

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 and resources from around the world. Wherever possible, we include resources that are available for free. For more information about this bulletin, [click here](#).

June 21, 2013

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I. NEWS & VIEWS

1. Province in Partnership to Bring More Local Food to Kids

This article (Ontario Government, 2013, May 29) announces the Ontario Government's new commitment to supporting local food options. This promotion of local food will be backed by an additional \$33 million dollars over three years to support projects that focus on increasing access to local food.

http://news.ontario.ca/omafra/en/2013/05/province-in-partnership-to-bring-more-local-food-to-kids.html?utm_source=feedly

2. Canadians Said to be at Risk From Outdated Sunscreen Rules

This article (CBC News, 2013, May 31) discusses sunscreen labelling regulations and the concern that Canadians are not receiving important information about the amount of protection from UVA rays. Exposure to UVA rays are those that can lead to cancer, whereas UVB rays – which the amount of protection is detailed on sunscreen packaging – are not as threatening. Experts suggest that Health Canada change its regulations to match those of the United States and require companies to indicate the amount of UVA protection on their sunscreen packaging. Dr. Jim Walker from the Ottawa Hospital said to look for "broad-spectrum" protection, which means UVA and UVB are covered.

http://www.cbc.ca/news/health/story/2013/05/31/ottawa-sunscreen-labelling-rules-outdated.html?cmp=rss&utm_source=feedly

3. Rate of Infant Deaths in Unsafe Sleep Environments Unchanged Despite Increased Awareness: Ontario Coroner's Study

This article (Toronto Star, 2013, June, 17) discusses the results of a recent study done by Ontario's Office of the Chief Coroner that shows that despite campaigns to promote safe sleeping positions for infants, the rate of infant deaths associated with sleep environment has not gone down in recent years. It is unclear what was the exact cause of death of the infants (no findings from the autopsies), but all had unsafe sleep environments in common. Researchers reiterate that parents should place infants on their backs to sleep. For more steps to create a safe sleep environment and lower the risk of SIDS, go to: http://www.phac-aspc.gc.ca/hp-ps/dca-dea/stages-etapes/childhood-enfance_0-2/sids/ssb_brochure-eng.php.

FR: http://www.phac-aspc.gc.ca/hp-ps/dca-dea/stages-etapes/childhood-enfance_0-2/sids/ssb_brochure-fra.php

http://www.thestar.com/news/canada/2013/06/03/rate_of_infant_deaths_in_unsafe_sleep_environments_unchanged_despite_increased_awareness_ontario_coroners_study.html

II. RECENT REPORTS AND RESEARCH

* indicates journal subscription required for full text access

4. Starting Early: Teaching, Learning and Assessment—Linking Early-Childhood Development with Academic Outcomes—A Detailed Look

Calman, R. C., & Crawford, P. J. (2013). *Starting early: Teaching, learning and assessment—Linking early-childhood development with academic outcomes—A detailed look*. Retrieved from http://www.eqao.com/Research/pdf/E/EDI_StartingEarly_EQAO.pdf

EXCERPT:

Almost one in three (29%) Ontario kindergarten students were deemed by their teachers to be “vulnerable” or “at risk” in their language and cognitive development. These students were much less likely to meet the provincial standards for reading, writing and math when they reached the end of Grade 3 than those deemed “ready” or “very ready”. These and other findings are reported in a study on the early-years progress of over 72,000 English-language students in Ontario released today by the Education Quality and Accountability Office (EQAO).

EQAO's study, titled *Starting Early: Teaching, Learning and Assessment—Linking Early-Childhood Development with Academic Outcomes—A Detailed Look*, followed the progress of students who were in kindergarten between the years 2005 and 2008, when

they were assessed by their teachers using the Early Development Instrument (EDI), through to their provincial reading, writing and mathematics test when they were in Grade 3, between the years 2008 and 2011. The collection of student results in this report predates the introduction of full-day kindergarten, which began in 2010.

