Canada’s newcomer population from diverse ethnic groups is growing faster than any other segment of the Canadian population. Projections indicate that approximately one in three Canadians will be a member of a visible minority group by 2031, and that the visible minority population will be over-represented in the younger age groups. Saskatchewan has one of the fastest growing populations in Canada, mainly due to the influx of newcomers from diverse ethnocultural backgrounds. The large majority of the 280,000+ newcomers who arrive annually in Canada are in fairly good health, somewhat better than the average Canadian, but subsequently experience declining health shortly after their arrival. Selective immigration policies, access to healthcare in Canada, and/or changing lifestyle patterns may account for the decline in immigrant health status over the first few years. There is an emerging body of research related to the health status of newcomers, but in its infancy it raises more questions than answers. It is vitally important to understand the health and nutrition issues of newcomer children, as dietary patterns are established early in childhood, the development of chronic disease often starts in childhood, and more importantly, lifestyle interventions have been shown to have positive results among children. Further, positive lifestyle changes effected through childhood interventions persist into adulthood.

Understanding the need for research and intervention, we initiated the Healthy Immigrant Children (HIC) program in 2009 with the overarching goal of improving new Canadian children’s nutrition and health status. In 2010, we started the first Canadian comprehensive cross-sectional study to characterize the health and nutritional status of immigrant and refugee children aged 3-13 y (n=299) who have been living in Regina or Saskatoon, Saskatchewan, Canada for less than five years. Results indicate immigrant and refugee children are at considerably higher risk of household food insecurity (32.6%) compared to Canadians (7.7%). Over 80% of children had inadequate consumption of milk products that may not support age appropriate bone growth and development. Approximately 30% of newcomer children have not achieved the desirable bone mineral content for their age, sex and ethnicity. In addition, immigrant and refugee children commonly do not consume sufficient fruits and vegetables, which may indicate that they are filling that gap with too many foods that offer little nutritional value.

The Healthy Immigrant Children Program: Healthy communities for immigrant and refugee children

Dr. Hassan Vatanparast

Newcomer children participated in a Healthy Eating workshop developed by the Health Immigrant Children program in collaboration with Saskatchewan Intercultural Association.
Dr. Richard Huntsman is an Associate Professor in the Department of Pediatrics, College of Medicine, University of Saskatchewan

Our Partners: The Richardson Research Fund

The Richardson Research Fund was established by Larry and Lucille Richardson in 1991 to promote research that would lead to new therapies and cures for neurological disorders such as spinocerebellar ataxia and other forms of cerebellar ataxia. The intent of the Richardson Fund is to provide treatments for this condition once treatments are discovered or to support research that will lead to new treatments and cures for this condition.

The availability of the Richardson Research Fund has been a powerful impetus to promoting opportunities for University of Saskatchewan faculty to collaborate with leaders in cerebellar ataxia research. With the support of the Richardson Research Fund Dr. Richard Huntsman attended an international conference relating to spinocerebellar ataxias and was able to explore potential research collaborative opportunities.

Clinical Investigator Program (CIP) for Residents

The CIP at the University of Saskatchewan is available to residents enrolled in a Royal College accredited residency program who have interest and potential for a career as a clinician investigator or clinician scientist. CIP offers two streams: A Graduate stream for participants enrolled in a graduate (M.Sc. or Ph.D.) program, and a Postdoctoral Stream for residents who already hold a Ph.D. and are interested in undertaking a structured research program. For further information about CIP, please contact Dr. Alan Rosenberg, alan.rosenberg@usask.ca
Both groups also appear to be at risk for too much sedentary activity.

Health concerns for refugee children include food security, poor diet, low height for age, and high blood cholesterol levels. Refugee children are at significantly higher risk of being food insecure than immigrant children. In general, refugee children consume a lower quality diet than immigrant children, and are more likely to have an inadequate intake of a variety of macro and micronutrients. A considerably high risk of vitamin D deficiency and insufficiency was observed (64%), particularly in refugees (72%). Refugee children are significantly shorter for age than immigrant children, which may be related to food insecurity and dietary concerns. They are also at significantly higher risk for high blood cholesterol that may reflect unhealthy dietary choices. Compared to refugee children, immigrant children are more at risk for overweight, obesity and at-risk waist circumference.

Older immigrant children aged eleven 11-13 y are at significantly increased risk of having a waist circumference > 90th percentile (53%) as compared to refugees (22%). These findings are alarming and indicate the need for immediate intervention to improve the nutrition and health of newcomer children.

