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----- I. NEWS & VIEWS -----

ONTARIO

UNION REPORT SOUNDS ALARM OVER FOREIGN DAYCARE CHAINS

A legal opinion prepared for the Canadian Union of Public Employees warns there are risks if Ottawa does not limit foreign corporations (e.g., Australia's ABC Learning Centres Ltd.) from buying up small child-care operators in Alberta, B.C. and Ontario. They suggest that international trade rules could prevent Canada from ever setting up a universal non-profit child-care system: "...if federal and provincial governments do not exercise their right to regulate foreign corporations, those companies will be in a position to sue for damages if future government measures 'impinge on those investments'." CUPE head Paul Moist and child-care worker Shellie Bird, of the Ontario Coalition for Better Child Care, said this opinion should encourage individuals in the Commons to support an NDP-sponsored bill (i.e., Bill C-303) to limit the spread of private daycare chains.

<http://www.thestar.com/News/Canada/article/409002>

NDP INTRODUCES BILL BANNING FOOD AND DRINK ADS TARGETED TO CHILDREN

NDP critic Rosario Marchese introduced a bill on April 7, 2008 amending the Consumer Protection Act to prohibit commercial television advertising for food or drink that is directed at a child under the age of 13 (Babbage, 2008, April 6).

http://www.ctv.ca/servlet/ArticleNews/story/CTVNews/20080406/food_ads_080406/20080406?hub=Health

CANADA

LATEST PRODUCT RECALLS

Note: Products that are recalled for containing lead are in excess of the allowable level per the Canadian Hazardous Products Act.

- Imaginarium Multi-Sided Activity Center: Small parts can detach, posing a choking hazard to children

- Backyard and Beyond Metal Water Bottles: Surface paint contains lead

http://www.healthycanadians.gc.ca/pr-rp/pr-rp_e.php

- STD medications (Tetrasil, Genisil, Aviralex, OXi-MED, Beta-mannan micronutrient, Qina, SlicPlus):

Labelled with false claims and should be avoided

<http://www.cbc.ca/health/story/2008/04/04/health-canada.html?ref=rss>

GOVERNMENT OF CANADA CALL FOR PROPOSALS: ENABLING ACCESSIBILITY FUND

The Honourable Monte Solberg, Minister of Human Resources and Social Development, announced (2008, April 1) the first Call for Proposals for the Enabling Accessibility Fund. Up to \$45 million will be invested over three years to help contribute to the cost of community-based projects across Canada that will improve accessibility. Applications for 2 types of projects are eligible: (1) New construction or the expansion of abilities centres that offer programs for individuals with varying physical abilities; and (2) The addition of interior or exterior ramps, or the installation of wider doors and automatic door openers, modifications to vehicles, or other improvements that make the physical environment more accessible.

<http://news.gc.ca/web/view/en/index.jsp?articleid=389519>

BATTLE TO REMOVE TOXIC ZONOLITE INSULATION FROM FIRST NATIONS HOMES

A Canadian First Nations family has lost 6 members to asbestos poisoning. Most recently, Rita Swain, in her 50s, exposed as a child growing up in Berens River in a home with Zonolite insulation, died from a

rare cancer in the lining of her stomach. The Canadian government provided grants for Zonolite installation under the Canadian Home Insulation Program between 1977 and 1984. It is estimated between 200,000 and 300,000 homeowners participated in the program. Canada also paid for it to be installed in First Nations and military housing. Raven ThunderSky represents the seventh member of the same family to be afflicted with asbestos-related health issues and she says that her anger at the federal government is hard to describe: "I don't understand why nothing has been done to date" (Rabson, 2008, March 29). She is currently raising funds to launch a national advertising campaign intended to make Canadians aware of the problem and provide information on how to look for Zonolite and how to get rid of it. She is also planning to pursue a human rights case against Canada at the World Court in The Hague, Netherlands.

<http://www.winnipegfreepress.com/canada/story/4150971p-4739874c.html>

NEW BRUNSWICK ANNOUNCES PROVINCIAL HEALTH PLAN THAT INCLUDES AN EARLY CHILDHOOD AND YOUTH STRATEGY

Health Minister Michael Murphy released (2008, April 1) a new Provincial Health Plan that includes an investment of more than \$154 million in new and enhanced health services over the next 4 years. The Provincial Health Plan, 2008-2012, was developed based on input from residents, stakeholders, and health care experts from New Brunswick, across Canada and beyond. "A major thrust of the health plan is to address unmet or rapidly growing needs in the areas of mental health services, addictions services, services for children and youth and support for the increasing number of New Brunswickers with chronic diseases such as diabetes" (Government of New Brunswick, 2008, April 1). One of the more than 100 initiatives is the creation of a Cabinet Committee on Early Childhood Development, responsible for ensuring New Brunswick children receive the services needed for a healthy start in life.

