



Meeting with  
The Honourable Theresa Oswald  
Minister of Health

April 2, 2008

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## Executive Summary

### Departmental Issues

#### 1. Health Practitioner Recruitment, Training and Retention

- The current shortage of health care professionals throughout Manitoba presents a number of challenges and must be addressed through a comprehensive strategy that focuses on shortcomings in training, recruitment and retention.
- Municipalities should not be required to bid for physicians to work in their communities through financial and other incentives. This creates a disadvantage for communities that lack the financial resources to attract physicians yet continue to experience shortages of health care professionals.
- Many municipalities are concerned that there are insufficient residency spaces available in Manitoba and graduates are moving to other provinces to complete their residencies.
- The additional spaces for medical education should target the increased inclusion of rural and northern students and those expected to practice family medicine.
- The development of other medical professions, such as nurse practitioners and physician assistants, offers substantial opportunities to seek alternative means of addressing the current shortage of physicians in Manitoba.
- It is essential for Manitoba to remain competitive with Canadian and American neighbours regarding licensing procedures for International Medical Graduates (IMGs) and to ensure that there are no additional barriers to entering this province as compared to these other jurisdictions.
- As well, the importance of efforts to retain medical professionals in Manitoba cannot be understated.

**Therefore the AMM urges the Provincial Government to expand support for a comprehensive strategy to train, recruit and retain medical professionals in order to provide access to health care services for all Manitoba communities.**

#### 2. Removal of Community Capital Contributions for Health Facilities

- The AMM has raised the need to change this policy for a number of years, since it is inequitable and inappropriate for local communities to contribute to the provision of health care services. Several Provincial Health Ministers have committed to reviewing this policy, however it has now been in place for 10 years.
- Furthermore, this policy is problematic since communities are required to commit to a project whose design and costs have been unilaterally decided by the Province. In addition, communities must fund 100 per cent of any change order regarding the health capital project, even if the project does not initially require a community contribution.

- The Province has indicated that this policy ensures that demands for facilities will only come from communities that are genuinely in need, however there is no evidence that communities are competing to open new facilities.
- The AMM is seeking the elimination of this policy in order to reverse this downloading and to make additional municipal resources available for other local initiatives.

**Therefore, the AMM urges the Provincial government to eliminate the policy of community contributions to health capital projects and accept full responsibility for health care services.**

### **3. Funding for Regional Palliative Care**

- Communities place a high priority on offering a full range of health care services to their residents, which includes responding to the needs of those nearing death.
- While most Regional Health Authorities (RHAs) employ a palliative care regional coordinator or director in an attempt to meet the demand for palliative care, there is no dedicated funding for these services.
- RHAs are only able to provide palliative care services by gleaning funding from other equally important health care services.

**Therefore, the AMM urges the Provincial Government to dedicate funding to RHAs to support a Regional Palliative Care program.**

### **4. GPS and GIS Funding**

- There have been major advancements in information management that could potentially contribute to the coordination of a wide variety of services at the municipal and regional levels.
- Emergency response has tremendous potential to benefit from the application of global positioning system (GPS) and geographic information system (GIS) technology.
- The interconnection of services at the municipal and provincial levels suggests a need for coordination of information management between the two orders of government.

**Therefore, the AMM urges the Provincial Government to provide coordination and financing to municipalities, school divisions, public utilities and regional health authorities to obtain compatible GPS and GIS to service the needs of all Manitobans.**

## 5. RHA Review Update

- Since the current Regional Health Authority (RHA) system has now been in place for over a decade, the AMM was pleased with the Province's decision to establish a full external review of the RHA system.
- It is critical that appropriate community engagement mechanisms be identified and implemented to ensure meaningful feedback from residents is incorporated into the RHA board decision-making processes.
- The Province must ensure that engaging and empowering communities does not result in a shift of responsibilities to municipalities.
- Although the report did not recommend establishing elected RHA boards, the AMM was pleased that it did discuss accountability issues and articulate several valuable recommendations.
- For instance, municipalities support the need to make the appointment of RHA board members and chairs more consultative, rigorous and transparent.
- At the same, many municipalities were concerned with the recommendation that elected government representatives be made ineligible for appointments to RHA boards.
- Resolving the shortages of medical professionals is clearly a priority for municipalities and the inclusion of this issue in the review committee report further emphasizes the province-wide demand for medical professionals.
- The AMM has encouraged the Province to undertake innovative practices to deal with the shortage of medical professionals, and the accelerated implementation of clinical telemedicine throughout Manitoba is an example of the required innovation.
- The RHA Review report also raised important issues related to the transparency and flexibility of funding allocations among and within RHAs.
- Overall, the AMM supports the RHA Review Committee report for its focus on enhanced communication and accountability as well as the need to improve province-wide medical services.

