



# Sharing Matters



## A Smile On My Face

**M**y name is Catherine McDermott. I am an energetic, hard-working, fun-loving 23 year old, in a healthy relationship. I have a four year old daughter who is the love of my life. I am happy with where my life is now and how far I have come. Jealous? Don't be. My life has not always been so unproblematic. Five years ago I was living in a one bedroom apartment, spending my money on useless paraphernalia, rarely filling my fridge with groceries, skipping school. I was depressed and had no friends or support. It took a great deal to get where I am, and I owe most of my gratitude to Families First CAPC.



I joined the "Young Mums" group about 3 years ago, when my daughter was a year old. I gained knowledge on taking care of my daughter's physical and emotional needs. Along with that, my stress level was reduced and my self esteem and confidence levels boosted immensely. In a friendly, non-judgmental environment, I gained friendships and always felt free and open to discuss very personal, difficult matters, while being treated with the utmost respect. At Families First CAPC I learned to cook healthy meals, to budget, learned about healthy relationships, yoga, resources, not to mention the importance of personal respect and love.

Not only has Families First CAPC assisted me, they have provided my daughter with a safe, friendly, social environment, where she can be a child and enjoy life. On the days where I had no money and could not eat, Families First CAPC provided hot, healthy meals for me and my daughter, and vouchers that assisted in buying groceries. They provided me and my daughter time apart, where she could be a kid, and I could be an adult. It is safe to say that they have helped me remain rational, and in doing so have created a stronger bond between me and my daughter.

Through Families First CAPC, I have become a better parent, a better friend, and all together a better person. Today, I have a daughter, I have a town house, I have a fridge full of groceries, I have friends, and a smile on my face. I graduated from the two year Early Childhood Education program at Fanshawe College and am currently attending King's University College at the University of Western Ontario. (Again, it was Families First CAPC that linked me with an organization that helped pay my university registration fees.) My life will never go down the wrong path again. Thank you Families First CAPC, for everything.

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### Calendar of Events:

- Feb 23-25, 2009  
**Best Start Resource Centre Annual 2009 Conference**, Toronto, ON [www.beststart.org](http://www.beststart.org)
- March 10-12, 2009  
**NPF Symposium (CAPC/CPNP)**, Toronto, ON [on\\_coalition@rogers.com](mailto:on_coalition@rogers.com)
- March 11-14, 2009  
**The 3rd International Conference on Fetal Alcohol Spectrum Disorder**, Victoria, BC, [www.interprofessional.ubc.ca](http://www.interprofessional.ubc.ca)

## PHAC Update

The Honourable Leona Aglukkaq was sworn in as the Minister of Health on October 30, 2008. For more information, please visit the following website:

<http://pm.gc.ca/eng/media.asp?id=686>

The Promotion of Population Health Terms and Conditions have been extended to March 31, 2010. New Amending Agreements have been sent to those CAPC and CPNP

projects being extended to March 31, 2010.

Suzanne MacDonald started on December 15th as the Team Leader for the Non Aboriginal HCD team. This was the position that Margaret Zubert held before she retired.

Sue joined Public Health Agency of Canada on a secondment for four months from Citizenship and Immigration Canada, and has now been permanently staffed in the position.

Sean Steele is on a six month assignment with the "kids team" helping us in the position of a project officer. Sean recently moved to Toronto from Ottawa where he worked with Environment Canada.

Chito Diorico is also on a six month assignment as a project officer with the "kids team." Among other duties, Chito is supporting Donna de Filippis in her work with FASD.

## Coalition Update

The Coordinating Committee and its sub-committees have continued to be busy on behalf of the Ontario Coalition of CAPC and CPNP projects. A written update was circulated at the recent conference and has been posted to the Webboard. In the meantime, a few highlights include a welcome to new Coordinating Committee members, Maria Garcia (Central Zone), Nicola Lyle (East) and Monique Raymond-Lefebvre (Aboriginal Rep). A warm thank you on behalf of all projects goes out to the Conference Sub-committee and Beth Bonvie for all of their hard work and dedication on our behalf in organizing a great conference. The vast majority of all evaluation feedback was very strongly positive.

