

MNCHP Network Bulletin



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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.

June 1, 2012

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I. NEWS & VIEWS

1. Are Cesarean Sections Contributing to Childhood Obesity?

In a study published in the journal Archives of Disease in Childhood, researchers found that babies born by cesarean section were more than twice as likely to be obese by age 3 as those born vaginally. The study involved 1,255 children born in the Boston area between 1999 and 2002, whose mothers agreed to provide their prenatal and gestational weight information, as well as height and weight measurements for their babies at birth and then until they reached 3 years old.

About 23% of the babies were born by c-section. Of these children, 15.7% were obese by age 3, compared with 7.5% of children born vaginally.

<http://healthland.time.com/2012/05/24/are-cesarean-sections-contributing-to-childhood-obesity/#ixzz1wYVuoabD>

2. Parental fear contributing to sedentary lifestyle of Canadian children: report

Active play is disappearing from the lives of Canadian children, in part because of parents' fear of letting kids play outdoors, according to a new report by Active Healthy Kids Canada.

In its annual report card released on Tuesday, Active Healthy Kids Canada gave a letter grade of F to both the physical activity levels and screen-based sedentary behaviours of today's children and youth. According to the report, 46 per cent of Canadian kids get three hours or less of active play per week and spend nearly eight hours a day in front of screens.

<http://www.theglobeandmail.com/news/national/parental-fear-contributing-to-sedentary-lifestyle-of-canadian-children-report/article2447146/>

3. More TV, Less Self-Esteem, Except for White Boys

Children's self-esteem generally goes down as TV watching goes up. But white boys are the exception, according to a new study published in the journal *Communications Research*.

Researchers from Indiana University surveyed close to 400 boys and girls between the ages of 7 and 12, of whom 59 percent were black, and slightly less than half white, to see if there was a correlation between time spent in front of the TV and children's self-esteem. They tallied the amount of TV watched and had the participants complete an 11-item questionnaire intended to measure overall feelings of self-worth.

The existing research on the impact of TV on children's health has focused on body image and eating disorders, Nicole Martins, an assistant professor of telecommunications at Indiana University and co-author of the study, told ABCNews.com. Given that children spend more than seven hours a day with some sort of media (computers, TV, video games), examining the influence of media on how they feel about themselves seemed long overdue, she said.

The study authors said that while white male TV characters tend to hold positions of power in prestigious occupations, have a lot of education and beautiful wives, the TV roles of girls and women tend to be less positive and more one-dimensional. Female characters are often sexualized, and success is often measured according to how they look.

Black men and boys are often criminalized on TV, the researchers said, which can affect their feelings of self-worth.

According to the study, self-esteem has significant behavioral and emotional ramifications, and it is often correlated with motivation, persistence and academic achievement, particularly among children. But Alan Kazdin, a professor of psychology and child psychiatry at Yale University, said self-esteem had not been found to relate causally to anything at all. While it can be one measure of clinical depression, that does not mean it characterizes or causes depression.

"As citizens, we think of self-esteem as very important," said Kazdin. "But I deal with aggressive and violent children who have self-esteem that can be much higher than the average child. Yes, every parent

wants their child to feel good about themselves, but high self-esteem is not an elixir to get you through life. It is not the protective factor we'd like it to be."

Building confidence in children, and helping them gain skills and competencies that contribute to a better life, such as learning instruments, playing sports or sticking with a difficult school lesson, will help do that. If children do not have friends, setting up "light play dates" will help build socialization skills, a "really important aspect of life," Kazdin said.

Martins suggested that parents limit TV time, and as Kazdin suggested, help their kids gain skills that will improve their lives.

"Too much time in front of the screen may displace real-life experiences, such as playing a musical instrument, playing ball in the backyard, that could build a child's feeling of self-worth," said Martins.

"Another option would be to actively mediate children's media use so that they can more easily understand fantasy from reality.

"Simple distinctions and conversations like this help mitigate the impact such an image might have on self-esteem and comparisons to media characters," she said.

<http://abcnews.go.com/blogs/health/2012/05/30/more-tv-less-self-esteem-except-for-white-boys/>

4. Map project shows third of Edmonton kids start school a step behind

A province wide analysis of young children shows nearly 32 per cent of kindergarten kids in Edmonton are experiencing "great difficulty in one or more areas of development," compared with 27 per cent across Alberta and 25 per cent in Canada.

