dear parents & caregivers

We are pleased to share our second issue of GoodHealth KIDS to help you stay informed and involved in your child’s health.

This magazine offers information about health trends, lifestyle choices, nutrition tips, and we have also included pages of fun and educational health-related activities for your children.

We know that as busy parents it’s not always easy to stay up-to-date on important healthcare information such as vaccination schedules and chronic sore throat solutions. Many of the healthcare providers in our Pediatrics and Family Medicine departments are parents, too; so we asked them to submit stories and information that they thought would be most useful to you.

One question we often hear is, “How can I help manage my child’s anxiety?” We have included some parenting tips on page 5 that can help you get through stressful times.

I’d like to thank our cover models, Jody Kaufman, and Bryan Thompson and their children Jessica, Jaklynn and Jacoby. This Santa Barbara family is a wonderful example of how individuals can contribute to the health and safety of our entire community by getting recommended vaccinations. Please see page 2 to learn more about why it is important for communities to work toward a 95% immunity level.

Thank you for entrusting us with the care of your loved ones.

And here’s to your family’s good health!

Sincerely,

Kurt N. Ransohoff, MD
CEO and Chief Medical Officer

please visit
sansumclinic.org/kids-health
for more information
or call 1 (800) 4 SANSUM
to schedule an appointment

Sansum Clinic’s mission is to provide an excellent healthcare experience, recognizing our first priority is the patients we serve.

Sansum Clinic is accredited by the Institute for Medical Quality

Kurt N. Ransohoff, MD
Chief Executive Officer and
Chief Medical Officer
Vince Jensen
President and Chief Operating Officer

Sansum Clinic
Corporate Office
470 South Patterson Avenue
Santa Barbara, CA 93111
(805) 681-7700
www.SansumClinic.org

Editor
Jill Fonte, Director of Marketing

Associate Editor
Jennie Jacobs, Marketing Manager

Contributing Writers
Jill Fonte, Margaret Weiss and Christopher Williams

Contributing Photographers
Maxwell Frank and Christopher Williams

If you would like to make a gift to Sansum Clinic, please contact Dru A. Hartley, Director of Philanthropy, (805) 681-7726, dhartley@sansumclinic.org

All gifts are tax-deductible to the extent allowed by law.
Tax ID #: 95-6419205

Design by Idea Engineering

If you would like to be removed from our mailing list, please send an email with your full name and address to donotmail@sansumclinic.org.
the community honors our doctors in pediatrics and family medicine

Sansum Clinic received top honors this year in both the Santa Barbara News-Press annual Readers’ Choice Awards and in the Independent’s popular “Best of” issue.

Santa Barbara Independent

Best Pediatrician
Dr. Jerold Black
Hitchcock Pediatrics, 41 Hitchcock Way

“I am truly grateful for such wonderful patients and fantastic colleagues. I’m incredibly proud to serve Santa Barbara’s smallest patients at Sansum Clinic.”

Santa Barbara News-Press 2014 Readers’ Choice Awards

Best Medical Facility – Sansum Clinic

Best Pediatrician
Dr. Saida Hamdani
Hitchcock Pediatrics, 41 Hitchcock Way

“I am honored to be recognized for doing what I enjoy so much. I love my patients and parents - those relationships are my true reward. I also feel fortunate to work with such a happy and supportive team at Sansum Clinic.”

Best Pediatrician/Runner Up
Dr. Jerold Black
Hitchcock Pediatrics, 41 Hitchcock Way

Best Family Doctor
Dr. John Vallee
Goleta Family Medicine, 122 South Patterson Ave.

“I’m honored to have been selected. Santa Barbara is a beautiful town and I have many wonderful colleagues and patients that I truly appreciate.”

Best Family Doctor/Runner Up
Dr. Glenn Hollingshead
Goleta Family Medicine, 122 South Patterson Ave.

“It is my honor to provide the best medical care to so many families and generations here in our community.”

This magazine is not intended to provide medical care. For specific medical advice, diagnoses, and treatment, consult your doctor. All information in this publication is for educational purposes only.
You’ve probably heard that cases of whooping cough have hit a 60-year high in California and that there have been several statewide outbreaks of measles.

You’ve probably heard that Santa Barbara has many schools with high concentrations of un/under-vaccinated students.

You’ve probably heard about someone you know who has had all of their vaccines and has still contracted whooping cough.

