



Canadian Blood Services
Société canadienne du sang

Survey of Government Expenditures and Priorities in the Healthcare Sector*

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EXECUTIVE SUMMARY

Spending on healthcare is the single largest expenditure category in every Canadian provincial jurisdiction. While there are certainly differences between provinces in how healthcare is managed, these are relatively insignificant as compared to the common approach taken by all jurisdictions in terms of the principal activities that are funded.

An overview of Canadian healthcare policy priorities and spending trends over the last five years shows that expenditures have remained relatively constant when expressed as a percentage of total budgets, and that the primary focus has consistently been on three things: providing for healthcare facilities and services; paying doctors; and pharmacare.

Only a modest amount of attention to organ and tissue donation and transplantation (OTDT) is discernible in the documents reviewed and there is little indication that the issue is being assigned significant financial or other resources.

Key findings

1. Policy Priorities

Priorities recurring in policy documents and reflected in budgets include wait time reductions, professional development (i.e., training, recruitment and retention of doctors and nurses), wellness promotion and infrastructure improvements.

In terms of emerging issues, no one area has commonly been identified by the provinces as a focus of attention. Organizational effectiveness is being highlighted by a few provinces (Alberta, Saskatchewan and Prince Edward Island), while mental health has gained prominence in Manitoba, New Brunswick and Nova Scotia. Ontario is emphasizing infrastructure funding in its most recent budget, while Quebec is making larger investments in homecare services. The issue of electronic health records has surfaced in many of the jurisdictions, but the importance attached to it varies.

2. Spending Trends

The portion of provincial budgets allocated to healthcare generally falls within the percentage range of high-30s to low-40s. The greatest expenditure is for funding the health authorities that operate and manage healthcare facilities (well over half of provincial health budgets); payments for physicians is the next highest category of expenditure (around 20%), with provincial drug plans ranking third at somewhat less than 10%.

The information available from the budget documents of the various provinces makes it very difficult to “drill down” in order to make province-to-province comparisons of spending for specific activities. An effort has, however, been made to isolate the amount budgeted by each province in the current year for each of the three principal expenditure categories: health authorities, physician services and pharmacare. Doing so does not significantly alter the comparative spending patterns of the provinces as they appeared before the adjustments were made.

COMPARISON OF 2009-10 HEALTH SPENDING BY PROVINCE

This table shows at a glance the comparative spending by province in key health sector areas for the current fiscal year. The effort to ensure comparability in the three areas (health authorities, physician services and pharmacare) is limited by the nature of the cost breakdowns provided in the provincial budgetary documents. As a result, it must be remembered that each of the categories for every province contains certain amounts that are anomalous.

Provincial Spending 2009-10	Total Health Budget	Health Authorities	Physician Services	Pharmacare	Other
British Columbia	\$14.09 billion	\$9.14 billion 65%	\$3.39 billion 24%	\$1.06 billion 8%	\$0.51 billion 3%
Alberta	\$12.96 billion	\$7.71 billion 60%	\$3.00 billion 23%	\$0.77 billion 6%	\$1.42 billion 11%
Saskatchewan	\$4.08 billion	\$2.83 billion 69%	\$0.49 billion 12%	\$0.31 billion 7%	\$0.48 billion 12%
Manitoba	\$4.36 billion	\$2.88 billion 66%	\$0.83 billion 19%	\$0.23 billion 5%	\$0.42 billion 10%
Ontario	\$42.2 billion	\$20.9 billion 49%	\$10.5 billion 25%	\$3.4 billion 8%	\$7.4 billion 18%
Quebec	\$26.72 billion	\$17.90 billion 67%	\$4.43 billion 16%	\$2.37 billion 9%	\$2.24 billion 8%
New Brunswick	\$2.30 billion	\$1.39 billion 60%	\$0.48 billion 22%	\$0.17 billion 7%	\$0.26 billion 11%
Nova Scotia	\$3.45 billion	\$2.09 billion 60%	\$0.62 billion 18%	\$0.18 billion 5%	\$0.61 billion 17%
Prince Edward Island	\$0.44 billion	\$0.23 billion 59%	\$0.08 billion 18%	(Info not available)	\$0.13 billion 23%
Newfoundland and Labrador	\$2.56 billion	\$1.86 billion 73%	\$0.35 billion 14%	\$0.14 billion 5%	\$0.21 billion 8%

BRITISH COLUMBIA

HEALTHCARE EXPENDITURES

	2005-06	2006-07	2007-08	2008-09	2009-10
Ministry of Health Services Expenditures	\$11.5 billion	\$12.2 billion	\$13.0 billion	\$13.3 billion	\$14.1 billion
% Change from Previous Year	+9%	+6%	+6.5%	+2.3%	+5.7%
Health Expenditures as a % of Total Provincial Expenditures	35%	35%	35%	35%	36%
Health Expenditures Per Capita	\$2,740	\$2,875	\$3,016	\$3,035	\$3,190

Main Health Expenditure Items		2005-06	2006-07	2007-08	2008-09	2009-10
Regional Health Sector (1)		\$7.24 billion	\$7.56 billion	\$8.05 billion	\$8.63 billion	\$9.14 billion
	<i>% of Ministry Expenditures</i>	63%	62%	62%	65%	65%
Medical Services Plan (2)		\$2.63 billion	\$2.90 billion	\$3.05 billion	\$3.19 billion	\$3.39 billion
	<i>% of Ministry Expenditures</i>	23%	24%	24%	24%	24%
Pharma-Care (3)		\$0.89 billion	\$0.95 billion	\$1.02 billion	\$1.02 billion	\$1.06 billion
	<i>% of Ministry Expenditures</i>	8%	8%	8%	8%	8%
Other (4)		\$0.74 billion	\$0.79 billion	\$0.88 billion	\$0.46 billion	\$0.51 billion
	<i>% of Ministry Expenditures</i>	6%	6%	6%	3%	3%

(1) **Regional Health Sector** provides funding for the management and delivery of health services, including mental health services to adults, acute care services, province-wide programs, and home and community care services.

(2) **Medical Services Plan** provides funding for eligible services delivered by medical practitioners, other healthcare practitioners, diagnostic facilities, and human resource and planning initiatives.

(3) **PharmaCare** provides funding to individuals, agencies or other organizations for the full or partial cost of designated prescription drugs, dispensing fees, and other approved items and services.

(4) **Other** includes funding for Ministry administration; executive services; certain emergency health services; the Health Special Account; and vital statistics services.

OVERARCHING GOALS

Three overarching healthcare goals have been consistently articulated in strategic planning documents since at least 2005. The three goals are listed below, along with some areas of focus intended to support their achievement.