The problems are most pronounced when it comes to communication skills and general knowledge, where 33 per cent are struggling, according to initial results from the early child development mapping project ([ECMap](#)). As well, 29 per cent face problems with emotional maturity and 28 per cent with physical health and well-being, according to the [Edmonton numbers](#) posted this week. Twenty-five per cent have trouble with social competence and 21 per cent have trouble with thinking and language skills.

<http://www.edmontonjournal.com/news/project+shows+third+Edmonton+kids+start+school+step+behind/6703988/story.html>

5. Can Michigan lead nation in early childhood education? Business leaders propose plan to help

Can Michigan become a leader in childhood development and education? Not on the track it's on, according to officials. "If we're serious about economic development in the state, and the role of government in investing in our future and supporting economic development, you cannot ignore early childhood (development)," said Paul Hillegonds, senior vice president corporate affairs at DTE Energy, this morning during a panel discussion for the Detroit Regional Chamber's [Mackinac Policy Conference](#).

http://www.mlive.com/business/detroit/index.ssf/2012/05/can_michigan_become_leader_in.html

6. Benefits of hypothermia for infants who experience oxygen deficiency at birth continue through early childhood

NIH study shows increased survival from treatment for oxygen deficiency at birth

A treatment to reduce the body temperatures of infants who experience oxygen deficiency at birth has benefits into early childhood, according to a follow-up study by a National Institutes of Health research network.

Children who received the hypothermia treatment as infants were more likely to have survived to ages 6 and 7, when they were evaluated again, than were children who received routine care, the study found. They were no more likely than the routine care group to experience a physical or cognitive impairment, it said. The report appears in the New England Journal of Medicine.

http://www.eurekalert.org/pub_releases/2012-05/nioc-boh052912.php

7. Fever During Pregnancy May Raise Odds for Autism in Offspring

Women who develop fevers while pregnant may be more than twice as likely to have a child with autism spectrum disorder or another developmental delay, a new study suggests.

Exactly how, or even if, fevers may increase the risk for autism is unknown, and experts were quick to say women should not panic if they do develop a fever while pregnant because taking fever-reducing medications cuts the risk.

<http://health.usnews.com/health-news/news/articles/2012/05/29/fever-during-pregnancy-may-raise-odds-for-autism-in-offspring>

8. Teen Pregnancy Rates in Mississippi Force Focus on Sex Ed

With her hair in a ponytail and her smile quick and wide, it's hard to tell that high school junior Donyell Hollins has been pulling all-nighters for most of the semester to take care of her infant daughter. Her situation isn't unusual in the small Delta town of Marks, but unlike teen mothers in previous decades, 18-year-old Hollins is benefiting from a change in attitude that's paving the way for frank discussions about parenting skills, career goals and contraception.

Instructors from the Delta Health Partners Healthy Start Initiative come to Hollins' high school monthly to teach lessons that incorporate some of the newest theories on the relationship between poverty and teen motherhood. It's a far cry from decades past, when women in Hollins' situation were given little guidance and often left to drop out and languish.

Part of the goal is to change patterns of communication about sex that have persisted for years.

<http://latino.foxnews.com/latino/health/2012/05/30/teen-pregnancy-rates-in-mississippi-force-focus-on-sex-ed/#ixzz1wYvfKKXi>

II. RECENT REPORTS AND RESEARCH

9. Effects of interventions in pregnancy on maternal weight and obstetric outcomes: meta-analysis of randomised evidence

Objective

To evaluate the effects of dietary and lifestyle interventions in pregnancy on maternal and fetal weight and to quantify the effects of these interventions on obstetric outcomes.

Design

Systematic review and meta-analysis.

Data sources

Major databases from inception to January 2012 without language restrictions.

Study selection

Randomised controlled trials that evaluated any dietary or lifestyle interventions with potential to influence maternal weight during pregnancy and outcomes of pregnancy.

Data synthesis

Results summarised as relative risks for dichotomous data and mean differences for continuous data.

