***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***](#_About_This_Bulletin)***. To manage your subscription, unsubscribe from the list-serv and access the list archives,*** [***click here***](http://beststart.org/services/information.html)***.***

# August 8, 2014

# *The next bulletin will be released September 12, 2014.*

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# I. NEWS & VIEWS

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# Province proposing improved child care safety

# This article (Kawartha Lakes, July 13, 2014) outlines the impact of legislation proposed by the Ontario government on Ontario’s unlicensed child care sector. The Child Care Modernization Act, reintroduced July 10, aims to improve the government’s ability to monitor unlicensed child care providers by increasing the penalties providers can incur for infractions and allowing the government the ability to immediately close a child care service if a child is in danger. The Act would also help to improve the availability of licensed child care by allowing licensed providers to care for 6 children (the current maximum is 5) and by requiring school boards to offer before- and after-school programs if requested.

# <http://www.mykawartha.com/news-story/4627784-province-proposing-improved-child-care-safety/>

# Visit this link for more background information related to the Act: <http://news.ontario.ca/edu/en/2014/07/child-care-modernization-act-1.html>

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# Baby death prompts child advocate to warn foster parents against bed-sharing

# This news report (Commisso, August 6, 2014) highlights how the death of an infant in foster care is prompting Alberta’s Ministry of Human Services to clarify its stance on bed-sharing. An infant was moved into the bed of her foster mother during the night and found unresponsive the next morning. In response to the infant’s death, Alberta’s Minister of Human Services released a statement demanding the provision of a separate sleeping arrangement for all children in the province’s care.

# <http://www.ctvnews.ca/canada/baby-death-prompts-child-advocate-to-warn-foster-parents-against-bed-sharing-1.1948176>

# Mealtime negotiations a disservice to kids, parents

# Drawing on recommendations by Dr. Katya Rowell and Anna Aylett, a registered dietitian at the Children’s Hospital of Eastern Ontario, this article (Lazowski, July 24, 2014) discusses strategies for parents with regards to managing their children’s meals. Rowell highlights the “division of responsibility” between parents and children at mealtimes, emphasizing that parents should be responsible for when and what their children eat, and children should be responsible for determining how much they eat. Other suggestions for mitigating unhealthy eating practices include eating regularly scheduled meals as a family and approaching treats and healthy foods with a similar attitude.

# <http://www.cbc.ca/news/health/mealtime-negotiations-a-disservice-to-kids-parents-1.2715702>

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# II. RECENT REPORTS AND RESEARCH

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# *\* indicates journal subscription required for full text access*

# Physical activity following pregnancy in women at risk for cardiovascular disease

Davenport, M.H., & Steinbeck, C.D. (2014). Physical activity following pregnancy in women at risk for cardiovascular disease. *Research Update: Alberta Centre for Active Living, 21*(3). Retrieved from <http://www.centre4activeliving.ca/news/2014/07/physical-activity-after-pregnancy/>

# SUMMARY:

### Background

Cardiovascular disease is the top killer of women in Canada, leading to $22.2 billion/year in direct and indirect health care costs (Statistics Canada, 2012).

While there are many contributing factors, the American Heart Association has recently highlighted pregnancy complications as risk factors (as strong as smoking) for the future development of cardiovascular disease (Mosca et al., 2011).

Preeclampsia is particularly troubling as its fundamental origin has yet to be determined, it affects up to 8% of all pregnancies and its incidence has increased 25% over the last two decades (American College of Obstetricians and Gynecologists, 2013; Steegers, von Dadelszen, Duvekot, & Pijnenborg, 2010). Women who develop preeclampsia have, on average, a doubling in their risk for future hypertension, heart disease and stroke.

In diverse non-pregnant populations, exercise is a well-known adjunct intervention to decrease cardiovascular disease risk. It is estimated at least 40% of this risk reduction may be a direct influence of exercise on vascular health.

Following this logic, Scholten et al. (2014) recently examined the benefits of exercise training in reducing cardiovascular disease risk in previously preeclamptic women.

