

# 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](#).*

**November 2, 2012**

*The next bulletin will be released November 16, 2012.*

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## I. NEWS & VIEWS

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### 1. Occurrence of cough and wheezing in the first year of life in non-breastfed infants

As part of a large national study in the USA – The Infant Feeding Practices Study II – the researchers conducted prospective analyses of associations between the repeated ascertainment of feeding mode and wheezing in infancy in 2,833 infants. Data was provided by the mother on coughing/wheezing episodes (CWEs) at 8 time points and feeding at 9 time points from months 1 to 12. Feeding was defined as direct breastfeeding, indirect breastfeeding (bottled breastmilk), formula feeding (FF), and their combinations.

Following analysis, the relative risks (RR) and their 95% confidence intervals (95% CI) of different feeding modes for CWEs were estimated. Compared with direct breastfeeding, any other feeding mode showed a statistically significant risk for CWEs and the authors conclude that any mode of feeding that includes formula or bottled breastmilk seems to be a moderate risk for cough or wheezing episodes in the first 12 months of life.

<http://www.unicef.org.uk/BabyFriendly/News-and-Research/Research/Wheeze/Occurrence-of-cough-and-wheezing-in-the-first-year-of-life-in-non-breastfed-infants/>

### 2. Physical And Mental Health Boosted By Move To Less Impoverished Neighborhoods

Moving from a high-poverty to lower-poverty neighborhood spurs long-term gains in the physical and mental health of low-income adults, as well as a substantial increase in their happiness, despite not improving economic self-sufficiency, according to a new study published in Science by researchers at the University of Chicago and partners at other institutions.

Although moving into less disadvantaged neighborhoods did not raise incomes for the families that moved, these families experienced important gains in well-being in other ways. Moving from a high-poverty neighborhood to one with a poverty rate 13 percentage points lower increased the happiness of low-income adults by an amount equivalent to the gains caused by a \$13,000 rise in family income.

<http://www.medicalnewstoday.com/releases/250551.php>

### 3. Why you may want to stop texting while you're parenting

We all know that we shouldn't be texting while driving. Now, some public-health experts are pointing out that beyond the specific risk of car accidents, parents and caregivers who text may be increasing the risk of injury to their small children.

<http://www.theglobeandmail.com/life/the-hot-button/why-you-may-want-to-stop-texting-while-youre-parenting/article4579712/>

### 4. Assembly of First Nations calls for Stable and Equitable Funding for First Nations Children

The Assembly of First Nations (AFN) continues to press for real change for First Nations children in this country. Today, Canadian officials are presenting a report at the United Nations Committee on the Rights of the Child regarding policies and measures including their efforts in addressing the gaps between Aboriginal and non-Aboriginal children in the fulfillment of their rights to health and education.

<http://www.newswire.ca/en/story/1043713/1133985>

### 5. The impact of support on breastfeeding outcomes for healthy term babies

The researchers searched the Cochrane Pregnancy and Childbirth Group's Trials Register (3 October 2011) for randomised or quasi-randomised controlled trials comparing extra support for healthy breastfeeding mothers of healthy term babies with usual maternity care. Of the 67 studies assessed as eligible for inclusion, 52 studies from 21 countries contributed outcome data to the review (56,451 mother-infant pairs).

All forms of extra support analysed together showed an increase in duration of exclusive and partial breastfeeding, and reduced cessation of any breastfeeding before six months. All forms of extra support together also had a positive effect on the duration of exclusive breastfeeding. Extra support by both lay and professionals had a positive impact on breastfeeding outcomes.

<http://www.unicef.org.uk/BabyFriendly/News-and-Research/Research/Support-for-breastfeeding/The-impact-of-support-on-breastfeeding-outcomes-for-healthy-term-babies/>

### 6. Early Childhood Education in Focus

In two vastly different parts of New York, innovative strategies are being tested that will prepare children for school before they are even of school age. In Chemung County, on the Pennsylvania border near Binghamton, the county is spending \$400 per birth on early childhood education. In New York City, officials have announced two early education initiatives to take effect in the 2013-14 school year.

<http://www.thirteen.org/metrofocus/2012/09/early-childhood-education-in-focus/>

### 7. Milk Bank opens in Ontario

Located at Mount Sinai Hospital, and in partnership with The Hospital for Sick Children (SickKids) and Sunnybrook Health Sciences Centre, the Milk Bank collects donated breastmilk from lactating women,

pasteurizes it, and distributes it by prescription to medically fragile babies in Neonatal Intensive Care Units across Ontario.

The Milk Bank has been developed by some of Canada's foremost experts in paediatrics and neonatology, including Dr. Shoo Lee, an internationally recognized neonatologist and Scientific Director of the CIHR Institute of Human Development, Child and Youth Health and an inter-professional clinical team from all three hospitals. The process for creating the Milk Bank included ensuring regulatory approvals for donor milk banking and conducting research about the benefits of donor breastmilk for very low birth weight babies. The safety and quality of donor human milk is the Milk Bank's top priority, and The Rogers Hixon Ontario Human Milk Bank meets or exceeds all safety standards for donor human milk banking.

Evidence from the medical literature was used to determine the eligibility criteria for babies to receive donor breastmilk. The research determined that providing donor breastmilk to a specific group of infants - preterm or very low birth weight hospitalized babies - can protect them against life-threatening illnesses such as necrotizing enterocolitis and potentially against serious infections and other complications related to preterm birth.

The Rogers Hixon Ontario Human Milk Bank is made possible through the generous support of the Ministry of Health and Long-Term Care and the Rogers Foundation.

