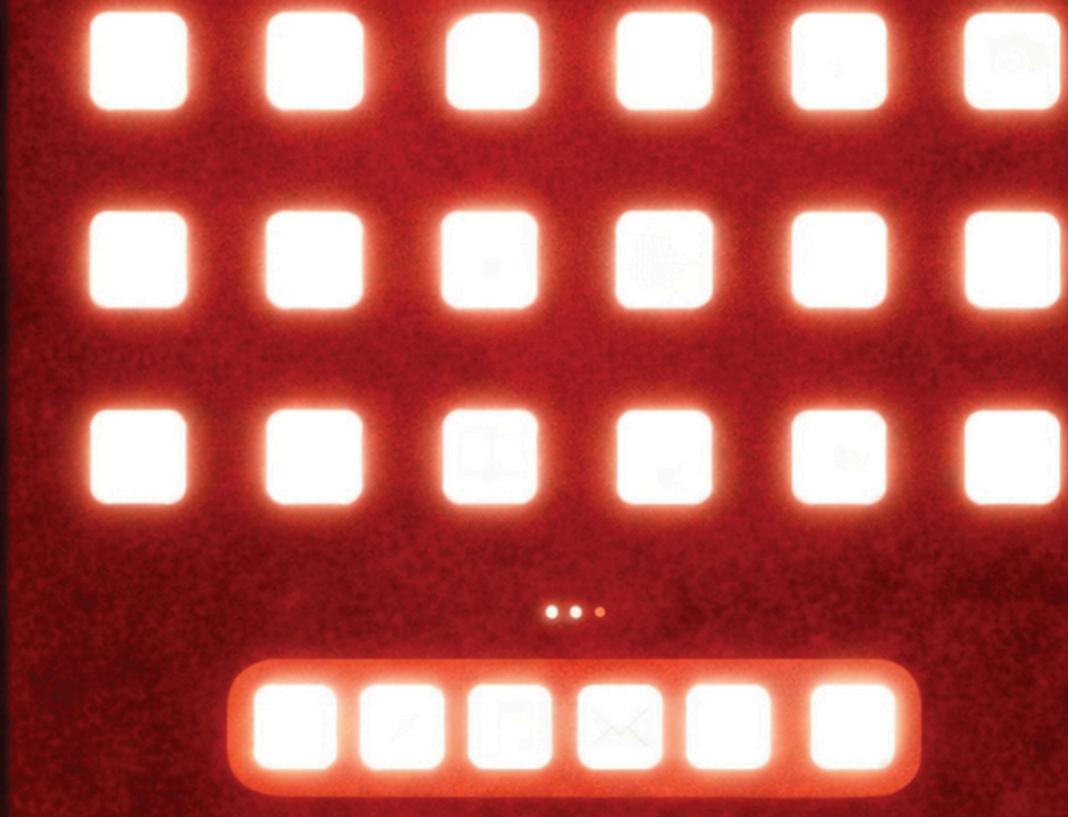
Tennessee v. Meta
Case No. 23-1364-IV
PX-06635

U.S. Surgeon General's Advisory

Surgeon General's Warning on the Harms of Screen Use

An Advisory and Toolkit on how to protect children and adolescents



2026

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Letter from the Secretary



Robert F. Kennedy, Jr.
26th Secretary of the United States

While screen use can have some benefits, the evidence of a range of risks to children's overall mental and physical health is mounting. These negative outcomes are related to harmful use, including use by children with vulnerable medical conditions, along with the ubiquity of devices and features deliberately built into many tech platforms to promote "engagement," a positive sounding word that, for too many young people, is a path to addiction-like behavior.

Social media is only one aspect of this ongoing screen time problem. Behavior patterns involving gaming, online gambling, and other forms of virtual interaction are emerging. While this report uses "screen time" as a widely understood shorthand, we want people to understand that we are referring to the entire digital ecosystem of apps, smartphones, tablets, chatbots, and other screen-associated devices and interfaces.

From the individual and family up to governmental policy, there is recognition that young children, tweens, teens, and families need help to curb overuse of screens. Drawing on a broad range of expertise, this Advisory outlines everyday actions that can be taken, as well as what schools and states are already doing to limit screen time during school hours.

For this Advisory, which focuses on children and adolescents aged 0-18 years, we engaged a wide range of experts, including psychologists, pediatricians, behavioral scientists, academic researchers, and health communicators. We gratefully acknowledge the important contributions of each of these scientists, clinicians, reviewers, and leaders to this Advisory.

This report is evidence based, but also forward-looking and action oriented. While we describe knowledge gaps where focused research is needed, it is a basic principle of public health, the precautionary principle that

> action cannot wait until all evidence is available.

There are children, adolescents, families, schools, and communities who have found a different path and have built healthy relationships with—and without—technology. They gather for game nights, read books, sing, and play sports. They volunteer in their communities and participate in faith groups. Along with their families, they spend time at playgrounds, libraries, and community centers. They build lasting friendships, which we now know contribute to longer and healthier lives. We have sought to learn from them and want to keep doing so. We should all strive as a nation to expand access to these types of activities, be they financial or neighborhood safety related.

This Advisory is not only a warning, but also an invitation for all of us to enjoy a broader world, beyond the confines of screens. Join us as we seek to scroll less and live best. Let's turn our screens off and our brains and bodies on, so that we can live real life.



Robert F. Kennedy, Jr.
26th Secretary of the United States
U.S. Department of Health and Human Services

Leadership

The Department of Health and Human Services



Stephanie Haridopolos, M.D., DABFM
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Paul Jung, M.D., M.P.H.
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John Iskander, M.D., M.P.H.
is a Captain in the Commissioned Corps of the U.S. Public Health Service and currently serves as Deputy Director for Science and Policy in the Office of the U.S. Surgeon General. He has held scientific leadership positions in the Centers for Disease Control and Prevention Office of Science, the U.S. Coast Guard, and the Defense Health Agency. For his contributions to plain language and clear communication, he was recognized by CDC as a Health Literacy Hero. A board certified pediatrician, he has served on active duty in the U.S Public Health Service since 2001.



Kenneth R. Callahan III
serves as the Senior Counselor for Policy for HHS Secretary Robert F. Kennedy Jr. In this role he oversees all major policy initiatives for the Secretary, most importantly on policies that Make America Healthy Again. Mr. Callahan served in the first Trump Administration as the Chief of Staff for the Deputy Secretary in the Immediate Office of the Secretary (IOS). He oversaw department wide initiatives such as telehealth expansion and implementing interoperability rules. Mr. Callahan received his BA from Ohio Wesleyan University and his Masters in Health Administration from Cornell University.



