

# MNCHP Network Bulletin



best start  
meilleur départ

by/par health **nexus** santé

*The MNCHP Bulletin is a bi-weekly 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 & resources from around the world. For more information about this Bulletin, [click here](#).*

**August 24, 2012**

*The next bulletin will be released September 7, 2012.*

## **In this week's issue:**

### I. NEWS & VIEWS

1. [Older fathers pass on more new genetic mutations to offspring](#)
2. [Partner aggression in high-risk families affects parenting beginning at birth](#)
3. [Kids pick nutritional Happy Meal when no toy offered with less healthy option: study](#)
4. ['Wealth equals health,' Canadian doctors say](#)
5. [Drinking Alcohol While Pregnant Has Long-Lasting Effects In Children, Study Finds](#)
6. [Work Has More Benefits Than Just a Paycheck for Moms: Working Moms Are Healthier Than Stay-At-Home Moms](#)
7. [Elmo helps kids pick healthier school lunch](#)
8. [Smoking During Pregnancy May Cause Asthma, Wheezing in Kids](#)
9. [Students given breastfeeding lessons with puppets](#)
10. [Group hopes to see human milk banks return to Saskatchewan](#)
11. [Children's snoring linked to behavioral problems](#)
12. ['Backover' accidents a hidden problem in Canada](#)
13. [La Leche League Canada rejects breastfeeding dad's bid to become lactation coach](#)

### II. RECENT REPORTS AND RESEARCH

14. [Kids: The ♥ of Co-Parenting: Helping children adjust -- ensuring families thrive](#)
15. [Indigenous family violence primary prevention framework](#)
16. [Global Physical Activity Network \(GlobalPANet\)](#)
17. [Children & Nature Network \(C&NN\)](#)
18. [Supporting physical activity in UK schools :Findings from the SPEEDY \(Sport, Physical activity and Eating behaviour: Environmental Determinants in Young people\) study](#)
19. [Barriers to Physical Activity in East Harlem, New York](#)

20. [Using soft drinks during pregnancy boosts preterm delivery risk](#)
21. [Description of Mother Co-Morbidities and Infant Outcomes by Entry Into Prenatal Care](#)
22. [International Association of Diabetes and Pregnancy Study Groups Recommendations on the Diagnosis and Classification of Hyperglycemia in Pregnancy: International Guidelines](#)
23. [Starting well: Benchmarking early education across the world - A report from the Economist Intelligence Unit \(2012\)](#)
24. [Preventing childhood obesity in early care and education programs \(2nd ed.\)](#)

### III. CURRENT INITIATIVES

25. [Updated News About NutriSTEP® program](#)
26. [How much omega-3 is required for optimal neural function in children?](#)
27. [Recruiting health professionals to participate in PREGNETS evaluation](#)
28. [Ophea Legacy Fund - now accepting applications!](#)
29. [LCBO Stores Raise Funds For Healthy Pregnancies](#)
30. [Planning for International FAS Day: Updates about Media Buys Across the Province](#)

### IV. UPCOMING EVENTS

31. [Pregnancy and Birth conference](#)
32. [Best Start Resource Centre: Child and Family Poverty Workshop](#)
33. [The Ontario Public Health Convention \(TOPHC\) 2013](#)
34. [2013 Best Start Conference /Conférence annuelle de Meilleur départ 2013](#)
35. [Public Health Ontario Rounds: Equity in public health standards: a qualitative document analysis of policies from two Canadian provinces](#)
36. [The Parent-Child Mother Goose Program® Teacher Training Workshop](#)
37. [From Birth to Co-Sleeping; How Choices Affect Breastfeeding](#)
38. [IT'S A DAD'S LIFE: Engaging Men on Their Journey as Fathers](#)
39. [Webinar: Canada's Low-Risk Alcohol Drinking Guidelines – New and emerging resources for Ontario public health units](#)
40. [Fourth Annual Enhanced 18-month Well-Baby Visit Program Community Meeting](#)
41. [A New Leadership: Be the Difference with Meg Wheatley](#)

### V. RESOURCES

42. [Poverty Costs, An Economic Case for a Preventative Poverty Reduction](#)
43. [Video: The Business of Being Born: Classroom Edition](#)
44. [KidsAndCars.org/Canada](#)
45. [NutriSTEP® \(Nutrition Screening Tool for Every Preschooler\)](#)

### VI. FEATURED BEST START RESOURCES

46. [Building Resilience in Young Children](#)

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## I. NEWS & VIEWS

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### 1. Older fathers pass on more new genetic mutations to offspring

Men who become fathers later in life pass on more brand-new genetic mutations to their offspring, a study has found — probably contributing to disorders such as autism and schizophrenia in the next generation.

The finding, published online Wednesday in the journal *Nature*, buttresses earlier observations that rates of autism and some other disorders are more prevalent in children born of older fathers, sometimes by a factor of two or more, experts said. Though this has been observed for years from population studies, scientists had not known what lay behind it.

[http://www.latimes.com/health/boostershots/la-heb-older-fathers--genetic-mutations-autism-schizophrenia20120822,0,4956716.story?track=rss&utm\\_source=dlvr.it&utm\\_medium=twitter&dlvr.it=53001](http://www.latimes.com/health/boostershots/la-heb-older-fathers--genetic-mutations-autism-schizophrenia20120822,0,4956716.story?track=rss&utm_source=dlvr.it&utm_medium=twitter&dlvr.it=53001)

### 2. Partner aggression in high-risk families affects parenting beginning at birth

Bickering spouses may need to clean up their act. New research at the University of Oregon finds that the level of aggression between partners around the time when a child is born impacts how a mom will be parenting three years later.

The study -- published in the *Journal of Family Psychology* -- is part of a longitudinal research effort involving more than 400 mothers in high-risk family environments, based mostly on risk for child-welfare involvement and socioeconomic status, who were initially recruited at a San Diego, Calif., hospital when their children were born in 1996-97.

<http://uonews.uoregon.edu/archive/news-release/2012/4/partner-aggression-high-risk-families-affects-parenting-beginning-birth>

### 3. Kids pick nutritional Happy Meal when no toy offered with less healthy option: study

Children are far more likely to pick a healthier fast-food meal when promotional toys are offered only with those menu options and not with less nutritional fare like burgers, fries and a pop, a study has found.