**Therefore, the AMM urges the Provincial Government to act on the recommendations of the RHA Review Committee in order to achieve greater accountability and transparency in all RHAs and improve the services provided by Manitoba's health care system.**

## 6. First Responders in Gap Areas and Cottage Areas

- Resources are limited and municipalities are struggling to maintain first response services for their residents.
- For this reason, it is not feasible for the Province to continually expect municipal first responders to provide services to households that are not municipal ratepayers.
- The high cost of the equipment and labour necessary for emergency response requires a contribution by all residents who benefit from the availability of emergency services.
- The Province must also acknowledge the municipal impacts of increased development in Provincial parks by providing support for municipal first response teams.

**Therefore, the AMM urges the Provincial Government to ensure that permanent park residents make a sufficient financial contribution to the municipal services used, and ensure an interconnectivity between Provincial cottage lot development and municipal service provision.**

## **General Issue**

### **1. Water Issues**

- Water management is one of the most important issues facing Manitoba today and we believe it is important that all Ministers understand the significance of the current direction to municipalities.
- Municipalities certainly agree with the Province on the high level goals and visions laid out so far. However it is how the Province is looking to move forward in arriving at these goals that has raised concerns for municipalities.
- Conservation districts (CDs) have become the delivery mechanism of choice for water initiatives in Manitoba, however the funding for CDs has never been equal to the expectations that have been placed upon them. The *Framework for the Future* document advocates for a scenario where the Province will provide little additional funding, while increasing the expectations for CDs.
- There is real concern that the proposed changes to the funding mechanisms will seriously erode the importance of local priorities, ultimately leading to the erosion of local authority.
- By being forced to use the vast majority of the CD budget on provincially directed initiatives, there will be nothing left to deal with local priorities.
- We are also very concerned with the approach taken by the department in trying to gain feedback on the document. The questionnaire is misleading in that it does not deal with these fundamental issues, and instead focuses on support for the very general goal statements.
- We are hopeful that although the Province has moved forward unilaterally on this initiative, there is still opportunity to find a workable solution that benefits everyone.

## Departmental Issues

### 1. Health Practitioner Recruitment, Training and Retention

The current shortage of health care professionals throughout Manitoba presents a number of challenges to communities and must be addressed through a comprehensive strategy that focuses on shortcomings in training, recruitment and retention. Even with existing Provincial funding and programming there are major gaps in health care services across Manitoba, which has resulted in an increased municipal role in the health care system. However, as the order of government responsible for health care, the Province must ensure that all communities have access to an appropriate supply of medical professionals.

Instead, municipalities are now actively participating in the recruitment and retention of medical professionals. It is reasonable to expect that municipalities will contribute to retention efforts by creating a welcoming environment for new health professionals and many communities are working hard to showcase themselves as attractive locations to practice medicine. However, municipalities should not be required to bid for physicians to work in their communities through financial and other incentives. This creates a disadvantage for communities that lack the financial resources to attract physicians yet continue to experience shortages of health care professionals. The Provincial Government must expand efforts to train, recruit and retain medical professionals to ensure that access to health care services is not determined by municipalities' ability to pay.

The Province has taken some important steps towards addressing the shortage of medical professionals. For instance, the AMM was pleased with the recent commitment to fund an additional 10 spaces at the University of Manitoba medical school starting in September 2008. As well, the November 2007 Throne Speech committed to adding spaces for nursing education at Manitoba's universities and colleges. The AMM looks forward to these commitments being fulfilled since there is high demand across the province for all types of health practitioners. Locally trained professionals are more likely to continue practicing in Manitoba and the Provincial Government must continually assess the effectiveness of current training levels. This includes providing local opportunities to complete the full requirements for medical licensure. Many municipalities are concerned that there are insufficient residency spaces available in

Manitoba and graduates are moving to other provinces to complete their residencies. Although there are existing incentive programs to encourage those graduates to return to Manitoba, it is critically important to establish sufficient local opportunities to deter permanent migration to other provinces. Therefore, the expansion of medical spaces will only be effective to the extent that graduates can participate in residency programs within Manitoba.

