

**CHECK UP**

March 22, 2013



The beauty of March can be found all over the Cowichan Valley. This is a sunny Saturday morning looking out over Saison Bakery on Mays Road. If you want to experience the taste of Cowichan at its best- Stop by Saison on a Saturday or a Sunday between 9 and 4 for a culinary experience you won’t forget!

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**Today’s Check up Includes:**

* Meeting Schedules
* BCMA Meeting with President Shelley Ross and Cowichan Physicians and Specialists
* Air Quality Meeting and presentation from Dr Paul Hasselback and Earle Plain
* Launch of Cultural Safety Video
* HELP Spring Research Symposium coming to Nanaimo
* Article on Government Action and Obesity by Dr. John Millar

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**CCHN Network Member Meetings**

**Grant Committee Meeting**- **Monday April 8th 4:00 pm** – Room to be announced

**Asset Mapping and Research Committee Meeting – April 9th 4:00 pm** Ladysmith Health Centre- All welcome- Please invite organizations who are interested in exploring asset mapping and research to join us.

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**Upcoming Events/ Workshops/ Community Meetings**

* **Launch of Cultural Safety Video- Hul’qumi’num Health Hub**

March 28, 2013 Island Savings Centre Theatre

Reception at 6:30 presentation at 7:00

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**Connecting the Dots.....**  *As the facilitator goes out and engages in conversations or attends meetings in the community important information is learned along the way that may benefit or be of interest to Network Colleagues- A synopsis of conversations will now be shared in the connecting the dots section.*

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**BC Medical Association Dr. Shelley Ross's Presidential dinner**

March 13, 2013

Quamichan Inn

Dr. Shelley Ross the president of the BCMA has been travelling around the province meeting with physicians and specialists. Shelley updated the guests about a number of BCMA initiatives. Most of the evening was spent discussing how the Drs. were doing- their concerns, strengths and places for change within the medical association.

Discussions about levels of staffing, number of physicians and specialist, number of acute care beds, the emergency room and more were very insightful.

The discussion also included levels of funding in relation to other towns and cities. It was noted that originally mental health only received 55 cents on the dollar compared to Victoria and Nanaimo. It was the Cowichan Communities Health Network that was given acknowledgement about the power of community backing an important issue that supported our region in accessing more funding.

The CCHN was openly included in the conversation and was able to share the importance of working together and communicating between the Medical Services and the community. Topics such as obesity and poverty are not ones that the medical services community can tackle alone.

Val Nicol from the Cowichan Division of Family Practice also spoke to the topic of attachment dollars and the success of the Cowichan Maternity clinic as a partnership between VIHA, medical services and the community. She also spoke about the Primary Care Centre and its potential to support the medical system in Cowichan while attaching hard to reach individuals with a GP. Again this project is one that will require the collaboration between the community and the Medical Services of the region.

Robin Routledge also enforced the notion of how important it is for the Physicians, specialists, collaborative services Committee and the CCHN to work together. He highly recommends that this take place in the collaborative services committee. There is no longer a hospital board or even a Drs. Lounge at the CDH where ongoing interactive communication can take place.

**Outcomes for CCHN**

* This was the first presentation in the province where the community was invited
* The BCMA is now aware of the Cowichan Communities Network and what it is doing in community
* The Drs. and specialists in the room also became aware of who the CCHN and what it does in the community. They wanted to know more about the CCHN
* The concept of working together, which has not been done before or currently is not happening in the province, at one committee was brought forward

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**Connecting the Dots**

**Connecting the Dots**

**Air Quality- Cowichan Air Shed Meeting**

March 14, 9:00 am- 12:00 CVRD

A mixed group of representatives that included CVRD Directors Iannidinardo, Fraser and Giles, Engineers, Waste Management Leaders, Fire Improvement District Chairs and Chiefs from Mill Bay David Slade, Ron Beck and Shawnigan Lake- Glen Saunders and Keith Shields, Agriculture- Dan Ferguson, Bob Crawford, Jan Felix- resident, Bi law officer – Nino Murano, and Cindy Lise - CCHN came together to discuss the poor air quality in the region and to hear Dr Hasselback and Earle Plain present on air particulate matter and smoke in the Cowichan Valley.

