Health & Wellness
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In this issue, our writers take on just a few of the infinite areas of health and wellness. On page 24, Veronica Reilly-Granich sheds light on the insidious effects of stress in children, exploring the causes of stress and sharing ways to cope and heal. Christine Chen does more than just scratch the surface in an examination of the connections between eczema, allergies, and asthma, on page 16. Learn what signs to watch for to identify problems early and begin treatment. And on page 20, Catherine Symon looks at the science behind the anti-sugar craze and lays out exactly how damaging that share-size bag of M&M’s may be to your body (spoiler alert: you may want to downsize to fun size). Giving birth allowed me to focus on a new project—keeping a small secreting-and-excreting human alive—and redirect my worry away from my own vulnerable body. But remnants of this gestational anxiety reveal themselves, such as when I see an article on Lyme disease and commence nightly, 30-minute tick checks, or when I see a Prop. 65 warning in my local coffee shop (spoiler alert: you may want to downsize to fun size). While I may struggle to come to terms with the fact my “bikini body” days are gone, I try to remember that the most important thing is that I am eating well, getting outside for some exercise, and getting those elusive seven hours of sleep, which are slowly but surely coming back as my daughter gets older. Wishing you all good health and a happy summer.

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Secret Spots and Hidden Gems in Golden Gate Park

As a San Francisco parent, you probably think you’ve seen and done everything that could be remotely interesting to a kid in Golden Gate Park, from exploring the Botanical Gardens to hours spent in the Koret Playground. Here are 12 not-so-well-known places to visit and things to see in the park this summer, ranging from the “hidden-in-plain-sight” Observation Tower at the de Young to the more elusive Faery Doors.

Faery Doors
www.fairydoor.net/blog.html

Faery doors are scattered around GGP. Two are hidden at the base of trees in the courtyard between the de Young and Cal Academy. At least two more can be found east of the Japanese Tea Garden and close to Stow Lake, at the end of fellied logs. Kids will love to open the door to see if the “faery” is home.

The Hamon Observation Tower
Get stunning 360-degree views of the park and city from this Golden Gate Park gem. Walk through the foyer and take the designated elevator up to the tower. It’s free and you don’t need a ticket to the gallery to visit!

Barbro Osher Sculpture Garden at the de Young
Another less-known, free, and family-friendly part of the de Young is the sculpture garden. Amid the fun sculptures, which include giant safety pins and ceramic apples, kids will love exploring the tucked-away interactive Skyopose installation by James Turrell. The entry ramp to the central dome is hidden by hedges, so it’s easy to miss.

Prayerbook Cross
Take a gentle hike to see this almost-60-foot-tall Celtic-style landmark, a gift from the Church of England, which was erected in 1894. Although situated on one of the highest points in the park, behind the beautiful Rainbow Falls, it’s hidden by trees and is easy to miss.

Butterfly Habitat on Strawberry Hill
Experts and volunteers have been cultivating this butterfly habitat over the past few years, and now the whole family can enjoy the sights of colorful butterflies flitting by, while taking in the stunning view from the summit, the highest point in the park!

Golden Gate Park’s Own Gravity Hill
Kids will love to check out this stream of water that looks as though it’s flowing uphill! Head toward the ocean on John F. Kennedy Drive, near Lloyd Lake. Just after the Park Presidio overpass, stop by a tall pine tree and look to your right. You’ll see the stream. It is an optical illusion, but a pretty convincing one!

Casting/Fly-fishing Ponds
Not far from the paddock are the Casting Ponds, part of the Golden Gate Angling & Casting Club. The ponds are open to anyone who wants to learn to fish or practice their technique. Free public lessons are offered once a month and beginners are welcome.

Flower Piano (an annual event)
July 5-16, 2018
Kids will love to hunt for the dozen or so grand pianos placed around the San Francisco Botanical Gardens during this unique musical festival. They are open for anyone to play except for concerts at posted times.

Spreckels Lake
Model boat fans will love checking out the array of model boats sailing past in this purpose-built lake, which is also the home of the San Francisco Model Yacht Club.

Archery Fields
Of course there’s an archery range in the park! It is staffed by volunteers, so it may be a better place to just watch the action for the younger set, but older kids can sign up for beginner lessons at www.goldengateyouth.com

Bison Paddock
Animal loving kids are sure to enjoy visiting this small herd of bison who were given to then-mayor Dianne Feinstein as a birthday present in 1984.

By Shaheen Bigrami

Kid-Friendly Road Races

Get a little one who runs circles around you? Point that kiddo towards a finish line instead! Wee ones are welcome at many family-friendly runs around the Bay.

Forget the BBQ tongs and celebrate Dad with a scenic family run through Golden Gate Park at the Father’s Day Rainbow Falls 5K & Kids Run (half mile) on June 17.

Looking for something a bit more colorful? Lace up your shoes for The Color Run 5K in Alameda Point on August 18. Start your race in white and then get doused in color at every kilometer. This untimed race, also known as “the happiest 5k on the planet,” is a party for kids and kids at heart.

Your little sports lovers will jump at the opportunity to run in the footsteps of their favorite baseball heroes at the SF Giant Kids Race on September 8 at AT&T Park. Kids ages 4 to 12 will do a series of laps around AT&T Park, earning a medal and bobble-head upon finishing. Parent participation is not permitted.

Yearning for a taste of the tropics without the $500 plane tickets? Look no further than Sonoma.

Li’l Kid on the Road: Sonoma

By Stephanie AuWerter

Climb aboard at TrainTown (20264 Broadway), a quirky little theme park with a 20-minute train ride guaranteed to thrill the toddler set. Feed the goats and lambs and enjoy an old-fashioned carousel, toy airplane ride, and more.

Next, head to scenic Sonoma Plaza (453 1st St. East), which boasts two playgrounds, affable ducks, and picnic-friendly lawns. Mary’s Pizza Shack (8 West Spain St.), The Red Grape (421 1st St. West), and Sonoma Cheese Factory (2 West Spain St.) have kid-friendly food to eat in or take out. A more refined option is Sunflower Café (421 1st St. West). Don’t miss Sweet Scoops (406 1st St. East) for homemade ice cream.

Poke around the kid-friendly shops. Woe fashionistas will enjoy perusing the clothes at Half-Pint (450 1st St. East), and kids of all ages will love the retro candies and trinkets at nearby Tiddle E. Winks (115 East Napa St.). Load up on summer reads at Readers’ Books (130 East Napa St.).

On the way home, stop by farmstand Watmaugh Strawberries (1120 Watmaugh Rd.). Bring a pint or two home to remind you of warm summer days.

Stephanie, a Sonoma super-fan, highly recommends the air-crooter ride at TrainTown and the Butter Brickle ice cream at Sweet Scoops.
Ask the Expert

Healthy Is As Healthy Does

With Olivia Gamboa, MD

Olivia Gamboa, MD, is a San Francisco-based physician board-certified in family medicine. She is also a certified yoga teacher, a coffee enthusiast, and mom to a wild and wonderful 2-year-old.

GGMG: What are some big or small changes women can make to improve their overall health?

OG: One big way to improve your overall health is to incorporate more activity into your daily life. Humans are built to move! I find that walking or biking to work or school pickup is a great way to be active daily, even if I don’t have time for an exercise routine. Try taking a brisk 20-minute walk at lunch or to run errands instead of driving.

Another important way to boost your health is to unplug from your electronic devices. The mind needs quiet time to reset and sort through thoughts. Try banning phones from the dinner table or putting your phone away an hour before bedtime each night. I actually have a small box where I put my phone in “time out” when I need a break.

The most important thing women can do at any age is to cultivate their own self-worth.

Another tip is to cut down on processed sugars, and one of the easiest ways is to stop drinking a lot of sugar. Put less (or no) sugar in your coffee or tea, cut down on soft drinks, sports drinks, and juices. Even 100 percent fruit juice has a lot of sugar. Artificial sweeteners do not appear to be any healthier, so switching to diet drinks isn’t a good idea. Plain old water is the best drink. Freshen up your water with lemon or cucumber slices, and invest in a nice water bottle that you’ll want to carry with you throughout the day.

