

# Gainesville Parenting

For the community, by the community.

cover  
contest winner  
Inside!

## Juvenile Diabetes

*Is your TV a full-time  
babysitter?*

**Teach your  
children**  
to be thankful

# O2b Animal Day

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**November 10th**

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### Martonick Publications, Inc.

Toll Free Phone: (866) 387-0967

Local Phone: 338-1920

Toll Free Fax: (866) 458-6557

Local Fax: 338-1922

4703 NW 53<sup>rd</sup> Avenue

Suite B-2

Gainesville, FL 32606

info@martonickpublications.com

www.martonickpublications.com

### President:

Maria Martonick

### Vice President:

Steve Martonick

### Contributing Writers:

Sara Ajluni

Teresa Bruney

Jacki Donaldson

Vilmarie Estrella

Ashley Faucette

Tom Dikel

Karen Shimonsky

Gayle Schlafer

Jessica Warshaver

### Advertising Representatives:

Maria Martonick

Steve Martonick

### Managing Editor:

Jenna L. Tighe

### Assistant Editor:

Christiana Lilly

### Graphic Designers:

Javier Espinosa

Luisa Henkle

### Photographer:

Jessica Warshaver

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Maria J. Espinosa, 4,  
is photographed  
by Jessica Warshaver

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*In our September issue, we wrote that emergency medical technicians believe in using ear tubes. It should have been ENTs, or ear, nose and throat specialists. We regret the error*

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# November Events

There are plenty of plays, concerts and activities for the whole family or just for a parent 's night out!

**November 8 – 10 a.m. to 9 p.m.**

*Trashformations: Trash to Treasure*

Florida Museum of Natural History  
SW 34th Street and Hull Road  
(352) 846-2000

**November 10 and 11 – 10 a.m. to 9 p.m.**

*Downtown Festival and Art Show*

Downtown Gainesville

**November 11 – 2:30 to 3:30 p.m.**

*Science Sundays: Into the Wilds*

Florida Museum of Natural History  
SW 34th Street and Hull Road  
(352) 846-2000

**November 11 – 7:30 p.m.**

*Ballet Folklorico De Mexico*

Curtis M. Phillips Center for the Performing Arts  
315 Hull Road  
(352) 392-1900

**November 16 – 8 p.m.**

*Rock Against Domestic Violence*

Backstage Lounge  
1315 S Main St  
(352) 378-9185

**November 17 – 10 a.m.**

*Native American Festival*

5656 E. Silver Springs Blvd., Silver Springs  
(352) 236-2121

**November 17 – 9 a.m. to 4 p.m.**

*Cross Creek Festival*

Cross Creek County Park  
19109 S. County Road 325

**November 18**

*West Side Story*

Nadine McGuire Pavilion, Constans Theatre, UF  
Buy Tickets at UBO: (352) 392-1653

**November 24 to December 24**

**5 to 8:30 p.m.**

*15th Annual Festival of Lights*

5656 E. Silver Springs Blvd., Silver Springs  
(352) 236-2121

**November 25 – 12 to 5 p.m.**

*Holiday Open House at Artisans' Guild Gallery*

Artisans Guild Gallery  
4201 NW 16th Blvd.  
(352) 378-1383

**November 27 – 1:00 p.m.**

*Gainesville Woman's Club Education*

*Department Book Review*

Gainesville Womans' Club  
2809 West University Avenue

**December 1 until sold out**

**Mon-Fri 4 to 6 p.m., Sat-Sun 12 to 6 p.m.**

*Unicorn Hill Farm Christmas Trees*

3605 NW 69th St.  
(352) 373-4575

**December 2 – 7:30 p.m.**

*Sounds of the Season*

Curtis M. Phillips Center for the Performing Arts  
315 Hull Road  
(352) 392-1900

**December 3 – 7:30 p.m.**

*UFPA Presents The King's Singers*

Curtis M. Phillips Center for the Performing Arts  
315 Hull Road  
(352) 392-3261

**December 4 – 12 to 1 p.m.**

*Coordination: Season's Eating, how to eat healthy during the holidays.*

Shands Eastside Community Relations and Education,  
1334 NE 4th Ave.

**December 6 – 11 a.m.**

*Mother Goose Storytime for Pre-Walkers*

3020 SW 75th St.  
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# Mother of the Month

## Nan Islam

*Every month we feature a mother in Gainesville of outstanding character – a woman who contributes to the community and is dedicated to her children.*

By Karen Shimonsky

Nan Islam has lived in Gainesville for 32 years and has loved every minute of it. She has two children, Melissa, 5, and son Jacob, 3, and she recently went back to work part-time after being a full-time mom for the past four years. Working alongside her husband Joel, president of Florida Food Service, Islam said it is extremely important to her that she is involved in every aspect of her children's lives despite having gone back to work. Islam is also heavily involved in community charity events and lists Hospice, March of Dimes and The American Cancer Society as some of the top causes that both her and husband Joel work hard to support.



### What do you enjoy most about your children?

"I love their love, watching them learn, their fresh perspective on everything, and their heartfelt joy from simple pleasures."

### What do you hope to impart on them?

"I want them to experience a joy in living and a healthy respect for themselves and others in every aspect of their lives."

### What is your favorite thing about raising children in Gainesville?

"I like that for being a fairly small community, Gainesville has a lot to offer in terms of culture, outdoor activities, education and sporting events"

### What is your favorite memory of growing up?

"Any time spent with my parents and family. My father passed away when I was 17 and my mother was ill for 20 years, so I treasure every memory."

### What is the most important thing you've learned from your mother?

"Consideration. She was one of the most loving and considerate people I have ever known."

### What is something about you that no one knows?

"Some people know this, but I was adopted. When I was 27 years old I met my birth mother and found out that my name was 'Melissa' on my initial birth certificate. When we had a daughter, we decided to name her Melissa."

### Do you have a hidden talent?

"I can whistle with my fingers"

### What do you enjoy doing around town?

"I love going to performances at all of the theaters around town. I like all Gator sporting events, and I also enjoy going out to eat, especially to get sushi."



## Do you know an Outstanding Mother?

Write in and let us know of an outstanding mother in Gainesville. She may be featured in our upcoming publication! Write to: Martonick Publications, Inc., Attn: Mother of the Month, 4703 NW 53rd Avenue, Suite B-2, Gainesville, FL 32606.



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# Weekend Parenting

## Alfred A. Ring Park

By Gayle Schlafer

I'm not Nature Girl. My husband is not Nature Boy. Consequently, Ben, 5, and Sammy, 4, are not what you would consider Nature Children. I was hoping I could change some of that with a visit to Alfred A. Ring Park. Aside from walking trails and a wildflower garden, it also boasted a playground. If nothing else, the boys could play in the playground, at least surrounded by trees and lizards instead of the wooden fence in our backyard.







