

# BOARD OF HEALTH *Quarterly Report*

ACTIVITIES OF THE LEEDS, GRENVILLE & LANARK DISTRICT HEALTH UNIT

September - November 2007

## Colorectal Project Report

Submitted by Bonnie Schmittker, RN, PHN

The Health Unit staff would like to thank the Board of Health for their support during the Ontario Fecal Occult Blood Testing (FOBT) Pilot Project that we participated in from March 2004 – May 2005. Our Health Unit was one of 12 regions that were chosen to participate. The primary objective of the project was to inform colorectal cancer screening policy by comparing the effectiveness of two methods of promotion and recruitment for opportunistic screening—one through primary care providers and one through local public health units. Over the 15 month intervention period, our Health Unit was heavily involved in connecting with health care providers, implementing media campaigns, providing displays at flu clinics, and delivering many community presentations - to name a few of the activities.

The Final Report of this project has been released and we wish to share some of the findings and recommendations with you.

The project clearly indicated that an organized colorectal screening program for Ontario, with population-based promotion, recruitment, follow-up and monitoring is required to reduce colorectal cancer mortality.

### Some of the key findings:

- The uptake of colorectal screening was very low in both arms (primary care provider and public health unit) of the project.
- Recruitment in the Public Health Unit arm was slightly higher at 1% compared to the Primary Care Provider arm at 0.7%.
- There is great need to raise awareness and educate people about Fecal Occult Blood Testing and colorectal screening in the community.

### Summary of Recommendations:

It is recommended that:

- the Ontario MOHLTC establishes a provincial population-based organized Colorectal Cancer Screening Program.
- the program be phased-in over 4 or more years.
- Cancer Care Ontario with Ontario MOHLTC implement a major mass media awareness campaign for both primary care providers and for age-eligible residents of Ontario (age 50 or older).
- a central program office be established at Cancer Care Ontario, to plan and implement the regional phase-in program.
- a population-based list of persons eligible for biennial screening invitation be created and automatically updated.



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**Are you age 50 or older?**

Ask your physician for a colorectal cancer test

**It could save your life!**

For more information about colorectal cancer, call the HealthACTION Line at **1-800-660-5853 or 345-5685**

Leeds, Grenville & Lanark District  
**HEALTH UNIT**  
Your Partner In Health

cancer care ontario | action cancer ontario



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## Substance Use Reality Experience

Submitted by Rebecca Kavanagh, RN, BScN, Former Smiths Falls FOCUS Coordinator

The first "Taking Steps To Be S.U.R.E." event occurred June 4<sup>th</sup>, 2007 at S.F.D.C.I. in Smiths Falls. Fifty grade 7 and 8 representatives from the five feeder schools and 27 grade 9 and 10 students attended the one-day event. The purpose of the day was to give these students the knowledge and tools to implement substance abuse prevention programs in their respective schools.

The day began with six drama presentations done by a grade 9/10 drama class that depicted a number of situations where alcohol and drugs had a negative impact on a young persons' life.

After some reflection and discussion the group attended a seven-station carousel event where they received an abundance of information that they used during the rest of the day. The carousel event included a number of community partners, The Leeds, Grenville and Lanark District Health Unit Health Promotion's Tobacco Program and their School Aged Team, Lanark County Sexual Assault and Domestic Violence Program, Centre for Addiction and Mental Health, OPP, Smiths Falls Police Service, Upper Canada District School Board, Tri County Addiction Services, and Lanark County Open Doors. Each partner hosted an information booth. The groups' discussions centred around 8 general themes for the day.

1. Contraband Cigarettes and Tobacco Prevention
2. Sexual Assault
3. Influencing Factors
4. Impaired Driving
5. Ways to say No
6. Fetal Alcohol Spectrum Disorder
7. General Drug Information
8. Alcohol Poisoning

After the carousel event, the students formed smaller groups of 6-8 people and completed a writing assignment based on the above themes. These 150 – 200 word articles will be formatted into a pamphlet and will be disseminated throughout their schools and in the community. Many of the partners that were involved in the carousel event stayed and acted as a resource for the writing activity.

