

A New Day for Pediatric Health Care in Central Virginia

We are excited to share the news that on June 30, 2010, Children's Hospital and Virginia Commonwealth University (VCU) Children's Medical Center joined together, forming Children's Hospital of Richmond of the VCU Health System (CHoR). Building upon our shared history of providing compassionate care and expertise, together we are a full-service children's hospital that offers a robust continuum of pediatric services, research and education, with a focus on ensuring a strong future for pediatric health care in Central Virginia.

BETTER ACCESS TO PEDIATRIC CARE

Until now, Richmond was one of only two cities of its size without a comprehensive children's hospital. As the area's first comprehensive pediatric health care provider, CHoR has a scope of services that ranges from emergency and specialized inpatient care to medical/surgical treatment for serious conditions, therapy to improve skills, and general pediatric services like checkups. Many children can now receive all of their care from one unified organization.

Top children's hospitals throughout the country have strong links to academic medical centers where training and research take place. Training the next generation of pediatric professionals to ensure children will *always* be able to receive care geared to their unique needs is an important priority for CHoR. Opportunities in this area, in pediatric research and for bringing top pediatric medical and surgical specialists to our region are

all greatly improved with our organizations joining together as part of the VCU Health System. Plans include new facilities, like the pediatric emergency room already under construction on VCU Medical Center's MCV Campus. We will build a model of care for children that will attract even more skilled clinicians and scientists to the region. The combination of these two institutions is indeed a milestone for children's health care in the region and only the beginning of an even brighter future.


UNPARALLELED CONTINUUM OF CARE

Children's Hospital and VCU Children's Medical Center have successfully worked together on care programs for many years. Being united as one organization improves communication among care providers and further enhances our capacity to provide care that is coordinated, consistent and compassionate. CHoR has nearly 1,350 full-time and 1,200 part-time employees who provide nationally recognized care to children. With 10 locations throughout the Richmond area and in Petersburg and Fredericksburg, we have the widest range of pediatric services and

the largest number of pediatric specialists, therapists and nurses in Central Virginia. Existing services of both organizations will continue, now unified as the most comprehensive continuum of pediatric care in our area.

We invite you to learn more about what this new day in pediatric health care means for children in Virginia. This issue of *Tid*Bits* features definitions of many of the pediatric physicians and specialists who treat children. At CHoR, we consider parents

to be the center of a child's care team and hope that sharing this information can help families develop a greater understanding of the variety of services available for children. For more on CHoR's services and programs, please visit our website, www.chrichmond.org, or contact Shira Cantor, Public Relations Coordinator, at (804) 828-7035. We

look forward to sharing more about CHoR and the exciting changes this new hospital brings for Virginia's children and families in future issues of *Tid*Bits*. 



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SPECIAL FOCUS: Understanding Pediatric Health

The services and programs available to help during a child's health care journey are called a **continuum of care**. Some patients may need multiple services starting with inpatient care, while others may have a need for just outpatient services in one specific area. Below are the core components of the continuum of pediatric care at Children's Hospital of Richmond (CHoR).

INPATIENT UNITS

Acute Care Units - general care for children who are ill or recovering from surgery or trauma

Neonatal Intensive Care Unit (NICU) - for premature or critically ill infants

Pediatric Intensive Care Unit (PICU) - for critically ill or injured children

Pediatric Progressive Care Unit (PPCU) - for intermediate care needs, often the next step after pediatric intensive care

Transitional Care Unit (TCU) - long-term, transitional, palliative and end-of-life care for children who are medically fragile and require complex care

Virginia Treatment Center for Children - for children with psychiatric/behavioral health needs

Additional specialized inpatient units that care for children and adults include:

Bone Marrow Transplant Unit, Epilepsy Monitoring Unit and Evans-Haynes Burn Center.

MEDICAL/SURGICAL SERVICES

These services span from inpatient care and surgical procedures to outpatient checkups and consultations. The specialist definitions that follow outline CHoR's core medical and surgical services.

