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

ONTARIO

1. RESCUING IMMIGRANT BABIES

This article (Taylor, 2008, September 8) reports that Dr. Mandana Vahabi, a professor at Ryerson University, hopes that election campaign pledges will lead to funding for her research. Her research indicates the infant mortality rate may be twice as high for immigrant women in Toronto than other women. Dr. Vahabi explains that more information is needed to explain the differences in mortality rates. For example, the incidence of babies with low birth weights are higher for mothers in low-income, largely immigrant neighbourhoods as compared to other mothers and Dr. Vahabi asks: "Is this because they are poor or because they are immigrants? Is it their age, their level of education, or because they smoke, drink and eat high-fat foods when they come here? Is language a factor, or access to health care, or cultural taboos? Does it matter how long they've been in Canada? Does it affect just some immigrants?" Dr. Vahabi explains that privacy issues with capturing ethnicity in data collection have been a challenge to answering these questions but some studies provide insight. A Toronto Public Health study overlaid income areas with hospitals and health centres and Dr. Vahabi factored in immigrant information taken from the 2001 census. The findings indicate that medical care is less accessible in predominantly immigrant neighbourhoods such as north Etobicoke and Scarborough. The report also highlights that up to a third of clients that visit the Immigrant Women's Health Centre in Toronto do not have OHIP coverage. Ayesha Adhami, administrative co-ordinator of the Immigrant Women's Health Centre, notes that "bureaucrats should be seeing women as they are living, with poverty and violence...Politicians should come down and see how the health-care system allows them to fall through the cracks".
<http://www.parentcentral.ca/parent/article/492473>

2. GOVERNMENT OF ONTARIO INCREASES ACCESS TO FRENCH-LANGUAGE CHILD CARE
(also available in French)

The Government of Ontario (2008, September 11) announced the creation of 266 new French-language child care spaces. The creation of these spaces stemmed from the findings of the Minister's Permanent Task Force on French-language Education, which indicate that Francophone children who attend French-language child care centres can acquire solid French-language skills that are critical to school success. Education Minister Kathleen Wynne explained: "Adding child care centres in French-language schools will help Francophone children to develop language skills sooner and be more successful. And it will make our French-language schools more responsive to the needs of parents".
English: <http://www.edu.gov.on.ca/eng/document/nr/08.09/nr0911.html>
French: <http://www.edu.gov.on.ca/fre/document/nr/08.09/nr0911.html>

3. JUSTICE ONTARIO
(also available in French)

The Government of Ontario announced a website and hotline called "Justice Ontario" to help Ontarians find answers about the justice system. Justice Ontario includes: (1) easy-to-use information on family law, criminal law, lawsuits and disputes, human rights, estate planning and tickets and fines; (2) easy access to legal resources such as lawyer referral services and family law information centres; and (3) toll-free telephone access to the same information in 173 languages at 1-866-252-0104.
English: <http://ogov.newswire.ca/ontario/GPOE/2008/08/27/c7108.html?lmatch=&lang= e.html>
French: <http://ogov.newswire.ca/ontario/GPOF/2008/08/27/c7118.html?lmatch=&lang= f.html>

CANADA

4. 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).

- Zolo Zippy wooden pull toys: Surface paint contains barium.
 - Wooden Puzzles, Infant Rattles, Pacifier Holders, and Stroller Toys: Parts can detach, posing a choking hazard
 - Balloon Blowing Kits sold at the Canadian National Exhibition: Solvents present, posing risk of central nervous system depression or dysfunction
 - Vehicle Magnetic Blocks: Parts can break, posing choking and laceration hazards
 - Phil & Neds e3 Single Buggy, e3 Twin Buggy, and sport v1 Single Buggy Strollers: Hinge locking mechanism poses a laceration hazard
 - Simplicity 3-in-1 and 4-in-1 Convertible Bassinets: pose an entrapment hazard
 - Bonne Bell Children's Cosmetic Accessory Bags: Metal clasps on the handles of the bags contain lead
 - Taggies Strollin' Along Activity Bar: Shiny material on the elephant's ear can detach, posing a choking hazard
 - Wooden Alphabet & Number Blocks: Surface paint contains barium
 - Batteries Used in Radio-Controlled Helicopter Kits: Can overheat and catch fire while charging, posing a fire hazard
- English: http://healthycanadians.gc.ca/pr-rp/pr-rp_e.php
French: http://healthycanadians.gc.ca/pr-rp/pr-rp_f.php
- Infant formula originating from China: Contaminated with melamine
- English: http://healthycanadians.gc.ca/pr-rp/fr-ra_e.php
French: http://healthycanadians.gc.ca/pr-rp/fr-ra_f.php