The Coordinating Committee has continued to undertake efforts to raise the profile of CAPC and CPNP and in that regard worked with the National Network of CAPC and CPNP to develop a letter to go out to all MPs, along with the new Impact Statements.

*Submitted by Joanne King, Chair*

### Calendar of Events

(Continued from Page 1)

- May 12-15, 2009  
**FRP Canada Conference**, Niagara Falls, ON [www.frp.ca](http://www.frp.ca)
- June 7-10, 2009  
**Public Health in Canada: Strengthening Connections**, Winnipeg, MN [www.cpha.ca](http://www.cpha.ca)

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**Contact the Ontario Coalition of CAPC & CPNP Projects at**  
[www.realhelp.ca](http://www.realhelp.ca)

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## Poverty in Ontario

There are more than 1 million Ontarians, including one in nine children and teens, living in poverty (theStar.com, December 2008). In December 2008, the Ontario Government promised to reduce child poverty by 25% within the next five years. Those children most affected by poverty include:

- Children in recent immigrant families (49% are poor)
- First Nations children living outside First Nations communities (40%)
- Children in racialized families (34%)
- Children with disabilities (28%)
- Children living in First Nations communities (28%)

(source: [www.campaign2000.ca](http://www.campaign2000.ca): Report Card on Child and Family Poverty in Canada 2007)

Research shows huge differences in child health between children who are poor and those who are not.

Indicator	Children Who Are Poor	Not Poor
Emotional disorder (4-11 yrs)	12%	7%
High hyperactivity	20%	12%
Indirect aggression	40%	25%
Obesity (2-11 yrs)	25%	16%
Obesity (5 – 17 yrs)	35%	24%

Thea Chibuk and Hui Yee Kwok (*Poverty and Child Health in Canada: A Poor Example*, 2008)

CAPC and CPNP programs in Ontario have 16 years of experience reaching and engaging families living in poverty. As the Ontario Government and provincially funded programs work to decrease poverty, it is an excellent opportunity for federally funded CAPC & CPNP programs to offer our expertise in working with vulnerable families and to maximize the impacts for families we serve.

*Ontario projects reported 7,573 new prenatal participants entering in 2004-2005. (Ontario Region IPQ Summary Report, 2006)*

## Coalition Responds to Dr. Kellie Leitch Report

The Ontario CAPC & CPNP Coalition provided a response to the report, "Reaching for the Top", submitted to the Minister of Health by Dr. Kellie Leitch, Special Advisor on Healthy Children and Youth. (Dr. Leitch identified three priorities: injury prevention, obesity and mental health.) These are some excerpts from the Coalition response:

*"All children deserve a safe, healthy and happy childhood. Working at the frontline, CAPC and CPNP have the unique capacity to reach out to marginalized and isolated families, providing opportunity for early identification of both physical and mental health problems in families. A Formative Evaluation of CAPC conducted by the Public Health Agency of Canada released in 2007, showed that CAPC was successful in reaching people living in conditions of risk including low income families, single parents, teen parents, parents with lower education levels, Aboriginal populations, newcomers to Canada, rural families, and parents with special needs children. The reach of CAPC and CPNP with these populations affords a special perspective on the needs of vulnerable people in our communities. While we acknowledge the importance of developing strategies for all children in order to advance the three priorities of injury prevention, reduction of obesity, and addressing children's mental health and chronic illness, we advocate for a targeted approach with these vulnerable populations."*

*"CAPC and CPNP submit that socio-economic status is correlated with higher rates of childhood injury. The formation of a National Injury Prevention Strategy will need to acknowledge that children living in the highest levels of poverty have the highest rates of injury when compared to children of higher socio-economic backgrounds."*

