

MNCHP Network Bulletin



*best start
meilleur départ*

by/par health **nexus** santé

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](#). To manage your subscription, unsubscribe and access the list archives, [click here](#).

January 25, 2016

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I. NEWS & VIEWS

1. Ontario Becomes First Province to Create a Strategy to Combat Pregnancy Loss and Still Birth

The *Ottawa Citizen* describes Ontario’s efforts to be the first province to pass a pregnancy loss awareness bill. As a topic that has often been regarded as taboo, Liza Walter, a committee member highlights that “Ontario will be leading the way in breaking the silence and addressing the issues surrounding pregnancy and infant loss” (Csanady, 2015, December 7). This bill will also outline expectations for the Ministry of Health to increase support for research and care in this area.

News: <http://www.ottawacitizen.com/health/health/11573958/story.html>

Bill: http://www.ontla.on.ca/web/bills/bills_detail.do?locale=en&BillID=3575

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2. Parents Urged to Get Free Sugar App to Check Products

The BBC News reports on a new app to assist people in learning the sugar content of food products. The goal of this app is to encourage families to choose healthier food options and in turn reduce the rates of tooth decay, obesity and diabetes. This initiative aims to address the alarming amounts of sugar that children in the UK are consuming. Public Health England suggests that young children are eating three to four times the recommended sugar limit.

News: <http://www.bbc.com/news/health-35199889>

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3. Ontario Announces 50 Clinics Offering Government-Funded Fertility Treatments (available in French)

The Ministry of Health announced that the government will now contribute to the cost of one in vitro fertilization (IVF) cycle per eligible patient per lifetime along with unlimited rounds of artificial insemination. Those eligible include people with a medical condition that causes infertility, single individuals who wish to have a child, and same-sex couples. This funding is aligned with Ontario's *Patients First: Action Plan for Health Care* and the government will be monitoring the success of the program.

EN: http://news.ontario.ca/mohltc/en/2015/12/ontario-announces-50-clinics-offering-government-funded-fertility-treatments.html?utm_source=ondemand&utm_medium=email&utm_campaign=p

FR: <http://news.ontario.ca/mohltc/fr/2015/12/lontario-annonce-50-cliniques-qui-offrissent-des-traitements-de-fertilit%C3%A9-financ%C3%A9s-par-le-gouvernement.html>

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II. RECENT REPORTS AND RESEARCH

* *indicates journal subscription required for full text access*

4. Alcohol Use and Binge Drinking Among Women of Childbearing Age — United States, 2011–2013

Tan, C. H., Denny, C. H., Cheal, N. E., Snieszek, J. E., & Kanny, D. (2015). *Alcohol use and binge drinking among women of childbearing age — United States, 2011–2013*. *Morbidity and Mortality Weekly Report*, 64(37), 1042–1046. Retrieved from: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6437a3.htm?s_cid=mm6437a3_w

ABSTRACT:

Alcohol use during pregnancy is a leading preventable cause of birth defects and developmental disabilities. Alcohol-exposed pregnancies (AEPs) can lead to fetal alcohol syndrome and other fetal alcohol spectrum disorders (FASDs), which result in neurodevelopmental deficits and lifelong disability. In 2005, the Surgeon General issued an advisory urging women who are pregnant or who might become pregnant to abstain from alcohol use. Healthy People 2020 set specific targets for abstinence from alcohol

use (MICH-11.1) and binge drinking (MICH-11.2) for pregnant women. To estimate the prevalence of any alcohol use and binge drinking in the past 30 days among women aged 18-44 years, CDC analyzed 2006-2010 Behavioral Risk Factor Surveillance System (BRFSS) data. Based on their self-reports, an estimated 51.5% of nonpregnant women used alcohol, as did 7.6% of pregnant women.