<http://www.centre4activeliving.ca/news/2014/07/physical-activity-after-pregnancy/>

PDF: <http://www.centre4activeliving.ca/media/filer_public/6d/30/6d30777c-f73e-4a34-9a5d-1ed84f3760b3/2014-july-pregnancy.pdf>

1. **Sleep environment risks for younger and older infants**

# Colvin, J.D., Collie-Akers, V., Schunn, C., Moon, R.Y. (2014). Sleep environment risks for younger and older infants. *Pediatrics, 134*(2): e406-e412. doi:10.1542/peds.2014-0401

# ABSTRACT:

# OBJECTIVE: Sudden infant death syndrome and other sleep-related causes of infant mortality have several known risk factors. Less is known about the association of those risk factors at different times during infancy. Our objective was to determine any associations between risk factors for sleep-related deaths at different ages.

**METHODS:** A cross-sectional study of sleep-related infant deaths from 24 states during 2004–2012 contained in the National Center for the Review and Prevention of Child Deaths Case Reporting System, a database of death reports from state child death review teams. The main exposure was age, divided into younger (0–3 months) and older (4 months to 364 days) infants. The primary outcomes were bed-sharing, objects in the sleep environment, location (eg, adult bed), and position (eg, prone).

**RESULTS:** A total of 8207 deaths were analyzed. Younger victims were more likely bed-sharing (73.8% vs 58.9%, *P* < .001) and sleeping in an adult bed/on a person (51.6% vs 43.8%, *P* < .001). A higher percentage of older victims had an object in the sleep environment (39.4% vs 33.5%, *P* < .001) and changed position from side/back to prone (18.4% vs 13.8%, *P* < .001). Multivariable regression confirmed these associations.

**CONCLUSIONS:** Risk factors for sleep-related infant deaths may be different for different age groups. The predominant risk factor for younger infants is bed-sharing, whereas rolling into objects in the sleep area is the predominant risk factor for older infants. Parents should be warned about the dangers of these specific risk factors appropriate to their infant’s age. <http://pediatrics.aappublications.org/content/134/2/e406.full>

PDF: <http://pediatrics.aappublications.org/content/134/2/e406.full.pdf+html>

# Trajectories of preschool disorders to full DSM depression at school age and early adolescence: Continuity of preschool depression\*

Luby, J.L., Gaffrey, M.S., Tillman, R., April, L.M., Belden, A.C. (2014). Trajectories of preschool disorders to full DSM depression at school age and early adolescence: Continuity of preschool depression. *American Journal of Psychiatry, 171*: 768-776. doi:10.1176/appi.ajp.2014.13091198

# ABSTRACT:

**Objective**: Preschool-onset depression, a developmentally adapted form of depression arising between ages 3 and 6, has demonstrated numerous validated features, including characteristic alterations in stress reactivity and brain function. This syndrome is characterized by subthreshold DSM criteria for major depressive disorder, raising questions about its clinical significance. To clarify the utility and public health significance of the preschool-onset depression construct, the authors investigated diagnostic outcomes of preschool children at school age and in adolescence.

**Method**: In a longitudinal prospective study of preschool children, the authors assessed the likelihood of meeting full criteria for major depressive disorder at age 6 or later as a function of preschool depression, other preschool axis I disorders, maternal history of depression, nonsupportive parenting, and traumatic life events.

**Results**: Preschool-onset depression emerged as a robust predictor of major depressive disorder in later childhood even after accounting for the effect of maternal history of depression and other risk factors. Preschool-onset conduct disorder also predicted major depression in later childhood, but this association was partially mediated by nonsupportive parenting, reducing by 21% the effect of preschool conduct disorder in predicting major depression.

**Conclusions**: Study findings provide evidence that this preschool depressive syndrome is a robust risk factor for developing full criteria for major depression in later childhood, over and above other established risk factors. The results suggest that attention to preschool depression and conduct disorder in addition to maternal history of depression and exposure to trauma may be important in identifying young children at highest risk for later major depression and applying early interventions.

