

HEALTHY SCHOOLS

Helping Your Child Thrive

In the coming year, you will be hearing more and more about the “40 Developmental Assets,” both in the school and community. This is terrific news for parents!

What is the “40-asset approach?”

The 40 Developmental Assets are a list of positive experiences and qualities that we can bring into the lives of our children. These developmental assets can be built into any family, at any income level, in any community. The framework identifies crucial relationships, experiences, opportunities and personal qualities that help children and youth to:

- Grow up healthy and responsible.
- Fully engage and function in the world around them.

The list of 40 Developmental Assets was created following 50 years of research by the Search Institute, an independent, not-for-profit organization. The Search Institute provides leadership, knowledge and resources to promote healthy children, youth and communities.

What does this all mean?

According to the research, the more assets a young person has, the more likely he or she is to engage in responsible, safe behaviours. These children and youth are less likely to participate in behaviours such as illicit drug use and alcohol misuse, violence and sexual activity. The problem is that so many of our children and youth do not have enough assets.



What can I do?

You can become an asset builder! Some examples of how you can help build assets in the children and youth in your life include:

- Build relationships with other children and youth, elders and neighbours; saying hello is a great start.
- Attend young people’s sports events, plays, concerts and other activities.
- Give your children chores. Expect them to complete them. Praise them when they are responsible and correct them when they are not.
- Encourage young people, through both your words and actions, to succeed in school and serve their community.

Where can I get more information?

For more information on the 40 Developmental Assets, visit www.search-institute.org/assets.

INSIDE THIS ISSUE

Parents Are Children’s Best Role Models	2
Parenting Is An Important Job Too!.....	2
“I can’t remember the last time we had a pleasant meal”	5
Enhanced Meningococcal Vaccine Program for Grade 7 Students.....	5
Back to School Safety Tips	6
Don’t risk your child’s future!.....	7
Adolescence & Risky Behaviour	7
Safe Foods	8
The Scoop on Fifth Disease.....	9
Chewing Gum.....	10
Smoke-Free Vehicles Law Protects Children.....	11
Heart and Stroke Foundation SPARK Together for Healthy Kids.....	12

Parenting Is An Important Job Too!

A 2007 study revealed that the average worker spends 45 minutes less each day with his or her family than in 1986. Over that same period, the average worker is dedicating 30 minutes longer on an average workday to paid employment, including lunch and breaks. This trend is placing a strain on the goal of achieving a balance between work and life. Employees with children may be tempted or pressured to work longer hours or bring work home with them, but they end up sacrificing valuable time with their children.

Being a parent is often both the most challenging and most rewarding thing you will ever do. As a parent you must deal with the big, important issues that arise, but often the little things – late night conversations, making breakfast together and helping with homework – are the most rewarding of all.

In some ways, though, the little stuff IS the big stuff. Everyday occurrences add up to make a big difference in the lives of our children. The importance of parenting becomes clear when you learn about a youth's developmental assets, the basic building blocks of healthy development. The research shows us that kids with more assets are more likely to make better choices in life. Possessing these assets will prove beneficial in a child's schooling and social life, but also in finding and keeping a job.

Parents play a critical role in building children's assets, from the time they are born through their teenage years. Spending time with our children and helping them develop a strong collection of internal and external assets will pay tremendous dividends in the future. As they age and enter the workforce, they will have a solid foundation to start from, allowing them to thrive as community members and employees.

Submitted by Sabine Murphy, Public Health Nurse

Parents Are Children's Best Role Models



Since the choices children make are greatly influenced by their families, it is important to keep the following in mind: Choose your words, for they become your child's words. Watch your actions, for they become your child's actions. Examine your habits, for they become your child's habits.

“Who has time to exercise?”

Do these words sound familiar? What you say and do in front of your children affects their attitudes about exercise. If your children hear you say these words often enough, they may learn that physical activity isn't important.

Be a good role model.

Set a good example for your children and make physical activity a priority for you and your family. Children copy what they see, so it's important for parents to lead by example by being physically active every chance you get.

Be creative.

Go for a brisk walk after dinner instead of watching TV. Take the stairs instead of

the elevator. Leave the car at home for short trips. Instead of watching your child's hockey or soccer practice, use that time to do some physical activity of your own.

