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

ONTARIO

GOVERNMENT OF ONTARIO APPOINTS EXPERT PANEL ON INFERTILITY AND ADOPTION

The Government of Ontario (2008, July 11) appointed a 12-member expert panel on fertility treatment and adoption to help make both fertility treatment and adoption more accessible and affordable. The panel, including adoptive parents, people who have had personal experience with infertility, and representatives from the medical and adoption communities, will provide advice to the Government on: (1) improving access to infertility treatment and making fertility monitoring available to women so they know if they are likely to have problems conceiving a child; and (2) improving Ontario's adoption system so that more children can become part of families more quickly.

<http://ogov.newswire.ca/ontario/GPOE/2008/07/11/c3851.html?lmatch=&lang=e.html>

GOVERNMENT OF ONTARIO HELPS WITH THE COSTS OF CHILD CARE FOR 3,000 MORE CHILDREN

The Government of Ontario (2008, July 9) announced that \$23 million in financial assistance will be provided to help an additional 3,000 children benefit from licensed child care. Eligibility for the financial assistance is based on net family income. The financial assistance is available for children up to the age of 12 and parents must apply through their municipality. The Government of Ontario is also investing \$2 million to create new child care spaces in French-language schools. The Ontario Coalition for Better Child Care (OCBCC) responded to the announcement (2008, July 9), noting that Ontario is falling behind other countries and even neighbouring provinces in child care investments. The organization highlighted that while the investment seems like a lot of money, Quebec allocated \$600 million over 5 years in their 2008 budget and Manitoba announced a plan that will see annual child care spending rise by \$92 million over 5 years.

<http://ogov.newswire.ca/ontario/GPOE/2008/07/09/c3276.html?lmatch=&lang=e.html>

http://action.web.ca/home/ocbcc/alerts.shtml?x=119340&AA_EX_Session=d434608fdf9af73c3a46cc38669214f9

GOVERNMENT OF ONTARIO INVESTS IN SPORT AND RECREATION PROGRAMS

The Government of Ontario (2008, July 10) announced that they are helping people of all ages and abilities get more active and remain healthy through physical activity programs offered across the province. Through the "Communities In Action Fund", a key initiative of the government's "ACTIVE2010" Strategy, \$7.5 million will be invested to support innovative sports and recreation projects such as: a soccer program for children and youth in 7 First Nations communities and weekend cycling clinics throughout the summer for 250 children.

<http://ogov.newswire.ca/ontario/GPOE/2008/07/10/c3466.html?lmatch=&lang=e.html>

CANADA

SHARED OBSTETRICS NOT WORKING, NEW PARENTS SAY

According to this article (cbc.ca, 2008, July 8), the authority responsible for health care in Central Newfoundland announced at the beginning of the summer that the obstetrician-gynaecologist specialists would rotate between the region's two hospitals (i.e., Gander and Grand Falls-Windsor) because there was no longer enough staff to keep departments in both hospitals running. A couple from Central Newfoundland that were shuffled between hospitals more than 90 kilometres apart when the woman went into labour said that the service-sharing situation is not working. Greg Hodder, the husband, explained: "To me, that kind of signals that's a degradation of our own service, our own medical services in our communities...And when people from areas that are quite a bit away from either Grand Falls or Gander have to travel two and three hours to get to a hospital to have labour, I think this is when we have to realize that there could be serious complications for these mothers when they go into labour".

<http://www.cbc.ca/health/story/2008/07/08/couple-labour.html?ref=rss>

SAFE KIDS CANADA APPLAUDS NEW BOOSTER SEAT LAWS TO PROTECT CHILDREN

Safe Kids Canada is very pleased that British Columbia and Newfoundland and Labrador enacted mandatory booster seat legislation on July 1, 2008. Booster seat legislation is already in effect in Quebec, Ontario, Nova Scotia, Prince Edward Island, and New Brunswick. Safe Kids Canada is urging all remaining provinces and territories to enact booster seat laws to protect children; and is urging all Canadian parents to use booster seats when needed regardless of where they live. To celebrate new booster seat laws, Safe Kids Canada will be offering booster seat fitting check-ups at select Zellers stores in British Columbia and Newfoundland and Labrador as part of its "Kids that Click" program.

