

# Community Health Synopsis

*Vanderhoof, Fraser Lake, Fort St. James*  
*LHA 56 - Nechako*



## Creating Healthier Lives and Healthier Communities

Imagine if your community had more places to play. More places to grow and find fresh food. More ways to get from here to there by walking, cycling or using public transportation. What if there were more opportunities to connect with others through shared interests and activities? And imagine if your community protected you from second-hand smoke. How would that affect your life?

Healthy communities make it easier for residents to make healthier choices every day. Choices that over the long term will help them achieve and maintain their best possible health and well-being. And people who are active and healthy will thrive in their communities, and, in turn, their communities will also prosper.

Healthy living habits help reduce two of the leading causes of preventable death and disability among British Columbians: chronic disease and obesity. Fortunately, many BC local governments are already leaders and promoters of healthy living in their communities. To build on that momentum, Northern Health is partnering with local governments in a grass roots effort to help create health promoting environments.

Building healthy, prosperous communities begins with healthy, energetic families.

**Here are some of the features of a healthy community:**

- Easy access to healthy food; opportunities to learn about healthy eating.
- Protection from exposure to second hand smoke; help for smokers to quit.
- Promotion of good mental health and reduction of problematic substance use.
- Opportunities for all ages and abilities to feel connected and engaged within their community.
- Walk and bicycle-friendly neighbourhoods.
- Convenient and affordable parks, playgrounds and recreation centres.



### Targets for a Healthy Community



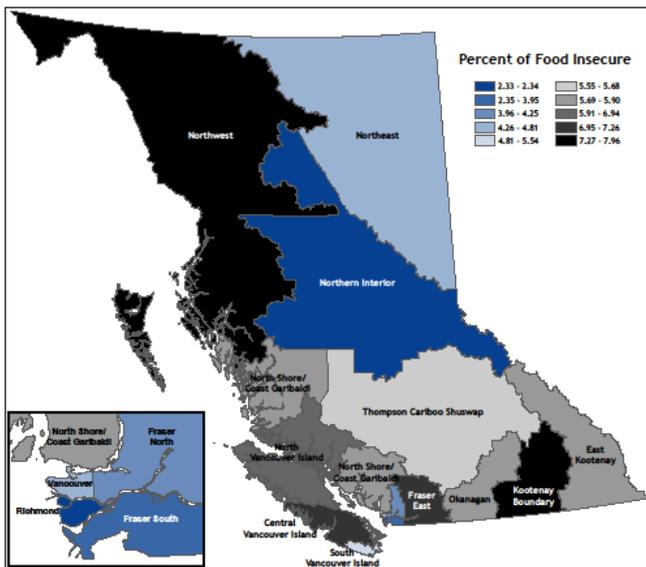
## Healthy Eating

Healthy eating is the foundation for a healthy life and healthy communities are places where everyone has access to fresh, nutritious, affordable and culturally acceptable food.

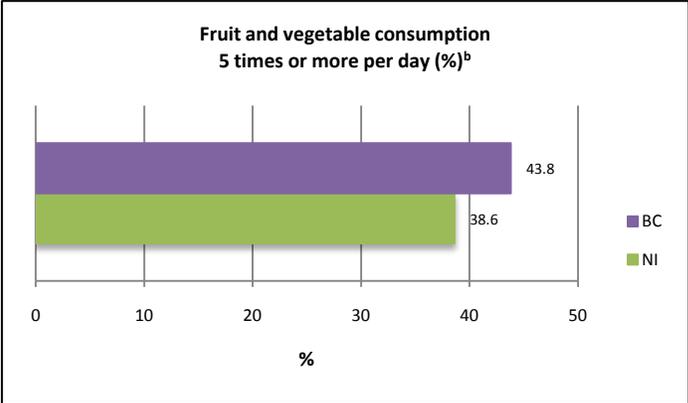
Food nourishes our bodies and gives us the energy to get through our day. Healthy eating is important for a healthy lifestyle at any age. Healthy eating is equally important to reduce our risk for several chronic diseases. Many of us eat too many foods that are high in fat, sodium, sugar and calories and not rich enough in nutrients and fibre. Every day we all make choices - and every day we can make healthier choices.

