

YOUR CHILD'S HEALTH

A Publication of Children's Medical Center



For an online interactive
carseat safety guide, visit
www.childrens.com/carseatsafety.



New state law requires children younger than age 5 to ride in safety seat

As of Sept. 1, 2005, House Bill 183 has required Texas drivers traveling with a child younger than 5 years old and less than 36 inches tall to have the child restrained in an appropriate car or booster seat. Previously, legislation mandated carseats or booster seats for children up to age 4.

Dr. Todd Maxson, chief of Trauma at Children's, provided expert testimony to the House Transportation Committee in March 2005 and to the Senate Committee on Homeland Security and Transportation in April 2005 on the positive effects of properly used child passenger safety seats.

Paula Yuma, Injury Prevention Program manager at Children's, also testified before the Senate Homeland Security and Transportation Committee and addressed concerns expressed by senators about the implementation of the new child seat legislation.

While the new regulations are a step in the right direction, experts at Children's and organizations such as the Dallas Area Safe Kids Coalition — a local chapter of Safe Kids Worldwide — view the law as just a beginning.

"Too often, we see permanent injuries and deaths when car and booster seats are not used," Dr. Maxson says. "These injuries are entirely preventable, and we must do a better job of protecting our children by supporting even tougher booster seat laws. Our current laws do not reflect what medical and safety experts agree is best practice."

Is Your Child Safe in the Car?

Properly installed safety seat is first step to reducing risk

Motor vehicle crashes are the leading cause of death among children younger than age 14. Thankfully, there is a way you can prevent injuries to your children in the event of an accident — by properly restraining them every time you travel.

A correctly installed carseat reduces the risk of death by 71 percent for infants and 54 percent for toddlers. Booster seats reduce injuries to children between the ages of 4 and 8 by 59 percent. If all child passengers ages 14 and younger were properly restrained, an estimated 182,000 serious injuries could be prevented annually.

To be safe in the car, all children less than 4 feet, 9 inches tall and 80 pounds should be secured in a car or booster seat. After that, children younger than age 12 should stay in the backseat with a seat belt securing them on every ride.

The National Highway Traffic Safety Administration reports that as many as 85 percent of all carseats are used incorrectly, diminishing their protective effects. Use the tips below to help secure your child safely in the car.

Tips every parent should know:

- Carseats that are installed correctly will not move more than one inch from side to side or front to back. When installing a carseat, be sure the seat belt is locked either at the buckle or at the retractor, and use the downward force of your body weight in the carseat to help you tighten the seat belt.
- If a carseat has been involved in a crash, or is more than three years old, it almost always needs to be replaced. Used carseats are risky — be

sure you know the history before you accept or buy a hand-me-down seat.

- The middle of the backseat is the safest place to position a carseat. If you can't use the middle, the passenger side is slightly safer than the driver's side.



- Harness straps need to be very snug against the child's body. The harness clip should be placed high on his or her chest.
- The best carseat is one that fits your vehicle and your child, and that you will use on every trip. Not all carseats will fit in all vehicles.
- Always use and install the seat according to the manufacturer's instructions.
- Infants should ride in a rear-facing carseat until they weigh at least 20 pounds and reach 1 year

of age. A child must meet both criteria before they can sit in a forward-facing carseat. The longer the child remains rear-facing, the more protected the head, neck and spinal cord will be.

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Girls' Knees Are Vulnerable in Sports

Precautions can head off painful injuries and even surgery

It's important to keep safety in mind when your child is participating in sports. Visit www.childrens.com for sports injury prevention information.



Here's a scene repeated all too often in high school and college sports: A girl spins, pivots or jumps for a ball, hears an audible "pop" from her leg and falls to the ground. Surgery and months of hard work may lie ahead before she's back in the game.

That "pop," in many cases, is the sound of a ligament giving way in the knee. Girls are several times more likely than boys to suffer injuries of the anterior cruciate ligament, which helps link the upper and lower leg bones.