The presentation outlined what particulate matter is and how it gets into the lining of the lungs. We were informed how these particulates do not stay in one area but unfortunately due to our topography, impact the entire Cowichan Region. The harm from these particulates is cumulative and increases over time as the lungs are unable to release the toxins. We also learned about the time of the year and the atmospheric conditions that increase poor dispersal of the particulates and make certain times of the evening and season harmful.

It was evident that the responses from those attending suggested that there are a number of opinions in the room and that it will take some time to come to consensus on the difficult decisions that will need to be made in regards to reducing the harmful effects of smoke and particulate matter in the Cowichan Valley.

Dr. Hasselback strongly stated that we do have a problem here that must be addressed. The statistics are clear so it is time for us to take this seriously and move towards an air shed plan.

**Outcomes from the meeting:**

* This is a serious issue and we are way behind in addressing this in our region.
* This is an issue that belongs to all of the regions and cannot be addressed as one area or community only. Bylaws need to be the same across the board.
* Options need to be put in place to reduce the use of wood burning prior to bylaws being put in place or they will be impossible to monitor
* Education plays the most important role for all
* Small steps but pro- active steps can begin to address this immediately
* This is a preventable issue
* All members of the communities need to come together to agree including – Farmers, industry, business, local citizens, government and health
* Look to best practices from other communities- Port Alberni and Kelowna/Penticton are good examples

**Outcomes for CCHN:**

1. Play an active role in education
2. Support community consultations and meetings to discuss this topic
3. Lobby to move forward when a plan has been determined

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**Hul’qumi’num’ Health**

*With support from the*

**Coast Salish Employment & Training Society**

*Cordially invite you to the video premiere of*

**Tat ul utul’**

***“Getting to know each other”***

*A video project by the Hul’qumi’num’ cultural safety committee*

*that supports the delivery of culturally-safe healthcare at the Cowichan District Hospital and in the Hul’qumi’num territory.*

Thursday, March 28, 2013

Cowichan Theatre, Island Savings Center

2687 James St, Duncan

Reception: 6:30 pm

Presentation: 7:00 pm

**Please RSVP to Sharon Henry at (250)748-9760 or** [sharon.henry@cowichantribes.com](mailto:sharon.henry@cowichantribes.com)

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**HELP (Human Early Learning Partnership) is coming to Nanaimo for Spring Research Seminar Series**

<http://us5.campaign-archive2.com/?u=ff5a335143a00900d87de4831&id=895685f4e6&e=bbbac00518>

REGISTRATION NOW OPEN:  
2013 HELP Spring Research Seminar Series  
April 11th, 2013, Nanaimo, BC  
9:30am - 4pm  
*Beban Park Recreation Center  
2280 Bowen Road*

**Morning Keynote Presentations:**

*“The Island's Children and Communities Over Time”*

**Presenters:**

*Joanne Schroeder, Deputy Director and Martin Guhn, Assistant Professor*

We will take an in depth look at HELP’s work in collecting population level data on children in B.C., using both the Early and Middle Years Development Instruments (EDI and MDI). The presentations will focus on what we have learned about children’s development and the impacts this knowledge has had at the local, provincial and national levels. We will also be presenting new results from the MDI, illustrating trends, and demonstrating the value of linking Kindergarten, Grade 4 and Grade 7 results.

**Afternoon Workshops:**

1. *Why Do Community Systems Matter?*

Explore the interaction of environments that impact children’s development and examine how you can make a difference locally. The focus will be on an asset based approach to change.

1. *What Does the MDI Tell Us?*

Get an in depth look at results from the MDI and an overview of the valuable information that is gathered using this instrument. Learn how it can be used to make a difference in your community.

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Anita, Amy and I participated in the two webinars hosted by Patient Voices and presented by Dr Millar.- Here is an article for you to sink your teeth in to.

