Health Care

The effect of health care on public finances is considerable: it makes up for approximately 1/3 of the total Manitoba budget, with proposed operational expenditure in the 2019 budget in the amount of $6.188 billion.[1] Adding to health care's high profile is the impact the current system overhaul is having on patients and staff, ensuring that access to health care continues to be a top issue for Manitobans.[2]

Health care is often the first area cut as governments try to contain overall spending. In fact, the current government underspent budgeted lines in 2018 by approximately $247 million, despite receiving an increased portion of health care funding from the federal government through the health transfer. More specifically, Manitoba received $1.410 billion in federal health transfers in 2018/19, $1.471 billion in 2019/20, amounting to approximately 9.7 per cent of total budgeted provincial expenditure and 23.8 per cent of the provincial health expenditure.[3] The health transfer for 2020/21 will be $1.521 billion. Starting in 2016–2017 annual increases to federal health transfers were lowered to 3 per cent from 6.33 per cent.[4]

The health transfer is intended to go towards health care costs, however, no firm accountability framework is in place. While the Canada Health transfer should be used as a mechanism to ensure provinces uphold the Canada Health Act's five pillars of universality, comprehensiveness, portability, accessibility and public administration, transfers are rarely, if ever withheld when provinces do not uphold the pillars. Furthermore, with no mechanism to track how funding is used, it is difficult to conclusively determine if it is going towards health care. Additionally, the shift to block funding — intended to allow for greater flexibility for provinces and territories — also shifts accountability from the federal to the provincial government. As a result, it is the provincial government that Manitobans tend to hold accountable for health care funding, despite the primary role the federal government plays.[5]

As part of the signing of the bilateral health agreements, the federal government attempted to attach strings to mental health and home/community care supports. Manitoba signed on April 16, 2017 and will see $182 million over five years for mental health and home/community care supports and services. Manitoba is expected to received close to $400 million in total over the 10 years for mental health and home/community care supports.[6]

Health care costs will continue to increase due to a variety of factors including changing demographics, inflation and population increase.[7] While we acknowledge that the federal government must increase their financial support to the provinces, it is imperative that leadership resonate from the province.

An alternative budget cannot possibly address all the challenges our health care system faces, many of which stem from the complexities arising from two levels of government sharing funding, with only the province delivering services. The recommendations contained in this chapter relate to the dominant areas of concern expressed through public consultation, and seek not to just maintain the system, but to make it better.

The key areas of consideration include mental health and addictions funding, investment in medical staff, increases for community-based care, seniors care, and considerations of ecological and social determinants of health. A comprehensive approach to dealing with these key areas will improve Manitobans' overall health while reducing the cascading effects of inaction on poor health.

Mental Health and Addictions

In March 2018, the Manitoba government received the final report on mental health and addiction services in Manitoba. The report entitled 'Improving access and coordination of mental health and addiction series: a Provincial Strategy for all Manitobans' commonly referred to as the 'Virgo report' contained a broad range of recommendations to improve access to services and programs for people living with mental health and addictions, however, the government has been slow to implement them in favour of cost savings and cutting exercises.[8] The Virgo report clearly states that Manitoba's funding for health care is falling far behind other provincial jurisdictions, making it increasingly difficult for people to access treatment.[9] The historical lack of investment in mental health and addictions has resulted in a growing number of people addicted to meth at the same time as there is a shortage of resources to help them. In order to begin to tackle this area, meaningful investment is needed.

Expert research supports the many benefits of harm reduction programs, including safe consumption sites.[10] [11] [12] The 2019 State of the Inner City Report "Forest for the Trees: Reducing Drug and Mental Health Harms in Winnipeg's Inner City" found a correlation between low income and colonization and increased risk of drug and mental health harms, with no policy framework or programs to respond to this need.[13] It has been well documented by first line service providers and people seeking help for mental health and/or addictions the resources are not there.[14] [15] The consequences of continued delays will result in continued needless suffering of Manitobans, burnt-out frontline staff and drug use as a means to address mental health issues, leading to further increases in health care costs stemming from a cascade of medical issues, such as syphilis.[16] [17]

If we are serious about addressing mental health and addictions, we must put the investments into tackling this growing health care crisis. To this end, it is recommended that the Manitoba government follow the Virgo report's call for a total investment of 9.2 per cent of its total health care spending in mental health and addictions support to address both historical gaps in funding and provide much-needed supports and services for Manitobans.[18] The distribution of these funds must take into consideration regional needs and must ensure that all services are not concentrated inside the perimeter of Winnipeg. Investment must include culturally appropriate mental health supports for Manitoba's newcomer community. We spread this investment over three years.

In addition to the above increase, we have transferred $12M from Justice (as a result of di-

vestment in the Justice department) and added it to harm reduction spending.
Increased Cost for First Year: $211M

Senior Care

In Manitoba the percentage of the population that is 65 years of age or older is 15.6 per cent,[19] so it was unsurprising that an area that was repeatedly discussed during consultations was senior care. In fact, people were very clear that the government needed to make more meaningful investments in senior care including in, long term care facilities (LTC) which are publicly operated and provide professional health and nursing services; home care which is supportive care provided in the home to assist with meeting daily needs; and, personal care homes (PCH), which are residential homes for seniors who need assistance with daily living.