Among the highest-risk sports: basketball, soccer, field hockey, lacrosse and skiing. Doctors estimate that one in 100 high school girls and one in 10 college women in such sports will hurt an ACL during the four years they play a sport.

Skeletal anatomy, muscle function and other differences between the male and female body make the knee vulnerable, doctors say.

More and more girls are taking part in sports and other forms of exercise. "At the same time, the speed, contact and intensity of sport and exercise have increased,"

says Dr. Philip Wilson, an orthopedic surgeon on the medical staff at Children's Medical Center.

That means more and more girls are getting hurt. Stress fractures, kneecap pain and ankle injuries also are more common among girls in sports. But your young athlete can take steps to reduce injuries:

- **She can look for a program designed to ward off ACL tears.** Such programs strengthen female athletes' legs, including hamstrings. They teach the right way to land after jumping, with knees bent and hips flexed forward.
- **She can strengthen her core muscles.** The trunk, hips, pelvis, abdomen and back are the source of power and foundation for the legs. A program that stresses strength and flexibility for the core muscles can help head off injuries and improve performance.
- **She always can warm up before beginning any activity; take rest breaks; and cool down and stretch after play.** The National Athletic Trainers' Association also suggests cross training, rather than overusing the same muscles by playing the same sport constantly.

Asthma Triggers All Around

Know the steps to reducing the frequency and severity of symptoms



Parents teach their children how to avoid obvious dangers such as fire, choking and sharp objects, but what about the oak tree in the front yard? Though it appears harmless to most, children who suffer from asthma are much more likely to be injured by pollen from trees, grass and weeds than by a hot stove or a pair of scissors.

People with asthma, a chronic lung condition characterized by difficulty breathing, have sensitive airways that overreact to stimuli such as pet dander, air pollution, certain foods or medicines, allergies, changes in the weather, perfumes, pollen and smoke.

Any of the stimuli can cause airway inflammation and airway hyper-responsiveness, leading to one or a combination of the following symptoms:

- Coughing
- Wheezing
- Chest tightness
- Shortness of breath

"Although there is no cure for asthma, there are steps that can be taken to lessen the symptoms of asthma," says Dr. William Neaville, an allergy and immunology specialist

on the medical staff at Children's Medical Center. "The goal of asthma management is to achieve a symptom-free, normal life and to prevent the development of permanent lung damage and abnormal lung function."

Successful asthma management depends as much upon the individual as it does on the treating doctor and other health professionals. "It is vitally important for people with asthma to understand the condition and the proper treatment and to be able to manage it themselves between doctor visits," Dr. Neaville says.

Determining what factors are present when asthma symptoms start is the first step to recognizing your child's unique asthma triggers. Some people have only one trigger, while others have many. Many asthma triggers can be identified through a history of reactions or skin and blood testing.

Dr. Neaville recommends reducing your child's exposure to household asthma triggers by eliminating the source of the triggers, keeping dust levels down and reducing excessive moisture in the house.

You also can help reduce your child's exposure to outdoor triggers by staying indoors on days when the pollen count or air pollution level is high, removing plants and trees in your yard that cause asthma symptoms, raking and removing leaves, removing piles of grass immediately after the lawn is mowed and eliminating outdoor containers that hold stagnant water.

A written asthma action plan is helpful, and can be given to doctors, caregivers, teachers and school nurses. The plan should detail what to do if asthma symptoms return or increase, when and how much medication to administer and when to seek professional medical help.

How severe is your child's asthma?

A commonly used assessment tool to see if asthma is under control is the Rules of Two™. Does your child:

- Use his or her "quick-relief inhaler" more than two times a week?
- Awaken at night with asthma more than two times a month?
- Refill his or her "quick-relief inhaler" more than two times a year?

If you answered "yes" to any of these questions, your child's asthma is out of control, and you should speak to your physician about his or her medication plan.

The Rules of Two™ are brought to you by the Dallas Asthma Consortium and is service mark of Baylor Health Care System.



