

# MNCHP Network Bulletin



best start  
meilleur départ

by/par health **nexus** santé

**May 4, 2012**

*The next bulletin will be released May 18, 2012.*

## **In this week's issue:**

### I. NEWS & VIEWS

1. [Starting a family does not encourage parents to eat healthier](#)
2. [High conflict between parents affects kids' learning and future health](#)
3. [Low-income mothers may overfeed their infants](#)
4. [Behind scenes, Health Canada experts clashed with minister's views on food labels](#)
5. [Second-Hand Smoke Worsens Asthma in Kids](#)
6. [Pacifiers don't discourage breast-feeding-study](#)
7. [National Tobacco Campaign - Break the Chain](#)

### II. RECENT REPORTS AND RESEARCH

8. [Infant guts benefit from breastfeeding](#)
9. [Brain anomalies in children exposed prenatally to a common organophosphate pesticide](#)
10. [Neonatal Abstinence Syndrome and Associated Health Care Expenditures](#)
11. [Comparison of Adolescent, Young Adult, and Adult Women's Maternity Experiences and Practices](#)

### III. CURRENT INITIATIVES

12. [Input requested: "An Intersectorial Approach for Improving Health Literacy for Canadians"](#)
13. [Tobacco Has No Place Here Campaign](#)
14. [Input requested: Ontario Food and Nutrition Strategy](#)
15. [Postpartum Depression Study Treatment Opportunity](#)
16. [Request for Proposals: Obesity in Preconception and Perinatal Period](#)

### IV. UPCOMING EVENTS

17. [Birth and Beyond Conference 2012](#)
18. [Health Promotion Ontario's Annual Conference](#)
19. [How Healthcare Practices Impact Breastfeeding Outcomes](#)
20. [Association of Ontario Health Centres Primary Health Care 2012 Conference](#)

### V. RESOURCES

21. [The State of the World's Children 2012: Children in an Urban World \(UNICEF, 2012\)](#)

22. [Childhood adversities increase the risk of psychosis: A meta-analysis of patient-control, prospective- and cross-sectional cohort studies](#)
23. [Brain Hero!](#)
24. [Materials Available for HBO's "The Weight of the Nation" Documentary Series](#)
25. [Welcome to Parenting box- Price Reduction offered!](#)
26. [Free Materials: Online Tool Kit from ParticipACTION/ Trousse d'outils ParticipACTION](#)
27. [Greatly reduced prices on a few multilingual Best Start resources](#)

#### VI. FEATURED BEST START RESOURCES

28. [New Aboriginal Resources to Support Tobacco Free Homes: Sacred Tobacco, Sacred Children](#)

---

## I. NEWS & VIEWS

---

### 1. Starting a family does not encourage parents to eat healthier

"We found that parenthood does not have unfavorable effects on parent's diets but neither does it lead to significant improvements compared to non-parents, as health practitioners would hope," reports lead investigator Helena H. Laroche, MD, University of Iowa and the Iowa City VA Medical Center. "In fact, parents lag behind their childless counterparts in decreasing their intake of saturated fat, and their overall diet remains poor."

[http://eurekaalert.org/pub\\_releases/2012-04/ehs-saf042612.php](http://eurekaalert.org/pub_releases/2012-04/ehs-saf042612.php)

### 2. High conflict between parents affects kids' learning and future health

High conflict between parents can affect children's brain development and interfere with their ability to learn, a leading child psychiatrist warned Thursday.

The trauma caused by duelling adults can boost stress to such high levels that it affects the area of the brain responsible for learning and memory, Dr. Jean Clinton, a clinical psychiatrist and professor at McMaster University in Hamilton, told a forum on high conflict and emotional harm.

<http://www.parentcentral.ca/parent/article/1164720>

### 3. Low-income mothers may overfeed their infants

Low-income mothers may overfeed their infantsThe study was slated for presentation Saturday at the Pediatric Academic Societies annual meeting in Boston. The data and conclusions of research presented at medical meetings should be viewed as preliminary until published in a peer-reviewed journal. –Ed.

Poor mothers who are single or who have depression are more likely to overfeed their infants by adding cereal to baby bottles, a practice that can lead to excess weight gain in infants, a new study reveals.

For the study, U.S. researchers examined data from 254 mothers of infants in low-income, primarily Hispanic households and found that 24 percent of the mothers put cereal in baby bottles. Those with depression were 15 times more likely to do so than those without depression.

"Depression is very common in low-income mothers and makes it more difficult to engage in beneficial parenting practices in general," lead author and general academic pediatrics fellow Dr. Candice Taylor Lucas, an associate professor of pediatrics at New York University School of Medicine and Bellevue Hospital Center in New York City, said in an American Academy of Pediatrics news release.

"Our results are especially concerning because they suggest that depressed mothers may be more likely to add cereal to the bottle, which may increase their children's risk of obesity," Lucas added.

The researchers also found that single mothers were much more likely to add cereal to bottles, along with mothers who felt their children had intense emotional reactions to daily routines.

"Overall, these findings demonstrate that stressors prevalent in low-income households, such as depression, single parenthood and associated infant behavioral challenges, influence feeding practices likely to promote obesity," Lucas concluded. "It is important to provide support for parents related to healthy feeding practices if we are to end the epidemic of childhood obesity."

<http://www.katv.com/story/17942796/low-income-mothers-may-overfeed-their-infants>

#### **4. Behind scenes, Health Canada experts clashed with minister's views on food labels**

Health Canada's top nutrition experts are at odds over their minister's laissez-faire approach to company-sponsored nutrition labels on the front of food packages, internal records suggest.