Results

We identified 44 relevant randomised controlled trials (7278 women) evaluating three categories of interventions: diet, physical activity, and a mixed approach. Overall, there was 1.42 kg reduction (95% confidence interval 0.95 to 1.89 kg) in gestational weight gain with any intervention compared with control. With all interventions combined, there were no significant differences in birth weight (mean difference -50 g, -100 to 0 g) and the incidence of large for gestational age (relative risk 0.85, 0.66 to 1.09) or small for gestational age (1.00, 0.78 to 1.28) babies between the groups, though by itself physical activity was associated with reduced birth weight (mean difference -60 g, -120 to -10 g). Interventions were associated with a reduced the risk of pre-eclampsia (0.74, 0.60 to 0.92) and shoulder dystocia (0.39, 0.22 to 0.70), with no significant effect on other critically important outcomes. Dietary intervention resulted in the largest reduction in maternal gestational weight gain (3.84 kg, 2.45 to 5.22 kg), with improved pregnancy outcomes compared with other interventions. The overall evidence rating was low to very low for important outcomes such as pre-eclampsia, gestational diabetes, gestational hypertension, and preterm delivery.

Conclusions

Dietary and lifestyle interventions in pregnancy can reduce maternal gestational weight gain and improve outcomes for both mother and baby. Among the interventions, those based on diet are the most effective and are associated with reductions in maternal gestational weight gain and improved obstetric outcomes.

<http://www.bmj.com/content/344/bmj.e2088>

10. The Distribution of Physical Activity in an After-school Friendship Network

New, effective approaches to obesity prevention are urgently needed. Social network interventions warrant our attention. Social networks play a significant role in adult and adolescent obesity. The role of social networks in pediatric obesity has not been examined.

Afterschool friendship ties play a critical role in setting physical activity patterns in children as young as 5 to 12 years. Children's activity levels can be changed by the activity level of their social network during a 12-week afterschool program.

<http://pediatrics.aappublications.org/content/early/2012/05/23/peds.2011-2567d.abstract?papetoc>

11. Developmental Status of 1-Year-Old Infants Fed Breast Milk, Cow's Milk Formula, or Soy Formula

Abstract

Although soy protein-based infant formula is known to support physical growth equal to that of infants fed cow's milk-based formula, data are lacking on developmental status of infants fed soy formula compared with breast milk or milk formula.

Infants fed soy protein-based formula scored within normal limits on standardized developmental testing and did not differ from infants fed cow's milk-based formula. Breastfed infants have a slight advantage on cognitive development compared with formula-fed infants.

<http://pediatrics.aappublications.org/content/early/2012/05/23/peds.2011-3121d.abstract?papetoc>

12. Maternal antidepressant use and adverse outcomes: a cohort study of 228,876 pregnancies

Rachel M. Hayes, PhD, et al.

Objective

Describe antidepressant medication use patterns during pregnancy and pregnancy outcomes.

Study Design

Cohort of 228,876 singleton pregnancies covered by Tennessee Medicaid, 1995-2007.

Results

Of 23,280 pregnant women with antidepressant prescriptions prior to pregnancy, 75% filled none in the second or third trimesters of pregnancy and 10.7% used antidepressants throughout pregnancy. Filling 1, 2, and 3+ antidepressants during second trimester was associated with shortened gestational age by 1.7 (1.2- 2.3), 3.7 (2.8- 4.6), and 4.9 (3.9- 5.8) days, controlling for measured confounders. Third trimester selective serotonin reuptake inhibitor (SSRI) use was associated with infant convulsions; adjusted odds ratios were 1.4 (0.7-2.8); 2.8 (1.9- 5.5); and 4.9 (2.6-9.5) for filling 1, 2, and 3 prescriptions respectively.

Conclusions

Most women discontinue antidepressant medications prior or during the first trimester of pregnancy. Second trimester antidepressant use is associated with preterm birth, and third trimester SSRI use is associated with infant convulsions.

<http://www.ajog.org/article/S0002-9378%2812%2900425-5/abstract>

13. 2012 Active Healthy Kids Canada Report Card On Physical Activity For Children And Youth

"Active Healthy Kids Canada is the "go-to" source for knowledge, insight and understanding into the complex and multifaceted issue of child and youth physical activity. We collect, assess and synthesize the most current data and literature examining physical activity levels and the individual characteristics, influences and outcomes that affect those levels.... Disparities that exist in relation to individual

characteristics, such as income, ability level, region, age and gender are considered, and affect the final grades. A child's physical activity level affects outcomes such as mental health and body weight; in turn, these outcomes may affect a child's overall levels of physical activity."