The Children's Asthma Management Program is the first pediatric program in Texas and the third in the nation to be awarded certification for disease-specific care programs by the Joint Commission on Accreditation of Healthcare Organizations. For more information, visit www.childrens.com (keyword: asthma management program) or call 214-456-LUNG (5864).

The Children's Web site, www.childrens.com, features user-friendly, interactive content designed to educate parents and children on pertinent health and safety issues.

On the site, parents can find interactive content on allergies; carseat installation; and water, holiday and fireworks safety. For example, a virtual tour guides users through a typical home and yard with "hot spots" highlighting potential allergy triggers and information on how to manage them. In addition, interactive guides

instruct parents on proper child safety seat installation and child-proofing the home for Halloween and winter holidays.

All of these guides are available online at www.childrens.com/patients_families/interactive.cfm. Future topics will include the dangers of leaving a child in a hot car and child obesity. To play the interactive animation, the Macromedia Flash player must be installed as a plug-in. It can be downloaded for free at www.macromedia.com/software/flashplayer.



Backpack Safety

Prevent joint and muscle injuries caused by heavy book bags

School hallways are filled with backpacks adorned with familiar cartoon faces, dangling clips and designer logos. But hidden beneath the popular characters and trendy colors is a health problem that has become a burden on school kids across the nation.

Designed to distribute the weight of the load across some of the body's strongest muscles, backpacks, when used correctly, can be a good way for your child to carry the necessities of the school day. But improperly used backpacks may injure your child's muscles and joints, leading to severe back, neck and shoulder pain, as well as posture problems.

More than 21,000 backpack-related injuries are treated at hospital emergency rooms, doctors' offices and clinics each year.

Take a proactive approach

"Despite their potential problems, backpacks are an excellent tool for students when used properly," says Dr. Sue Hubbard, a pediatrician on the medical staff at Children's and assistant clinical professor of pediatrics at UT Southwestern. "Prior to purchase, parents should consider the bag's construction and functionality more than its appearance or popularity." Here are some tips to help you take a proactive approach to backpack safety:

- Urge your child to tell you about pain or discomfort that may be caused by a heavy backpack.
- Talk to the school about lightening the load.
- Make sure the school allows students to stop at their lockers throughout the day.
- Consider buying a second set of textbooks for your student to keep at home.

Select the right backpack

According to the American Academy of Pediatrics, parents should consider the following when selecting a backpack for their child:

- **Wide, padded shoulder straps** — Narrow straps can

dig into shoulders. This can cause pain and restrict circulation.

- **Two shoulder straps** — Backpacks with one shoulder strap that runs across the body cannot distribute weight evenly.
- **Padded back** — A padded back protects against sharp edges on objects inside the pack and increases comfort.
- **Waist strap** — A waist strap can distribute the weight of a heavy load more evenly.
- **Lightweight backpack** — The backpack itself should not add much weight to the load.
- **Rolling backpack** — This type of backpack may be a good choice for students who must tote a heavy load. Remember that rolling backpacks still must be carried up stairs.

Safety guidelines

Students should follow these guidelines to prevent injury:

- **Always use both shoulder straps** — Slinging a backpack over one shoulder can strain muscles and may increase curvature of the spine.
- **Tighten the straps so that the pack is close to the body** — The straps should hold the pack two inches above the waist.
- **Pack light** — The backpack should never weigh more than 10 to 20 percent of total body weight.
- **Organize the backpack** — Pack heavier items closest to the center of the back, and use all of the bag's compartments to evenly distribute the weight.
- **Use lockers** — Stop often at school lockers if possible, and do not carry all of the books needed for the day.
- **Bend using both knees** — Do not bend over at the waist when wearing or lifting a heavy backpack.
- **Exercise** — Strengthen the muscles used to carry the backpack. Ask your pediatrician for advice.



Warning signs that your child's bag is too heavy

- Change in posture when wearing the backpack.
- Struggling when putting on or removing the backpack.
- Pain when wearing the backpack.
- Shoulder numbness or red marks.