**R**ing Park is located off NW 23rd Avenue with its entrance through the Elk's Lodge. There is a lot of available parking and the signs to the park are well marked. We traveled across a boardwalk before we even got to the park. When we approached what I thought of as base camp, I was pleased to see bathrooms, in case of a potty emergency, and a picnic pavilion.

The playground equipment was serviceable, but the boys quickly grew tired of it. There were three slides and one place to climb up or down. Nothing to climb over, under, or through. I realize that if I wanted swings and see-saws I should have gone to Northwest Park, so I wasn't too disappointed. After the boys had their fill of sliding, we started on the walking trails, first going to the wildflower garden.

It may have been the season, but we saw only two or three different types of flowers. However, there was a small pond with little fish swimming around, and the boys enjoyed watching them go back and forth.

We continued on, and Sammy informed me that he wished we had gone to a different park. In hindsight, I shouldn't have told them we were going to a "park." Instead, I should have said "nature trail." Ben, however, was having a great time, kicking rocks and acorns off the path. Both boys were enamored of the purple berries that grew everywhere. We saw butterflies flitting around and some iridescent blue dragonflies, but nothing else really held their attention.

The path we chose brought us back to base camp, but I wouldn't have known that if another park visitor hadn't directed me. The other paths don't circle back, so we would have walked a mile one way only to turn around and come back the same way. The paths are marked, but not their final destinations.

I asked Sammy what his favorite part was, and he said going home. Ben said his favorite part was kicking the acorns. They both liked the playground for at least a little while. I think I could get them to like the nature trails if I presented them in a different way.

I wasn't much help increasing their love of nature. I could identify the dragonflies, but couldn't tell the boys their purpose on Earth. Many of the fauna were marked in the wildflower garden, but I couldn't say anything else about them. Now that I know what to expect, however, I can research everything online before we head out for our next nature adventure.



**Where:** NW 23rd Avenue, entrance through the Elk's Lodge.

**Phone:** 352-393-8756

**Web site:** <http://cityofgainesville.org/no/facilities/aarp.aspx>

**Cost:** Free

**Rating:** 😊😊😊😊😊😊😊😊😊😊

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## Event Schedule:

8:00am: T-shirt pick-up and final registration begins

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Tot Trot  
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# Psychologist

## Tom Dikel

*Thomas Dikel is a doctor of psychology with a Ph.D. from a joint developmental and clinical psychology program at the University of Minnesota. He works in a private practice in Gainesville with ITM Group and has advanced training in child neuropsychology. He's treated children for several agencies, including the Department of Children and Families, States Attorney's Office, Child Protection Team, Guardian ad Litem, State and Federal Public Defenders' offices. He's also a parent.*

## Attachment

An important area of developmental study is Attachment Theory. Not analogous to “bonding,” attachment focuses on the relationship between a child and caregiver. Many developmental psychologists believe it to be an important, if not crucial area necessary to understanding subsequent development.

Attachment as a developmental construct arose from the study of animal and human ethology. Ethology is the scientific study of behavior, especially as it occurs in a natural environment, emphasizing the function and the evolutionary history of behavioral patterns. Ethologists consider how traits may have developed to maximize the likelihood of passing on one's genes to the next generation (having children).

John Bowlby, a driving force behind the study of attachment, described it as a long-term psychological connection between human beings. Unlike the behaviorists who largely controlled the study of psychology during the first half of the 20th century, Bowlby shared the developmental viewpoint with early Freudian theory, that early experiences in childhood influence development and behavior in later life. The attachment styles that eventually determine how an individual relates to and interrelates with others are established in early childhood through the relationship between the infant and caregiver(s). Bowlby also understood that attachment had an evolutionary component – it increases the likelihood of survival and reproduction or procreation.

Attachment is not a unitary construct, however. There are different attachment “styles” that define how the infant and caregiver interact and relate to one another.

The way an individual understands the world and his or her place in it is established by the child's early experiences with the people most important to survival – the parents or primary caregivers.

Mary Ainsworth played a major role in working out interactive behavior and patterns of secure and insecure attachment. Initially there were three types of styles of attachment: secure, insecure resistant and insecure avoidant. One of the primary measures of behavior was the “strange situation” in which a child was left alone in a room with a stranger (the caregiver left the room leaving the child behind). When the parent returned, the child's response was coded and assessed.

Very briefly, the optimal response involved initial crying, but generally the child was happy or relieved to see the parent return, was relatively easy to settle or calm, and rapidly returned to exploratory behavior, occasionally looking back to see if the caregiver were still there, generally without much difficulty. The Resistant child did not console easily and suffered from a push-me-pull-you effect. The child wanted to be closer to the parent but did not settle, and in fact sometimes became a more upset. The Avoidant child often simply ignored the returning parent and appeared to have closed off his or her emotions toward the parent.

Several years ago, a fourth Disorganized type was added, in which the child's reactions or behaviors were a mixed up combination of the other three styles. The disorganized type has been correlated with Backgrounds of child abuse and neglect.

Although there have been concerns raised about the possible lack of resilience of

children raised in an optimal environment, securely attached children in fact tend to do better when faced with adversity than children raised under long-term adverse conditions. It is true that some problem solving is necessary for developing healthy resilience; however, it is not true that it is necessary to try and create problems for the child. The world will usually do a pretty good job of that all by itself.

The study of attachment is by now a fairly vast enterprise, and one well worth reviewing in some depth and detail, far beyond what we can do in a brief monthly column. There are major centers of study at the University of Minnesota Institute of Child Development and at the State University of New York (SUNY), among others. People unable to read Bowlby's three-volume Attachment and Loss series can surf the net and see what they find. As always when looking on the internet for information, be careful not to get caught up in biased or self-serving information. Legitimate names you might start with include Alan Sroufe, Everett Waters, The “Mother-Child Project”, Mary Ainsworth, and Mary Main.

A final word: There are centers that claim to treat reactive attachment disorder by “rebirthing” and other such methods that can be abusive or worse. These are not connected with the generally accepted centers of attachment study, neither are they or their methods endorsed or accepted.

Any time and effort you commit to learning about attachment should serve to benefit you and your children. Good luck!



By Jessica Warshaver

# Babysitter

Television is steadily becoming a central part of the lives of toddlers, young children and adolescents. The last few decades have seen an increase in the availability of programming due to cable, VCRs, DVRs and the vast majority of children growing up in homes where television has become a regular presence. Also, as more parents focus on their busy lives at work, they rely on a rather inanimate companion to play babysitter to their children. In fact, one-third of children under the age of 6 live in "heavy" TV households where television is left on "always" or "most of the time," a Kaiser Family Foundation report found. Most parents might be shocked to discover just how much of their electronic babysitter that their children are engaged in on a daily basis – and what exactly the implications are.