All three of these facts are related. We have a significant health problem and we need everyone’s help to restore our community’s immunity.

**What is “community” or “herd” immunity?**

Not every person can be vaccinated due to underlying medical conditions or age (being too young) and not everyone gets a full immunity from their vaccines, so we rely on what is called “community” or “herd” immunity. When 95% of the population is immunized we greatly reduce the chances of deadly vaccine-preventable diseases spreading within our community.

**What happens when we fall below 95%?**

When more than 5% of the population is not immunized, we lose our community immunity and we are susceptible to the spread of these diseases. This is when we put patients with cancer, organ transplants, infants or medically fragile individuals at risk. This is also when we start to see vaccinated individuals, who did not get a great response from their vaccines, contract these diseases and spread them to others.

**What’s going on with our schools?**

Many fully vaccinated kids are now at risk of contracting whooping cough at school.

In the late 90s, a falsified paper was published that attempted to link the MMR vaccine to an increasing rate of autism. As a result, some parents decided to delay or not vaccinate their children and instead rely on high rates of community immunity to protect their children. Despite numerous studies showing no link between vaccines and autism and an admission that the paper’s author had falsified information, an anti-vaccine movement was born and communities like ours have been experiencing a resurgence in vaccine preventable diseases.

The State of California published data from 2013-2014, showing schools in Santa Barbara with as many as 87% of their students un/under-vaccinated. These are the same schools that have had documented outbreaks of whooping cough.

A concerning trend is that many of our most affluent public and private schools have the LOWEST vaccine rates. Access to healthcare is not the cause of low vaccine rates.
Why do some parents opt out of vaccines?

We now know that there is NO LINK between vaccines and autism, so why do some parents still opt out of vaccines? This is a complex question, but here are some of the more common responses that we hear from parents:

“Vaccines aren’t needed anymore.” FALSE. Whooping cough and measles are making a comeback in our state (and polio is a plane ride away.)

“Vaccines can cause developmental delays.” FALSE. Nothing in medicine has been studied more than vaccine safety over the past 15 years. There is NO LINK between vaccines and developmental delays.

“My baby will be protected by high rates of vaccination already in the community.” FALSE. We no longer enjoy the peace of mind of having strong community immunity rates.

Strive for 95

With the sharp rise in whooping cough in our schools and published data showing our schools with some of the lowest rates in the state, we decided to launch the Strive for 95 campaign.

Our goal is to rebuild our community immunity to 95% through a grassroots, parent-to-parent effort. The vast majority of parents are excited to help their children build strong immune systems through vaccination, but they are not usually the ones talking about the importance of vaccines to their friends.

Doctors need to keep talking to their patients, but ultimately parents need to become more proactive and help convince other parents about the importance of rebuilding our community immunity. I’ve been in parent support groups where one parent has convinced a whole group of new parents to question the need for vaccines. This needs to change. We want parents to feel empowered and speak up at their support groups, on the playgrounds, at their health food stores and through social media.

We Vaccinate.

The Sansum Clinic Department of Pediatrics will be piloting a new ‘sticker for parents’ program aimed to boost our local vaccination rates. The next time you come into our office for immunizations, you will be offered one of our We Vaccinate. Strive for 95 stickers. We hope that our parents will wear their stickers in an effort to show other parents that they believe in the importance of high vaccination rates in our community.

What else can we do?

Right now we need to focus on rebuilding our community immunity one school at a time and strive to get levels above 95%. This has to happen if we want to have a fighting chance to keep vaccine preventable disease out of our community. It takes effort to explain the concept of community immunity and to help parents realize that they can no longer pretend that there are enough people immunized around them so that they can opt out of immunizing their own kids without putting them at risk.

We all have a responsibility to do what is right for our own kids and families, but we are part of one community and we also share an obligation to do what is right for the health of our community. We wish for parents who are not immunizing to understand that they are not only putting their own kids at risk, but by weakening our community immunity they are putting our entire community’s health at risk.

Please help us Strive for 95 and rebuild the immunity in our community.

Dr. Daniel Brennan is a board-certified pediatrician and lactation counselor at Sansum Clinic at 51 Hitchcock Way in Santa Barbara. Dr. Brennan earned his Bachelor of Science degree from UCLA and his medical degree from Albany Medical College. He completed his pediatric internship and residency at Cedars-Sinai Medical Center. Dr. Brennan is an accomplished healthcare columnist, public speaker, and contributing writer for the American Academy of Pediatrics’ website www.HealthyChildren.org.
Most kids have been teased by a friend or sibling. It is usually not harmful when it is done in a playful way and both children find it funny. Bullying is in the headlines and almost all children report that bullying does go on at their school. When it is severe, bullying can leave an emotional scar and occasionally even cause physical harm.