### Health Status Indicators

#### Regional Distribution of Food Insecure Households, BC, 2005<sup>a</sup>



**DID YOU KNOW?**  
Children and adolescents who share family meals 3 or more times per week are more likely to have a healthy weight.



## Tobacco Reduction

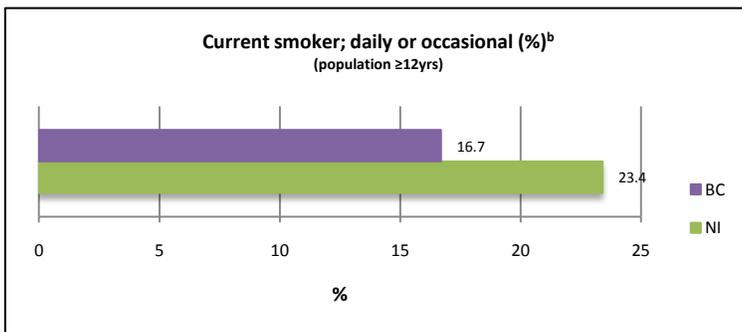
Northern Health promotes tobacco reduction and prevention.

Everyone deserves a healthy and tobacco free environment to live, work, learn and play. All types of tobacco are harmful - cigarettes, cigars, cigarillos and chewing tobacco to name a few.

- In your community, are there shared areas such as playgrounds and skate parks where kids of all ages can play safely and freely without being exposed to tobacco use and second-hand smoke?

When young people try smoking they quickly become addicted. Tobacco free environments are an important prevention strategy. Growing up around respected adults that don't use tobacco will decrease the likelihood of a child using tobacco products in the future.

### Health Status Indicators



**BC Tobacco Fact**  
Tobacco-related illness is the leading cause of preventable death in British Columbia. Tobacco use causes up to 6,000 deaths in the province each year, including over 100 non-smokers who die from diseases caused by second-hand smoke. Smoking kills more people in British Columbia than all other drugs, motor vehicle collisions, murder, suicide and HIV/AIDS combined.

## Healthy Built Environment

Why are some communities healthier than others? Communities across the North are facing challenges from increases in the rates of chronic diseases; most of these diseases are preventable. Increasing childhood asthma, for instance, is attributed to poor air quality from vehicle emissions, second or third hand smoke and industrial activity. Diabetes and cardiac disease are related to obesity and physical inactivity. The lack of stable, safe, affordable housing severely impacts health. All of these health effects arise in part from our interaction with the built environment - the buildings, parks, schools, road systems and other infrastructure that we encounter in our daily lives.

Research from around the world now shows that we can improve health and reduce illness through different approaches to planning our communities. The way we choose to develop highways, shape land use policies, and ensure access to nutritious food are just a few examples of community planning decisions that can help or hinder health goals.

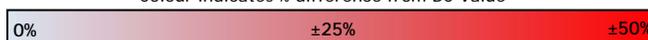
A healthy built environment is the foundation to healthy living. Our programs work to promote health by collaborating with local government, planners, community groups and other stakeholders to promote positive change in the environment, as well as empowering individuals to strengthen their skills to take control over their health and environment. In particular, Northern Health is partnering on issues that include:

- The environment, including indoor and outdoor air quality and buying "green" consumer products.
- Local food security.
- Land use decisions that affect housing and social wellness.
- Physical activity and obesity, which is affected by transportation, zoning and recreation choices.
- Healthy transportation alternatives
- Injury prevention.
- Supporting the development of livable, disability-friendly, age-friendly, universally designed and inclusive communities.