GGMG: What should women be most concerned with in their 20s, 30s, 40s, and 50s regarding health?

OG: The most important thing women can do at any age is to cultivate their own self-worth. Women get so many messages from media and society about who and what they should be; it’s stressful and overwhelming. Women, especially moms, should realize they are intrinsically wonderful and doing an awesome job. Taking care of oneself is an extension of that—once you love and value yourself, it’s natural to focus on preserving your health and well-being. Some ways to boost self-esteem include saying positive affirmations daily, joining a group of like-minded peers that gathers regularly (like a book club or an exercise class), and decreasing your consumption of social media.

GGMG: What is your opinion on vitamins and supplements? Which (if any) should women take?

OG: All women who are planning a pregnancy or are capable of pregnancy should take a daily folic acid supplement of 400 mcg to 800 mcg. This is because folic acid is essential in the early development of an embryo’s nervous system, and the critical time for taking it is so early in a pregnancy that many women do not yet know they are pregnant. All prenatal vitamins should contain folic acid, but if you find prenatal hard to swallow, you can buy smaller tablets with just folic acid.

Other than that, unless you have a specific vitamin deficiency that has been diagnosed by your healthcare provider, there is not much evidence for healthy women needing any particular vitamin or supplement. Vitamins are better absorbed if you obtain them from your diet, so if you are concerned about your vitamin intake, the best thing to do is eat a variety of colorful vegetables and fruits.

GGMG: Are there particular health issues that postpartum women should be aware of?

OG: We know from medical research that a woman’s brain actually changes substantially after becoming a mother, as now she must continually consider the safety and well-being of her newborn in addition to her own needs. These changes can lead to anxiety, fear, and in some cases, clinical depression.

It’s perfectly normal for the newborn period to be emotionally difficult, and women should not feel ashamed if they are struggling. New moms shouldn’t have to pretend that every moment is perfect. To that end, new moms should take all the help and support they can. Seeking out a moms group (often offered through your hospital or birth center) can be very helpful for normalizing one’s experiences. Lining up extra help with cooking, cleaning, and watching your other children can help take some of the load off and allow you to adjust. If you sense your feelings are going beyond minor, transient moments of anxiety or some short-lived “baby blues,” then immediately bring it up with your healthcare provider. Don’t wait for the six-week checkup if something is off. You are not alone and you can and will feel better!

GGMG volunteers use the organization’s mission to guide our activities: “Nurture ourselves, our children, our partners, and our community. Create an environment of support, information sharing, and connection. Learn, teach, create, have fun, and provide balance in the lives of our growing families.”

Community Outreach is the committee in charge of nurturing the greater community of San Francisco (Member Support nurtures the community of GGMG members and their families). We do this through drives and events. Our drives schedule this year includes a break in June and July, so we are using our space in this issue for some reflection and a look ahead to the rest of 2018.

This year we are running four drives for two months each. Our January–February drive was a fund drive in support of Safe & Sound. We raised $515, which will provide essentials such as diapers and art supplies for 350+ visits to Safe & Sound’s Therapeutic Children’s Playroom. Our April–May drive is collecting diapers and wipes for Help & Mother Out. We have collected more than 3,800 diapers as of May 7.

For the second half of the year, we will hold a book drive supporting Reading Partners in August and September. Then in November and December, we will be running a fund drive to support the Homeless Prenatal Program (HPP).

We also strive to provide community volunteering opportunities for our members. Examples include sorting food at SF-Marin Food Bank, making dinner for families at Safe & Sound’s Family Resource Center, and picking up litter at the beach. We also organized a fun evening watching Moana and munching on pizza and popcorn with HPP families in January.

We invite you to join The Giving Group on www.ggmg.org, where we share ideas for volunteering opportunities and ways to inspire a spirit of giving in our children.

Giving back through drives, events, and more

Summer spa day for your car!

Daydreaming of cruising with the breeze through your hair, family road trips, and the chance to high-tail it out of town! Get your ride ready for the summer season with a spa day done right. Any make, any model car is welcome to the Infinity of San Francisco service department, located at 1395 Van Ness Ave. Make all those cheddar bunny crumbs in the backseat but a memory of the school year. Your car will be treated to a detail package valued at $249. Detail includes exterior wash, clay bar, wax, vacuum, shampoo floor mat, leather conditioner, detail rims, and glass cleaning... plus an Infinity model loaner car for the day ($60 value)!

TO ENTER THE CONTEST, SEND AN EMAIL WITH THE SUBJECT LINE “INFINITY TO CONTEST@GGMG.ORG BY JUNE 30, 2018.”
In ADHD’s Wake  
By Tony Hurd

As a kid growing up in San Francisco’s Western Addition, I was inattentive, hyperactive, and impulsive, and I didn’t know why. So you can imagine how relieved I was to be diagnosed with ADHD as an adult seven years ago. To this day, I struggle with it on a daily basis, but with a great support group, my ADHD peers and I help each other deal with this disorder that has affected most of us all our lives (some of us just discovering it only recently).

No one in the ’60s realized I had ADHD. The nuns at the school I attended would call my mom, saying “He’s a good kid and he’s trying his best, but he’s always fidgeting in his chair. He also stares out the window and doesn’t pay attention!” These telephone calls had a huge effect on me. My father would find out from my telephone calls had a huge effect on me. My father would find out from my mother, and I would be punished constantly for this behavior. I would totally shut down afterwards, so that I would not get in trouble.

This isolation continued until high school where as an average student, I tried to disappear into the crowds so no one would know. Upon graduation, I immediately went to work at an insurance firm filing repetitive work made my ADHD mind totally crazy.

I became a functional alcoholic who went to work in the daytime, and drank and used drugs at night. I continued drinking until alcohol did not work anymore. I still had not heard of ADHD and would not hear about it for nearly 40 years.

Sometime in the ’80s, a friend of mine helped me get into a recovery program, and that’s when I started searching for why I felt the way I did and what would help me in my daily life. I sought inner peace through yoga and exercise. When my kids came along, I was ecstatic. I was living life through them, and was determined to give them the best education, clothes, toys … all the things I didn’t have. My overactive mind still made me chase adrenaline though, and sometimes I left for weeks at a time, in part because I was very protective of my sobriety. I needed to get away to heal.

My ex-wife picked up the pieces often, and was an amazing, always present mother my children needed. I credit her with their upbringing.

My kids did not understand why I did “my own thing,” and why I packed my bags and left the family home when they were teenagers. I regret that we’re not as close because of how I dealt with my undiagnosed ADHD. Though I worked a lot, I would drop everything for their school and major life events. Being a contractor helped me stay sane, and the income put all of my children through the best private schools and colleges. They have “dream” jobs, and I’m very happy about that.

I used to volunteer in jails and psych wards. It was frightening to see so many young people in those institutions suffering from mental illness, most were fidgeting, inattentive, and some were staring at the walls. It made me think about how my life turned out. I was fortunate to have found other ways to get healthy and cope with my ADHD although some of these actions hurt loved ones along the way. Someday, when they’re older, maybe my kids will understand why I did the things I did.

Tory Hurd is a contractor by day and proud father to three 20-somethings who have long left the nest. He is happy to talk about his ADHD and provide support; you can contact him at (850) 533-2431.

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Mahatma Gandhi said, “It is health that is real wealth. Not silver or gold.” Whether mental or physical, our kids’ health is our greatest concern as parents. Singing their hearts out, giggling for no reason, or playing with sticks outside, healthy kids make us happy too. To celebrate kids’ health in words, we bring you this selection of books.