Stefanie Spear
serves as Principal Deputy Chief of Staff and Senior Counselor to Health and Human Services Secretary Robert F. Kennedy Jr. In this role, she drives President Trump and Secretary Kennedy's MAHA priorities, leads key public health and policy initiatives, and directs the agency's strategic communications.

Over a 35-year career, Spear has been a leading voice spotlighting how environmental exposures directly impact human health, bringing these issues into the national conversation. She founded EcoWatch and grew it into the nation's leading environmental news platform. Through her work, she has amplified grassroots voices, mobilized public engagement, and helped shape major health and environmental policy reforms.

Surgeon General's Warning on the Harms of Screen Use

An Advisory and Toolkit on how to protect children and youth

Harmful screen use among children and adolescents has become a public health concern; growing up surrounded by screens of all types—televisions, computers, tablets, smartphones—is now the norm. Exposure often begins before a child's first birthday and increases as children age. By adolescence, children may spend more time on screens than sleeping or attending school.

Harmful screen use, particularly on social media is linked to developmental, mental, and physical health challenges and poor educational outcomes.[1,2] Screen use may be harmful when a child loses control over use[3] and warning signs of such compulsive behavior may manifest as:

- **Spending too much time** on screens or constantly thinking about them.
- **Repeatedly** asking to use screens, often while whining, crying, or sulking.
- **Using screens to feel better** and becoming upset or moody when screen time ends.
- **Hiding or lying** about their overall screen use.
- **Getting defensive** when asked about their screen use.
- **Trying unsuccessfully to reduce screen use.**
- **Showing symptoms like emotional withdrawal** when screens are not accessible.
- **Not fulfilling their responsibilities** by prioritizing screen time.
- **Not engaging** in in-person interactions or activities.
- **Continuing use** despite negative consequences.

When screen use is associated with poorer sleep, decreased academic functioning, diminished physical activity, and impairments in daily responsibilities or in-person relationships,[1] those patterns may resemble core features, such as diminished control and persistence despite adverse consequences, described in formally recognized behavioral addictions.[4]

About the Advisory

LEARN MORE

Explore our website to learn more about the impacts of screen time and access helpful resources.
SurgeonGeneral.gov

A Surgeon General's Advisory is a public statement that calls the American people's attention to an urgent public health issue and provides recommendations for how it should be addressed. Advisories are reserved for significant public health challenges that require the nation's immediate awareness and action.

Parents, caregivers, schools, communities, health care providers, and children and adolescents themselves have an opportunity and responsibility to help reduce the role of screens in the lives of our nation's children. Likewise, policy makers and tech companies need to acknowledge the potential for harm and create frameworks to protect children to allow for healthy and joyful use. Policy makers should also seek to create safe community spaces for play, learning, and connection without screens. To accomplish this, we need practical, evidence-informed strategies we can put into action. The Surgeon General's Advisory and companion Toolkit provide a straightforward summary of the latest research findings with recommendations to translate this information into action to better protect America's children and adolescents from screen harms. This advisory seeks to build on the framework established by First Lady Melania Trump's "*Be Best*"[5] campaign, expanding the focus on children's well-being and online safety to a comprehensive overview of how screen use harms children and what can be done about it. Taking actions can lead to real change; harms related to online content also contributed to the passage of the 2025 TAKE IT DOWN Act.[6]

For the purpose of this Advisory, "harmful screen use" refers to patterns of use that are excessive, difficult to control, or involve exposure to content or interactions that may harm a child's well-being. These patterns may vary by developmental stage and individual context.

The findings in this document are not the result of a formal systematic review. Rather, this advisory was developed through a substantial review of the available literature, primarily found via electronic searches of research articles published in English and resources suggested by a wide range of subject matter experts, with priority given to, but not limited to, meta-analyses and systematic literature reviews. A small number of references have not been published but are undergoing formal peer review. HHS ChatGPT-5.3 was used for text editing purposes. All references have been verified for accuracy.

Glossary

Active Screen Time
The interaction with any screen-based media that requires physical or cognitive engagement.

ADHD (attention deficit hyperactivity disorder)
A neurodevelopmental disorder where a person experiences higher levels of hyperactivity and impulsive behaviors.

AI (Artificial Intelligence)
The capability of computer systems to perform tasks that typically require human intelligence, such as learning, reasoning, problem-solving, and decision-making.

Algorithm
Embedded calculations and instructions which determine how social media and search engines rank, filter, and suggest content to users.

Bell-to-Bell Policy
A rule requiring that students refrain from using personal mobile phones for the entire school day, from the first bell to the final bell.

Caregivers
Anyone who takes care of children, including parents, grandparents, foster parents, legal guardians, and childcare providers.

Chatbot
A software application that uses programmed rules or artificial intelligence to simulate conversation with users through text or voice interactions.

Cyberbullying
The use of digital communication tools, such as social media or messaging platforms, to embarrass, harass, threaten, or harm another person.

Deepfakes
AI-generated, hyper-realistic photo, video, or audio forgeries that depict people saying or doing things they never did.

Digital Ecosystem
Any digital environment, including the internet, social media, apps, AI and AI agents, video games, tablets, and mobile devices.

Digital Citizenship
The responsible, ethical, and informed participation in digital environments.

Digital Media
Information and experiences created, shared, and stored in digital form, including text, images, audio, video, and interactive materials accessed through electronic devices.

Engagement-based design
Profit-driven or manipulative digital designs which compete for users' attention and interaction and compels frequent interaction, prolonged use, and repeated use. Typical features include data harvesting.

Exergaming
A type of video gaming that combines physical exercise with gameplay, requiring players to move their bodies to participate.

Gamblification
The integration of gambling-like mechanics, such as chance-based rewards, betting, and variable ratio reinforcement, into non-gambling products like video games, social media, and finance apps.

Harmful internet and media use
Social media or digital media use that is excessive or compulsive in nature, leading to physical, mental, social, and/or emotional impairment, as well as impaired functioning in school, work or social settings.

IRL (In Real Life)
A term used to distinguish offline, face-to-face interactions or experiences from those occurring online or in digital environments.

Myopia
Nearsightedness, a vision condition in which distant objects appear blurry, that has been associated with prolonged near work and extended screen use.

Netiquette
The accepted rules and guidelines, some explicit and some implied, for polite and respectful communication on the internet.

Passive Screentime
Screen use that involves consuming digital media, such as watching videos or scrolling, without active participation or interaction.