5. SCREENING FOR DOWN SYNDROME

Prenatal screening for the genetic abnormality that can cause intellectual and physical delays is now available to all women in Canada, not just those over 35 years of age. The tests have been available to all mothers-to-be in Ontario since September 2006. These tests can raise red flags, which can be followed by diagnostic tests to determine if the fetus has Down syndrome. Dr. Vyta Senikas, associate executive vice-president of the Canadian Society of Obstetricians and Gynaecologists (SOGC), explains that: "What the science has shown us is that these screening tests apply to all age groups...It is up to the woman to decide whether she needs, wants, or will have the tests done". In addition to their recommendation that all mothers be screened, the SOGC guidelines also stress the importance of doctors providing expectant mothers with impartial information. Krista Flint, executive director of the Canadian Down Syndrome Society highlights that "statistics show 80 to 95% of those pregnancies are terminated...Technology marches forward but we want to make sure people are making decisions based on information given in a fair and balanced way". She explains that too often medical professionals only present a 'doom-and-gloom' scenario and there are currently 35,000 people with Down syndrome in Canada with a range of capabilities.

<http://www.parentcentral.ca/parent/article/497672>

6. TEENAGE PREGNANCY IN CANADA: INTERACTIVE MAP

This website (cbc.ca, 2008, June 20) provides an interactive map of teenage pregnancy statistics in Canada based on Statistics Canada data from 2000 to 2004. In the past three decades, the teen pregnancy rate has been declining as has the pregnancy rate for women of all ages. This interactive map allows users to click on a province or territory to view the total pregnancies/live births per 1,000 women under 20 years old for each year from 2000 to 2004.

<http://www.cbc.ca/news/interactives/map-teen-pregnancy/>

7. GOVERNMENT OF CANADA ANNOUNCES OCCUPATIONAL STANDARDS FOR EARLY CHILDHOOD EDUCATORS PROJECT (also available in French)

The Government of Canada (2008, September 3) announced support to help build a better educated, more-skilled, and more flexible child care work force. A total of \$434,150 will be invested for the Child Care Human Resources Sector Council to undertake the "Occupational Standards for Early Childhood Educators" project. These occupational standards will describe the knowledge and skills that a person interested in early childhood education must have to be considered competent in that occupation. According to the Government of Canada, these standards are a critical element for the successful development of the child care sector, and will help shape everything from the design and delivery of training programs, to the analysis of work force trends and issues, to assisting in recruitment and retention initiatives.

English: <http://news.gc.ca/web/view/en/index.jsp?articleid=417429>

French: <http://news.gc.ca/web/view/fr/index.jsp?articleid=417429>

8. HEALTH OFFICIALS DEBATE STANDARDS FOR FOOD ALLERGY WARNINGS

This article (cbc.ca, 2008, August 26) reports that health officials in the U.S. and Canada are debating setting standards for food allergy warnings because of concerns that consumers are so confused that they are starting to ignore the warnings. Issues with the current advisory labelling are provided such as different wordings being misinterpreted and companies exceeding what the government considers 'trace' levels of nuts in their products.

