



# healthy start



## Help Your Children Breathe Easier

Pollution causes big problems for little lungs, even in areas outside of cities

Here's something that can take your children's breath away:

*The air they breathe.*

Air pollution hurts infants and children more than adults, studies show. The reasons? Kids' lungs are still developing, they breathe faster and they spend more time outdoors.

Problems crop up at pollution levels once thought safe, says the American

Academy of Pediatrics (AAP). Trouble can start at birth or even in the womb. Bad air can worsen asthma and cause more asthma-related hospital stays.

Studies also link air pollution with premature births, infant deaths and slow lung growth, the AAP says. In fact, it may even cause asthma.

These problems don't just occur in big cities or near industries.

"Just because there is not a major source of air pollution in your neighborhood doesn't mean that the air your child breathes is clean," says Maynard Dyson, MD, a pulmonologist with Cook Children's Medical Center.

"Even in suburban areas, where the region may have relatively clean air, there are now studies that show being near areas of high traffic can increase risk," adds Janice J. Kim, MD, PhD, a member of AAP's Committee on Environmental Health. In rural areas, the weather can blow pollution from



the city into the countryside.

"You can't totally avoid it. All of us have to breathe," says Dr. Kim, who is also a health officer for the California Environmental Protection Agency. The most important steps you can take, she says, are to support clean air measures and help raise awareness of the problem.

Dr. Dyson points out that air pollution does not just affect children with lung disease, but all children to some degree.

"We should all pay attention to the color code alerts and limit exposure when air quality is poor," says Dr. Dyson. "I would also suggest scheduling vigorous activity in the morning since air pollution increases during the day." ♦



**Maynard Dyson, MD, is a pulmonologist at Cook Children's Medical Center.**

### Keep Bad Air From Hurting You and Your Family

- Restrict outdoor time on days with poor air quality for all children, not just those who are asthmatic or very sensitive to air pollution. To find local air quality listings, visit <http://airnow.gov>.
- When you or your kids go for a walk or a bike ride, take a route far from heavy traffic.
- If you live near a busy road, close your doors and windows during peak travel hours. Turn your air conditioner to "recirculate."
- Cut the idling time of your cars. Don't let them run in the garage, which can cause carbon monoxide poisoning.
- Carpool and use mass transit whenever you can.
- When you drive, stay far behind trucks, buses and other vehicles if you see smoke coming from their tailpipes.
- Urge school officials to reduce buses' idling time.



# Protect Your Child From Injuries

From seat belts to safety gates, simple steps keep kids safe

Every day, injuries send 25,000 children to emergency rooms and urgent care clinics. Simple precautions could head off most of those trips.

At routine visits, ask your pediatrician for safety tips that fit your child's age. Here's some additional advice:

- Use safety seats or seat belts in the car.
- Make sure children use bicycle helmets, knee pads and other safety gear when at play.
- Keep poisons, such as cleaning liquids and medications, out of children's reach.
- Install safety gates and window guards to prevent falls.
- Never leave young kids alone around a pool, bathtub or even a bucket of water.
- Secure choking hazards, such as toys with small

**Debra Valis, MD,** is a pediatrician at Lewisville Urgent Care Center, Cook Children's Medical Center.



parts, dangling window blind cords and lightweight plastic bags.

- Set your water heater to 120 degrees Fahrenheit to prevent burns.

In addition, it's important to know when to take your child to an urgent care clinic and when to go to the emergency room.

"Urgent care clinics are designed to evaluate and treat patients with minor illnesses and injuries, such as fevers, sore throats, earaches, sprains, bruises and minor nongaping cuts," says Debra Valis, MD, a pediatrician at Cook Children's Medical Center's Lewisville Urgent Care Center. "More potentially serious illnesses and injuries, such as convulsions, loss of consciousness, gaping cuts and severe difficulty breathing, should be assessed in a hospital emergency department."

For operating hours and maps to Cook Children's Medical Center Urgent Care Centers (in Fort Worth, Hurst and Lewisville), go to [www.cookchildrens.org](http://www.cookchildrens.org). Click on *Physicians & Services, Find a Service*, and scroll down to *Urgent Care*. ❖



## Reasons to Go to the Emergency Room or Urgent Care Clinic

- Trouble breathing
- Chest or abdominal pain or pressure
- Repeated vomiting or diarrhea
- Fainting, sudden dizziness or confusion
- A fever that doesn't respond to medication

# Take a Hard Line Against Soft Drinks

It's tough to make moderation work, so switch to milk, water and juice with no added sugar



Children often trade milk cartons for soda bottles when they hit their preteen years.

