Literature Search Methodology Paper
Reducing Gaps in Health: A Focus on Socio-Economic Status in Urban Canada

Canadian Population Health Initiative
Reducing Gaps in Health: A Focus on Socio-Economic Status in Urban Canada—Literature Search Methodology Paper

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Process Overview

A search protocol was developed in order to identify studies in the areas of social and economic gaps in health as they relate to urban areas. The protocol outlined the published journal literature databases to be searched and appropriate search terms, as well as web-based grey-literature sources (non-traditional literature that is not available through commercial sources) and specific items targeted for hand-searching. Where possible, database searches were limited to studies published in English or French. Published articles were limited to those that had been peer-reviewed.

Search strategies were developed for the following databases: Applied Social Science Index and Abstracts (ASSIA), EconLit, PsychInfo, Public Affairs Information Services (PAIS), PubMed, Sociological Abstracts and Urban Studies and Planning (full-text collection). Google was the primary web-based resource searched for books, systematic reviews and grey literature. The following websites were hand-searched: Amicus (Library and Archives Canada), WHOLIS (World Health Organization library), Evidence for Policy and Practice Information and Coordinating Centre (EPPI-Centre), Bibliomap, healthevidence.ca, Evidence-Based Health Promotion, Community Guide, Center for Spatially Integrated Social Science, Statistics Canada and Institut national de santé publique du Québec. CPHI also maintains a library of published materials related to its key themes and, more broadly, population health, and this library was searched for materials relevant to the topic of this report.

The searches returned 17,024 articles screened for relevance by date. Only works published within the last 11 years were retained (1997 to 2007, inclusive). The database was then cleaned to remove publications that were not in English or French or not related to humans. Publications pertaining to rural or remote areas and low- or middle-income countries were also removed, as were articles specifically on HIV/AIDS (as these articles generally relate to HIV/AIDS in Africa). This reduced the pool to 9,616 articles. The articles were screened for relevance by title, reducing the pool to 2,059 articles. The abstracts of those articles then underwent a second relevance review. This left a pool of 1,704 journal and grey-literature articles, which were reviewed in their entirety. The final pool of articles was reviewed and sorted by study type, research focus, year of publication, location of study, research hypothesis, sample descriptors, measures, outcomes and study strengths and limitations. The 984 articles that remained formed the pool of literature available for use in writing the report.
Introduction
The report for which this literature search and review was conducted is not a systematic review. It does not seek to present an exhaustive review of the literature. However, the literature search and review did use procedures designed to be both comprehensive and transparent.

1 Identification of Studies
A search protocol was developed in order to identify studies in the field of social and economic gaps in health as they relate to urban areas. The protocol outlined the published journal literature databases to be searched, along with appropriate search terms, as well as web-based grey-literature sources and specific items targeted for hand-searching.

Different search strategies were developed for each of the journal literature databases. Where possible, database searches were limited to peer-reviewed articles only. No time or geographical limits were placed on the original searches.

Search strategies were developed for each of the following journal literature databases:
- Applied Social Science Index and Abstracts (ASSIA)
- EconLit
- PsychInfo
- Public Affairs Information Services (PAIS)
- PubMed
- Sociological Abstract
- Urban Studies and Planning (full-text collection)

The following web-based resources were searched for books, systematic reviews and grey literature:
- Amicus (Library and Archives Canada)
- WHOLIS (World Health Organization library)
- Evidence for Policy and Practice Information and Coordinating Centre (EPPI-Centre)
- Bibliomap
- healthevidence.ca
- Evidence-Based Health Promotion
- Community Guide
- Center for Spatially Integrated Social Science
- Statistics Canada (www.statcan.ca)
- Institut national de santé publique du Québec (www.inspq.qc.ca)
- Google (www.google.ca)
CPHI also maintains an ad hoc library of published materials related to its key themes. This database of 5,000+ records was searched for materials relevant to the topic of this report and cross-checked with the documents identified using the other search methods to avoid duplication.

1.1 Search Strategies: Journal Literature

Index terms were identified using each database’s catalogue, thesaurus and “exploding term” function, where applicable, for key words related to urban, health, poverty, deprivation and social inequality.