*If You’re Happy and You Know It Sing Along Board Book*  
Written by Emily Sihvus, illustrated by Julienne Swaney  
If you’re happy and you know it, clap your hands! Using a familiar song, this book will have you on your feet with your little one to actively celebrate happiness. Kids who can’t yet read can follow the simple illustrations to sing the song by themselves and make up new verses if they feel inspired.  
*Ages: 6 months and older*

*Golden Sparkles: An Introduction to Mindfulness*  
Written by Cattorina R. Peterson, illustrated by Miatee Arkova  
What is mindfulness for a child and how do you explain it in simple terms? Golden Sparkles describes the sensation that fills our hearts during mindful interaction with the world around us. With lyrical words and bold illustrations, this book guides preschoolers on a voyage of self-discovery that invites active celebration of happiness. Kids who can’t yet read can follow the simple illustrations to sing the song by themselves and make up new verses if they feel inspired.  
*Ages: Baby to 4 years*

*My First Book of Baseball: A Rookie Book*  
Written and illustrated by the Editors of Sports Illustrated Kids  
Introducing kids to the rules of baseball from an early age, this book could almost be used as an instruction manual for your family’s first game together. Easy to understand and fully illustrated, this book explains the basics of baseball in fun terms. If your kids enjoy it, they can hop to the other books in the series about hockey, football, and soccer. Let no sport be left undiscovered by the young generation.  
*Ages: 3 to 6 years*

*Jabari Jumps*  
Written and illustrated by Goa Cornwall  
How do you conquer your fear of the diving board as a young aspiring diver? Jabari is a good swimmer, but once he climbs on the diving board, he’s scared that he won’t be able to jump. With the help of his father and a strategy to face his fears, he eventually rises to the challenge and then successfully meets even bigger challenges. Every child will relate to Jabari, who’s afraid of trying something new and who learns to be brave and conquer. A wonderful confidence-building exercise.  
*Ages: 8 to 12 years*

*Joyful Toddlers & Preschoolers: Create a Life That You and Your Child Both Love*  
By Faith Collins  
“Very small changes can make a very large difference,” veteran preschool teacher Faith Collins writes. It’s a sentence that epitomizes this calm, unassuming parenting book packed with helpful strategies that can stand alone or be knit into a comprehensive approach to raising connected, competent, and considerate kids. Some edicts will be familiar to those who’ve read Harvey Karp or follow Parents magazine’s guide to giving choices with firm boundaries, provide “scaffolding” so children are challenged without being overwhelmed, create intentional routines, use positive language, and then successfully meet even bigger challenges. Every child will relate to Jabari, who’s afraid of trying something new and who learns to be brave and conquer. A wonderful confidence-building exercise.  
*Ages: Baby to 4 years*

*La Catrina: Emociones – Emociones (English and Spanish Edition)*  
Written by Patty Rodriguez, illustrated by Kristin Stein  
With words in English and in Spanish, this book uses a popular figure of El Dia de los Muertos (the Day of the Dead) to illustrate feelings and emotions. Whether you’re fans of the movie Coco or not, this little bilingual book is a sweet way to start learning first words in two languages for different emotions.  
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Surviving and Thriving on a Sugar-Free Pregnancy

By Jennifer Butterfoss

Gestational Diabetes (GD) is a diagnosis that happens to other women… so I thought. Once pregnant, I looked forward to indulging in all those sweets I ate with so little consequence as a child and justifying my behavior as “eating for two.” So when the GD test came back positive with my first pregnancy, I was devastated. When it came back positive with my second, I was prepared. Here are some of the best tips I learned along the way for coming out of this annoying affliction on top.

Realize it’s not your fault

It might be easy to attribute your current state to all those late-night Nutella sandwiches you ate in the early stages of pregnancy. Don’t. The body does weird things during pregnancy. Some very healthy women get GD; some pregnant mamas with terrible diets don’t. Free yourself from the blame-game and become your own best friend. You need positive, upbeat, can-do attitude during this time, not self-coaching and scolding. This is one of those life lessons that goes beyond the specifics of dealing with GD: love and forgive yourself unconditionally.

Take a class

A GD diagnosis means you qualify for some really great nutritional classes, coaching, and follow-up. A GD class might sound like a snooze, but with the right attitude, it can be life-changing. You learn all kinds of lifelong tips and tricks that can lead to an all-around healthier lifestyle, such as checking food labels for carbohydate counts and finding hidden sugars in foods that are often packaged and marketed to appear healthier than they are.

Find your favorite swaps

One of the best takeaways from my GD nutrition classes was a host of wonderful food swaps and snack discoveries I carry with me to this day. For example, pressed juice and fruit smoothies are a host of wonderful food swaps and snack discoveries I carry with me to this day. For example, pressed juice and fruit smoothies host of wonderful food swaps and snack discoveries I carry with me to this day. For example, pressed juice and fruit smoothies.

Track your data, but don’t obsess

A big part of managing GD is conducting regular blood sugar tests and recording your numbers. It can get tedious. If you’re a data-driven nerd like me, you might even get competitive and overly stress about the results and patterns. I repeat: the body does weird things during pregnancy. Despite your best efforts, sugar levels might decide to steadily rise anyways, which means possibly going on regular insulin doses and even getting induced early. Both sound scary, but they’re not.

See the silver lining

Ultimately, I found a lot of positives with my GD experience. I took some great, life-changing nutrition classes, I gained new insight into the very real epidemic that is type 2 diabetes, I bonded with my co-workers who were also trying to cut back on their sugar, and I learned to be more compassionate, accepting, and forgiving of my big-bellied, hormonal, stressed-out, mama-to-be self.

...I learned to be more compassionate, accepting, and forgiving of my big-bellied, hormonal, stressed-out, mama-to-be self. You can still enjoy all those sweets you ate with so little consequence as a child and justifying your behavior as “eating for two.” So when the GD test came back positive with my first pregnancy, I was devastated. When it came back positive with my second, I was prepared. Here are some of the best tips I learned along the way for coming out of this annoying affliction on top.

See the silver lining

Ultimately, I found a lot of positives with my GD experience. I took some great, life-changing nutrition classes, I gained new insight into the very real epidemic that is type 2 diabetes, I bonded with my co-workers who were also trying to cut back on their sugar, and I learned to be more compassionate, accepting, and forgiving of my big-bellied, hormonal, stressed-out, mama-to-be self. Tracking my sugar and then taking regular insulin made me more mindful of my health and body. Getting induced early with both pregnancies meant we could plan better and avoid a panicked rush to the hospital when the big day came. Finally, being a pregnant mama with GD meant my health care team seemed to fret a bit more, check in more regularly, and do a bit more hand-holding along the way in both pregnancies, which eased my anxieties and made me feel like I was in even better hands than most. There is plenty of silver lining with GD—you just need to strap on your Fitbit and go find it!

Jennifer is the mother of Lily, age 5, and James Duke, age 2. She enjoys her two cups of lightly sweetened popcorn and an ice cold Latte at Cas during Friday Family Movie Nights. Find out more at jenniferbutterfoss.com.
A Progression from Eczema to Allergies to Asthma

Think eczema is no big deal? Think again.

By Christine Chen

My first-born was 2 months old when his eczema appeared: dry patches with redness that would often turn into small open wounds when scratched. Mainly on his face, the eczema also appeared in his baby fat creases, behind knees, elbow crooks, or on his toes. Our Chinese night nurse added baby oil to his bath. We slathered him in coconut or olive oil, otherwise known as topical steroids. Had I known then about the Atopic March, I would not have hesitated to use steroid cream at the onset to eradicate the eczema.

What is the Atopic March?
Atoxi is the tendency to develop allergic diseases such as atopic dermatitis (also known as eczema), food allergies, allergic rhinitis (hay fever), and asthma. Atopic diseases are largely (not always) genetic: there is a 25 percent risk for a child with one atopic parent and 50 percent risk for a child of two atopic parents to develop an atopic disease. The Atopic March is the progressive development of eczema in infancy which is then followed by food allergies and asthma in toddlerhood (or later). Atopic diseases have increased in the last decade and now affect roughly 20 percent of the population, according to Yale Medical School’s Allergy and Immunology Department. Many children afflicted with one allergy eventually suffer from all three, like my son. Recent medical studies support the causal link between eczema and subsequent development of allergies and asthma as all three are overreactions of the immune system to common irritants. Since the skin is the body’s first defense against irritants (e.g., germs, allergens), this research suggests that in patients with eczema, the skin barrier breaks down and the body’s defenses are weakened, which can cause the immune system to go into overdrive to protect against invasion. Thus, eczema is often followed by the development of allergies—food and/or environmental—culminating in the diagnosis of allergic asthma (where difficulty breathing is a result of excess respiratory response to fight irritants) before the child enters preschool. Studies supported by the National Institutes of Health indicate that aggressively treating eczema in infants could prevent the development of allergies and asthma later in childhood. I learned about this correlation during my child’s first visit with an allergist at CPMC. Dr. Kathryn Fast, who explained the relationship.

