

MNCHP Network Bulletin



best start
meilleur départ

by/par health **nexus** santé

April 6, 2012

The next bulletin will be released April 20, 2012.

The purpose of this week's bulletin is to provide an overview of some of the highlights of two budgets that were introduced in Canada in the last two weeks as they are relevant to preconception, prenatal, and child health the Federal Budget and the Ontario Budget. Based on a preliminary scan, below we provide a brief overview as well as provide links to organizations that have provided budget feedback. As many of the proposed changes in these budgets are now being actively debated in their respective legislatures, we invite you to actively discuss and exchange other relevant information about the 2012 budgets such as work your organization is doing or other links of interest.

Please note that Health Nexus is non-partisan organization and this Best Start Resource Centre bulletin is meant to share information about the proposed changes issues, not endorse a particular political party.

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I. NEWS & VIEWS

1. Provincial Ontario 2012 Budget

On March 27, 2012 Ontario's Minister of Finance, the Honourable Dwight Duncan delivered his government's 2012 budget entitled "**Strong Action for Ontario**". Below are a few highlights that will be of particular interest to MNCHP Network members:

- Large provincial health agencies — from eHealth Ontario to Local Health Integration Networks — are being scaled back. Each agency receiving more than \$5 million a year from the province will face a 5 per cent administrative cut.
- Review will occur to ensuring that Ontario user fees recover more of the cost of providing programs and services
- Program spending will be reduced by a cumulative \$17.7 billion over the next three years compared to what it would have otherwise been — ensuring that annual average growth in program spending is held to 1.0 per cent between 2011–12 and 2014–15.
- The size of the Ontario Public Service will be further reduced by nearly 1,000 full-time equivalent (FTE) staff, towards the government’s commitment of a 1,500 FTE reduction, while ensuring that essential front-line core services are not compromised.

The Action Plan for Health Care (announced recently by Ministry of Health and Long Term Care) is a major focus within the budget and its themes include:

- provide better access to primary care, home care and community care
- increasing access to doctors, nurse practitioners
- integrating family health care into Local Health Integration Networks (LHINS)
- holding growth in hospital base operating funding to 0% in 12/13 (total operating funding to grow by 2% in 12/13 – ongoing support for key services) and increase investments in community care by 4% annually
- shifting investments to where they have the greatest value and benefit;
- reforming LHINS to promote seamless coordination of treatment across health care providers
- shift routine procedures to non-profit community based clinics

Prevent illness and help Ontarians stay healthy:

- Focus on diabetes, tobacco, obesity
- Development of a Childhood obesity strategy to reduce obesity rates by 20% in 5 years
- Promotion of healthy living and better management of chronic disease
- increased emphasis on evidence-based decisions, particularly with respect to new and existing procedures; build on the mandate of the Healthy Quality Ontario (HQO) to provide recommendations to direct funding
- transition to a patient centred funding model

Children’s and Social Services

- Budget will grow an average of 2.7% per year

Many of the cuts to education outlined in the Drummond Report, which included the cancellation of full-day kindergarten, now partially implemented across the province, were not realized.

<http://www.fin.gov.on.ca/en/reformcommission/>)

The government announced will continue to fully implement full-day kindergarten by September 2014 and maintain small class sizes. The sector will begin to undergo huge structural change, including the possibility of:

- amalgamating schools boards
- closing underutilized schools
- cuts to some of the so-called “low-impact” grants that fund a variety of programs. Though the specific cuts have not been named, these grants include things like healthy schools initiatives, programs to support math acquisition, extra library staff and a variety of safe schools programs – for a total cut of \$107 million over 3 years.

To see the full highlights document, please visit:

http://www.fin.gov.on.ca/en/budget/ontariobudgets/2012/ch1.html#c1_secA_highlights

Many of the specific budget details (listed by Ministry), can be found in the Addendum:

<http://www.fin.gov.on.ca/en/budget/ontariobudgets/2012/addendum.html#sec2a>

Budget Responses:

Health Providers Against Poverty

“A freeze in welfare rates is effectively a cut to the income of people who are struggling to live on almost 60 per cent less than what they received through social assistance 20 years ago. This is an assault to the health of social assistance recipients, and will continue to shift the burden of care from the income support system to the health system,” says Gary Bloch, a family physician in Toronto.”