The schism, chronicled in documents released to Postmedia News under access to information, comes as the U.S. Food and Drug Administration considers options to develop a front-of-packaging (FOP) labelling system. It would replace the myriad of private programs developed by food manufacturers and retailers that designate certain foods as healthier options using their own criteria.

These include proprietary programs such as Kraft's Sensible Solution, Nestle's check mark system and Facts up Front, a recently launched voluntary program for food and beverage companies. In Canada, other examples include Loblaw's Blue Menu, Safeway's Eating Right and the Heart and Stroke Foundation's Health Check program.

The push for a government-regulated nutrition rating system on front of food packages got a big boost in the U.S. last October, when the Institute of Medicine released a report calling for corporate logos and symbols on the front of food packages to be scrapped in place of a single nutrition system that ranks products on a scale of zero to three based on their sugar, sodium and fat content. The report of the government science panel was commissioned by the FDA.

Health Minister Leona Aglukkaq immediately shot down the proposal, telling Postmedia News she thought it was "great" that companies have developed these proprietary programs. "Our government is not considering implementing a point system for food," Aglukkaq added. The categorical statement caught senior officials in Health Canada's nutrition evaluation division off guard, who raised the issue of harmonizing labelling rules with the U.S., records show.

In response to a separate note from the chief of the nutrition regulations and standards division about "our minister's position on standardizing FOP labelling," the section head of Health Canada's nutrition labelling and claims unit raised Aglukkaq's objections as a potential problem.

"Interesting, but the pressure will be high on the government to show that something as valuable will be offered to Canadians. We obviously need to discuss this one with USFDA," the section head wrote. "Is it worth trying to see what kind of collaboration we want to see on this one with them?"

The senior issues manager in the director general's office of Health Canada's food directorate also raised the issue of how to tackle questions of "whether and how Canada's policy would be harmonized with the U.S.'s" in light of Aglukkaq's "position (which she made quite clear in the article.)"

Separately, a scientific evaluator in the nutrition evaluation division noted that "in the U.S., there is an expectation that the FDA develop an FOP system," but "how this will formalize has yet to be determined."

And just days after Aglukkaq's statement on front-of-package labelling and the Institute of Medicine's report, the food directorate prepared "talking points" for Aglukkaq for a November meeting on food labelling that painted a different picture. In addition to defending Canada's labelling regulations because they provide Canadians "the tools they need to make health food choices when they shop for groceries," Aglukkaq said the rules were enhanced by proprietary front-of-package programs that "help give Canadians even more information about the food they purchase."

However, the briefing said "guidance to help ensure these systems are not confusing to consumers is being considered." In the appendix, the ministerial briefing also said "a need for consistency in the criteria and type of information has been identified" with front-of package proprietary programs. Products qualifying for Kraft's Sensible Solution stamp include Kool-Aid and Peek Freans Lifestyle Selections cookies, and the green checkmark appears on the front of Kit Kat and other Nestle chocolate bars to highlight "natural flavours."

On Tuesday, FDA spokeswoman Tarama Ward confirmed the U.S. regulatory body "shares the goal of having a uniform front-of-pack nutrition label on all food and beverage products" and is "still currently exploring several possibilities." Ward added: "We plan to work through our regulatory channels and engage with consumers to see what approaches will be the most valuable and effective."

<http://www.canada.com/health/Behind+scenes+Health+Canada+experts+clashed+with+minister+views+food+labels/6548744/story.html>

## 5. Second-Hand Smoke Worsens Asthma in Kids

More than half of children with asthma are exposed to second-hand tobacco smoke, researchers reported. The exposure is associated with more doctor visits, disturbed sleep, and restrictions on activity, according to Lara Akinbami, MD, and colleagues at the CDC in Atlanta.

On the other hand, exposure to second-hand smoke is not associated with missing school or wheezing during exercise, Akinbami reported at the annual meeting of the Pediatric Academic Societies in Boston. National asthma guidelines have advised patients with asthma to avoid tobacco smoke for decades, Akinbami said, but "it's still a problem, and kids are still having impacts," she told *MedPage Today*. Overall, Akinbami said, exposure to second-hand tobacco smoke has been falling because of increased awareness of the dangers, but it has not been clear if that's true among the subpopulation of asthmatic children.

To help fill that gap, she and colleagues turned to interview and laboratory data from the National Health and Nutrition Examination Surveys from 2003 through 2010.

The survey consists of health interviews and examinations at a mobile center. Participants are asked about demographic characteristics, smoking in the household, personal smoking habits (if they are 12 or older) and asthma history.

As well, blood samples were taken to assess serum cotinine, which measures exposure to second-hand smoke and personal use of tobacco.

All told, Akinbami reported, they analyzed data for 972 children, ages 6 to 19, who had been diagnosed with asthma by a doctor and reported having current asthma at the time of the survey.

They defined exposure to tobacco smoke as a serum cotinine level of at least 0.05 micrograms per deciliter. Children who reported use of cigarettes, cigars, or pipes were excluded from the analysis. More than half (53%) of the asthmatic children had exposure to second-hand smoke, Akinbami reported.

In a multivariate analysis, adjusting for differences in age, sex, race, and poverty, exposure to environmental tobacco smoke was associated with a 20% increase in the risk of having one or two visits (compared with none) to a physician's office or emergency department because of wheezing in the past year. The increase was significant at  $P < 0.05$ .

The trend was similar for more visits and for healthcare use overall, but the confidence intervals on the adjusted risk ratios included unity.

