

Targeted screening of ethnic minorities helps tackle heart disease and health inequalities

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Targeting screening at deprived areas is a more cost effective way of identifying people in ethnic minority groups at high risk of cardiovascular disease (CVD) than mass screening and may help to reduce health inequalities.

Despite recent improvements, CVD remains the leading cause of early death in the UK and many ethnic minority groups are at increased risk of the condition.

Currently, there are two ways of detecting individuals who require [health](#) interventions: [mass screening](#) or targeted screening, and policy makers must decide the best and most cost-effective course of action.

In order to examine the merits of both methods researchers at the University of Glasgow simulated the two screening strategies using cross-sectional data from Health Survey for England, comprising data from 9,407 adults aged 40-74 years.

They looked at the proportion of high-risk individuals that would be identified, how many would need to be screened to find one person at high-risk and how much this would cost.

Lead researcher Dr Jessica Baker, of the Institute of Health and Wellbeing, said: "We need to make sure that the interventions we use to improve the population's health do not increase [health inequalities](#) by disadvantaging important sections of the population.

"While mass screening could identify all high-risk individuals, targeting screening at deprived communities might be more cost-effective. In England, screening is offered to all middle-aged adults, while in Scotland intervention programmes are targeted at the most deprived.

"Given the cost of such screening we wanted to assess the impact of each method on ethnic minority populations."

After analysing the data the researchers found that targeted screening was more cost-effective than mass screening in all [ethnic minority](#) groups and was particularly efficient in the Pakistani and Bangladeshi population.

If people living in the poorest areas were screened it would cost £98 to find one high-risk person from the general population. This contrasts with the Pakistani and Bangladeshi population where it would only cost £59 because fewer people would need to be screened to find one high-risk person.

Dr Baker said: "Sometimes interventions that improve the health of the [population](#) as a whole can increase the health gap between different kinds of people.

"Our results demonstrate that targeted [screening](#) is an appropriate way of preventing CVD, and has the potential to reduce health inequalities between ethnic groups."

The research is published in the journal *Heart*.

More information: [heart.bmj.com/content/early/20 ...
304625.full.pdf+html](http://heart.bmj.com/content/early/2016/05/06/heart.2016.0304625.full.pdf+html)

Provided by University of Glasgow

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