## THE GOOD

There has been much criticism toward the media, especially its effects on young children and teens. To completely shield children from television seems like an impossible feat, especially when most parents are busy with household chores and errands. Even Wilma Flintstone had a boob tube to occupy her prehistoric tykes. However, times have certainly changed since the age of Bedrock.

"There are definitely more educational program and channel options, and there is increased variability due to cable television," says Lynda L. Kaid, professor of telecommunication at UF. "This diversity has increased availability, as well as the VCR, which has made it easier for parents to shift television viewing to make particular programs available as a 'babysitter.'"

The wider realm of television programming available to children has been the focus of many studies regarding the effects television shows have. A 1984 study found that second- to sixth-grade children better understood information presented through television than the same story presented through radio.

The varied shows available also stimulate different responses among young children. Much educational programming is proven to encourage imaginative play, such as "Sesame Street," whereas action-adventure shows generally produce the opposite. Other studies have shown that programs with simple story lines like "Arthur" generate higher vocabulary and better use of language.

Overall, most moms and dads of young children feel that television "mostly helps" them learn, noticing that their young ones have learned good behavior patterns and have better speaking and memory.

Many children's shows tackle difficult issues as well, such as the death of Mr. Hooper on Sesame Street in 1983. Research following the character's passing showed that half of viewers' parents reported discussing death with their child after watching the episode.

Mary, a Gainesville mother of two, says about her family, "we love 7th Heaven because it really does deal with an awful lot of issues facing kids, issues it might not have occurred to me to bring up with them, that we have talked about in depth because of that show."

## THE BAD

The criticism directed toward television isn't completely arbitrary. Despite the positive effects the medium has shown to produce, research has also found that television involves a lower amount of invested mental effort, or AIME, than print media, although this relationship differs with age and type of program.

The American Academy of Pediatrics recommends that children under 2 not watch any television, and children over 2 be limited





to only one to two hours of screen time a day. Even in the face of this knowledge, in a typical day, 68 percent of children under 2 use screen media, watching an average of two hours a day.

Statistics show that children view more television than any other group in society, specifically children under the age of 12, who view seven to 10 hours a day.

Alicia Scott, a licensed school psychologist in the Gainesville area, says extensive television viewing is replacing interactions with parents and other caregivers and is often seen in places other than the home.

"With the advent of entertainment systems in vehicles, there has been an increase in parents allowing children to watch DVDs in the car," Scott says. "It used to be that parents reserved this for long trips. It's now common-place to see vehicles with DVDs playing during quick trips around town."

Recent research suggests that the "TV as a babysitter" trend is not restricted to the home – more than half of teachers surveyed who use screen media as a teaching tool reported that casual use of television in the classroom was "quite common."

The amount of viewing time isn't the only concern television is generating among parents and professionals.

"One of the problems we see today in TV viewing is the excessive violence that children are exposed to on a regular basis," Kaid says. "Even children's programming has substantial violence, and exposure to it makes them more likely to be involved in aggressive incidents."

Thankfully, parents aren't alone when it comes to filtering what their children watch. The TV Parental Guidelines system, which went into effect in 1997, was created to help parents choose programs that are suitable for their children. It was designed to work with the V-chip, a computer device that is programmed to block programs based on these ratings. All TVs manufactured since 2000 are required by law to have the V-chip.

In spite of these advancements, only 5 percent of parents use the V-chip, and most generally don't pay attention to the ratings system.

"Ratings are arbitrary, and tell me absolutely nothing," claims one mother from Buffalo, NY. "I will judge what is best for my child to watch and what isn't."

## THE UGLY

"Television causes my kids to sit and do little or nothing rather than doing the things kids should do," says Tam, mother of four. "They are visibly better behaved when they do not watch TV because they spend their time running and playing and having an output for their energy."

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Tam's case is not a rare one. Experts agree that TV may induce passivity, which is not compatible with creativity and imagination. Studies show that preschool children who watch more television are less likely to have an imaginary friend and have overall lower imaginative play scores.

One growing concern is actually the increased distortion of reality that children receive from violent programming. Even young children can recognize that books are fiction, but television looks more like real life.

The National Institute of Mental Health has reported that television is one of the strongest catalysts for aggressive behavior, and this exposure causes desensitization to the effects of violence. Although many parents may feel that their toddlers can't understand the adult programs they're watching on TV, the NIMH states that children as young as 14 months model violent behaviors.

Violence is only one aspect of television influencing young children. Just as adults are susceptible to the alluring products marketed on television, children too can fall victim to savvy advertisements.

"Advertisers in programs that are related to children are very expert at targeting children, and do research on how to best attract that market and make products attractive," Kaid says.

Kaid also states that children are much more susceptible to the messages advertisers are trying to push because of the blending of programs with the products being advertised. Very



## TIPS FOR POSITIVE VIEWING HABITS

1. **Set limits.** Limit your children's use of TV, movies, and video and computer games to no more than one or two hours per day. Do not let your children watch TV while doing homework. Do not put a TV in your children's bedrooms.
2. **Plan what to watch.** Instead of flipping through channels, use a program guide and the TV ratings to help you and your children choose which shows to watch. Turn the TV on to watch the program and turn it off when it is over.
3. **Watch TV with your children.** Whenever possible, watch TV with your children and talk about what they see. If your children are very young, they may not be able to tell the difference between a show, a commercial, a cartoon, or real life. Be especially careful of "reality-based" programs. Most of these shows are not appropriate for children.
4. **Find the right message.** Some TV programs show people as stereotypes. If you see this, talk with your children about the real-life roles of women, the elderly, and people of other races.
5. **Help your children resist commercials.** When your children ask for things they see on TV, explain that the purpose of commercials is to make people want things they may not need.
6. **Look for quality children's videos and DVDs.** There are many quality videos and DVDs available for children. Check reviews before buying or renting programs or movies.
7. **Give other options.** Watching TV can become a habit for your children. Help them find other things to do like playing; reading; learning a hobby, a sport, an instrument, or an art; or spending time with family, friends, or neighbors.
8. **Set a good example.** As a role model, limiting your own TV viewing and choosing programs carefully will help your children do the same.
9. **Express your views.** When you like or do not like something you see on TV, make yourself heard. Stations, networks, and sponsors pay attention to letters from the public. If you think a commercial is misleading or inappropriately targeting children, write down the product name, channel, and time you saw the commercial and describe your concerns.
10. **Get more information.** The following resources can provide you with more information about the proper role of TV in your children's lives:
  - Public service groups publish newsletters that review programs and give tips on how to make TV safe for you and your child.
  - You can ask the parent organization at your child's school.
  - Parents of your child's friends and classmates can also be helpful. Talk with other parents and agree to enforce similar rules about TV viewing.

