# Regional Approaches to Services in the West:

## Health, Social Services and Education

***A Western Cities Discussion Paper***

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## Introduction

In Canada, provincial governments are responsible for health, social services and education. However, there are a variety of ways in which these services can be delivered at the regional level. One regional approach involves the devolution of decision-making powers from the provincial government to regional authorities. This is usually referred to as regionalization. Another approach allows only for the regional delivery of a particular service, with decision-making remaining at the provincial level. Still another regional approach focuses on restructuring, amalgamation and the creation of new regions, but without any change to the formal governance powers available. Since the 1990s in western Canada, health, social services and education each fit into one of these approaches.

In order to better understand regional approaches to provincial services, this report provides an overview of the different approaches being used in the four western provinces for health, social services and education. The main provincial similarities and differences are also compared. Finally, due to their increasing political, economic and social importance, the large western cities are briefly considered within the context of regional approaches to provincial services.

**Figure 1: Rationale for Regionalization**

Although sufficient research does not yet exist to assess the long-term effects of regionalization reforms, they may be successful in streamlining service delivery and reducing system fragmentation, improving service integration and coordination, reducing levels of duplication and overlap, creating more flexible services that are more responsive to local needs, increasing the number of community-based services, and enhancing public participation. However, concerns have been raised that regionalization may also result in unclear lines of accountability, compromised access to services, higher administration costs, and provincial government avoidance of responsibility.

*Sources: HEALNet 2001a; Lewis 1997; Canadian Medical Association 1998; Lomas 1997.*

## Health

Regional Health Authorities (RHAs) have been created in every Canadian province except Ontario (which has district health councils that act only in an advisory capacity), but in each case the provincial government retains the ultimate authority over and responsibility for health care. RHAs are defined by HEALNet (Health Evidence and Application Linkage Network) as: "autonomous health care organizations with responsibility for health administration within a defined geographic region within a province or territory. They have appointed or elected boards of governance and are responsible for funding and delivering community and institutional health services within their regions" (HEALNet 2001a).

There are some specific reasons that are often cited for the regionalization of health care. Because regionalization ideally brings health care decision-making closer to the people, it is argued to be a superior means for health promotion and the prevention of illness (HEALNet 2001a). In addition, a regionalized approach to health care is seen to encourage efficiency and effectiveness (Lomas 2001) as well as the integration of health

services (HEALNet 2001b). However, some critics suggest that one of the primary motivations behind health care regionalization is to shift spending cuts from federal and provincial governments onto regional authorities (Lewis et al. 2001). Also, while it might be argued that regional structures allow for more innovation than larger bureaucratic structures, an alternative argument is that by increasing the relative power of local stakeholders and special interests in decision-making, regionalization may actually prevent innovation and change.

**Figure 2: Effects of Regionalization**

One possible consequence of regionalizing provincial services is that the formation of regional authorities may create new political actors (e.g., health authorities) in the provincial-municipal service delivery mix. Such actors would have a difficult but potentially powerful role to play. Although regional authorities are quasi-provincial agencies, they are also charged with representing the "region" and local communities. They become a regional voice for a particular service and the funding of that service, and may be at odds with the provincial government to whom they are ultimately accountable. The provincial government, on the other hand, has the ability to deflect political blame for service and funding problems away from itself and onto these regional governance structures.

## Saskatchewan

Saskatchewan was the first western province to regionalize health services and began a process of restructuring its health care system in 1992, though the idea of regionalization in Saskatchewan goes at least as far back as the 1944 Sigerist Report (Lewis et al. 2001). There are 32 District Health Boards (DHBs) and one health authority in the province (HEALNet 2001b). There are 14 members per health board in the Saskatoon and Regina districts, and 12 members on all other DHBs. Eight members of each board are elected with the remainder being appointed.

