

MNCHP Network Bulletin



best start
meilleur départ

by/par health **nexus** santé

The MNCHP Bulletin is a bi-weekly electronic bulletin that highlights current trends, new resources and initiatives, upcoming events and more in the preconception, prenatal and child health field. Our primary focus is the province of Ontario, Canada but the bulletin also includes news & resources from around the world. Wherever possible, we include resources that are available for free. For more information about this bulletin, [click here](#).

June 7, 2013

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I. NEWS & VIEWS

1. Pregnant Women Warned About Chemical Exposure

This article (WebMD UK, 2013, June 5) presents recommendations from the Royal College of Obstetricians and Gynaecologists in the United Kingdom about the threat of chemical exposure during pregnancy. Exposure to large amounts of chemicals during pregnancy has been linked to a range of health problems, including giving birth prematurely, low birth weight, congenital defects, stillbirths and impaired immune development.

<http://www.webmd.boots.com/pregnancy/news/20130605/pregnancy-chemical-exposure>

2. Why Finnish Babies Sleep in Cardboard Boxes

This article (BBC News, 2013, June 4) highlights a maternity package that is available to all expectant mothers in Finland. This package includes a range of necessities for newborns and new mothers such as: mattress and bedding, indoor and outdoor clothing, bath and hygiene items, diapers, toys, breast pads, and condoms. The goods are packaged in a cardboard box, which doubles as a crib and most Finnish infants spend their first weeks sleeping in this box. The article discusses the evolution of the box and describes how many attribute this box as contributing to Finland's low infant mortality rate and recent reports that Finnish mothers are the happiest in the world.

http://www.bbc.co.uk/news/magazine-22751415?ocid=socialflow_facebook_newsmagazine

II. RECENT REPORTS AND RESEARCH

* indicates journal subscription required for full text access

3. Moving Beyond Essential Interventions for Reduction of Maternal Mortality (the WHO Multicountry Survey on Maternal and Newborn Health): A Cross-Sectional Study*

Souza, J. P., Gülmezoglu, A. M., Vogel, J., Carroli, G., Lumbiganon, P., Qureshi, Z.,... Say, L. (2013). Moving beyond essential interventions for reduction of maternal mortality (the WHO Multicountry Survey on Maternal and Newborn Health): a cross-sectional study. *The Lancet*, 381(9879), 1747 – 1755. doi:10.1016/S0140-6736(13)60686-8

ABSTRACT:

Background

We report the main findings of the WHO Multicountry Survey on Maternal and Newborn Health (WHOMCS), which aimed to assess the burden of complications related to pregnancy, the coverage of key maternal health interventions, and use of the maternal severity index (MSI) in a global network of health facilities.

Methods

In our cross-sectional study, we included women attending health facilities in Africa, Asia, Latin America, and the Middle East that dealt with at least 1000 childbirths per year and had the capacity to provide caesarean section. We obtained data from analysis of hospital records for all women giving birth and all women who had a severe maternal outcome (SMO; i.e., maternal death or maternal near miss). We regarded coverage of key maternal health interventions as the proportion of the target population who received an indicated intervention (e.g., the proportion of women with eclampsia who received magnesium sulphate). We used areas under the receiver operator characteristic curves (AUROC) with 95% CI to externally validate a previously reported MSI as an indicator of severity. We assessed the overall performance of care (i.e., the ability to produce a positive effect on health outcomes) through standardised mortality ratios.

Results

From May 1, 2010, to Dec 31, 2011, we included 314 623 women attending 357 health facilities in 29 countries (2538 had a maternal near miss and 486 maternal deaths occurred). The mean period of data collection in each health facility was 89 days (SD 21). 23 015 (7·3%) women had potentially life-threatening disorders and 3024 (1·0%) developed an SMO. 808 (26·7%) women with an SMO had post-partum haemorrhage and 784 (25·9%) had pre-eclampsia or eclampsia. Cardiovascular, respiratory, and coagulation dysfunctions were the most frequent organ dysfunctions in women who had

an SMO. Reported mortality in countries with a high or very high maternal mortality ratio was two-to-three-times higher than that expected for the assessed severity despite a high coverage of essential interventions. The MSI had good accuracy for maternal death prediction in women with markers of organ dysfunction (AUROC 0.826 [95% CI 0.802—0.851]).