A further concern with available medical training is the need to provide high quality health care in all areas of Manitoba. Rural and northern communities face additional challenges in attracting health professionals and targeted efforts are required to mitigate these challenges. For instance, the additional spaces for medical education should target the increased inclusion of rural and northern students and those expected to practice family medicine. Such target groups are crucial since rural and northern students are more likely to return to practice in rural and northern communities. As well, family physicians are in high demand throughout rural and northern areas and it is important to provide local training opportunities. Recently, the number of rural students has been rising along with overall enrolment and this positive trend must continue.

It is also essential to pursue innovative approaches to address the current gaps in health care services. The development of other medical professions, such as nurse practitioners and physician assistants, offers substantial opportunities to seek alternative means of addressing the current shortage of physicians in Manitoba. Coordinated medical teams that include these practitioners are particularly effective in rural areas where family physicians are particularly scarce. In these circumstances, nurse practitioners and physician assistants are increasingly recognized as making an important contribution to minimizing service gaps and decreasing wait times in health care delivery. Therefore, the AMM looks forward to the implementation of the new physician assistant masters program at the University of Manitoba. Municipalities welcome such efforts to complement physician resources and the Provincial Government should continue to provide resources to promote these types of medical professionals.

A comprehensive strategy to address the shortage of medical professionals must also include recruitment and retention initiatives. It is essential for Manitoba to remain competitive with Canadian and American neighbours regarding licensing procedures for International Medical

Graduates (IMGs) and to ensure that there are no additional barriers to entering this province as compared to these other jurisdictions. At the same time, Manitobans are entitled to knowledgeable, qualified physicians and the integrity of the selection process must be maintained. IMGs play an important role in the provision of health care services in Manitoba and attracting the best possible individuals is a priority. Therefore, the AMM was pleased with the Provincial commitment to add 10 additional spaces to the IMG assessment process and looks forward to enhanced recruitment as a result.

As well, the importance of efforts to retain medical professionals in Manitoba cannot be understated. Training and recruitment initiatives must be complemented with action to ensure medical professionals remain in Manitoba. Yet municipal efforts to welcome medical professionals and provide local services cannot be the only incentives to remain in Manitoba. The Province has implemented the Medical Student/Resident Financial Assistance Program to enhance retention rates and these conditional grants have certainly increased the number of medical professionals practicing in Manitoba. It is also beneficial that this program is available to University of Manitoba graduates in residency programs in other Canadian provinces, however the Province must also explore mechanisms to meet the demand for residency spaces within Manitoba. As well, the ongoing shortages suggest the need for greater action to retain all designations of medical professionals in Manitoba, including physicians, nurses, nurse practitioners and physician assistants.

It has been predicted that shortages will only worsen over time due to the aging population of Canadian physicians. Therefore, the Province must consider the ability of current training and recruitment strategies to meet future demands as more physicians retire. Improved access to health care is an important aspect of achieving vibrant communities throughout the province. This cannot be accomplished without an adequate supply of medical professionals to provide a variety of health care services to all Manitobans.

**Therefore the AMM urges the Provincial Government to expand support for a comprehensive strategy to train, recruit and retain medical professionals in order to provide access to health care services for all Manitoba communities.**

## **2. Removal of Community Capital Contributions for Health Facilities**

Since 1998, the Provincial Government has implemented a policy requiring local communities to contribute funding to health capital projects. This policy is a disturbing example of downloading a provincial responsibility to municipalities. The AMM has repeatedly raised the need to change this policy, since it is inequitable and inappropriate for local communities to contribute to the provision of health care services. Several Provincial Health Ministers have committed to reviewing this policy, however it has now been in place for 10 years.

Under this policy, communities are required to fund at least 10 per cent of all local health capital projects. Although it does not specify that municipalities must be the only local contributor, municipalities are typically expected to make some portion of the local contribution. Regardless of whether it is the municipal government or the local residents that are required to supply these funds, there is still a financial burden being downloaded from the Provincial Government.

Furthermore, this policy is problematic since communities are required to commit to a project whose design and costs have been unilaterally decided by the Province. Municipalities have no input regarding the associated costs, yet they must be involved due to the Provincial mandate. In addition, communities must fund 100 per cent of any change order related to the health capital project, even if the project does not initially require a community contribution. This creates obstacles for municipal budgeting since additional costs can arise unexpectedly. These policies do not allow for any local input or consideration of ability to pay, thereby disadvantaging communities with legitimate needs and insufficient resources to contribute a 10 per cent share.