<http://ajp.psychiatryonline.org/article.aspx?articleid=1859475>

# Give love, get love: The involved fatherhood and gender equity project

# White Ribbon Campaign. (2014). *Give love, get love: The involved fatherhood and gender equity project*. Toronto, ON: White Ribbon Campaign. Retrieved from <http://www.whiteribbon.ca/pdfs/fatherhood_report.pdf>

# SUMMARY:

The Involved Father and Gender Equity project was a collaborative effort between the White Ribbon Campaign and Dad Central. The study explored the positive roles that fathers, organizations working with diverse fathers, and the fatherhood sector in Ontario in general can play in promoting gender equality, healthy, equal relationships, and ending violence against women in all its forms. The data for the study consisted of several modalities including focus groups, surveys of fathers who participated in the focus groups, interviews with stakeholders and professionals working on engaging fathers, and a preliminary environmental scan of the services available to fathers in Ontario.

Fifty-three (53) fathers took part in nine focus groups in communities across Ontario. The information regarding their experiences comprises the majority of the findings in this document. The following are the major findings associated with this research.

<http://www.whiteribbon.ca/pdfs/fatherhood_report.pdf>

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# III. CURRENT INITIATIVES

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**8.** **World Breastfeeding Week**

This year’s World Breastfeeding Week, coordinated by the World Alliance for Breastfeeding Action (WABA) was held from August 1st to 7th. This year’s theme “Breastfeeding: A Winning Goal – For Life!” emphasizes the lifelong benefits of early, exclusive and continued breastfeeding. World Breastfeeding Week aims to promote breastfeeding as a key practice in the achievement of the 8 global Millennium Development Goals. WABA explains how breastfeeding can help to reduce world hunger and infant mortality, protect against disease, improve maternal health and gender equality, and increase children’s readiness to learn – all major aspects of the MDGs. WABA also provides [materials](http://www.worldbreastfeedingweek.org/downloads.shtml) for promoting the benefits of breastfeeding. Canada celebrates Breastfeeding Week October 1st to 7th.

<http://worldbreastfeedingweek.org/>

For more information regarding events and campaign materials related to World Breastfeeding Week, please see the following:

* **World Health Organization**: Find colourful campaign infographics outlining the responsibility of both mothers and health practitioners in ensuring successful breastfeeding

EN:<http://www.who.int/mediacentre/events/meetings/2014/world_breastfeeding_week/en/>

FR:<http://www.who.int/mediacentre/events/meetings/2014/world_breastfeeding_week/fr/>

* **The Big Latch-On 2014**: An international synchronized breastfeeding event in which women around the world meet at predetermined locations to simultaneously breastfeed their children. This year’s event had 13 798 women latching on at the same time

<http://biglatchon.org/>

* **World Breastfeeding Week calls for post-2015 support for breastfeeding**: Read the Baby Friendly Iniative’s summary of the event and download UNICEF’s report: “Breastfeeding on the worldwide agenda”

<http://www.unicef.org.uk/BabyFriendly/News-and-Research/News/World-Breastfeeding-Week-calls-for-post-2015-support-for-breastfeeding/>

* **Raising Our Voice**: A free webinar related to breastfeeding advocacy offered by the GOLD Lactation Online Conference in honour of World Breastfeeding Week; the presentation will remain available until Aug. 10, 2014

<http://www.goldlactation.com/wbw>

* **#WorldBreastfeedingWeek**: Review comments and stories from World Breastfeeding Week on Twitter and join the conversation

<https://twitter.com/search?q=%23WorldBreastfeedingWeek&src=tyah>

1. **International Campaign to Raise Awareness of the Risks of Drinking in Pregnancy**

# A collaborative initiative to be launched on International FASD Awareness Day (September 9th, 2014) that aims to form a network of resources between countries worldwide to better promote the dangers of drinking during pregnancy. By encouraging FASD awareness groups around the world to join the initiative, this campaign hopes to disseminate a consistent message internationally through a variety of media. The campaign currently has 25 partners, including the Edmonton Fetal Alcohol Network in Canada, and plans to continue expanding after its launch.