Those kids also tend to eat fewer fruits and vegetables, get less calcium and take in more calories. Since one in seven U.S. youths weighs too much, that alarms health professionals.

Soft drinks can't take all the blame for the weight crisis. But drinking less soda is one clear way to reduce calories.

"The issue of calories in liquids is an important one in combating obesity in children," says Cathy Nonas, RD, author of *Outwit Your Weight*, who works with obese and diabetic patients in New York City. Although your child's diet won't be ruined if he drinks soda in modest amounts, it can be hard to stick to that goal. Children often gulp down a 20-ounce bottle, equal to 2½ servings.

"I think it's very hard to drink something like a soft drink in moderation," says Ms. Nonas. Instead, she suggests parents stop serving soda. "It's easier to cut out the whole thing for children than modify something that's so pervasive, and in large portions."

**"The issue of calories in liquids is an important one in combating obesity in children."**

**—Cathy Nonas, RD  
author of *Outwit Your Weight***

Luckily, nutritious substitutes are close at hand. Start with milk, says Theresa Nicklas, DrPH, professor at the Children's Nutrition Research Center at Baylor College of Medicine in Houston. ❖

## Plan to Save Lives

How your child fares in an emergency depends on plans you make today. With some work, you can cover all your bases and SAVE LIVES:

- Save records of immunizations and medical conditions.
- Address medications by knowing their names and dosages.
- Validate phone numbers to call for an emergency. Not all areas have 911.
- Enhance your house address so emergency crews can find you.
- List allergies and drug reactions so treatment doesn't cause harm.
- Instruct children on how to reach and speak to emergency workers.
- Verify insurance coverage for emergencies.
- Educate yourself with first-aid classes.
- Stock first-aid supplies.



## Pour It On

- Give children three cups of fat-free or low-fat milk or milk products a day. Serving it cold makes it more inviting, Dr. Nicklas says.
- Offer water in a fun bottle.
- Steer teens toward diet sodas when soft drinks are on the menu. "If a child is going out and everyone else is getting a soft drink, sugar-free is an okay alternative," Ms. Nonas says. But preteens should not drink much diet soda full of artificial sweetener.
- Give a child one serving of 100 percent fruit juice each day if you wish, says Dr. Nicklas. Avoid fruit drinks and iced tea with added sweeteners. Dilute super-sweet drinks with water.

## [ health bits ]

### New Steps May Help Block SIDS

Putting babies to sleep on their backs has caused a sharp drop in sudden infant death syndrome (SIDS). Yet doctors still blame SIDS for more U.S. infant deaths than any other cause. The American Academy of Pediatrics (AAP) has revised its SIDS advice to deal with some new issues. The AAP:

- No longer thinks it's okay to put babies to sleep on their sides. Every caregiver should put a baby to sleep face up for each sleep period.
- Doesn't recommend bed sharing during sleep. You can bring infants into your bed to nurse or comfort them, but put them back in their cribs or bassinets (perhaps in your bedroom) when you want to go back to sleep.
- Suggests you use pacifiers at nap time and bedtime through the first year of life. Research shows a link between pacifier use and reduced SIDS risk.

The AAP also urges parents to use a firm sleep surface, keep soft objects and loose bedding out of cribs, and not smoke during pregnancy or around the baby.



### Make the Food Pyramid a Blast for Kids

Do you and your kids need help sorting out the government's new food pyramid? Check out "MyPyramid for Kids" at [www.mypyramid.gov/kids](http://www.mypyramid.gov/kids) for a kid-friendly version. "This is a fun approach to addressing the very serious problem of childhood obesity," says U.S. Agriculture Secretary Mike Johanns. The site offers tips for parents, lesson plans for teachers and an interactive game for kids. In the game, called MyPyramid Blast Off, a rocket needs fuel to take off. Students have to pick a healthy set of foods and physical activities to fuel their rockets.