<http://www.activehealthykids.ca/ReportCard/2012ReportCardOverview.aspx>

14. Fertility awareness and parenting attitudes among American male and female undergraduate university students

BACKGROUND

In the USA, the postponement of childbearing reflects contemporary social norms of delaying marriage, pursuing educational goals and securing economic stability prior to attempting conception. Although university students are more likely to delay childbearing, it is unclear to what extent they are aware of age-related fertility decline. The current study is the first of its kind to assess fertility awareness and parenting attitudes of American undergraduate university students.

METHODS

Two-hundred forty-six randomly selected undergraduate university students (138 females and 108 males) completed an online self-report survey adapted from the Swedish Fertility Awareness Questionnaire. Students were evenly distributed between the freshman, sophomore, junior and senior classes with a mean age of 20.4 years.

RESULTS

Participants wanted to have their first and last child within the window of a woman's fertility. However, participants demonstrated a lack of fertility awareness by vastly overestimating the age at which women experience declines in fertility, the likelihood of pregnancy following unprotected intercourse and the chances that IVF treatments would be successful in the case of infertility. Nearly 9 in 10 participants want to have children in the future and viewed parenthood as a highly important aspect of their future lives.

CONCLUSIONS

Delaying childbearing based on incorrect perceptions of female fertility could lead to involuntary childlessness. Education regarding fertility issues is necessary to help men and women make informed reproductive decisions that are based on accurate information rather than incorrect perceptions.

<http://humrep.oxfordjournals.org/content/27/5/1375.abstract?sid=1391e765-339e-4b9d-88f6-36494443676c>

15. The Early Development Instrument (EDI) in Manitoba: Linking Socioeconomic Adversity and Biological Vulnerability at Birth to Children's Outcomes at Age 5.

Santos R, Brownell M, Ekuma O, Mayer T, Soodeen R. Winnipeg, MB: Manitoba Centre for Health Policy, May 2012.

"This report provides new evidence regarding three questions. 1.

Socioeconomic adversity and children's vulnerability at age five: How does the prevalence of children's EDI outcomes at age five differ by the SES of their communities? 2. Biological vulnerability at birth and children's vulnerability at age five: How does health status at birth and through childhood relate to children's EDI outcomes at age five? 3. Children's vulnerability at age five in three at-risk subgroups of

children: What is the prevalence of, and what predicts, EDI outcomes in the general Kindergarten population and in (a) children of mothers who were teenagers at their first childbirth ("teen moms"), (b) children in families on income assistance (IA), and (c) children in the care of child and family services (CFS)?"

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

16. UNICEF's Report Card : Measuring Child Poverty

UNICEF's comparison of child poverty across industrialized countries shows that government action is a key driver to reduce child poverty. In countries that accept higher levels of child poverty, this is not just a function of chance or necessity, but of policy and priority.

<http://www.unicef.ca/en/discover/article/unicef-report-card-10>

17. British Columbia's Early Years Annual Report 2010/2011

"Over the past ten years, B.C. has strategically invested in a comprehensive range of programs and initiatives designed to promote the healthy growth and development of young children and support families, caregivers and communities across our province. By supporting and investing in the early years, B.C. recognizes young children's right to grow up in safe, secure and stimulating environments to achieve their full potential."

http://www.mcf.gov.bc.ca/early_childhood/pdf/EarlyYearsAnnualReport2011.pdf

III. CURRENT INITIATIVES

18. Best Start Resource Centre to launch a new website for parents, as part of its Healthy Baby Healthy Brain awareness campaign

In October 2012, the Best Start Resource Centre will launch a new website for parents, as part of its Healthy Baby Healthy Brain awareness campaign. This website will offer parents of children 0-3, as well as future parents, many suggestions to help them support their baby's brain development. The website has 15 short videos on topics such as nutrition, sleep, play, literacy, physical activity, attachment, self-regulation, discipline, stress, etc. The website, as well as all program components, will be bilingual, French and English.

