

Three ways to promote good health

The three topics I'm writing about today may seem disparate, but actually all have a common thread.

First, I'd like to bring you up to date on the current activities of the Council on Health Promotion, which just celebrated its 51st year. Second is a project I am very close to that has been developed to tackle clinical issues related to children and youth mental health. And last is an invitation to join us in a blood drive and fundraising event to honor Dr Gary Randhawa and his legacy.

COHP

The BCMA's Council on Health Promotion (COHP) has dedicated itself to promoting health and safety issues for

British Columbians for more than 50 years. Well known for its legislative push in the '80s and '90s to implement car seat, booster seat, and bike helmet laws, more recently COHP has contributed to changes in legislation for dementia care, as well as advancing childhood obesity guidelines and identifying gaps and making recommendations to improve addictions care in this province. In fact, improving addictions care has been a focal point of COHP of late. Earlier this year, the Council developed and submitted to government an addiction paper, *Stepping Forward: Improving Addictions Care in BC*, highlighting the gap in addictions care and making a number of recommendations, not the least of which is the suggestion that addiction be considered a chronic disease and therefore funded accordingly.

COHP has made its presence known in other areas as well. In the past year COHP has:

- Created the Healthy Hub, a site within the BCMA's web site dedicated to offering health and safety advice to the public.
- Campaigned for reducing our salt consumption.
- Been at the forefront of BC public affairs pushing for a ban on all cellphone use while driving.

COHP's cellphone and driving submission to BC's Solicitor General, *Time to Hang Up*, was cited as "a model of clarity, concision, and common sense" by the editor of the *Province* newspaper and was reported on by the national media. As well, COHP is treading in uncharted territory by venturing into social media. In July the Council began a Facebook campaign to further its addiction agenda and asked the question: Do you think addiction is a disease or a human failure? You can check it out

from our web site at www.bcma.org. No other medical association in Canada is being this avant-garde.

Child and youth mental health

That children and youth with mental health issues do not always seek or receive the medical help they need is not news to physicians. Although teachers are often aware of their students' mental health issues, a lack of capacity in schools, too few resources for family physicians, and inadequate social service levels mean children and youth either don't receive timely care or at best receive fragmented care. This, not surprisingly, has consequences down the line that can be both profound and intense. To tackle this problem the BCMA, along with the GP Services Committee, is spearheading a pilot project in an East Vancouver school. I am particularly excited about this project not only because the goal is to solve a huge problem in the area of child and youth mental health but also because of the sheer number of other participant stakeholders who agree how important this is and who want to be part of the solution. With us at the table are representatives from the Ministries of Children and Family Development and Health Services, the Canadian Mental Health Association, the Vancouver Coastal Health Authority, and the Vancouver School Board; nurses from public health; counselors from community youth programs; school counselors; and a school principal. Planning for the project began this past spring and implementation starts this fall. Our hope is to expand this project to include the entire province in 2010. I look forward to bringing you more as the project unfolds.

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physicians (Ho, Ferdinands, Jarvis-Selinger, Bluman, and Hardwick)

Congratulations to all the contributors on this well-deserved award.

Skin cancer in people of color

The 5-year survival rate for black people with melanoma is 59% compared to 85% for white people. “While people of color are less likely to become afflicted with skin cancer, they are much more likely to die from it due to a delay in detection,” says Perry Robins, MD, president of the Skin Cancer Foundation (US). “Therefore, we need to make these populations aware of the importance of early detection, prompt treatment, and effective prevention.”

“We often use ethnicity as a proxy for skin color, which is a mistake,”

says Mona A. Gohara, MD, educational spokesperson for the Skin Cancer Foundation. “Within each ethnic group there is a range of skin tones, all of which are at risk for skin cancer.”

The most common forms of skin cancer are basal cell carcinoma (BCC), squamous cell carcinoma (SCC), and melanoma. Each of these has been linked to intermittent or chronic sun exposure.

Basal cell carcinoma is the most common skin cancer in white, Hispanic, Chinese, and Japanese people, and the second most common skin malignancy in black and Indian people.

Squamous cell carcinoma is the most common skin malignancy among black and Indian people, and the second most common skin cancer among Hispanic, Chinese, and Japanese people.

Melanoma is the third most common type of skin cancer among all racial groups. Although UV light, along with heredity, plays a role in the causation of melanoma in white people, the primary risk factor for melanoma in people of color is undetermined. Among people of African descent, Asians, and Native people, melanomas are most likely to appear in the mouth or in the form of acral lentiginous melanoma—melanomas on the palms of the hands, soles of the feet, and under the nails. Reported risk factors for melanoma in minority populations include albinism, burn scars, radiation therapy, trauma, immunosuppression, and pre-existing moles (especially on the palms/soles and mouth). Due to delayed diagnoses, melanoma is frequently fatal for people of Asian, Latin, and African descent.

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Dr Gary Randhawa fund-raiser on 12 September

The Dr Gary Randhawa Memorial Fund was established by the BCMA shortly after Dr Randhawa passed away in January 2008. It honors his lifelong work to further health education and health promotion in local communities. He was well known for his enthusiasm and commitment, the countless hours he volunteered, and the health fairs he established in numerous communities over the years. To pay tribute to his legacy, a couple of events are occurring in Dr Randhawa's home town of Kelowna. On the evening of 12 September, we will be holding a fund-raising dinner where you can delight in the flavors of

traditional Indian cuisine. It is hoped that his memorial fund will reach \$100 000, from which the proceeds will go toward worthwhile projects in health promotion, health education, and volunteerism. And, from 14 September to 1 October, there will be a blood drive clinic. To make an appointment with Blood Services please call 1 888 2-donate (1 888 236-6283) and let the blood clinic know your donation is in honor of Dr Gary Randhawa. That way the family will be notified. I hope you will join me for both these events. For physicians in the Lower Mainland who cannot make it to Kelowna, on 12 September there

will be a blood drive in honor of Dr Randhawa at the Oak Street Clinic. For anyone wishing more information on the blood drive or the dinner, please e-mail administration@bcma.bc.ca.

As you can see, these issues are quite different from one another, yet similar in theme. Promoting good health, whether it's via committee work, designated projects, or fund-raising, is imperative for an improved quality of life for patients, a robust health care system, and an increase in physician satisfaction.

—**Brian Brodie, MD**
President