

MNCHP Network Bulletin



*best start
meilleur départ*

by/par health **nexus** santé

In this week's issue:

I. NEWS & VIEWS

1. [Latest product recalls](#) (also available in French)
2. [Employment Insurance for the self-employed](#) (also available in French)

II. RECENT REPORTS AND RESEARCH STUDIES

3. [Statistics Canada: Historical data on births](#) (also available in French)
4. [Changes in parental work time and earnings, 1980 to 2005](#) (also available in French)
5. [Parenting after separation and divorce: A profile of arrangements for spending time with and making decisions for children](#) (also available in French)
6. [Victim services for Canada](#) (also available in French)
7. [First Nations woman and post-secondary education in Canada](#) (also available in French)
8. [The Chief Public Health Officer's report on the state of public health in Canada 2009](#) (also available in French)

III. CURRENT INITIATIVES

9. [Flu-free and a mom-to-be campaign](#) (some resources also available in Spanish)
10. [Eye see... Eye learn campaign](#)

IV. UPCOMING EVENTS

11. [Childhood asthma, stress, and pollution: Why where you live matters](#)
12. [Multiple diversities: Child/youth identity and life outcomes](#)
13. [The early years conference 2010: The rights of the child](#)

V. RESOURCES

14. [Tools to help parents and practitioners work together in support of children's social well-being](#) (also available in French, Cantonese, Inuktitut, Punjabi and Spanish)
15. [A self-assessment checklist based on the National Statement of Quality Early Learning and Child Care](#)
16. [Supporting the physical activity needs of women of low socio-economic status](#)
17. information for parents/caregivers: Children less than five years of age and the H1N1 flu virus (also available in French)
18. [H1N1 flu virus travel guidance](#) (also available in French)

VI. FEATURED BEST START RESOURCES

19. [Folic acid display](#) (also available in French)
20. [Smoking and pregnancy display](#) (also available in French)

I. NEWS & VIEWS

CANADA

1. LATEST PRODUCT RECALLS

(also available in French)

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

- 29 Rainbow Rollers by ALEX: wheels and/or axles of the cars may break off and release small parts, posing a choking hazard to young children.

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

French: http://healthycanadians.gc.ca/pr-rp/pr-rp_f.php

2. EMPLOYMENT INSURANCE FOR THE SELF-EMPLOYED

(also available in French)

The Government of Canada (2009, November 3) introduced the “Fairness for the Self-Employed Act”. It would extend Employment Insurance (EI) special benefits, including maternity, parental, sickness, and compassionate care benefits, to the self-employed.

English: <http://news.gc.ca/web/article-eng.do?m=/index&nid=493319>

French: <http://nouvelles.gc.ca/web/article-fra.do?m=/index&nid=493319>

II. RECENT REPORTS AND RESEARCH RESULTS

CANADA

3. STATISTICS CANADA: HISTORICAL DATA ON BIRTHS

(also available in French)

Statistics Canada (2009, November 4) released the following historical data on births:

- Live births, by place of residence of mother and place of occurrence, Canada, provinces, territories and outside Canada, annual (number), 1991 to 2007;
- Live births, by month, Canada, provinces and territories, annual, 1991 to 2007;
- Live births, by age of mother, Canada, provinces and territories, annual, 1991 to 2007;
- Mean age of mother at time of delivery (live births), Canada, provinces and territories, annual (years), 1991 to 2007;
- Live births, by marital status of mother, Canada, provinces and territories, annual, 1991 to 2007;
- Live births, by age and marital status of mother, Canada, annual, 1991 to 2007; (7) Live births, by age and parity of mother, Canada, annual, 1991 to 2007;
- Fetal deaths (20 weeks or more of gestation) and late fetal deaths (28 weeks or more of gestation), Canada, provinces and territories, annual (number), 1991 to 2007;
- Live births and fetal deaths (stillbirths), by type (single or multiple), Canada, provinces and territories, annual (number), 1991 to 2007; and
- Live births and fetal deaths (stillbirths), by place of birth (hospital and non-hospital), Canada, provinces and territories, annual, 1991 to 2007.

English: <http://www.statcan.gc.ca/daily-quotidien/091104/dq091104e-eng.htm>

French: <http://www.statcan.gc.ca/daily-quotidien/091104/dq091104e-fra.htm>

4. CHANGES IN PARENTAL WORK TIME AND EARNINGS, 1980 TO 2005

(also available in French)

Statistics Canada (2009, October 13) released information about changes in parental work time and earnings from 1980 to 2005. Families are spending more time working mostly as a result of the rising labour market participation of women. Couples weekly work hours increased from an average of 58 hours in 1976 to 65 hours in 2008 (Marshall, 2008). This article examines the link between parental work time and earnings across various types of families (low earnings, middle earnings, and high earnings). Two-parent families in every group, particularly the low and middle earners, were found to have increased their work time substantially. "However, the changes in work time occurred against a backdrop of a stronger increase in earnings for families at the top of the earnings distribution" (Statistics Canada, 2009, October 13). Work time increased little for single fathers except for the low earnings group. Earnings fell substantially for fathers in the low and middle earnings group. For single mothers, increases in work time were accompanied by substantial growth in earnings, particularly for the low earnings group. Despite this, single mothers in all types of families continued to earn much less than their male counterparts in 2005. The authors concluded that not all families benefited financially from the increase in family work time over the last 25 years and they raise the possibility that many families have to work more than a generation ago to meet their financial expectations.