THERAPY SERVICES

Art Therapy

Assistive Technology

Audiology

**Early Intervention/
Infant Services**

Feeding Program

Music Therapy

Nutrition Services

Occupational Therapy

Physical Therapy

Psychology

Recreation Therapy

Speech/Language Pathology

SPECIAL PROGRAMS/SUPPORT SERVICES

Children's hospitals often have special programs and support services to address the unique needs of pediatric patients. One such special program at CHoR is **Palliative Care and Pain Management**. This program involves a team of doctors and specialists working with a child's primary team to provide pain/symptom management, assistance with complex medical decisions, counseling and support to reduce distress and suffering for children with complex or life-limiting conditions. CHoR's other special programs focus on specific conditions like cerebral palsy and feeding disorders or in specific areas such as international adoption and weight management. The support services available at CHoR include: **Care Connection for Children, Child Health Advocacy Program, Child Life, Hospital Education, pastoral care, Safe Kids and social work.**

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Physicians and surgeons who are trained to treat children and to provide care in a specific specialty area are known as pediatric specialists. Below are definitions of many of the pediatric and physician specialists that care for infants, children and teens at CHoR.

Adolescent medicine specialists provide primary care for teens and young adults focusing on health education and guidance, treatment for female reproductive system problems, and treatment/prevention of the consequences of teen sexual behavior.

Pediatric allergists/immunologists have training in treating children with allergies, asthma, eczema, hay fever and other disorders of the immune system (the body's system that fights infections).

Pediatric anesthesiologists specialize in administering drugs to newborns, infants and children to bring on a state of unconsciousness in preparation for surgery.

Pediatric cardiologists care for heart issues in children and provide testing and treatment for heart disease, heart defects present at birth (congenital), abnormal heart rhythms, blood abnormalities, high blood pressure, chest pain and obesity.

Pediatric cardiothoracic surgeons specialize in surgery to repair heart defects present at birth (congenital) and the treatment of heart disease and failure.

Pediatric critical care specialists, also known as **pediatric intensivists**, specialize in caring for children who have unstable, life-threatening conditions and require careful monitoring in a pediatric intensive care unit (PICU). They use special medicines, treatments and equipment that are only offered in the PICU.

Pediatric dentists specialize in providing dental checkups, cleanings and x-rays and dental surgery/emergency care for children, including those with special health care needs.

Pediatric dermatologists specialize in the diagnosis and treatment of skin disorders common in children, such as acne, birthmarks and eczema.

Developmental pediatricians have training in developmental, behavioral and learning issues in children, from infancy to young adulthood. They often work with children who have ADHD, autism, developmental disorders/delay and learning disabilities.

Pediatric emergency physicians are trained to provide immediate medical assistance for illnesses and injuries in children. The problems they treat are often severe or life-threatening.

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Good hygiene habits are much easier to introduce when children are young. Encourage frequent hand washing.

- **General Pediatrics**

Pediatric endocrinologists care for children with type 1 and type 2 diabetes, thyroid gland conditions, growth problems and other issues with the endocrine system (the body's system of glands that produce hormones to regulate growth, sexual development, how bodies use food and other processes).

Pediatric gastroenterologists specialize in disorders of the digestive system (stomach, intestines and associated organs), such as stomach pain, constipation, formula intolerance and reflux, in premature infants to young adults.

Care Services

Pediatricians specialize in the care and development of infants and children. They offer primary care including immunizations, checkups and sick visits.

Pediatric geneticists have training in conditions parents pass on to children at birth (genetic) and provide consultations to address families' concerns about children's special health care needs, birth defects and genetic risk issues.

Pediatric hematologists specialize in blood disorders. **Pediatric oncologists** specialize in cancer and tumors. They are dedicated to improving the quality of children's lives through the diagnosis, control and cure of cancer and other blood disorders.

Pediatric hospitalists are pediatricians who work in hospitals caring for children with medical needs that require hospital care (illnesses such as pneumonia, recovery from injury or surgery, etc.).

Pediatric infectious disease specialists diagnose and manage problems related to complex, recurring and difficult-to-treat infections in children.

Neonatologists have training in care for complex and life-threatening problems in

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For babies and toddlers, exercise helps develop muscle strength, coordination, balance and reflexes. Regular physical activity throughout childhood is important for the development of healthy bones, muscles and joints, and it builds lean muscle and reduces fat.