Smoke exposure was associated with a 40% increase in the risk of having limitations on activity, which was also significant at  $P < 0.05$ . And there was a 40% increase in the risk of having one or more nights a week of disturbed sleep (compared with none) owing to wheezing, significant at  $P < 0.05$ .

On the other hand, there was no significant increase in the risk of missing school owing to asthma or of wheezing during exercise.

The risk factors for asthma in children, Akinbami said, appear to "align with the risk factors for exposure to second-hand smoke," such as poverty and living in multifamily dwellings.

While advising parents of asthmatic kids to limit exposure to smoke is "a simple message, it's not a simple change to make," she said.

"The bottom line is that these families need more support to really remove this risk from children with asthma," she said.

"The findings are not surprising," commented Jonathan Winickoff, MD, of Massachusetts General Hospital in Boston. "There's a long history of noticing an association between tobacco smoke exposure and both incidence and severity of childhood asthma."

But, Winickoff told *MedPage Today*, parents "may not know how to protect their child from tobacco smoke exposure."

Many smoking parents, he said, might not be aware of the persistence of their tobacco smoke, whose fine particles cling to surfaces long after a cigarette has been extinguished.

This "third-hand smoke" can elevate cotinine levels in children, said Winickoff, who speaks for the American Academy of Pediatrics on tobacco issues.

Strategies such as not smoking when the kids are around or smoking in the basement don't work, he said, adding there is "really only one safe action that parents can take -- quit smoking."

And even if parents don't smoke themselves, children may still be exposed to second-hand or third-hand smoke because the family lives in multi-unit buildings where other people smoke.

[http://www.medpagetoday.com/MeetingCoverage/PAS/32430?utm\\_content=&utm\\_medium=email&utm\\_campaign=DailyHeadlines&utm\\_source=WC&eun=g429821d0r&userid=429821&email=p.scott@healthnexus.ca&mu\\_id=5527976](http://www.medpagetoday.com/MeetingCoverage/PAS/32430?utm_content=&utm_medium=email&utm_campaign=DailyHeadlines&utm_source=WC&eun=g429821d0r&userid=429821&email=p.scott@healthnexus.ca&mu_id=5527976)

## 6. Pacifiers don't discourage breast-feeding

*Research presented at scientific meetings is considered preliminary because it hasn't yet been peer-reviewed or published in a medical journal.-Ed.*

Widely held wisdom that pacifier use among newborns interferes with breast-feeding is wrong, a new small study suggests.

Analyzing feeding data on nearly 2,250 infants born between June 2010 and August 2011, Oregon Health & Science University researchers learned that limiting use of pacifiers -- also known as binkies, corks and soothers -- may actually increase babies' consumption of formula during the birth hospitalization.

"The overarching belief persists that pacifiers interfere with breast-feeding, even though research hasn't concretely showed they cause a problem," said study co-author Dr. Laura Kair, a resident in pediatrics at the university's Doernbecher Children's Hospital. "We like to rely on our best evidence as physicians, so when we see these results jibe better with our own personal experience than evidence-based practice in our field, it makes us take [note]."

Kair and co-author Dr. Carrie Phillipi, medical director of the hospital's mother-baby unit, are scheduled to present their findings Monday at the Pediatric Academic Societies' annual meeting in Boston.

Seeking to determine if eliminating routine pacifier distribution on the hospital's mother-baby unit would increase the rate of exclusive breast-feeding, Kair and Phillipi learned that this rate actually dropped significantly -- from 79 percent to 68 percent -- after pacifiers were restricted.

Additionally, the proportion of breast-fed newborns receiving supplemental formula rose from 18 percent before the policy change to 28 percent afterward, while the percentage of babies fed only formula remained statistically unchanged.

To encourage exclusive breast-feeding, which benefits both mothers and babies, the World Health Organization and the United Nations Children's Fund (UNICEF) recommend that hospitals caring for newborns follow their "Ten Steps to Successful Breastfeeding" -- one of which states that pacifiers should not be provided to breast-feeding babies. Hospitals hoping to achieve the status of "Baby-Friendly Hospitals" often follow this recommendation, Phillipi said.

"Parents come to us looking for advice," Phillipi said. "Our hope in publicizing this study is to stimulate a conversation about the topic, especially as many hospitals are thinking of removing pacifiers to become Baby Friendly."

Dr. Richard Schanler, chair of the American Academy of Pediatrics' breast-feeding section, noted that the study did not offer information about how newborns were comforted who did not receive pacifiers or how hospital staff members were educated about this issue during the research.

"You cannot draw conclusions to change health care practices from this type of study," said Schanler, also associate chairman of the department of pediatrics at Cohen Children's Medical Center of New York, in New Hyde Park.

Phillipi acknowledged that the study's results are difficult to apply to individual cases, but "we're really hoping to bring this conversation to a different level . . . so we're able to give parents the best evidence

possible. Our overall goal is to improve breast-feeding rates . . . we know it's the best nutrition for babies."

<http://www.wfmj.com/story/17930716/pacifiers-dont-discourage-breast-feeding-study-says>

## 7. National Tobacco Campaign Australia - Break the Chain

The Break the Chain campaign aims to contribute to halving the smoking rate for Indigenous Australians (currently at 47%) by gaining a higher level of personal acknowledgment of the health impacts of smoking. The campaign will support quit attempts amongst smokers and promote strategies to avoid relapse among quitters.