Canadian researchers set out to see which McDonald's Happy Meals that kids age six to 12 would choose when toys were included with healthier menu combinations, but not with standard offerings that are typically higher in fat and salt.

It turns out the children were three times more likely to opt for a healthier Happy Meal containing apple slices with caramel sauce and water instead of fries and pop when a toy came only with the more nutritional boxed meals.

<http://www.canada.com/health/Kids+pick+nutritional+Happy+Meal+when+offered+with+less+healthy+option+study/7081965/story.html>

#### **4. 'Wealth equals health,' Canadian doctors say**

Canadians in lower income groups report poorer health than their wealthier counterparts, a poll for the Canadian Medical Association suggests.

The group's annual report card is being released today at its meeting in Yellowknife.

The gap in self-reported health status between income groups seems to be growing, with 39 per cent of those whose households earned less than \$30,000 a year describing their health as excellent or very good compared with 68 per cent of those earning \$60,000 or more.

"When it comes to the well-being of Canadians, the old saying that wealth equals health continues to ring true," Dr. John Haggie, president of the CMA, said in a release.

"What is particularly worrisome for Canada's doctors is that in a nation as prosperous as Canada, the gap between the 'haves' and 'have nots' appears to be widening."

<http://www.cbc.ca/news/health/story/2012/08/10/health-income-cma.html>

#### **5. Drinking Alcohol While Pregnant Has Long-Lasting Effects In Children, Study Finds**

It's a question on many pregnant women's minds, particularly after the debate was reignited earlier this summer when new studies suggested it might be okay: Is any amount of alcohol consumption safe during pregnancy?

A new study falls into the "no" category, finding that drinking during pregnancy has lasting effects on children's size. The paper is one of the first to analyze the effects of alcohol exposure in a single group of children over a long period of time.

"Although decades of research have shed light on the negative effects of drinking during pregnancy, many questions remain," author Dr. Colin Carter, an instructor in pediatrics at Harvard Medical School, told The Huffington Post. "This study reveals that growth restriction, a known effect of drinking, occurs before birth and in many cases is permanent."

[http://www.huffingtonpost.com/2012/08/22/drinking-alcohol-pregnant-effects-children\\_n\\_1822880.html](http://www.huffingtonpost.com/2012/08/22/drinking-alcohol-pregnant-effects-children_n_1822880.html)

#### **6. Work Has More Benefits Than Just a Paycheck for Moms: Working Moms Are Healthier Than Stay-At-Home Moms**

Working moms striving to "have it all" now can add another perk to their list of benefits -- health. New research from University of Akron Assistant Sociology Professor Adrienne Frech finds that moms who work full time are healthier at age 40 than stay-at-home moms, moms who work part time, or moms who have some work history, but are repeatedly unemployed

<http://www.sciencedaily.com/releases/2012/08/120819153843.htm>

#### **7. Elmo helps kids pick healthier school lunch**

When stickers of Elmo and other popular cartoon characters endorse certain foods in school lunches, children make healthy choices like apples instead of cookies and other sweet fare.

<http://tinyurl.com/9vvgzpt>

## 8. Smoking During Pregnancy May Cause Asthma, Wheezing in Kids

New research from Sweden suggests that smoking during early pregnancy may boost the risk that preschool children will develop asthma and wheezing problems, even if the kids aren't exposed to smoke after birth.

The findings were published online Aug. 17 in the *American Journal of Respiratory and Critical Care Medicine*.

<http://consumer.healthday.com/Article.asp?AID=667724>

## 9. Students given breastfeeding lessons with puppets

Girls as young as 14 are being given breastfeeding lessons, as part of a controversial new programme in UK high schools.

<http://cleo.msn.co.nz/cleonews/8518528/students-given-breastfeeding-lessons-with-puppets>

## 10. Group hopes to see human milk banks return to Saskatchewan

A local breastfeeding action group is stepping up pressure to see Saskatchewan join other western provinces in opening a donor human milk bank.

"There's been recent interest in increasing the number of milk banks in Canada," said Adrienne Danyliw, a mom and member of Saskatoon Breastfeeding Matters.

<http://cjme.com/story/group-hopes-see-human-milk-banks-return-sask/70465>

## 11. Children's snoring linked to behavioral problems

Children who persistently snore during their early childhood may be more likely to have behavioral problems such as aggression and hyperactivity, according to a new study.

Researchers studied 249 mother-child pairs and found the children who snored at both age 2 and age 3 were nearly 3.5 times more likely to have signs of [behavioral issues](#) when compared with those who did not snore at these ages, or who only snored during one of those years. Among the kids who snored at both ages, 35 percent showed signs of behavioral problems, while 10 percent in nonsnorers, and 12 percent in kids who only snored for one year, showed such signs.

[http://www.msnbc.msn.com/id/48648962/ns/health-childrens\\_health/t/childrens-snoring-linked-behavioral-problems/#.UDK-8qD4LMO](http://www.msnbc.msn.com/id/48648962/ns/health-childrens_health/t/childrens-snoring-linked-behavioral-problems/#.UDK-8qD4LMO)

## 12. 'Backover' accidents a hidden problem in Canada

The number of US children who died from backovers totalled 448 between 2006 and 2010, according to [KidsAndCars](#), a five-fold increase from the previous decade. Newer car styles feature high trunk lines

and small rear windows, reducing rear visibility. Both Consumer Reports and National Highway Traffic Safety Administration have begun testing rear visibility and found that the rear of every modern vehicle constitutes a massive blind zone. For a 5-foot-8-inch driver with all mirrors properly adjusted, that zone extends anywhere from four feet for a Smart car to 50 feet for a Chevrolet Avalanche.

KidsAndCars.org offered a vivid illustration of the problem to Congress, showing that 62 children could huddle behind a large SUV without being visible in the driver's mirrors.

"Absolutely this is getting worse," said Ms. Fennell. "This is getting worse because our government has no rear visibility standard."

Not for long. The NHTSA announced earlier this year it would make backup cameras compulsory in all new vehicles by 2014.

