

Auditor general targets Health Canada spending

Health Canada's Population and Public Health Branch uses no formal process for making "rational, evidence-based decisions" on program priorities and it often breaks its own rules in granting funds, Canada's auditor general says.

In her report on federal spending released in December, Sheila Fraser said the branch has few mechanisms for determining whether programs work, let alone improve the health of Canadians. "We found that [it] has a good process in place for managing grant and contribution programs. Unfortunately, management does not always follow its own established process, especially in some of the larger projects ... and funding decisions have not always respected the branch's own objectives."

Fraser audited 38 projects culled from 3 of the branch's 12 preventive health programs (the Canada Prenatal Nutrition Program, the HIV/AIDS Strategy and the Population Health Fund); all projects receiving more than \$2 million were audited, along with 30 selected at random. The 3 programs disperse about \$70 million of the \$225 million the branch pays for health-promotion projects undertaken by community groups, organizations and individuals.

The branch "did not subject high-value projects to a rigorous selection process, nor did it monitor those projects annually," reported Fraser, who also surmised that the weaknesses are "broadly applicable" to the branch's entire \$350-million budget.

Among the serious transgressions:

- The branch funnelled \$15 million from its Population Health Fund into prostate cancer research even though the fund is expressly prohibited from spending on pure research or overhead costs. The department also disregarded its selection process in awarding \$2 million per year to the Vancouver Centre of Excellence in Prostate Cancer Research and \$1 million annually to the Canadian Prostate Cancer Research Initiative.
- The Community AIDS Treatment Information Exchange received \$8.75-million over 5 years despite 2 unfavourable external peer reviews.
- The Canadian Public Health Associ-

ation/Canadian HIV/AIDS Clearinghouse received \$2.5 million for a 33-month funding extension although an audit had found "noncompliance with the terms" of its previous agreement and said \$350 000 should be recovered. (The branch subsequently settled for \$100 000.)

Fraser also identified a major problem in determining spending priorities. "We expected that the branch would have such a process that would enable it to set priorities on the basis of good, evidence-based information such as surveillance data and evaluations of population health programs."

No such luck, Fraser noted. Al-

though a "Wellness Framework" for setting priorities was developed, it "has never been approved and there is no plan or timetable for implementing it."

That has led to delays in addressing pressing national health needs. Fraser said both the Wellness Framework and a 1999 departmental exercise concluded that depression and distress cost Canadians \$14.4 billion per year in treatment, medication, lost productivity and premature death. But no program has emerged.

Health Canada says it has now implemented the Wellness Framework and staff are "ensuring that clear indicators of success are set out for all projects." — *Wayne Kondro, Ottawa*

Could reduced absenteeism help solve health-worker shortage?

Health care workers are 1.5 times more likely to be absent from work due to illness or injury and they are generally less satisfied with their jobs than other workers, a new report indicates.

The Canadian Institute for Health Information (CIHI) report reveals that 7.2% of Canadians in full-time health care occupations were absent for health reasons during each week in 2000, compared with 4.8% of workers in other fields. On average, Canada's health care workers are absent from work 11.8 days a year, other workers 6.7 days.

If the 2 rates were the same, says the report, it would put more than 13 700 "extra" full-time health care workers on the job. It would also help address the nursing shortage by providing the equivalent of almost 5500 extra nurses.

A major cause of the higher absenteeism rate, particularly among the country's 232 000 registered nurses, is musculoskeletal injuries such as back ailments. Other hazards include needle-stick injuries and exposure to chemicals and other irritants. Physical and mental abuse is also a serious problem.

The report also determined that health care workers are less satisfied with their jobs than other Canadians. Ninety percent of Canadians working outside the health care field were satisfied or very satisfied with their jobs in 1999, compared with 85% of health workers. Whether job satisfaction and higher absenteeism are linked is a subject for further research, says Jennifer Zelmer, CIHI's director of health reports and analysis. The report, *Canada's Health Care Providers*, points to a healthy job market for health care workers. Rates have ranged from 1.3% to 2.6% during the past 13 years, compared with 7% to 11% for the rest of the workforce. — *Barbara Sibbald, CMAJ*



At risk? Musculoskeletal injuries, such as back ailments, are the single largest cause of health care absenteeism.