



leaps & bounds

HEAD HURT?

learn the triggers and signs of something serious

STOP SIPPING SODA

cut your family's health risks with these tips

keeping wired teens safe

TAKE STEPS TO PREVENT PROBLEMS IN A HIGH-TECH WORLD. SEE PAGE 5.

SUMMER 2016

YOUR GUIDE TO KIDS' HEALTH FROM LOMA LINDA UNIVERSITY CHILDREN'S HOSPITAL



LOMA LINDA UNIVERSITY

CHILDREN'S HOSPITAL



Dear Friends of Loma Linda University Children's Hospital,

I was honored to join the leadership team of Loma Linda University Children's Hospital (LLUCH) last fall. LLUCH has provided a source of hope and healing to children and their families for more than 20 years. Each year, more than 13,000 children stay at the hospital and over 75,000 children visit for outpatient care. LLUCH is the only dedicated children's hospital affiliated with a level 1 trauma center in our region and home to one of the largest neonatal intensive care units.

We are especially proud that LLUCH's excellence and influence extend far beyond our community. Each year, 1,200 critically ill or injured children are transported to LLUCH from neighboring hospitals to receive care. Our pioneering work in heart transplantation, spearheaded by Dr. Leonard Bailey, has saved the lives of thousands of children around the world.

I am excited to build upon this strong foundation with a bold vision for the future. We will strive not only to sustain the excellent care for which the hospital is known, but to anticipate needs and possibilities, expand care, and continue the teaching and healing ministry of Jesus Christ.

In line with those goals, as part of Loma Linda University's Vision 2020 campaign, on May 22 we broke ground on the construction of our new Children's Hospital tower. When completed, this new nine-story building will help to increase the services we can provide patients as well as create a comforting environment for parents and children under our care. Here are some features to expect upon completion:

- A dedicated pediatric emergency department
- An increase in number of patient beds to 349, including 84 private, larger pediatric rooms

I encourage you to learn more about Vision 2020 by visiting lluhvision2020.org. We at LLUCH look forward to serving your family now and for many years to come.

Sincerely,

Scott Perryman, Senior Vice President/Administrator
Loma Linda University Children's Hospital



stop the soda habit

5 WAYS TO QUIT

Soda's fizzy sweetness may seem irresistible, but it comes at a price: boosting the risk for obesity, diabetes, heart disease and other chronic conditions. Try these tips to curb soda cravings.

1

MAKE SMART SWAPS.

Instead of soda, offer your child water or skim milk to refresh. If you do not make soda available at your house, your child will look for alternatives when he or she is thirsty.

2

GET CREATIVE.

Liven up plain water with a twist of lemon or lime or a sprig of mint. If your kids miss their fizz fix, try sparkling water. You can even mix in a small amount of 100 percent fruit juice for flavor and sweetness. But take care: Drinking 100 percent fruit juice can sometimes have the same effects as soda!

QUESTIONS? If you wonder whether your child's height and weight are normal, have him or her evaluated by a pediatrician at least once a year after turning 2 years old. Call 1-800-825-KIDS (5437) for a referral.

3

MOVE YOUR BODY.

When your child reaches for a soda, suggest a walk or another physical activity. It will help take her mind off the craving, and the urge may pass by the time she is done.

4

BE AWARE.

Make note of when and where your family drinks soda. Noticing patterns behind the cravings can help you prepare to deal with them before they occur.

5

REMEMBER THE WHY.

Consider all the health benefits your entire family will get from cutting back on soda—smaller waistlines, healthier hearts and longer lives. It is worth it!



The Dangerous Side Effect of Teasing Girls About Their Weight

Most heavy kids could improve their health by shedding extra pounds. However, experts don't advise they resort to developing an eating disorder to get there.

A new study found that's just what may happen when other kids tease them about being heavy. Researchers talked with 135 overweight and obese minority girls. About half said other girls taunted them about their weight. Meanwhile, 60 percent faced bullying from boys.

Almost all the girls said they wished they were thinner. However, those teased had greater odds of taking unhealthy steps to shed pounds. These included emotional eating and purging.

YOUTH HEAR MIXED MESSAGES ABOUT WEIGHT

Overweight and obesity carry a stigma in mainstream society. And kids soak up media messages about needing to be thin. As a result, bullies may tease about weight more than other aspects of kids' looks.