### Health Status Indicators<sup>b</sup>

Characteristics	NI	BC	NI vs BC
			% diff
<b>Health Conditions</b>			
Injury hospitalization (per 100000 population)	793	567	39.9
Overweight or Obese (%) aged 18 and over	54.9	44.7	22.8
<b>Health Behaviours</b>			
Bike helmet use (%)	45.8	60	-23.7
<b>Effectiveness</b>			
Ambulatory care sensitive conditions (per 100000 population)	496	251	97.6
30-day acute myocardial infarction (AMI) in-hospital mortality (rate)	10.4	8.4	23.8
30-day stroke in-hospital mortality (rate)	19.7	16.9	16.6
Self-injury hospitalizations (per 100000 population)	114	77	48.1
<b>Living and Working Conditions</b>			
High school graduates aged 25 to 29 (%)	78.8	88.1	-10.6
Post-secondary graduates aged 25 to 54 (%)	50.4	62.7	-19.6
Unemployment (%)	8.4	7.6	10.5
Youth unemployment; aged 15 to 24 (%)	16	13.8	15.9
Long-term unemployment (%)	3.3	2.8	17.9
<b>Community</b>			
Seniors; 65 years and over; as a proportion of total population (%)	11.9	15	-20.7
Aboriginal population (%)	13.1	4.8	172.9
Lone-parent families (%)	16.3	15.1	7.9
<b>Health System</b>			
Mental illness hospitalization rate (per 100000 population)	953	600	58.8
Mental illness patient days (per 10000 population)	845	723	16.9
<b>Deaths (per 100,000 population)</b>			
Total; all causes of death	670.1	523.1	28.1
All cancers;	203.9	152.5	33.7
Colorectal cancer -Female	24.2	12.7	82.7
Lung cancer	66.9	40.2	66.4
Breast cancer	9.9	10.3	-3.9
Prostate cancer	11.7	8.4	39.3
Circulatory diseases	183.4	153.9	19.2
Ischaemic heart diseases	78	72.8	7.1
Cerebrovascular diseases	44.1	35	26.0
All other circulatory diseases	61.3	46.1	33.0
Respiratory diseases	59.5	45.3	31.3
Pneumonia and influenza	16.1	13.8	16.7
All other respiratory diseases	40.6	28.7	41.5
Unintentional injuries	35.9	25.6	40.2

Colour indicates % difference from BC Value



## Physical Activity

Physical activity is essential to the good health of individuals, families and communities. A community that supports active lifestyles will improve both the physical and mental health and well-being of their residents when the active choice becomes the easy choice and activity becomes the norm rather than the exception.

- Does your community support active transportation?
  - Is it easy to get from one place to another by walking or cycling?
  - Creating walking and cycling friendly neighbourhoods provide not only increased health benefits through activity, but also through air quality improvement.
- Does your community have easily accessible green space, recreation centers, parks and playgrounds?
  - Everyone in the north is at risk for Vitamin D, the sunshine vitamin, deficiency, but we also need to think about Vitamin G, or the green space connection. Connection to nature provides health and wellness benefits to everyone and is a key area where sedentary activity, which is often indoor, can be swapped for outdoor activity.

People who are connected to and involved in their community will thrive and their communities will thrive with them. Physical activity and social connectedness help to build strong healthy communities. Supporting opportunities for people of all ages to get out of their homes and participate in social, cultural and physical activities where they live, work, learn and play is a foundational building block of healthy communities.

- Does your community encourage opportunities for people to connect with others through shared activities and interests?
  - Connection to school, family and community contributes to good mental health and is the foundation for overall health and well-being.
  - Good mental health enables people to be creative, productive members of their communities and make healthy decisions about alcohol and other substances.
  - Having the opportunity to be physically active for little to no cost, such as through parks and playgrounds, helps to make the active choice the easy choice and to encourage individuals, families and community groups to swap sedentary activities for increased physical activity.