Goal 1: Improving the health and wellness of British Columbians

- Support individual efforts to stay healthy and make healthy lifestyle choices. The main initiative in this area is ActNow BC, a program targeting common risk factors for chronic diseases. Other initiatives include tobacco control and moderation in alcohol consumption.
- Protect the public from preventable disease, illness and injury. Initiatives include vaccination programs for youth and elderly residents of facilities, infectious disease control and epidemic emergency preparedness.

Note: Some of the responsibility for the goal of improving health and wellness was taken up by the newly-created Ministry of Healthy Living and Sport in 2008.

Goal 2: Providing high quality patient care

- Timely access to appropriate services. Performance measures focus on wait times for such procedures as hip and knee surgeries and cancer treatment.
- High quality patient-centered care, with a focus on chronic disease management and end-of-life care.
- Integration of health service providers, processes and systems to allow patients to move seamlessly through the network. Special emphasis on patients with mental health and addiction challenges.
- Reduced inequality in health status across the B.C. population, with a particular focus on improving the health of the Aboriginal population.

Goal 3: Ensuring the health system remains sustainable, affordable and publicly-funded

- Optimum human resources development to ensure enough and the right mix of health professionals. Emphasis is on recruiting and training of nurses and doctors, creating of new residency positions and attracting foreign workers.

EMERGING AREAS OF FOCUS

The Ministry of Health Services and the Ministry of Healthy Living and Sport have recently undertaken some new initiatives that are noteworthy.

- The Ministry of Healthy Living and Sport has begun to implement new programs related to health promotion and wellness. These include initiatives that relate to obesity, women's health and childhood development.
- There is mention in the Ministry of Healthy Living's 2009-10 business plan of the necessity, in respect of water quality, to set standards, develop risk-assessment practices and evaluate current approaches. The language used in the plan implies a more activist orientation than had previously been the case.
- Strategic investment in information management and technology to improve patient care and system integration. The main initiative under this heading is the implementation of eHealth programs – specifically those pertaining to electronic medical record systems.
- The 2009-10 budget makes mention of new investment in public health research (\$15 million) and programs to subsidize travel for medically-related purposes (\$13 million).

ALBERTA

HEALTHCARE EXPENDITURES

	2005-06	2006-07	2007-08	2008-09	2009-10
Ministry of Health and Wellness Expenditures	\$9.6 billion	\$10.7 billion	\$12.0 billion	\$12.9 billion	\$12.9 billion
% Change from Previous Year	+7.9%	+11.5%	+12.1%	+7.5%	No change
Health Expenditures as a % of Total Provincial Expenditures	35.5%	36.3%	37.7%	38.3%	39.4%
Health Expenditures Per Capita	\$2,890	\$3,127	\$3,418	\$3,598	\$3,551

Main Health Expenditure Items		2005-06	2006-07	2007-08	2008-09	2009-10
Health Authority Services (1)	% of Ministry Expenditures	\$5.57 billion 58%	\$6.03 billion 56%	\$6.74 billion 56%	\$7.46 billion 58%	\$7.71 billion 60%
Physician Services (2)	% of Ministry Expenditures	\$1.76 billion 18%	\$2.05 billion 19%	\$2.28 billion 19%	\$2.64 billion 21%	\$3.00 billion 23%
Supplementary Health Benefits (3)	% of Ministry Expenditures	\$0.59 billion 6%	\$0.62 billion 6%	\$0.64 billion 5%	\$0.70 billion 5%	\$0.77 billion 6%
Other (4)	% of Ministry Expenditures	\$1.68 billion 18%	\$2.00 billion 19%	\$2.34 billion 20%	\$2.10 billion 16%	\$1.42 billion 11%

(1) **Health Authority Services** includes funding for acute care; long-term care; continuing care; public and community health; mental health services; cancer treatment; home care; transplants, cardiac surgery and renal dialysis; addiction prevention and treatment; and ground emergency services (breakdown of costs not available).

(2) **Physician Services** includes funding for physician compensation (\$2.6 billion in 2009-10); on-call programs (\$0.9 billion); the Physician Office System Program (\$0.6 billion); primary care (\$0.2 billion); the Rural Physician Action Plan (\$0.01 billion); and the Academic Alternate Relationship Plan (\$0.1 billion).

(3) **Supplementary Health Benefits** includes funding for Ministry-sponsored programs including pharmaceuticals and other benefits such as prosthetics and orthotics (breakdown of costs not available).

(4) **Other** includes funding for human tissue and blood services (\$148 million in 2009-10); healthy living and wellness (\$90 million); Ministry support services (\$192 million); and infrastructure support (\$238 million). This category also includes funding (total of \$748 million) for various miscellaneous programs such as air ambulance, out-of-province healthcare, systems development, allied health, cancer research and prevention, Safe Communities, and continuing care initiatives.

CORE BUSINESSES

The Ministry of Health and Wellness' 2009-11 business plan suggests that three "core businesses" underpins Alberta's approach to its health system. Listed below are the core businesses, as well as the related goals.

1. Strengthening the health system's leadership and sustainability

- Goal 1: Effective governance for the health system
- Goal 2: A sustainable and accountable health system

2. Promoting and supporting healthy living and wellness

- Goal 3: Healthy people in healthy communities
- Goal 4: Strong public health capacity to mitigate risk and enhance population health

3. Enhancing health service access, quality and performance

- Goal 5: Enhance health workforce collaboration, development and capacity
- Goal 6: Increase access through effective service delivery
- Goal 7: Improve service efficiency and effectiveness through innovation and technology

These core businesses and goals are driven by the province's long-term strategic plan for healthcare services, *Vision 2020: The Future of Health Care in Alberta*, which was released in December 2008. This strategic planning document outlines five overarching areas, listed below.

- 1. Providing the right service in the right place at the right time** (focus on non-hospital services, assisted living and home care for seniors, mental health and addiction, quality assurance).

2. **Enhancing access to high-quality service in rural areas** (focus on emergency medical services and on the integration of community-based services with hospital services).
3. **Matching workforce supply to demand for services** (focus on recruitment and retention strategies, remuneration of healthcare professionals, team-based service models, and the use of technology to automate services where possible).
4. **Improving coordination and delivery of care** (focus on care teams, information technology and pharmaceuticals).
5. **Building a strong foundation for public health** (focus on the specific needs of seniors and individuals affected by mental health and addition challenges; prioritizing improvements in cardiac care, cancer treatment, respiratory disorders, diabetes and joint problems; improving Albertans' knowledge of the healthcare system).

Funding allocation trends since 2005 show that **workforce development, cancer treatment and mental health** are priorities that have received particular attention.

EMERGING AREAS OF FOCUS

A survey of recent policy documents and spending priorities suggests two emerging areas of focus.