<http://milkbankontario.ca/>

## 8. Moms, Boobs and Babies

Moms, Boobs, and Babies exists to provide "mom-to-mom" support for breast-feeding mothers in Yellowknife and the Northwest Territories. While our focus is on promoting breast-feeding, we offer support to moms about many parenting issues.

Moms, Boobs and Babies Goals:

- To provide Peer Support to mothers who are breast-feeding.
- To provide ready access to information and experience, when requested, in a non-intimidating manner.
- To protect, promote and support breast-feeding.

Moms, Boobs and Babies depends on trained support volunteers to run the monthly breast-feeding support meetings and the support line.

<http://www.momsboobsandbabies.com/index.html>

## 9. Why mom's weight-loss surgery is good for baby

New Canadian research suggests the impact of bariatric surgery is much more profound – that the procedure can help rewrite a future child's genetic code, by switching off genes that predispose them to obesity and related health problems like heart disease, sparing them their mother's affliction.

<http://www.theglobeandmail.com/life/health-and-fitness/health/why-moms-weight-loss-surgery-is-good-for-baby/article4699181/>

## 10. What's the difference between these two brains?

Take a careful look at the image of two brains on this page. The picture is of the brains of two three-year-old children. It's obvious that the brain on the left is much bigger than the one on the right. The image on the left also has fewer spots, and far fewer dark "fuzzy" areas.

[http://www.telegraph.co.uk/health/children\\_shealth/9637682/Whats-the-difference-between-these-two-brains.html](http://www.telegraph.co.uk/health/children_shealth/9637682/Whats-the-difference-between-these-two-brains.html)

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## II. RECENT REPORTS AND RESEARCH

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*\*indicates journal subscription required for full access*

### 11. Statistics Canada: Portrait of Families and Living Arrangements in Canada

There were 5,587,165 children aged 14 and under who lived in private households in 2011. Most of these children lived with married (63.6%), common-law (16.3%) or lone (19.3%) parents, while 0.8% of children lived with other relatives or non-relatives.

For the full report:

<http://library.constantcontact.com/download/get/file/1101969760811-431/98-312-x2011001-eng%281%29.pdf>

### 12. Early learning programs that promote children's developmental and educational outcomes- Australia, August 2012

The early years of life are the best opportunity to lay the foundations for a child's future. By getting it right in early childhood, we plant the seeds for tomorrow's engaged and active student, productive and skilled worker, and confident and loving parent. Investments of time and money in the early years have been shown to be far more cost-effective than investments made at any other time. Attending early learning programs has been shown to have a beneficial effect on children's development in the long term; however, surveys of utilisation rates have consistently shown that many Australian children miss out. Enrolments in an early learning program for

the year before school range from more than 95% in Victoria, Western Australia and Tasmania, to 81% in New South Wales, and 32% in Queensland, based on 2009 data collected under the National Partnership Agreement on Early Childhood Education.

The low participation of Indigenous families in early learning programs is influenced by socio-economic factors, history and cultural issues, staffing and program quality, and availability of services

[http://www.aihw.gov.au/closingthegap/documents/resource\\_sheets/ctgc-rs15.pdf](http://www.aihw.gov.au/closingthegap/documents/resource_sheets/ctgc-rs15.pdf)

### 13. Report on the State of Public Health in Canada, 2012: Influencing Health - The Importance of Sex and Gender, Canada, October 2012

Differences in health experienced by men, women, boys and girls can be attributed to biological diversity as well as the social roles and responsibilities assumed by each of us.

As a society we need to better understand how sex and gender interact with other determinants of health. Policy makers need to consider gender-based evidence when making decisions on programs and initiatives to support more effective and efficient health outcomes.

<http://www.phac-aspc.gc.ca/cphorsphc-respcacsp/2012/index-eng.php>

#### **14. Evaluation of the Aboriginal Head Start in Urban and Northern Communities Program at the Public Health Agency of Canada**

The purpose of the evaluation is to explore and recommend program changes to help improve effectiveness in achieving desired outcomes for Aboriginal children, families and communities. In its 15-year history, Aboriginal Head Start in Urban and Northern Communities' (AHSUNC) stated objectives and program scope have remained fairly consistent. The evaluation includes a review of the original intent and plans for the program to determine whether the program is being delivered as planned, whether there are better ways to deliver the program, and whether there should be a shift in the delivery of the program to better address emerging Government of Canada and Public Health Agency priorities. The evaluation provides the opportunity to learn from current experiences, best practices and alternative program delivery models.

[http://www.phac-aspc.gc.ca/about\\_apropos/evaluation/reports-rapports/2011-2012/ahsunc-papacun/index-eng.php#toc](http://www.phac-aspc.gc.ca/about_apropos/evaluation/reports-rapports/2011-2012/ahsunc-papacun/index-eng.php#toc)

#### **15. Belonging, Being and Becoming: the Early Years Learning Framework for**

##### **Australia, 2009**

This is Australia's first national Early Years Learning Framework for early childhood educators. The aim of this document is to extend and enrich children's learning from birth to five years and through the transition to school.

[http://www.deewr.gov.au/Earlychildhood/Policy\\_Agenda/Quality/Documents/Final%20EYLF%20Framework%20Report%20-%20WEB.pdf](http://www.deewr.gov.au/Earlychildhood/Policy_Agenda/Quality/Documents/Final%20EYLF%20Framework%20Report%20-%20WEB.pdf)

#### **16. From Rose-Coloured Glasses to Reality: Addressing the Family Policy Deficit in Canada\***

Lynell Anderson

Healthcare Quarterly, 15 Special Issue(4) 2012: 18-25

While more than 70% of mothers in Canada participate in the paid labour force (Beach et al. 2009), 44% of their one- and two-year-old children (outside of Quebec) are cared for in unregulated home settings (Cleveland et al. 2008). It's time to take off our rose-coloured glasses and engage in a healthy dialogue about the implications of this reality. When we do, Canadians will likely agree on a family policy solution that advances our human rights commitments by providing more time and resources for families to care personally for their young children, as well as high-quality, affordable child care services that help families balance their caring and earning responsibilities.