Seemingly harmless, eczema is often a harbinger of more serious atopic disease
Eczema occurs mainly in early childhood, with roughly 20 percent of children developing symptoms—50 percent before turning 3 and 95 percent before turning 5—with only about 25 percent continuing to have eczema as adults, according to the Dermatology Department at Bispebjerg Hospital in Denmark. Because it is common and the majority of children outgrow it, eczema in infants is often viewed as a phase with treatment focused on preventing and eliminating flare-ups, not as a high-risk indicator for future serious conditions. According to the European Clinical Respiratory Journal, children with eczema are at high risk of developing food allergies (30 percent) and even higher risk of developing asthma or hay fever (50 percent), regardless of severity of the eczema. Typically, the infant develops eczema in the first few months, develops food allergies between 6 to 12 months, and suffers respiratory issues before the age of 2.

In hindsight, I wish that I had not been so worried about the negative impact of topical steroid use on infants...and that I had not waited to begin aggressive treatment.

What causes eczema and is it preventable?
Eczema is a genetic defect that causes breakdown of the skin barrier resulting in water loss (hence the itchy dryness and rash), leaving the body open for intrusion as skin cells break down. Thus, eczema early in life gives easy access for infection and allergic reactions, especially during flare-ups, when the immune system is developing. Flare-up triggers vary, but the most common ones according to the National Eczema Association are: dry skin, chemical irritants (everyday products like soap, detergent, shampoo, cleaning products), hot/cold temperatures, sweating, bacteria, viruses, allergens (dust, pollen, mold, pet dander, certain foods), and stress. Though eczema is not preventable, avoiding or minimizing exposure to personal triggers can prevent flare-ups, mitigating the negative cosmetic and discomfort impacts. Most importantly, for infants and toddlers, moisturizing and medicinal treatments to prevent flare-ups could prevent future allergies and/or asthma.

Treating eczema in infants and toddlers
If scratched, even mild eczema flare-ups rapidly spread, and at their worst flare-ups can result in cracked skin and infection. Keeping a toddler, let alone an infant, from hay fever usually develops later (around age 6), though the eczema usually has improved by then and food allergies could also improve, other than nut allergies.

Most eczema medical research is from Europe. While no research is conclusive about why atopic diseases are on the rise, the “hygiene hypothesis,” first published in 1989 in the British Medical Journal by Dr. David Strachan, suggests a young child’s environment can be too clean to effectively build the child’s immune system, leading to immunity tolerance defects and resulting in higher incidence of allergic disease. One of the few U.S. studies on eczema was conducted by Oregon Health and Science University’s Department of Dermatology and detailed the prevalence of eczema in children in the U.S. The study yielded similar results to European studies in determining the higher risk profile for children developing eczema: boys are at higher risk than girls, the first child is at higher risk than younger siblings, and children in urban areas are at greater risk than rural areas. The higher risk for the first child and urban areas appears to support the hygiene hypothesis: the first child is usually less exposed to germs since there are no other children in the house and first-time parents can be more controlling regarding hygiene and germs, and urban areas by definition lack many irritants found in nature (e.g., germs from animals, pollen).

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What are atopic diseases? The Atopic March is the progressive development of allergies—food and/or environmental—culminating in the diagnosis of allergic asthma (where difficulty breathing is a result of excess respiratory response to fight irritants) before the child enters preschool. Studies supported by the National Institutes of Health indicate that aggressively treating eczema in infants could prevent the development of allergies and asthma later in childhood. I learned about this correlation during my child’s first visit with an allergist at CPMC. Dr. Kathryn Fast, who explained the relationship.

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literally scratching their skin off is challenging. My son slept most of his first two years in mittens while he slept.

In hindsight, I wish I had not been so worried about the negative impact of topical steroid use on infants (which are considered safe by doctors) and that I had not waited to begin aggressive treatment. Our pediatrician recommended continuing topical steroid application until a few days after flare-ups disappear to prolong the time period between recurrences. After learning about the Atopic March, I now immediately turn to the steroids at first sign of an itch, which has almost eliminated full blown flare-ups and open skin wounds.

If your child develops eczema, however mild, consulting with your pediatrician and seeing a dermatologist sooner rather than later for a comprehensive treatment plan could prevent the eczema from getting worse. Many top dermatologists have a long waiting period before the first appointment, although a pediatrician’s referral can help decrease the waiting time. Ideally, follow up with an appointment with an allergist who can do a blood and/or skin test to see if your child is at risk. Choose an allergist who is up-to-date on current research who can advise on various treatment plans beyond the wait-and-see approach.

Food allergies, asthma, and hay fever often follow eczema

The earlier and more severe the eczema, the higher the risk of developing allergies and/or asthma. Children that are atopic produce immunoglobulin E (IgE) antibodies in response to small amounts of common environmental protein triggers such as pollen, dust, and various food allergens. As a result, food allergies, asthma, and/or hay fever often follow as the hyperactive immune system overreacts with allergic nasal responses or airway hyperreactivity (difficultly breathing).

A common misunderstanding is that eczema is one form of allergic reaction, which is not usually the case. On the contrary, having eczema makes the child more susceptible to allergies as the eczema theory that there is a small window in which to aggressively treat eczema (especially if onset is during infancy) in order to potentially prevent the onset of allergies and asthma. Essentially, if the eczema is treated early, the skin can effectively defend the developing immune system against germs and irritants.

So, moisturize, moisturize, moisturize! If your child develops eczema, however mild, consulting with your pediatrician and seeing a dermatologist sooner rather than later for a comprehensive treatment plan could prevent the eczema from getting worse. Many top dermatologists have a long waiting period before the first appointment, although a pediatrician’s referral can help decrease the waiting time. Ideally, follow up with an appointment with an allergist who can do a blood and/or skin test to see if your child is at risk. Choose an allergist who is up-to-date on current research who can advise on various treatment plans beyond the wait-and-see approach.

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A common misunderstanding is that eczema is one form of allergic reaction, which is not usually the case. On the contrary, having eczema makes the child more susceptible to allergies as the eczema allows potential allergens to enter through the broken skin barrier (even food dust in the air). Research studies illustrate that most eczema patients have a mutation of the filaggrin protein (FLG), whose function is key in maintaining the integrity of the outermost skin layer. A 2011 study in the Journal of Allergy and Clinical Immunology concluded that a mutated FLG in eczema patients puts the child at high risk for a peanut allergy. A German study from the Institute of Epidemiology in Neuherberg in 2011 concluded that the FLG mutation in infants with both eczema and food allergies substantially increases the risk for asthma with 83.3 percent to 97.5 percent predictability, but the sensitivity was low (11.8 percent to 16.7 percent), indicating a high percentage of false-negative predictions. Thus, the results actually underestimated the number of cases of future asthma development.

I found out about my son’s food allergies after he broke out in a rash from birthday cake and cow’s milk on his first birthday, after which his pediatrician ran a full allergy panel blood test. His subsequent asthma onset developed when he started preschool at 2 and-a-half and landed us in the ER more than once. I began to notice a pattern: an eczema flare-up out of nowhere, followed by sneezing and snoring, then a day or so later, a cough that turned into difficulty breathing almost overnight. We are now familiar with nebulizers, inhalers, and oral steroids to prevent or minimize an asthma attack when he gets sick. His pulmonologist is optimistic for the future after he broke out in a rash from birthday cake and cow’s milk on his first birthday, after which his pediatrician ran a full allergy panel blood test. His subsequent asthma onset developed when he started preschool at 2 and-a-half and landed us in the ER more than once. I began to notice a pattern: an eczema flare-up out of nowhere, followed by sneezing and snoring, then a day or so later, a cough that turned into difficulty breathing almost overnight. We are now familiar with nebulizers, inhalers, and oral steroids to prevent or minimize an asthma attack when he gets sick. His pulmonologist is optimistic for the future after he broke out in a rash from birthday cake and cow’s milk on his first birthday, after which his pediatrician ran a full allergy panel blood test. His subsequent asthma onset developed when he started preschool at 2 and-a-half and landed us in the ER more than once. I began to notice a pattern: an eczema flare-up out of nowhere, followed by sneezing and snoring, then a day or so later, a cough that turned into difficulty breathing almost overnight. We are now familiar with nebulizers, inhalers, and oral steroids to prevent or minimize an asthma attack when he gets sick.