<http://www.quitnow.gov.au/internet/quitnow/publishing.nsf>

---

## II. RECENT REPORTS AND RESEARCH

---

### 8. Infant guts benefit from breastfeeding

#### *(Article Abstract below)*

A critical point in the development of an infant's intestinal tract and immune system occurs as the gut is colonized by microbes. This colonization differs depending on whether the infant is breast-fed or fed with formula.

A new study in the journal *Genome Biology* examines the ways in which these colonization differences translate into changes in the expression of various genes involved in the infant's immune system.

Authors of the study compared the intestines of three-month-old infants -- some exclusively breast-fed, others exclusively formula fed. They found that the guts of breast-fed babies show a wider-range of microbes than do the guts of formula-fed babies.

"Our findings suggest that human milk promotes the beneficial crosstalk between the immune system and microbe population in the gut, and maintains intestinal stability," said Robert Chapkin, a researcher from Texas A&M University who led the study.

#### **A metagenomic study of diet-dependent interaction between gut microbiota and host in infants reveals differences in immune response**

Scott Schwartz et al.

*Genome Biology* 2012, 13:R32 doi:10.1186/gb-2012-13-4-r32, Published: 30 April 2012

#### **Background**

Gut microbiota and the host exist in a mutualistic relationship, with the functional composition of the microbiota strongly affecting the health and well-being of the host. Thus, it is important to develop a synthetic approach to study the host transcriptome and the microbiome simultaneously. Early microbial colonization in infants is critically important for directing neonatal intestinal and immune development, and is especially attractive for studying the development of human-commensal interactions. Here we

report the results from a simultaneous study of the gut microbiome and host epithelial transcriptome of three month old exclusively breast- and formula-fed infants.

### Results

Variation in both host mRNA expression and the microbiome phylogenetic and functional profiles was observed between breast- and formula-fed infants. To examine the interdependent relationship between host epithelial cell gene expression and bacterial metagenomic-based profiles, the host transcriptome and functionally profiled microbiome data were subjected to novel multivariate statistical analyses. Gut microbiota metagenome virulence characteristics concurrently varied with immunity related gene expression in epithelial cells between the formula-fed and the breast-fed infants.

### Conclusions

Our data provide insight into the integrated responses of the host transcriptome and microbiome to dietary substrates in the early neonatal period. We demonstrate that differences in diet can affect, via gut colonization, host expression of genes associated with the innate immune system. Furthermore, the methodology presented in this study can be adapted to assess other host-commensal and host-pathogen interactions using genomic and transcriptomic data, providing a synthetic genomics-based picture of host-commensal relationships.

<http://genomebiology.com/2012/13/4/R32/abstract>

## 9. Brain anomalies in children exposed prenatally to a common organophosphate pesticide

Virginia A. Rauh et al.

Prenatal exposure to chlorpyrifos (CPF), an organophosphate insecticide, is associated with neurobehavioral deficits in humans and animal models. We investigated associations between CPF exposure and brain morphology using magnetic resonance imaging in 40 children, 5.9–11.2 y, selected from a nonclinical, representative community-based cohort. Twenty high-exposure children (upper tertile of CPF concentrations in umbilical cord blood) were compared with 20 low-exposure children on cortical surface features; all participants had minimal prenatal exposure to environmental tobacco smoke and polycyclic aromatic hydrocarbons. High CPF exposure was associated with enlargement of superior temporal, posterior middle temporal, and inferior postcentral gyri bilaterally, and enlarged superior frontal gyrus, gyrus rectus, cuneus, and precuneus along the mesial wall of the right hemisphere. Group differences were derived from exposure effects on underlying white matter. A significant exposure × IQ interaction was derived from CPF disruption of normal IQ associations with surface measures in low-exposure children. In preliminary analyses, high-exposure children did not show expected sex differences in the right inferior parietal lobule and superior marginal gyrus, and displayed reversal of sex differences in the right mesial superior frontal gyrus, consistent with disruption by CPF of normal behavioral sexual dimorphisms reported in animal models. High-exposure children also showed frontal and parietal cortical thinning, and an inverse dose–response relationship between CPF and cortical thickness. This study reports significant associations of prenatal exposure to a widely used environmental neurotoxicant, at standard use levels, with structural changes in the developing human brain.

<http://www.pnas.org/content/early/2012/04/25/1203396109>



## 10. Neonatal Abstinence Syndrome and Associated Health Care Expenditures United States, 2000-2009

Stephen W. Patrick, MD, MPH, MS; , et al.

### Abstract

Context Neonatal abstinence syndrome (NAS) is a postnatal drug withdrawal syndrome primarily caused by maternal opiate use. No national estimates are available for the incidence of maternal opiate use at the time of delivery or NAS.

### Objectives

To determine the national incidence of NAS and antepartum maternal opiate use and to characterize trends in national health care expenditures associated with NAS between 2000 and 2009.

### Design, Setting, and Patients

A retrospective, serial, cross-sectional analysis of a nationally representative sample of newborns with NAS. The Kids' Inpatient Database (KID) was used to identify newborns with NAS by International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) code. The Nationwide Inpatient Sample (NIS) was used to identify mothers using diagnosis related groups for vaginal and cesarean deliveries. Clinical conditions were identified using ICD-9-CM diagnosis codes. NAS and maternal opiate use were described as an annual frequency per 1000 hospital births. Missing hospital charges (<5% of cases) were estimated using multiple imputation. Trends in health care utilization outcomes over time were evaluated using variance-weighted regression. All hospital charges were adjusted for inflation to 2009 US dollars.