**It’s time for government action on obesity**

***Regulating the food and beverage industry a good place to start***

[**http://www.thestar.com/opinion/editorialopinion/2013/02/17/its\_time\_for\_canadian\_governments\_to\_take\_action\_on\_obesity.html**](http://www.thestar.com/opinion/editorialopinion/2013/02/17/its_time_for_canadian_governments_to_take_action_on_obesity.html)

by John Millar

You’ve heard it already: obesity is epidemic in Canada and is contributing to an increased prevalence of hypertension, diabetes, heart disease, stroke, cancer and other chronic conditions. What you don’t often hear is that as a result, healthcare costs keep rising, posing a threat to the sustainability of our publicly funded healthcare system. The obesity epidemic also compromises our workforce productivity and reduces economic competitiveness.

In the face of this burning issue there has been little government response.

Although at the most basic level obesity is the result of an excess of calories consumed over calories expended, the causes and solutions are highly complex involving everything from stress levels to social equality to food production and urban design, and a cluster of other complex issues. But this complexity must not continue to be a reason to do nothing.

There is sufficient evidence to guide governmental action – now.

So, where to start? Reducing calorie consumption is the highest priority. While physical activity is important for health, research suggests that by itself it is not effective for weight control and so is not the place for governments to begin.

Unfortunately, health promotion programs aimed at personal dietary choice and responsibility have limited impact in the face of massive advertising and marketing by the food and beverage industries. So far, despite health promotion in schools (reducing junk food and increasing physical activity) and other settings, the prevalence of obesity has remained stubbornly high.

Industry self-regulation also sounds good, but the truth is, it doesn’t work.

There clearly needs to be more effective action. But what actions will work?

The best available evidence and experience from other health risk behaviours (alcohol abuse, drunk driving, seat belt and helmet use, and smoking), shows that government action to ‘nudge’ personal reduction in calorie consumption through regulation will most cost-effectively control the obesity epidemic. Here’s how.

First, governments (federal, provincial) should introduce a substantial tax on sugar-sweetened beverages (SSBs). These beverages have little or no nutrient value and contribute significantly to excess calorie consumption. Although a few jurisdictions have applied small taxes to SSBs, there has not been an attempt to apply a substantial tax over a sufficient length of time to determine if this will reduce consumption. But economic theory, clinical evidence and experience from tobacco and alcohol suggest that this will not only reduce calorie consumption and obesity but also be a revenue source for government.

Second, governments (provincial, federal) should by regulation limit the marketing and sales of junk food and beverages, particularly to children. This should include controls on advertising through electronic and print media, sponsorship of sport, cultural, school-based and healthcare events and facilities as well as controls on the placement of junk food and beverages at check-outs and similar child targeted sites. At the municipal level this should be extended to control the availability of junk foods and beverages near schools.

Third, the federal government should implement a salt reduction strategy (including warning labels, advertising restrictions and procurement policies as in Bill C-460). Although salt in itself is not calorific, it is a key ingredient in the production of many junk foods – and often what keeps us coming back for more.

Fourth, governments needs to introduce a regulatory requirement for better calorie and nutrient information at the point of consumption in restaurants and other food outlets.

But wait: is this the dreaded ‘nanny statism’ we’ve all been warned about?

In New York, when Mayor Bloomberg controlled the size of SSBs, he was accused of creating a ‘nanny state.’ But when the food and beverage industry makes large profits, leaving taxpayers to pick up the costs of providing healthcare for the victims of obesity-related disease, this is a failure of the market mechanism. It is governments’ role to take corrective measures.

Yes, there may be some unintended consequences from such regulation – time will tell. But doing nothing is not an option.

Instead we should move forward now, but closely monitor and assess the results, learning from any mistakes and spreading success to other regions. To wait would be to lose the opportunity to make a real difference now – for us, and for future generations.

*John Millar is an expert advisor with EvidenceNetwork.ca and a Clinical Professor at the School of Population and Public Health, University of British Columbia*