

Putting Health Promotion into Action:

A Resource for Early Learning and Child Care Settings



best start
meilleur départ

Ontario's maternal, newborn and early
child development resource centre

Centre de ressources sur la maternité,
les nouveau-nés et le développement
des jeunes enfants de l'Ontario

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INTRODUCTION

As early learning and child care practitioners, you know how important it is to promote the healthy development of young children and that contributing to the health of children and families is essential to a healthy society. Research findings in the science of early child development underscore this importance: “Compelling research evidence from developmental science and neuroscience consistently emphasize that a child’s earliest experiences set the stage for life-long learning, behaviour and health”¹.

ORGANIZATION OF THIS RESOURCE

This resource opens with a discussion of what we mean by “health”. How, as Canadians, do we define health and how do we achieve and maintain health? What is our health system and how does it work in keeping Canadians healthy? The first section will also introduce you to the concept of **health promotion** and help you differentiate between prevention and promotion. We will demonstrate that as practitioners, who touch the lives of so many children and families, your role as a health promoter is critical.

Throughout this resource, as we explore how health promotion practices translate into early learning and child care programs, we highlight programs that put health promotion in action – programs in Ontario, like yours – where health promotion is happening. Throughout the resource, we profile each program by providing a brief introduction to the services and supports it offers and a brief discussion of how it meets health promotion objectives. Our hope is that you will recognize ways you are already promoting health in your program, and most importantly, learn new strategies to strengthen the health promotion aspect of your work.



Also examined in this first section are the factors that contribute to health. These factors, or **determinants of health**, allow us to explore why some families and children achieve and maintain good health while others struggle with health issues. We discuss the 12 determinants of health and provide you with some ways to identify how you can support children and families in their healthy growth and development by taking five of the determinants and addressing them more fully within the scope of early learning and child care settings.

In the second section, we examine the five common features of health promotion, which are: taking a holistic view of health; taking participatory approaches; building on strengths; using multiple, complementary approaches and addressing the determinants of health. Again, by showcasing programs in Ontario, we will illustrate how early learning and child care can (and does) incorporate these features into its programs.

All of the early learning and child care programs cited in this resource share the values of health promotion. The third section of this resource features select programs that reflect the shared values of empowerment, respect, inclusion, and social justice and equity.

In section four, we turn our attention to training. How can practitioners develop more fully their capacity to incorporate health promotion features and values in their programs and ensure they are addressing the determinants of health? There are many resources for training and we encourage you to seek them out. This section highlights five training programs. A 'Getting Started' checklist is also included. The checklist provides an at-a-glance tool to help you determine where you might start or where you might focus your efforts to strengthen your health promotion activities.

The practice of health promotion is one that many practitioners already engage in, however, some of the terminology used here may be new. The first time we use a word or phrase in the health promotion lexicon it will appear in the **bold text** and you will find a definition of it in the glossary, at the end of this resource. References for further reading conclude this resource.

Let's begin!

SECTION ONE: WHAT IS HEALTH?

In 1948, the **World Health Organization (WHO)** defined health as “a state of complete physical, mental, and social well-being and not merely the absence of disease and infirmity”². Today health promoters broaden this definition to include the notion that rather than a *state*, health is a dynamic *process* in which people achieve and maintain health; people fall ill and recover; and people’s health is in flux. People can and do influence their own health status.

We know that genetics plays a role in our health status, but there are also several other factors that play a role in how healthy we are and how healthy we stay throughout our life. These factors are known as the determinants of health. The **Public Health Agency of Canada** has identified twelve determinants of health. Later on in this section, we will briefly look at these determinants and examine more closely those, that as practitioners, we can positively influence in our work with young children and families. But let’s talk a bit more about health promotion. What is it? How does promotion differ from prevention?

In Canada, we talk a lot about health *care* and we tend to focus on treatment and cure much more than we do on prevention. Most people understand health to be an absence of illness and while slowly progressing, Canada still largely operates an illness care system rather than a health (promotion) system. Canada spends \$142 billion on health care; less than 5% of this investment, or \$7.8 billion is spent on health promotion³. Treatment and cure needs are important and require adequate



resources, but as practitioners, we know that prevention and health promotion is investing *upstream* and pays dividends in reduced costs *downstream*. The phrase “moving upstream”, popularized in the health promotion field, can be illustrated in the following vignette⁴:

Why is Jason in the hospital?
Because he has a bad infection in his leg.
But why does he have an infection?
Because he has a cut on his leg and it got infected.
But why does he have a cut on his leg?
Because he was playing in the junk yard next to his apartment building and there was some sharp, jagged steel there that he fell on.
But why was he playing in a junk yard?
Because his neighbourhood is kind of run down.
A lot of kids play there and there is no one to supervise them.
But why does he live in that neighbourhood?
Because his parents can't afford a nicer place to live.
But why can't his parents afford a nicer place to live?
Because his Dad is unemployed and his Mom is sick.
But why is his Dad unemployed?
Because he doesn't have much education and he can't find a job.
But why ...?"

What is Health Promotion?

In the world of child and family services, health is paramount. Practitioners are committed to ensuring the healthy growth and development of children and supporting parents in promoting and nurturing their child's healthy growth and development. Training of practitioners often includes many hours in discussion about the importance of hygiene, hand washing, sterilizing toys, and ensuring that children's immunizations are up to date. These are known as best practices that are founded on **evidence-based** research. In other words, we do these things because we know it's important. These are all important dimensions of a healthy environment for children and families. But there is so much more that practitioners do to support and promote health – and there is so much more that can be done. We're talking about health promotion.

In 1986, the first international conference on health promotion was held in Ottawa. At that conference, delegates developed a charter that outlined the rationale, expectations and actions that would support health promotion internationally. The **Ottawa Charter** defines health promotion as: “the process of enabling people

to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being”⁵.

What’s the difference between health promotion and prevention? Prevention is a concept that is increasingly being recognized, and includes activities to intervene in the course of a disease or injury. Immunizations and wearing bicycle helmets are examples of prevention. As another example, we advocate that women begin taking folic acid supplements long before they become pregnant because we know that doing so decreases significantly the chance that babies will be born with **neural tube defects**. Folic acid supplements are the tool of prevention, but our advocating the use of it through public education and awareness campaigns is one example of health promotion. It’s raising awareness of an issue – and providing the tools and resources – to address the issue.

There are three overall categories of activity within a health promotion framework:

- Education and awareness at the individual level and the community level
- Environmental supports to prompt and enable behaviour change
- Policy change within immediate settings or at any political level.



Early learning and child care practitioners who incorporate health promotion into their programs may be engaging in any and/or all of the above. One of the main reasons that your involvement with very young children and their families can be so influential has to do with the development of coping skills. The skills we need to interact effectively with others, to solve problems and to make informed choices that enhance health are acquired during early childhood. “Research tells us that people with a strong sense of their own effectiveness and ability to cope with circumstances in their lives are likely to be most successful in adopting and sustaining healthy behaviours and lifestyles”⁶.

Health is influenced by our lifestyle and our access to resources such as quality education, employment and housing as well as our social networks. These resources allow individuals to use their initiative individually and collectively to maintain and improve their own well-being. This is health promotion. However, many of these factors are not under individual control, resulting in the need for a range of strategies, including raising awareness, advocacy, social support and policy change. An important aspect of health promotion is having an understanding of – and taking action on the factors that influence health – the determinants of health.

The Determinants of Health, as defined by the Public Health Agency of Canada⁷

- **Income and social status**

There is strong and growing evidence that higher social and economic status is associated with better health. Health status improves at each step up the income and social hierarchy. High income determines living conditions such as safe housing and ability to buy sufficient good food. The healthiest populations are those in societies that are prosperous and have an equitable distribution of wealth. Why are higher income and social status associated with better health? If it were just a matter of the poorest and lowest status groups having poor health, the explanation could be things like poor living conditions. But the effect occurs all across the socio-economic spectrum. Considerable research indicates that the degree of control people have over life circumstances, especially stressful situations, and their discretion to act are the key influences. Higher income and social status generally results in more control and discretion. And the biological pathways for how this could happen are becoming better understood. A number of recent studies show that limited options and poor coping skills for dealing with stress increase vulnerability to a range of diseases through pathways that involve the immune and hormonal systems.

