

# MNCHP Network Bulletin



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by/par health **nexus** santé

**May 18, 2012**

***The next bulletin will be released June 1, 2012.***

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## I. NEWS & VIEWS

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### **1. Excess Weight in Pregnant Women Can Have Negative Health Implications for Offspring in Adulthood**

That being overweight during pregnancy can lead to overweight children and adolescents has been known for some time, but new research at the Hebrew University of Jerusalem and in the US indicates that excess weight before and during pregnancy can have long-lasting health consequences for the offspring of such mothers even later in life.

<http://www.sciencedaily.com/releases/2012/05/120513144531.htm>

### **2. 20% “fat tax” needed to improve population health...And should be combined with subsidies on healthy foods**

Taxes on unhealthy food and drinks would need to be at least 20% to have a significant effect on diet-related conditions such as obesity and heart disease, say experts on [bmj.com](http://www.bmj.com) today. Ideally, this should be combined with subsidies on healthy foods such as fruit and vegetables, they add.

Their views come ahead of the 65th World Health Assembly taking place in Geneva on 21-26 May 2012 where prevention and control of non-communicable diseases will be a key issue for discussion.

As an increasing number of countries introduce taxes on unhealthy food and drinks, Oliver Mytton and colleagues at the University of Oxford examine the evidence on the health effects of food taxes.

Evidence suggests that taxing a wide range of unhealthy foods or nutrients is likely to result in greater health benefits than narrow taxes, they say, although the strongest evidence base is for tax on sugary drinks.

For example, a US study found a 35% tax on sugar sweetened drinks (\$0.45 (£0.28; €0.34) per drink) in a canteen led to a 26% decline in sales.

Meanwhile modelling studies predict a 20% tax on sugary drinks in the US would reduce obesity levels by 3.5%, and suggest that extending VAT (at 17.5%) to unhealthy foods in the UK could cut up to 2700 heart disease deaths a year.

Opinion polls from the US also put support for tax on sugary drinks at between 37% and 72%, particularly when the health benefits of the tax are emphasised.

However, they point out that understanding the overall effect on health is complicated, and that policy makers need to be wary of negative effects, like changes in other important nutrients and compensatory behaviour that may increase energy intake or reduce energy expenditure.

The food industry also argues that the taxes would be ineffective, unfair, and damage the industry leading to job losses. And from a legislative point of view, it is still unclear how such taxes are best introduced and enforced.

Meanwhile, others have advocated that the taxes be used to raise funds to treat diet related diseases, subsidise healthy foods, or to stimulate industry reformulation of food (such as removal of salt, sugar, or saturated fats from foods).

In conclusion, Mytton and colleagues say that health related food taxes have the potential to improve health, but the tax would need to be at least 20% to have a significant effect on population health.

In a second analysis paper, Corinna Hawkes from the Centre for Food Policy at City University London says that, although governments are beginning to implement food policies to encourage healthier eating, "there remains a long way to go for food policies to reach their full potential."

She points out that changes to the food supply system since the 1980s have "coincided with rises in obesity and non-communicable diseases" and argues that health must be made a priority for the modern food economy.

<http://www.bmj.com/press-releases/2012/05/14/20-%E2%80%9Cfat-tax%E2%80%9D-needed-improve-population-health>

### **3. Women's Education Level, Maternal Health Facilities, Abortion Legislation and Maternal Deaths: A Natural Experiment in Chile from 1957 to 2007**

Koch E, Thorp J, Bravo M, Gatica S, Romero CX, et al. (2012) Women's Education Level, Maternal Health Facilities, Abortion Legislation and Maternal Deaths: A Natural Experiment in Chile from 1957 to 2007.

#### **Background**

The aim of this study was to assess the main factors related to maternal mortality reduction in large time series available in Chile in context of the United Nations' Millennium Development Goals (MDGs).

#### **Methods**

Time series of maternal mortality ratio (MMR) from official data (National Institute of Statistics, 1957–2007) along with parallel time series of education years, income per capita, fertility rate (TFR), birth order, clean water, sanitary sewer, and delivery by skilled attendants were analysed using autoregressive models (ARIMA). Historical changes on the mortality trend including the effect of different educational and maternal health policies implemented in 1965, and legislation that prohibited abortion in 1989 were assessed utilizing segmented regression techniques.