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

Ontario Public Health Association

“The Ontario Public Health Association (OPHA) is pleased to see that the 2012 Ontario Budget does not reduce or freeze health care spending for the next three years. However, OPHA is disappointed that there are no substantive investments in disease and injury prevention, health promotion or in public health. Such investments would have reflected the Ministry of Health and Long-Term Care’s commitment to disease prevention and health promotion, which was identified as part of Ontario’s Action Plan for Health in January, and that OPHA supported. There are also few details on the Budget’s financial impact on the public health sector, although we anticipate there will be a modest funding increase.”

<http://www.opha.on.ca/OPHA%27s%20Response%20to%20Budget%202012.pdf>

Canadian Centre for Policy Alternatives

“This budget virtually abandons the provincial commitment to reduce child poverty by 25% in 2013 — the budget speech doesn’t even bother to talk about the poor other than to say social assistance rates will be

frozen. Combine that with a slow-down in planned Ontario Child Benefit increases and there is no way this government can meet its promised target. It doesn't even address it in this budget."

<http://www.behindthenumbers.ca/2012/03/27/completing-the-job-started-by-mike-harris/>

Wellesley Institute Research & Policy

"The good news is that the government did not follow the recommendations of the Drummond Commission to hold increases in social spending to just 0.5 percent. The government has increased spending on social and children's services by an average of 2.7 percent over the next three years, the largest percentage increase of any sector.

However, the bad news is that the impact on people who are receiving social assistance doesn't end with the rate freeze. Minister Duncan announced that benefits for people who rely on social assistance will be reduced by \$30 million this year and over \$200 million over 3 years.

The combination of the social assistance rate freeze, the delayed increase in the Ontario Child Benefit, and reduced access to essential benefits will take \$180 million out of the pockets of the poorest Ontarians. These cutbacks in services will have a direct and negative impact on the health of some of Ontario's most marginalized populations, and all Ontarians have to share the social and economic costs of poor health."

[Wellesley Institute – Ontario Budget 2012 article series](#)

Registered Nurses' Association of Ontario

"By freezing social assistance rates, delaying increases to the Ontario Child Benefit, and failing to raise the minimum wage (or even appoint the commission promised in last year's budget), the 2012 Ontario budget hurts those already struggling to get by on dangerously low incomes. This is bad health policy and will result in higher tax payer's costs."

http://www.rnao.org/Page.asp?PageID=122&ContentID=3689&SiteNodeID=403&BL_ExpandID=

Atkinson Centre for Society and Child Development

"Ontario Budget 2012 makes no overt changes to early learning. Full day kindergarten moves forward as planned to embrace all children by 2014. Its unique educator team remains intact. The Government should be commended for rejecting the narrow mindedness of Drummond's recommendations. The back-story however has some twists. A \$75-million reduction in education capital grants will crash into the need to build or refurbish classrooms in schools where there is no space for the remaining influx of 100,000 children during the final phase of the rollout. Most early childhood educators in kindergarten classrooms do not yet work under a collective agreement."

http://www.oise.utoronto.ca/atkinson/Resources/Issues_That_Matter_Policy_Commentaries/index.html

Other Provincial Budget Responses & Coverage

[People for Education – Education funding cut in 2012 budget](#)

[Carol Goar – Ontario budget is a requiem for a caring province – thestar.com](#)

[CBC: Ontario Budget Highlights](#)

[Canada News: Ontario Budget 2012: Health sector to see parts of system cut away – thestar.com](#)

[The goals and the challenges of Ontario's budget – The Globe and Mail](#)

[Windsor Star: Provincial budget earns mixed reviews in Windsor](#)

[Chronicle-Journal: What will budget mean for you?](#)

2. Canadian Federal 2012 Budget

The 2012 Federal budget was tabled on Thursday, March 29/12 by the Right Honourable Jim Flaherty. “There are many challenges and uncertainties still confronting the economy. The recovery is not complete and too many Canadians are still looking for work. The global economy remains fragile and any potential setbacks would have an impact on Canada. Canadian businesses face ever-increasing competition from emerging fast-growth countries. Our aging population will put pressure on public finances and social programs.