The EDI, developed at the Offord Centre for Child Studies at McMaster University, is a checklist completed by the kindergarten teacher that measures a child's development and readiness for school in five domains: physical health and well-being, social competence, emotional maturity, language and cognitive development, and communication skills and general knowledge. EQAO's provincial assessments measure student achievement of the reading, writing and mathematics expectations of *The Ontario Curriculum* at the end of key stages of schooling.

http://www.eqao.com/Research/pdf/E/EDI_StartingEarly_EQAO.pdf

5. Interventions to Reduce or Prevent Obesity in Pregnant Women: A Systematic Review*

Thangaratinam, S., Rogozinska, E., Jolly, K., Glinkowski, S., Duda, W., Borowiack, E., Roseboom, T., Tomlinson, J.,...Khan, K. S. (2012). Interventions to reduce or prevent obesity in pregnant women: A systematic review. *Health Technology Assessment*, 16(31). doi: 10.3310/hta16310

ABSTRACT:

Background:

Around 50% of women of childbearing age are either overweight [body mass index (BMI) 25-29.9 kg/m²] or obese (BMI \geq 30 kg/m²). The antenatal period provides an opportunity to manage weight in pregnancy. This has the potential to reduce maternal and fetal complications associated with excess weight gain and obesity.

Objectives:

To evaluate the effectiveness of dietary and lifestyle interventions in reducing or preventing obesity in pregnancy and to assess the beneficial and adverse effects of the interventions on obstetric, fetal and neonatal outcomes.

Data Sources:

Major electronic databases including MEDLINE, EMBASE, BIOSIS and Science Citation Index were searched (1950 until March 2011) to identify relevant citations. Language restrictions were not applied.

Review Methods:

Systematic reviews of the effectiveness and harm of the interventions were carried out using a methodology in line with current recommendations. Studies that evaluated any dietary, physical activity or mixed approach intervention with the potential to influence weight change in pregnancy were included. The quality of the studies was assessed using accepted contemporary standards. Results were summarised as pooled relative risks (RRs) with 95% confidence intervals (CIs) for dichotomous data. Continuous data

were summarised as mean difference (MD) with standard deviation. The quality of the overall evidence synthesised for each outcome was summarised using GRADE (Grading of Recommendations Assessment, Development, and Evaluation) methodology and reported graphically as a two-dimensional chart.

Results:

A total of 88 studies (40 randomised and 48 non-randomised and observational studies, involving 182,139 women) evaluated the effect of weight management interventions in pregnancy on maternal and fetal outcomes. Twenty-six studies involving 468,858 women reported the adverse effect of the interventions. Meta-analysis of 30 RCTs (4503 women) showed a reduction in weight gain in the intervention group of 0.97 kg compared with the control group (95% CI -1.60 kg to -0.34 kg; $p = 0.003$). Weight management interventions overall in pregnancy resulted in a significant reduction in the incidence of pre-eclampsia (RR 0.74, 95% CI 0.59 to 0.92; $p = 0.008$) and shoulder dystocia (RR 0.39, 95% CI 0.22 to 0.70; $p = 0.02$). Dietary interventions in pregnancy resulted in a significant decrease in the risk of pre-eclampsia (RR 0.67, 95% CI 0.53 to 0.85; $p = 0.0009$), gestational hypertension (RR 0.30, 95% CI 0.10 to 0.88; $p = 0.03$) and preterm birth (RR 0.68, 95% CI 0.48 to 0.96; $p = 0.03$) and showed a trend in reducing the incidence of gestational diabetes (RR 0.52, 95% CI 0.27 to 1.03). There were no differences in the incidence of small-for-gestational-age infants between the groups (RR 0.99, 95% CI 0.76 to 1.29). There were no significant maternal or fetal adverse effects observed for the interventions in the included trials. The overall strength of evidence for weight gain in pregnancy and birthweight was moderate for all interventions considered together. There was high-quality evidence for small-for-gestational-age infants as an outcome. The quality of evidence for all interventions on pregnancy outcomes was very low to moderate. The quality of evidence for all adverse outcomes was very low.

Limitations:

The included studies varied in the reporting of population, intensity, type and frequency of intervention and patient compliance, limiting the interpretation of the findings. There was significant heterogeneity for the beneficial effect of diet on gestational weight gain.

Conclusions:

Interventions in pregnancy to manage weight result in a significant reduction in weight gain in pregnancy (evidence quality was moderate). Dietary interventions are the most effective type of intervention in pregnancy in reducing gestational weight gain and the risks of pre-eclampsia, gestational hypertension and shoulder dystocia. There is no evidence of harm as a result of the dietary and physical activity-based interventions in pregnancy. Individual patient data meta-analysis is needed to provide robust evidence on the differential effect of intervention in various groups based on BMI, age, parity, socioeconomic status and medical conditions in pregnancy.