- **Social support networks**

Support from families, friends and communities is associated with better health. Such social support networks could be very important in helping people solve problems and deal with adversity, as well as in maintaining a sense of mastery and control over life circumstances. The caring and respect that occurs in social relationships, and the resulting sense of satisfaction and well-being, seem to act as a buffer against health problems.

- **Employment and working conditions**

Unemployment, underemployment, and stressful or unsafe work are associated with poorer health. People who have more control over their work circumstances and fewer stress-related demands of the job are healthier and often live longer than those in more stressful or riskier work and activities.

- **Education and literacy**

Health status improves with level of education. Education is closely tied to socioeconomic status, and effective education for children and lifelong learning for adults are key contributors to health and prosperity for individuals, and for the country. Education contributes to health and prosperity by equipping people with knowledge and skills for problem solving, and helps provide a sense of control and mastery over life circumstances. It increases opportunities for job and income security, and job satisfaction. And it improves people's ability to access and understand information to help keep them healthy.

- **Social environments**

The importance of social support also extends to the broader community. Civic vitality refers to the strength of social networks within a community, region, province or country. It is reflected in the institutions, organizations and informal giving practices that people create to share resources and build attachments with others. The array of values and norms of a society influence in varying ways the health and well-being of individuals and populations. In addition, social stability, recognition of diversity, safety, good working relationships, and cohesive communities provide a supportive society that reduces or avoids many potential risks to good health.

- **Physical environments**

The physical environment is an important determinant of health. At certain levels of exposure, contaminants in our air, water, food and soil can cause a variety of adverse health effects, including cancer, birth defects, respiratory illness and gastrointestinal ailments. In the built environment, factors related to housing, indoor air quality, and the design of communities and transportation systems can significantly influence our physical and psychological well-being.

- **Personal health practices and coping skills**

Personal health practices and coping skills refer to those actions by which individuals can prevent diseases and promote self-care, cope with challenges, and develop self-reliance, solve problems and make choices that enhance health. Definitions of lifestyle include not only individual choices, but also the influence of social, economic, and environmental factors on the decisions people make about their health. There is a growing recognition that personal life “choices” are greatly influenced by the socioeconomic environments in which people live, learn, work and play. These influences impact lifestyle choice through at least five areas: personal life skills, stress, culture, social relationships and belonging, and a sense of control. Interventions that support the creation of supportive environments will enhance the capacity of individuals to make healthy lifestyle choices in a world where many choices are possible.



- **Healthy child development**

New evidence on the effects of early experiences on brain development, school readiness and health in later life has sparked a growing consensus about early child development as a powerful determinant of health in its own right. At the same time, we have been learning more about how all of the other determinants of health affect the physical, social, mental, emotional and spiritual development of children and youth. For example, a young person’s development is greatly affected by his or her housing and neighbourhood, family income and level of parents’ education, access to nutritious foods and physical recreation, genetic makeup and access to dental and medical care.

- **Biology and genetic endowment**

The basic biology and organic make-up of the human body are a fundamental determinant of health. Genetic endowment provides an inherited predisposition to a wide range of individual responses that affect health status. Although socio-economic and environmental factors are important determinants of overall health, in some circumstances genetic endowment appears to predispose certain individuals to particular diseases or health problems. Aging is not synonymous with poor health. Active living and the provision of opportunities for lifelong learning may be particularly important for maintaining health and cognitive capacity in old age. And studies on education level and dementia suggest that exposure to education and lifelong learning may create reserve capacity in the brain that compensates for cognitive losses that occur with biological aging.

HOW CAN SERVICE PROVIDERS SUPPORT LOCAL EARLY LEARNING AND CHILD CARE PROGRAMS?

- *Offer programs and services outside of traditional hours, when working parents can more easily attend; have evening and weekend sessions and provide child care, light refreshments, transportation support and translators, etc. if possible.*
- *Visit local early learning and child care programs at the beginning and end of the day, when parents are more accessible.*
- *Invite early learning and child care staff to participate in joint professional development training sessions with your staff.*
- *Encourage health care providers and/or service agencies to participate in screening clinics and wellness events.*
- *Approach your local Child Care Supervisors' and Home Child Care Providers' Networks. Ask to attend a meeting to discuss ways you can support them in their work.*

- **Health services**

Health services, particularly those designed to maintain and promote health, to prevent disease, and to restore health and function contribute to population health. The health services continuum of care includes treatment and secondary prevention.

- **Gender**

Gender refers to the array of society-determined roles, personality traits, attitudes, behaviours, values, relative power and influence that society ascribes to the two sexes on a differential basis. “Gendered” norms influence the health system’s practices and priorities. Many health issues are a function of gender-based social status or roles.

- **Culture**

Some people or groups may face additional health risks due to a socio-economic environment, which is largely determined by dominant cultural values that contribute to the perpetuation of conditions such as marginalization, stigmatization, loss or devaluation of language and culture and lack of access to culturally appropriate health care and services.

THE BANGKOK CHARTER

In 2005, a new charter, recognizing the impact of globalization, was crafted in Bangkok, Thailand in a follow-up conference to the development of the Ottawa Charter. The Bangkok Charter identifies challenges, actions and commitments needed to address the determinants of health in a globalized world by reaching out to people, groups and organizations that are critical to the achievement of health. http://www.who.int/healthpromotion/conferences/6gchp/bangkok_charter/en/

Addressing the Determinants of Health in Early Learning and Child Care

How do the determinants of health relate to the daily work in the field of child and family services? In this section, we take five of the 12 determinants listed above and more fully explore them and place them within the scope of early learning and child care settings. These five determinants are:

1. Healthy child development
2. Education and literacy
3. Income and social status
4. Social support networks
5. Culture.

Although all 12 determinants are linked, these five determinants have a significant impact on a family's capacity to promote and support their child's healthy growth and development. For each of these five determinants, we will showcase a program in Ontario that addresses the determinant.

1. Healthy Child Development

Healthy child development could very well be the key determinant of long-term health. A healthy start in life has a great impact on the well-being of children from infancy through adulthood. A child's experiences during early childhood become embedded in his individual biology. Early development sets in place key conditions for lifelong growth and development. Childhood is the most vulnerable period of human development, and by far the most influential. When children's experiences support healthy development, they will more likely be able to fulfill their potential as adults⁸.

Neuroscience is helping us understand how social determinants affect the body through biological pathways. We now know that, although the brain has all its neurons at birth, it is far from fully developed. "**Wiring**", or setting learning pathways, essentially takes place during the first few years of life. The neuron connections are strengthened as a result of care and nurturing, and these depend on the quality of relationships with adults in the early years. These patterns of experience-based brain development have dramatic effects on lifelong health.

At the 2005 Annual General Meeting of the Ontario Public Health Association (OPHA), the OPHA Child and Youth Health Ad Hoc Task Group called on the Ontario government to take an integrated approach across ministries to effect positive impact on the health of Ontario's children⁹. In recognizing the interconnectedness of all the determinants, 'healthy child development is a priority area for action'.

The Early Childhood Development Department at George Brown College in Toronto operates several early learning and child care centres as lab schools for their Early Childhood Education students. The College is currently implementing a combination of several unique elements, which illustrate how healthy child development is addressed as an important determinant of health.

George Brown College

George Brown College is committed to implementing two unique programs across their lab schools: a training program for practitioners (and students) and a support or resource program for parents. Combined, these two programs inform the daily practice at the lab schools and reflect the George Brown College philosophy that explicitly recognizes and honours parents as partners in the care and education of their children, reflecting a holistic approach to healthy child development. The Reaching In...Reaching Out Project (RIRO) takes new knowledge about **resiliency** promotion and adapts and evaluates the Penn Resilience Program (PRP) school-age model for use with children six years of age and under. Practitioners learn how to assist children in learning to ‘reach in’ to develop the skills to think more flexibly and accurately and to ‘reach out’ to develop the capacity and responsiveness to take on new opportunities. The Incredible Years Parenting Program is designed for parents with children under the age of 12. The Incredible Years Parenting Program takes a strengths-based approach, with goals to strengthen connections between home and community and to increase parents’ effectiveness and promote competent, well-adjusted children.