Here are strategies you can use to protect your child if they are being bullied.

1. **Talk about it.** You and other family members can share their own experiences. If your child tells you he is being bullied, praise him for being brave enough to talk about it. Find out what school policies are and how staff and teachers can help.

2. **Remove the temptation.** If your child is targeted for his lunch money or her gadgets, it is best to leave them at home. Brown bag lunch may be the way to go.

3. **Buddy up.** The buddy system works – at lunch, by the locker, waiting for the bus or anywhere. Two are safer than one.

4. **Keep calm.** Tell your child that bullies thrive on hurting others. If your child keeps his cool and doesn’t show that he is upset, he will be less of a target.

5. **Get help.** Don’t try talking to the bully’s parents yourself. You will be more successful if a school official helps to mediate.

What if your child gets in trouble for picking on others or is labeled a bully? This is difficult to think about, but if it happens, there are things you can do.

1. **Take it seriously.** Set rules about bullying and stick to them. If your child acts aggressively to another, put a stop to it. If you take away privileges make sure they are meaningful ones. Help them learn a more appropriate way to act, like walking away.

2. **Teach kids respect and kindness.** Show them that it is wrong to poke fun at differences in others, including race, religion, appearance, special needs, gender and economic status. Try to instill empathy for others. Get involved in a community activity with a wide variety of people so your child can learn to be comfortable with all different kinds.

3. **Learn about your child’s social life.** Who are her friends? Are others at school bullying? Is there a lot of pressure at school? It may help to get them involved in a new activity or group of friends.

4. **Be positive.** Catch your child doing the right thing and praise them for it.

5. **Set a good example.** When you are talking about others, make an effort to point out the positives rather than the negatives. When you have conflicts, be open about your feelings and how you cope with them.

6. **Get help.** If there is unusual stress in your child’s life or if the bullying has gone on for some time, it won’t go away by itself. A counselor or your family doctor can offer help.

It is difficult to help kids deal with or stop bullying, but it is worth the effort. It will help them find success and happiness in school, work and relationships throughout life.
Parenting through a child’s anxious thoughts is a challenge. Anxiety is for human protection, from predators and other dangers. Most threats today are not predator related, but we still experience the fight or flight reflex. Potential triggers for the reflex in children are widespread; fear of the dark, taking a test, eating in public, fear of a parent not returning, are a few examples. Some kids have trouble realizing they are safe when the fight or flight physical sensations (pounding heart, sweaty palms, rapid breathing and fear) become the focus of their attention. This reaction often goes by the name anxiety.

Don’t panic! These sensations and thoughts can be controlled. Most everyone can learn new ways to cope. Children are lucky: if they learn young, they will find these same techniques may help them when they are all grown up; when at a job interview, public speaking, or dealing with an angry neighbor.

**Parenting tips for a child’s anxiety:**

**Listen.** Acknowledge and take the time to listen (no matter how busy life is). Knowing one’s thoughts and feelings are heard can be very helpful, especially for a child.

**Normal.** Remind your child that anxiety is normal. Lots of us, including other kids, have anxiety. The anxiety and worry itself is not harmful. Anxiety is a temporary feeling.

**Calm.** Stay calm when your child starts to worry about a situation or event. Keep your fears to yourself. Do not laugh at your child’s fears.

**Build.** Your child’s personal strength. Allow activities where your child can show he or she is good at something (music, dance, art, sports, board games, crafts) and let your child learn to do things on his/her own. Do not take over or do it for your child.

**Praise.** Reward small accomplishments. Facing a fear or trying something can be rewarded with praise. Avoid any urge to punish lack of progress. Remember your child is already suffering from anxiety, and punishment is generally not helpful.

**Schedule.** A regular schedule is an important way to limit triggers; yet stay flexible, if an event is missed due to anxiety, try not to dwell on it. Don't spend too much of today on yesterday.

