

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. Wherever possible, we include resources that are available for free. For more information about this Bulletin, <u>click here.</u>

February 15, 2013

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I. NEWS & VIEWS

1. Dr. Clyde Hertzman

We are deeply saddened to learn that Dr. Clyde Hertzman, Professor in the School of Population and Public Health and member of the Faculty of Medicine at the University of B.C., has passed away. As the Director of the Human Early Learning Partnership and Canada Research Chair in Population Health and Human Development, he played a key role in highlighting the role of early childhood development as a determinant of health. He and his colleagues also produced the Early Development Instrument (EDI) to measure a child's preparedness for school. His research has informed initiatives and has shaped policies for healthy child development at many levels and we are very grateful for his many important contributions. His work will have a lasting legacy for the early child development field. Our thoughts are with his family during this difficult time.

Best Start Resource Centre at Health Nexus

For more information on Dr. Hertzman's work, go to http://earlylearning.ubc.ca/

2. Minister of Children and Youth Services

(available in French)

The Honourable Teresa Piruzza was appointed Minister of Children and Youth Services in February 2013 (Government of Ontario, 2013). Prior to representing the riding of Windsor West, she was Executive Director of Employment and Social Services for the City of Windsor. She was a municipal representative with the Windsor-Essex Local Immigration Partnership Council and a member of Pathway to Potential. This organization is dedicated to raising awareness about poverty and how it can be reduced. She is also a founding member of Workforce WindsorEssex, which is an organization dedicated to supporting a strong, sustainable economy for the Windsor region (Government of Ontario, 2013). EN: <u>http://www.children.gov.on.ca/htdocs/English/about/minister.aspx</u> FR: <u>http://www.children.gov.on.ca/htdocs/French/about/minister.aspx</u>

II. RECENT REPORTS AND RESEARCH

* indicates journal subscription required for full text access

3. Social Marketing to Influence Young Adults' Tobacco Behaviour

Hayward, L., Lambraki, I., & Garcia, J. (2012). Social Marketing to Influence Young Adults' Tobacco Behaviour. Toronto, Ontario: Program Training and Consultation Centre and the Propel Centre for Population Health Impact, University of Waterloo.

SUMMARY:

The tobacco industry has long recognized young adults to be a target group for marketing their products, focusing on both initiating smoking and recapturing quitters. Public health social marketing programs tend to focus prevention efforts on the younger adolescent age group and cessation efforts on older adult groups. There is a need for more focused attention on young adults, as an important group to reach both to interrupt the late phases of smoking initiation, and to encourage and sustain early cessation. This resource looks at the evidence regarding social marketing to young adults for the prevention or cessation of smoking and examines the evidence for key components of a social marketing program as they relate to young adults. <u>https://www.ptcc-cfc.on.ca/common/pages/UserFile.aspx?fileId=257756</u>

4. Breaking the Cycle: Ontario's Poverty Reduction Strategy Annual Report (available in French)

Government of Ontario. (2012). Breaking the cycle: Ontario's Poverty Reduction Strategy. Retrieved from

http://www.children.gov.on.ca/htdocs/English/breakingthecycle/report/2012/index.aspx

This report provides an overview of progress made over the last four years in helping children and families emerge from poverty and raise their quality of life. It highlights the process made in a variety of categories: the early years, the middle years, adolescence, early adulthood, and opportunities for all. A summary of the future directions of the Poverty Reduction strategy is also provided.

News release: <u>http://news.ontario.ca/mcys/en/2012/12/40000-children-and-their-families-lifted-</u>out-of-poverty.html

FR: <u>http://news.ontario.ca/mcys/fr/2012/12/quarante-mille-enfants-et-leurs-familles-extraits-de-la-pauvrete.html</u>

Report: <u>http://www.children.gov.on.ca/htdocs/English/breakingthecycle/index.aspx</u> FR: <u>http://www.children.gov.on.ca/htdocs/French/breakingthecycle/index.aspx</u>

5. Gut Microbiota of Healthy Canadian Infants: Profiles by Mode of Delivery and Infant Diet at 4 months

Azad, M. B., Konya, T., Maughan, H., Guttman, D. S., Field, C. J., Chari, R. S., . . . Kozyrskyj, A. L., (2013). Gut microbiota of healthy Canadian infants: profiles by mode of delivery and infant diet at 4 months. *Canadian Medical Association Journal*. Retrieved from <u>http://www.cmaj.ca/content/early/2013/02/11/cmaj.121189</u>