News Release: <http://www.gnb.ca/cnb/news/he/2008e0384he.htm>

The Provincial Health Plan 2008-2012 Major Initiatives <http://www.gnb.ca/cnb/promos/php/Initiatives-e.pdf>

----- II. RECENT REPORTS AND RESEARCH RESULTS -----

ONTARIO

ONTARIO'S URBAN AND SUBURBAN SCHOOLS 2008: THE SCHOOLS WE NEED IN THE 21ST CENTURY

This report, released by People for Education (2008), was the result of a brainstorming session in February that included members of university faculties, community organizations, the United Way, the Maytree and Atkinson Foundations, parents' groups, municipalities, and school boards. The report highlights that urban/suburban areas face a number of unique challenges: "There is unprecedented growth – most of it in the 905 regions – and the majority of newcomers to Canada settle in Ontario's urban/suburban areas. Services to these areas have not kept pace with change and, over the last decade; urban/suburban municipalities have been saddled with many new costs downloaded from the provincial government" (People for Education, 2008, p. 3). The paper raises questions such as (1) How big is the gap in funding between cities and their non-urban counterparts? (2) Do boards receive funding for students-at-risk based on woefully out of date census data? (3) The province is working on a new poverty reduction strategy – what role do schools have in it? and (4) There are over one million students in Ontario's urban/suburban schools – why is there no funding targeted at urban/suburban areas? The report highlights that schools have the potential to be at the centre of long-term poverty reduction strategies, integration of services for families, strengthening communities, engaging youth, providing access to early childhood education, promoting diversity, and revitalizing cities.

<http://www.peopleforeducation.com/news/urban-suburban>

CANADA

WORLD HEALTH ORGANIZATION (WHO) GROWTH CHARTS FROM BIRTH TO 2 YEARS – RESULTS OF A FIELD TEST IN CANADA

As reviewed in the Baby Friendly Initiative newsletter (2008, April 1), WHO released a series of standard growth charts, a first attempt at describing how children should grow in an ideal environment. Use of these new charts may impact the number of children requiring follow-up, and therefore piloting the use of the charts was necessary prior to their introduction in Canada. This study (Nash, Secker, Corey, Dunn, & O'Connor, 2008) was completed in a setting where the incidence of suboptimal nutrition is high. The results were studied to assess whether there were significant differences between the new charts (WHO) and the current Centers for Disease Control and Prevention (CDC) growth charts. A total of 547 children under 2 years of age were included in the study. The WHO standard identified more children as at risk of overweight/obesity compared with the CDC charts (21.0% vs. 16.6%) and fewer children as less than 5th weight-for-height percentile (18.6% vs. 23.0%). These data describe the magnitude of differences in the number of children screened as undernourished (4.4% decrease) or over nourished (4.4% increase) with adoption of the WHO standard in a tertiary care setting.

Abstract: <http://jpen.aspenjournals.org/cgi/content/abstract/32/2/145?ct=ct>

REPORT CARD 2007 – IT TAKES A NATION TO RAISE A GENERATION: TIME FOR A NATIONAL POVERTY REDUCTION STRATEGY

(2008, April 2). This Campaign 2000 report, “2007 Report Card on Child and Family Poverty”, reveals that 18 years after the 1989 all-party resolution of the House of Commons, the child poverty rate is exactly the same. Despite a growing economy, a soaring dollar and low unemployment, Statistics Canada data show: (1) 788,000 children – 11.7% - live in poverty; (2) A job alone is not enough as 41% of low-income children live in families where at least one parent works full-time all year, and the family still lives in poverty; and (3) The risk of living in poverty is not the same for all children. Poverty hits children in racialized, First Nations, and recent immigrant communities more often. Campaign 2000 argues that the federal government can change child and family poverty as long as the budget dollars needed are not used for general tax cuts, noting that Canadians want the government to act as 85% of Canadians believe that concrete government action can drastically reduce poverty.

<http://www.campaign2000.ca/rc/>

RESPONSE TO THE DISCUSSION PAPER ON CANADA'S FOOD AND CONSUMER SAFETY ACTION PLAN

This report is the Canadian Environmental Law Association's (CELA) response to the federal government's proposed Consumer Safety Action Plan. CELA collated and integrated multiple aspects of their work on toxics, products, children's health, international trade, cancer, risk assessment, and precaution from the last 3 to 4 years. The recommendations seek a far more proactive approach to reforming the “Hazardous Products Act” than is thus far contemplated in the government's plan. A bill amending the Act is expected in the House in the near future.