English: <http://www.statcan.gc.ca/pub/75-001-x/2009110/article/10943-eng.htm>

French: <http://www.statcan.gc.ca/pub/75-001-x/2009110/article/10943-fra.htm>

5. PARENTING AFTER SEPARATION AND DIVORCE: A PROFILE OF ARRANGEMENTS FOR SPENDING TIME WITH AND MAKING DECISIONS FOR CHILDREN

(also available in French)

This article (2009, October, 28) explores recently separated or divorced parents who have made arrangements for spending time with and making decisions for their children. It includes profiles of the types of arrangements that these parents have. A number of approaches were taken by separated and divorced parents such as: sharing both physical custody (where children live) and legal custody (who makes major child-related decisions); one parent maintaining physical custody but legal custody is shared; one parent assuming sole physical and legal custody of the children; physical custody is not shared and the parent without custody may still maintain access to the children through visits and other types of contact; parents have split custody, where physical custody is divided between parents, and each parent has custody of at least one child. The process to reach an understanding varies from a formalized arrangement in writing or an informal ad hoc approach. These arrangements were reached on their own or with help (e.g., lawyers, judges, etc). About 70% of parents who divorced or separated between 2001 and 2006 had an arrangement in place by 2006 for either spending time with their children, making major decisions, or both. About 60% of parents with an arrangement for spending time with their children had it written down and 59% of these parents used a third party to help draft an agreement or resolve disputes and make final decisions regarding their arrangements. Some other key findings for parents with arrangements include: about 14% of parents had shared living arrangements for their children; most parents indicated they participated in decision-making; and most non-resident parents were involved in their children's lives and just over half were satisfied with the amount of time spent with children.

English: <http://www.statcan.gc.ca/pub/85-002-x/2009004/article/10931-eng.htm>

French: <http://www.statcan.gc.ca/pub/85-002-x/2009004/article/10931-fra.htm>

6. VICTIM SERVICES FOR CANADA

(also available in French)

The Victim Services Survey collects data for a 12-month period on agencies that provide services to primary and secondary victims of crime and takes a snapshot of the clientele serviced on a given day. The findings indicate that four out of 10 victim service agencies in Canada are police based; the remaining are community-based, sexual assault centres, court-based, system-based, or victim crisis assistance. Between April 1, 2007 and March 31, 2008 almost 406,000 victims were assisted by victim service providers. The number of women that received assistance from a victim service provider was three times higher than the number of men. The majority of victims who receive assistance from a victim service agency were victims of violent crime such as a sexual assault (21%) or another type of violent crime (40%) like an assault. Among the women who sought assistance almost half (46%) did so because of a violent crime committed by their spouse, ex-spouse, or intimate partner. A total of 329 out of 766 victim service providers indicated that they offered their services to victims of specific types of crimes. For example, three-quarters offered specific services to meet the needs of family members of children who were victims of sexual abuse. Seventy-one percent of service providers serviced adult victims of sexual assault, and 70% were able to help child and adolescent victims of sexual abuse, assault or exploitation. A total of 32% of service providers had programs specifically for children and youth. English: <http://www.statcan.gc.ca/pub/85-002-x/2009004/article/10932-eng.htm> French: <http://www.statcan.gc.ca/pub/85-002-x/2009004/article/10932-fra.htm>

7. FIRST NATIONS WOMEN AND POSTSECONDARY EDUCATION IN CANADA

(also available in French)

The October 2009 issue of Statistics Canada's publication "Education Matters: Insights on Education, Learning and Training in Canada" contains two articles: "First Nations women and postsecondary education in Canada: Snapshots from the census" and "First Nations women and postsecondary education: Findings from the 2006 Aboriginal Peoples Survey". The first article explores the postsecondary education attainment of First Nations women in Canada and provides evidence that many of them return to school later in life, a different path to postsecondary education than women in the overall Canadian population. The second article reports that 6 in 10 off-reserve First Nations women aged 25 to 64 who have taken postsecondary education had applied for financial assistance to pursue their studies. The vast majority of them received some form of funding and three-quarters completed their postsecondary studies.