Economic Action Plan 2012 takes important steps to address these structural challenges and ensure the sustainability of public finances and social programs for future generations. International experience shows the importance of taking action now, rather than delaying. Economic Action Plan 2012 focuses on the drivers of growth and job creation—innovation, investment, education, skills and communities. Underpinning these actions is the ongoing commitment to keeping taxes low, which is central to the Government's long-term economic plan.”

<http://www.budget.gc.ca/2012/rd-dc/brief-bref-eng.html>

Some of the highlights of the budget include:

- Closer enforcement of tax rules for charities – introduction of new measures to ensure charities spend their money on charitable, not political, activities, as well as enhance transparency and accountability
- Increase in Old Age Security, from 65 – 67, effective 2023
- Reduction on public service by 19,200 jobs
- Reduction of \$5.2 billion annually in department budgets over 5 years
- Changes in how Employment Insurance benefits are calculated with a view to eliminating disincentives to accepting all available work
- Continue to explore social finance instruments to encourage development of government-community partnerships

The Government recognizes the contribution that Aboriginal peoples can make to the labour force as the youngest and fastest-growing segment of the nation's population. Equipping First Nations people with the skills and opportunities they need to fully participate in the economy is a priority both for this Government and for First Nations people.

Economic Action Plan 2012 will:

- Invest in First Nations education on reserve, including early literacy programming and other supports and services to First Nations schools and students.
- Build and renovate schools on reserve, providing First Nations youth with better learning environments.
- Commit to introduce a First Nation Education Act and work with willing partners to establish the structures and standards needed to support strong and accountable education systems on reserve.
- Improve the incentives of the on-reserve Income Assistance Program while encouraging those who can work to access training that will improve their prospects for employment.
- Renew the Urban Aboriginal Strategy to improve economic opportunities for Aboriginal peoples living in urban centres.

Canadian Centre for Policy Alternatives

"After six Harper budgets, the corporate share of federal revenue has fallen to 1930s levels, millionaires are paying taxes at rates last seen in the 1920s, and the top 1% are capturing more of the gains from growth than at any time in history," says CCPA Senior Economist Armine Yalnizyan.

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

Campaign 2000

"The federal budget not only ignores the current needs of Canada's children, states Campaign 2000, but downloads much of today's costs onto them. The 639,000 children living in poverty will be joined by many more because of a budget that concentrates on business and global markets, while failing to address the critical need for universal childcare and affordable housing, public supports that assist families in realizing their economic potential."

[English](#)

[French](#)

[Federal budget drags Canada into age of austerity: Think tank](#)

Canadian Centre for Policy Alternatives, 29 Mar 12

[Federal Budget 2012: Death by 1,000 Cuts](#)

[Hennessy's Index: A number is never just a number](#)

Canadian Centre for Policy Alternatives, 1 Apr 12

Canada Budget 2012: Opposition and Stakeholders Give Their Responses To Federal Spending Cuts

http://www.huffingtonpost.ca/2012/03/29/canada-budget-2012-cuts-federal_n_1384147.html?ref=canada#s823735&title=BUDGET_REACTIONS

[Austerity budget will shrink economy, cost tens of thousands of jobs and put the environment and health and safety at risk](#)

Public Service Alliance of Canada, 29 Mar 12

[Walkom: Budget aims to remake Canada in Stephen Harper's image](#)

Toronto Star, 27 Mar 12

[Federal budget 2012: Ottawa axes National Council on Welfare](#)

Toronto Star, 30 Mar 12

<http://www.theglobeandmail.com/news/politics/federal-budget-2012-what-you-should-know/article2386091/>

3. BLOG: Screening for Poverty: Identifying an Important Social Determinant of Health

“A 41 year-old woman with no documented medical history or family history of disease presents to you complaining of occasional chest pains on exertion. How many would order a stress test to rule-out cardiovascular disease?” asks Dr. Gary Bloch, to a captivated audience of resident physicians currently in training at an academic learning day – a few hands go up. “Now how about if she were a smoker or had high cholesterol?” – several more hands go up. “Now how about if I told you she earned less than \$12 000 per year through part-time work, while renting a \$600 per month bachelor apartment?” While some more put their hands up, many in the group look at each other, unsure of how this information would impact their diagnostic decision-making.