News article: <http://www.newswire.ca/en/releases/archive/June2008/26/c7742.html>

Booster seat fitting check-ups: www.safekidscanada.ca

SUICIDE ATTEMPTS RAISE CONCERNS ABOUT ATTENTION-DEFICIT HYPERACTIVITY DISORDER (ADHD) MEDICATION

This article (cbcnews.ca, 2008, July 3) reports on the Health Canada warning that a drug commonly used to treat ADHD in children, teenagers, and adults has been linked to numerous adverse reactions, including suicide attempts. A total of 189 reported adverse reactions since December 31, 2007 were linked to Atomoxetine (Strattera), a selective norepinephrine reuptake inhibitor, in the Health Canada Adverse Reactions newsletter (2008, July). Of the 189 adverse reactions, 55 included suicide attempts, which included non-accidental overdoses, showing suicidal tendencies, and experiencing thoughts of self-harm. A total of 43 of these suicide attempts were among children between the ages of 6 and 17. Health Canada advises health professionals to warn patients who are on ADHD medications and their families and caregivers to watch for changes in mood, behaviour, and feelings.

News article: <http://www.cbc.ca/health/story/2008/07/03/adhd-drug-warning.html?ref=rss>

Canadian Adverse Reaction Newsletter: http://www.hc-sc.gc.ca/dhp-mps/medeff/bulletin/carn-bcei_index-eng.php

INTERNATIONAL

FATHERS' AGE PLAYS A ROLE IN FERTILITY

This article (Stacy, 2008, July 7) summarizes the findings of a study that was presented at the 24th annual conference of the European Society of Human Reproduction and Embryology in Barcelona, Spain. Lead researcher Stephanie Belloc and colleagues analyzed the outcomes of more than 21,000 intrauterine inseminations (IUIs), a type of fertility treatment in which the man's sperm is first separated (or "washed") from the seminal fluid and then inserted into the woman's uterus. They examined the sperm quality and pregnancy, miscarriage, and delivery rates. The findings indicate that men over 40 had a negative effect on pregnancy rates; and miscarriage rates increases when the father was over 40. According to Belloc: "Our research proves for the first time that there is a strong paternal age-related effect on IUI outcomes, and this information should be considered by both doctors and patients in assisted reproduction programs". Belloc also highlights that although the trial involved a large number of couples, further studies are planned to confirm the findings: "This research has important implications for couples wanting to start a family...and we need to research it in as large a group as possible".

http://www.webmd.com/infertility-and-reproduction/news/20080707/dads-age-plays-role-in-fertility?src=RSS_PUBLIC

NO EVIDENCE OF "PREGNANCY PACT", YET DEBATE STIRS OVER CHILD CARE IN THE SCHOOL

This article (cbc.ca, 2008, June 23) reports that the mayor of Gloucester, Massachusetts said there is no evidence that a group of teenage girls made a pact to get pregnant and raise their babies together; a claim that was made by the high school principal. Time picked up the story and Superintendent Christopher Farmer noted that it "did not distinguish between a pact to become pregnant or a pact because we are pregnant". The story has led to a debate about whether the high school's day care centre has contributed to the spike in teen pregnancies at the school (from about 4 a year to 17 this year).

Farmer does not believe that the students considered whether the school had day care when they chose to have their babies and that public schools have a responsibility to help young mothers complete their education. Patricia Quinn, executive director of the Massachusetts Alliance on Teen Pregnancy, a nonprofit policy and advocacy organization, said in-school programs do not increase teen pregnancy (International Herald Tribune, 2008, July 2).