Interpretation

High coverage of essential interventions did not imply reduced maternal mortality in the health-care facilities we studied. If substantial reductions in maternal mortality are to be achieved, universal coverage of life-saving interventions need to be matched with comprehensive emergency care and overall improvements in the quality of maternal health care. The MSI could be used to assess the performance of health facilities providing care to women with complications related to pregnancy.

<http://www.lancet.com/journals/lancet/article/PIIS0140-6736%2813%2960686-8/fulltext>

4. Active Healthy Kids Canada Report Card on the Physical Activity of Children and Youth

(available in French)

Active Healthy Kids Canada. (2013). *Are we driving our kids to unhealthy habits? Active Healthy Kids Canada report card on physical activity for children and youth.*

Retrieved from <http://www.activehealthykids.ca/Home.aspx>

EXCERPT:

The Active Healthy Kids Canada Report Card on Physical Activity for Children and Youth is an evidence-informed communications and advocacy piece that provides a comprehensive assessment of Canada's "state of the nation" each year on how, as a country, we are being responsible in providing physical activity opportunities for children and youth. Each year, the Report Card communicates a "cover story" reflective of emerging research and trends with respect to physical activity for children and youth. The 2013 Report Card focuses on the issue of "active transportation".

EN: <http://www.activehealthykids.ca/ReportCard/2013ReportCard.aspx>

FR: <http://www.activehealthykids.ca/Home.aspx>

5. Physical Activity and Sedentary Behaviour During the Early Years in Canada: A Cross-Sectional Study

Colley, R. C., Garriguet, D., Adamo, K. B., Carson, V., Janssen, I., Timmons, B. W., & Tremblay, M.S. (2013). Physical activity and sedentary behavior during the early years in Canada: a cross-sectional study. *International Journal of Behavioral Nutrition and Physical Activity*, 10(54). doi:10.1186/1479-5868-10-54

ABSTRACT:

Background

Physical activity and sedentary behavior habits are established during early childhood, yet only recently has objectively measured data been available on children aged 5 years and younger. This study presents data on the physical activity and sedentary behaviors of Canadian children aged 3–5 years.

Methods

Data were collected as part of the Canadian Health Measures Survey between 2009 and 2011. A nationally-representative sample (n = 459) of children aged 3–5 years wore Actical accelerometers during their waking hours for 7 consecutive days. Data were collected in 60-sec epochs and respondents with ≥ 4 valid days were retained for analysis. Parents reported their child's physical activity and screen time habits in a questionnaire.

Results

Eighty-four percent of 3–4 year old children met the physical activity guideline of 180 minutes of total physical activity every day while 18% met the screen time target of <1 hour per day. Fourteen percent of 5 year old children met the physical activity guideline of 60 minutes of daily moderate-to-vigorous physical activity (MVPA) while 81% met the screen time target of <2 hours per day. Children aged 3–4 years accumulated an average of 352 min/d of total physical activity and 66 minutes of MVPA while 5 year old children accumulated an average of 342 min/d of total physical activity and 68 minutes of MVPA. Children were sedentary for approximately half of their waking hours and spent an average of 2 hours per day in front of screens. Only 15% of 3–4 year olds and 5% of 5 year olds are meeting both the physical activity and sedentary behaviour guidelines.

<http://www.ijbnpa.org/content/10/1/54>

6. Modern Parenthood Roles of Moms and Dads Converge as They Balance Work and Family

Pew's Research Center. (2013). *Modern parenthood roles of moms and dads converge as they balance work and family*. Retrieved from <http://www.pewsocialtrends.org/2013/03/14/modern-parenthood-roles-of-moms-and-dads-converge-as-they-balance-work-and-family/5/#chapter-4-how-mothers-and-fathers-spend-their-time>

EXCERPT:

The way mothers and fathers spend their time has changed dramatically in the past half century. Dads are doing more housework and child care; moms more paid work outside the home. Neither has overtaken the other in their “traditional” realms, but their roles are converging, according to a new Pew Research Center analysis of long-term data on time use. At the same time, roughly equal shares of working mothers and fathers report in a new Pew Research Center survey feeling stressed about juggling work and family life: 56% of working moms and 50% of working dads say they find it very or somewhat difficult to balance these responsibilities.

