

# 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. Wherever possible, we include resources that are available for free. For more information about this Bulletin, [click here](#).*

**January 25, 2013**

*The next bulletin will be released February 15, 2013.*

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## I. NEWS & VIEWS

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### 1. Medication Errors Frequent with Children

This article (CBCNews, 2013) discusses the results of a study by Dr. Kim Sears and colleagues that highlights the higher than expected rate of medical errors. Due to heavy workloads, poor communication, and distraction, hospitals often make medication errors with child patients. Dr. Sears and colleagues recommend that to make the administration of medication safer, training should be increased for future pediatric nurses, communication should be improved between doctors, nurses and pharmacists during training and that medication delivery should be standardized.

<http://www.cbc.ca/news/health/story/2013/01/17/medication-errors-children.html>

### 2. Children May 'Grow out of Autism'

This article (BBC News, 2013, January 16) discusses the results of a study by Dr. Fein and colleagues at the University of Connecticut. The researchers studied 34 children who had been diagnosed with autism in early childhood but went on to function as well as other children in the classroom. Experts urge caution about the findings of the study. Dr. Thomas Insel, Director of the National Institute of Mental Health, explained: “although the diagnosis of autism is not usually lost over time, the findings suggest that there is a very wide range of possible outcomes” (BBC News, 2013, January 16). The American Psychiatric Association is currently revising its diagnostic manual, which could affect the way diagnoses are given. People would be given an umbrella diagnosis of “autism spectrum disorder” instead of autistic disorder, Asperger’s disorder, childhood disintegrative disorder and pervasive developmental disorder not otherwise specified. The Director of the National Autistic Society’s Lorna Wing Centre for Autism, Dr. Judith Gould highlights that “autism is a lifelong disability affecting the way that people communicate and interact with others... This study is looking at a small sample of high functioning people with autism and we would urge people not to jump to conclusions about the nature and complexity of autism, as well its longevity” (BBC News, 2013, January 16).  
<http://www.bbc.co.uk/news/health-21029593>

### **3. Childcare Workers Face Serious Challenges**

In this audio clip taken from CBC Radio Information Nova Scotia (2012), Kathleen Couture, chair of the Nova Scotia Childcare Association and director of a non-profit childcare centre discusses the challenges that childcare workers are currently facing.

<http://www.cbc.ca/informationmornings/2012/12/03/childcare-workers-face-serious-challenges/>  
[http://www.childcarecanada.org/documents/research-policy-practice/12/12/child-care-workers-face-serious-challenges?utm\\_source=NACY+e-Digest+-+January+2013&utm\\_campaign=e-Digest+-+Jan+2013&utm\\_medium=email](http://www.childcarecanada.org/documents/research-policy-practice/12/12/child-care-workers-face-serious-challenges?utm_source=NACY+e-Digest+-+January+2013&utm_campaign=e-Digest+-+Jan+2013&utm_medium=email)

### **4. Nova Scotia’s Approach to Improving Conditions for Childcare Workers**

In this audio clip taken from CBC Radio Information Morning Nova Scotia (2012), Community Services Minister Denise Peterson-Rafuse discusses the ways in which the government is taking a systematic approach to improving conditions for childcare workers.

<http://www.cbc.ca/informationmornings/2012/12/04/province-doings-its-best-to-address-childcare-issues/>  
[http://www.childcarecanada.org/documents/research-policy-practice/12/12/child-care-workers-face-serious-challenges?utm\\_source=NACY+e-Digest+-+January+2013&utm\\_campaign=e-Digest+-+Jan+2013&utm\\_medium=email](http://www.childcarecanada.org/documents/research-policy-practice/12/12/child-care-workers-face-serious-challenges?utm_source=NACY+e-Digest+-+January+2013&utm_campaign=e-Digest+-+Jan+2013&utm_medium=email)

### **5. Parents’ Knowledge of Children’s Daycare Experience**

This news report (Concordia University, 2012) highlights recent research undertaken by Dr. Nina Howe and colleagues, which will be published in a forthcoming issue of the *Journal of Early Childhood Research*. The research found that parents still lack critical knowledge regarding their children’s daycare experience. While the majority of parents reported some knowledge of their childcare centre’s philosophy, fewer parents knew how much education their children’s teachers had. This is important as research indicates that teachers with more formal

training provide more developmentally appropriate activities for children and have stronger relations with parents.

