

MNCHP Network Bulletin



*best start
meilleur départ*

by/par health **nexus** santé

The MNCHP Bulletin is a monthly electronic bulletin that highlights current trends, new resources and initiatives, upcoming events and more in the preconception, prenatal and child health field. Our primary focus is the province of Ontario, Canada but the bulletin also includes news and resources from around the world. Wherever possible, we include resources that are available for free. For more information about this bulletin, [click here](#).

April 11, 2014

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I. NEWS & VIEWS

1. Kids Need to Offset 'Screen Time' with 'Nature Time'

This article (Dakin, 2014, February 26) discusses offsetting “screen time” with “nature time”. Richard Louv, author of “The Nature Principle” coined the term “nature deficit disorder”. He explains that emerging evidence suggests that not spending much time outdoors can be connected to rising rates of depression, Attention Deficit Disorder (ADD), Vitamin D deficiency, and child obesity. He claims that spending time in nature has a wide range of benefits for physical and mental health.

<http://www.cbc.ca/news/health/kids-need-to-offset-screen-time-with-nature-time-1.2543165>

2. Ontario Sharing Cost of IVF to Help People Who Cannot Conceive Children (available in French)

Beginning in 2015, the Government of Ontario (2014, April 10) proposes to expand its funding for infertility services by contributing to the costs of one cycle of IVF per patient for all forms of infertility. This will not include the cost of the associated drug treatments and ancillary services, which will continue to be paid for by families or their health plans.

EN: http://news.ontario.ca/mohltc/en/2014/04/improving-access-to-safe-fertility-treatments.html?utm_source=ondemand&utm_medium=email&utm_campaign=p

FR: <http://news.ontario.ca/mohltc/fr/2014/04/amelioration-de-lacces-aux-traitements-de-linfertilite.html>

3. Ontario Expanding Student Nutrition Program (available in French)

The Government of Ontario (2014, April 7) announced that it is expanding and enhancing its Student Nutrition program to reach 56,000 more children and youth. The

investment of \$32 million over the next three years is part of its five year plan to enhance the program.

EN: http://news.ontario.ca/mof/en/2014/04/food-for-thought-for-more-ontario-students.html?utm_source=ondemand&utm_medium=email&utm_campaign=p

FR: <http://news.ontario.ca/mof/fr/2014/04/nourriture-pour-lesprit-pour-un-plus-grand-nombre-deleves-de-lontario.html>

II. RECENT REPORTS AND RESEARCH

* indicates journal subscription required for full text access

4. Perinatal Services BC: Provincial Perinatal Guidelines: Population and Public Health Prenatal Care Pathway

Perinatal Services BC. (2014). *Perinatal Services BC: Provincial perinatal guidelines: population and public health prenatal care pathway*. Retrieved from http://www.perinataleservicesbc.ca/NR/rdonlyres/E829EE42-30AE-4634-9A99-7A1A1C63B0B8/0/PSBC_PrenatalCarePathway.pdf

EXCERPT:

The Prenatal Care Pathway has been developed to be a health promotion practice support tool for public health nurses working with pregnant women and their families. It has been informed by evidence, practice, and framed in the public health principles of population health, health promotion and health equity. Within this framework, the Pathway identifies key aspects of prenatal support that can be provided to promote the health of pregnant women and their families.

http://www.perinataleservicesbc.ca/NR/rdonlyres/E829EE42-30AE-4634-9A99-7A1A1C63B0B8/0/PSBC_PrenatalCarePathway.pdf

5. Reducing the Decline in Physical Activity During Pregnancy: A Systematic Review of Behaviour Change Interventions

Currie, S., Sinclair, M., Murphy, M. H., Madden, E., Dunwoody, L., & Liddle, D. (2013). Reducing the decline in physical activity during pregnancy: A systematic review of behaviour change interventions. *PLoS One*, 14(8), e66385. doi: 10.1371/journal.pone.0066385.

ABSTRACT:

PURPOSE: Physical activity (PA) typically declines throughout pregnancy. Low levels of PA are associated with excessive weight gain and subsequently increase risk of pre-eclampsia, gestational diabetes mellitus, hypertension disorders, delivery by caesarean section and stillbirth. Systematic reviews on PA during pregnancy have not explored the efficacy of behaviour change techniques or related theory in altering PA behaviour. This

systematic review evaluated the content of PA interventions to reduce the decline of PA in pregnant women with a specific emphasis on the behaviour change techniques employed to elicit this change.

