***The MNCHP Bulletin is a monthly electronic bulletin that highlights current trends, new resources and initiatives, upcoming events and more in the preconception, prenatal and child health field. Our primary focus is the province of Ontario, Canada but the bulletin also includes news and resources from around the world. Wherever possible, we include resources that are available for free. For more information about this bulletin,*** [***click here***](#_About_This_Bulletin)***. To manage your subscription, unsubscribe from the listserv and access the list archives,*** [***click here***](http://en.beststart.org/services/information-exchange)***.***

# May 4, 2016

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# I. NEWS & VIEWS

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# **1. Ontario Expands Free Dental Care for Eligible Children and Youth**

(available in French)

# The Government of Ontario (2016, April 26) announced that more than 323,000 children from low-income families are getting free dental care through the new Healthy Smiles Ontario program. The expanded program includes free preventative, routine, emergency and essential care from licensed dental providers. Applicants can sign up online at [ontario.ca/healthysmiles](https://www.ontario.ca/page/get-dental-care) or contact their local public health unit for information or support.

# EN: <https://news.ontario.ca/mohltc/en/2016/04/ontario-expands-free-dental-care-for-eligible-children-and-youth.html?utm_source=ondemand&utm_medium=email&utm_campaign=p>

# FR: <https://news.ontario.ca/mohltc/fr/2016/04/lontario-elargit-lacces-aux-soins-dentaires-gratuits-pour-les-enfants-et-les-jeunes-admissibles.html>

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# **2. Family Homelessness on the Rise**

# According to a new study (Gulliver-Garcia, 2016), child and family homeless is a growing crisis in Canada and it requires a multi-pronged response from government and community agencies. More than 37% of Canadian households are having difficulty maintaining housing and more and more families are relying on emergency shelters (Raising the Roof, 2016). The estimated number of children using those shelters grew by 50% between 2005 and 2009 (Raising the Roof, 2016). Key issues to address include poverty, affordable housing, child care, discrimination, intimate-partner violence, stigma, children’s mental health and family well-being (Monsebraaten, 2016, Feb. 15).

# Report: <http://www.raisingtheroof.org/wp-content/uploads/2015/10/CF-Report-Final.pdf>

# Initiative: <http://www.raisingtheroof.org/what-we-do/our-initiatives/child-family-homelessness/>

# News: <https://www.thestar.com/news/gta/2016/02/15/exclusive-family-homelessness-on-the-rise.html>

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# II. RECENT REPORTS AND RESEARCH

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**\* indicates journal subscription required for full text access**

# **3.** **Effects of Dietary Interventions on Pregnancy Outcomes: A Systematic Review and Meta-Analysis**

Gresham, E., Bisquera, A., Byles, J. E., & Hure, A. J. (2016). Effects of dietary interventions on pregnancy outcomes: A systematic review and meta-analysis. *Maternal Child Nutrition Journal, 12*(1), 5-23. [doi: 10.1111/mcn.12142](http://onlinelibrary.wiley.com/doi/10.1111/mcn.12142/epdf)

ABSTRACT:

Dietary intake during pregnancy influences maternal health. Poor dietary practices during pregnancy have been linked to maternal complications. The objective was to determine the effect of dietary intervention before or during pregnancy on pregnancy outcomes. A systematic review was conducted without date restrictions. Randomised controlled trials (RCTs) evaluating whole diet or dietary components and pregnancy outcomes were included. Two authors independently identified papers for inclusion and assessed methodological quality. Meta-analysis was conducted separately for each outcome using random effects models. Results were reported by type of dietary intervention: (1) counselling; (2) food and fortified food products; or (3) combination (counselling + food); and collectively for all dietary interventions. Results were further grouped by trimester when the intervention commenced, nutrient of interest, country income and body mass index. Of 2326 screened abstracts, a total of 28 RCTs were included in this review. Dietary counselling during pregnancy was effective in reducing systolic [standardised mean difference (SMD) -0.26, 95% confidence interval (CI) -0.45 to -0.07; P < 0.001] and diastolic blood pressure (SMD -0.57, 95% CI -0.75 to -0.38; P < 0.001). Macronutrient dietary interventions were effective in reducing the incidence of preterm delivery (SMD -0.19, 95% CI -0.34 to -0.04; P = 0.01). No effects were seen for other outcomes. Dietary interventions showed some small, but significant differences in pregnancy outcomes including a reduction in the incidence of preterm birth. Further high-quality RCTs, investigating micronutrient provision from food, and combination dietary intervention, are required to identify maternal diet intakes that optimise pregnancy outcomes.

