

BOARD OF HEALTH *Quarterly Report*

ACTIVITIES OF THE LEEDS, GRENVILLE & LANARK DISTRICT HEALTH UNIT



March - May 2007



Getting Winter Active in 2007

Submitted by Danielle Shewfelt BNSc, RN, Public Health Nurse

This Year's Winter Active theme was "New Year's Resolutions" and was promoted throughout December, January and February. The campaign included messages about getting active, healthy eating and quitting smoking. An Action Plan was created for both Getting Active and Healthy Eating. These plans take a person through several steps to prepare them for this lifestyle change. These action plans, as well as links to quit smoking resources, were posted on our website. There were also media releases sent out regarding these New Year's Resolution messages, and presentations were made to community groups.

A map of low to no cost activities called *Movin' Around the Tri County* was created and will be promoted throughout the year. Letters were sent to various community partners and agencies offering resource packages containing a variety of healthy eating and physical activity information. Some of the community agencies contacted include: recreation departments, seniors' facilities, social service agencies and child care facilities. Packages continue to be requested and delivered throughout the Tri County.

Many of the activities listed in *Movin' Around the Tri County* are free of charge, and the rest are at a very low cost. This initiative promoted physical activity opportunities, a continuing challenge related to accessibility issues in the rural areas.

This Campaign was aimed at building the skills of our clients in making a lifestyle change as well as enabling that change through the promotion of resources that are available within their community.

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Don't Drink Sewage

Submitted by Mark Green, B.A., C.P.H.I.(C), Chief Building Official Part VIII Program

For centuries humans have understood the risk that is placed on public health by the wastewater we generate. Still today, millions of gallons of untreated sewage enter our natural environment from both urban and rural settings. This has the potential to impact surface and ground drinking water supplies.

Throughout the late 1950s and 1960s the Ontario Public Health Act charged Boards of Health with the responsibility of approving and inspecting proposals for private onsite sewage systems. In 1972 the sewage system legislation was moved to the newly created Environmental Protection Act under the direction of the Ministry of the Environment. The Ministry in turn contracted with the Health Units to continue the administration and delivery of the program.

In 1998, Part VIII of the Environmental Protection Act (sewage systems) was removed from the EPA and placed in the Ontario Building Code under the Building Code Act. Municipalities were now faced with enforcement of the sewage system legislation. In Leeds, Grenville and Lanark Counties all but two municipalities have agreements with the Health Unit to enforce this section of the Code, utilizing trained and experienced Public Health Inspectors. The program operates on a cost recovery basis with fees covering all Health Unit costs.

Leeds, Grenville and Lanark District Health Unit has a strong partnership with its Municipalities, working to ensure sustainable ground and surface water protection.

Ontario's Colorectal Cancer Screening Project

Submitted by Melinda Billett, BScH, BScN, RN Public Health Nurse

On January 23, 2007, the Ontario Government announced the development of a provincial colorectal cancer screening program. The program will include a public awareness campaign, access to screening by fecal occult blood test (FOBT), creation of a registry of clients screened, and increased funding for additional colonoscopies.

For more information on Ontario's Colorectal Cancer Screening Program, go to www.cancercare.on.ca and click on Colorectal Screening.

We wish to thank the Board of Health for supporting the Colorectal Screening Pilot Project that the Health Unit participated in from March 2004-February 2005. Results of the pilot project will be reported in a future edition of the Quarterly Report.

Keep Your Kids Close to Keep Them Safe

Submitted by Erin McLean, RN, BScN, Public Health Nurse

Parents need to know that most injuries to young children occur in the home. Falls, poisonings and burns were the three leading causes of injuries to children treated at the Children's Hospital of Eastern Ontario. From 1997-2001, over 10,000 children were treated at CHEO for injuries that happened in the home.

Using safety equipment like baby gates and electrical outlet covers in your home is a good start, but keeping children close is the best way to keep them safe. It allows time to react and prevent an injury.

Easy Tips to Keep Your Child Injury-Free:

Be Real: Childcare is a full time job that requires you to be alert and responsible. Expect that some of your chores will not be done.

Simplify: Make your list short.

Get Help: Hire a sitter or trade babysitting time.

For more information about keeping your child safe, visit <http://www.healthunit.org/children/kidssafe/safetychecklist.htm>.

Beliefs About the Effects of Family Violence on Children in Leeds, Grenville and Lanark

Submitted by Shani Gates, MHSc., RD, Director, Quality Improvement

Information in this article is presented from the **Rapid Risk Factor Surveillance System (RRFSS)**. RRFSS is an on-going telephone survey occurring in various public health units across Ontario. On a monthly basis, a random sample of adults in Leeds, Grenville and Lanark counties, aged 18 years and older, is interviewed regarding a variety of risk behaviours, knowledge, attitudes and awareness about health related topics of importance to public health. The Institute for Social Research (ISR) at York University, conducts the survey on behalf of the Leeds, Grenville and Lanark District Health Unit.