#### **Results**

During the 50-year study period, the MMR decreased from 293.7 to 18.2/100,000 live births, a decrease of 93.8%. Women's education level modulated the effects of TFR, birth order, delivery by skilled attendants, clean water, and sanitary sewer access. In the fully adjusted model, for every additional year of maternal education there was a corresponding decrease in the MMR of 29.3/100,000 live births. A

rapid phase of decline between 1965 and 1981 (-13.29/100,000 live births each year) and a slow phase between 1981 and 2007 (-1.59/100,000 live births each year) were identified. After abortion was prohibited, the MMR decreased from 41.3 to 12.7 per 100,000 live births (-69.2%). The slope of the MMR did not appear to be altered by the change in abortion law.

#### **Conclusion**

Increasing education level appears to favourably impact the downward trend in the MMR, modulating other key factors such as access and utilization of maternal health facilities, changes in women's reproductive behaviour and improvements of the sanitary system. Consequently, different MDGs can act synergistically to improve maternal health. The reduction in the MMR is not related to the legal status of abortion.

<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0036613>

#### **4. Study shows significant differences in substance use rates among Blacks, Hispanics, and Whites**

A new report shows that 21.8 percent of pregnant White women aged 15 to 44 currently (within the past 30 days) smoked cigarettes. The study conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA) also showed that cigarette smoking levels among pregnant White women were significantly higher than the levels among pregnant Black women (14.2 percent) and pregnant Hispanic women (6.5 percent) in the same 15 to 44 age range. New report shows more than one in five pregnant White women smoke cigarettes.

<http://www.samhsa.gov/newsroom/advisories/1205093619.aspx>

#### **5. Should Pregnant Women Be Accommodated in the Workplace?**

Earlier this week, a coalition of legislators introduced the Pregnant Workers Fairness Act, designed to encourage employers to make nice to their pregnant employees. If they need extra bathroom breaks or help lifting heavy things or a chair to sit in, employers shouldn't balk.

But many are. Complaints about pregnancy-related work discrimination have soared 50% since 2000.

<http://healthland.time.com/2012/05/11/how-much-should-pregnant-women-be-accommodated-in-the-workplace/#ixzz1usOifq1w>

#### **6. Despite Proven Benefits of Exercise During Pregnancy, Many Still Think It Will Harm Their Babies**

Though exercise during pregnancy has proven benefits for healthy women, many still fear it, according to a new study.

"Despite what we have said over the last 10 years, pregnant women are still afraid exercise is going to hurt their child," says researcher Melissa J. Hague, MD, a clinical assistant professor of obstetrics and gynecology at the University of Kansas School of Medicine in Wichita.

<http://www.webmd.com/baby/news/20120510/many-pregnant-women-fear-exercise>

#### **7. Blood test may help identify kids' smoke exposure: study**

More than half of the children who took part in a study on exposure to cigarette smoke tested positive for such exposure, despite only a handful of their parents admitting to lighting up, according to a U.S. study.

[http://articles.chicagotribune.com/2012-05-11/lifestyle/sns-rt-us-smoking-childrenbre84a01h-20120510\\_1\\_smoke-exposure-secondhand-smoke-cigarette-smoke](http://articles.chicagotribune.com/2012-05-11/lifestyle/sns-rt-us-smoking-childrenbre84a01h-20120510_1_smoke-exposure-secondhand-smoke-cigarette-smoke)

## 8. Canada 'self-righteous' about food insecurity: UN envoy

Canada needs to drop its "self-righteous" attitude about how great a country it is and start dealing with its widespread problem of food insecurity, the United Nations right-to-food envoy says.

In a hard-hitting interview this week with Postmedia News, Olivier De Schutter also blasted Canada for its "appallingly poor" record of taking recommendations from UN human-rights bodies seriously.

De Schutter, the UN special rapporteur on the right to food, has been on an 11-day mission to Canada, his first to a developed country.

UN Special Rapporteur on the Right to Food Olivier De Schutter visited inner-city neighbourhoods and aboriginal communities in Manitoba and Alberta, where he said he has seen "very desperate conditions."

It's taken him to poor inner-city neighbourhoods in Central Canada, where he said he's heard from families on social assistance who can't afford to feed their children healthy foods. He's also travelled to remote aboriginal communities in Manitoba and Alberta, where he said he has seen "very desperate conditions and people who are in extremely dire straits."