# <http://onlinelibrary.wiley.com/doi/10.1111/mcn.12142/epdf>

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# **4. Systematic Review and Meta-Analysis of Behavioral Interventions to Improve Child Pedestrian Safety**

# Schwebel, D. C., Barton, B. K. Shen, J.,Wells, H. L., Bogar, A., Heath, G., & McCullough, D. (2016). Systematic review and meta-analysis of behavioral interventions to improve child pedestrian safety. Journal of Pediatric Psychology, 39(8), 826-845. [doi: 10.1093/jpepsy/jsu024](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4138804/)

ABSTRACT:

#### Objective:

Pedestrian injuries represent a pediatric public health challenge. This systematic review/meta-analysis evaluated behavioral interventions to teach children pedestrian safety.

#### Methods:

Multiple strategies derived eligible manuscripts (published before April 1, 2013, randomized design, evaluated behavioral child pedestrian safety interventions). Screening 1,951 abstracts yielded 125 full-text retrievals. 25 were retained for data extraction, and 6 were later omitted due to insufficient data. In all, 19 articles reporting 25 studies were included. Risk of bias and quality of evidence were assessed.

#### Results:

Behavioral interventions generally improve children's pedestrian safety, both immediately after training and at follow-up several months later. Quality of the evidence was low to moderate. Available evidence suggested interventions targeting dash-out prevention, crossing at parked cars, and selecting safe routes across intersections were effective. Individualized/small-group training for children was the most effective training strategy based on available evidence.

#### Conclusions:

Behaviorally based interventions improve children's pedestrian safety. Efforts should continue to develop creative, cost-efficient, and effective interventions.

# <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4138804/>

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# **5. Policy Statement – Council on Community Pediatrics: Poverty and Child Health in the United States**

American Academy of Pediatrics. (2016). Poverty and child health in the United States. Retrieved from <http://pediatrics.aappublications.org/content/early/2016/03/07/peds.2016-0339>

ABSTRACT:

# Almost half of young children in the United States live in poverty or near poverty. The American Academy of Pediatrics is committed to reducing and ultimately eliminating child poverty in the United States. Poverty and related social determinants of health can lead to adverse health outcomes in childhood and across the life course, negatively affecting physical health, socioemotional development, and educational achievement. The American Academy of Pediatrics advocates for programs and policies that have been shown to improve the quality of life and health outcomes for children and families living in poverty. With an awareness and understanding of the effects of poverty on children, pediatricians and other pediatric health practitioners in a family-centered medical home can assess the financial stability of families, link families to resources, and coordinate care with community partners. Further research, advocacy, and continuing education will improve the ability of pediatricians to address the social determinants of health when caring for children who live in poverty. Accompanying this policy statement is a technical report that describes current knowledge on child poverty and the mechanisms by which poverty influences the health and well-being of children.

# <http://pediatrics.aappublications.org/content/early/2016/03/07/peds.2016-0339>

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# **6. Recommendations on Screening for Developmental Delay**

# Canadian Task Force on Preventative Health Care. (2016). *CMAJ*. [doi: 10.1503/cmaj.151437](http://www.cmaj.ca/content/early/2016/03/29/cmaj.151437)

# The Canadian Task Force on Preventative Health Care will continue to carefully monitor scientific developments related to identification and treatment of developmental delays and will report back to Canadians within 5 years with an update of the 2016 guidelines.

# CLINICIAN SUMMARY:

### Population

* The recommendation **applies** to children aged 1 to 4 years who are not at high risk for developmental delay, have no signs suggestive of a developmental delay and whose parents or clinicians have no concerns about development. Thus, this recommendation applies to children for whom there is no concern about failure to sequentially acquire age-appropriate developmental milestones for gross and fine motor, social/emotional, language, and cognitive domains. Milestone ages should be based on the oldest age by which the skill should have been achieved
* This recommendation **does not apply** to children who present with signs, symptoms, or parental concern that could indicate delayed development or whose development is being closely monitored because of risk factors, such as premature birth or low birth weight

### Recommendation

**We recommend against screening for developmental delay using standardized tools in children aged 1 to 4 years with no apparent signs of developmental delay and whose parents and clinicians have no concerns about development.**

(Strong recommendation; low quality evidence)

# Please see more details on the Canadian Task Force on Preventative Heath Care website: <http://canadiantaskforce.ca/ctfphc-guidelines/2015-developmental-delay/>

# FR: <http://canadiantaskforce.ca/ctfphc-guidelines/2015-developmental-delay/?lang=fr-CA>

# CMAJ: <http://www.cmaj.ca/content/early/2016/03/29/cmaj.151437>

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# III. CURRENT INITIATIVES

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# **7. Canadian Council on Social Determinants of Health: Healthy Child Development Initiative**

# This initiative aims to provideuser-friendly evidence on issues affecting the wellbeing of children and their families in Canada, including a specific focus on Indigenous children. It will also describe programs that have helped families and communities build strong supports for children. Improving Healthy Child Development: Building Capacity for Action, Expert Interview Summary – Working Paper provides an overview of the themes emerging from informal interviews with healthy child development experts from across Canada.