Source: American Academy of Pediatrics, <http://www.aap.org>



young children do not understand the persuasive intent of ads, and commercials full of animation, color and movement often make it hard for children to differentiate between the show they are watching and an advertisement.

For all of these reasons, Gainesville mother Anne rarely lets her five-year-old watch television.

"We invariably find that even the gentlest shows make him hyper and disobedient. As a free babysitter, the price is just too high."

## WHAT CAN BE DONE IN THE HOME

Although it is unlikely that we can completely shield our children from the media, there is much that can be done in the way of mitigating its negative effects and perhaps even redirecting them to positive changes through dialogue and setting limits.

"It's best for parents to actively monitor the programs their children are watching," Scott says. "In addition, parents should watch with their children and discuss the program."

Television doesn't have to be the antisocial medium that most critics make it out to be, isolating family members from each other. Instead, it can be a fun activity that brings families together. Experts recommend talking with your children about television, watching with them, and setting rules and limits on viewing. This can help children gain so-called "media literacy," allowing them to watch on their own without parental intervention and avoiding most of the negative effects.

Kaid stresses moderation above all else.

"A lot of these things is about balance and what is the best combination of things for your child."

It is important to recognize the detrimental effects excessive television viewing has on youth today, but we also need to remember the positive potential media holds for children. With the growth of cable TV and, in recent years, the Internet, there are more helpful, educational programs and information for children than there has ever been before.

## TV PARENTAL GUIDELINES

### TV-Y

For all children

### TV-Y7

**For children age 7 and older.** The program may contain mild violence that could frighten children younger than age 7.

### TV-Y7-FV

**For children age 7 and older.** The program contains fantasy violence that is glorified and used as an acceptable, effective way to solve a problem. It is more intense than TV-Y7.

### TV-G

**For general audience.** Most parents would find this program suitable for all ages. There is little or no violence, no strong language, and little or no sexual content.

### TV-PG

**Parental guidance is suggested.** Parents may find some material unsuitable for younger children. It may contain moderate violence, some sexual content, or strong language.

### TV-14


**Parents are strongly cautioned.** The program contains some material that many parents would find unsuitable for children younger than age 14. It contains intense violence, sexual content, or strong language.

### TV-MA

**For mature audience.** The program may not be suitable for children younger than age 17. It contains graphic violence, explicit sexual activity, or crude language.

Note: Ratings are not used for news programs, which may not be suitable for young children.

Source: American Academy of Pediatrics, <http://www.aap.org>



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# Crafts for Kids

By: Ashley Faucette

## Construction Paper Turkey

### Materials

- 2 toilet paper tubes
- Glue or Stapler
- Scissors
- Markers
- Brown construction paper
- Red construction paper
- Yellow construction paper
- White construction paper
- Black construction paper



### Directions:

1. Take the white piece of construction paper and loosely trace around your child's hand.
2. Cut out the drawing.
3. Color the whole shape with different colored markers and set aside.
4. Cut one of the toilet paper tubes in half (only one half is needed)
5. Use the brown construction paper to wrap each tube separately (either staple or glue in place).
6. Glue the shorter tube on top of the longer one, make sure it's centered, and hold it together for 30 seconds.
7. Using the black and white construction paper cut out the eyes, cut out a beak and feet with the yellow construction paper, and a gobble with the red construction paper.
8. Glue each shape to the tubes accordingly (see photo).
9. Then take the colored hand ("feathers") and attach it to the back of the tubes.
10. Your turkey is now complete!





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# juvenile Diabetes

*By Vilmarie Estrella*

Most people not directly affected by type 1 diabetes don't really know much about the disease, and who can blame them? There's not much information out there, says Milly Hurtado, a mother of a young diabetic. Read on and understand a little more about this disease that affects 850,000 to 1.7 million Americans, according to the National Institutes of Health.

**L**ittle Danny was thirsty — all the time.

His mother, Milly Hurtado, had to change his diaper more than a handful of times a day and it felt like it weighed about five pounds. His mouth smelled like acetone. Hurtado found this odd, so she took 22-month-old Danny to the doctor.

"I'm a worrisome mom and I take my kids to the doctor for any little thing," Hurtado says. "It never crossed my mind that it could've been diabetes."

Danny, now 3, was diagnosed with type 1, or juvenile, diabetes. Besides the symptoms Danny was suffering from (extreme thirst, frequent urination and acetone breath), some of the others include nausea and vomiting, mood changes, extreme hunger, tiredness, extreme weight loss and high levels of sugar in the urine and blood\*.

Type 1 diabetes is an autoimmune disease. Put into simple words, the immune system gets confused and attacks the pancreas, which produces insulin. Insulin is what controls blood sugar levels, giving the body a source for energy.

The reason why some kids have type 1 and others don't is unknown. Contrary to popular belief, type 1 diabetes has not yet been proved to be hereditary. In fact, only one in seven children diagnosed with diabetes has a family history of the disease, according to the Diabetes Center of Excellence at Shands. Nevertheless, research is being done to see if the causes are either genetic or environmentally triggered, according to the Juvenile Diabetes Research Foundation (JDRF).

Only one in 300 people have type 1 diabetes. With 95% of all diabetes patients having type 2, there isn't much information out there on type 1. However, organizations like JDRF make it their obligation to raise funds for diabetes research and provide a support network for families affected by diabetes.



## CORD BLOOD RESEARCH

The quest to find the cure for type 1 diabetes continues, and one of the JDRF-sponsored ongoing clinical trials is being done right here in Gainesville.

Dr. Michael Haller of UF's College of Medicine and his team are testing to see if the patient's own cord blood can be used to appease the disease. In his research, he treated 14 kids with their own cord blood. Eight of them got far enough along in the study for their data to be usable.

"Cells in cord blood have immune cells that are regulatory. They [essentially] turn the bad cells off," Haller says.

Ten years ago, less than 1 percent of parents stored their child's cord blood. Now, the number is up to 4 percent. Cord blood is often used for treatment against bone or blood cancers like leukemia and lymphoma. There aren't many public banks to store cord blood, Haller says, and private banks ask for \$1,500 to \$2,500 upfront with annual storage fees ranging from \$100 to \$200.

The study is small but has opened new doors in diabetes research. Haller has a personal attachment to the fight against diabetes since a family member suffered from it. He has also helped out in a diabetes adventure camp every summer since the '90s. Haller believes the best way to raise awareness about diabetes is to educate general pediatricians about it. That way, they could pick up on it in its early stages.

"The diagnosis is easy to make," Haller says. "All it takes is some curiosity and a visit to the doctor."