Play together.

Plan activities that you can do as a family, such as a family walk, hike or bike ride. Find safe walking routes children can take to school. Attend public skates and swims. Play catch or kick a soccer ball around.

Make it fun.

There are always plenty of active chores to do around the house. Make regular chores more fun by adding music and dancing so children will want to help with washing the car, walking the dog, mopping and vacuuming the floors, preparing meals, shovelling the driveway or cleaning out the garage.

Tune out.

Set a family time limit for watching television or using the computer for fun. Be aware of the types of video games your children play and the websites they visit.

Start today.

Kids need to be active to grow and develop for a lifetime of health and happiness. And it's never too late for parents to get moving, so when you finish reading this newsletter, go for a walk and take your kids with you.

Submitted by Michele Crowley, Health Promoter

“Do I look fat to you?”

If you want your children to have healthy body images, make sure you're sending the right message yourself. When children feel good about themselves and their bodies, they are more likely to make healthy choices.

Be good to yourself.

Catch yourself before making negative remarks about your own weight or appearance. If you're preoccupied with dieting, calories and weight gain, chances are your impressionable child will be too.

Think before you speak.

An offhand remark about how heavy your children are getting or how they look could have a lasting negative impact.

Watch your mouth.

Avoid making comments about people based on weight, shape or size. Teach your children that teasing others about their weight and shape is unacceptable.

Accept yourself.

Love yourself for who you are and do the same for your children. Focus on talents and abilities rather than looks. Identify your own strengths and help your children identify theirs.

Eat well.

Focus on eating healthy and enjoying an active lifestyle, not dieting. Shift your thinking from being thin-at-any-cost to being healthy and feeling good. It will help everybody feel competent, energetic and good about their bodies.

“I'm such a loser”

You may never say to your child, “You are a loser,” but how often do you say that to

yourself? Your children learn just as much from the things you say to yourself as they do from the things you say to them. So, it's important to think about everything you say, even when you think they aren't listening.

Be positive.

Boost your children's self-esteem – and your own – by remarking on jobs well done. Compliments are most effective when they are sincere and are about a specific accomplishment. There are lots of ways to compliment a child, including:

- Excellent!
- Fantastic!
- Super!
- Amazing!

Or how about:

- I trust you.
- That was a thoughtful thing to say/do.
- I was proud of the way you....
- You made my day!
- Beautiful job!
- You worked hard on that!
- That's good thinking!
- Great work!
- Good for you!
- I worked really hard on that!
- I handled that well!
- I'm happy about the way I....

Use rewards.

Rewards and incentives can be helpful ways to encourage positive behaviour. Often, candy, chocolate and cookies – foods that counteract healthy eating messages – are

used. So instead, try these heart-healthy ways to reward your children:

- Do a craft or activity together.
- Go to the park and feed the ducks.
- Go to the library or read a book with them.
- Cook or bake together.
- Play dress up.
- Have a tea party.
- Go for a bike ride or walk together.
- Invite friends over to play games.

Submitted by Kathy Page, Public Health Dietitian

“I could use a cigarette right now”

The research has been clear for many years about the negative effects of tobacco, both for those who smoke and for those exposed to second-hand smoke. As of January 2009, the Smoke-Free Ontario Act made it illegal to smoke in a motor vehicle if another person who is less than 16 years of age is inside the vehicle.

Keeping second-hand smoke away from your children is important. And if you smoke, you should think about the message this sends to your children. Research shows that when parents smoke, their children think it is normal and are almost twice as likely as children of non-smokers to start smoking themselves.

Your children are listening.

When you are feeling stressed or anxious, have you ever said, “Boy, I could use a cigarette right now.”? When your children



want to spend time with you or need your help, do you ever say, “Wait until I have a smoke.”? What message does that send to your children?

Talk about peer pressure.

Children and youth face peer pressure every day. If their friends smoke, your child is more likely to smoke. For teenagers, smoking is a symbol of belonging to a social group, especially when they get to high school.

Talk about the media.

The media are a powerful influence on how children feel and look and what they eat and do. Smoking is no different. Advertising is one of the key factors in convincing children to start smoking.

