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

ONTARIO

LEGISLATION PASSED: ONTARIO SCHOOLS TO BE TRANS FAT FREE

The Government of Ontario (2008, April 16) announced that legislation was passed which will require schools to remove food and beverages with trans fats from school cafeterias, vending machines, and tuck shops, with the exception of food that naturally contains small amounts of trans fat (e.g., beef, milk). The government of Ontario will be examining options for establishing nutrition standards that conform to the new Canada Food Guide for food and beverages available in schools. Health Promotion Minister Margaret Best explained: "Our message is clear: a lifetime of good health starts with healthy practices in childhood. Healthier choices for students mean healthier habits later in life".

<http://www.edu.gov.on.ca/eng/document/nr/08.04/nr0416.html>

TEENAGE MOTHERS BEAT ODDS TO SUCCEED: RETHINKING AGENCY SERVICES

This article (Crawford, 2008, March 11) reports that staying in or returning to school is a very important factor in the success of teenage mothers, both economically and in raising children. Hazelle Palmer, the executive director of Planned Parenthood, noted that agencies dealing with teen mothers have had to rethink their past strategies, which focused primarily on birth control and education: "we have always thought the worst-case scenario was an unplanned pregnancy. But it is not necessarily true that these pregnancies are unplanned or unwanted. Girls today have a lot more choices and for some, they have made the choice to have the child...As institutions we have had to adjust our thinking. Now it is, 'How do we support these young mothers who have children?'"

<http://www.thestar.com/living/article/331918>

GOVERNMENT OF ONTARIO ANNOUNCES MORE HELP FOR VICTIMS OF DOMESTIC VIOLENCE

The government of Ontario (2008, April 17) announced \$8.2 million in new provincial funding to help victims of domestic violence in Ontario. A total of \$1.7 million will be provided for the new "Early Victim Contact" initiative that will mean same-day services for victims as part of Ontario's specialized court program for domestic violence cases. This initiative will provide victim services workers, Crown prosecutors, police, and others to work with victims, community agents, and the courts. The remaining \$6.5 million will be used for: (1) the Partner Assault Response Program, which provides court-ordered counselling and education for offenders; (2) the Supervised Access Program that facilitates child custody exchanges and visits when there is a safety concern; and (3) Permanent funding for integrated teams of justice professionals to improve victim safety in domestic violence bail hearings.

<http://ogov.newswire.ca/ontario/GPOE/2008/04/17/c6513.html?lmatch=&lang=e.html>

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.

- Toy puzzle vehicle sets: Surface paint contains lead

- Seasonal writing pens: Surface paint contains lead

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

- Baby Balm eucalyptus and scotch pine: Lots exceeded the permissible limits for microbial (bacterial) contamination in Canada

http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/fpa-ape_2008/2008_55_e.html

CANADA FIRST TO LABEL BISPHENOL A AS OFFICIALLY DANGEROUS

This article (Mittelstaedt, 2008, April 15) reports that Health Canada is expected to classify bisphenol A as a dangerous substance. Although the Government has not announced specific bans or restrictions, the designation as dangerous could lead to regulations on the chemical such as a listing as toxic under the Canadian Environmental Protection Act, which would allow Health Minister Tony Clement to issue specific measures to control its use. Health Canada and Environment Canada are expected to release a draft assessment indicating that bisphenol A endangers people and the environment, with a 60-day comment period to follow. If no information is made available through the consultation to overturn the finding, Ottawa has one year to issue a report that outlines how exposure will be controlled. A recent Health Canada press release (2008, April 18) outlines the actions that the Government of Canada is proposing such as reducing bisphenol A exposure in infants and newborns by: (1) banning polycarbonate baby bottles; (2) developing stringent migration targets for bisphenol A in infant formula cans; (3) working with industry to develop alternative food packaging and developing a code of practice; and (4) listing bisphenol A under Schedule 1 of the Canadian Environmental Protection Act.