### Main Outcome Measures

Incidence of NAS and maternal opiate use, and related hospital charges.

### Results

The separate years (2000, 2003, 2006, and 2009) of national discharge data included 2920 to 9674 unweighted discharges with NAS and 987 to 4563 unweighted discharges for mothers diagnosed with antepartum opiate use, within data sets including 784 191 to 1.1 million discharges for children (KID) and 816 554 to 879 910 discharges for all ages of delivering mothers (NIS). Between 2000 and 2009, the incidence of NAS among newborns increased from 1.20 (95% CI, 1.04-1.37) to 3.39 (95% CI, 3.12-3.67) per 1000 hospital births per year (P for trend < .001). Antepartum maternal opiate use also increased from 1.19 (95% CI, 1.01-1.35) to 5.63 (95% CI, 4.40-6.71) per 1000 hospital births per year (P for trend < .001). In 2009, newborns with NAS were more likely than all other hospital births to have low birthweight (19.1%; SE, 0.5%; vs 7.0%; SE, 0.2%), have respiratory complications (30.9%; SE, 0.7%; vs 8.9%; SE, 0.1%), and be covered by Medicaid (78.1%; SE, 0.8%; vs 45.5%; SE, 0.7%; all P < .001). Mean hospital charges for discharges with NAS increased from \$39 400 (95% CI, \$33 400-\$45 400) in 2000 to \$53 400 (95% CI, \$49 000-\$57 700) in 2009 (P for trend < .001). By 2009, 77.6% of charges for NAS were attributed to state Medicaid programs.

### Conclusion

Between 2000 and 2009, a substantial increase in the incidence of NAS and maternal opiate use in the United States was observed, as well as hospital charges related to NAS.

<http://jama.ama-assn.org/content/early/2012/04/25/jama.2012.3951>

## 11. Comparison of Adolescent, Young Adult, and Adult Women's Maternity Experiences and Practices

Dawn Kingston, RN, BSc, MSc, PhD, et al on behalf of the Maternity Experiences Study Group of the Canadian Perinatal Surveillance System, Public Health Agency of Canada

### BACKGROUND AND OBJECTIVE:

Pregnant adolescents face unique challenges. Understanding the experiences, knowledge, and behaviors of adolescents during the pregnancy and postpartum periods may contribute to improvement of their maternity care. The purpose of this study was to compare the maternity experiences, knowledge, and behaviors of adolescent, young adult, and adult women by using a nationally representative sample.

### METHODS:

This study used data from the Canadian Maternity Experiences Survey (N = 6421). The weighted proportions of each variable were calculated by using survey sample weights. Logistic regression was used to estimate odds ratios. Bootstrapping techniques were used to calculate variance estimates for prevalence and 95% confidence intervals.

### RESULTS:

Adolescents and young adults were more likely to experience physical abuse in the previous 2 years, initiate prenatal care late, not take folic acid before or during pregnancy, have poor prenatal health behaviors, have a lower cesarean delivery rate, have lower breastfeeding initiation and duration rates, experience more stressful life events, experience postpartum depression symptoms, and rate their infant's health as suboptimal than adult women. Adolescents were more likely to rate their own health as suboptimal.

### CONCLUSIONS:

Adolescents have unique needs during pregnancy and postpartum. Health care professionals should seek to provide care in a manner that acknowledges these needs.

<http://pediatrics.aappublications.org/content/129/5/e1228>

---

## III. CURRENT INITIATIVES

---

### 12. Input requested: "An Intersectorial Approach for Improving Health Literacy for Canadians"

Discussion paper entitled "An Intersectorial Approach for Improving Health Literacy for Canadians" was developed by a national Think Tank of policymakers, practitioners and researchers organized by the Public Health Association of British Columbia.

Among other things, the paper identifies the importance of improving health literacy as a crucial component of the determinants of health. Groups are invited to review the Approach and discuss the application of the ideas to their own contexts and health literacy work and provide feedback on how the

framework could be improved to better support their health literacy work. This Discussion Paper is an important step in the journey of creating a health literate Canada.

Please send your comments and suggestions to Dr. Irving Rootman [irvrootman@gmail.com].

<http://www.phabc.org/modules.php?name=Contentpub&pa=showpage&pid=182>

### **13. Tobacco Has No Place Here Campaign**

The Tobacco Has No Place Here campaign aims to put a face to the harm caused by tobacco in Nunavut

<http://www.nuquits.gov.nu.ca/apps/authoring/dspPage.aspx?page=home>

### **14. Input requested: Ontario Food and Nutrition Strategy**

The Ontario Collaborative Group for Healthy Eating and Physical Activity has drafted an Ontario Food and Nutrition Strategy (for more background about the strategy so far see visit [strategy page](#).) Through this Strategy we aim to set common goals and directions for the food system and provincial healthy eating programming, and to coordinate our efforts so that we are all working together towards a system that improves health and is good for food providers, eaters, and the province as a whole. We will also be using the recommendations created through this strategy to contribute to the Local Food Act and Childhood Obesity Committee that the government is currently developing.

Between April 24th and May 31 there will be an initial consultation on an early draft of the food strategy. Groups who would be involved in the implementation of the strategy are invited to provide input into the strategy. This includes farmers and farm groups, individuals and groups involved in community-based food programs, public health and nutrition professionals, food businesses, and government partners. The revised draft strategy will be re-circulated in June for more feedback. To learn more, please contact [strategy@sustainontario.ca](mailto:strategy@sustainontario.ca).