<http://www2.canada.com/calgaryherald/news/story.html?id=28a36d49-e493-489d-8a15-47e36d8cc4ed>

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## II. RECENT REPORTS AND RESEARCH

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### 9. Reproductive Technologies and the Risk of Birth Defects

Michael J. Davies, M.P.H., Ph.D., Vivienne M. Moore, M.P.H., Ph.D., Kristyn J. Willson, B.Sc., Phillipa Van Essen, M.P.H., Kevin Priest, B.Sc., Heather Scott, B.Mgmt., Eric A. Haan, M.B., B.S., and Annabelle Chan, M.B., B.S., D.P.H.

N Engl J Med 2012; 366:1803-1813 [May 10, 2012](#)

#### Background

The extent to which birth defects after infertility treatment may be explained by underlying parental factors is uncertain.

#### Methods

We linked a census of treatment with assisted reproductive technology in South Australia to a registry of births and terminations with a gestation period of at least 20 weeks or a birth weight of at least 400 g

and registries of birth defects (including cerebral palsy and terminations for defects at any gestational period). We compared risks of birth defects (diagnosed before a child's fifth birthday) among pregnancies in women who received treatment with assisted reproductive technology, spontaneous pregnancies (i.e., without assisted conception) in women who had a previous birth with assisted conception, pregnancies in women with a record of infertility but no treatment with assisted reproductive technology, and pregnancies in women with no record of infertility.

### Results

Of the 308,974 births, 6163 resulted from assisted conception. The unadjusted odds ratio for any birth defect in pregnancies involving assisted conception (513 defects, 8.3%) as compared with pregnancies not involving assisted conception (17,546 defects, 5.8%) was 1.47 (95% confidence interval [CI], 1.33 to 1.62); the multivariate-adjusted odds ratio was 1.28 (95% CI, 1.16 to 1.41). The corresponding odds ratios with in vitro fertilization (IVF) (165 birth defects, 7.2%) were 1.26 (95% CI, 1.07 to 1.48) and 1.07 (95% CI, 0.90 to 1.26), and the odds ratios with intracytoplasmic sperm injection (ICSI) (139 defects, 9.9%) were 1.77 (95% CI, 1.47 to 2.12) and 1.57 (95% CI, 1.30 to 1.90). A history of infertility, either with or without assisted conception, was also significantly associated with birth defects.

### Conclusions

The increased risk of birth defects associated with IVF was no longer significant after adjustment for parental factors. The risk of birth defects associated with ICSI remained increased after multivariate adjustment, although the possibility of residual confounding cannot be excluded. (Funded by the National Health and Medical Research Council and the Australian Research Council.)

<http://www.nejm.org/doi/full/10.1056/NEJMoa1008095>

## 10. Why is the Teen Birth Rate in the United States So High and Why Does It Matter?

Melissa S. Kearney and Phillip B. Levine

Journal of Economic Perspectives—Volume 26, Number 2—Spring 2012—Pages 141–166

Why is the rate of teen childbearing is so unusually high in the United States as a whole, and in some U.S. states in particular? U.S. teens are two and a half times as likely to give birth as compared to teens in Canada, around four times as likely as teens in Germany or Norway, and almost ten times as likely as teens in Switzerland. A teenage girl in Mississippi is four times more likely to give birth than a teenage girl in New Hampshire—and 15 times more likely to give birth as a teen compared to a teenage girl in Switzerland. We examine teen birth rates alongside pregnancy, abortion, and "shotgun" marriage rates as well as the antecedent behaviors of sexual activity and contraceptive use. We demonstrate that variation in income inequality across U.S. states and developed countries can explain a sizable share of the geographic variation in teen childbearing. Our reading of the totality of evidence leads us to conclude that being on a low economic trajectory in life leads many teenage girls to have children while they are young and unmarried. Teen childbearing is explained by the low economic trajectory but is not an additional cause of later difficulties in life. Surprisingly, teen birth itself does not appear to have much direct economic consequence. Our view is that teen childbearing is so high in the United States because of underlying social and economic problems. It reflects a decision among a set of girls to "drop-out" of the economic mainstream; they choose non-marital motherhood at a young age instead of investing in their own economic progress because they feel they have little chance of advancement.

<http://pubs.aeaweb.org/doi/pdfplus/10.1257/jep.26.2.141>



## 11. Improving Health Outcomes: The Role of Food in Addressing Chronic Diseases

The Conference Board of Canada, 72 pages, May 2012

### Document Highlights

This report examines the relationship between food, health, and chronic diseases—a key consideration for the Canadian Food Strategy being developed by The Conference Board of Canada's Centre for Food in Canada (CFIC). The report considers the food-related risk factors for three highly prevalent chronic diseases—cardiovascular disease, cancer, and diabetes. It examines current and historical dietary patterns to assess Canadians' food-related risks; assesses how well consumers, industry, and governments are managing the key dietary risks; and considers the effectiveness of interventions to encourage healthy eating. The report concludes by proposing seven potential measures that consumers, government, and industry can take to improve dietary risk management to cut the burden of chronic diseases.