Parental Controls
Tools or settings that allow caregivers to monitor, restrict, or manage a child's access to digital devices, content, or online services.

Sextortion
A form of blackmail in which sexual information or images are used to extort money or sexual favors from victims,

Technoference
The interruption of in-person interactions or relationships due to attention given to digital devices or technology. Includes phubbing (the act of ignoring someone in a social setting by focusing on a digital device instead of engaging with them)

Touch Grass
An informal internet expression suggesting that someone should take a break from being online and spend time in the real world.

Virtual Reality (VR)
A computer-generated, immersive digital environment that users can interact with. Typically experienced through wearable display devices that simulate a three-dimensional space.

Youth-centered design
Digital designs that support well-being, taking into factors including privacy, safety, and support for learning.

Overview of the Problem

Nearly 50% of adolescents admit they lose track of the amount of time they spend on their phone.[9]

Screens, screens, everywhere

Children and adolescents are now viewing content on a variety of screens, including TVs, tablets, computers, gaming devices, and smartphones. [7,8]

- Screens are frequently portable so youth can, and do, watch them for many hours daily.
- Children and adolescents can access a vast amount of content through screens by watching shows, movies, short-form videos, playing games, texting, shopping, engaging in social media, and interacting with AI chatbots.
- Screen time increases with age. Toddlers spend an average of about two hours using media daily. By the pre-teen and teen years, screen use reaches an average of four or more hours per day.[7,8] (Figure 1)
- Nearly 50% of adolescents admit they lose track of the amount of time they spend on their phone.[9]

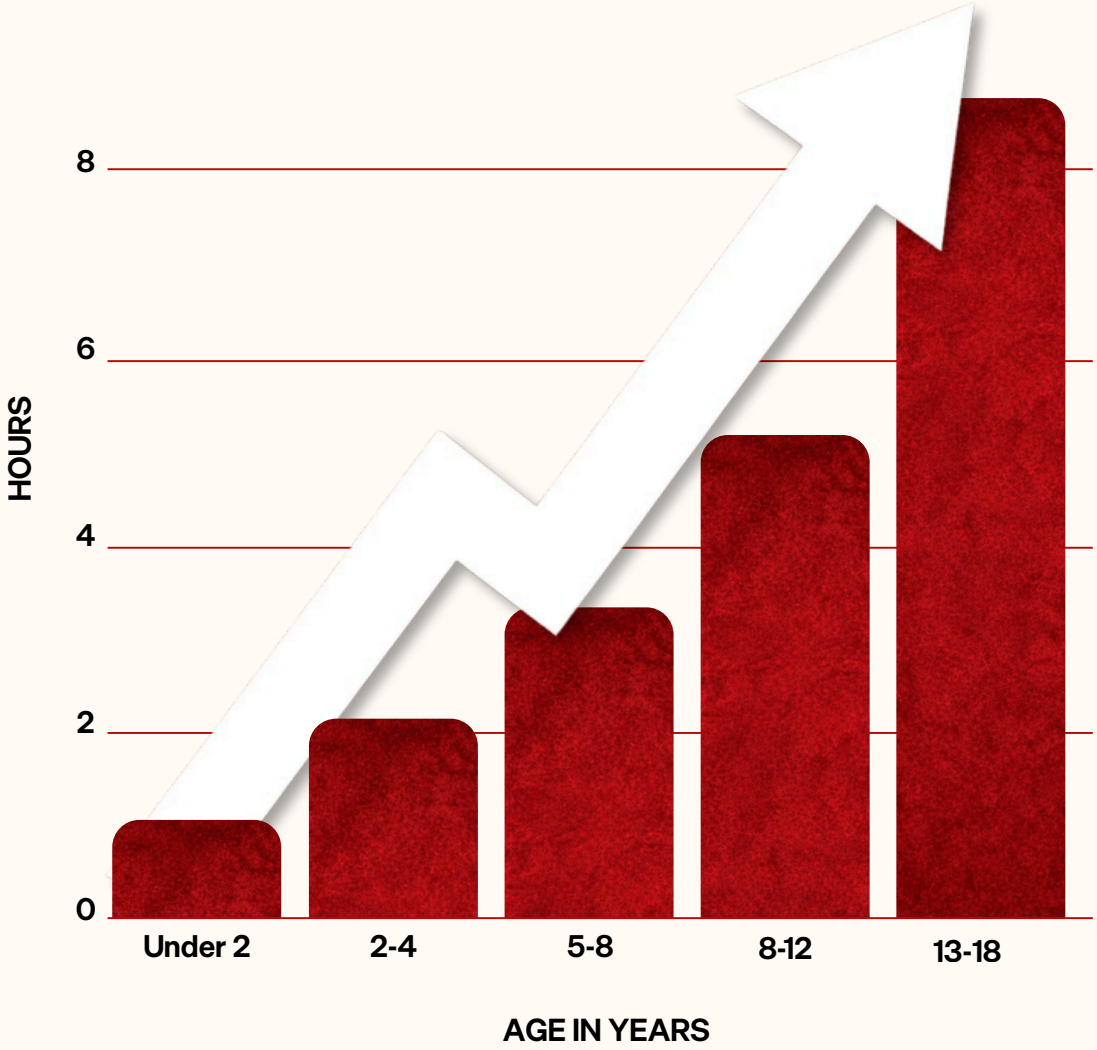
Screen content matters

Screen use is most likely to cause harm to children and adolescents when the content:[10]

1. Is **designed to increase use**, with features like streaks and rewards that encourage daily play or contain **infinite scrolls, auto play, and algorithmic feeds.**
2. **Promotes risky behaviors**, such as self-harm, substance use, disordered eating, violent behavior, sexual interaction, or dangerous viral challenges.
3. Facilitates unwanted **contact by strangers** that can put them at risk of exploitation, sextortion, or trafficking.
4. Is hosted on platforms that **track and collect user data** and manipulate the content they are exposed to.
5. **Uses deceptive patterns** that trick a user into unintended actions, such as purchases, or exposure to unsuitable content.

Screen Time Over The Young Lifetime

Average daily screen use **increases as children age.**



Mann S, Calvin A, Lenhart A, Robb MB. The Common Sense Census: Media Use by Kids Zero to Eight, 2025. Common Sense Media; 2025. Accessed May 8, 2026.

Rideout V, Peebles A, Mann S, Robb MB. The Common Sense Census: Media Use by Tweens and Teens, 2021. Common Sense Media; 2022. Accessed May 8, 2026.

Office of the **U.S. Surgeon General**

FIGURE 1: SCREEN TIME OVER THE YOUNG LIFETIME

Summary of the Evidence

Higher levels of screen time have consistently been linked to physical health challenges and poor educational outcomes.