ABSTRACT:

Background: The gut microbiota is essential to human health throughout life, yet the acquisition and development of this microbial community during infancy remains poorly understood. Meanwhile, there is increasing concern over rising rates of cesarean delivery and insufficient exclusive breastfeeding of infants in developed countries. In this article, we characterize the gut microbiota of healthy Canadian infants and describe the influence of cesarean delivery and formula feeding.

Methods: We included a subset of 24 term infants from the Canadian Healthy Infant Longitudinal Development (CHILD) birth cohort. Mode of delivery was obtained from medical records, and mothers were asked to report on infant diet and medication use. Fecal samples were collected at 4 months of age, and we characterized the microbiota composition using highthroughput DNA sequencing.

Results: We observed high variability in the profiles of fecal microbiota among the infants. The profiles were generally dominated by Actinobacteria (mainly the genus *Bifidobacterium*) and Firmicutes (with diverse representation from numerous genera). Compared with breastfed infants, formula-fed infants had increased richness of species, with overrepresentation of *Clostridium difficile*. *Escherichia-Shigella* and *Bacteroides* species were underrepresented in infants born by cesarean delivery. Infants born by elective cesarean delivery had particularly low bacterial richness and diversity.

Interpretation: These findings advance our understanding of the gut microbiota in healthy infants. They also provide new evidence for the effects of delivery mode and infant diet as determinants of this essential microbial community in early life. http://www.cmaj.ca/

6. Perinatal Services and Outcomes in Manitoba

Heaman, M. H., Kingston, D., Helewa, M. E., Brownell, M., Derksen, S., Bogdanovic, B.,...Bailly, A. (2012). *Perinatal Services and outcomes in Manitoba*. Retrieved from <u>http://mchp-appserv.cpe.umanitoba.ca/reference/perinatal_report_WEB.pdf</u>

EXCERPT:

This report was undertaken by the Manitoba Centre for Health Policy (MCHP) as a "deliverable" funded by Manitoba Health. This report expands on the descriptive analyses done by the Ministerial Working Group on Maternal/Newborn Services in 2005 and provides information to

support the current work of the Maternal and Child Health Services (MACHS) Taskforce and the ongoing focus of the Healthy Child Committee of Cabinet (HCCC) on maternal health and early childhood development. Manitoba Health requested that the following information be included in the deliverable: general rates of full term and preterm births, stillbirths, and neonatal death rates should be measured and compared across regions of Manitoba and subsequently compared to national rates. A more in–depth analysis of the demographic characteristics of women giving birth in Manitoba, the types of deliveries they are experiencing (e.g., cesarean birth versus vaginal birth), the types of anesthesia utilized, and the rate at which women are induced should be examined. Also, the place of birth (home versus hospital) and the type and location of the hospital (relative to the mother's region of residence) should be further described, as well as consideration of key perinatal risk factors (e.g., alcohol use during pregnancy).The specific objectives of this report were:

- To describe the sociodemographic characteristics of women giving birth in Manitoba
- To describe health service use by pregnant and postpartum women and their newborns and identify inequities in access to care and utilization of healthcare services
- To provide comprehensive up-to-date information on maternal health status indicators at provincial, regional, and sub-regional levels in Manitoba
- To provide comprehensive, up-to-date information on newborn health status indicators at provincial, regional and sub-regional levels in Manitoba
- To examine determinants of maternal and newborn health, including social conditions, health behaviours and risk factors, and healthcare utilization
- To examine disparities in health outcomes across a variety of factors, including socioeconomic status, region of residence, and age

http://mchp-appserv.cpe.umanitoba.ca/reference/perinatal_report_WEB.pdf

III. CURRENT INITIATIVES

7. Ontario Multi-Year Aboriginal Children and Youth Strategy

(available in French)

The Government of Ontario is working with Aboriginal partners to develop a multi-year Aboriginal Children and Youth Strategy. Based on the recommendations from the <u>Commission</u> to <u>Promote Sustainable Child Welfare</u> and former Ontario Aboriginal Advisor, John Beaucage, the strategy will focus on building community-driven, integrated and culturally appropriate supports to help Aboriginal children and young people grow up healthy and reach their full potential.

