

PART SEVEN OF SEVEN

CANCER

A CODE RED PROJECT

Disturbing continued from // BA1

OUR COMPREHENSIVE analysis shows significant disparities when it comes to access and utilization of basic health services such as cancer screening programs and family physicians.

What's disturbing is that those disparities often play out along social and economic lines.

When it comes to cancer screening programs for breast, cervical and colorectal cancer, people in Hamilton's poorer inner-city neighbourhoods are being screened at much lower rates than people in the richer suburbs of Ancaster, Flamborough, Dundas, Glanbrook and Stoney Creek.

In some cases, the screening rates are nearly three times greater in the wealthiest neighbourhoods compared to the poorest ones.

An exclusive Spectator survey also shows that people in the inner city are three times more likely not to have a family physician and twice as likely to use walk-in clinics as their main source of health care than people in the western suburbs of Ancaster, Dundas and Flamborough.

The investigation also shows that frighteningly high rates of smoking in Hamilton's inner city play a major role in the high cancer death rates that affect the city's poor.

Let's start with cancer screening programs and the example of one specific inner-city neighbourhood, the chunk of downtown Hamilton between James, King, Wellington and Cannon streets.

Nearly half of all adults and almost 70 per cent of children there lived in poverty, according to the 2006 census — the highest rates of poverty in the entire city.

That area also happens to have the highest cancer mortality rate in Hamilton, four times higher than an Ancaster neighbourhood that has the lowest death rate.

Now look at the cancer screening rates for that same inner-city neighbourhood:

JUST 29 PER CENT of eligible women were screened for breast cancer in 2009, the lowest proportion in Hamilton. By comparison, the highest rate was one Glanbrook neighbourhood where 75 per cent of eligible women were screened.

JUST 21 PER CENT of eligible men were screened for colorectal cancer, and again, that was Hamilton's lowest rate. In the best neighbourhood — again in Glanbrook — the rate was 55 per cent.



GARY YOKOYAMA, THE HAMILTON SPECTATOR

'It goes back to an awareness of what are healthy behaviours, including going for screening — having your Pap test, your colorectal and breast screening.'

DR. BILL EVANS
RETIRED HEAD OF JURAVINSKI
CANCER CENTRE

WHEN IT COMES to screening for cervical cancer, it's the same story. Only 34 per cent of eligible women were screened, compared to 78 per cent in one Flamborough neighbourhood.

Maybe it's just a coincidence that the neighbourhood with the highest rate of poverty and highest rate of cancer deaths also has the worst rates of screening for three most common types of cancer.

Or maybe it's not a coincidence at all.

Pull the camera back a little further and the same picture keeps coming into focus.

The Spectator's investigation shows the cancer death rate in the inner city between Queen Street and Parkdale Avenue from Main Street to the waterfront was 90 per cent higher than the death rate in Ancaster,

the city's wealthiest suburb.

At the same time, the rates of cancer screening across the board in the inner city are one-third lower than the rates in Ancaster.

In the core, 47 per cent of eligible women were screened for cervical cancer in 2009. In Ancaster, the rate was 68 per cent.

For colorectal cancer screening, the rate in the core was 33 per cent of eligible men and 40 per cent of eligible women. In Ancaster, the rates were 48 and 54 per cent, respectively.

In every case, it's the same story. Screening rates improve as you move from areas of low income to areas of higher income.

When it comes to breast cancer screening, 45 per cent of eligible women in the inner city were screened. In Ancaster, the rate was 67 per cent.

HOW WE DID IT

THE CODE RED TELEPHONE SURVEY

THE SPECTATOR used an automated calling system to place nearly 50,000 phone calls to residences and cellphones across Hamilton.

The telephone numbers belonged to a mixture of Spectator subscribers and nonsubscribers.

The calls were made in two batches during the afternoon and evening of July 3 and 4.

The polling area comprised Hamilton's 20 urban Forward Sortation Areas (FSAs) used by Canada Post. An FSA is the territory covered by the first three digits of a postal code.

Hamilton's 20 FSAs capture more than 90 per cent of the city's population. The polling area did not include the rural parts of Flamborough and Glanbrook.

The number of calls made to

each FSA was weighted proportionately to its percentage of the city's population.

The 20 FSAs were also grouped together to create four broad areas of the city for comparison purposes.

Postal codes L8G, L8E and L8J comprised east Hamilton, which extends from Nash Road to the Grimsby border to Highway 20/53 on the Mountain. This group received 16 per cent of all calls.

The lower city was made up of postal codes L8H, L8K, L8L, L8M, L8N, L8P and L8R, extending from Nash Road to Highway 403, below the escarpment. This group received 37 per cent of all calls.

The upper city was represented by postal codes L8T, L8V, L8W, L9A, L9B and L9C, from Trinity Church Road to the Ancaster

border to Twenty Road to the south. This group received 26 per cent of all calls.

West Hamilton was made up of postal codes L8S, L9G, L9H and L9K, extending west from Highway 403 and including the west part of Hamilton, Ancaster, Dundas and much of Waterdown. This group received 21 per cent of all calls.

There were just over 3,900 responses to the survey and the margin of error is approximately plus or minus 1.6 per cent, 19 times out of 20.

While attempts were made to make the survey as scientifically accurate as possible, there are limitations.

For example, the survey wasn't designed to ensure that the age and gender of the respondents matched the demographics of the

area, or what type of person may have refused to respond because of the technology involved.

It's also possible that the calling list might not have accurately represented the city's population.

Script for the telephone survey

"This is the Hamilton Spectator calling. We are interested in your feedback regarding some health issues that affect Hamilton and we would like you to participate in a short automated survey of five questions that will take less than two minutes of your time. All of your contact information will remain anonymous and your participation is voluntary and greatly appreciated.

1. Do you have a family doctor? For yes, please press 1; for no, please press 2.
2. How often do you use a walk-in

ABOUT THE SERIES

CANCER: A CODE RED PROJECT is a seven-part series which examines the role of socioeconomic factors on the chances of getting cancer and the chances of surviving it.

SATURDAY

The Enemy Within

MONDAY

Focus on: Breast cancer

TUESDAY

Focus on: Colorectal cancer

WEDNESDAY

Focus on: Lung cancer

THURSDAY

Focus on: Prostate cancer

FRIDAY

Focus on: Burlington, Grimsby and Brantford

TODAY

The Enemy Within — Conclusion

ABOUT THE AUTHOR

Steve Buist has won three National Newspaper Awards, 17 Ontario Newspaper Awards and he's been named Canada's Investigative Journalist of the Year three times. He has been writing about the serious impacts of the social determinants of health in Hamilton since the original Code Red series was published in 2010.

If you ranked amalgamated Hamilton's 135 neighbourhoods from top to bottom for breast cancer screening, the bottom 32 neighbourhoods with the lowest rates are all found in the lower part of the former City of Hamilton.

Ontario's target for breast cancer screening is 70 per cent of women ages 50 and older.

Only three of Hamilton's 135 neighbourhoods have attained that level, according to data provided to The Spectator by Cancer Care Ontario.

It's taken over 15 years to even get that close to the target, said Dr. Bill Evans, recently retired head of the Juravinski Cancer Centre.

"Why is that?" Evans asks, then answers. "Well, we keep doing the same thing over and over again."

Promote continues // BA4