Still, there are important gender role differences. While a nearly equal share of mothers and fathers say they wish they could be at home raising their children rather than working, dads are much more likely than moms to say they want to work full time. And when it comes to what they value most in a job, working fathers place more importance on having a high-paying job, while working mothers are more concerned with having a flexible schedule.

However, mothers' attitudes toward work have changed considerably in recent years. Among mothers with children under age 18, the share saying they would prefer to work full time has increased from 20% in 2007 to 32% in 2012. Tough economic times may have ushered in a new mindset, as women in the most difficult financial circumstances are among the most likely to say working full time is the ideal situation for them. At the same time, the public remains conflicted about what is best for children. Among all adults, only 16% say the ideal situation for a young child is to have a mother who works full time. A plurality of adults (42%) say mothers working part time is ideal, and one-third say it's best for young children if their mothers do not work at all outside of the home. <http://www.pewsocialtrends.org/2013/03/14/modern-parenthood-roles-of-moms-and-dads-converge-as-they-balance-work-and-family/5/#chapter-4-how-mothers-and-fathers-spend-their-time>

7. Bed Sharing When Parents Do Not Smoke: Is There a Risk of SIDS? An Individual Level Analysis of Five Major Case–Control Studies

Carpenter, R., McGarvey, C., Mitchell, E. A., Tappin, D. A., Vennemann, M. M., Smuk, M., & Carpenter, J. (2013). Bed sharing when parents do not smoke: is there a risk of SIDS? An individual level analysis of five major case–control studies. *BMJ Open*, 3(5), 1-11. doi:10.1136/bmjopen-2012-002299

ABSTRACT:

Objective

To resolve uncertainty as to the risk of Sudden Infant Death Syndrome (SIDS) associated with sleeping in bed with your baby if neither parent smokes and the baby is breastfed.

Design

Bed sharing was defined as sleeping with a baby in the parents' bed; room sharing as baby sleeping in the parents' room. Frequency of bed sharing during last sleep was compared between babies who died of SIDS and living control infants. Five large SIDS case–control datasets were combined. Missing data were imputed. Random effects logistic regression controlled for confounding factors.

Setting

Home sleeping arrangements of infants in 19 studies across the UK, Europe and Australasia.

Participants

1472 SIDS cases, and 4679 controls. Each study effectively included all cases, by standard criteria. Controls were randomly selected normal infants of similar age, time and place.

Results

In the combined dataset, 22.2% of cases and 9.6% of controls were bed sharing, adjusted OR (AOR) for all ages 2.7; 95% CI (1.4 to 5.3). Bed sharing risk decreased with increasing infant age. When neither parent smoked, and the baby was less than 3 months, breastfed and had no other risk factors, the AOR for bed sharing versus room sharing was 5.1 (2.3 to 11.4) and estimated absolute risk for these room sharing infants was very low (0.08 (0.05 to 0.14)/1000 live-births). This increased to 0.23 (0.11 to 0.43)/1000 when bed sharing. Smoking and alcohol use greatly increased bed sharing risk.

Conclusions

Bed sharing for sleep when the parents do not smoke or take alcohol or drugs increases the risk of SIDS. Risks associated with bed sharing are greatly increased when combined with parental smoking, maternal alcohol consumption and/or drug use. A substantial reduction of SIDS rates could be achieved if parents avoided bed sharing <http://bmjopen.bmj.com/content/3/5/e002299.full>

8. Activity Restriction Among Women With a Short Cervix*

Grobman, W. A., Gilbert, S. A., Iams, J. D., Spong, C. S., Saade, G., Mercer, B. M...Van Dorsten, P. J. (2013). Activity restriction among women with a short cervix. *Obstetrics & Gynecology*, 121(6), 1181–1186. doi:10.1097/AOG.0b013e3182917529

ABSTRACT:

Objective

To estimate determinants of and outcomes associated with activity restriction among women with a short cervix.

Methods

This was a secondary analysis of a randomized trial of 17- α hydroxyprogesterone caproate for prevention of preterm birth among nulliparous women with singleton gestations and cervixes less than 30 mm by midtrimester ultrasonography. Women were asked weekly whether they had been placed on pelvic, work, or nonwork rest. "Any activity restriction" was defined as being placed on any type of rest. Factors associated with any activity restriction were determined and the association between preterm birth and activity restriction was estimated with multivariable logistic regression.

