The diseases that prevailed in the 60s and 70s have not completely disappeared, translated into still endemics, and some transmissible diseases may reoccur while others, such as cancers, cardiovascular and metabolic disorders are dramatically increasing, requiring the implementation of effective health care programs.

PHS130
UNDERSTANDING THE UNDERUTILIZATION OF COLORECTAL CANCER SCREENING USING THE 2009–2011 MEDICAL EXPENDITURE PANEL SURVEY
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OBJECTIVES: Colorectal cancer is the third most frequently diagnosed cancer in the United States, and colorectal cancer screening (CSC) has been recommended for 50 years and has been repeatedly endorsed as the best available data source for this study was the 2009-2011 Medical Expenditure Panel Survey (MEPS). A multivariate binary logistic regression was used to examine the association between the predictor variables (patient demographics, physician attributes, and access-to-care factors) and the outcome variable (colorectal cancer screening rate).

PHS128
CORRELATION BETWEEN MULTIDIMENSIONAL POVERTY INDEX, INEQUITY IN HEALTH AND SOCIAL INEQUALITY VARIABLES IN COLOMBIA, 2005
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OBJECTIVES: It was performed a diagonal of the correlation among Multidimensional Poverty Index (MPI, Colombian adaptation) with quality of health service, access to health care, proxy variables, and inequality and poverty variables(2005). METHODS: An ecological study was performed: the MPI was adapted by the Colombian government using the Alkire Foster Method of the Oxford Poverty and Human Development Initiative. The Unstandardized Basic Inequality (UBNI) and the MPI were calculated and the power line was obtained from National Statistics Department’s (DANE) databases. Mortality Rate (MRR) and Neonatal Mortality Rate (NMR) were estimated and standardized by age and sex, respectively. We estimated the Incidence of congenital syphilis (ICS). The Attributable Fraction (AF) was calculated as inequality indicator for these three variables: (AFMRR, AFNMR) and (AFICS). We estimated Acute Myocardial Infarction Age-Standardized rate (AMIASR) for each health region. The Inequity in Health (IH) was estimated as UBNI. These data were estimated for each Colombian region for the year 2005, because MPI was specified in the same way for the same period. Normality analysis was performed: the MPI was adapted by the Colombian government using the Alkire Foster Method of the Oxford Poverty and Human Development Initiative. Spearman’s rho = -0.3081, p = 0.0811). CONCLUSIONS: We found correlation between MPI, FL and UBNI. There was not correlation in proxy variables in which health suggests that MPI’s health dimension was well not adjusted for the Colombian case.

PHS129
ISSUES AND PROGRESS OF HEALTH SYSTEMS IN THE MACHIRE COUNTRIES
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OBJECTIVES: To draw an inventory of health care systems in the North African region (Algeria, Morocco and Tunisia), highlighting the opportunities and the challenges of these countries, and to provide an overall view of the progresses made and the shortcomings that persist. METHODS: A descriptive comparative approach of health care systems in the three countries, based on data from Sherbrooke University (Canada), the World Health Organization and the IFPM/ pandemic distributed in 2012. RESULTS: The number of physicians per 1000 inhabitants: 1.43 in Tunisia. 1.24 and 0.67 in Algeria and Morocco, respectively. Population is aging and life expectancy has increased. The 70% of babies are born for men and women. The 75% of births is 16 in Tunisia, 30 and 33 in Morocco and Algeria, respectively. Health care yearly expenditure per capita is 275 in Tunisia, 245 in Algeria and 195 in Morocco. Public health care is dominant as health care of 34.6% in Algeria, 45.3% in Tunisia and 62.2% in Morocco. Access to health care is a common problem for all three countries, even if in Tunisia, the offer is the most comprehensive. Rate of hospital beds per 1000 inhabitants is 2.1 in Tunisia, 1.7 and 1.1 in Algeria and Morocco, respectively. HBV vaccination, the length of hospital stay and maternal health indicators are higher in Algeria and Morocco. 120 and 110 per 100,000 births, respectively (60/100 000 in Tunisia). Cardiovascular disorders are the most common cause of death followed by cancers and metabolic diseases. CONCLUSIONS: The transition that the North African countries are undergoing is a real challenge for health care authorities.
diagnoses of injury, fracture ranked the first (47.1%), followed by TBI (33.8%). Regarding the types of traffic accident, most of the hospitalizations (74.6%) were collisions with vehicles involving car or motorcycles. Patients who aged more than 65 years old, and waived copayment had significantly longer LOS (p<0.05). CONCLUSIONS: We found that the hospitalizations distribution of bicycle-related injuries to non-fatal patients’ hospitalizations. This finding can be used to promote bicycle safety on preventing injuries through different stakeholders such as health, or transportation, and local governments.