The prevalence of binge drinking was 15.0% among nonpregnant women and 1.4% among pregnant women. Among pregnant women, the highest prevalence estimates of reported alcohol use were among those who were aged 35-44 years (14.3%), white (8.3%), college graduates (10.0%), or employed (9.6%). Among binge drinkers, the average frequency and intensity of binge episodes were similar, approximately three times per month and six drinks on an occasion, among those who were pregnant and those who were not. Clinical practices that advise women about the dangers associated with drinking while pregnant, coupled with community-level interventions that reduce alcohol-related harms, are necessary to mitigate AEP risk among women of childbearing age and to achieve the Healthy People 2020 objectives.

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6437a3.htm?s_cid=mm6437a3_w

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5. Pregnancy Complications and Cardiovascular Disease Death: Fifty-Year Follow-Up of the Child Health and Development Studies Pregnancy Cohort

Cirillo, P. M., & Cohn, B. A. (2015), Pregnancy complications and cardiovascular disease death: Fifty-year follow-up of the child health and development studies pregnancy cohort. *Circulation*. Retrieved from: <http://circ.ahajournals.org/content/early/2015/09/14/CIRCULATIONAHA.113.003901.full.pdf+html>

ABSTRACT:

Background

Few studies have investigated the combination of pregnancy complications that predict risk for cardiovascular disease (CVD) death and how risk changes with age. This report presents a comprehensive investigation of the relation of the occurrence of multiple pregnancy complications to CVD death over 5 decades in a large pregnancy cohort.

Methods and Results

We examined pregnancy events (1959-1967) and CVD death through 2011 in 14,062 women from the Child Health and Development Studies. CVD death was determined by linkage to California Vital Statistics and National Death Index. Women were a median age of 26 years at enrollment and 66 years in 2011. Pre-existing hypertension (Hazard Ratio, (HR)=3.5; 95% Confidence Interval (CI)=2.4,5.1); glycosuria (HR=4.2; CI=1.3,13.1); late-onset pre-eclampsia (after week 34, HR=2.0; CI=1.2,3.5); and hemoglobin decline over the 2nd and 3rd trimesters (HR=1.7; CI=1.2,2.7) predicted CVD death. Delivery of a small-for-gestation or preterm infant and early-onset pre-eclampsia

(by week 34) significantly predicted premature CVD death ($p < 0.05$ for age dependence). Preterm birth combined with hemorrhage, gestational hypertension, or pre-existing hypertension identified women with a 4 to 7-fold increased risk of CVD death. Pre-eclampsia in combination with pre-existing hypertension conferred a significant nearly 6-fold risk compared to a 4-fold risk for pre-existing hypertension alone.

Conclusions—We observed combinations of pregnancy complications that predict high risk of death and two new risk markers, glycosuria and hemoglobin decline.

Obstetricians serve as primary care physicians for many young women and can readily use these complications to identify high-risk women to implement early prevention.

<http://circ.ahajournals.org/content/early/2015/09/14/CIRCULATIONAHA.113.003901.full.pdf+html>

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6. Vital Signs: Improvements in Maternity Care Policies and Practices That Support Breastfeeding — United States, 2007–2013

Perrine, C. G., Galuska, D. A., Dohack, J. L., Shealy, K. R., Murphy, P. E., Grummer-Strawn, L. M., Scanlon, K. S. (2015). Vital signs: Improvements in maternity care policies and practices that support breastfeeding — United States, 2007–2013. *Morbidity and Mortality Weekly Report*, 64(39), 1112–1117. Retrieved from:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6439a5.htm>

ABSTRACT:

Background

Although 80% of U.S. mothers begin breastfeeding their infants, many do not continue breastfeeding as long as they would like to. Experiences during the birth hospitalization affect a mother's ability to establish and maintain breastfeeding. The Baby-Friendly Hospital Initiative is a global program launched by the World Health Organization and the United Nations Children's Fund, and has at its core the Ten Steps to Successful Breastfeeding (Ten Steps), which describe evidence-based hospital policies and practices that have been shown to improve breastfeeding outcomes.

Methods

Since 2007, CDC has conducted the biennial Maternity Practices in Infant Nutrition and Care (mPINC) survey among all birth facilities in all states, the District of Columbia, and territories. CDC analyzed data from 2007 (baseline), 2009, 2011, and 2013 to describe trends in the prevalence of facilities using maternity care policies and practices that are consistent with the Ten Steps to Successful Breastfeeding.