Be clear.

Children who believe their parents would disapprove of their smoking are less likely to start. So, be aware of what you say and do about smoking and tobacco – your children are watching.

Submitted by Fiaza Siddiqi, Health Promoter.



“I could use a drink”

Kids are constantly watching and imitating their parents, picking up their habits and beliefs, both good and bad. It can be confusing for children when parents’ actions don’t match their words. So, while it is important to talk to your kids about alcohol and other drugs, it is also essential to set a good example for them.

- What kind of example are you setting?
- Do you drink alcohol every day?
- Has your child ever seen you drunk?
- Do you always drink when you celebrate something important?
- Do you think it’s cool or funny to get drunk?
- Do you ever drink and drive?
- Do you smoke cigarettes?
- Do you ever talk about needing or craving a cigarette?
- Do you smoke marijuana?
- Do you take sleeping pills often?

If you answered yes to any of these questions, it may be time to think about making a change. If you use alcohol or prescription drugs, be sure to use them in a manner that sets a good example for your child. It is important to think about the messages you send. Don’t just be a role model – be a good role model.

Know your limit.

If you choose to drink, follow the Low-Risk Drinking Guidelines – no more than two standard drinks a day, with a weekly limit of nine for women and 14 for men. Know your own limits and stick to them, especially around your child.

Talk to your kids.

Talk to your child about what you feel is appropriate when it comes to alcohol use. Discuss why some people choose to drink, with whom and under what circumstances. Be sure to highlight both the positive and negative reasons (e.g., for religious reasons, to celebrate, to relax, because others are doing it, because they are bored, to cope with certain situations, etc.).

Stay away.

Avoid smoking in front of your child and/or talking about cigarette cravings.

Explain medications.

Explain why some people take prescription drugs. Emphasize the importance of using prescriptions only as directed by a doctor. Never give your child a medication prescribed for someone else.

Have fun.

Show your children that you can have a good time without using alcohol or other drugs.

Submitted by Michelle Pasichnyk, Public Health Promoter

“I hate wearing a helmet”

Children are constantly watching and imitating their parents, so it should come as no surprise that their use of bike helmets is closely linked to their parents’ use of helmets.

Set a good example.

Over a nine-year period, researchers from the University of Toronto collected data from more than 2,000 child cyclists. They discovered that 95% of kids wore a helmet if they were riding with an adult who also wore one, but only 40% wore a helmet if they rode with an adult who was not wearing one.

This research was backed up by a study from the University of West Virginia. In this study, of those children who said they never wore bike helmets, 88% of them had parents who also said they never wore helmets.

Reduce injuries.

Each year in Canada, more than 1,800 children are hospitalized because of bike-related injuries, and 29% of those injuries are traumatic brain injuries. Parents can drastically reduce these statistics by choosing to act as role models for their kids. By wearing helmets, adults will not only reduce their own chances of a serious injury, but they will have a greater impact on encouraging their children to play safe. So, it’s not just a matter of telling your children, “Do what I say.” It’s more important to show your children to “do what I do.”

Submitted by Joanne Alessi, Public Health Nurse

“I can’t remember the last time we had a pleasant meal”

Both you and your children play a role in creating a happy meal. You are responsible for what to eat, where and when to eat. Your children are responsible for how much and whether to eat. Part of your job is to trust your children to decide how much and whether to eat. If parents do their jobs with feeding, children will do their jobs with eating:

- They will eat the amount they need.
- They will learn to eat the food you eat.
- They will grow predictably.
- They will learn to behave well at the table.

Tips to help families eat healthy meals

- 1) Make mealtime FRIENDLY and pleasant. Here’s your chance to get caught up with your children’s lives. No nagging about eating; no TV, loud music or distractions.
- 2) Sit down to eat with your children, not just feed them. Studies show that children eat best when someone they trust sits down with them. Eating with your children also allows you to teach them about healthy eating and table manners.
- 3) Don’t pressure or force your children to eat. This usually leads



to power struggles and makes everyone upset!

- 4) Plan meals that combine liked and familiar foods with unfamiliar or less popular foods.

Remember, as long as your child is growing and developing normally, a relaxed approach to food and mealtimes is the best way to cope with his or her eating behaviours.