<http://www.concordia.ca/now/media-relations/news-releases/20121211/daycare-double-duty.php>

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## II. RECENT REPORTS AND RESEARCH

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\* indicates journal subscription required for full text access

### 6. Revisiting Work-Life Issues in Canada: The 2012 National Study on Balancing Work and Caregiving in Canada

Duxbury and colleagues (2012) undertook a study on work-life balance in Canada. It was found that the majority of respondents worked more than 45-hour workweeks and took work home on the evenings and weekends. Respondents were found to have substantial demands in the home and on average spent 21.3 hours per week doing tasks related to childcare or other child related activities. Three-types of conflict were identified in this study: when the family interferes with work, when work interferes with the family and caregiver strain. The employees in this study were twice as likely to let work interfere with family as opposed to the reverse. Issues of mental and physical health and organizations' roles in enabling work-life balance are also discussed in this report.

<http://www.healthyworkplaces.info/wp-content/uploads/2012/11/2012-National-Work-Long-Summary.pdf>

[http://www.childcarecanada.org/documents/research-policy-practice/12/12/revisiting-work-life-issues-canada-2012-national-study-bala?utm\\_source=NACY+e-Digest+-+January+2013&utm\\_campaign=e-Digest+-+Jan+2013&utm\\_medium=email](http://www.childcarecanada.org/documents/research-policy-practice/12/12/revisiting-work-life-issues-canada-2012-national-study-bala?utm_source=NACY+e-Digest+-+January+2013&utm_campaign=e-Digest+-+Jan+2013&utm_medium=email)

### \* 7. Slower Postnatal Growth Is Associated with Delayed Cerebral Cortical Maturation in Preterm Newborns

Vinall, J. et al., (2013). Slower postnatal growth is associated with delayed cerebral cortical maturation in preterm newborns. *Science Translational Medicine*, 16(5), 168.

#### ABSTRACT

Slower postnatal growth is an important predictor of adverse neurodevelopmental outcomes in infants born preterm. However, the relationship between postnatal growth and cortical development remains largely unknown. Therefore, we examined the association between neonatal growth and diffusion tensor imaging measures of microstructural cortical development in infants born very preterm. Participants were 95 neonates born between 24 and 32 weeks gestational age studied twice with diffusion tensor imaging: scan 1 at a median of 32.1 weeks

(interquartile range, 30.4 to 33.6) and scan 2 at a median of 40.3 weeks (interquartile range, 38.7 to 42.7). Fractional anisotropy and eigenvalues were recorded from 15 anatomically defined cortical regions. Weight, head circumference, and length were recorded at birth and at the time of each scan. Growth between scans was examined in relation to diffusion tensor imaging measures at scans 1 and 2, accounting for gestational age, birth weight, sex, postmenstrual age, known brain injury (white matter injury, intraventricular hemorrhage, and cerebellar hemorrhage), and neonatal illness (patent ductus arteriosus, days intubated, infection, and necrotizing enterocolitis). Impaired weight, length, and head growth were associated with delayed microstructural development of the cortical gray matter (fractional anisotropy:  $P < 0.001$ ), but not white matter (fractional anisotropy:  $P = 0.529$ ), after accounting for prenatal growth, neonatal illness, and brain injury. Avoiding growth impairment during neonatal care may allow cortical development to proceed optimally and, ultimately, may provide an opportunity to reduce neurological disabilities related to preterm birth.