<http://www.cbc.ca/health/story/2008/08/26/food-allergy.html>

INTERNATIONAL

9. ALCOHOL CONSUMPTION CAN CAUSE TOO MUCH CELL DEATH, FETAL ABNORMALITIES

The initial signs of fetal alcohol syndrome include facial malformations such as flat and high upper lip, small eye openings, and a short nose. This article reports that researchers have evidence that just a few glasses of wine over an hour in the first few weeks of pregnancy (e.g., before a woman knows she is pregnant) increases cell death, which leaves too few cells to properly form the face and possibly the brain and spinal cord. Dr. Erhard Bieberich, a biochemist in the Medical College of Georgia Schools of Medicine and Graduate Studies who is comparing cell loss in mice following different levels of alcohol consumption to the usual loss that occurs in development, explains: "It's well known that when you drink, you get a buzz. But a couple of hours later, that initial impact, at least, is gone...But, your fetus may have experienced irreversible damage...You have to make people aware of the science behind the risk...We are not saying that every pregnant woman who drinks three or four glasses of wine in a short period will have a baby with birth defects, but it elevates the risk".

<http://esciencenews.com/articles/2008/08/25/alcohol.consumption.can.cause.too.much.cell.death.fetal.abnormalities>

10. AS CHILD DEATHS CONTINUE TO DECLINE, UNICEF CALLS FOR INCREASED EFFORTS

UNICEF released data that indicates that fewer children under the age of 5 are dying today than in the past years (12.7 million deaths globally in 1990 to 9.2 million in 2007). Dr. Peter Salama, UNICEF's Chief of Health, attributes the decline in the rate of child mortality to improved maternal health care and disease prevention and control programs. Significant progress has been made in countries such as the Lao People's Democratic Republic, Bangladesh, Nepal, Bolivia, and Africa. The UNICEF data indicates that the main causes of child mortality are pneumonia, malaria, diarrhea, AIDS, and vaccine-preventable diseases such as measles. Undernutrition was also identified as a major contributing cause in more than a third of all deaths of children under the age of 5. UNICEF highlights that efforts to address the nutritional needs of women, infants, and children must be accelerated: "UNICEF is calling for a greater focus on newborn and maternal health, as well as strengthening basic health systems in areas where young children are at risk".

http://www.unicef.org/childsurvival/index_45612.html

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

INTERNATIONAL

11. PARENTAL USE OF THE INTERNET TO SEEK HEALTH INFORMATION AND PRIMARY CARE UTILISATION FOR THEIR CHILD

This study (Bouche & Migeot, 2008) investigated the relationship between parental use of the internet to seek health information and primary care utilisation for their child. A total of 1,068 out of 2,197 parents of preschool children in France that were invited to complete a survey returned the questionnaire. The findings indicate that there was no association between parental use of the internet to seek health information and the number of primary care consultations within the last 12 months for their child. The variables that were related to the number of primary care consultations were: (1) characteristics of the child such as age, medical conditions, and homeopathic treatment; (2) parenting characteristic such as occupation, income, and stress level; and (3) consultation of other health information sources such as advice from a pharmacist or relatives. The authors concluded that the internet seemed to be used as a supplement to health services rather than as a replacement.

<http://www.biomedcentral.com/1471-2458/8/300>

12. ALCOHOL BINGES EARLY IN PREGNANCY INCREASE RISK OF INFANT ORAL CLEFTS

This study (DeRoo, Wilcox, Drevon, & Lie, 2008) examined the association between maternal alcohol consumption and oral clefts of infants born in Norway. The researchers contacted all families of newborn infants born with oral clefts between 1996 and 2001 and a sample of mothers that were randomly selected based on all live births in Norway. The mothers completed a self-administered questionnaire that focused on the mother's lifestyle and environmental exposures during the first 3 months of pregnancy. The findings indicate that mothers who were binge drinkers, defined as more than 5 drinks per sitting, were more likely to have an infant with orofacial clefts than non-drinkers. This risk was further increased among mothers who binged on 3 or more occasions. Study author Dr. Lisa DeRoo notes that: "These findings reinforce the fact that women should not drink alcohol during pregnancy... Fortunately, heavy maternal drinking is uncommon in many populations, but the fact that it is happening at all tells us we need to do a better job of letting mothers know about the effects that alcohol can have on their baby's development".

