

**CHECK UP**

March 8, 2013

 Hello Everyone,

 Friday’s lead to Saturdays which are fun days!

If you want a challenge and the reward of some spectacular views you should experience the Genoa Bay hike up the back side of Mount Tzouhalem. It is about 1.6 kms straight up but your backside and calves with thank you when you are done! Start at the trail head in Genoa bay and stay right. If you stay left you will hike an easier lower route to Knipsen Road.



**CCHN Network Member Meetings**

**CCHN Network Meeting-** Thursday March 12, 5:30 in CVRD Board Room for CCHN Members- 6:00 pm for community and presenters and meeting start time.

**Admin Committee Meeting**- Wednesday March 20, 5:30 pm in CVRD Meeting Room 2



**Upcoming Events/ Workshops/ Community Meetings**

* **Patient Voices Determinants of Health Webinar- March 13, 12:00 to 1:00pm (PDT):** Health Care System Change: Barriers and Opportunities [**Reserve your spot.**](http://patientvoices.us1.list-manage2.com/track/click?u=d1d2e9f5af38684626b6c2280&id=4fc2a9d9b8&e=e816ff589a)



**Connecting the Dots..... (New Section)** *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.*

**Regulations allowing the creation of a new corporate structure designed to bridge the gap between for-profit businesses and non-profit enterprises received B.C. government approval this week. For training and to learn more see below:**



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| Community Contribution Company (C3) in force July 29, 2013 |

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| March 4, 2013The BC Ministry of Finance announced last weekend that the new Community Contribution Company (C3) will be available for use at the end of July. The launch date is a full six months earlier than expected!**The full press release is available by clicking** [**here**](http://r20.rs6.net/tn.jsp?e=001eB_qFzgVrQgh61milQpRsdUAO3YwgOZ2pCDgnepZgU2yrHqgtr6GnpXy0CzxrPUawo4qtvtIEKAoY3_Aee8zBgydLyYal81ZcVFiiK_j74IzbgH9rtslRv27FXHVk8u0Y3ud00p7T0RHvxegybYYaxxiAQavgL38b8oSCkqCIS5MnsLbzX6ksenSTDiHU8KuZZLRlN440fVADBdsJcUtwFX9xeuSVg5y)**.** The BC Centre for Social Enterprise, with the funding support of the Vancouver Foundation, will be offering workshops on the menu of structural options for social enterprise, including the new C3, the first specially-designed social enterprise form in Canada. The sessions will be held in Vancouver and Victoria. Do email us if you would like to be added to the list to receive more information (date, time, location) when it becomes available. Stacey Corriveau BC Centre for Social Enterprise email: stacey@centreforsocialenterprise.com web: [http://www.centreforsocialenterprise.com](http://r20.rs6.net/tn.jsp?e=001eB_qFzgVrQgdacArq48s7ICP5gKLdk1M2WM44GPCAK0QJHoZwIiq2rfdKuXfaJj9i1FIhAf-twBWkHu0xZmZmN_qAS9TzBm2WWLIFCmSfwUDPb5owmTT41QAQfdrlksxVVa0RhgYHfY=)  |



### Tamarack Communities Collaborating Institute (CCI 2013)

The Communities Collaborating Institute (CCI) is Tamarack's signature week-long learning event. This event provides a unique opportunity to join a dynamic learning community of practitioners from across Canada and beyond who are committed to deepening their capacity to lead community collaborations. **This year's event, titled Accelerating Impact, will be held in Edmonton, AB, Oct. 7-11, 2013.** We are very pleased to welcome this year's featured thought leader [**Adam Kahane**](http://cts.vresp.com/c/?Tamarack/e4429a5172/9e11db1d4a/808240111a). Registration will be available soon so sign up through the link below to receive e-mail updates about this much-anticipated annual learning event![**Sign up for CCI e-mail update here**](http://cts.vresp.com/c/?Tamarack/e4429a5172/9e11db1d4a/1b9ed7703a)

**Beyond the Tobacco War – What’s Next in Prevention & Protection?**

BCHLA’s first webinar for 2013 focused on a common ‘healthy living’ topic at the start of a new year – that is stopping smoking. We were so pleased to have such knowledgeable presenters who were able to deliver an engaging session to an audience that spanned the province of BC as well as a few folks from Alberta and Saskatchewan! BCHLA invited tobacco experts who could articulate 3 important planks in BCHLA`s tobacco advocacy platform:

1. Prevention and cessation services customized for specific populations;
2. Regulation of the film industry to limit tobacco marketing to youth; and
3. Protection from second-hand smoke for residents in apartments, condos, townhouses and suites

[**Dr. Joan Bottorff**](http://www.bchealthyliving.ca/beyond-tobacco-war-%E2%80%93-what%E2%80%99s-next-prevention-protection#bottorff), started her presentation describing how gender frames men and women’s interactions with tobacco. Men and women often support each other’s habits based upon relationship patterns – such as going out to share a smoke together or smoking after a stressful event. She also showed how gender identities can be mobilized to promote quitting.

Pregnancy and the early years are a prime opportunity to intervene. It is common for expectant mothers to attempt quitting at this time period but this isn’t always true for new Dads. Unfortunately, when new fathers don’t quit, it can also undermine a woman’s efforts to go smoke-free. Dr. Bottorff’s research found that appealing to certain masculine identities – such as the desire to ‘be a good dad’ - can strengthen men’s resolve to quit. This research has informed programs developed by ‘[Families Limiting and Controlling Tobacco](http://www.facet.ubc.ca/Downloads/DadsQuitSmoking.pdf)’ specifically for new fathers.