<table>
<thead>
<tr>
<th>Database</th>
<th>Date Searched</th>
<th>Terms</th>
<th>Notes or Conditions</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASSIA</td>
<td>June 11, 2007</td>
<td>(“poverty” or “deprivation” or “cost and standard of living” or “employment” or “poor” or “poverty” or “public welfare” or “quality of life” or “social classes” or “social problems” or “social status” or “socially handicapped” or “unemployment” or “wealth” or “antipoverty programs” or “deprivation” or “income” or “low income” or “social inequality” or “social isolation” or “strain theory” or “well being” or “social exclusion”) and (“urban” or “city planning” or “metropolitan areas” or “neighbourhoods” or “new towns” or “suburbs” or “urban design” or “urban policy” or “urban redevelopment” or “urbanization” or “cities” or “rural urban differences” or “urban decline” or “urban fringe” or “urban population” or “urban sociology” or “urbanism”) and (“health” or “asthma” or “communicable diseases” or “diabetes” or “diet” or “diseases” or “illness” or “infant mortality” or “mental health” or “mortality” or “nutrition” or “obesity” or “personal injuries” or “pneumonia” or “respiratory diseases” or “smoking” or “vaccination” or “activities of daily living” or “activity limitations” or “alcohol” or “ambulatory care” or “arthritis” or “bronchitis” or “chronic obstructive pulmonary disease” or “coronary disease” or “health service” or “human influenza” or “low birth rate” or “neoplasm” or “physical inactivity” or “urban health services” or “well being”)</td>
<td>Peer-reviewed journals only</td>
<td>854</td>
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<tr>
<td>EconLit</td>
<td>June 8, 2007</td>
<td>(“urban” or “urbanization or urbanisation” or “urbanism” or “urban growth” or “cities” or “metropolitan planning” or “industrialization or industrialisation” or “industry regulation” or “suburbanization or suburbanisation” or “suburb” or “suburban”) and (“poverty” or “poverty measurement” or “poverty growth” or “poverty alleviation” or “socioeconomics” or “income distribution” or “low income” or “low skilled” or “low wage” or “affluent society” or “affluence” or “welfare program or welfare programme” or “welfare improving” or “welfare enhancing” or “welfare and poverty” or “welfare economics” or “wealth” or “wealth effects” or “wealth distribution” or “unemployment” or “unemployment duration” or “unemployment insurance” or “unemployment insurance, severance pay, plant closings” or “unemployment rate” or “unemployment: models, duration, incidence and job search” or “quality of life” or “ghetto” or “family economics” or “family allowances” or “antipoverty” or “inequity” or “inequality” or “inegalitarianism” or “cost” or “cost benefit” or “cost effectiveness” or “cost of living” or “indebtedness”) and (“health” or “health and safety law” or “health care” or “health insurance” or “health production: nutrition, mortality, morbidity, disability and economic behavior” or “health, education and welfare” or “health: government policy, regulation, public health” or “heart disease” or “well being” or “vital statistic” or “mortality” or “morbidity” or “morbidity rates” or “mortality contingent” or “mortality rates” or “disease” or “nutrition” or “nutrition standards” or “diet” or “obesity” or “food” or “food consumption” or “food industry” or “food policy” or “food price” or “food processing” or “food security” or “diabetes” or “diabetic” or “cancer” or “injury” or “smoking” or “alcoholism”)</td>
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<td>PAIS</td>
<td>June 8, 2007</td>
<td>(&quot;health&quot; or &quot;asthma&quot; or &quot;communicable diseases&quot; or &quot;diabetes&quot; or &quot;diet or diseases&quot; or &quot;illness&quot; or &quot;infant mortality&quot; or &quot;mental health&quot; or &quot;mortality or nutrition&quot; or &quot;obesity&quot; or &quot;personal injuries&quot; or &quot;pneumonia&quot; or &quot;respiratory diseases&quot; or &quot;smoking&quot; or &quot;vaccination&quot; or &quot;activities of daily living&quot; or &quot;activity limitations&quot; or &quot;alcohol&quot; or &quot;ambulatory care&quot; or &quot;arthritis&quot; or &quot;bronchitis&quot; or &quot;chronic obstructive pulmonary disease&quot; or &quot;coronary disease&quot; or &quot;health service&quot; or &quot;human influenza&quot; or &quot;low birth rate&quot; or &quot;neoplasm&quot; or &quot;physical inactivity&quot; or &quot;urban health services&quot; or &quot;well being&quot;) and (&quot;poverty&quot; or &quot;deprivation&quot; or &quot;cost and standard of living&quot; or &quot;employment&quot; or &quot;poor&quot; or &quot;poverty&quot; or &quot;public welfare&quot; or &quot;quality of life&quot; or &quot;social classes&quot; or &quot;social problems&quot; or &quot;social status&quot; or &quot;socially handicapped&quot; or &quot;unemployment&quot; or &quot;wealth&quot; or &quot;antipoverty programs&quot; or &quot;deprivation&quot; or &quot;income&quot; or &quot;low income&quot; or &quot;social inequality&quot; or &quot;social isolation&quot; or &quot;strain theory&quot; or &quot;well being&quot; or &quot;social exclusion&quot;)</td>