The geographic size and boundaries of the various DHBs are determined by their location, the distribution of the population, the geography of the area, trade and commuting patterns, health facility locations and population health status. DHBs are responsible for planning, managing and delivering health services to their region, as well as ensuring that these services meet province-wide standards. Specifically, DHBs in Saskatchewan administer the following health services: hospitals, supportive care, health centres, wellness centres, social centres, home-based health care services, health improvement, community care, emergency response services, community health services, mental health services and rehabilitation services (HEALNet 2001b; Saskatchewan Health 2001a). The province remains responsible for administering the provincial drug plan, the province-wide medical insurance plan, vital statistics and the provincial public health and environmental laboratory (HEALNet 2001b).

In early December 2001, the Saskatchewan government announced plans to restructure health care once again, and stated that it plans to reduce the current number of 32 DHBs to 12 Regional Health Authorities. In addition to this there will be Community Advisory Networks established to facilitate community input into the health care system (Saskatchewan Health 2001c). The Athabasca health authority in the northern-most region of the province will remain unchanged (Saskatchewan Health 2001b). The new RHA members will be entirely appointed by the provincial government, replacing the current mixed elected/appointed board member scheme (CBC Saskatchewan 2001).

**Figure 3:** Structure of Provincial Service Delivery in the West

| | Health | Social Services | Education |
|---|---|---|---|
| British Columbia | • *11 regional health boards, 34 community health councils and 7 community health services societies established in 1997; current plan in effect to reduce to 5 regional health authorities plus one authority to administer BC-wide services*<br>• *board members are appointed and will remain so under the new plan* | • *no regional governance structures*<br>• *some regional service delivery* | • *60 school boards*<br>• *boards are elected* |
| Alberta | • *17 regional health authorities*<br>• *partially elected boards* | • *18 regional child and family services authorities*<br>• *boards are appointed by the province* | • *61 school boards*<br>• *boards are elected* |
| Saskatchewan | • *32 district health boards plus the Athabasca health authority; current plan underway to reduce to 12 regional health authorities plus Athabasca, which will stay the same*<br>• *partially elected boards; new plan will make boards entirely appointed* | • *no regional governance structures*<br>• *some regional service delivery* | • *89 school boards within 7 regions*<br>• *boards are elected* |
| Manitoba | • *12 regional health authorities*<br>• *boards are appointed* | • *no regional governance structures*<br>• *some regional service delivery* | • *54 school boards; current plan underway to reduce to 37 school boards*<br>• *boards are elected* |

**Source:** Provincial government and HEALNet websites.

### Alberta

The second western province to regionalize health care decision-making, planning and delivery was Alberta. As part of an effort to restructure health care, 17 RHAs were established in 1994. RHAs in Alberta are directly responsible for hospitals, continuing care, community health services, and public health programs. There are between seven and 16 members on each board (HEALNet 2001c), and as of October 2001 two-thirds of RHA members are elected (Alberta Health and Wellness 2001).

RHAs service regional populations between 20,000 and 900,000. There can be as many as 11 Community Heath Councils (CHCs) in a region, which deal with health promotion and provide a local community perspective to the RHAs. CHCs are responsible to their corresponding RHA, and RHAs are accountable to the provincial government that holds ultimate authority and responsibility for health care in the province. The province funds RHAs and is responsible for broad policy decisions and directions. In addition to the 17 RHAs there are the Alberta Mental Health Board and Alberta Cancer Board, which provide specialized programs and services province-wide (HEALNet 2001c).

Additional changes are likely to happen in Alberta in the near future. In January 2002 the government released *A Framework for Reform*, chaired by former Deputy Prime Minister Don Mazankowski. This document sets the stage for a number of health care reforms. Many of these changes are directly related to regional health authorities, and in this regard the issue that is getting the most immediate attention is the report's recommendation that responsibility for mental health in the province be transferred from the Alberta Mental Health Board to regional health authorities (Government of Alberta 2001).

### British Columbia

In 1997, the Ministry of Health and the Ministry Responsible for Seniors regionalized the governance and management of most health care services. There were 52 regional health authorities established in BC, consisting of 11 Regional Health Boards (RHBs), 34 Community Health Councils (CHCs) and 7 Community Health Services Societies (CHSSs). RHBs tended to be urban and to have larger populations (between 120,000 and 730,000), whereas CHCs and CHSSs were responsible for smaller populations and tended to be non-urban. Each health authority had approximately 15 board members appointed by the province. CHSSs board members were drawn from the members of CHCs.

