

Our Population's Health in CEHHA



Social & Economic Factors

- Increased education, literacy, employment, and income are associated with better health
- A sense of control over one's life, including at work, is associated with emotional well-being and better heart health
- Housing has significant impacts on health – through its cost and through the physical environment it provides
- Social supports and a sense of community have a real impact on long-term health outcomes
- Access to quality health services also affects health
- All of these factors affect people's ability to make healthy choices

Modifiable Risks

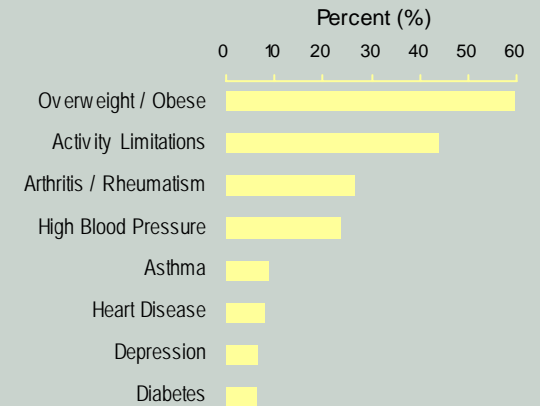
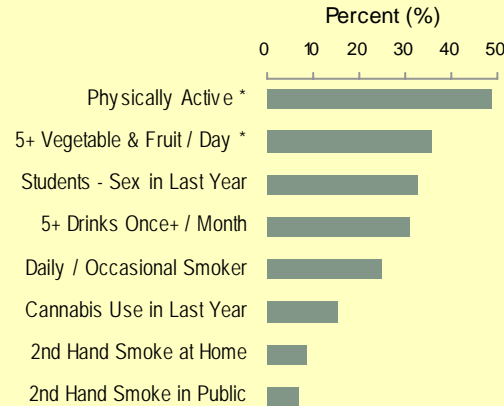
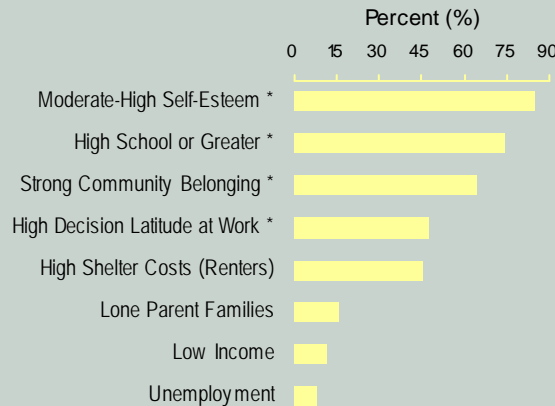
- Individual health practices are strongly linked to our ways of coping with socio-economic factors
- Healthy eating and physical activity are affected by literacy, income, stress, and self-esteem
- Smoking and smoke exposure is the largest preventable cause of disease in all body systems
- Sexual, drinking, and gambling practices are influenced by social and emotional states, and can lead to serious physical and emotional harm
- Individuals can sometimes cope and improve these common risk factors on their own
- However, social and physical environments have a big role in helping us live healthy for a lifetime

Health Outcomes

- Both the socioeconomic factors and the modifiable risks have direct and indirect impacts on mental and physical health outcomes
- Depression, anxiety and heart disease are affected by poverty and inadequate housing and social support
- Overweight and obesity result from unhealthy food choices, lack of physical activity and other factors
- Obesity and smoking significantly raise the risk of chronic illness such as diabetes, high blood pressure, heart disease, and cancer
- Risk of injury increases with illness, and vice versa
- Life expectancy and freedom from disability are limited by all of the above factors

Key Health Messages

Our Health Status



* Noted factors protect health and longer bars are better. For remaining measures shorter bars are better.