SEARCH AND REVIEW METHODOLOGY: Literature searches were conducted in eight databases. Strict inclusion and exclusion criteria were employed. Two reviewers independently evaluated each intervention using the behaviour change techniques (BCT) taxonomy to identify the specific behaviour change techniques employed. Two reviewers independently assessed the risk of bias using the guidelines from the Cochrane Collaboration. Overall quality was determined using the GRADE approach.

FINDINGS: A total of 1140 potentially eligible papers were identified from which 14 studies were selected for inclusion. Interventions included counselling (n=6), structured exercise (n=6) and education (n=2). Common behaviour change techniques employed in these studies were goal setting and planning, feedback, repetition and substitution, shaping knowledge and comparison of behaviours. Regular face-to-face meetings were also commonly employed. PA change over time in intervention groups ranged from increases of 28% to decreases of 25%. In 8 out of 10 studies, which provided adequate data, participants in the intervention group were more physically active post intervention than controls.

CONCLUSIONS AND IMPLICATIONS: Physical activity interventions incorporating behaviour change techniques help reduce the decline in PA throughout pregnancy. Range of behaviour change techniques can be implemented to reduce this decline including goals and planning, shaping knowledge and comparison of outcomes. A lack of high quality interventions hampers conclusions of intervention effectiveness.

<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0066385>

6. Family and carer smoking control programmes for reducing children's exposure to environmental tobacco smoke

(available in French)

Baxi, R., Sharma, M., Polnay, R. R., Priest, N., Waters, E., Spencer, N., & Webster, P. (2014). Can interventions for parents and people caring for children reduce children's exposure to tobacco smoke. *Cochrane Summaries*. Retrieved from <http://summaries.cochrane.org/CD001746/can-interventions-for-parents-and-people-caring-for-children-reduce-childrens-exposure-to-tobacco-smoke>

ABSTRACT:

BACKGROUND: Children exposed to cigarette smoke (environmental tobacco smoke) are at greater risk of lung problems, infections and serious complications including sudden infant death syndrome. Preventing exposure to cigarette smoke in infancy and childhood might therefore significantly improve children's health worldwide. Parental smoking is a common source of cigarette exposure for children. Older children are also at risk of exposure to cigarette smoke in child care or educational settings.

OBJECTIVES: To determine the effectiveness of interventions aiming to reduce exposure of children to tobacco smoke.

METHODS: A review of the research on the effect of interventions aimed at family and caregivers to reduce children's exposure to tobacco smoke was undertaken by researchers in the Cochrane Collaboration. Family and caregivers were defined as parents and other family members, child care workers and teachers involved with the care and education of infants and young children (aged 0 to 12 years). We searched a number of databases for relevant research. This was an update of a previously undertaken review, and the date of the most recent search was September 2013. Two authors independently assessed the research studies and documented all the information needed.

RESULTS: Fifty-seven studies of mixed quality were included in this review. Only 14 studies reported an intervention that was successful at reducing children's exposure to tobacco smoke. These studies used a range of interventions, including seven that used more intensive counselling methods or motivational interviewing. Of the 42 studies that did not show a significant reduction in child tobacco smoke exposure, 14 used more intensive counselling methods or motivational interviewing. One study did not aim to reduce children's tobacco smoke exposure, but reduce symptoms of asthma, and successfully reduced symptoms using motivational interviewing.

AUTHORS' CONCLUSIONS: Although several interventions, including parental education and counselling programmes, have been used to try to reduce children's tobacco smoke exposure, their effectiveness has not been clearly demonstrated. The review was unable to determine if any particular interventions reduced parental smoking and child smoke exposure more effectively than others, although seven studies were identified that reported intensive counselling or motivational interviewing provided in clinical settings was effective.

EN: <http://summaries.cochrane.org/CD001746/can-interventions-for-parents-and-people-caring-for-children-reduce-childrens-exposure-to-tobacco-smoke>

FR: <http://summaries.cochrane.org/fr/CD001746/les-interventions-ciblent-les-parents-et-les-personnes-soccupant-denfants-peuvent-elles-reduire-lexposition-des-enfants-a-la-fumee-de-tabac>

Plain language summary: <http://summaries.cochrane.org/CD001746/can-interventions-for-parents-and-people-caring-for-children-reduce-childrens-exposure-to-tobacco-smoke>

7. Motor Vehicle-Pedestrian Collisions and Walking to School: The Role of the Built Environment

Rothman, L., Macarthur, C., To, T., Buliung, R., & Howard, A. (2014). Motor vehicle-pedestrian collisions and walking to school: The role of the built environment. *Pediatrics*. doi: 10.1542/peds.2013-2317

ABSTRACT:

OBJECTIVES: Initiatives to increase active school transportation are popular. However, increased walking to school could increase collision risk. The built environment is related to both pedestrian collision risk and walking to school. We examined the influence of the built environment on walking to school and child pedestrian collisions in Toronto, Canada.

