

Case Study

Public Health System Financing in British Columbia

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About

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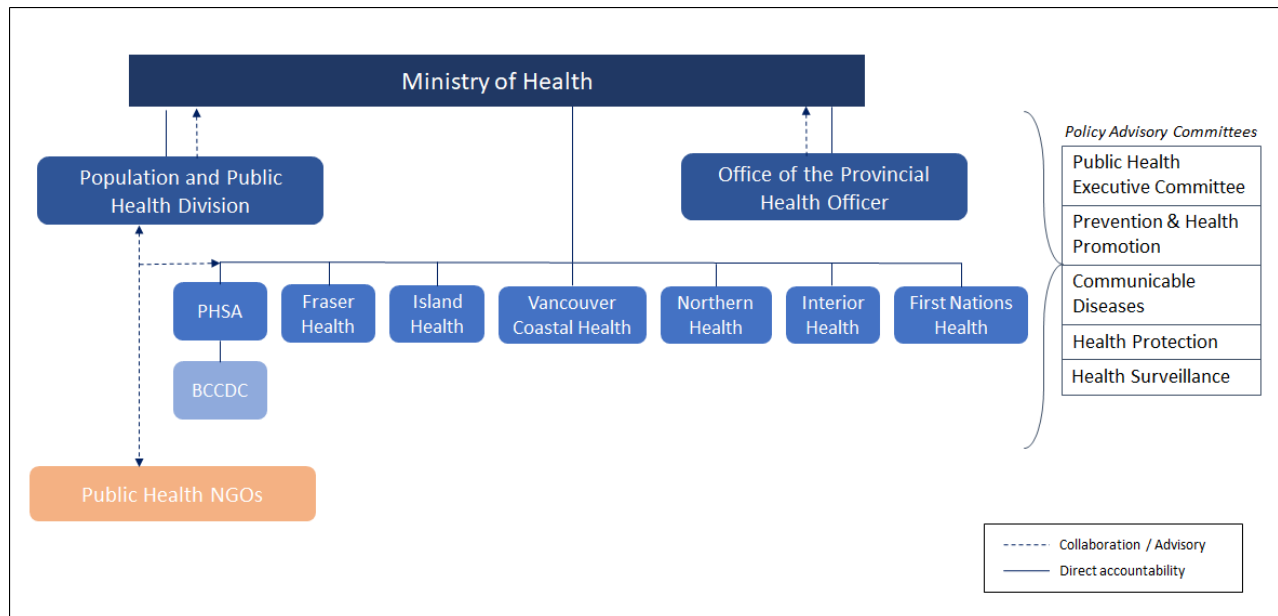
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Appendix A. British Columbia's Public Health System Structure

Figure A1. Structure of BC's public health system



(Bellringer et al., 2017; Province of British Columbia, n.d.; Smith et al., 2022; with input from key informants.)

Abbreviations: PHSA (Provincial Health Services Authority); BCCDC (British Columbia Centre for Disease Control); NGO (Non-Governmental Organization).

The Ministry of Health is responsible for the strategic direction of the public health system and allocates funding for all health programs, including public health, to the various health authorities. The regional health authorities, the Provincial Health Services Authority housing the BC Centre for Disease Control, and the First Nations Health Authority are responsible for delivering public health services. Various public health NGOs, such as the BC Alliance for Healthy Living, also receive funding from the Ministry to organize public health programs. Public health policy advisory committees coordinate public health system planning, including preparing funding proposals.