<http://www.cela.ca/publications/cardfile.shtml?x=3655>

PUBLIC HEALTH AGENCY OF CANADA REPORT: HEALTHY SETTINGS FOR YOUNG PEOPLE IN CANADA

This report, released by the Public Health Agency of Canada (2008, April 7), examines smoking, alcohol and drug use, physical activity/body image, eating patterns, emotional health, and injuries in children and youth aged 11 to 15.

<http://www.phac-aspc.gc.ca/dca-dea/yjc/index-eng.php>

INTERNATIONAL

EFFECT OF PRETERM BIRTH AND ANTENATAL CORTICOSTEROID TREATMENT ON LACTOGENESIS II

As reviewed in the Baby Friendly Initiative newsletter (2008, April 1), this study (Henderson, Hartmann, Newnham, & Simmer, 2008) examined 50 mothers who had given birth before 34 weeks gestation to investigate the effect of preterm birth and maternal treatment with antenatal corticosteroids (betamethasone) on the timing of lactogenesis II (i.e., the onset of copious milk production after birth). On days 1 to 10 postpartum, participants measured the volume of milk expressed in 24-hour periods. Delivery at extremely preterm gestational ages caused a significant delay in the onset of lactogenesis II. The volume of milk was reduced further when corticosteroids were administered antenatally, between 28 and 34 weeks' gestation, with delivery occurring 3 to 9 days later. In view of the many benefits to preterm infants of receiving breastmilk, the authors recommend additional support with lactation, particularly for those mothers who have been treated with corticosteroids before the delivery.
<http://pediatrics.aappublications.org/cgi/reprint/121/1/e92>

EFFECT OF LEVEL OF VACUUM WHEN EXPRESSING BREASTMILK WITH AN ELECTRIC BREAST PUMP

As reviewed in the Baby Friendly Initiative newsletter (2008, April 1), this Australian study (Kent et al., 2008), of 23 mothers aimed to establish the optimum strength of vacuum on the flow rate and yield of breastmilk using an electric breast pump. Mothers were requested to express using an electric breast pump set at their own maximum comfortable vacuum, and also to express using the pump vacuum set at 1 to 3 softer degrees of vacuum. Volume of milk obtained and rate of flow were measured. The researchers found that, at the maximum comfortable vacuum, an average of 4.3 milk ejections occurred during 15 minutes of expression and yielded an average of 118.5 mls of milk (approximately 65% of the available milk); softer vacuums yielded lower milk volumes and obtained less of the available milk. The authors concluded that establishing and using the mother's maximum comfortable vacuum enhances milk flow rate and milk yield and noted that the cream content of the milk at the end of the expression period was an indicator of how effectively the breast had been drained.
Abstract: <http://highwire.stanford.edu/cgi/medline/pmid:18333764>

DOES MATERNAL DIET, BREASTFEEDING, AND THE TIMING OF THE INTRODUCTION OF SOLID DIET IMPACT UPON THE DEVELOPMENT OF ATOPIC DISEASE IN INFANTS AND CHILDREN?

As reviewed in the Baby Friendly Initiative newsletter (2008, April 1), this review by the American Academy of Pediatrics (2008) explored the evidence about the development of atopic disease (atopic dermatitis, asthma, food allergy) in early life related to the diet of babies, and of mothers during pregnancy and lactation. As has been previously reported, the benefits of a nutritional intervention that may prevent or delay the onset of atopic disease are largely limited to infants at high risk of developing allergy (i.e., those with a family history). The current evidence does not support a major role for dietary restrictions during pregnancy or lactation. However, there is evidence that breastfeeding for at least 4 months, compared with feeding infant formula made with intact cow's milk protein, prevents or delays the occurrence of atopic dermatitis, cow's milk allergy, and wheezing in early childhood. For infants at high risk of developing atopic disease, there is evidence that exclusive breastfeeding for at least 4 months, compared with feeding intact cow's milk protein formula, decreases the cumulative incidence of atopic dermatitis and cow's milk allergy in the first 2 years of life. There is also evidence that exclusive breastfeeding for at least 3 months protects against wheezing in early life. For infants at high risk of atopy who are not exclusively breastfed for 4 to 6 months, there is modest evidence that the onset of atopic disease may be delayed or prevented by the use of hydrolyzed formulas, compared with formula made with intact cow's milk protein, particularly for atopic dermatitis. The report states that there is little evidence that delaying the introduction of complementary foods beyond 4 to 6 months is effective at preventing atopic disease but does not examine differences across this age range. The authors noted that the current body of evidence is lacking and this limits their ability to reach firm conclusions.
<http://pediatrics.aappublications.org/cgi/reprint/121/1/183>