The current evidence on the impacts of youth digital technology and media use is substantial, although important gaps remain. Much of this research is associational, uses different measures of screen exposure, and is conducted across varied settings and populations of children and youth. Most available evidence is observational and findings vary depending on the type, content, context, and duration of use. Findings are mixed, in part because developmental effects depend on multiple factors, such as a child's age, the type of screen use, the content viewed, the context of intended purpose, and what screen time may displace.[10] The field is also broad and uses inconsistent methodologies, and research on newer digital media environments is still evolving. Studies have identified positive, negative, mixed, or no effects.[10,11] However, when taking all the evidence together there is sufficient evidence of potential harms, suggesting we as a nation should take concrete steps to reduce them. Our children do not have the luxury of waiting until research is exhaustive and completely encompassing.

Here are key research findings during important developmental stages

- **Early exposure to screens carries developmental and cognitive risks. Screen use in early life is linked to poorer language outcomes.**[12] In young children, higher screen time has also been linked to adverse social-emotional outcomes, including attention and behavioral difficulties.[11]. Studies have also found that higher levels of screen exposure in early childhood are associated with social communication differences; however, current evidence does not establish a causal relationship.[13] All findings depend on content quality, caregiver involvement, and context of screen use.

- **Excessive screen time is linked to poor educational and health outcomes in school-aged children.**[1] Higher levels of screen time have consistently been linked to physical health challenges and poor educational outcomes. Screen time is also associated with sleep problems and other physical health risks, including poor dietary habits.

- **In teenagers there are additional mental health and behavioral concerns, particularly related to social media use.** Higher screen time is linked to mental health effects, such as anxiety, depression, low self-esteem, and body image concerns.[14,15,16] Higher levels of family conflict,[17] aggression,[18] poor peer

Between 3.5 to 5% of children experience sextortion before adulthood.[23]

relationships,[19] and tobacco, alcohol, and marijuana use behaviors [20] have also been observed. Nearly 5 out of 10 teenagers have experienced cyberbullying,[21] (Figure 2) with chronic exposure linked to traumatic outcomes, including emotional, psychological, and physical symptoms.[22]

- **Emerging concerns in adolescence are evolving with long-term impacts that extend beyond childhood.** Fast-growing evidence shows that online exploitation is affecting children, with between 3.5 to 5% of children experiencing sextortion before adulthood.[23] Emerging concerns now also include AI and chatbot use, as rapidly expanding engagement with companion AI introduces new risks related to mental and physical well-being.[24] Research has also shown that engaging in gambling-like features in video games and other platforms is associated with a greater risk for problem gambling.[25]

- **A concern at all stages of life, and a particularly important one around children's screen exposure, is its potential to disrupt healthy sleep,** which is fundamental to learning, mood, behavior, physical health, and overall development. [26] Blue light wavelength at night may contribute to sleep disruption,[27] while effects of other wavelengths, such as low-frequency wavelength, have been hypothesized and may warrant further study. [28]

- **Screen time interventions show promise**.[29] Emerging evidence suggests that limiting screen time in early childhood may support healthier developmental [30] and sleep outcomes,[31] especially when reduction efforts involve parents and are reinforced over time.[32] In older children, bell-to-bell phone restrictions may reduce classroom distraction and improve academic outcomes for some students,[33] while broader screen-time reduction in older children may be associated with improvements in sleep [34] and physical activity outcomes.[35] There are also everyday activities families and youth can do to protect themselves, such as the 5 Ds that can be found in the Toolkit.



FIGURE 2: NEARLY 5 OUT OF 10 TEENAGERS HAVE EXPERIENCED CYBER BULLYING

Negative Impacts of Screen Use

Patterns of harmful screen use among children and adolescents have raised important public health concerns. While evidence continues to evolve, these concerns warrant prompt attention and preventive action. The negative impacts of screen time can be summarized in four key domains of child and adolescent well-being: cognitive and emotional development, physical and metabolic health, educational outcomes, and mental health and substance use.

Cognitive and Emotional Development

- Longitudinal evidence suggests that earlier onset of screen exposure is associated with worse developmental outcomes over time, including poorer cognitive and social-emotional functioning.[36]
- Higher digital media use in preschool-aged children was associated with differences in brain structure, particularly reduced cortical thickness in regions supporting visual processing and higher-order cognitive functions.[37]
- Too much screen use and harmful content can interfere with language development, cognitive skill building, and cognitive capacity.[38]
- Higher levels of media use have been associated with poorer executive functioning.[39]
- Children and adolescents with socioemotional difficulties may be more likely to engage in harmful screen use over time, particularly gaming.[40]
- Increased screen-related distraction (technoference) may reduce opportunities for social interaction, particularly in younger children.[41] Adolescents who use media during face-to-face interactions tend to have lower feelings of mental well-being.[42]
- Screen use by either the child or caregiver may interrupt or displace time otherwise spent in caregiver–child interaction, potentially reducing opportunities for responsive communication and shared engagement.[41]
- Harmful screen use may be associated with attention problems,[43] and higher levels of screen use have been observed among children with autism spectrum disorder,[13] although the causal direction of these relationships remains unclear.

Greater screen use has been associated with an increased likelihood of being overweight and obese.[4]

Physical and Metabolic Health

- Greater screen use, particularly before bedtime, has been associated with shorter sleep duration and poorer sleep quality. Mechanisms may include displacement of sleep time and exposure to overstimulating content.[44]
- Greater screen use has been associated with an increased likelihood of being overweight and obese.[45]
- Increased time spent on screen-based activities has been associated with a higher risk of myopia (nearsightedness), particularly in children with limited outdoor time. Research predicts that by 2050 almost 40% of children will be myopic (Figure 3).[46]
- Higher screen time is associated with increased sedentary behavior and reduced physical activity, reflecting displacement of active time.[47]
- Students who report frequent social media use exhibit worse overall cardiovascular health and related behaviors, including poor diet and increased tobacco and nicotine product use.[48]
- Screen use has been associated with unhealthy dietary patterns, higher caloric intake, and greater consumption of ultra-processed foods.[47]
- Prolonged screen use has been associated with musculoskeletal discomfort, including neck, back, and shoulder pain, as well as poor posture, particularly with handheld device use.[49]

Educational Outcomes

- Higher levels of some types of recreational screen time have been associated with poorer academic performance, including lower grades and test scores.[50] Recreational screen time may also displace time spent on homework and studying.[50]
- In classroom settings, multitasking with digital media interfered with attention and concentration and negatively affected grades, test scores, recall, and reading.[51]