Under this system, the province remained responsible for the BC Medical Services Plan, Pharmacare, Vital Statistics and Ambulance Services. The regional health authorities handled most direct health care services. RHBs were granted responsibility for the planning, management and delivery of hospital services, long-term care, adult day care, public health, home nursing, community rehabilitation, case management and adult mental health. In non-urban areas, CHCs were given control over hospitals and long-term care, and CHSSs handled services such as public health, home nursing, community rehabilitation and adult mental health (HEALNet 2001d).

In December 2001, the BC government announced a reduction in the number of regional health authorities from 52 to five, effective immediately. The government expects to make most of its savings, which will reportedly be $20 million over three years, by eliminating the large number of authorities that have relatively low populations. New regional health authorities, whose members will remain appointed, will be established as follows: Vancouver Coastal, Vancouver Island, Fraser, Interior and Northern (Beatty and Fayerman 2001). These authorities will be responsible for the overall management of funding, programs and services in the region. Within the five large regions will be a total of 15 health service delivery areas to manage services in a particular area, ensure provincial standards are met and facilitate a more localized approach to service delivery. Service agreements will be developed between health service delivery areas and the larger region to which they belong (Vancouver Coastal Health Authority 2001). There will also be a Provincial Health Services Authority, with representatives from the five regions, that will be responsible for selected services intended for all residents of BC, such as the Children's and Women's Health Centre and the BC Cancer Agency (Beatty and Fayerman 2001; BC Ministry of Health Planning 2001).

### Manitoba

Regional Health Authorities were established in Manitoba in 1997 and 1998, and have responsibility for the regional governance and operation of health services. There are 12 RHAs in Manitoba, each comprised of nine to 15 board members who are appointed by the province. RHA populations range from 7,000 to 650,000, with most RHA populations being between 30,000 and 50,000. RHAs may

themselves establish District Health Advisory Councils (DHACs) in order to gain a better picture of the needs of the community.

RHAs provide core health services including hospitals, health promotion and education, health protection, prevention and community health services, developmental and rehabilitation support services, home-based care services, long-term care, mental health services, substance abuse and addictions, and palliative care. RHAs evaluate health status and issues in their populations, and select the services, programs and care to be delivered to the community. The province funds the RHAs and also retains direct responsibility over areas such as Pharmacare, Cancercare Manitoba, the Addictions Foundation of Manitoba and the Selkirk Mental Health Centre (HEALNet 2001e).

### Summary: Provincial Similarities and Differences

There are common themes that emerge throughout the western provinces in regards to the regionalization of health care. Governments and advocates of regionalization argue that it is effective, improves efficiency, allows for better health outcomes and provides opportunities for community involvement in health care decision-making and planning. Within a span of five years, all four of the western provinces regionalized health care. However, it appears that there is now a shift that favours fewer regions, as signaled by recent initiatives in BC and Saskatchewan. This shows that regionalization in the health care area is in a state of flux and raises some important questions as to what the appropriate geographic size, boundaries and population should be for a given RHA.

## *Social Services*

With the exception of Alberta, the western provinces have not made any substantial efforts to devolve decision-making powers to regional authorities in the field of social services. However, all four provinces have some form of regional approach in this field.

### Alberta

After undertaking a number of community consultations in 1994, the Alberta government decided to take a more community-based approach to the delivery of social services. Specifically, the provincial government wanted to promote decision-making at the community level, the rationale being that community members have a better understanding of the needs of their community (Alberta Child and Family Services Authorities 2001a). As a result, 18 regional Child and Family Services Authorities (CFSAs), including one authority covering the eight Metis Settlements, were created (Alberta Child and Family Services Authorities 2001b). The new regional authorities were given a mandate to employ a preventative approach to social problems, intervene earlier, integrate services and improve their

services for Aboriginal peoples. Although the provincial government remains ultimately accountable for these services and provides funding and resources to the regional authorities, it is the regional authorities that are responsible for the implementation of policy and responding to the needs of their area (Alberta Family and Social Services 1999).

