

Health Indicator Report

Colorectal Cancer Screening

Background

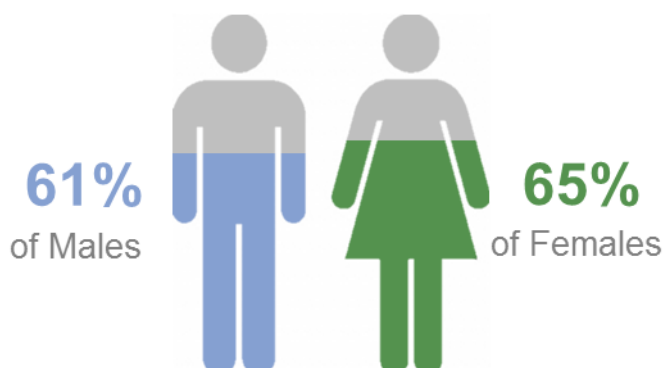
The purpose of this Health Indicator Report is to provide information about the percentage of screen-eligible adults in Halton Region who were up to date with colorectal cancer screening.

Regular screening can help to detect colorectal cancer early, when it is more treatable.¹ Cancer Care Ontario recommends that people at average risk be screened with a fecal occult blood test (FOBT) every two years from ages 50-74, followed by a colonoscopy if there are abnormal FOBT results.¹ Screen-eligible individuals are considered up to date if they have had a FOBT in the last two years, or a colonoscopy in the last ten years, or a flexible sigmoidoscopy in the last five years.

This Health Indicator Report uses administrative data from Cancer Care Ontario. For more information on cancer in Halton Region, please see the [2008-2012 Halton Region Cancer Incidence and Mortality Report](#).

Sex

In 2013, screen-eligible females in Halton were more likely than screen-eligible males to be up to date with colorectal cancer screening. This difference was **statistically significant**.



Percentage of screen-eligible adults aged 50-74 who were up to date with colorectal screening, by sex, Halton Region, 2013

Trends Over Time

63% of Halton screen-eligible adults and 59% of Ontario screen-eligible adults were up to date with colorectal screening in 2013. This difference was **statistically significant**.

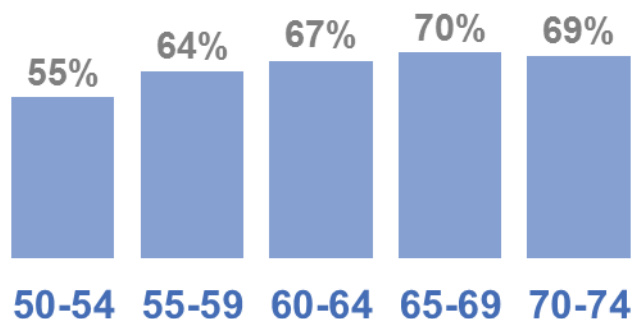
In both Halton and Ontario, the percentage up to date with screening gradually improved from 2009 to 2013. This increase was **statistically significant**.



Percentage of screen-eligible adults aged 50-74 who were up to date with colorectal screening, Halton Region and Ontario, 2009-13

Age

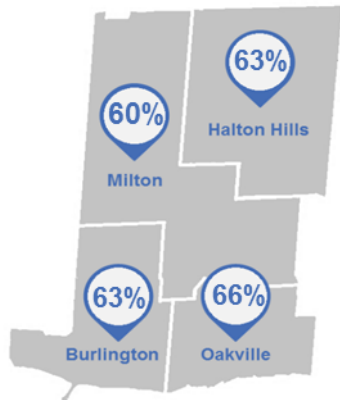
In 2013, the likelihood of being up to date with colorectal cancer screening increased among Halton adults as age increased. Halton screen-eligible adults aged 65-69 and 70-74 were more likely than adults of all younger age groups to be up to date with colorectal screening. These differences were **statistically significant**.