<http://www.cbc.ca/world/story/2008/06/23/massachusetts-teenpact.html?ref=rss>

<http://www.ihf.com/articles/ap/2008/07/02/america/Pregnancy-Pact-Day-Care.php>

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

ONTARIO

WHO IS THE PUZZLE MAKER? PATIENT/CAREGIVER PERSPECTIVES ON NAVIGATING HEALTH SERVICES IN ONTARIO

This report (The Change Foundation, 2008, June) presents snapshots of the experiences of patients and caregivers navigating the system in Ontario and shares their insights about what changes would help create a better integrated health-care system organized around their needs. The report was based on: findings from focus groups with Ontario patients and caregivers from Toronto, Ottawa, Kingston, Sudbury, and Ingersoll, who have navigated the health system in the past year; results from a general Ontario population survey asking about communication and information flow in the health-care system; a literature review on public expectation and patient experience of integration of health care; and a scan of who is measuring what in health integration in Ontario. The focus group participants identified the following problem areas: (1) navigating the system such as knowing whom to call, what to ask, how to move from provider to provider and back again, connecting the hospital process with the community process, and organizing services in one's home; (2) dealing with repetition, redundancy and delay such as repeating medical histories, symptoms, medical records, and tests; (3) worrying about communication such as wondering whether necessary information has been transferred from one provider to another or one setting to another, not being clear about what happens next in the care process, and who is responsible for what; and (4) getting lost in the transition when moving from one provider or organization to another. Based on the findings of the research, the Change Foundation suggests: (a) speeding up the implementation of electronic health records so providers can better coordinate patient information; (b) providing access to a professional "care coordinator" or system navigator responsible for coordinating care across settings and providers; (c) increasing multi-professional team work and expanding the range of health providers such as pharmacists and nurse practitioners; (d) providing better support, information, and liaison for caregivers, many of whom are overwhelmed or burnt-out; (e) co-locating services and establishing linkages with primary care practices and other parts of the system, to make it physically easier for people to access; (f) supporting health providers to undertake process mapping with their institutional and community partners to reduce duplication and delay; and (g) offering patients care maps that they can take with them when moving from one provider or location to another.

http://www.changefoundation.ca/docs/ChgFdn_Puzzle_Web.pdf

FULL-DAY KINDERGARTEN: MOVING ONTARIO FORWARD

The Elementary Teachers' Federation of Ontario (ETFO) (2008, June) developed a position paper and pamphlet that outlines the federation's policies and recommendations related to the implementation of a full-day kindergarten program in Ontario. The paper provides a summary of: (1) the benefits of expanding junior and senior kindergarten to full-day/every day; (2) the importance of staffing these full-day programs with certified teachers; (3) the benefits of locating full-day kindergarten programs in public schools; (4) the importance of ensuring kindergarten programs are based on age-appropriate play-based learning; and (5) the direction in which we should be headed to realize a more integrated system of early years programs in Ontario. The paper highlights a number of research sources to demonstrate that to be successful, the government's full-day kindergarten program should be: (a) staffed by certified kindergarten teachers throughout the instructional day; (b) located in elementary schools, which provide access to physical resources, specialist teachers, and professional support personnel, and which integrate kindergarten

students with the school community; (c) based on play-based learning, which contributes to literacy development, math and science skills, and social competence.

http://action.web.ca/home/crru/rsrscs_crru_full.shtml?x=118331&AA_EX_Session=a0cc658309a6b30651439eb86b4afb66

HEALTHY SCHOOLS MATTER PROVINCIAL FORUM 2008: DISCUSSION PAPER

In November 2007, a working group of representatives from the Ontario Physical and Health Education Association (Ophea), the Ontario Association for the Supervision of Physical and Health Education (OASPHE), and the Ontario Healthy Schools Coalition (OHSC), was developed to work on a common vision: "that all children and youth in Ontario will be educated in a healthy school". On April 10, 2008 Ophea hosted the "Healthy Schools Matter Provincial Forum" in collaboration with OASPHE and the OHSC. One of the purposes of the event was to discuss and develop recommendations for moving healthy schools forward in Ontario with a wide range of stakeholders. The key priorities and recommendations in this paper are based on the discussions of the working group and the results of the Healthy Schools Matter Forum. Six critical success factors were identified to make healthy schools a reality in Ontario, including: (1) shared leadership and responsibility among key sectors, namely, education, public health, and sport and recreation; (2) a clear and common vision for healthy schools shared by Government and key stakeholders; (3) clearly articulated process steps to achieve the desired outcomes outlined in Foundations for a Healthy School; (4) dedicated and sustained funding and support at the provincial and school board and community levels to implement and maintain healthy schools structures and processes across the province; (5) assessment, monitoring and evaluation at the school community and board level to ensure accountability and promote continuous improvement; and (6) establishment of a healthy schools office or department to ensure central coordination, maximize resources, and avoid duplication.