# <http://www.eufasd.org/awareness/network.php>

# Further campaign details were recently published in: An international campaign to raise awareness of the risks of drinking in pregnancy. (2014). *International Journal of Alcohol and Drug Research, 3*(1): 113-116. doi:10.7895/ijadr.v3i1.175

# <http://www.ijadr.org/index.php/ijadr/article/view/175>

# Visit the following links for information on other initiatives related to FASD Awareness:

# FASD Awareness Day: The official FASD Awareness Day website that provides information on the Day’s official customs and offers an extensive list of campaign ideas and resources

# <http://www.fasday.com/>

# FASD Awareness Campaigns: Creating Effective Messages: A blog post from *Girls, Women, Alcohol and Pregnancy* that discusses strategies for creating effective FASD Awareness Day promotional materials and activities <https://fasdprevention.wordpress.com/category/fasd-awareness-day/>

# FASD Ontario Network of Expertise – Upcoming Events: A list of upcoming events offered by FASD ONE partners <http://www.fasdontario.ca/cms/news-events/upcoming-events/>

# Women Want to Know: Pregnancy and Alcohol: A series of videos developed by the Australian Department of Health illustrating strategies for discussing alcohol consumption with pregnant women from the perspective of both the health practitioner and the women

<http://www.youtube.com/playlist?list=PL0M2mKAEuALbbj2CcFK20coNylg9WVYzh>



# IV. UPCOMING EVENTS

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# Results and Findings from the Active Healthy Kids Canada’s 2014 Report Card & Global Summit

# Aug. 26, 2014: Webinar

# A webinar hosted by Ophea to discuss the results of Active Healthy Kids Canada’s 2014 Report Card which evaluates the physical activity of Canadian children. The lead author of the Report Card, Joel Barnes, will place the results of the report in a broader global context and discuss reasons why policies and programs in place to improve the physical activity of children are not leading to successful results.

# <https://www.ophea.net/webinar-registration/results-and-findings-active-healthy-kids-canadas-2014-report-card-global-summit>

# Pediatric Nutrition Days

# Sept. 16-17, 2014: Hamilton, ON

# A two-day conference held at McMaster Children’s Hospital aimed at dietitians, pediatricians, physicians and other health professionals with an interest in infant nutrition. Presentations will discuss current trends in the field, with lectures covering topics including nutrition myths, donor human milk banking, and vitamin D recommendations. Karen Le Billon, a professor at the University of British Columbia, will provide the keynote address, speaking about her recent book *Getting to Yum* which outlines strategies to help parents work through their children’s picky eating habits.

# <http://nutritiondays.ca/>

# 12. Smoking Cessation Workshops

Sept. 25, 2014: Haliburton, ON

Oct. 20, 2014: New Liskeard, ON

Oct. 22, 2014: Sudbury, ON

Nov. 12, 2014: Owen Sound, ON

Nov. 14, 2014: Barrie, ON

Jan. 14, 2015: Cornwall, ON

Jan. 16, 2015: Kingston, ON

Feb. 18, 2015: Toronto, ON

The Registered Nurses’ Association of Ontario (RNAO) is hosting a series of 8 full-day workshops across Ontario to highlight strategies for discussing the risks of smoking with pregnant women and new mothers. Co-facilitated by master certified tobacco treatment specialist Claire Gignac and Dawn Cole, a public health nurse specializing in reproductive and child health, the workshops will take a woman-centred approach, focusing on social perceptions of smoking mothers. Each workshop will also draw on resources from the Best Start Resource Centre, Motherisk and the Smoker’s Helpline.