Abstract: <http://aje.oxfordjournals.org/cgi/content/abstract/168/6/638>

News article:

<http://esciencenews.com/articles/2008/07/31/alcohol.binges.early.pregnancy.increase.risk.infant.oral.clefts>

13. STUDY RECOMMENDATIONS RAISE CONCERNS: SYSTEMATIC REVIEW OF THE FETAL EFFECTS OF PRENATAL BINGE DRINKING

Henderson, Kesmodel, and Gray (2007) reviewed the available evidence from human observational studies of the effects of binge drinking during pregnancy on the fetus and child. The search resulted in 3630 titles and abstracts, which were narrowed to 14 relevant papers. The authors indicate that there were no consistently significant effects of alcohol on any of the outcomes considered but that there was a possible effect on neurodevelopment. Although the authors concluded that this systematic review found no convincing evidence of adverse effects of prenatal binge drinking except possibly on neurodevelopment outcomes, they also noted that many of the reported studies had methodological weaknesses. According to study author Dr. Ron Gray: "Just because we haven't been able to find much evidence doesn't mean there is no effect... Our view is there needs to be more research". Dr. María Luisa Martínez-Frías raised concerns about methodology and conclusions of the study in a comment published in the Journal of Epidemiology and Community Health: "I think that some caution should be exerted when considering the conclusions made by evaluating observational studies with different designs, and on different populations... The only effective and correct recommendation from either the clinical or public health point of view is that of total abstinence in women who could become pregnant and indeed, before they become pregnant".

Abstract: <http://jech.bmj.com/cgi/content/abstract/61/12/1069>

Comment with concerns about study: <http://jech.bmj.com/cgi/eletters/61/12/1069#1775>
News article: [http://www.canada.com/topics/lifestyle/story.html?id=c5931a2b-38ce-44ed-9328-
cee52f1e2319](http://www.canada.com/topics/lifestyle/story.html?id=c5931a2b-38ce-44ed-9328-cee52f1e2319)

14. PARENTAL LEAVE POLICIES IN 21 COUNTRIES: ASSESSING GENEROSITY AND GENDER EQUALITY

This report (Ray, Gornick, & Schmitt, 2008) reviews the parental leave national policies of 21 high-income economies as of June 2008 including (1) the level of support provided to parents, and (2) the degree to which leave policies promote an egalitarian distribution between mothers and fathers of the time devoted to child care. The amount of time that job protection is available for at least one parent varied across the 21 countries from 14 weeks (Switzerland) to 6 years (France and Spain). Almost all 21 countries provide direct financial support for parents during at least part of the protected leave. Most countries provided between 3 months and 1 year of 'full-time-equivalent paid leave' (FTE). "FTE allows comparisons across countries with complex systems of fully-paid, partially-paid, and unpaid leave. FTE paid leave is calculated as the wage replacement rate multiplied by the duration of leave". Sweden provides 40 weeks of FTE paid leave while Canada provides 28 weeks. This article also reports impact of parental leave policies on gender roles: "In the absence of paid parental leave policies, traditional gender roles that involve women as 'caregivers' and men as 'providers', and the typically lower earnings of mothers (relative to fathers) in the labour market, create strong incentives for women to reduce their employment and take on a large majority of child care responsibilities". The researchers constructed a Gender Equality Index to measure countries' parental leave policies on a fifteen-point scale, with fifteen points indicating full equality of workplace and care giving benefits to men and women. The analysis revealed that Sweden had the highest score with 13 points while Canada fell at the end of the 21 countries with only 7 points. The authors identified best practices based on the 6 countries with the strongest policies (i.e., Finland, Norway, Sweden, France, Spain, and Greece): (1) generous paid leave; (2) non-transferable quotas of leave for each parent; (3) universal coverage combined with modest eligibility restrictions; (4) financing structures that pool risk among many employers; and (5) scheduling flexibility.
http://www.cepr.net/documents/publications/parental_2008_09.pdf

15. BAD CHILDHOOD EXPERIENCES TIED TO EARLY DRINKING

This study (Rothman, Edwards, Heeren, & Hingson, 2008) aimed to determine whether adverse childhood experiences predict the age at which drinking was initiated and drinking motives in a sample of 3592 current or former drinkers, ages 18 to 39, in the United States. The findings indicate that the experiences specifically linked to early drinking were sexual abuse, living with a mentally ill family member, substance abuse in the home, and parents' divorce or separation. According to the authors, "the results suggest that children with adverse childhood experiences may initiate drinking earlier than their peers and that they may be more likely to drink to cope with problems (rather than for pleasure or to be social)".