Preventing Disease Through Immunization

New vaccines strengthen the fight against whooping cough, meningitis

Over the past year, the Food and Drug Administration, the Advisory Committee on Immunizations Practices and the American Academy of Pediatrics have approved new vaccinations for children to protect them against whooping cough (pertussis) and meningitis.

Dr. Jane Siegel, an infectious diseases specialist on the medical staff at Children's Medical Center, says the new vaccines not only provide protection for children but for the population as a whole.

"These immunizations benefit both the people who receive them and the vulnerable, unvaccinated people around them, because the infection can no longer spread," says Dr. Siegel, also chairman of the hospital's Infection Control Committee.

Whooping cough

On June 10, a new vaccine for a single immunization against whooping cough, in combination with tetanus and diphtheria, was approved for adolescents and adults ages 11 to 64.

The vaccine is the most recent effort to bring a disease once believed to be on the brink of elimination back under control. Whooping cough mainly affects infants and young children and caused thousands of deaths in the 1930s and 1940s. Whooping cough is a highly communicable and a potentially serious illness in adolescents and adults, and can cause prolonged cough and missed days at school and work. In young infants, whooping cough is more frequently severe and can be fatal, particularly in those too young to be fully vaccinated.

With the advent of the initial pertussis vaccine (DTaP series), which is administered to infants, the rate of infection declined dramatically. However, since the 1980s, the disease has been steadily reappearing all across the country.

Dr. Siegel says the disease is re-emerging mostly because it continues to flourish in adults — even though children are vaccinated. Children's treated 41 cases of whooping cough from January to March 2005. Cases of the disease seen at Children's in recent years are on track with national trends. Children's treated 51 cases in 2002, 62 cases in 2003 and 131 cases in 2004.

The new vaccine will be administered as a booster shot to adolescents ages 10 to 18 to increase the overall immunity of the population and to prevent older people from passing the disease to children, Dr. Siegel says.



"The new pertussis vaccine is not meant to replace the original vaccine (DTaP), which is given to infants," Dr. Siegel says. "The booster will help combat pertussis on a new front, and the disease reservoir in adults will gradually decrease. Over time, we'll see fewer and fewer adolescents and adults passing the disease to infants."

Meningitis

In January 2005, a "conjugate" meningococcal vaccine, which is a new form of the existing vaccine, was licensed for use in the United States by the FDA. The new vaccine, Menactra™, is intended for active immunization against invasive meningococcal disease in persons ages 11 to 55.

The ACIP recommends that children receive the vaccination, along with their other immunizations and preventive services, at their pre-adolescent visit, which should take place at age 11 or 12.

Dr. Siegel says the new vaccine is highly effective against meningitis caused by types A, C, Y and the W-135 bacteria. However, it does not protect against type B bacteria, which causes a third of meningococcal cases.

The most common adverse reactions to Menactra include pain and redness at the injection site, headache, fatigue and malaise. Vaccination should be avoided by people with known hypersensitivity or severe allergies to any component of the vaccine.

Meningococcal disease is caused by bacteria that infect the bloodstream and the linings of the brain and spinal cord, causing serious illness. The disease often begins with symptoms that can be mistaken for common illness, such as the flu. Meningitis is particularly dangerous because it progresses rapidly and can kill within hours.



"These immunizations benefit both the people who receive them and the vulnerable, unvaccinated people around them, because the infection can no longer spread."

**— Dr. Jane Siegel,
Infectious diseases
specialist, Children's
Medical Center**

A Shot of the Truth

Don't let myths keep you from getting kids immunized

Are you confused about the safety of immunizations? You may have heard that vaccines cause life-threatening side effects or lead to other diseases. Or, you may have read that vaccines aren't needed anymore.

"Many of these myths are perpetuated on the Internet," says Dr. Jane Siegel, an infectious diseases specialist on the medical staff at Children's and chairman of the hospital's Infection Control Committee. "Numerous papers and studies have backed up the safety and success of vaccines."