[Click here to download Dr. Bottoroff’s presentation.](http://www.bchealthyliving.ca/sites/all/files/images/uploads/Integrating_Gender_in_Smoking_Cessation.pptx)

Our second speaker, [**Jonathan Polansky**](http://www.bchealthyliving.ca/beyond-tobacco-war-%E2%80%93-what%E2%80%99s-next-prevention-protection#polansky) looked at the way [Big Tobacco is covertly marketing the appeal of smoking to young people through movies](http://www.smokefreemovies.ucsf.edu/problem/moviessell.html). This is a problem because young adults are one of those groups that have higher rates of tobacco use – and also some of the biggest consumers of film. While the smoking rate, has decreased steadily for the average British Columbian to a low of 14.3%, the rate among 20-25 years olds is much higher – sometimes as much as 10% higher.

He explained how a change in film subsidy rules that would exclude movies with tobacco imagery from public funding would limit the incentive for producers to make movies that market tobacco to youth. Other [proven policies](http://www.smoke-free.ca/pdf_1/2010/tobaccovector.pdf) include shifting ratings so that movies with smoking are given an adult ‘R’, showing anti-tobacco spots preceding movies and banning tobacco brands in film. He also described how Canadian children are exposed to much more tobacco imagery as we have fewer ‘R’ ratings than our American friends and how voluntary measures have had no effect.

[Click here to download Jonathan’s presentation.](http://www.bchealthyliving.ca/sites/all/files/images/Smoking_in_Movies_Final.pptx)

Our final speakers, [**Jack Boomer**](http://www.bchealthyliving.ca/beyond-tobacco-war-%E2%80%93-what%E2%80%99s-next-prevention-protection#boomer) and [**Sharon Hammond**](http://www.bchealthyliving.ca/beyond-tobacco-war-%E2%80%93-what%E2%80%99s-next-prevention-protection#hammond) explained how, while the majority of British Columbians don’t smoke, in multi-unit buildings, 34% report being exposed to second-hand smoke that creeps in from neighbouring units. Sharon described how many of the perceived barriers to [making a building smoke-free](http://www.smokefreehousingbc.ca/landlords/how-to-guide.html) are really non-issues. [Concerns about the legality](http://www.smokefreehousingbc.ca/strata/laws.html) of smoke-free policies and the economic impacts (such as re-sale value) aren’t well understood. Yes, it is legal to make a building smoke-free so long as existing tenants agree to sign-on or are grandfathered. The economic impacts actually favour smoke-free buildings which are not only less costly to maintain but are also in high demand.

[Click here for Jack and Sharon’s presentation.](http://www.bchealthyliving.ca/sites/all/files/images/uploads/Smoke_Free_Housing_Presentation.ppt)

We may have won some key battles in the Tobacco War but we still have a way to go to make BC Smoke-Free.

Thank you for NOT smoking.



**Stats to Snack On…**

* **61%** of British Columbian children aged 12-18 do not eat the minimum recommendation of five daily servings of vegetables and fruit.
* Reduction of sugar-sweetened beverage consumption has been identified as possibly **"the best single opportunity to curb the obesity epidemic."**

Looking for more interesting facts about healthy eating?
Check out our [*media-room backgrounder*](http://www.bchealthyliving.ca/sites/all/files/HealthyEatingStrategyBackgrounder.pdf)



**Study Examines Alcohol Use Patterns World Wide**

New research shows that alcohol is now the third leading cause of the global burden of disease and injury — this even though most adults worldwide abstain from drinking.

Researchers discovered the relationship while preparing the 2010 Global Burden of Disease study, a report published in the journal Addiction.

“Alcohol consumption has been found to cause more than 200 different diseases and injuries,” said Kevin Shield, doctoral student and lead author of the study. “These include not only well-known outcomes of drinking such as liver cirrhosis or traffic accidents, but also several types of cancer, such as female breast cancer.”

The study reports the amount and patterns of alcohol consumption by country for 2005, and calculates estimates for these figures for 2010.

Investigators discovered significant differences by geographical region in the numbers of people who consume alcohol, the amount they drink and general patterns of drinking. Some other findings:

* Drinkers in Europe and parts of Sub-Saharan Africa are the world’s heaviest consumers of alcohol, on average;
* People in Eastern Europe and Southern Sub-Saharan Africa consumed alcohol in the unhealthiest manner, as they frequently consumed large quantities, drank to intoxication, engaged in prolonged binges, and consumed alcohol mainly outside of meals;
* People in North Africa, the Middle East and South Asia consumed the least amount of alcohol;
* North Americans in general and Canadians in particular drink more than 50 percent above the global average, and show a more detrimental drinking pattern than most EU countries, with more [binging](http://psychcentral.com/disorders/eating_disorders/).

Experts say the global burden of disease and injury attributable to alcohol is large and growing.

In 2010, alcohol was responsible for 5.5 percent of this overall burden, third after high blood pressure and tobacco smoking — among 67 risk factors overall.

The new research summarizes the results from population surveys, sales or production data, and data on alcohol consumption not covered in official records, from all countries, territories and regions.

A surprise finding what that almost 30 percent of alcohol consumed in 2005 was “unrecorded” alcohol — referring to alcohol not intended for consumption, home-brewed alcohol, and illegally produced alcohol.

In some regions, unrecorded alcohol constituted more than half of all alcohol consumed.

“The amount of unrecorded alcohol consumed is a particular problem, as its consumption is not impacted by public health alcohol policies, such as taxation, which can moderate consumption,” said Jürgen Rehm, Ph.D., a study author.

“Improving alcohol control policies presents one of the greatest opportunities to prevent much of the health burden caused by alcohol consumption,” said Shield.

“To improve these policies, information on how much alcohol people are consuming, and how people are consuming alcohol is necessary, and that is exactly the information this article presents.”

Source: [Centre for Addiction and Mental Health](http://www.camh.ca/en/hospital/Pages/home.aspx)