Our Vision – Healthy People, Healthy Communities, Quality Health Services

Our Programs

- **Mental Health Services** helps people to reduce and cope with stress, anxiety, and other emotional issues such as low self-esteem.
Contact Mental Health: 1 800 460 2110 ext 5526
- **Public Health Nutritionists** promote Food Security; train **Community Food Mentors** to help people learn to prepare healthy, affordable meals; and support volunteers for the **Alphabet Soup** program to improve literacy and food skills. **Public Health Nurses** and **Home Visitors** support families with prenatal classes, breast feeding initiatives and child care supports.
Contact Public Health Services: (902) 893 5820
- **Community Health Boards (CHBs)** support literacy and work skills programs by providing **Wellness Grants** to community groups. Wellness Grants also support recreational and social programs to reduce social isolation. Community Health Boards also advocate for better housing options in the community.
Contact CHBs: (902) 893 1324 or (902) 893 7311
- CEHHA staff in the **Seniors Clinic** help clients find and access existing supports to improve housing.
Contact Seniors Clinic: 1 800 460 2110 ext. 2609
- **Adult Day** activity programs for Seniors are run by the Victorian Order of Nurses with CEHHA funding.
Contact VON Adult Day: (902) 895 7493
- Community Health Boards support nutrition and physical activity programs for youth, families, and seniors through Wellness Grants.
- The **Health Promotion (HP) Coordinator** helps providers to work together to support people in their communities, for example by helping nutritionists who promote the Healthy School Food Policy to also make linkages to physical activity opportunities.
Contact HP Coordinator: (902) 893 5886
- The **Tobacco Reduction Strategy (TRS) Coordinator** leads CEHHA efforts around the provincial strategy to reduce smoking initiation, increase smoking cessation, and create healthy private and public spaces by eliminating second hand smoke exposure.
Contact TRS Coordinator: (902) 893 7318
- **Addiction Services** works with the TRS Coordinator to support smoking cessation, and provides prevention and treatment services for drinking, illicit drugs, and gambling problems.
Contact Addiction Services: (902) 893 5900
- CEHHA Public Health Nurses and **Youth Health Coordinators** support schools in providing education and counseling around sexual health.
Contact Youth Health: (902) 883 7610
- Mental Health Services provides prevention and wellness sessions as well as treatment for depression, other mood disorders, and works with Addictions Services to address substance abuse problems that can accompany them.
- CEHHA **Diabetes Centre** staff and outpatient dietitians help patients to set goals and work toward health and well-being.
Contact Diabetes Centre: (902) 893 5528 or 1 800 460 2110 ext. 5528
- **Primary Health Care** services such as the Diabetes Centre, **COPD clinics**, and the **Chronic Disease Self-Management Program** lay leaders help people to manage chronic disease symptoms and prevent complications.
Contact COPD Clinic: 893-5554 ext. 2396
Contact Chronic Disease Self-Management Program: 1 888 672 3444
- The CEHHA **Falls Prevention Strategy** will help patients / clients to avoid injuries related to falls.
- The Seniors Clinic, **Home-Based Rehabilitation Services**, and the Primary Health Care **Community Health Occupational Therapist** help people avoid falls and recover from injuries in the community.
Contact Rehabilitation Services: (902) 893 2160 or 1 800 460 2110 ext. 2160

Our Progress

- Fruit and vegetable consumption has improved from 31.1% in 2000 to 35.5% in 2007
- Smoking rates have improved from 29.9% in 2000 to 23.1% in 2007
- Physical activity rates have improved from 41.7% in 2000 to 48.7% in 2007
- Binge drinking rates have increased from 25.9% in 2003 to 30.8% in 2007
- Overweight and obesity rates have increased slightly from 57.9% in 2003 to 59.6% in 2007
- Diabetes rates have improved from 7.7% in 2005 to 6.0% in 2007
- High blood pressure rates have increased from 20.0% in 2005 to 23.5% in 2007
- Second-hand smoke exposure in public has improved from 12.1% in 2005 to 6.8% of non-smokers in 2007

Data Sources: Decision Latitude at Work: Statistics Canada, CCHS 2001; Self Esteem, Cannabis Use, Lung Disease, Heart Disease: Statistics Canada, CCHS 2003; Sense of Community Belonging, Fruit and Vegetable Consumption, Physical Activity, Smoking, Drinking, 2nd Hand Smoke, Overweight & Obesity, Activity Limitations, Arthritis/Rheumatism, High Blood Pressure, Asthma, Diabetes: Statistics Canada, CCHS 2007; Shelter Costs, Statistics Canada, Canada Census 2001; Education, Lone Parents, Income, Unemployment: Statistic Canada, Canada Census 2006; Sexual Activity in Northern Region Gr. 9, 10, 12 Students: Dalhousie University, Atlantic Student Drug Use Survey, 2007