<http://www.ncbi.nlm.nih.gov/pubmed/22814301?dopt=Abstract>

6. Treatment Issues for Aboriginal Mothers with Substance Use Problems and Their Children*

Niccols, A., Dell, C. A., & Clarke, S. (2010). Treatment issues for Aboriginal mothers with substance use problems and their children. *International Journal of Mental Health and Addiction*, 8, 320-335.

ABSTRACT:

In many cultures, approximately one third of people with drug dependence are women of child-bearing age. Substance use among pregnant and parenting women is a major public health concern. Aboriginal people have some of the highest rates of substance abuse in Canada, increasing concern for detrimental health impacts, including those for women and their children. For many women, substance abuse offers a means of coping with trauma, such as childhood abuse, partner violence, and, for Aboriginal women, the intergenerational effects of colonization. In this paper, we review treatment issues for Aboriginal mothers with substance use problems and their children. We discuss gender-specific issues in substance abuse, the need for women-specific treatment, the impact of substance abuse on children and parenting, the additional risks for Aboriginal women and children, and the need for integrated programs (those that integrate pregnancy-, parenting-, and child-related services with women-specific addiction treatment). We describe New Choices as an example of an integrated program, review research on existing treatment for Aboriginal mothers with substance use issues, and describe Sheway as a promising integrated program for Aboriginal women with substance abuse issues and their young children. There are few treatment programs specifically for Aboriginal mothers with substance use issues and their children and very little research on their effectiveness. Based on our review of existing evidence, we offer recommendations for future research and practice.

<http://link.springer.com/content/pdf/10.1007%2Fs11469-009-9255-8.pdf>

7. Strengthening Urban Aboriginal Families: Exploring Promising Practices (available in French)

Scott, K. (2012). *Strengthening urban Aboriginal families: Exploring promising practices*. Retrieved from http://www.nccah-ccnsa.ca/Publications/Lists/Publications/Attachments/87/UrbanAboriginalFamilies_EN_web.pdf

EXCERPT:

Did you know that half of the Aboriginal population in Canada lives in cities, is highly mobile, and experiences disproportionate risks of poverty and marginalization? For these reasons, there is a great need to identify promising practices that agencies, practitioners, and policy makers can use to strengthen urban Aboriginal families. The National Collaborating Centre for Aboriginal Health (NCCAH) has published a report exploring practices that can provide strategic direction for meeting families' needs. *Strengthening Urban Aboriginal Families: Exploring Promising Practices* includes six

detailed case studies of service agencies that, despite different focuses and methods, have all been successful in building service demand and matching community needs.

EN: http://www.nccah-ccnsa.ca/Publications/Lists/Publications/Attachments/87/UrbanAboriginalFamilies_EN_web.pdf

FR: http://www.nccah-ccnsa.ca/Publications/Lists/Publications/Attachments/87/UrbanAboriginalFamilies_FR_web.pdf

8. Building Families' Futures and Opportunities Through Habitat Homeownership

(available in French)

Canadian Mortgage and Housing Corporation. (2013). *Building families' futures and opportunities through Habitat homeownership*. Retrieved from <https://www03.cmhc-schl.gc.ca/catalog/productDetail.cfm?cat=176&itm=7&lang=en&fr=1371818251348>

EXCERPT:

This *Research Highlight* summarizes the results of a 2012 Canada-wide survey of families who purchased a home through *Habitat for Humanity Canada*. The research sought to provide information for assessing the impacts of homebuying with *Habitat* across Canada. It examines the outcomes for *Habitat* homebuyers, including social, financial, health and other outcomes.

EN: <https://www03.cmhc-schl.gc.ca/catalog/productDetail.cfm?cat=176&itm=7&lang=en&fr=1371818251348>

FR: <http://www03.cmhc-schl.gc.ca/catalog/productDetail.cfm?cat=176&itm=8&lang=fr&fr=1371818251348>

III. CURRENT INITIATIVES

9. The Ontario Public Health Association's 2013-14 Membership Drive is Now Underway!

Join today to gain exclusive access to valuable information developed by subject-matter experts, as well as a platform to exchange ideas and share opportunities with other members. Don't delay: an administration late fee will be applied to membership fees as of July 1st, 2013! Right now, OPHA membership is only \$150 per year (\$85 for students and retirees and \$100 for members who belong to a Constituent Society), and it provides many valuable benefits:

- Interact with leading public health thinkers, policy makers and practitioners across Ontario through key events, webinars, and conferences.
- Become involved and influence at local, provincial and national levels through public health policy statements, position papers and advocacy positions.
- Be in the know - OPHA's daily media links, monthly newsletters, Twitter feed and Facebook page will keep you up-to-date on vital community & public health issues.
- Join one of the OPHA's subject matter expert work groups, which identify key and emerging issues, assist OPHA to advance advocacy priorities, undertake knowledge exchange and transfer, and assist in building capacity in Ontario (built environment, environmental health, chronic disease, reproductive health, food security, health equity, alcohol prevention)
- Attend our 2013 Fall Forum on The Role of Quality in Public Health, which includes certifications in six sigma, at a special member rate.

Please complete the 2013-14 Membership Form (found on the OPHA website at <http://www.opha.on.ca/About/membership.html>) and email it to barbp@opha.on.ca to join today!

10. Mt. Sinai Hospital Launches Ontario Birth Study

The Ontario Birth Study is the largest national study ever done, and seeks to enrol 1,200 patients in its first year. Researchers hope to study pregnant moms, their babies while in-utero, and then the infants right through to adulthood. Upon enrolment, study participants will complete detailed questionnaires about lifestyle and provide a blood sample. Throughout the pregnancy, data will be collected on clinical information and complications such as pre-eclampsia, pre-term births and abnormal foetal development. As the infants reach childhood, researchers will begin to look for associations between genetics, in-utero exposures and chronic disease. The Ontario Birth Study website contains detailed information on the project, and information about enrolment.

News release: http://ontario.cmha.ca/news/mt-sinai-hospital-launches-ontario-birth-study/?utm_source=Canadian+Mental+Health+Association%2C+Ontario+List&utm_campaign=578dd4d42bMental_Health_Notes_20130614&utm_medium=email&utm_term=0_aaba3afa9b-578dd4d42b315444149#.Ub

Ontario Birth Study website: www.ontariobirthstudy.com

11. Nominate An Inspiring Leader for the 3M Health Leadership Award

Nominate your inspiring leader for the 3M Health Leadership Award by Friday June 28, 2013. It's a great way to say *thank you* to a person who has helped to make your community a healthier place.

www.healthnexus.ca/leadershipaward

IV. UPCOMING EVENTS

12. Trauma as a Root Cause

June 27, 2013: Online

This webinar will cover the following topics:

- understanding trauma
- trauma as a root cause of health and well-being
- the process of healing from trauma
- trauma in the context of Aboriginal Health
- exploring a population health approach to trauma

<http://www.solvingsocialproblems.ca/webinar-trauma-as-a-root-cause/>

13. Developing and Delivering Successful Presentations: Applying Adult Learning Principles to Support Knowledge Exchange

July 2, 2013: Toronto, ON, Online

Applying adult learning principles to support knowledge exchange in the form of presentations, webinars, and workshops is one of the most common ways in which team members communicate their research findings to audiences. However, designing and delivering effective knowledge exchange sessions can be challenging, particularly when the goal is to present a large, complex project with many key findings. This webinar will focus on the important elements to consider when planning a knowledge exchange session by applying adult learning principles. In particular, the focus will be defining goals and objectives relevant to the audience and matching these to the appropriate educational method.

<http://phogroundsJuly22013.eventbrite.com/#>

14. Ontario Society for Health and Fitness: Summer Professional Development Seminars

July 20-27, 2013: Ottawa, ON, Toronto, ON

The Ontario Society for Health and Fitness is pleased to be offering two special professional development seminars on the role of physical activity in the prevention and management of Type II Diabetes and Prediabetes. The seminars present an excellent opportunity for exercise professionals, kinesiologists, and other health and fitness practitioners to learn, network, and enhance their clinical expertise. For more information or to register online, go to www.oshf.ca.

Questions? Contact the Ontario Society for Health and Fitness at membership@oshf.ca or (888) 990-9404.

15. Think Big and Let's Get Going: Applying the Social Determinants of Health to our Daily Work: 26th Annual Health Promotion Ontario Conference

September 26, 2013: Toronto, ON

This conference will have a keynote address from Dr Ryan Meili, author of *A Healthy Society*. The goals of this year's conference are:

- To continue to learn about the importance of the social determinants of health
- To bring together those who work on promoting health with those who work in social and economic fields to think about big in our planning
- To build knowledge of how to apply the SDOH to our daily work so that we can get going!