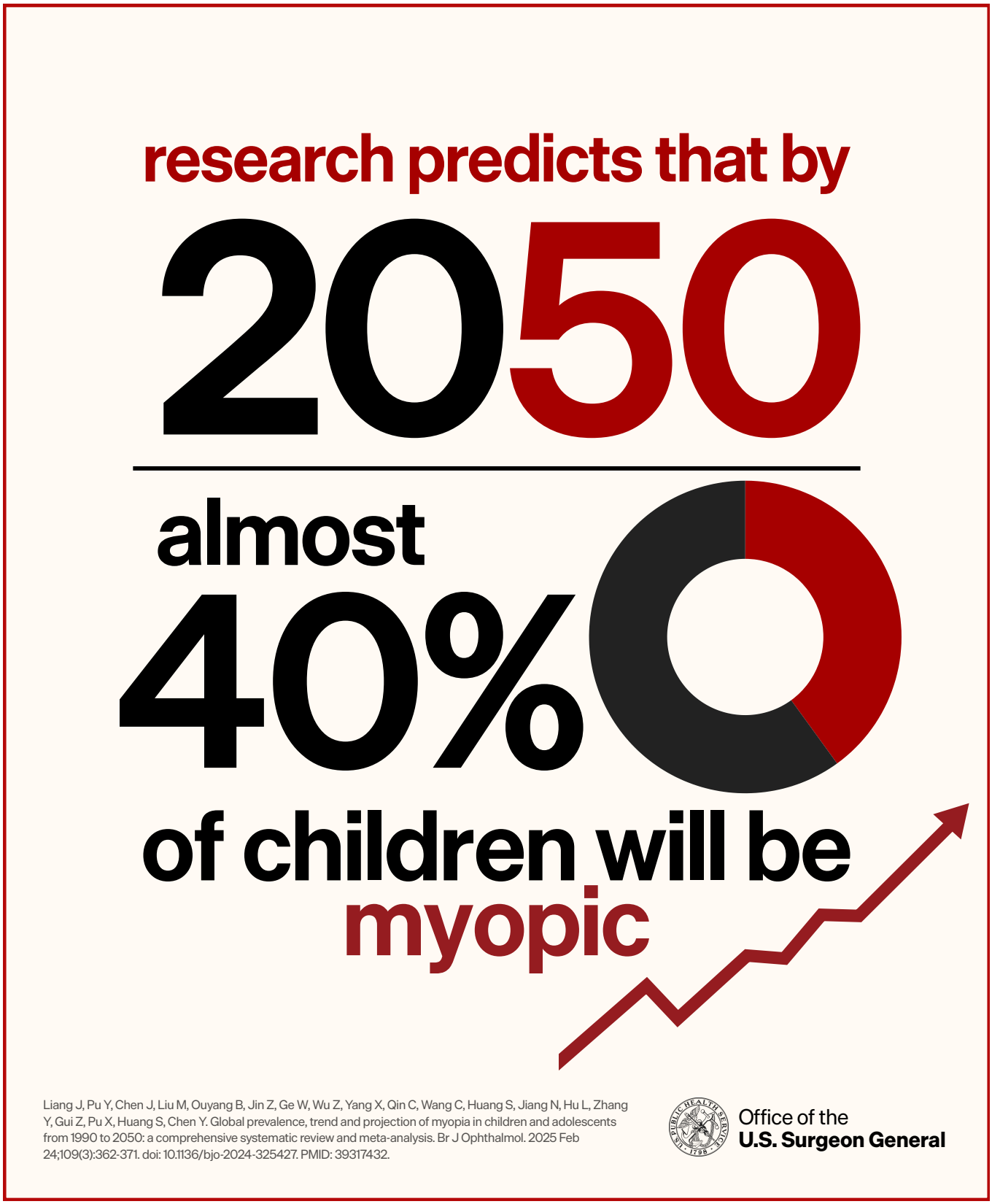


FIGURE 3: RESEARCH PREDICTS BY 2050, 40% OF CHILDREN WILL BE MYOPIC

- Digital media multitasking has also been associated with reduced learning efficiency during studying.[51]

- Research in preschool-aged children has found that greater screen time is associated with poorer performance on developmental screening measures, including communication.[30]

- Higher screen use has been associated with lower academic achievement in foundational subjects like math and reading.[52]

- Ninth and tenth grade students who are frequent users of social media are less likely to report receiving mostly As and Bs in high school classes compared to students with low levels of social media use.[53]

Mental Health and Substance Use

- Greater screen use has been associated with higher depression, behavioral problems, self-injury, substance use, and lower self-perception, particularly with high levels of social media use.[1]

- Harmful screen use, including gaming[1] and social media use, have been associated with poorer mental health.[54]

- Earlier acquisition of a smartphone was associated with higher risk for depression. Children who got their first smartphone between ages 12 and 13 were more likely to show signs of clinically significant mental health problems by age 13 than those who still did not have one.[55]

- Cyberbullying has been associated with depression, anxiety and social withdrawal among children and adolescents.[56]

- Some evidence suggests that higher and particularly harmful screen use is associated with increased risk of self-harm and suicidal behaviors, especially among adolescents.[57]

- Some forms of screen use, particularly social media, have been associated with increased likelihood of substance use, including alcohol and tobacco,[58] although findings are heterogeneous and may reflect underlying risk factors.

- Social media use has been associated with body dissatisfaction and disordered eating behaviors, particularly among adolescents.[59]
- Higher levels of screen time have been associated with increased symptoms of depression and other internalizing problems.[60]
- Adolescents may also be exposed to online exploitation, including sextortion, which can result in significant psychological distress, fear, shame, and risk of self-harm.[61]
- Frequent use of social media is related to current tobacco or nicotine use, alcohol use, and binge drinking (having 4 or more drinks in about 2 hours) and any lifetime use of marijuana.[20]
- Seeing a social media post about drugs or alcohol in the past 12 months was significantly associated with greater likelihood of using alcohol, cannabis, or e-cigarettes.[62]

