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

ONTARIO

1. LEAD POISONING IN CHILDREN OFTEN GOES UNRECOGNIZED

This article (Bruser, 2008, October 4) reports that parents and physicians may confuse lead poisoning with other ailments because of symptoms such as vomiting, diarrhea, and cramping. Dr. Michael Rieder from the Children's Hospital of Western Ontario in London explains that he is one of the few people at the centre that orders tests for how much lead is in the blood. He wonders how many children are suffering the subtler effects of lead because children are not screened for it. Health Canada has warned about the danger of lead for years: "Exposure to even very low levels of lead may be associated with harmful effects on (children's) intellectual development, growth, and behaviour".

<http://www.parentcentral.ca/parent/article/511759>

CANADA

2. 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).

- Water-filled Yo-yo Ball Toy: Poses risk of strangulation.
- Gagou Tagou Pacifier Clip: Presents a choking hazard.
- "Feather Witch" Halloween Costume: Does not meet requirements for textile flammability.
- Party Blast Silly String: Lacks the symbols and warnings required for explosive products.
- Wooden Number Puzzle: Number "1" poses choking hazard.
- Rage Wireless Guitar Game Controller: Circuit board defect poses a risk of chemical burns from AA batteries.
- Make-It Special Pewter Embellishments: Contain lead.
- Mini Hockey Stick: Surface paint contains lead.
- CTG Kool Charmz: Clasp in charm bracelet gift set contains lead.
- Children's Charm Craft Kits: Clasp in charm bracelet gift set contains lead.

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

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

INTERNATIONAL

3. CUT CAFFEINE, PREGNANT WOMEN TOLD

This article (BBC News, 2008, November 2) reports that the Food Standards Agency in the United Kingdom lowered its recommended levels of caffeine for pregnant women from a maximum of 300mg a day to 200mg. This change follows research by Leicester and Leeds universities to be published in the British Medical Journal this week, which links caffeine consumption to babies born with low birth weight.

<http://news.bbc.co.uk/2/hi/health/7705319.stm>

4. COMPREHENSIVE CARE TO WOMEN AND CHILDREN, WORLD HEALTH ORGANIZATION (WHO) RECOMMENDS

According to this article (CBC News, 2008, October 14), a WHO report is calling for an overhaul on how health care is financed and managed globally. The United Nations agency said in its annual World Health

Report that nearly 60 million women of the 136 million who will give birth this year will lack medical assistance during and after their births. The report claims that the billions of aid dollars devoted to fight specific epidemics like AIDS has distracted attention from providing comprehensive care to mothers and children: "Disproportionate investment in a limited number of disease programs considered as global priorities in countries that are dependent on external support has diverted the limited energies of ministries of health away from their primary role" (WHO, 2008).

<http://www.cbc.ca/health/story/2008/10/14/who-healthcare.html?ref=rss>

5. U.S. PAEDIATRICIANS DOUBLE VITAMIN D RECOMMENDATIONS FOR CHILDREN

This article (CBC News, 2008, October 13) reports that the American Academy of Pediatrics is recommending that children receive double (400 IU) the usually suggested amount of vitamin D (200 IU). This recommendation arose due to mounting research about the potential benefits of vitamin D such as reducing the risk for cancer, diabetes, and heart disease. These new recommendations will be published in the November issue of the academy's journal "Pediatrics". According to the article, Health Canada recommends that all breastfed healthy term infants receive 400 IU daily of vitamin D until the infant's diet includes that amount from other dietary sources or they are one year of age.

<http://www.cbc.ca/health/story/2008/10/13/kids-vitamin.html>

6. USE RITALIN ONLY AS A LAST RESORT FOR KIDS WITH ADHD, GUIDELINES SAY

The National Institute for Health and Clinical Excellence in Britain (2008, September 24) released guidelines that say Ritalin should only be prescribed as a last resort "...[Ritalin] should be reserved for those with severe symptoms and impairment". The group claims that when drugs for the disorder are prescribed, the child should also receive psychological therapy and support. They also say that parent training and education programs should be offered as a first-line treatment for ADHD in both preschool and school-aged children.