Submitted by Kathy Page, Public Health Dietitian.

Enhanced Meningococcal Vaccine Program for Grade 7 Students

Meningococcal disease is caused by the bacterium *Neisseria meningitidis* (commonly known as meningococcus). A small number of people carry these bacteria in the nose and throat without feeling sick. In rare instances, the bacteria overcome the body’s natural defences and cause serious diseases, including meningitis (inflammation of the meninges, the tissues that cover the brain and spinal cord) and septicemia (widespread infection involving the blood and multiple organs). Meningococcal disease is fatal in 8 to 15% of cases.

The bacteria are spread by direct contact with respiratory and oral secretions (saliva, sputum or nasal mucus) of an infected person. To prevent the spread of meningococcal disease, people should not share objects that have come into contact with another person’s mouth. Furthermore, persons should ensure good hand hygiene and the use of their sleeve, shoulder or a tissue to cover coughs and sneezes.

The signs and symptoms of meningococcal disease may vary widely. Symptoms may include sudden onset of high fever, severe headache, vomiting, stiff neck and a rash. At first, the rash may not be noticeable. Sensitivity to light, sleepiness, confusion and in severe cases, coma may occur. As the disease progresses, people of any age may lose consciousness and have seizures. Approximately 1 in 10 patients will die, and 11 to 19% of survivors will suffer some sort of permanent disability, such as hearing loss, brain damage or limb loss.

There are a number of vaccines, which protect against some of the various serogroups (strains) that cause meningococcal disease. Since 2005 routine immunization against meningococcal (serogroup C) disease was recommended and publicly funded for children one year of age. Students in Grade 7 and 15-19-year-olds were offered the vaccine as a “catch-up” program.

Emerging studies have shown that a routine dose of meningococcal vaccine is now necessary for adolescents. The Ministry of Health and Long-Term Care is offering a vaccine that provides protection against serogroup C, and also provides protection against three additional strains that cause meningococcal disease. The vaccine is publicly funded for students attending Grade 7 in Ontario and will be offered at school-based immunization clinics. Public Health nurses will give the vaccine.

Ensure you read and understand the information that will be provided to you by the Health Unit. Please sign the consent and return to your child’s school before the scheduled clinic date. Contact the Health Unit for additional information.

Submitted by Rose Huyge, Public Health Nurse.

Back to School Safety Tips

In the excitement of going to school and rushing to get there and home, children can forget vital information you have taught them. Fatigue and lack of attention increase the risk of a child suffering an injury on the way home. Parents and caregivers need to exercise caution while driving on the road and also help children develop the independence needed to be safe.

Walking to school

- Teach your children to walk with confidence, knowing their full name, phone number and address.
- Teach them how to make a telephone call, call the operator and use a pay phone.
- Get to know your neighbourhood by walking it with your children. Point out any problem areas to avoid.
- Teach your children to never approach a car to give directions or to help find something. Adults need help from other adults not children.
- You, as a driver, need to remember that in school zones the maximum speed limit is 40km/hour on school days unless posted

otherwise. Other areas also may be a safety zone, such as playgrounds or parks. If a driver is caught speeding in a safety zone, the fine is automatically doubled.

School bus safety

Drivers must always use caution when approaching a school bus. Drivers, traveling in either direction, are required by law to stop when a school bus has its upper red lights flashing. Most importantly, watch for children loading and unloading, and crossing a road or parking lot. Penalties for not stopping for a first time offence range from \$400 to \$2,000 and six demerit points. Get your child to the school bus stop on time. Wait in a safe place well back from the road. Do not let your child play in the ditches or a snow bank.

Teach your child to:

- Enter the bus single file and find a seat right away; stay seated facing forward at all times.
- Avoid rowdy behaviour; do not throw things and keep your arms and head inside the bus.

- Never distract the bus driver; always follow his/her instructions.

Why no seat belts?

Very few injuries happen in school buses. School buses are designed and constructed differently from cars. Children are protected through “compartmentalization,” a design that includes seats with high backs, filled with energy-absorbing material, and seats are placed close together to form compartments and have strong seat anchorages.

