HIGHLIGHTS

Screening for cancer, glucose and cholesterol

Screening for cervical, breast and colon cancers and elevations of cholesterol and glucose reduces premature cause-specific mortality from these cancers and circulatory diseases. However, uptake of these screening tests is often not optimal, despite primary care reforms and incentives and promotion of screening programs to patients. Should strategies to improve participation be tailored to address demographic differences between small geographic areas? In this cross-sectional study, the authors identified Ontario residents eligible for these five screening tests and their participation using health care administrative databases. They calculated participation rates for each test among 18 950 small geographic areas in Ontario. Across all small areas, the mean participation in all tests combined for women was 31.6% (standard deviation [SD] 11.0%) for women and 41.2% (SD 12.0%) for men; these combined rates were much lower than the rate of participation in any one particular screening test. Rates among small areas varied with factors of demographics (e.g., education), deprivation, barriers and primary care (e.g., access and model) (Figure 1). These findings should be taken into account when tailoring design and implementation of strategies to improve rates of screening, say the authors. ***CMAJ Open* 2015;3:E373-81.**

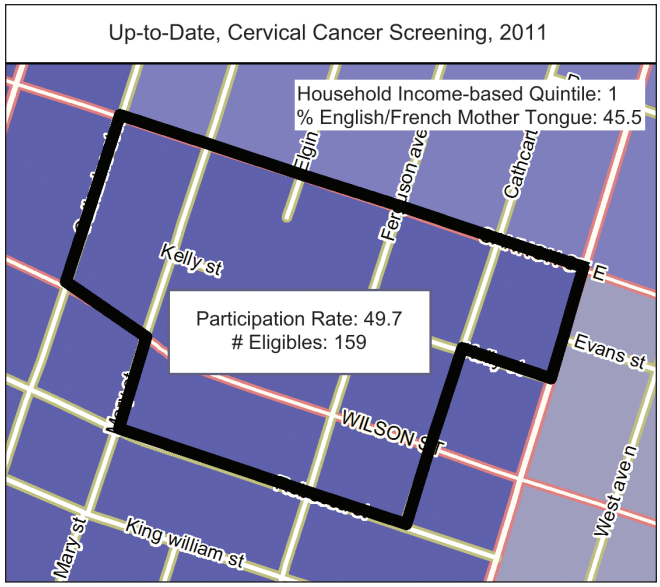

Figure 1: Rate of women in a small area who were up to date on cancer screening, 2011.

Health inequalities at the local level

In order to address health inequity, the first step is to measure health inequalities (differences in health outcomes between different groups in the same population). The Saskatoon Health Region developed an approach for measuring the extent of health inequalities at the local level, by analyzing data from 1995 to 2011 on hospital admissions, physician billing, reportable diseases, vital statistics and childhood immunization from health administrative databases, taking deprivation into account (Figure 2). After quantifying inequality using a variety of statistical analyses, the team developed an Inequalities Prioritization Matrix to prioritize action for the outcomes showing the greatest inequality. Injuries and chronic pulmonary disease were identified as the top priorities for inequalities in admission to hospital; teen pregnancy and all-cause mortality for vital statistics; mental disorders and diabetes for physician billing; and hepatitis C for communicable diseases. The authors suggest that policies should consider health inequalities and adopt population-based and targeted actions to reduce inequalities. ***CMAJ Open* 2015;3:E366-72.**

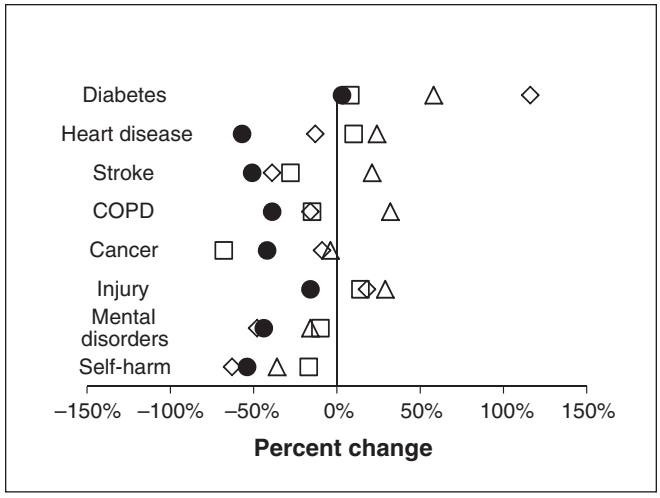

Figure 2: Percent change in rate ratio, rate difference and area-level concentration curve for health outcomes using admissions to hospital data.

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