Here are the facts:

Fact 1: We still need vaccines to prevent disease. While many diseases no longer exist in the United States, they are common elsewhere in the world.

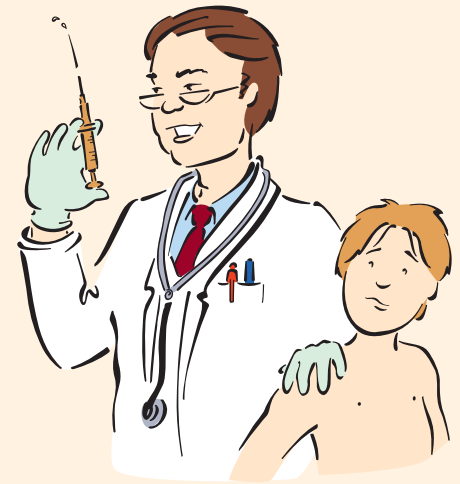
Because traveling is widespread, these diseases can be passed on to those who are not vaccinated. "Vaccinating our children keeps these diseases from coming back," Dr. Siegel says.

Fact 2: Vaccines are safe and rarely cause serious side effects. Most side effects are mild, such as a sore arm or a low-grade fever. Giving your child

acetaminophen can ease side effects. More serious side effects, such as seizures or severe allergic reactions, are quite rare.

Fact 3: Vaccines don't cause autism or diabetes. A 1998 study in *Lancet* suggested a link between autism and the measles, mumps and rubella (MMR) vaccine. This widely disputed study was followed by larger, better-researched studies that found no such connection. As for diabetes, a 10-year study of 739,634 children in *The New England Journal of Medicine* found no difference in the risk for type 1 diabetes between vaccinated and unvaccinated children.

Fact 4: Vaccines don't contain harmful additives. A recent study in *Pediatrics* researched additives and preservatives in childhood vaccines. The researchers concluded that none of the additives and preservatives in vaccines are harmful. The only children at risk with vaccination are those who have severe allergies to eggs or gelatin.



Fact 5: Immunizations don't cause sudden infant death syndrome. Research has shown no link between vaccinations and SIDS. In fact, one study showed that infants who were immunized were at a decreased risk for SIDS.

To learn more

American Academy of Pediatrics: www.aap.org
Centers for Disease Control and Prevention: www.cdc.gov

Know the Signs

A checklist to help you spot hearing loss

One in four hearing-impaired children are not diagnosed by age 3, according to the National Foundation for the Deaf. The reason: A lot of parents don't know the signs of hearing loss.

"Parents should know how to detect hearing problems at various stages during their child's development" says Paula Dimmitt, a pediatric nurse practitioner at Children's Medical Center. The earlier a hearing problem is detected, the earlier proper treatment can be started to help the child hear and learn to talk.

The NFD, the National Institute on Deafness, and the American Speech-Language-Hearing Association offer checklists to assess a child's hearing. If parents answer "no" to more than one or two of the examples, the child's hearing

should be checked by a trained audiologist.

Birth to 3 months

Does your child:

- ☐ React to sudden loud sounds by jerking or blinking; stirring while asleep; crying; increasing or decreasing sucking?
- ☐ Seem soothed by your voice?
- ☐ Turn his or her eyes and/or head when you speak?
- ☐ Smile when spoken to?

4 to 6 months

Does your child:

- ☐ Look up or turn toward a new sound or voice?
- ☐ Respond to "no" and changes in tone of voice?
- ☐ Imitate his or her own voice?
- ☐ Enjoy rattles and other sound-making toys?

- ☐ Begin to repeat sounds (like "ooh" and "ba-ba")?
- ☐ Pay attention to music?
- ☐ Seem scared by loud sounds?

7 to 10 months

Does your child:

- ☐ Respond to his or her name, a ringing phone or someone's soft voice?
- ☐ Know words for common things ("cup," "shoe") and sayings ("bye-bye")?
- ☐ Make babbling sounds, even if alone?
- ☐ Start to respond to requests, such as "come here"?
- ☐ Look at things or pictures when someone talks about them?