- **Weight Management**

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Children with low fiber intake are at risk for constipation. High-fiber foods have five grams or more of fiber per serving. Some experts recommend using the child's age plus five as a guideline for the grams of fiber a child should consume each day.

- **Gastroenterology**

newborns, including serious illness or infection, breathing disorders and birth defects.

Pediatric nephrologists specialize in function and diseases of the kidney and treat renal (kidney) disorders in children, ranging from bedwetting and urinary tract infections to high blood pressure and renal failure.

Pediatric neurologists care for disorders of the nervous system (brain, spinal cord and nerves) in children, including epilepsy, headaches, movement and muscular disorders, sleep disorders, strokes and other neurological issues caused by disease or injury.

Pediatric neurosurgeons specialize in surgical procedures to treat diseases and injuries of the nervous system in children such as brain tumors, spine and skull development disorders, and serious head injuries.

Pediatric ophthalmologists specialize in the function and treatment of the eye and provide services ranging from eye exams to treatment of complex vision disorders.

Pediatric orthopaedic surgeons specialize in evaluation, treatment and surgery for problems related to bones, joints and muscles in children, including broken bones and limb and spine abnormalities.

Pediatric otolaryngologists, also known as **ear, nose and throat (ENT) specialists**, evaluate and treat conditions ranging from ear infections, sore throats and allergies to hearing, speech, sinus and airway disorders and head and neck tumors.

Pediatric physiatrists specialize in children's rehabilitation and in prescribing medication and therapy to help restore skills and motion for temporary and permanent loss of function. They treat patients with conditions ranging from ankle sprains to severe disabilities.

Pediatric plastic surgeons specialize in surgery to correct birth defects, such as cleft lip and palate, birthmarks and deformities.

Tid★Bit

Children are visual learners. They are more likely to imitate what they see their parents do rather than what they hear their parents tell them to do. This covers the entire range of virtues and vices – from reading to smoking.

- **Developmental Pediatrics**

Child psychiatrists specialize in mental, emotional and behavioral disorders in children and focus on the diagnosis and treatment of anxiety and mood disorders, ADHD, developmental disabilities, high functioning autism and substance abuse.

Pediatric pulmonologists specialize in the lungs and respiratory (breathing) system and have training in testing and treatment for children with problems ranging from underdeveloped lungs to conditions such as asthma, cystic fibrosis, lung disease and respiratory failure.




Pediatric radiologists diagnose illnesses, injuries and diseases in children using imaging equipment such as x-ray, ultrasound and MRI. They ensure tests are performed safely and interpret results.

Pediatric rheumatologists have training in caring for children with juvenile rheumatoid arthritis and other rheumatic (involving inflammation of muscles, joints and connective tissues) diseases.

Pediatric surgeons serve a wide range of pediatric surgical patients. Their services span from correcting birth defects to treating a teen's injuries following trauma.

Pediatric transplant surgeons specialize in treating illness or injury with surgical procedures that transfer an organ or body part from another person or part of the body. They also perform surgery to create openings for equipment for kidney and liver problems.

Pediatric urologists specialize in male and female urinary systems (kidneys, bladder, etc.) and male reproductive organs. They focus on urologic problems in children ranging from urinary tract infections, bedwetting and voiding difficulties to urinary and reproductive abnormalities requiring reconstructive surgery. 

Maximize Child Passenger Safety: Car Seat Guidelines & Latest Safety Advice

By Dr. Sean McKenna, General Pediatrics

For many of us involved with children's health, child passenger safety is a top priority: parents work hard to make sure car seats are installed correctly; pediatricians remind families of rules and recommendations at every opportunity; police, firefighters and many others volunteer to inspect car seats to make sure they are properly installed; and state and federal legislators work to ensure that laws are comprehensive and current. All of this with good reason: motor vehicle crashes remain one of the top causes of childhood injury and death, especially for children age 4 and older. With this in mind, we have put together the following pointers to help parents keep their children safe.