*"Dr. Leitch's recommendations regarding the introduction of a fitness tax credit in support of helmet use, legislation in support of banning hazardous substances in children's products, and the promotion of booster seats and protective equipment are all appropriate measures to lower the rate of injury in children and youth. For each of these initiatives, however, it is important that there be not only a universal approach to Canadian families, but also a targeted effort directed toward isolated and marginalized families in order to reduce preventable injuries of all children."*

*"Children whose parents have low incomes and low levels of education are more at risk for being overweight or obese than those from higher income families and families with higher levels of education. There is a strong and consistent relationship observed between low socioeconomic status in early life and increased obesity rates in adulthood. Food insecurity can lead to negative health and developmental consequences for young children, including obesity. CPNP and CAPC reach the most vulnerable families and promote healthy diets, adequate levels of food, breastfeeding and physical activity."*

*"Children whose parents are overburdened and anxious due to limited income and food insecurity, who have low levels of education, and who have experienced multiple or stressful life events, social isolation, history of childhood trauma or abuse, mental health or substance use problems are at higher risk for developing attachment disorders and mental health problems. CAPC & CPNP reach the most vulnerable families, providing programs that promote parent-child attachment, positive parenting strategies, and healthy family functioning."*

*"Many of the recommended strategies in this report are based on universal methods that will have a significant impact on the health and well-being of children and youth across Canada. While we support these universal strategies, we urge the Ministry of Health and the Public Health Agency of Canada to maintain a special focus on vulnerable children and their families in their efforts to address the three priorities identified in this report."*

### Members of the Coordinating Committee

- |  |                                       |
|--|---------------------------------------|
| Joanne King (Chair)                                | Maria Garcia (Central; Vice Chair)    |
| Ellen Bachtold, (Southwest, Chair Staff Shadowing) | Louise Guay/Alison Barclay (PHAC Rep) |
| Gladys Berringer (North)                           | Margaret Leslie (Central)             |
| Cathy Brothers/Judy Nairn (Sponsor Rep)            | Nicola Lyle (East)                    |
| Gerri Catherwood (Southwest; SMAC Chair)           | Monique Reynard (Aboriginal Rep)      |
| Suzanne Davidson-Noel (North)                      | Gena Robertson (Past Chair)           |

*New prenatal participants in Ontario represent about 42% of the national participation in the CPNP.*

*(taken from the Ontario Region IPQ Summary Report, 2006).*

## Dental Health

*"As a child I never ate junk food, and never had any problems with my teeth. I started having problems when I was pregnant with my first child. The more pregnancies I had, the worse my teeth got. So through four pregnancies I suffered with severe pain, loss of weight (I could not chew), lack of sleep. It affected me in every way...my mental status, especially my health and the way I communicated with others. For eleven years I suffered like this. I took pain killer after painkiller until I threw up."*

*CPNP Parent*

As seen from the quote above, poor dental health affects children's and adults' physical, mental and emotional well being. Unhealthy teeth and gums not only cause pain but are also linked to children's poor concentration, sleep disturbances, behavioural problems in school, low self esteem, difficulty eating, fewer friends, chronic illness (including heart disease) and fewer opportunities for employment as adults (*Toronto Public Health: 2003*).

Health care professionals are reporting that children often already have cavities by the time they start school due to the lack of preventative and continuing treatment available for families with low incomes. While parents who meet the financial criteria for urgent dental care for their children may be able to obtain limited treatment through the CINOT (Children in Need of Treatment) Program, any medicine (e.g. for tooth pain) or follow up non-urgent care is not covered and becomes the financial burden for parents who are already living in poverty (*Toronto Public Health: 2003*).

Many CAPC & CPNP programs help parents and children access dental care. In the case of the mother quoted above, CPNP arranged to have her teeth extracted and a full plate made. The mom is very appreciative: "I've felt no pain since my surgery and I've been eating solids. I can sleep better. I'm healthier and my world can now change."