## Inequities

### Health Status Indicators

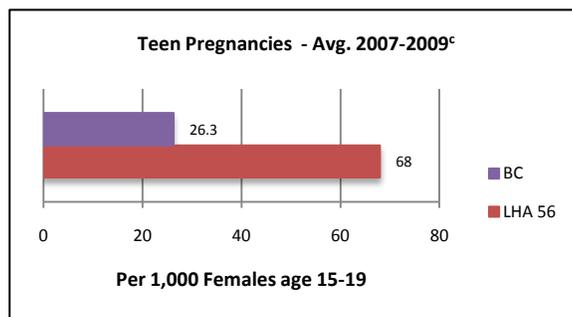
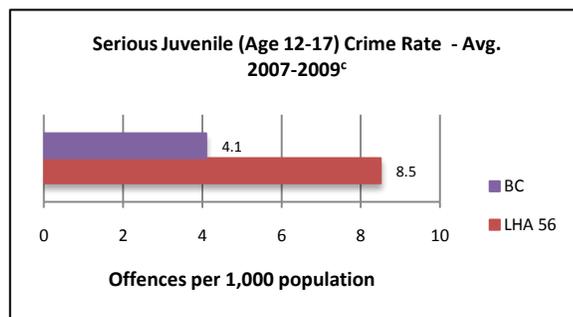
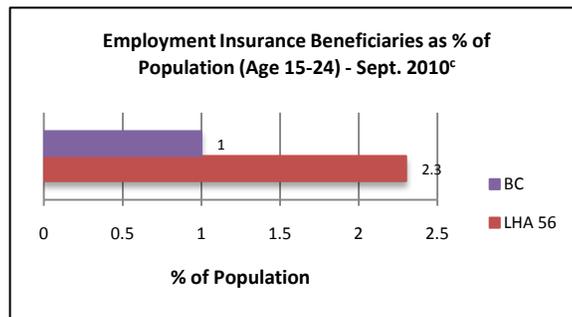
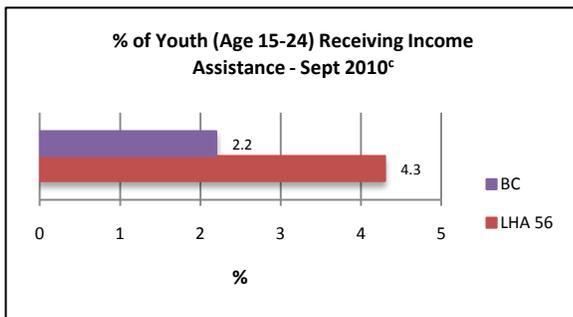
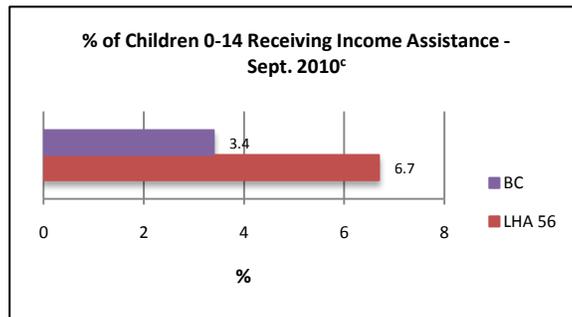
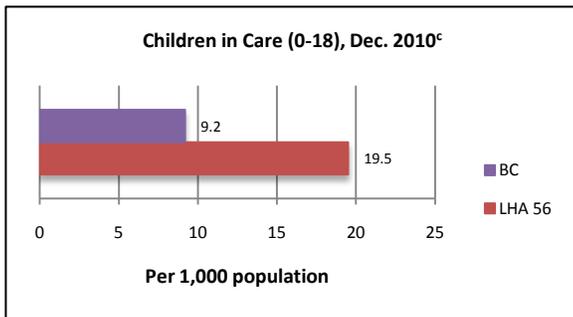
As observed from the graphs on this and the following page, Health status indicators consistently show that the residents of LHA 56 are not as healthy as the rest of BC.

There are many factors that work together to affect health outcomes, including education, socioeconomic status and social supports, to name a few. In LHA 56, there are more youth and children receiving income assistance, and higher serious juvenile crime rates compared to BC values. In addition, there are less of the population with a university degree, higher rates of infant mortality, and more than double the amount of teen pregnancies. Life expectancy is also shorter in LHA 56, and there are higher rates of hospitalization for respiratory diseases when compared to all of BC.