For many of the same reasons, weight stands as a sensitive issue for heavy kids. Teasing about their weight likely affects them more than it would if they weren't overweight.

PARENTS, ENCOURAGE BODY-POSITIVE THINKING

The study included only minority tweens. However, the authors point out the link might even be stronger among other groups, including teens.

Parents can help in several ways. Focus on health, not weight. Encourage good nutrition and regular physical activity for your child rather than focusing on size. Help kids understand images in the media aren't realistic. If you have concerns about bullying, discuss them with school counselors or officials.

HELP FOR EATING DISORDERS

Loma Linda University Behavioral Medicine Center has developed a nurturing program for adolescents suffering from eating disorders. To begin the healing process, call 909-558-9366 or visit llubmc.org.

LOOK OUT FOR SIGNS OF EATING DISORDERS

If you are concerned that your child might have an eating disorder, here are some signs to watch out for:

- Food restriction (reporting loss of appetite, refusing meals, limiting food options, etc.)
- Rapid weight loss
- Excessive concern about weight, size and/or dieting (checking body in the mirror often, frequent statements about wanting to lose weight or feeling "fat," etc.)
- Frequent visits and excessive time spent in the restroom, specifically following meal times
- Social isolation, such as not attending social gatherings or wanting to spend an unusual amount of time alone



Keeping Wired Teens Safe in the Digital World

Nearly three-fourths of all teens have smartphones. One in four say they are online “almost constantly.” Today’s adolescents live in the virtual world almost as much as the real one.

With this shift, parents’ fears about tech-related threats have increased. In a recent University of Michigan poll of parents’ childhood health concerns, Internet safety ranked fourth, behind only obesity, bullying and drug abuse. And sexting jumped from the 13th greatest concern the past year to number six.

You can’t send your teen back to an analog time—nor should you want to. Teens connect, learn and develop their identities online and by text. But you can take steps to protect them from inappropriate or dangerous conduct, contact and content.

TALK OFFLINE. Have honest in-person conversations with your teens about your values and expectations for technology use. Explain any concerns you have and what you consider off-limits behavior. For instance, tell them that messaging about sex with strangers can increase their risk of becoming a victim of harassment or crimes. News stories about the consequences of sexting or cyberbullying can serve as jumping-off points.

LISTEN, TOO. Ask your kids where they go, what they do and who they interact with online. Give them ample opportunity to confide in you if they feel scared or

threatened by something they’ve seen or heard. When this happens, work together to solve the problem—or, if necessary, report it to authorities.

MAKE FRIENDS. Seventy percent of teens have more than one social media profile. The best way to learn about these networks—and how your child uses them—is to have your own account. Make a policy stating you and your child must friend or follow each other on Twitter, Facebook, Instagram or any other platform he or she uses.

MONITOR ACTIVITY AND DEVICES. You can’t constantly supervise your teen’s technology use. But you should check text or chat logs, browser histories and files regularly. Do surprise computer and smartphone inspections, so your teen doesn’t have a chance to remove or hide objectionable apps, photos or other content. Look for contacts you don’t recognize,



More Ways to Stay Safe

Loma Linda University Children’s Hospital and Inland Empire Safe Kids Coalition recommend that parents use software such as My Mobile Watchdog, mSpy, ReThink and PhoneSheriff to help control what their kids are doing online. For more tips, visit www.safesocial.com.

images you don’t feel comfortable with and mean-spirited comments directed at or made by your child.

LEARN THE LINGO. Text-speak and social media comments can involve slang, acronyms and even images called emojis. Search online for the meaning of unfamiliar phrases or symbols, or ask your teen to explain. Decoding them can help you understand your teens’ interactions—and, just maybe, your teen.

When to Worry About Children's Headaches

Whether you'd describe yours as searing, throbbing, shooting or stabbing, chances are you've had personal experience with headaches. Nine out of 10 adults have had at least one, making them our most common form of pain.

But children and teens aren't immune from headaches' viselike grip. In fact, nearly two of three young people will have at least one by age 15. Most childhood headaches are linked to a viral infection, such as a cold. These will typically go away after a few days.

Other headache triggers include:

- Stress from school
- Emotional tension, especially if family members are fighting
- Changing weather
- Irregular sleeping and eating habits
- Dehydration
- Certain foods and drinks, such as chocolate, pizza, nuts and some fruits
- Hormonal changes during teens' menstrual cycles

Rest and pain relievers such as acetaminophen can ease most young people's head pain.