Percentage of screen-eligible adults aged 50-74 who were up to date with colorectal screening, by age, Halton Region, 2013

Municipality

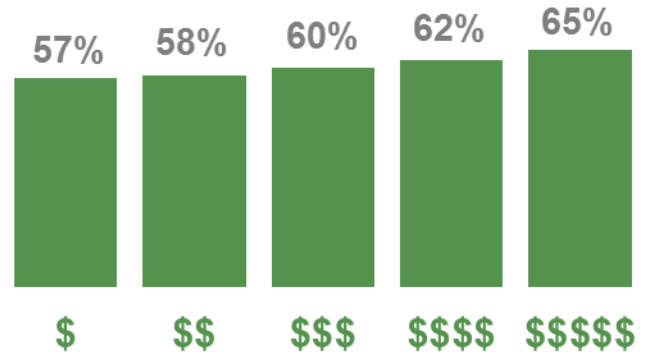
In 2013, the percentage of screen-eligible adults who were up to date with colorectal screening was higher in Oakville compared to all other Halton municipalities, and higher in Burlington and Halton Hills compared to Milton. These differences were **statistically significant**.



Percentage of screen-eligible adults aged 50-74 who were up to date with colorectal screening, by municipality, Halton Region, 2013

Income

In 2013, the percentage of screen-eligible adults who were up to date with colorectal screening increased as neighbourhood income increased. These differences were **statistically significant** when comparing residents of the lowest-income neighbourhoods to residents of the highest-income neighbourhoods.



Percentage of screen-eligible adults aged 50-74 who were up to date with colorectal screening, by neighbourhood income, Halton Region, 2013

Definitions:

Being **up to date with colorectal screening** means having had a fecal occult blood test within the last two years, or a colonoscopy within the last ten years, or a flexible sigmoidoscopy within the last five years, as identified in the Laboratory Reporting Tool or through OHIP fee codes.

Screen-eligible refers to adults who were aged 50-74 at the index date, which was defined as January 1 of a given year. Individuals were excluded if they had a missing or invalid health number, date of birth, sex, or postal code; a previous diagnosis of invasive colorectal cancer before January 1 of the calendar year of interest; or a total colectomy before January 1 of the calendar year of interest.

Dissemination areas (DAs) are small geographic units with a population of 400 to 700 persons. DAs are the smallest standard geographic area for which all census data are disseminated. All of Canada is divided into DAs. In the census year 2011, Halton was made up of 746 DAs. Municipality was assigned based on dissemination area using the 2011 PCCF file.

Neighbourhood income groups were based on the National Household Survey (NHS) indicator "in the bottom half of the Canadian distribution". The term neighbourhood refers to a single DA. This indicator provides the percent of households per DA who are in the bottom half of the Canadian distribution based on adjusted household income. Using this value, all of the DAs in Canada were ranked into 10 equal groups (deciles) and then categorized into the lowest (deciles 1 and 2), low-middle (deciles 3 and 4), middle (deciles 5 and 6), high-middle (deciles 7 and 8), or highest (deciles 9 and 10). When looking at Halton alone, this resulted in an unequal number of DAs in each income group since deciles are based on the national ranking. Neighbourhood income was assigned based on DA. Since the actual income of individuals is not known, and may vary from their neighbourhood income, misclassification of individuals based on their neighbourhood income instead of household income may diminish the association between income and screening behaviour.

Please note that when **administrative data** are used, as in this report, small differences are often found statistically significant because the denominator includes all relevant individuals in the population rather than a sample. Additionally, all rates shown in this report are crude (unadjusted) rates, which means that since age is related to screening participation, differences in screening participation by municipality or income may simply reflect differences in the age structure between municipalities or income groups.

Data Sources:

Time trend data: Cancer screening evaluation and reporting, Cancer Care Ontario, via the Cancer Quality Council of Ontario's Cancer System Quality Index, Dates Extracted: December 2013 & December 2014.

Municipality and income data: Screening rates by dissemination area, provided upon request from Cancer Care Ontario, Date Extracted: November 2015.

Age data: Screening rates by age, provided upon request from Cancer Care Ontario, Date Extracted: March 2017.

References

1. Cancer Care Ontario. 2015. Colorectal Cancer Screening. Accessed February 13, 2017 from https://www.cancercare.on.ca/pcs/screening/coloscreening/?WT.mc_id=colorectalscreening

For more health indicator and health status reports, visit the Halton Health Statistics website at halton.ca.