The Circumpolar Health Systems Review

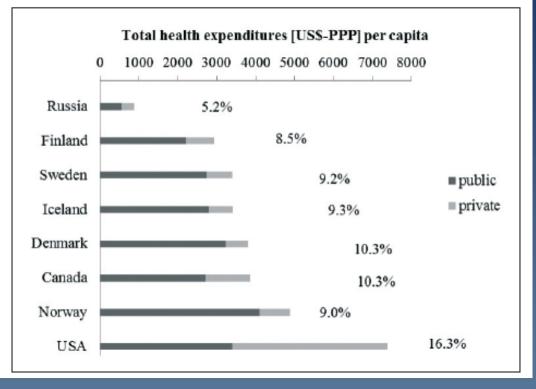
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 Health care for remote communities face serious organizational, financial, logistical, technical and human resource challenges

 Circumpolar countries and regions have evolved different health systems and policies



 Identifying, evaluating and comparing approaches, models and best practices may lead to development of strategies to strengthen northern health care

CircHSR

- Intended as planning phase for larger program of research and knowledge translation
- Create regional profiles of health care systems narrative and statistical [organization, resources]
- Develop specific research questions, methods and solutions for health system improvement in northern regions
- Funding: Nordic Council of Ministers, Health Canada, Canadian Institutes of Health Research
- Proposed by Arctic Human Health Expert Group and an authorized project of the Arctic Council

The Review Team

- Alaska Kathryn Anderson
- Northern Canada Gregory Marchildon and Susan Chatwood
- ◆ Greenland Peter Bjerregaard
- Iceland Tinna Laufey Ásgeirsdóttir
- Northern Norway Jon Magnussen
- Northern Finland Johanna Lammintakanen and Juha Kinnunen
- Sweden, Russia and Faroe Islands not covered individually but included in statistical overviews

Outline of Report

Background and Overview

- Introduction
- Geographical Coverage
- Methods and Data Sources
- Population Characteristics
- Indigenous People
- Climatic Conditions
- Health Status
- Health Expenditures
- Health Care Personnel
- Health Care Facilities

Regional Profiles

Cross Cutting Issues

- Financing
- Decentralization
- Human Resources
- Indigenous People
- Public Health
- Telehealth innovations
- Policy Implications and Future Research
- Health System Challenges
- Health System Responses



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A Comparative Review of Circumpolar Health Systems

Edited by Kue Young Gregory Marchildon

[www.circumpolarhealthjournal.net/public/journals/32/chs/CHS_2012_9.pdf]



The North: Regional Approach

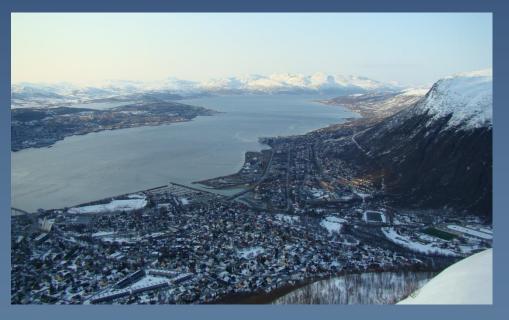


Health care challenges

- Remote, scattered population limited access, transportation/communication problems;
- Harsh environment effects on infrastructure, facilities, equipment, staff and patients
- Marginalized populations [indigenous people] substantial unmet health needs
- Substantial resources devoted to health care per capita health expenditures in some northern regions among highest in the world
- Are we getting "value for money" in northern health care?
- Is northern health care sustainable?
- Can research contribute to solutions?

 BUT the North is diverse – these conditions are highly variable across regions

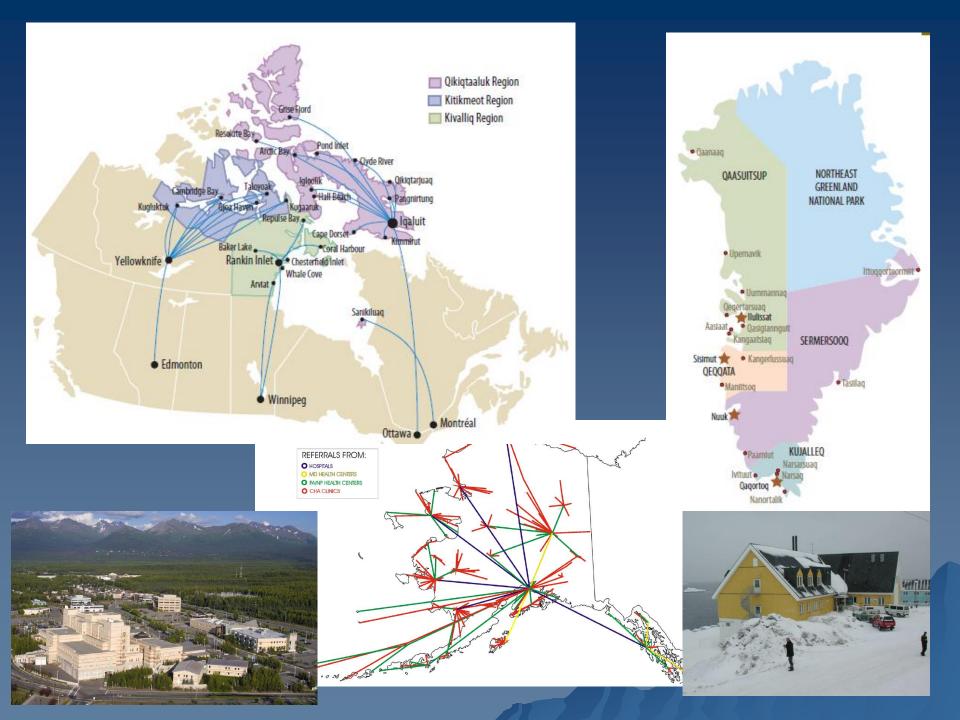
 North is highly urbanized – the largest city may account for up to 70% of the regional population – urban health care in the North is not very different from other parts of country