## EDUCATING YOUR CHILD AND THE FAMILY

Explaining to a 2-year-old that they have diabetes is not a piece of cake, and trying to explain it to the child's siblings can be even more difficult. Hurtado knows this from experience. She says that at first, her oldest, Javier, would ask many questions as to why his little brother couldn't have some of the things he was eating.

"It's a very tough task that must be done in an age-appropriate way," Haller says. Even then, it's still a problem and kids probably won't fully understand what they have until they're about 7 or 8 years old, Dr. Haller says. He has found that they finally get a good grasp on it in their preteen years.

Eventually, the Hurtado family worked it out so that they all ate the same things, which just goes to show that diabetes doesn't just affect the child that has it. Hurtado understood the importance of this right away and changed her entire family's diet to a healthier one that would be inclusive of Danny's needs. If Javier ever wanted a sweet that his brother couldn't have, they would do it in a secretive way.

"It's important to not make the child feel like an outsider—and it's easier than it sounds," Haller says.

Even though she has never explained to Danny in detail what diabetes is, she has trained him to always ask his parents if he can have something before he eats it so that they can check the number of carbohydrates and sugars in the food. For children, having a routine is also of prime importance. The routine of injecting



Danny with insulin before he eats is something he got used to with time. A year and a half into his diagnosis, Danny hasn't had any serious complications and has fully adapted to his routine.

If Hurtado can offer any advice to a worrying parent, she says, "Don't ask yourself 'why me?' because you'll never get an answer. You have to thank God that it's diabetes. It doesn't have a cure yet, but it is treatable and the cure is just around the corner."

*\* If your child shows some of these symptoms, please see your doctor immediately for a diagnosis.*



# DIABETES MYTHS DISPELLED

*There's a lot of false information out there about diabetes. Get equipped with the facts!*

**Myth: You can get diabetes from eating too much sugar**

This is a misconception. Though no one really knows why some people have diabetes and others don't, research shows that it can be linked to genetics and lifestyle/dietary choices.

**Myth: Kids with diabetes can't have any sweets or chocolate**

If paired with exercise and a healthy diet, kids with diabetes can have sweets just like any other kid. As a matter of fact, there aren't really any foods that are off limits for diabetics. The key is moderation.

**Myth: Fruit is healthy so diabetics can have as much of it as they please**

It's true that fruit is a healthy food, but it also contains carbohydrates, which turn into sugar. The American Diabetes

Association suggests talking to your child's dietician about how much, how often and what kinds of fruit your child should ingest.

**Myth: Because insulin causes weight gain, it should not be taken**

Several studies have shown that the benefit of managing glucose levels with insulin injections outweighs the risk of putting on a few pounds.

*Source: American Diabetes Association*



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# Parenting

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# Ask a Nurse

**Teresa Bruney, MSN, ARNP**

**A Pediatric Nurse Practitioner and Clinical Assistant Professor at the University of Florida College of Nursing.**

*I would like to know more about why some parents choose not to vaccinate their children. Besides the side effects, why are some people so opposed? Don't the benefits outweigh the side effects? Are there particular vaccines I should think twice about? What about Prevnar? Is it really necessary?*

Immunization of children provokes powerful responses from various perspectives. Our reader wonders why some parents might refuse to provide protection from diseases that childhood immunizations are known to prevent.

Let's start with the concept of immunizations in general. Immunizing children usually means stimulating the child's immune system to produce its own protection from specific diseases. So, giving immunizations makes the body produce defenses that will protect the child from that disease if they are exposed to it in the future.

Years ago, many children either died or suffered tragic disabilities from diseases that were common before routine immunization became the norm in the United States and other developed countries. As researchers produced vaccines for more and more childhood diseases, these deaths and near-misses became infrequent, so that many people lived their entire lives without ever seeing or knowing someone whose life was tragically altered by diseases such as meningitis, polio, measles, tetanus or a host of other vaccine-preventable diseases. Also, as more and more people became immunized, the odds of a non-immunized person being exposed to a disease decreased dramatically (herd immunity).

In the 1960s and 1970s, many childhood vaccines were being developed and others were first being given on a routine childhood schedule. The process of vaccine development was crude compared to what it is now, and many formulations of vaccines that were used produced serious side effects, including brain damage and death. Over the next decade, these vaccine formulas were improved to provide much lower risks of serious adverse events, but those cases from the past continued to worry parents and others. Great Britain even suspended immunization with DPT (diphtheria, pertussis and tetanus) for several years in the 1970s, until the death rate from these diseases climbed much higher than any of the risks of the vaccine's side effects.

Other worries included the use of the preservative thimerosal in vaccines, and this preservative was later removed from routine childhood immunizations. More recently, a lot of publicity was generated by a very small study that tried to show a link between

developing autism and receiving the MMR vaccine. Even though the study was poorly designed, with just a few children, and numerous later studies showed no link between the two, this fear still exists.

Parents are also concerned about giving many immunizations at once to their young children. They fear "overburdening" the immune system with too many vaccines, even though all evidence shows that this is not true. Infants as young as 6 weeks old have very sophisticated immune systems and develop robust antibodies with numerous vaccines given at once. Also, the idea of giving so many separate injections for different vaccines is hard for some parents to accept. The good news is that many excellent combination vaccines have been developed to greatly reduce the number of injections at each visit.

So, fear or misinformation might be reasons parents choose not to immunize their children. Also, some parents rely on herd immunity, knowing that the majority of children in their community are immunized, protecting their un-immunized child. Other reasons include religious or cultural objections, financial barriers, worry over giving too many vaccines at one time, confusion over an increasingly complex immunization schedule, and a lack of information about the risks and benefits of vaccines.

Another very recent problem lies with the providers of these vaccines. Vaccine costs have skyrocketed and many small pediatric practices can no longer afford to stock these costly medications, since reimbursement from insurance companies rarely covers the cost of purchasing, safely storing, and then administering the vaccine. So, a child's well check-up may be at the pediatrician's or nurse practitioner's office, but then they may need to go the health department for their vaccines, making it harder to access this valuable preventative healthcare.

Even though vaccines today are much safer, have very few serious side effects, and protect against many life-threatening diseases, some parents may choose to refuse or delay immunizing their children. But realizing the positive impact immunizations have made on the health of entire countries, it is easy to understand why childhood immunizations have been called the greatest public health accomplishment of the 20th century.

