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Introduction

The challenge facing Manitoba's health system, as in other provinces, is to preserve the principles of *the Canada Health Act* in the face of increasing costs, increasing demand for health services and constrained financial resources. In May 1992, Manitoba Health published *Quality Health for Manitobans: The Action Plan*, a strategy to ensure the future of the province's health system. The document describes a vision of an integrated and co-ordinated health care system to give Manitobans "health service alternatives and more and better information about those alternatives, so that individuals can play a full role in decisions about their health and the services they receive."¹

The vision is reflected in a set of goals listed below.

- FIGURE 1
- 
- Improve general health status of all Manitobans
 - Reduce inequalities in health status
 - Establish public policy that promotes health
 - Foster behaviour that promotes health
 - Develop mechanisms to assess and monitor quality of care, utilization and cost effectiveness
 - Foster responsiveness and flexibility in the health-care delivery system
 - Promote reasonable public expectations of health care
 - Promote delivery of alternative and less expensive services
 - Foster environments that promote health
 - Provide appropriate, effective and efficient health services

As we proceed with changes to the health-care system, it is important to keep these goals front and centre and ask two questions: what needs to be done to achieve these goals? How will we determine if we are progressing toward the goals?

1. Manitoba Health, **Quality Health for Manitobans - The Action Plan**. Winnipeg, Manitoba, May 1992, P. 1.

What Has to Change?

Approach to Health

The World Health Organization (WHO) defines health as

“the extent to which an individual or group is able, on the one hand, to develop and satisfy needs; and, on the other hand, to change or cope with the environment. Health is therefore seen as a resource for everyday life, not the objective of living; it is seen as a positive concept emphasizing social and personal resources, as well as physical capacities. Although over ten years old, this definition gives direction to fundamental changes that must be made in our approach to achieving health.”²

The mission of Manitoba Health is to promote, preserve and protect the health of Manitobans. Applying the WHO definition to Manitoba means that we must view health differently. Health is a resource that enables individuals and communities to meet their needs. Individuals and communities may have the required skills, abilities or assets, or these may need to be identified and developed. Health goes beyond the absence of disease or infirmity, so actions to promote, preserve, and protect health must extend beyond health services that focus only on treatment.

The traditional emphasis in health care has been on providing treatment and services. Over the past two decades, however, there has been an increasing recognition that these services are only one component in achieving a healthy community. While it is true that, when illness strikes, treatment aimed at cure or rehabilitation will be of prime importance, it is equally important to promote good health and well-being by preventing illness in the first place. Shifting the emphasis to promotion and prevention is the only long-term way to achieve better health and reduce the ever-increasing demand for health and social services. For example, when a baby is born with severe physical and mental problems resulting from alcohol consumption by the mother, the financial and social costs extend far beyond the individual and family to affect many areas, including health, education, justice, social security and the economy.

2. World Health Organization

The WHO definition of health also stresses the need for individuals and communities to have the capacity and ability to “realize aspirations and satisfy

needs ... to change or cope with the environment.” Our traditional response has been over-reliance on government to respond to needs. Interventions have predominantly been reactive, providing short-term solutions often driven more by the capacity and policies of the service provider than by what would best address the need of the individual or community. We must move toward a partnership with communities where there is active participation in identifying community assets, determining priority issues, developing strategies, and delivering programs and services. Community involvement is necessary to help determine causes of health problems, identify opportunities to improve health and ensure community support for developing strategies to meet needs. For example, community members can help to determine the key factors that contribute to excessive alcohol consumption by pregnant women – factors that may not be readily identifiable by data alone. Successful strategies, programs and services depend on accurate determination of the causes of the problem and the strengths of the community that could be mobilized to help with the solution.

Recognize Factors other than Health Services that Contribute to Good Health and Well-Being

Evidence from other industrialized countries strongly suggests that increasing health services alone has little impact on the health of a population. What then determines the health, well-being and quality of life for people and communities? Many factors, often referred to as *determinants of health*, influence health. These include the broad categories of income and social status, education, employment and working conditions, personal health practices and coping skills, biology and genetic endowment, child development, social-support network, physical environment and health services. It is important to recognize that the most important determinants of health lie beyond the traditional health-care system. We need to move from a narrow approach, in which only the health sector is responsible for activities to support health, to a broad approach that involves other sectors, such as education, justice, family services and business.

Decentralize Delivery and Administration of Health

The decision to decentralize the operation and administration of health in northern and rural Manitoba is a major change in the way that health care is planned and delivered. In this model, the regions are responsible, within the context of the broad provincial policy direction, for assessing and prioritizing needs and health goals, and developing and managing an integrated approach to their own health-care system.

The province and the regional health authorities (RHAs) will need to learn new ways of relating to one another. Although both are responsible for policy, assessment of health status and ensuring effective health planning and delivery, their level of responsibility and focus will be different. The chart below describes these different levels of responsibility; however, overlap will occur. Open communication, commitment and shared responsibility for learning and making the system work will be critical.