<http://www.theglobeandmail.com/servlet/story/RTGAM.20080415.wtoxic15/BNStory/National/home>
Health Canada news release: http://www.hc-sc.gc.ca/ahc-asc/media/nr-cp/2008/2008_59_e.html

INTERNATIONAL

NEW CALCULATOR FACTORS CHANCES FOR VERY PREMATURE INFANTS

This article (Grady, 2008, April 17) describes an online calculator tool for health practitioners used for infants weighing less than 2.2 pounds and born after 22 to 25 weeks of pregnancy. The calculator factors in traits like birth weight and sex to generate statistics on the chances of the baby's survival and the likelihood of disabilities. The estimated risk is based on data from infants in a large study published in the New England Journal of Medicine. Study author Dr. Rosemary D. Higgins noted that certain factors give babies an advantage that make them more likely to survive and escape serious disability than other babies such as: weighing more than others, being singletons rather than twins or multiples, and if their mothers had been given steroids before the birth to help the fetal lungs to mature. Girls also fared better than boys of the same age. Currently, decisions about using respirators, intravenous feeding, and other forms of intensive care are mostly based on estimates of a baby's gestational age. For example, in the United States, intensive care is often given to infants born in the 25th week, but not the 22nd. Outcomes are nearly impossible to predict at birth and doctors and parents struggle to decide when aggressive treatment seems reasonable. This calculator shows that 2 infants with the same gestational age, the usual criterion to decide treatment, can have quite different odds of survival and disability. The calculator and the study were part of an effort to give doctors and parents more solid evidence to make decisions (Gardy, 2008, April 17).

http://www.nytimes.com/2008/04/17/health/17baby.html?_r=1&ex=1366171200&en=75be7ca843311759&ei=5088&partner=rssnyt&emc=rss&oref=slogin

DEVICE HELPS CHILDREN REDUCE TV AND COMPUTER TIME

This report (Steenhuysen, 2008, March 3) outlines the findings of a U.S. study about the relationship between a monitoring device that attaches to TVs and computers and screen time in children (Epstein et al., 2008). A total of 70 children aged 4 to 7 whose body mass index was at the 75th percentile or higher for their age and gender participated in the study. These children watched TV or played computer games for at least 14 hours per week in the home. The researchers attached the monitoring device to approximately half of the children's computers and TV sets. The findings indicate that the monitoring device reduced TV and computer time by 50%. Researcher Leonard Epsien explained that the device worked without creating a lot of conflict between parents and children: "It reduces all of those battles. The parents have to make one decision. After they make the decision, the device does the rest".

<http://www.nationalpost.com/life/health/story.html?id=e3fb1adc-22b9-4958-a848-3ea28f974006&k=61129>

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

ONTARIO

PROMISING PRACTICES: ACCESS TO RECREATION FOR LOW-INCOME FAMILIES IN ONTARIO

This document (Government of Ontario, 2008) describes 11 organizations that are increasing access to recreation for low-income children and youth through innovative initiatives such as drop-in programs; recreation programs in school facilities; events; and education, fundraising, and cultural initiatives. <http://www.lin.ca/resource-details/9814>

CANADA

CHANGES IN THE PREVALENCE OF ASTHMA AMONG CANADIAN CHILDREN

This report (Garner & Kohen), released by Statistics Canada, examined the prevalence of asthma among Canadian children. The findings indicate in the rate of asthma increased from about 11% of children aged 10 and under (nearly 520,000 children) in 1994/1995 to more than 13% (70,000 children) in 2000/2001. Further analysis of the data revealed that the increase was only statistically significant for children aged 5 or younger and those aged 10 and 11. However, the prevalence of asthma attacks decline during this period from 50% of children with asthma reporting an attack in the previous year in 1994/1995 compared to 39% in 2000/2001. The study also found that: (1) The proportion of high-severity symptoms dropped from 1994/1995 to 2000/2001; (2) The likelihood of having an asthma attack depended on the severity of the disease, children with high-severity asthma reporting more asthma attacks in the past year than children with low-severity asthma; (3) Boys were more likely to be diagnosed with asthma than girls; (4) Asthma rates were highest in Atlantic provinces; (5) Risk of asthma was higher among children in smoking households; and (6) Childhood asthma was not related to income or urban/rural residence. <http://www.statcan.ca/english/freepub/82-003-XIE/82-003-XIE2008002.htm>