### Passengers Worsen Teens' Driving

Teens are more likely to tailgate and speed with other teens in the car, a study shows. "The findings indicate that teen risky driving increases in the presence of teen passengers, particularly male teen passengers," says Duane Alexander, MD, director of the National Institute of Child Health and Human Development, which did the study. Researchers watched teens leave 10 high schools in suburban Washington, D.C., and pass observation points. On average, the 471 teens drove 1.3 mph faster and, at 40 mph, followed about 10 feet more closely than other drivers. Both boys and girls drove faster and followed more closely if they had a male teen passenger when compared to teens who had no passengers or had a girl in the car.

### More Boys and Girls Join Sports

The number of boys and girls in high school sports rose for the 16th straight year in 2004–05, according to a survey by the National Federation of State High School Associations. Nearly 53 percent of students — more than 7 million — take part in sports. Some key survey results:

- Girls' involvement, 2.9 million, set a record. The boys' total, 4.1 million, was the highest in 27 years.
- Basketball was the girls' top sport, followed by outdoor track and field, volleyball, fast-pitch softball and soccer.
- Football was the boys' leading sport, followed by basketball, outdoor track and field, baseball and soccer.
- Track and field gained the most girls last year. Among boys, football drew the most new players.



# Car Safety 101

Seat belts, booster seats are important for every child, on every ride

**F**or many families, summer involves traveling — whether it’s driving across town for a fun day at the zoo or across the state to visit grandma and grandpa. But no matter where you’re heading this summer (and every other season of the year!), it’s important to make sure that all passengers in your vehicle, especially children, are properly restrained by seat belts, booster seats or child car seats.

Motor vehicle crashes are the leading cause of unintentional injury-related death among children ages 14 and younger. Nearly 1,600 children age 14 and under die in motor vehicle crashes each year and nearly 228,000 are injured.

But your child doesn’t have to be a grim statistic.

“Studies show that four out of five car seats are misused,” says Terri Ford, coordinator of Safe Kids Tarrant County, led by Cook Children’s Medical Center in Fort Worth. “If we can educate parents about how car seats can save children’s lives in a crash and then teach them how to install car seats correctly, think of the lives we might all save together.”

Safe Kids cites state child passenger safety laws as an important starting point, but one that does not go far enough to keep kids safe.

“Although the Texas Child Occupant

Protection Law was changed in September 2005 and is better than before,” says Ms. Ford, “we don’t feel it goes far enough to protect children. That’s why we educate parents about Best Practices recommended by the National Highway Traffic Safety Administration and the American Academy of Pediatrics.” (See *Recommended Guidelines* on page 5.)

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— Terri Ford, Safe Kids Tarrant County

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In addition, Safe Kids Tarrant County sponsors car seat checkup events several times a year throughout the area. Certified child passenger safety technicians work with parents one-on-one to teach proper installation of car seats.

One of the things that many parents do not know about is the importance of booster seats for children who are under 8 years of age and weigh more than 40 pounds.

“Booster seats are necessary because seat belts in cars are made for adults, and kids don’t fit into them until they are adult-sized,” says Ford.

According to Safe Kids Worldwide, the use of booster seats lowers the risk of injury to children in crashes by 59 percent. One recent survey shows that 80 percent of parents whose children were in the correct age and size range for booster seats were not using the seats. “Of course, parents are unintentionally putting their child at risk by not using booster seats,” says Ford.

“Car seats and booster seats are designed to protect children and make them comfortable at the same time,” she adds.

“There’s nothing comfortable about a too-big safety belt cutting into a child’s stomach or pressing against his face. Plus, kids who ride on booster seats can easily see many things they would otherwise miss.”

Safe Kids Tarrant County is part of Safe Kids Worldwide, a global network



## To Learn More

For more information about water, playground, helmet and car seat safety, or to schedule an appointment to have your child’s car seat checked by a certified child passenger safety technician, call 682-885-4244.



of organizations dedicated to preventing accidental injury. Safe Kids Tarrant County offers information to parents about water safety, safety on wheels (the use of helmets and other protective equipment when riding bikes and scooters) and car seat safety. For more information, call 682-885-4244, or go to [www.cookchildrens.org](http://www.cookchildrens.org) (click on *Health Information*) or [www.safekids.org](http://www.safekids.org). ❖

## Rules For All Children Riding in Cars

- Children ages 12 and under should always ride in the backseat.
- Everyone in the car must buckle up on every ride, regardless of whether they use a car seat, booster seat or regular seat belt.
- All car and booster seats must have all appropriate parts, labels and instructions.
- Never use a car seat that has been in a moderate or severe crash.
- Always follow the instructions for your car and car seat so that your child is buckled up right on every ride.
- For the best protection, children should always sit upright and in position, never leaning against the door or the sides of the seat.