<http://rnao.ca/news/new-smoking-cessation-workshops-target-pregnant-and-postpartum-women>

# 13. Infant Mental Health – Community Training Institute

# Nov. 3, 2014 - March 23, 2015: Toronto, ON

# This 15-part series of training workshops aims to educate health professionals in community-based agencies on the impact an infant’s healthy social emotional development can have on their mental and physical health as an adult. The sessions will draw on research that demonstrates how experiences during the first three years of an infant’s life shape the architecture of the brain, and will equip participants with the skills and tools necessary to implement findings based on these practices in their home institutions. Sessions can be viewed in-person or through a simultaneous webcast, and all participants will be given access to session notes and slides.

# <http://www.cvent.com/events/infant-mental-health-community-training-institute/event-summary-ac5e14f9ba8e4a098a270f8c8bcc838e.aspx>

# 14. FRP Canada 40th Anniversary National Conference

# March 10-12, 2015: Toronto, ON

# The Canadian Association of Family Resource Programs (FRP Canada) has partnered with the Canadian Fatherhood Involvement Network (CFIN) to offer its annual conference. Sessions for FRP Canada’s National Conference will be held on March 11th and 12th, and sessions specifically related to engaging fathers in community services and programs will be held during the Canadian Fatherhood National Conference on March 10th. Registration for both conferences will open November 1st; however, CFIN is currently accepting proposals for workshops and displays. Sessions can discuss programming ideas for fathers, issues related to contemporary fatherhood and the influence of fathers, or successful practices for child-father engagement. The deadline for proposals is August 29th, 2014.

# <http://www.frp.ca/index.cfm?fuseaction=page.viewpage&pageid=472>

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# V. RESOURCES

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**15.** **Welcome to Parenting: The Journey from Pregnancy to Parenthood**

This young parent program, recently launched by the Phoenix Centre, is based on the [Welcome to Parenting](http://welcometoparenting.com) program, an online prenatal and parenting education program for expectant and young parents 16- 25 years. The program begins during pregnancy and continues until the parents’ baby is 12 months. There are a series of interactive classes, which cover a range of topics including: pregnancy, labour and birth, newborn care, breastfeeding, parenting, changing relationships, finances, child development and more. Young parents can post questions to a parent educator or to our panel of experts and connect with other young parents online in the Parent Zone. The development of the Young Parent program was funded by the Ontario Trillium Foundation in collaboration with the following agencies: Algoma Public Health, Best Start Resource Centre, Columbus House, Jessie's June Callwood Centre for Young Parents, Humewood House, Ottawa Young Parents/Brighter Futures for Young Parents, Peterborough Family Resource Centre, St Mary's Home, Youville Centre and Vita Centre. Young parents from several of these agencies provided feedback into the changes needed for the young parent version. As a launch special, the Phoenix Centre will provide five free access codes to agencies or government departments. Access to the program is through agencies with a license to offer the program. For further information, email [contact@welcometoparenting.com](mailto:contact@welcometoparenting.com).

<http://yp.welcometoparenting.com/>

**16.** **Guidance on Implementing the Baby Friendly Initiative standards in children’s centres**

This new document, developed by the UNICEF UK Baby Friendly Initiative, supports the implementation of Baby Friendly standards in children’s centres. Divided into three major sections, the document provides key criteria necessary for establishing a foundation for Baby Friendly implementation, a detailed explanation outlining how the Baby Friendly standards could be implemented in a child care context, and a step-by-step procedure for accrediting a child care centre with UNICEF UK. While some of the information is UK specific, the document provides sufficient background information to be useful for most child care centres looking to understand how Baby Friendly Initiative standards can be integrated into their work. The guide can be used in conjunction with the UNICEF UK’s [Children’s Centre Action Plan](http://www.unicef.org.uk/BabyFriendly/Health-Professionals/going-baby-friendly/preparing-to-go-baby-friendly/developing-an-action-plan/), which serves to lead centres through the accreditation process.