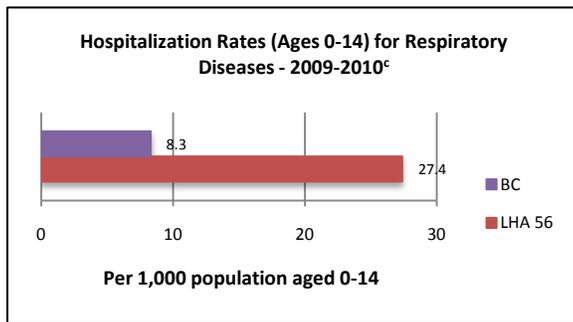
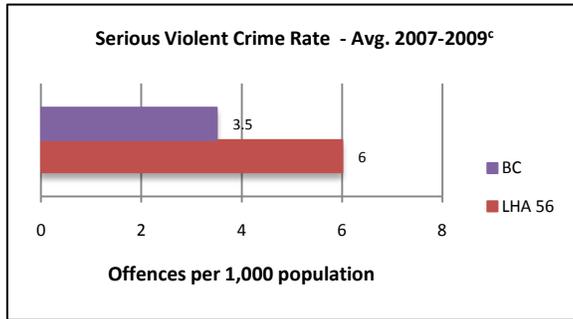
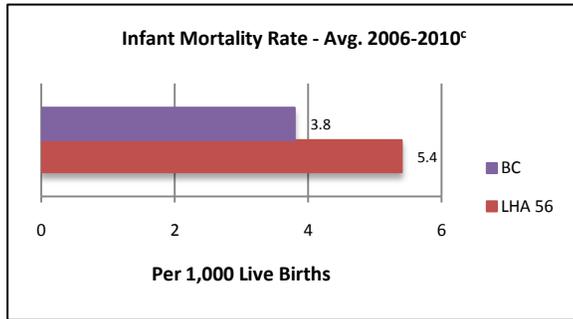
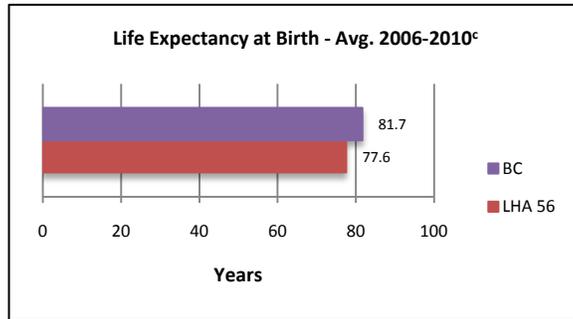
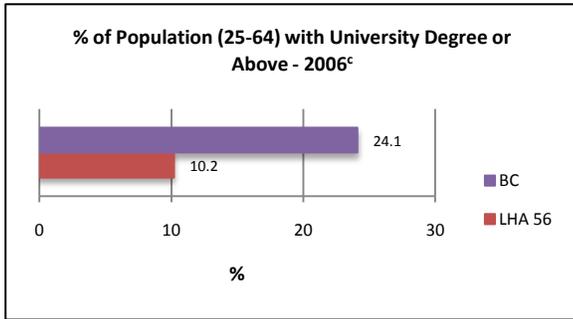
DID YOU KNOW?

Chronic diseases are the largest cause of premature death in BC. About 80 per cent of British Columbians report having at least one or more risk factors for chronic disease which include smoking, being physically inactive, eating an unhealthy diet or being overweight or obese.

### Children and Youth at Risk



Other Indicators



Overweight & Obesity

The rising statistics of overweight and obesity in northern BC are a cause for significant concern at many community and government tables. Unhealthy weight can lead to the development of risk factors for long-term chronic disease. Obesity is a chronic health condition that is complex and multi-faceted. Just as there is not one cause for the risk of becoming overweight or obese, there is not one simple solution or treatment that will prevent it. Preventing and reducing the occurrence of unhealthy weight and the development of obesity will require multi-sectoral partnerships. Developing partnerships and working relationships to address health issues from grassroots to government help build better physical, social and emotional environments that support community members to be the healthiest they can be.

While obesity is complex, it is preventable and it is treatable. A healthier future for the citizens of northern BC is possible. Community has a key role to play in the construction of supportive environments that make active transportation, active living and access to healthy food choices the easy choice. Removing barriers that prevent healthy lifestyles within a community as well as building community-driven healthy public policy in key areas to support healthy eating and active living are an important first step to stem the growing tide of obesity in our northern communities.