11 to 15 months

Does your child:

- ☐ Play with his or her voice, enjoying the sound and feel of it?



- ☐ Point to or look at familiar objects or people when asked to do so?
- ☐ Imitate simple words and sounds, and use a few single words meaningfully?
- ☐ Enjoy games like peek-a-boo?

16 to 18 months

Does your child:

- ☐ Follow simple directions, such as "Give me the ball," "kiss the baby" and "bring me your shoe"?
- ☐ Use words he or she has heard often?

- ☐ Use two- to three-word sentences to talk about and ask for things?
- ☐ Know 10 to 20 words?

19 to 24 months

Does your child:

- ☐ Understand simple "yes-no" questions, such as "Are you hungry?"
- ☐ Understand simple phrases, such as "in the cup," or "on the table"?
- ☐ Enjoy hearing you read to him or her?
- ☐ Point to pictures when asked?

24 to 36 months

Does your child:

- ☐ Understand "not now" and "no more"?
- ☐ Choose things by size: big, little?
- ☐ Follow simple directions, such as "get your shoes" and "drink your milk"?
- ☐ Follow two requests, such as "Get the book and put it on the table"?
- ☐ Understand action words?

Tune In to 'Your Child's Health'

Children's launches pediatric health segment on 103.7 KVIL

To learn the most relevant medical and parenting information from one of the area's most credible sources for pediatric news, tune in to hear Dr. Sue Hubbard, a pediatrician on the medical staff at Children's and assistant clinical professor of pediatrics at UT Southwestern, co-host "Your Child's Health," airing from 7 to 8 a.m. every Sunday on 103.7 KVIL-FM.

The one-hour, magazine-style talk show is dedicated to the physical and emotional health and well-being of children and their families.

"Your Child's Health" features segments on parenting, up-to-the-minute healthcare news and profiles of inspiring children. A call-in feature allows parents to ask their own questions of Dr. Hubbard, a 20-year pediatric professional. In addition to Dr. Hubbard, the show will feature other pediatric subspecialists on the medical staff at Children's, ranging from infectious diseases experts to plastic surgeons to orthopedic and sports medicine specialists.

The show tackles widely varying topics such as back-to-school jitters, hydration and

"Your Child's Health" features segments on parenting, up-to-the-minute healthcare news and profiles of inspiring children.

heat exhaustion, vaccine safety, the art of packing a healthy lunch and other pediatric concerns, as the listeners dictate. The show covers topics valuable to new parents; middle and high school moms and dads; and those sending children off to college.

Cross-Gender Play No Cause for Concern

It's OK for your 5-year-old son to play with dolls

Three-year-old Tommy likes to dress up as Cinderella.

Four-year-old Sally barely glances at the dolls in her room. She favors toy trucks.

Five-year-old Joey doesn't want to play sports. He'd rather play house.

Should their parents be concerned?

No, say the experts. That's what play is all about.

"Pretending to be the opposite sex is not a sign of gender confusion," says Dr. Pete Stavino, a neuropsychologist at Children's Medical Center. "It's more likely to be a part of the process of finding their identity by trying on different qualities represented by the roles they play."

And "trying on" includes not only costumes but also attitudes and behaviors. It's common for preschoolers to switch back and forth between roughhousing "boy stuff"

and sugar-and-spice "girl stuff." As gender identity develops through early childhood, this is an expected phase of healthy, even necessary, exploration, no matter how puzzling it might be for parents. And it doesn't have to indicate anything other than a natural desire to experiment.

So you should support a child's desire or willingness to challenge gender stereotypes. "While disapproval is likely to undermine self-confidence," says Dr. Stavino, "accepting and supporting it will contribute to a sense of pride."

In recent years, the lines between male and female roles have blurred to some degree. But those lines still exist. Kids learn what it means to be a boy or a girl from their environment, their playmates and especially their role-model parents.