MOMS-TO-BE WHO QUIT SMOKING BOOST CHANCES FOR 'EASYGOING' CHILD

This study (Pickett, Wood, Adamson, & Wakschlag, 2008) examined the relationship between maternal smoking and infant temperament. The researchers analyzed data on more than 18,000 children born between 2000 and 2002. The mothers were classified as either nonsmokers, quitters, light smokers, or heavy smokers (i.e., more than 10 cigarettes a day). At 9 months of age, the children's temperaments were assessed, including: positive mood, receptivity to new things, and regular sleep and eating patterns. The findings indicate that pregnancy quitters had infants with the highest scores of easy temperament and heavy smokers had infants with the lowest scores. Pregnancy smoking also predicted difficult temperament (i.e., increased risk of low positive mood). In contrast, children born to pregnant women who stopped smoking were more easygoing by being least likely to display unpredictable behaviour or to become distressed when faced with new situations or things than children born to nonsmokers or heavy smokers. The study authors noted that quitting smoking during pregnancy is associated with an urge to protect the baby rather than any intention to quit in the long term, and smoking relapse rates are high after these women give birth (MedicineNet.com, 2008, March 13).

Abstract: <http://jech.bmj.com/cgi/content/abstract/62/4/318>

----- III. CURRENT INITIATIVES -----

ORAL HEALTH MONTH: BRUSH-A-MANIA

Every April for oral health month "Brush-a-mania" is presented to elementary school children across Canada. Dentists and Rotarians visit school to help promote good oral health care at an early age. <http://www.brushamania.ca/>

CANADIAN AIDS TREATMENT INFORMATION EXCHANGE (CATIE): ROLE AS HIV/AIDS KNOWLEDGE EXCHANGE BROKER

CATIE (2008) announced their new enhanced role as HIV/AIDS Knowledge Exchange Broker of information for the prevention, treatment, care, and support for people living with and vulnerable to HIV/AIDS. As of April 1, 2008, CATIE assumed responsibility for the distribution of HIV/AIDS information formerly provided by the Canadian HIV/AIDS Information Centre (CHIC) with a special focus on HIV prevention. CATIE is now providing the following additional services in both English and French: (1) Online and telephone ordering of HIV/AIDS materials formerly housed by CHIC; (2) New section on CATIE Web site for downloadable HIV prevention resources and links to HIV-related organizations across Canada; and (3) Expanded 1-800 and e-mail information services covering HIV prevention. With this expanded mandate, CATIE can be used as a single gateway for information, resources, and contacts addressing all aspects of HIV/AIDS. CATIE will continue to operate their toll-free information line and Web sites, offer in-person workshops, and produce publications on HIV treatment. <http://www.catie.ca/eng/AboutCATIE/ChangingRole.shtml>

CANADIAN ENVIRONMENTAL LAW ASSOCIATION (CELA) WORKS IN SUPPORT OF ONTARIO'S STATED COMMITMENT TO BAN THE COSMETIC USE OF PESTICIDES

CELA continues to work in partnership with health and environmental groups in support of Ontario's stated commitment to ban the cosmetic use of pesticides, noting that "in a world of multiple chemical exposures, we must remove needless risks from lawn and garden pesticides, particularly to reduce risks to children". This website provides a collection of materials in support of the proposed ban including: (1) CELA's response to the Environmental Bill of Rights consultation, (2) an op-ed, (i.e., opposite editorial) published March 26, 2008 in the Hamilton Spectator, and (3) a brief statement debunking industry opposition to the ban. <http://www.cela.ca/coreprograms/detail.shtml?x=3679>

----- IV. UPCOMING EVENTS -----

This section lists events that have not been included in earlier editions of the MNCHP bulletin or listserv postings. For the details of these events and a complete list of events noted in previous MNCHP bulletins and postings, including contact information, links to organizations, and descriptions, see <http://www.beststart.org/events/otherevents.php>

ONTARIO

NATIONAL CHILD & YOUTH MENTAL HEALTH DAY

May 7, 2008: Toronto, ON

Hosted by: Parents for Children's Mental Health

http://www.parentsforchildrensmentalhealth.org/events_advocacy.php

EVIDENCE-INFORMED: HEALTH CARE PRACTICE WORKSHOP

June 1-6, 2008: Hamilton, ON

Hosted by: health-evidence.ca

<http://health-evidence.ca/>

QUEEN'S PARK LOBBY ON CHILD CARE

June 2, 2008: Toronto, ON

Hosted by: Ontario Coalition for Better Child Care

<http://www.childcareontario.org/news/?p=83>

RESILIENCE SKILLS TRAINING PROGRAM: TRAIN-THE-TRAINER

June 2-6, 2008: Toronto, ON

Hosted by: Reaching IN...Reaching OUT

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

HEALTH EQUITY: FROM CHALLENGES TO SOLUTIONS

June 5, 2008: Toronto, ON

Hosted by: Toronto Central Local Health Integration Network (LHIN); In partnership with: Solutions: East Toronto's Health Collaborative, Canadian Research Network for Care in the Community (CRNCC), West End Urban Health Alliance (WEUHA), and South East Health Project (SeTO)