Ilimanaq, Greenland

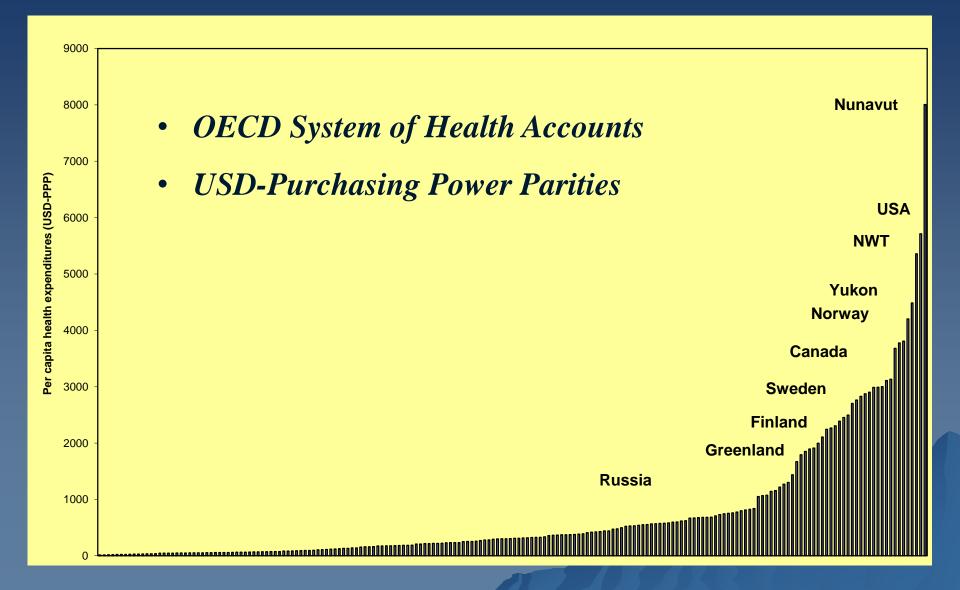


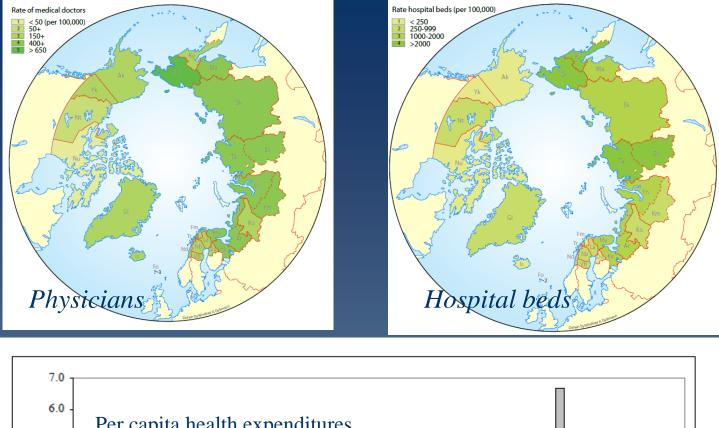
Challenges of international comparison

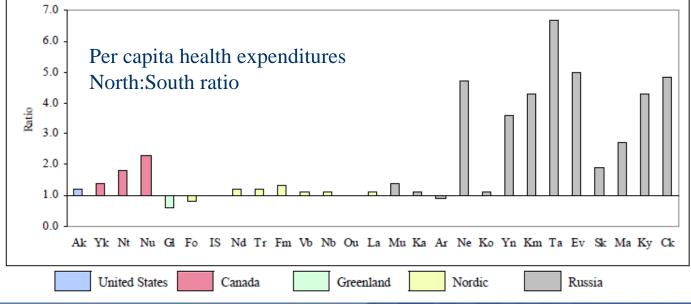
Canada	Denmark	Finland	Iceland	Norway	Sweden	USA	Russia
physician/ médecin	læge	lääkäri	læknir	lege	läkare	physician	vrach
dentist/ dentiste	tandlæge	hammaslääkäri	tannlæknir	tannlege	tandläkare	dentist	stomatolog
nurse/ infirmière	sygeplejerske	sairaanhoitaja	hjúkrunarfræðingur	sykepleier	sjuksköterska	nurse	medicinskaya sestra
public health nurse/ infirmière de santé publique	Sundheds- plejerske	terveydenhoitaja	Heilsugæslu- hjúkrunarfræðingur	helsesøster	Distrikts- sköterska	public health nurse	