Related news article: <http://www.sciencedaily.com/releases/2013/01/130116163829.htm>

Abstract: <http://stm.sciencemag.org/content/5/168/168ra8>

## \* 8. Developmental Assessment of Children

Bellman, M., Byrne, & Sege, R., (2013). Developmental assessment of children. *BJM*, 346, e8687.

### ABSTRACT – Summary points

- Every consultation is an opportunity to ask flexible questions about a child's development as part of comprehensive medical care.
- Parents who voice concerns about their child's development are usually right.
- Loss of previously acquired skills (regression) is a red flag and should prompt rapid referral for detailed assessment and investigation.
- Parents and carers are usually more aware of norms for gross motor milestones, such as walking independently, than for milestones and patterns of normal speech, language acquisition, and play skills; consider targeted questioning.
- Consider use of developmental screening questionnaires and measurement tools to supplement clinical judgment.

<http://www.bmj.com/content/346/bmj.e8687>

## 9. Early Childhood Education has Widespread and Long Lasting Benefits

Alexander, C., & Ignjatovic, D. (2012). Early childhood education has widespread and long lasting benefits. Retrieved from [http://www.td.com/document/PDF/economics/special/di1112\\_EarlyChildhoodEducation.pdf](http://www.td.com/document/PDF/economics/special/di1112_EarlyChildhoodEducation.pdf)

This special report (TD Economics, 2012) provides a review of the literature on the benefits and costs associated with high-quality early childhood programs. High-quality early childhood education programs have been found to benefit children, parents and the economy as a whole. In Canada, gaps exist with regards to parental leave and the start of formal schooling, and limited, costly childcare spaces. Public spending on early childhood education in Canada falls short of that of many other advanced economies. Investment in early childhood education will

help to: address the economic and social challenges facing Canada, address poverty and skills shortages and improve productive and innovation.

Full report:

[http://www.td.com/document/PDF/economics/special/di1112\\_EarlyChildhoodEducation.pdf](http://www.td.com/document/PDF/economics/special/di1112_EarlyChildhoodEducation.pdf)

Excerpts and Highlights: [http://www.childcarecanada.org/documents/research-policy-practice/12/11/early-childhood-education-has-widespread-and-long-lasting-b?utm\\_source=NACY+e-Digest+-+January+2013&utm\\_campaign=e-Digest+-+Jan+2013&utm\\_medium=email](http://www.childcarecanada.org/documents/research-policy-practice/12/11/early-childhood-education-has-widespread-and-long-lasting-b?utm_source=NACY+e-Digest+-+January+2013&utm_campaign=e-Digest+-+Jan+2013&utm_medium=email)

<http://www.healthyworkplaces.info/wp-content/uploads/2012/11/2012-National-Work-Long-Summary.pdf>

### \* 10. The Canadian Sedentary Behaviour Guidelines for the Early Years (Zero to Four Years of Age) and Screen Time Among Children from Kingston, Ontario

Carson, V., Tremblay, M. S., Spence, J. C., Timmons, B. W., & Janssen, I. (2013). The Canadian sedentary behaviour guidelines for the early years (zero to four years of age) and screen time among children from Kingston, Ontario. *Paediatrics & Child Health*, 18(1), 25-28.

#### ABSTRACT

**OBJECTIVES:** To assess the proportion of children meeting the new Canadian Sedentary Behaviour Guidelines for the Early Years (zero to four years of age) and to describe parental attitudes toward and barriers to reducing screen time.

**METHODS:** Participants included 657 children zero to four years of age from the Kingston, Ontario, area. From May to September 2011, parents completed a questionnaire regarding their child's screen time and their attitudes toward and barriers to reducing their child's screen time.

**RESULTS AND CONCLUSIONS:** Approximately 32% of children younger than two years of age engaged in no screen time and approximately 46% of children two to four years of age engaged in <1 h per day; thereby, meeting the recommendations of the new guidelines. Most parents believed that their child did not engage in excessive screen time. Physicians and other health professionals should inform parents of these new guidelines and provide strategies to help their children meet targets.