- Following on the reference in *Vision 2020* of the need to increase emergency medical service delivery in rural areas, Budget 2009 gave special attention to the issue (e.g., fully integrating ambulance technicians into the provincial healthcare system, improving ambulance service, investing in air ambulance service).
- In respect of information systems intended to improve service delivery, Ministry business plans now set targets for care providers' use of Alberta Netcare, physicians' participation in the Physician Office System Program, and the general public's awareness and usage of Health Link Alberta (the 24/7 telephone line staffed by nurses to answer health-related enquiries).

SASKATCHEWAN

HEALTHCARE EXPENDITURES

	2005-06	2006-07	2007-08	2008-09	2009-10
Ministry of Health Expenditures	\$3.00 billion	\$3.23 billion	\$3.54 billion	\$3.75 billion	\$4.08 billion
% Change from Previous Year	+7.9%	+7.7%	+9.6%	+5.9%	+8.8%
Health Expenditures as a % of Total Provincial Expenditures	42.3%	41.9%	43.2%	36.4%	40%
Health Expenditures Per Capita	\$3,019	\$3,255	\$3,541	\$3,691	\$3,985

Main Health Expenditure Items		2005-06	2006-07	2007-08	2008-09	2009-10
Regional Health Services (1)	<i>% of Ministry Expenditures</i>	\$1.96 billion 65%	\$2.17 billion 67%	\$2.32 billion 66%	\$2.56 billion 68%	\$2.83 billion 69%
Medical Services and Medical Education Programs (2)	<i>% of Ministry Expenditures</i>	\$0.54 billion 18%	\$0.58 billion 18%	\$0.61 billion 17%	\$0.63 billion 17%	\$0.65 billion 16%
Drug Plan and Extended Benefits (3)	<i>% of Ministry Expenditures</i>	\$0.24 billion 8%	\$0.26 billion 8%	\$0.35 billion 10%	\$0.35 billion 9%	\$0.38 billion 9%
Other	<i>% of Ministry Expenditures</i>	\$0.26 billion 9%	\$0.22 billion 7%	\$0.26 billion 7%	\$0.21 billion 6%	\$0.25 billion 6%

(1) **Regional Health Services** provides funding for regional health authorities (\$2.4 billion in 2009-10) and the Saskatchewan Cancer Agency (\$99 million). It also funds medical equipment and the construction and renovation of health facilities (\$135 million).

(2) **Medical Services and Medical Education Programs** provide coverage for medical services (approximately \$492 million in 2009-10 for fee and non-fee medical services), clinical education (\$40 million) and specified chiropractic (\$10 million), optometric (\$5 million) and dental health (\$2 million) services. It also provides for insured out-of-province medical and hospital costs incurred by Saskatchewan residents (\$99 million).

(3) The **Drug Plan and Extended Benefits** provide subsidies and additional support for people with low income, high drug costs and those with special needs for approved prescription drugs. The majority of funding under this category goes to the Saskatchewan Prescription Drug Plan (\$313 million in 2009-10). Monies provided under this category also fund supplementary health benefits for low-income Saskatchewan residents and aids for independent living including oxygen, prosthetic and other devices. Funding is also provided for persons infected with HIV through the Canadian blood system.

(4) **Other** funding includes monies allocated to central management and services (\$0.02 billion in 2009-10); province-wide health services such as CBS, Saskatchewan Health Information Network, health research, immunizations and targeted programming (\$0.19 billion); early childhood development support (\$0.01 billion); and infrastructure projects (\$0.01 billion).

KEY POLICY AREAS

In recent years, the Ministry of Health has consistently stressed four key areas for attention in terms of both policy development and investment.

- **Recruitment and retention of nurses and physicians.** This includes investment in universities' undergraduate (physician) and post-graduate (residency) training capacity, increasing clinical placements, aligning education with the needs of the labour market, improving the workplace environment and developing mechanisms to retain healthcare professionals. Effort has also been made to encourage Aboriginals to join the health sector workforce
- **Wait times and access to key services.** Attention has been given to wait times for CTs, MRIs, cardiac catheterization, and hip and knee surgeries. In respect of access, hospitals, specialized services, and home and long-term care have all received attention.
- **Wellness.** Initiatives seeking to promote healthy lifestyles and prevent illness include those related to immunization, alcohol consumption, food safety, nutrition and children's health.
- **Cancer treatment.** Funding in this area has increased every year since 2005, with most of the money going to the Saskatchewan Cancer Agency.

EMERGING AREAS OF FOCUS

- In November 2008, the Government of Saskatchewan launched the *Patient First Review*. The first part of the review focuses on issues and challenges in the health care

system from the perspective of patients (the "customers"), their family members and advocates. The second part examines health care administration and identifies efficiencies, constraints and opportunities for improvement within the system's various operations. The Ministry of Health intends to begin implementing a patient-centered care model based on the findings of the *Patient First Review*, which is expected to be completed by mid-2009.

- The Ministry of Health's 2009-10 plan calls for the development of a 10-year capital plan for renewal of facilities, equipment and information technology.
- The 2009-10 Budget announced funding to develop a Mental Health Strategy.
- There are plans underway to develop a three-year (2009-11) comprehensive tobacco control strategy, designed to complement other initiatives to promote wellness

MANITOBA

HEALTHCARE EXPENDITURES

	2005-06	2006-07	2007-08	2008-09	2009-10
Ministry of Health and Healthy Living Expenditures	\$3.39 billion	\$3.61 billion	\$3.9 billion	\$4.14 billion	\$4.36 billion
% Change from Previous Year	+6.3%	+6.5%	+8.9%	+5.3%	+5.5%
Health Expenditures as a Total % of Provincial Expenditures	42%	42%	41%	41%	43%
Health Expenditures Per Capita	\$2,877	\$3,049	\$3,268	\$3,427	\$3,591

Main Health Expenditure Items		2005-06	2006-07	2007-08	2008-09	2009-10
Health Authorities (1)	% of Ministry Expenditures	\$2.22 billion 66%	\$2.34 billion 65%	\$2.54 billion 65%	\$2.71 billion 65%	\$2.88 billion 66%
Medical Services (2)	% of Ministry Expenditures	\$0.65 billion 19%	\$0.72 billion 20%	\$0.77 billion 20%	\$0.82 billion 20%	\$0.88 billion 20%
Pharmacare	% of Ministry Expenditures	\$0.21 billion 6%	\$0.21 billion 6%	\$0.22 billion 6%	\$0.23 billion 6%	\$0.23 billion 5%
Other (3)	% of Ministry Expenditures	\$0.31 billion 9%	\$0.34 billion 9%	\$0.37 billion 9%	\$0.38 billion 9%	\$0.37 billion 9%

(1) **Health Authorities** provides funding for acute care services (\$1.95 billion in 2009-10), long-term care services (\$0.479 billion), home care services (\$0.257 billion), community and mental health services (\$0.194 billion), and emergency response and transport services (\$0.056 billion).