Results

The percentage of hospitals that reported providing prenatal breastfeeding

education (range = 91.1%–92.8%) and teaching mothers breastfeeding techniques (range = 87.8%–92.2%) was high at baseline and across all survey years. Implementation of the other eight steps was lower at baseline. From 2007 to 2013, six of these steps increased by 10–21 percentage points, although limiting non–breast milk feeding of breastfed infants and fostering post-discharge support only increased by 5–6 percentage points. Nationally, hospitals implementing more than half of the Ten Steps increased from 28.7% in 2007 to 53.9% in 2013.

Conclusions

Maternity care policies and practices supportive of breastfeeding are improving nationally; however, more work is needed to ensure all women receive optimal breastfeeding support during the birth hospitalization.

Implications for Public Health Practice

Because of the documented benefits of breastfeeding to both mothers and children, and because experiences in the first hours and days after birth help determine later breastfeeding outcomes, improved hospital policies and practices could increase rates of breastfeeding nationwide, contributing to improved child health.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6439a5.htm>

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7. Adapting, Piloting and Evaluating Complex Public Health Interventions: Lessons Learned from the Nurse-Family Partnership in Canadian Public Health Settings

(available in French)

Jack, S .M. Catherine, N., Gonzalez, A., MacMillan, H. L., Sheehan, D., & Waddell, C. (2015). Adapting, piloting and evaluating complex public health interventions: lessons learned from the Nurse-Family Partnership in Canadian public health settings. *Health Promotion and Chronic Disease Prevention in Canada: Research, Policy and Practice*, 35(8/9). Retrieved from: <http://www.phac-aspc.gc.ca/publicat/hpcdp-pspmc/35-8-9/ar-07-eng.php>

ABSTRACT:

Introduction

The Nurse-Family Partnership (NFP) is a home-visit program for young and first-time, socially and economically disadvantaged mothers. Evidence from three United States randomized controlled trials (RCTs) on the effectiveness of this intervention at improving pregnancy outcomes, improving child health and development, and increasing maternal economic self-sufficiency is robust. However, the effectiveness of the NFP in Canada, with its different health and social care context, needs to be determined. The purpose of this article is to describe the complex process for moving the NFP from the research arena to full implementation in Canada.

Methods

This process of evaluation in Canada includes (1) adapting the intervention; (2) piloting the intervention in small-scale feasibility and acceptability studies; and (3) conducting an RCT and process evaluation through a study called the British Columbia Healthy Connections Project (BCHCP). This large-scale evaluation also creates an opportunity to expand the NFP evidence base by conducting an additional study to examine potential biological mechanisms linking intervention and behavioural outcomes in children.

Results

Adaptation of the NFP home-visit materials is a continuous process. A pilot project determined that it was feasible to enrol eligible women into the NFP. This pilot also determined that, in Canada, it was most appropriate for public health agencies to implement the NFP and for public health nurses to deliver the intervention. Finally, the pilot showed that this intensive home-visit program was acceptable to clients, their family members and health care providers.

EN: <http://www.phac-aspc.gc.ca/publicat/hpcdp-pspmc/35-8-9/ar-07-eng.php>

FR: <http://www.phac-aspc.gc.ca/publicat/hpcdp-pspmc/35-8-9/ar-07-fra.php>

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III. CURRENT INITIATIVES

8. Interim Guidelines for Pregnant Women During a Zika Virus Outbreak

The CDC in the United States has developed interim guidelines for health care providers in the United States caring for pregnant women during a Zika virus outbreak. These guidelines include recommendations for pregnant women considering travel to an area with Zika virus transmission and recommendations for screening, testing and management of pregnant returning travelers.

http://www.cdc.gov/mmwr/volumes/65/wr/mm6502e1er.htm?s_cid=mm6502e1er.htm_w

9. Educavie.ca – Professional Development and Knowledge Exchange Hub (available in French)

Educavie.ca has become the place to be for French professionals in health units, community health centres and school boards across Ontario. We would like to invite you to visit the site and discover the many French health promotion resources, connect with other professionals or be kept in the loop for upcoming events in French.