<http://www.conferenceboard.ca/e-library/abstract.aspx?did=4824>

## 12. A Citywide Smoking Ban Reduced Maternal Smoking and Risk for Preterm, Not Low Birth Weight, Births: A Colorado Natural Experiment

Robert Lee Page, Julia F. Slejko, Anne M. Libby. *Journal of Women's Health*, 2012;

### Background:

Few reports exist on the association of a public smoking ban with fetal outcomes and maternal smoking in the United States. We sought to evaluate the effect of a citywide smoking ban in comparison to a like municipality with no such ban in Colorado on maternal smoking and subsequent fetal birth outcomes.

### Methods:

A citywide smoking ban in Colorado provided a natural experiment. The experimental citywide smoking ban site was implemented in Pueblo, Colorado. A comparison community was chosen that had no smoking ban, El Paso County, with similar characteristics of population, size, and geography. The two sites served as their own controls, as each had a preban and postban retrospective observation period: preban was April 1, 2001, to July 1, 2003; postban was April 1, 2004, to July 1, 2006. Outcomes were maternal smoking (self-report), low birth weight (LBW) (defined as <2500 g or as <3000 g), and preterm births (<37 weeks gestation) in singleton births from mothers residing in these cities and reported to the State Department of Public Health. A difference-in-differences estimator was used to account for site and temporal trends in multivariate models.

### Results:

Compared to El Paso County preban, the odds of maternal smoking and preterm births were, respectively, 38% ( $p<0.05$ ) and 23% ( $p<0.05$ ) lower in Pueblo. The odds for LBW births decreased by 8% for <3000 g and increased by 8.4% for <2500 g; however, neither was significant.

### Conclusions:

This is the first evidence in the United States that population-level intervention using a smoking ban improved maternal and fetal outcomes, measured as maternal smoking and preterm births.

<http://online.liebertpub.com/doi/abs/10.1089/jwh.2011.3305>

## 13. Low Rates of Influenza Immunization in Young Children Under Ontario's Universal Influenza Immunization Program

Michael A. Campitelli, MPha, et al.

**OBJECTIVES:**

To determine physician-administered influenza vaccine coverage for children aged 6 to 23 months in a jurisdiction with a universal influenza immunization program during 2002–2009 and to describe predictors of vaccination.

**METHODS:**

By using hospital records, we identified all infants born alive in Ontario hospitals from April 2002 through March 2008. Immunization status was ascertained by linkage to physician billing data. Children were categorized as fully, partially, or not immunized depending on the number and timing of vaccines administered. Generalized linear mixed models determined the association between immunization status and infant, physician, and maternal characteristics.

**RESULTS:**

Influenza immunization was low for the first influenza season of the study period (1% fully immunized during the 2002–2003 season), increased for the following 3 seasons (7% to 9%), but then declined (4% to 6% fully immunized during the 2006–2007 to 2008–2009 seasons). Children with chronic conditions or low birth weight were more likely to be immunized. Maternal influenza immunization (adjusted odds ratio 4.31; 95% confidence interval 4.21–4.40), having a pediatrician as the primary care practitioner (adjusted odds ratio 1.85; 95% confidence interval 1.68–2.04), high visit rates, and better continuity of care were all significantly associated with full immunization, whereas measures of social disadvantage were associated with nonimmunization. Low birth weight infants discharged from neonatal care in the winter were more likely to be immunized.

**CONCLUSIONS:**

Influenza vaccine coverage among children aged 6 to 23 months in Ontario is low, despite a universal vaccination program and high primary care visit rates. Interventions to improve coverage should target both physicians and families.

<http://pediatrics.aappublications.org/content/early/2012/05/09/peds.2011-2441>

## 14. Injuries Associated With Bottles, Pacifiers, and Sippy Cups in the United States, 1991–2010

Sarah A. Keim, PhD, MA, MS et al

**OBJECTIVE:**

To describe the epidemiology of injuries related to bottles, pacifiers, and sippy cups among young children in the United States.

**METHODS:**

A retrospective analysis was conducted by using data from the National Electronic Injury Surveillance System for children <3 years of age treated in emergency departments (1991–2010) for an injury associated with a bottle, pacifier, or sippy cup.