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*To submit topics of interest or questions, please e-mail Christiana Lilly at: [christiana@martonickpublications.com](mailto:christiana@martonickpublications.com) or call (352) 338-1920*

# Teaching Children

## How to be Thankful

by Ashley Faucette



**Thanksgiving** is more than just turkey, mashed potatoes, and pumpkin pie; it's also a celebration of gratefulness, but being thankful needs to be portrayed beyond the holiday season. Manners are looked upon highly in today's society, so **why should children only practice thanks around the Thanksgiving dinner table?** Exposition of gratitude can be very beneficial in a child's life, and teaching your kids at an early age how to be thankful doesn't have to be lecture-filled and boring; in fact, many of the techniques are fun and creative, and are relevant for everyday use.

Expressing gratitude is a very positive feeling, but taking the best things in life for granted is very common today. Littlewood Elementary School's Beth Dovell, kindly provided entertaining and effective methods for both parents and children on practicing and showing thanks.

"The most effective way an adult or parent can do to teach their children thanks is by simply modeling it themselves," says Dovell, guidance counselor.

Children are very impressionable at a young age and they tend to mimic what they see; if parents make a habit of it, chances are kids will too. Start small by saying "please" and "thank you" after a request or favor, and have them do the same thing in return. Hopefully after a while this politeness will become an automatic response. Also give rewarding compliments after a child has expressed thanks in return. It is a positive motivator for children; a nice pat on the back and a "job well done" makes them feel accomplished worthy and proud, making this encouraging manner a more frequent behavior in the future.

Sitting around the dining room table for dinner is another familiar, yet daily opportunity to share the "attitude of gratitude." Make this into a fun family event on days other than the Thanksgiving holiday, and let each person around the table state what he or she is thankful for on that particular day, days passed, or even days to come. It's a neat way to get the ideas flowing, and for children to

hear all the possible things there is to be appreciative for in this world.

"it's important to notice the positive things in life because in the long run it leads to a positive and optimistic outlook," Dorell says.

For a fresh and creative take on thankfulness make thank you notes an increasing habit around the household, especially after birthdays, holidays, and special occasions where presents are given or to someone special such as a teacher or coach. It's important to teach kids in their younger years the importance of showing gratitude after receiving a gift. Having kids sit down and write the thank you notes for the gifts they have accepted, however, isn't quite as easy as getting them to open the presents themselves. Parents need to discuss with children why this is a good and important gesture; explain that the person giving the present took the time to specially choose it for him or her. To make this task more enjoyable for kids Dovell recommends buying personalized stationary and/or age related note cards, and help them to write what they are grateful for. Remember that it's the thought that counts and even a little note can result in a big smile!

Benefits of teaching your child how to be appreciative go further than just the possession of good manners needed in society. Optimism and positive thinking also come into play, and grateful people are much more pleasant to socialize with and be around. It's never too early to educate children the importance of thankfulness.





# Upcoming Issues

Be sure to look out for these articles in an upcoming issue of Gainesville Parenting! You won't want to miss it!

- Dealing with separation anxiety
- Nannies
- Spanking, is it on its way out?

If you would like to contribute anything to any of these articles, please contact Christiana Lily at (352) 338-1920 or [christiana@martonickpublications.com](mailto:christiana@martonickpublications.com)



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# EMBARRASSING PARENT STORIES

by Ashley Faucette

There are some things that a parent can never forget about when their child was young. Hearing his or her child say "I love you" for the first time, applauding as he or she comes crawling down the hallway, or these the first time their little one decides to embarrass them, are moments will always remember. Gainesville Parenting is collecting funny or embarrassing parent stories. To submit yours, e-mail [Christiana@martonickpublications.com](mailto:Christiana@martonickpublications.com)

Jennifer Muñoz will never forget the time she realized that her son was able to open the front door, and when he discovered the fun of undressing.

"It was a daily chore just trying to keep him clothed,"

The boy just loved to run around the house naked; he even stripped himself of his diapers.

"My son was just around 20 months, and for as long as he could undress himself, you better believe he would," she says.

And so the story goes.

"One day during the week, it was only my son and I at the house, and I decided do a load of laundry. Well, by the time I put a load in the washer and back out to the living room to check on him, I found his clothes lying on the carpet floor, and the front door wide open! Apparently he discovered how to open doors; I didn't even know he could reach the doorknobs yet! Nevertheless my heart was racing and I went into panic mode. I immediately rushed out the door and into the street, and I'll never forget what I saw when I looked down the street! My next door neighbor was walking my naked son back to the house. I have never felt so embarrassed in all my parenting life. Needless to say, from that day forward all the doors leading out of the house always remained locked."

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# DID YOU KNOW...?

## DAYLIGHT-SAVING TIME

By Sara Ajluni

*This year, Nov. 4 marked the end of daylight-saving time, which means we set the clocks back one hour. But why exactly do we “fall back?”*

**D**aylight-saving time is used to extend the amount of daylight in the evening: by setting the clocks back one hour, sunrise – and consequently sunset – occur an hour later. In North America, clocks are set ahead one hour in the spring and set back to standard time in the fall, or more easily remembered as “springing forward” and “falling back.” Daylight saving is observed in about 70 countries, although locally it’s not observed in Hawaii, Arizona, Puerto Rico, the Virgin Islands, Guam, American Samoa and Saskatchewan. Indiana only began observing daylight saving time last year.

### WHERE IT ALL STARTED

The idea of daylight-saving time was first mentioned in an essay by Benjamin Franklin in 1784, but didn’t receive much attention until 1907 when it was proposed by William Willett, an English builder. He reportedly passed by a home where the shades were down even though the sun was up. Willett wrote a pamphlet appropriately titled, “A Waste of Daylight.” He wanted to move the clock ahead by 80 minutes in four moves of 20 minutes each during the spring and summer months. The British House of Commons rejected the idea – however, it led to British Summer Time during the summer months when clocks were set an hour ahead of Greenwich Mean Time. During World War I, England realized that by changing the clocks it could conserve fuel needed to produce electric power. The U.S. quickly followed suit and started daylight saving time in 1918. Some areas reverted to standard time after the war, but others continued the practice.