(2) **Medical Services** provides funding for physician services (\$0.834 billion in 2009-10), out-of-province physician costs (\$0.023 billion) and other unspecified costs and professional services (\$0.039 billion).

(3) **Other** includes funding for province-wide health services, such as blood transfusion, out-of-province services, prosthetic and orthotic devices, nursing recruitment and retention initiatives (\$0.11 billion in 2009-10); capital projects (\$0.79 billion); the Addictions Foundation of Manitoba (\$0.02 billion); the Provincial Public Health Office (\$0.03 billion); and various departmental and agency administrative requirements.

Priorities

In recent years, the Government of Manitoba has consistently highlighted investment in three priorities – wait times, healthcare professionals and First Nations.

- **Wait times reduction** for radiation cancer therapy and for cardiac surgery figure prominently in ministerial performance measures. The *Advanced Access* initiative seeking to modernize clinics' scheduling systems has been given new impetus in the 2009 budget.
- **The recruitment, training and retaining of healthcare professionals** continues to receive new funding. In the past five years, investments have been made to attract and retain more physicians and specialists, especially in rural and northern Manitoba. Funding has also been increased to hire more emergency room staff and paramedics.
- **First Nations'** health challenges are an often-expressed area of concern but Ministry documents provide only general information as to how it is being addressed.

Emerging Areas of Focus

- Wellness promotion has been a growing area of expenditure in recent years, with new funding allocated in 2009 to raise awareness about preventing chronic diseases such as diabetes, cancer and stroke.
- Mental health has begun to receive significant attention and the 2009 budget provides funding for capital investments mental health and addiction area.

ONTARIO

HEALTHCARE EXPENDITURES

	2005-06	2006-07	2007-08	2008-09	2009-10
Ministry of Health and Long Term Care Expenditures	\$32.6 billion	\$35.0 billion	\$37.8 billion	\$40.4 billion	\$42.2 billion
% Change from Previous Year	+4.2%	+2.2%	+13.5%	+6.9%	+4.5%
Health Expenditures as a % of Total Provincial Expenditures	39%	38%	39%	41.5%	39%
Health Expenditures Per Capita	\$2,602	\$2,764	\$2,955	\$3,125	\$3,249

Main Health Expenditure Items		2005-06	2006-07	2007-08	2008-09	2009-10
Local Health Integration Networks and Related Service Providers (1)	% of Ministry Expenditures	\$17.3 billion 53%	\$18.7 billion 53%	\$19.6 billion 51%	\$20.3 billion 50%	\$20.9 billion 49%
Physicians and Practitioners (2)	% of Ministry Expenditures	\$7.8 billion 24%	\$8.6 billion 25%	\$9.3 billion 25%	\$9.6 billion 24%	\$10.5 billion 25%
Drug Programs (3)	% of Ministry Expenditures	\$2.8 billion 9%	\$3.2 billion 9%	\$3.3 billion 9%	\$3.6 billion 9%	\$3.4 billion 8%
Other	% of Ministry Expenditures	\$4.7 billion 14%	\$4.5 billion 13%	\$5.6 billion 15%	\$6.9 billion 17%	\$7.4 billion 18%

(1) **Local Health Integration Networks (LHINs)** provides for funding of the healthcare system through 14 LHINs. While the Ministry provides strategic direction and guidance, the LHINs are responsible for planning, integrating and funding local health service providers in their networks.

(2) **Physicians and Practitioners** provides funding for services and care provided by health professionals.

(3) **Drug Programs** provides transfer payments to Ontarian drug programs.

(4) **Other** includes funding for Ministry administration (\$0.17 billion for 2009-10); health policy and research (\$0.76 billion); eHealth and information management programs (\$0.49 billion); public health programs (\$0.75 billion); and provincial programs such as community and priority services (\$1.78 billion) Cancer Care Ontario (\$0.42 billion), CBS (\$0.47 billion), emergency health services (\$0.72 billion), and chronic disease management (\$0.07 billion).

MAIN AREAS OF FOCUS

Since 2005, the Government of Ontario has consistently increased funding to initiatives designed to advance three areas of focus.

1. Improving access

- Recruiting and training human resources in order to improve access to services (e.g., increasing the number of places in medical school programs, implementing a Nurses Strategy)
- Increasing the number of beds available for long-term care
- Improving services for seniors and home care options
- Improving access to services in rural areas

2. Reducing wait times

- Implementing various initiatives to shorten the wait times for hip and knee replacements, heart surgeries and diagnostic scanning (CT scans, MRIs)
- Pediatric surgery was added to the list of wait times reduction priorities in 2007

3. Promoting wellness and preventing illness

- Improving services aimed at the elderly and people with disabilities
- Raising awareness about cancer
- Increasing chronic disease management capacities
- Increasing emergency preparedness capabilities (e.g., pandemic)
- Promoting physical activity while implementing initiatives to counter child obesity

EMERGING AREAS OF FOCUS

In light of current economic conditions, which have had an impact on Ontario's automotive industry and smaller cities, the 2009 provincial budget focused heavily on funding infrastructure projects. This is reflected in new investments for the health sector. These new investments include nine new hospital projects set to begin in 2009-10. A \$2 billion allocation over three years has been made to implement eHealth initiatives, including the creation of an electronic health record.

The budget places emphasis on reducing emergency room (ER) wait times. \$361 million was earmarked to implement the *ER Wait Time Strategy* – an indication that a comprehensive effort is underway to substantially increase ERs' efficiency. To complement this focus on ER management, initiatives have been developed to reduce the inflow of patients into ERs. In this regard, \$40 million funds were also allocated to high-growth hospitals to help increase service levels in the province's fastest-growing communities and \$223 million for the *Aging at Home Strategy* to provide support to seniors to stay healthy, live with dignity and independence.