In the HIC program, currently, we are evaluating the barriers and facilitators toward access to healthcare among newcomer families. We have initiated interventions such as Voices in Vision, aimed to build self-confidence in children, as well as the LINK project with the goal of improving cultural competency skills in future healthcare professionals. We understand the need for a collaborative multidisciplinary approach including policy makers and healthcare providers, particularly physicians and nurses, as well as settlement agencies to improve the health status of newcomer children. We look forward to close partnership with other stakeholders. For more information about our program and potential collaboration, please visit http://www.healthyimmigrant.ca/.

Dr. Hassan Vatanparast is an Assistant Professor in the College of Pharmacy and Nutrition, University of Saskatchewan.

Recent Child Health Publications from U of S Faculty

- Jackowski SA, Baxter-Jones AD, Grudoyte-Raciene R, Kontulainen SA, Erlandson MC. A longitudinal study of bone area, content, density, and strength development at the radius and tibia in children 4-12 years of age exposed to recreational gymnastics. Osteoporos Int. 2015 Epub ahead of print.

Coming Events

Dr. Ross E. Petty, B.C. Children’s Hospital
Pediatric Grand Rounds 11:00am-12:00pm, East Lecture Theatre, RUH, Title: Pediatric Rheumatology: Past, Present, and Future. Pediatric Admission Rounds 12-1pm, RUH 6751 Title TBA; Pediatric Rheumatology Seminar 1-2pm, Location and Title TBA

Writing Winning Grants

Child Health Trainee Research Day
11:00am-2:30 pm
Location: Graduate Student Commons, in the Emmanuel and St. Chad Building. 1337 College Drive. (see p4 for further details)

Canadian Child Health Clinician Scientist Prairie Region Videoconference: “Translating Research Discoveries into Action”
11:30am- 12:30pm
Presenter TBA, Location: TBA
Dr. Ross Petty  
continued from P2...

- arthritis, now the standard worldwide. He is editor of the Textbook of Pediatric Rheumatology, the premier pediatric rheumatology reference book, now in its seventh edition.

- Dr. Petty has received many accolades and awards for his contributions. He has been the recipient of Distinguished Rheumatologist Awards of the Canadian Rheumatology Association, and the American College of Rheumatology, the Ross Award of the Canadian Pediatric Society, and the James T Cassidy Award of the American Academy of Pediatrics. He is a Master of the American College of Rheumatology and in 2008 was appointed a Member of the Order of Canada. He is a recipient of the Queen Elizabeth II Diamond Jubilee medal.

- Currently, Dr. Petty is Professor Emeritus and an active member of the Division of Rheumatology at British Columbia’s Children’s Hospital.

- Dr. Petty will be presenting Pediatric Grand Rounds, March 26th, 2015, 11:00 a.m. – 12:00 p.m., East Lecture Theatre, Room G763, Royal University Hospital. In his Grand Rounds Lecture Dr. Petty will present astonishing new information about impending expectations for pediatric rheumatology in the context of the discipline’s historical origins and present practices.

Research Project Opportunities

SUPERVISORS LOOKING FOR TRAINEES

- “Relationship between vitamin D levels and inflammation” Study format: Database analysis. Contact: Dr. Alan Rosenberg, alan.rosenberg@usask.ca
- “Usability and utility of a pediatric discharge pain management chart” Study format: Semi-structured interview and questionnaire. Contact: Dr. Susan Tupper, Coordinator Integrated Pain Strategy and Research, SHR, 306-715-8315, susan.tupper@usask.ca
- “Survey of Kawasaki Disease awareness among Saskatchewan physicians” Study format: Survey. Contact: Dr. Alan Rosenberg, alan.rosenberg@usask.ca

TRAINEES LOOKING FOR SUPERVISORS

- A Pediatric R2 resident is interested in examining the prevalence of e-cigarette use among youth in Saskatchewan.
- A number of medical students are looking for summer research opportunities.
- If you are a faculty member interested and willing to supervise, please contact erin.loose@usask.ca.

The Children’s Health Research Trust Fund (CHRTF) was established in 1983 to help raise funds to support child health research at the University of Saskatchewan. As all donated funds are endowed, the CHRTF has continued to grow to become an important partner in helping advance research in the Department of Pediatrics.

For further information about the CHRTF: http://www.medicine.usask.ca/pediatrics/research/CHRTF

To Donate to the CHRTF: http://give.usask.ca/online/chrtf.php