<http://www.cbc.ca/health/story/2008/09/24/adhd-guide.html?ref=rss>

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

ONTARIO

7. A TRANSFORMATIONAL VISION FOR EARLY LEARNING AND CARE

The Ontario Coalition for Better Child Care (2008, November 4) released their submission to the Early Learning Advisor Charles Pascal with a vision of full day learning for 4 and 5 year olds as a part of a comprehensive child care system in Ontario. The vision includes affordable care for families, child care services for every child in Ontario, and significant wage increases for Early Childhood Educators across the province. The report identifies the following guiding principles: (1) child-centred programming and curriculum; (2) seamless day/ integrated services; (3) high quality service that includes consideration of the learning environment, adult-to-child ratios, public non-profit delivery, equity and inclusion, and qualifications, remuneration, and morale of staff and providers; (4) meet the needs of families; and (5) meet the needs of those working in early learning and care.

http://www.childcareontario.org/news/?attachment_id=170

CANADA

8. RURAL-URBAN DIFFERENCES IN PROVIDER PRACTICE RELATED TO PRECONCEPTION COUNSELLING AND FETAL ALCOHOL SPECTRUM DISORDERS (FASD) (also available in French)

This study (Tough, Ediger, Hicks, & Clarke, 2008) aimed to determine whether differences exist between rural and urban health care providers in knowledge of, attitudes about, and awareness of FASD and

preconception counselling. A total of 5361 surveys were mailed to a sample of Canadian health care providers between October 2008 and May 2002. The findings indicate that rural and urban providers were similar in their diagnostic knowledge of FASD. Rural providers were more likely than urban providers to report being prepared to access resources related to alcohol use and dependency but they were less likely to agree that it was the physician's role to manage these issues. Rural providers were also more likely than urban providers to use a standardized tool to screen patients for alcohol use, to ask all pregnant women if they were drinking, to have cared for a patient with an FASD, to agree that providers do not make a diagnosis because of lack of time and training, and to recognize legal issues and inappropriate behaviour as secondary outcomes of FASD.

English: http://www.cma.ca/index.cfm/ci_id/87427/la_id/1.htm

French (résumé): http://www.cma.ca/index.cfm/ci_id/87427/la_id/1.htm

9. OFF-RESERVE FIRST NATIONS, MÉTIS, AND INUIT CHILDREN'S SURVEY: FAMILY, COMMUNITY, AND CHILD CARE (also available in French)

This paper used data from the "2006 Aboriginal Children's Survey (ACS)" and the "2006 Census" to examine the topics of family, community, and child care of off-reserve First Nations, Métis, and Inuit children under 6 years of age. Issues such as family characteristics, feelings about community, cultural activities, and child care arrangements were explored. The findings indicate that First Nations, Métis, and Inuit children are a growing proportion of all children particularly in the territories and in the provinces of Saskatchewan and Manitoba. The report also highlights that compared to other children, (1) there are higher percentages of young First Nations, Métis, and Inuit children growing up in large families and with young parents; (2) many persons (e.g., extended family and community members) are involved in raising First Nations, Métis, and Inuit children; (3) a greater proportion of these children were living in low-income economic families; (4) parents and guardians of these children reported higher levels of dissatisfaction with their finances and their housing situation compared to other aspects of their home and daily life; and (5) parents and guardians of these children reported relative high levels of satisfaction with their support networks from family, friends, and others. The findings also indicate that although parents and guardians of First Nations and Métis children were generally satisfied with many aspects of their community as a place to raise children, they were less satisfied with access to activities and services that promote traditional and cultural values and customs. According to the report, Inuit children appear to have more access to cultural activities than their First Nations and Métis counterparts.