<http://www.livingschool.ca/Ophea/LivingSchool.ca/livingMatter.cfm>

CANADA

PRECONCEPTION HEALTH FRAMEWORK

This report, produced by the Alberta Perinatal Health Program (APHP) (2007), was developed based on earlier work. The APHP had identified the need to expand their scope to include preconception health promotion and prevention as a means of improving maternal and child health. This led to a preconception action plan through a process of expert consultations, literature review, provincial consultations, and four focus groups with healthcare providers and consumers. An action framework was developed and three key strategies were identified to improve preconception health both at the individual and environmental levels: (1) promoting public awareness and knowledge, (2) building capacity to provide preconception health services, and (3) championing preconception health supporting environments. Details of the activities to attain each of the strategies are provided.

http://www.aphp.ca/publications_links_pub.html

FOOD AIMED AT CHILDREN HAS POOR NUTRITIONAL VALUE

This article (Elliott, 2008) provides a nutritional profile of 367 food products (excluding confectionery, soft drinks, and bakery items) targeted specifically at children in the Canadian Supermarket. The findings suggest that approximately 89% of the products analysed could be classified as of poor nutritional quality because of high levels of sugar, fat, and/or sodium. Recommendations for food labelling and packaging are provided.

<http://www3.interscience.wiley.com/journal/120091183/abstract>

REDUCING CHILD POVERTY URGED AS HEALTH PRIORITY

This article (Smith, 2008, June 20) reports on the recommendations of Canada's chief public health officer Dr. David Butler-Jones in his first annual report on the physical and mental well-being of the population. Dr. Butler-Jones highlighted the importance of addressing child poverty: "Every dollar spent in

ensuring a healthy start in the early years will reduce the long-term costs associated with health care, addictions, crime, unemployment, and welfare". He also explains that "evidence shows that Canadians with adequate shelter, a safe and secure food supply, access to education, employment, and sufficient income for basic needs, adopt healthier behaviours and have better health...I would argue that a society is only as healthy as the least healthy among us". Recommendations for addressing child poverty included examining: income-redistribution policies; healthy early learning and childhood development and other levels of education; targeted interventions to support children in low-income families; "collective contributions" to alleviate child poverty; and adopting programs "with proven success in reducing child poverty rates".

<http://www.thestar.com/article/446515>

Report on the State of Public Health in Canada 2008: <http://www.phac-aspc.gc.ca/publicat/2008/cpho-aspc/index-eng.php>

INTERNATIONAL

TREATMENT FOR SUBSTANCE USE IN PREGNANCY IMPROVES OUTCOMES FOR MOTHER AND BABY

This study (Goler, Armstrong, Taillac, & Osejo, 2008) evaluated the impact of "Early Start", an obstetric clinic-based prenatal substance abuse treatment program, on perinatal outcomes. A total of 49,985 women participated in the study. The researchers compared 2,073 pregnant women who were screened, assessed, and received ongoing intervention during pregnancy through the Early Start program at 21 Kaiser Permanente Northern California outpatient obstetric clinics from 1999 to 2003 to women in three other groups: 156 women who were screened but did not accept assessment or treatment; 1,203 women were screened, assessed, and received brief intervention only; and a control group of 46,553 women who showed no evidence of substance abuse. The findings indicate that the risk of stillborn, placental abruption (when the placental lining separates from the mother's uterus), pre-term delivery, low birth weight, and neonatal ventilation were dramatically higher for the 156 untreated substance abusers than the 2,073 women in the Early Start program. The women who went through the Early Start program had the same statistical risks of stillborn, preterm delivery, placental abruption as the control group of women who did not use any cigarettes, alcohol, or drugs during their pregnancy. According to lead author Dr. Goler, "the key message here to women who are currently smoking, drinking or using other drugs, or who recently tried to stop, is that it is not too late to seek help when you find out you are pregnant...The sooner women ask for help, the better the health outcomes will be for themselves, and their babies. My message to all pregnant women, as well as women who are trying to conceive, is to stop all alcohol, cigarette, and drug use" (Kaiser Permanente, 2008, June 26).