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<td>PubMed</td>
<td>June 7, 2007</td>
<td>(&quot;urban health&quot; [MeSH terms] or &quot;urban population&quot; [MeSH terms] or &quot;cities&quot; [MeSH terms] or &quot;developed countries&quot; [MeSH terms]) and (&quot;poverty&quot; [MeSH terms] or &quot;poverty areas&quot; [MeSH terms] or &quot;socioeconomic factors&quot; [MeSH terms] or &quot;income&quot; [MeSH terms] or &quot;social class&quot; [MeSH terms] or &quot;social isolation&quot; [MeSH terms] or &quot;loneliness&quot; [MeSH terms] or &quot;maternal deprivation&quot; [MeSH terms] or &quot;paternal deprivation&quot; [MeSH terms] or &quot;family characteristics&quot; [MeSH terms]) and (&quot;vital statistics&quot; [MeSH terms] or &quot;health services&quot; [MeSH terms] or &quot;communicable diseases&quot; [MeSH terms] or &quot;chronic disease&quot; [MeSH terms] or &quot;wounds and injuries&quot; [MeSH terms] or &quot;mental health&quot; [MeSH terms] or &quot;ambulatory care&quot; [MeSH terms] or &quot;risk factors&quot; [MeSH terms] or &quot;smoking&quot; [MeSH terms] or &quot;activities of daily living&quot; [MeSH terms] or &quot;overweight&quot; [MeSH terms] or &quot;diet&quot; [MeSH terms] or &quot;alcohol drinking&quot; [MeSH terms])</td>
<td>&quot;clinical trial&quot; [ptyp] or &quot;meta-analysis&quot; [ptyp] or &quot;randomized controlled trial&quot; [ptyp] or &quot;review&quot; [ptyp] or &quot;case reports&quot; [ptyp] or &quot;comparative study&quot; [ptyp] (Peer-reviewed journals only was not an option)</td>
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<td>PsycINFO</td>
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<td>(“urban development” or “urban environments” or “social environments” or “community development” or “urban planning” or “social environments” or “communities” or “home environment” or “suburban environments” or “towns” or “urban environments” or “environmental effects” or “social density”) and (“poverty” or “poverty areas” or “cultural deprivation” or “disadvantaged” or “homeless” or “income” or “lower income level” or “socioeconomic status” or “working conditions” or “social equality” or “social deprivation” or “social isolation” or “social class”) and (“death and dying” or “physical disorders” or “infectious disorders” or “arthritis” or “asthma” or “cardiovascular disorders” or “lung disorders” or “pneumonia” or “neoplasms” or “injuries” or “wounds” or “mental health” or “outpatient treatment” or “health care utilization” or “wellness” or “quality of life” or “lifestyle” or “daily activities” or “health behavior” or “social drinking” or “obesity” or “immunization” or “diabetes” or “diet” or “overweight” or “smoking”)</td>
<td>Peer-reviewed journals only</td>
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<td>Socio Abstracts</td>
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<td>(“new towns” or “community development” or “suburbs” or “cities” or “city planning” or “metropolitan areas” or “neighbourhoods” or “public space” or “rural urban differences” or “rural to urban migration” or “social area analysis” or “urban areas” or “urban crime” or “urban decline” or “urban development” or “urban fringe” or “urban policy” or “urban population” or “urban poverty” or “urban renewal” or “urban sociology” or “urbanism” or “urbanization”) and (“well being” or “affluence” or “deprivation” or “relative deprivation” or “quality of life” or “quality of working life” or “antipoverty programs” or “workfare” or “child poverty” or “communities” or “cities” or “central cities” or “global cities” or “fishing communities” or “neighbourhoods” or “ethnic neighbourhoods” or “ghettos” or “retirement communities” or “rural communities” or “suburbs” or “towns” or “boom towns” or “new towns” or “villages” or “community structure” or “disadvantaged” or “employment” or “job security” or “multiple jobholding” or “part time employment” or “self employment” or “temporary employment” or “underemployment” or “unemployment” or “youth employment” or “family structure” or “ghettos” or “income” or “profits” or “income distribution” or “income inequality” or “living conditions” or “loneliness” or “low income areas” or “slums” or “low income groups” or “poverty” or “child poverty” or “rural poverty” or “urban poverty” or “relative deprivation” or “residential segregation” or “skid row” or “social class” or “lower class” or “middle class” or “new middle class” or “underclass” or “upper class” or “working class” or “social closure” or “social indicators” or “social inequality” or “social isolation” or “social problems” or “social status” or “occupational status” or “socioeconomic status” or “socioeconomic factors” or “solitude” or “standard of living” or “strain theory” or “underclass” or “unemployment” or “urban poverty” or “wealth” or “welfare services” or “child welfare services”) and</td>
<td>Peer-reviewed journals only</td>
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### Literature Search Methodology Paper