Though symptoms among children will vary, I was told by his pediatrician, pulmonologist, and allergist that the timing of my son’s Atopic March is more common than not (which seems to be confirmed by medical research I have read and conversations with other parents). While not conclusive, there is enough genetic data and global medical research to support the

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### Sugar, Sugar, Everywhere

**Sugar is the latest culprit in the changing science on harmful dietary habits, but why? And how can we mitigate the risks?**

By Catherine Symon

Photographs by Anna Psalmond Photography

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**If you remember the 1980s, you probably remember the low-fat/low-cholesterol trend that transformed American supermarket shelves. Red meat and eggs were out, pasta and fat-free cookies were in. The prevailing dogma was that eating fat made you fat and increased your risk for diabetes, heart disease, and other chronic illnesses. But years into the low-fat movement, the rates of obesity and diabetes continued to climb unabated. Why? What was contributing to the growing “diabesity” epidemic?**

A handful of researchers and clinicians started to rethink the eat-fat-get-fat dogma and turned their attention to another ingredient: sugar. Cutting fat reduces flavor, so packaged food companies were compensating by adding sugar and high fructose corn syrup (HFCS), a cheap and convenient alternative to sugar, to low- and non-fat products. As taste buds adapted to the increased sweetness, sugar and HFCS began to appear in seemingly un-sweet foods like plain mustard, peanut butter, chicken stock, tomato sauce, and pretzels. Today, three-quarters of all packaged foods contain sugar and the average consumption is close to 70 pounds per person per year. Is sugar the driving force behind our burgeoning waistlines and health problems? A growing body of evidence says yes.

### What is sugar?

Sugar is a blanket term for a diverse group of carbohydrates (molecules made of carbon, oxygen, and hydrogen) that have many roles in the human body. Sugars on the surface of your red blood cells determine your blood type, while others inside your cells serve as quality-control agents for the intricate process of folding chains of amino acids into proteins. The backbone of the DNA double helix is a sugar. But perhaps the most important role for sugar is to provide energy to the human body.

Sugars are found in whole foods (fruit, vegetables, grains) or they may be refined from natural sources (cane, beets, honeycomb, corn) before being added to food. Regardless of whether the sugar is natural or refined, the molecules are the same; glucose from a pea is the same as fructose from a sugar cube. But the three sugars that are absorbed by the body (glucose, galactose, fructose) have very different metabolic effects in the body.

### What do dietary sugars do in the body?

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The ill effects of chronic sugar consumption start in the liver. The liver is the processing center of the body and has many important functions including producing bile to break down fat, filtering drugs and toxins from the blood, regulating blood clotting, storing energy and iron, and helping to keep blood glucose levels steady. Damage to the liver therefore has a widespread impact in the body.

**How do glucose and fructose impact the liver differently?**

Glucose is the primary supplier of energy to your body cells. Glucose is so critical that your liver will manufacture it when needed. This is particularly important for the cells in your brain, which cannot store energy. When you eat glucose-containing foods, your blood glucose rises. (The term “blood sugar” refers to the amount of glucose in your blood.) In response to the rise, your pancreas releases insulin to return blood glucose back to its normal level by stimulating cells to take up glucose from the blood. About 80 percent of the glucose is delivered directly to muscle and brain/nervous cells to be used for energy. The remaining 20 percent travels to the liver, where the glucose molecules are either used as an immediate energy source or converted to a starch called glycogen and stored for later use. Not only is the conversion from glucose to glycogen simple, the liver only has to metabolize 20 percent of all the glucose you consume. It’s easy work. Importantly, glucose also helps to stimulate hormones that turn off hunger signals and encourage body cells to burn energy.

Galactose is quickly converted to glucose in the liver and metabolized in the same way. Fructose is different. Being almost twice as sweet as glucose, fructose stimulates the brain’s reward center and makes us want to eat more. Unlike glucose, fructose has no ability to stimulate the “I’m full” hormone cascade and instead tricks the brain into thinking the body is starving. This, in turn, triggers hunger and causes cells into an energy-conserving (as opposed to energy-burning) state. Fructose serves no purpose in the human body, so 100 percent of whatever is consumed travels to the liver to be broken down and cleared from the blood. In very small amounts, the liver can manage this without ill effects. But in larger amounts, the liver is overwhelmed by the influx and the metabolic process gets backed up. In this case, fructose is converted to fat and deposited in the liver. The gradual accumulation of visceral fat over time can lead to non-alcoholic fatty liver disease (NAFLD). While we often associate diabetes and other metabolic disorders with obesity, NAFLD can develop in people of all weights. It causes a multitude of problems that can result in (additional) weight gain, high triglyceride levels (a risk factor for heart disease), inflammation, polycystic ovarian syndrome (PCOS), diabetes, and possibly dementia. New research indicates that NAFLD is also the primary driver of insulin resistance, the precursor to diabetes and cardiovascular disease, which is still the number one cause of death in the US. One third of Americans has NAFLD, making it the most common disease in the US.

**Where is all this fructose coming from?**

You may already know that fructose is the sugar in fruit. But fructose also comprises one-half of the sucrose molecule, best known as table sugar. Whenever you consume sucrose, half the amount of sucrose is glucose and the other half is fructose. Some of the most common sources of sucrose (and therefore fructose) are: foods and beverages that contain white or cane sugar, brown sugar, turbid cane sugar, coconut sugar, honey, or HFCS. Incidentally, HFCS has been in consumers’ crosshairs for being the ugly stepsister of sweeteners. But HFCS and sucrose are virtually indistinguishable to the human body.

**Wait, can I still eat fruit?**

Yes! Fructose may be the primary sugar in fruit, but the fiber in whole fruit neutralizes the impact of sugar in two ways: by decreasing the total amount of sugar absorbed into the blood from the intestine and by slowing the rate at which it is absorbed. This means the liver receives fructose and glucose at a manageable pace.

### How much sugar is safe?

There is no current consensus on how much sugar should be in our diets. Some experts are calling for sugar to be regulated like alcohol. The guidelines that do exist are for added sugar and exclude the sugars that occur naturally in foods. The US Department of Agriculture’s Dietary Guidelines suggest that added sugars should represent a maximum of 10 percent of your daily caloric intake (15 grams or 52 teaspoons per day for a 2,000-calorie diet). The World Health Organization also recommends 10 percent as the maximum caloric intake but suggests that a 5 percent limit is preferable. The American Heart Association (AHA) recommends 5 percent as the daily maximum intake.

According to the USDA, the largest sources of added sugar intake are sweetened drinks: sodas, fruit juice/drinks, and sports drinks.
If you’re concerned about sugar intake, the most effective change you can make is to avoid sugar-sweetened drinks and fruit juices. 

Glycemic Index: Use with caution

The Glycemic Index (GI) has become popular tool for making “healthier” food choices. But it is widely misinterpreted and can lead to unintentional food choices. The GI was developed to help people with diabetes calculate their glucose intake. It ranks carbohydrate-containing foods from 1-100 based on how much the food raises blood glucose compared to either pure glucose or white bread (which are assigned the maximum score of 100). The GI ranking is based on 50 grams of carbohydrate from a given food, which tells you nothing about the glucose impact of a single serving. For example, watermelon’s GI is ~80, which is high. But with only 6 grams of carbohydrate per serving, you would need to eat 8.5 servings of watermelon to approach the blood glucose level predicted by the GI. More useful is the Glycemic Load (GL), a measure of how a single serving of a given food raises blood glucose. The GL of watermelon is only 4.

So...what should I eat?

