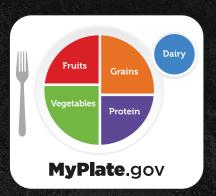
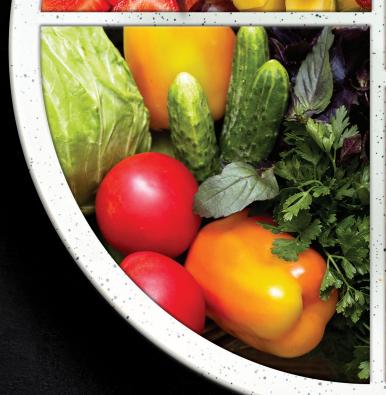
Building Balanced Plates with Beef

MyPlate was created to help families "make every bite count" by getting the most nutrients in every meal and snack. Simple meal-planning tips that can help boost nutrition and fuel healthy bodies and minds for school-aged children and teens include:1



Fill ½ of your plate with fruits and vegetables at each meal. Try experimenting with a new vegetable or fruit to add variety and color!1





Move to low-fat or fatfree dairy milk or yogurt (or lactose-free dairy or fortified soy versions).1





Make about 1/4 of your plate fiber-rich whole arains.1

Vary your protein with nutrient-rich options such as lean beef. A 3 oz. cooked portion of beef uniquely provides 10 essential nutrients including 25 grams of highquality protein as well as iron, zinc, choline, and B vitaminsin about 170 calories.1-11

Closing Essential Nutrient Gaps with Beef

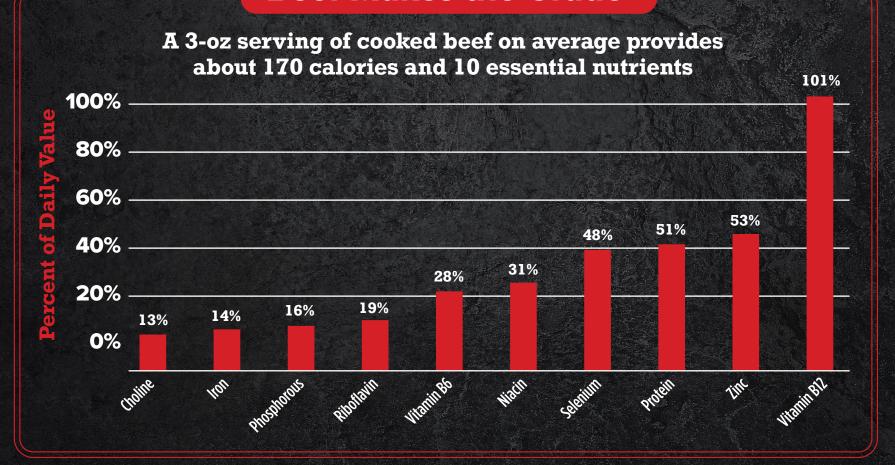


School-age years, especially adolescence, are a pivotal time for proper nutrition to support healthy growth—yet nutrient deficiencies are alarmingly common during this life stage.

In fact, many children, including adolescents, fall short on consuming essential nutrients to support learning, activity, and development such as high-quality protein, iron, zinc, choline, and vitamins B6 and B12, which are all readily available in beef. Beef deliciously enhances nutritious meals—making it easier for growing children to enjoy key nutrients that fuel optimal physical and cognitive development, as well as immunity.^{7,12–16}



Beef Makes the Grade²



References: 1. U.S. Department of Agriculture. MyPlate, https://www.myplate.gov/ 2. U.S. Department of Agriculture FoodData Central, Available at fdc.nal.usda.gov (Beef composite, cooked – NDB Number 13364). 2019. 3. American Academy of Pediatrics Committee on Nutrition, Pediatric Nutrition, 8th Ed, ed. Kleinman RE & Greer FR. 2019, Itasca, IL: American Academy of Pediatrics. 1688. 4. Schwarzenberg, S.J., M.K. Georgieff, and Committee on Nutrition, Advocacy for improving nutrition in the first 1000 days to support childhood development and adult health. Pediatrics, 2018. 141(2). 5. Gow, M.L., et al., Inpact of dietary macronutrient distribution on BMI and cardiometabolic outcomes in overweight and obese children and adolescents: a systematic review. Nutr Rev, 2014. 72(7): p. 453-70. 6. Hermoso, M., et al., The effect of iron on cognitive development and function in infants, children and adolescents: a systematic review. Ann Nutr Metab, 2011. 59(2-4): p. 154-65. 7. Krebs, N.F., et al., Effects of different complementary feeding regimens on iron status and enteric microbiota in breastfed infants. J Pediatr, 2013. 163(2): p. 416-23. 8. Michaelsen, K.F. and F.R. Greer, Protein needs early in life and long-term health. Am J Clin Nutr, 2014. 99(3): p. 7185-225. 9. Nyaradi, A., et al., The role of nutrition in children's neurocognitive development, from pregnancy through childhood. Front Hum Neurosci, 2013. 7: p. 97. 10. Prado, E.L. and K.G. Dewey, Nutrition and benavioral problems in childhood. Eur J Nutr 2004. 2014. 72(4): p. 267-84. 11. Tang, M. and N.F. Krebs, High protein intake from meat as complementary food increases growth but not adiposity in breastfed infants: a randomized trial. Am J Clin Nutr, 2014. 100(5): p. 1322-8. 12. Benton D. The influence of dietary status on the cognitive performance of children. Mol Nutr Food Res 2010;54:457-70. 13. Benton D, et al. Micronutrient status, cognition and behavioral problems in childhood. Eur J Nutr 2008;47:38-50. 14. Falkingham M, et al. The effects of folic acid fo