The shortage of spaces in PCH and LTC will be exasperated as baby boomers age. Additionally, multiple reports indicate that the reliance on home care and age-in-place policies, while allowing seniors to age in their home longer, carry with it often overlooked challenges.[20] [21] One such challenge is that seniors who stay in their homes longer often require additional and more complex care (for dementia, for example) once they move into LTC facilities.[22] Such residents require more staff time to address their needs, however, the standard staffing ratio of 3.6 care hours per patient, per day falls very short of what is needed.

PCH staffing guidelines were first created in 1973, with amendments in 1993, and 2007.[23] The current staffing ratio of 3.6 paid hours of care per resident per day does not provide adequate time for staff to attend to individual patients,[24] especially because not all paid hours are necessarily dedicated directly to patient care.

Paid care hours include: direct care hours, indirect care hours, and time paid but not worked (for example breaks or sick leaves). Research indicated that the time dedicated to the direct care of the resident falls below safe and quality levels of care.[25] [26] The call from many groups — from labour to community groups and echoed in consultations — is to increase the number of staff in LTC homes and increase in the mandated ratio of patient-to- staff time at long term care facilities in the province. The recommendation is to have direct care ratio at a minimum of 4.1 care hours to ensure patients get the time and care they need, and that staff is not overly stressed.[27]

Our public consultations revealed the need to increase hours for those receiving home care so individuals can stay in their homes for as long as possible.[28] The allowable maximum amount of hours for attendant services is 55 per week, but it is argued that the maximum should be increased.[29] It is recommended that the government invest in a comprehensive study examining seniors care in the province specifically identifying how to comprehensively address senior care, including how to increase home care and alleviate the strain on caregivers.
Increased Expenditure: $100,000

Staffing – Retainment and Recruitment

Community Care

The health care overhaul has been met with mixed reactions across the province, from the government which maintains the overhaul's necessity and success, to frontline workers who are working more overtime, to the average Manitoban who is now unable to access care in their neighbourhood or who has had negative experiences in the health care system. The result is confusion about what is needed to improve our system of care. One area, however, where improvement is clearly needed is the retainment, recruitment and increased hiring of medical professionals.

Public feedback from consultations consistently highlighted the need to increase the num-

ber of medical specialists such as psychiatrists and frontline staff. While recent annual reports from the College of Physicians and Surgeons of Manitoba highlighted that Manitoba's jump in the number of physicians licensed in Manitoba[30] was the largest in Canada, but that increase is not necessarily translating into increased access to a primary care physician for Manitobans.

Many who participated in our consultations had accessed our health care system recently. They reported seeing too many stressed-out and over-worked staff, including nurses, health care aides and professional technicians. Understaffing leading to worker burnout negatively affects patient care. Difficulty retaining health care professionals in the north and in rural areas means that understaffing is having a disproportionate impact in remote communities.

It is recommended that the province recruit more health care professionals, with particular focus on the northern and rural Manitoba. It should also increase the number of training positions in colleges and universities nursing programs. It is further recommended that the government increase the use of nurse practitioners. As part of the increase to staffing, it is recommended that intercultural competency training and increases to interpreter services in all health regions be prioritized so newcomer and Indigenous communities receive the care they need.

Consultation participants voiced clear opposition to the closure of local Quick Care Clinics, including users of the St. Boniface Medical Centre. It is recommended that the government reinvest in Quick Care Clinics, mobile clinics, and access centres in conjunction with the expansion of medical professionals.

Increased Expenditures:

Increase nursing staff by 500: $41M
Nurse practitioners, including those with specialties in high need areas such as psychiatry: $60M
Reopen four Quick Care Clinics at $900,000 per year (personnel and rent): $3.6M
Three mobile clinic vans to be deployed in Northern Manitoba, rural Manitoba and in high-needs urban areas
Operating: $.48M
*Capital: $.435**
Intercultural competency training: $.15M
Increase Interpretation services: $1M
Total Operating Expenditure: $106.23M
Total Capital Expenditure: $.435M*

Social Determinants of Health

It takes investment in health care to treat and care for Manitobans in the here-and-now, however, we are not addressing the underlying causes of poor health outcomes. Health care spending will exponentially increase without decisive leadership on the social and ecological determinants of health.

The social determinants of health are defined as "the conditions in which people are born, grow, live, work and age'.[31] The ecological determinants of health refer to the resources essential for health and well-being such as adequate amounts of oxygen, water and food.[32] [33] Taken together the social and ecological determinants of health are the building blocks of overall health and well-being. The APB chapter on the Green New Deal includes recommendations to protect our environment.

Without addressing these core drivers of health outcomes there will be higher demand to treat people's failing health. The lack of investment to end poverty, refusing to meaningfully address climate change, to invest in affordable housing, or to address the racism imbedded in our institutions will further exasperate the strain on our health care system.

This budget also recommends changes to social housing, food security, labour market training, childcare, how we support Manitoba's most marginalized, including those living with disabilities and child and family welfare. These changes, combined with our recommendations to reduce greenhouse gases and measures to increase pub-

lic transportation Improvements will, in the long term, bring down spending on health care.

Total Operating Health Care Expenditure Encrease

Mental health and addictions treatment: $211M
Seniors care study: $0.1M
Increased staffing and training: $106.23M
Restoration of healthcare coverage for International Students: $3.1 M
(see Postsecondary Education for details): $3.1M
Total: $320.43M

Total Capital Health Care Expenditure Increase

Three new mobile clinics: $.435M

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