<http://www.nature.com/jp/journal/vaop/ncurrent/pdf/jp200870a.pdf>

EATING NUTS WHILE PREGNANT LINKED TO CHILD ASTHMA RISK

This study (Willers et al., 2008) investigated the influence of maternal food consumption during pregnancy on childhood asthma outcomes from 1 to 8 years of age. A total of 4,146 pregnant women completed a dietary questionnaire that asked whether they consumed vegetables, fresh fruit, fish, eggs, milk, milk products, nuts, and nut products rarely, regularly, or daily. Their children were followed and associations between maternal diet during pregnancy and child asthma outcomes were examined. The findings indicate an increased risk of childhood asthma outcomes with daily consumption of nut products during pregnancy. The researchers note that the findings need to be replicated by other studies before dietary advice can be given to pregnant women. According to lead author Saskia Willers (Reuters, 2008, July 15), children whose mothers ate as little as one peanut butter sandwich a day had a far higher risk of asthma. "If you eat moderately, it is probably not a problem... It is only if you eat nuts or nut products on a daily basis."

<http://ajrccm.atsjournals.org/cgi/content/abstract/178/2/124>

THE EFFECTIVENESS OF INTERVENTIONS TO ADDRESS HEALTH INEQUALITIES IN THE EARLY YEARS: A REVIEW OF RELEVANT LITERATURE

This report (Hallam, 2008) summarizes the relevant evidence base of the known effectiveness of specific early years health interventions. The review covers the following areas: pregnancy at a young age; maternal and foetal health during pregnancy; maternal and child nutrition and physical and mental health; child development and early education; parenting in the early years; vulnerable groups; and longer term impacts of investment in the early years. The final chapter draws together key messages about the effectiveness of interventions that have been rigorously evaluated, areas where the evidence base is lacking, and methodological issues that need to be addressed by future research.
<http://www.scotland.gov.uk/Resource/Doc/231209/0063075.pdf>

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

ANISHINABEK LAUNCH CAMPAIGN TO OUTLAW TERM 'ABORIGINAL'

Chiefs of the 42 member communities of the Anishinabek Nation launched a campaign to eliminate the inappropriate use of the term "Aboriginal" (White River First Nation, 2008, June 25). At the annual Grand Council Assembly in Manitoulin Island, Chiefs endorsed a resolution that characterized the term as "another means of assimilation through the displacement of our First Nation-specific inherent and treaty rights". According to Grand Council Chief John Beaucage: "It's actually offensive to hear that word used in reference to First Nations citizens...Our Chiefs are giving us direction to inform government agencies, NGOs, educators, and media organizations that they should discontinue using inappropriate terminology when they are referring to the Anishinabek. We respect the cultures and traditions of our Métis and Inuit brothers and sisters, but their issues are different from ours". Beaucage also notes that the resolution's goal of encouraging the use of respectful terminology could lead to changes in organizational names. For example, Beaucage explains that it could result in re-naming the Anishinabek Nation's corporate arm, known as the Union of Ontario Indians: "Those terms were acceptable then, but today we recognize them as confusing and inappropriate".

http://www.anishinabek.ca/index.php?option=com_content&task=view&id=304&Itemid=9

GOVERNMENT OF CANADA ANNOUNCES POST-MARKET DRUG SAFETY AND EFFECTIVENESS NETWORK

The Government of Canada (2008, July 14) intends to invest \$1 million to support the establishment of a "Drug Safety and Effectiveness Network", as part of the Food and Consumer Safety Action Plan. This virtual Network will link existing centres of excellence in post-market pharmaceutical research across Canada and coordinate a common research agenda to increase knowledge about the safe and effectiveness of drugs based on their use in the "real world" by diverse patient groups outside the controlled experimental environments of clinical trials. The Network will also: (1) link pharmaceutical researchers with experts to answer policy relevant questions about the real world safety and effectiveness of drug products; (2) leverage greater value from existing investments in post-market research; and (3) fund new research to fill the most pressing gaps in after-market pharmaceutical safety and effectiveness evidence.