The full program and registration will be available on June 27, 2013. For more information:

- Visit www.hpoph.org
- Like us at <https://www.facebook.com/HealthPromotionOntario>
- Follow @HealthPromoON on Twitter

16. Healthy Rural Communities Symposium

October 3-4, 2013: Minden, ON

A Healthy Rural Communities symposium will be co-hosted by the Ontario Healthy Communities Coalition and the Haliburton Communities in Action Committee. The focus of the symposium will be on common challenges faced in rural areas when it comes to creating healthy communities, and will show how rural communities can overcome these challenges and build on their strengths by highlighting various projects from within Haliburton County that demonstrate success. The symposium's overarching theme is economic development and the workshop and local tour themes are: 1) the Arts & Culture, 2) Local Food Security, 3) Affordable Housing and 4) Transportation. The program will feature Keynote Speaker: Wayne Caldwell, Director, School of Environmental Design and Rural Development, Guelph University and a Plenary Presentation on Rural Capacity Building.

<http://www.ohcc-ccso.ca/en/symposium2013>

V. RESOURCES

17. Mothers Matter Support Group

Mother Matters is a 12-week online support group for women having difficulty adjusting to new motherhood. Mother Matters is run by the Mental Health Program at Women's College Hospital. Mother Matters takes place on a confidential discussion board giving women the opportunity to share their experiences with other mothers going through similar challenges, as well a chance to learn from professionals in the field. Each week a new topic related to issues that commonly cause emotional distress during the first year

of life with a new baby will be explored. This group aims to help participants find support and assistance with developing or enhancing effective coping strategies for life as a mother and as a woman. At this time we are only able to offer this group to Ontario residents. The next Mothers Matter Group will be beginning in the Fall, 2013. Please contact mothermatters@womenshealthmatters.ca with any questions or to register. <http://www.womenshealthmatters.ca/health-resources/mental-health/perinatal-mental-health/mother-matters/>

18. BC Council for Families – Early Childhood Development Resources

BC Council for Families has a range of resources regarding early childhood development. The pamphlets offer a range of advice to parents on the following topics: Becoming a Parent, Becoming a Father, The Milestones: Growth and Development from Birth to Three, Play and Your Baby: Birth to Six Months, Play and Your Toddler: Six Months to Three Years, Time for Bed, Toilet Training, Bringing Home the Second Baby, Teaching Self-Discipline, Sibling Rivalry, Anger and Aggression: Teaching Self-Control, Returning to Work as a New Mother, and Time Out for Parents.

<http://www.bccf.ca/shop/category/early-childhood>

19. Fetal Alcohol Forum (NOFAS-UK)

NOFAS-UK has released a new issue of the Fetal Alcohol Forum. This issue contains the latest research articles by FASD experts, research abstracts, articles, news and press, FASD books and segments, and full studies.

<http://nofasaa1.miniserver.com/~martin/PDF/Forum%20Issue%209%20Final.pdf>

VI. FEATURED BEST START RESOURCES

20. Sleep Safe Baby!

(available in French)

The messages and graphics on this display about safe infant sleep are consistent with the resources from the Public Health Agency of Canada. The free standing display measures 33” by 80” but rolls up into a small case. It can be used at health fairs and other events.

EN: <http://www.beststart.org/resources/>

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

21. Aboriginal Pregnancy and Alcohol

This is a brochure for use with an Aboriginal population on alcohol and pregnancy: the effects of drinking, traditional teachings about pregnancy and where to get help in Ontario. This brochure was made with support from the LCBO, 2012.

http://www.beststart.org/resources/alc_reduction/FASD_Brochure_A20A.pdf

22. Mixing Alcohol and Breastfeeding - Printer-Ready Handouts

(available in French)

The handout is a resource for mothers and their partners to help them make an informed choice when it comes to drinking alcohol while breastfeeding.

Download printer-ready handouts as PDF files in [English](#), [French](#), [Arabic](#), [Cree](#), [Ojibway](#), [Hindi](#), [Punjabi](#), [Tamil](#), [Urdu](#), [Simplified Chinese](#), [Spanish](#) and [Tagalog](#).

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.

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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