A number of promotional activities are currently planned around this campaign: launch, magnets, tear-off pads, ready-to-use parent workshop, paid advertisements, promotion at conferences, etc.

We encourage you to plan complementary activities to link parents to the website and key messages, starting in October 2012. For example you could do a local launch and distribute magnets. You can also send camera-ready ads to your local media and ensure they access the radio and television public service announcements.

All Ontario Early Years Centres will receive free-of-charge a start-up number of magnets and a copy of the ready-to-use workshop. Tear-off pads will be distributed at selected health care provider conferences. Additional copies of these resources can be purchased at cost from the Best Start Resource Centre.

This campaign is based on a recent survey of parents in Ontario (details available in the report *Early Brain Development, Parent Knowledge in Ontario*, available at beststart.org/resources/hlthy_chld_dev). Key Informants were interviewed and an Advisory Committee representing service providers from various sectors and regions of the province has been guiding the development of the campaign components.

General information on the campaign for service providers is available on the Best Start website at www.beststart.org/healthybabyhealthybrain. Additional details and resources will be posted on that website as they become available.

*For more information, please contact: Louise Choquette, Bilingual Health Promotion Consultant
Best Start Resource Centre - Health Nexus
705-788-1558/ 1-800-397-9567, ext. 2276 / l.choquette@healthnexus.ca*

19. Request for Proposals (RFP): The Best Start Resource Centre seeks a researcher/writer to develop a resource on: Effective Supports for Pregnant and Parenting Aboriginal Teens: A Resource for Service Providers in Ontario

This report will be developed for service providers working with Aboriginal pregnant and parenting teens, bringing together statistics, issues and challenges. It will share program examples and practices to support these teens. The text will be drafted in 2012/13 and the resource will be released online and in print in 2013/14 in English.

It will be written in a manner that is strength-based and respectful of cultural values and beliefs. This draft resource will be reviewed by Aboriginal service providers. The resource will be produced in English. The main content of the resource will be approximately 10,000 to 15,000 words in length.

The final text for this resource will be completed by December 15, 2012. The resource will be available in print format, as well as through the Best Start Resource Centre website. It will be promoted through listservs and e-bulletins.

Approach:

This resource will be developed with an advisory committee of Aboriginal service providers working with pregnant and parenting Aboriginal teens across Ontario. The project will include a review of relevant literature, and key informant interviews.

Best Start Resource Centre has \$5,000 available for this contract, including taxes and all related costs.

The successful applicant will demonstrate strong research and writing skills. Applicant will have demonstrated experience and skills in developing resources related to Aboriginal health. Applicant will be knowledgeable regarding work with Aboriginal parenting teens.

Interested groups/individuals are requested to submit a brief proposal including a sample of written work. The proposal should demonstrate the applicant's knowledge, skills and experience to successfully fulfill this contract; identify approach that the applicant will take in drafting the resource; work plan; and the fee. All proposals will be held in confidence.

Deadline for Proposals: June 15, 2012 at 5:00 p.m. (EST)

Project Completion date: December 15, 2012

Submit proposal by email, fax or mail to: a.benedict@healthnexus.ca

We thank all applicants for their interest. Only those selected for an interview will be contacted.

20. Request for Proposals (RFP): The Best Start Resource Centre is seeking a researcher/writer to develop a resource on: How to be inclusive of Aboriginal populations in parent/child programs, resources and services in Ontario

Best Start Resource Centre has released a series of “how to” resources to guide service providers on working with specific populations. This new resource will provide background information, tips and program examples on how to be inclusive of Aboriginal populations in parent/child programs, resources and services. The text will be drafted in 2012/13 and the resource will be released online in 2013/14 in English.

It will be written in a manner that is strength-based and respectful of cultural values and beliefs. This draft resource will be reviewed by service providers who work with Aboriginal families on maternal child health. The resource will be produced in English. The main content of the resource will be approximately 8,000 to 12,000 words in length.

The final text for this resource will be completed by December 15, 2012. The resource will be available through the Best Start Resource Centre website. It will be promoted through listservs and e-bulletins.

