

**CHECK UP**

July 19th, 2013

Sometimes you just need to look up............

**Today’s Check up Includes:**

* Meeting Schedules
* Community meetings

 and events

* Two Successful

 Grants!

* Study Shows Toxins

 in Newborns

* Links to Media

 Coverage- Child

 Poverty

* Underlying Premises

 Evidence- (part 1)

 **Income and Social**

 **Status**

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**CCHN Network Member Meetings-**



**Upcoming Events/ Workshops/ Community Meetings**

* **Crofton Movies In The Park-** July 20th, August 10th, August 24th, September 7th – 9:00 pm Crofton Old School Museum Park by the Salt Spring Ferry- Its back! The fun free summertime event for families of all ages... Movies in the Park will feature a selection of family friendly films like Indiana Jones, How to Train your dragon and We Bought a Zoo. No cost, by donation with proceeds going to a new Skate park for Crofton. Concession available. Start time is approx 9pm for all showings (dusk). Bring a blanket or something comfy to sit on and enjoy!
* **Ladysmith Resources Centre Concerts in the Park-** July 21, July 28, August 11, August 18, August 25th – 6:00 pm in the Amphitheatre at Transfer Beach **Concerts in the Park!** Volunteer driven and at the Amphitheatre at Transfer Beach Park.  Performers are enlisted for eight – 2 hour Sunday evening concerts.  People enjoy an evening of song, while watching boats sail by, seals playing near the shore, and enjoying the early evening breezes off the ocean while having their picnic dinner



**Healthy Communities Grants Come to Cowichan!**

We are pleased to announce that the Cowichan Region was granted two grants from the BC Healthy Communities Initiative

1. The Cowichan Communities Health Network was granted $5, 000.00 for community engagement, consultations and planning in regards to the social determinants of health and how they relate to individual citizens and organizations.
2. The Choose Cowichan Lake and the Communities of the Cowichan Lake region received $4,500.00 to support them in their efforts to engage the citizens in conversations and planning around the social determinants of health.



**Study shows toxins in newborns – (First Call BC)**

In a new study by Environmental Defence, Pre-Polluted: A report on toxic substances in the umbilical cord blood of Canadian newborns, the umbilical cord blood of three newborns from the Toronto and Hamilton area was examined revealing traces of toxic chemicals. The researchers found 137 different chemicals that have been linked to cancer and other serious health problems, including some such as PCBs and DDT that have long been banned in Canada. These findings are consistent with other larger studies in other jurisdictions.

In response to these findings Environmental Defence is mobilizing a letter campaign to Health Canada and Environment Canada calling on the ministries to improve toxic chemical regulation and adopt a new precautionary approach to testing chemicals.

See the full report [here](http://cts.vresp.com/c/?FirstCallBCChildandY/1a1b56779a/321050fb30/aa655ef0cf).
Sign and send the letter [here](http://cts.vresp.com/c/?FirstCallBCChildandY/1a1b56779a/321050fb30/1340dff1c0).
See an article from The Province [here](http://cts.vresp.com/c/?FirstCallBCChildandY/1a1b56779a/321050fb30/5915516dee), which includes comments from Health Can







**Links to media coverage: CHILD POVERTY**

* Global TV, Top Story: [http://globalnews.ca/news/706120/top-story-july-9/](http://cts.vresp.com/c/?FirstCallBCChildandY/1a1b56779a/321050fb30/08dbc848e6)
* Katie Hyslop, The Tyee: [BC ties Manitoba for highest child poverty.](http://cts.vresp.com/c/?FirstCallBCChildandY/1a1b56779a/321050fb30/0ce8b03338)
* Daphne Bramham, The Vancouver Sun: [B.C. is the worst place in Canada to be a kid.](http://cts.vresp.com/c/?FirstCallBCChildandY/1a1b56779a/321050fb30/21c9b7d53f)
* Seth Klein, Canadian Center for Policy Alternatives: [Latest Statscan poverty numbers paint bleak picture for BC.](http://cts.vresp.com/c/?FirstCallBCChildandY/1a1b56779a/321050fb30/08ae1d8071)



Public Health Agency of Canada -Underlying Premise and Evidence Table – (One of a series of 12)

**KEY DETERMINANT -- 1. Income and Social Status**

**UNDERLYING PREMISES**

**EVIDENCE**

Health status improves at each step up the income and social hierarchy. High income determines living conditions such as safe housing and ability to buy sufficient good food. The healthiest populations are those in societies which are prosperous and have an equitable distribution of wealth.

Why are higher income and social status associated with better health? If it were just a matter of the poorest and lowest status groups having poor health, the explanation could be things like poor living conditions. But the effect occurs all across the socio-economic spectrum. Considerable research indicates that the degree of control people have over life circumstances, especially stressful situations, and their discretion to act are the key influences. Higher income and status generally results in more control and discretion. And the biological pathways for how this could happen are becoming better understood. A number of recent studies show that limited options and poor coping skills for dealing with stress increase vulnerability to a range of diseases through pathways that involve the immune and hormonal systems.

There is strong and growing evidence that higher social and economic status is associated with better health. In fact, these two factors seem to be the most important determinants of health.

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

* Only 47% of Canadians in the lowest income bracket rate their health as very good or excellent, compared with 73% of Canadians in the highest income group.
* Low-income Canadians are more likely to die earlier and to suffer more illnesses than Canadians with higher incomes, regardless of age, sex, race and place of residence.
* At each rung up the income ladder, Canadians have less sickness, longer life expectancies and improved health.
* Studies suggest that the distribution of income in a given society may be a more important determinant of health than the total amount of income earned by society members. Large gaps in income distribution lead to increases in social problems and poorer health among the population as a whole.

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

* Social status is also linked to health. A major British study of civil service employees found that, for most major categories of disease (cancer, coronary heart disease, stroke, etc.), health increased with job rank. This was true even when risk factors such as smoking, which are known to vary with social class, were taken into account. All the people in the study worked in desk jobs, and all had a good standard of living and job security, so this was not an effect that could be explained by physical risk, poverty or material deprivation. Health increased at each step up the job hierarchy. For example, those one step down from the top (doctors, lawyers, etc.) had heart disease rates four times higher than those at the top (those at levels comparable to deputy ministers). So we must conclude that something related to higher income, social position and hierarchy provides a buffer or defense against disease, or that something about lower income and status undermines defenses.
* See also evidence from the report Social Disparities and Involvement in Physical Activity
* See also evidence from the report Improving the Health of Canadians



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

**Send it to** cindylisecchn@shaw.ca **and it will be included in the weekly**

**Check UP Newsletter.**