GENERAL GUIDELINES FOR KEEPING A CHILD SAFE IN A MOTOR VEHICLE:

- Safe driving and appropriate restraint (car seats and/or seat belts) are key to avoiding injury.
- Car seats are important safety items but so is a safe car with good tires, brakes, etc.
- Seat belts should ALWAYS be at least three point. A three-point seat belt is the standard car seat belt now, with a belt that extends across the lap and then up over the shoulder. Lap belts without shoulder restraints should only be used to secure a car seat, never to secure a child.
- Never purchase a used car seat. Borrowing used seats from friends is not recommended.
- Register your car seat with the manufacturer (by mail, phone, internet) to ensure that you are contacted if there is a recall for that seat.
- Read the instruction manuals of your seat AND your car thoroughly to ensure you install and use the seat properly.
- Car seats have a lifespan of approximately five years. The seat's manufacture date is printed on the bottom of the seat.
- Car seats should never be used in the front seat of a motor vehicle and children should not sit in the front seat until they are teenagers. The safest position in the back seat is in the middle, as long as the seat fits well there.

Current Virginia law requires that a child must be properly restrained in an appropriate child safety seat until he or she turns 8.

THREE BASIC TYPES OF CAR SEATS:

Infant carrier seat

- Usually approved for use until child weighs 22 pounds or is 29" long, but check your seat by reading the sticker on the side or the instruction manual to verify. (Note: Infants typically move to toddler seats between the ages of 9-15 months.)
- Should be used rear facing ONLY. The angle of the child's back in the car seat compared to the bottom cushion of the car's backseat should be 30-45 degrees. Folding a sheet of paper in half to make a 45 degree angle can be helpful in determining accurate placement.
- The shoulder straps should go over the child's shoulders then enter the back of the car seat AT OR BELOW shoulder level.

Toddler convertible seat

- Designed for use throughout infancy and toddler years (usually from five-40 pounds).
- Can be used facing the back or the front. Consult seat's sticker (on the side) to see how long it is approved for rear-facing. Experts recommend that children face the back of the car for as long as possible.
- When rear facing, the shoulder straps should go over the child's shoulders then enter the back of the car seat AT OR BELOW shoulder level. When front facing, the straps should go over the shoulders and enter the back of the car seat AT OR ABOVE the child's shoulder level.

Booster seat

- Designed for use by children weighing 40 pounds or more.
- Used to position the child better beneath the three-point car seat belt. High-back booster seats are only needed if the car's seat back does not go above the child's head.

Booster seats should be used until children are old enough to sit properly and keep the seat belt across their hips and chest, not tummy and neck. Safety experts recommend using booster seats until children are at least 4'9" tall.

FREQUENTLY ASKED QUESTIONS:

Can my baby face the front of the car when he or she is 20 pounds? The old recommendation was that children should face the back of the car until they were AT LEAST one year old AND 20 pounds. The latest movement has been to encourage parents to continue the rear-facing position for as long as possible. My rule is "the longer the better," but there are two things to consider: the seat and the child. Check the seat information to see how long it can be used to face the back. (This information is on the sticker on the side or in the instruction manual.) If your child is crying/fussing/struggling because he or she is facing backwards and you find this distracting, then it is an unsafe situation. In this situation, you may want to consider turning child's car seat around if he or she is over one year and 20 pounds.

What is the best seat to buy? All commercially available seats in the United States pass strict standards. More expensive is not always better. The best seat to buy is the one that fits your child and your car the best. The National Highway Traffic Safety Administration (NHTSA) has a review system for car seat ease of use that is helpful: www.nhtsa.gov/Safety/Ease-of-Use.

Who can help me install my seat correctly? Check this website for the nearest Child Passenger Safety inspection station in your area: www.nhtsa.gov/cps/cpsfitting/index.cfm. 

PROMOTE SAFE DRIVING BEHAVIORS FOR TEENS

Minimize Distracted Driving

by Corri Miller-Hobbs, Registered Nurse and Safe Kids Virginia, Program Coordinator

Every day in the United States, teens and adults climb into their vehicles for work, school, errands and fun. Unfortunately, every day some of those same teens and adults are injured or killed while driving. According to the Centers for Disease Control and Prevention (CDC), motor vehicle crashes are the leading cause of death for teens. Each year more than one in three deaths in the teen population are due to a motor vehicle crash. Those at greatest risk are males, teens driving with teen passengers, and newly licensed teens. For parents, minimizing that risk is crucial.