After lunch, the grade 9 and 10 drama class returned to their regular class schedule and the grade 7 and 8s broke out into two different sessions. One was led by a grade 11 drama class that helped half the students create a number of scripts based on the above eight themes. The other half of students worked with a grade 11 media arts class and created a number of theme based posters on the computer.

Both the scripts and the posters will be used by the students to help their peers understand the risks associated with substance abuse and will promote possible ways to address these situations in the future.

During the two breakout sessions, the teachers had an opportunity to reflect on the day and the issues faced by their students. A resource document with many possible activity options was given to them.

After the breakout sessions, the groups reconvened and developed their action plans for the next two weeks. Each participant was then given a certificate of participation and the day was concluded.

### Evaluation

Overall the impression of the day was rated 4 /5. The most interesting or important things that students said they learned were the following:

- The things that drugs and alcohol can do to you
- All the effects that drugs can have on you and your body
- The different information on the carousel event in the gym
- Knowledge about fetal alcohol syndrome
- All the different ways you can be harmed with drugs
- That drugs can harm you no matter how much you take

The carousel was rated quite highly. Most of the teachers would have preferred a longer period of time to spend at each station. The article writing activity did not score high in the ratings. Both of these should be considered if a similar event is to be held in the future.





## Childhood Injury RRFSS Results

Submitted by John Cunningham, MSc., Epidemiologist and Shani Gates, MHSc., RD, Director, Quality Improvement

### Introduction

Information in this report is presented from the Rapid Risk Factor Surveillance System (RRFSS). 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 survey is conducted by the Institute for Social Research (ISR) at York University, on behalf of the participating health units including Leeds, Grenville and Lanark District Health Unit.

This report focuses on **Childhood Injury Beliefs and Perceptions**. The purpose of this module is to determine public beliefs and perceptions about childhood injury prevention.

Questions pertaining to childhood injury beliefs and perceptions were collected from January to August 2006, January 2004 and March-July 2004, and May to December 2003. There were a total of 805 respondents in 2003, 555 in 2004 and 696 in 2006.

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% Confidence Interval indicates that there is a 95% probability that the true value of the variable measure (proportion) is contained within the interval. When the data is presented in a table, a \* indicates that the estimate must be treated with caution due to sampling variability and a \*\* indicates the estimate is suppressed due to small cell size/high sampling variability.

### Data Results: Childhood Injury Beliefs and Perceptions

**Question 1 – First we want to ask you about the leading cause of death in children, from one to six years of age in Ontario over the last year. Please tell me which ONE you think was the leading cause.**

Males and females showed some differences in their beliefs about the leading cause of death in children, although, for both sexes, the largest group correctly identified injuries and accidents.

#### Opinion of the leading cause of death in children, by gender

	Males (n=322) % (95% C.I.)	Females (n=374) % (95% C.I.)	Overall (n=696) % (95% C.I.)
Illnesses and diseases	14.6 (10.7-18.5)	9.1 (6.2-12.0)	11.6 (9.2- 14.0)
Injuries and accidents	36.6 (31.3-41.9)	46.8 (41.7-51.9)	42.1 (38.4-45.8)
Child abuse and neglect	13.4 (9.7-17.1)	17.6 (13.7-21.5)	15.7 (13.0-18.4)
Health problems children are born with	27.0 (22.2-31.8)	14.7 (11.1-18.3)	20.4 (17.4-23.4)
Don't know	8.4* (5.4-11.4)	11.8 (8.5-15.1)	10.2 (8.0-12.4)

**Question 2 – Generally would you say injuries to children aged birth to six are not at all preventable, somewhat preventable, very preventable, or completely preventable?**

#### Opinion on how preventable injuries are to children, n=696

	%	95% C.I.
Not at all preventable	**	
Somewhat preventable	43.8	40.1-47.5
Very preventable	40.9	37.2-44.6
Completely preventable	11.6	9.2-14.0
Don't know	2.3*	1.2-3.4