If you’re concerned about sugar intake, the most effective change you can make is to avoid sugar-sweetened drinks and fruit juices. While there are some nutrients in pure fruit juice, 8-ounce servings of orange juice and apple juice have 21 and 24 grams of sugar, respectively, which is almost as much as the 26 grams in the same volume of regular Coke. Flavored yogurt, while not a drink, can contain even more sugar than soda. This is most often true with products marketed to children. The second most important thing is to incorporate lots of fiber in your diet. Fiber not only decreases and slows the absorption of sugar to a rate where your liver can easily handle it, fiber moves food faster through the intestine so a portion of the calories in your food are actually consumed by the bacteria in your intestine and not you. Faster transit also stimulates quicker release of the “I’m full” message to your brain because the cells that release the satiety hormone (known as peptide YY) are located in your small and large intestine and they only send that signal in the presence of food. You’ll need both soluble and insoluble fiber to see the full benefit of this nutrient. Pureeing insoluble fiber decreases its effectiveness, so don’t expect to fill the bill with smoothies, eat whole foods to get both kinds of fiber. Eat cereal with the strings in it and apples and pears with the skin on.

The bottom line is: know where to find sugar (and all its aliases) so you can avoid it when you don’t want it and enjoy it (in moderation) when you do. 

Hiding in Plain Sight

Added sugar can be found in unexpected places: infant formula, juice pouches, crackers, salad dressing, bread, potato salad, sauces, nut milks, and more. The Food and Drug Administration is updating food labels to include a line item for “Added Sugars.” Some companies already comply, but the new labels won’t be enforced until 2020, so it’s difficult to keep track of added sugar. In the meantime, check the label to see where sugar appears in the ingredient list, the closer to the beginning of the list, the more sugar therein. Some foods contain multiple sweeteners. Here are just a few synonyms for added sugar:

- Ingredients containing the word “sugar”
- Ingredients that end in “ose”
- Barley malt
- Cane juice crystals
- Corn syrup solids
- Dextrose
- Diastatic malt
- Fructose
- High fructose corn syrup
- Malt syrup
- Molasses
- Rice syrup
- Sorghum syrup


Catherine is a medical writer. This article was inspired by the purchase of a large bag of Cadbury Mini Eggs. A Really. Large. Bag.
Helping Children Cope with Stress

We can all use these helpful strategies to support children when life is challenging.

By Veronica Reilly-Granich
Photographs by Marie Hamonic Photography

What similarities unite a baby girl who fails to thrive, a young boy who suddenly stops growing at age 4, and a middle-aged man who has a stroke? According to pediatrician and author Nadine Burke Harris, MD, in her book *The Deepest Well*, each of these individuals may have suffered one or more Adverse Childhood Experiences, or ACEs. Recent research shows that ACEs—types of toxic stress that include things like recurrent emotional or physical abuse, mental illness in the household (including depression), and divorce or parental separation—negatively impact health in a variety of ways. The health issues may first manifest in childhood and increase the risk of heart disease, stroke, cancer, and other conditions in adulthood.

All children experience stress, of course, and a certain amount of stress is considered healthy. As Lelé Diamond, PsyD, MFT, a developmental psychologist, family therapist, and co-founder of San Francisco-based Symbio, A Therapy and Consultation Services practice, says, “If we don’t deal with a certain amount of stress, our capacity to manage stress diminishes.” Yet ACEs go beyond day-to-day stress. And they are more common than you might think. According to research involving data from 17,421 Kaiser San Diego health plan members in the late 1990s, and cited by Harris in her book, 67 percent of all people have experienced at least one ACE. This issue cuts across race and class to affect people at all levels of the socioeconomic spectrum.

As a mom I want to protect my two young daughters from extreme adversity and yet I know I can’t protect them from everything. So how can we support children when bad things happen?

Identifying and mitigating stress

If you think stress may be a factor in your child’s health, first, be on alert for physical signs that can mean your child is unusually stressed. According to the American Psychological Association, stress can be the culprit behind negative behavior changes and frequent illnesses that can’t be attributed to a physical cause. If you suspect that an unhealthy level of stress may be responsible for your child’s problems, ask your pediatrician if she is able to screen for stress or refer you to someone who can.

Once stress is identified, you may consider incorporating some or all of the following six strategies offered by Harris to help children heal from exposure to major stressors, such as ACEs, or even some day-to-day ones.

Six de-stressing strategies

Sleep. Sleep is a key component of health, and this is even more true when dealing with stress. Paradoxically, trauma and stress can make sleep more difficult to come by. If major stress has dysregulated the stress response system, which is a common side effect, then cortisol levels will be abnormal, making nighttime sleep more difficult. Our current parenting culture places a high value on having children sleep through the night on their own, given the many benefits of a solid night’s sleep. However, your child may need some coaching to return to a restful night’s sleep: even a child who previously slept well on his own may need assistance when facing a new or overwhelming situation. On her Aha! Parenting website, Laura Markham, PhD, offers a protocol (tinyurl.com/jcjw4j2dp) to use with older children who suddenly refuse to sleep alone, which includes sitting with the child as she falls asleep and gradually, as the child begins to sleep better again, moving your chair farther away from the bed until it is in the doorway of the room. She also suggests putting a light that is completely under the child’s control next to the bed and training her to turn it on and call for you if she feels scared. If sleep is an issue for you or your child, make sure to seek help from your pediatrician if you are unable to resolve the problem on your own. Therapy. It goes without saying that mental health is an important component of managing stress. According to Mental Health America’s “2017 State of Mental Health in America,” 43.7 million American adults struggled with mental illness last year. That represents almost 20 percent of the entire U.S. population. In addition, 11 percent of youth ages 12 to 17 suffered at least one major depressive episode in that same time period. It can be hard to admit that mental health might be an issue and then difficult to find support even when an individual or family realizes there is a problem. If a parent or other adult family member is mentally ill, that person should seek the support of appropriate mental health professionals.

For a young child, consult her pediatrician first or arrange a consultation with a child psychologist. Harris found success working
with Alicia Lieberman, PhD, of UCSF to offer child-parent psychotherapy (CPP) for her patients. Appropriate for children ages 0 to 5, it treats both the parent and the child. An older child, however, will likely benefit more from individual therapy.

Healthy Parent-Child Relationship.

Another factor that is highly protective against the negative effects of both major and minor stressors is a healthy relationship with your child, which sounds simple enough. But what does that really mean in this age of conflicting advice from endless parenting blogs, websites, and classes? While no one right answer exists, consider how connected you feel with your child overall. Every family goes through ups and downs in terms of getting along—just like in any long-term relationship—but if you look back over the past year or two, do you enjoy your child despite the tantrums and the backtalk? If you can answer yes, you are probably on the right track.

Recently, my 3-year-old has been driving me crazy, probably inspired at least in part by the addition of a new sibling to our household last June. I have found the book Positive Discipline by Jane Nelsen, EdD, very helpful in terms of connecting more with my daughter and enjoying her despite her full-blown threenager attitude. One of the book’s more useful suggestions, and which is also advocated by Markham, is the idea of setting aside at least ten minutes of child-directed play time with each individual child each day. This may not be feasible for you, but even a few times a week can have a significant positive impact on your relationship with your child. Make sure to put away all screens during this time and focus on playing together.

Exercise and Nutrition.

Exercise and nutrition are also protective against some of the negative impacts of stress, particularly inflammation, on the body. To combat stress, regular, moderate exercise is best. In contrast, training for a marathon or doing some other type of extreme exercise regimen can actually increase stress on the body. You can take a walk, ride a bike, or check out a dance class—breaking a sweat most days of the week is good for you and your child. Whatever you and your family enjoy, find a way to make it part of your regular routine. Then pair regular exercise with healthy eating. Try to make lean protein, complex carbohydrates, fruit, and vegetables the foundation of your family’s diet. Avoid sugar and saturated fat as much as possible while making sure to eat some healthy fat, including monounsaturated fats and omega-3s, found in foods like avocados, eggs and nuts.

Mindfulness.