Educavie.ca is a professional development and knowledge exchange hub; it is a one stop shop to stay abreast of health promotion activities and resources in the areas of mental health, substance abuse, healthy eating, physical literacy as well as development and sexuality. Becoming a member and promoting your French resources or events is easy; a few clicks and French practitioners all over Ontario will be in the know! Visit [Educavie.ca](http://www.educavie.ca) today and become a member!

www.educavie.ca

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IV. UPCOMING EVENTS

10. Winter 2016 Physical Literacy Days, Ontario Society for Health and Fitness

February and March, 2016: Various, Ontario

Ontario Society for Health and Fitness (OSHF) is thrilled to be partnering with the Healthy Active Living and Obesity Research Group (HALO) to offer special full-day workshops that will introduce practitioners to the Canadian Assessment of Physical Literacy (CAPL). Sessions are taking place across Ontario to increase awareness and improve understanding of physical literacy, as well as provide comprehensive hands-on training in physical literacy evaluation. Attendees will be guided through novel and dynamic protocols that will test their own movement skills and ultimately enhance the delivery of child and youth activity programming.

<http://www.oshf.ca/view.asp?ccid=603>

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11. Early Learning & Child Care Conference

February 6, 2016: Hamilton

This event features keynote speaker Drew Dudley. He asks “How many of you are completely comfortable with calling yourself a leader? What would happen if you asked that at your next staff meeting? What percentage of hands do you feel would be raised?” Leadership educator Drew Dudley has asked that question to hundreds of thousands of people around the world, and he’s yet to find an organization where the majority of employees are willing to call themselves leaders. That’s a problem, and this session will focus on how to solve it.

<https://ascy.ca/>

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12. Executive Function and Self-Regulation in Context: The Role of Stress and Poverty and Opportunities for Intervention

February 25, 2016: Webinar

This presentation provides an overview of executive function and self-regulation with particular emphasis on (1) their developmental and neuroscience underpinnings, and (2) research discussing the effects of stress and poverty on their development. The presentation will review strategies for skill development in children and adults whose executive functioning and self-regulation have been compromised or challenged by high-stress situations. The goals for the session include describing executive function and self-regulation skills in children and adults, presenting research on how stress and poverty influence these skills, and identifying strategies and opportunities for intervention.

<http://aia.berkeley.edu/training/online/webinars/2016-aia-webinar-series/#Webinar%201>

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13. Sharing Best Practices for Supporting the Successful Settlement of Young Refugees in Canada

March 2, 2016: Toronto

This Wisdom2Action event will focus on bringing together local and regional groups who will be directly responding to the needs of incoming refugee children, youth and their families. Using participatory methods and tools from the Art of Hosting and Harvesting Meaningful Conversations approach, participants will have the opportunity to learn and share promising practices for supporting the successful resettlement of refugee children and youth into Canadian communities, and for ensuring their long-term resilience and wellbeing.

<http://www.cyccnetwork.org/wisdom2action-events/refugees/>

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14. Make the Connection Workshop

March 2-4, 2016: Toronto

Make the Connection programs put attachment theory into nine fun and purposeful sessions. Caregivers learn what babies need to form secure attachments, practice with their baby/toddler and reflect on their parenting role. This workshop is for staff with an educational background and/or work experience with infants and toddlers.

<http://www.psychologyfoundation.org/EventDetail?EventKey=9c5c511d-7bba-4b73-a9ce-6fcba6383196&WebsiteKey=7ec8b7ce-729b-4aff-acd8-2f6b59cd21ab>

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15. Rainbow Health Ontario Conference

March 9-11, 2016: London

Canada's only professional LGBTQ health and wellness conference features over 50 workshops delivered by health and social service providers, researchers, policy makers and activists. The conference covers an exceptionally wide range of topics and is known for its first-rate content and friendly atmosphere.

www.rainbowhealthontario.ca/conference

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16. 2016 Parks and Recreation Ontario (PRO) Educational Forum and Trade Show

April 5-8, 2016: Collingwood

This annual event is for those who love to work and play in parks, recreation, sport, health promotion and community-based services. This year's program features more than 70 educational sessions and keynote addresses and plenty of opportunities to network with and learn from colleagues from across the province.