English: <http://www.statcan.gc.ca/pub/81-004-x/81-004-x2009004-eng.htm>

French: <http://www.statcan.gc.ca/pub/81-004-x/81-004-x2009004-fra.htm>

8. THE CHIEF PUBLIC HEALTH OFFICER'S REPORT ON THE STATE OF PUBLIC HEALTH IN CANADA 2009

(also available in French)

This report is the second annual report to Parliament on the state of public health in Canada. Using a lifecourse approach to health, it focuses on the lifelong impact of exposures and influences that occur early in life and explores the current state of children's health in Canada up to and including age 11 years. The report highlights a number of worrying trends that are either persistent or are increasing in prevalence, especially among certain sub-populations of children. Rates of illness and disease are relative low in Canada's children but Aboriginal children and those from low-income households appear to be more vulnerable than others to certain adverse health outcomes. The report covers social and physical influences on children's health and notes that "six issues warrant further examination because they are either having a substantial negative impact on the health of Canadian children or they are persistent or worsening, and there is evidence that they are preventable. They are: (1) socio-economic status and developmental opportunities; (2) abuse and neglect; (3) prenatal risks; (4) mental health and disorders; (5) obesity; and (6) unintentional injuries. The report identifies four priority areas for action: better collection and sharing of data and information; improved and ongoing education and awareness; healthy

and supportive environments; and co-ordinated, multi-pronged and sustained strategies. The author highlights that moving forward requires participant from all sectors and levels.

English: <http://www.phac-aspc.gc.ca/publicat/2009/cphorsphc-respcacsp/index-eng.php>

French: <http://www.phac-aspc.gc.ca/publicat/2009/cphorsphc-respcacsp/index-fra.php>

III. CURRENT INITIATIVES

9. FLU-FREE AND A MOM-TO-BE CAMPAIGN

(some resources also available in Spanish)

The Association of Women's Health Obstetric and Neonatal Nurses and Healthy Women launched the "Flu-Free and a Mom-to-Be" campaign on October 23, 2009. The campaign focuses on the increased risk of both seasonal and H1N1 flu in pregnancy and the importance of vaccination against both strains for pregnant women and new mothers. A poster, tip card, and articles are available.

English:

http://www.awhonn.org/awhonn/content.do?name=02_PracticeResources/2B1_FluFreeMom2Be.htm

Spanish:

http://www.awhonn.org/awhonn/content.do?name=02_PracticeResources/2B1_FluFreeMom2Be.htm

10. EYE SEE... EYE LEARN CAMPAIGN

Up to one in six children will develop a vision problem that requires some form of correction. The Ontario Association of Optometrists (OAO) is working with the Hamilton-Wentworth District School Board and the Hamilton-Wentworth Catholic District School Board to launch the "Eye See...Eye Learn" program for Hamilton kindergarten students. This pilot is the first of its kind in Ontario and OAO hopes it will address the Ontario statistics that shows less than 20% of children have an eye exam before entering school, despite the fact that annual eye examinations are covered annually by OHIP for children 19 years of age and under. Parents of children will be provided with an information package through their child's school that encourages them to book an eye examination for their child with a participating optometrist. Any child participating in the program that has a vision problem will be provided with a free pair of eyeglasses. Resources are available such as teacher's guides, classroom activities, and a K-5 activity kit.

http://www.optom.on.ca/students_and_educators/eye_see_eye_learn/what_is_eye_see_eye_learn

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

11. CHILDHOOD ASTHMA, STRESS, AND POLLUTION: WHY WHERE YOU LIVE MATTERS

November 12, 2009: Toronto, ON

Hosted by: Let's Get Talking: Centre for Research on Inner City Health, St. Michael's Hospital Community Discussion Series

RSVP to Anne-Marie Tynan, (416) 864-6060 x2522 or tynanma@smh.toronto.on.ca, or to Caryn Thompson, (416) 461-1925 x253 or cthompson@srhc.com.

12. MULTIPLE DIVERSITIES: CHILD/YOUTH IDENTITY AND LIFE OUTCOMES

December 1, 2009: Toronto, ON

Hosted by: Community Health Systems Resource Group

<http://www.chsrgevents.ca/chilyouthidentity/>

CANADA**13. THE EARLY YEARS CONFERENCE 2010: THE RIGHTS OF THE CHILD**

February 4-6, 2010: Victoria, BC

Hosted by: Interprofessional Continuing Education at the University of British Columbia in co-operation with British Columbia Association Infant Development Consultants, Human Early Learning Partnership, and BC Family Resource Programs

http://www.interprofessional.ubc.ca/Brochures/Brochure_EarlyYears2010.pdf

V. RESOURCES

14. TOOLS TO HELP PARENTS AND PRACTITIONERS WORK TOGETHER IN SUPPORT OF CHILDREN'S SOCIAL WELL-BEING

(also available in French, Cantonese, Inuktitut, Punjabi and Spanish)

The Canadian Child Care Federation (CCCF) (2009) offers a set of resources to help build a strong partnership between families and child care practitioners in support of children's social well-being. Selected resources are available in Cantonese, Inuktitut, Punjabi and Spanish.

