

# 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. For more information about this Bulletin, [click here](#).*

**August 10, 2012**

*The next bulletin will be released August 24, 2012.*

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## I. NEWS & VIEWS

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### **1. New moms, dads in Quebec tops in taking leave**

Nearly 100 per cent of Quebec mothers took maternity leave from work after giving birth or adopting children, and fathers in that province were also tops in taking paternity leave, according to a new report from Statistics Canada.

"A number of factors, including socio-economic and child and maternal health characteristics, were associated with whether mothers and fathers took leave and with the length of leave," Leanne Findlay and Dafna Kohen of the agency's health analysis division wrote.

<http://www.cbc.ca/news/health/story/2012/07/30/childbirth-leave-parental.html>

### **2. Men's sexual health suffers as waist size grows**

Losing just 2.5 inches from their waistlines may lower men's odds of sexual dysfunction and frequent urination, say researchers

<http://www.futurity.org/health-medicine/mens-sexual-health-suffers-as-waist-size-grows/#more-91332>

### **3. NYC Hospitals to Hide Formula to Promote Breastfeeding**

Twenty-seven of the city's 40 hospitals will also stop distributing bags of freebies from formula companies Starting in September, participating hospitals in New York City will aim to limit the amount of formula they distribute to new moms to encourage them to breastfeed their babies, according to a published report. New mothers who want formula for their babies will still be able to get it, [the New York Post reported](#), but the number of bottles of formula will be tracked, they will be kept in harder-to-find locations and women who receive them will also be instructed on the benefits of breastfeeding.

<http://www.nbcnewyork.com/news/local/Mayor-Bloomberg-Breastfeeding-No-Formula-Hospitals-164268206.html>

### **4. Working late in pregnancy may affect baby's weight**

Babies born to women who work later in pregnancy tend to be lighter than those whose mothers quit sooner, say researchers who compared the effect to smoking.

The U.K. researchers studied data from two large databases in Britain and the U.S. to look at how smoking compromises birth weight. They also estimated the impact of when a mother stops working, which they said hasn't been previously considered.

<http://www.cbc.ca/news/health/story/2012/07/31/pregnancy-working-birth-weight.html?cmp=rss>

### **5. US Birth Control Coverage to Kick In Despite Dispute**

A hotly contested provision of the Affordable Care Act (ACA) that requires employers and insurers to offer free contraceptive coverage takes effect Wednesday despite ongoing legal challenges. Starting Wednesday, all new insurance policies must cover birth control and certain other preventive health services with no copay, coinsurance, or deductible. The move has riled political conservatives who say it encroaches on their religious freedom by forcing some faith-based employers to provide contraceptive coverage against their will.

[http://www.medpagetoday.com/Washington-Watch/Reform/33996?utm\\_content=&utm\\_medium=email&utm\\_campaign=DailyHeadlines&utm\\_source=WC&eun=g429821d0r&userid=429821&email=p.scott@healthnexus.ca&mu\\_id=5527976](http://www.medpagetoday.com/Washington-Watch/Reform/33996?utm_content=&utm_medium=email&utm_campaign=DailyHeadlines&utm_source=WC&eun=g429821d0r&userid=429821&email=p.scott@healthnexus.ca&mu_id=5527976)

## 6. What Your Mother Didn't Eat Is to Blame For How Your React to Stress

According to experts at Cornell University in Ithaca, New York, research demonstrates if women increase their intake of choline above the general physician recommendation, it may help improve how a child reacts to stressful events. These improvements are called epigenetic changes that eventually will lead to a reduction in cortisol levels. Epigenetic changes can alter how the gene performs, without altering the gene itself. Reducing the cortisol levels is essential because it is linked to a slew of problems from mental health to cardiovascular disorders.

[http://www.medicaldaily.com/news/20120731/11201/pregnant-women-need-more-choline.htm?utm\\_source=dlvr.it&utm\\_medium=twitter#AyPBc0eXULkzPm1t.99](http://www.medicaldaily.com/news/20120731/11201/pregnant-women-need-more-choline.htm?utm_source=dlvr.it&utm_medium=twitter#AyPBc0eXULkzPm1t.99)

## 7. Childhood Mental Abuse Under the Radar?

Emotional maltreatment of children deserves as much attention as that given to physical and sexual abuse, according to a clinical report from the American Academy of Pediatrics.