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<th>Notes or Conditions</th>
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<td></td>
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<td>(“life satisfaction” or “mental health” or “community mental health” or “well being” or “activities of daily living” or “arthritis” or “chronic illness” or “diabetes” or “diet” or “diseases” or “acquired immune deficiency syndrome” or “alcoholism” or “Alzheimer’s disease” or “arthritis” or “blood diseases” or “cancer” or “breast cancer” or “leukaemia” or “cerebral palsy” or “diabetes” or “eating disorders” or “anorexia nervosa” or “bulimia” or “epilepsy” or “heart diseases” or “influenza” or “leprosy” or “plague” or “poliomyelitis” or “tuberculosis” or “venereal diseases” or “drinking behaviour” or “handicapped” or “blind” or “congenitally handicapped” or “deaf” or “mentally retarded” or “physically handicapped” or “health” or “mental health” or “community mental health” or “occupational safety and health” or “public health” or “health care services” or “dental care” or “emergency medical services” or “home health care” or “long term care” or “managed care services” or “health maintenance organizations” or “mental health services” or “palliative care” or “primary health care” or “women’s health care” or “prenatal care” or “health care utilization” or “home health care” or “illness” or “chronic illness” or “congenital illness” or “terminal illness” or “independent living” or “infant mortality” or “infants” or “premature infants” or “influenza” or “injuries” or “mortality rates” or “nutrition” or “malnutrition” or “obesity” or “physical fitness” or “public health” or “smoking” or “vaccination”)</td>
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<td>Database</td>
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<td>Terms</td>
<td>Notes or Conditions</td>
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</table>
| Urban Studies   | June 7, 2007  | ("new towns" or "community development" or "suburbs" or "cities" or "city planning" or "metropolitan areas" or "neighbourhoods" or "public space" or "rural urban differences" or "rural to urban migration" or "social area analysis" or "urban areas" or "urban crime" or "urban decline" or "urban development" or "urban fringe" or "urban policy" or "urban population" or "urban poverty" or "urban renewal" or "urban sociology" or "urbanism" or "urbanization")

