



HALDIMAND-NORFOLK HEALTH UNIT

# PHYSICIAN'S NEWSLETTER

## What's WRONG with this PICTURE?

In far too many cases this is what's going on in homes across the country. Children are plugged into the world of multi media and finding their entertainment in the far too cozy comfort of their own home.

However, screen time is not the only culprit contributing to the epidemic of inactive children. Busy lives, limited facilities, programming costs and safety concerns all contribute to the problem.

For the second year in a row, a D grade was scored on The Active Healthy Kids Canada Report Card on Physical Activity for Children. The Report Card considers a number of factors: Physical Activity / Inactivity, Health, Policy, Family and School and Community. For detailed information on the Report Card visit [www.activehealthykids.ca](http://www.activehealthykids.ca).



two hours a day as per the Canadian Paediatric Society.

- Discuss the importance of decreasing sedentary time in accordance with the guidelines in Canada's Physical Activity Guide for Children and Youth. Have copies on hand to distribute.
- Refer patients to the Health Unit for ideas on how to keep families active.

To order copies of Canada's Physical Activity Guide for Children and Youth or other resources, contact Michele Crowley, Physical Activity Promoter, at 519-426-6170 Ext 3239 or [michele.crowley@haldimand-norfolk.org](mailto:michele.crowley@haldimand-norfolk.org).

Source: *Canada's Report Card on Physical Activity For Children and Youth – 2006*

### The Report Card identifies three key issues that require action to improve the grade.

1. Parents aren't seeing the connection between unstructured physical activity and their kids' health.
2. Kids are spending too much time in front of the screen.
3. Daily physical activity is not consistent across the nation's schools.

### What Can You Do?

According to the Report Card, half of Canadian parents rely on a health professional to gauge whether their child is at a healthy weight. This creates a great opportunity for physicians to provide valuable input on aspects of active, healthy living.

- Consider making it a personal policy to prescribe physical activity to patients of all ages.
- Inform patients that recreational screen time should be limited to no more than

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# Umbilical Cord Blood Banking

The Haldimand-Norfolk Health Unit's prenatal teachers have noted an increase in the questions regarding umbilical cord blood banking.

The current recommendations from the SOGC about this issue were published in March of 2005 in the JOGC. They recommended that pregnant women should talk to their health care providers if they are interested in storing umbilical cord blood.

There are both public and private umbilical cord blood banks in Canada. Public cord blood banks collect and store umbilical cord blood units for potential use by the population at large (allogeneic). There is only one public umbilical cord blood bank in Canada (Alberta Cord Blood Bank – ACBB). There is usually no charge for public banks.

Private cord blood banks offer parents the opportunity to store their baby's umbilical cord blood stem cells for an indefinite period of time, in case the infant develops illness for which stem cell transplantation

may be indicated (autologous). It is difficult to estimate the likelihood that an autologous cord blood donation will be used. (Less than 5% of privately stored cord blood has been used clinically at this time.) There are now 6 private cord blood banks in Canada (5 in the Toronto area) and parents are charged between \$600-\$900 for registration, cryopreservation and storage, with annual storage fees between \$100-\$150.

Some of the SOGC recommendations are:

- Donation of cord blood for public banking and subsequent allogeneic transplantation should be encouraged when umbilical cord blood banking is being considered by childbearing women, prenatal care providers and/or obstetric facilities.
- Collection and long-term storage of umbilical cord blood for autologous donation is not recommended because of the limited indications and lack of scientific evidence to support the practice.
- Consent for the collection of umbilical

cord blood should be received from the expecting parent prior to delivery and confirmed after delivery before collection takes place.

- It is also recommended that perinatal facilities have policies and procedures in place for the collection of umbilical cord blood.

For information about the other recommendations (16 in all) and the support material for the recommendations, please refer to The Journal of Obstetrics and Gynecology of Canada, 156, March, 2005 or free online at: [www.sogc.org](http://www.sogc.org)

*Submitted by Joan Baker, Public Health Nurse, 905-774-3333 Ext. 222.*

**Coming on November 1, 2006**

## **Prenatal and Postnatal MOOD DISORDERS WORKSHOP**

Objective: To increase knowledge and understanding of mood disorders (especially depression) in ante and postpartum clients.

