young athletes should not be placed on calorie-restricted diets while they are still growing.  
• The whole family should follow the ODPHP’s Dietary Guidelines for Americans and regulate meal and snack times. Limit screen time and incorporate more daily physical activity. |
| Feeding Problems| • Certain behaviors such as avoiding certain foods due to color, texture, or taste can result in decreased variety and increased risk of nutrient deficiencies. Consulting your doctor and dietitian and/or a behavior analyst is recommended.  
• Consider creating an interactive relationship with food by  
  - Letting the young athlete help with food preparation.  
  - Talking about different foods: where they come from and their colors and textures.  
  - Having a tasting “party” to try new foods.  
  - Letting the young athlete shop for foods at the grocery store.  
  - Helping the young athlete plant a vegetable garden.  
• Chewing and swallowing difficulties may limit the type and texture of foods that are safe for the young athlete to eat. This may compromise overall nutrition and hydration status. Consulting with your doctor and dietitian and/or a swallowing specialist is recommended. |
References:

American Heart Association. http://www.heart.org/HEARTORG/