Studies have shown that adding seat belts to the current seating configuration of a bus can increase the chance of head and neck injuries. For a seat belt to be effective, it must be worn correctly, snug and on the upper thighs. Buses carry many different passengers from the very young to high school students; if seat belts were used, they would need to be readjusted and their use monitored. A seat belt not worn correctly may cause serious injuries.

Pedestrian safety

According to Safe Kids Canada, the safe age to allow children to cross the street by themselves is nine years old. Children should be accompanied by an adult or older child if under nine. Children under nine are at most risk for pedestrian injury; they cannot judge how fast a car is coming towards them or how far away a car is. Their peripheral field of vision is not developed, which means they cannot see out of the corners of their eyes to see oncoming cars.

Teach your child to:

- Walk on the inside of the sidewalk at all times and stop before the edge of the sidewalk.
- Walk beside the road in single file and face traffic in rural areas.
- Stop at driveways, alleys and areas without curbs.
- Make “Stop, Look and Listen” a habit.

Submitted by Karin Marks, Health Promoter





For Parents with Children Age 18-30 months: Don't risk your child's future!

The Haldimand-Norfolk Preschool Speech and Language Program would like you to know about normal language development: Did you know:

- A 12-month-old should have five specific words.
- An 18-month-old should have at least 20 words.
- By the age of two years, most children have 150 words and can combine these into two-three-and-four-word phrases regularly.

Many parents have had the experience of having a child with few or no words at the age of 18 months. When they express concern, they often hear the following well-meaning advice: "So, he's a little late talking, so was I! Just wait and see! He'll talk when he's ready!" It seems everyone knows of someone who didn't talk until age four, but who, as a 5th-grader, is now fine.

In fact, research shows that, of the children who are delayed at 18 months of age, 52% catch up by the age of 30 months. That means 48% of them do not. Research shows these children will remain behind up into their primary grades in school, and continue to have difficulties socially and academically. Think of it this way: children with language delays who begin Junior Kindergarten at age three or four are likely going to have negative experiences associated with their language delays. They are likely to experience misunderstandings with teachers and peers. They may also have higher anxiety associated with the start of school and separating from their parents. Research shows these kids are more likely to experience bullying or become bullies themselves. Also, the academic demands that are now a part of Kindergarten means such children might also have the experience of feeling like they "can't" name letters, their sounds, or write them down. All of these experiences can result in continued difficulties down the road.

No parent wants this for their child.

If you could help your child avoid these negative experiences, you would, right? Well, good news! The Haldimand-Norfolk Preschool Speech and Language Program offers assessment and intervention services that are specially designed to appeal and assist children in the 18-30-month range. And these services are available at no cost to you! The program is funded by your provincial tax dollars! So why worry? Why wait? Call us today!

The Parent Info Line: 1 866 463-2759.

Submitted by: Lori Holstein, Speech Pathologist.

Adolescence & Risky Behaviour

With adolescence, comes the responsibility of decision making. These young teens, if equipped with good decision-making skills and positive values, may delay sexual activity and other risk-taking behaviour.

Family is the first place children learn about boundaries and expectations. These boundaries and expectations should be taught to children while they are young, so that when they enter adolescence, they will have positive healthy decision-making skills. The family should have clear rules and clearly explain the consequences if these rules are broken. In order for the children to obey these boundaries, parents should help their children make good use of their time. By keeping young teens busy, this may decrease the chances of them engaging in risky behaviours. Some activities that will keep these young teens busy may be participating in music or theatre. For those young teens who are more athletic, various sporting activities may keep them busy. This will help teens develop responsibility for their actions and make them accountable. Teaching positive values will also teach young teens to use restraint when it comes to decisions regarding sexual activity and other risky behaviours.

By actively participating in various activities, teens will develop positive self-esteem and gain a sense of purpose along with personal empowerment. These positive values and decision-making skills will help young teens exercise their own self-restraint when it comes to peer pressure. They will know that they should not give into peer pressure and feel good about that decision.

As parents, it's best to recognize the positive assets our children have, rather than focusing on the negative. By focusing on your teen's positive assets, you will strengthen self-esteem and assist him or her in making good decisions when it comes to risk taking behaviours such as sexual activity.

Submitted by Terri Hartwick, Public Health Nurse.