QUEBEC

HEALTHCARE EXPENDITURES

	2005-06	2006-07	2007-08	2008-09	2009-10
Ministère de la santé et services sociaux Expenditures	\$20.8 billion	\$22.3 billion	\$24.1 billion	\$25.3 billion	\$26.7 billion
% Change from Previous Year	+4.5%	+7%	+8%	+5%	+5.5%
Health Expenditures as a % of Total Provincial Expenditures	37.1%	37.8%	38.5%	39.5%	40.5%
Health Expenditures Per Capita	\$2,743	\$2,922	\$3,136	\$3,265	\$3,431

Main Health Expenditure Items		2005-06	2006-07	2007-08	2008-09	2009-10
Regional Operations (1)		\$15.2 billion	\$16.4 billion	\$17.5 billion	\$18.3 billion	\$19.1 billion
	<i>% of Ministry Expenditures</i>	73%	73%	73%	72%	72%
Medical Care (2)		\$3.2 billion	\$3.3 billion	\$3.6 billion	\$4.0 billion	\$4.4 billion
	<i>% of Ministry Expenditures</i>	15%	15%	15%	16%	16%
Pharmaceutical Services and Drugs (3)		\$1.8 billion	\$2.0 billion	\$2.2 billion	\$2.2 billion	\$2.4 billion
	<i>% of Ministry Expenditures</i>	9%	9%	9%	9%	9%
Other (4)		\$0.6 billion	\$0.6 billion	\$0.8 billion	\$0.8 billion	\$1.0 billion
	<i>% of Ministry Expenditures</i>	3%	3%	3%	3%	3%

(1) **Regional Operations** provides funding for public health institutions (\$15 billion in 2009-10). Other spending items under this category include debt servicing (\$0.8 billion), private institutions (\$0.5 billion) and the blood system (\$0.33 billion). **Note:** given the mandate of the Ministère de la santé et des services sociaux, certain budget items do not pertain to health expenditures *per se* (e.g., \$0.7 billion for government contributions to retirement plans)

(2) **Medical Care** provides funding for doctors through the Régie de l'assurance maladie du Québec.

(3) **Pharmaceutical Services and Drugs** provides funding for certain drug costs through the Régie de l'assurance maladie du Québec.

(4) **Other** includes funding for out-of-province services (\$0.15 billion in 2009-10); other transfer appropriations (\$0.20 billion); dental care (\$0.13 billion); and technical assistance (\$0.14 billion).

STRATEGIC ISSUES

The Ministère de la santé et des services sociaux strategic plan outlines four strategic issues in the area of health policy.

- **Preventing illness** - promoting wellness and healthy living, and raising awareness about communicable diseases.
- **Improving access and ensuring a greater range of services, especially for the most vulnerable** - including emergency rooms, home care, long-term care, cancer treatment, mental health and addiction, persons with disabilities, youth and family services.
- **Improving service quality and the efficient use of resources** - human resources, public awareness campaigns, pharmaceuticals and the use of information technologies. Blood management also comes under the subject and there is reference to the need to ensure 100% traceability of blood products and to apply proper protocols within clinics.
- **Ensuring the effective use of financial resources** - to ensure that projects, programs and initiatives achieve the stated results, while not going over-budget. Another dimension is to promote equitable distribution of expenditures amongst all regions of the province.

Measures to **improve access, reduce wait times and increase the number of family medicine groups** have all regularly received funding increases in recent budgets.

EMERGING AREAS OF FOCUS

There is a new emphasis on measures to improve home care, especially for seniors. \$2.3 billion in funding in the last two years has been allocated for the improvement of seniors' living conditions, including a \$200 million fund to improve informal caregiver services.

Another dimension of the focus on homecare is the \$40 million provided for in Budget 2009-10 to help people with physical disabilities and mental challenges adapt their homes.

NEW BRUNSWICK

HEALTHCARE EXPENDITURES

	2005-06	2006-07	2007-08	2008-09	2009-10
Ministry of Health Expenditures	\$1.78 billion	\$1.93 billion	\$2.08 billion	\$2.24 billion	\$2.30 billion
% Change from Previous Year	+6.5%	+8.4%	+7.8%	+7.7%	+2.7%
Health Expenditures as a % of Total Provincial Expenditures	31%	30%	30%	30%	30%
Health Expenditures Per Capita	\$2,379	\$2,587	\$2,792	\$2,998	\$3,074

Main Health Expenditure Items		2005-06*	2006-07*	2007-08	2008-09	2009-10
Regional Health Authorities (1)	% of Ministry Expenditures	-	-	\$1.22 billion 59%	\$1.32 billion 59%	\$1.39 billion 60%
Medicare (2)	% of Ministry Expenditures	-	-	\$0.46 billion 22%	\$0.49 billion 22%	\$0.48 billion 22%
Prescription Drug Program (3)	% of Ministry Expenditures	-	-	\$0.16 billion 8%	\$0.16 billion 7%	\$0.17 billion 7%
Other	% of Ministry Expenditures	-	-	\$0.23 billion 11%	\$0.26 billion 12%	\$0.26 billion 11%

**In 2005-06 and 2006-07, the budget categories were different from those used in subsequent years. Expenditures were categorized as follows: Institutional Services (approximately 60% of expenditures in 2006-07); Public Health and Medical Services (36%); Addiction and Mental Health Services (2%); and Administrative Services (2%).*

(1) **Regional Health Authorities** provides funding for hospital services (\$1.27 billion in 2009-10). Other expenditure items include mental health services (\$0.07 billion); addiction services

(\$0.02 billion); community-based health programs, services in the areas of communicable disease management and control, and the promotion of healthy lifestyles and healthy families (\$0.02 billion); and training programs for post-graduate medical residents (\$0.01 billion).

(2) **Medicare** provides funding for physicians.

(3) **Prescription Drug Program** provides funding for approved drugs for senior citizens, nursing home residents, children-in-care, residents with specified medical conditions and individuals identified by the Department of Social Development.

(4) **Other** includes funding for corporate services, information technology investments and e-Health (\$21 million in 2009-10), out-of-province hospital payments (\$59 million), public health program services (\$21 million), health emergency management services (\$87 million), the New Brunswick Cancer Network (\$2.5 million), and mental health and addiction program services (\$7.1 million).

CORE BUSINESS AREAS

Programs and initiatives in the New Brunswick health system come under three core business areas.

1. Protection of those most at risk

- Focuses almost exclusively on the provision of services to individuals who face mental illness or addiction challenges
- Programs include acute and short-term mental health services, child and adolescent services, psychiatric patient advocate services, drug prescription and monitoring programs

2. Prevention, education, awareness

- Communicable disease prevention, management and control (immunization, pandemic influenza planning, HIV testing)
- Health protection (food safety, community sanitation)
- Promotion of healthy lifestyles (early childhood initiatives, eating, dental health, anti-tobacco campaigns). [Note: there is a Department of Wellness, Culture and Sport which shares responsibility for the promotion of healthy living]

3. Provision of care

- Ambulance services and hospital services (including OTDT)
- Primary health care and Medicare
- New Brunswick Cancer Network
- E-health and information systems

While not explicitly included in any of the core business areas, care for **seniors** has been consistently identified as a priority. The 2009-10 budget allocated \$2.2 million to increase the hourly rate of home-support staff and to support other seniors' programs.

EMERGING AREAS OF FOCUS

The 2008-09 Budget increased funding for the development of electronic health records.

\$2.5 million is being allocated for the development of a provincial trauma system. Trauma systems are regionalized coordinated efforts that seek to integrate resources so as to efficiently address the needs of patients suffering from trauma. An advisory committee was struck in 2007 to make suggestions on the implementation of such a system and it now appears that the government is following through on that advice.