Levels of Responsibility

Responsibility	Province	Regional Health Authority
Policy DEFINITION guides actions, sets broad strategies	<ul style="list-style-type: none"> • Develops provincial strategies • Facilitates co-ordination of strategies across regions 	<ul style="list-style-type: none"> • Develops regional strategies • Participates in development of strategies across regions
Assessment DEFINITION determines and prioritizes needs, identifies resources	<ul style="list-style-type: none"> • Assesses provincial health status and health needs • Determines provincial priorities • Establishes standard for community needs assessment 	<ul style="list-style-type: none"> • Assesses regional health status and health needs • Determines regional priorities consistent with provincial and those specific to region • Carries out community needs assessment
Assurance DEFINITION - ensures management and delivery of services - includes monitoring and evaluation	<ul style="list-style-type: none"> • Ensures necessary legislation • Determines required (core) services • Establishes standards and monitors • Ensures accountability for public spending • Approves health business plan • Evaluates effectiveness in terms of impact on health • Leads, participates in research initiatives and communicates findings. 	<ul style="list-style-type: none"> • Manages organization and delivery of programs and services • Develops and submits health business plan • Monitors programs and services in terms of standards • Monitors effectiveness of action in terms of impact on health • Initiates practice-based research and participates in provincial research

FIGURE 2

Figure 3 summarizes the changes in thinking we need to incorporate into our planning and our actions.

What Needs to Change

From	To
Focus on Health Services	Focus on Health and Broad Determinants of Health
Inequity of Health	Equity of Health
Responsibility of Manitoba Health	Intersectoral Approach
Illness Care System	Health System
Reliance on Government	Partnership With Community
Short-term Action	Investment in Health Promotion, Disease Prevention
Service Provider-driven	Focus on Health Outcome, Research Evidence-based

FIGURE 3

A Planning Framework

The purpose of the planning framework is to facilitate a common understanding of Manitoba Health's approach to health planning. The framework consists of two sections. The first section describes several **concepts** or ideas about how to influence the health of Manitobans. The second section describes a **process** regions can adopt to integrate those concepts with the process of health planning at the regional level.

1. Thinking about Health

An Overview

The illustration in Figure 4 depicts the individual and community at the centre. It is necessary to consider the smallest unit when discussing health, as it is the cumulative health of individuals that will influence the health of families. It will also influence the health of communities, which can be a defined geographic area such as a town or region, or the province. This can include a group of individuals with similar characteristics, such as seniors, children, or other residents of Manitoba who have a particular health condition in common.

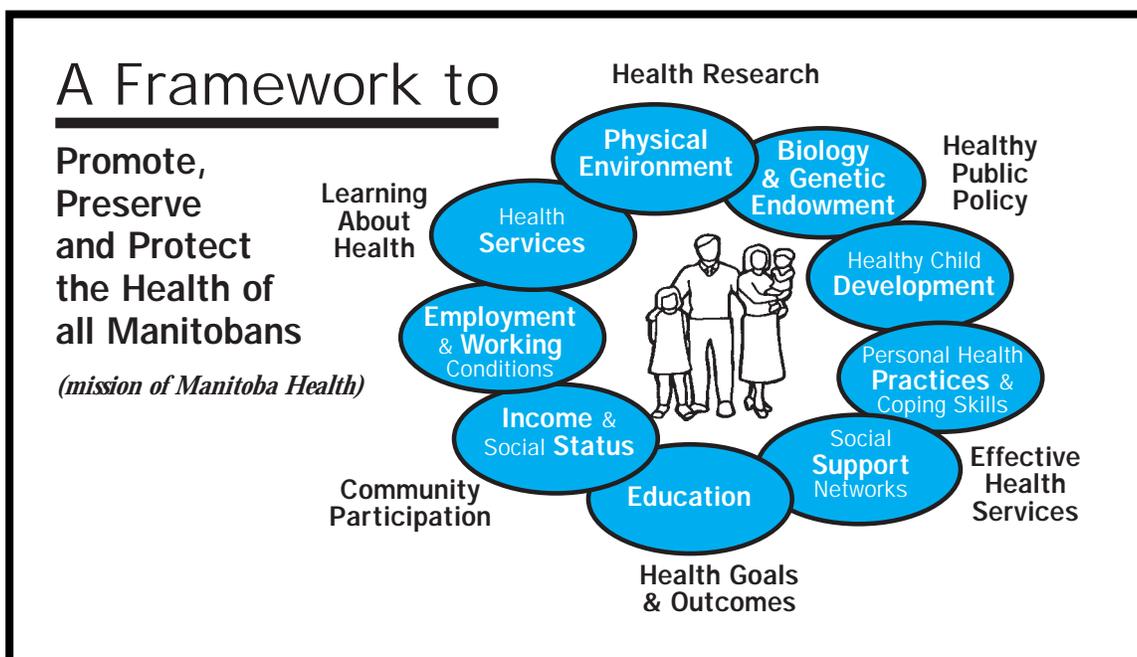
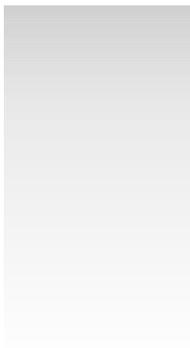


FIGURE 4

The health of individuals and communities is determined by the broad categories surrounding the three figures. These categories consist of other more specific factors. For example, the category of social-support networks includes the number of social contacts, availability of family, friends and community supports. The categories are also closely connected with one other. **Education**, for example, is closely tied to **Income and Social Status** and to **Personal Health Practices and Coping Skills**. People with higher levels of education are better able to obtain, understand and apply knowledge of health, and make healthy decisions about their lifestyle.

Surrounding the circle there are actions that can be considered to influence the determinants of health and ultimately the health of the individual and community. Like the determinants, these broad actions include subsets and are closely connected and overlapping. For example, **Community Participation** includes involvement in determining health needs, but active participation requires knowledge of the issues (**Learning about Health**) and timely information on the latest developments (**Health Research**).

Population Health



Population health describes an approach to improving health that focuses on the health of communities or populations rather than on that of individuals. It examines factors that enhance the health and well-being of the overall population. Consistent with the WHO definition, health is viewed as a resource for everyday living. The population health approach is aimed at positively influencing conditions that enable people to make healthy choices and services that promote and maintain health.