<http://www.pulsus.com/journals/abstract.jsp?origPg=abstract.jsp&sCurrPg=abstract&inlKy=5&atKy=11717&isuKy=1117&isArt=t&fromfold=Current%20Issue&&HCtype=Consumer>

### \* 11. Paternal Mental Health and Socioemotional and Behavioral Development in Their Children

Anne Lise Kvalevaag, PhD candidatea, Paul G. Ramchandani, DPhilb, Oddbjørn Hove PhDa, Jörg Assmus, PhDc, Malin Eberhard-Gran, PhDd,e, and Eva Biringer, PhDa  
Pediatrics peds.2012-0804;

#### ABSTRACT

**OBJECTIVE:** To examine the association between symptoms of psychological distress in expectant fathers and socioemotional and behavioral outcomes in their children at age 36 months.



**METHODS:** The current study is based on data from the Norwegian Mother and Child Cohort Study on 31 663 children. Information about fathers' mental health was obtained by self-report (Hopkins Symptom Checklist) in week 17 or 18 of gestation. Information about mothers' pre- and postnatal mental health and children's socioemotional and behavioral development at 36 months of age was obtained from parent-report questionnaires. Linear multiple regression and logistic regression models were performed while controlling for demographics, lifestyle variables, and mothers' mental health.

**RESULTS:** Three percent of the fathers had high levels of psychological distress. Using linear regression models, we found a small positive association between fathers' psychological distress and children's behavioral difficulties,  $B = 0.19$  (95% confidence interval [CI] = 0.15–0.23); emotional difficulties,  $B = 0.22$  (95% CI = 0.18–0.26); and social functioning,  $B = 0.12$  (95% CI = 0.07–0.16). The associations did not change when adjusted for relevant confounders. Children whose fathers had high levels of psychological distress had higher levels of emotional and behavioral problems.

**CONCLUSIONS:** This study suggests that some risk of future child emotional, behavioral, and social problems can be identified during pregnancy. The findings are of importance for clinicians and policy makers in their planning of health care in the perinatal period because this represents a significant opportunity for preventive intervention.

<http://pediatrics.aappublications.org/content/early/2013/01/02/peds.2012-0804>

## 12. Assessing the Benefits of Community Human Services

Makhoul, A., & Torjman, S. (2012). *Assessing the benefits of Community Human Services*. Retrieved from

[http://www.caledoninst.org/Publications/PDF/999ENG.pdf?utm\\_source=NACY+e-Digest+-+January+2013&utm\\_campaign=e-Digest+-+Jan+2013&utm\\_medium=email](http://www.caledoninst.org/Publications/PDF/999ENG.pdf?utm_source=NACY+e-Digest+-+January+2013&utm_campaign=e-Digest+-+Jan+2013&utm_medium=email)

This literature review (Makhoul & Torjman, 2012) identifies the benefits of community human services in Canada. Eight areas of human service are explored: early childhood education and care, child welfare, supports for families, family literacy, disability supports, home care, crime prevention and supports for at-risk youth.

[http://www.caledoninst.org/Publications/PDF/999ENG.pdf?utm\\_source=NACY+e-Digest+-+January+2013&utm\\_campaign=e-Digest+-+Jan+2013&utm\\_medium=email](http://www.caledoninst.org/Publications/PDF/999ENG.pdf?utm_source=NACY+e-Digest+-+January+2013&utm_campaign=e-Digest+-+Jan+2013&utm_medium=email)

## 13. Position Statement: Oral Health Care for Children – A Call for Action

Rowan-Legg, A. Oral health care for children – a call to action. *Paediatric Child Health*, 18(1), 37-43.