<http://www.cvent.com/events/the-2016-parks-and-recreation-ontario-educational-forum-and-trade-show/event-summary-1a8a94d3adf04dbf9e3f6e0062adf5f5.aspx>

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17. Save the Date: Collaborative State of Mind Conference – Starting with The 'Self' Self-Regulation for the Adults Who Care for Children & Youth

April 27, 2016: Mississauga

Through a line-up of dynamic speakers and presenters, this full-day conference will focus on the importance of self-regulation for the adults who work with children and youth in Peel's schools and community. This year's keynote speaker will be Dr. Stuart Shanker.

<http://eyeonkids.ca/docs/files/savethedate.jpg>

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18. 13th International Congress on Obesity 2016

May 1-4, 2016: Vancouver

This Congress has a wide set of programme tracks that encompass the full life course. In addition to symposia the congress will include: debates, prizes for scientific excellence and poster prizes and the Final Plenary Lecture immediately before the Closing Ceremony, on a major breaking development in obesity research to ensure that the Congress is as up-to-the minute as possible.

<http://www.worldobesity.org/what-we-do/events/ico/intconob2016/ico-16-registration/>

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19. The 13th Annual Summer Institute on Early Childhood Development - Growing ECE Access and Quality: Opportunities and Challenges

June 2-3, 2016: Toronto

Across Canada and around the Globe policymakers are looking to expand children's access to early childhood education. Join Rowena Chair of the OECD's Education and Skills Directorate and Tove Mogstad Slinde of the OECD Network on Early Childhood Education and Care as they discuss how states are expanding ECE access while maintaining program quality; balancing the needs of 0-3 year olds with programs for 4-6 year olds; and addressing children's right to ECE with parents need for child care.

http://www.oise.utoronto.ca/atkinson/Events/2016_Events/Summer_Institute_2016.html

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20. Childbirth Educator Training Workshop

July 7-9, 2016: Vaughan

This interactive and dynamic two day workshop is one of the steps to becoming a CAPPA Certified Childbirth Educator. Participants will learn teaching strategies for helping to prepare families for their journey through childbirth.

<http://www.icappa.net/events/EventDetails.aspx?id=711707&group=>

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V. RESOURCES

21. How Does Learning Happen? Ontario's Pedagogy for the Early Years

(available in French)

This is a professional learning resource for those working in child care and child and family programs. It supports pedagogy and program development in early years settings that is shaped by views about children, the role of educators and families and the relationships among them. It builds on foundational knowledge about children and is grounded in new research and leading-edge practice from around the world.

EN: <http://www.edu.gov.on.ca/childcare/pedagogy.html>

FR: <http://www.edu.gov.on.ca/gardedenfants/pedagogy.html>

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22. New Regulations Related to the Child Care and Early Years Act

This webinar discusses new regulations related to the Child Care and Early Years Act.

Webinar: <http://www1.webcastcanada.ca/events/registration/moed0615eng.php>

Link to the Act: <http://www.ontario.ca/laws/statute/14c11>

23. Infographics: Parental Support for Child Health

(available in French)

Three new infographics from Public Health Ontario present results from a telephone survey of 3,206 parents living in Ontario, conducted between February and March, 2015. Each infographic focuses on specific child health behaviour: daily physical activity, screen time and healthy eating.

EN:

<https://www.publichealthontario.ca/en/BrowseByTopic/HealthPromotion/Pages/Parental-Support-for-Child-Health.aspx>

FR:

<https://www.publichealthontario.ca/fr/BrowseByTopic/HealthPromotion/Pages/parental-support-for-child-health.aspx>

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VI. FEATURED BEST START RESOURCES

24. Child Discipline Campaign Resources

(available in French)

Last fall, the Best Start Resource Centre launched an awareness campaign to reduce the prevalence of physical and emotional punishment of children from birth to age 6. The main audience is mothers, fathers and other primary caregivers of children. If you are not already familiar with this campaign, we encourage you to visit the following pages and download some of the campaign resources.

