

Briefly

Expanding prepayment: Health insurance and other forms of prepayment for health care are a “promising means for achieving universal health-care coverage,” according to a systematic review published by the World Health Organization. National or community-based insurance programs “hold strong potential to improve financial protection and enhance utilization among their enrolled populations, and they can also foster social inclusion,” concludes the review (www.who.int/bulletin/volumes/90/9/12-102301/en/index.html). “Many countries remain uncertain as to how to finance universal health coverage,” Dr. Ernst Spaan, coauthor of the study and senior researcher and lecturer at the Department of Primary and Community Care at the Radboud University Nijmegen Medical Center in the Netherlands, stated in a press release (www.who.int/mediacentre/news/notes/2012/uhc_prepayment_20120903/en/index.html). “Our study found that certain health insurance schemes, particularly community or social health insurance, hold untapped potential for low and middle-income countries.” — Wayne Kondro, *CMAJ*

First aid skills: Although two in three Canadians have first aid training, roughly 49% of those were trained more than three years ago, according a survey conducted for the Canadian Red Cross. “Regionally, those in Alberta (80%) are most likely to have taken a first aid course, followed by those living in Atlantic Canada (72%), Ontario (69%), British Columbia (66%), Saskatchewan and Manitoba (64%) and Quebec (60%),” according to the online survey of 2015 Canadians conducted by pollster Ipsos Reid (www.redcross.ca/documents/Ipsos%20Factum%20First%20Aid.pdf). The poll also indicated that Canadians aren’t necessarily convinced that they can recognize the signs of a medical emergency, or have the skills to help in emergency situations. “While two thirds (67%) are ‘confident’ (23% very/45%

somewhat) that they could help someone who is choking, they are significantly less confident that they could help someone who is experiencing a heat emergency (55 total — 15% very/40% somewhat), a heart attack or cardiac emergency (47% total — 15% very/33% somewhat), anaphylactic shock (40% total — 12% very/28% somewhat) or a concussion (38% total — 11% very/28% somewhat).” — Wayne Kondro, *CMAJ*

Football funding: The National Football League (NFL) has donated US\$30 million to the Foundation for the National Institutes of Health for Medical Research to help the agency create a new sports and health research program. Although the funding is unrestricted, it is expected to be aimed at research on brain injuries, including “chronic traumatic encephalopathy (CTE); concussion management and treatment; and the understanding of the potential relationship between traumatic brain injury and late-life neurodegenerative disorders, especially Alzheimer’s disease,” the NFL stated in a press release (www.nfl.com/news/story/0ap1000000058447/article/nfl-donates-30-million-to-national-institutes-of-health). “We hope this grant will help accelerate the medical community’s pursuit of pioneering research to enhance the health of athletes past, present and future,” NFL Commissioner Roger Goodell stated. “This research will extend beyond the NFL playing field and benefit athletes at all levels and others, including members of our military.” — Wayne Kondro, *CMAJ*

Food insecurity: Roughly 15% of American households, or about 50 million Americans, did not have access to adequate food at all times through 2011, according to the United States Department of Agriculture. That included “5.7 percent with very low food security — meaning that the food intake of one or more household members was reduced and their eating pat-

terns were disrupted at times during the year because the household lacked money and other resources for food,” the department states in an annual report, *Household Food Security in the United States in 2011* (www.ers.usda.gov/media/884525/err141.pdf). “For households with incomes near or below the Federal poverty line, households with children headed by single women or single men, and Black and Hispanic households, rates of food insecurity were substantially higher than the national average. Food insecurity was more common in large cities and rural areas than in suburban areas and other outlying areas around large cities.” The report also indicated that food insecurity was highest in Arkansas (19.2%); Mississippi (19.2%), Alabama (18.2%), Texas (18.5%) and Georgia (17.4%). It was lowest in North Dakota (7.8%), Virginia (9.1%) and New Hampshire (9.6%). — Wayne Kondro, *CMAJ*

Children’s injuries: Aboriginal children in Canada are more likely to suffer death or disability from unintentional injuries than the national average, according to the Canadian Paediatric Society. “Fully 26% of all deaths among First Nations people are caused by injuries, compared to only 6% of deaths in the Canadian population,” the society states in a position paper, *Preventing unintentional injuries in Indigenous children and youth in Canada* (www.cps.ca/en/documents/position/unintentional-injuries-indigenous-children-youth). The morality rate from unintentional injuries among Aboriginal infants is four times higher than the general Canadian average, while it’s five times higher among preschoolers and three times higher among teenagers. “The reasons for the disproportionate risk of injury among Indigenous children and youth are numerous and complex. According to Statistics Canada, Indigenous families tend to have lower incomes, less education and higher unemployment compared with other

Canadians, while being generally younger and more likely to live in a rural area. They are also likelier to live in unsafe, substandard housing, and to encounter local shortages in health care personnel and resources. Historical inequities, cultural alienation and loss of connectedness with the environment, as well as the grim legacy of residential schools, have contributed to depression, to alcohol and substance abuse and associated risk-taking behaviors, and to inadequate parenting skills for some. Alcohol is a significant contributor to MVCs, [motor vehicle collisions] lack of seat belt use and drowning incidents. The lack of culturally appropriate or targeted IP [injury prevention] programs continues to be a barrier. Rural Indigenous children and youth have not benefitted to the same degree as other Canadians from vehicle safety (e.g., car seat, seat belt) programs or campaigns against impaired driving, nor from swimming lessons, first aid/CPR training or even the enforcement of existing safety laws.” — Wayne Kondro, *CMAJ*