News release: <http://www.statcan.ca/Daily/English/081029/d081029a.htm>

French: <http://www.statcan.ca/Daily/Francais/081029/q081029a.htm>

Report: <http://www.statcan.ca/bsolc/english/bsolc?catno=89-634-XWE2008001>

French: <http://www.statcan.ca/bsolc/francais/bsolc?catno=89-634-XWF2008001>

INTERNATIONAL

10. TOO MUCH WEIGHT IN PREGNANCY NEARLY DOUBLES RISK OF HEAVY BABY

The authors of this study (Hillier et al., 2008) followed 41,540 women who gave birth to singleton babies in Washington, Oregon, and Hawaii from 1995 through 2003. Patient medical records and birth certificates were examined to determine the mother's weight gain and the baby's birth weight. The mothers were also screened for gestational diabetes. The researchers examined the number of women who gained more than 40 pounds (i.e., maximum recommended weight gain) and whether their babies weighed more than about 9 pounds at birth (WebMD, 2008, October 31). The findings indicate that women who gain more than 40 pounds during pregnancy have nearly twice the risk of delivering a heavy baby than those who gain less weight. These women were also more likely to have a heavy baby even if they did not have gestational diabetes. Study author Dr. Teresa Hillier explains: "Gestational diabetes puts the baby in an overfed state. When a mother gains too much weight, even if she has normal glucose levels, the baby is overfed in a similar way" (WebMD, 2008, October 31). She highlights that it is an important health message for most women to avoid excessive weight during pregnancy because there

are so many women who are gaining more than 40 pounds during pregnancy (CBC News, 2008, October 31).

Abstract: <http://www.greenjournal.org/cgi/content/abstract/112/5/1007>

News article: <http://www.cbc.ca/health/story/2008/10/31/weight-gain-pregnancy.html>

11. DOES WATCHING SEX ON TELEVISION PREDICT TEEN PREGNANCY?

This study (Chandra et al., 2008) examined associations between exposure to television sexual content and adolescent pregnancy. A total of 2,003 teenagers 12 to 17 years of age were questioned by telephone about their television viewing habits in 2001. Teens were re-interviewed twice and asked about pregnancy. The findings indicate that teenagers who were exposed to high levels of television sexual content were twice as likely to experience a pregnancy in the subsequent 3 years, compared with those with lower levels of exposure. The authors suggest that: "Limiting adolescent exposure to the sexual content on television and balancing portrayals of sex in the media with information about possible negative consequences might reduce the risk of teen pregnancy. Parents may be able to mitigate the influence of this sexual content by viewing with their children and discussing these depictions of sex". Although viewing sexual content on television was strongly connected with teen pregnancy even when other factors like grades, family structure, and parents' education levels were considered, the executive director of Answer, a teen sex education program based at Rutgers University, points out that the study did not adequately address issues such as self-esteem, family values, and income (Macleans, 2008, November 3).

Abstract:

<http://pediatrics.aappublications.org/cgi/content/abstract/122/5/1047?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=&fulltext=teen&searchid=1&FIRSTINDEX=0&volume=122&issue=5&resourcetype=HWCI>

News article: <http://www.macleans.ca/article.jsp?content=e110302A>

12. LEARNING FROM MISTAKES ONLY WORKS AFTER AGE 12

This study (Duijvenvoorde, Zanolie, Rombouts, Raijmakers, & Crone, 2008) examined how children learn from positive and negative feedback. fMRI research was used to compare the brains of three different age groups: children aged 8 to 9 years, children aged 11 to 12 years, and adults aged 18 to 25 years. The researchers gave participants a computer task that required them to discover rules while they lay in the MRI scanner. A tick appeared on the screen if they did the task correctly and a cross appeared if they did the task incorrectly. MRI scans showed which parts of the brain were activated. The findings indicate that in children aged 8 to 9 years, the areas of the brain involved in cognitive control show strong activation following positive feedback. This is no longer the case with 12-year-olds. The findings suggest that: "Eight-year-olds learn primarily from positive feedback ('Well done!'), whereas negative feedback ('Got it wrong this time') scarcely causes any alarm bells to ring. Twelve-year-olds are better able to process negative feedback, and use it to learn from their mistakes. Adults do the same, but more efficiently" (ScienceDirect, 2008, September 27).