Results

Of the 657 women in the trial, 646 (98%) responded to questions regarding activity restriction. Two hundred fifty-two (39.0%) were placed on any activity restriction at a median of 23.9 weeks (interquartile range 22.6–27.9 weeks). Women on activity restriction were older, more likely to have private insurance, less likely to be Hispanic,

had a shorter cervical length, and were more likely to have funneling and intra-amniotic debris. Preterm birth at less than 37 weeks of gestation was more common among women placed on activity restriction (37% compared with 17%, $P < .001$). After controlling for potential confounding factors, preterm birth remained more common among those placed on activity restriction (adjusted odds ratio 2.37, 95% confidence interval 1.60–3.53). Results were similar for preterm birth at less than 34 weeks of gestation.

Conclusion

Activity restriction did not reduce the rate of preterm birth in asymptomatic nulliparous women with a short cervix.

http://journals.lww.com/greenjournal/Abstract/2013/06000/Activity_Restriction_Among_Women_With_a_Short.7.aspx

III. CURRENT INITIATIVES

9. Seeking Implementation Practice Groups – The Ontario Centre of Excellence for Child and Youth Mental Health

The Ontario Centre of Excellence for Child and Youth Mental Health is co-facilitating the Communication implementation practice group (IPG) at the Global Implementation Conference (GIC) 2013 with the National Center for Child Traumatic Stress at UCLA. The focus is on innovative approaches to knowledge exchange related to implementation, including ways that technology can be used to support these efforts. For more information contact Purnima Sundar at (613) 737-2297 ext. 3769 or psundar@cheo.on.ca.

http://eenet.ca/news/submit-a-proposal-for-global-implementation-conference-2013/?utm_source=EENet+distribution+list&utm_campaign=0220e333de-EENet_Update_Jan_2013_1_29_2013&utm_medium=email&utm_term=0_ebcdf36e71-0220e333de-303385789

10. The Encyclopedia on Early Childhood Development is Preparing Its Entry Into the World of Social Media!

To better target the different media used by their readers, the Encyclopedia on Early Childhood Development has put together a short five-question survey that will help identify which media is used the most. This will help the Encyclopedia better meet the needs of those who access their resources. To start answering the survey click the link below. It will be available online until June 7, 2013.

http://www.surveymonkey.com/s/Encyclopedia_SocialMediaSurvey

11. Kids of Prisoners Study

Participants are needed for a study about the experiences of kids of prisoners in Ontario. The researcher would like to interview children and youth (ages 7-17 who live anywhere in Ontario, Canada) who have a parent in any type of prison, jail or halfway house. The researcher would like to hear their story and also talk to their caregiver on the 'outside'. Why should a child and/or youth and their caregiver participate?

- They might like the opportunity to tell your own story.
- They child will both receive a token of thanks.
- Some people think that better services and supports are needed for families of prisoners. Before making an argument for more supports, more research is needed about what life is like for families of prisoners.

Click here for some [answers to some frequently asked questions](#) about participating in this study.

<http://www.kidsofprisonersstudy.com/>

12. National Aboriginal Day

National Aboriginal Day is an occasion for all Canadians to celebrate the rich contribution Aboriginal people have made to Canada. Find suggested events to help celebrate this special day. Join hundreds and thousands of other people celebrating National Aboriginal Day across Canada.

EN: <http://www.aadnc-aandc.gc.ca/eng/1100100013322/1100100013323#on>

FR: <http://www.aadnc-aandc.gc.ca/fra/1100100013322/1100100013323>

IV. UPCOMING EVENTS

13. Sensation and Connection

June 14, 2013: Ottawa, ON

This workshop offers an introduction to: the Dynamic Maturational Model of Attachment and Adaption; Recognizing attachment patterns; Self Regulation Theory and Science: Attachment and Sensory Processing; Current neurobiology of attachment and sensory processing; and much more.

