People who are vulnerably housed face the same severe health problems as people who are homeless.

Options for financing Canada’s rising health care costs and expenditures

Dhalla IA, Guyatt GH, Stabile M, Bayoumi AM. Broadening the base of publicly funded health care. CMAJ. 2010 Nov 29. [Epub ahead of print].

Background:
Canada currently finances health care mainly through income tax revenue. To keep up with rising health care costs, governments will need to raise additional funds.

Study focus:
We looked at several different options for raising public funds for health care, and evaluated whether they are equitable/fair (i.e. whether the wealthy pay more than the poor). We also looked at each strategy’s transparency (i.e. whether the funding mechanism and the amount paid by each individual is clear), efficiency (i.e. how much it costs to administer) and feasibility (i.e. how acceptable it would likely be to governments and voters).

Findings:
Equitable options for funding health care:
- Increasing personal or corporate income tax - equitable if tax rates rise progressively with income. Also efficient (administrative costs are low).
- Eliminating the private health insurance subsidy - equitable if universal pharmacare is implemented (otherwise it would leave many without pharmaceutical coverage). Most private health insurance is extensively subsidized, and the subsidies are larger for those with higher incomes.

Inequitable options for funding health care:
- Deductibles or user fees (e.g. $25 per physician visit). People with lower incomes may avoid seeking necessary care when required to pay a user fee or deductible. Would also result in the poor spending disproportionately more on health care than the wealthy.

Other options include new “sin taxes” on unhealthy foods or sugary beverages, and taxes earmarked for health care. The equity impact of these mechanisms depends on how they’re implemented.

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Findings:
- Almost all clients (93-98%) reported good counselling and testing experiences.
- Top reasons for seeking testing were: had sex without a condom (50%) or health concerns (22%).
- Most providers reported familiarity with Ontario’s guidelines for HIV testing and counselling and that they were sufficient and helpful.
- Providers at testing sites said that counselling and testing were successful because of their:
  - Strong focus on HIV education;
  - Client-centered communication;
  - Consistent use of recommended forms;
  - Information and experience sharing among staff.
- Providers wanted additional information on how to:
  - Counsel “anxious” clients (i.e. those who frequently return for repeat testing);
  - Meet the needs of culturally diverse populations;
  - Reach hard-to-serve or marginalized clients.

What is “rapid point of care testing”? A quick and reliable HIV test based on a finger-prick that screens for HIV antibodies in the blood. The whole process (which includes pre-test counselling, administration of the test itself, and post-test counselling) takes about 20 minutes. Traditional HIV tests take about two weeks.

What is “anonymous testing”? A testing approach that allows people to find out their HIV status without giving their name or any personal information. Instead, they are given a code that’s used to track testing information anonymously. Complete discretion is assured.

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Foreseeing Global Spread of Disease: A Tool to Prepare Canada for Pandemics

Background:
To prepare for and respond to the spread of emerging infectious diseases, evidence is needed to inform targeted, strategic population health measures.

The tool:
Bio.Diaspora is a secure and remotely accessible web-based technology that governments and health organizations can use to rapidly analyze global air traffic patterns and predict the geographic spread of emerging infectious diseases.

Who’s involved:
The technology was developed by Dr. Kamran Khan at CRICH in collaboration with Ryerson University, the University of Manitoba, and the world’s largest commercial airport and air transport organizations.

Impacts:
- In 2009, Dr. Khan used Bio.Diaspora to advise the Public Health Agency of Canada on how Canada can better prepare and respond to future infectious disease outbreaks. Read the report: www.biodiaspora.com
- Also in 2009, Dr. Khan used Bio.Diaspora to analyze more than 2.3 million flight itineraries and accurately predict how the H1N1 virus would spread out of Mexico to destinations around the world. These analyses were used by the Ontario Ministry of Health and Long-term Care, the Ontario Agency for Health Protection and Promotion and the Public Health Agency of Canada during the pandemic. Learn more: http://content.nejm.org/cgi/reprint/361/2/212.pdf
- Today, Bio.Diaspora has integrated real-time global epidemic intelligence from HealthMap (www.healthmap.org), a Harvard-based technology that is monitoring public websites and online media for news of emerging infectious disease threats around the world. In 2010, this collaboration was used to identify potential infectious disease threats to the FIFA World Cup in South Africa and the annual Hajj pilgrimage in Mecca, Saudi Arabia. Check out the interactive maps: www.healthmap.org/fifa & www.healthmap.org/hajj

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