The following table (figure 5) illustrates the difference between traditional thinking about health care and the population health approach.

Traditional versus Population Health

Traditional Health Care	Population Health
focus on individual	focus on group
focus on treatment or rehabilitation	focus on what contributes to health
provides care to individuals with problems	adopts strategies to affect whole groups or populations to prevent illness

FIGURE 5

The benefits of taking a population health perspective are

1. increased prosperity: a healthy population contributes to an active economy
2. overall well-being for the population: the population health approach supports the values of safety, physical and mental well-being and work, which help individuals and communities meet basic needs and have greater control over their lives
3. a health system that is more responsive to the community and more cost effective
4. immediate as well as longer term gains: some actions realize immediate results such as preventing injury by improving working conditions

Health-care services aimed at treatment, rehabilitation and supportive care will continue to be necessary. It is important, however, that provincial and regional policy, programs and services recognize and support population health strategies in a more practical way.

The Determinants of Health

People's health is as much a product of the degree of prosperity, opportunity and control they have in their lives as it is of the medical services they receive. Many factors, such as socio-economic status, productivity and wealth, the health service system, environmental conditions and genetic endowment, influence the health of persons, families and communities. These factors are frequently referred to as the **Determinants of Health**. The following descriptions are taken directly from a document prepared by the Federal, Provincial and Territorial Advisory Committee on Population Health.³

Income and Social Status:

This is the single most important determinant of health. Many studies show that health status improves at each step up the income and social hierarchy. As well, societies that are reasonably prosperous and have an equitable distribution of wealth have the healthiest populations, regardless of how much they spend on health.

Understanding this relationship helps to identify target groups who may be at greater risk, such as women, who on average have lower incomes and work in lower-status occupations. Strategies that address income and social status include improving opportunities through education and job training, and increasing control in work, home and community environments.

3. Health Canada **Strategies for Population Health: Investing in the Health of Canadians**
Publications Health Canada. 1994. p.2

Social Support Networks:

Support from families, friends and communities is associated with better health. Some experts conclude that the health effect of social relationships may be as important as established risk factors such as smoking, physical activity, obesity and high blood pressure.

Strategies to improve social supports could include initiatives to maintain strong families, develop strong communities and promote social acceptance.

Education:

Health status improves with the level of education, including self-ratings of positive health or indicators of poor health such as activity limitation or lost work days. Education increases opportunities for income and job security, and equips people with a sense of control over life circumstances – key factors that influence health.

Education is closely tied to socio-economic status. It contributes not only to job opportunities but also to knowledge and skills necessary for participating in making decisions and solving problems. Strategies to ensure access to effective education and opportunities for lifelong learning are critical for improving health.

Health Services:

Health services, particularly those designed to maintain and promote health and prevent disease, contribute to population health.

A change from treatment-focused services to those that provide prevention and primary care (such as immunization, prenatal education and care) is critical to influencing health. Approaches that influence healthy decision-making, and maintenance of health and independence, are also important.

Employment and Working Conditions:

Those with more control over their work circumstances and fewer stress-related demands of the job are healthier. Workplace hazards and injuries are significant causes of health problems, and unemployment is associated with poorer health.

Strategies that help to make the workplace safer and healthier will be a key element in making positive changes to people's health.

Physical Environments:

Physical factors in the natural environment, such as air, water and soil quality, are key influences on health. Factors in the human-built environment, such as housing, workplace safety, community and road design, are also important.

Among the physical environment factors that need to be considered are housing, safety and security in the community, and air and water quality. They are complex and interrelated. Strategies involving multiple sectors will be required, including developing and implementing policy and regulations.

Biology and Genetic Endowment:

The genetic endowment of the individual, the functioning of various body systems, and the processes of development and aging are a fundamental determinant of health. Biological differences in gender influence health on an individual and population basis.

Genetic science is changing rapidly and may offer solutions for preventing or improving genetic tendency or conditions.

Personal Health Practices and Coping Skills:

Social environments that enable and support healthy choices and lifestyles, as well as people's knowledge, intentions, behaviour and coping skills for dealing with life in healthy ways, are key influences on health.

Strategies must recognize that people need knowledge about health choices and be able to apply that knowledge. Consideration must be given to the social and physical environment, and access to services or resources that make healthy choices possible.

Healthy Child Development:

The effect of prenatal and early childhood experiences on subsequent health, well-being, coping skills and competence is powerful. For example, a low birthweight links with health and social problems throughout life. And mothers at each step up the income scale have babies with higher birthweights, on average, than those at the step below.

There is increasing evidence that there are critical stages where intervention has the greatest potential to positively influence health. These stages are the period before birth, early infancy, the beginning of school, and the transitions to adolescence and to adulthood.

Healthy Public Policy

Healthy public policy is a strategy aimed at improving the health of the public. Policies are statements intended to guide or direct action and, as such, are the foundations for action. Policies also reflect values and beliefs. Examples of healthy public policy are described below.

Quality Health for Manitobans: The Action Plan states “every major action and policy of government will be evaluated in terms of its implications for the health of Manitobans.” (p.10) This commitment requires an intersectoral approach – one that involves the various sectors that are responsible for or affect the determinants of health. For example, treatment of tobacco-induced illness, such as lung cancer, heart disease, ear infections, pneumonia and asthma, is very expensive. If the goal is to improve health and reduce costs, then we must try to prevent use of tobacco. An intersectoral approach to restrict smoking could involve municipal boards, sports organizations, the provincial government and business. Another example is to establish a child and youth secretariat to identify the major issues and factors that contribute to health needs, and work with other sectors across government to address these issues.