**When more help may be needed.** Anxiety is a problem when worry leads to avoidance as a child’s automatic response. Children may show reluctance to go to school or elsewhere outside of the child’s comfort zone, thus the anxiety prevents full participation in school, friendships, and learning. Unremitting anxiety can cause physical distress. Headaches, stomachaches and sleeplessness are often experienced. In these situations, professional help is recommended and could be of great benefit to your child.

---

**Dr. Katherine Remington practices Pediatrics & Adolescent Medicine at our Multi-Specialty Clinic in Lompoc. Dr. Remington attended the University of Nevada, School of Medicine and completed her Pediatrics Residency at Tulane University Medical Center. Dr. Remington worked in private and group practice settings in Colorado and Nevada before joining Sansum Clinic in 2011.**
Most parents remember a time when “getting their tonsils out” was a common procedure for almost all children. With better use and understanding of antibiotics, the practice is less common today, but some children may have persistent tonsil and adenoid problems which can result in chronic sore throats, nasal congestion and/or problems sleeping.

Tonsils and adenoids are the body’s first line of defense as part of the immune system. Your tonsils are in the back of your throat. Your adenoids are higher up, behind your nose. Both help fight infection by trapping germs entering through the nose or throat. However, some children’s tonsils and adenoids are fighting a losing battle and they may remain chronically enlarged or inflamed, causing problems. If the tonsils and adenoids remain enlarged, children may have difficulty breathing which can disrupt their sleep. Symptoms may include loud snoring with pauses in the breathing resulting in a restless sleep. The lack of a good night’s sleep can cause daytime tiredness or may even cause hyperactive behavior in the daytime.

A chronic infection or upper airway obstruction may call for surgical removal of the tonsils and/or adenoids, commonly called a tonsillectomy or adenoidectomy. The surgery is usually done in the outpatient setting and the child may be out of school for about 7-10 days.

Tonsil and adenoid surgeries are still among the most commonly performed surgeries in the United States today. After tonsil and adenoid surgery children can often breathe much easier and they, and their parents, can enjoy a more restful sleep.
safety first

matchup

Outdoor activities are fun and healthy, but it’s always good to take the proper safety measures. Draw a line to connect the pictures that match up.
my healthy food friends

coloring

banana
strawberry
pumpkin
broccoli
Let's go to the farm fresh word scramble.

Unscramble each of the clue words.
Take the letters that appear in boxes and unscramble them for the final message.

ANSWERS: figs; avocado; peppers; cucumber; eggs; corn; nuts; melon; squash; pumpkin; lettuce; tomato; farmers market; eggs; avocados; peppers; cucumber; eggs; corn; nuts.
let’s make music!

mazes

Help the kids find their friends so they can play music together.
favorite games
word search

FIND:
hopscotch
tennis
frisbee
soccer
foursquare
basketball
jump rope
kickball
hide and seek
tag
softball
catch
volleyball
be a fit kid

activity ideas

Do activities every day that build your muscles, get your heart pumping and make you feel good about yourself.

Tie up your laces and walk
Go for a walk around your neighborhood, walk to your friend’s house, or walk the dog.

Turn up the music
Play your favorite songs and move your body. Dancing is a great way to get some physical activity.

Join a team
There are tons of fun teams such as basketball, baseball, gymnastics, dancing, soccer, swimming and tennis.

Try skating or skateboarding
Grab your friends and go to a local park.

Go out and play
Ditch the TV and go outside with friends & family. Fly a kite. Have a hula hoop contest. Try jumping rope. Or play a game of tag.
cover your coughs & sneezes
don’t spread germs!

1) Cover your mouth and nose with a tissue when you cough or sneeze.

2) Put your tissue in the waste basket.

3) If you don’t have a tissue, cough or sneeze into your upper sleeve, not in your hands.

4) Wash your hands after coughing or sneezing.
Participation in competitive sports has increased substantially over the past 20 years. Children increasingly play sports year-round and dedicate more than one season to the same sport. There are several benefits of sports participation for children. Sports help build confidence, foster friendships, develop character, and teach discipline and valuable team skills. They also engrain healthy exercise habits that last a lifetime. The rise in participation of competitive sports has also resulted in an increase in injuries. The most common sports injuries include ACL ruptures, throwing injuries, sprains and fractures, the majority of which are related to overuse.

Follow our injury prevention tips below to help your child avoid many preventable and common sports injuries:

Tips for preventing sports injuries

Rest

Rest is the key to preventing overuse injuries. Kids should have at least one day off per week from sports. For throwers, pitch counts should be employed and followed strictly. Breaks should be taken during practice and games to prevent fatigue, which can leave a child more vulnerable to injury.