"Psychological or emotional maltreatment of children and adolescents may be the most challenging and prevalent form of child abuse and neglect, but until recently, it has received relatively little attention," wrote Roberta Hibbard, MD, of Indiana University in Indianapolis, and colleagues.

The result can be difficulties in socialization, attachment, and education during childhood, aggression, delinquency, and suicidality during adolescence, and problems with intimacy, sexual function, and caregiving in adulthood, according to the authors, writing on behalf of the academy's Child Maltreatment and Violence Committee.

[http://www.medpagetoday.com/Pediatrics/DomesticViolence/33960?utm\\_content=&utm\\_medium=email&utm\\_campaign=DailyHeadlines&utm\\_source=WC&eun=g429821d0r&userid=429821&email=p.scott@healthnexus.ca&mu\\_id=5527976](http://www.medpagetoday.com/Pediatrics/DomesticViolence/33960?utm_content=&utm_medium=email&utm_campaign=DailyHeadlines&utm_source=WC&eun=g429821d0r&userid=429821&email=p.scott@healthnexus.ca&mu_id=5527976)

## 8. Newborn Birth Weight Drops In High Fracking Areas

The study, "Unconventional Natural Gas Development and Infant Health: Evidence from Pennsylvania," was conducted by Cornell doctoral candidate Elaine L. Hill. To arrive at her conclusion, Hill examined birth measures, including birth weight and premature birth from 2003 (before fracking began in Pennsylvania) up to 2010, and focused on those mothers living within 1.5 miles of a fracking operation.

<http://www.care2.com/causes/newborn-birth-weight-drops-in-high-fracking-areas.html#ixzz21ewaMDA6>

## 9. Language May Help Infants Learn About People's Intentions

In a new study, one-year old infants were monitored to determine whether or not they would be able to identify that speech can communicate both observable and unobservable items.

[http://www.medicaldaily.com/news/20120723/11035/social-interactions-infants-peoples-intention.htm?utm\\_source=dlvr.it&utm\\_medium=twitter#rLuDH1hBV8iM3dba.99](http://www.medicaldaily.com/news/20120723/11035/social-interactions-infants-peoples-intention.htm?utm_source=dlvr.it&utm_medium=twitter#rLuDH1hBV8iM3dba.99)

## 10. More US women choosing IUDs for birth control

In the new study, researchers found that in 2009, 8.5 percent of U.S. women using birth control chose an IUD or implant - with the large majority going with the IUD.

That was up from just under four percent in 2007, according to findings published <http://www.foxnews.com/health/2012/08/02/more-us-women-choosing-iuds-for-birth-control/#ixzz22VymGW1N>

## 11. Pregnancy Alters Resident Gut Microbes

Women's gut microbe populations change as pregnancy advances, becoming more like those of people who might develop diabetes. These changes, which do not seem to damage maternal health, correspond with increases in blood glucose and fat deposition thought to help a mother nourish her child.

<http://www.scientificamerican.com/article.cfm?id=pregnancy-alters-resident-gut-microbes>

## 12. Stress During Pregnancy Leads to Abdominal Obesity in Mice Offspring

A new report involving mice suggests that a relationship exists between maternal metabolic or psychological stress and the development of obesity, type 2 diabetes, and metabolic syndrome in her offspring. What's more, the report shows that if the stress cannot be reduced or eliminated, manipulating the neuropeptide Y (NPY) system in visceral fat may prevent maternal stress-induced obesity from occurring in the next generation. This discovery is reported in the August 2012 issue of *The FASEB Journal*.

[http://www.sciencedaily.com/releases/2012/07/120731103041.htm?utm\\_source=feedburner&utm\\_medium=feed&utm\\_campaign=Feed%3A+sciencedaily+%28ScienceDaily%3A+Latest+Science+News%29](http://www.sciencedaily.com/releases/2012/07/120731103041.htm?utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+sciencedaily+%28ScienceDaily%3A+Latest+Science+News%29)

## 13. Infant sleep safety sites deemed 'frequently' inaccurate

Websites offering health and medical information are often inaccurate when it comes to sleep recommendations for infants, pediatricians have found.

The American Academy of Pediatrics published recommendations on infant sleep safety last year aimed at reducing the risk of sudden infant death syndrome or SIDS, suffocation, strangulation, and other accidental deaths during sleep.