Although healthy public policy has been seen as primarily a role of the federal and provincial governments, regions need to recognize the role of other sectors in the community in positively influencing the health of their communities. It is in cities, town and villages that one can find the most widespread operation of a healthy public policy approach, through a shared sense of responsibility and co-ordinated and collaborative action. For example, several agencies and members of a community have developed a broad approach to improving the safety and security of their residents. It involves stricter law enforcement, patrolling residential areas by community members, creating recreational opportunities for youth, and providing education programs.

Community Participation

Community participation is a fundamental value of the new regional governance model and the planning framework. Communities need to be involved in assessing and ranking needs, determining and implementing strategies, and evaluating their effectiveness. Community members have valuable information about their needs, wants, desires and resources. For people to meet their own needs effectively, they must have opportunity, authority and responsibility.

Learning about Health

For people to participate fully and make healthy choices, they need opportunities for learning and access to information. *Learning about health* (understanding the issues, the factors that influence health in their communities, and research that assesses the impact of actions on health, and monitoring and evaluating the extent that health goals are met) is an ongoing process.

It is not enough to provide information alone. Community members will need opportunities to develop the necessary skills and abilities. Consultation and access to experts will be vital.

Community members will need opportunities to participate in all these areas. For example, regions will be responsible for gathering information about their community resources and strengths, and determining their priority needs through a process of assessing community needs. Regions should create effective ways to make sure community members are part of the assessment process.

Health Goals and Outcomes

Health goals describe what is to be achieved. They are determined through a process of assessing the community, and identifying needs and areas of opportunity for improving health. The regions will have to prioritize their needs and determine health goals in relation to the provincial priorities and the specific regional situation. Targets describe specific changes or results expected.

Evaluation must ultimately answer the question, “What effect did actions have on the health of the population?” A major challenge for the province and the regions will be to chart their progress in improving the health of their residents. *Indicators* describe what will be measured to determine if the goals are being achieved. The best indicators are those that have proved to be directly related to the goal. Often this is not possible, and indicators are selected based on current theories supported by experienced practitioners. Health research will play an ongoing and critical role in helping to determine the most effective measures or indicators of success.

Outcomes are the changes or results that occur following an action. A focus on outcomes and the extent to which they achieved a goal will lead to changing approaches, programs and services, and the allocation of resources. An outcome orientation will also help determine whether the results are achieved most cost-effectively.

Effective Health Services

Health services have traditionally been the primary focus of health care. The vast majority of the dollars are spent on providing medical treatment and care in facilities. Disproportionately more dollars are spent on treatment and rehabilitation than on disease prevention and health promotion activities.

Three major shifts need to occur to produce a population health approach that will benefit all Manitobans.

- We need to evaluate the results or outcomes of services and programs;
- We need to achieve a better balance between allocating resources to treat disease, and promoting health and preventing disease; and
- We need to provide services in the most cost-effective way to meet needs and achieve health goals.

Health-care services are required to treat illness, restore health and keep people healthy. It is not always clear which services achieve the desired results and which approaches are less costly but equally effective. For example, we know that our system provides a high level of care to residents of disadvantaged regions. Despite this, health problems persist. Is high use of health care the most effective approach? We also know there are variations in patterns of treatment that are not necessarily related to better health for patients. Research is critical to identify these variations and adjust practices to ensure the most effective treatment for the least cost.

Preliminary research findings also suggest that most people admitted to an acute-care hospital do not need *acute* care. The vast majority of people admitted to hospital do need *care*, but equally effective and less costly options to care in hospital can be developed. The regional authorities will be in the best position to determine what options best meet the needs of their population, as the effectiveness and efficiency of these alternatives will depend on the specific needs, volume of need and geography of the area.

The integration and co-ordination of services across a health system reduce duplication, most effectively provide for expertise, and help ensure the most efficient use of resources. For example, some communities have successfully reduced the time for initiating home-care services, reduced inpatient days and reduced the professional time involved, while maintaining quality service to the community. These changes were made possible by altering the process of referral and service delivery to facilitate direct communication among care providers.

Health Research

Health research is a critical component in reforming the health-care system. Research can assess the effectiveness of policy, services and programs, and contribute to the knowledge of what determines health and what produces a positive change in the health of an individual or community.

Evidence-based decision making will be supported by an integrated provincial health information strategy. Manitoba is a leader in health research. The Centre for Health Policy and Evaluation has been developing a population health information system, *Populis*. This system helps to examine data and answer questions about the health of Manitobans and about the relationship of health to the use of health-care services and an individual's economic and social status. Information about their respective populations will be made available to regions.

Research is closely tied to effective health services, health goals and outcomes, and learning about health. Information is available by region, based on where a person lives. This information will be valuable to regional health authorities as they begin to plan.

RHAs will also play a role in practice-based research. Contributions to overall knowledge about health will be made through the process of defining goals, setting targets, learning from others and measuring the outcome of actions.

2. Making It Happen



The process of implementing the Planning Framework involves four major steps:

- identify needs;
- establish health goals;
- develop and implement policy, programs and services; and
- monitor and evaluate impact on health.

These steps are carried out within the context of the ideas contained in the Planning Framework. Although portrayed in a systematic order, in reality the process is not linear. The steps are interrelated, and the process may be started at any point.