### DAYLIGHT-SAVING TODAY

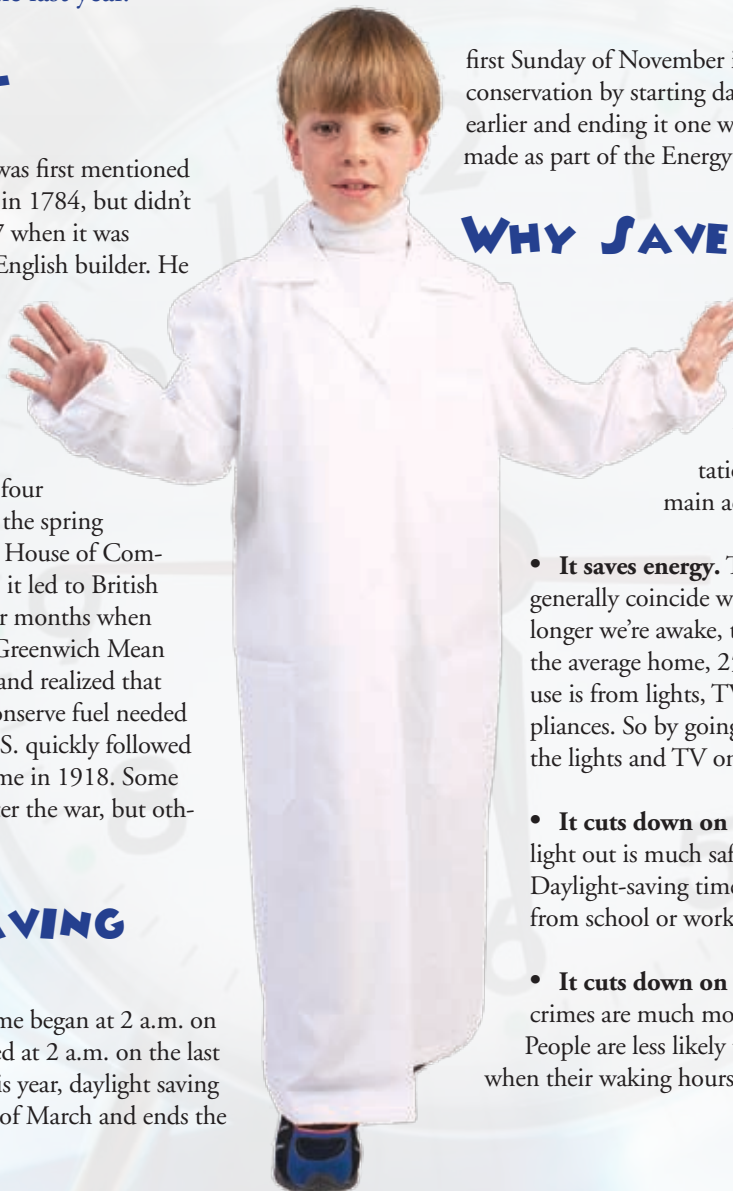
Up until 2007, daylight-saving time began at 2 a.m. on the first Sunday of April and ended at 2 a.m. on the last Sunday of October. Beginning this year, daylight saving time starts on the second Sunday of March and ends the

first Sunday of November in order to promote energy conservation by starting daylight saving time three weeks earlier and ending it one week later. The change was made as part of the Energy Policy Act of 2005.

### WHY SAVE TIME?

You might be wondering what good this does today besides giving us an extra hour to snooze every fall. According to the U.S. Department of Transportation, daylight saving has three main advantages:

- **It saves energy.** The hours that we’re awake generally coincide with the hours of daylight. The longer we’re awake, the more electricity we use. In the average home, 25 percent of all electricity we use is from lights, TVs, stereos and other small appliances. So by going to bed earlier, we don’t have the lights and TV on as much.
- **It cuts down on accidents.** Driving while it’s light out is much safer than driving in the dark. Daylight-saving time allows people to drive home from school or work while there’s still daylight.
- **It cuts down on crime.** As with accidents, crimes are much more likely to occur after dark. People are less likely to be the victim of a crime when their waking hours correspond with the daylight.





# We Have a Winner!



## ISABEL TONGSON AND PUCK

Gainesville Parenting left it to all of you to decide which contestants were the cutest kid and pet duo, and readers decided that Isabel Tongson and her puppy Puck are the winners!

The two cuties won their family four tickets to Wild Adventures. Even better, they will also be on the cover of an upcoming Gainesville Parenting cover! The two will be treated to a photo shoot with the magazine's photographer.

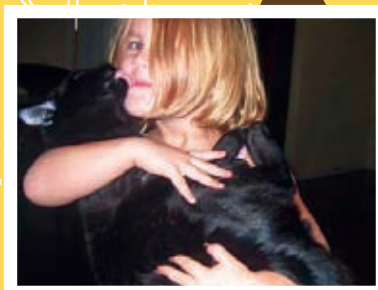
Coming in at second and third place are Corbyn Noon, 3, with his dog Panter and Emma Dodd, 5, with her cat Harrianna. Both kids will get three tickets to Wild Adventures.

Thank you all for voting, and congratulations Isabel and Puck!



### 2<sup>nd</sup>

Corbyn Noon, 3,  
and his dog Panter



### 3<sup>rd</sup>

Emma Dodd, 5,  
and her cat Harrianna



# The ABCs of ADHD

A plain and simple breakdown of ADHD

By Sara Ajluni

## What is ADHD?

Attention deficit hyperactivity disorder is a psychiatric disorder characterized by inattention, impulsivity and hyperactivity. The exact cause of ADHD is unknown, but doctors do know that it's passed on through heredity. If your child has ADHD, it's likely that one or both parents have it. If no link to heredity is apparent, there are other external environmental factors, like maternal tobacco and alcohol use, low birth weight or birth injury that can be to blame.

ADHD affects the frontal lobe of the brain which is where we have the ability to problem solve and focus, says Dr. Kim White, a child psychiatrist at UF and medical director at Shands Vista. While doctors don't know for sure what causes it, she says, it appears to be a deficiency of or inefficient delivery of chemicals in the brain.

"There are problems with the amount of or delivery of key chemicals in the brain that are necessary for attention," White says.

## How do I know if my child has ADHD?

You could see problems with information processing, motor speed, working memory and problems in executive functioning such as

the ability to plan ahead, shift cognitive focus, and maintaining self-control, White says.

Diagnosis is based on an interview with a psychiatrist and criteria must be met in two or more settings, she says, not just at home or at school. Also, diagnosis is based on how much of a problem it is, says Dr. Paul Jon Gitlin, child and adolescent psychiatrist at Sarkis Clinical Trials and Sarkis Family Psychiatry.

The Diagnostic & Statistical Manual IV, or DSM IV, outlines the symptoms associated with ADHD to help with diagnosis. It is applied rigidly to research so that scientific studies use the same standards. However, parents might be too quick to jump to the conclusion that their child has ADHD, and the fact of the matter is that children don't have to meet all the criteria of the DSM IV to have a problem, Gitlin says. Also, some kids may be suffering more quietly: a child may be inattentive but not restless.

"With ADHD, the inattention is far more pervasive to the point where it impacts how you organize, how you do your homework, how you interact with peers, and it impacts social judgment because when you have impulsivity you're not stopping to think before you act," White says.



## What should I do if I think my child has ADHD?

You may want to see your pediatrician first, but they often don't have the time to complete a full developmental history of your child, Gitlin says. It's recommended that you see a child psychiatrist in order to get a thorough and accurate evaluation.