**RESULTS:**

An estimated 45 398 (95% confidence interval: 38 770–52 026) children aged <3 years were treated in emergency departments for injuries related to these products during the study period, an average of 2270 cases per year. Most injuries involved bottles (65.8%), followed by pacifiers (19.9%) and sippy cups (14.3%). The most common mechanism was a fall while using the product (86.1% of injuries). Lacerations comprised the most common diagnosis (70.4%), and the most frequently injured body region was the mouth (71.0%). One-year-old children were injured most often. Children who were aged



1 or 2 years were nearly 2.99 times (95% confidence interval: 2.07–4.33) more likely to sustain a laceration compared with any other diagnosis. Product malfunctions were relatively uncommon (4.4% of cases).

**CONCLUSIONS:**

This study is the first to use a nationally representative sample to examine injuries associated with these products. Given the number of injuries, particularly those associated with falls while using the product, greater efforts are needed to promote proper usage, ensure safety in product design, and increase awareness of American Academy of Pediatrics' recommendations for transitioning to a cup and discontinuing pacifier use.

<http://pediatrics.aappublications.org/content/early/2012/05/09/peds.2011-3348>

## 15. Interventions for preventing obesity in children

Cochrane Database of Systematic Reviews, 2011(12): Art. No.: CD001871

Waters, E., de Silva-Sanigorski, A., Hall, B.J., Brown, T., Campbell, K.J., Gao, Y., Armstrong, R., Prosser, L., & Summerbell, C.D. (2011).

**BACKGROUND:**

Prevention of childhood obesity is an international public health priority given the significant impact of obesity on acute and chronic diseases, general health, development and well-being. The international evidence base for strategies that governments, communities and families can implement to prevent obesity, and promote health, has been accumulating but remains unclear.

**OBJECTIVES:**

This review primarily aims to update the previous Cochrane review of childhood obesity prevention research and determine the effectiveness of evaluated interventions intended to prevent obesity in children, assessed by change in BodyMass Index (BMI). Secondary aims were to examine the characteristics of the programs and strategies to answer the questions "What works for whom, why and for what cost?"

**SEARCH METHODS:**

The searches were re-run in CENTRAL, MEDLINE, EMBASE, PsychINFO and CINAHL in March 2010 and searched relevant websites. Non-English language papers were included and experts were contacted.

**SELECTION CRITERIA:**

The review includes data from childhood obesity prevention studies that used a controlled study design (with or without randomisation). Studies were included if they evaluated interventions, policies or programs in place for twelve weeks or more. If studies were randomised at a cluster level, 6 clusters were required.

**DATA COLLECTION AND ANALYSIS:**

Two review authors independently extracted data and assessed the risk of bias of included studies. Data was extracted on intervention implementation, cost, equity and outcomes. Outcome measures were grouped according to whether they measured adiposity, physical activity (PA) related behaviours or diet-related behaviours. Adverse outcomes were recorded. A meta-analysis was conducted using available BMI or standardised BMI (zBMI) score data with subgroup analysis by age group (0-5, 6-12, 13-18 years, corresponding to stages of developmental and childhood settings).

**MAIN RESULTS:**

This review includes 55 studies (an additional 36 studies found for this update). The majority of studies targeted children aged 6-12 years. The meta-analysis included 37 studies of 27,946 children and

demonstrated that programmes were effective at reducing adiposity, although not all individual interventions were effective, and there was a high level of observed heterogeneity ( $I^2=82\%$ ). Overall, children in the intervention group had a standardised mean difference in adiposity (measured as BMI or zBMI) of  $-0.15\text{kg/m}^2$  (95% confidence interval (CI):  $-0.21$  to  $-0.09$ ). Intervention effects by age subgroups were  $-0.26\text{kg/m}^2$  (95% CI:  $-0.53$  to  $0.00$ ) (0-5 years),  $-0.15\text{kg/m}^2$  (95% CI  $-0.23$  to  $-0.08$ ) (6-12 years), and  $-0.09\text{kg/m}^2$  (95% CI  $-0.20$  to  $0.03$ ) (13-18 years). Heterogeneity was apparent in all three age groups and could not be explained by randomisation status or the type, duration or setting of the intervention. Only eight studies reported on adverse effects and no evidence of adverse outcomes such as unhealthy dieting practices, increased prevalence of underweight or body image sensitivities was found. Interventions did not appear to increase health inequalities although this was examined in fewer studies.