## What Safety Precautions Are Appropriate at What Age?

### INFANTS

**If my child is a newborn up to approximately 18 months old:**

- She always rides in the backseat and never in front of an activated air bag.
- She always rides in a car seat made for infants her size.
- She faces the back of the car in her car seat.
- Her car seat is buckled tightly in the car and doesn't move more than one inch when I pull it at the belt path.
- The harness straps are snug on her.



### TODDLERS

**If my child is at least 1 year old and 20 to 40 pounds:**

- He always rides in the backseat and never in front of an activated air bag.
- He always rides in a car seat made for children his age and size.
- His car seat is buckled tightly in the car and doesn't move more than one inch when I pull it at the belt path.
- The harness straps are snug on him and there is no slack in the webbing.

### YOUNG KIDS

**If my child is less than 8 years old and over 40 pounds:**

- She always rides in the backseat and never in front of an activated air bag.
- She always uses the vehicle's lap/shoulder belt with her booster seat.
- The shoulder belt rests snugly on her shoulder across her chest, instead of on her neck.
- The lap belt of the vehicle's lap/shoulder belt is on her hips, touching her legs — not on her stomach.
- She always rides in a booster seat.
- Her safety belt is snug, flat and comfortable.
- There is no slack in the seat belt.



### OLDER KIDS

**My child fits in a vehicle seat when:**

- His knees bend over the edge of the vehicle seat.
- There is no slack in the seat belt.
- His rear end touches the back of the seat and remains there during the whole ride.
- The lap belt is on my child's hips, touching the top of his leg.
- The shoulder belt rests snugly on the shoulder across his chest, instead of on his neck.
- His safety belt is snug, flat and comfortable (otherwise, if the safety belt does not fit correctly, he uses a booster seat).

## Recommended Guidelines

Best Practices recommended by the National Highway Traffic Safety Administration ([www.nhtsa.dot.gov](http://www.nhtsa.dot.gov)) and the American Academy of Pediatrics ([www.aap.org](http://www.aap.org)):

- All children ages 12 and younger should ride properly restrained in the backseat.
- Children should ride rear-facing until they are at least 1 year of age and at least 20 pounds. **For optimal protection, the child should remain rear-facing until he or she reaches the maximum weight and height for the car seat.**
- Rear-facing car seats should never be placed in the front seat of a vehicle equipped with an activated passenger air bag.
- Children who weigh more than 40 pounds and are less than 4 feet, 9 inches tall should ride in a federally approved car seat or booster seat until they fit adult seat belt restraints.

The Texas Child Occupant Protection Law forbids children younger than 18 from riding in the open bed of a pickup truck or trailer (for exceptions, see Texas Transportation Code 545.414) and requires that all front seat occupants of passenger vehicles, regardless of age, be buckled up.

# Concussions: Caution Is a No-Brainer

Know the signs and bench kids until the danger passes

It's better to miss a game than a whole season. That's the key message of a campaign by the Centers for Disease Control and Prevention (CDC) aimed at an underrated health threat: sports-related concussions.

A concussion is a traumatic brain injury (TBI) caused by a blow or jolt to the head. While concussions range from mild to severe, they're all serious injuries that can harm the way the brain works. More than 300,000 TBIs occur in U.S. sports and recreation each year, the CDC says. Many athletes never lose consciousness.

"Most concussions will resolve spontaneously, but persistent symptoms can be a sign of a more serious problem," says Warren Marks, MD, a neurologist at Cook Children's Medical Center in Fort Worth. "Evaluation by an experienced professional is appropriate. Concussion symptoms that do not resolve within three months need more detailed testing."

Concussions can happen to any boy or girl in any sport, says CDC epidemiologist Julie Gilchrist, MD. Their effects, such as memory problems, can cause trouble for life. When young athletes have a flawed memory, she says, "they can have difficulty



**Warren Marks, MD,**  
is a neurologist at Cook  
Children's Medical Center.



concentrating in school, relating to kids or sleeping well, and these things can have long-term, devastating consequences."