PHS133 VALUE OF A ZERO-COPAY DRUG PROGRAM: IMPLICATION FOR EMPLOYEE WELLNESS PROGRAMS

Conclusions: We found that the hospitalizations distribution of bicycle-related injuries to non-fatal patients’ hospitalizations. This finding can be used to promote bicycle safety on preventing injuries through different stakeholders such as health, or transportation, and local governments.

PHS136 THE IMPACT OF PHARMACIST-DELIVERED VACCINATION ON INFLUENZA IMMUNIZATION RATES AND PERCEPTION IN CANADA: AN ECOLOGICAL STUDY

OBJECTIVES: In the fall of 2009, two Canadian provinces, BC and Alberta, allowed pharmacists to deliver immunizations (polio vaccines), while other provinces across Canada either did not change their legislation or implemented a policy after 2010 (non-policy provinces). The purpose of this study was to investigate the impact of pharmacist delivered vaccinations on influenza immunization rates and corresponding perceptions in the population in those provinces that changed policy in 2009 compared to those that did not.

METHODOLOGY: The Canadian Community Health Survey (CCHS) is a nationally representative survey conducted every two years. In 2007/08, 4,086 adults aged 18 years and older, were randomly selected for each province. Participants were asked whether they had received an influenza immunization in the past year and if not, they were asked if they believe immunization was unnecessary. Hierarchical logistic regression was employed, clustering respondents by province of residence, to examine trends in these two outcomes from 2007/08 to 2009/10. For polio vaccines, the adjusted odds of getting an influenza immunization decreased by 12% in policy provinces, but increased by 4% in non-policy provinces (p<0.05). CONCLUSIONS: Our findings suggest that the pharmacist immunization policy has not yet remarkably improved immunization rates, but may have prevented a more severe decline that was experienced by non-policy provinces. Future research needs to be done to better understand the impact of pharmacist delivered immunization improves population level immunization rates.

PHS137 A RISK STRATIFICATION TOOL FOR SCREENING FOR DIABETIC RETINOPATHY AMONG TYPE 2 DIABETIC PATIENTS

OBJECTIVES: The prevalence of diabetes mellitus (DM) is about 11.3% among adult residents in Singapore. Diabetic retinopathy (DR) is the leading cause of blindness among diabetic patients. In Singapore, annual screening for DR using retinal photograph is suggested for all diagnosed DM patients regardless of their risks of developing DR. This study aimed to develop and validate a prognostic model to stratify diabetic patients into different risk groups. METHODS: A predictive model was developed using retrospective data. Diabetic patients who did screening in NHG polyclinics in year 2010-2011 were included. Variables included in the model were patient demographics (age, gender, ethnicity group), comorbid conditions (hypertension, dyslipidemia, stroke, chronic kidney disease, peripheral cardiovascular disease, peripheral neuropathy), duration of diabetes; average maximum HbA1c level in last 1 year; treatment agents; BMI and smoking status. Cox regression was used to ascertain the time to development of diabetes. Stepwise algorithm with Bayesian information Criteria were applied for selecting the best fit model. RESULTS: Six predictors significantly predicted the time to develop diabetic retinopathy. Predictors ranked by their relative importance were, average HbA1c in last 1 year, age, stroke, duration of diabetes, dyslipidemia, peripheral neuropathy. Harrell’s C Concordance statistic was 0.66 (95% CI: 0.63-0.69), and the c-statistics of ROC for 1-year DR-free was 0.73 (95% CI: 0.72-0.75), which showed good discrimination power of the model. Cox-Snell residual plot showed the predicted time to event fit the actual time. CONCLUSIONS: A risk stratification model for predicting the time to develop DR among diabetic patients has been developed and validated to help physicians make decisions on the optimal time for DR screening given the patients risk profile.