#### **AUTHORS' CONCLUSIONS:**

We found strong evidence to support beneficial effects of child obesity prevention programmes on BMI, particularly for programmes targeted to children aged six to 12 years. However, given the unexplained heterogeneity and the likelihood of small study bias, these findings must be interpreted cautiously. A broad range of programme components were used in these studies and whilst it is not possible to distinguish which of these components contributed most to the beneficial effects observed, our synthesis indicates the following to be promising policies and strategies:

- school curriculum that includes healthy eating, physical activity and body image
- increased sessions for physical activity and the development of fundamental movement skills throughout the school week
- improvements in nutritional quality of the food supply in schools
- environments and cultural practices that support children eating healthier foods and being active throughout each day
- support for teachers and other staff to implement health promotion strategies and activities (e.g. professional development, capacity building activities)
- parent support and home activities that encourage children to be more active, eat more nutritious foods and spend less time in screen based activities

However, study and evaluation designs need to be strengthened, and reporting extended to capture process and implementation factors, outcomes in relation to measures of equity, longer term outcomes, potential harms and costs. Childhood obesity prevention research must now move towards identifying how effective intervention components can be embedded within health, education and care systems and achieve long term sustainable impacts.

<http://health-evidence.ca/articles/show/15329>

## **16. Teen Mothers Have Higher Rate of Vaginal Births**

The vaginal delivery rate among U.S. pregnant women under age 16 was significantly higher than in an older population, despite a greater risk for obstetrical complications, according to a database review. Among a million pregnancies in a single state's perinatal dataset, the rate of vaginal delivery for women under 16 was 82.7% compared with a rate of 71.6% for women ages 16 to 35 ( $P=0.001$ ), reported Dimitrios Mastrogiannis, MD, PhD, from Temple University School of Medicine in Philadelphia, and colleagues in a presentation at the annual meeting of the American College of Obstetricians and Gynecologists.

<http://www.medpagetoday.com/MeetingCoverage/ACOG/32665>

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### III. CURRENT INITIATIVES

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#### 17. Child and Family Mental Health Survey/ Sondage sur la santé mentale du bébé, de l'enfant et des parents

The Canadian Association of Family Resource Programs (FRP Canada) is gathering information through an online survey about activities, resources and support offered to families to promote infant, child and parent mental health. The goal is to ensure that community family support organizations like yours achieve recognition and support for their work in the field of family mental health and also to identify promising practices, gaps in services, resources required to address gaps, and the training needs of family support practitioners.

With this on-line survey we hope to learn more about what community-based organizations do in terms of supporting child and parent mental health and mental health awareness. We are interested in this everyday work as well as in more specific or formal programs and services that are offered with the intention of enhancing or raising awareness of child and family mental health.

Based upon the survey responses, and expressions of interest, 10 to 12 organizations that are identified as engaging in innovative child and family mental health practices will be invited to contribute to case studies. The survey analysis and the case studies will be shared with FRP Canada members and others including the Public Health Agency of Canada, which is providing the funding for this project through its CAPC/CPNP National Projects Fund.

The survey should take approximately 30 minutes to complete and the deadline for completing the survey is Friday, June 08, 2012.

For more information please contact Christine Colbert at [ccolbert@frp.ca](mailto:ccolbert@frp.ca) or phone 250-897-2358.

Please click on the link below to access the survey.

<http://app.fluidsurveys.com/s/MentalHealthSurvey/>

L'Association canadienne des programmes de ressources pour la famille (FRP Canada) collecte des renseignements sur les activités, les ressources et l'appui offerts aux familles afin de promouvoir la santé mentale infantile et familiale. Notre but consiste à nous assurer que l'activité dans le domaine de la santé mentale familiale réalisée par les organismes communautaires d'appui de la famille comme les vôtres soit reconnue et appuyée. FRP Canada souhaite également recenser les lacunes et les besoins en formation des professionnels de l'appui de la famille.

Nous espérons que ce sondage en ligne nous permettra d'en savoir plus sur les mesures prises par les organismes communautaires en faveur de la santé mentale de l'enfant et des parents et de la sensibilisation à la santé mentale. Nous souhaitons connaître ce travail de tous les jours, ainsi que des programmes ou services plus particuliers ou plus formels, offerts dans l'intention de sensibiliser à la santé mentale infantile et familiale.