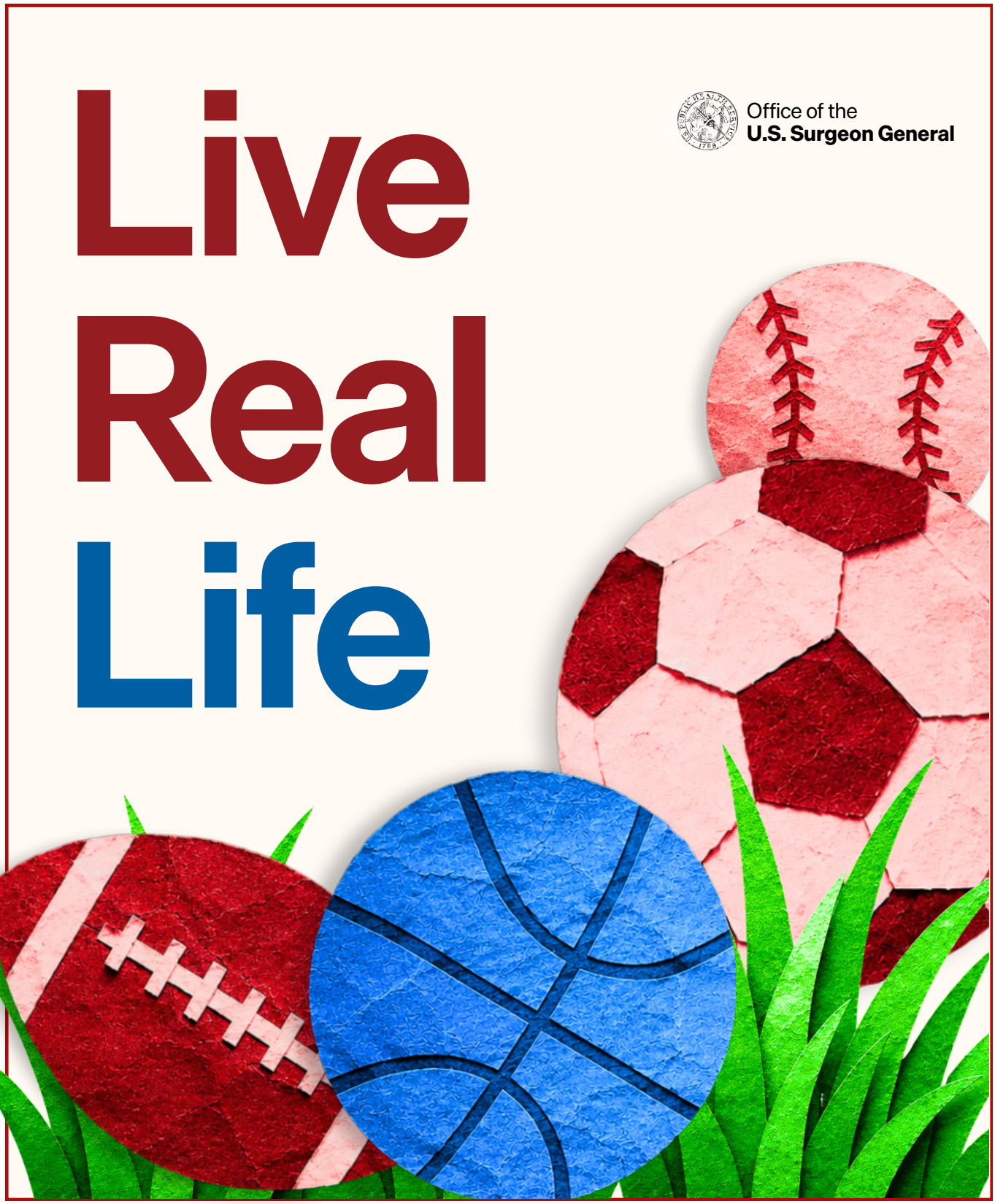


FIGURE 4: LIVE REAL LIFE

From Evidence to Action

Prioritize completion of desirable activities first, such as chores, homework, music, or sports before screen use.

Reducing the negative impacts of harmful screen use requires acting with urgency and empowering caregivers and communities by providing them with evidence-based tools and strategies organized around "the 5 Ds."

- **Discuss**: Set expectations for all household members for healthy screen use. Discuss with youth what they are viewing, who they are interacting with, and how it makes them feel. Use parental controls and household rules that align with your goals.

- **Do**: Model the healthy screen use behaviors you would like to see. Children and adolescents pay attention to the actions of their caregivers and trusted adults. Be conscientious about how much time you spend on screens and what type of content you consume. When using screens, do so together.

- **Delay**: Delay screen time from the earliest age as long as possible and then establish and normalize age-appropriate limits on time and content accessible. Parents and caregivers can also delay access to different devices by age.

- **Divert**: Provide alternatives so screen use is not the default when children are bored. Redirect attention and provide opportunities for healthy activities, such as physical activity. Prioritize completion of desirable activities first, such as chores, homework, music, or sports before screen use.

- **Disconnect**: Create regularly scheduled, screen-free times in everyone's day, such as mealtimes where everyone disconnects. Practice screen-free time before bedtime for better quality sleep and avoid sleeping next to devices. Avoid multitasking with screens during activities. Detox completely from certain devices, media, or platforms when they have become a problem or when another goal is more important.