<http://www.cbc.ca/news/health/story/2012/08/02/sleep-infant-sids-web-sites.html>

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## II. RECENT REPORTS AND RESEARCH

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### **14. Study: Leave practices of parents after the birth or adoption of young children, July 2012**

In 2010/2011, the vast majority (90%) of Canadian children aged 1 to 3 living outside Quebec had working mothers who took some type of leave following the birth of their child. On average, the leave lasted 44 weeks.

<http://www.statcan.gc.ca/daily-quotidien/120730/dq120730a-eng.pdf>

### **15. Age at Last Birth in Relation to Risk of Endometrial Cancer: Pooled Analysis in the Epidemiology of Endometrial Cancer Consortium**

V. W. Setiawan et al.

Women who last give birth at age 40 or older have a 44 percent decreased risk of endometrial cancer when compared to women who have their last birth under the age of 25, according to strong evidence in a new, international study led by a researcher at the Keck School of Medicine of USC.

*American Journal of Epidemiology*, 2012; DOI: [10.1093/aje/kws129](https://doi.org/10.1093/aje/kws129)

<http://www.sciencedaily.com/releases/2012/07/120725100058.htm>

### **16. Creating Nurturing Environments: A Science-Based Framework for Promoting Child Health and Development Within High-Poverty Neighborhoods**

Kelli A. Komro, Brian R. Flay, Anthony Biglan and Promise Neighborhoods Research Consortium

Living in poverty and living in areas of concentrated poverty pose multiple risks for child development and for overall health and wellbeing. Poverty is a major risk factor for several mental, emotional, and behavioral disorders, as well as for other developmental challenges and physical health problems. In this paper, the Promise Neighborhoods Research Consortium describes a science-based framework for the promotion of child health and development within distressed high-poverty neighborhoods. We lay out a model of child and adolescent developmental outcomes and integrate knowledge of potent and malleable influences to define a comprehensive intervention framework to bring about a significant increase in the proportion of young people in high-poverty neighborhoods who will develop

successfully. Based on a synthesis of research from diverse fields, we designed the Creating Nurturing Environments framework to guide community-wide efforts to improve child outcomes and reduce health and educational inequalities.

<http://www.springerlink.com/content/22760v0m277mp47m/>

## **17. Leisure-Time Physical Activity Patterns and Correlates Among Pregnant Women in Ontario, Canada**

Anca Gaston and Cheryl A. Vamos

Physical activity significantly impacts public health as it reduces the risk of chronic diseases and provides numerous protective factors during pregnancy. Although Canadian guidelines recommend regular physical activity for healthy pregnant women, little is known about their leisure-time physical activity patterns. This study compared the physical activity levels of pregnant and non-pregnant women and examined socio-demographic and health correlates of physical activity during pregnancy. Canadian Community Health Survey data (2005–2008) from 623 pregnant women and 20,392 non-pregnant women aged 15–49 years in Ontario, Canada were examined. The prevalence of regular physical activity (15 or more minutes on at least 3 days of the week) was 58.3 % [95 % CI 52.9, 63.4], among pregnant women and 66.9 % [95 % CI 65.8, 68.0] among non-pregnant women. However, the prevalence of meeting Canadian guidelines for physical activity during pregnancy (30 or more minutes on at least 4 days of the week) was only 23.3 %, [95 % CI 19.4, 27.7] among pregnant women and 33.6 % [95 % CI 32.7, 34.6] among non-pregnant women. Pregnant women were less likely to be meeting guidelines if they were single, divorced, separated or widowed, a visible minority, had a household income between 20000 and 79,999, and reported being in good or fair/poor health; when it came to education, women who had completed high school were more likely to be meeting guidelines. Few pregnant women in Ontario are meeting guidelines for physical activity during pregnancy. Results indicate that promoting physical activity during pregnancy should remain a public health priority.

[Maternal and Child Health Journal](#), 2012, DOI: 10.1007/s10995-012-1021-z

<http://www.springerlink.com/content/825k032238120537/>

## **18. Preconception Care for Women with Type 1 and Type 2 Diabetes—The Same But Different**

Erin Keely, MD, Division of Endocrinology and Metabolism, The Ottawa Hospital, Departments of Medicine and Obstetrics and Gynecology, University of Ottawa, Ottawa, Canada

Women with type 1 and type 2 diabetes are at increased risk for spontaneous pregnancy loss and other adverse obstetrical outcomes including congenital anomalies. Most of these risks can be reduced through preconception planning and optimization. Although many of the components of preconception care are essential for both groups of women, there are some important differences between type 1 and type 2 diabetes. Specialized clinics improve outcomes, however, most women do not attend them. A poor relationship with the healthcare provider continues to be a major risk for not receiving prepregnancy care. All healthcare providers need to use effective communication strategies to enhance

open dialogue and increase the likelihood of prepregnancy optimization for women with pregestational diabetes.