Finally, mindfulness can protect your whole family from the negative impacts of stress. Jon Kabat-Zinn, PhD, pioneered research on the health impact of secular mindfulness training with his Mindfulness Based Stress Reduction course, developed in the 1970s and still taught around the world today including at the UCSF Osher Center for Integrative Medicine. Decades of research shows that a regular mindfulness practice improves focus and attention, increases one’s ability to work under stress, and helps alleviate anxiety and depression.

Beginning a mindfulness practice from scratch when you’re already under stress may sound like too much. Diamond of San Francisco-based Symbio suggests that parents simply develop a practice of paying attention to their own physical responses to stress. In the face of a stressful situation, she suggests noticing where your gaze is directed then putting your hand over your heart to become aware of your heartbeat. Follow this by taking a few deep breaths and then stretching your arms out in front of you for a few seconds to release tension. This may take all of 10 seconds to perform and it will allow you to lower your physiological stress reaction. This is particularly important in terms of parent-child interactions because, according to Diamond, children use their parents to help with self-regulation. This begins in infancy with parent-child co-regulation, and children look to parents in terms of how to respond to experiences throughout their younger years. If you can remain calm and model self-regulation, your child will likely pick up on this and develop resilience in the face of stress as well.

Seeking help outside the home.

But sometimes helping a child manage stress is more than parents can handle by themselves. When is it time to seek outside help? Diamond suggests a few ways to gauge when help is needed. If at any time you feel overwhelmed by the situation, your own stress, or your child’s stress, you should definitely seek outside support. Diamond likens this to putting on your own oxygen mask first, before helping your child, as we are always instructed to do on airplanes. If you are avoiding thinking about the stressor, this is a sign you are overwhelmed and need help. You may consult a psychologist, but a preschool teacher or another parent may be able to offer excellent advice and information as well. You should try, with the help of your support system, to determine what a child’s normal range of response to a given stressor is, and what strategies will help your child to remain within this range. If you employ these strategies and believe your child is still within the range of normal response to the stressor, or if you still aren’t sure if your child is within the normal range, this is a good time to seek professional input. Depending on the source of the stress and your resources, you may start with a child psychologist or your child’s pediatrician for an assessment.

As Harris writes in The Deepest Well, “As much as we’d like to shield our children from illness, divorce, and trauma, sometimes these things happen. What the research tells us is that these daily challenges can be overcome with the right support from a loving caregiver.” You are your child’s best protection against stress. Using the strategies outlined above, you can make sure your child thrives no matter what challenges arise. ❖

Veronica is an educator living in San Francisco with her husband, two young daughters, and two cats. She combats stress with a combination of meditation, dark chocolate, and Zumba.

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**COMMUNITY OUTREACH**

**Volunteer Play Date at SF-Marin Food Bank**

Children, servants, the unemployed, and low-wage workers make up the majority of those struggling with hunger in San Francisco, and 14 percent of those receiving food through the SF-Marin Food Bank network are homeless.

This is a great way to show kids ages 4 and up how to give back to the community, all while spending time with other GGMG families. You'll be sorting fruits and vegetables or canned goods to be distributed to the hungry in San Francisco.

**DATE:** Sunday, June 10
**TIME:** 9 to 11 a.m.
**PLACE:** 900 Pennsylvania Ave.
**COST:** FREE

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**NEW MEMBERS**

**Playgroup Formation Mixer at Sports Basement Presidio**

Are you a new mom looking to build your mom village? Join us at our next GGMG Playgroup Formation Mixer! Meet and mingle with other new moms while we help organize you into playgroups based on your neighborhood and child's age. Bring your pre-crawling baby or just yourselves. All moms are welcome, but this event is designed for moms with babies under a year old. Our goal is to help you build friendships that will support you during this most joyful, sleepless, heart-wrenching, and bewildering time.

**DATE:** Sunday, July 15
**TIME:** 2 to 4 p.m.
**PLACE:** 610 Old Mason St.
**COST:** FREE

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**NEIGHBORHOOD MEETUPS**

**GGMG Big Play Date at Imagination Playhouse!**

Summer is here, but it is cold and foggy in San Francisco...so let’s escape indoors! Back by popular demand, GGMG Neighborhood 2 is hosting another big play date at Imagination Playhouse. Please join us for a private party with food, drinks, and loads of fun. Admission is $10 for adults, kids are FREE! RSVP early and spread the word to other GGMG families. See you there!

**DATE:** Sunday, July 22
**TIME:** 3 to 6 p.m.
**PLACE:** 5628 Geary Blvd.
**COST:** Free for kids, $10 for adults

**NEIGHBORHOOD MEETUPS: NEIGHBORHOOD 4**

Neighborhood 4 mamas have several favorite places in the ‘hood to hang with the kiddos, get some good self-care, or simply connect with other families.

To get the wiggles out, watch your kids’ acrobatic feats, and settle a couple of sandpit wars, head to Mission Creek Playground for our weekly meetup on Tuesdays from 3:30 to 5 p.m.

Looking for indoor fun for both you and your kids? Check out PowerPlay’s music, art, and movement classes for kiddos as well as workouts for adults (with childcare!). The first class is free for GGMG members. Be sure to join us for our GGMG Family Music and Dance Party on June 2.

After a morning of play and fitness fun, check out Spark Social for lunch, which has great food options. Plus, eating on the double-decker bus is a highlight for kids. In the evenings, mamas can take over the firepit, grab a glass of wine, and catch up. Our next Mom’s Night Out is at Spark Social on June 15.

Now let’s head across the bridge into SoMa. Nothing beats a picnic on the lawn at Yerba Buena Gardens. Grab food from the Metreon and set up on the grass, making sure to throw some coins into the Martin Luther King Memorial fountain before you leave. Our next picnic is July 21.

Have we convinced you that Neighborhood 4 is hands-down the best Neighborhood in SF? Join GGMG SoMa Neighborhood on Facebook and Neighborhood 4 on GGMG at www.ggmg.org/groups. To confirm events, volunteer, or ask questions, email Neighborhood 4 Director Kwanua Robinson (kwanuar@gmail.com).

For general questions, please contact Neighborhood Meetups Co-Chair Yanina Markova (yanina.markova@gmail.com).

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**CAREERS AND ENTREPRENEURS**

**Five Secrets to Negotiating Confidently Without Feeling Pushy**

Every day we find ourselves in situations in which we need to advocate for ourselves and our ideas. Yet for most of us, the word “negotiate” brings up anxiety and thoughts of haggling, being aggressive, or issuing ultimatums. The good news is that it doesn’t have to be this way.

Join us on June 8 for a webinar hosted by negotiation expert Heather Mills, where you’ll learn tools for mastering the negotiation mindset (without feeling like you have to change your personality) in order to get the results you want.

We’ll dive into how to prepare, how to set big goals, and how to handle “no.” After this webinar, you’ll actually look forward to negotiating!

**DATE:** Friday, June 8
**TIME:** 12 to 1 p.m.
**PLACE:** Online Webinar
**COST:** FREE

**Moms Downtown June & July Networking Lunches**

Everyone is welcome, from pregnant moms to working moms to stay-at-home moms, and everyone in between! We look forward to seeing you there. We will have our Moms Downtown Lunch Group sign on the table.

**Boudin Bakery**

**DATE:** Wednesday, June 6
**TIME:** 12 p.m.
**PLACE:** 4 Embarcadero Center
**COST:** FREE

**Cafe Venue**

**DATE:** Tuesday, July 10
**TIME:** 12 p.m.
**PLACE:** 70 Leidesdorff St.
**COST:** FREE

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**REGISTER FOR EVENTS AT GGMG.ORG/CALENDAR**
Your membership comes with amazing perks offered through the programs. Some of the excellent perks Summertime is here! Are you maximizing your GGMG membership? Whether you are a new member or a longtime veteran, the Membership Committee wants to thank you for your loyalty to GGMG. Our committee ensures that members are engaged and aware of all the benefits that membership offers. Our recent member mixer at Yerba Buena Bowling Center was a blast! Our next mixer is the Summer Ice Cream Social for the whole family—stay tuned for details. We also held the ever-popular playgroup formation events for new moms and members (four to six events each year). Our next playgroup formation event is on July 15 (details on page 33). If you are a new mom or just had another baby, this is the event for you. Don’t forget to RSVP! Use GGMG to meet other moms face-to-face and turn online connections into real-life friendships. Seven neighborhood meetup subgroups hold regular events all over the city; find your subgroup on ggmg.org. In addition to neighborhood meetups, GGMG playgroups can be a lifesaver for expectant and new moms. Find your due-date subgroup at www.ggmg.org/groups.