<http://www.theglobeandmail.com/news/toronto/backover-accidents-a-hidden-problem-in-canada/article4488985/>

### **13. La Leche League Canada rejects breastfeeding dad's bid to become lactation coach**

Trevor, a 27-year-old stay-at-home parent, loves fatherhood and, as a transgender man, identifies as a dad. And he loves breastfeeding, owing his confidence and comfort nursing to his La Leche League Canada (LLLC) motherhood support group in Winnipeg.

In early June Trevor wrote a letter to LLLC — an affiliate of the influential international mother-to-mother breastfeeding advocacy group — asking what it would take to become a group leader. He wanted to coach LGBTQ members and those who struggle, like he did, to breastfeed after chest reduction surgery.

LLLC rejected his inquiry seven weeks later, citing an 18-year-old policy: "Since an LLLC leader is a mother who breastfed a baby, a man cannot become an LLLC leader," the organization wrote in its reply.

<http://www.thestar.com/news/canada/article/1243822--la-leche-league-canada-rejects-breastfeeding-dad-s-bid-to-become-lactation-coach>

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## **II. RECENT REPORTS AND RESEARCH**

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*\*Journal subscription required for full access*

### **14. Kids: The ♥ of Co-Parenting: Helping children adjust -- ensuring families thrive**

Separation and divorce bring many changes to families. But when families have the tools, strategies, and support to help them through these transitions, they can build happy, healthy futures.

From easy-to-read tip sheets for parents, to videos and podcast interviews with experts on how to work with families through divorce -- find the resources you need.

<http://bccf.ca/professionals/activities/kids-%E2%99%A5-co-parenting-0>

## 15. Indigenous family violence primary prevention framework

Department of Human Services, Australia

Family violence has been an issue of serious concern to Aboriginal people, families and communities in Victoria for a number of years. In 2003, the Victorian Indigenous Family Violence Task Force Report identified that it is widely recognised and acknowledged that family violence adversely affects the social, cultural, health, emotional, and economic well being of Aboriginal people, families and communities. Aboriginal definitions of the nature and forms of family violence are broader and more encompassing than those used in a mainstream context.

The Task Force Report affirmed the need to build on the strengths of Aboriginal families and communities and encompass Aboriginal concepts to effectively address family violence within Aboriginal communities. This resulted in a community led partnership between the Aboriginal communities of Victoria and government to address family violence together. Strong Culture, Strong Peoples, Strong Families: Towards a safer future for Indigenous families and communities Ten Year Plan2 (the Ten Year Plan), identified the commitment to develop an Indigenous specific prevention framework for family violence which links to the wider prevention framework developed by the Victorian Health Promotion Foundation.

Free PDF <http://bit.ly/MYQGDx>

## 16. Global Physical Activity Network (GlobalPANet)

GlobalPANet provides you with a world-first dedicated global physical activity communication network. GlobalPANet rapidly communicates the latest research around the globe via its unique e-News and this website. GlobalPANet users are guaranteed to be informed about recent physical activity developments, careers and events, as well as being linked to a global network of those with professional and personal interests in physical activity. GlobalPANet is brought to you by the International Society of Physical Activity and Health (ISPAH).

The knowledge base allows you to easily browse articles and reports by category, key word and topic. Use the tabs on the side or the keyword function to locate specific articles according to your field and interest.

<http://www.globalpanet.com/knowledge-base>

## 17. Children & Nature Network (C&NN)

### ***Focus: Literature Reviews & Overview Documents***

These articles summarize literature related to outdoor and nature contact and children's health and well-being.

<http://www.childrenandnature.org/downloads/CNNHealthBenefits2012.pdf>

## 18. Supporting physical activity in UK schools :Findings from the SPEEDY (Sport, Physical activity and Eating behaviour: Environmental Determinants in Young people) study

Brief also includes a full reference list:

<http://www.cedar.iph.cam.ac.uk/resources/evidence/speedy/>

## 19. Article: Barriers to Physical Activity in East Harlem, New York

Journal of Obesity, Volume 2012 (2012), Article ID 719140, 8 pages  
doi:10.1155/2012/719140

Ashley M. Fox, Mount Sinai School of Medicine, New York, NY, et al.

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### Background:

East Harlem is an epicenter of the intertwining epidemics of obesity and diabetes in New York. Physical activity is thought to prevent and control a number of chronic illnesses, including diabetes, both independently and through weight control. Using data from a survey collected on adult (age 18+) residents of East Harlem, this study evaluated whether perceptions of safety and community-identified barriers were associated with lower levels of physical activity in a diverse sample.

### Methods:

We surveyed 300 adults in a 2-census tract area of East Harlem and took measurements of height and weight. Physical activity was measured in two ways: respondents were classified as having met the weekly recommended target of 2.5 hours of moderate physical activity (walking) per week (or not) and reporting having engaged in at least one recreational physical activity (or not). Perceived barriers were assessed through five items developed by a community advisory board and perceptions of neighborhood safety were measured through an adapted 7-item scale. Two multivariate logistic regression models with perceived barriers and concerns about neighborhood safety were modeled separately as predictors of engaging in recommended levels of exercise and recreational physical activity, controlling for respondent weight and sociodemographic characteristics.

### Results:

The most commonly reported perceived barriers to physical activity identified by nearly half of the sample were being too tired or having little energy followed by pain with exertion and lack of time. Multivariate regression found that individuals who endorsed a greater number of perceived barriers were less likely to report having met their weekly recommended levels of physical activity and less likely to engage in recreational physical activity controlling for covariates. Concerns about neighborhood safety, though prevalent, were not associated with physical activity levels.

### Conclusions:

Although safety concerns were prevalent in this low-income, minority community, it was individual barriers that correlated with lower physical activity levels.

<http://www.springerlink.com/content/t428202047315318/>

## 20. Using soft drinks during pregnancy boosts preterm delivery risk

Drinking artificially sweetened beverages or sugar sweetened beverages during pregnancy may increase risk of having a preterm delivery, according to a study published on Aug 1, 2012 in American Journal of Clinical Nutrition.