À la suite des réponses au sondage et de l'intérêt exprimé, nous inviterons 10 à 12 organismes, dont les pratiques innovantes en matière de santé mentale infantile et familiale seront connues, à contribuer à des études de cas. L'analyse du présent sondage et des études de cas sera communiquée aux membres de FRP Canada et à d'autres, dont l'Agence de la santé publique du Canada qui finance ce projet dans le cadre de son Fonds des projets nationaux (FPN) du PACE et du PCNP.

Ce sondage devrait prendre approximativement 30 minutes remplir et, la date limite pour remplir ce sondage est le vendredi, 8 juin 2012.

Si vous avez des questions, veuillez communiquer avec Christine Colbert, à l'adresse de courriel [ccolbert@frp.ca](mailto:ccolbert@frp.ca) ou en l'appelant au 250-897-2358.

Veuillez cliquer sur le lien ci-dessous pour accéder au sondage.

<http://app.fluidsurveys.com/s/MentalHealthSurvey/?p=0&k=&h=b07e0bc1c3751d34acbef5b8546b29ae&s=eyJwYWdlcGF0aCl6IFswXX0%3D&n=.&l=fr>

## **18. Freedom 90 Union demands urgent action by Ontario Government to end Poverty**

Freedom 90, is Ontario's new union of food bank and emergency meal program volunteers. Its founding members, many in their seventies and eighties, want to be put out of their food bank and meal program volunteer jobs before they reach age 90. They are getting tired, and they never imagined they'd have to keep doing this work year after year. They also feel that they have earned the right to speak out about poverty in our communities.

<http://www.freedom90.ca/index.html>

## **19. 3M Health Leadership Award - Prix 3M de leadership en santé**

### **Call for Nominations/Les mises en candidature**

The 3M Health Leadership Award honours the outstanding range of leaders who have had a significant impact on the health of their community.

Health Nexus and 3M Canada recognize the importance of addressing the fundamental social and economic factors that influence our health and are committed to celebrating the leaders who work to improve them. Deadline is June 22, 2012.

Nominate an inspiring community leader and join the conversation on leadership.

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

Le Prix 3M de leadership en santé rend hommage à l'impressionnant éventail de leaders qui ont une influence remarquable sur la santé de leur communauté.

Reconnaissant l'importance de s'attaquer aux facteurs fondamentaux d'ordre social et économique qui influencent l'état de notre santé, Nexus Santé et 3M Canada, se sont engagés à rendre hommage aux leaders qui travaillent à les améliorer.

Proposez la candidature d'un leader communautaire qui vous inspire et participez à la conversation sur le leadership. Date limite est le 22 juin, 2012.

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

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## IV. UPCOMING EVENTS

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### 20. Women and Children First: Don't Fall behind

The Women & Children's Services Program at Windsor Regional Hospital

September 28, 2012

Early bird Registration: (Before July 1) \$100

Second annual conference: The topic will be Labour Support and is presented by Penny Simkin.

For More Info:

Cecile Cooke

(519) 254-5577 ext. 52501 Fax: (519) 985-2657

Email: [Cecile\\_Cooke@wrh.on.ca](mailto:Cecile_Cooke@wrh.on.ca)

### 21. Inspiring Human Services in the 21<sup>st</sup> Century: Creating an App for That

Ontario Municipal Social Services Association 2012 Learning Symposium

June 17-20, 2012

Mississauga, ON

The 21st century sees tremendous technological advancements occurring on the bigger world stage – from new technologies for managing data, to new ways of communication and collaboration. In the world of human services, technology can provide a strong support in helping us deliver services in a more effective and integrated manner. It is also important to consider strategies to review potential challenges and risks associated with the use of technology.

OMSSA's 2012 Learning Symposium will bring together municipal service managers, private and public sector organizations, community leaders, and community partners to join in this dialogue. The conference will discuss the concept of innovation in social service delivery, whether it is technology induced or process driven, the potential and impact of technology in service delivery, and the connected issues of privacy implications, remote service delivery, multigenerational workforce, and more.

<http://omssaconference.com/>

## V. RESOURCES

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### 22. Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation

Released: May 8, 2012

Consensus Report

Institute of Medicine of the National Academies, [Food and Nutrition Board](#)

Two-thirds of adults and one-third of children are overweight or obese. Left unchecked, obesity's effects on health, health care costs, and our productivity as a nation could become catastrophic.

The staggering human toll of obesity-related chronic disease and disability, and an annual cost of \$190.2 billion for treating obesity-related illness, underscore the urgent need to strengthen prevention efforts in the United States. The Robert Wood Johnson Foundation asked the IOM to identify catalysts that could speed progress in obesity prevention.