<http://www.longwoods.com/content/22946>

## 17. Scientific Thinking in Young Children: Theoretical Advances, Empirical Research, and Policy Implications\*

Science, 28 September 2012: Vol. 337 no. 6102 pp. 1623-1627

Alison Gopnik

New theoretical ideas and empirical research show that very young children's learning and thinking are strikingly similar to much learning and thinking in science. Preschoolers test hypotheses against data and make causal inferences; they learn from statistics and informal experimentation, and from watching and listening to others. The mathematical framework of probabilistic models and Bayesian inference can describe this learning in precise ways. These discoveries have implications for early childhood education and policy. In particular, they suggest both that early childhood experience is extremely important and that the trend toward more structured and academic early childhood programs is misguided.

<http://www.sciencemag.org/content/337/6102/1623.abstract>

## 18. Parenting in the early years: effectiveness of parenting support programs for Indigenous families

There are a number of approaches to supporting parenting in the early years. For the purposes of this resource sheet, programs have been grouped according to their primary focus: parenting programs and home visiting programs. The evidence base for both types of service is examined, with a particular focus on findings and recommendations relevant to Indigenous families.

[http://www.aihw.gov.au/closingthegap/documents/resource\\_sheets/ctgc-rs16.pdf](http://www.aihw.gov.au/closingthegap/documents/resource_sheets/ctgc-rs16.pdf)

## 19. A review of evidence-based approaches for reduction of alcohol consumption in native women who are pregnant or of reproductive age\*

American Journal of Drug and Alcohol Abuse, 2012 Sep;38(5):436-43.

### **BACKGROUND:**

Fetal alcohol spectrum disorders (FASDs) are the leading preventable cause of developmental disabilities in the United States and likely throughout the world. FASDs can be prevented by avoiding alcohol use during pregnancy; however, efforts to prevent risky alcohol consumption in women of childbearing potential have not been universally successful.

### **OBJECTIVES:**

Data suggest that successful interventions may require tailoring methods to meet the needs of specific populations and cultures. Key findings of interventions previously tested among American Indian and Alaskan Native (AI/AN) women who are or may become pregnant, data gaps, and promising ongoing interventions are reviewed. Methods: A systematic review of the current literature on empirically based interventions among AI/AN women was conducted. Selected alternative approaches currently being tested in AI/AN settings are also described.

### **RESULTS:**

Similar to findings among other populations of women in the United States, a number of interventions have been implemented; however, only a small number have measured results. Approaches have included standard interventions involving hospitalization, inpatient, or outpatient care; wellness education; traditional approaches; and case management for high-risk women. An ongoing Screening,

Brief Intervention, and Referral to Treatment (SBIRT) protocol comparing the effectiveness of a web-based culturally adapted tool, or a peer health educator model to standard clinical practice is described.

**CONCLUSION:**

Translation of successful interventions from other settings to AI/AN populations holds promise.

**SCIENTIFIC SIGNIFICANCE:**

FASDs represent a significant health issue with high personal and societal costs. Improvement of interventions to prevent prenatal alcohol consumption in specific populations, including AI/AN women, is a critical public health need.

<http://www.ncbi.nlm.nih.gov/pubmed/22931078>

## **20. Alcohol use and cigarette smoking during pregnancy among American Indians/Alaska natives**

Previous research states that American Indian/Alaska Native pregnant women exhibit high rates of alcohol use and smoking. The current study uses the National Survey of Drug Use and Health (2005-2009) to update and expand on this literature. Results reveal lower rates of alcohol use and, with compositional controls, lower rates of smoking for American Indian/Alaska Native pregnant women compared with pregnant women of other racial/ethnic groups. These findings support social-structural explanations of substance use among American Indian/Alaska Native pregnant women and refute commonly offered cultural arguments that alcohol use and smoking reflect something that is "uniquely Indian."

<http://www.ncbi.nlm.nih.gov/pubmed/22931159>

## **21. Modes of Infant Feeding and the Occurrence of Coughing/Wheezing in the First Year of Life.**

Journal of Human Lactation, published 22 August 2012, 10.1177/0890334412453083  
Soto-Ramirez N, Karmaus W, Zhang H et al (2012)

**Abstract**

Background: Controversies regarding infant feeding and childhood wheezing may result from insufficient differentiation among various feeding modes.

**Objectives**

We conducted prospective analyses of associations between the repeated ascertainment of feeding mode and wheezing in infancy.

**Methods**

The Infant Feeding Practices Study II (2833 infants) provided data on coughing/wheezing episodes (CWEs) at 8 time points and feeding modes at 9 time points from months 1 to 12. Feeding modes were defined as direct breastfeeding, indirect breastfeeding (IBF, bottled breast milk), formula feeding (FF), and their combinations. In concurrent and delayed models using repeated measurements, the relative risks (RR) and their 95% confidence intervals (95% CI) of different feeding modes for CWEs were estimated. In the delayed models, only infants without symptoms were considered at risk for consequent CWE.