The Province has indicated that this policy ensures that demands for facilities will only come from communities that are genuinely in need, however there is no evidence that communities are competing to open new facilities. Municipalities recognize the current shortage of health resources, including facilities and medical professionals, and therefore would not request new facilities based on artificial needs. Moreover, Regional Health Authorities (RHA) have a responsibility to deliver services based on actual needs and therefore have a role in identifying health care needs. The Province provides funding to the RHA for operating and capital projects,

and places the RHA in a position to endorse or reject any facility application based on statistical data. Regardless of whether the community is willing to raise 10 per cent of the required costs, the Province must still ensure that the project has merit based on local and regional requirements. To shift blame to municipalities is an abdication of the Provincial responsibility to provide health care to those in need.

The AMM is seeking the elimination of this policy in order to reverse the downloading of responsibilities and to make municipal resources available for other local initiatives. Municipalities have many responsibilities that indirectly support the health care system, including targeting preventative measures such as increased recreation and physical activity opportunities. These types of projects ultimately lessen pressures on the health care system by improving the health of citizens. Municipalities will be able to maintain their focus on these priorities if the Provincial Government fulfills its responsibility for health care provision.

**Therefore, the AMM urges the Provincial Government to eliminate the policy of community contributions to health capital projects and accept full responsibility for health care services.**

### **3. Funding for Regional Palliative Care**

Communities place a high priority on offering a full range of health care services to their residents, which includes responding to the needs of those nearing death. Palliative care services focus on achieving comfort and respect for patients while maximizing quality of life during their final moments. This also includes care and support for the families involved. These important services require a multidisciplinary team of caregivers to assist in hospitals, hospices, communities and homes. These caregivers must be prepared to deal with the medical requirements of the patient as well as the psychosocial, spiritual and cultural needs of both patients and their families.

While most Regional Health Authorities (RHAs) employ a palliative care regional coordinator or director in an attempt to meet the demand for palliative care, there is no dedicated funding for these services. RHAs are only able to provide palliative care services by gleaning funding from other equally important health care services. This lack of dedicated funding does not demonstrate Provincial support for the wide range of services required for patients nearing death. Rather, palliative care coordinators must attempt to use funding from areas such as the Home Care Program in order to support regional requirements. As a result, funding is drawn away from other critical health care programming and RHAs must rely heavily on community contributions and volunteers to support palliative care.

Trends toward an aging population and an increasing number of seniors will intensify demand for alternative care, including decisions to approach death with dignity in a comfortable environment. The health care system should be able to support Manitobans health care needs throughout the entire life cycle, through the establishment of a Provincially-funded Regional Palliative Care program.

**Therefore, the AMM urges the Provincial Government to dedicate funding to RHAs to support a Regional Palliative Care program.**

## 4. GPS and GIS Funding

As technology advances and becomes more accessible, opportunities are emerging to apply new technologies to well-established public services. For instance, there have been major advancements in information management that could potentially contribute to the coordination of a wide variety of services at the municipal and regional levels.

In particular, emergency response has tremendous potential to benefit from the application of global positioning system (GPS) and geographic information system (GIS) technology. Using GPS technology to navigate paramedic and fire vehicles will reduce response times and assist in providing fast, efficient services. As well, GIS provides opportunities to analyze information related to land parcels, transportation routes and public resources. GIS also offers modeling and forecasting tools that would assist public policy makers in their decision-making processes. The increased application of these technologies would help communities move forward in developing effective services to benefit their residents.

The interconnection of services at the municipal and provincial levels suggests a need for coordination of information management between the two orders of government. Municipalities have identified the benefits of incorporating information technology into service provision and the Province should work with municipalities to increase the usage of technology.

**Therefore, the AMM urges the Provincial Government to provide coordination and financing to municipalities, school divisions, public utilities and regional health authorities to obtain compatible GPS and GIS to service the needs of all Manitobans.**

## 5. RHA Review

Since the current Regional Health Authority (RHA) system has now been in place for over a decade, the AMM was pleased with the Province's decision to establish a full external review of the RHA system. To highlight long-standing municipal concerns, the AMM made a submission to the RHA Review regarding three key issues: communication, accountability, and recruitment of medical professionals. The final report contains several recommendations that address these issues and the AMM looks forward to the Province taking action to enhance the RHA system based on this report.