http://www.kidsmentalhealth.ca/news_and_events/event-action-detail-aid-1163.htm

14. The Importance of Relationships for Optimal Brain Development and Attachment

June 17, 2013: Toronto, ON

A critical component in the journey to mental health is relationships. The development of a secure attachment allows for an infant's brain to develop optimally and facilitates a number of cognitive, social and emotional processes that define mental health. Unfortunately some infants experience abuse, neglect, loss, multiple caregivers, and

relationships become something to fear instead of to trust. We now know that the toxic levels of stress associated with those relationships create defined structural changes in the brain that lead these children away from mental health, compromising emotion and behavioural regulation. The goal then becomes to help these children feel safe enough to begin to approach relationships and make use of them in ways that help build new neural pathways that promote better integration and differentiation of brain functions. This workshop will outline early brain function, how this is compromised by abuse and neglect, and how caregivers (e.g. parents, foster parents and helping professionals in a variety of settings) can work to build relationships that can then mitigate those effects. http://www.kidsmentalhealth.ca/news_and_events/event-action-detail-aid-1196.htm

15. E-mental Health Services for Children, Youth and Young Adults: An Interactive Dialogue

June 21, 2013: Online

With the overabundance of e-Mental Health tools available how can the most appropriate options ones for different practices be narrowed down? How does one find out if they are acceptable, effective, and equitable? A CIHR funded knowledge synthesis led by a team from the Winnipeg Regional Health Authority Research and Evaluation Unit and including members from the Manitoba Adolescent Treatment Centre (MATC) and the Addictions Foundation of Manitoba (AFM) explored the evidence for using e-Mental Health tools with children and youth up to age 25. In this Fireside Chat the findings of the Knowledge Synthesis are discussed and a space is created for service providers and receivers to dialogue on their experience using e-mental Health tools and invite questions or thoughts on the appropriate use of e-Mental Health tools in practice. http://www.chnet-works.ca/index.php?option=com_rsevents&view=events&layout=show&cid=231%3Ae-mental-health-services-for-children-youth-and-young-adults-an-interactive-dialogue&Itemid=6&lang=en

16. “Mega” Motherhood Conference: Academic Motherhood, Mothers & Work, and Communicating Motherhood

June 24 - 26, 2013: Toronto, ON

The Motherhood Initiative for Research and Community Involvement (MIRCI) is hosting a conference to explore a number of themes related to mothering, including the following themes:

- Communicating Motherhood / Mothers Communicating "High Culture" to Pop Culture to New Social Media
- Supporting and Empowering Mothers in the Academe: Strategies for Institutional Change and Individual Agency
- Mothers and Work; Mothering as Work: Policy, Ideology, Experience, and Representation

<http://www.motherhoodinitiative.org/MegaLocal.pdf>

17. 3rd Biennial Conference on Brain Injury in Children

July 9-11, 2013: Toronto, ON

Researchers are on the frontier of understanding the pathogenesis, cognitive and psychological effects of brain injury in children, as well as the best modes of prevention and neuroprotection. To advance this agenda, the SickKids Centre for Brain and Behaviour is assembling 36 world-class experts for three days of industry-defining discussion and debate. Through a combination of lecture and collaboration, the output of these three days will be multidisciplinary strategies for research and treatment. Join your colleagues in this defining moment for childhood brain injury.

<https://www.cvent.com/events/the-hospital-for-sick-children-s-centre-for-brain-behaviour-2013-conference/registration-509d23891824413d8d444a5e0289cb1d.aspx>

18. 2014 Global Summit on the Physical Activity of Children and Youth

May 19-22, 2014: Toronto, ON

The 2014 Global Summit on the Physical Activity of Children - *The Power to Move Kids*, hosted by Active Healthy Kids Canada, will bring together those who are working to resolve the growing childhood physical inactivity crisis. Share your expertise with an international audience and be part of the resolution of the global childhood inactivity crisis. The call for abstract submissions is now open for oral presentations, promising practice workshops (sharing successes) and poster presentations with either a research or practice focus.

<http://meridican.cvent.com/events/2014-global-summit-on-the-physical-activity-of-children/event-summary-c4eba5c1ea4c4910ad696c7a28076257.aspx>

V. RESOURCES

19. Community-based Strategies for Healthy Weight Promotion in Children and Youth

HC Link has focused on healthy weight promotion in children and youth in their most recent issue of their resource, *@ a glance*. This document highlights a number of community-based interventions to address childhood obesity. The report explores school-based interventions, community design and active transportation, promoting breastfeeding, and, industry and food system.

http://hclinkontario.ca/images/HCLinkAtAGlance_StrategiesHealthyWeightPromoCY_FI_NAL.pdf

20. Young Parents Forum

Planned Parenthood Toronto has created a Young Parents Forum that is now open to members. This online space was created for young parents to explore different topics related to their experiences, including sexual health, parenting, general discussion,

relationships, resources, etc. The forum is open to parents 29 and under who would like to connect with their peers in a safe online environment that is moderated by a Community Health Promoter.