and

("well being" or "affluence" or "deprivation" or "quality of life" or "antipoverty programs" or "child poverty" or "communities" or "community structure" or "disadvantaged" or "employment" or "family structure" or "ghettos" or "income" or "income distribution" or "income inequality" or "living conditions" or "loneliness" or "low income areas" or "low income groups" or "poverty" or "relative deprivation" or "residential segregation" or "skid row" or "social class" or "social closure" or "social indicators" or "social inequality" or "social isolation" or "social problems" or "social status" or "socioeconomic factors" or "socioeconomic status" or "solitude" or "standard of living" or "strain theory" or "underclass" or "unemployment" or "urban poverty" or "wealth" or "welfare services")

and

("life satisfaction" or "mental health" or "well being" or "activities of daily living" or "arthritis" or "chronic illness" or "diabetes" or "diet" or "diseases" or "drinking behaviour" or "handicapped" or "health" or "health care services" or "health care utilization" or "home health care" or "illness" or "independent living" or "infant mortality" or "infants" or "influenza" or "injuries" or "mortality rates" or "nutrition" or "obesity" or "physical fitness" or "public health" or "smoking" or "vaccination") | Peer-reviewed journals only | 2,225 |
1.2 Grey Literature

Many of the grey-literature databases had limited search functions. Therefore, a shortened list of the common terms used for the journal literature search was used to search these databases.

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<th>Database</th>
<th>Date Searched</th>
<th>Terms</th>
<th>Results</th>
</tr>
</thead>
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<td>Amicus (Library and Archives Canada)</td>
<td>July 5, 2007</td>
<td>“health” and “urban” and “poverty”</td>
<td>137</td>
</tr>
<tr>
<td>WHOLIS (World Health Organization library)</td>
<td>July 5, 2007</td>
<td>(“poverty” or “deprivation” or “employment” or “poor” or “social status” or “income” or “inequality” or “socioeconomic status” or “social isolation” or “social exclusion”) and (“urban” or “city” or “cities” or “metropolitan” or “neighbourhood” or “neighborhood” or “community”) and (“health” or “illness” or “disease” or “well being (well-being)” or “acute” or “chronic” or “mortality” or “morbidity”)</td>
<td>179</td>
</tr>
<tr>
<td>Evidence for Policy and Practice Information and Coordinating Centre (EPPI-Centre)</td>
<td>July 5, 2007</td>
<td>No search function, but publications thematically organized. Two themes were reviewed: “health” and “social exclusion.”</td>
<td>n/a</td>
</tr>
<tr>
<td>Bibliomap</td>
<td>July 4, 2007</td>
<td>(“urban” or “poverty”) and “health”</td>
<td>221</td>
</tr>
<tr>
<td>healthevidence.ca</td>
<td>July 4, 2007</td>
<td>“health” or “poverty” or “deprivation” or “urban” or “city”</td>
<td>350</td>
</tr>
<tr>
<td>Community Guide</td>
<td>July 4, 2007</td>
<td>(“urban” or “poverty”) and “health”</td>
<td>30</td>
</tr>
</tbody>
</table>

The database from the Center for Spatially Integrated Social Science returned only records that were duplicates of the journal literature search. The Evidence-Based Health Promotion database was not accessible during our search period.
In addition to the grey-literature databases, the following websites were searched for related publications:

- **Statistics Canada** ([www.statcan.ca](http://www.statcan.ca))
  
  Keywords: (“poverty” or “poor” or “deprivation” or “employment” or “social status”) and “urban” and (“health” or “well-being/well being” or “mortality”).
  
  Results: 17 publications

- **Institut national de santé publique du Québec** ([www.inspq.qc.ca](http://www.inspq.qc.ca))
  
  Publications thematically organized. Themes searched: “état de santé de la population,” “développement social et soutien aux communautés,” “déterminants socioéconomiques de la santé,” “déterminants psychosociaux de la santé” and “santé publique (général).”
  
  Results: 18 publications

- **Google** ([www.google.ca](http://www.google.ca))
  
  Restricted to Canadian pages only.
  