However, call your pediatrician if your child has frequent headaches, if they don't respond to over-the-counter medicine or if they're accompanied by vomiting, fever or confusion. These are signs of more serious conditions, such as migraine (usually marked by throbbing pain on one or both sides of the head, sometimes accompanied by nausea, vomiting or sensitivity to light or sound) or brain infection.

WHEN IT'S SERIOUS

If a neurological problem is to blame for headaches, movement disorders, motor skill problems, behavioral problems or other issues your child is having, Loma Linda University Children's Hospital can help. For questions or an appointment, call Pediatric Neurology Services at 909-835-1810.





CAR SEAT FITTING
 To schedule an appointment for a FREE car seat fitting by a Certified Car Seat Technician and receive information about car seat safety, call **909-558-8118**.

Baby on Board? Think Backward

If you have an infant or toddler, the American Academy of Pediatrics (AAP) wants you to think “backward” when you put your child in a car. The AAP says parents should keep kids in rear-facing car seats until they reach at least age 2 or the maximum height and weight suggested for their car seat by its manufacturer.

Keep in mind that the “age 2” advice is just a guideline and refers to the age when the average child will grow too large for a rear-facing seat. However, you should keep your child in this type of car seat for as long as possible, up to the manufacturer’s top height or weight limit. The idea is that rear-facing seats benefit smaller children.

WHY BACKWARD IS BEST

Research shows children younger than 2 are 75 percent less likely to die or sustain serious injury in a rear-facing car seat. This is true whether a crash impact comes from the front, rear or side. In fact, children ages 1 to 2 who ride facing a car’s rear are five times safer than those whose car seats face forward.

In a crash, rear-facing seats spread the force of the impact across the whole body. By keeping a young child’s comparatively big head from moving separately from the relatively small neck, they also

prevent injuries to the brain and spine. And rear-facing seats provide the most support for your child’s growing bones, joints and muscles.

THE AAP’S ADVICE FOR OLDER KIDS

Once your child has reached the weight or height limit for a rear-facing child safety seat, use a forward-facing child safety seat with a harness. Do this for as long as possible, up to the manufacturer’s top height or weight limit.

Between ages 2 and 8, your child will likely grow too tall or heavy for a forward-facing child safety seat. Move on to a belt-positioning booster seat until the vehicle’s lap-and-shoulder seat belts fit properly (often when kids are 4 feet 9 inches tall and 8 to 12 years old). Always follow the manufacturer’s instructions for installing car and booster seats.

Once children are old and large enough to use the vehicle’s seat belts (often at ages 12 or 13), they should sit in a rear seat with both lap and shoulder belts. One study showed the center seat is safest, but in some older cars, the center seat only has a lap belt. Children younger than 13 shouldn’t sit in a front seat with an airbag.

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splish-splash safely

Summer's here, and swimming is probably high on your child's to do list. Stay safe with these water safety tips from the American Academy of Pediatrics.

- Never leave children alone in or near a pool or at the beach, even for a moment. Close supervision by a responsible adult is the best way to prevent drowning.
- Whenever children under age 5 are in or around water, an adult—preferably one who knows how to swim and perform CPR—should be within arm's length, providing "touch supervision."
- Avoid inflatable swimming aids such as "floaties." They are not a substitute for approved life vests and can give children and parents a false sense of security.
- There is no evidence that swimming lessons or water survival skills courses can prevent drowning in babies younger than 1 year of age. However, children over age 1 may be at a lower risk of drowning if they have had some formal swimming instruction.
- The decision to enroll a child over age 1 in swimming lessons should be made by the parent based on the child's developmental readiness and exposure to water. But swim programs don't guarantee your child's safety. Always take precautions, no matter your child's age.



SWIM-N-CINEMA

- Thursday, June 30
Big Hero 6
- Thursday, July 14
Zootopia
- Thursday, July 28
Elf (Christmas in July)
- Thursday, August 11
Tarzan

Join us for family-friendly movies at the Drayson Center pool. Swim, or just enjoy the movie from the grassy area on the pool deck.
\$3 per person.
FREE with season pool pass or current Drayson Center membership.
FREE popcorn for the first hour!
Shows start at 8:15 p.m. by the leisure pool.