The goal of this consultation is to gather more ideas to include, to get a sense of what areas are commonly shared priorities, to get a sense of what is not widely supported, and to gather evidence and stories in support of the recommendations.

<http://sustainontario.com/initiatives/ontario-food-and-nutrition-strategy>

### **15. Postpartum Depression Study Treatment Opportunity**

The University Health Network in Toronto is conducting a study using rTMS (repetitive Transcranial Magnetic Stimulation) for the treatment of postpartum depression. The treatment will be delivered intensively over 1 week. Babysitting will be provided. Please consider this as an alternative to or before starting any medication. Please send referrals to [gail.robinson@uhn.ca](mailto:gail.robinson@uhn.ca) or Dr. Jonathan Downar (who carries out the rTMS) [jonathan.downar@uhn.ca](mailto:jonathan.downar@uhn.ca). Although TMS has had variable results in past studies, Dr. Downar is using a new technique that appears to have much greater efficacy with results evident within a week.

Gail Erlick Robinson MD, DPsych, FRCPC

Director, Women's Mental Health Program, University Health Network

Professor of Psychiatry, University of Toronto

## 16. Request for Proposals: Obesity in Preconception and Perinatal Period

The Best Start Resource Centre is seeking a researcher/writer to develop a resource on Obesity in Preconception and Perinatal Period. This resource will be developed for service providers working with women in the preconception and perinatal periods.

The resource will provide current information about the prevalence of, risk factors for, and consequences of obesity in the preconception and perinatal periods in Ontario. It will be written in a manner that is evidence-based and addresses the determinants of health. It will capture and share effective practices and practical strategies to address the prevalence of obesity in the preconception and perinatal periods.

The project will involve an advisory group consisting of topic experts and front line workers. The resource will be produced in English. The main content of the resource will be approximately 25,000 words in length. The text for this resource will be completed by December 15, 2012. The resource will be available in print and online through the Best Start Resource Centre website. It will be promoted through listservs and e-bulletins.

Approach:

The researcher/writer will:

- Research and analyze data related to topic
- Summarize current information about the prevalence of, risk factors for, and consequences of obesity in the preconception and perinatal periods in Ontario.
- Identify and summarize effective interventions to combat the prevalence of obesity in the preconception and perinatal period
- Draft a report
- Finalize report based on input from BSRC and the advisory
- Work with an advisory committee
- Make suggestions for design, photos and layout
- 

Best Start Resource Centre has \$10,000 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 knowledge related to obesity in the preconception and perinatal period. Interested groups/individuals are requested to submit a brief proposal. 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; and the fee. All proposals will be held in confidence.

Deadline for Applications: May 23, 5:00 p.m. EST

Completion date: January 21, 2012

Submit proposal by email to: [m.brisson@healthnexus.ca](mailto:m.brisson@healthnexus.ca)

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

Best Start Resource Centre is a key program of Health Nexus and is funded by the Government of Ontario.

## IV. UPCOMING EVENTS

---

### 17. Birth and Beyond Conference 2012

#### Four Points Sheraton- London, ON

September 20-23, 2012 (pre conference day September 19)

This conference will bring together leading experts in the fields of pre- and post-natal care, birth, and breastfeeding. Confirmed speakers and facilitators include:

Attendees, who will include midwives, doctors, doulas, lactation consultants, and anyone with an interest in birth, will have the ability to get to know the speakers through a variety of talks, workshops, and social events.

[info@birthisandbeyondconference.ca](mailto:info@birthisandbeyondconference.ca)

### 18. Health Promotion Ontario's Annual Conference

Thursday, September 27, 2012

Oakham House, Ryerson University, Toronto, ON

*"Building Connections between Promoting Health and the Social Determinants of Health"*

The goal for this year's conference is to focus on bringing those who work on promoting and protecting health together with those working in social or economic fields whose interventions and policies affect the health outcomes of the population but do not have health as the main objective; such as housing, income, employment, and education.

[www.hpo.squarespace.com](http://www.hpo.squarespace.com)

### 19. How Healthcare Practices Impact Breastfeeding Outcomes

May 24, 2012

Crowne Plaza Hotel & Conference Center - Hamilton, ON

- The Ins and Outs of Maternal Fluids and Newborn Weight Loss
- Everything Else about Breasts
- Staying Mother -Centered: How to Manage Ethical Dilemmas
- Watch your language

[www.breastfeedinginformation.ca](http://www.breastfeedinginformation.ca) for registration and more conference information.

### 20. Association of Ontario Health Centres Primary Health Care 2012 Conference

June 7-8, 2012

Toronto, ON

This conference is about driving change. And that change is the long-awaited transformation of primary health care through organizational and system-wide adoption of "people-centred care."

The World Health Organization defines people-centred care as that “in which individuals, families and communities are served by, and are able to participate in, trusted health systems that respond to their needs in humane and holistic ways.”