### *Communication*

Section 10 of the report illustrates the need for improved communication between the RHA board and local residents and stakeholder groups. The AMM is particularly supportive of Recommendations 10.1 through 10.4 since they focus on developing effective methods of obtaining community input. Although *The Regional Health Authorities Act* was designed to foster community participation, the application of these legislative provisions has been inconsistent and insufficient. However, the decision-making of RHA boards has tremendous impacts on the health services available to local residents. Therefore, it is critical that appropriate community engagement mechanisms be identified and implemented to ensure meaningful feedback from residents is incorporated into the RHA board decision-making processes (Recommendation 10.1).

It will also be beneficial to collaborate with communities to “develop and publish regional service plans that specify the appropriate mix, capacity and location of services in their region,” (Recommendation 10.4). It is fitting for communities to be engaged in such processes since they will be significantly impacted by the long-term planning of health care services. As well, involving communities in such a manner will raise awareness of long-term plans and provide opportunities to explain RHA decisions. This recommendation demonstrates that communication issues can only be resolved through meaningful collaboration between RHAs and local community members.

Such collaboration and engagement has the potential to increase the effectiveness of health care services since there will be greater opportunities for RHAs to respond to the specific needs of their communities. However, the Province must ensure that engaging and empowering communities does not result in a shift of responsibilities to municipalities. The Province has already mandated too much municipal participation in the delivery of health care services, and health care must remain a Provincial responsibility.

### *Accountability*

Improved communication mechanisms are also a factor in enhancing the accountability of RHA boards, which has been a primary concern for municipalities. Municipal officials are far more accessible to residents than RHA boards and often receive complaints regarding local health care services. Rather, RHA boards should be accountable for their decisions and be available to address local concerns. For this reason, the AMM has advocated for changes to the board member selection process, including the election of RHA board members.

Although the report did not recommend establishing elected RHA boards, the AMM was pleased that it did contain an entire section discussing accountability issues and articulating several valuable recommendations. In particular, the AMM is supportive of the devolution of authority to RHAs regarding resource allocation and service planning decisions, “with a commensurate increase in accountability” (Recommendation 6.1). Creating stronger links between authority and accountability should strengthen the responsiveness of health care services in the regions.

The discussion of the governance of RHAs in Section 7 offers further suggestions regarding the accountability of RHA boards. For instance, municipalities support the need to make the appointment of RHA board members and chairs more consultative, rigorous and transparent (Recommendation 7.1). The inclusion of community-based nomination/selection processes is a valuable component of this recommendation based on the opportunity to link accountability to community feedback. As well, while establishing accountability in the selection process is critical, it should also be complemented by an evaluation process for the selected board. Therefore, the Province should pursue the implementation of independent, third-party

assessments of board and board member effectiveness to examine the service provision of each RHA (Recommendation 7.3).

At the same, many municipalities were concerned with the recommendation that elected government representatives be made ineligible for appointments to RHA boards (Recommendation 7.1). Municipal officials are community representatives and are acutely aware of their region's health care needs. This position would allow them to offer valuable input to the RHA decision-making process.

The report also identifies a need to improve the performance of certain programs through enhanced accountability measures. Municipalities play a key role in emergency service delivery and are therefore interested in the recommendation to develop performance indicators for the Emergency Medical Services delivery system (Recommendation 14.5). Currently, there are inconsistencies in the application and availability of emergency medical services across the province and this situation must be resolved through improved accountability mechanisms.

Although municipalities sought the election of RHA boards to improve accountability, the implementation of these recommendations will go a long way towards accomplishing the same goals. Therefore, the AMM encourages the Province to take a multi-faceted approach to enhancing accountability in the governance of RHAs, as outlined in the report.

#### *Recruitment of Medical Professionals*

Resolving the shortages of medical professionals is clearly a priority for municipalities and the inclusion of this issue in the Review Committee report further emphasizes the province-wide demand for medical professionals. The AMM has consistently raised the need for additional Provincial support to be dedicated to recruiting and retention strategies, particularly through the creation of more training opportunities within Manitoba (Recommendation 8.1). Municipalities are also committed to working with the Province to improve recruitment and retention efforts. In addition, the AMM agrees that in order to address shortages of all medical professionals, the Province must establish a "central long-term health-services human resource strategy for all health disciplines" (Recommendation 8.2).