Approach:

This resource will be developed with an Aboriginal advisory committee made up of service providers working with Aboriginal families across Ontario. The project will include a review of relevant literature, and key informant interviews.

Best Start Resource Centre has \$6,000 available for this contract, including taxes and all related costs.

The successful applicant will demonstrate strong research and writing skills. Applicant will have demonstrated experience and skills in developing resources related to Aboriginal health. Applicant will be knowledgeable regarding how to be inclusive of Aboriginal families in resources and services. Interested groups/individuals are requested to submit a brief proposal including a sample of written work. The proposal should demonstrate the applicant's knowledge, skills and experience to successfully fulfill this contract; identify approach that the applicant will take in drafting the resource; work plan; and the fee. All proposals will be held in confidence.

Deadline for Proposals: June 15, 2012 at 5:00 p.m. (EST)

Project Completion date: December 15, 2012

Submit proposal by email, fax or mail to: a.benedict@healthnexus.ca

We thank all applicants for their interest. Only those selected for an interview will be contacted.

21. Physical Activity Resource Centre (PARC) French Services Survey

PARC is looking for your help to improve its French Services. Please take the time to fill out this survey and help enhance French capacity across the province.

<http://fluidsurveys.com/surveys/ophea/parc-french-services-needs-assessment-survey/>

PARC cherche votre aide pour améliorer ces services en français. S.v.p., veuillez remplir le sondage afin d'aider à améliorer les services en français partout en Ontario.

<http://fluidsurveys.com/surveys/ophea/besoins-des-services-en-francais-de-parc/>

IV. UPCOMING EVENTS

22. Doing the Work - Rural and Remote, CAST Canada

North Bay, Ontario, July 12-13, 2012

Cost: \$350 + HST

Doing The Work is for you if you work in:

- Outreach, support, counselling, helping and sharing circles
- Harm reduction, service provision, intervention, education and prevention
- Homelessness & housing, employment, justice
- Trauma, mental health and addictions
- Mental, physical and spiritual health
- In small cities and towns, rural, remote and isolated areas.

More than traditional Harm Reduction

We are exploring front line work from education, anti-stigma, health promotion through to needle exchange and various treatment options, to housing and hospice support.

Workshop Highlights:

- Below the Radar--Rural Harm Reduction by Kathy Hardill, RNEC, Bancroft, ON
- Personal Experience Panel: Folks who Do The Work share personal triumphs and challenges
- Ancient Perspectives for New Approaches: Little Brown Bear, Metis, of Midland, ON
- Exploring Trauma--Understanding and preparing for the emotional burden of the work. Reduce burnout, increase effectiveness.
- Drug Strategy Theme: A meeting of present and nascent community drug strategies.
- Moderated circle discussions:
- Issues unique to northern communities such as extreme weather alerts, travel options, technology to bridge gaps,
- Emotionally healthy worker/workplace. Dealing with stress, client suicide, etc.
- Caregiver burnout and various forms of trauma
- Drug Strategy Theme: A How-to meeting of present and nascent community drug strategies
- "My client is my neighbour!" Appropriate responses in small communities

The gathering will end in a single circle exploring the value of this process and various ways to keep up the sharing among the participants. We will also start the process of looking at content and formats for

future Doing The Work events. We would like to address your concerns and could come to your community.

For more information and to register, please visit <http://cast-canada.ca/DoingTheWork.html>.

23. Canadian Association for the Advancement of Women and Sport Mothers in Motion: Provincial Workshops for Stakeholders

As part of its funding received from the Ontario Trillium Foundation, CAAWS will be hosting 10 workshops across Ontario for community leaders and stakeholders who are interested in developing initiatives, policies and strategies that will engage as many mothers and their families as possible in physical activity and sport.

The purpose of this free 3 hour workshop is to share physical activity and sport challenges and opportunities specific to mothers and their families with community stakeholders and key decision-makers, providing ideas and tools to help them support more mothers to be active themselves and with their families. The workshop also provides an opportunity for participants to network and discuss collaboration and local action to make a difference in the lives of mothers and families in their community.

Upcoming Workshops Dates & Locations

June 5, 2012, Sioux Lookout, ON

1:00 pm – 4:00 pm

Refreshments will be provided.