A Framework to Promote, Preserve and Protect the Health of all Manitobans

Determinants of Health

- Income and Social Status
- Social Support Networks
- Employment and Working Conditions
- Personal Health Practices
- Health Services
- Physical Environment
- Education
- Biology and Genetic Endowment
- Healthy Child Development

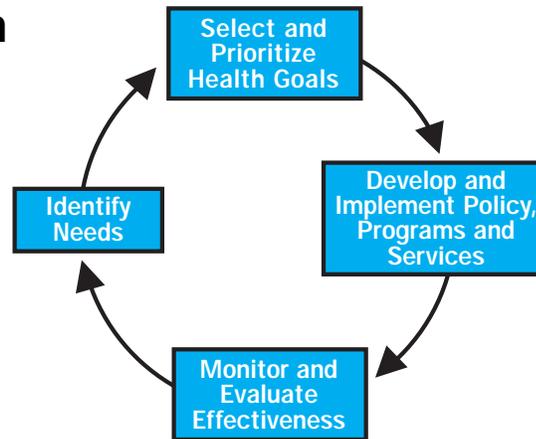


FIGURE 6

Identify Needs and Opportunities

Identifying health needs and opportunities to improve health is the first step in the planning process. This process begins with determining the population of interest, or the target group. Although the process applies to any target group, this description will deal with the region as the population of interest.

The province will establish a standard community needs-assessment database. This will be the provincial standard to guide the collection of data from numerous sources, and will include information about determinants of health. A region can add to this database and will be responsible for determining how to collect the data to ensure adequate information is gathered and communities participate. The objectives of the community needs assessment are to improve understanding of population health and regional health needs, aid in health planning, prioritize health issues, help determine goals and targets, identify resources in the community, and provide a tool for evaluating health programs and services.

The region will work with the province to rank overall needs with consideration of both provincial health priorities and region-specific needs. Establishing priorities means that scarce resources can be focused on where they will do the most good.

Identify Needs

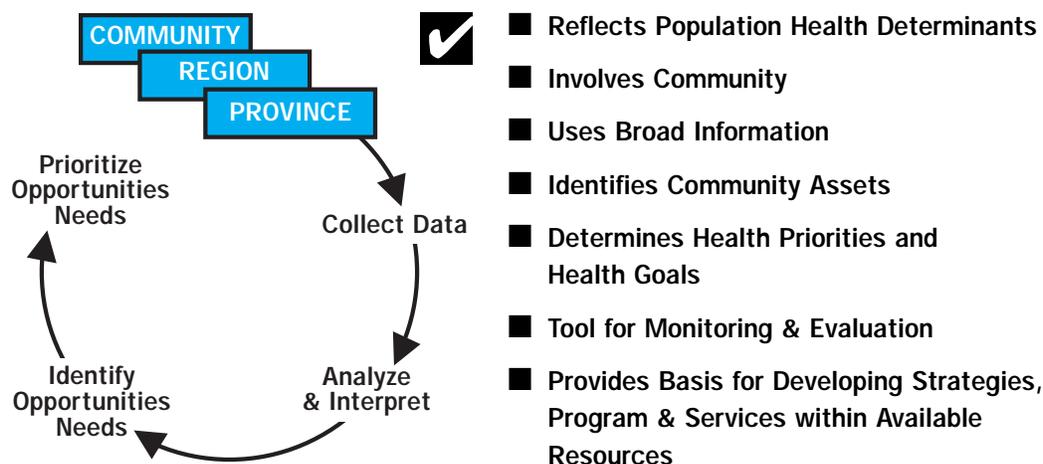


FIGURE 7

The following examples illustrate how provincial priorities and regional needs are considered in determining priority needs. Both examples support action to improve the health of a target group, in this case children.

For example, the government may want to improve the immunization rate of children from the provincial average of **X** per cent to **Y** per cent. In one region, the immunization rate may be at or above the provincial target of **Y** per cent, and another region may be below the provincial target. The latter region would need to make immunization a priority to achieve the provincial target and positively affect the health of all Manitobans.

Another example illustrates how a region-specific need could equally apply. In one region, a significant need might be to reduce the incidence of gastrointestinal illness among children. This ties in with the provincial priority of improving the health of children, but is more specific to the health need in the region. In another region, the most pressing need related to children may be to reduce injury.

Identification of needs, or gaps between current and desired states, leads directly to the formulation of the health goals.

Establish Health Goals

Goals describe what we want to achieve and set the stage for determining what we will do and how resources will be allocated. Five major activities are required to take the goal from a broad statement to measurable statements.

Goal	Indicator	Baseline	Best Practice	Target
DEFINITION what we want to achieve	DEFINITION what we will measure to determine achievement of the goal	DEFINITION where we are now	DEFINITION best performance known - constrained by information available and costs to obtain information - frequently involves making estimates	DEFINITION specific changes we want to achieve
EXAMPLE	EXAMPLE	EXAMPLE	EXAMPLE	EXAMPLE
healthy babies with normal development	birth weight - number of babies per thousand single births at 2,500 grams or less	57.8 per thousand urban poor	35.0 - national estimate of best achievable today	51.2 - urban poor to reach the urban average

FIGURE 8

Goals are developed in response to needs. How do we measure needs so that we can determine whether achieving the goals has had a positive impact on need? Of course, we cannot measure the impact or change without knowing the current status or baseline. Regions will establish the baseline through the process of the community-needs assessment. Additional data will have to be collected around the specific needs identified for action.