English: http://www.cccf-fcsge.ca/projects/practitioners-families-socialwellbeing_en.php

French: http://www.cccf-fcsge.ca/fr/projects/practitioners-families-socialwellbeing_fr.php

Other languages: http://www.cccf-fcsge.ca/projects/practitioners-families-socialwellbeing_en.php

15. A SELF-ASSESSMENT CHECKLIST BASED ON THE NATIONAL STATEMENT OF QUALITY EARLY LEARNING AND CHILD CARE

The Canadian Child Care Federation highlights that self-reflection is one of the many avenues that can be used to foster personal growth as a child care practitioner. This includes "thinking about your current practice and reflecting on things you would like to change" (CCCF, 2009).

<http://www.cccf-fcsge.ca/practice/assessment/self-reflection.pdf>

16. SUPPORTING THE PHYSICAL ACTIVITY NEEDS OF WOMEN OF LOW SOCIO-ECONOMIC STATUS

The October WellSpring issue (Alberta Centre for Active Living, 2009) provides information gained through focus groups of mothers with low socioeconomic status and health promoters. The findings indicate that women in disadvantaged circumstances (e.g., immigrant women, multicultural women, low-income women, single-parent mothers) report that they do not receive enough information about local opportunities for physical activities and sport. Other barriers and challenges were financial (e.g., child care, transportation, program costs), social (e.g., lack of flexible programming, discrimination, social exclusion), physical (e.g., lack of sport skills, body weight/body image concerns), and cultural (e.g., language barriers, lack of awareness, lack of social and family support systems). Participants provided suggestions of how service providers can meet the needs of mothers with low socioeconomic status: (1) education and awareness (e.g., awareness-raising initiatives, encourage mothers), (2) financial support (e.g., become familiar with subsidy programs; seek partners to offset costs of physical activity programs); (3) appropriate communication (e.g., printed material in a variety of languages; embrace a diverse

workforce and/or use volunteers who speak the languages of participants); and (4) mentoring (e.g., develop a physical activity mentorship program); (5) child care (e.g., provide free or low-cost child care, offer physical activity programs that integrate the mother into the child's physical activity or sport program).

<http://www.centre4activeliving.ca/publications/wellspring/2009/oct-low-SES-women.pdf>

17. INFORMATION FOR PARENTS/CAREGIVERS: CHILDREN LESS THAN FIVE YEARS OF AGE AND THE H1N1 FLU VIRUS

(also available in French)

The Public Health Agency of Canada (2009, November 2) released information for parents and caregivers about children less than five years of age and the H1N1 Flu Virus. It includes symptoms to look for, signs of severe illness, how parents/caregivers can protect themselves and their children, H1N1 flu vaccine, antivirals for treatment of the flu, and consider the options – getting the flu versus vaccines and antivirals

English: http://www.phac-aspc.gc.ca/alert-alerte/h1n1/pdf/Factsheet_Children_under_five.pdf

French: http://www.phac-aspc.gc.ca/alert-alerte/h1n1/pdf/Factsheet_Children_under_five.pdf

18. H1N1 FLU VIRUS TRAVEL GUIDANCE

(also available in French)

The Government of Canada (2009, October 28) released a guidance on how to reduce the spread on the H1N1 flu virus on planes, trains, ferries, and inter-city buses.

English: http://www.phac-aspc.gc.ca/media/nr-rp/2009/2009_1028b-eng.php

French: http://www.phac-aspc.gc.ca/media/nr-rp/2009/2009_1028b-fra.php

VI. FEATURED BEST START RESOURCES

The Best Start Resource Centre has several displays available for loan. Most are large, double-laminated paper displays that roll into a tube. Some of the newest displays are listed below.

19. FOLIC ACID DISPLAY

(also available in French)

This display about folic acid is a roll up unit. The free standing display measures 0.8 x 2 metres (33" by 80") and rolls up into a small case. It can be used at health fairs and other events.

English: <http://www.beststart.org/resources/index.html#display>

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

20. SMOKING AND PREGNANCY DISPLAY

(also available in French)

This display about smoking and pregnancy is a roll up unit. The free standing display measures 0.8 x 2 metres (33" by 80") and rolls up into a small case. It can be used at health fairs and other events

English: <http://www.beststart.org/resources/index.html#display>

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

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

In English:

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

In French:

- **French distribution list** – The free distribution list offers information in French on maternal, newborn, and child health promotion topics. http://www.meilleurdpart.org/index_fr.html
- **Le Bloc-Notes** – The biweekly French language bulletin provides information on health promotion. <http://leblocnotes.ca/>