**Results:**

In a model with a 1-month delay, compared to direct breastfeeding, any other feeding mode showed a statistically significant risk for CWEs (IBF: RR = 1.69, 95% CI [1.05, 2.72]; FF: RR = 1.26, 95% CI [1.08, 1.47]; mixed breast feeding plus FF: RR = 1.25, 95% CI [1.01, 1.55]; and FF and direct breastfeeding: RR = 1.38, 95% CI [1.14, 1.68]). In a concurrent effect model, FF, the combination of FF and IBF, and mixed breastfeeding plus formula were risk factors (RR = 1.38, 95% CI [1.19, 1.59], RR = 1.83, 95% CI [1.27, 2.63], and RR=1.35, 95% CI [1.11, 1.65]; respectively).

**Conclusions:**

Any mode of feeding that includes formula or bottled breast milk seems to be a moderate risk for cough or wheezing episodes in the first 12 months of life.

<http://www.ncbi.nlm.nih.gov/pubmed/22914756>

## 22 Support for healthy breastfeeding mothers with healthy term babies (Review).

Renfrew MJ, McCormick FM, Wade A et al (2012).

**BACKGROUND:**

There is extensive evidence of important health risks for infants and mothers related to not breastfeeding. In 2003, the World Health Organization recommended infants be exclusively breastfed until six months of age, with breastfeeding continuing as an important part of the infant's diet till at least two years of age. However, breastfeeding rates in many countries currently do not reflect this recommendation.

**OBJECTIVES:**

To assess the effectiveness of support for breastfeeding mothers.

**SEARCH METHODS:**

We searched the Cochrane Pregnancy and Childbirth Group's Trials Register (3 October 2011).

**SELECTION CRITERIA:**

Randomised or quasi-randomised controlled trials comparing extra support for healthy breastfeeding mothers of healthy term babies with usual maternity care.

**DATA COLLECTION AND ANALYSIS:**

Two review authors independently assessed trial quality and extracted data.

**MAIN RESULTS:**

Of the 67 studies that we assessed as eligible for inclusion, 52 contributed outcome data to the review (56,451 mother-infant pairs) from 21 countries. All forms of extra support analysed together showed an increase in duration of 'any breastfeeding' (includes partial and exclusive breastfeeding) (risk ratio (RR) for stopping any breastfeeding before six months 0.91, 95% confidence interval (CI) 0.88 to 0.96). All forms of extra support together also had a positive effect on duration of exclusive breastfeeding (RR at six months 0.86, 95% CI 0.82 to 0.91; RR at four to six weeks 0.74, 95% CI 0.61 to 0.89). Extra support by both lay and professionals had a positive impact on breastfeeding outcomes. Maternal satisfaction was poorly reported.

**AUTHORS' CONCLUSIONS:**

All women should be offered support to breastfeed their babies to increase the duration and exclusivity of breastfeeding. Support is likely to be more effective in settings with high initiation rates, so efforts to increase the uptake of breastfeeding should be in place. Support may be offered either by professional or lay/peer supporters, or a combination of both. Strategies that rely mainly on face-to-face support are more likely to succeed. Support that is only offered reactively, in which women are expected to initiate the contact, is unlikely to be effective; women should be offered ongoing visits on a scheduled basis so

they can predict that support will be available. Support should be tailored to the needs of the setting and the population group.

The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD001141.pub4/pdf/standard>

### **23. Systematic review and meta-analysis of risk factors for childhood overweight identifiable during infancy**

Archives of Disease in Childhood 2012; DOI: 10.1136/archdischild-2012-302263

Stephen Franklin Weng et al (2012)

#### **Objective**

To determine risk factors for childhood overweight that can be identified during the first year of life to facilitate early identification and targeted intervention.

#### **Design**

Systematic review and meta-analysis.

#### **Search strategy**

Electronic database search of MEDLINE, EMBASE, PubMed and CAB Abstracts.

#### **Eligibility criteria**

Prospective observational studies following up children from birth for at least 2 years.

#### **Results**

Thirty prospective studies were identified. Significant and strong independent associations with childhood overweight were identified for maternal pre-pregnancy overweight, high infant birth weight and rapid weight gain during the first year of life. Meta-analysis comparing breastfed with non-breastfed infants found a 15% decrease (95% CI 0.74 to 0.99;  $I^2=73.3\%$ ;  $n=10$ ) in the odds of childhood overweight. For children of mothers smoking during pregnancy there was a 47% increase (95% CI 1.26 to 1.73;  $I^2=47.5\%$ ;  $n=7$ ) in the odds of childhood overweight. There was some evidence associating early introduction of solid foods and childhood overweight. There was conflicting evidence for duration of breastfeeding, socioeconomic status at birth, parity and maternal marital status at birth. No association with childhood overweight was found for maternal age or education at birth, maternal depression or infant ethnicity. There was inconclusive evidence for delivery type, gestational weight gain, maternal postpartum weight loss and 'fussy' infant temperament due to the limited number of studies.

#### **Conclusions**

Several risk factors for both overweight and obesity in childhood are identifiable during infancy. Future research needs to focus on whether it is clinically feasible for healthcare professionals to identify infants at greatest risk.

[http://adc.bmj.com/content/early/2012/09/26/archdischild-2012-302263.full?g=widget\\_default](http://adc.bmj.com/content/early/2012/09/26/archdischild-2012-302263.full?g=widget_default)

### **24. Results of a multidisciplinary treatment program in 3-year-old to 5-year-old overweight or obese children: A randomized controlled clinical trial\***

Archives of Pediatrics and Adolescent Medicine 2012; DOI: 10.1001/archpediatrics.2012.1638.

Bocca G, et al

#### **Objective**

To assess the effects of a multidisciplinary intervention program for 3-year-old to 5-year-old overweight and obese children compared with a usual-care program.

**Design**

Randomized controlled clinical trial conducted from October 2006 to March 2008.

**Setting**

Groningen Expert Center for Kids with Obesity at Beatrix Children's Hospital, University Medical Center Groningen.