### Saskatchewan

There are six geographic regions for Saskatchewan Social Services: Regina, Saskatoon, Southeast, Southwest, Northeast and Northwest. It should be stressed that these regions do not possess any decision-making authority, and exist as service delivery mechanisms only. There are 22 local offices within these regional areas to provide service delivery (Saskatchewan Social Services 2001a). Some regionally provided services include income security, child and family support services, residential programs, young offender programs and community development, outreach and partnership programs (Saskatchewan Social Services 2001b).

### British Columbia

Regionally provided social services in BC are concentrated in two ministries: the Ministry of Human Resources and the Ministry of Children and Family Development. Both ministries use regional service areas, but policy remains centralized in the ministries and the regional areas have no decision-making authority. The Ministry of Human Resources is divided into nine regional service areas. Regional areas handle services such as employment and benefits, child care services, family maintenance and disability benefits (British Columbia Ministry of Human Resources 2001). The Ministry of Children and Family Development is divided into 11 regional service areas. Each of these regions delivers services in areas such as child protection, Aboriginal relations, youth justice and children with special needs (British Columbia Ministry of Children and Family Development 2001).

### Manitoba

There are eight regional service delivery offices for Manitoba Family Services, but as in Saskatchewan and BC, decision-making remains with the provincial government. The regional offices work together with community partners to find appropriate solutions to local problems (Manitoba Family Services 2001). Recent proposed restructuring initiatives in Manitoba have focused on devolving control of child and family services to Aboriginal communities (Manitoba Government News Release 2001).

### Summary: Provincial Similarities and Differences

While at the present time only Alberta has devolved responsibility for decision-making, planning and service delivery to regional authorities in the field of social services, the other western provinces seem to be moving in the same general direction, albeit at a slower pace. Although the delivery of services exists at the regional level in Saskatchewan, BC and Manitoba, these provinces have yet to bring

decision-making under regional control. The main difference between Alberta and the other western provinces is that in Alberta there exists a quasi-autonomous regional decision-making authority with its own governance arrangement, whereas the other provinces have regional service delivery mechanisms that are controlled from the provincial capital. All of this raises questions regarding the extent to which regional approaches to social services will resemble regional approaches to health care in the future, and whether the structure of such regional approaches will tend towards larger or smaller regions. Another question that might be raised (that could also be raised in regards to RHAs) is: how much power do CFSAs in Alberta (and possibly future regional social services authorities in other provinces) have in theory, and how much do they actually exercise?

## *Education*

In many cases education restructuring has resulted in a more regional approach to education services, but using the term regionalization to describe the restructuring of education in western Canada's provinces would be misleading. Unlike RHAs, school boards have existed for a long time. Although education is a provincial responsibility, school boards possess decision-making powers granted to them by the provinces. School boards vary in terms of their geographic size and the number of members they have. The more recent restructuring of education has been in the form of low population rural school boards being amalgamated into larger jurisdictions. While such restructuring may result in the creation of a new education "region," it is a different process with a different history than what has happened in health care. These differences should be kept in mind when discussing education within the context of regional service delivery, although, interestingly enough, the recent announcements regarding the reduction in the number of regional health authorities in BC and Saskatchewan mirror recent education reforms quite closely.

### Saskatchewan

The Saskatchewan education system is composed of 89 school divisions within seven regions (Saskatchewan Education 1996). The seven regional offices provide the public with a means of accessing the education system at a regional level (Saskatchewan Education 2000). As in the other western provinces, a regional model for the provision of education services in Saskatchewan has occurred primarily in the form of school board amalgamations. One example of this occurred in 1994 when four small school divisions combined to form the Scenic Valley School Division (Saskatchewan Education 1997a). Recent proposals for restructuring refer to the need to take into account geography, demography, transportation and trading patterns when creating new school divisions (Saskatchewan Education 1996).

### Alberta

In 1937 there were approximately 4,000 school districts in Alberta. Since that time there has been a steady reduction in the number of school boards - currently there are only 61 boards (Alberta Learning 2000). Again, a regional approach to education services in Alberta has occurred primarily through the amalgamation of existing school jurisdictions and the creation of new regional jurisdictions in non-urban areas.