Appendix B. External Factors Impacting Public Health Funding

Date range	External factor	Potential or actual impact on public health funding
2000	Walkerton waterborne disease outbreak (ON)	Highlighted the importance of effective public health oversight of water systems (Provincial Health Officer, 2019), triggering investments in BC water system upgrades totaling \$109 million in 2002 (Select Standing Committee on Health, 2002).
2003	SARS outbreak	<p>Revealed a lack of epidemiologic investigation processes and lack of health system surge capacity (Provincial Health Officer, 2019).</p> <p>Initiated renewal of public health systems across Canada (Ministry of Health Services, 2005b).</p> <p>Prompted federal investment in public health of \$400 million over 3 years, with \$51 million allocated to BC (Ministry of Health Services, 2005a).</p>
2004–2010	2010 Olympics hosted in BC	Triggered the development of the ActNow strategy, involving cross-sectoral collaboration and many major investments in public health between 2005–2010 (Kendall, 2010; Select Standing Committee on Health, 2004), including \$25 million to the BC Healthy Living Alliance in 2006, \$5 million to the Union of BC municipalities in 2005, and \$15 million over 3 years for cross-ministry collaboration (Foster et al., 2011). \$8 million, \$16 million, and \$24 million was allocated for public health to regional health authorities in the 3 consecutive years leading up to the Olympics.
2008–2010	Economic Recession	Austerity pressures led to major cuts in government spending, including a direction from the Minister of Health to cut health authority public health budgets by 10% in 2010 (Canadian Press, 2010).
2009	H1N1 pandemic	Provision of 2 million antiviral treatments and 1.8 million vaccinations, though no specific investment amounts were reported (Provincial Health Officer, 2010).
2016–present	Opioid overdose crisis	Commitment of \$322 million over 3 years by the BC government to respond to the crisis (Province of British Columbia, 2018).
2020–2023	COVID-19 pandemic	Led to unrestricted spending on pandemic response.

Appendix C. Structural Factors Influencing Public Health Funding

Date	Structural factor	Potential or actual impact on public health financing
2000	<i>Budget Transparency & Accountability Act</i>	Requires ministries and other government entities publish yearly service plans and budgets (Budget Transparency and Accountability Act, 2000).
Dec 2001	Consolidation of the 52 regional health authorities into 5 and establishment of the PHSA under the <i>Health Authorities Act</i>	Centralized public health organization and resources and set the original health authority base budgets.
2005	BC Framework for Core Functions in Public Health	Meant to act as a baseline of public health services to be delivered and inform resource allocation (Ministry of Health Services, 2005b). Recommends investments in public health capacity (Ministry of Health Services, 2005a).
2008	<i>Public Health Act</i>	Lays out responsible actors and their powers to fulfil public health functions (Public Health Act, 2008), primarily regarding health protection functions.
2008–2010	Creation & dissolution of the Ministry of Healthy Living & Sport	Took up the implementation of the ActNow strategy and public health functions more broadly (Public Health Agency of Canada, 2009; Wong et al., 2010). Separated some public health funds from the larger Ministry of Health budget.
2013	Establishment of the First Nations Health Authority (FNHA)	Responsibility for the delivery of health services (including public health) for First Nations was transferred from the federal government to the FNHA (Smith et al., 2022).
2013 (updated in 2017)	BC Guiding Framework for Public Health	Aimed to guide public health resource allocation by providing performance measures for public health programs (Ministry of Health, 2013).

Appendix D. Political Factors Influencing Public Health Funding

Political factor	Potential or actual impact on public health funding
Competition with curative healthcare sector	Curative services are often prioritized for funding over public health, and public health funds have sometimes been redirected to address healthcare deficits in the past.
Political agendas	Public health seldom reaches the political agendas of elected officials.
Public pressure	The public tends to pressure government to address healthcare issues that they interact with directly, such as wait times for curative services.
Public health advocacy	Public health advocacy helps bring public health issues to the attention of decision-makers.
Decision-maker expertise	Decision-maker level of understanding of public health influences their prioritization of public health for funding.
Relationships between public health and decision-makers	Developing relationships between public health actors and decision-makers leads to more informed decision-making around resource allocation to public health.
Relationships across public health actors	Public health actors collaborate across the Ministry of Health, health authorities, and NGOs to coordinate efforts around funding requests and advocacy.
Transparency in decision-making	Transparency around decision-making for public health budget-setting is limited, which leads to distrust and barriers to effective planning.
Use and framing of evidence	Framing evidence in alignment with political and economic priorities in funding proposals increases their likelihood of being approved.



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