### ABSTRACT

Oral health is a fundamental component of overall health. All children and youth should have access to preventive and treatment-based dental care. Canadian children continue to have a high rate of dental disease, and this burden of illness is disproportionately represented by children of lower socioeconomic status, those in Aboriginal communities and new immigrants. In Canada, the proportion of public funding for dental care has been decreasing. This financial pressure has most affected low-income families, who are also less likely to have dental insurance. Publicly funded provincial/territorial dental plans for Canadian children are limited

and show significant variability in their coverage. There is sound evidence that preventive dental visits improve oral health and reduce later costs, and good evidence that fluoridation therapy decreases the rate of dental caries, particularly in high-risk populations. Paediatricians and family physicians play an important role in identifying children at high risk for dental disease and in advocating for more comprehensive and universal dental care for children.

<http://www.cps.ca/documents/position/oral-health-care-for-children>

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### III. CURRENT INITIATIVES

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#### **14. Public Health Agency of Canada Evaluation on the Chief Public Health Officer's Report on the State of Public Health in Canada: 2012 / *Sondage d'évaluation du Rapport de l'administrateur en chef de la santé publique (2012)***

The Public Health Agency of Canada is conducting a short evaluation regarding 'The Chief Public Health Officer's Report on the State of Public Health in Canada, 2012: Influencing Health - The Importance of Sex and Gender' with all recipients of the report. Responses will be kept confidential and anonymous and therefore cannot be attributed to any individual or organization. To request a paper copy please email: [cpho\\_report-rapport\\_acsp@phac-aspc.gc.ca](mailto:cpho_report-rapport_acsp@phac-aspc.gc.ca). In order to complete the 10 minute online survey please visit:

English: <https://phac-aspc.sondages-surveys.ca/s/CPHO-ACSP/langeng/>

French: <https://phac-aspc.sondages-surveys.ca/s/CPHO-ACSP/?l=fra>

#### **15. The Sandbox Project**

The Sandbox Project is an initiative aimed at making Canada the healthiest place on earth for children and youth to grow up. It focused on improving health outcomes in the areas of injury prevention, obesity, mental health and the environment. The Sandbox Project recently held its third annual conference where participants identified and prioritized the community-based programming, public education campaigns, research initiatives and policies that are needed to improve the health of children, youth and families. The results of this conference will form the basis of national advocacy initiatives, fundraising initiatives, cross-sectoral collaborations, and the development of new community programming.

<http://sandboxproject.ca>

#### **16. Opokaa'sin Early Learning Centre Preschool Readiness Project / *Projet de préparation à la maternelle de l'Opokaa'sin Early Learning Centre***

Federal funding was announced for a project to provide a culturally enriched preschool readiness program for urban Aboriginal children between three and five years of age living in Lethbridge, Alberta. The funding for the project is provided through the Public Health Agency of



Canada's Aboriginal Head Start in Urban and Northern Communities program. The money will support the Opokaa'sin Early Learning Centre project led by the Opokaa'sin Early Intervention Society. This project aims to enhance the school readiness of Aboriginal children entering kindergarten. The Public Health Agency of Canada's Aboriginal Head Start in Urban and Northern Communities program provides annual funding to community-based projects focused on early childhood development for Inuit, Métis and First Nations children and families living in northern and urban communities across Canada (Public Health Agency of Canada, 2013).

English: [http://www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/fs-fr/2013\\_0114-eng.php](http://www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/fs-fr/2013_0114-eng.php)

French: [http://www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/fs-fr/2013\\_0114-fra.php](http://www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/fs-fr/2013_0114-fra.php)

### **17. Campaign 2000: End Child and Family Poverty in Canada**

Campaign 2000 is a Canada-wide public education movement that aims to foster awareness and support for the 1989 all-party House of Commons resolution to end child poverty in Canada by the year 2000. Campaign 2000 is non-partisan and urges all Canadian elected officials to support the eradication of child poverty in Canada. Campaign 2000 recently released its annual Report Card on Child and Family Poverty on Wednesday on November 21, 2012 in Toronto.