“The (Reaching In...Reaching Out) resiliency training has been enlightening for me and has enabled me to increase my ability for self-reflection and adjust my thinking to be more realistic. By modeling resilient thinking styles and responses to stressful situations, the child sees alternative ways to cope. (I talk through my thinking: ‘I just dropped the milk; accidents happen; I’ll get a cloth to clean it up.’) The training helped raise the salience of problem-solving in developing self-regulation.”

*– Laura deVries, ECE, George Brown College,
Casa Loma Child Care Centre.*

How does George Brown College address healthy child development as a key determinant of health?

RIRO recognizes that practitioners bring with them skills and strengths and works with these existing skills and strengths to increase their capacity to support and promote healthy child growth and development in a number of areas, but especially in the social/emotional arena. The training assists practitioners to become more aware of their own beliefs about adversity and opportunity and how they think about these things, and therefore, how they communicate these beliefs to the children and families they work with. Practitioners employ evidence-based techniques that have been demonstrated to increase flexibility and accuracy in thinking, aiding greater effectiveness in analyzing and solving problems, and maintaining a sense of realistic optimism when faced with obstacles/adversity.

As discussed above, although the brain's basic architecture is present at birth, it is far from fully developed. Building the neural pathways is most active during the first few years of life and continues into adolescence. The neuron connections that are made and strengthened depend on the quality of relationships with adults in the early years. Through RIRO, since practitioners develop and practice resiliency thinking skills that help them cope more effectively with adversity, their approach to problem solving will be positive and healthy. The Incredible Years helps parents develop greater awareness and skills in the use of play, reinforcement, guidance and logical consequences. Positive strategies for dealing with problems get communicated to the child, not only verbally, but also by experiences the child has with her parents and practitioners. Early experiences shape brain development and these patterns of experience-based brain development have dramatic effects on lifelong health. Both RIRO and the Incredible Years address early child development as a key determinant of health by building a strong, healthy foundation. (For more information on RIRO, see the Training and Resources section, page 42).

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2. Education and Literacy

As practitioners, you can likely relate to several of the determinants of health listed above, including the fact that the more educated a person is, the more likely they are to be healthy. While we care for young children and families, we also play a tremendous role in their education. Children's introduction to the world of learning is, in partnership with their parents, very often through their first experiences in group-based early learning and child care settings. Children learn through play, and we are great promoters of play! As already mentioned, **brain research** tells us that the early years set the foundation for lifelong learning, behaviour and health and that **play-based, problem-solving** is an optimal approach to early learning. One of our most important tasks is in supporting and promoting early and emerging literacy in young children, and letters, numbers, alphabet songs and picture books are staples in preschool settings, among others.

Likewise, as practitioners, we are also a resource to families and very often provide direct and indirect parent education. For example, we know that lower educational status of parents has been associated with lower dietary quality, including higher fat and lower **micronutrient** intakes in children. Parents' nutritional knowledge may affect nutritional quality of food purchased, and therefore its availability, as well as the size of portions served to their child¹⁰. Early learning and child care programs may hold events with guest speakers, such as the local public health nurse or dietitian or may offer a book lending library with parenting titles. Let's see how the Paramount Family Centre addresses this determinant.



Paramount Family Centre

The Paramount Family Centre is a stand-alone, non-profit, child care centre licensed for 77 children from toddlers to 12 year olds. It is governed by a board of directors comprised of members of the church that the program is affiliated with and parents who have children in the program. Paramount is accredited with the Raising the Bar on Quality program.

Raising the Bar on Quality (RTB) is a voluntary accreditation process, spearheaded by the Hamilton Supervisors' Network to build on the existing strengths of the Hamilton child care system to sustain healthy child care environments. RTB assesses and scores programs in three areas: quality assurance, best practices, and practitioner professionalism. Paramount has consistently received excellent ratings by the peer review committee since 2001 when it was first accredited with RTB.

How does the Paramount Family Centre address education and literacy as determinants of health?

Child care is early education. Children learn in child care. Early learning and child care programs also participate actively in parent education. Paramount has, since 2001, consistently demonstrated its commitment to quality early childhood and parenting education, which inevitably includes literacy. In addition, a critical piece of RTB is professional education, elevating education and literacy among the practitioners who engage with children and parents. An important element in Paramount's success in reaching parents is simply by being available when working parents are available. Scheduling events in after-work hours facilitates parent involvement.

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3. Social Support Networks

Along with educating parents, practitioners engage in family support and believe in the value of social support networks. Healthy social environments and strong support networks promote the emotional and physical well-being of children. Many early learning and child care programs pro-actively establish networks among the parents in their programs, encouraging mutual support and connecting parents with services and supports. An example of social support networks is illustrated in the Breastfeeding Peer Support Program of North Bay and District.



Breastfeeding Peer Support Program of North Bay and District

The health benefits of breastfeeding and recommendation by the World Health Organization to breastfeed for at least two years spurred the Breastfeeding Coalition of North Bay and Area to develop a program to support and promote breastfeeding in its catchment area. A committee, formed to initiate the program, consulted with numerous agencies that provide breastfeeding support in the community, including: CAPC, Family Enrichment, prenatal classes, MotherCare, Early Years Centres and a number of Aboriginal and Métis organizations. A needs survey was conducted with breastfeeding mothers from a number of local programs, and an environmental scan of existing breastfeeding peer support programs was completed. Through the surveys, the scan, and a literature review, the committee recognized that social support is critical in getting women to breastfeed and in continuing to breastfeed. By seeking input from a range of programs as well as breastfeeding mothers, the committee developed a program that understands the needs of breastfeeding women and the kinds of supports that assist women in breastfeeding. The committee operates the program and includes representation from: Ontario Early Years Centre-Nipissing, North Bay Parry Sound District Health Unit, Indian Friendship Centre, Lawrence Commanda Health Centre and the Breastfeeding Coalition of North Bay and Area.

How does the Breastfeeding Peer Support Program of North Bay and District reflect social support networks as a determinant of health?

While we know that breastfeeding is the best source of food for babies, some women need support in learning how to breastfeed and to sustain breastfeeding for optimal benefits. The Program serves a broad geographic area, covering 31 municipalities. Recognizing the remoteness of the area and the difficulty in personally attending programs, the Breastfeeding Peer Support Program is conducted completely by telephone. Volunteers are paired with breastfeeding mothers, many of whom go on to become breastfeeding peer support volunteers themselves. Telephone support reaches across geographic barriers.

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“My successful experience in breastfeeding my two daughters sparked my interest in helping other women have a good experience. Although I had family support, none of the women in my family had breastfed, and neither had any of my friends. I would have liked an outlet for talking about specifics of the experience with peers, and that is why I originally joined ...I was one of the first Peer Support Volunteers to be set up with a breastfeeding mom, and I felt a connection right away on the phone”.

– Kristen Cullin, Breastfeeding Peer Support Program of North Bay & District.

4. Income and Social Status

Income and social status are well recognized as key factors in determining an individual and family level of health. The more money an individual or family has, the greater the opportunities to get a good education; purchase adequate food, clothing and housing; buy recreational equipment and take vacations; and generally make the choices necessary to participate in opportunities that promote healthy child development¹¹. As one example, when income is restricted, people often select foods that are higher in sugar and fat because they are among the least expensive foods¹². When parents require more than social supports, such as parents with low-incomes, a resourceful practitioner recognizes and seeks out means to assist these parents. Along with discretely sharing information on local food banks, clothing exchanges and training and skills development opportunities, some practitioners actively advocate for universally accessible child care so that parents can engage in work, training and other opportunities. The Orléans-Cumberland Community Resource Centre/Centre de ressources communautaires Orléans-Cumberland provides another avenue for addressing this important determinant of health.

Orléans-Cumberland Community Resource Centre / Centre de ressources communautaires Orléans-Cumberland

The mission statement of this Resource Centre reflects its commitment to social support: “The Centre de ressources Orléans-Cumberland is a bilingual, non-profit community-based organization, open to and accepting of all members of the community. We are committed to providing leadership in response to changing individual and community needs through our services and by working for social change”. The Centre offers a wide range of programs and services for all community members, regardless of income. The Centre’s family and child programs include: a pre and postnatal support program for young francophone parents aged 14 to 25 and their children aged 0 to 6; the Ontario Early Years Centre Ottawa-Orléans; and partnerships with the First Words Program and the Healthy Babies, Healthy Children Program.