### British Columbia

BC currently has 60 elected school districts (British Columbia Ministry of Education 2001). In 1996 the number of school districts was reduced from 75 to 59, with a francophone authority being subsequently established to bring the number of school boards to the current total of 60 (Saskatchewan Education 1997b). The BC government estimated that through restructuring it could save $30 million by "eliminating duplication, streamlining service delivery, and cutting waste and inefficiency" (British Columbia Education News 1996). The government also argued that a regional approach could provide positive improvements for students where, through amalgamation, services previously unavailable to a smaller jurisdiction become available through an amalgamation with a larger district (British Columbia Education News 1996).

### Manitoba

Manitoba currently has 54 school boards. Although the Manitoba School Division/Districts Boundaries Review Commission recommended reducing the number of jurisdictions to 21 in 1994, the recommendation was not implemented (Saskatchewan Education 1997b). However, in November 2001 the Minister of Education announced that the province intends to engage in restructuring. The new plan will force a reduction in the number of school boards to 37 and reportedly save $10 million over the next three years. These changes are to take place by October 2002 (Canadian Press 2001).

### Summary: Provincial Similarities and Differences

If the end result of school board amalgamations is the creation of a new education "region," then it may be stated that a regional approach to education is emerging. This has occurred primarily in non-urban areas where school districts tend to have small populations, and the impact of such reforms on urban areas seems to be nil. At this point, it does not appear that a strategic regionalized approach to education, at least in the way that it exists in health care, is being implemented in western Canada. One question that might be asked is if education restructuring has impacted the quality and availability of education services in rural areas.

## *Provincial Service Delivery in Western Canada's Major Cities*

Western Canada's major cities are becoming increasingly important politically, economically and socially. It is important, therefore, to consider how provincial services are managed and delivered in the big cities and what impact this has. Figure 4 provides a brief synopsis of provincial service delivery in western Canada's major cities. Future research is recommended in order to better understand the relationships between municipal governments, regional governance, provincial/regional service delivery and the overlapping responsibilities and boundaries that exist between these areas. These questions again hinge on the extent to which regional approaches to services involve the exercising of powers that regional governance structures hold in theory.

**Figure 4:** Health, Social Services and Education in Western Canada's Major Cities

| | Health | Social Services | Education |
|---|---|---|---|
| City of Vancouver | • *Vancouver/Richmond Health Board being replaced by Vancouver Coastal Health Authority under newly implemented plan* | • *Ministry of Human Resources, Region 1 (Vancouver)*<br>• *Ministry of Children and Family Development, Region R (Vancouver Richmond)* | • *Vancouver School District No. 39*<br>• *Province-wide Conseil scolaire francophone de la Colombie-Britannique No. 93* |
| City of Calgary | • *Calgary Health Region* | • *Calgary Rocky View, Child and Family Services Authority Region 4* | • *Calgary School District No. 19*<br>• *Calgary Roman Catholic Separate School District No. 1*<br>• *Greater Southern Public Francophone Education Region No. 4*<br>• *Greater Southern Separate Catholic Francophone Education Region No. 4* |
| City of Edmonton | • *Capital Health Authority* | • *Ma' Mowe Capital Region, Child and Family Services Authority Region 10* | • *Edmonton School District No. 7*<br>• *Edmonton Roman Catholic Separate School District No. 7*<br>• *Greater North Central Francophone Education Region No. 2* |
| City of Regina | • *Regina District Health Board; new plan will establish the Regina/ Touchwood Qu'Appelle/ Pipestone Regional Health Authority* | • *Saskatchewan Social Services, Regina Region* | • *Regina Public School Division No. 4*<br>• *Regina Roman Catholic Separate School Division No. 81*<br>• *Conseil scolaire fransaskois de Regina* |
| City of Saskatoon | • *Saskatoon District Health Board; new plan will establish the Central Plains/ Living Sky/ Saskatoon/ Gabriel Springs Regional Health Authority* | • *Saskatchewan Social Services, Saskatoon Region* | • *Saskatoon Public School Division No. 13*<br>• *Saskatoon Catholic Board of Education*<br>• *Conseil scolaire fransaskois de Saskatoon* |
| City of Winnipeg | • *Winnipeg Regional Health Authority* | • *Department of Family Services, Winnipeg Region* | • *The Winnipeg School Division No. 1 and 9 other boards in the City of Winnipeg including the province-wide Division scolaire franco-manitobaine No. 49; under the new plan there will be 7 divisions (including the francophone division)* |