One serious danger occurs when athletes go back to the game before they fully recover from a concussion. In such a case, even a mild blow can cause second-impact syndrome. That can lead to brain swelling, brain damage and even death.

"The established guidelines for returning to sports after a concussion are designed to protect the athletes," says Dr. Marks. "As physicians and parents, that is our primary focus. It is important for everyone involved with student athletes to be aware of the signs of concussion — coaches, trainers, teachers, parents, friends and the athletes themselves."

Parents should make sure that children wear the right safety gear during all practices and games and make sure that schools have a concussion plan. If you think your athlete has a concussion, the CDC says:

1. Seek medical help at once.
2. Bench your child until a health care professional who knows the return-to-play guidelines says it's okay to play.
3. Tell all your child's coaches about any recent concussion.

Parents, athletes and coaches can find a free concussion tool kit at [www.cdc.gov/nccipc/tbi/Coaches\\_Tool\\_Kit.htm](http://www.cdc.gov/nccipc/tbi/Coaches_Tool_Kit.htm). ❖

## Signs and Symptoms

### Signs seen in athlete by others:

- Appears dazed or stunned.
- Seems confused about an assignment.
- Forgets plays.
- Is unsure of game, score or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness.
- Shows behavior or personality changes.
- Can't recall events prior to hit.
- Can't recall events after hit.

### Symptoms cited by athlete:

- Concentration or memory problems
- Balance problems or dizziness
- Headache
- Nausea
- Double or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish
- Feeling foggy or groggy
- Confusion



# Make Net Gains as a Parent

Used wisely, the Web offers a lot of value

The Internet can help you track your child's development, find expert advice and learn the right questions to ask your pediatrician.

But it pays to surf the Net with a wary eye. Online information can be biased, out of date or too commercial. "You have to become media literate so you can evaluate what you're looking at," says Ilene Raymond, author of *A Parent's Guide to the Internet*.

### Here's how to use this potent tool:

- **Understand its limits.** If your child has a chronic illness, the Net can help you learn about it and keep

# The ABCs of Getting ZZZs

Wake up to the need to help your child get enough sleep

A hearty night's sleep is as important to your child as a good breakfast. Without enough shut-eye, children are more prone to struggle in school or on the field, have regular meltdowns and suffer depression, studies show.

Yet a whopping 69 percent of U.S. kids have one or more sleep problems a week, says Jodi Mindell, MD, vice chairwoman of the National Sleep Foundation (NSF). That includes trouble getting to sleep or staying asleep. "Kids are sleeping less today — about four hours less a week — than they did a decade ago," she says.

This can make it tough for your child to solve problems and



current. "But no matter how much research you do, the Internet won't make you a doctor," says Ms. Raymond. "You should never change your child's medication or treatment based on something you found on a Web site."

- **Check for freshness.** "Look to see when a site's content was last updated, and be wary of those with content older than six months," says Ms. Raymond. The

best sites have content that's amended daily.

- **Focus on unbiased sites.** Bookmark Web pages run by the government, top medical academies, well-known national organizations, pediatricians' groups, Cook Children's or the health experts of major universities or teaching hospitals.
- **Visit parenting magazines online.** You can find parenting tips at sites such as

[www.parents.com](http://www.parents.com), [www.parentsoup.com](http://www.parentsoup.com) or [www.babycenter.com](http://www.babycenter.com), Ms. Raymond says.

- **Use caution with commercial sites.** Does the sponsor make or sell drugs, supplements or other health-related products? For example, you may not learn about the value of breast-feeding on the site of an infant-formula firm.
- **Use the Net for homework help.** For instance, [www.awesomelibrary.org](http://www.awesomelibrary.org) sorts out the Web with 20,000 carefully reviewed resources about subjects from the arts and math to geography and science.
- **Teach safe Net use.** Ms. Raymond suggests you make a written contract with your child stating she won't give out personal information, such as an address or your credit card number, without your okay. Under the contract, your child should tell you at once if a site makes him uncomfortable. ❖

### To Learn More

For health and safety issues affecting children, go to [www.cookchildrens.org](http://www.cookchildrens.org).



memorize lessons, which can lower grades and self-esteem.

"When evaluating a child with disruptive behavior or academic problems, we inquire about home structure, stress level and quality of sleep," says Thomas Murphy, MD, director of Behavioral Health Inpatient Services at Cook Children's Medical Center. "Disrupted, inadequate sleep can present as if the child has a learning disorder, disruptive behavior disorder or hyperactive, attention deficit disorder."