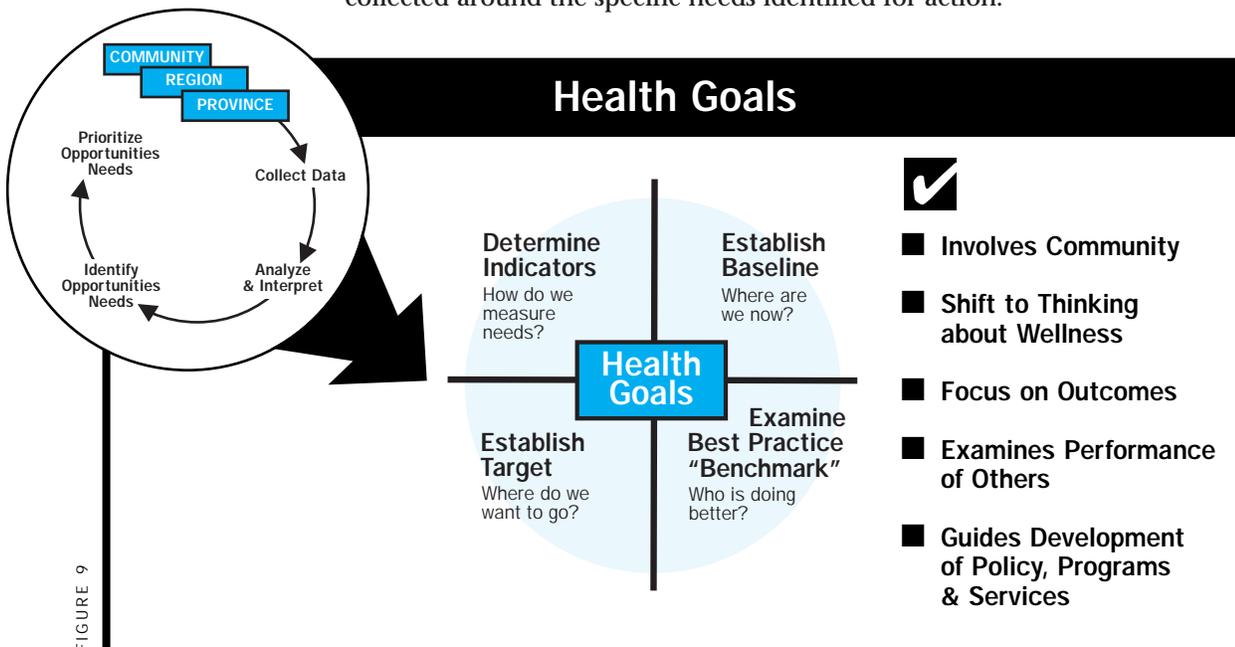


FIGURE 9

Target outcomes describe the specific changes or results we expect to achieve. They are frequently based on indicators. Indicators are selected based on current knowledge of the relationship between the indicator and the need. For example, if there is a need to reduce mortality from cardiovascular disease, a goal may be to prevent heart attacks. Indicators may be the rate of participation in a fitness routine, the percentage of population over a recommended weight, and the rate of consumption of fat-rich foods. Target outcomes could then be set for each of these indicators to describe what changes we expect over what time: for example, to reduce the proportion of men who are overweight from 30 per cent to 15 per cent by 1997.

Outcomes can be established by choosing a target somewhat arbitrarily, or by examining other jurisdictions that have achieved better results and determining if the approaches they used can be applied to the regional situation. This process is referred to as *benchmarking*. The results achieved by the other jurisdiction may be the “benchmark” (standard) with which the region’s results are compared. Benchmarking can be done among communities, regions, provinces or countries. For example, within a region there may be a disparity in the incidence of gastro-intestinal illness among children. The areas have similar characteristics. The questions that need to be asked are: What is the area with the more positive result doing differently? How applicable are the approaches elsewhere? Is the result an appropriate standard for comparison? The target chosen by the area with the need may be the same as the standard or benchmark, or it may be different, depending on specific circumstances, such as financial resources, feasibility of taking action or community commitment.

Policy, Programs and Services

Developing and implementing policy, programs and services should be based on needs. These activities are directly related to pre-determined goals and target outcomes, and are monitored and evaluated on an ongoing basis to ensure they effectively meet the needs.