<http://healthydebate.ca/opinions/screening-for-poverty-identifying-an-important-social-determinant-of-health>

4. Early Childhood Educators Seek Consensus on School Readiness

Rigorous expectations for young children often push inappropriate academic content into early education programs. That is one of the results of a new survey on perceptions of school readiness prepared by The Source for Learning (SFL, sourceforlearning.org) and the National Head Start Association (NHSA, nhsa.org).

<http://www.marketwatch.com/story/early-childhood-educators-seek-consensus-on-school-readiness-2012-04-03>

5. Western University Professor Recognized for Creating Children's Health Atlas

Esri Canada today presented an Award of Excellence to Dr. Jason Gilliland, a professor at Western University and a scientist for the Children's Health Research Institute, for his outstanding application of geographic information system (GIS) technology to help improve children's health in Southwestern Ontario. Dr. Gilliland led a multidisciplinary team in a research study of environmental factors affecting children's health in the region. The results have been compiled into “Opportunities for Healthy Living in Southwestern Ontario: A Focus on Children's Environments, First Edition,” a 400+-page atlas that will be used by local planners and public health agencies to improve children's health and well-being. The project was commissioned by the Children's Health Research Institute and funded by the Green Shield Canada Foundation and the Children's Health Foundation.

<http://www.gisuser.com/content/view/26372/2/>

6. Teen Pregnancy More Prevalent In States With High Income Inequality: Study

Keeping all other variables such as income and access to contraception equal, low-income teenage girls are more likely to become pregnant out-of-wedlock when they live in states with a higher than average unequal distribution of income, according a study recently published by the National Economic Research Bureau.

http://www.huffingtonpost.com/2012/04/03/income-inequality-teen-pregnancy_n_1400163.html?ref=business

II. RECENT REPORTS AND RESEARCH

7. Bilingual Children Switch Tasks Faster Than Speakers of a Single Language

Children who grow up learning to speak two languages are better at switching between tasks than are children who learn to speak only one language, according to a study funded in part by the National Institutes of Health. However, the study also found that bilinguals are slower to acquire vocabulary than are monolinguals, because bilinguals must divide their time between two languages while monolinguals focus on only one.

<http://www.sciencedaily.com/releases/2012/04/120403112006.htm>

8. Unraveling the relationship between aeroallergen sensitization, gender, second-hand smoke exposure, and impaired lung function

Kelly J. Brunst, University of Cincinnati College of Medicine, Cincinnati, OH

Background:

Contradictory findings on the differential effects of second-hand smoke (SHS) on lung function in girls and boys may result from masked relationships between host and environmental factors. Allergic sensitization may augment the relationship between SHS and decreased lung function, although its role in relation to the inconsistent gender differences in children has not been elucidated.

Hypothesis:

We hypothesize that there will be differences between boys and girls related to early-life allergic sensitization and exposure to SHS on pulmonary function later in childhood.

Methods:

Participants in this study (n = 486) were drawn from the Cincinnati Childhood Allergy and Air Pollution (CCAAPS) birth cohort study consisting of 46% girls. Allergic sensitization was assessed by skin prick test (SPT) to 15 aeroallergens at ages 2, 4, and 7, while pulmonary function and asthma diagnosis occurred at age 7. SHS exposure was measured by hair cotinine at ages 2 and/or 4. Gender differences of SHS exposure on pulmonary function among children with positive SPTs at ages 2, 4, and 7 as well as first-

and higher-order interactions were examined by multiple linear regression. Interactions significant in the multivariate models were also examined via stratification. Comparisons within and between stratified groups were assessed by examining the slope of the parameter estimates/beta coefficients and associated p-values and confidence intervals.

