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HEALTH SYSTEM TRANSFORMATION IN MANITOBA

Primary findings from our critical analysis of government documents include:

- The government has not considered the importance of community participation in health decision-making, and that this could ultimately improve the local health system, reduce expenditures and encourage community investment in health and wellbeing
- The government found the data that best supported a predetermined agenda by relying on out-of-date and inaccurate data, and ignoring the recommendations of the Toews Report on EMS closures and consolidations
- The government refused to consult with community members of Grandview and Roblin, ignoring community petitions and minimizing the impacts that closures will have on community health and wellbeing
- Community members will not be able to access “Better Care Closer to Home” if the government closes the Grandview EMS station and does not support emergency medicine within Grandview and Roblin
- Shared Health continues to make arbitrary decisions without consultation, despite the fact all government-commissioned reports indicate the importance of community involvement



COMMUNITY RESPONSE TO HEALTH SYSTEM CHANGES

In response to the closure of the Roblin ER, and intended closure of the Grandview EMS station, the community identified many concerns, including:

- Health care services are viewed as the centre of rural communities, and serve as the foundation of health, wellness and wellbeing within rural communities
- Communities feel like their rural health services are under attack from government changes
- The province has turned its back on rural and Indigenous communities
- Health care services are relational: patients are people, not just numbers
- Respect for established health care relationships is required
- Service providers, including physicians and paramedics, work together cohesively and effectively in the integrated rural hospital setting
- Many rural health care centres, including Grandview, are effectively meeting community health needs. These centres should be supported by the province, not dismantled
- Health system changes in rural places, without community-based consultation and support, will lead to the elimination of rural health services and will negatively impact community life and wellbeing



COMMUNITY RESPONSE TO HEALTH SYSTEM CHANGES

- Dehumanized decision-making occurred in Manitoba during the health system transformation: rural and Indigenous communities were excluded from participation
- Government health care system planning failed to consider vulnerable peoples, including isolated seniors and people with complex health care needs
- Planning for rural health care must necessarily engage Indigenous peoples, including affected First Nations and Métis communities in the Parkland region, and strive to address their distinct community health needs
- The elimination of critical emergency medical services in the midst of the COVID-19 pandemic is both illogical and unethical
- The province should support community-based health care services to reduce burden on the system in other regions



RECOMMENDATIONS

In order to meet the health needs of rural and Indigenous communities across Manitoba, Government must:

1

Consult, engage and collaborate honestly and authentically with rural and Indigenous communities throughout the planning, development, and implementation of health care system changes

2

Make evidence-based changes to health care services with community support, recognizing the social determinants of rural health and including community-generated evidence

3

Commit to a strengths-based approach to health system changes in rural, remote, northern and Indigenous communities in order to maintain rural community life, health and innovation in Manitoba

4

Recognize and support effective rural health care service centres. Develop Grandview Health Centre into an Enhanced District Hub as described in the Better Care closer to home Report