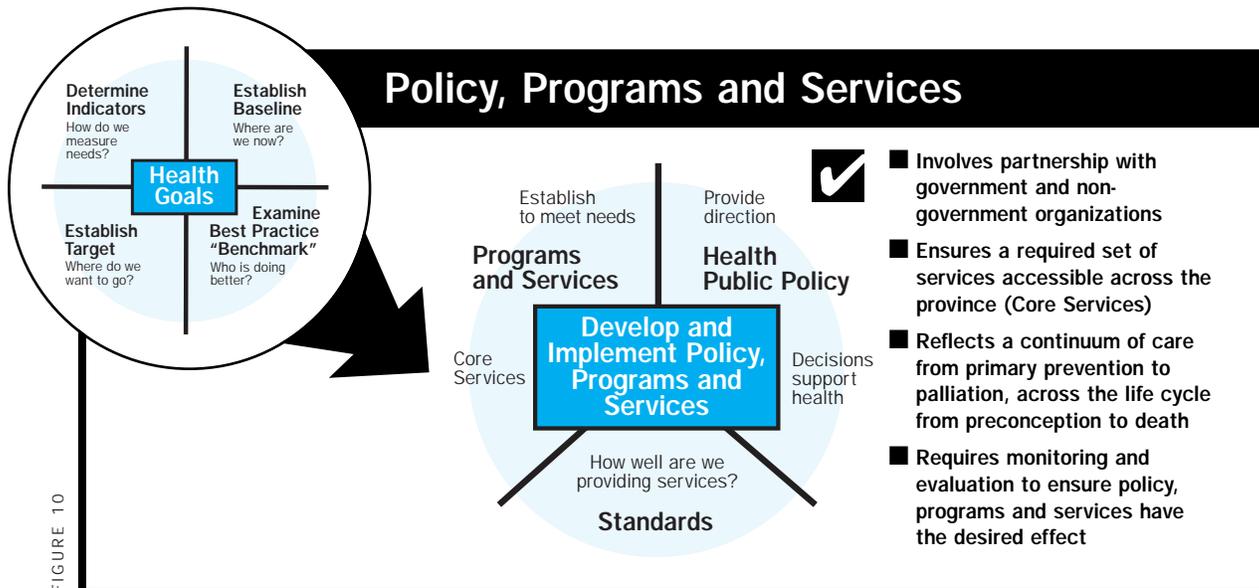


FIGURE 10

Provincially managed programs and services may be necessary in areas where specific expertise is needed but the volume does not warrant developing the resources to meet the need, or the risk to the population would be significant if they were decentralized. Generally, however, the regional authorities, with community participation, will be responsible for determining how needs will be met, what programs and services will be provided, and by whom and where.

Three major functional areas are necessary to plan and deliver publicly funded programs: policy, assessment and assurance. Figure 11 describes the level of responsibility that the province and regional authorities will have in health planning and implementing programs and services. Manitoba Health will also provide a list of core service categories – services the regions must make available to all residents. The way these services are configured will depend on priority needs, the resources available, and the volume of demand. Regions may provide the service themselves or they may use a central agency (as determined by the province), or they may work together to share resources.

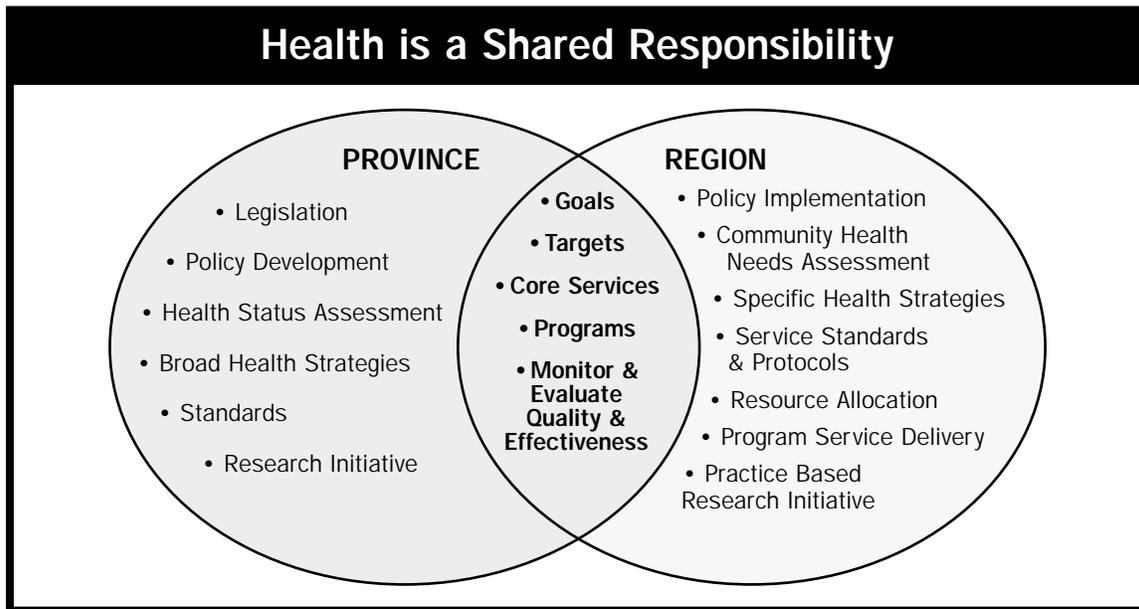
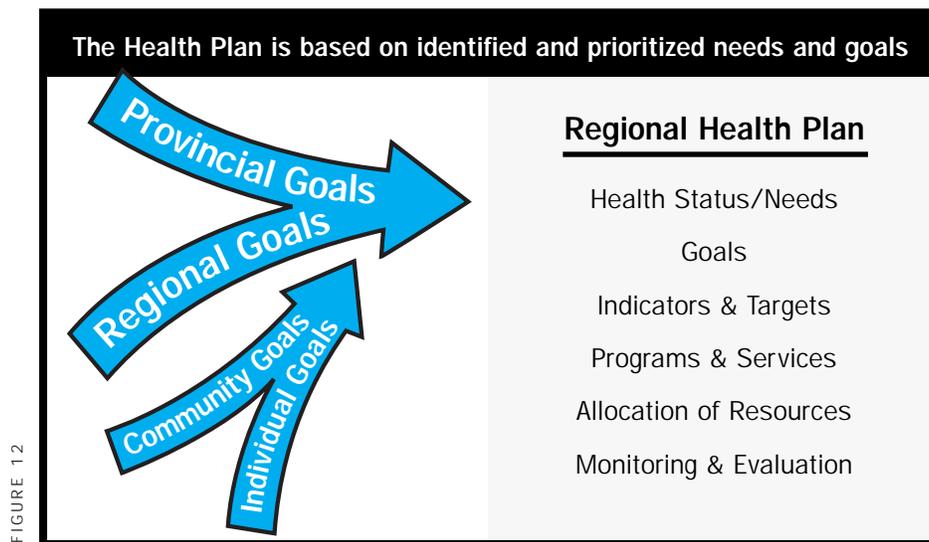


FIGURE 11

Manitoba Health is responsible for ensuring that quality programs and services are delivered cost-effectively. The province will establish standards for managing and delivering programs and services. Standards will be derived from a number of sources, including professional disciplines such as the College of Physicians and Surgeons of Manitoba and the Manitoba Association of Registered Nurses, and the Canadian Council for Health Care Services Accreditation.