<http://solutionshealthcollaborative.ca/content/HealthEquity.aspx>

SEXUAL ATTITUDES REASSESSMENT WEEKEND

June 7-8, 2008: Guelph, ON

Hosted by: Office of Open Learning, University of Guelph

<http://www.open.uoguelph.ca/sexconf/sexual-attitudes.html>

INTEGRATED CHRONIC DISEASE PREVENTION: TAKING ACTION TOGETHER

November 24-26, 2008: Ottawa, ON

Hosted by: Chronic Disease Prevention Alliance of Canada

<http://www.cdpac.ca/content.php?doc=98>

CANADA

12TH ANNUAL BC ABORIGINAL HIV/AIDS CONFERENCE

April 28-30, 2008: Prince George, BC

Hosted by: Healing our Spirit, BC Aboriginal HIV/AIDS Society, arrier Sekani Tribal Bands, Carrier Sekani Family Services, Northern Aboriginal HIV/AIDS Task Force, and Positive Living North

<http://www.healingourspirit.org/conference.htm>

PRESERVING THE SIMPLICITY OF BREASTFEEDING IN A COMPLEX WORLD

June 12, 2008: Edmonton, AB

Hosted by: La Leche League Canada

<http://www.lllc.ca/events/index.php>

PRESERVING THE SIMPLICITY OF BREASTFEEDING IN A COMPLEX WORLD

June 13, 2008: Calgary, AB

Hosted by: La Leche League Canada

<http://www.lllc.ca/events/index.php>

INTERNATIONAL

QUALITY EMPLOYMENT IN CARE WORK WITH YOUNG CHILDREN

April 21-22, 2008: Brussels, UK

Hosted by: ecce ama! & Improving childcare

<http://www.vbjk.be/Slotconferentie/ECCEAMAenglish.pdf>

----- V. RESOURCES -----

MOTHERISK WEBPAGE: TAKING FOLIC ACID BEFORE YOU GET PREGNANT

This webpage offers information for women about folic acid based on the updated folic acid clinical guidelines that were released in December 2007 by the Society of Obstetricians and Gynaecologists of Canada (SOGC) and the Motherisk Program.

<http://www.motherisk.org/women/folicAcid.jsp>

INDIGENOUS FATHERHOOD RESOURCES

This website provides an overview of a project about Indigenous fatherhood that aims to open up Aboriginal fatherhood as a new area of inquiry, community action, and policy reform. Many reports and resources are available on the website including: (1) a new DVD "Fatherhood: Indigenous Men's Journeys" (for a fee); (2) A chapter about policies and practices affecting Aboriginal fathers' involvement with their children; (3) links to reports such as "Father's Involvement as a Determinant of Child Health" and "Fatherhood: Indigenous Men's Journeys".

<http://www.ecdip.org/fathers/index.htm>

BULLETIN: INFANT/CHILD SLEEPING BEHAVIOUR

According to the Centres for Excellence for Children's Well-Being (2008, March), sleep problems are the most common concern physicians hear from parents, with about 25% to 50% of 6-to-12 month-olds either having difficulty settling to sleep or wake during the night, and 25% to 30% having sleep problems by age 3, with a similar presentation in the 3-to-5 years-old age group. This bulletin aims to help parents and caregivers to understand sleep patterns and to offer effective strategies for bedtime.

<http://www.excellence-earlychildhood.ca/documents/BulletinVol7No1mar08Ang.pdf>

WELCOME HERE RESOURCE KIT: CREATING WELCOMING COMMUNITIES FOR NEWCOMER FAMILIES

As part of the "Welcome Here" project, the Canadian Association of Family Resource Programs (FRP Canada) is distributing a new kit of resources across the country. The kit contains useful tools for community programs, including a multi-lingual welcome poster, multi-lingual parent resource sheets, ideas for preventing racism, a colourful brochure designed to invite newcomers to visit their local family resource centre, and links to other resources.

<http://www.welcomehere.ca/index.cfm?fuseaction=page.viewPage&pageID=575&nodeID=7>