The Mental Health Strategy Review, a project undertaken by Judge Michael McKee, was released in February 2009. An increased focus on mental health services is widely expected in response to the review's recommendations.

NOVA SCOTIA

HEALTHCARE EXPENDITURES

	2005-06	2006-07	2007-08	2008-09	2009-10*
Department of Health Expenditures	\$2.6 billion	\$2.9 billion	\$3.0 billion	\$3.2 billion	\$3.5 billion
% Change from Previous Year	+8.3%	+11.5%	+3.4%	+6.6%	+9.4%
Health Expenditures as a % of Total Provincial Expenditures	37.1%	38.5%	42.2%	42.1%	45.0%
Health Expenditures Per Capita	\$2,772	\$3,092	\$3,205	\$3,412	\$3,725

Main Health Expenditure Items		2005-06	2006-07	2007-08	2008-09	2009-10*
District Health Authorities and IWK (1)	% of Ministry Expenditures	\$1.66 billion 64%	\$1.79 billion 62%	\$1.89 billion 63%	\$1.96 billion 65%	\$2.09 billion 60%
Medical Payments (2)	% of Ministry Expenditures	\$0.53 billion 20%	\$0.56 billion 19%	\$0.58 billion 19%	\$0.60 billion 19%	\$0.62 billion 18%
Pharmacare (3)	% of Ministry Expenditures	\$0.12 billion 5%	\$0.17 billion 6%	\$0.17 billion 6%	0.18 billion 5%	\$0.18 billion 5%
Other (4)	% of Ministry Expenditures	\$0.29 billion 11%	\$0.38 billion 13%	\$0.36 billion 12%	\$0.47 billion 15%	\$0.61 billion 17%

**Note: The 2009 Budget was presented to the House of Assembly by the Minister of Finance on May 4, 2009, but was not considered by the House because the provincial government fell after losing a non-confidence motion. The House of Assembly has been dissolved and a general election called for June 9, 2009. A new budget will be presented to the House of Assembly thereafter.*

(1) **District Health Authorities** provides funding for acute care, mental health, additional services and primary health care throughout the province. Continuing care services are also included in this category (\$0.6 billion in 2009-10).

(2) **Medical Payments** provides funding for physician services.

(3) **Pharmacare** provides funding for Pharmacare services to insured residents of Nova Scotia under the Health Services Act.

(4) **Other** includes funding for executive administration; insured services such as out-of-province and out-of-country costs; emergency health services (such as ambulance services, air medical transport, dispatch); and miscellaneous programs (CBS, Cancer Care Nova Scotia, Nova Scotia Hearing and Speech, physician seats, wait times monitoring programs, Stroke Strategy, etc.).

MAIN AREAS OF FOCUS

Two healthcare priorities have consistently been highlighted in Nova Scotia's budgets.

- **Wait times reduction.** In 2008, the position of Chief Executive, Wait Times Improvement was created within the Department and a new 24-7 telephone line, staffed by nurses, was established to answer health-related inquiries, thereby reducing emergency room visits. Funding was also provided for a new electronic health records system.
- **Pharmacare.** Efforts since 2005 have sought to expand drug coverage to a greater number of Nova Scotians, with an emphasis on seniors, income assistance recipients and youth.

EMERGING AREAS OF FOCUS

Recently, there has been new investment in mental health programs, especially those targeting youth.

PRINCE EDWARD ISLAND

HEALTHCARE EXPENDITURES

	2005-06	2006-07	2007-08	2008-09	2009-10
Ministry of Health Expenditures	\$0.33 billion	\$0.35 billion	\$0.38 billion	\$0.42 billion	\$0.44 billion
% Change from Previous Year	+1.2%	+6%	+8.6%	+10.5%	+4.8%
Health Expenditures as a % of Total Provincial Expenditures	30%	29%	29%	30%	29%
Health Expenditures Per Capita	\$2,391	\$2,536	\$2,754	\$3,022	\$3,134

Main Health Expenditure Items		2005-06	2006-07	2007-08	2008-09	2009-10
Provincial Acute Care (1)		\$0.12 billion	\$0.13 billion	\$0.14 billion	\$0.15 billion	\$0.16 billion
	<i>% of Ministry Expenditures</i>	36%	37%	37%	36%	36%
Medical Programs (2)		\$0.09 billion	\$0.10 billion	\$0.10 billion	\$0.12 billion	\$0.13 billion
	<i>% of Ministry Expenditures</i>	27%	29%	26%	29%	29%
Community Hospitals and Continuing Care (3)		\$0.08 billion	\$0.08 billion	\$0.09 billion	\$0.09 billion	\$0.10 billion
	<i>% of Ministry Expenditures</i>	24%	23%	24%	21%	23%
Primary Care (4)		\$0.02 billion	\$0.02 billion	\$0.02 billion	\$0.03 billion	\$0.03 billion
	<i>% of Ministry Expenditures</i>	6%	5%	5%	7%	6%
Other (5)		\$0.02 billion	\$0.02 billion	\$0.03 billion	\$0.03 billion	\$0.02 billion
	<i>% of Ministry Expenditures</i>	6%	5%	8%	7%	6%

(1) **Provincial Acute Care** provides funding for programs and services offered through three hospitals (Queen Elizabeth Hospital, Prince County Hospital and Hillsborough Hospital).

(2) **Medical Programs** provides funding for the administration and payment of health services under the *Hospitals Act* and the *Health Services Payment Act*; medical aspects of health programs and services; physician services (\$79.95 million in 2009-10); consultations, negotiations and physician billing assessment; out-of-province hospital services (\$37.66 million); and ambulance services (\$8.25 million). Physician medical education (\$1.42 million) is also covered by this category.

(3) **Community Hospitals and Continuing Care** provides funding for community hospitals (\$23.57 million in 2009-10); provincially-owned manors (\$44.00 million); the Home Care and Support Program (\$11.35 million); the Dialysis Program (\$3.03 million); and private nursing homes (\$14.4 million).

(4) **Primary Care** provides funding for institutions involved in the delivery of primary health care (\$5.26 million in 2009-10); chronic disease management (\$2.15 million); addiction services (\$8.49 million); community mental health services (\$7.38 million); and public health programs (e.g., health education, communicable disease control, maternal and child health, school health, family life education) (\$29.30 million).

(5) **Other** includes funding for corporate and financial services (\$15.55 million in 2009-10); the Chief Health Office (\$3.74 million); health recruitment and retention (\$3.76 million); and integrated electronic health records (\$5.87 million).