<http://www.unicef.org.uk/BabyFriendly/Health-Professionals/going-baby-friendly/>

PDF:<http://www.unicef.org.uk/Documents/Baby_Friendly/Guidance/guidance_childrens_centres.pdf>

**17.** **Review of Early Learning Frameworks in Canada**

A new resource developed by the Atkinson Centre for Society and Child Development that summarizes aspects of the Early Learning Frameworks that have currently been developed in seven provinces, with two more to be released in the fall. The provincial frameworks were created in response to the 2005 federal/provincial child care agreements which required the provinces to develop detailed action plans to address the four “QUAD” principles of quality, universal inclusion, accessible and developmental early learning and care services. The frameworks can serve as a guide for child care workers and educators as they plan daily activities and work to accommodate children with special needs. This resource highlights 20 different aspects of the Frameworks including how they were developed, who they are intended for, as well as additional resources created to support the framework.

<http://www.oise.utoronto.ca/atkinson/UserFiles/File/Resources_Topics/Resources_Topics_CurriculumPedagogy/Review_of_Early_Learning_Frameworks_in_Canada-all.pdf>



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# VI. FEATURED BEST START RESOURCES

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### 18. Managing Depression: A Self-help Skills Resource for Women Living with Depression During Pregnancy, After Delivery, and Beyond – Workbook

(available in French)

This new workbook is for women living with depression during pregnancy, after delivery and beyond; and their clinicians or service providers.  It provides information about depression and healthy lifestyles behaviours, and skills for managing depression. Concerned partners, family members or friends may also find this resource helpful.

EN: <http://www.beststart.org/resources/ppmd/DepressionWorkbookFinal_14JL22.pdf>

FR:<http://www.meilleurdepart.org/resources/ppmd/DepressionWorkbookFinalFR_14JL23.pdf>

**19.** **The Baby Friendly Initiative: Evidence-Informed Key Messages and Resources**

This resource was developed in partnership with BFI Ontario. It provides key supports for agencies who are implementing or maintaining the standards of the Baby-Friendly initiative (BFI). It highlights the key points regarding each of the 10 Steps to Successful Breastfeeding and the WHO Code of Marketing of Breastmilk Substitutes and explains them with evidence-informed language. The additional online, linked resources can be used when implementing each of the 10 Steps or requirements of the Code, make this resource practical and user-friendly. It is equally applicable in hospital and community settings.

EN<http://beststart.org/resources/breastfeeding/Baby_Friendly_Resource_linked_final.pdf>

FR:<http://www.meilleurdepart.org/resources/allaitement/Baby_Friendly_Resource_FR_linked_rev.pdf>

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# Contact Us

**Best Start Resource Centre**: http://beststart.org/index\_eng.html

**Health Nexus**: http://en.healthnexus.ca/

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**Stay connected!**

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

[**Click4HP**](https://listserv.yorku.ca/archives/click4hp.html) 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**](http://www.beststart.org/services/MNCHP.html) **-** A province-wide electronic forum for service providers working to promote preconception, prenatal and child health.

[**Health Promotion Today**](http://en.healthnexus.ca/)- 0ur blog keeps you informed of news and topics related to health promotion.

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

View our video resources on [**YouTube**](http://www.youtube.com/user/healthnexussante) and [**Vimeo**](https://vimeo.com/user9493317)

[**The Best Start Aboriginal Sharing Circle (BSASC) Network**](http://lists.beststart.org/listinfo.cgi/bsasc-beststart.org) 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**](http://www.healthnexus.ca/leadershipaward) **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 bulletinfrancophone [**Le Bloc-Notes**](http://www.leblocnotes.ca/) 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**](http://www.meilleurdepart.org/services/bulletins.html) 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**](http://fr.nexussante.ca/)– Notre blogue sur lequel on partage des nouvelles et réflexions liées à la promotion de la santé.

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

Visionner nos ressources vidéo sur[**YouTube**](http://www.youtube.com/user/healthnexussante) et [**Vimeo**](https://vimeo.com/user9493317)

Nous vous encourageons à visiter le site Web de notre nouveau [**Prix 3M de leadership en santé**](http://www.nexussante.ca/prixdeleadership/index.html)  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.