How does the Orléans-Cumberland Community Resource Centre / Centre de ressources Orléans-Cumberland address income and social status as a determinant of health?

An organization for young mothers in the Ottawa area conducted a study of services for Francophone women and found that the community was less responsive to the distinct needs of this group, which included parenting education for young francophone parents. The Centre was selected as the lead organization in providing responsive programs for young, pregnant and/or parenting francophone teens (and found that the needs of newcomers was similar and has responded to this group as well). The belief is that being responsive to a young mother’s needs will make it more likely that she will be responsive to her child. The programs offer peer support as well as

counselling, information and referral to other services, parenting courses and workshops. The Learning, Earning, and Parenting Program (LEAP) recognizes the Centre as an important partner. Young francophone parents receive credits for participating in activities and workshops offered by the Centre, enhancing their future employment opportunities and income earning potential.

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5. Culture

Because families are so diverse in Ontario, practitioners also recognize the importance of culture in people's health. Culture is a shared identity based on such factors as common language, shared values and attitudes, and similarities in ideology. As noted by the Public Health Agency of Canada¹³, some people face additional health risks due to marginalization, stigmatization and lack of access to culturally appropriate services. Culture specific practices can also have an impact on the overall health of a population. Ontario is among the top three destinations of immigrants to Canada and anti-bias approaches are well established in practitioner training. Everything from respecting religious dietary restrictions to toilet learning preferences, the skilled practitioner respects and accommodates, as much as possible, the cultural preferences of a family. The Nipissing First Nations Cradle to Learning Program illustrates how culture is included and welcomed in their program.

Nipissing First Nations Cradle to Learning Program

The Nipissing First Nations Cradle to Learning Program provides a clear example of addressing culture as a health determinant because culture – maintaining and strengthening culture – is key to the program. The Nipissing First Nations Cradle to Learning program offers a range of on-reserve programs, including but not limited to:

- Parenting Workshops
- Home Visits
- Infant Massage
- Baby Bonding
- Family Drop-In
- Gokmis Storytime
- School Readiness Program
- Drumming and Singing
- Children's Ojibway Language Program

How does the Nipissing First Nations Cradle to Learning Program address culture as a determinant of health?

The Cradle to Learning program offers several programs that highlight how traditions of the Nipissing First Nations are honoured and reflected. The Community Kitchen program brings together staff, parents and a nutritionist who all plan and cook meals and make enough for people to take home. Meals are often traditional (such as moose or bear), acknowledging the cultural component that food plays in the life of a family. The Gokmis (Grandmother) Storytime program brings literacy to life with stories from the elder grandmother who visits the centre (and brings other volunteers from a local high school, often in costume) and tells stories to the children, which brings the stories alive. An Ojibway Language Resource Worker is developing early learning language tools for the children.

“Culturally appropriate” is one prong of the *developmentally appropriate* practices tenet ECEs subscribe to. Cultural competence of ECEs involves outreach into the community and including the wider extended family of the children in the program. It also addresses language. When promoting language development in children whose first language is neither English nor French, research shows that children will develop their English and/or French literacy skills better if they are also encouraged to simultaneously develop their first language.

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SECTION TWO: THE FEATURES OF HEALTH PROMOTION

In the last section, we looked at the determinants of health and examined, in more detail, five of the determinants in which practitioners can have real impact. We highlighted how some programs in Ontario are addressing these five determinants of health in their work with children and families and are incorporating health promotion into their practice. Health promotion recognizes all 12 determinants of health, and because health is interwoven with so many aspects of our daily lives, it won't surprise you to learn that effective health promotion involves multiple approaches and collaboration among several players (for example, the Government of Ontario's Best Start Plan is moving early learning and child care programs into schools, strengthening ties between early childhood practitioners and the elementary school community, while recognizing and supporting the notion that high quality child care *is* early learning). Let's examine the features of health promotion more closely.

The common features in health promotion are:

1. Taking a Holistic View of Health
2. Taking Participatory Approaches
3. Building on Strengths
4. Addressing the Determinants of Health
5. Using Multiple, Complementary Approaches.

These five features are clearly linked and there is obvious overlap among them. Let's see how some early learning and child care programs in Ontario are incorporating these features into their work with children and families.

1. Taking a Holistic View of Health

Practitioners often use the phrase “the whole child”, meaning that all of a child’s unique facets must be addressed, nurtured and supported in her growth and development. Skilled practitioners recognize that all of the domains of development are interconnected (physical, social/emotional, cognitive/language, spiritual) and that programs must respond in kind. For example, literacy is incorporated into physical activities; social/emotional nurturing is part of mealtime. In addition, the practitioner recognizes that the child is part of a family and the family is part of a community. Merrymount Children’s Centre demonstrates taking a holistic view of health through its Teen Mobile Unit summer program.

Merrymount Children’s Centre

Merrymount Children’s Centre is committed to providing support and crisis care for children and families. Merrymount delivers responsive and innovative programs to assist and strengthen children and their families in times of transition. Among the programs and services that Merrymount offers are:

- Family Support and Crisis Care
- Ontario Early Years Centre
- Overnight Care
- Supervised Access
- Family Resources

“I’ve learned so much about what children need – security, communication, patience. Now my motto when they want to do something is ‘let them try’.”

– Jason Cockaday, teen father, commenting on his new approach to parenting, based on his involvement with Merrymount Children’s Centre.

How does Merrymount Children’s Centre take a holistic view of health in its program?

Merrymount offers a variety of supportive parenting programs designed to educate, promote awareness, and develop personal as well as parenting skills. Merrymount strives to support healthy family interactions and therefore works to meet the needs of both the children and the parents. Recognizing that the child and the parent do not live in a vacuum, provision of a full spectrum of services is important. Merrymount provides support, information, referral and skills development, reflecting a holistic view of community health and cohesion. While Merrymount is open to all community members, a number of programs are dedicated to teen parents.

The Merrymount Teen Mobile Unit takes a holistic view of health in its recognition that families require a range of services and supports that respond to their changing needs. The Teen Mobile Unit works to provide linkages for teen parents over the summer months in the London area. Operating eight weeks during the summer, the staff are a visible resource that provides information on summer safety and nutrition through collective kitchen programs, as well as responding to specific interests, such as literacy activities. The rationale for the mobile unit is that by bringing the resources to the parents, it provides access to ongoing support and services. It ensures that young families remain connected over the summer months, increasing the likelihood that the teens will return to school in the fall and continue their education (another determinant of health).

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2. Taking Participatory Approaches

Taking participatory approaches means doing things *with* people rather than *for* them. It recognizes the value of everyone's contribution and the benefits of actively seeking other people's involvement. This applies to participation by parents, extended family members and the children themselves. Any early learning and child care program that wishes to incorporate health promotion in their program must actively court, support and nurture participation of people in the program. The Leeds, Grenville and Lanark District Health Unit, through its summer injury prevention program, illustrates how it takes a participatory approach.

Leeds, Grenville and Lanark District Health Unit

The Leeds, Grenville and Lanark District Health Unit represents the United Counties of Leeds and Grenville, the City of Brockville, the County of Lanark, and the Towns of Smiths Falls, Gananoque and Prescott. A District Health Unit (DHU) plays many roles. It establishes and maintains linkages with other health, environmental and social service agencies, on a district, regional and provincial basis and determines priorities for public health programs. Services and programs are either mandated by the provincial government or developed in response to local needs.

"I was very impressed, there was lots of information, it was very interactive. The more times children hear repeated messages, the better; anything with puppets the children respond to, they pay attention".

– Trish Byrne, Supervisor, Willow Tree Daycare, Lansdowne; after the Leeds, Grenville and Lanark DHU presented their injury prevention program at the daycare.

How does the Leeds, Grenville and Lanark DHU demonstrate taking a participatory approach?

The Leeds, Grenville and Lanark District Health Unit offers a range of programs and services related to healthy child development, including but not limited to Healthy Babies/Healthy Children, information and resources for parents on prenatal development, healthy pregnancy, oral health, physical activity, nutrition, and social/emotional development to name a few. The Leeds, Grenville and Lanark District Health Unit delivers a unique injury prevention program in the summer months for preschool and school-age children.