METHODS: Police-reported pedestrian collision data from 2002 to 2011 for children ages 4 to 12, proportion of children walking to school, and built environment data were mapped onto school attendance boundaries. Collision rates were calculated by using 2006 census populations and modeled by using negative binomial regression.

RESULTS: There were 481 collisions with a mean collision rate of 7.4/10 000 children per year. The relationship between walking proportion and collision rate was not statistically significant after adjusting for population density and roadway design variables including multifamily dwelling density, traffic light, traffic calming and 1-way street density, school crossing guard presence, and school socioeconomic status.

CONCLUSIONS: Pedestrian collisions are more strongly associated with built environment features than with proportions walking. Road design features were related to higher collision rates and warrant further examination for their safety effects for children. Future policy designed to increase children's active transportation should be developed from evidence that more clearly addresses child pedestrian safety.

<http://pediatrics.aappublications.org/content/early/2014/04/02/peds.2013-2317.full.pdf+html>

8. Lifetime Direct Medical Costs of Childhood Obesity

Finkelstein, E. A., Graham, W. C. K., & Malhotra, R. (2014). Lifetime direct medical costs of childhood obesity. *Pediatrics*. doi: 10.1542/peds.2014-0063

ABSTRACT:

BACKGROUND AND OBJECTIVES: An estimate of the lifetime medical costs of an obese child provides a benchmark of the potential per capita savings that could accrue from successful childhood obesity prevention efforts. We reviewed the literature to identify the best current estimate of the incremental lifetime per capita medical cost of an obese child in the United States today relative to a normal weight child.

METHODS: We searched PubMed and Web of Science for US-based studies published within the 15 years preceding May 2013 from which lifetime medical cost estimates can be extracted or imputed. Two reviewers independently screened search results and extracted data from eligible articles. All estimates were inflated to 2012 dollars and discounted to reflect costs from the perspective of a 10-year-old child today.

RESULTS: We identified 6 studies. The incremental lifetime direct medical cost from the perspective of a 10-year-old obese child relative to a 10-year-old normal weight child ranges from \$12 660 to \$19 630 when weight gain through adulthood among normal weight children is accounted for and from \$16 310 to \$39 080 when this adjustment is not made.

CONCLUSIONS: We recommend use of an estimate of \$19 000 as the incremental lifetime medical cost of an obese child relative to a normal weight child who maintains normal weight throughout adulthood. The alternative estimate, which considers the reality of eventual weight gain among normal weight youth, is \$12 660. Additional research is needed to include estimates of indirect costs of childhood obesity.

<http://pediatrics.aappublications.org/content/early/2014/04/02/peds.2014-0063.full.pdf+html>

9. Ministry of Children and Youth Services Strategic Plan (2013-2018) (available in French)

EXCERPT:

Developed with the help of ministry staff and stakeholders, our new plan builds on our history and past successes. It reaffirms our commitment to partnership. A thoughtful and evidence-based plan, *Growing. Together.* prepares us for the challenges and opportunities that lie ahead. As we move forward together over the next decade, it is with the belief that all stakeholders have important roles to play and important contributions to make. We invite you to read *Growing. Together.* and learn more about how the ministry plans to continue working on behalf of our young people.

EN: <http://www.children.gov.on.ca/htdocs/English/about/strategicplan.aspx>

FR: <http://www.children.gov.on.ca/htdocs/French/about/strategicplan.aspx>

III. CURRENT INITIATIVES

10. 3M Leadership Award (available in French)

Many leaders go unrecognized but their efforts are felt deep in the heart of our communities. These leaders understand that health starts where we live, learn, work and play. The 3M Health Leadership Award honours leaders who have a significant impact on the health and well-being of their community. Nominate your community leader today!

EN: <http://www.healthnexus.ca/leadershipaward/index.html>

FR: <http://www.nexussante.ca/prixdeleadership/>

11. Poverty Costs

This campaign in Saskatchewan aims to raise awareness about how the burden of poverty bears on each and every one of us. It seeks to mobilize the Saskatchewan community to call for a comprehensive poverty reduction strategy.