Furthermore, the AMM has encouraged the Province to undertake innovative practices to deal with the shortage of medical professionals, and the accelerated implementation of clinical telemedicine throughout Manitoba is an example of the required innovation (Recommendation 12.3). Although many communities face shortages of nurses and family physicians, rural and northern communities have additional difficulties in recruiting and retaining specialists. Therefore, improving access to clinical telemedicine will provide much-needed medical resources to underserved populations in many rural and northern communities.

The RHA Review report also raised important issues related to funding allocations among and within RHAs. Given the demand for health care program funding, the AMM supports the exploration of benchmarks for an appropriate percentage of expenditures to be spent on administrative costs (Recommendation 9.1). As well, establishing a transparent methodology for RHA funding allocations will support the goal of increasing public accountability (Recommendation 11.1). Establishing flexibility in the local funding of programs such as personal care homes and hospitals will also be beneficial (Recommendation 11.2).

However, there are some limitations to the application of alternative funding mechanisms such as the use of public/private partnerships in the construction of health care facilities (Recommendation 11.5). The increased involvement of private industry in the public health care system requires a thorough examination of the costs and benefits of entering into such arrangements. Maintaining high quality health care services for all Manitobans must remain the number one priority.

As well, the report raised the need to examine funding of ambulance services. It suggests that RHAs and stakeholders should work together to develop a province-wide ambulance service delivery system that includes a fair and equitable ambulance fee structure (Recommendation 14.4). Ambulance services are a key component of the health care delivery system and all Manitobans should have equitable access to these services. However, some RHAs now require municipalities to cover the cost of ambulances attending fire scenes, which creates additional costs for their ratepayers and an inequitable provincial system that must be resolved.

Overall, the AMM supports the RHA Review Committee report for its focus on enhanced communication and accountability as well as the need to improve province-wide medical services.

**Therefore, the AMM urges the Provincial Government to act on the recommendations of the RHA Review Committee in order to achieve greater accountability and transparency in all RHAs and improve the services provided by Manitoba's health care system.**

## 6. First Responders in Gap Areas and Cottage Areas

Municipal first response teams are an integral part of health care and emergency response systems throughout Manitoba. There is an increasing recognition that ambulance attendants offer services far beyond transportation to hospitals. Municipalities are proud of the hard work of their first response teams and pleased to be able to offer these lifesaving services.

At the same time, resources are limited and municipalities are struggling to maintain first response services for their residents. For this reason, it is not feasible for the Province to continually expect municipal first responders to provide services to households that are not municipal ratepayers. In particular, there is an expectation that cottage owners in Provincial parks will have access to municipal first response teams, yet these individuals make no contribution to municipal revenues. As with other municipal services consumed by park residents, it is logical for municipalities to provide these services. However the high cost of the equipment and labour necessary for emergency response requires a contribution by all residents who benefit from the availability of emergency services. The growing number of permanent park residents must correspond with additional financial resources from these municipal service users since municipal residents are currently subsidizing the costs of increased service demands.

Many municipalities have demonstrated their willingness to help their neighbours, not only by the services that have been provided to park residents to date, but also through the establishment of mutual aid districts. Municipalities recognize the crucial need for a well-established, highly qualified first response team to serve permanent park residents. However, the Province must also acknowledge the municipal impacts of increased development in Provincial parks by providing support for municipal first response teams.

**Therefore, the AMM urges the Provincial Government to ensure that permanent park residents make a sufficient financial contribution to the municipal services used, and ensure an interconnectivity between Provincial cottage lot development and municipal service provision.**

## General Issue

### 1. Water Issues

Each year the AMM includes a top issue as a general agenda item for its meetings with all individual Cabinet Ministers. This year the AMM Board is taking municipal concerns with the current Provincial direction on water-related issues. The reason we are taking this issue to all Ministers is to let each Cabinet Minister know the importance of this issue to municipalities and our primary concerns. We believe this is one of the most important issues facing Manitoba today and we believe it is important that all Ministers understand the significance of the current direction to municipalities.

The AMM has always been a willing partner on water initiatives whenever asked. The AMM was one of the most vocal advocates for the creation of a single department to deal with water initiatives. The AMM has also participated on a number of provincial direction-setting initiatives, including the Manitoba Water Strategy. Municipalities know firsthand the importance of properly managing water and have always been willing to do what is needed. Clean drinking water, safely managed wastewater, and proper drainage and water management are all priorities for municipalities, just as they are for the Province.