Safe Foods

Food-borne illness is often created by allowing bacteria to grow and multiply in warm, moist foods such as meats, poultry, eggs and dairy products while being held at room temperature. Unfortunately, packed lunches can be subject to these circumstances as they are often kept at room temperature for four to six hours. Consequently, parents and children should be aware of the food safety risks involved when preparing, handling and storing packed lunches.

Here are some tips to help prevent food-borne illness when preparing, handling and storing packed lunches:

Begin with safe foods

- Always ensure the foods you purchase are from an approved source. Uninspected meats, unpasteurized milk and ungraded eggs are potential sources of food-borne pathogens,

including E.coli and salmonella.

- Avoid dented canned foods and dispose of foods with unusual odours, textures or colours.

Keep it clean – prevent contamination

- Proper hand hygiene is essential in reducing the transfer and spread of pathogens, including bacteria and viruses. Wash your hands before and after handling food.
- Wash and sanitize cutting boards, dishes, utensils and countertops with hot, soapy water and an approved sanitizer after preparing each food item and before you go onto preparing the next item. Sanitizing solution can be made by adding one tablespoon of chlorine bleach to a gallon of water.
- Wash all fruits and vegetables before use.

- Wash the lunch box/bag and ice packs before or after each use.

Keeping cold foods cold

- Make sandwiches with cold ingredients the night before and keep refrigerated until packing to go.
- Use an insulated lunch bag/box with a reusable freezer pack to keep the cold foods cold. Frozen juice boxes can also be used to help keep foods cold and should thaw by lunch time.
- Keep food away from heat sources such as sunlight, radiators and baseboards.
- Store packed lunches in a refrigerator if possible.

Keeping hot foods hot

- Preheat your thermos prior to use by

filling it with boiling water and letting it stand a few minutes. Then, empty the thermos and add the hot food. Keep the thermos tightly closed until lunch.

Microwaving

If foods are to be heated later in a microwave, make sure that:

- The food is kept below 4°C until it is time to reheat it.
- Only microwave-safe containers are used.
- The food is thoroughly cooked.

Submitted by Kris Lutzi, Senior Public Health Inspector.

Keep these foods cold (<4°C)	These foods can be kept at room temperature	Keep these foods hot (>60°C)
Meat	Fresh fruits and vegetables (uncut)	Soups
Poultry	Dry or hard cheeses	Stews
Fish	Packaged puddings	Chilli
Eggs	Canned fruits	Casseroles
Milk	Crackers	Refried or baked beans
Yogurt	Cakes	
Soft cheese	Cookies	
Peeled/cut fruits and vegetables	Unopened juice containers	
Pasta salads	Canned meats, poultry and fish	
Juice containers that have been opened		

The Scoop on Fifth Disease

Fifth disease is caused by a virus (parvovirus B19) which doesn't commonly cause serious illness in most adults and/or small children. Initial symptoms may include fever, tiredness, body aches, headaches and cold-like symptoms, followed by a red rash on the cheeks of the individual. It has inherited the names "slapped face" or "slapped cheek" disease because of this rash. Days later it can also appear on other areas of the body such as the trunk, arms, buttocks, thighs, etc. The rash can last anywhere from one to two weeks and can sometimes recur in people who exercise, sunbathe or are stressed.



You can become sick with the virus if someone who is infected sneezes or coughs on you or shares his or her personal items such as cups or utensils. It can also be passed on to an unborn baby from its mother.

Although the risk to the developing baby is very low, pregnant women who are exposed to fifth disease are advised to see their health care provider. A simple blood test can be run to see if the mother has immunity, as about half of all adults are immune through exposure to the disease at some point in their lives. If she has not been exposed, it will be up to the health

care provider to offer recommendations.

Taking precautions, such as implementing exclusion policies for children from school or daycare, is not warranted as the virus is most infectious prior to the onset of the rash. There are, however, ways you can help prevent the spread of fifth disease:

Always practice good hand hygiene. Wash hands for at least 10 seconds with warm, soapy water or use a waterless, antibacterial hand rub.

- Do not use re-use facial tissues and dispose of them carefully.