**Participants**

Seventy-five children (29 overweight, 46 obese) aged 3 to 5 years.

**Intervention**

A multidisciplinary intervention program vs a usual-care program. Anthropometry was performed and body composition was determined by bioelectrical impedance analysis and ultrasonography at the start and end of the 16-week program and 12 months after starting the intervention.

**Main Outcome Measures**

The actual weight reduction, change in body mass index (BMI, calculated as weight in kilograms divided by height in meters squared), BMI z score, body fat percentage, and visceral fat in the multidisciplinary intervention group compared with a usual-care group.

**Results**

At the end of the treatment program, children in the multidisciplinary intervention group showed a greater decrease in BMI, BMI z score, and waist circumference z score compared with children in the usual-care group. At 12 months, children in the intervention group showed greater decreases in BMI, BMI z score, waist circumference, and waist circumference z score compared with children in the usual-care group. Visceral fat showed a trend toward a higher decrease.

**Conclusions**

A multidisciplinary intervention program in 3-year-old to 5-year-old overweight and obese children had beneficial effects on anthropometry and body composition. The positive effects were still present 12 months after the start of the intervention.

<http://archpedi.jamanetwork.com/article.aspx?articleid=1387377>

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## III. CURRENT INITIATIVES

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### 25. U of T launches Fraser Mustard Institute for Human Development

The University of Toronto has launched The Fraser Mustard Institute for Human Development (IHD) — a bold and necessary response to the challenge of providing every child the opportunity to have the best start in life.

IHD is the first institute of its kind in Canada, bringing together University of Toronto researchers from a variety of disciplines — such as education, medicine, psychology, biology and social work — to connect in new ways and make the most of the early years of human development

<http://www.news.utoronto.ca/u-t-launches-fraser-mustard-institute-human-development-examine-early-childhood-health-and-developme>

## 26. Let's Go!

Let's Go! is a nationally recognized childhood obesity prevention program. Our goal is to increase physical activity and healthy eating for children from birth to 18 through policy and environmental change. Let's Go! has six programs, otherwise known as sectors, to reach families where they live, learn, work and play to reinforce the importance of healthy eating and physical activity.

We've created programs specific to these areas: Early Childhood (Child Care), Schools, After School, Workplace, and Healthcare.

The 5210 message is used consistently across all sectors. This consistent message is an important part of our strategy in helping people make healthy eating and physical activity choices. 5 – fruits and veggies  
2 – hours or less of recreational screen time\*

1 – hour or more of physical activity

0 – sugary drinks, more water and low-fat milk

\* Keep TV/computer out of bedroom. No screen time under the age of 2

<http://www.lets-go.org/>

## 27. Project LAUNCH's Five Prevention and Promotion Strategies

Nationwide, 35 communities are pioneering new ways to promote young child wellness through Project LAUNCH, a federal initiative funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

**The target:** children from birth through age 8.

**The goal:** for all children to reach physical, social, emotional, behavioral, *and* cognitive milestones.

Healthy growth in each of these areas builds the foundation for children to thrive in school and beyond. Over five years, these 35 communities increase the quality and availability of evidence-based programs; improve collaboration among child-serving organizations; and integrate physical and behavioral health services and supports for children and their families. Lessons learned from the communities guide state- and tribal-level systems changes and policy improvements. Strong partnerships between the state or tribe and local communities lead to the sustainability and replication of successful practices on a large scale and systems improvements that have an impact beyond the life of the grant.

- Screening and assessment in a range of child-serving settings
- Integration of behavioral health into primary care settings
- Mental health consultation in early care and education
- Enhanced home visiting through increased focus on social and emotional well-being
- Family strengthening and parent skills training
- Substance abuse prevention

<http://projectlaunch.promoteprevent.org/about/about-launch>

## 28. Y aims to combat obesity with launch of health curriculum for children

The Wayne YMCA has partnered with Healthy U to bring a "coordinated approach to a child's health," known as the award-winning CATCH curriculum, to New Jersey preschoolers and elementary students. The program is also backed by The Horizon Foundation for New Jersey and New Jersey State Alliance.

Last Thursday, Wayne YMCA kicked off their new Healthy U curriculum for Y's Abram B. Cohen Nursery School and Kindergarten Enrichment Program. Pictured, children eat a light, healthy breakfast and play games where the goal is to keep moving.

"The Healthy U initiative is designed to prevent childhood obesity through behavior change and educates children on proper nutrition, increased physical activity and strong family involvement," according to Liz Youngstein, director of healthy living at Wayne YMCA.

[http://www.northjersey.com/news/175729651\\_Y\\_aims\\_to\\_combat\\_obesity\\_with\\_launch\\_of\\_health\\_curriculum\\_for\\_children\\_.html](http://www.northjersey.com/news/175729651_Y_aims_to_combat_obesity_with_launch_of_health_curriculum_for_children_.html)

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## IV. UPCOMING EVENTS

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### 29. Positive Discipline Training: Toronto

Training Dates: Nov.26<sup>th</sup>-28<sup>th</sup>, 2012

Time: 8:30 a.m to 4:30 p.m

Location: St. Paul's 227 Bloor Street East, Toronto (between Church Street and Ted Rogers Way -Jarvis Street). The Dalton Room

Registration fee includes:

- One copy of the facilitator's manual
- Five copies of the parent's book
- Lunch and nutritious breaks each training day

For more information or to register: Christine Colbert, Canadian Association of Family Resource Programs [ccolbert@frp.ca](mailto:ccolbert@frp.ca) ph: 250-897-2358

### 30. OPHA Mentor Leadership Series

Friday November 16<sup>th</sup>, 2012

12:00-1:30pm

181 Bay Street, 44 Fl. Toronto or via Web

The purpose of this series is to support continued professional and career development amongst public and community health professionals. The goal of this series is to foster a sense of leadership amongst new and mid-level public and community health professionals.