Sleep-starved kids are also more easily frustrated and fidgety. A child's sleep

trouble affects the whole family, adds Dr. Mindell. "Parents who are up coaxing a child to bed are robbed of their own valuable sleep."

The best cure, she says, is a consistent bedtime schedule. Stick to a bedtime that permits your 3- to 5-year-old child to get 11 to 13 hours of sleep. A school-age child needs 10 to 11 hours. If the current bedtime is too late, move it 15 minutes earlier each night. Tuck resisters back into their own beds promptly and repeatedly, until they get the message that you expect them to get to sleep on their own.

"In addition, all our treatment interventions, regardless of diagnoses, include lots of exercise, a healthy diet and proper sleep hygiene," adds Dr. Murphy.

### More sound advice for sound sleep

- **Unplug the bedroom.** Turn off TVs, computers and cell phones. Better yet, keep such things out of the bedroom, which should be a stimulation-free zone.
- **Set a wind-down routine.** Start the transition to dreamland with dimmed

lights and a warm bath; end with reading a book. Avoid watching TV just before bedtime.

- **Go decaf.** Drinking any caffeine during the day affects sound sleep. Caffeine lurks not just in coffee and cola, but also in tea and chocolate.
- **Reduce daytime stimulation.** Overbooked kids who rush from band practice to dance class to dinner to homework may be too keyed up at bedtime to unwind. "We advise one activity per season," says Dr. Mindell.
- **Get help.** If, despite these measures, your child still resists bedtime, has nighttime awakenings or snores, talk with your doctor. You can also check the NSF's Web site: [www.sleepfoundation.org](http://www.sleepfoundation.org). ❖



**Thomas Murphy, MD,** is a psychiatrist and director of Behavioral Health Inpatient Services at Cook Children's Medical Center.

# Your Online Children's Health and Information Resource



From asthma to zits, Cook Children's Web site at [www.cookchildrens.org](http://www.cookchildrens.org) offers a range of children's health and safety information. To access the information from Cook Children's home page, click on "Health Information — Conditions and Diseases."

On the Web site, visitors also will find quizzes, stories from Cook Children's patients, information on a variety of Cook Children's charitable programs, a secure format allowing visitors to make charitable donations with their credit cards and much, much more. ❖

[www.cookchildrens.org](http://www.cookchildrens.org)

Visit [www.cookchildrens.org](http://www.cookchildrens.org) today!

## Children's Hospitals Lead Abuse Treatment and Prevention Efforts

Most parents don't want to hurt their child intentionally. But the stress of an infant who won't stop crying or the daily trials of caring for a child with special needs can overwhelm even the most loving mother or father. Whether you're struggling to build positive discipline skills or have seen another parent or caretaker abuse a child but don't know what to do, your local children's hospital can help.

Nearly 3 million cases of suspected abuse and neglect are reported in the U.S. each year. Children's hospitals are the undisputed leaders in providing medical care to abused and neglected children. They also teach how to cope with the frustration and anger every parent feels at times. Children's hospitals provide classes, fact sheets and more to guide parents through child rearing, as well as support groups for parents struggling with the same frustration.

Worried that a child you know or see in a public place is being maltreated? Children's hospitals can help connect you to a community resource where you can anonymously report your concerns.

Some parents worry that if their child is injured by accident, not through abuse, they will be suspected of abuse at a hospital. Children's hospitals are working on a seamless, timely and



effective system of abuse response that helps protect innocent parents and provides medical care and emotional healing to the most vulnerable children.

Working with children's hospital leaders, pediatricians and allied groups, NACHRI developed *Defining the Children's Hospital Role in Child Maltreatment*, a guide to establishing, developing and enhancing child abuse services in children's hospitals. These guidelines help offer the highest level of quality care possible to abused and neglected children. ❖

### To Learn More

For more on children's hospital efforts to prevent and treat abuse and neglect, visit [www.childrenshospitals.net](http://www.childrenshospitals.net) and select "Child Advocacy."

For more on positive parenting, contact The Parenting Center at **817-332-6348**.



**N A C H R I**

National Association of Children's  
Hospitals and Related Institutions  
[www.childrenshospitals.net](http://www.childrenshospitals.net)