Artificially sweetened (AS) and sugar-sweetened (SS) beverages are commonly used during pregnancy. A previous Danish study has already found artificially sweetened beverages associated with increased risk of preterm delivery.

L. Englund-Ögge of Institute of Clinical Sciences, Sahlgrenska University Hospital, Gothenburg, Sweden and colleagues redid the study and confirmed the association. Additionally, they also found an association between drinking sugar-sweetened beverages during pregnancy and risk of preterm delivery.

The study involved 60,761 pregnant women in the Norwegian Mother and Child Cohort Study. Intakes of carbonated and noncarbonated artificially sweetened beverages and sugar sweetened beverages and use of artificial sweeteners in hot drinks were surveyed through a self-reported food-frequency questionnaire in mid-pregnancy. Preterm delivery was registered in the Norwegian Medical Birth Registry.

Drinking greater than one serving of artificially sweetened beverages per day during pregnancy was found associated with 11 percent increased risk for preterm delivery and drinking greater than one serving of sugar sweetened beverages per day was correlated with 25 percent increased risk of preterm delivery.

The researchers concluded a high intake of both AS (artificially sweetened) beverages and SS (sugar sweetened) beverages during pregnancy is associated with an increased risk of preterm delivery." Preterm delivery is defined as have a delivery at less than 37 weeks of pregnancy compared to 40 weeks for a full term pregnancy.

Babies born preterm are more likely to have jaundice, breathing problems and longer hospital stays.

Those who survive may face lifelong problems including intellectual disabilities, cerebral palsy, breathing and respiratory problems, vision and hearing loss, and feeding and digestive problems.

Preterm delivery statistics: More than a half million babies or one in every 8 babies in the U.S. are born preterm.

<http://www.foodconsumer.org/newsite/Nutrition/11133.html>

## 21. Description of Mother Co-Morbidities and Infant Outcomes by Entry Into Prenatal Care

Michele A. Donovan, RN, BSN , Labor and Delivery/Antepartum, St Mary's Medical Center, Evansville, IN

St. Mary's Hospital for Women & Children

3700 Washington Avenue, Evansville, Indiana 47750 Phone: (812) 485-6016

### Learning Objectives:

Identify the relationship of the mother's entry into prenatal care on infant outcomes

Identify maternal demographics that can have an impact on infant outcomes

Identify maternal co-morbidities that can have an impact on infant outcomes

### Submission Description:

**Objective:** Prenatal care has shown to improve infant outcomes. Current standard is entry into prenatal care < 14 weeks after conception. The purpose was to evaluate co-morbid conditions present in mothers with no, standard, and late entry into prenatal care and differences existing among infants based on mother's prenatal care status.

**Design:** Prospective comparative descriptive design with consecutive sampling used to describe differences in maternal co-morbid health conditions and infant outcomes in mothers with no prenatal care, early prenatal care ( $\leq 14$  weeks), or late prenatal care ( $> 14$  weeks). The study was approved by the institutional review board

**Setting:** Midwest non teaching community medical center.

**Patients/Participants:** Medical records of 655 mothers and 703 delivered infants.

**Methods:** Evaluated mothers and births  $\geq$  to 20 weeks gestation or  $< 20$  weeks with signs of life at birth regardless of infant outcomes within a 6-month study period. Data collected as part of normal documentation and retrieved post delivery. Descriptive statistics and analysis of frequency data were performed by SPSS.

**Results:** 522 mothers received early care, 136 mothers late care, and 7 mothers no care. Sample included 571 Caucasians, 56 African Americans, 15 Hispanics, and 23 other ethnicities, comparing favorably to the regional population estimates. Mothers with early care were significantly older than mothers with late care. The mean gravida/para of mothers with late care was significantly higher than with early care. Mothers with late or no care reported significantly greater use of state funded Medicaid than with early care. Mothers with no care had a significantly higher BMI as compared with early and late care. Mothers with early care had significantly less report of drug abuse than with late care. Mothers receiving late care had more babies with NICU admission compared with early care. A significantly higher percentage of mothers with no care delivered by VBAC compared with early and late care. Mothers with no care compared to early and late care were found to have a significantly higher incidence of gestational diabetes. Oligohydramnios occurred more often in those with late care as compared to early care. No statistically significant differences were found for the infant outcome variables among groups.

**Conclusion/Implications for nursing practice:** Prenatal care has shown to be important in infant outcomes; however, no significantly significant differences in infant outcomes were identified in this study.

<https://awhonn.confex.com/awhonn/2012/webprogram/Paper8256.html>

## **22. International Association of Diabetes and Pregnancy Study Groups Recommendations on the Diagnosis and Classification of Hyperglycemia in Pregnancy: International Guidelines**

<http://care.diabetesjournals.org/content/33/3/676.full.pdf+html>

## **23. Starting well: Benchmarking early education across the world - A report from the Economist Intelligence Unit (2012)**

Starting well is an Economist Intelligence Unit (EIU) research programme, commissioned by the Lien Foundation, which ranks the preschool environments in 45 countries. The EIU's editorial team built the Starting Well Index, conducted the analysis and wrote the report.

The report can be found at: [http://www.lienfoundation.org/pdf/news/sw\\_report.pdf](http://www.lienfoundation.org/pdf/news/sw_report.pdf)

## 24. Preventing childhood obesity in early care and education programs (2nd ed.)

This research was supported by the American Academy of Pediatrics, the American Public Health Association, and the National Resource Center for Health and Safety in Child Care and Early Education, 2012.

The report can be found at: [http://www.azdhs.gov/phs/bnp/nupao/documents/CFOC\\_Preventing%20Obesity.pdf](http://www.azdhs.gov/phs/bnp/nupao/documents/CFOC_Preventing%20Obesity.pdf)

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## III. CURRENT INITIATIVES

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### 25. Updated News About NutriSTEP® program

As a follow-up to the letter released by the Ontario Public Health Association (OPHA) on 13<sup>th</sup> July 2012, OPHA and the University of Guelph are pleased to announce that the University of Guelph will continue to advance NutriSTEP® throughout the province as the Nutrition Resource Centre (NRC) transitions away from a coordination role commencing 30<sup>th</sup> September, 2012.