Results:

Increased cotinine levels were significantly associated with decreases in FEV1 (-0.03 l, $p < 0.05$), peak expiratory flow (-0.07 l/s, $p < 0.05$), and FEF 25–75% (-0.06 l/s, $p < 0.01$). The interaction between cotinine and sensitization at age 2 was borderline significant ($p = 0.10$) in the FEF25–75% model and showed an exposure response effect according to the number of positive SPTs at age 2; zero (-0.06 l/s, $p < 0.01$), one (-0.09 l/s, $p < 0.05$), or two or more positive SPTs (-0.30 l/s, $p < 0.01$). Despite increased polysensitization among boys, the association between cotinine and FEF25–75% among girls, with two or more positive SPTs at age 2, showed the greatest deficits in FEF25–75% (-0.34 l/s vs. -0.05 l/s and -0.06 l/s for non-sensitized girls and boys, respectively). Girls with two or more positive SPTs showed a twofold greater decrease in FEF25–5% (-0.34 l/s; 95% CI: $-0.55, -0.13$) compared to boys with the same degree of allergic sensitization (-0.18 l/s; 95% CI: $-0.41, 0.06$), although this difference was not statistically significant.

Conclusions:

Reductions in lung function were observed among children exposed to SHS, and the number of aeroallergen-positive SPTs at age 2 modifies this relationship. Girls experiencing early childhood allergic sensitization and high SHS exposure are at greater risk of decreased lung function later in childhood compared to non-sensitized girls and boys and demonstrate greater deficits compared to boys with similar degrees of sensitization.

<http://onlinelibrary.wiley.com/doi/10.1111/j.1399-3038.2012.01292.x/abstract>

9. The Need for Pretend Play in Child Development

Many people often think of play in the form of images of young children at recess engaging in games of tag, ball, using slides, swings, and physically exploring their environments. But physical play is not the only kind of play. We often use the terms pretend play or make-believe play (the acting out of stories which involve multiple perspectives and the playful manipulation of ideas and emotions), that reflect a critical feature of the child's cognitive and social development. Over the last seventy-five years a number of theorists and researchers have identified the values of such imaginative play as a vital component to the normal development of a child.

<http://www.psychologytoday.com/blog/beautiful-minds/201203/the-need-pretend-play-in-child-development>

10. Fathers' and mothers' cognitive stimulation in early play with toddlers: Predictors of 5th grade reading and math

Developmental support in early parent-infant interactions has been shown to predict children's early development and later academic success, but the long-term combined impacts of maternal and paternal interactions are rarely examined. For 229 low-income children in the US Early Head Start Research and Evaluation Project, parent-toddler interactions at age 2, observed separately with fathers and mothers, were examined in relation to child outcomes at age 3 and 5th grade. In families with resident biological fathers, both mother and father cognitive stimulation independently predicted 5th grade math and

reading, over and above program impacts and child gender. In other families, only mother cognitive stimulation predicted later child outcomes, even if fathers were involved in children's lives. Adding early developmental indicators to the model showed that the contributions of mothers' early cognitive stimulation on children's later academic skills were significantly mediated by children's early development in biological father-resident families, but not in other families. Similarly, adding early developmental indicators to the reading model showed that the contributions of fathers' early cognitive stimulation on children's later reading was partially mediated by children's early vocabulary in biological father-resident families, but not in other families. These results suggest that fathers' and mothers' cognitive stimulation in early play with toddlers both have the potential to make long-term direct and indirect impacts on their children's academic success.

Family Science, Volume 2, Issue 2, 2011

<http://www.tandfonline.com/doi/abs/10.1080/19424620.2011.640559>

11. Changes in labor patterns over 50 years

S. Katherine Laughon, MD et al

Objectives

To examine differences in labor patterns in a modern cohort compared to the 1960's in the U.S.

Study Design

Data from pregnancies at term, in spontaneous labor, with cephalic, singleton fetuses were compared between the Collaborative Perinatal Project (CPP, n= 39,491 delivering 1959 – 1966) and the Consortium on Safe Labor (CSL, n=98,359 delivering 2002 – 2008).