**Source:** Provincial government websites.

## *The Future of Regional Approaches to Services*

Regional approaches have developed differently for different services. All four western provinces devolved decision-making powers to regional health authorities during the 1990s. However, in BC and Saskatchewan the number of regional health authorities is now being reduced. There is a similar trend occurring in education in western Canada with school board amalgamations. And in both health and education, it is non-urban areas that will be most affected as governments seek to reduce the number of administrative structures responsible for relatively low populations. Under this new regional approach, regional authorities or school boards remain responsible for the provision of health and education services, but fewer bodies are delivering services. In the field of social services, only Alberta has devolved decision-making to regional authorities, but it is possible that the other provinces may do the same at some point in the future.

Regionalization and regional approaches to health, education and social services raise important questions concerning the impact on western city-regions, and whether there are overlapping responsibilities and possible conflicts between provincial and local governments and regional authorities in addition to benefits gained through increased service integration and coordination. Future research is needed in order to evaluate regionalization and regional approaches to services more substantively. Another important question raised for future research is the extent to which regional authorities are becoming political actors in their own right as opposed to merely creatures of the provincial government. It may be the case that a new model of governance, if not government, is being established in western Canada.

## References

Alberta Child and Family Services Authorities. 2001a. *Overview.* www.acs.gov.ab.ca/cfsa/overview.htm.

Alberta Child and Family Services Authorities. 2001b. *Board Members and Contact Information.* www.acs.gov.ab.ca/cfsa/board_members.htm.

Alberta Family and Social Services. 1999. *1998-99 Annual Report.* www.gov.ab.ca/hre/pdf/annrpt.pdf.

Alberta Health and Wellness. 2001. *Health Authority Elections 2001.* www.health.gov.ab.ca/rhas/Elections/index.html.

Alberta Learning. 2000. *Teaching About Local Government: School Boards.* http://ednet.edc.gov.ab.ca/k_12/curriculum/bysubject/social/asbaresource.pdf.

Beatty, Jim, and Pamela Fayerman. 2001. *Health-board cuts create better system: Campbell.* 13 December. The Vancouver Sun. www.canada.com/vancouver/vancouversun.

British Columbia Education News. 1996. *Minister's Message.* www.bced.gov.bc.ca/bcednews/archive/jan96/9601min.html.

British Columbia Ministry of Children and Family Development. 2001. *Programs and Services*. www.gov.bc.ca/mcf.

British Columbia Ministry of Education. 2001. *K-12 Funding Allocation System.* www.bced.gov.bc.ca/k12funding.

British Columbia Ministry of Health Planning. 2001. *Government Restructures Delivery of Patient Care.* 12 December. News Release. www.healthplanning.gov.bc.ca/cpa/newsrel/2001/232.html.

British Columbia Ministry of Human Resources. 2001. *Regional Information.* www.mhr.gov.bc.ca/MINISTRY/Regional/region7.htm#map.

Canadian Medical Association. 1998. *Regionalization (update 1998).* www.cma.ca/cma/common/displayPage.do?pageId=/staticContent/HTML/N0/l2/where_we_stand/health_care/06-19e.htm.

Canadian Press. 2001. News Story. 8 November. www.canoe.ca/WesternTicker/CANOE-wire.Mba-School-Mergers.html.

CBC Saskatchewan. 2001. *Rural Hospitals will not be cut, but health districts will.* 5 December. http://sask.cbc.ca/editorServlets/View?filename=hospital011205.

Government of Alberta. 2001. *A Framework for Reform: Report of the Premier's Advisory Council on Health.* http://www2.gov.ab.ca/home/health_first/documents/PACH_report.pdf.