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

21. Let's Talk FASD

(available in French)

Let's Talk FASD are parent-driven guidelines that discuss approaches to parenting children with Fetal Alcohol Spectrum Disorder (FASD). The guidelines are broken into four sections, including, Best Practice Needs Themes, Educating Professionals and the Public, In the Community, and, Resource Toolbox. These guidelines were developed with the input of those living with FASD and those who support them. The guidelines are practical strategies to support parents in looking after their children living with FASD.

EN: <http://www.von.ca/fasdonline/en/Introduction.aspx>

FR: <http://www.von.ca/fasdonline/fr/Introduction.aspx>

VI. FEATURED BEST START RESOURCES

22. **New!** Pregnancy is Not Always What You Expect

(available in French)

Best Start is pleased to announce a new booklet in French and English about mental health in pregnancy: **Pregnancy Is Not Always What You Expect**

Pregnancy is a time when some women are at greater risk of becoming depressed and/or anxious. This booklet talks about strategies to help you:

- Take care of your mental health before and during pregnancy.
- Understand the risk factors that can lead to depression or anxiety during pregnancy.
- Know if you are depressed or anxious during pregnancy.
- Get help and treatment.

EN: <http://www.beststart.org/resources/ppmd/index.html>

FR: <http://www.meilleurdepart.org/resources/ppmd/index.html>

23. **New!** 15 Parenting Tips

(available in French)

The Best Start Resource Centre has developed 15 Parent Tips to complement its www.HealthyBabyHealthyBrain.ca website. These tips provide parents and future parents some practical suggestions to support their baby's brain development. The tips are available in French and English.

They can be used in different manners:

- Send the tips via Twitter.

- Promote the tips through your Facebook pages.
- Create links from your website to the tips.
- Print the files and use them as handouts.
- Use the text contained in the files in your newsletters to parents.

The messages have been organized in the following three main categories:

- Preconception Health
- Prenatal Health
- Child Health (0-3)

The messages can be accessed in PDF format on the Best Start Resource Centre website at: www.beststart.org/resources/hlthy_chld_dev/tips_brain_dev. Please refer to the instructions prior disseminating these, especially if using social media. In all cases, we encourage service providers to link directly to this URL as opposed to transferring the PDFs on their website. Over time, this will prevent use of outdated versions of the key messages. Since this is a new type of resource for us (i.e., for dissemination through social media), your feedback is appreciated.

EN: http://www.beststart.org/resources/hlthy_chld_dev/tips_brain_dev/

FR: http://www.meilleurdepart.org/resources/develop_enfants/conseils_dev_cerveau/

About This Bulletin

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Other Health Nexus Communications:

Electronic Bulletins

OHPE: Your weekly update on the latest health promotion news, events, jobs and resources, featuring original articles—and much more. Produced in collaboration with Public Health Ontario.

[Le Bulletin de santé maternelle et infantile:](#) A bulletin featuring information about maternal, newborn and child health promotion, in French.

[Le Bloc-Notes:](#) A monthly French language bulletin focused on health promotion issues, events, jobs and resources for French-language minority communities across Canada.

Online Networks (listservs)

[The Maternal Newborn and Child Health Promotion \(MNCHP\) Network:](#) An electronic network for service providers working to promote preconception, prenatal and child health.

[Réseau de Santé Maternelle et Infantile \(RSMI\):](#) An electronic network to share information about preconception, prenatal and child health, in French.

[The Best Start Aboriginal Sharing Circle \(BSASC\) Network](#): An electronic network designed for service providers working with Aboriginal Peoples in areas of preconception, prenatal and child health.

[The Healthy Babies Healthy Children \(HBHC\) Network](#): An electronic network for HBHC program staff.

[Click4HP](#): An international, moderated, dialogue on health promotion, open to anyone who wants to ask questions, share ideas, announce new resources and events. Join the conversation!

Blogs

[Health Promotion Today / Promotion de la santé aujourd'hui](#): Find out what's making news in health promotion. Our bilingual blog keeps you informed.

[HC Link Blog](#): This blog provides you with useful information on health promotion topics, news, and resources, as well as information on HC Link's events, activities, and resources.

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