So parents usually are advised to let children pursue



their interests without being confined by gender stereotypes.

A child shouldn't have to choose between gender and natural inclination. The goal should be to raise sons and daughters who are secure in their gender without feeling restricted by it.

"Remember," says Dr. Stavino, "this is only play."

Is Your Child Safe in The Car? *continued from page 1*

- Never place a rear-facing child in the front seat with a passenger side air bag.
- Children older than age 1 and weighing more than 20 pounds with a carseat that will not allow them to remain rear-facing should ride in a forward-facing seat with a five-point harness.
- Children who have outgrown their carseats must use a booster seat with a lap and shoulder belt until an adult safety belt fits correctly. Children should remain in the booster seat until they are 4 feet, 9 inches tall and weigh 80 pounds — usually at about 8 years of age.

- Never use a booster seat with a lap belt only. If a seat belt with both a lap and shoulder belt is not available, the booster seat will not be a safe restraint for the child.

Seat belts

- When safety belts fit children correctly (usually around age 8), both the lap and shoulder belts should be used. The child also should be tall enough to sit all the way back against the vehicle's seat with his knees bent over the edge at a 90 degree angle. Children should remain in the back seat until they are at least 12 years of age.

Would you like some help?








At a carseat inspection, certified carseat technicians teach parents how to install and use their carseats correctly. The coalition recently won a grant for a "Buckle Up" van, which carries equipment and educational information to the inspection events.

Children's offers free carseat inspections every Monday from 1 to 3 p.m. at the Carseat Stop, located at the hospital. Appointments for inspection events and the Carseat Stop can be made by calling the Children's Carseat Line at 214-456-2059.

For an online interactive carseat safety guide, visit www.childrens.com/carseatsafety.

Go, Slow and Whoa Foods

You'd like to eat right, but where do you start? Here's a chart to help you and your family make smart food choices. Post it on your refrigerator or take it to the store when you shop. Remember, serving sizes also are important.

Food Group	GO Eat almost anytime	SLOW Eat sometimes, at most several times a week	WHOA Eat only once in a while or for special treats
	Nutrient-dense ←		→ Calorie-dense
Vegetables 	Almost all fresh, frozen and canned vegetables without added fat and sauces	All vegetables with added fat and sauces; oven-baked french fries; avocado	Fried potatoes, like french fries or hash browns; other deep-fried vegetables
Fruits 	All fresh, frozen and canned fruits (in juice)	100 percent fruit juice; fruits canned in light syrup; dried fruits	Fruits canned in heavy syrup
Breads and Cereals 	Whole-grain bread, pita bread, tortillas and pasta; brown rice; hot and cold unsweetened whole-grain breakfast cereals	White, refined flour bread, rice, and pasta; taco shells; cornbread; biscuits; granola; french toast, waffles and pancakes	Croissants; muffins; doughnuts; sweet rolls; crackers made with trans-fats; sweetened breakfast cereals
Milk and Milk Products 	Fat-free or 1 percent reduced-fat milk; fat-free or low-fat yogurt; part skim, reduced fat and fat-free cheese; low-fat or fat-free cottage cheese	2 percent low-fat milk; processed cheese spreads	Whole milk; full-fat American, cheddar, Colby, Swiss, and cream cheeses; whole-milk yogurt
Meats, Poultry, Fish, Eggs, Beans and Nuts 	Trimmed beef and pork; extra-lean ground beef; chicken and turkey without skin; tuna canned in water; baked, broiled, steamed and grilled fish and shellfish; beans, split peas, lentils and tofu; egg whites and egg substitutes	Lean ground beef; broiled hamburgers; ham; Canadian bacon; chicken and turkey with skin; low-fat hotdogs; tuna canned in oil; peanut butter; nuts; whole eggs cooked without added fat	Untrimmed beef and pork; regular ground beef; fried hamburgers; ribs; bacon; fried chicken, chicken nuggets; hot dogs; lunch meats; pepperoni; sausage; fried fish and shellfish; whole eggs cooked with fat
Sweets and Snacks* 	Ice milk bars; frozen fruit juice bars; low-fat frozen yogurt and ice cream; fig bars, gingersnaps, baked chips; low-fat microwave popcorn; pretzels	None	Cookies and cakes; pies; cheesecake; ice cream; chocolate; candy; chips; buttered microwave popcorn
Fats 	Vinegar; ketchup; mustard; fat-free creamy salad dressing; fat-free mayonnaise; fat-free sour cream; vegetable oil, olive oil and oil-based salad dressing**	Low-fat creamy salad dressing; low-fat mayonnaise; low-fat sour cream	Butter, margarine; lard; salt pork; gravy; regular creamy salad dressing; mayonnaise; tartar sauce; sour cream; cheese sauces; cream sauces; cream cheese dips
Beverages 	Water; fat-free milk or 1 percent reduced-fat milk; diet soda; diet iced tea and lemonade	2 percent low-fat milk; 100 percent fruit juice; sports drinks	Whole milk; regular soda; sweetened iced tea and lemonade; fruit drinks with less than 100 percent fruit juice