<http://www.sciencedirect.com/science/article/pii/S1499267112000652>

## **19. Heavy smoking during pregnancy as a marker for other risk factors of adverse birth outcomes: a population-based study in British Columbia, Canada**

Anders C Erickson and Laura T Arbour

### **Background:**

Smoking during pregnancy is associated with known adverse perinatal and obstetrical outcomes as well as with socio-economic, demographic and other behavioural risk factors that independently influence outcomes. Using a large population-based perinatal registry, we assess the quantity of cigarettes smoked for the magnitude of adverse birth outcomes and also the association of other socio-economic and behavioural risk factors documented within the registry that influence pregnancy outcomes. Our goal was to determine whether number of cigarettes smoked could identify those in greatest need for comprehensive intervention programs to improve outcomes.

### **Methods:**

Our population-based retrospective study of singleton births from 2001 to 2006 (N = 237,470) utilized data obtained from the BC Perinatal Database Registry. Smoking data, self reported at the earliest prenatal visit, was categorized as: never, former, light (1 to 4), moderate (5 to 9), or heavy smoker (10 or more per day). Crude and adjusted odds ratios (AOR) with 95% confidence intervals (95% CI) were calculated using logistic regression models for smoking frequency and adverse birth outcomes. A partial proportional odds (pp-odds) model was used to determine the association between smoking status and other risk factors.

### **Results:**

There were 233,891 singleton births with available smoking status data. A significant dose-dependent increase in risk was observed for the adverse birth outcomes small-for-gestational age, term low birth weight and intra-uterine growth restriction. Results from the pp-odds model indicate heavy smokers were more likely to have not graduated high school: AOR (95% CI) = 3.80 (3.41-4.25); be a single parent: 2.27 (2.14-2.42); have indication of drug or alcohol use: 7.65 (6.99-8.39) and 2.20 (1.88-2.59) respectively, attend fewer than 4 prenatal care visits: 1.39 (1.23-1.58), and be multiparous: 1.59 (1.51-1.68) compared to light, moderate and non-smokers combined.

### **Conclusion:**

Our data suggests that self reports of heavy smoking early in pregnancy could be used as a marker for lifestyle risk factors that in combination with smoking influence birth outcomes. This information may be used for planning targeted intervention programs for not only smoking cessation, but potentially other support services such as nutrition and healthy pregnancy education.

<http://www.biomedcentral.com/content/pdf/1471-2458-12-102.pdf>



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## III. CURRENT INITIATIVES

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### 20. Peer Volunteer Sexual Health Educators Wanted: Planned Parenthood Toronto's Health Services

**POSITION TITLE**

Peer-to-Peer Volunteer at PPT's Health Services

**AGENCY DESCRIPTION**

Planned Parenthood Toronto is a fully accredited community health centre that provides primary health clinical services to youth 13 to 29 years as well as education, outreach, training and research for Toronto's diverse communities including youth and women.

**PROGRAM DESCRIPTION**

Peer-to-peer volunteers provide face-to-face education and information to young men and women on sexual and reproductive health issues including birth control options, pregnancy options, safer sex practices, sexually transmitted infections, and healthy sexualities. Volunteers in this role also assist in administrative tasks such as filing charts, photocopying, and greeting clients.

**ELIGIBILITY**

This volunteer opportunity is open to people of any gender identity who are between the ages of 18 and 29. Please note that as a condition of volunteering, the successful applicant must complete a Criminal Record Check.

**COMMITMENT**

Once the training is completed, volunteers must be available for three hours during at least one of the program's shift times per week: Monday, Tuesday, Thursday 12:30-7:00pm, Wednesday 3:30-7:00pm, or Saturday 9:30am-1:30pm. Volunteers are required to meet this commitment for one year following the completion of training.

**TRAINING**

Applicants must be available for training that takes place every Tuesday evening from 5:30-8:30pm from October 2 through to November 6, 2012. There are also two full-day Saturday sessions from 10-4:30 on October 13 and 27. Applicants must be available to attend all sessions. Training is designed to increase knowledge of sexual and reproductive health and to provide the skills for providing information and responding to youths' questions.