- Do not share drinking cups/glasses or eating utensils with people regardless of whether or not they seem healthy.
- Sneeze and cough into your sleeve rather than into your hands. Hand hygiene should be carried out after sneezing and coughing.

For more information on fifth disease or any other infectious illness, contact a member of the Health Unit's Communicable Disease Team or visit our website at www.hnhu.org.

Submitted by Leslee Wilson, Public Health Inspector.

Chewing Gum



Chewing gum has been known since ancient times. The Greeks chewed sap from the mastic tree. The Mayans chewed sap from the sapodilla tree. Native Americans chewed spruce sap, a habit they passed on to the European settlers. Chewing gum is still very popular today. Today the base used for most chewing gum is a blend of synthetic materials such as elastomers, resins and waxes. People may think of gum as a kind of candy, but recent research has demonstrated scientifically that chewing sugarless gum can protect the teeth.

Chewing increases the amount of saliva in our mouths. If you chew after eating, the increased saliva can help neutralize and wash away the acids that are produced when food is broken down by the bacteria found in plaque on your teeth. Over time, this acid can break down tooth enamel, or cause a cavity. Increased saliva also produces more calcium and phosphate to help strengthen the tooth's enamel. Clinical studies have shown that chewing sugarless gum for 20 minutes following meals can help prevent cavities. Chewing sugar-free gum can benefit our oral health in many ways:

- Increases the amount of saliva in the mouth.
- Cleans the mouth of food debris.
- Relieves dry mouth discomfort.
- Neutralized plaque acids that form in the mouth after eating.
- Helps re-mineralize tooth enamel to strengthen teeth.
- Helps reduce plaque.
- Helps reduce the risk of cavities.
- Helps whiten teeth by reducing and preventing stains.

But chewing gum does not replace brushing and flossing. The Canadian Dental Association recommends brushing your teeth twice a day with fluoride toothpaste and cleaning plaque from between your teeth once a day.

The Canadian Dental Association "Seal of Recognition" is a symbol of products that are of benefit to the oral health of consumers. The seal is designed to help the public and dental professionals make informed choices. A company earns the CDA seal for its product by showing with scientific evidence that the chewing gum is effective for reducing cavities. Studies must also show that the gum is safe to the oral tissues in the mouth. The manufacturer must also provide the results of both laboratory studies and clinical studies in humans. Currently the only gums with the CDA seal are sugarless. They are sweetened by non-cavity causing sweeteners. Trident Xtra Care gum with Recaldent™ is the only gum in Canada recognized by The Canadian Dental Association. Recaldent™ is a natural milk-derived (and trademarked) product. It was developed at a dental school in Australia. Research supports claims that Recaldent™ can strengthen teeth by boosting remineralization (hardening) and decreasing demineralization (tooth decay) by supersaturating the tooth surface with concentrations of calcium and phosphate ions. For more information on how to keep your teeth healthy, talk to your oral health professional.

Submitted by Kim Casier, Dental Hygienist.

Smoke-Free Vehicles Law Protects Children



As of Jan. 21, 2009, the Smoke-Free Ontario Act prohibits persons from smoking or having lighted tobacco in a motor vehicle if another person who is less than 16 years old is inside the vehicle.

Any person – driver or passenger – in a motor vehicle, who is smoking while someone else under the age of 16 is present, will be committing an offence.

The law applies to both moving and stationary vehicles and will apply to motor vehicles, regardless of whether any window, sunroof, rooftop, door or other feature of the vehicle is open.

Second-Hand Smoke and Children

- Second-hand smoke in motor vehicles can be up to 27 times greater than in

a smoker's home.

- Children are especially vulnerable to second-hand smoke because they breathe more air relative to body weight. As a result, they absorb more tobacco smoke toxins than adults.
- Children who breathe second-hand smoke are more likely to suffer health problems such as Sudden Infant Death Syndrome, asthma, and cancer and cardiac disease later in life.
- Exposure to second-hand smoke has also been linked to lower cognitive test scores compared with children who were not exposed.

