

## Revamp Canada's public health system — and do it quickly: think-tank

In the wake of this year's SARS outbreak, Canada must act quickly to improve its public health infrastructure and develop a comprehensive system that may include a national institute of public health, experts have concluded. The consensus was reached at a think-tank sponsored by the Institute of Population and Public Health (IPPH), 1 of the 13 institutes within the Canadian Institutes of Health Research (CIHR).

Recent editorials and commentaries (*CMAJ* 2002;166[10]:1245;1282-3) and assessments of system capacity (*CMAJ* 2002;166[10]:1319) have highlighted concerns about Canada's ability to prevent, detect and respond to public health emergencies, and to deal with ongoing public health challenges such as obesity.

In 2002 the IPPH created a committee to study the future of public health in Canada. It examined models for funding

and organizing public health systems in other countries and Quebec (*Can J Public Health* 2003;94:190-2). The findings were then discussed at the spring think-tank, which brought together researchers, politicians, public health and health system experts, and representatives from professional associations.

They concluded that there is an urgent need to address the public health system's infrastructure problems by clearly defining the system's essential functions and the roles, responsibilities, linkages and accountabilities at each level of government. These roles must be supported by consistent legislation and appropriate delivery structures, funding levels and information systems, as well as adequate staff.

The final consensus was that the SARS crisis highlighted the need for more public health system capacity and surge capability, as well as for a compre-

CMA's new president a GP	326
Natural health product regulations	326
Online pharmacies and drug supply	328
Private contractors for BC surgery	328
Suicides among UK farmers	329
The Gates give \$500 million	329
News @ a glance	330
Pulse: Drug sales in Canada	331

hensive communications strategy. Heavy emphasis was placed on improved national leadership, which could include a national institute of public health and a broader public health mandate for the National Health Council proposed by Roy Romanow.

The next steps needed are a more detailed analysis of system requirements and development of a network of public health system experts and organizations to ensure that a comprehensive public health system is eventually created. — *Brent Moloughney, John Frank, Erica Di Ruggiero, CIHR*

## CMAJ's impact factor rises in 2002

*CMAJ* and several other general medical journals fared well when the 2002 Science Edition of ISI's *Journal Citation Reports (JCR)* was released in June. *JCR* includes citation data for more than 5500 journals in 168 subject categories. *CMAJ* is 1 of 107 journals in the general and internal medicine category.

Among the numerous citation-based indicators *JCR* publishes, impact factors receive the most attention. They are used by librarians, publishers, advertisers, editors and authors to rank and assess the

"scientific impact" of journals. The impact factor is obtained by dividing the number of current-year citations to all items published in a journal in the 2 previous years by the number of source articles published in the same period. Although there has been much debate over the use and misuse of impact factors, many consider them a significant indicator of a journal's quality and prestige. Editors routinely use the impact factor to gauge their own performance and hope that a "good impact factor" will attract higher quality submissions.

*CMAJ* saw its impact factor rise from 2.8 in 2001 to 3.2 in 2002, a 14% increase (see table). The highest impact factor among internal medicine journals was 11.4 for the *Annals of Internal Medicine*.

But what do these numbers really mean? The impact factor is a measure of the frequency with which the "average article" in a journal has been cited in the scientific literature in a particular year. Obviously, some articles are never cited and others are highly cited. *CMAJ*'s top-cited articles in recent years include:

- Secular trends in the body mass index of Canadian children (*CMAJ* 2000;163[11]:1429-33, 36 citations);
- Recommendations for the management and treatment of dyslipidemia: Report of the working group on hypercholesterolemia and other dyslipidemias (*CMAJ* 2000;162[10]:1441-7, 36 citations);
- Preventive health care, 2001 update: Should women be routinely taught breast self-examination to screen for breast cancer? (*CMAJ* 2001;164[13]:1837-46, 41 citations). — *Glenda Proctor, CMAJ*

Citation data for selected general medical journals, as reported in the 2002 *JCR Science Edition*

Journal	2002 cites to articles in 2000/01	Source items published in 2000/01*	2002 impact factor	% change from 2001
<i>N Engl J Med</i>	23 929	754	31.7	8.9
<i>JAMA</i>	12 705	766	16.6	-9.4
<i>Lancet</i>	19 292	1253	15.4	15.8
<i>BMJ</i>	9018	1189	7.6	15.2
<i>CMAJ</i>	1098	341	3.2	14.3

\*Source items includes original research and review articles.