<http://www.povertycosts.ca/>

12. Centre of Science in the Public Interest: Letter to the World Health Organization on “Guideline: Sugars Intake for Adults and Children”

The letter (2014, March 31) notes that the proposal is being made at a time of transition at the World Health Organization during which it is sending mixed signals about its plans for involvement with companies, industry associations, and non-governmental organizations funded by industries, including companies selling food, alcoholic

beverages, pharmaceutical drugs, medical technologies, products that promote sedentary living, and weight-loss remedies.

http://cspinet.org/canada/pdf/final_csipi-canada.who-sugar.consultation.mar31-2014.pdf

WHO proposal: <http://www.who.int/mediacentre/news/notes/2014/consultation-sugar-guideline/en/>

IV. UPCOMING EVENTS

13. Populations and the Power of Language

April 22, 2014: Online

As part of the National Collaborating Centre for Determinants of Health (NCCDH) Let's Talk series, the NCCDH has released Let's Talk... Populations and the power of language. The document explores the language public health practitioners and organizations use to label populations that are identified by their social, economic, geographic or other demographic characteristics.

[http://www.chnet-](http://www.chnet-works.ca/index.php?option=com_rsevents&view=events&layout=show&cid=301%3Anccdh-populations-and-the-power-of-language-&Itemid=6&lang=en)

[works.ca/index.php?option=com_rsevents&view=events&layout=show&cid=301%3Anccdh-populations-and-the-power-of-language-&Itemid=6&lang=en](http://www.chnet-works.ca/index.php?option=com_rsevents&view=events&layout=show&cid=301%3Anccdh-populations-and-the-power-of-language-&Itemid=6&lang=en)

14. Health Nexus Networks 101

April 24, 2014: Free Webinar

This 1.5 hour, free webinar is for anyone looking to understand:

- What are Networks?
- Why are networks so valuable?
- How you can grow and nurture your existing network?

Learning Objectives:

By the end of the webinar, participants will be able to:

- Be familiar with the underlying theory and research behind networks.
- Understand how networks can replace traditional structures and promote cross sectoral action on complex issues and challenges.
- Explain what personal or organisational strengths they bring to a network.
- Understand how networks can be measured and strategically developed.

<http://en.healthnexus.ca/event/webinar-health-nexus-networks-101>

15. Healthy Built Environment Linkages: A Toolkit for Design – Planning – Health

April 30, 2014: Online

Community planners and designers, public health professionals, and local government representatives share a responsibility to promote active living approaches and to shape healthier built environments. The Healthy Built Environment Linkages toolkit is the first evidence-based and expert-informed resource that links planning principles to health outcomes and identifies the behavioural impacts (e.g., walking and transit use) and

environmental impacts (e.g., noise and traffic safety) that contribute to those outcomes. This presentation will provide an overview of the Linkages toolkit. Discussion will focus on linking community design, planning, and health, and on various applications for the resource.

http://www.chnet-works.ca/index.php?option=com_rsevents&view=events&layout=show&cid=293%3Ahealthy-built-environment-linkages-a-toolkit-for-design-planning-health&Itemid=6&lang=en

16. A Social Media Toolkit for Planning, Implementing, and Evaluating Social Media Use within Ontario's Public Health Units

May 7, 2014: Online

The discussion will include:

- An overview of research methods (literature review, environmental scan interviews, case studies)
- Best practices for planning, implementing, and evaluating social media at Ontario public health units
- Key benefits, challenges, and facilitators to using social media
- How to increase your organization's level of social media engagement

17. Early Years and Family and Community Engagement Symposium

May 13-15, 2014: Winnipeg, MB

Need help engaging with families about early learning? Participants will explore how to put research into practice and take action to make early learning a key priority in the home and family and community engagement visible in communities.

<http://www.thelearningpartnership.ca/events/welcome-to-kindergarten-early-years-symposium?erid=599251&trid=ceabb551-2022-4773-947f-abcaee53c0f1>

18. Birth Workers Awards & Gala

May 9, 2015: Ottawa

The Birth Workers Awards embrace all fields, from medical to retail, in which birth and the time that surrounds it, is celebrated with honour. The people and organizations that go the extra mile in helping mothers and families to make this experience the most rewarding and empowering recognize this. Using evidence based practices, they strive to make a difference as they go about their day, every day. 2015 is the first of an annual, revered event, where the community at large is invited to extend our thanks to these special people.

<http://www.birthworkersawards.com/>

V. RESOURCES

19. Postpartum Depression Association of Manitoba (PPDAM)

A new website for Manitoba mothers was launched on Monday. The website's co-founder is a mother of two who struggled with postpartum depression after the birth of both of her children. She explained that she and other volunteers with the Postpartum Depression Association of Manitoba knew more resources were needed to get people talking about depression and finding help. The Winnipeg Regional Health Authority supported the association in launching the new website.