The key element of the campaign is the website www.ChildrenSeeChildrenLearn.ca, containing eight videos in each French and English. All the campaign resources are bilingual and are available at www.en.beststart.org/services/campaigns/child-discipline-campaign-campaign-resources. These include:

- A “ready-to-use” parent workshop which includes a DVD and facilitator guide.
- Growth charts to distribute to parents.
- Mini-posters to use in public locations.

- Graphics and articles for use in newsletters and through social media channels. Radio and television public service announcements can also be disseminated through social media.
- Background information on the campaign is available at:
www.en.beststart.org/services/campaigns/child-discipline-campaign-campaign-overview

Ressources de la campagne sur la discipline de l'enfant

L'automne dernier, le Centre de ressources Meilleur départ a lancé une campagne de sensibilisation visant à réduire la prévalence des châtiments corporels et émotionnels infligés aux enfants, de la naissance à 6 ans. L'auditoire principal visé par la campagne inclut les mères, les pères et les autres personnes qui prennent soin des enfants. Si vous n'êtes pas familiers avec cette campagne, nous vous encourageons à visiter les pages suivantes et à télécharger les ressources de la campagne.

L'élément principal de la campagne est le site Web www.LesEnfantsVoientLesEnfantsApprennent.ca. Il renferme huit vidéos en français et en anglais. Tout le matériel de la campagne est bilingue et est disponible à www.fr.meilleurdepart.org/services/campagnes/ressources-de-la-campagne. Ceci inclut:

- *Un atelier prêt à l'emploi sur la discipline des enfants, qui contient un DVD et un guide de l'animateur.*
- *Des échelles de croissance à distribuer aux parents.*
- *Des affichettes pour utilisation dans les lieux publics.*
- *Des illustrations et des articles pour utilisation dans des bulletins d'information et à travers les médias sociaux. Des messages d'intérêt public pour la radio et la télévision peuvent aussi être utilisés à travers les médias sociaux.*
- *Des renseignements généraux sur la campagne sont disponibles à : <http://fr.meilleurdepart.org/services/campagnes/campagne-sur-la-discipline-information>*

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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). Please note that the Best Start Resource Centre does not endorse or recommend any events, resources, or publications mentioned in this bulletin.

Information on the MNCHP Network: Email mnchp@healthnexus.ca or visit <http://www.beststart.org/services/information.html>

To manage your subscription, unsubscribe from the listserv and access the MNCHP archives:

<http://lists.beststart.org/listinfo.cgi/mnchp-beststart.org>

To submit items for MNCHP Bulletins: Email mnchp@healthnexus.ca

Contact Us

Best Start Resource Centre: http://beststart.org/index_eng.html

Health Nexus: <http://en.healthnexus.ca/>

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Stay connected!

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.

[Click4HP](#) 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](#) - A province-wide electronic forum for service providers working to promote preconception, prenatal and child health.

[Ontario Prenatal Education Network](#) - A space where professionals can share information and resources, ask questions and collaborate with peers on topics related to prenatal education.

[Health Promotion Today](#) - Our blog keeps you informed of news and topics related to health promotion.

Follow us on [Twitter](#) to stay up to date on all things related to health promotion.

View our video resources on [YouTube](#) and [Vimeo](#)

[The Best Start Aboriginal Sharing Circle \(BSASC\) Network](#) 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](#) 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 bulletin francophone [Le Bloc-Notes](#) 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](#) 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](#) - Notre blogue sur lequel on partage des nouvelles et réflexions liées à la promotion de la santé.

Suivez-nous sur [Twitter](#) pour demeurer au fait de tout ce qui concerne la promotion de la santé.

Visionner nos ressources vidéo sur [YouTube](#) et [Vimeo](#)