# Initiative: <http://ccsdh.ca/initiatives/entry/healthy-child-development>

# FR: <http://ccsdh.ca/fr/initiatives/>

# Working Paper: <http://ccsdh.ca/images/uploads/Improving_Healthy_Child_Development.pdf>

# FR: <http://ccsdh.ca/images/uploads/Am%C3%A9liorer_le_d%C3%A9veloppement_sain_de_l%E2%80%99enfant.pdf>

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# IV. UPCOMING EVENTS

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# **8. Healthy Beverages in Recreation Settings**

May 19, 2016: Webinar

The objectives of this webinar are to:

* Highlight the latest evidence on strategies to limit access to sugar-sweetened beverages in municipal recreation settings
* Showcase stories and key lessons learned from municipalities who have made progress to limit sugar-sweetened beverages and promote water consumption in recreation settings
* Provide a toolbox of strategies, resources and tools to facilitate efforts to create healthy beverage environments in recreation settings across Ontario

<http://opha.on.ca/Nutrition-Resource-Centre/Events/Events/2016/Healthy-Beverages-in-Recreation-Settings.aspx>

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# **9. Nature Play Day Peterborough**

May 27-28, 2016: Peterborough, ON

This session will provide information about how to create a natural playground that focuses on sustainability, community and ownership. Participants will also participate in a day of outdoor programming ideas that will enable children and programs to add another layer of commitment and engagement to their playgrounds.

# <https://gallery.mailchimp.com/a1306452cb9293f4d8406bf6d/files/Nature_Play.pdf>

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# **10. EPODE Canada Obesity Forum**

September 28-29, 2016: Blue Mountain, ON

Forum participants will learn how to effectively apply the EPODE methodology and will receive hands-on operational advice from community-based program experts as well as senior members of the EPODE global advisory team.  Attendees will learn from best practices and will benefit from networking opportunities with other childhood obesity prevention program representatives from Canada, the U.S., and Europe.

<http://www.epodecanada.ca/epode-canadas-2nd-annual-obesity-forum/>

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# **11. The 6th Global Forum on Health Promotion: Celebrating the 30th Anniversary of the Ottawa Charter**

October 16-17, 2016: Charlottetown, Prince Edward Island

The theme for the event is Health Promotion ~ At the Very Heart of Sustainability and it will celebrate the 30th anniversary of the Ottawa Charter and highlight the contributions of civil society and health promotion initiatives to sustainable development. The Global Forum presents a unique opportunity to learn from and connect with international health promotion leaders. The event will bring together policymakers, government leaders, NGOs, researchers, educators, health promotion and public health professionals, community health leaders and experts across all sectors working to promote health, equity and sustainability.

EN: <http://globalforumpei-forummondialipe.com/en2016/>

FR : <http://globalforumpei-forummondialipe.com/fr2016/>

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# V. RESOURCES

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# **12. Beauty in Movement: An Indigenous Guide to Physical Activity**

# The Wabano Centre for Aboriginal Health has developed an Indigenous physical activity resource to support Theme 1 of the Healthy Kids Community Challenge (HKCC): "Run. Jump. Play. Every day." It includes culturally-appropriate information about the importance of physical activity and ideas and tips to encourage children and families to be physically active.

# <http://www.wabano.com/programs/kids-youth/healthy-kids-community-challenge/resources/physical-activity-3/>

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# **13. Blog Series on Facilitation Techniques**

# HC Link developed a blog series on facilitation techniques:

# Blog 1: Introduction to Choosing a Facilitation Technique <http://www.hclinkontario.ca/blog/entry/blog-series-on-facilitation.html>

# Blog 2: Peer Sharing: The Wise Crowds\* Technique <http://www.hclinkontario.ca/blog/entry/peer-sharing-the-wise-crowds-technique.html>

# Blog 3: Breaking the Ice: Putting A Little Fun into Working with Groups <http://www.hclinkontario.ca/blog/entry/breaking-the-ice-putting-a-little-fun-into-working-with-groups.html>

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# VI. FEATURED BEST START RESOURCES

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# **14. Prenatal Education: Key Messages for Ontario** (available in French)

# Best Start Resource Centre, 2016

The Best Start Resource Centre launched a comprehensive prenatal education online resource at [www.ontarioprenataleducation.ca](http://www.ontarioprenataleducation.ca).This evidence-based online tool identifies universal key messages for service providers in Ontario to share with their clients related to preconception, prenatal, postpartum and newborn health, as well as the supporting evidence for each of these key messages. This tool is available in English and French and can be used to:

* Confirm key messages for specific topics.
* Confirm the evidence for key messages of specific topics.
* Confirm current guidelines and recommendations for specific topics.
* Guide the development or revision of prenatal education programming.
* Find relevant resources for clients.
* Find relevant resources to assist in the delivery of specific subject matter.