"Many ADHD cases are quite complex and therefore it's advisable to have them evaluated by a child psychologist," White says. "Diagnosis is so easily confused with others and commonly co-occurs with other problems such as oppositional and defiant behavior, learning disabilities, anxiety disorders and depression."

## How can ADHD be treated?

There are many different medications used to treat ADHD, namely stimulants. The most common are Adderall and Ritalin, but there are several new medications on the market. A problem arises with medications because healthy kids have healthy metabolic systems, so some medicines don't last long in their systems. However, a newer medication, Vivance, combats this because it has a slower release and thus lasts longer. Often times, kids may have to take a pill every few hours, but with Vivance this isn't the case.

Most medications used to treat ADHD have a high success rate, though it may take some time to find one that works for each individual child.

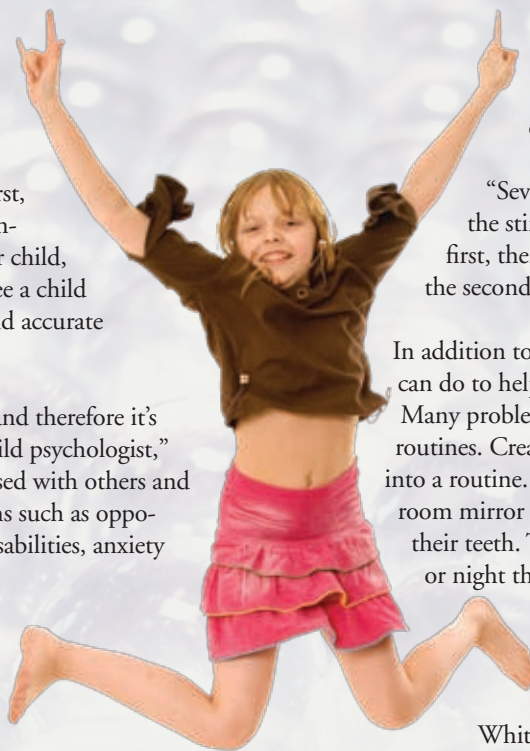
"Seventy percent of kids will respond to one of the stimulants, and if they don't respond to the first, there's a high percentage they will respond to the second one," Gitlin says.

In addition to medicating, there are other things parents can do to help their kids manage ADHD successfully. Many problems arise with the morning and bed-time routines. Creating lists can be helpful—that way they get into a routine. White suggests taping a list to the bathroom mirror telling them to wash their hands and brush their teeth. This helps structure kids so every morning or night they know what they need to do even if they get distracted.

"Parents should give clear and direct messages without being coercive,"

White says. "That's one of the biggest problems, is punitive, coercive parents."

Diet and sleep can also play a major role. Kids, and not just ADHD kids, should eat a wholesome diet and get a good night's sleep. Outdoor physical activity also helps. Gitlin recommends removing all TVs from kids' bedrooms. The "electronic babysitter" does nothing to help with focus and attention.





"When you put a TV in the bedroom, you can guarantee the kid won't read, reading scores will dip and the kid will never go to sleep," Gitlin says.

Gitlin also advises against having a Monday through Friday schedule and a Saturday-Sunday schedule. It's disruptive to the children's schedule to go to bed at 9 p.m. during the week and stay up until 1 a.m. on the weekend, he says.

## Where can I find help and support?

Family doctors, psychologists, social workers, mental health specialists are all great places to find support. Children and Adults with Attention Deficit Disorder (CHADD) is an organization that allows you to connect with others going through the same thing. There are several chapters in Florida, and plans for a Gainesville chapter are in progress.

## Parenting a Child with ADHD

### For everyday, parents should:

- Set up an effective discipline system. Parents should learn discipline methods that reward appropriate behavior, and respond to misbehavior with time out or loss of privileges.
- Create a behavior chart to track a child's chores or responsibilities and that offer potential rewards for positive behaviors can be helpful tools.

### Children with ADHD may need help in organizing. Parents should use:

- Schedules. The child should have the same routine every day, from wake-up time to bedtime. The schedule should include homework and playtime.
- Organize for everyday items. The child should have a place for everything and keep everything in its place. This includes clothing, backpacks and school supplies.
- Stress the importance writing down assignments and bringing home needed books.

### Parents can help a child with ADHD achieve academic success. Children should be:

- Seated in a quiet area without clutter or distractions.
- Given clear, concise instructions.
- Encouraged to write each assignment in a notebook as it is given by the teacher. Responsible for their own assignments. Parents should not do for the child what they can do themselves



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# The Final Thought

## FOR THE

# LOVE PATIENCE

By Jacki Donaldson

I'm not very patient. I like instant gratification and get frustrated when I can't get it. After learning to sew in a Home Economics class in sixth grade, I was determined to make a shirt at home – in 20 minutes. I bought a pattern and fabric, settled in at my mom's sewing machine, and pushed that pedal until it purred. Seams together, buttons secured, and collar in place, my burgundy and white striped shirt was a work of art – and a shining example of my impatience. You see, I'd made a few mistakes on the collar. Instead of taking it apart and assembling it correctly, I added fabric on top of fabric on top of fabric. My collar looked like a pillow. I didn't mind. My project wasn't beautiful, but it was complete – and in quick order too. My mom still has the shirt. She brings it out when we need a good laugh.

Sometimes I fear I've passed on this trait to my oldest child. When things don't go his way, 6-year-old Joey wants to give up. So do I. If he knows something will take a good chunk of time to accomplish, he retreats. Me too. Learn to ride a bike?

Forget it. The first time Joey tried and struggled for balance, he got off the

bike. Lesson over. Roller skating? I thought it would never happen. Surprise – it did. Maybe it's not impatience plaguing Joey. Maybe he just needs to tackle life on his own terms.

Joey did learn to ride his bike. One August day, he found it in the garage and decided he could do it. He rolled that bike onto the driveway, climbed on, and took off. He looked like he'd been riding forever. It wasn't that he was impatient all those days before. He just wasn't ready.

He wasn't ready to roller skate either. As soon as his skates hit the slick floor this summer, he wanted to bolt. Knowing I couldn't force him to give it a whirl, I followed Joey's lead. I watched him skate on the carpet until he collected some confidence. I let him watch people and play video games. I accompanied him on countless false starts. Then something happened – and Joey was ready. Slowly, he inched toward the rink and let himself glide into the masses of circling skaters. His technique wasn't smooth or polished, but he was out there. And he stuck with it, despite a number of hard falls. He kept me in the corner of his eye, but the work was his own.

"That was so much fun!" Joey said.

Then we talked about how important it is to try new things, to stick it out, to be patient. Had he given up, I told him, he would have never had so much fun. He agreed. Skating is his new love.

I wasn't so patient with my sewing career. In fact, I haven't faced a sewing machine since that sixth-grade day. I guess I just haven't been ready.



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