Cross-training

Year-round participation in a single sport should be avoided at a young age. Playing various sports allows rest from particular strenuous movements and allows for well-rounded development of strength and endurance, which helps prevent injury. The cognitive and motor skills learned from various sports will make a child a better athlete overall.

Muscle strengthening

Proper muscular conditioning helps prevent injuries. This becomes more important in the competitive levels reached in high school and is particularly important in prevention of ACL injuries.

Flexibility

Warming up appropriately, followed by stretching exercises (dynamic and static) is crucial to preventing muscles, tendons and ligaments from injury.

Hydration

Drinking water in combination with rest in hot weather reduces the incidence of heat illness. Coaches should allow water breaks frequently and whenever requested by a player.

The majority of sports injuries in kids are related to overuse. Appropriate time off from sports and playing a variety of sports are the keys to prevention. As athletes progress to more competitive levels, appropriate neuromuscular training and attention to sport specific technique can help prevent more serious injuries.

Dr. Robert Fry practices Orthopedics at our Lompoc Multi-Specialty Clinic at 1225 North H. Street. Dr. Fry attended Emory University School of Medicine in Atlanta, and completed his orthopedics residency at Loyola University Medical Center in Chicago. Dr. Fry completed an arthroscopy and sports medicine fellowship in San Diego before joining Sansum Clinic.
Our new Pediatric Pulmonary Function Laboratory provides a kid-friendly setting for comprehensive testing and monitoring of their lungs.

Pediatric specialists recognize that children are very different from adults when it comes to their healthcare and special expertise is required to get accurate results when measuring lung function in children. At the Pediatric Pulmonary Function Laboratory, known as the PPF Lab, dedicated personnel operate “child size” appropriate equipment and teach kids how to do testing correctly, while always keeping your child’s comfort in mind.

In addition to providing meaningful testing for children with asthma, the PPF Lab can diagnose and monitor children with cystic fibrosis, broncho-pulmonary-dysplasia, thoracic obstruction, neuromuscular disease and pulmonary inflammatory disorders. These tests can also be used to monitor lung growth, response to therapy, and to assess the impact of environmental factors such as second-hand smoke.

Our PPF Lab provides a complete range of testing recommended by the National Asthma Education and Prevention Program and the Global Initiative for Asthma.
**Spirometry:** This is a test of breathing over time. The technician asks your child to place a “clothes pin” on their nostrils to prevent air leaking through the nose. The child takes deep breaths and blows out hard and fast through a tube that is connected to a computer. The computer records the result and can compare a “before and after” result to determine if the child has signs of asthma or other problems restricting their breathing, such as obesity. At least three of these tests are needed to compare the results and because it requires cooperation from the child, this test can only be done on children 6 years or older.

**Oscillometry:** This test is also called the “popcorn test” because of the vibrating sensation the child feels on their cheeks and chest. Your child will breathe naturally through a disposable filtered mouth piece for 30 seconds several times. This test is capable of pinpointing an area of injury or blockage in the airway. It is very sensitive in diagnosing children with persistent cough when other test results like standard spirometry are normal. The test can be done in children as young as 4 years old.

**Fractional Exhaled Nitric Oxide (FENO):** The FENO test is used to tell if your child has an allergic inflammation in the airway. It can be helpful in determining how children will respond to inhaled steroids. This is a very sensitive measurement that shows a picture of a balloon that is “blown” across a river to land on the other side. This test is suitable for children 6 years or older.

**Peak Expiratory Flow Meter:** This is a hand-held device that measures a short “blast” of air. This test has a limited role in the PPF Lab but our flow meters have been calibrated for children and can be used at home and school to monitor a child’s progress as part of an individualized management plan for children as young as age 4.

---

**Dr. Myron Liebhaber** and **Dr. Jinny Chang**

**tend to special needs of kids at the PPF Lab at our Multi-Specialty Clinic at 215 Peseta Lane in Santa Barbara.**

---

**Camp Wheez is a day camp for elementary school children ages 6-12 with chronic asthma, providing a camp experience designed for their special needs. The camp provides asthma education, physical development skills, arts and craft projects and good old-fashioned camp fun!**

Head Camper is Dr. Myron Liebhaber who started Camp Wheez over 37 years ago and hosted 40 children this year. Dr. Liebhaber often entertains the campers with his magic tricks. Of course, the magic goes both ways says Dr. Liebhaber, “I consider Camp Wheez a wonderful opportunity to interact with children and families. I watch the children grow and gain competency in their asthma management in a fun environment. Camp Wheez has made me the oldest and happiest camper.”