<http://www.campaign2000.ca/index.html>

<http://www.campaign2000.ca/whatsnew/2012ReportCardPressRelease.pdf>

### **18. Grand Challenges Canada**

Grand Challenges Canada is dedicated to supporting bold ideas with big impact in global health. They are funded by the Government of Canada and fund innovators in low- and middle-income countries and Canada. They have identified "grand challenges"; defined as "a specific critical barrier that, if removed, would help solve an important health problem in the developing world, with a high likelihood of global impact through widespread implementation" (Grand challenges Canada, 2013). Grand Challenge topics on the website include: stars in global health, point-of-care diagnostics, women's and children's health, and global mental health and non-communicable diseases.

<http://www.grandchallenges.ca/grand-challenges/gc1-stars/stars-program-information/>

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## **IV. UPCOMING EVENTS**

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### **19. Immunization Competencies Education Program**

The Immunization Competencies Education Program (ICEP) is a one day course based on the Public Health Agency of Canada's Immunization Competencies for Health Professionals. This training event for health care providers will take place on Saturday September 6, 2013 in Toronto, Ontario. Upon completion of this course, health professionals will be better able to understand the importance of the key principles of the Immunization Competencies, counsel patients regarding many immunization issues, increase the public's confidence in vaccines, promote safe and competent immunization practices and work collaboratively with other

professionals.

<http://www.cps.ca/en/icep-pfci>

## **20. Canadian Mental Health Association: Women and Wellness 2013 Event**

This event, Women and Wellness, will take place on February 21, 2013 in Niagara, Ontario. There will be entertainment, refreshments, and a guest speaker (renowned Canadian journalist Jan Wong). Tables of eight may be reserved. Proceeds will support CMHA's Niagara walk-in counselling services. Those interested in attending should RSVP by February 15, 2013. To RSVP, please call Elaine at 905-680-2511.

<http://www.cmhaniagara.ca/assets/files/Women%20and%20Wellness/W%20and%20W%202013/WomenWellness2013.pdf>

## **21. Canadian Association of Neonatal Nurses National Conference**

The Canadian Association of Neonatal Nurses National Conference will take place February 10-12, 2013 in Montreal, Quebec. The conference theme is "Nursing Is Our Passion, Knowledge Is Our Power – Let's Share It". The conference will include speakers, pre-conference workshops, general and concurrent sessions and poster presentations (which will address emerging topics and trends in neonatal nursing). There will also be an exhibit area featuring the latest products and services. To review the program and register for the conference, please visit the CANN website at: [www.neonatalcann.ca](http://www.neonatalcann.ca)

[http://pcmch.on.ca/LinkClick.aspx?fileticket=yD3yziI8\\_98%3d&tabid=40](http://pcmch.on.ca/LinkClick.aspx?fileticket=yD3yziI8_98%3d&tabid=40)

## **22. Webinar: How to Deliver a Ready to Use Workshop for Staff Working with Parents who are Experiencing Mental Health Challenges while Parenting Young Children**

This one-hour free webinar is designed to prepare service providers in a facilitator role to deliver workshops in a reflective learning style. Webinar participants will: understand the background for the development of these workshops, know how to prepare for the delivery of these workshops, learn or reinforce skills and strategies to engage their learners and discuss how to use reflective questions and other information from the workshop handouts.

[http://www.beststart.org/events/2013/webinar\\_supporting\\_parents/supporting\\_parents\\_feb01.html](http://www.beststart.org/events/2013/webinar_supporting_parents/supporting_parents_feb01.html)

## **23. Child and Family Poverty Workshop: How Service Providers can Make a Difference**

This workshop is targeted towards 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. This interactive workshop is based on a resource developed by Best Start Resource Centre. The "I'm Still Hungry" resource explores the issues of families living in poverty in Ontario. This workshop will address pertinent information for service providers working with families with young children (0-6 years old) living in poverty. It will deliver 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 workshop will take place on March 21st 2013 in Calabogie, Ontario.