For more information or to register, contact the Community Services Department at 807.737.1994 or by email at slrec@siouxlookout.ca

June 12, 2012, Toronto, ON

1:00 pm – 4:00 pm

A light snack will be provided.

For more information or to register, contact Sherry Bardy at 416.465.0370 or by email at sbardy@nativechild.org.

Registration Deadline: Tuesday, June 5, 2012

June 12, 2012, Toronto, ON

2:00 pm – 5:00 pm

Refreshments will be provided.

For more information or to register, contact Maymuna Shaikh at 416.424.2900 ext. 22 or by email at outreach@fnservices.org

24. Motherisk Update Webcast : Breaking the Cycle: Advances in Secondary Prevention of In Utero Drug and Alcohol Exposure

On May 23, 2012, SickKids' Motherisk Program held its annual Motherisk Update. The Keynote Address was delivered by Mary Motz, Ph.D., C.Psych, Clinical Psychologist, Mothercraft/Breaking the Cycle. Dr.

Motz's presentation: **Breaking the Cycle: Advances in Secondary Prevention of In Utero Drug and Alcohol Exposure** is now available online on the Ontario Telemedicine Network.

To view the presentation:

- go to <http://webcast.otn.ca/>
- there will be several options on the left of the page click on "**archived events**"
- there will be 2 options under archived events. They are public or private. This event is under public. **Click public** and a list of public events will be listed. **This event is titled TSM 21514705 SickKids – Motherisk Annual Update**
- Once the link is clicked the media player will start loading

PRESENTATION SYNOPSIS:

Through the case of a substance-exposed child involved in early intervention services with her biological mother at Mothercraft's Breaking the Cycle the presentation highlights:

1. The importance of integrated and comprehensive interventions to reduce the risk and enhance the development of substance-exposed children by addressing maternal substance use issues and the mother-child relationship.
2. Research demonstrating the importance of intervening through the mother-child relationship on the development and mental health of substance-exposed children.

25. Workshop: Harm Reduction Strategies

Toronto, Ontario, June 20-21, 2012

9:30 a.m.-4:30 p.m.

Metro Hall, 55 John Street, Room 304

This two day workshop is organized by Toronto Public Health Sexual Health Promoters and community partners. It is designed for people who work with people who use drugs.

The main focus of the workshop is to raise awareness about:

Safer drug use and risk reduction

Strategies to reduce the stigma and barriers that prevent the equitable access to services

The policies and politics that affect the lives of people who use drugs and their communities

For more information and to register, please contact Toronto Health Connection at (416) 338-7600 or email harmreduction101@toronto.ca.

V. RESOURCES

26. Licensing details for The Welcome to Parenting program

The Phoenix Centre for Children and Families has just released new pricing for agencies wishing to license the Welcome to Parenting program or The Parenting Partnership program.

Welcome to Parenting www.welcometoparenting.com is an online prenatal and parent education program developed by Canadian experts that provides parents information and support during pregnancy and the first year after their baby is born. It is offered in a series of online classes: prenatal, postnatal 0-6 months and 7-12 months. It is different than other online programs as the content is presented using a variety of interactive strategies, parents can post questions to a panel of experts, parents have the support of an online Parent Educator and they can connect with other parents going through the same stage of pregnancy or with babies of the same age.

Two pricing options are available for agencies.

Customization option- allows some customization of the program with an initial start up fee at \$3,000 for the entire program, a parent access fee of \$20.00 per couple and after the first year the license fee drops to \$1,000.

No customization option- License fee is \$1,000 per year and parent access fee of \$20.00 per couple. Parents can purchase the classes directly from the website url at www.welcometoparenting.com.

The Parenting Partnership program www.parentingpartnership.ca is a prenatal and parent education program that begins during pregnancy and continues until the baby is about 14 months. The program was developed by Invest in Kids and tested with about 250 parents across Ontario. The program is delivered in a blend of online learning sessions and face to face classes.

Initial fee of \$3,000 which allows for some customization of the homepage of the website. There would be a parent access fee of \$10.00 per couple and a yearly license fee of \$1,000.