Three themes will be explored through the lens of people-centred care:

- Planning for people-centred primary health care using a population needs-based approach coupled with health equity and community engagement frameworks
- Delivering people-centred primary health care: successful practices within the primary health care setting
- A people-centred approach that enables the client’s/patient’s transitions through health and social service systems

[http://campaign.r20.constantcontact.com/render?llr=7tplmziab&v=001YF4hHNmhMZkcqM3cJkokKNG5YUdTlyvmE0ealy-VUvEqkcvdkpKFC0NDQ0k\\_9C6A2Flyob8Lm-lXa894Rso7TLsU1Ou3Xy9yN--d0CtNM34T\\_hGAFG3iyzwJQkVKz4v](http://campaign.r20.constantcontact.com/render?llr=7tplmziab&v=001YF4hHNmhMZkcqM3cJkokKNG5YUdTlyvmE0ealy-VUvEqkcvdkpKFC0NDQ0k_9C6A2Flyob8Lm-lXa894Rso7TLsU1Ou3Xy9yN--d0CtNM34T_hGAFG3iyzwJQkVKz4v)

---

## V. RESOURCES

---

### 21. The State of the World's Children 2012: Children in an Urban World (UNICEF, 2012)

[http://www.unicef.org/sowc/files/SOWC\\_2012-Main\\_Report\\_EN\\_21Dec2011.pdf](http://www.unicef.org/sowc/files/SOWC_2012-Main_Report_EN_21Dec2011.pdf)

### 22. Childhood adversities increase the risk of psychosis: A meta-analysis of patient-control, prospective- and cross-sectional cohort studies

Varese, Smeets, Drukker, Lieveise, Lataster, Viechtbauer, Read, van Os, & Bentall, 2012

<http://schizophreniabulletin.oxfordjournals.org/content/early/2012/03/28/schbul.sbs050.long>

### 23. Brain Hero!

Following a two-year collaboration with the Interactive Media Division of the School of Cinematic Arts at the University of Southern California to develop and test new ways of communicating the science of early childhood development, the Center on the Developing Child has released the collaboration’s first product, “Brain Hero.” The three-minute video depicts how actions by a range of people in the family and community can affect a child’s development. Based loosely on such games as “Guitar Hero,” “SimCity,” and “The Game of Life,” the video adapts the visual sensibility of interactive game models to a video format and portrays how actions taken by parents, teachers, policymakers, and others can influence life outcomes for both the child and the surrounding community.

This collaboration, now between the Harvard Center and USC’s newly launched [Creative Media & Behavioral Health Center](#) will continue joint work on the creation and dissemination of innovative

storytelling products designed to inform the public discourse around policies and practices that support healthy brain development during childhood.

[http://developingchild.harvard.edu/index.php/resources/multimedia/videos/brain\\_hero/](http://developingchild.harvard.edu/index.php/resources/multimedia/videos/brain_hero/)

## 24. Materials Available for HBO's "The Weight of the Nation" Documentary Series

A multi-part, multi-platform event, HBO's Weight of the Nation is comprised of a series of four documentary films, three children's films, and up to 12 bonus short films. The mission of this public education campaign is to accelerate efforts to eliminate obesity across the U.S.

CDC is working with HBO Documentary Films, the National Academies of Science Institute Of Medicine, National Institutes of Health, Kaiser Permanente and the Michael & Susan Dell Foundation to roll out the community and state engagement component of the campaign. Activities that support the community and state engagement efforts will include regional screenings in several major cities, the distribution of up to 40,000 community action kits, an HBO web site and a social media campaign. In addition, parts of the documentary series will be screened at the CDC's Weight of the Nation(TM) 2012 conference in Washington DC on May 7.

On May 14-15, HBO will broadcast the documentaries through all its channels including the HBO main channel, multiplex channels, HBO On Demand, HBO GO and more. The films will stream free of charge on HBO.com. In addition to the community screenings of the films, and on-demand access to the online short films, many non-HBO subscribers will be able to view the films when they are broadcast as many of HBO's local affiliates are removing the subscription requirement for the week of May 14, giving access to non-subscribers.

Community and state programs may opt to host opinion leader screening events that will help engage community and state decision makers, leaders, elected officials and local media. Programs may also opt to advance their community mobilization activities by hosting a screening with coalition members, community and state activists and others positioned to implement programs and strategies. Event planning materials, discussion guides and other helpful information to host a screening event will be included in the screening kits.

Visit <http://theweightofthenation.hbo.com/#> to read the pre-release information. You can also navigate to the Facebook page that HBO has established to promote the film (Facebook.com/TheWeightOfTheNation), and "like" the page while you're there. Visit [www.CDC.gov/Obesity](http://www.CDC.gov/Obesity) to learn more about the epidemic and the multiple strategies that will help us address this epidemic, or [www.CDC.gov/WON](http://www.CDC.gov/WON) to learn more about the CDC's Weight of the Nation 2012 conference.

## 25. Welcome to Parenting box- Price Reduction offered

The Welcome to Parenting box is a toolkit developed by Invest in Kids for new parents. It helps to build their parenting knowledge, skills, and confidence while supporting many aspects of their newborn's development. It includes the Welcome to Parenting: The Amazing World of Your Baby parent book, Comfort, Play & Teach DVD Tutorial for Parents, Zero to One: A Growth Chart for Infants, Comfort, Play & Teach Activity Cards: Let's Learn, a bath mitt, toy, and storybook with Comfort, Play & Teach activities to help parents make the most of everyday interactions with their baby.

Invest in Kids regrettably closed its doors on September 30, 2010. The Best Start Resource Centre has been making available their remaining Welcome to Parenting Toolkits at a reduced cost. In order to

make room in our distribution centre for newly released resources, we are offering further reduction in price for the toolkit. The toolkit was sold previously for \$60 per kit, and is now available for \$10 per kit. It is an excellent teaching tool for classes for new parents, or gift for new parents.

To view the toolkit, go to:

[http://www.beststart.org/resources/hlthy\\_chld\\_dev/index.html](http://www.beststart.org/resources/hlthy_chld_dev/index.html)

## **26. Free Materials: Online Tool Kit from ParticipACTION/ Trousse d'outils ParticipACTION**

ParticipACTION Tool Kit, which contains free communications materials that organizations can use to promote physical activity and sport participation.