**Question 3 – What do you think is most likely to prevent a child, from birth to six years from being injured: active supervision by a parent, safe toys and furniture, or special products to keep children safe?**

#### Opinion on what is most likely to prevent childhood injuries, n=696

	%	95% C.I.
Active supervision by a parent	81.5	78.6-84.4
Safe toys and furniture	5.5	3.8-7.2
Special products to keep children safe	6.8	4.9-8.7
Don't know	4.5*	3.0-6.0

**Question 4 – How much difference can parents or caregivers make in preventing injuries from happening to children from birth to six years?**

#### Opinion on how much difference caregivers make in preventing injuries, n=696

	%	95% C.I.
No difference	**	
Very little	**	
Some	12.8	10.3-15.3
Lot of difference	81.8	78.9-84.7
Don't know	2.7*	1.3-3.7

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## Childhood Injury RRFSS Results

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### Beliefs and Perceptions by Education Level

The 2006 data were examined in some detail by variables including education, income, age group, and whether or not the respondent had children in the home. The analysis by education level yielded some interesting results. As education levels increased, injuries were seen as increasingly preventable. All groups saw parental supervision as the most important safety factor by a wide margin. However those with less than high school education were significantly less likely than others to think that parents could make a lot of difference in preventing injuries. In this group a larger proportion also saw a more important role for safe products/toys.

The other stratifying variables, including presence of a child under 17 in the household, did not appear to have a significant impact on response proportions.

### Use of the Results

These RRFSS results have been used to design messages for injury prevention campaigns and programs. For example, an Active Supervision campaign was conducted from mid-October to mid-November 2006, in order to increase understanding of the need for active supervision to prevent childhood injuries.



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## Fall 2007 Pap Test Clinics

The Department of Health Promotion would like to announce the following clinics.

Call to book a free Pap test with a female nurse practitioner:

#### Merrickville Community Health Centre

Clinic date: October 15th, 3pm - 7pm • Phone: 613-269-3400

#### Smiths Falls Community Health Centre

Clinic date: October 17th, 3pm - 7pm • Phone: 613-283-1952

#### North Lanark County Community Health Centre

Clinic date: October 22nd, 3pm - 7pm • Phone: 613-259-2182

#### CPHC Brockville Community Family Health Team

Clinic date: October 24th, 3pm - 7pm • Phone: 613-345-5077

#### Country Roads Community Health Centre (Portland)

Clinic date: October 25th, 3pm - 7pm • Phone: 613-272-3302

#### For more information about the Pap test and cervical cancer:

- Call the Leeds, Grenville & Lanark District Health Unit's Health ACTION line at 1-800-660-5853 or (613) 345-5685 or visit [www.healthunit.org](http://www.healthunit.org)
- Call the Canadian Cancer Society at 1-888-939-3333 or visit [www.cancer.ca](http://www.cancer.ca)

## Colorectal Project Report

### Summary of Recommendations

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- Cancer Care Ontario with Ontario MOHLTC and other stakeholders, consult with primary care providers during the planning and implementation phases of the program.
- the Ontario MOHLTC solicit bids from laboratories to provide comprehensive services (refer to report for list of services).
- regional offices of the Colorectal Cancer Screening Program be established to provide toll-free telephone assistance and information/direction for completing the FOBt kit.
- critical success factors be established and monitored:
  - 65% of the age-eligible population will participate in the biennial program
  - 75% of participants testing positive will undergo diagnostic colonoscopy within 12 weeks from the test date
  - 60% of invasive cancers detected will be stage I
  - 95% of advanced non-invasive neoplasms will be resected by polypectomy
  - The rates of serious complication from colonoscopy will be lower than 3/1000 for bleeding, 1/1000 for perforation, and 1/15,000 for death<sup>1</sup>

For the complete report, along with the executive summary, please visit: <http://cancercare.on.ca/documents/OntarioFOBTProject-FinalReport.pdf>

1. Cancer Care Ontario. Ontario FOBT Project: Final Report, March 2006. Available from: <http://www.cancercare.on.ca/documents/OntarioFOBTProject-FinalReport.pdf>