Thank you for being part of THE BEST mom community in the city. Questions? Email membership@ggmg.org.

Make a Connection

Hello there and why you should be part of our community:

• GGMG forums are moderated by volunteers who protect our identities and anonymous posts and comments possible, allowing members to feel safe posting about a personal problem and then receiving an ad related to it.
• GGMG forums are moderated by volunteers who protect our identities and mediate online discussions. Any forum can become heated, but our moderators step in to keep politics and divisive feelings at bay. The moderators also make anonymous posts and comments possible, allowing members to feel safe sharing the most intimate aspects of their lives.
• GGMG Member Support has your back, as well as a budget to help you out. Whether you are facing hospitalization, sudden unemployment, or PPD, we can support you with a meal and resource list, and our members rally to help you. Please reach out any time to member.support@ggmg.org.

Why I (Still) Love GGMG

With many online mom and parent communities to choose from, we’re sure some moms are wondering if they should renew their GGMG memberships. Here are just a few of the many reasons that GGMG differs from some of the other parent groups out there and why you should be part of our community:

• GGMG is a nonprofit organization, so the dues directly support our members. All funds support GGMG events, the magazine, charitable efforts, and help members in need.
• GGMG is an independent website, so our posts cannot be used by Facebook, Google, or others to market products to us. There is nothing creepier than posting about a personal problem and then receiving an ad related to it.
• GGMG forums are moderated by volunteers who protect our identities and mediate online discussions. Any forum can become heated, but our moderators step in to keep politics and divisive feelings at bay. The moderators also make anonymous posts and comments possible, allowing members to feel safe sharing the most intimate aspects of their lives.
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Your Kids Are Already Learning About Race: Tips on Guiding the Conversation

On March 19, GGMG’s Diversity and Inclusion Committee welcomed Dr. Allison Briscoe-Smith back to lead a second discussion on how to talk to children about race. For members who could not attend, this article summarizes the presentation and the robust Q&A that followed.

Many parents find it necessary to prepare their children for the difficult circumstances they are likely to encounter throughout their lives as a result of their racial identity. For others, the complexity of our own experiences and feelings about race may make it tempting to delay what may be anticipated as challenging and overwhelming conversations in order to help preserve the short-lived innocence of childhood.

Briscoe-Smith made it clear that regardless of how proactive we are in broaching these topics with our kids, they are most likely already thinking about and piecing together their own understandings. Research has shown that children as young as 6 months of age already demonstrate the ability to discern differences in race, and by the time children reach the age of 2.5-3, studies indicate that children have internalized racial preferences. As they grow up, they will become increasingly affected by implicit bias, the unconscious negative associations and judgements that are commonly held and reinforced through media messaging. It is this pervasive “smog” that becomes increasingly affected by implicit bias, the unconscious negative associations and judgements that are commonly held and reinforced through media messaging. It is this pervasive “smog” that we must consciously combat through explicit dialogue.

Briscoe-Smith advised that parents have a fairly narrow window of time, up until about age 10, in which to have the most impactful conversations in order to help preserve the short-lived innocence of childhood.

Briscoe-Smith pointed out the many ways in which we easily support talking to kids about other kinds of differentiation and classification, e.g., colors, kinds of animals, but generally neglect this inspection of race. We can begin to change this by simply engaging our children in observation about the rich diversity of humanity without the historical “baggage.” Clear, honest communication is what is most helpful, and it is OK to say, “I don’t know; I need to think about it; this is something I am still figuring out” when asked particularly gnarly questions by your 5-year-old.

As for how and when to include more details and complexity in these discussions, Briscoe-Smith reminded us that we are the experts on our kids. In preparing for these conversations, in addition to considering factors specific to our individual children (age, development, etc.), it is also important to bear in mind our own personal history and engagement with race. It is also helpful to place information about racial differences within the context of a family mission statement. A family mission statement should state clearly the values you consider most foundational, like: we have fun, we are kind, we help each other. If you have one already, use elements of it to support conversations about race. If you don’t have one, consider the things you are already telling your kids, what you are trying to do as a family, and what is most important to you.

As we do this work, Briscoe-Smith invites us all to consider the question, “What is your vision for racial justice? What does it mean, and what does it look like?”

For more information, including presentation slides as well as videos of similar talks, please visit www.drbriscoesmith.com.

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I love Mom

Me, Too?

By Tara Robinson

There he was in my newsfeed: my high school love. The guy I spent two years of my teenage life with. And it wasn’t just one woman coming forward; there were six.

The article in Politico detailed how he, an executive at the Humane Society of all places, supervised a team of 30 and allegedly solicited sex from many of them. The creepiest part is that when they described how he operated, I recognized the boy I had known—he had always loved to be a guru.

For a time, he was my guru. I used to eat meat and not think about it. But around him, I started to sneak into factory farm lots, smell the ammonia, feel the dung beetles in my hair—just to see how the chickens lived. (I gave up my vegan status about 10 years ago, but I am still a pastured-egg-eating pescatarian.)

I’d always felt warm looking back on this relationship. But in the wake of the accusations, I began to remember mind games that seemed weird even at the time. For example, one ongoing topic of discussion was that we might accidentally “create” AIDS, leading to an insistence that—in addition to the pill I was already on—we use a condom, as well as two doses of itchy spermicide. I’m all for caution, but this was an exclusive relationship between two people who started dating as virgins. It’s weird to admit but for a while after our relationship ended, I carried this anxiety around, insisting on being super-duper-duper safe, approaching sex like going into battle with four layers of protective armor.

In our relationship, he cast me as the follower. When we first became friends, we would make protest posters together. Soon, though, he was asking me for excessive amounts of help with his “nonprofit organization.” I would spend my weekends shaving the backs of donated fur coats, printing t-shirts, or whatever other vision he had created for me to execute, at the expense of my own interests. I remained in the background, an obedient helper. A week after we broke up, I still found myself hanging out at his house, heartbroken. He looked me in the eye and said proudly, “I really thought I would miss you. But I don’t.” He wanted me to be proud of him for that.

Instead, I put on my vegan combat boots, popped a Babes in Toyland cassette in my Honda Accord, opened the windows, and got out of suburbia as fast as possible. I began to rebuild my own identity, confidence, sexuality, and creativity. I learned that Eve Ensler was encouraging college students to produce The Vagina Monologues for free as part of an effort to end violence against women. Despite having no experience with theatre, I directed the show at my college. When I told my ex, his shock was palpable. He said he didn’t realize I could be such a leader. Not the reaction I was expecting from someone who was supposed to know me so well.

In the days after the article came out, I checked Facebook often. He posted an unsatisfying response that straddled the line between apology and rebuttal, dismissing his behavior as “sophomoric.” (At least he didn’t use the phrase “locker room talk.”) The post was disappointing, but the comment stream was shocking. Family congratulated him on his maturity, and anyone who wrote criticisms was immediately shouted down by zestful animal rights folks. Although I don’t know them, I believe the women who came forward are telling the truth. And that makes me wrestle with my part in this—as much as he bears responsibility for some of my identity, I imprinted on him too. Of course, deep down I know I can’t hold myself accountable for the bad actions of someone I knew decades ago.

But as I look at my relationship with my son, I don’t want to deceive myself into assuming that spending time around a strong woman is enough to instill the feminist values I want him to take with him into manhood. So I don’t assume. When my 9-year-old son Milo came downstairs for breakfast the next morning, I told him who Paul was, and what I believe he had done. Milo already knew about #MeToo, but I wanted him to know that sexual misconduct isn’t just an abstract thing that happens to people we don’t know—it affects people close to us, and it is up to us to decide what role we will play. Because we are raising the next generation of teenagers, workers, lovers, and bosses. And soon it will be in their hands.
Are you a San Francisco mom? 
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