MAIN AREAS OF FOCUS

In October 2008, the Department of Health released *An Integrated Health System Review in PEI – A Call to Action: A Plan for Change*, a comprehensive renewal plan for the province's health system. It explains how the understanding of health service delivery is changing. The following table explains the shift in approach:

CURRENT VIEW	EVOLVING MODEL OF CARE
Geared towards acute conditions	Geared toward long-term conditions
Hospital-centered	Embedded in communities
Doctor-dependent	Team-based
Episodic care	Continuous care
Disjointed care	Integrated care
Reactive care	Preventative care
Patient as passive recipient	Patient as partner
Self-care infrequent	Self-care encouraged and facilitated
Carers (e.g. family caregivers) undervalued	Carers supported as partners
Low-tech	High-tech

Based on this new model, strategic planning will be focused on four main areas.

1. **A renewed model of community-based primary health care.** This area encompasses issues such as family health centers, community-based mental health and additions programs, chronic disease management and public health awareness.
2. **An enhanced system of delivery for home-based care.** This area is meant to improve care delivery to seniors and others that require home-based care, so as to make the flow of patients in hospitals and facilities more efficient. The expansion of home-based care helps reduce costs in that it limits the need for long-term care assets and spaces.
3. **Focused integration of acute and related facility-based care.** Initiatives in this area are meant to improve the efficiency with which patients flow through the various facility-based programs.
4. **Investments in system enablers.** This priority relates to the need to ensure the proper leadership, financial support and human resources to effect change. It also includes the dissemination of information to staff and stakeholders, as well as the adaptation of certain information technologies and support services (e.g., patient registration, admittance, health records).

There are two other areas that remain at the fore of the policy agenda: **wait times reduction** and **healthy living promotion**. A wait times reduction plan was published in 2007 with targets until 2011. The main target areas are curative radiotherapy for cancer, cataract surgery, hip and knee replacements, and MRI and CT scans. The emphasis on healthy living includes raising awareness with respect to active living, healthy eating, tobacco consumption and chronic disease prevention.

EMERGING AREAS OF FOCUS

As explained above, it is reasonable to expect an array of structural and organization changes in PEI's health system in the next few years as the recommendations laid out in the *Plan for Change* are implemented. While it has been a topic of discussion since at least 2006, organizational effectiveness will remain a priority for the foreseeable future.

NEWFOUNDLAND AND LABRADOR

HEALTHCARE EXPENDITURES

	2005-06	2006-07	2007-08	2008-09	2009-10
Department of Health and Community Services Expenditures	\$1.76 billion	\$1.86 billion	\$2.05 billion	\$2.28 billion	\$2.56 billion
% Change from Previous Year	+7.3 %	+5.7%	+10.2%	+11.2%	+12.8%
Health Expenditures as a % of Total Provincial Expenditures	42%	41.5%	41%	40%	40%
Health Expenditures Per Capita	\$3,424	\$3,647	\$4,051	\$4,497	\$5,029

Main Health Expenditure Items		2005-06	2006-07	2007-08	2008-09	2009-10
Regional Health Authorities and Related Services (1)	% of Ministry Expenditures	\$1.29 billion 73%	\$1.29 billion 69%	\$1.48 billion 72%	\$1.67 billion 73%	\$1.86 billion 73%
Medical Care Plan (2)	% of Ministry Expenditures	\$0.29 billion 17%	\$0.29 billion 16%	\$0.30 billion 15%	\$0.33 billion 14%	\$0.36 billion 14%
Drug Subsidization (3)	% of Ministry Expenditures	\$0.11 billion 6%	\$0.11 billion 6%	\$0.12 billion 6%	\$0.13 billion 6%	\$0.14 billion 5%
Other	% of Ministry Expenditures	\$0.07 billion 4%	\$0.17 billion 9%	\$0.15 billion 7%	\$0.15 billion 7%	\$0.20 billion 8%

(1) **Regional Health Authorities** provides funding for the delivery of acute care, long-term care and community-based programs through the four RHAs. Funding is also provided for lease payments for health centers being acquired under lease-purchase arrangements, out-of-province insured services, the Province's share of operating costs of Canadian Blood Services, repairs and renovations to health facilities, non-emergency medical transportation assistance and other related programs and services.

(2) **Medical Care Plan** provides funding for physician services both within and outside the Province. This category also includes the subsidization of dental services for children and other eligible persons (\$7.6 million in 2009-10).

(3) **Drug Subsidization** provides funding for the subsidization of prescription drug costs for eligible persons.

(4) **Other** includes funding for general administration, executive services provided by the Ministry, grants and subsidies to Memorial University Faculty of Medicine (\$0.04 billion) and capital costs (\$0.14 billion).

STRATEGIC ISSUES

The Department of Health and Community Services has, on two occasions since 2005, issued strategic plans outlining medium-term goals and objectives. The first pertained to the 2006-08 timeframe and the second covers 2008-11.

Five “strategic issues” – each accompanied by a certain number of goals and performance indicators – were identified in the 2008-11 plan.

1. Long Term Care and Community Support Services

- Includes focus on long-term home care, personal care homes, community care homes, alternate family care homes and other independent living arrangements.
- Performance indicators consist of increasing the number of program service options available, while ensuring flexibility and appropriate responsiveness to needs through a more integrated approach to service delivery. By 2010-11, the conceptual framework that includes various models of care, assessment mechanisms and evaluation criteria, is to be implemented.

2. Health and Wellness

- Phase 1 of this strategic issue is to be completed by the end of the planning period. This phase includes initiatives to ensure the institutional capability to address, and raise public awareness of healthy eating, physical activity, harmful effects of tobacco and injury prevention
- Phase 2 of the strategic issue is to have commenced before the end of the planning period. This phase is intended to ensure the institutional capability to address, and raise public awareness of mental health promotion, child and youth development, environmental health and health protection.

3. Prevention and Early Intervention for Children and Youth

- Approaches to fill gaps in the province’s efforts regarding prevention and early intervention will be developed and implemented. The importance of prevention and

early childhood intervention is a prominent theme in several of the province's initiatives (e.g., wellness plan, violence prevention, poverty reduction, early learning, new programs for family-oriented services).

4. Chronic Disease Management

- The goal is to increase capacity in this area. The government's approach is multi-pronged, in that prevention and management of chronic illness can be addressed at all stages of life (childhood, youth, adult) and in all dimensions of health and wellness (determinants of health, poverty, mental health, healthy aging, etc.).
- Existing clinical practice guidelines and standards will be reviewed and a strategy to implement concrete chronic disease management models and outline priority action areas will be developed. By 2011, the Department aims to implement a monitoring mechanism to measure the integration of the new provincial chronic disease management strategy.

5. Quality and Safety

- The first goal is to strengthen organizational systems within the health and community services sector. This will principally be done by developing service delivery standards; introducing monitoring and performance reporting mechanisms; developing a quality and risk management policy framework; and establishing a Quality Health Council.
- The second goal is to build a foundation for a culture of quality and safety. This includes the identification of best practices; the development of policies and standards; the identification of evaluation criteria for performance reporting; and the establishment of a Quality Network Team.