The CDC reports that in 2008, more than 3,000 teens age 15-19 were killed in motor vehicle crashes. In addition to these vehicular fatalities, there were more than 350,000 teens treated for injuries in hospital emergency departments. One cause of these devastating accidents continues to surface as new studies are conducted: *driver inattention*. In fact, the National Highway Traffic Safety Administration (NHTSA) reports that nearly 80 percent of crashes, and 65 percent of near-crashes, were due to distracted driving.

As a parent or caregiver you may be asking, what is distracted driving? The NHTSA defines distracted driving as any non-driving activity a person engages in while operating a vehicle. These activities increase the risk of crashing. There are three types of distracted driving: *visual*, when your eyes leave the road; *manual*, when you remove your hands from the steering wheel; and *cognitive*, when you allow your mind to wander and do not remain focused on driving.

Take a few moments to consider your own driving behaviors, and those of your teenager. What behaviors are you role modeling for your teen driver? If you are texting while behind the wheel, your risk of crashing is multiplied 23 times. Reaching for a moving object increases your risk nine times. Driving drowsy puts you in four times greater danger. Reading or applying makeup raises your risk by about three times.

What can you do to be a good role model and teach your teenager safe-driving behaviors? Some recommendations are:

- 1 Recognize your own unsafe behaviors and begin making the necessary changes.
- 2 Know and teach your teens about Virginia's Graduated Drivers License Laws. These laws involve supervised driving practice and age-based restrictions on cell phone use, driving times and passengers. They are intended to delay full licensure and encourage a low-risk initial driving experience for teens.
- 3 Ensure all passengers are correctly buckled up and behaving responsibly.
- 4 Utilize good time management to avoid the need to multi-task. Program GPS and other technology prior to driving and find a safe location to pull over and take care of any non-driving activities. Be sure to instruct teen drivers to do the same.
- 5 Do not allow teens to use cell phones for calls, texting or emails while driving, unless there is an emergency. In case of an emergency, encourage them to pull off of the road to a safe location. Consider monitoring phone bills to track their usage times. Have clear punishments in place for violations, and enforce them.

With education and awareness, you can protect your teen, and help them to protect themselves.

Safe Kids is an outreach organization that promotes awareness of safety issues in the areas they serve. Visit the Safe Kids Virginia website at www.vcuhealth.org/virginiasafekids for additional car safety information and other safety resources.

TEEN SAFETY ALERT: iPod Zombies

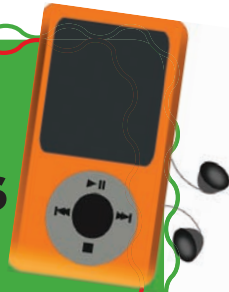
**Plugged-In Pedestrians, Runners
and Cyclists = Increased Potential
for Accidents**

On average, a pedestrian is killed in a traffic crash every 113 minutes and injured in a traffic crash every eight minutes, according to NHTSA statistics from AAA Mid-Atlantic. The issue of "iPod Zombies," a term for pedestrians, runners and bicyclists who are inattentive to traffic and road conditions because they're tuned in to iPods, MP3 players or other headphone devices, recently made headlines when a man wearing ear buds was unable to hear a small plane making an emergency landing on a beach in Hilton Head, N.C., and was struck and killed.

It is important to realize that people have been hurt or killed when using headphone equipment in a way that makes them unaware of their surroundings. AAA Mid-Atlantic offers the following safety advice which is particularly relevant to share with teens:

- If you can't leave home without your iPod or other personal headphone device for a walk, jog or bike ride, make certain the volume is kept low so that you can still hear traffic.
- Be aware of surroundings at all times, especially at intersections and if you are sharing the road with motor vehicles. This awareness is especially key during dusk, dawn and night, when visibility is reduced not only for motorists, but for pedestrians and bicyclists as well.

Children's Hospital of Richmond psychologists also recommend sharing real-life examples when talking with teens about this issue so they are aware of the consequences of using this equipment in a dangerous way.