News release: http://www.hc-sc.gc.ca/ahc-asc/media/nr-cp/2008/2008_110-eng.php

Food and Consumer Safety Action Plan: http://healthycanadians.ca/pr-rp/action-plan_e.html

----- 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

WHEELCHAIR CLINIC: FREE MAINTENANCE INSPECTIONS

July 22, 2008: Sault Ste. Marie, ON

Hosted by: Motion Specialities and Ontario March of Dimes

<http://www.24-7pressrelease.com/press-release-rss/wheelchair-clinic-being-held-for-ontario-march-of-dimes-in-sault-ste-marie-56145.php>

THE QUEER POSITIVE PRE-NATAL CLASS

September 12-14, 2008: Toronto, ON

Hosted by: the 519

http://www.the519.org/programs/Queer_Parenting/index.shtml

NORTHEASTERN ONTARIO RECREATION ASSOCIATION (NeORA) 2008 EDUCATIONAL FORUM AND TRADE SHOW: BACK ON TRACK TO HEALTHIER COMMUNITIES

September 23-26, 2008: Sault Ste. Marie, ON

Hosted by: NeORA

<http://www.neora.ca/>

FATHER INVOLVEMENT – BUILDING OUR CHILDREN'S CHARACTER (FI-BOCC) TRAINING

September 26-27, 2008: Toronto, ON

Hosted by: FI-BOCC

http://www.thefibocccprogram.ca/Upcoming_Programs_%26_Events.html

CHAMPIONING PUBLIC HEALTH NUTRITION POLICIES

October 22-23, 2008: Ottawa, ON

Hosted by: Centre for Science in the Public Interest (Canada)

<http://www.cspinet.org/canada/>

PAEDIATRIC CONNECT THE DOTS – KIDS AND TEENS HAVE STROKES

November 26, 2008: Toronto, ON

A collaboration of: Toronto West Stroke Network, Bloorview Kids Rehab, Physical Activity Resource Centre, Heart & Stroke Foundation of Ontario, Paddon Family Paediatric Stroke Fund, SickKids, Health Nexus, Toronto Public Health, and Ontario Stroke System

<http://207.245.11.40/images/PDFs/professionalEducation/save%20the%20date%20flyer.pdf>

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

FACT SHEET: CHILDREN AND SAFE CELL PHONE USE

Toronto Public Health (2008, May) released a fact sheet that advises parents to make sure their children take simple precautions to minimize exposure to radiofrequency (RF) waves if they use a cell phone. Although studies of adults who have been using cell phones generally conclude there are no effects on health, Toronto Public Health notes that it is still not clear what the impacts might be from using a cell phone for many years. They also highlight that research on the health effects on children from cell phone RFs is very limited; but many scientists feel that children may be more susceptible to harmful effects of RFs from cell phones than adults. This fact sheet offers further information and recommendations for parents such as “children under the age of 8 should use landlines and only use cell phones for essential purposes”.

Fact Sheet: http://www.toronto.ca/health/hphe/pdf/factsheet_children_safecellphone.pdf

News article: <http://www.cbc.ca/health/story/2008/07/12/cellphones-kids.html?ref=rss>

PARKS AND RECREATION TREND WATCH

Parks and Recreation Ontario shared their collection of “Parks and Recreation Trend Watch Documents” with the Lifestyle Information Network. Information is provided about topics such as: Risk Management in Recreation and Sport, Public Swimming Pool Water, School-Based Swim Programs, Triathlons, Urban

Beaches, Performance Measures, Pool Admission Criteria, Physical Activity and Sports Strategy, Playground Safety, Water Sports, and Administration of Medial Treatment.
<http://www.lin.ca/parks-trend-watch>

----- VI. JOB POSTING -----

HEALTH PROMOTION CONSULTANT – BEST START RESOURCE CENTRE

Closing Date: Monday August 4, 2008

Location: Toronto preferred. Negotiable within Ontario. Travel throughout Ontario is required.

Health Nexus seeks a full-time Health Promotion Consultant. The successful applicant will work with the Best Start Resource Centre, hosted by Health Nexus, and will focus primarily on promotion of early childhood health and development. For more information, see http://www.beststart.org/index_eng.html.