This program was adapted with permission from the Haldimand-Norfolk Health Unit. Post-secondary students deliver the program in two teams of two, throughout the tri-county area in eastern Ontario. The students visit child care programs, day camps, Early Years Centres, playgroups, festivals and fairs and present a puppet show about injury prevention that was created and produced by the students, entitled “A Day at the Beach”. Depending on the venue and the age of the children, the play is followed with several activities and games that reinforce the key messages in the play. Children participate in the interactive play, take home materials, and introduce the concepts to their family. The children receive the information, positioning them as the lead role in reinforcing the messages with their families. The program supports public participation within the community as it encourages participant involvement and is offered at a variety of public events. The students create and produce the script, props, puppet theatre, music and activities themselves. It broadens the geographic reach to the target population, supports the early learning and child care sector, and provides a welcome enhancement to core staff during a time of competing demands, funding and staffing restrictions.

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3. Building on Strengths

A program model that builds on strengths and assets runs contrary to a model that addresses deficits. For example, a parenting program that addresses problems in parenting may appear and feel judgemental and stigmatizing to participants, whereas a program model that acknowledges that all parents at some time require support will portray a different perception, and a more positive response and experience. Building on strengths encourages programs to take a participatory approach and incorporates participants' experiences and skills to make the program more responsive to their needs. Breaking the Cycle in Toronto illustrates how it builds on the strengths of the people involved in the program.

Breaking the Cycle

Breaking the Cycle (BTC) is an integrated, cross-sectoral, family-centred program designed to reduce risk and enhance the development of substance-exposed children by addressing maternal addiction problems and the mother-child relationship. BTC offers a range of services and supports in several categories, including but not limited to:

- Addiction Services
- Parenting Programs
- Pregnancy Outreach Program
- Licensed Child Care
- Developmental Clinic
- Early Intervention Services
- FASD Assessment and Diagnostic Clinic
- Basic Needs Support

How does Breaking the Cycle build on strengths of its participants?

BTC is a responsive program that actively gathers input from women with past and present experiences *with* substance use. BTC works with the women by listening to their goals and experiences in a non-judgemental, non-stigmatizing way. BTC recognizes the systemic barriers to women and children living in high-risk circumstances and provides a safe space for the sharing of experiences, feelings, hopes and beliefs about what is most helpful to them in achieving more optimal health for themselves and for their children. BTC begins with the assumption that all mothers have strengths from which to build and enters into a partnership with each woman to develop, implement, access and evaluate her own Family Services Plan. BTC is a unique program in using a holistic, gender-responsive approach to address social reintegration. The focus is on the mother-infant relationship. For Director Margaret Leslie “the real client is the relationship”.

BTC builds on the strength of its program by evaluating how well the program is working through evaluations, focus groups, and client satisfaction surveys. BTC sprang from a partnership model that drew on the strengths of all key players. In 1992, a conference by the Infant Mental Health Promotion Project (IMP) and the Metro Toronto Addiction Treatment Services Committee saw the need for a program that would address the known and suspected biological risks associated with alcohol and other substance use during pregnancy within the context of other high risk factors, such as unstable housing, poverty and violence. Available services were fragmented and a single access and integrated system was needed. Today BTC is operated by Mothercraft, the Jean Tweed Treatment Centre, the Children's Aid Society of Toronto, the Catholic Children's Aid Society of Toronto, Motherisk, Hospital for Sick Children, the City of Toronto Department of Public Health and St. Joseph's Health Centre.

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FUNDRAISING

Many early learning and child care programs participate in fundraising efforts, which often includes the selling of chocolate, candy and cookie dough. Practitioners might consider the messages they are sending and choose healthy fundraising initiatives that include physical activity, nutritious food or the selling of fair-trade products, which benefit the agency as well as community, national, or international causes. Small efforts by key players in early learning and child care settings can amount to great successes in promoting health!

4. Addressing the Determinants of Health

As outlined in detail in the first section, the determinants of health are known. As health promoters, it is important that we address all 12 determinants in the planning and evaluation of our programs and in ensuring that the five features of health promotion that are particularly important in our work are front and centre in everything we do. Such efforts can be seen in the Pinecrest-Queensway Community Health Centre.

Pinecrest-Queensway Health and Community Services

Pinecrest-Queensway Health and Community Services is a community based, multi-service centre working in partnership with individuals, families and communities to achieve their full potential, paying particular attention to those who are most vulnerable and at-risk and offering services in both official languages in designated programs. The agency offers a range of Early Years and other child and family programs, including but not limited to:

- Baby Cupboard, emergency baby supplies such as diapers, baby food and formula
- Bully Prevention for children aged 6-12
- Circle of Support Parenting support program for Arabic and Somali speaking families
- Emergency Family Shelter and Respite Care
- First Words Preschool Speech and Language Program of Ottawa
- First Words Infant Hearing Program
- Head Start Nursery School, half-day preschool program
- Leaping Lizards, a health promotion and early intervention physical activity and recreation program for children ages 4 to 6
- Parent Education Workshops
- Prenatal Nutrition Program
- Toy Lending Libraries
- Well-Baby Clinic/Breastfeeding Support Drop-In
- Breastfeeding Support (prenatal and postnatal)
- Ontario Early Years Centre:
 - GLBTTQ (Gay, Lesbian, Bisexual, Trans, Two-Spirited, Questioning) Drop-In for Parents with their Children
 - Infant/Non-Walkers Drop-In
 - Reach Out and Read (ROAR), a literacy-based drop-in program for parents and their children, from birth to age six. Volunteers read to children and help families enjoy storybooks

How does Pinecrest-Queensway Health and Community Services address the determinants of health in its programs?

Simply by viewing the list of programs, services and supports offered by this community health centre, we recognize that Pinecrest-Queensway strives to address the determinants of health. The agency believes that the work they do must reflect a commitment to “promoting a broad and holistic understanding of individual, family, community and environmental health”. Pinecrest-Queensway has a strong health promotion philosophy. All staff members have health promotion built into their job descriptions and agency-wide training ensures that staff continuously recognize and move forward in promoting health in all of their programs and services. In addition, Pinecrest-Queensway has developed and maintained strong relationships with community physicians.

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“I like that my daughter has play outside, has stories and makes crafts. She likes it too”.

“My son also likes Leaping Lizards. It’s the first time he goes to school. At first it was very hard. He couldn’t play alone or stay without me. But now I don’t need to stay with him. Before it was very hard for me, but now I don’t need to worry”.

– Parents of children attending Pinecrest-Queensway Health and Community Services’ Leaping Lizards program.

WORKING WITH PARENTS

Practitioners know that one of their key roles is working in partnership with parents. Parents are a child's first and most important teacher and practitioners honour this role by respecting and supporting it in many ways. With regard to health promotion, working in partnership with parents can include:

- Sharing information on evidence-based, best practices in health and health promotion. Several websites have been developed specifically for parents, such as Invest in Kids <http://www.investinkids.ca>; the Government of Ontario's Children's Information Portal <http://www.childreninfo.ca>; and the Canadian Health Network <http://www.canadian-health-network.ca>.
- Referring parents to sources of information that are suitable and practical. Parents whose first language is neither English nor French may make better use of information if it's in their first language. Seek out such resources. For example, Toronto Preschool Speech and Language Services, administered through Toronto Public Health, provides written information in 18 languages on children's speech and language and in 13 languages on infant hearing. This information can be accessed online at <http://www.tpsls.on.ca>. The Ontario Early Years Centre main site at <http://www.ontarioearlyyears.ca> provides information on children's developmental milestones in 22 languages.
- Planning events outside traditional working and school hours. Evening and weekend events may attract larger numbers, especially if you provide child care and refreshments and other resources that support active participation.

5. Using Multiple, Complementary Approaches

Health promotion means using multiple, complementary approaches to achieve goals and objectives. It means incorporating several or all of the features of health promotion as identified in this resource and being open to additional ideas on which to build success. Multiple, complementary approaches are illustrated in the Toronto First Duty project.