*Though some of these foods are lower in fat and calories, you should limit all sweets and snacks so you don't exceed your daily calorie requirements.

**Vegetable and olive oils contain no saturated or trans-fats. You can consume them daily, but in limited portions, to meet daily calorie needs.

Source: National Heart, Lung, and Blood Institute. Adapted from CATCH: Coordinated Approach to Child Health, 4th Grade Curriculum, University of California and Flaghouse, Inc. 2002

Teaching the Next Generation of Healers

Teaching future doctors how to provide child-friendly and family-centered care is as much an art as it is a science. While few in number, children's hospitals, such as Children's Medical Center, train almost one-third of our nation's pediatricians and half of all pediatric specialists, such as neurologists or cardiologists. If you have children, they've probably been cared for by a pediatrician or a family practice physician who trained at a children's hospital at some point in his or her career.

Because children's hospitals often take care of children with very serious and complex conditions, such as cancer, cystic fibrosis or heart transplants, they must provide the most technologically advanced care available. Doctors in training at children's hospitals get specialized education and unique experience that no other hospital can provide.

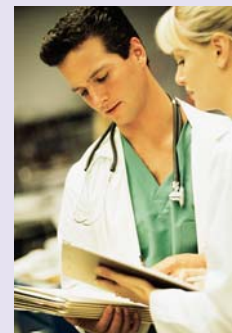
But teaching great physicians takes time and money. While Medicare pays for training physicians in adult hospitals, children's hospitals

don't qualify for this funding because they don't treat adult patients. That's why, in 1999, the National Association of Children's Hospitals successfully lobbied Congress to create the Children's Hospitals Graduate Medical Education payment program. This program provides federal funding to nearly 60 children's hospitals that train physicians and ensures children's hospitals can continue to provide quality care while they train the next generation of healers.

However, NACH and children's hospitals must appeal to Congress for this funding each year. Ask your children's hospital how you can help make sure children's hospitals get the money they need to train the doctors who care for children.

Children's hospitals, including Children's Medical Center, also train nurses, occupational

therapists, social workers, dentists and other health-care professionals. By receiving professional training in a children's hospital, our nation's future healthcare professionals gain an appreciation for the specialized needs of children and develop the skills and compassion needed to care for families.



To learn more

To learn more about the importance of graduate medical education to children's health and children's hospitals, visit www.childrenshospitals.net. To learn more about the UT Southwestern Residency Training Program at Children's Medical Center, visit www.pediatricresidents.com. For more information about training and scholarship programs at Children's Medical Center for nurses and allied health professionals, visit www.childrens.com.



NACHRI

National Association of Children's
Hospitals and Related Institutions
www.childrenshospitals.net



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Dallas, TX 75235

ADDRESS CORRECTION REQUESTED



Children's Medical Center is ranked one of the top 25 pediatric hospitals in the country by *U.S. News & World Report*.



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