PREVALENCE OF CANCER AMONG CANADIAN CHILDREN AND YOUTH AGED 0-9

The Canadian Cancer Society (2008) released the report "Canadian Cancer Statistics 2008", which indicates that more children in Canada survive a cancer diagnosis than ever before. Approximately 82% of children diagnosed with cancer today survive as a result of better diagnostic procedures, the development of multi-modal therapies, and the centralization of care and support services. However, an estimated two-thirds of survivors have at least one chronic or late-occurring health effect from their cancer therapy that can appear months or years after treatment ends. In a news release, Barbara Kaminsky, Chief Executive Officer for the Canadian Cancer Society, BC and Yukon Division noted that "the good news is that since 1985 we've seen a dramatic decline in childhood cancer death rates...The challenge now is to find out more through research on how to prevent childhood cancers and about the long term health effects of treatments on childhood cancer survivors". (Canadian Cancer Society, 2008, April 9). An audio webcast is available of the media conference in Toronto at <https://event.on24.com/eventRegistration/EventLobbyServlet?target=registration.jsp&eventid=107109&sessionid=1&key=1AEC4FEF0575B4EDE697A3C1B555835E&sourcepage=register>
Report: http://www.cancer.ca/ccs/internet/standard/0,3182,3172_14279_371283_langId-en,00.html

INTERNATIONAL

GENETICS LINKED TO BREECH BABIES

This study (Nordtveit, Melve, Albrechtsen, & Skjaerven, 2008) investigated intergenerational recurrence of breech delivery. Data from 2.2 million births in Norway from 1967-2004 was examined, and a total of 232,704 mother-children pairings and 154,851 father-children pairings were reviewed. The findings indicate that a baby had double the chance of being breech if their mother or father was delivered in

breech presentation. The strongest risks of recurrent breech were found for vaginally delivered babies and the increased risk of recurrence of breech delivery in children was present only for parents delivered at term. The authors suggest that this predisposition to term breech delivery is likely due to genetic inheritance. In a news report, Professor Janet Hardy from the University of the Massachusetts Medical School commented on the study: "Clinicians should continue to gather information during early prenatal care on maternal and paternal birth presentation and other potential risk factors for breech delivery" (BBC News, 2008, March 28).

<http://www.bmj.com/cgi/content/full/bmj.39505.436539.BEv1>

IMPROVING THE NUTRITION OF PREGNANT AND BREASTFEEDING MOTHERS AND CHILDREN IN LOW-INCOME HOUSEHOLDS

The National Institute for Health and Clinical Excellence (NICE) (2008) published a new Public Health Guidance on improving the nutrition of pregnant and breastfeeding mothers and children in low-income households. This guidance aims to address disparities in the nutrition of low-income and other disadvantaged groups compared with the general population and is relevant for all women who are pregnant (or planning to become pregnant), mothers of children aged under 5, and others who care for children aged under 5. There are 6 key priorities for implementation: (1) Adoption of a multifaceted approach to increasing breastfeeding, including implementation of the Baby Friendly Initiative; (2) Training for health professionals and support workers, including in breastfeeding, using the Baby Friendly Initiative training as a minimum standard; (3) The implementation of peer support programs; (4) Promotion of the Healthy Start Scheme; (5) Vitamin D supplementation for pregnant women and breastfeeding mothers; and (6) Folic acid supplementation for pregnant women.

<http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11943>

FULL-DAY KINDERGARTEN AND STUDENT LITERACY GROWTH: DOES A LENGTHENED SCHOOL DAY MAKE A DIFFERENCE?

This article (Zvoch, Reynolds, & Parker, 2008) assessed the relationships between full-day and half-day kindergarten and student literacy outcomes. Data collected from kindergarteners in economically disadvantaged school contexts in a large southwestern school district was analyzed. The findings indicate that students exposed to a full day of instruction had greater literacy growth than their peers in half-day classrooms. This relative efficacy of full-day kindergarten tended to be greater in smaller class size environments, suggesting that full-day kindergarten initiatives targeted toward students from disadvantaged backgrounds may be more successful when implemented in classrooms with relatively small student enrolments. The authors discuss the implications for instructional practice and policy.

http://www.sciencedirect.com/science?_ob=MImg&_imagekey=B6W4B-4PKG4VR-2-3&_cdi=6538&_user=10&_orig=browse&_coverDate=03%2F31%2F2008&_sk=999769998&_view=c&_wchp=dGLzVzz-zSkWz&_valck=1&_md5=385c3d464723a146a691e164c4b28916&_ie=/sdarticle.pdf

IMPROVING LINKS BETWEEN EARLY CHILDHOOD EDUCATION AND CARE (ECEC) AND SCHOOLS

This paper (Newman, 2008) explores efforts to link ECEC and schools in Organisation for Economic Co-operation and Development (OECD) countries (other than the U.S.). The context for children's transitions from ECEC to school, the ways in which transitions are understood, and some of the barriers to improving links between ECEC and schools are explored. This paper aims to provide possible lessons from international examples of diverse approaches to inform efforts to strengthen the links between ECEC and schools in the U.S. and in other OECD countries.