The IOM evaluated prior obesity prevention strategies and identified [recommendations](#) to meet the following goals and accelerate progress:

- Integrate physical activity every day in every way
- Market what matters for a healthy life
- Make healthy foods and beverages available everywhere
- Activate employers and health care professionals
- Strengthen schools as the heart of health

On their own, accomplishing any one of these might help speed up progress in preventing obesity, but together, their effects will be reinforced, amplified, and maximize

<http://iom.edu/Reports/2012/Accelerating-Progress-in-Obesity-Prevention.aspx>

### 23. Why digital behaviour change interventions will transform public health

Brian Cugelman, PhD

Ontario Health Promotion E-Bulletin, 18 May 2012 - OHPE Bulletin 754, Volume 2012, No. 754

Imagine the next generation of health campaigns, where health departments encourage citizens to improve their wellbeing through lifestyle changes, but then go one step further, offering every citizen personal support to help them develop new lifestyle habits. Moreover, imagine offering each citizen access to the best programs, based on the latest scientific knowledge, delivered by the world's leading experts.

In this ideal health promotion system, every smoker could work with the leading smoking cessation counsellor and develop a quit plan tailored to their particular needs and preferences, situation and social context. Now take this vision even further, and imagine the same principle applied to all lifestyle habits that affect public health, such as physical activity, healthy eating, stress management, substance abuse and self-care of chronic conditions.

This vision may sound very idealistic and extremely unrealistic, as no healthcare system can provide each citizen with inter-personal support at the mass-population level. However, there is a second best option—interactive digital technologies that can provide mass-interpersonal behaviour change support, in a way that can transform public health promotion.



This article will discuss the shift towards preventative medicine, the efficacy and limits of traditional health promotion campaigns, the efficacy and limits of digital interventions, and then look at the future of hybrid campaigns that both promote and foster change.

<http://www.ohpe.ca/node/13291>

## **24. Cost Savings of School Readiness Per Additional At-Risk Child in Detroit And Michigan**

Source: Wilder Research for Max M. & Marjorie S. Fisher Foundation, December 2011

"Research studies have demonstrated that investing in effective early education programs that prepare young children cognitively, physically, socially, and emotionally for success in school – particularly low-income children at risk of school failure – prevents or reduces needless public spending throughout the educational, social welfare, and criminal justice systems for juveniles and adults.... This study demonstrates the economic value to state government and the public of investing in school readiness for just one more child at risk of academic failure in Detroit and in Michigan as a whole."

The study estimates lifetime savings of about \$100,000 per child in Detroit who starts school ready to learn as a result of effective early education beginning at birth. For Michigan children overall, the per-child dividend is about \$39,500, reflecting less costly lifetime education, social service and criminal justice expenditures.

[http://www.mmfisher.org/docs/FINAL\\_OneChild\\_Michigan\\_12-11\\_Report.pdf](http://www.mmfisher.org/docs/FINAL_OneChild_Michigan_12-11_Report.pdf)

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

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### **25. Best Start Displays Available To Borrow / Présentoirs Meilleur départ disponibles pour prêt**

The Best Start Resource Centre has many displays in both English and French available for loan. Most are large, double-laminated paper displays that roll into a tube. Organizations borrowing displays will only have to pay for the return shipping cost. Some of the topics available include:

- **Mocktails for Mom**
- **Smoking and Your Family**
- **Sleep Safely Baby!**
- **Folic Acid**
- **Smoking and Pregnancy**
- **Life with a new baby – postpartum mood disorders**

To see all the displays available, please visit:

<http://www.beststart.org/resources/index.html#display>

## **About This Bulletin**

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## **Click here to access Health Nexus' other e-bulletins and listservs:**

In English:

- [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, 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>
- [Health Nexus Today](#) - Health Nexus Today is our Blog on health promotion. Find the latest on health promotion including breaking news, highlights, studies, and issues in health promotion and the determinants of health in Canada and internationally. <http://www.blogs.healthnexusante.ca/>

In French:

- [French distribution list](#) – The free distribution list offers information in French on maternal, newborn, and child health promotion topics. [http://www.meilleurdepart.org/index\\_fr.html](http://www.meilleurdepart.org/index_fr.html)
- [Le Bloc-Notes](#) – The biweekly French language bulletin provides information on health promotion. <http://leblocnotes.ca/>