On Friday November 16, 2012 please join us to hear George Pasut speak about his career journey, lessons learned, advice about professional and career development and thoughts and insights on what it takes to be a public health leader.

**Conference Registration:** <http://www.eventbrite.ca/event/4581489358>

### 31. Life With Baby Conference: Building Resilience in Parents & Children

November 28, 2012, York Region

Keynote Speakers: Dr. Stuart Shanker, Jennifer Kolari

Participants will:

- Learn how to build resilience in themselves and their children or the children they care for
- Gain a better understanding of self-regulation, resilience and attachment in young children
- Better understand parenting behaviours cross-culturally
- Take away information about evidence-based parenting programs available in GTA
- Acquire practical tips and strategies for positive parenting

<http://www.lifewithababy.com/AllRegions?eventId=557458&EventViewMode=EventDetails>

### 32. 2013 Best Start Conference /Conférence annuelle de Meilleur départ 2013

February 6-8, 2013

Hilton Markham Suites & Conference Centre

REGISTRATION NOW OPEN!

Some featured topics:

- Childhood Obesity Prevention
- Key Message to Support the Baby-Friendly Initiative
- Food allergies in infants and children
- Lessons in Community Engagement
- Building Resilience
- Prescription Drug Abuse in among Aboriginal Women in Ontario
- Working with LBGQTQ Parents
- Initiatives to Prevent and Support Families Living with FASD
- Infant Mental Health Promotion
- Preconception Initiatives in Ontario
- Exploring Social Media Tools

[http://www.beststart.org/index\\_eng.html](http://www.beststart.org/index_eng.html)

### 33. 3rd Annual Anishinabek G7 FASD ~ STANDING STRONG Conference

November 27, 28 & 29<sup>th</sup>, 2012

Holiday Inn (on Regent Street) in Sudbury, Ontario

**Early Bird Registration fee:** \$199 until October 12<sup>th</sup>.

**Regular Registration:** \$275 (after October 12<sup>th</sup>)

**Honorable Justice Murray Sinclair,**

FASD Hall of Fame Inductee & Executive Director of FASCETS: **Diane Malbin**

Lawyer **Jonathan Rudin** ~ Program Manger at Aboriginal Legal Services & co-lead of the Justice Committee of FASD Ontario Network of Expertise

**Jeff Noble**, FASD Trainer, Coach & Consultant [www.fasdforever.com](http://www.fasdforever.com)

International FASD Conference Presenters: **Judy Pakozdy & Matthew Pakozdy** ....plus many more exciting workshops and facilitators.

Posters & Registration forms to be officially released Sept. 18<sup>th</sup>, 2012.

This event is proudly co-hosted by the **Noojmowin Teg Health Centre, Shkagamik-Kwe Health Centre, North Shore Tribal Council** and the **Union of Ontario Indians** FASD Programs. It is made possible with the wonderful support of **First Nation & Inuit Health, Health Canada**.

Laurie McLeod-Shabogesic , FASD Program Coordinator, Union of Ontario Indians

Toll free: 1-877-702-5200

Tel (705) 497-9127 ext. 2296

[mcllau@anishinabek.ca](mailto:mcllau@anishinabek.ca)

### **34. 2013 Early Learning and Child Care Conference**

Saturday March 23, 2013

Conestoga College, Kitchener, ON

The field of early learning and child care is in a constant state of flux. Professionals working in the field of early learning and care have an ethical obligation to pursue life-long learning opportunities in order to enhance their practice. It is equally critical that child care practitioners participate in professional development opportunities in order to enhance the status of the early learning profession. The Professional Resource Centre works in partnership with the Region of Waterloo and other community agencies to offer professional development opportunities in order to support those who work diligently to stay informed of the current and best practice approaches in the workplace. Responding to the ever-increasing demand for such opportunities, community members in the region have been hosting an annual conference for over 24 years, which is carefully planned to address these ever-changing needs. This year's conference will focus on Innovations in *Early Learning and Care*.

<http://www.eceprc.ca/early-learning-and-child-care-conference.html>

### **35. RIRO PARENT RESOURCES for professionals**

From Reaching IN...Reaching OUT (RIRO) Parent Resilience Resources for Professionals

Looking for resources grounded in research and approved by parents? Posters, tip sheets, activities, video, booklet, parent website and more... all available online to help parents and professionals build children's resilience.

<http://www.reachinginreachingout.com/resources-parentprofessionals.htm>

Interested in RIRO's new Bounce Back & Thrive! (BBT) resiliency skills training program for parents?

<http://www.reachinginreachingout.com/programs-bb&t.htm>

For information about delivering BBT resiliency skills training to parents in your community?

<http://www.reachinginreachingout.com/becometrainer.htm>

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## V. RESOURCES

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### 36. Home visiting programs (prenatal and postnatal)

Topic Editor: Donna Spiker, PhD, and Erika Gaylor, PhD, Center for Education and Human Services, SRI International, USA

Home visiting programs are a type of prevention strategy that provides a range of structured services to young children and their family in a home- setting environment and from a trained service provider. These structured services include case management, referrals to existing community services, parenting and child education and social support to pregnant women among others. Although most home visiting programs are voluntary, some states and communities highly encourage participation by families with risk of maltreatment.