CHILDHOOD INFLUENCES MATTER FOR FUTURE HEALTH

Tips for Fostering Healthy Eating Habits and a Healthy Lifestyle



It is generally accepted that childhood influences play an important role in a person's future social, emotional and career successes. However, our health habits and risk factors for many diseases also have their beginnings in childhood. Technological advances and increased access to cars, televisions and computers brought sweeping changes to the American way of life in the last decades of the 20th century, accompanied by a marked reduction in physical activity and an increase in food eaten outside the home. From 1950-2000, the average U.S. household increased the amount of television watched daily by 36 minutes every decade.¹ About half of

Virginia's youth included in a 2010 survey report that they watch two or more hours of television each day and a little over one-third report that they play two or more hours of video games each day.² Although the U.S. Department of Health and Human Services recommends one hour or more of moderate to vigorous physical activity a day for children and teens, in Virginia only one-third of youth surveyed met the recommended activity level.

While children on average have become more sedentary (engaged in seated, non-physical activities), they are consuming more calories than children did decades ago. A study examining diet trends revealed that between 1977

and 2006, children increased their caloric intake by 168 more calories a day from snacking.³ This study also found an increase in the intake of salty snacks, candy, sugared beverages and juice, and a decrease in fresh fruit consumption. In Virginia, only four percent of children surveyed in 2010 ate the recommended nine servings of fruits and vegetables per day.²

The combination of decreased calorie-burning activity and increased calorie consumption has contributed to startling increases in obesity in our population. For school-age children on a national average, the percentage increased from six percent in 1980 to 20 percent today. The average obesity rate for school-age children in Virginia matches the national average, with the highest rates in southeastern and southwestern parts of the state (24 and 28 percent, respectively), and the lowest in Northern and Central Virginia (20 and 17 percent, respectively).²

Healthy Lunch Box List

A healthy school lunch should consist of a protein, a dairy, a whole grain carbohydrate, a fruit and a vegetable choice. When choosing proteins and dairy, check the label and choose low fat. The exception to that rule is nuts or peanut butter, as they contain healthy fats that have been shown to reduce the risk for heart disease.



Protein options include:

- 2 Tbsp to 1/4 cup of nuts or seeds
- 1-2 Tbsp peanut butter (If your school allows you to pack peanut butter, it can be sent on bread or with apple slices.)
- 2 Tbsp to 1/4 cup hummus
- 1/4 - 1/2 cup tofu or cooked beans
- 1/2 - 1 cup of bean, lentil or pea soup
- 1-2 hard boiled eggs
- 1/2 can of tuna fish
- 1-2 ounces (about 1-2 slices) skinless turkey or chicken or naturally low-fat lunch meats such as roast beef, turkey, chicken or ham, choosing options with less than 2 grams of fat per 2 ounces. Avoid higher fat lunch meats such as salami and bologna.

Dairy options include:

- 1 cup (8 ounces) of low-fat or skim milk
- 1/2 - 1 cup low-fat yogurt
- 1 inch-size square of hard cheese, 3 Tbsp shredded cheese, 1 and 1/3 slices American cheese or 1 cup cottage cheese, choosing low-fat or 2% options most of the time
- 1/2 cup pudding made with low-fat milk, as an occasional lunch treat

Whole grain carbohydrate options include:

- 1-2 slices of whole grain bread if sending a sandwich
- 1 whole grain mini pita
- 1 whole grain mini bagel or 1/2 regular or large bakery bagel
- 1/2 - 1 whole grain English muffin
- 1 6" size corn or whole grain flour tortilla
- 1/2 cup cooked brown rice or whole grain pasta or couscous

With increasing numbers related to childhood obesity, many parents and caregivers are concerned about their child's weight gain but find it challenging to incorporate lifestyle changes into their busy schedules. It is likely that you have considered some of the following questions families often ask as they attempt to foster healthy lifestyle habits in children:

How do I find time to exercise, plan and prepare healthy meals, and do all I need to do to take care of family?

The first step is to set some reasonable goals for small changes that don't seem overwhelming. Take a careful inventory of how your time is spent each day, and be creative in how you can incorporate these changes into your schedule. Ideas like preparing and freezing meals on Sunday can go a long way toward helping you get through the week on a healthier note. Schedule blocks of time in your planner or family calendar to make sure that your new goals take priority. The Healthy Lunch Box List

below shares some helpful recommendations for daily planning.