midwife/ sage-femme	jordemoder	kätilö	ljósmóðir	jordmor	barnmorska	midwife	akusherka

Health Care Personnel: Are we comparing like with like?

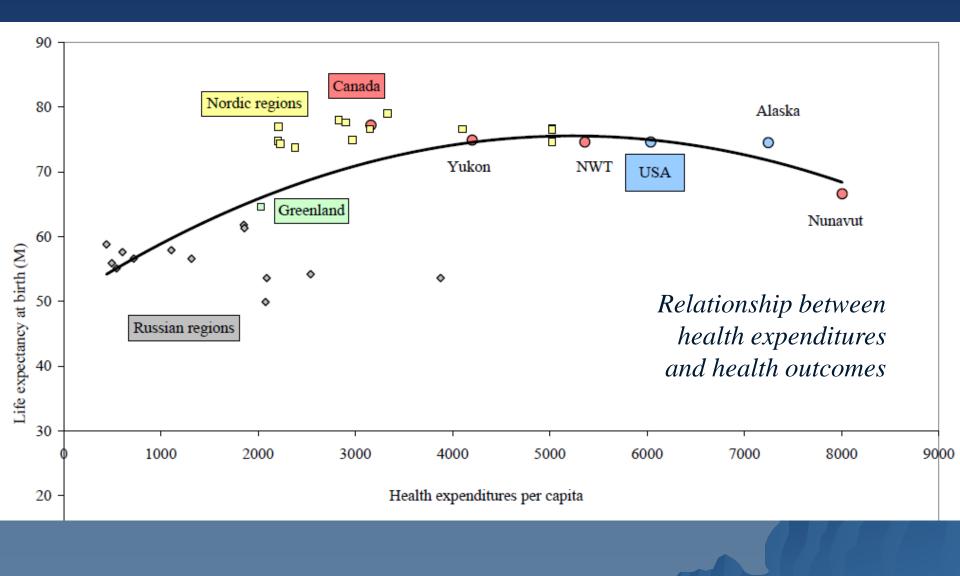
Per capita health expenditures







BUT



Potential Solutions

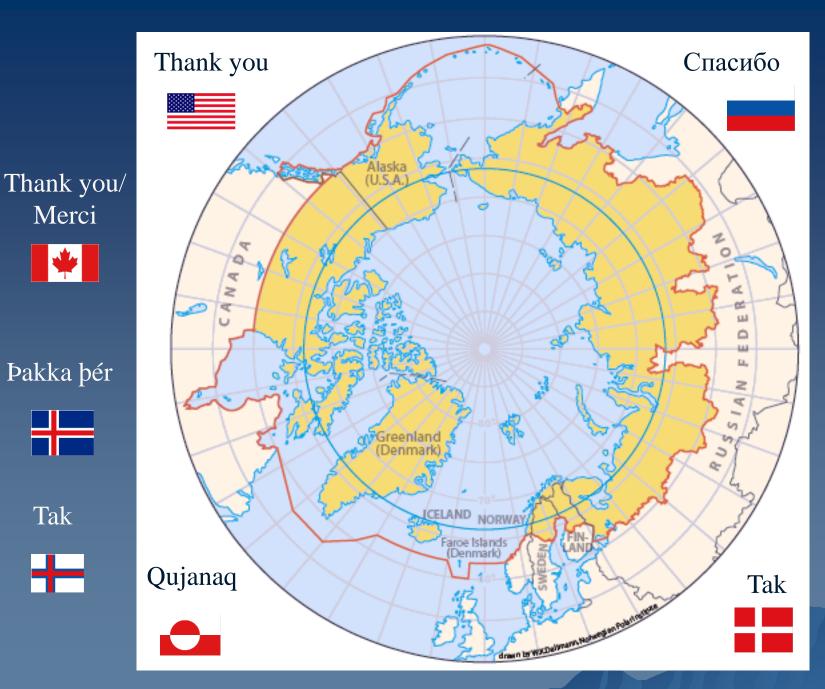
Governance and organizational models
Service delivery for indigenous peoples
Integration of public health and primary care
Human resources development
Technology innovations for remote delivery





Next Steps?

From descriptive to evaluative
Health system performance
Northern-adapted metrics
Indigenous measures?



Kiitos/ Tack



Takk