<http://www.ppdmanitoba.ca/>

Related news: <http://winnipeg.ctvnews.ca/new-website-helps-link-parents-to-postpartum-depression-services-1.1765274>

20. First Peoples: A Guide for Newcomers to Vancouver

EXCERPT: *First Peoples: A Guide for Newcomers* aims to fill the need for clear information in simple language about the First Peoples in Vancouver (City of Vancouver, 2014). It introduces newcomers to three important topics: who are Aboriginal people (or First Peoples) in Vancouver and Canada; a brief overview of the relationship between the Government of Canada and First Peoples; and current initiatives and ways for newcomers to learn more about Aboriginal people in the community.

<http://vancouver.ca/files/cov/First-Peoples-A-Guide-for-Newcomers.pdf>

VI. FEATURED BEST START RESOURCES

21. Open Hearts, Open Minds: Services that are Inclusive of First Nations, Métis and Inuit Families

This report (2013) shares how, with an open heart and open mind, service providers can positively influence the inclusion of First Nation, Métis and Inuit families in services. The report provides key concepts and approaches for being inclusive. An overview of Canada's history gives a cursory background as to why Aboriginal peoples have been excluded and marginalized from services. The report shares insights on inclusive strategies, policies, hiring practices, attitudes, spaces and relationships. Cultural context and cultural safety are also discussed.

http://www.beststart.org/resources/rep_health/OHOM.pdf

22. How to Survive Morning Sickness Successfully

(available in French)

Morning sickness, also called Nausea and Vomiting of Pregnancy (NVP), affects up to 85% of pregnant women. This booklet (2013) contains information about morning sickness for women who are planning a pregnancy and women who are currently pregnant. There is also information for partners, friends and family.

EN:

http://www.beststart.org/resources/rep_health/2013_pdfs/BSRC_morning_sickness_online.pdf

FR:

http://www.meilleurdepart.org/resources/repro/BSRC_morning_sickness_FR_Final.pdf

This resource is also available as an App, see:

www.motherisk.org/women/morningSickness.jsp

About This Bulletin

The Best Start Resource Centre thanks you for your interest in, and support of, our work. Best Start permits others to copy, distribute or reference the work for non-commercial purposes on condition that full credit is given. Because our MNCHP bulletins are designed to support local health promotion initiatives, we would appreciate knowing how this resource has supported, or been integrated into, your work (mnchp@healthnexus.ca). Please note that the Best Start Resource Centre does not endorse or recommend any events, resources, or publications mentioned in this bulletin.

Stay connected!

The free weekly [Ontario Health Promotion E-mail bulletin \(OHPE\)](#) offers a digest of news, events, jobs, feature articles on health promotion issues, resources, and much more, to those working in health promotion.

[Click4HP](#) is an international dialogue on health promotion. Participants exchange views on issues and ideas, provide leads to resources, and ask questions about health promotion.

[The Maternal Newborn and Child Health Promotion \(MNCHP\) Network](#) - A province-wide electronic forum for service providers working to promote preconception, prenatal and child health.

[Health Promotion Today](#) - Our blog keeps you informed of news and topics related to health promotion.

Follow us on [Twitter](#) to stay up to date on all things related to health promotion.

View our video resources on [YouTube](#) and [Vimeo](#)

[The Best Start Aboriginal Sharing Circle \(BSASC\) Network](#) is a distribution list designed for service providers working with Aboriginal Peoples in areas of preconception, prenatal and child health. The network is a forum to share news, ideas, questions and best practices.

We encourage you visit the website of our new [3M Health Leadership Award](#) to find out how you can support community health leadership and honour your own community leader by nominating them for this national award.

En français:

Restez branché!

Le bulletin francophone [Le Bloc-Notes](#) est un outil indispensable pour les intervenants professionnels qui aiment être à l'affût des nouveautés dans le domaine de la promotion de la santé.

Le [Bulletin de santé maternelle et infantile](#) est un bulletin électronique mensuel à l'intention des fournisseurs de services œuvrant dans le domaine de la promotion de la santé maternelle et infantile.

[Promotion de la santé aujourd'hui](#) – Notre blogue sur lequel on partage des nouvelles et réflexions liées à la promotion de la santé.

Suivez-nous sur [Twitter](#) pour demeurer au fait de tout ce qui concerne la promotion de la santé.

Visionner nos ressources vidéo sur [YouTube](#) et [Vimeo](#)

Nous vous encourageons à visiter le site Web de notre nouveau [Prix 3M de leadership en santé](#) pour découvrir de quelle façon vous pouvez appuyer le leadership en santé communautaire et honorer un chef de file de votre milieu en présentant sa candidature à ce prix national.