Ontario Provincial Police have the authority to enforce the prohibition of smoking a cigarette, or lighting tobacco in a motor

BLAST FROM THE PAST: During a snowy day last January, OPP Norfolk Detachment commander Insp. Zvonko Horvat (left) and Haldimand Detachment commander Insp. Dave McLean worked with the Haldimand-Norfolk Health Unit's Julia Hartley and two-year-old Anna to promote the launch of the new ban on smoking in vehicles carrying children.

vehicle if another person who is less than 16 years old is inside the vehicle. The OPP says it will enforce the law, but hopes enforcement won't be necessary because drivers will voluntarily comply with the law knowing that it protects the health of children.

Persons who fail to comply with the prohibition may be ticketed or, if charged and found guilty, subject to a fine up to \$250.

Submitted by Michelle Alvey, Health Promoter

Heart and Stroke Foundation SPARK Together for Healthy Kids

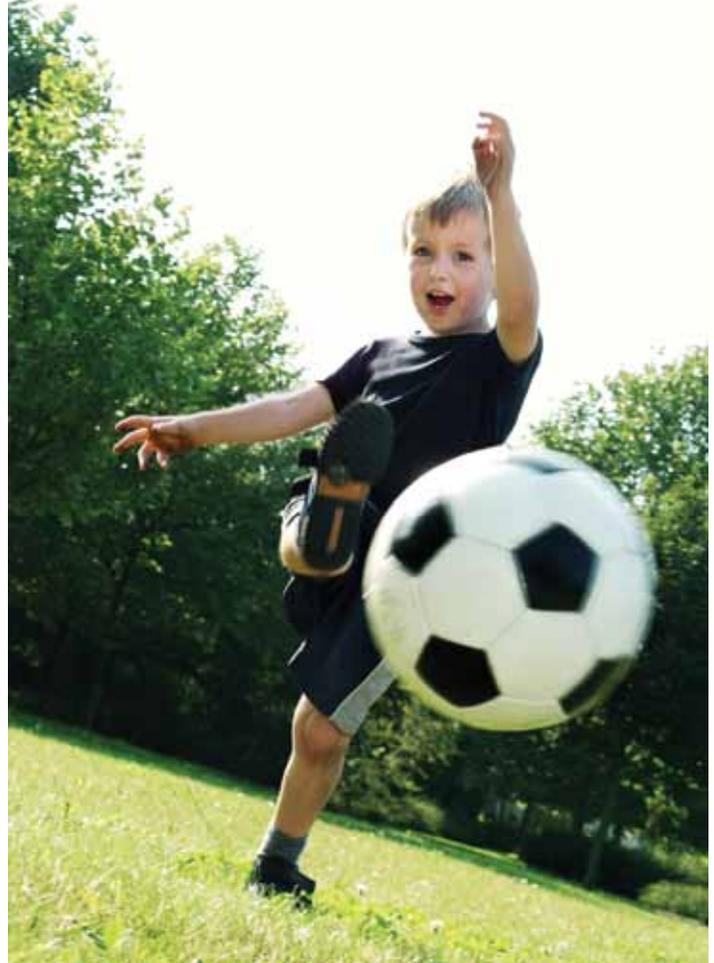
In response to the growing epidemic of childhood obesity, the Heart and Stroke Foundation has launched the Spark Together for Healthy Kids initiative. The Foundation hopes to inspire individuals, families, communities, businesses and government to spark collective change to help children become more physically active and eat healthier foods.

The issue of obesity is complex; it is much more than an individual making "bad choices." Children and their families need access to affordable, nutritious foods and physical activity opportunities. To support access and affordability requires leadership, advocacy, funding and healthy public policies.

This is where you come in. The foundation wants you to support the Spark Promise to Our Children. By signing the promise, you will add your voice to others who believe that the time to act is now. You will be asked for your views and opinions as to what changes need to happen in your community to keep children active and healthy. The promise will be used to demonstrate to government and other decision makers that there is commitment across the province to create a healthy future for our children.

To learn more about Spark and to read the promise and add your name, please visit: www.heartandstroke.ca/spark.

Submitted by Michele Crowley, Health Promoter.



Baby, you're the
best

This is what we need to tell our children **every day!**

Experts believe that children actually start to gain self-confidence early in life. Boost your children's confidence and self-esteem every chance you get. By paying attention to them, maintaining realistic expectations, and loving them unconditionally, you'll be setting the stage for a bright future for your children.