News release: <http://www.sciencedaily.com/releases/2008/09/080925104309.htm>

Abstract: <http://www.jneurosci.org/cgi/content/abstract/28/38/9495>

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

13. ADOPTION AWARENESS MONTH: NOVEMBER

The Ontario Association of Children's Aid Societies (2008, November 3) and its member agencies are reminding Ontarians that many children and youth in care need adoptive families. As of March 31, 2008 there were approximately 9,200 children in care who could be adopted in Ontario (12% aged 0 to 5; 32% aged 6 to 12; 56% aged 13 and over). Ontario's Children's Aid Societies finalized 822 adoptions last year. "People from diverse cultural backgrounds, single people or same-sex couples are encouraged to consider adoption. As well, people with the capacity to adopt children with special needs, sibling groups

or older children are needed” (OACAS, 2008, November 3). Ontario’s Children’s Aid Societies provide adoptive parents and children with support, training, and education. Financial supports and subsidies may also be available.

<http://www.newswire.ca/en/releases/archive/November2008/03/c3713.html>

14. NATIONAL DOWN SYNDROME AWARENESS WEEK: NOVEMBER 1-7

This awareness campaign focuses on the unique strengths and abilities of people with Down Syndrome in order to work to ensure equitable opportunities for all Canadians with Down Syndrome. The Canadian Down Syndrome Society provides resources including a planning guide, media messaging, press releases, and posters.

<http://www.cdss.ca/site/events/ndsaw.php>

15. AN INFECTIOUS IDEA: 125 YEARS OF PUBLIC HEALTH IN TORONTO

A new exhibit at the City of Toronto Archives is celebrating the 125th anniversary of Toronto Public Health. “An Infectious Idea: 125 Years of Public Health in Toronto” presents a selection of archival photographs and documents from 1883 to the present, exploring themes such as health services for children, the struggle for clean water and air, and the development of public housing and social services.

<http://www.toronto.ca/archives/>

----- 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>

ONLINE

16. COMMUNITY DEVELOPMENT STRATEGIES FOR HEALTH PROMOTERS

January 15, 2009: Online

Hosted by: Ontario Healthy Communities Coalition

<http://www.healthycommunities.on.ca/ohcc.htm>

17. EFFECTIVE PROPOSAL WRITING

February 18, 2009: Online

Hosted by: Ontario Healthy Communities Coalition

<http://www.healthycommunities.on.ca/ohcc.htm>

18. HEALTH PROMOTION 101

March 10, 2009: Online

Hosted by: Ontario Healthy Communities Coalition

<http://www.healthycommunities.on.ca/ohcc.htm>

ONTARIO

19. STOPPING THE REVOLVING DOOR

November 14, 2008: Toronto, ON

Hosted by: Public Health Agency of Canada

<http://www.beststart.org/events/otherevents.php>

20. UNDERSTANDING DOMESTIC VIOLENCE

November 18, 2008: Sault Ste. Marie, ON

Hosted by: The Algoma Council on Domestic Violence
<http://www.hscdsb.on.ca/default.aspx?l=,1,27,1619>

21. A BREASTFEEDING COURSE BASED ON THE WHO/UNICEF 20-HOUR LACTATION MANAGEMENT COURSE

November 19-21, 2008: Toronto, ON

Hosted by: INFAC Canada

http://www.infactcanada.ca/Lactation_Mgmt_Course.htm

22. 12TH ANNUAL EARLY CHILDHOOD EDUCATORS AWARDS OF EXCELLENCE CELEBRATION

November 20, 2008: St. Catharines

Hosted by: Early Childhood Community Development Centre

<http://www.eccdc.org/>

23. ETHNO-CULTURAL MUTUAL AID: BUILDING COMMUNITY IN DIVERSITY

November 29, 2008: Toronto, ON

Hosted by: Self Help Resource Centre

<http://www.selfhelp.on.ca/>

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

24. EARLY CHILDHOOD EDUCATION AND CARE: PRIVATE COMMODITY OR PUBLIC GOOD?

The Child Care Privatization Project aims to gather and develop resources to inform and encourage Canadian dialogue. The Childcare Resource and Research Unit (CRRU) has gathered documents available online and in print and will also be developing resources on this topic such as a comprehensive bibliography of key research.