OPHA and the University of Guelph are committed to ensuring that a smooth transition takes place, with minimal disruption to the NutriSTEP® program.

- The University of Guelph will maintain the current website ([www.nutristep.ca](http://www.nutristep.ca))
- The University of Guelph will maintain the online community ([http://www.nutristep.ca/en/online\\_community.aspx](http://www.nutristep.ca/en/online_community.aspx))
- The toolkit and resources will remain available for download from the NutriSTEP® website ([www.nutristep.ca](http://www.nutristep.ca))
- Toddler NutriSTEP® (for ages 18-35m) will be available 1<sup>st</sup> September 2012
- Licenses for both the original NutriSTEP® and the Toddler NutriSTEP® will be available from [www.Flintbox.com](http://www.Flintbox.com)
- The original NutriSTEP® is available in eight languages; Toddler NutriSTEP® will initially be available in English and French
- Service Ontario will distribute the remaining original NutriSTEP® materials already in print until inventory is depleted at which point they will not print anymore (current stock is likely to last another 2-3 years) ([www.serviceontario.ca](http://www.serviceontario.ca); 416-212- 2207)
- English and French versions of both the original and Toddler NutriSTEP® questionnaires, for online completion for parents, will be available as nutri e- STEP™ on the Dietitians of Canada website in the spring of 2013 ([www.dietitians.ca](http://www.dietitians.ca))

Should you have any questions regarding the transition of NutriSTEP®, please do not hesitate to contact Ashley Ecker at 416-367-3313 x232 or [aecker@opha.on.ca](mailto:aecker@opha.on.ca) up until 30<sup>th</sup> September 2012. After this date you may contact Janis Randall Simpson at 519 824-4120, ext 53843 or [rjanis@uoguelph.ca](mailto:rjanis@uoguelph.ca) at the University of Guelph.

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

## 26. How much omega-3 is required for optimal neural function in children?

*This is just one of the questions being asked by the NUTRIMENTHE project which aims to quantify, for the first time, the amount of omega-3 required for optimal neural function.*

There is an increasing awareness of the importance of omega-3 fatty acids (especially docosahexaenoic acid DHA) for optimal neurological function in humans. DHA levels have been shown to affect visual, cognitive and motor functions in animal and human studies thus levels of fatty acids in humans become significant when considering the development of cognitive abilities. These fatty acids are major structural components of cell membranes, especially in the brain, and they are critical for infant and child brain development, involved in numerous neuronal functions including membrane fluidity and gene regulation. Indeed, DHA is the most abundant omega-3 fatty acid in the mammalian brain, incorporated into the nervous tissues during the pre- and post- natal period of rapid neural growth. Dietary intake of long chain polyunsaturated omega 3 and omega 6 fatty acids is important for the achievement of optimal levels as in humans endogenous synthesis from essential fatty acids seems not to meet requirements fully.

**To study the requirements for DHA further, the NUTRIMENTHE project has included a nutritional intervention study in children aiming to quantify, for the first time, the level of DHA required for optimal neural function.** However, achieving such a study in healthy children appeared unfeasible so, NUTRIMENTHE designed a double blind, multi-centre, randomised clinical trial in children with Phenylketoneuria, comparing different doses of a supplement containing DHA and then measuring neurological functions.

Phenylketoneuria (PKU) is one of the most common inborn errors of metabolism in Caucasian populations and if left untreated, leads to a number of conditions including severe psychomotor problems and mental retardation. Once diagnosed, treatment involves strict limitation of dietary protein. The PKU patient must avoid food rich in protein (meat, fish, eggs, dairy products). As a result, the PKU diet is typically made up of low protein natural food (vegetables, fruit, some cereals) poor in phenylalanine but containing sufficient supplies necessary for growth purposes. Control of phenylalanine levels through the diet is currently the mainstay of PKU therapy, although new treatments are appearing (3). Unfortunately, the restricted diet is low in other essential nutrients including long chain polyunsaturated fatty acids (LC-PUFAs). As a consequence, PKU patients typically, have an extremely low intake of LC-PUFAs and previous studies have established that certain neural functions, visual evoked potentials (VEPs, the time taken for a visual stimulus to travel from the eye to the occipital cortex, the image processing centre of the brain), fine motor skills and coordination are improved by giving high doses of LC-PUFAs .

In 2001 and 2007, researchers from the University of Munich, published work on the neural function of 36 children with PKU before and after three months supplementation with fish oil capsules providing 15 mg of DHA per kg body weight per day. VEP, fine motor skills and body coordination in the PKU children was noticed to significantly improve after supplementation with omega-3, compared to the non-PKU children, whose neural function remained unchanged.

**.NUTRIMENTHE's current, multicentre PKU trial, aims to establish dietary requirements for omega-3 fatty acids for such children and those in the general population, as currently there are none.** The researchers believe that the establishment of requirements are of major importance for securing adequate intakes for populations and for allowing decisions on food policy.

Data collection is now complete and analysis is taking place

<http://www.nutrimenthe.eu/>

## 27. Recruiting health professionals to participate in PREGNETS evaluation

The Ontario Tobacco Research Unit (OTRU) is currently evaluating the new PREGNETS website ([www.pregnets.org](http://www.pregnets.org)). PREGNETS is an online provincial resource that helps women who are thinking about becoming pregnant or who are pregnant or postpartum to quit or reduce smoking. PREGNETS provides tools and resources to assist health care providers, as well as the pregnant and postpartum women they serve, with smoking cessation/reduction. PREGNETS began in 2003 as part of the Nicotine Dependence Services at the Centre for Addiction and Mental Health.

As part of this evaluation, we are looking for **health care providers** to complete a short online survey that assesses the website's usability and its usefulness to practice. If you are interested in participating, please follow the link below. The survey will remain open until August 31<sup>st</sup>, 2012.

Survey link: <http://www.keysurvey.com/f/449170/1dcb/>

To gain further insight into the website, we are also looking for **health care providers** to participate in a telephone interview. This interview should last approximately 20 minutes. If you are interesting in participating in an interview or if you have any general questions, please feel free to contact Tracey Borland at Tel: 416-978-8306 or [tracey.borland@camh.ca](mailto:tracey.borland@camh.ca).