Health Status Indicators

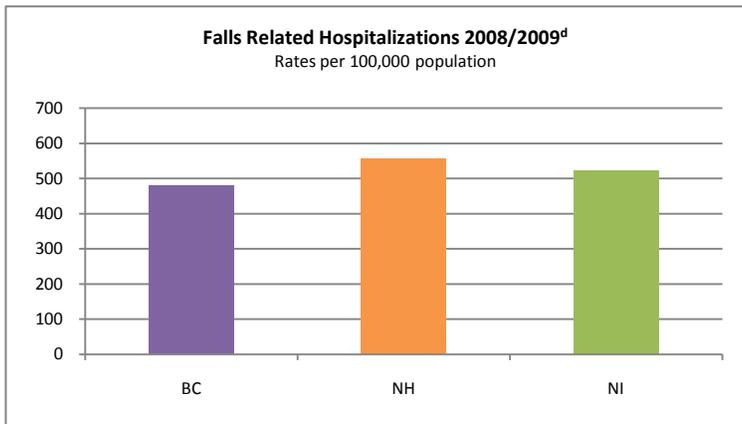
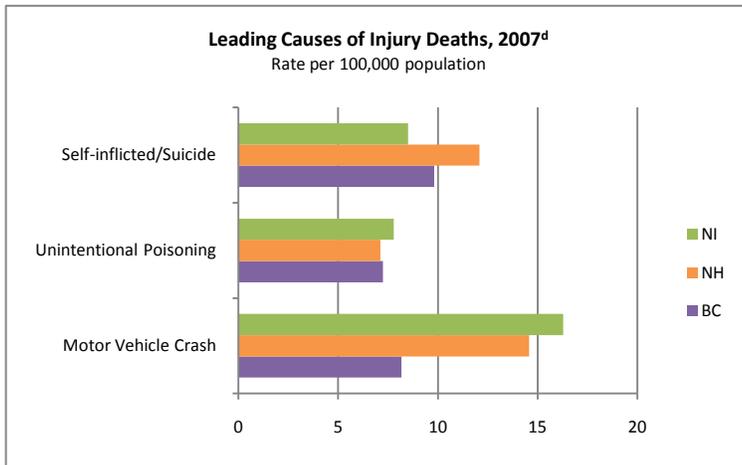


**Fast Fact**  
 More than 50 per cent of adults and 25 per cent of kids in BC are obese or overweight.

## Preventing Injuries

Every person across Northern BC has the right to live, work and play injury-free. Yet every hour of every day, people suffer an injury as a result of a motor vehicle crash, suicide, fall, poisoning, drowning or other activities. The good news is that injuries can be prevented. Working together, we can develop environments, programs and policies that support the prevention of injuries across the ages.

### Health Status Indicators



### DID YOU KNOW?

Injury is the leading cause of death to those 1-44 years of age in Northern Health. Every month more than 365 people are injured enough to need medical attention; 13 will die as a result of a preventable injury during that month.

## Determinants of Health & Risk Factors that Influence Health in the Northern Interior

Many "Determinants of Health" influence health and well being: living conditions, income, employment, education, gender, housing, cost and access to fresh produce, environment, personal choices and behaviours, and the ability to access high quality integrated health care services. First Nation's communities are further influenced by unique factors such as cultural continuity, control, viable councils, and having women as part of governance.

The main behavioural risk factors associated with chronic disease, some mental health disorders, and injury in Northern BC includes:

- Physical inactivity.
- Unhealthy eating (sugar beverages, sodium intake).
- Obesity.
- Tobacco use.
- Problematic use of alcohol.
- Risk-taking behaviours (young males).

### Success Stories - LHA 56

Within LHA 56, local governments have already been actively involved in building the foundation for a healthier community. A few of the highlights include:

#### Vanderhoof

- Nechako Valley Food Network is empowering the community to grow and eat local by providing a database for local producers and consumers to connect
- Rip-N-The-North bike park and mountain bike trails have expanded the venues for people to participate in biking activities
- The district is currently in the process of expanding walking trails in the community, a number of which are snow cleared and traction controlled in the winter months to allow for the continual use

#### Fraser Lake

- Offered a snow/ice sports camp (Feb 2012) under funding by the XploreSportz program. It offered 9 sessions for children ages 6-13 to test drive a variety of winter sports. Feedback from x-country ski coaches that participated is that there is new interest for skiers to join the ski program in Vanderhoof next winter.