Toronto First Duty

Toronto First Duty (TFD) integrates early education, family support and child care activities in five Toronto neighbourhoods. The TFD sites are housed in local public schools and are supported by a lead agency. The four-year project (2002 - 2006) has supported each site to:

- Create a high quality learning environment that combines learning expectations, activities and routines from existing kindergarten, early childhood education/child care and parenting programs;
- Develop an early childhood staff team that works together to deliver and achieve program goals;
- Form a local governance structure to determine the allocation of resources, service planning and monitoring, and program policies;
- Provide seamless access to an expanded and comprehensive early learning and care program providing a continuum of supports and services to all families and children;
- Increase parent participation in their children's early learning and development through direct involvement in programs, planning and decision-making.

How does Toronto First Duty Use Multiple, Complementary Approaches?

As one of five Toronto First Duty (TFD) sites, Queen Victoria Partners for Early Learning at Queen Victoria Public School is sponsored by lead agency, the Child Development Institute. The site offers a Healthy Child Screening program for its families. Families have their child 'screened' for: physical development, speech and language, hearing, vision, dental care, nutrition, social/emotional issues and any safety concerns. Families and their children have access to eight different health professionals during a single event and new Canadians are often accompanied with interpreters. What makes the program unique is the intense follow-up phase that supports families with recommended referrals.

One-stop access to health services is especially supportive of new Canadians and isolated families who may have difficulty locating services to which they might be entitled. The principle of coordination and collaboration is fundamental. The opportunity to bring in the range of health care providers and share much needed information with parents is critical. When TFD ends in June 2006, the Healthy Child Screenings will be coordinated at Queen Victoria Public School and other area schools by Early Years 2, a partnership program of three Toronto west community health centres.

TFD supports parents' need for child care whether they are at home and require respite time or are earning, or preparing to earn, a living. They respect the primary role of parents and other family members and promote learning opportunities at home. Parent programs use adult education principles based on respect for the parent, sensitivity to cultural context and awareness of different learning styles.

Research and evaluation is an integral aspect of the program, with a research team involving faculty from: the Ontario Institute for Studies in Education and the Institute of Child Study at the University of Toronto; and Ryerson University. (For more information on TFD see the Training and Resources Section, page 43.)



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SECTION THREE: THE VALUES OF HEALTH PROMOTION

All of the program examples in the sections above address the determinants of health and/or incorporate the features of health promotion. What they also have in common is that all of the programs reflect the values of health promotion. These values are generally considered to be:

1. Empowerment
2. Respect
3. Inclusion
4. Social Justice and Equity

Reflecting the Values of Health Promotion

Here are just a few ways that the values of health promotion are reflected in some of Ontario's early learning and child care programs.



1. Empowerment

Empowerment is one of the cornerstone values of health promotion because health promotion is about people taking action on their own behalf (and on behalf of their children) to achieve and maintain good health. To do this, people must feel empowered; they must feel that they have choices to make and access to those choices, whether it's to participate in a community swimming class, enroll their child in a breakfast program or visit a family doctor when they need to.

Ontario Early Years Centre, Sarnia – Lambton; and Sarnia Family Counselling Centre

Like all Ontario Early Years Centres (OEYCs), Lambton College's OEYC provides a number of core services and programs for parents and children from birth to age six including:

- Early learning and literacy programs for parents and their children;
- Parenting programs that support parents and caregivers of young children in all aspects of early child development; and
- Information and training for new parents about pregnancy and parenting

How does the OEYC at Lambton College reflect the value of empowerment in its program?

Three of the programs offered at the Sarnia-Lambton OEYC are operated in partnership with the Family Counselling Centre in Sarnia – Infant Massage, Baby Families and Schools Together (BabyF&ST), and Dad's Connect. BabyF&ST and Dad's Connect reflect the value of empowerment.

BabyF&ST is an adaptation of the original Families and Schools Together program founded by Dr. Lynn MacDonald. BabyF&ST is a multi-generational family group program designed to bring families together to create circles of support and decrease stress and isolation. The program empowers parents by helping them see the sources of strength within themselves and within their families and illustrates that they can be a great resource to each other.

The Dad's Connect program supports, promotes and facilitates increased father involvement in the early years, by identifying the importance of the father's role and providing ideas of activities and strategies for dads to be involved with their children. This empowers fathers to take and maintain an active role in parenting and to become and stay involved in their child's care program.

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THE DAY NURSERIES ACT

The Day Nurseries Act (DNA) is the legislation that governs child care in Ontario. The DNA makes no explicit reference to health promotion, and while several of the articles and regulations of the DNA refer to the health of young children, early learning and child care programs can strengthen their health promotion efforts, building on the minimal foundation provided by the legislation.

One example of an early learning and child care program that explicitly incorporates health promotion through its programs is the YMCA Northumberland Ontario Early Years Centre, a charitable agency led by volunteers and staff, dedicated to serving others and promoting the growth of all people in spirit, mind and body. The YMCA Northumberland operates six sites and offers a variety of physical activity programs including: Come Dance with Me; Let's Get Physical; Splish Splash; Music and Movement and a Baby and Me Yoga program.

The YMCA Northumberland also operates six early learning and child care centres for children aged two to 12. The sites offer full day, half-day, nursery school and school-age programs. A primary goal of the YMCA Northumberland early learning and child care centres is promoting children's health through physical activity and healthy eating. All sites offer a weekly swim program. In addition to outdoor daily play all year round (a requirement of the DNA), children participate in a weekly field trip in the summer.

Nutrition is an important aspect of health and health promotion, and early learning and child care programs are required to follow Canada's Food Guide and provide nutritious meals and snacks to the children in their care. This is a requirement under the DNA, but programs can take this opportunity to further provide information, tips and supports to parents with regard to the nutritional needs of young children. Workshops, handouts, informal discussion between staff and children, and the promotion of mutual support between parents can all assist in getting important nutritional information to parents.

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2. Respect

Respect in health promotion means valuing diversity, being open to and considerate of many different viewpoints, cultures and perspectives on health, wellness and parenting. Being respectful is really an attitude; an approach or strategy you practice in your daily work. Respect means supporting growth and challenge with dignity, while acknowledging one's own biases.

Norfolk Community Help Centre

The fundamental belief of the Low German Mennonite community from Mexico is that God directs health and there is little that families can – or should do – to promote their own health. This makes it challenging for them to view outside services as necessary to support the well-being of their families. The Family Education and Support Program believes that health, including healthy child development, is everyone's business – and that families from this culture deserve access to the same information and services as all other social groups.

Barriers stemming from migration, transience, language, poverty, cultural norms (including patriarchy) and distrust for mainstream education, meant the need for a one-point access to service was essential for this community in south-western Ontario. Program staff recognized that they needed to build relationships and gain trust of the new immigrant families by providing services that were vital to the entire family. This was accomplished through providing employment, settlement and translation services, and immunization and dental screening clinics. The Low German Family Education and Support program offers:

- Moms and Tots Program, providing one point access for many health and child development resources. Transportation, meals and snacks are provided to reduce attendance barriers
- English as a second language, literacy, and computer training
- Health Clinic; services of a nurse practitioner and annual health fair
- Nutrition education and parenting courses
- Preschool Program

How does the Norfolk Community Help Centre reflect the value of respect in its program?

The program is built on the principle that empowerment of the mother, the primary caregiver in the family, will have direct influence on the future generation's attitudes and actions, and hopefully will reduce their children's likelihood of becoming at-risk adults. With great cultural sensitivity, this Community Action Program for Children (CAPC) provides a support network for otherwise isolated Low German speaking mothers and their children. In partnership with a variety of other health and social services, information and programs are delivered in a non-intimidating, participant-friendly language and format with respect for Mennonite traditions. Although it is essential for some programs that staff speak Low German, English speaking staff are also hired for most programs to build community relationships.

The fundamental beliefs and values of the participants are not challenged; rather the women are supported to learn what they want to learn with a focus on their strengths. As a result they learn how to better advocate for themselves and for their children. Eventually, the participants perceive themselves to be contributors in the program, not "receivers" of service. Respecting the beliefs and traditions of the Low German community is key to the success of this program.

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"I like taking my children with me to a safe place. I like being in class next to where my children are playing. I like how the staff plays with the children. I like the food. I don't have to make it or clean up. I get to make friends. Our teacher makes us feel good. I didn't realize that I am special but she helps me know that".