Report:

[http://pediatrics.aappublications.org/cgi/reprint/122/2/e298?maxtoshow=&HITS=10&hits=10&RESULTFO
RMAT=&fulltext=ALCOHOL&searchid=1&FIRSTINDEX=0&volume=122&issue=2&resourcetype=HWCIT](http://pediatrics.aappublications.org/cgi/reprint/122/2/e298?maxtoshow=&HITS=10&hits=10&RESULTFO
RMAT=&fulltext=ALCOHOL&searchid=1&FIRSTINDEX=0&volume=122&issue=2&resourcetype=HWCIT)

News article: <http://www.reutershealth.com/archive/2008/08/11/eline/links/20080811elin007.html>

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

16. NATIONAL FAMILY WEEK: OCTOBER 6-12, 2008 (also available in French)

The Canadian Association of Family Resource Programs (FRP Canada) announced the theme of this year's National Family Week as "Strengthening Ties through Family Traditions/Les traditions familiales, un atout pour l'esprit de famille". This website offers resources such as letters of support from the Governor General and Prime Minister, activities and information from FRP Canada's national partners, and prepared announcements for use in newsletters and other communications.

English: <http://www.frp.ca/index.cfm?fuseaction=Page.ViewPage&PageID=596>

French: <http://www.frp.ca/index.cfm?nodeId=3>

17. INTERNATIONAL DAY FOR THE ERADICATION OF POVERTY: OCTOBER 17, 2008

In recognition of the 60th anniversary of the Universal Declaration of Human Rights, the theme for this year's International Day for the Eradication of Poverty is "Human Rights and Dignity of People Living in Poverty".

<http://www.un.org/esa/socdev/social/intldays/IntlDay/2008intliday.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>

ONLINE

18. CLIMATE CHANGE AND HEALTH: WHY CHILDREN ARE MORE VULNERABLE TO ENVIRONMENTAL CONTAMINANTS

November 6, 2008: Online

Hosted by: Community Health Networks (CHNET-Works!)

http://www.chnet-works.ca/index.php?option=com_attend_events&task=view&id=37&Itemid=56

ONTARIO

19. ADHD IN THE FAMILY: YOU CAN MAKE A DIFFERENCE

September 27, 2008: Toronto, ON

Hosted by: Centre for ADD/ADHD Advocacy, Canada (CADDAC)

<http://www.caddac.ca/cms/page.php?93>

20. YORK REGION COMMUNITY AND HEALTH SERVICES 8TH ANNUAL WORKPLACE WELLNESS CONFERENCE

October 21, 2008: Markham, ON

Hosted by: York Regional Community and Health Services Department

<http://www.york.ca/Services/Public+Health+and+Safety/Workplace+Wellness/Workplace+Wellness+Upcoming+Events.htm>

21. BABYS BREATH CONFERENCE

October 23-26, 2008: Niagara Falls, ON

Hosted by: Canadian Foundation for the Study of Infant Deaths

<http://www.sidscanada.org/conference.html>

22. MAKING EVIDENCE WORK FOR YOU: TOOLS TO STRENGTHEN HEALTH PROMOTION PROGRAMS

November 14, 2008: Toronto, ON

Hosted by: Heart Health Resource Centre

http://www.hhrc.net/services/workshop_event.cfm

23. PREGNANCY AND WEIGHT GAIN? WHAT DOES IT REALLY MEAN?

November 14, 2008: Windsor, ON

Hosted by: Windsor-Essex County Health Unit

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

24. SKILLS FOR HEALTH PROMOTION – INTRODUCTORY LEVEL WORKSHOPS FROM THE HEALTH COMMUNICATION UNIT (THCU)
January 14-15, 2009: Brantford, ON
Hosted by: THCU
<http://www.thcu.ca/workshops/registration.cfm>