## 28. Ophea Legacy Fund - now accepting applications!

Are you a beginning teacher with a passion for H&PE and advocacy with a special interest in advancing healthy, active living opportunities for children and youth? If so, you are eligible to apply for the first of Ophea's Legacy Funds, the Deb Courville Education Fund. Recipients will receive a \$500 educational subsidy to support professional development opportunities and will be recognized as part of the Ophea Awards ceremony at the 2012 Conference. To learn more and to download your application for the Deb Courville Education Fund click here and submit your completed form by September 7.

<http://www.ophea.net/node/2120>

## 29. LCBO Stores Raise Funds For Healthy Pregnancies

Starting August 19, the public can help support the Best Start Resource Centre (Best Start) to address alcohol use and pregnancy by making a donation at any of the more than 620 LCBO stores throughout Ontario. Donation boxes for Best Start will be displayed at LCBO checkout counters until September 15. The Best Start Resource Centre, a key program at Health Nexus, improves the health of pregnant women, infants and young children in Ontario. Best Start provides learning opportunities for service providers, and develops needed research, resources and province-wide awareness campaigns. Over the last ten years, there has been a focus on province-wide strategies to raise awareness about the risks of drinking alcohol during pregnancy and to improve the skills of health care providers around alcohol use in pregnancy. LCBO has supported these strategies by including information in its stores, and in its FOOD&DRINK magazine, in addition to supporting the development of a range of resources for pregnant women about alcohol and pregnancy. Funds raised through donations will be used to promote healthy pregnancies and healthy babies, with a focus on alcohol use in pregnancy.

For more information, visit [www.beststart.org](http://www.beststart.org) or [www.alcoholfreepregnancy.ca](http://www.alcoholfreepregnancy.ca).

### 30. Planning for International FAS Day: Updates about Media Buys Across the Province

Below you will find some additional information about the provincial media buys for September about alcohol and pregnancy.

- **Transit and Mall Ads** - Based on changing availability, there were some changes to the transit and mall ad purchases:
  - Unfortunately we will **not** have interior transit ads in Owen Sound
  - We will have interior transit ads in Durham (Whitby, Ajax, Pickering)
  - We will have mall ads in Sarnia
- **Social Media Release** - The release is available through the News Canada website. Please share as appropriate with your social media links. News Canada will also promote this social media release. The link is: <http://www.newscanada.com/social-media-release-help-promote-alcohol-free-pregnancies-healthier-babies-74465>
- **Print Articles** - There are 3 English and 3 French ready to use articles available through News Canada. You can encourage your local media to access these articles, use them in your newsletters etc. News Canada will also promote the articles to print media. The links are:
  - “Why alcohol and pregnancy don’t mix” - <http://www.newscanada.com/print-sep-why-alcohol-and-pregnancy-dont-mix-74228>
  - “Drinking while pregnant preventable yet common cause of brain damage” - <http://www.newscanada.com/print-sep-drinking-while-pregnant-preventable-yet-common-cause-of-brain-damage-74230>
  - “Help promote alcohol-free pregnancies, healthier babies” - <http://www.newscanada.com/print-sep-help-promote-alcohol-free-pregnancies-healthier-babies-74229>
  - “L’alcool et la grossesse ne font pas bon ménage. Pourquoi?” - <http://www.newscanada.com/print-sep-lalcool-et-la-grossesse-ne-font-pas-bon-menage-pourquoi-74231>
  - “Promouvoir des grossesses sans alcool et la naissance de bébés en meilleure santé” - <http://www.newscanada.com/print-sep-promouvoir-des-grossesses-sans-alcool-et-la-naissance-de-bebes-en-meilleure-sante-74232>
  - “Il est possible d’éviter l’alcool durant la grossesse. Pourtant cela reste l’une des principales causes de lésions cérébrales!” - <http://www.newscanada.com/print-sep-il-est-possible-deviter-lalcool-durant-la-grossesse-pourtant-cela-reste-lune-des-principales-causes-de-lesions-cerebrales-74233>

For more details about the campaign, see emails below, and visit [http://beststart.org/projects/alcohol\\_and\\_pregnancy.html](http://beststart.org/projects/alcohol_and_pregnancy.html)

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## IV. UPCOMING EVENTS

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### 31. Pregnancy and Birth Conference

Thursday, December 13 & Friday, December 14, 2012

Marriott Toronto Eaton Centre

Through lectures and interactive discussions between the audience and experts, participants will learn about research-based approaches to a variety of important and commonly encountered aspects of prenatal, intrapartum, postpartum and neonatal care. Our conference is aimed towards the obstetrician, neonatologist, family physician, nurse, midwife, doula, or public health professional.

<http://cmicconference.ca/>

### 32. Best Start Resource Centre: Child and Family Poverty Workshop

Friday October 26, 2012

NAV CENTRE in Cornwall

This interactive workshop is for service providers who work with young children, with parents of young children, or who have the opportunity to influence the health and development of young children. The workshop will address pertinent information for service providers working with families with young children (0-6 years old) living in poverty. It will share information about rates of child poverty, consequences of child poverty, strategies that influence the impact of child poverty, and strategies that influence the rate of child poverty.

The registration fee of \$60 includes will include a copy of the resource "[I'm Still Hungry](#)", lunch and healthy snacks.

[http://www.beststart.org/events/detail/workshop\\_oct26\\_2012/index.html](http://www.beststart.org/events/detail/workshop_oct26_2012/index.html)

### 33. The Ontario Public Health Convention (TOPHC) 2013

April 3–5, 2013

TOPHC 2013, brought to you by Public Health Ontario (PHO), the Ontario Public Health Association (OPHA) and the Association of Local Public Health Agencies (aLPHa), invites you to advance public health knowledge and research by submitting an abstract for next year's convention, which will take place from TOPHC 2013 will include an exciting mix of plenary sessions, presentations to share new knowledge, panel discussions, and educational workshops that build and refine practical skills for those who work in public health.