– Program participant, Norfolk Community Help Centre

3. Inclusion

Inclusion means everyone belongs. Inclusion means that everyone has equal access to the resources needed to maintain good health and has a voice in the decisions affecting their health. Inclusion identifies barriers and seeks to minimize or overcome these barriers. Inclusion is key to participation. Without feeling like we belong, how can we ask questions, let alone raise difficult or sensitive issues?

VON Peel Branch

VON (Victorian Order of Nurses) Peel is a non-profit organization that provides community health care programs and services through the specialized care and support of Registered Nurses, Registered Practical Nurses, Personal Support Workers, and volunteers who live and work in the community. Services include: palliative care, paediatric care, diabetic counselling, therapeutic touch, and immunization clinics. Private visiting, shift nursing, respite care and companion service, are available 24-hours-a-day, seven-days-a-week in an individuals' home, school or workplace.

How does the VON Peel Branch program reflect the value of inclusion in its program?

VON Peel recognized that parents with newborns are often overwhelmed. Parents of single and multiple birth newborns up to 6 months of age, who have minimal or no family/friend support and immigrant families new to the country have an even greater need for support. The Good Beginnings Parent and Infant Support Program is a unique home visiting program, established to support these families. A volunteer visits the family three hours per week for a three month period and provides hands-on assistance with general infant care; everything from bathing or playing with the baby to providing brief respite care so that the mother can take a nap, a shower or just have time to herself. The program supports the notion of inclusion to new mothers and families because it recognizes that all parents require supports and that all parents are entitled to and welcome to community supports and services. The program strengthens families and enhances the probability of positive parent-child bonding by providing information and practical help to overwhelmed families in the early months after the birth of a baby.

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4. Social Justice and Equity

Of course, all of these values connect to social justice and equity. Everyone has a right to health and health care, including prevention and promotion. Early learning and child care programs have a rich history of advocating for social justice and equity. Health promotion, as an aspect of early learning and child care, is one more reason to advocate for child and family services. It supports and influences policy direction.

Waninawakang Aboriginal Head Start, Sioux Lookout

The Waninawakang Aboriginal Head Start (AHS) program works closely within its community with a range of other groups, services and programs. All AHS programs follow nationally set guidelines for program components which include:

- Culture and Language Component – providing children with a positive sense of themselves as Aboriginal children and to build on the children's knowledge of their Aboriginal languages and experience of culture in their communities;
- Education and School Readiness – supporting and encouraging each Aboriginal child to enjoy life-long learning. Each child is encouraged to take initiative in learning and is provided with enjoyable opportunities to learn;
- Health Promotion – empowering parents, guardians, caregivers and those involved with AHS to increase control over and improve their health. More specifically, the projects will encourage practices for self-care, working together to address health concerns, and the creation of formal and informal social support networks. The ultimate goal is for those involved with AHS to take actions that contribute to holistic health;
- Nutrition Component – ensuring that children are provided with food which will help meet their nutritional needs, and to educate staff and parents about the relationship of nutrition to children's ability to learn, physical development and mental development;
- Social Support – ensuring that the families are aware of resources and community services available to impact their quality of life. The ultimate goal of this component is to empower parents to access assistance and services that will support them to be active participants in their children's lives and AHS; and
- Parental and Family Involvement – supporting the parent and family's role as children's primary teachers. The parents and family will be acknowledged as contributors to the program through involvement with a parent body or participation in and/or contribution to classroom activities.

How does Waninawakang AHS reflect the value of social justice and equity in its program?

The Parental and Family Involvement component provides the opportunity to empower parents to bring forth gifts and further develop as role models for children and in their communities. It recognizes that parents are the child's first and most important teachers and, in maintaining the Aboriginal heritage, it is vital for parental and family involvement to be central in any programming or services for children. A Parent Council governs the AHS program and other local community, health and legal services participate in ensuring that the AHS program serves the needs, interests and desires of the Aboriginal community.

Of the seven members on the Parent Council, six are parents with children in the program and one is a community representative. The Council has power over decisions and it ensures that everyone has a voice in the process. In its six-year history, almost all issues have been resolved through consensus. At Waninawakang, involving parents in the decision making process is the most effective strategy to support health promotion of the family. Parents have a voice and know they have some control over what happens in the program.

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“Parents come to the Head Start site to meet other parents both informally and more formally in orientations, and parent circle every month. We also let parents know that if they would like us to come to the home, we just need to be invited. Being invited is an important value of Aboriginal peoples.”

*– Clarise Henrickson, Executive Director
Waninawakang Aboriginal Head Start*

SECTION FOUR: TRAINING & RESOURCES

Now that you've become acquainted with or reviewed the determinants of health and the features and values of health promotion, you likely want to learn more about putting health promotion into action in your early learning and/or child care setting. Five programs are profiled in this section to provide you with information about further training and resources available.

Early Learning Canada

Early Learning Canada (ELC) is a family literacy and healthy child development program designed for parents and caregivers who work with children from birth to age six and their families. ELC uses a train-the-trainer model based on community development methods. Programs are delivered in flexible, community-based settings and workshop leaders accommodate the needs of participants by offering workshops in a range of formats, such as once a week for 6 evenings, or one full day.

Developed with the understanding that “family literacy” is far broader than teaching reading and writing skills, ELC recognizes the power of early intervention, the importance of strengthening families and communities and the necessity of engaging the community in promoting and supporting family literacy. ELC empowers parents by providing them with tools they can use to support their child's healthy development and emerging literacy. ELC also promotes working in partnership with a range of practitioners and professionals in the community, including speech and language pathologists, elementary teachers and others.

The web site (www.elc-apec.ca) is a gateway to discussion groups on-line, training information and community workshops (e.g. individuals can contact trainers across Canada closest to them), resources, and helpful links. CCCF is exploring the opportunity of an online ELC training program that could be accessed by many, especially those in rural and remote areas. This would also be helpful for family child care providers, who may be better able to access the training this way.

Contact Info:

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http://www.elc-apec.ca/home_en.htm



Reaching In...Reaching Out

The Reaching In...Reaching Out Project is co-sponsored by the Child & Family Partnership (YMCA of Greater Toronto, George Brown College, The Child Development Institute & University of Guelph). RIRO has developed training for early childhood practitioners as well as curriculum modules for community colleges and university programs, where materials could be used as part of diploma, degree, or continuing education courses. The Penn Resilience Program (PRP) training assists practitioners to become more aware of their own beliefs about adversity and opportunity to assist them in determining whether these beliefs help or hinder an effective response to stressful situations. Practitioners use evidence-based techniques that have been demonstrated to increase flexibility and accuracy in thinking, thus aiding development of more efficacy in analyzing and solving problems, reducing their level of stress, and maintaining a sense of realistic optimism when faced with obstacles and adversity. Some of the areas covered in the training include the ABC model (Ellis), common thinking errors, explanatory styles, and self-disputing techniques. It is designed to increase understanding, skill and use of these concepts by professionals in their day-to-day interactions with children.

Contact Info:

Darlene Hall, RIRO Coordinator

Child Development Institute

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<http://www.reachinginreachingout.com>

Toronto First Duty

Toronto First Duty (TFD) integrates early education, family support and child care activities in five Toronto neighbourhoods. It is intended to demonstrate to policy makers how existing early childhood and family programs can be transformed into a system for children from birth to age six. The TFD sites are housed in local public schools and each one is supported by a lead agency. To assist other community-based organizations in implementing an integrated early education, family support and child care program, TFD has developed an online manual accessible from its website: *Toronto First Duty Guide to Early Childhood Service Integration*.

A manual on Healthy Child Screening, developed by one of the TFD sites, the Queen Victoria Partners for Early Learning, is available in hard or electronic copy by contacting Sandra Almeida at the Early Years 2 Program, one of the Healthy Child Screening community partners which will be sustaining and expanding the screenings beyond the term of Toronto First Duty.

Contact Info:

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Four Villages Community Health Centre
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<http://www.4villageschc.ca/Earlyyears.htm>



For Goodness Sake

For Goodness Sake is a training resource for early childhood educators, community health nurses and teachers. Through its interactive CD format, For Goodness Sake provides training to guide practitioners and parents in developing action plans to address challenging behaviour and support the development of positive social skills. Features include video tips from professionals who specialize in child development, and sound, researched practices and strategies. For Goodness Sake is a collaborative community initiative of Affiliated Services for Children and Youth (ASCY), MJM Productions, Electra Communications and the Hamilton Early Learning Partners for Best Practice. For Goodness Sake is undergoing evaluation to measure changes in practitioners and parents and child outcomes through McMaster University's Community University Research Alliance, in partnership with the Hamilton Early Learning Partners for Best Practice.