EN: <u>http://news.ontario.ca/mcys/en/2013/01/taking-action-to-help-aboriginal-children.html</u> FR: <u>http://news.ontario.ca/mcys/fr/2013/01/des-mesures-pour-aider-les-enfants-</u> <u>autochtones.html</u> 8. Let's Talk (available in French)

Talking about mental health is the first step in making a difference in the lives of all Canadians (Bell, 2013). The "Let's Talk" campaign provides a toolkit with facts, information, and simple tools that will help to support mental health issues. This year, Canadians talked with 96,266,266 tweets, Facebook shares, texts, and long distance calls. A total of \$4,813,313.30 additional dollars were donated to mental health programs. EN: <u>http://letstalk.bell.ca/en/</u> FR: http://cause.bell.ca/fr/

IV. UPCOMING EVENTS

9. Policy Implications: What Do The Links Between Early Environmental Exposures and Long-Term Health Outcomes Mean for Chronic Disease Prevention in Canada?

March 6, 2013: Webinar

This webinar will explore issues arising for regulatory and public health policy and practice from the evidence of associations between early environmental exposures, often at very low levels, and later life chronic disease.

http://www.healthyenvironmentforkids.ca/events

10. Postpartum Depression Symposium

April 5, 2013: London, ON

This one-day specialized program is designed for professionals who are working with families in the childbearing years. It is designed to give the professional a greater insight in to postpartum depression and PTSD, particularly in relation to breastfeeding. Attendees will learn practical methods for preventing, diagnosing, and treating postpartum depression. <u>http://vestaparenting.ca/content/postpartum-depression-symposium</u>

11. Early Years Family and Community Engagement Symposium

April 15-16, 2013: Toronto, ON

Three communities involved in the Welcome to Kindergarten/FACES (Family and Community Engagement Strategy) Project will share their stories about the development of their communitybased models to support early learning and the transition to Kindergarten. Join us to explore strategies that are possible to implement in your community. This evening and one day symposium will bring together early year's educators, school administrators, teachers, community agencies and other practitioners. Participants will leave this symposium with examples of effective community based models for addressing family engagement. https://www.thelearningpartnership.ca/wtk_symposium_registration?srctid=1&erid=426645&trid =c24f0f81-803b-45b1-910e-d84c0d5bf2cd

12. 2013 National FACE Roundtable and FASD Conference

September 5-6, 2013: St. John's, NL

The conference is open to family members, social workers, physicians, medical specialists, allied health professionals, policy makers and service providers in health/mental health, addictions, justice, education, child welfare as well as anyone interested in FASD. This conference aims to:

- build capacity for FASD diagnostic teams of multidisciplinary health professionals in NL (Medical Specialists, General Practitioners, Occupational Therapists, Physiotherapists, Speech & Learning Pathologists, Psychologists, Social Workers).
- educate & raise awareness around FASD prevention work
- increase awareness of women-centred & harm reduction approaches as it relates to women's health
- provide community & government stakeholders working with FASD-affected individuals on effective strategies & interventions

http://www.fasdnl.ca/#!2013-conference/c16pn

13. Consensus Development Conference on Legal Issues of FASD

September 18-20, 2012: Edmonton, AB

This conference is a three-day juried hearing of evidence and scientific findings that allows for the engagement and collaboration of citizens and decision makers in government and the justice system in addressing a specific set of key questions on legal issues related to FASD. http://www.fasdedmonton2013.ca/FASD-Legal/Default.aspx

14. First International Conference on Prevention of FASD

September 23-25, 2012: Edmonton, AB

This is the first international conference to address the primary, secondary and tertiary prevention of FASD. Plenary sessions will promote discussion and reflection on promising and innovative approaches for preventing FASD, such as policies and programs to address alcohol use and the social determinants of health. Sessions will identify barriers to FASD prevention and possible solutions for overcoming these obstacles. The conference will serve as an international knowledge exchange and networking forum for those interested in FASD prevention, bringing together key experts from around the globe. http://www.fasdedmonton2013.ca/FASD-Prevention/Default.aspx