<http://us2.campaign-archive1.com/?u=8255c888eead1bd9aa3ddd0b5&id=8baac24d04&e>

### 34. 2013 Best Start Conference /Conférence annuelle de Meilleur départ 2013

Full Program details will be updated on the conference website over the next few months. Registration will begin in early October.

<http://www.beststart.org/events/2013/bsannualconf13/index.htm>

### **35. PHO Rounds: Equity in public health standards: a qualitative document analysis of policies from two Canadian provinces**

Tuesday, September 4, 2012

12:00 p.m. – 1:00 p.m.

Promoting health equity is a key goal of many public health systems. However, little is known about how equity is conceptualized in such systems, particularly as standards of practice are established. As part of a larger study examining the renewal of public health in two Canadian provinces, Ontario and British Columbia, an analysis of relevant public health documents related to equity was conducted. The aim of this presentation is to discuss how equity is considered within documents that outline standards for public health.

To register, please visit

<http://phoroundsept42012.eventbrite.com>

### **36. The Parent-Child Mother Goose Program® Teacher Training Workshop**

SEPTEMBER 28 & SEPTEMBER 29, 2012

Centre for Social Innovation Annex, 720 Bathurst St., Toronto

Cost: \$320 (Early bird rate is \$280 for those who register by August 28, 2012)

The Parent-Child Mother Goose Program is a group experience for parents and their babies and young children focusing on the pleasure and power of using oral and through the air rhymes, songs, and stories together.

#### **Teacher Training Workshop covers:**

- The **Philosophy and Objectives** of the Parent-Child Mother Goose Program.
- The **Material** of the Parent-Child Mother Goose Program, including:

**Rhymes** - many examples of interactive rhymes; how they fit into the program, how to use interactive rhymes and, how to teach them to parents.

**Songs** - learn lullabies and dancing songs; when to use them and how to teach them to parents.

**Storytelling** – why it's an essential part of the program; how to learn and tell a story, and enjoy it!

- **The Logistics** of how to run a Parent-Child Mother Goose Program – from setting up a group, to putting out the mats, to saying goodbye.

#### **The Cost of the Workshop includes:**

- P-CMGP Teacher Training Manual
- Rhymes and Songs booklet
- P-CMGP Forms booklet and other resources

Variety of additional resources will be available for sale at the workshop. After attending this workshop you are able to start running a Parent-Child Mother Goose Program.

*\*Please note that all Parent-Child Mother Goose Programs must be taught by two trained teachers.*  
Contact Renita Fillatre [mqoose@web.net](mailto:mqoose@web.net) or 416 588 5234 ext. 0 with any further questions.  
[www.nald.ca/mothergooseprogram](http://www.nald.ca/mothergooseprogram)

### **37. From Birth to Co-Sleeping: How Choices affect Breastfeeding**

October 17, 2012

McLean Community Centre, Banquet Hall  
95 Magill Drive , Ajax, ON L1T 4M5

Leader: Linda J. Smith, MPH, IBCLC, FACCE, FILCA

Approved for 5.35 CERTS

For local information on destination or venue please contact:

Yvette Nechvatal-Drew, Local Seminar Coordinator, La Leche League Canada

Telephone: [905.428.8111](tel:905.428.8111) ext. 24

E-mail: [ajax.lllc.hps@gmail.com](mailto:ajax.lllc.hps@gmail.com)

### **38. IT'S A DAD'S LIFE: Engaging Men on Their Journey as Fathers**

Monday November 5, 2012 9 am to 4 pm (EST)

Presenter: Brian Russell, Provincial Coordinator, Dad Central Ontario

The Hospital for Sick Children, 555 University Ave., Toronto, ON, 1st Floor, Daniels Hollywood Theatre

The place of fathers in the world of parenting is changing dramatically. In marketing, media and malls we see men engaging their children in new ways. But as family service agencies are we able to keep pace with this growing reality? And most importantly, are we reaching the fathers that need the most support?

This full-day workshop offers participants:

- an overview of the experience of a dad today
- some ideas of things that influence a dad's involvement with his family
- a glimpse into specific situations:
  - fathers involved with child welfare
  - Aboriginal fathers
  - fathers and mental health of families
  - young fathers
- what research is showing about how men bond with children
- the impact on families when fathers are involved and uninvolved
- an assessment of present practice with families vis a vis engaging fathers
- best practice strategies
- resources to use to engage fathers

<http://www.cvent.com/events/it-s-a-dad-s-life-engaging-men-on-their-journey-as-fathers/event-summary-46e556948d2145a584356d5c62375d20.aspx>

### **39. Webinar: Canada's Low-Risk Alcohol Drinking Guidelines – New and emerging resources for Ontario public health units**

Friday September 7, 2012

10:00AM to 11:30AM

Since the release of the national low-risk drinking guidelines in November 2011, numerous related resources and tools have been developed for public health practitioners and others. This webinar will highlight some of the more popular resources and present some sample low-risk drinking initiatives underway at health units throughout Ontario. During this webinar, public health units can begin to make connections with others to share, collaborate, and maximize resources.

<http://lowriskguidelines.eventbrite.com/>

### **40. Fourth Annual Enhanced 18-month Well-Baby Visit Program Community Meeting**

Wednesday, February 13, 2013 8:00 am -4:00 pm

Sheraton Toronto Airport

Details to follow in the coming months. Please contact Julie Gross at [grossj@mcmaster.ca](mailto:grossj@mcmaster.ca) for any inquiries.

Julie Gross, RN, MSc(A)

Project Coordinator, Enhanced 18-month Well-Baby Visit Program

Offord Centre for Child Studies, McMaster University

(905) 521-2100 ex. 74099

[www.18monthvisit.ca](http://www.18monthvisit.ca)

### **41. A New Leadership: Be the Difference with Meg Wheatley**

Tuesday, October 2nd, 2012 from 1:00pm - 4:30pm

Delta Kitchener Grand Ballroom, Kitchener, ON

This event is timely as the Region of Waterloo has been working to develop a corporate-wide Comprehensive Approach to Poverty Reduction. This event will address an interest in building collaborative leadership within communities and organizations.