HEALNet. 2001a. *What is Regionalization?* www.regionalization.org/Regionalization.html.

HEALNet. 2001b. *About Regionalization in Saskatchewan.* www.regionalization.org/SK.html.

HEALNet. 2001c. *About Regionalization in Alberta.* www.regionalization.org/AB.html.

HEALNet. 2001d. *About Regionalization in British Columbia.* www.regionalization.org/BC.html.

HEALNet. 2001e. *About Regionalization in Manitoba.* www.regionalization.org/MB.html.

Lewis, Steven. 1997. *Regionalization and Devolution: Transforming Health, Reshaping Politics?* Saskatoon: HEALNet Occasional Paper No. 2. www.regionalization.org/OP2.pdf.

Lewis, Steven J., Denise Kouri, Carole A. Estabrooks, Harley Dickinson, Jacqueline J. Dutchak, J. Ivan Williams, Cameron Mustard, and Jeremiah Hurley. 2001. *Devolution to Democratic Health Authorities in Saskatchewan: An Interim Report.* Canadian Medical Association Journal, 164 (3): 343-7. www.cma.ca/cmaj/vol-164/issue-3/0343.htm.

Lomas, Jonathan. 1997. *Devolving Authority for Health Care in Canada's Provinces:* 1. An Introduction to the Issues. Canadian Medical Association Journal, 156 (3): 371-7. www.cma.ca/cmaj/vol-156/issue-3/0371.htm.

Lomas, Jonathan. 2001. *Past Concerns and Future Roles for Regional Health Boards.* Canadian Medical Association Journal, 164 (3): 356-7. www.cma.ca/cmaj/vol-164/issue-3/0356.htm.

Manitoba Family Services. 2001. *Regional Operations Branch.* www.gov.mb.ca/fs/programs/clv/fs0clv02.html.

Manitoba Government. 2001. *Restructuring of Child and Family Services System Reaches Next Step.* News Release. 9 August. www.gov.mb.ca/chc/press/top/2001/08/2001-08-09-01.html.

Saskatchewan Education. 1996. *Structuring Public Education for the New Century: Summary of Public Discussions and Plans for the Future; Option 2: School Division Restructuring.* www.sasked.gov.sk.ca/restruct/newcentury/doc_opt2.html.

Saskatchewan Education. 1997a. *Structuring Public Education for the New Century: A Guide; Appendix G: Restructuring Initiatives in Saskatchewan.* www.sasked.gov.sk.ca/restruct/append_g.html.

Saskatchewan Education. 1997b. *Structuring Public Education for the New Century: A Guide; Appendix F: Comparison with Other Provinces.* www.sasked.gov.sk.ca/restruct/append_f.html.

Saskatchewan Education. 2000. *Annual Report: 1999-2000.* www.sasked.gov.sk.ca/k/99_20_report.pdf.

Saskatchewan Government. 2001. *Action Plan for Health Care.* News Release. December 5. www.gov.sk.ca/newsrel/2001/12/05-913.html.

Saskatchewan Health. 2001a. *District Health Board History.* www.health.gov.sk.ca/ph_history.html.

Saskatchewan Health. 2001b. *Saskatchewan Regional Health Authorities.* www.health.gov.sk.ca/hplan_regional_health_authorities_map.htm.

Saskatchewan Health. 2001c. *The Action Plan for Saskatchewan Health Care: A Summary.* www.health.gov.sk.ca/hplan_health_care_plan_summary.pdf.

Saskatchewan Social Services. 2001a. *Common Questions.* www.gov.sk.ca/socserv/commonq/faqs.html#General.

Saskatchewan Social Services. 2001b. *Annual Report 2000-2001.* www.gov.sk.ca/socserv/publications/annualreports/pdfs/AnnualReport01.pdf.

Vancouver Coastal Health Authority. 2001. *Special Bulletin 2: Health System Restructuring.* 14 December. www.vancoastalhealth.ca/bulletins_02.shtml.

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☐ I would like my donation to be anonymous.

Name: _____

Organization: _____

Address: _____

_____

Ph: _____ Fax: _____

E-mail: _____