  Results: Only the first 100 hits were retained for each search (that is, 400 in total)

<table>
<thead>
<tr>
<th>Search</th>
<th>Terms</th>
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<tr>
<td>1</td>
<td>(“poverty” or “deprivation” or “employment” or “poor” or “income”) and (“urban” or “city” or “cities” or “metropolitan” or “neighbourhood” or “neighborhood” or “community”) and (“health” or “illness” or “disease” or “well being” or “well-being” or “acute” or “chronic” or “mortality” or “morbidity”)</td>
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<tr>
<td>2</td>
<td>(“policy” or “policies” or “program” or “programme”) and (“poverty” or “deprivation” or “employment” or “poor” or “income”) and (“urban” or “city” or “cities” or “metropolitan” or “neighbourhood” or “neighborhood” or “community”) and (“health” or “illness” or “disease” or “well being” or “well-being” or “acute” or “chronic” or “mortality” or “morbidity”)</td>
</tr>
<tr>
<td>3</td>
<td>(“inequality” or “social status” or “socioeconomic status” or “socio-economic status” or “social isolation” or “social exclusion”) and (“urban” or “city” or “cities” or “metropolitan” or “neighbourhood” or “neighborhood” or “community”) and (“health” or “illness” or “disease” or “well being” or “well-being” or “acute” or “chronic” or “mortality” or “morbidity”)</td>
</tr>
<tr>
<td>Search</td>
<td>Terms</td>
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<tr>
<td>4</td>
<td>(“policy” or “policies” or “program” or “programme”) and (“inequality” or “social status” or “socioeconomic status” or “socio-economic status” or “social isolation” or “social exclusion”) and (“urban” or “city” or “cities” or “metropolitan” or “neighbourhood” or “neighborhood” or “community”) and (“health” or “illness” or “disease” or “well being” or “well-being” or “acute” or “chronic” or “mortality” or “morbidity”)</td>
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</table>

1.3 CPHI’s Internal Library

The key word list used for searching the Sociological Abstract journal database was used with the search function within the Endnote reference management program to identify relevant materials already within CPHI’s internal library.

Results: 1,181 publications
2 Screening

A number of steps were undertaken to screen the records retrieved through the search strategy described above. These included the application of a time limit, relevance criteria and critical appraisal criteria.

The results of the journal search were combined into a single Endnote database containing 17,024 records (1,877 duplicate records were removed when combining the searches). For logistic reasons, the results of the grey literature and the CPHI library search were kept separate during the screening phases.

2.1 Date Limit

The various searches were not originally limited by date. Once the results of the journal database searches had been consolidated into Endnote, a decision was made to keep only works published within the last 11 years (1997 to 2007, inclusive). This reduced the number of references in the Endnote file by 4,747 records. Where possible, the results of the grey-literature search were also limited to the last 11 years, thus reducing the number by 189. The same limit was applied to the CPHI library search, reducing by 116.

2.2 Title Screen

Before completing the title scan, the journal database was cleaned to remove publications that were not in English or French or related to humans. Publications pertaining to rural or remote areas and low- or middle-income countries were also removed, as were articles specifically on HIV/AIDS. In total, approximately 20% of the journal records were removed during this process.

Endnote was then used to generate a report listing basic bibliographic data (for example, title, authors, journal) for all the remaining 9,616 records. The same information was collected for the grey-literature search. Pairs of staff independently reviewed the titles, screening them on the basis of broad relevance criteria. The relevance criteria evolved as the review proceeded and as the reviewers compared their experiences and impressions of the literature. The criteria for inclusion, broadly speaking, were as follows:

- Articles that addressed either issues of social or economic inequalities in health, and which were related to urban areas;
- Evaluation research;
- Canadian studies; and
- Articles addressing methodological issues relating to the list of indicators chosen for the city-report component of the project.
Records pertaining to the following topics were excluded:

- Stress related to terrorism or 9/11 attacks, Hurricane Katrina and/or New Orleans floods, other security threats in the United States;
- Domestic and/or partner violence;
- Foster care;
- Historical articles (pre-1945);
- Family influences on youth, other than socio-economic status (SES) (for example, parental attitudes);
- Institutionalized population (for example, hospitalized, incarcerated, nursing homes) and veterans;
- Gun violence, ethnic or racial conflict;
- Health insurance (U.S. employer or private) and the uninsured in the U.S.;
- Illegal migrants in the U.S. or the Mexican-American experience in the southern U.S.;
- Occupational health, if not directly linked to SES;
- U.S.-based welfare programs; and
- International comparisons that did not include Canada.

The lists of the two reviewers were compared. Where there was agreement, records were excluded. In instances where only one reviewer recommended exclusion, a brief discussion was followed by a decision to exclude or include on a case-by-case basis.