How do I get my child to eat more vegetables?

Role modeling is as important for healthy eating as it is for other good behaviors. Family meals are an important time for your child to learn healthy eating behaviors. Let your child choose vegetables when you go shopping and try them raw and prepared in different ways. Introduce new vegetables at least eight times. There are creative ways to incorporate vegetables into mixed dishes that might make them more appealing to children. Try new recipes from magazines, cookbooks, the internet, or friends.

How can I afford to cook at home when fast food is so inexpensive?

Fast food may be an inexpensive way to satisfy hunger, but most fast food meals are high in fat, salt and sugar and low in other nutrients found in fruits and vegetables. This has a long-term cost for your child's health. There

are many recipe books and websites with great ideas for inexpensive fast family meals. Involving your children in food preparation at home can be fun and educational. If your child is old enough, he or she can do some meal preparation to save you time and have pride in contributing to the family.

Are fresh vegetables more nutritious than frozen or canned?

Freshly picked vegetables have the highest nutritional content, so if they come from the garden or farmers market, they could be the best choice. Vegetables in the supermarket may be weeks old by the time they arrive on the shelf, and can actually have less nutritional content than canned or frozen produce which is processed immediately upon harvest. One thing to keep in mind is added salt and fat that may be present in processed foods.

How can I encourage my child to be more active?

Again, set a positive example by leading an

active lifestyle yourself. Look for fun activities that you can participate in together such as family walks or active games. Help your child try different activities and sports to find what he or she enjoys best. Try exercise videos, electronic fitness games or home exercise equipment for times when your child cannot go outdoors. Monitor your child's sedentary time and limit the number of hours spent watching television or playing sedentary video games. 

Information provided by the VCU T.E.E.N.S. (Teaching, Exercise, Encouragement, Nutrition and Support) Program. The TEENS Program is a weight management clinic and clinical trial for children between the ages of 11 and 18 whose pediatricians or primary care providers have determined are overweight. The program has a team of doctors and specialists who provide medical screenings, exercise routines, family support, individual and group counseling, and nutritional education. For more information, visit www.vcuchildrens.org/teens or call (804) 827-0661.

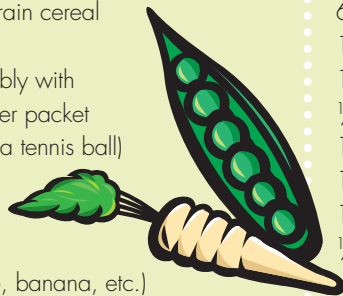
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- 1 cup whole grain flake or "o" style cereal or 1 and 1/2 cup puffed whole grain cereal
- 3 cups low-fat popcorn
- 1 packet instant oatmeal preferably with less than 10 grams of sugar per packet
- 1 small muffin (about the size of a tennis ball)
- 5-7 whole grain crackers

Fruit options include:

- 1 fresh fruit (apple, pear, orange, banana, etc.)
- 1/2-1 cup applesauce with no added sugar
- 1 cup (8 ounces) 100% fruit juice
- 1/2-1 cup grapes or berries or cut-up melon
- 1/2-1 cup canned fruit in juice (avoid fruit in syrup)
- 1/4-1/2 cup dried fruit such as raisins, dried cranberries, dried apricots or freeze-dried fruit



Vegetable options include:

- 6-12 baby carrots
- 1-2 cups green salad made with dark green lettuce or spinach
- 1 cup (8 ounces) vegetable juice
- 1/2-1 cup cut-up cucumbers
- 1 cup (8 ounces) vegetable soup
- 1 tomato, sliced
- 1-2 celery stalks, cut up
- 1/2-1 cup raw broccoli and cauliflower

Snack Suggestion:

A snack-sized bag of pretzels (15-25 tiny twists), baked chips (10-15), animal crackers (15-20) or graham crackers (4-6 squares) are healthier options for a snack treat in a child's lunch.

Note: 2 Tbsp low-fat dressing, such as Ranch or Italian, or guacamole can be sent for dipping raw veggies.

PB&J Makeover:

For peanut butter and jelly sandwiches, use all-natural fruit spreads with no added sugar or artificial sweeteners instead of regular jelly or jam.