V. RESOURCES

15. Stand Together or Fall Apart: Professionals Working with Immigrant Families

Dr. Judith K. Bernhard of Ryerson University in Toronto has recently written a book for professionals who work with immigrant children and families. Stand Together or Fall Apart: Professionals Working with Immigrant Families, published by Fernwood, will be of particular interest to social workers, teachers, counsellors, settlement workers, early childhood educators, and child and youth care workers. Immigration is an important topic that continues to appear in news reports across Western countries. However, few reports examine what adjusting and integrating into a new country means for immigrant families. The traditional strategy employed by social workers, teachers and other social service practitioners is decidedly Euro-centric and treats immigrants as if they have little cultural or community-based means of integrating of their own. Judith K. Bernhard argues that immigrants have deep cultural, familial and communal resources to aid their integration and that these resources need to be tapped by social workers, teachers, counsellors, settlement workers, early childhood educators and child and youth care workers alike. Providing several alternative, integrated, research-based programs that combine cultural resources, traditions and family dynamics, Stand Together or Fall Apart will help practitioners to better understand the struggles of immigrants and thus be better able to assist them as they adjust to life in a new country. For more information, visit http://standtogetherorfallapart.com. Instructors or workshop leaders can download free teaching resources including discussion questions, homework suggestions, in-class activities, and term projects from http://bit.ly/STFA TeacherResources.

VI. FEATURED BEST START RESOURCES

16. STEP BY STEP: Engaging Fathers in Programs for Families / Étape par Étape: Engagement des pères dans les programmes pour les familles

The best time to reach fathers is when they are experiencing change and are looking for support. This manual is designed to give service providers a step-by-step guide for planning and implementing strategies for engaging fathers. Each section of the manual provides ideas from fathers and practitioners. There is an opportunity for reflection at the end of each section. Program perspectives are also provided for a look at effective programs.

Le meilleur moment de rejoindre les pères, c'est lorsqu'ils vivent un changement et recherchent du soutien. Ce manuel est un guide étape par étape conçu pour la planification et la mise en

œuvre de votre stratégie pour faire participer les pères. Chaque section fournit des idées provenant de pères et de praticiens dont certains comptent plus de dix années d'expérience. Chaque section est suivie de réflexions servant à guider votre travail. Des perspectives de programmes sont également fournies, qui donnent un aperçu des programmes efficaces. http://www.meilleurdepart.org/resources/howto/index.html

17. Welcoming and Celebrating Sexual Orientation and Gender Diversity in Families from Preconception to Preschool

The focus of this resource is on issues related to sexual orientation and gender identity, as they apply to preconception, prenatal and child health. It asks you to think about and take action to better serve families that are led by people who identify as lesbian, gay, bisexual, trans and/or queer (LGBTQ). It also asks you to consider the needs of children who are sometimes called gender variant – children whose dress, behaviour or identity does not match traditional gender norms. This resource is about the diversity that exists amongst people and how, as service providers, we can make our programs for families, parents and children, into spaces that honour and celebrate this diversity.

http://www.beststart.org/resources/howto/index.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 (<u>mnchp@healthnexus.ca</u>). 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. <u>http://www.ohpe.ca/</u>

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. <u>https://listserv.yorku.ca/archives/click4hp.html</u>

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

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

Follow us on Twitter to stay up to date on all things related to health promotion. https://twitter.com/Health Nexus

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

We encourage you visit the website of our new <u>3M Health Leadership Award</u> to find out how you can support community health leadership and honour your own community leader by nominating them for this national award. <u>http://www.healthnexus.ca/leadershipaward</u>

NEW ! <u>The Best Start Aboriginal Sharing Circle (BSASC) Network</u> 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. <u>http://lists.beststart.org/listinfo.cgi/bsasc-beststart.org</u>

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

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

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. <u>http://www.blogs.healthnexussante.ca/</u>

Suivez-nous sur Twitter pour demeurer au fait de tout ce qui concerne la promotion de la santé. https://twitter.com/Nexus Sante

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

Nous vous encourageons à visiter le site Web de notre nouveau <u>Prix 3M de leadership en santé</u> 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. <u>http://www.nexussante.ca/prixdeleadership</u>