http://www.childpolicyintl.org/publications/Hand%20in%20Hand%20Improving%20the%20Links%20Betw%20ECEC%20and%20Schools%20in%20OECD%20Countries_Michelle%20Neuman.pdf

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

HEALTH CANADA ONLINE CONSULTATION: REVISIONS TO NUTRITION PREGNANCY GUIDELINES FOR HEALTH PROFESSIONALS

Health Canada (2008) announced that there will be an online consultation on the draft recommendations for iron and folate supplementation during pregnancy. The draft recommendations are posted on the Health Canada website from April 7 to May 9, 2008. This online consultation is intended to provide interested parties with an opportunity to review and comment on these two draft recommendations. http://www.hc-sc.gc.ca/fn-an/consultation/init/prenatal/index_e.html

APRIL 16-27: SPRING SEATBELT CAMPAIGN

Ontario began its annual spring seatbelt campaign on April 16, 2008, with the goal of reminding drivers to wear their seatbelts and make sure child safety seats are properly installed (Government of Ontario, 2008, April 16). Child safety seat inspection clinics will be held across Ontario for parents and caregivers. <http://ogov.newswire.ca/ontario/GPOE/2008/04/16/c5951.html?lmatch=&lang=e.html>

MAY 28TH: HEALTH PROFESSIONALS TARGETED FOR NATIONAL MULTIPLE BIRTHS AWARENESS DAY

For National Multiple Births Awareness Day, Multiple Births Canada is encouraging "all health care professionals providing fertility advice and/or treatments to fully disclose all risks associated with a multiple pregnancy and birth, including all negative and positive outcomes, to enable patients to make informed decisions." The goal of this year's campaign is to target the health care profession stressing that they need to fully educate their patients early in the process. <http://www.multiplebirthscanada.org/english/awareness.php>

EDUCATION CAMPAIGN: PROTECTING CHILDREN FROM SECOND-HAND SMOKE IN CARS

The Ontario Medical Association (OMA) and the Heart and Stroke Foundation of Ontario launched an awareness campaign to raise public awareness about how smoking in cars with children damages their health. A series of radio and print ads encouraging adults to restrain from smoking while driving with children begins April 15, 2008. The print advertisement, radio advertisement, and media release are available on the Ontario Medical Association's website. <http://www.oma.org/Health/tobacco/Children.asp>

U.S. W.K. KELLOGG FOUNDATION AND FOUNDATION FOR CHILD DEVELOPMENT: STRATEGIC KNOWLEDGE FUND

The W.K. Kellogg Foundation (WKKF) and the Foundation for Child Development (FCD), created a "Strategic Knowledge Fund" to understand and improve the lives of vulnerable children, from birth to age eight. WKKF has committed \$1.2 million to the 2-year partnership, which will be matched by FCD. Co-funded projects will aim to increase knowledge about children, particularly those who are at-risk for poor educational outcomes (FCD, 2008, April 1). <http://www.earlylearning.org/news/Fdn-for-Child-Dev>

----- 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

LABOUR DOULA AND POSTPARTUM DOULA CERTIFICATION WORKSHOP
April 26-May 4, 2008: Belleville, ON
Hosted by: Childbirth and Postpartum Professional Association (CAPPa) Canada
<http://www.cappa.net/canadatraining.asp>

LABOUR DOULA CERTIFICATION WORKSHOP
May 17-18, 2008: Toronto, ON
Hosted by: Childbirth and Postpartum Professional Association (CAPPa) Canada
<http://www.cappa.net/canadatraining.asp>

POSTPARTUM DOULA CERTIFICATION WORKSHOP
May 31-June 1, 2008: Windsor, ON
Hosted by: Childbirth and Postpartum Professional Association (CAPPa) Canada
<http://www.cappa.net/canadatraining.asp>

A PUBLIC HEALTH SUMMIT: MAKING HEALTHY COMMUNITIES COUNT
October 26-29, 2008: Niagara Falls, ON
Hosted by: Association of Local Public Health Agencies, Ontario Public Health Association, and Niagara Region Public Health
<http://www.publichealthsummit.com/>

CANADA

LABOUR DOULA CERTIFICATION WORKSHOP
May 9-11, 2008: St. Pierre, MB
Hosted by: Childbirth and Postpartum Professional Association (CAPPa) Canada
<http://www.cappa.net/canadatraining.asp>