Camp Wheez is open to the community and free of charge thanks to a great many volunteers and supporters. In total, almost 1,000 volunteer hours are donated to make Camp Wheez possible. Sansum Clinic wishes to thank the Swanton Foundation, Marcel Sassola and Santa Barbara Specialty Pharmacy and the many individual donors who make it possible for us to provide Camp Wheez free of charge. It’s an honor serving our littlest community residents.

**To learn more visit sansumclinic.com/camp-wheez.**

---
Healthy Food to Look For

- Grain or grassfed meat and poultry.
- Plant proteins such as beans, peas and nuts.
- Whole grains such as rice, quinoa, corn and tubers like potatoes as carbohydrates of choice instead of foods containing gluten.
- Drink water and milk (or a milk substitute such as almond milk).
- Start the day with breakfast.
- Include protein in your breakfast, such as scrambled eggs or plain yogurt.
- 2-3 servings of protein a day – eggs, fish (salmon), lentils, beans and poultry are good sources.
- Organic, pesticide free fruits and vegetables. Peel your fruits and veggies if they are not pesticide free. Try adding them at every meal.
- Always read nutrition labels.
- Walnuts, pumpkin seeds and flaxseed. They are high in omega-3 fats and gamma linoleic acids, which are good for the brain.

Recommended Supplements:

- A good multivitamin.
- Calcium/Magnesium supplements in some cases.
- Fish oil (Omega 3 and 6 fatty acids).

What to Avoid in Your Diet

- Transfats (partially hydrogenated vegetable oil).
- Decrease or avoid deep fried foods.
- Decrease saturated fats (less red meats and more lean pork, fish and chicken).
- No more than 2-3 soy meals a week due to phytoestrogen levels. Try fermented soy products, like tempeh, instead.
- Reduce amounts of breads, flour, pasta and oatmeal. Try whole grains instead.
- Excessive sweets and processed foods. Substitute with fresh fruit.
- Foods with corn syrup, dyes, MSG and artificial sweeteners such as aspartame and sucralose.
- Juice and other sweet drinks.
- Cereal with sugar added (high glycemic index).
- High mercury-containing fish such as tuna, swordfish, shark, mackerel, and sometimes halibut.

In and Around the Home

- No TV/video gaming Monday to Friday morning.
- No TV in the bedroom.
- Limit and monitor screen time for children (and adults).
- Go for walks as a family every evening after dinner.
- Try to get a minimum of 8 hours of sleep for people over 16 years of age, 9-10 hours of sleep for those 10-16 years, and 10-11 hours of sleep for children under 10 years of age.
- Exercise 45 minutes a day minimum (in addition to Physical Education).
- Get outside every day! Walk, play, skip, run, hike!
- Read for fun every day.
- Stimulate the brain with puzzles, building blocks and toys, word games like Sudoku or crossword puzzles, and arts and crafts.
Get Vaccinated!

Protect yourself, your family and the community by getting vaccinated.

When more than 5% of the population is not immunized, we lose our community immunity!

In the Car and On the Road

The American Academy of Pediatrics and National Highway Traffic Safety Administration now recommend the following:

- Keeping toddlers rear-facing until they are two years old.
- Keeping kids in boosters until they are 4 feet 9 inches (between 8 and 12 years of age).
- Kids under 13 should ride in the back seat.

Dr. Saida Hamdani practices Pediatrics and Adolescent Medicine at 51 Hitchcock Way. She joined Sansum Clinic in 1991 and was recognized by the Santa Barbara News-Press as the Readers’ Choice for Best Pediatrician in 2013 and 2014. She is also recognized by Castle Connolly as among the nation’s Top Doctors.