CANADA

25. HEALTHY SCHOOLS: IMPROVING LEARNING, HEALTH, AND LITERACY
November 6, 2008: Vancouver, BC
Hosted by: Directorate of Agencies for School Health (DASH) BC
<http://www.dashbc.org/article.asp?a=31&c=2>

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

26. ASSOCIATION OF WOMEN'S HEALTH, OBSTETRIC, AND NEONATAL NURSES (AWHONN) CANADA WEBSITE
(also available in French)

AWHONN Canada (2008, September 11) announced their new Canadian website. The association's mission is to support the health of women and newborns. AWHONN members practice in virtually every setting (e.g., hospitals, universities) providing direct clinical care to women and newborns, delivering educational programs to nurses, and advocating for the health of women and babies.

English: <http://www.awhonncanada.org/site/awhonn/>

French: <http://www.awhonncanada.org/site/awhonn/index.php?page=474&l=f>

27. WELCOME TO KINDERGARTEN: NEWSLETTER AND CALENDAR
(Show & Tell newsletter also available in French)

Before starting school, children and their parents across Canada are given preparatory resources and experiences to position them for school success and lifelong learning through the Learning Partnership's Welcome to Kindergarten™ program (2008, September 12). The Learning Partnership is distributing calendars to 55,000 students and their families through schools participating in this program, which includes monthly features of fun family activities to engage children's imagination and build their confidence as they begin their formal schooling. The calendar may be purchased at Staples stores across the country and the activities will be on The Learning Partnership's website beginning in October. The Learning Partnership also offers an informational newsletter about the program called "Show & Tell".

http://www.thelearningpartnership.ca/kwb/index_kwb.html

French newsletter: http://www.thelearningpartnership.ca/kwb/wtk_newsletter_sep08_fr.pdf

28. OFFERING BILINGUAL SERVICES IN FRANCOPHONE COMMUNITIES: IMPORTANT ELEMENTS TO CONSIDER

This article, featured in the Ontario Health Promotion E-Bulletin (Roussel, 2008, September 5), provides information about elements to consider when offering bilingual services in Francophone communities including: (1) an introduction to the topic, (2) an overview to help understand francophone communities, (3) how to create an organizational culture conducive to servicing Francophones, (4) how to tailor services to the francophone community context, and (5) concluding remarks about how to offer quality French-language services.

http://www.ohpe.ca/index.php?option=com_content&task=view&id=9935&Itemid=78

29. POSTERS TO PROMOTE CANADA'S FOOD GUIDE
(also available to order in French)

The Windsor Essex County Health Unit offers a series of five posters to increase awareness and knowledge of Canada's Food Guide and selected recommendations within the Food Guide. The posters have been developed in three sizes (11x17, 18x24, 24x36), which are sold individually or as a set of five. <http://www.wechealthunit.org/healthy-living/healthy-living/nutrition/canada-s-food-guide-posters/canada2019s-food-guide-promotion-posters>

VI. FEATURED BEST START RESOURCE

30. A SENSE OF BELONGING: SUPPORTING HEALTHY CHILD DEVELOPMENT IN ABORIGINAL FAMILIES

"A Sense of Belonging: Supporting Healthy Child Development in Aboriginal Families" may be useful for this year's National Family Week theme, which aims to strengthen family ties through family traditions. This resource, developed to improve service delivery to Aboriginal families in Ontario, shares important information about what Aboriginal people feel they need to support their families in having happy, healthy children. This resource was developed in collaboration with Spirit Moon Consulting, Waabinong Head Start, Ontario Federation of Indian Friendship Centres, Ontario Native Woman's Association, Pauktuutit Inuit Women of Canada, Ontario Native Woman's Association, Union of Ontario Indians, Métis Nation of Ontario, and Nishnawbe-Aski Nation.

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