Beverage Tip:

If a juice box is sent, make sure it is 100% juice and that it is the child's juice allotment for the day. Filling up on juice can result in an excessive calorie intake. Also, fruit consumed in its whole form is most nutritious as it contains fiber and other nutrients not found in juice. Water and low-fat milk are other good options for healthy lunchtime beverages.

- Dee Madore, Registered Dietitian

FALL 2010 EVENTS CALENDAR

September 18 - October 3

A charity house benefiting Children's Hospital Foundation is one of eight finished floor plans to be featured at Richmond's **HOMEARAMA 2010**, a home showcase being held at Patriots Landing, a planned community in New Kent County. Themed "101 Great New Ideas for Your Home," this event features a variety of design and functional elements to transform any living space with suggestions for every style and budget. Open from noon to 9 p.m. daily. Admission to any day of the three-week event is \$10. Children's Hospital Foundation receives half of the admission price for each person who attends with a special Foundation admission ticket.

The Foundation will hold an event at the charity house September 25 featuring live music, free BBQ lunch for the first 500 guests, and a silent auction of items decorated by Children's Hospital of Richmond (CHoR) patients. Call (804) 228-5827 to get your Foundation ticket or for more information.

October 9

Join us for healthy fun for all ages at the **8th Annual American Family Fitness 5K/10K Walk/Run** and **Kids Mascot Mile** starting at 8:30 a.m. on the grounds of CHoR's Brook Road Campus. Local radio stations will provide music throughout the course and activities include a post-race breakfast, health fair, children's festival, decorated stroller contest and live music. Register online at www.amfamrace.com. Registration is \$25 on or before October 1 (\$35 after) and \$10 for the Kids Mascot Mile (\$15 after). For more information, call (804) 228-5827. This event benefits Children's Hospital Foundation.

October 13

Join us from 6:30 p.m. to 8 p.m. at the Brook Road Campus for a **CHoR Advocacy Day Program**, "Developing Families as Advocates: Leading the Way Forward for Children with Special Needs." This year's featured speaker is the director of public policy for the National Association of Children's Hospitals. Registration is FREE. Participants should pre-register by October 8 by calling (804) 228-5829.



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CHoR Appointments: (804) 828-CHOR (2467)

LOCATIONS



- 1 Children's Pavilion**
1001 E. Marshall Street, Richmond, VA 23219
- 2 Main Hospital**
1250 E. Marshall Street, Richmond, VA 23219
- 3 Gateway Building**
1200 E. Marshall Street, Richmond, VA 23219
- 4 Critical Care Hospital**
1213 E. Clay Street, Richmond, VA 23219
- 5 Nelson Clinic**
401 E. 11th Street, Richmond, VA 23219
- 6 Ambulatory Care Center**
417 N. 11th Street, Richmond, VA 23219
- 7 Dental School**
521 N. 11th Street, Richmond, VA 23219
- 8 West Hospital**
1200 E. Broad Street, Richmond, VA 23219
- 9 Virginia Treatment Center for Children**
515 N. 10th Street, Richmond, VA 23219
- 10 North Hospital**
1300 E. Marshall Street, Richmond, VA 23219
- 11 VCU Medical Center at Stony Point**
9000 Stony Point Parkway, Richmond, VA 23235
- 12 Stony Point Surgery Center**
8700 Stony Point Parkway, Richmond, VA 23235
- 13 Center for Sleep Medicine**
2529 Professional Road, Bon Air, VA 23235
- 14 Seaboard Building**
3600 W. Broad Street, Richmond, VA 23230
- 15 Brook Road Campus**
2924 Brook Road, Richmond, VA 23220
- 16 Bon Air Therapy Center**
206 Twinridge Lane, Suite A, Richmond, VA 23235
- 17 Fredericksburg Therapy Center**
Lee's Hill Medical Center
10530 Spotsylvania Avenue, Suite 102
Fredericksburg, VA 22408
- 18 Glen Allen Therapy Center**
The Forum, Building 2
10124 West Broad Street, Suite P, Glen Allen, VA 23060
- 19 Petersburg Therapy Center**
321 B Poplar Drive, Suite 4, Petersburg, VA 23805