2.3 Abstract Screen

After the initial title screen, 2,059 records remained in an Endnote file. A report was generated that included abstracts, in addition to basic bibliographic information. In pairs, staff reviewed the list using a process similar to that used for the title screen. The availability of the abstracts provided more information on which to make decisions about inclusion, but the criteria remained the same.

As a result of the title and abstract review, the total number of records remaining in the journal database was reduced to approximately 1,040. Full-text versions of these journal articles were ordered through the CIHI librarian; 211 publications were short-listed from the grey literature search and downloaded or ordered, and 453 publications were retrieved from the CPHI library.
2.4 Article Sorting

The final pool of articles was organized into categories based on the working table of contents in the report. To simplify this process, an article-sorting form was created (see Appendix A). There were several reasons for sorting the literature:

- To organize the materials by topic so that articles on a particular subject could be easily located;
- To determine whether the working table of contents was supported by the literature base, and to identify gaps in the table of contents;
- To further refine some sections into subtopics, if one area was too broad; and
- To identify Canadian studies, and ensure that they were given priority.

2.5 Final Review

The project manager conducted one final review of the remaining 1,704 journal and grey-literature articles, reviewing the article titles, abstracts and contents for relevance, accuracy and relative importance in the areas of social and economic gaps in health as they relate to urban areas. This reduced the available literature by about 40%. The 984 articles that remained formed the pool of literature available for writing the report.

<table>
<thead>
<tr>
<th>Source and Date</th>
<th>Search Found</th>
<th>Cleaned Results/ Titled Scanned</th>
<th>Abstracts Reviewed</th>
<th>Records Retained</th>
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<td>211</td>
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<tr>
<td>CPHI library 1998–2007</td>
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<td>1,065</td>
<td>453</td>
<td></td>
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<td>Not reviewed</td>
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<tr>
<td>Grey literature Pre-1998</td>
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<td>CPHI library Pre-1998</td>
<td>116</td>
<td>Not scanned</td>
<td>Not reviewed</td>
<td></td>
</tr>
</tbody>
</table>
Appendix A: Article-Sorting Form

Article-Sorting Form
(Based on Working Table of Contents)

Please tick all that apply.

- Canadian Study/Content
- Systematic or Literature Review
- Broad Overview
- Appears Most Relevant

- Introduction
  - In general, Canada is a prosperous country with a healthy population
  - Gaps in Canada
  - Why urban?
    - Why deprivation?
  - Organization of report: conceptual framework

- The urban lens: What do we know about the links between SES and health?
  - Neighbourhood level: Social, Economic, Physical, Geographical analysis
  - Multiple dimensions of individual socio-economic inequalities: Other
    - Income, Education, Social support, Employment, Family structure
  - Life course: Children and adolescents, Adults, Seniors
  - Gender
  - Populations at risk: Other
    - Homeless, New Canadians, Persons with mental illness, Substance users
  - Costs of socio-economic inequalities in health

- Canada’s urban context
  - The urban context in Canada (for example, population density, urban core versus suburban areas, environmental issues, demographic and socio-economic characteristics of urban Canada)

- Data analyses: Poverty and health in Canada’s urban context
  - Articles related to chosen indicators (ambulatory care sensitive conditions, diabetes, asthma, injuries, self-rated health, cancer, physical activity, obesity, chronic illness, mental health)

- Dimensions of socio-economic inequalities and urban health: a policy perspective
  - An overview of existing policies and programs related to social and economic factors linked with health in urban areas
    - Policy frameworks
    - Federal policies/programs
    - Provincial policies/programs
    - Municipal policies/programs
    - The non-governmental sector
  - Evidence from evaluated interventions and programs that have been implemented, in Canada and in other relevant jurisdictions.

- Conclusions

Other—If so, please specify: ________________
Not specifically urban (specify level, for example, national): ________________
Methods only or good theory section
This publication is part of CPHI’s ongoing inquiry into the patterns of health across this country. Consistent with our broader findings, it reflects the extent to which the health of Canadians is socially determined, interconnected, complex and changing. CPHI is committed to deepening our understanding of these patterns.