[http://www.child-encyclopedia.com/pages/PDF/home\\_visiting\\_programs.pdf](http://www.child-encyclopedia.com/pages/PDF/home_visiting_programs.pdf)

### 37. Newly revised: Healthy Eating for a Healthy Baby/ Révisé: Bien manger pour avoir un bébé en santé

One of the Best Start Resource Centre's most popular resources has just been revised with up-to-date information and user-friendly language. This booklet provides information for pregnant women on nutrition in pregnancy based on *Eating Well with Canada's Food Guide*. It addresses current concerns and questions such as alcohol and fish consumption, food safety, weight gain and physical activity. A nutrition quiz, charts and recipes are also included. The booklet can be ordered in print format in English and French for \$ 0.75 per copy, or downloaded in PDF format in English, French Arabic, Filipino, Hindi, Punjabi, Simplified Chinese, Spanish, Tamil and Urdu.

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

L'une des ressources les plus populaires du Centre de Ressources Meilleur départ vient d'être mise à jour avec les informations les plus récentes et un niveau de langage adapté. Ce livret contient des informations pour les femmes enceintes concernant la nutrition durant la grossesse, basées sur le guide « Bien Manger avec le Guide alimentaire canadien ». Il répond aux inquiétudes et aux questions contemporaines sur la consommation d'alcool, de café, de poisson, les aliments sécuritaires, la prise de poids et l'activité physique. Il propose également un questionnaire sur la nutrition, des tables de référence et quelques recettes simples. Le livret est disponible en anglais et français sous forme imprimée au tarif de \$0.75 la copie. Il peut également être téléchargé gratuitement au format pdf en anglais, français, arabe, philippin/tagalog, hindou, panjabi, chinois simplifié, espagnol, tamoul et ourdou.

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

### 38. I Have to Go Home Now: A Cross-Cultural Journey with Aboriginal Peoples

"I Have to Go Home Now" presents an empirical account of cross-cultural social work with First Nations, Metis and Inuit peoples in Quebec, Canada. Ms. Garwood narrates a personal journey that casts light on

the conflictual nature of intervention by non-Native systems in the lives of Aboriginal peoples. The material describes the clinical realities of Aboriginal experience, promoting understanding of Aboriginal issues and supporting important discussions on treatment and policy-making. A therapeutic healing bush-camp for male Aboriginal ex-offenders serves as the background to the discussions that emerge from the text.

<http://www.amazon.com/Have-Home-Now-Cross-Cultural-Aboriginal/dp/1480106496/>

### **39. Family Roles and Responsibilities: The Vanier Institute of the Family**

Change is inevitable. Family life provides no exception. It is hard to look at today's families in Canada without seeing the evidence and imminence of change: families are smaller and more diverse than ever before, they are saving less and spending more, they are aging, they are marrying less and later, they are more mobile and they are constantly navigating new technology.

This issue looks at some of the ways these changes are influencing how families and individual family members understand and fulfill their roles and responsibilities as grandparents, parents, partners, children and care givers.

<http://www.vanierinstitute.ca/modules/news/newsitem.php?ItemId=454#.UJA1zWfcOSp>

### **40. Tackling Health Inequalities**

Foreword by Alex Scott-Samuel; Edited by Dennis Raphael

Tackling Health Inequalities: Lessons from International Experiences provides a unique perspective on health inequalities in Canada and elsewhere. This exciting new volume brings together experiences from seven wealthy developed nations--the United States, Australia, Britain and Northern Ireland, Canada, Finland, Norway, and Sweden--to analyze their contrasting approaches to reducing avoidable health problems. Some nations are successfully responding to health inequalities, but Canada is not one of them. Why is this, and what can we learn from other nations?

Through a political economy lens, Tackling Health Inequalities considers how societal structures and institutions shape the distribution of economic, political, and social resources that affect health disparities amongst the population. The volume then goes on to examine how governing authorities come to either confront or ignore these health inequalities and the conditions that create them. Through these illustrations, it encourages governing authorities that are tackling health inequalities to continue their efforts and directs those that are not--such as in Canada and elsewhere--towards what must be done.

[http://www.cspi.org/books/tackling\\_health\\_inequalities](http://www.cspi.org/books/tackling_health_inequalities)

### **41. Interactive online tutorial: Home Visiting with Families Affected by Substance Abuse and/or HIV**

This tutorial provides an introduction to the field of home visiting for those working with families facing these unique challenges. Viewers will acquire knowledge of the basic components of home visiting, such as scheduling visits, developing rapport, modeling skills, educating families, and respecting cultural differences. Practical safety precautions and avenues for professional growth are also addressed.

(57 Minutes)

[http://aia.berkeley.edu/training/online/tutorials/?utm\\_campaign=Home%20Visiting%20Tutorial&utm\\_medium=email&utm\\_source=newsletter&utm\\_content=Learning%20is%20only%20a%20click%20away](http://aia.berkeley.edu/training/online/tutorials/?utm_campaign=Home%20Visiting%20Tutorial&utm_medium=email&utm_source=newsletter&utm_content=Learning%20is%20only%20a%20click%20away)

#### **42. Online training course: Assessing the Built Environment for Physical Activity & the Nutrition Environment Measures Survey**

##### **Assessing the Built Environment for Physical Activity**

This is an introductory course to learn how to assess streetscapes, parks and trails for physical activity. The course is geared towards researchers, practitioners and anyone else with an interest in learning how to conduct audits of the built environment. Participants will learn about the main variables found in most physical activity-focused built environment audit tools, with a more in-depth look at a few specific tools (IMI, ANC, PEDS, PARA, EAPRS & PEAT). The participants will also learn how to customize the tools and train others to conduct assessments.

To register for the course: <https://pabec.nursing.upenn.edu/>

##### **The Nutrition Environment Measures Survey (NEMS) Course**

This is an in-depth training on how to use the NEMS tools developed to assess the nutrition environments of stores and restaurants using NEMS-R and NEMS-S.