The key messages themselves have been written in plain language and are available in PDF printable format to share with families. The “How to Use the Contents” tab provides information on how to navigate the tool itself.

[www.ontarioprenataleducation.ca](http://www.ontarioprenataleducation.ca)

[www.educationprenataleontario.ca](http://www.educationprenataleontario.ca)

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# **15. What to Expect in the First Three Months – Information for New Parents** (available in French)

*Best Start Resource Centre, 2016*

This handout provides mothers and parents/caregivers with some important information on what to expect in the first three months after their baby is born. Answers to questions regarding healthy newborn care and care of the mother and of the family are provided.

EN: <http://www.beststart.org/resources/hlthy_chld_dev/K82-E-hospitalhandout.pdf>

FR: <http://www.beststart.org/resources/hlthy_chld_dev/K82-F-hospitalhandout.pdf>

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# About This Bulletin

# ***The Best Start Resource Centre thanks you for your interest in, and support of, our work. Best Start permits others to copy, distribute or reference the work for non-commercial purposes on condition that full credit is given. Because our MNCHP bulletins are designed to support local health promotion initiatives, we would appreciate knowing how this resource has supported, or been integrated into, your work (***[***mnchp@healthnexus.ca***](mailto:mnchp@healthnexus.ca)***). Please note that the Best Start Resource Centre does not endorse or recommend any events, resources, or publications mentioned in this bulletin.***

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**Stay connected!**

The free weekly [**Ontario Health Promotion E-mail bulletin (OHPE)**](http://www.ohpe.ca/) offers a digest of news, events, jobs, feature articles on health promotion issues, resources, and much more, to those working in health promotion.

[**Click4HP**](https://listserv.yorku.ca/archives/click4hp.html) is an international dialogue on health promotion. Participants exchange views on issues and ideas, provide leads to resources, and ask questions about health promotion.

[**The Maternal Newborn and Child Health Promotion (MNCHP) Network**](http://www.beststart.org/services/MNCHP.html) **-** A province-wide electronic forum for service providers working to promote preconception, prenatal and child health.

[**Ontario Prenatal Education Network**](http://fluidsurveys.com/surveys/ohpe/subscriptionsopen2015-2016/) **-** A space where professionals can share information and resources, ask questions and collaborate with peers on topics related to prenatal education.

[**Health Promotion Today**](http://en.healthnexus.ca/)- 0ur blog keeps you informed of news and topics related to health promotion.

Follow us on[**Twitter**](https://twitter.com/Health_Nexus) to stay up to date on all things related to health promotion.

View our video resources on [**YouTube**](http://www.youtube.com/user/healthnexussante) and [**Vimeo**](https://vimeo.com/user9493317)

[**The Best Start Aboriginal Sharing Circle (BSASC) Network**](http://lists.beststart.org/listinfo.cgi/bsasc-beststart.org) is a distribution list designed for service providers working with Aboriginal Peoples in areas of preconception, prenatal and child health. The network is a forum to share news, ideas, questions and best practices.

We encourage you visit the website of our new [**3M Health Leadership Award**](http://www.healthnexus.ca/leadershipaward) **to** find out how you can support community health leadership and honour your own community leader by nominating them for this national award.

**En français:**

**Restez branché!**

Le bulletinfrancophone [**Le Bloc-Notes**](http://www.leblocnotes.ca/) est un outil indispensable pour les intervenants professionnels qui aiment être à l'affût des nouveautés dans le domaine de la promotion de la santé.

Le[**Bulletin de santé maternelle et infantile**](http://www.meilleurdepart.org/services/bulletins.html) est un bulletin électronique mensuel à l’intention des fournisseurs de services œuvrant dans le domaine de la promotion de la santé maternelle et infantile.

[**Promotion de la santé aujourd’hui**](http://fr.nexussante.ca/)– Notre blogue sur lequel on partage des nouvelles et réflexions liées à la promotion de la santé.

Suivez-nous sur[**Twitter**](https://twitter.com/Nexus_Sante) pour demeurer au fait de tout ce qui concerne la promotion de la santé.

Visionner nos ressources vidéo sur[**YouTube**](http://www.youtube.com/user/healthnexussante) et [**Vimeo**](https://vimeo.com/user9493317)