Municipalities certainly agree with the Province on the high level goals and visions laid out so far. However it is how the Province is looking to move forward in arriving at these goals that has raised concerns for municipalities.

Throughout the last number of years municipalities have been raising concerns with how all of the new directions announced by the Province will be funded. Most recently the Province released *Framework for the Future*, a discussion document on the future of conservation districts in the province, which is most alarming. Conservation districts (CDs) have become the delivery mechanism of choice for water initiatives in Manitoba, however the funding for CDs has never been equal to the expectations that have been placed upon them. This document advocates for a scenario where the Province will provide little additional funding, while increasing the expectations for CDs.

One of the greatest strengths of CDs is that they are locally driven, with boards comprised of local residents making decisions based on local priorities. However there is real concern that the proposed changes to the funding mechanisms will seriously erode the importance of local priorities, ultimately leading to the erosion of local authority. This new proposal is to link limited provincial funding with provincial priorities, taking away a local CD's ability to use provincial funding for locally decided priorities. By being forced to use the vast majority of their budget on provincially directed initiatives, there will be nothing left to deal with local priorities. While we certainly expect there to be similarities between provincial and CD priorities, any flexibility in addressing local priorities will be lost.

These are very fundamental issues that need to be discussed and dealt with in order for the CD program to work in Manitoba. However we are very concerned with the approach taken by the department in trying to gain feedback on the document. The questionnaire is misleading in that it does not deal with these fundamental issues, and instead focuses on support for the very general goal statements. We feel the information gained from the questionnaires will only provide part of the picture, while many of the more fundamental issues are not addressed.

The AMM has a long history of working together with the Province, and over the last few years we have worked closely on numerous issues. While often we have differing opinions about what is best, we have been able to work together to find solutions to challenges and with the end result being what is best for all Manitobans. We are hopeful that although the Province has moved forward unilaterally on this initiative, there is still opportunity to find a workable solution that benefits everyone.

## Appendix A – Active Resolutions

### **AMM Resolution Number 19 - 2007**

#### **Topic: Removal of Community Contributions from Health Care Facilities**

Sponsor: RM of Rosedale (Midwestern District)

Departments: Manitoba Health and Healthy Living

WHEREAS 10 per cent of community contribution for health care facilities are a financial hardship for the municipalities;

THEREFORE BE IT RESOLVED THAT the AMM lobby the Province of Manitoba to remove the 10 per cent community contribution on any health care facilities.

### **AMM Resolution Number 20 - 2007**

#### **Topic: GPS and GIS Funding**

Sponsor: RM of Ste. Rose, Town of Ste. Rose du Lac (Parkland District)

Departments: Manitoba Health and Healthy Living, Manitoba Emergency Measures Organization

WHEREAS the Global Positioning System (GPS) has become a vital global utility, indispensable for modern navigation on land, sea and air around the world, as well as an important tool for map-making and land surveying;

AND WHEREAS a Geographic Information System (GIS) is a collection of computer hardware, software, and geographic data for capturing, managing, analyzing and displaying all forms of geographically referenced information;

AND WHEREAS you can link information (attributes) to location data, such as people to addresses, buildings to parcels, or streets within a network with GIS;

AND WHEREAS use of both GPS and GIS are essential to better serve the needs of Manitobans for emergency responsiveness (i.e. ambulance, fire, etc.), utilities, school bus routes, infrastructure requests, etc.;

THEREFORE BE IT RESOLVED THAT the AMM lobby the Province of Manitoba to provide coordination and financing to municipalities, school divisions, public utilities and regional health authorities to obtain compatible GPS and GIS to service the needs of all Manitobans.

### **AMM Resolution Number 34 - 2005**

#### **Topic: Physician Recruitment Strategy**

Sponsor: Town of Churchill

Department: Manitoba Health and Healthy Living

WHEREAS Manitoba is experiencing a chronic shortage of medical professionals and doctors throughout the Province, affecting the ability of all Manitobans to access adequate medical services;

THEREFORE BE IT RESOLVED THAT the AMM lobby the Provincial Government to aggressively recruit medical professionals and doctors through marketing, recruiting incentives and all other means available to the Province.