Spend the afternoon with one of North America's greatest minds for community change! Be inspired by Meg Wheatley and colleagues from across Ontario who are engaged in leading communities through our challenging times. Consider showing your appreciation to staff, volunteer or board members by bringing the whole team for this inspiring and engaging event.

The full cost of this dynamic leadership experience is \$75 per person or if you are bringing a group of 3 or more people from the same organization the cost is \$55 per person. Light refreshments will be provided.

**Register today** to spend an afternoon with Meg Wheatley one of the world's most well-respected writers, speakers, and teacher of leadership and systemic change. The author of six books including the international best seller *Leadership and the New Science*, she has harnessed the complex wisdom of

nature - helping us imagine a simpler, more natural way to lead collaboratively.

More information, registration and online payment can be found at:

[www.tamarackcommunity.ca/NewLeadership.html](http://www.tamarackcommunity.ca/NewLeadership.html)

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## V. RESOURCES

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### 42. Poverty Costs, An Economic Case for a Preventative Poverty Reduction

Briggs, A. & Lee, C.R. (2012).

Strategy in Alberta. Calgary: Vibrant Communities Calgary and Action to End Poverty in Alberta. By providing economic evidence to help inform the creation of policy, this report encourages decision-makers and all Albertans to consider the financial efficacy of the policies we currently have in place; encourages us to consider alternatives; and will hopefully facilitate consensus among divergent values and opinions in Alberta. Ultimately, this report aims to contribute to an effective, meaningful, and sustainable Poverty Reduction Strategy in Alberta.

[http://www.actiontoendpovertyinalberta.org/images/stories/documents/Poverty-Costs\\_Feb06-2012.pdf](http://www.actiontoendpovertyinalberta.org/images/stories/documents/Poverty-Costs_Feb06-2012.pdf)

### 43. Video: The Business of Being Born: Classroom Edition

The video reaches out to young adults BEFORE they confront their own birth decisions—challenging the prevailing assumptions about birth providers and current obstetrical management trends. Our goal is for the next generation of policy makers, practitioners, educators, and parents to approach birth decisions with awareness and confidence. Our strategy is to incorporate this research-based presentation into classrooms around the country.

While devised with an initial focus on undergraduate classes in Sociology, Anthropology, Health Policy, Women's Studies and Public Health, The Business of Being Born: Classroom Edition could be used for myriad university disciplines. We envision empowering the next generation of parents to seek out normal birth, systemic change and new policies supporting maternity care in the United States.

<http://www.classroomboob.blogspot.ca/>

### 44. KidsAndCars.org/Canada

Like KidsAndCar.org, KidsAndCars.org/Canada is a non-profit organization and shares the same mission: To dedicate its efforts to preventing injuries and death to children in or around motor vehicles and to promote the highest level of safety awareness among parents, caregivers, and the public-at-large. Just like KidsAndCars.org, KidsAndCars.org/Canada has adopted as its Five Areas of Focus: Data Collection, Education, Policy Change, Regulation and Survivor Advocacy.

<http://www.kidsandcars.org/>

#### 45. NutriSTEP® (Nutrition Screening Tool for Every Preschooler)

- A fast and simple way to assess eating habits and identify nutrition problems early in young children 3-5 years of age.
- A bilingual (English and French) parent-administered 17-item nutrition screening questionnaire.
- A valid and reliable questionnaire that can differentiate between preschoolers who are at nutrition risk and those who are not.
- A questionnaire that includes topics such as children's food and nutrient intake, physical growth, developmental and physical capabilities, physical activity, food security and the feeding environment.
- A questionnaire that can be used in a variety of settings as well as for nutrition surveillance.
- Listen to our [June 2009](#) and [November 2010](#) web casts to learn more. View the [Powerpoint slides and accompanying background materials](#).

<http://nutristep.ca/>

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## VI. FEATURED BEST START RESOURCES

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#### 46. Building Resilience in Young Children

##### Booklet for parents of children from birth to six years

This booklet is for parents of children from birth to six years and anyone who cares for children – like grandparents, relatives, foster parents and other adults. Many of the ideas will also help families with older children.

Building Resilience in Young Children is a resource to help you boost your child's ability to bounce back from life's challenges and thrive. It is filled with:

- Up-to-date information
- Helpful tips
- Parent stories
- Links to other resources

**The booklet is available free of charge in PDF version or in a print version**

To view or download go to: [www.beststart.org/resources/hlthy\\_chld\\_dev/index.html](http://www.beststart.org/resources/hlthy_chld_dev/index.html)

To order print versions go to: <http://beststart.org/resources/order.html>

## **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](mailto: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.*

### Other Health Nexus communications:

**OHPE** - 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. <http://www.ohpe.ca/>

**Click4HP** - An open, facilitated public listserv, 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. <https://listserv.yorku.ca/archives/click4hp.html>

**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. <http://www.beststart.org/services/MNCHP.html>

**Health Promotion Today / Promotion de la santé aujourd'hui** - Our bilingual blog keeps you informed of news and topics related to health promotion. <http://www.blogs.healthnexusante.ca/>

Follow us on **Twitter** to stay up to date on all things related to health promotion. [https://twitter.com/Health\\_Nexus](https://twitter.com/Health_Nexus)

View our video resources on **YouTube** and **Vimeo** (<http://www.youtube.com/user/healthnexusante>, <https://vimeo.com/user9493317>)

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. <http://www.healthnexus.ca/leadershipaward>

**NEW ! 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. <http://lists.beststart.org/listinfo.cgi/bsasc-beststart.org>

### En français:

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

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. <http://www.meilleurdepart.org/services/bulletins.html>

**Promotion de la santé aujourd'hui / Health Promotion Today** – Notre blogue bilingue sur lequel on partage des nouvelles et réflexions liées à la promotion de la santé. <http://www.blogs.healthnexusante.ca/>

Suivez-nous sur **Twitter** pour demeurer au fait de tout ce qui concerne la promotion de la santé. [https://twitter.com/Nexus\\_Sante](https://twitter.com/Nexus_Sante)

Visionner nos ressources vidéo sur **YouTube** et **Vimeo** (<http://www.youtube.com/user/healthnexusante>, <https://vimeo.com/user9493317>)

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. <http://www.nexusante.ca/prixdeleadership>