If you'd like to learn more about the NEMS online training, go to

<http://www.med.upenn.edu/nems/onlinetraining.shtml>

To register directly for the online training, go to <http://nems.nursing.upenn.edu>

#### **43. Video: Our Tradition, My Choice: One expectant mother's journey about breastfeeding: Northwest Territories Prenatal Nutrition Program, 2009**

A documentary style training video about the benefits of breastfeeding from an Aboriginal perspective.

<http://www.isuma.tv/hi/en/collective9/our-tradition-my-choice-one-expectant-mothers-journey-about-breastfeeding>

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

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### ***Breastfeeding***

#### **44. Healthy Mothers, Healthy Babies Breastfeeding Web Course/ Maman en santé, bébé en santé Cours virtuel sur l'allaitement**

This free, online breastfeeding course is designed for staff and volunteers of community agencies and hospitals who work with prenatal women or new families. The goal of the course is to enable health and social service providers, volunteers and individuals who work with pregnant women or new families to protect, promote and support breastfeeding. It is divided into 7 short modules. The entire course will

take about 1 – 1 1/2 hours to complete. A certificate of completion will be provided upon request and when the “test your knowledge” sections have been passed.

<http://www.beststart.org/courses/>

Il s'agit d'un cours bilingue, gratuit en ligne sur l'allaitement maternel. Le cours est disposé dans un format facilement accessible par sujet. Veuillez ouvrir une session et suivre le cours à votre propre rythme. Une fois que vous aurez terminé le cours avec succès, vous pouvez faire une demande de certificat réussite.

<http://www.beststart.org/courses/>

#### **45. Breastfeeding Matters: An important guide to breastfeeding for women and their families, 2011/L'allaitement, ça compte : Guide essentiel sur l'allaitement pour les femmes et leur famille, 2011**

This booklet will help women and their families navigate from prenatal decisions to breastfeed, through early breastfeeding experiences to confidence and success. Topics covered include: making an informed decision, getting started, learning to breastfeed, expression and storage, common concerns and where to get help. The booklet was tested by many pregnant and breastfeeding families and contains some of their quotes. Additional topics: Blocked Ducts, Mastitis and Thrush are covered in three down-loadable fact sheets.

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

Ce livret aidera les femmes et leurs familles à travers le processus d'allaitement : la décision prénatale d'allaiter, les expériences initiales d'allaitement, la confiance et le succès. Les sujets incluent : prendre une décision éclairée, initier l'allaitement, apprendre à allaiter, exprimer et conserver le lait, les inquiétudes courantes et où obtenir de l'aide. Ce livret a été révisé par plusieurs familles attendant un bébé ou allaitant et contient leurs citations. Sujets additionnels: l'obstruction des conduits lactifères, l'infection mammaire (mastite) et le muguet sont expliqués dans trois feuillets téléchargeables.

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

### **About This Bulletin**

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

### **Other Health Nexus communications:**

**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, Click4HP 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>

**The Maternal Newborn and Child Health Promotion (MNCHP) Network** - A province-wide electronic forum for service providers working to promote preconception, prenatal and child health. <http://www.beststart.org/services/MNCHP.html>

**Health Promotion Today / Promotion de la santé aujourd'hui** - Our bilingual blog keeps you informed of news and topics related to health promotion. <http://www.blogs.healthnexussante.ca/>

Follow us on **Twitter** to stay up to date on all things related to health promotion. [https://twitter.com/Health\\_Nexus](https://twitter.com/Health_Nexus)

View our video resources on **YouTube** and **Vimeo** (<http://www.youtube.com/user/healthnexussante>, <https://vimeo.com/user9493317>)

We encourage you visit the website of our new **3M Health Leadership Award** to find out how you can support community health leadership and honour your own community leader by nominating them for this national award. <http://www.healthnexus.ca/leadershipaward>

**NEW ! The Best Start Aboriginal Sharing Circle (BSASC) Network** is a distribution list designed for service providers working with Aboriginal Peoples in areas of preconception, prenatal and child health. The network is a forum to share news, ideas, questions and best practices. <http://lists.beststart.org/listinfo.cgi/bsasc-beststart.org>

En français:

Le bulletin *francophone* **Le Bloc-Notes** est un outil indispensable pour les intervenants professionnels qui aiment être à l'affût des nouveautés dans le domaine de la promotion de la santé. <http://www.leblocnotes.ca/>

Le **Bulletin de santé maternelle et infantile** est un bulletin électronique mensuel à l'intention des fournisseurs de services œuvrant dans le domaine de la promotion de la santé maternelle et infantile. <http://www.meilleurdepart.org/services/bulletins.html>

**Promotion de la santé aujourd'hui / Health Promotion Today** – Notre blogue bilingue sur lequel on partage des nouvelles et réflexions liées à la promotion de la santé. <http://www.blogs.healthnexussante.ca/>

Suivez-nous sur **Twitter** pour demeurer au fait de tout ce qui concerne la promotion de la santé. [https://twitter.com/Nexus\\_Sante](https://twitter.com/Nexus_Sante)

Visionner nos ressources vidéo sur **YouTube** et **Vimeo** (<http://www.youtube.com/user/healthnexussante>, <https://vimeo.com/user9493317>)

Nous vous encourageons à visiter le site Web de notre nouveau **Prix 3M de leadership en santé** pour découvrir de quelle façon vous pouvez appuyer le leadership en santé communautaire et honorer un chef de file de votre milieu en présentant sa candidature à ce prix national. <http://www.nexussante.ca/prixdeleadership>