### **AMM Resolution Number 22 - 2004**

#### **Topic: Physician Recruitment**

Sponsor: RM of Alexander (Eastern District)

Department: Manitoba Health and Healthy Living

WHEREAS municipalities are very concerned that the pre-emptive practice imposed by the College of Physicians & Surgeons resulting from a complaint to the Human Rights Commission of requiring all potential physicians to write an exam prior to practicing medicine here is damaging this Province's ability to attract doctors, especially in rural areas;

AND WHEREAS the municipality certainly recognizes and appreciates the College of Physicians and Surgeons for the critical role they play in protecting and establishing the medical standards for all Manitobans, it remains disappointed that this decision was arbitrarily imposed and not discussed with stakeholders and that consideration of a phasing in of required testing was not considered;

THEREFORE BE IT RESOLVED THAT the AMM lobby the Provincial Government to reconsider this matter in order that Manitoba becomes consistent with other provinces, where the above noted requirement is not yet required until determined by virtue of law.

### **AMM Resolution Number 28 - 2003**

#### **Topic: Doctor Training in Manitoba**

Sponsor: Town of Arborg, RM of Bifrost (Interlake District), RM of Miniota (Midwestern District)

Department: Manitoba Health and Healthy Living, Manitoba Education, Citizenship and Youth

WHEREAS the non-availability of doctors in rural Manitoba has reached crisis proportions;

AND WHEREAS spaces at our universities are very limited with no guaranteed accessibility for Manitoba students;

AND WHEREAS Manitoba students consequently need to go to other countries to train in the medical profession;

AND WHEREAS Manitoba students who train in other countries are required to write special tests to return to set up practice in Manitoba even though they are permitted to practice in the United States and some other Canadian provinces without these entry tests;

THEREFORE BE IT RESOLVED THAT all necessary steps to ensure and increase spaces at Manitoba universities for doctor training be immediately implemented to adequately address the needs of rural Manitoba;

AND BE IT FURTHER RESOLVED THAT the Provincial Government be aggressively persuaded to help make doctor training more affordable for Manitoba students;

AND BE IT FURTHER RESOLVED THAT if entry tests are deemed necessary for Manitoba doctors trained out of country, that the appropriate governing body ensure that the tests be set up in such a manner that those new doctors can write the tests and have the results within 10 days to alleviate additional expenses incurred attributable to that delay in obtaining results.

### **AMM Resolution Number 38 -2003**

#### **Topic: Funding for Seniors Independent Living Program**

Sponsor: Town of Virden (Western District), City of Portage la Prairie (Central District)

Department: Manitoba Health and Healthy Living

WHEREAS there is insufficient funding provided to the Regional Health Authorities by the Provincial Government for Seniors Independent Living Programs;

AND WHEREAS this is a service provided to seniors to allow them to remain living in their own homes;

AND WHEREAS this service costs the Department of Health substantially less than seniors residing in personal care homes;

THEREFORE BE IT RESOLVED THAT the AMM lobby the Provincial Government for additional funding for the Seniors Independent Living Programs across the Province.

**AMM Resolution Number 50 - 2000**

**Topic: Funding for Regional Palliative Care**

Sponsor: Town of Morden (Central District)

Department: Manitoba Health and Healthy Living

WHEREAS the Province of Manitoba is constitutionally and legislatively responsible for the provision of health care for all Manitobans;

AND WHEREAS palliative care is the active and compassionate care directed toward improving the quality of life for people who are dying, and toward supporting individuals and families as they incur losses;

AND WHEREAS the Province of Manitoba has recognized its responsibility through the provision of palliative care beds and the provision of funding to regional health authorities for a regional palliative care coordinator;

AND WHEREAS to date there is an absence of adequate formal funding and inequitable distribution of funds allocated for the provision of palliative care services;

AND WHEREAS the service requirements for palliative care services are totally dependent on the population served by Regional Health Centres and Regional Acute Care Facilities;

AND WHEREAS there is an absence of interdisciplinary teams to administer to the needs of the terminally ill and their families;

AND WHEREAS there is an absence of 24-hour crisis response services in palliative care;

AND WHEREAS there are inadequate resources (both human and equipment/supplies) for someone who chooses to die at home, which can be prohibitive to the individual and their family;

THEREFORE BE IT RESOLVED THAT the AMM lobby the provincial government to provide additional financial support for the Regional Palliative Care Program.