EMERGING AREAS OF FOCUS

A review of the Department's 2008 activities and publications and of its 2009 Budget suggests an increased emphasis on:

Mental health. Over \$3 million for infrastructure, residential treatment centers and addiction programs in Budget 2009-10; the Department's website gives prominence to the *Mental Health Care and Treatment Act* passed in 2006.

Home support financial assessment process. Changes are being made to increase the salary of home care providers.

CANADA

HEALTHCARE EXPENDITURES

	2005-06	2006-07	2007-08	2008-09	2009-10
Health Canada Expenditures	\$2.9 billion	\$2.9 billion	\$3.0 billion	\$3.2 billion	\$3.4 billion
% Change from Previous Year	(-9%)	+2%	+3.4%	+5.4%	+5.6%
Health Expenditures Per Capita	\$0.09	\$0.09	\$0.09	\$0.10	\$0.10

Main Health Expenditure Items		2005-06*	2006-07*	2007-08*	2008-09	2009-10
First Nations and Inuit Health Programming and Services		\$1.86 billion	\$2.08 billion	\$2.12 billion	\$2.15 billion	\$2.16 billion
	<i>% of Ministry Expenditures</i>	64%	72%	71%	67%	64%
Internal Services (1)		-	-	-	\$0.30 billion	\$0.30 billion
	<i>% of Ministry Expenditures</i>	-	-	-	9%	9%
Canadian Health System (2)		-	-	-	\$0.29 billion	\$0.30 billion
	<i>% of Ministry Expenditures</i>	-	-	-	9%	9%
Other		\$1.04 billion	\$0.82 billion	\$0.88 billion	\$0.46 billion	\$0.64 billion
	<i>% of Ministry Expenditures</i>	36%	28%	29%	14%	18%

**Before 2008-09, the Department used different budget estimates categories. It is not therefore possible to establish meaningful trends. The largest spending items apart from "First Nations and Inuit Health Programming and Services" were "Health Policy, Planning and Information" (about 9% of Department expenditures), "Healthy Environment and Consumer Safety" (about 10% of expenditures) and "Health Products and Food" (about 8% of expenditures).*

(1) Internal Services are activities and resources to support the needs of programs and other corporate obligations of the Department (e.g., management and oversight, communications, legal services, financial management).

(2) Canadian Health System includes activities that provide strategic policy advice on health care issues such as improved access, quality and integration of health care services to better meet health service demand.

Note: There are entities other than Health Canada included in the federal health portfolio. They are:

Canadian Institutes of Health Research (budget of \$0.92 billion in 2009-10);

Public Health Agency of Canada (\$0.65 billion).

Assisted Human Reproduction Agency of Canada (\$0.01 billion);

Patented Medicine Prices Review Board (\$0.01 billion); and

Hazardous Materials Information Review Commission (\$0.005 billion).

AREAS OF FOCUS AND STRATEGIC OUTCOMES

Federal government spending trends over the last five years suggest that two principal areas of focus.

- First Nations and Inuit health. This represents, by far, the largest portion of Health Canada's budget, and expenditures have increased every year in the past five years.
- Wait times. Although not directly involved in the delivery of health services (other than for First Nations), the Government of Canada has provided funding to provinces to help reduce wait times for certain medical procedures. This assistance comes in the form of direct financial support, as well as investment in Canada Health Infoway, intended to expand the use of electronic health records.

Four strategic outcomes have been identified in the Department's 2009-10 plans and priorities.

- Accessible and sustainable health system responsive to the health needs of Canadians (9% of expenditures). This strategic outcome is supported by the Canadian Health System program as well as by Health Canada's actions on the international scene, where it cooperates within bilateral and multilateral settings on health matters. The protection and promotion of human health, safety and dignity as they relate to the use of Assisted Human Reproduction technologies also fall under this strategic outcome.
- Access to safe and effective health products and food and information for healthy choices (6% of expenditures). The programs that support this strategic outcome regulate and monitor food products, drugs, medical devices, natural health products, etc.
- Reduced health and environmental risks from products and substances, and healthy, sustainable living and working environments (12% of expenditures). The activities under this strategic outcome include research on a wide range of environmental factors – water quality, air quality, toxicology, climate change, solar ultraviolet radiation, noise, etc. – that can affect health. They also include regulatory, programming and educational activities related to certain wellness issues (e.g., substance abuse initiatives related to smoking and alcohol). Also included in this area are initiatives and programs related to consumer safety, workplace health and regulation of pesticides.

- Better health outcomes and reduction of health inequalities between First Nations and Inuit and other Canadians (64% of expenditures). A range of primary care services are provided in approximately 200 First Nations communities. In addition, home and community care services are provided in approximately 600 First Nations communities. Health Canada supports community-based health programs, focusing on children and youth, mental health and addictions, and chronic disease and injury prevention; the Department also delivers public health programs, such as those relating to communicable disease control, and environmental health and research.

To attain these four strategic outcomes, Health Canada has set out six priorities – three Operational Priorities and three Management Priorities.

Operational Priorities

1. **Modernize safety framework.** Strengthen import controls and enforcement mechanisms in the interests of food and consumer safety. It also reinforces youth-targeted anti-tobacco efforts.
2. **Strengthen First Nations and Inuit health programming.** Support the harmonization of programs for the Aboriginal population with provincial services.
3. **Health system innovation.** Innovative tools and processes to improve the quality of service delivery. Initiatives include the implementation of health information systems, the implementation of Patient Wait Times Guarantees, and the establishment of the Drug Safety and Effectiveness Network.

Management Priorities

4. **Increase the quality and coherence of strategic policy.** Alignment of human resources and professional skills with business goals. There is also emphasis on a scientific (i.e., research-based) policy development process.
5. **Enhance corporate process for increased accountability.** Integrate planning processes, improve performance measurements and indicators, and implement standardized departmental financial management practices.
6. **Increase transparency and innovative engagement with Canadians.** Improve communication with Canadians and health sector stakeholders; another focus is improving the public's access to health and safety information.

EMERGING AREAS OF FOCUS

According to Health Canada's 2009-10 plans and priorities, three emerging issues stand out.

- The *Food and Consumer Safety Action Plan*, designed to provide consumers and healthcare professionals with safety information. This focus is partly a result of the 2008 listeriosis outbreak.

- Renewed efforts to diminish the rate of smoking, especially among youth. These efforts are part of an overarching Federal Tobacco Control Strategy.
- Development of information technology for the health sector, including the allocation of \$500 million in new funding to Canada Health Infoway to speed up the implementation of electronic medical record systems for physicians and integrated points of service for hospitals, pharmacies, community care facilities and patients.