**HOW TO APPLY**

Please visit [www.ppt.on.ca/volunteer.asp](http://www.ppt.on.ca/volunteer.asp) to get an application. All applications must be received by August 23, 2012.

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## IV. UPCOMING EVENTS

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### 21. From Birth to Co-Sleeping: How Choices Affect Breastfeeding

Monday, October 15, 2012, 8:30a.m.-4:00 p.m.  
Brock University, St. Catharines, Ontario, Canada

La Leche League Canada presents: Linda J. Smith, MPH, IBCLC, FACCE, FILCA

Registration \$160 (before September 28), \$175 (after September 28)

Health Professional Members of LLLC receive 10% off

CERP Application submitted to the IBLCE

A registration form can be downloaded from [www.LLCC.ca/health-professional-seminars](http://www.LLCC.ca/health-professional-seminars) or received by contacting the Local Seminar Coordinator at [niagara.lllhps@yahoo.ca](mailto:niagara.lllhps@yahoo.ca).

### 22. Why am I Poor? First Nations Child Poverty in Ontario: How Service Providers Can Make A Difference

Barrie, October 4.12  
Ottawa, October 25/12

#### WORKSHOP DESCRIPTION:

This workshop is based on a resource developed by Best Start Resource Centre, "Why Am I Poor? First Nations Child Poverty in Ontario". This resource explores the policies, legislation and statistics about First Nations child poverty in Ontario as well as some key strategies for front line workers who engage with First Nations families living in poverty.

PRESENTER: Angela Mashford-Pringle

Angela Mashford-Pringle is an Algonquin (Timiskaming First Nation Quebec) PhD candidate at the Dalla Lana School of Public Health, University of Toronto. She is currently a part-time Lecturer for Aboriginal Studies Program, University of Toronto, Lead Researcher for the Aboriginal Early Learning Advisory Committee at the City of Toronto, and Lecturer for Indigenous Early Learning at Ryerson University. Angela is an urban Aboriginal woman and the mother of two wonderful daughters. She has worked for the federal government in early childhood development and has interests and publications in the area of early childhood development and health.

<http://www.beststart.org/events/upcoming.html>

### 23. OPHA eHealth Innovations in Public Health Annual Fall Forum

October 23, 2012, Toronto  
Cost: \$165

This year's one day forum will explore eHealth innovations in public health. It will provide a unique opportunity for public health and community health professionals to engage in dialogue, network and exchange ideas and thoughts on eHealth in public health in Ontario via panels and workshops.

Key topics include:

- Vision of eHealth in public health
- Data analytics including GIS application
- PANORAMA

eHealth innovations in service delivery (immunization; on-line data entry; mobile technology)  
EHRs/EMRs in public health (implementation, issues and EHR demonstration from Algoma Public Health)

New speakers have been confirmed: Dr. Robin Williams (Associate Chief Medical Officer of Health, CMOH Office), R.Martino (Executive Director, MOHLTC), F. Rawhani (EHealth Ontario), F.Ratchford (Canada Health Infoway), B.Forester(CEO, Ontario MD), S.Chebib(CEO, Nightingale) and more.

Preliminary Agenda: <http://www.opho.on.ca/Brochure3blue.pdf>

To Register: <http://fallforum2012.eventbrite.com/?ebtv=C>

## 24. 2013 Best Start Conference /Conférence annuelle de Meilleur départ 2013

Full Program details will be updated on the conference website over the next few months. Registration will begin in early October.

Confirmed Speakers Include:

- **Sylvia Maracle, Executive Director, Ontario Federation of Indian Friendship Centres**
- **Kathy Mitchell, Vice President and National Spokesperson, NOFAS USA**

<http://www.beststart.org/events/2013/bsannualconf13/index.htm>

## 25. Best Start Resource Centre adds another Healthy Baby Healthy Brain Webinar. Thursday, September 13, from 1 to 2 p.m., Eastern time.

Due to overwhelming demand, the Best Start Resource Centre has added another free in English webinar "*Healthy Baby Healthy Brain Campaign – How can I get involved.*"

<http://www.beststart.org/events/upcoming.html>.

This webinar is offered free of charge to all service providers working in maternal child health. It will provide information on our campaign, which will be launched on October 3<sup>rd</sup>. More information on the campaign is available at: <http://www.beststart.org/healthybabyhealthybrain/index.html>.