Tool of the Month: *Active Transportation Posters/Pin ups* (e.g. Have You Moved Much Today? Try Taking The Stairs.) Download these pin ups and other resources today and share them with clients, family, friends and coworkers.

Feel free to view and download the available materials online at:

<http://toolkit.participaction.com/browse/en/>

La Trousse d'outils ParticipACTION offre un accès simple et gratuit à du matériel de communication créé par ParticipACTION et des entreprises partenaires, à l'intention des personnes qui appuient et font la promotion d'une vie active.

<http://toolkit.participaction.com/browse/fr/>

## **27. Greatly reduced prices on a few multilingual Best Start resources**

The Best Start Resource Centre is offering a special promotion on their print resources in languages other than English and French. The resource "You and your baby..." is also available in two Aboriginal languages, Cree N Dialect, Severn Ojibwe.

The new price list only applies to the resources in languages other than French and English. Languages available include: Arabic, Filipino, Hindi, Punjabi, Spanish, Simplified Chinese, Somali, Tamil and Urdu. Please note that, once this stock is depleted, the resources will continue to be available on the Best Start website where they can be downloaded for free.

Resources can be ordered from: [http://beststart.org/resources/other\\_languages/](http://beststart.org/resources/other_languages/).

The Best Start Resource Centre will consider special requests from registered charitable organizations who may have funding limitations.

---

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

---

### **28. New Aboriginal Resources to Support Smoke- Free Homes: Sacred Tobacco, Sacred Children**



Best Start Resource Centre is pleased to make available new resources and tools related to smoke-free homes for Aboriginal families.

The materials include:

**Sacred Tobacco, Sacred Children DVD** – This video is for Aboriginal parents and caregivers. This video offers real stories from Aboriginal families who have smoke-free homes. The families talk about the approaches that worked for them. The purpose of the video is to:

- Discuss the impact of second-hand smoke on young families
- Understand the difference between sacred use of traditional tobacco and recreational use of commercial tobacco
- Share strategies to reduce the impact of recreational use of tobacco on children

The video is available as a hard copy, and will soon be available online. The video comes with a copy of the facilitator guide (see below).

**Sacred Tobacco, Sacred Children Facilitator Guide** - The guide provides helpful tips to service providers who are showing this video to families. It offers suggestions for discussing smoke-free homes. It provides information about sacred use of traditional tobacco and about the effects of recreational use of commercial tobacco. The video comes with a copy of the guide, and the guide is also available as a download.

**Smoke-free Home Sticker** – This sticker is re-positional (ie you can stick it, then move it). It shows a baby in a tikanagan and a “no smoking” symbol. It can be placed on doors or windows to show that the space is smoke-free.

**Evaluation Form** – You can download an evaluation form for use after your parent workshops using the video *Sacred Tobacco, Sacred Children*.

**Promotional Flyer** – You can download a promotional flyer for your parent workshops using the video *Sacred Tobacco, Sacred Children*.

**Fact Sheet** – You can download a parent handout about smoke-free homes, to support your parent workshops using the video *Sacred Tobacco, Sacred Children*. The fact sheet includes information about cultural use of sacred tobacco, recreational use of commercial tobacco, second and third hand smoke, and smoke-free homes.

To order the video, guide, and sticker, go to:

<http://beststart.org/resources/order.html>

To view or download materials, go to:

<http://beststart.org/resources/tobacco/index.html>

You may also want to look at our other resources designed for Aboriginal families:

[http://beststart.org/resources/aboriginal\\_health.html](http://beststart.org/resources/aboriginal_health.html)

These materials were developed by the Best Start Resource Centre, a key program of Health Nexus, with the input from an Aboriginal advisory committee. The Best Start Resource Centre would like to thank the people who shared their stories in this video. We would also like to thank the advisors for this project. The video was produced by Big Soul Productions.

## **About This Bulletin**

*The Best Start Resource Centre thanks you for your interest in, and support of, our work. Best Start permits others to copy, distribute or reference the work for non-commercial purposes on condition that full credit is given. Because our MNCHP bulletins are designed to support local health promotion initiatives, we would appreciate knowing how this resource has supported, or been integrated into, your work ([mnchp@healthnexus.ca](mailto:mnchp@healthnexus.ca)). Please note that the Best Start Resource Centre does not endorse or recommend any events, resources, or publications mentioned in this bulletin.*

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

In English:

- [OHPE](#) - The free weekly Ontario Health Promotion E-mail bulletin (OHPE) offers a digest of news, events, jobs, feature articles on health promotion issues, resources, and much more, to those working in health promotion. <http://www.ohpe.ca/>
- [Click4HP](#) - An open, facilitated public listserv, is an international dialogue on health promotion. Participants exchange views on issues and ideas, provide leads to resources, and ask questions about health promotion. <https://listserv.yorku.ca/archives/click4hp.html>
- [Health Nexus Today](#) - Health Nexus Today is our Blog on health promotion. Find the latest on health promotion including breaking news, highlights, studies, and issues in health promotion and the determinants of health in Canada and internationally. <http://www.blogs.healthnexusante.ca/>

In French:

- [French distribution list](#) – The free distribution list offers information in French on maternal, newborn, and child health promotion topics. [http://www.meilleurdepart.org/index\\_fr.html](http://www.meilleurdepart.org/index_fr.html)
- [Le Bloc-Notes](#) – The biweekly French language bulletin provides information on health promotion. <http://leblocnotes.ca/>