Cervical cancer vaccines: Just 19 of 29 countries in Europe have introduced routine human papillomavirus vaccination (HPV) programs, and those have substantial variations in their target age, financing and delivery, according to European Union health officials. “Coverage rates, where data are available, range from 24% to 84% and are generally lower than expected,” the European Centre for Disease Prevention and Control, states in a report, *Introduction of HPV vaccines in European Union countries — an update* (www.ecdc.europa.eu/en/publications/Publications/20120905_GUI_HPVC_vaccine_update.pdf). “Cyprus, Estonia, Finland, Hungary, Lithuania, Malta, Poland and Slovakia have not yet introduced a national immunisation programme, nor have their vaccination advisory boards produced recommendations for the introduction of HPV vaccination.” — Wayne Kondro, *CMAJ*

Scuttle it: The governing board of eHealth Ontario has asked the province’s health minister to agree to scrap the agency’s \$46 million diabetes registry. The board recommended that the registry be scuttled because “the vendor, CGI

[CGI Information Systems and Management Consultants Inc., a subsidiary of Montréal, Quebec-based software giant CGI Group Inc.] has been continually late in delivering the product and has not abided by the terms and conditions of the AFP [alternate financing procurement] contract,” Robert Mitchell, vice president of stakeholder relations and communication at eHealth Ontario, writes in an email. The registry was to have augured a new era of chronic disease management within Ontario but was beset by procurement miscues, surpassed by technological change and, according to critics, worthy of being ditched as yet another example of a centralized approach to e-health run amok and having little clinical merit (www.cmaj.ca/lookup/doi/10.1503/cmaj.109-4192). — Wayne Kondro, *CMAJ*

Bloodstream infections: Central line-associated bloodstream infections in patients in hospital intensive care units were reduced by 40% during a four-year United States Agency for Healthcare Research and Quality project to test the efficacy of a Comprehensive Unit-based Safety Program in curbing hospital-acquired infections. Preliminary findings of the project, which involved 1100 adult intensive care units in 44 states, indicate that use of the program reduced the rate of central line-associated bloodstream infections “from 1.903 infections per 1,000 central line days to 1.137 infections per 1,000 line days, an overall reduction of 40 percent,” while saving 500 lives and avoiding US\$34 million in health care costs, the agency stated in a press release (www.ahrq.gov/news/press/pr2012/psp-clabsipr.htm). The project targeted clinician use of five procedures: “Hand hygiene, using full-barrier precautions during the insertion of central venous catheters, cleaning the skin with chlorhexidine, avoiding the femoral site when possible, and removing unnecessary catheters” (www.ahrq.gov/qual/cusp.htm). — Wayne Kondro, *CMAJ*

Infant mortality: Although there’s been a substantial reduction in child mortality rates over the past two decades, the improvement is insufficient to achieve Millennium Development Goal 4 of reducing the global under-five mortality

rate by two-thirds between 1990 and 2015, according to the World Health Organization (WHO). “An estimated 19,000 children still died every day in 2011, and around 40 per cent in the first month of life,” WHO states in a press release (www.who.int/mediacentre/news/releases/2012/child_survival_20120913/en/index.html). “Sub-Saharan Africa and Southern Asia face the greatest challenges in child survival, and currently account for more than 80 per cent of global under-five deaths. Their disparity with other regions is becoming more marked as regions such as Eastern Asia and Northern Africa have cut child deaths by more than two thirds since 1990. Half of all under-five deaths occurred in five countries: India (24 per cent), Nigeria (11 per cent), Democratic Republic of the Congo (7 per cent), Pakistan (5 per cent) and China (4 per cent). India and Nigeria account for more than a third of all under-five deaths worldwide. Globally, the leading causes of death among children under five are pneumonia (18 per cent of all under-five deaths), preterm birth complications (14 per cent), diarrhoea (11 per cent), complications during birth (9 per cent) and malaria (7 per cent).” — Wayne Kondro, *CMAJ*

Safety incidents: There were at least 612 414 patient safety incidents in England during the six-month period ending March 31, an increase of 2.3% over the previous six-month period, according to the National Health Services (NHS) Commissioning Board Authority. Some 90% of England’s NHS trusts submitted incident reports for that time period and about 1%, or 5235, of the incidents resulted in “death or severe harm,” the commission states in a press release (www.nrls.npsa.nhs.uk/resources/?entryid45=134578). Some 39 039 (6%) resulted in “moderate” harm, 154 681 (25%) resulted in “low” harm and 413 459 (68%) resulted in no harm during that time period. “The most common types of incident reported were: patient accidents — slips, trips and falls (26 per cent); medication incidents (11 per cent); incidents relating to treatment and/or procedures (11 per cent).” — Wayne Kondro, *CMAJ*

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