Websites for parents

GREAT EDUCATIONAL WEBSITES

Khan Academy – math & science tutorials
K-3rd Phonics: www.Starfall.com
Math and Spelling Games K-9th: www.CoolMath-Games.com
Spelling Games:
www.SpellingCity.com
www.KidsKnowIt.com

GREAT NUTRITIONAL WEBSITES

www.ChooseMyPlate.gov
www.SuperHealthyKids.com

GENERAL PARENTING RESOURCES

www.KidsGrowth.com
www.DrGreene.com
www.FamilyDoctor.org
www.KidsHealth.org
www.SafeKids.org

ALLERGY PREVENTION IN CHILDREN


Tox Town – environmental health risks

CHADD – Children and Adults with Attention-Deficit/Hyperactivity Disorder

Netsmartz.org – stay safer on the Internet

FunfitKids — President’s Council on Physical Fitness & Sports

Get Vaccinated!

Protect yourself, your family and the community by getting vaccinated.

When more than 5% of the population is not immunized, we lose our community immunity!

In the Car and On the Road

The American Academy of Pediatrics and National Highway Traffic Safety Administration now recommend the following:

- Keeping toddlers rear-facing until they are two years old.
- Keeping kids in boosters until they are 4 feet 9 inches (between 8 and 12 years of age).
- Kids under 13 should ride in the back seat.

Dr. Saida Hamdani practices Pediatrics and Adolescent Medicine at 51 Hitchcock Way. She joined Sansum Clinic in 1991 and was recognized by the Santa Barbara News-Press as the Readers’ Choice for Best Pediatrician in 2013 and 2014. She is also recognized by Castle Connolly as among the nation’s Top Doctors.
Appropriate weight gain is a very important factor in a child's health. In the newborn period, doctors and parents are concerned about a baby gaining weight fast enough. But all too soon, the concern shifts to whether the child is gaining weight too fast.

Many already know that two-thirds of adults in the United States are overweight or obese. The rate of childhood obesity is rising as well. Determining whether a child is obese is becoming a bigger and bigger part of what primary care providers do.

Determining healthy weight in children can be a challenge. We all know children whom we believe to be clearly obese. However, in many other cases, it's not so easy. Normal weight depends on a person's height and children's height is changing all the time. So how do we tell if a child is overweight or obese? That's where the Body Mass Index (BMI) comes in. It is a mathematical formula based on height and weight that determines if an individual is at risk of health complications from their weight.

We use growth charts to determine age-appropriate height and weight measurements for children. There is also a growth chart for normal BMI. So when a child is seen for a check-up, the height, weight, and BMI are measured and plotted on the growth charts. This lets us know if we should be concerned about the child's weight.

Unfortunately, treating childhood obesity can be very challenging and frustrating for doctors, parents, and children. Many forces such as access to high calorie, inexpensive foods, sweet drinks such as juices, sodas and sports drinks, the aggressive and effective marketing of these products, along with increased screen time (TV,
computer, internet, smart phone, tablet, handheld gaming devices, and game consoles) and decreased physical activity all fuel the problem.

Despite these challenges, there are good options for treating childhood obesity. The most effective strategy involves the entire family. Limiting screen time is a very effective tool. Recommendations are to limit screen time for children and adolescents (and adults for that matter) to two hours or less per day.

I always advise parents to be very cautious of sweet drinks such as juices, sodas and sports drinks. Fruit juice (even 100% natural juice) is basically concentrated sugar and water. Eating the fruit itself is much better. I encourage parents to be careful of the types of snacks children eat. Fruits, vegetables, yogurt and nuts are good choices. It’s helpful to make the home a “safe zone”. If all there is in the house are fruits, vegetables, nuts, and healthy snacks, then the children can have whatever they like.

Obese children tend to become obese adults and are at risk of complications such as arthritis, heart disease, diabetes, high blood pressure, high cholesterol, stroke, and certain cancers, to name a few. Starting lifestyle changes early, and with participation from the entire family, can go a long way to keeping our children healthy in the long run.

---

Dr. Ali Javanbakht specializes in Family Medicine at our clinic in Carpinteria. He is board certified in Family Practice and joined Sansum Clinic upon receiving his medical degree from the Medical College of Wisconsin in 2001. Dr. Javanbakht is a member of the American Academy of Family Physicians and also speaks Farsi, Spanish and French.

---

please visit
sansumclinic.org/kids-health
for more information
or call 1 (800) 4 SANSUM
to schedule an appointment
Our Urgent Care providers treat minor emergencies, acute
problems, and urgent medical needs when an unscheduled visit
is necessary. We are staffed by a full medical team, with board-
certified physicians during all hours of operation.

Services are available without an appointment and during
extended evening and weekend hours for conditions that need
prompt attention, but are not life threatening.

See page 21 for Urgent
Care Locations and Hours