Results

Compared to the CPP, women in the CSL were older (26.8 ± 6.0 versus 24.1 ± 6.0 years), heavier (BMI 29.9 ± 5.0 versus 26.3 ± 4.1 kg/m²), had higher epidural (55% versus 4%) and oxytocin use (31% versus 12%), and cesarean (12% versus 3%). First stage of labor in the CSL was longer by a median of 2.6 hours in nulliparas and 2.0 hours in multiparas, even after adjusting for maternal and pregnancy characteristics, suggesting that the prolonged labor is mostly due to changes in practice patterns.

Conclusions

Labor is longer in the modern obstetrical cohort. The benefit of extensive interventions needs further evaluation.

American Journal of Obstetrics & Gynecology, PII: S0002-9378(12)00273-6

doi:10.1016/j.ajog.2012.03.003

<http://www.ajog.org/article/S0002-9378%2812%2900273-6/abstract>

12. Pregnancy Outcomes in Women After Bariatric Surgery Compared With Obese and Morbidly Obese Controls

Lesko, Jennifer MD; Peaceman, Alan MD

OBJECTIVE:

To estimate the rates of pregnancy outcomes of women after bariatric surgery relative to women in a control groups.

METHODS:

The study was a chart review. Presurgery and prepregnancy body mass index (BMI) were calculated for 70 patients who had undergone bariatric surgery and who had a subsequent singleton pregnancy. Four

control patients were then randomly selected for each case patient: two with a BMI within 6 points of the average presurgery BMI and two with a BMI within 6 points of the average prepregnancy BMI. The primary outcomes were the rates of gestational diabetes or hypertensive disorders of pregnancy.

RESULTS:

There was a significant decrease in rate of gestational diabetes in bariatric surgery patients (0.0%) as compared with both control groups (morbidly obese 16.4%, obese 9.3%; corrected odds ratio (OR) morbidly obese 0.04, with a 95% confidence interval [CI] 0.00–0.62, $P < .01$; corrected OR obese 0.07, CI 0.00–1.20, $P = .01$). There was no significant difference in the rate of hypertensive disorders of pregnancy with bariatric surgery. Additionally, neonates were significantly more likely to be small for gestational age (SGA) in the bariatric surgery group (17.4%) than the morbidly obese group (5.0%) (OR 3.94, CI 1.47–10.53, $P < .01$).

CONCLUSION:

Bariatric surgery is associated with reduction in gestational diabetes in a subsequent pregnancy, but possibly at the expense of an increase in SGA neonates.

http://journals.lww.com/greenjournal/Fulltext/2012/03000/Pregnancy_Outcomes_in_Women_After_Bariatric.9.aspx

13. Seven More Years: The impact of smoking, alcohol, diet, physical activity and stress on health and life expectancy in Ontario. An ICES/PHO Report

This report examines the burden of five behavioural health risks – smoking, unhealthy alcohol consumption, poor diet, physical inactivity and high stress – and their impact on life expectancy and health-adjusted life expectancy in Ontario. The findings of this joint study, released by ICES and Public Health Ontario, expand our understanding of healthy living by quantifying the impact of the five health risks on Ontarians' overall health.

http://www.ices.on.ca/webpage.cfm?site_id=1&org_id=68&morg_id=0&gsec_id=0&item_id=7393&type=report

14. Centers for Disease Control and Prevention: Prevalence of Autism Spectrum Disorders — Autism and Developmental Disabilities Monitoring Network, 14 Sites, United States, 2008

<http://i2.cdn.turner.com/cnn/2012/images/03/29/ss6103.ebook.pdf>

III. CURRENT INITIATIVES

15. Canadian Paediatric Society - “Happy Kids, healthy kids!” art contest/ Société canadienne de pédiatrie : Des enfants heureux, des enfants en santé! Concours de dessins d'enfants

The CPS invites kids from across Canada to participate in the Happy kids, healthy kids! art contest. Final deadline is June 15, but entries received by May 5 will be entered in the early bird draw for a Chapters gift card. See contest entry form for details.