[http://www.beststart.org/events/2013/workshop\\_march21\\_2013/index.html](http://www.beststart.org/events/2013/workshop_march21_2013/index.html)

#### **24. 7th Annual SickKids Global Child Health Day**

On February 12, 2013, the SickKids Global Child Health Program will be holding the seventh annual Global Child Health Day in Toronto, Ontario. There will be discussions on global child health priorities, strategies to address them, and how Canada can become a leader in this area. Topics include 'Preventing Disparities and Promoting Human Capital', 'Issues and Inequities in Child Development within our Community', and 'Investment in the Promotion of Early Childhood Development'. <http://www.cvent.com/events/7th-annual-sickkids-global-child-health-day/event-summary-ba647a0792a045578bd3747bf6c13888.aspx>

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## **V. RESOURCES**

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#### **25. Social Marketing to Influence Young Adults' Tobacco Behaviour**

The tobacco industry has identified young adults as a target group for the marketing of tobacco products and attempts to initiate smoking and recapture quitters within this demographic group. Public health social marketing tends to focus on prevention efforts among younger adolescents and cessation among older adults. There is a need for more focused attention on young adults in order to interrupt the later phases of smoking initiation and to encourage and sustain early cessation. This resource (Hayward, 2012), explores 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.

<https://www.ptcc-cfc.on.ca/common/pages/UserFile.aspx?fileId=257756>

#### **26. Policy Statement: The Crucial Role of Recess in School**

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.

#### **ABSTRACT**

Recess is at the heart of a vigorous debate over the role of schools in promoting the optimal development of the whole child. A growing trend toward reallocating time in school to accentuate the more academic subjects has put this important facet of a child's school day at risk. Recess serves as a necessary break from the rigors of concentrated, academic challenges in the classroom. But equally important is the fact that safe and well-supervised recess offers cognitive, social, emotional, and physical benefits that may not be fully appreciated when a decision is made to diminish it. Recess is unique from, and a complement to, physical

education—not a substitute for it. The American Academy of Pediatrics believes that recess is a crucial and necessary component of a child’s development and, as such, it should not be withheld for punitive or academic reasons.

<http://pediatrics.aappublications.org/content/131/1/183.full.pdf+html>

## **27. Kids: The Heart of Co-Parenting: An Introductory Guide to Issues of Separation and Divorce for Family Professionals**

This guide (BC Council of Families, 2012) provides family-serving professionals with the tools and information necessary to help families manage separation and divorce and helps parents establish successful co-parenting relationships. It is designed to broaden professionals’ knowledge of the issues faced by separating and divorcing families and provides tools for working with parents and children. Topics covered in this guide include: separation and divorce today, foundational theories and concepts, understanding a child’s experience of separation or divorce, what helps children, promoting effective parenting and co-parenting, and moving forward.

[http://www.bccf.ca/sites/default/files/kids-heart-coparenting\\_workbook.pdf](http://www.bccf.ca/sites/default/files/kids-heart-coparenting_workbook.pdf)

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## **VI. FEATURED BEST START RESOURCES**

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### **28. I’m Still Hungry: Child and Family Poverty in Ontario**

This resource (Best Start Resource Centre, 2010) is a practical guide for moving from stigma to empowerment, including a review of the realities of child poverty and promising responses.

[http://www.beststart.org/resources/anti\\_poverty/pdf/child\\_poverty\\_guide\\_rev.pdf](http://www.beststart.org/resources/anti_poverty/pdf/child_poverty_guide_rev.pdf)

### **29. Why am I Poor: First Nations Child Poverty in Ontario**

This report provides a hard look at the lived experiences and outcomes of First Nations children in Ontario who are poor, the factors that drive First Nations child poverty and the ways that service providers can make a difference.

[http://www.beststart.org/resources/anti\\_poverty/pdf/child\\_poverty\\_guide\\_rev.pdf](http://www.beststart.org/resources/anti_poverty/pdf/child_poverty_guide_rev.pdf)

### **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.healthnexussante.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/healthnexussante>, <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.healthnexussante.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/healthnexussante>, <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.nexussante.ca/prixdeleadership>