#### Fort St. James

- Very supportive of food security work in the community

There are very active Farmers Markets in all communities in this LHA providing locally grown produce.

We look forward to working together with local governments within LHA 56 on projects and initiatives that address their unique health needs. It is through this collaboration where we can truly make long-term, sustainable changes that reflect a more vibrant and healthier community.

## Where do we go from here?

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Behaviours such as smoking, alcohol use, lack of exercise and poor eating habits contribute heavily to the excessive burden of disease experienced by the LHA 56 population and treated by our acute care services. Many of these conditions are preventable. Effective and cost effective collaborations must include the following:

- Research and understand health issues unique to LHA 56, and their underlying causative factors.
- Make this information available for others to make informed decisions affecting their health, and the health of those they have responsibilities to protect.
- Inform and work collaboratively with all stakeholders including individuals, community groups, local government, health sector, schools and employers. Complex chronic disease issues can only be addressed through multi-sectoral partnerships.
- Develop individual and community capacity and empower stakeholders to tackle issues locally.

## What can Northern Health do to support this process?

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- Develop and maintain health status reports.
- Develop comprehensive lists of community action strategies proven to effectively support targeted improvements.
- Facilitate health status and action planning meetings.
- Facilitate development of multi-sectoral partnerships for projects and events, including Northern Health staff.
- Ongoing research into community health status and risk factors.
- Evaluation of effectiveness of strategies.

For a more comprehensive report on the Health Status of the community, including additional statistics and health status indicators, please visit Northern Health's "Community Health Information Portal" (CHIP) at:  
<http://chip.northernhealth.ca/CommunityHealthInformationPortal.aspx>

	<b>Other links of interest include:</b>
Healthy Families BC - Healthy Communities:	<a href="http://www.healthyfamiliesbc.ca/healthy-communities.php">http://www.healthyfamiliesbc.ca/healthy-communities.php</a>
BC Stats:	<a href="http://www.bcstats.gov.bc.ca/">http://www.bcstats.gov.bc.ca/</a>
Stats Canada - Health Profiles:	<a href="http://www12.statcan.gc.ca/health-sante/82-228/index.cfm?Lang=E">http://www12.statcan.gc.ca/health-sante/82-228/index.cfm?Lang=E</a>
Northern Health	<a href="http://www.northernhealth.ca/">http://www.northernhealth.ca/</a>
PHSA Health Built Environment	<a href="http://www.phsa.ca/HealthProfessionals/Population-Public-Health/Healthy-Built-Environment/default.htm">http://www.phsa.ca/HealthProfessionals/Population-Public-Health/Healthy-Built-Environment/default.htm</a>

### Data sources

<sup>a</sup>Provincial Health Officer's Special Report, "Investing in Prevention - Improving Health and Creating Sustainability", 2010. Retrieved on January 19<sup>th</sup>, 2012, from: [http://www.health.gov.bc.ca/library/publications/year/2010/Investing\\_in\\_prevention\\_improving\\_health\\_and\\_creating\\_sustainability.pdf](http://www.health.gov.bc.ca/library/publications/year/2010/Investing_in_prevention_improving_health_and_creating_sustainability.pdf)

<sup>b</sup>Statistics Canada, Health Profiles by HSDA - October 2011. Retrieved on January 19<sup>th</sup>, 2012, from: <http://www12.statcan.gc.ca/health-sante/82-228/index.cfm?Lang=E>

<sup>c</sup>BC Stats, Socio-Economic Profiles, by LHA. Retrieved on January 19<sup>th</sup>, 2012, from: <http://www.bcstats.gov.bc.ca/StatisticsBySubject/SocialStatistics/SocioEconomicProfilesIndices/Profiles.aspx>

<sup>d</sup>BC Injury Research and Prevention Unit (BC IRPU). Online Datatool. Retrieved on March 30<sup>th</sup>, 2012, from: <http://www.injuryresearch.bc.ca/DataAnalysis.aspx>

**Note:** Document will be updated with current statistics as sources become available.