NATIONAL INDIGENOUS SEXUAL ABUSE CONFERENCE 2008
May 12-14, 2008: Edmonton, AB
Hosted by: Amisk & Associates Inc.
<http://www.nisac2008.com/>

TOXIC TRESPASS
May 14, 2008: 10:30 p.m. on TVO
<http://www.womenshealthyenvironments.ca/node/232>

LABOUR DOULA CERTIFICATION WORKSHOP
May 23-24, 2008: Regina, SK
Hosted by: Childbirth and Postpartum Professional Association (CAPPa) Canada
<http://www.cappa.net/canadatraining.asp>

INTERNATIONAL

OBESITY PREVENTION 5 DAY COURSE
July 14-18, 2008: Geelong, Victoria, Australia
Hosted by: Deakin University
<http://www.deakin.edu.au/hmnbs/who-obesity/short-course/course-index.php>

THE OBESITY SOCIETY ANNUAL SCIENTIFIC MEETING
October 3-7, 2008: Phoenix, AZ, U.S.A.
Hosted by: The Obesity Society
http://www.obesity.org/annualmeeting08/2008_annual_meeting.asp

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

ONTARIO NEWBORN SCREENING PROGRAM: CHANGES TO BLOOD DOT SPECIMEN CARDS

The Ontario Newborn Screening Program (2008, February 12) announced that they will be launching an updated version of the blood dot specimen card. Practitioners are asked to continue using the original version of the card until they have used up all of the ones that they have in stock. Highlights of the new card are provided.

http://www.newbornscreening.on.ca/data/1/rec_docs/101_NBS_Bulletin_24.pdf

ONTARIO NEWBORN SCREENING PROGRAM: UNSATISFACTORY SAMPLES LEADS TO EDUCATIONAL RESOURCE

The Ontario Newborn Screening program (2008, April 16) noted that there is a recent increase in the number of samples submitted that are unsatisfactory for testing. A new educational resource has been developed to assist submitting institutions in obtaining satisfactory newborn screening samples.

http://www.newbornscreening.on.ca/data/1/rec_docs/129_Educational_Resource.pdf

FILM: LIFE EXPERIENCES OF PARENTS OF CHILDREN WITH FETAL ALCOHOL SPECTRUM DISORDER (FASD)

This pod cast/short film, created in Sioux Lookout within the Healthy Generations Family Support Program, was developed by a group of mothers of children with FASD. Through these photos and stories, the parents have defined for themselves and others, what is worth remembering, and what needs to change. Comments about the film are welcomed on the website.

<http://citizen.nfb.ca/picture-this>

STARTING EARLY: KEEPING YOUR PRESCHOOLER AT A HEALTHY WEIGHT

This booklet, developed by the Windsor-Essex County Health Unit, includes information on the importance of healthy eating and active living. Suggestions for foods and activities for children aged 1-5 are provided including sample menus for children aged 1-2, 3-4, and 5-6.

<http://www.wehealthunit.org/family-health/parenting/booklets/Obesity%20Booklet%20Single%20Pages.pdf>

HEALTH PROMOTION WEBSITE FOR FRANCOPHONE HEALTH PRACTITIONERS: PROMOSANTÉ

This website, hosted by the Réseau Francophone International pour la promotion de la santé, is designed for francophone practitioners working in the field of health promotion. Promosanté offers information, links, and resources in French.

http://www.promosante.org/5/Ressources_et_pratiques.refips

ANNOTATED BIBLIOGRAPHY OF DIVERSITY RESOURCES

This annotated (Martell, E., 2008) bibliography includes books, journal articles, and links about diversity and culture that are “practical and applicable to public health work, especially when preparing diversity training for staff” (p. 1). This resource was prepared for the Ontario Public Health Association’s Access, Equity, and Social Justice Committee and builds on an earlier document “Annotated Bibliography Access and Equity Resources” by the Region of Waterloo Public Health.

http://www.opha.on.ca/resources/ACCESStee-ANNOTATED_BIBLIOGRAPHY.pdf

KINDERGARTEN MAKEOVER

This webcast, developed by the Elementary Teachers’ Federation of Ontario, aims to help Kindergarten teachers ensure that their beliefs about teaching match the way they are teaching. Using reflective

questions, practical suggestions, and a model of the experience of two young teachers, ETFO hopes to make the challenges of a classroom makeover something that Kindergarten teachers feel prepared to tackle.

<http://www.eto.ca/Multimedia/Webcasts/Pages/default.aspx>