There is a link with the factors that are identified separately, or in combination with others, as key determinants influencing the identified need. Understanding these relationships will assist the region in choosing actions that have the most impact on health. In the example used above for gastrointestinal illness, access to a clean water supply may be the most important

factor influencing the need. A multi-sectoral approach involving several levels of government and several departments will be required to achieve a permanent solution. Other approaches on the continuum from prevention to health promotion and treatment may also be developed. Examples include education regarding hygiene and household measures to ensure safe water, symptoms requiring prompt medical attention, access to medical treatment, and home follow-up in high-risk situations.

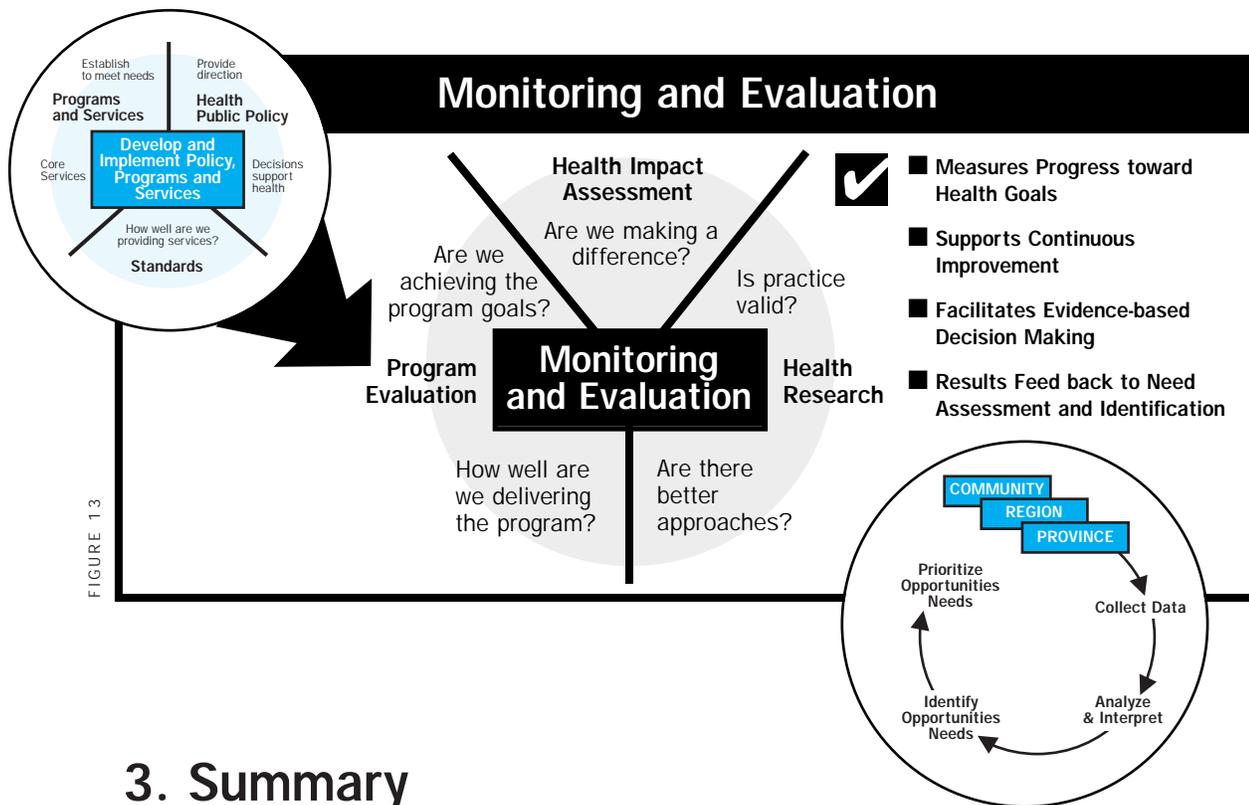


Identifying needs, establishing goals and outcomes, and developing policy, programs and services are critical steps to the health business plan.

Monitoring and Evaluation

Are the resources put into the health system making a positive difference to people's health? Did we accurately identify needs? Were the goals appropriate? Were the cause-and-effect relationships valid? Is there new knowledge we can apply to meet needs and improve health? All these questions are important for measuring progress and continuing to improve. The answers may result in rethinking and revising any one or several of the steps in the planning framework.

Monitoring and evaluation are directly linked to each step. As actions have an effect, the needs and goals will change. Evaluation requires that the goals, the expected results and the indicators for measuring results be established at the beginning. Standards help to monitor the quality of what is being delivered. New knowledge coming from research helps us to decide whether there are other approaches, or what we are doing is most effective and efficient.



3. Summary



The Health Planning Framework has attempted to represent current thinking about strategies to improve the health of Manitobans and describe a planning process for putting the thought into action. The framework will evolve as it is applied and improved upon. The evolution of the framework will depend on its usefulness to the users, how effectively it provides broad direction, and the active participation of users in evaluating it and suggesting changes. Change will not be immediate. It will require the commitment of all parties over time to achieve the desired goals.

The ideas represented in the framework were discussed with a number of people who will be involved in health-care planning as community members, regional board members or health-care providers. Their commitment to making regionalization work and their willingness to participate in the process of developing an initial health planning framework will continue to be valued.