<http://privatization.crru.ca/>

25. ONTARIO PUBLIC HEALTH STANDARDS (OPHS) AND PROTOCOLS

(will be available in French as of December 1, 2008)

The OPHS and Protocols establish the minimum requirements for fundamental public health programs and services. These include assessment and surveillance, health promotion and policy development, disease and injury prevention, and health protection. The OPHS and Protocols replace the Mandatory Health Programs and Services Guidelines, 1997. This website provides a link to the OPHS and Protocols and a link to additional information on their development.

http://www.health.gov.on.ca/english/providers/program/pubhealth/oph_standards/ophs_mn.html

----- VI. FEATURED BEST START RESOURCES -----

In each bulletin the "latest product recalls" are featured. There are many children's items (e.g., toys) recalled for containing lead or barium in excess of the allowable level per the Canadian Hazardous Products Act (CHPA). The following resources provide information for service providers about environmental risks to preconception, prenatal, and child health and resources for parents and caregivers.

26. PLAYING IT SAFE: ENVIRONMENTAL RISKS TO CHILD HEALTH (POSTER)

(also available in French)

This colour poster, developed in collaboration with the Canadian Partnership for Children's Health and the Environment (CPCHE) (2007), is about environmental risks to child health.

English: http://www.beststart.org/resources/env_action/index.html

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

27. PLAYING IT SAFE: CHILDPROOFING FOR ENVIRONMENTAL HEALTH (BROCHURE)
(also available in French)

This brochure, developed by CPCHE (2007), explains why children are more vulnerable to contaminants than adults; the major health effects of concern to children in Canada; and practical childproofing actions that people can take to protect their children.

English: http://www.beststart.org/resources/env_action/index.html

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

28. PLAYING IT SAFE: SERVICE PROVIDER STRATEGIES TO REDUCE ENVIRONMENTAL RISKS TO PRECONCEPTION, PRENATAL, AND CHILD HEALTH (MANUAL)
(also available in French)

This manual, developed in collaboration with CPCHE (2006), guides service providers to promising strategies to address environmental risks to preconception, prenatal, and child health.

English: http://www.beststart.org/resources/env_action/index.html

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

29. AUDIT FORM: ENVIRONMENTAL HEALTH CHILDPROOFING CHECKLIST
(also available in French)

This tool, Appendix B of the manual “Playing it Safe” (2006), can be used as an audit form, checklist, or quiz for assessing the environmental risks to child health in locations frequented by families with young children.

English: http://www.beststart.org/resources/env_action/index.html

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

30. ENVIRONMENTAL RISKS TO PRECONCEPTION, PRENATAL, AND CHILD HEALTH

This bulletin was developed in collaboration with CPCHE for the Forum series “Playing it Safe: Service Provider Strategies to Reduce Environmental Risks to Child Health” (2007). It provides information on key Canadian resources on environmental risks to children.

http://www.beststart.org/resources/env_action/index.html

31. CHILD HEALTH AND THE ENVIRONMENT: A PRIMER
(also available in French)

This resource, developed by CPCHE and partially funded by the Best Start Resource Centre (2005), focuses on chemical and toxic exposures. It explains why children are more vulnerable to contaminants than adults; the major health effects of concern to children in Canada; the toxic exposures of greatest concern; what is being done internationally and in Canada; and practical childproofing actions that people can take to protect their children.

English: http://www.beststart.org/resources/env_action/index.html

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