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Health Promotion 101

The Ontario Health Promotion Resource System (OHPRS) developed the online course, “Health Promotion 101” as a collaborative effort between its 22 member organizations. OHPRS supports health promoters in Ontario, which includes those who work to promote health as defined in the **Ottawa Charter**, regardless of professional designation. People come to work in health promotion through many and varied paths, and most report a need for additional professional development. HP 101 helps people familiarize themselves with essential health promotion concepts and, in so doing, raises the profile of health promotion in Ontario.

HP 101 provides an introduction to health promotion concepts, theories and resources. The online course explains the major definitions and concepts of health promotion and discusses and applies the major models and theories underpinning the field of health promotion. HP 101 provides concrete examples of the features and values of health promotion, and how they manifest themselves in programs and services, policy development and implementation, self-care, mutual aid and other health promotion approaches. HP 101 is designed for people in a range of professions, practicing health promotion. The course includes the following components:

- Foundations of Health Promotion
- Definitions and Concepts
- Milestones
- Models of Health and Health Promotion
- Theories
- Health Promotion in Action
- Strategies
- Features
- Values.

Contact Info:

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OHPRS: <http://www.ohprs.ca>

HP 101: <http://www.ohprs.ca/hp101/main.htm>

Getting Started Checklist

As discussed earlier, one of the goals of health promotion is to influence positive change at several levels, including individual, family and community behaviour change and advocacy for policy change. This resource was developed to support practitioners in making change at the program level rather than at the policy level (although we know that practice and policy inform each other). We encourage programs, services, practitioners and policy makers to collaborate for systemic change to influence government policies.

This checklist may help you determine where your program currently practices health promotion and where it might be possible to include or address health promotion more. Use the checklist as a launching point to identify if your program is aware of the determinants of health and the features and values of health promotion. It may help you see what you are already doing and in what areas you may need to take more action. In the last column, you can briefly note what next steps you can take.

Please feel free to adapt it to your particular program and service needs.

HEALTH PROMOTION	ARE WE AWARE OF DETERMINANTS OF HEALTH AND THE FEATURES AND VALUES OF HEALTH PROMOTION?
DETERMINANTS OF HEALTH	
Income & Social Status	
Social Support Networks	
Employment & Working Conditions	
Education & Literacy	
Social Environments	
Physical Environments	
Personal Health Practices & Coping Skills	
Healthy Child Development	
Biology & Genetic Endowment	
Health Services	
Gender	
Culture	
FEATURES OF HEALTH PROMOTION	
Taking a Holistic View of Health	
Taking Participatory Approaches	
Building on Strengths	
Addressing the Determinants of Health	
Using Multiple, Complementary Approaches	
VALUES OF HEALTH PROMOTION	
Empowerment	
Respect	
Inclusion	
Social Justice & Equity	

ARE YOU A SMALL/STAND-ALONE CHILD CARE CENTRE?

Do you think that as a small/stand-alone child care centre, you can't do much in the area of health promotion? Think again. One of the key aspects of health promotion is working in partnership with others and collaborating with community partners to strengthen individual programs.

Your program can connect with your local public health unit, social planning council, community health and/or recreation centre, or any number of other social and/or family service organizations. Talk to staff about how you can work together to strengthen health promotion in your program. See if a local service provider, community centre or school is interested in supporting health promotion by hosting a child health and wellness event for your program's families and community members.

But, you say, your resources are limited? Consider this: as a professional development activity, have the staff person dedicate some time to reach out to local service providers and begin a discussion about developing a health promotion activity or partnership. Or, if you receive students on placements from their college program, have the student engage in some health promotion planning in addition to their experience in front-line work. It will boost the program's health promotion efforts and may very well introduce the student to the notion of health promotion in early learning and child care.

SECTION FIVE: CONCLUSION

Early learning and child care settings are the first institution many families access and stay connected with for several years. As practitioners in the field, we have an opportunity and a responsibility to take leadership in promoting health for children and families. Families who enjoy positive experiences in early learning and child care programs are more likely to feel empowered and will therefore seek resources, services and supports in an effort to achieve and maintain their optimal health.

We hope that this resource has acknowledged the many ways in which you currently practice health promotion and the importance of health promotion in the development of children and families. Now that you are inspired to implement or enhance health promotion in your programs and in your communities, we urge you to contact the programs highlighted in this resource, pull together your teams, your community and collaborate with your key partners to put health promotion into action!



GLOSSARY

Bangkok Charter

The Bangkok Charter was developed at the 6th Global Conference on Health Promotion in Thailand in August, 2005 and recognizes the impact of globalization on health and health care. The Bangkok Charter identifies challenges, actions and commitments needed to address the determinants of health in a globalized world by reaching out to people, groups and organizations that are critical to the achievement of health. See also Ottawa Charter, below.

Brain Research/Neuroscience

Neuroscience is the study of the structure, function, development, genetics, biochemistry, physiology, pharmacology and pathology of the nervous system (the brain and spinal cord) and the peripheral nervous system (the nerve pathways running throughout the body).

Determinants of Health

In addition to genetics, which play a role in our health status, there are also several other factors that play a role in how healthy we are and how healthy we stay throughout our life.

Evidence-Based Research

Research that is based on sound principles and grounded theory and that results in the conscientious, explicit and judicious use of current best practices.

Health Promotion

Health promotion is the process of enabling people to increase control over and improve their health. This process is based on the understanding that social conditions and personal actions both determine health. Hence, health promotion activities move beyond disease prevention and health education to address social change, institutional change and community change in addition to changes in personal behaviours¹⁴.

Micronutrient

Essential elements (in small quantities) needed to sustain life, including vitamins and minerals.

Neural Tube Defects

The neural tube is the embryonic structure that gives rise to the brain and spinal cord. Normally the closure of the neural tube occurs around the 30th day after fertilization, but occasionally, lack of proper prenatal nutrition interferes and the tube fails to close properly, resulting in a neural tube defect. Common neural tube defects are anencephaly, encephalocele, and spina bifida.

Neuroscience/Brain Research

Neuroscience is the study of the structure, function, development, genetics, biochemistry, physiology, pharmacology and pathology of the nervous system (the brain and spinal cord) and the peripheral nervous system (the nerve pathways running throughout the body).

Ottawa Charter

Presented at the first International Conference on Health Promotion, in Ottawa in 1986, the Ottawa Charter outlined the rationale, expectations and actions that would support health promotion internationally. (See also Bangkok Charter, above).

Play-Based, Problem-Solving

The approach to optimal early learning, heralded by the *Early Years Study* commissioned by the Government of Ontario, that suggests that early learning environments offer diverse opportunities to explore, discover and create and promotes qualities such as curiosity, perseverance and risk taking in children.

Practitioner

Any professional, para-professional, or staff person who works with young children and families, including, but not limited to: family resource program staff, Early Childhood Educators, home child care providers, Public Health and Community Health Centre staff, community workers, children’s librarians, parks and recreational staff, children’s mental health workers, family support workers.

Public Health Agency of Canada

Agency of the Government of Canada that seeks to “promote and protect the health of Canadians through leadership, partnership, innovation and action in public health”. Focused on efforts to prevent chronic diseases and injuries and response to public health emergencies and infectious disease outbreaks, the Public Health Agency of Canada works closely with provinces and territories to keep Canadians healthy and help reduce pressures on the health care system.

Resiliency

The ability to adapt and be flexible and to ‘bounce back’ from adversity.

World Health Organization (WHO)

Agency of the United Nations established in 1948, which acts as a coordinating authority on international public health.

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The Best Start Resource Centre supports service providers across the province of Ontario who work on health promotion initiatives to improve the health of expectant parents and their young children. Best Start is a key program of the Ontario Prevention Clearinghouse, funded by the government of Ontario to undertake activities in these areas: consultation, training, information and resource development and dissemination. The Resource Centre addresses a range of topics from health before pregnancy, pregnancy, maternal health and issues related to child health.



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