English:

<http://www.cps.ca/English/healthcentres/ArtContest.pdf>

Français:

<http://www.cps.ca/francais/sujets/ConcoursDessin.pdf>

IV. UPCOMING EVENTS

16. Ontario Healthy Schools Coalition 11th Annual Forum: Mental Wellness...Building Capacity within the School Community/Coalition Ontarienne des Écoles en Santé 11e Forum annuel: Le bien-être mental ... Une des priorités dans la communauté scolaire

April 18th-19th, 2012/ Hamilton, ON

<http://www.karelo.com/register.php?BID=508&BT=10>

17. CALL FOR PAPERS & Hold the Date: 4th *Expanding Horizons for the Early Years Institute on Infant Mental Health*

APRIL 16 & 17, 2013

Expanding Horizons for the Early Years 2013 will focus on the continuum of care and the social and emotional factors that shape an individual from the beginning. Scientific evidence strongly indicates that maternal mental health and wellness impacts an infant's overall development even before birth. As a new baby grows to toddlerhood, it is equally important for practitioners to be aware of social, emotional and cognitive development. Professionals working with infants and families have the capacity to have significant impact on a child's life trajectory and to improve outcomes through prevention and early intervention.

This learning event is for:

Multidisciplinary practitioners concerned with the care of infants and young children and their families. This event will bring together practitioners, physicians, academics and researchers from across Canada to present and share their work with infants, toddlers and families.

www.IMHPromotion.ca

18. 2nd Annual Maternal Newborn Conference, Champlain Maternal Newborn/ 2e congrès du CMNRP sur les soins à la mère et au nouveau-né

May 17th & 18th, 2012, Ottawa, ON

Ottawa, les 17 et 18 mai 2012

http://www.cmnrp.ca/en/pppeso/Conferences_p552.html

V. RESOURCES

19. Canadian Physical Activity Guidelines and Sedentary Behaviour Guidelines for the Early Years / Directives canadiennes en matière d'activité physique et des Directives canadiennes en matière de comportement sédentaire

These evidence-based guidelines were developed by a group of experts and are presented by the Canadian Society for Exercise Physiology (CSEP) and ParticipACTION, with support from the Children's Hospital of Eastern Ontario Research Institute, Healthy Active Living and Obesity Research Group (CHEO-HALO).

- Children under the age of 1 should be physically active several times daily, particularly through interactive, floor-based play. Children aged 1 to 4 should accumulate at least 180 minutes of physical activity at any intensity, spread throughout the day.
- Parents and caregivers should limit prolonged sitting to no more than 1 hour at a time, for example, sitting or reclining in a stroller, high chair or car seat, and watching television or playing with non-active electronic devices like computers, video games or phones.
- Screen time is not recommended for children under the age of 1. Screen time should be limited to less than 1 hour per day for children aged 2 to 4.

<http://www.csep.ca/english/view.asp?x=804>

<http://www.csep.ca/Francais/view.asp?x=804>

20. Effective Interventions to Prevent Alcohol-Exposed Pregnancies: A Rapid Review of the Literature

http://www.peelregion.ca/health/resources/pdf/Prevent_Alcohol-Exposed.pdf

VI. FEATURED BEST START RESOURCES

21. Best Start Videos now online/Vidéos de Meilleur Départ: YouTube and Vimeo

- Faciliter le changement: Prévention et action pour une grossesse sans alcool
- Supporting Change: Effective Practices in Screening for Alcohol Use in Pregnancy. Training Video and Facilitator Guide
- Un environnement sans fumée pour vos enfants. Comment y parvenir? - avec manuel de formation
- Creating a Smoke Free Environment for Your Children w/ facilitator guide
- Perinatal Mood Disorders: An interdisciplinary Training Video
- La vie avec un nouveau bébé et les troubles post-partum
- Life with a New Baby: Dealing with Postpartum Mood Disorders

<http://vimeo.com/user9493317>

<http://www.youtube.com/watch?v=5SWjLv8SAZ4>

22. Best Start 2012 Conference-Post Conference Web Coverage- Now on line!

Session descriptions, photos and presentations from our conference at the end of February are now online.

<http://www.beststart.org/events/detail/bsannualconf12/webcov/index.htm>

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
- [Le Bloc-Notes](#) – The biweekly French language bulletin provides information on health promotion. <http://lebloconotes.ca/>