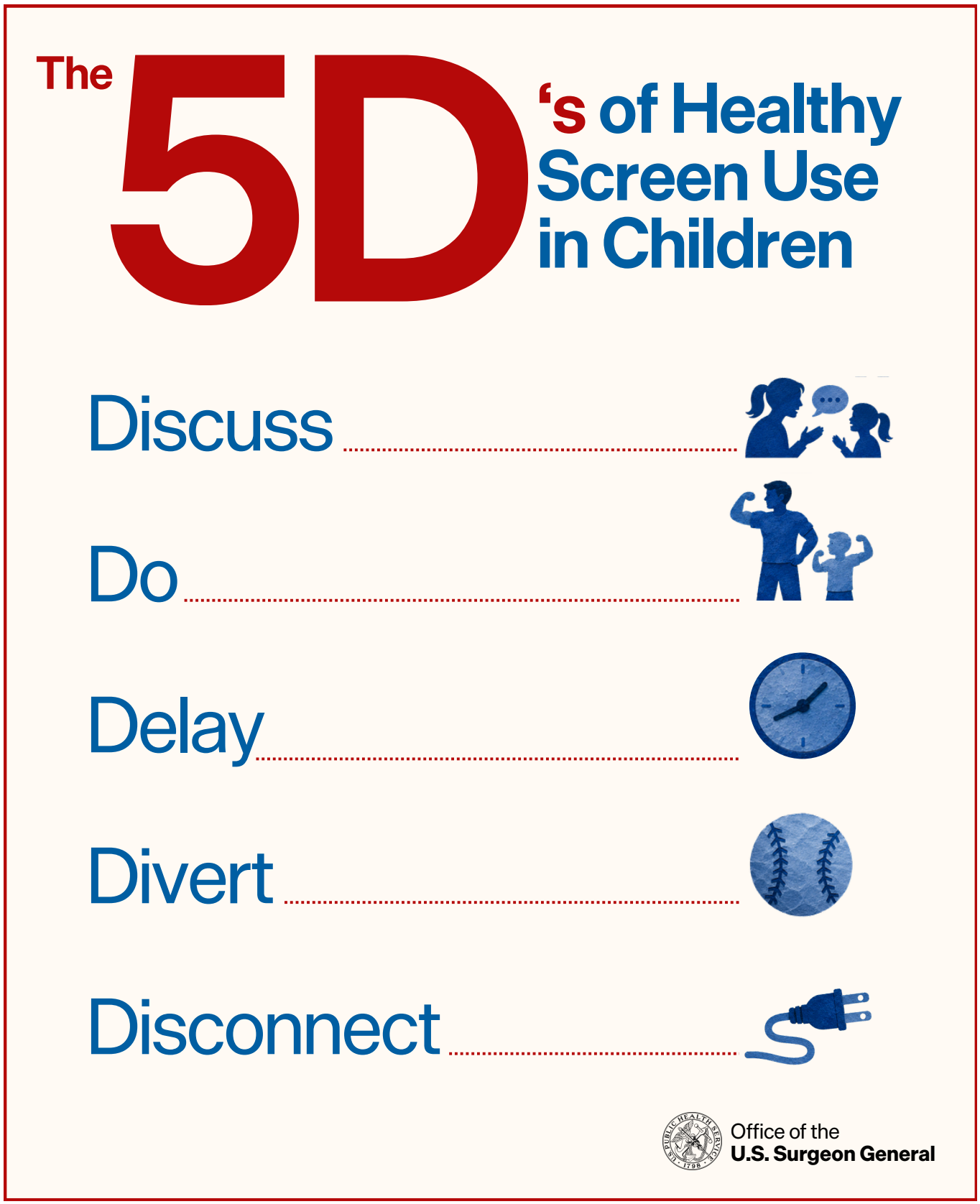


FIGURE 5: THE 5 DS OF HEALTHY SCREEN USE IN CHILDREN

What We Can Do

Prioritize completion of desirable activities first, such as chores, homework, music, or sports before screen use.

There is a substantial and growing body of research on child and adolescent screen use. Although the evidence continues to evolve, there is increasing recognition that certain kinds of screens and patterns of screen use can pose real harm to children. Because technology is now embedded in daily life and is not going away,

> we cannot wait for every question to be settled before acting.

With support from schools, communities, federal, state, and local governments, together we can shift the cultural norms around screens and help our children be healthier and happier nationwide. To this end, we have developed calls to action that provide practical, audience-specific recommendations for youth, families, schools, health care professionals, policy makers, and tech companies.

If you or someone you know is experiencing a mental health crisis, call or text 988 for immediate or other confidential help.

Youth can:

- **Protect yourself and others online.**
  - Be cautious about what you share about yourself online. Be selective about what you share on social media and in smaller, private groups. Others can take what you share and may distribute it more widely than your intended original audience.
  - If contacted by someone online with requests that feel wrong, they probably are. Talk with a trusted adult and/or report the user on the platform.
  - If someone threatens to share explicit content unless you meet their demands, it's a crime called sextortion. Don't respond. Save any evidence (like screenshots), tell a trusted adult, and report it to law enforcement and the platform.
  - Track your screen time. Learn how much time you are spending on screens beyond what is required for schoolwork, and track that against your goals.
  - Take breaks and create boundaries. Deactivate social media if needed, turn off notifications, and mute, unfollow or block accounts that do not make you feel good about yourself.
  - Reach out for help. If you or someone you know is experiencing a mental health crisis, call or text 988 for immediate or other confidential help.
- **Disconnect from screens and live real life.**
  - Do a digital detox to help you understand how screens affect your life and re-evaluate what you want your screen time to look like in the long term.
  - Find ways to participate in extracurricular activities at school or volunteer in your community.
  - Go outside and explore parks, playgrounds, and libraries.

- Connect with friends in safe places.
- Make sure you get enough sleep, eat healthy, real foods, and move your body every day.

- **Use screens and social media to find joy.**
  - Connect with friends and family members through text, videochat, social media, or video games.
  - Explore interests and skills, such as researching one of your passions or learning about a new hobby.
  - Find online communities that align with your interests and values.

Be present in the moment and use screen-free time to connect with children without distraction.

Families can: [9,10,63]

- **Create a family media plan.**
  - Talk with your family about overall screen use. Ask about joys and concerns around digital media, both time and content, and discover healthy family priorities together.
  - A family media plan can cover who can use what screen, where, when, which content, and for how long.
  - Suggested screen time limits could be: none for children under 18 months old, less than 1 hour per day for children under 6, and 2 hours per day for 6–18-year-olds.[10]
  - Remove devices from children's bedrooms overnight. Create additional screen-free zones and times of the day, such as screen-free meals.
  - Create a communication plan with your child to avoid school day interruptions and use tools and settings on your child's device to minimize distractions during activities that should not be interrupted.
  - Consider a digital detox for your family to help reset unhealthy screen habits and reduce compulsive use at any age.
- **Model healthy behavior.**
  - Be present in the moment and use screen-free time to connect with children without distraction.
  - Create experiences that can displace screentime, such as going for a walk outside, cooking a healthy meal together, or checking out books and programming at the local library.
  - Ask permission from family members before sharing images or information about them online.
  - Demonstrate priorities by fulfilling your own responsibilities before engaging with digital media.

- Model and create opportunities for good, sufficient sleep, access to healthy, real foods, and physical activity.
- Find families with similar values around digital media and exchange ideas and best practices.

- **Delay access to screens and use parental controls as necessary.**
  - Delay giving children access to tablets, smartphones and social media as long as possible.
  - Discuss why you are limiting or controlling access to certain devices, platforms, or media.
  - Review the content your child is watching. Some content can be beneficial to a child's well-being, but content that is violent, frightening, sexually explicit, age-inappropriate, misleading, or that models unsafe behavior can be harmful to children.
  - Report harmful or illegal interactions to the platform and law enforcement.

Limit screen use by assigning work in books or on paper whenever possible.