Information on screening, treatment and local resources.

Location and time to be announced in the Fall Newsletter and by mail.

## OBSP... Benefits to Family Physicians



The Ontario Breast Screening Program continues to grow and see more clients. If you haven't already started referring your patients here is a list of reasons why you and your eligible patients should consider OBSP.

- All OBSP facilities accredited by Canadian Association of Radiologists
- Assistance recruiting all eligible women in practice, maximizing participation rates
- Automatic recall of patient at appropriate interval
- Result letter sent to physician and client

- Risk assessment of client to determine appropriate screening interval
- Multi-disciplinary team supporting role of primary care physician
- Earlier diagnosis and treatment of breast cancers
- Cancer detection rates compare favourably with international standards
- Death rates from breast cancer is decreasing, in part due to regular screening
- Continuous monitoring and evaluation
- Referral to OBSP is endorsed by Ontario College of Family Physicians
- Statistical reports on each practice regularly provided

For more information on the Ontario Breast Screening Program contact Wendy King, Nurse Examiner, Norfolk General Hospital at 519-426-4006.

For promotional materials to share with your eligible patients contact Michele Crowley, Health Promoter, Haldimand-Norfolk Health Unit 519-426-6170 Ext. 3239.



## Pandemic Planning

The Haldimand-Norfolk Health Unit is well into the process of pandemic planning. The goal of influenza pandemic planning and response is first to minimize serious illness and overall deaths, and second to minimize societal disruption among Canadians as a result of an influenza pandemic.

The Health Unit's plan has established five sub-committees to address the multitude of complex issues that need to be worked through in order for the goals of the plan to be achieved. The Chairs of the sub-committees meet on a regular

basis to coordinate planning and solutions that cross their mandates.

The five designated sub-committees are:

- Surveillance Sub-Committee
- Anti-virals and Vaccines Sub-Committee
- Health Services and Public Health Measures Sub-Committee
- Emergency Measures Sub-Committee
- Communications Sub-Committee

In order to keep the medical community informed of the progress and issues for

the sub-committees there will be an article here in the Physician's Newsletter each issue. We welcome any ideas or requests for additional information from the community physicians on any of the content presented in the newsletter.

*Submitted by Karen Boughner, Manager, Public Health, 519-426-6170 Ext. 3218.*



# The Face of TB

The Lung Association is pleased to invite you to attend the 2006 Tuberculosis Conference.

## Conference Goal

To provide advanced information on tuberculosis to health care providers with a focus on the patient experience

## Conference Objectives

- To highlight the experience of tuberculosis from the patient's perspective.
- To increase knowledge of global issues and current trends in tuberculosis.
- To increase knowledge of best practices and new recommendations for the diagnosis, management and control of tuberculosis.
- To address issues related to the management of TB in hard-to-serve populations.

## When

**Monday & Tuesday,  
November 20 & 21, 2006**

## Where

**Crowne Plaza Toronto Don Valley**  
1250 Eglinton Ave. E., Toronto, Ontario  
Reservations: 1-877-474-6835  
Special Conference Rate \$135 + taxes  
(Single/Double occupancy)

## Preliminary Program Highlights

- Patient perspectives
- New TB standards
- International and national epidemiology
- Diagnosing TB
- Laboratory issues
- Treatment regimes
- DOT challenges
- Immigration issues
- Health care delivery challenges
- Social determinants of health

## Conference Fees (no GST)

Early Bird Full Conference (prior to Oct. 20, 2006)	\$250
Early Bird Daily	\$175
General Full Conference (after Oct. 20, 2006)	\$300
General Daily	\$225
Students Full Conference	\$150
Student Day Rate	\$100

## Registration

A detailed program package and registration form will be distributed in the early fall. If you wish to be placed on the mailing list, please email your address, phone, fax and email address to Michelle Wilson at [registration@eventives.ca](mailto:registration@eventives.ca). Thank you.

Watch for the Call for Poster Abstracts which will be available during the summer months.

This conference is an initiative of The Lung Association's Tuberculosis Committee. For more information, visit [www.on.lung.ca](http://www.on.lung.ca).

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HALDIMAND-NORFOLK  
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