

**CHECK UP**

August 23, 2013

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**My Favourite shade of blue...**

**Today’s Check up Includes:**

* Meeting Schedules
* Community meetings and

events

* Underlying Premise Evidence-

(part 6) Social Environments

* Still No Provincial Ban on

Cosmetic Pesticides

* Slimming Down on Childhood Obesity- American report ..but interesting..

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**CCHN Network Member Meetings-**

* Next Admin Committee Meeting September 9th 5:30 pm
* Next CCHN Meeting September 12th, Dinner at 5:30 Meeting Starts at 6:00- CVRD Board Room

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**Upcoming Events/ Workshops/ Community Meetings**

* Cowichan District Hospital Fun Fair and Fundraiser... August 23 Noon to 4:00

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**KEY DETERMINANT – 6 Physical Environments**

**UNDERLYING PREMISES**

**EVIDENCE**

The physical environment is an important determinant of health. At certain levels of exposure, contaminants in our air, water, food and soil can cause a variety of adverse health effects, including cancer, birth defects, respiratory illness and gastrointestinal ailments.  
  
In the built environment, factors related to housing, indoor air quality, and the design of communities and transportation systems can significantly influence our physical and psychological well-being.

Evidence from the **Second Report on the Health of Canadians**

* The prevalence of childhood asthma, a respiratory disease that is highly sensitive to airborne contaminants, has increased sharply over the last two decades, especially among the age group 0 to 5. It was estimated that some 13% of boys and 11% of girls aged 0 to 19 (more than 890,000 children and young people) suffered from asthma in 1996­97.
* Children and outdoor workers may be especially vulnerable to the health effects of a reduced ozone layer. Excessive exposure to UV-B radiation can cause sunburn, skin cancer, depression of the immune system and an increased risk of developing cataracts

Evidence from **Investing in the Health of Canadians:**

* Air pollution, including exposure to second hand tobacco smoke, has a significant association with health. A study in southern Ontario found a consistent link between hospital admissions for respiratory illness in the summer months and levels of sulphates and ozone in the air. However, it now seems that the risk from small particles such as dust and carbon particles that are by-products of burning fuel may be even greater than the risks from pollutants such as ozone. As well, research indicates that lung cancer risks from second hand tobacco smoke are greater than the risks from the hazardous air pollutants from all regulated industrial emissions combined.

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During a recent debate in the provincial legislature about budget estimates from the Ministry of the Environment, MLA Selina Robinson of Coquitlam-Maillardville raised the issue of banning cosmetic pesticides. Over forty BC communities have banned cosmetic pesticides, but Robinson spoke of the challenges of implementing and enforcing local level bans given the confusing patchwork of regulations. Premier Christy Clark had committed to a provincial ban on cosmetic pesticides during her leadership campaign, but has not followed through on the promise.

The Minister of the Environment, Mary Polack, defended the government’s Integrated Pest Management Act passed earlier this year, which does not ban these pesticides. Regulations are still being developed, but the Minister said the thrust of the regulations is that pesticides should be used by “licensed people with knowledge and training,” and would provide the Ministry discretion to “identify specific exemptions from the licensing requirement.” The problem with these regulations, as Robinson notes, is that the burden of compliance rests on individual retailers. Many communities with similar requirements to those mentioned by the Minister have found there to be a lack of compliance and that enforcement is difficult.

The Minister admitted that there would be a heavy reliance on the education of retailers and the public, but also spoke of required licenses for the use of cosmetic pesticides on public lands, and a compliance regime that would respond to complaints from the public.

Earlier posts from First Call on cosmetic pesticides in BC are available [here](http://cts.vresp.com/c/?FirstCallBCChildandY/020a9dafb7/321050fb30/b812f3a58c/s=cosmetic+pesticides).

The full exchange between Robinson and Minister Polack is available in the draft transcript of the debate in the legislative assembly [here](http://cts.vresp.com/c/?FirstCallBCChildandY/020a9dafb7/321050fb30/39aa1821a4), beginning at [1515]

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# Slimming down childhood obesity

Original Text

[The Lancet](http://www.thelancet.com/search/results?fieldName=Authors&searchTerm=%20The%20Lancet)

After decades of increasing obesity rates in the USA, the US Centers for Disease Control and Prevention (CDC) have announced good news: a downward trend in the prevalence of obesity in preschoolers from low-income households. The [report](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6231a4.htm?s_cid=mm6231a4_w) released Aug 6 presents data showing a small but significant decline in the percentage of obese children between 2 years and 4 years old in 19 of 43 states and territories assessed between 2008 and 2011. With a drop in obesity prevalence in this vulnerable group, is it now possible to identify which public health measures are the most effective in producing results?

The answer is, unfortunately, no. States diverge considerably in their public health policies, educational programmes, and nutrition and exercise habits, making it a challenge to determine their relative contributions. The new numbers from the CDC coincide with the release of an Institute of Medicine (IOM) [report](http://www.iom.edu/Reports/2013/Evaluating-Obesity-Prevention-Efforts-A-Plan-for-Measuring-Progress.aspx) on evaluating obesity prevention efforts, which details a multi-pronged approach for tracking the progress of obesity initiatives through greater surveillance. The IOM proposes assessment plans at the national and local levels and to better define progress through goal-specific indicators and strategies, such as increasing whole grain consumption and physical activity in child care.

The recommendations outlined by the IOM dovetail with the CDC report's call for wider implementation and better assessment of prevention measures. But, importantly, progress will continue to rest largely on reaching children through parents, caregivers, and schools. As both reports underscore, community involvement is crucial to maintain and boost this downward trend. Many recommendations—access to playgrounds outside of school hours, free drinking water, and healthy snacks and lunches—are cost-effective options, but require engagement and commitment at the local level to make them possible.

Even a small reduction of obesity in young children in the USA is cause for cautious optimism. But reports such as these continue to make plain that bringing together those who are closest to children—families, schools, and community partners—to implement common sense recommendations is where obesity prevention will work best.

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**STAFF & COMMUNITY SUPPORTERS**

*Welcome CDH*

*Staff,*

*Kids, Family & Community Supporters*

*Out front of CDH main entrance*

*BBQ, popcorn, Raffles, Bouncy Castle, Dunk Tank, Cake Walk, Mini Carnival Games, Radio Station Coverage*

*Hamburgers, hot dogs & punch*

*Raffle tickets , silent auction*

*Call to auction people off to put in the dunk tank*

**CDH FUN FAIR 2013**

**FRIDAY, AUGUST 23, 2013**

**12:00 PM – 4:00 PM HRS**

**ALL PROCEEDS TOWARDS OUR NEW HOSPITAL**



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***FOR MORE INFORMATION CONTACT:*** Admin: Tina Lamb (250) 737-2030 ext 44290 or [tina.lamb@viha.ca](../../../Documents%20and%20Settings/CDHF/Local%20Settings/Temporary%20Internet%20Files/Content.IE5/tina.lamb@viha.ca)

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**Do you have a resource, event or information you would like to share?**

**Send it to** [cindylisecchn@shaw.ca](mailto:cindylisecchn@shaw.ca) **and it will be included in the weekly Check UP Newsletter**