Schools can:

- **Implement bell-to-bell ban policies to limit or eliminate multitasking during school hours.**
  - Implement bell-to-bell school cell phone policy restrictions to minimize screen time during the school day.[64,65]
  - Benefits of a full smartphone ban can include reduced distraction and improved focus for students, enhanced test scores and academic performance, improved peer relations and reduced cyberbullying, and mental health benefits by disconnecting.
  - Limit screen use to support teachers and enable distraction-free teaching.
  - Allow exceptions for students who need devices because of an individualized education program, a plan related to Section 504 of the Rehabilitation Act, health monitoring, or emergency circumstances.
- **Teach digital citizenship and literacy skills.**
  - Consult resources and toolkits that support schools in integrating these skills into health education and other classes.[66,67]
  - Create awareness around cyberbullying and its harms. Set expectations on how cyberbullying will be addressed.
  - Make individually-accessible devices available in a computer lab.
  - Invest in physical textbooks and prioritize pen-and-paper curricula, hands-on activities, and social activities for all grade levels.
  - Limit screen use by assigning work in books or on paper whenever possible.
- **Create opportunities to displace screen time.**
  - Build in more opportunities for physical activity during and after the school day to help students meet the nationally-recommended 60 minutes of physical activity daily. [48]

- Offer access to games and activities that encourage physical activity and social interaction among students during lunch or recess periods.
- Offer a variety of extracurricular activities to help reduce harmful effects of screen use.
- Implement school policies and practices aimed at improving diet, physical activity, sleep, and mental health.

Health Care Providers can:[10]

- **Include questions about screen usage in annual well-child visits.**
    - Ask questions about a child's screen use and online life. For younger children, ask parents about their rules regarding time limits, content, and alternative play activities. For older children, ask them what their family's media rules are, what types of media they use, how media makes them feel, and whether it leads to any problems.
    - Learn to recognize harmful screen use and its relationships to important health outcomes such as nutrition and sleep. For children struggling with sleep, school, healthy weight, mental health, or behavioral issues, inquire about how the child's media use might play a role in the problem.
    - Use motivational interviewing[68] to identify changes in screen time rules that may help the child attain healthier sleep, physical activity, homework, or time with family, friends, or alternate activities.
    - Recommend creating a Family Media Plan and regular family discussions about media.
- **Model healthy behaviors.**
    - Avoid judgmental approaches and encourage a collaborative approach. Support families facing real constraints on time and resources.
    - Model face-to-face interactions with children and their caregivers, whenever possible.
- **Keep up to date about screens.**
    - Commit to lifelong learning about screen and digital media use. As the digital world evolves, keep up with changes in the devices and technology products children use, their risks and benefits, and available safety settings.

Evaluate bell-to-bell school cell phone policy bans.

Researchers can:

- **Prioritize research about long-term impacts from screens.**
  - Comprehensively assess the four domains of well-being impacted by excessive screen time and type of screen activity (e.g., cognitive, academic, psychological, and physical).
  - Gain a better understanding of how the impacts of screen time vary depending on the content viewed and the degree of interaction with it.
  - Follow children and adolescents to better assess the short- and long-term impacts of different types and durations of screen use and distinguish between correlation and causation.
  - Identify developmental windows of vulnerability.
  - Continue studying the best approaches to make digital technology and media use sufficiently safe for children and adolescents across developmental ages, stages, and backgrounds (e.g., socioeconomic status, disability, sex, rural vs urban settings, etc.).
  - Conduct longitudinal, interventional research to identify the most effective approaches for reducing harmful media use and promoting healthy media practices across development.
  - Continue to explore the effect of blue light on the brain and eyes.[27]
- **Develop a robust research agenda around technology in schools and educational outcomes.**
  - Evaluate bell-to-bell school cell phone policy bans or restrictions to assess the components of an effective school cell phone or device policy.
  - Conduct longitudinal studies on the overall outcomes associated with technology use in classrooms.

- **Enhance research coordination, collaboration, and accessible communication.**
    - Investigate protective factors and best practices to support evidence-informed communication and recommendations to the public and youth-serving organizations.
    - Develop objective, standardized measures of screen use based on device-level data rather than youth or parental self-report.

Policymakers can:

- **Empower parents through laws that demand child safety and privacy protection.**
    - Pursue policies that provide parents with robust controls to manage their children's screen time, privacy settings, content exposure, and account controls.
    - Establish privacy-protective age-assurance requirements for digital platforms and services likely to be accessed by minors.
    - Require digital platforms and services likely to be accessed by minors to have features that reduce the risk of sexual exploitation and self-harm.
- **Fund comprehensive, independent long-term research about mental and physical health outcomes.**
    - Continue measuring and studying children's use of screens and health outcomes.
    - Investigate emerging concerns such as chatbots, sextortion, and online gambling.
    - Consider implementing and measuring the impacts of bell-to-bell policies to restrict phone use throughout the school day.
- **Build strong, resilient communities through legislation.**
    - Support the development, implementation, and evaluation of digital and media literacy curricula in schools.
    - Take steps to increase safe access to alternative activities such as parks, playgrounds, recreation centers, libraries, and after-school programs.
    - Share and amplify messages about harmful screen use and promote healthier activities to inform and motivate parents to seek out screen-free activities.

Technology Companies can:

- **Design for user well-being, not engagement.**
  - Display a warning about harmful screen use before each use.
  - Nudge children to engage in other activities that have health benefits, such as spending time with friends, going outside, or engaging in physical activity.
  - Eliminate features designed to maximize screen time, such as autoplay videos, infinite scroll, recommendation algorithms, and reward notifications.
- **Prioritize child safety and privacy.**
  - Ensure default settings for children are set to highest safety and privacy standards.
  - Adhere to and enforce age minimums for usage through robust, privacy-protecting assurance methods.
  - Support transparency and independent research about the effects of screen use on children.
  - Disable notifications for children's accounts and implement a bedtime and school mode.
  - Do not recommend minor accounts to adult users and prevent direct messages to minor accounts from strangers.
  - Do not allow deceptive patterns to trick children into unintended actions.
  - Ensure emergency communication is available regardless of mode.
  - Establish scientific advisory groups to inform approaches and policies.
  - Publish policies that outline how the company will respond to reported inappropriate conduct on the company's platform.

- **Create ways for children and caretakers to view, use, opt out of features, and control access.**
    - Provide effective parental controls that are accessible and understandable. The defaults for minors should be set for high privacy, low-data-collection, and age-appropriate content settings that don't require parental opt-in.
    - Allow users and parents of users to opt out of certain addictive design features, like infinite scroll, autoplay, recommendation algorithms, and post metrics (e.g., "likes").
    - Incorporate metrics and dashboards to provide easy-to-understand data about time spent on apps and the nature of content consumed, helping children and parents monitor screen use and make informed decisions.

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