For further details please contact:

Greg Lubimiv Executive Director at glubimiv@phoenixctr.com 1-800-465-1870 ext 231

Karon Foster Manager, National Parenting Programs at kfoster@phoenixctr.com 647-292-8889

27. Journey 2 Quit: A Workbook to Help You Quit Smoking

The Lung Association is committed to helping prevent tobacco use, particularly among our youth, as well as supporting individuals in their efforts to quit smoking.

<http://www.on.lung.ca/journey>

28. It Takes a Village

A new comic book exploring maternal-child health has recently been released by the [Healthy Aboriginal Network](#).

The book It Takes a Village follows a young mom-to-be, Lara, as she learns from another young mom about the importance of being healthy through her pregnancy; staying away from alcohol, eating well, encouraging the father to be involved, and other factors.

<http://www.thehealthyaboriginal.net/>

29. Ottawa Public Health Bilingual Car Seat Installation Videos on YouTube

Ottawa Public Health is pleased to share our new car seat installation videos that coincide with our child passenger safety social marketing campaign called "A1Secure". The A1secure social marketing campaign aims to empower parents and caregivers to quickly address their child's safety by teaching three quick and effective ways to increase the safety of their child passengers.

The A1Secure videos are available on YouTube and www.a1secure.ca in French and English (see links below)

English video: <http://www.youtube.com/watch?v=s5nUICBcl4Y>

French video: http://www.youtube.com/watch?v=0_Nu6Uas4ZY&feature=relmfu

& www.a1secure.ca

30. The Health Communicator's Social Media Toolkit

A guide to using social media to improve reach of health messages, increase access to your content, further participation with audiences and advance transparency to improve health communication efforts.

http://www.cdc.gov/healthcommunication/ToolsTemplates/SocialMediaToolkit_BM.pdf

31. The Power of Play

"The Power of Play, a multi-media promotional campaign designed to highlight and encourage play-based learning, was launched.... in St.

John's today (Friday, May 25).... "Play fosters the imagination and the development of skills such as literacy and numeracy. But equally as important, it is through play that children develop self control, good inter-personal skills, and learn to problem-solve, negotiate conflicts, and think for themselves." Minister Jackman noted the \$100,000 campaign is primarily aimed at parents and caregivers of children up to age eight. It was developed in partnership with the Departments of Child, Youth and Family Services, and Health and Community Services."

<http://www.ed.gov.nl.ca/edu/earlychildhood/power.html>

VI. FEATURED BEST START RESOURCES

32. Best Start Aboriginal Sharing Circle Virtual Network /Réseau virtuel Best Start Aboriginal Sharing Circle

Best Start Aboriginal Sharing Circle virtual network (BSASC) is now live!

The network is designed for service providers working with Aboriginal Peoples in areas of preconception, prenatal and child health. The network will serve as a forum to share news, ideas, questions and best practices. This online network will help support program staff, community workers, policy developers and others working with Aboriginal Peoples in the areas of preconception to early

childhood, which includes the health of those planning a pregnancy, pregnant women, parents, babies and children.

Le Centre de ressources Meilleur départ est fier d'annoncer le lancement du nouveau réseau virtuel anglophone : Best Start Aboriginal Sharing Circle. Le Sharing Circle est un listserv modéré créé pour les intervenants travaillant au sein des peuples autochtones en matière de préconception et de la santé prénatale et infantile. Le réseau servira de forum de partage sur des nouvelles, des idées, des questions, et des meilleures pratiques.

The virtual network consists of a moderated listserv which will facilitate discussion and maximize reach across the province. List subscribers are encouraged to:

- Share information that may be of interest to others working in the field (for example, new resources, the latest research, new strategies and approaches)
- Ask questions to others regarding issues related to programs for pregnant women, parents, and child health
- Announce upcoming learning and networking opportunities such as upcoming conferences, events and exhibitions

Those interested in joining the network may do so at: <http://beststart.org/services/information.html>

To read the press release: <http://www.healthnexus.ca/newsroom/index.htm>

For more information about this list, please contact:

Alison Benedict, Aboriginal Health Promotion Consultant

1 800 397-9567 ext. 2228 / 416 408-2249 ext. 2228

bsasc@healthnexus.ca

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). Please note that the Best Start Resource Centre does not endorse or recommend any events, resources, or publications mentioned in this bulletin.

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

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](#) – 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://leblocnotes.ca/>