This article focuses on the **Family Violence** module. The purpose of this module is to determine the general public's opinions about the prevalence and seriousness of family violence as an issue in their community; public awareness about the effects of family violence on children; awareness of woman abuse during pregnancy.

Questions pertaining to Family Violence were asked in January and February 2004 and October 2004 to December 2005. For this document the data were combined from a total of 1615 adults who responded during the data collection period. Data

from RRFSS are analyzed following standard data analysis protocols. All results are weighted to adjust for household size. Estimates are presented with 95% Confidence Intervals (C.I). A 95% CI indicates that there is a 95% probability that the true value of the proportion (%) is contained within the interval. When the data are presented in a table, a "***" indicates that the estimate must be treated with caution due to extreme sampling variability and a "***" indicates the estimate is suppressed due to small cell size.

SURVEY RESULTS

The survey asked: "To what extent do you think there is family violence in Leeds, Grenville and Lanark?" Family violence was defined as including several forms of abuse such as physical, sexual, and emotional abuse that could occur between anyone who is part of a family.

The table below indicates that a significant proportion, just over half of the surveyed population, thought there was "some" family violence in the Leeds Grenville and Lanark region. Fairly even proportions responded on either side of the majority view: 15.6% thought that there was "a little"

and 13.6 % "a lot". While there is no common understanding of what is meant by these descriptors, (i.e. – what is "some" or "a little") the data do provide evidence that the adult population believes there is family violence in the LGL area.

Perceptions about the Amount of Family Violence in Leeds, Grenville and Lanark (n= 1615)

	%	95% C.I.
None	2.5	1.7-3.3
A little	15.4	13.6-17.2
Some	52.2	49.8-54.6
A lot	13.6	11.9-15.3
Don't know/refused	16.3	14.5-18.1

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Effects of Family Violence: Survey Results

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The survey asked: *“Do you think children who see or hear violence in their OWN family are much more likely, somewhat more likely, somewhat less likely to have problems learning at school than other children, or do you think there is no difference?”* Similar questions were asked concerning depression and problems getting along with other children.

The table below indicates that there was a consistently and significantly high perception that witnessing violence in their own families increased the risk to children of depression, learning and/or social difficulties.

Beliefs about the Occurrence of Effects in Children Who Witness Family Violence in Their Own Family, n=1615

EFFECT	Much more likely % (95% C.I.)	Somewhat more likely % (95% C.I.)	Somewhat less likely % (95% C.I.)	No Difference % (95% C.I.)	Don't Know % (95% C.I.)
Depression	45.3 (42.9-47.7)	37.2 (34.8-39.6)	1.2* (0.7-1.7)	6.3 (5.1-7.5)	9.4 (8.0-10.8)
Problems learning at school	46.3 (43.9-48.7)	40.5 (38.1-42.9)	1.5* (0.9-2.1)	5.8 (4.7-6.9)	5.8 (4.7-6.9)
Problems getting along with other children	42.6 (40.2-45.0)	41.2 (38.8-43.6)	3.7 (2.8-4.6)	5.9 (7.0-9.9)	6.5 (5.3-7.7)

The survey asked: *“Do you think by becoming pregnant a woman is much more likely to be abused by her partner, somewhat more likely to be abused by her partner, somewhat less likely to be abused by her partner, that it makes no difference, or is this something that you are not sure about?”*

More than half of the respondents indicated that they didn't know the answer to this question.

Perceptions about the Extent of Abuse in Pregnant Women Compared to Women Who Aren't Pregnant, n=1615

	%	95% C.I.
Much more likely	5.0	6.1-10.8
Somewhat more likely	8.3	7.0-9.6
Somewhat less likely	10.0	8.5-11.5
No difference	18.5	16.6-20.4
Don't know	57.9	55.5-60.3

USING THE RESULTS

One goal of the Early Years Family Abuse strategy was that 80% of the community-at-large would be aware of family abuse and the actual and/or potential effects it can have on the victims and/or the community as a whole. Greater than 80% of respondents to this module were able to correctly identify the increased risks to children of witnessing abuse, which serves as one indication that the objective has been met. However, more effort is needed to improve awareness of the increased risk of family violence faced by pregnant women.

Data from this RRFSS module can be used to target messages in the future development and evaluate media campaigns and other strategies developed to address family violence.