## 26. 2012 Opeha Conference

Thursday, October 11 – Friday, October 12  
Nottawasaga Inn, Alliston ON

An invaluable professional learning experience for leaders who support the health and learning of children and youth in Ontario's schools and communities.

Delegates include elementary and secondary teachers, administrators, health and physical education consultants, public health professionals, recreation leaders, and others interested in the health of children and youth.

<https://conference.ophea.net/>

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## V. RESOURCES

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### 27. Halton Parents Online

Halton parents can Tweet or blog with the Halton Parents team of Public Health Nurses.

Halton Parents, is an online resource for:

- the latest parenting news and tips
- health information
- local events and so much mor

<http://www.halton.ca/cms/one.aspx?portalId=8310&pageId=10098>

### 28. The Leaky Boob Blog

<http://theleakyboob.com/category/relational-resource/>

### 29. Breastfeeding Resources Action Kit

In honor of World Breastfeeding Week, August 1 – 7, 2012, U.S. Department of Health and Human Services' Office on Women's Health and the General Services Administration's Federal Citizen Information Center have created the free Breastfeeding Resources Action Kit.

Download <http://promotions.usa.gov/breastfeeding.html>

### 30. Make online health information useful for limited-literacy web visitors-- Become a "plain English matchmaker"

This week's feature article in the Ontario Health Promotion e-Bulletin is from Carolyn Wilby and describes how to make online health information useful for limited-literacy web visitors.

<http://www.ohpe.ca/node/13483>

### 31. Video: determinants of mental health

A short video we have created to help introduce the concept of *social determinants of mental health*.

[Adler School Website](#)

### 32. An Equal Start: Improving outcomes in Children's Centres

The Institute of Health Equity was commissioned by 4Children to identify the most important outcomes Children's Centres should be striving for in order to give all children positive early-years experiences.

The IHE have published both an executive summary (which includes the outcomes framework), and a full evidence review, which call for a renewed focus on supporting good parenting and the environment in which parents live and work.

The work builds on existing frameworks and draws together the best available evidence of what is important in early years, the views of practitioners and parents, and the work that government continues to take forward around the early years.

<http://www.instituteofhealthequity.org/projects/an-equal-start-improving-outcomes-in-childrens-centres>

### **33. Association of Ontario's Health Centres (AOHC): 2012 primary care conference Presentations online**

Many conference presentations are available online from the 2012 Primary Care Conference, June 7 & 8, 2012.

[http://aohc.org/index.php?ci\\_id=3675&la\\_id=1](http://aohc.org/index.php?ci_id=3675&la_id=1)

### **34. 2012 Annual Conference of the Canadian Public Health Association (CPHA): Conference Presentations online**

Many conference presentations are available online from the 2012 Canadian Public Health Association conference in Edmonton, June 11-14, 2012.

<http://www.cpha.ca/en/conferences/conf2012.aspx>

### **35. Unfinished Business: Continued Investment in Child Care and Early Education is Critical**

Over recent years, the case for investment in the early years of childhood has become stronger and more urgent. Scholars from several disciplines have learned more in fields that range from the first stages of development of the brain to the demonstrable life-long consequences of past high-quality investments in young children.

<http://ced.org/images/content/issues/earlyeducation/UnfinishedBusinessLO.pdf>

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

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### **36. Why am I Poor: First Nations Child Poverty in Ontario (Manual), 2012**

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.

Available in print and pdf download: [http://www.beststart.org/resources/anti\\_poverty/index.html](http://www.beststart.org/resources/anti_poverty/index.html)

### **About This Bulletin**

*The Best Start Resource Centre thanks you for your interest in, and support of, our work. Best Start permits others to copy, distribute or reference the work for non-commercial purposes on condition that full credit is given. Because our MNCHP bulletins are designed to support local health promotion initiatives, we would appreciate knowing how this resource has supported, or been integrated into, your work ([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.*

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In English:

- [OHPE](http://www.ohpe.ca/) - 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](https://listserv.yorku.ca/archives/click4hp.html) - 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](http://www.blogs.healthnexusante.ca/) - 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](http://www.meilleurdepart.org/index_fr.html) – 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](http://leblocnotes.ca/) – The biweekly French language bulletin provides information on health promotion. <http://leblocnotes.ca/>