

FOR THE RECORD

Arctic health research

Proposed research programs for Canada's ballyhooed arctic research initiative should include a major component on "individual and community health" within the indigenous populations of the North, says a blue-ribbon international panel.

"There is a particular need for sustained long-term monitoring and surveillance of key health indicators across northern communities," stated the 13-member International Expert Panel on Science Priorities for the Canadian Arctic Research Initiative in its report *Vision for the Canadian Arctic Research Initiative: Assessing the Opportunities*.

Struck to review proposals recommended by representatives of government, academia, the private sector and aboriginal organizations, the blue-chip panel said design and planning of the research initiative was woefully inadequate.

The 4 proposed priorities for research — sustainable resource development; environmental science and stewardship; climate change; and healthy and sustainable communities — were more themes than priorities, stated the panel, chaired by Elizabeth Dowdeswell, former United Nations undersecretary-general and chair of the scientific advisory committee of the Council of Canadian Academies. The themes should be expanded

to include baseline monitoring of environmental phenomena, as well as technologies related to data collection, remote sensing, telehealth and other relevant Arctic concerns.

More importantly, the themes have to be significantly fleshed out if they are to be considered as legitimate research priorities, the panel added.

Among possibilities it raised for research within the healthy and sustainable communities theme were such subtopics as: "community resilience and vulnerability (including linkages to mental health); economic analyses and operational research on healthcare delivery systems; impacts of development, modernization, cultural change and climate change on health; ecology of infectious diseases in an arctic context; bioaccumulation of contaminants in the food chain; and paleontology to understand the historic development of communities."

The panel's report (www.scienceadvice.ca) states that identified priorities for the initiative (first floated in the government's 2007 Speech from the Throne), failed to "take full advantage of Canada's opportunities and do not fully respond to Canada's international obligations with respect to arctic science."

Noting that "Canada has acquired a reputation among arctic nations for failing to match words with deeds," the report urged that adequate long-term funding be provided for the initiative

and that it get a kick-start by the immediate initiation of "one or more long-term core programs." It also noted that plans for physical infrastructure associated with the initiative were fuzzy. Among the options that had been proposed were a single station, something more virtual, or a "hub and spoke model," with a main, central facility and a bevy of smaller, strategically situated scientific sites. The latter is probably the best option, the panel said.

Health spending

Pharmaceutical firms gobbled up a larger chunk of the Canadian health care dollar in 2008 as the growth rate for spending on drugs rose faster (8.3%) than it did for physicians (6.2%) and hospitals (5.8%), according to the Canadian Institute for Health Information.

Spending on prescribed and non-prescribed medications was projected to rise to \$29.8 billion from \$26.8 billion and now constitutes 17.4% of total health spending, as compared to 16.5% in 2007. Spending on doctors was projected to be \$23 billion, or 13.4% of spending, compared to \$21.5 billion in 2007. Hospitals retained the largest share of outlays at \$48.1 billion, or 28% of the overall health pie, a slight decrease from the 28.4% share in 2007.

Overall, Canadian health care spending in 2008 continued its explosive growth with outlays forecast at \$171.9 billion, an annual increase of 6.4% (or 3.4% after factoring in inflation and population growth), says the report, entitled *National Health Expenditure Trends, 1975–2008*.

That translates into what the Institute calls a "new high-water mark," for health care outlays: 10.7% of Canada's gross domestic product and a per-capita rate of \$5140, or some \$273 more than in 2007.

The report indicates that public-sector health outlays topped \$120.3 billion in 2008, while private-sector outlays topped \$51.6 billion, including \$22.1 billion in out-of-pocket expenditures by Canadians and \$18.2 billion by insurance companies. — Wayne Kondro, CMAJ

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A blue-ribbon international panel says Canada must undertake sustained monitoring and surveillance of health indicators across northern communities.

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