



**ENGAGING STAKEHOLDERS  
FOR HHR PLANNING:**  
Lessons from Saskatchewan

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# Presentation Outline

- Some background
- Traditional Consultation vs Engagement & Dialogue
- 2007 Conference – who and what?
- What they said – Stakeholders' Issues & Reactions
- Lessons for governments
- What's in it for you?



# Some Background

- First HHR Consultation Conference held in October 2005
  - 80+ attendees from across health sector
  - Two days of small group & plenary dialogue
- Key Questions for first round:
  - What issues have to be contained in the Plan?
  - What are the priority issues for immediate action?
  - Who does what & when?
- *Health Workforce Action Plan* released in Dec 2005 with strong stakeholder buy in



# Its About Dialogue and...

- Most stakeholder consultation is:
  - Series of one on one meetings (Gov't meets NGO)
  - NGO speaks *AT* government (What we want...)
  - Government *TELLS* NGO (What we're doing...)
- These events are designed as:
  - Dialogue amongst stakeholders (NGOs must listen to each other)
  - Search for common ground & shared goals
  - Governmental presence less visible at this stage
  - Dialogue should be sustained over time



## ...Its About Engagement

- Neutral third-party and a neutral space
  - Provide structure to the dialogue – background material, recording, reporting to government
  - Professional facilitation to insure respectful, open dialogue
- NGOs have ownership of the agenda
  - Must set the agenda collaboratively
  - Must engage with those with whom they disagree
  - Must look forward, not backward



# 2007 Conference – Who?

- Nearly 100 attendees from across the health sector
  - Strong RHA representation (S, M & L; rural & urban)
  - Weak union representation (SUN suspicious of gov't motives – others noticed their absence)
  - Good representation from regulatory bodies, professional associations, post-secondary institutions, First Nations service providers and Metis organizations
  - Who is there matters...and it is hard work



# 2007 Conference – What?

- CPRN & Facilitators designed process with two key objectives:
  - Reaction to and feedback on objectives of Pan-Canadian HHR Planning Framework
  - Priorities for next iteration of provincial Workforce Action Plan
- Sessions were a mix of presentations, open plenary, small group (open space technology) and reporting back
- Important role of the Rapporteur



# What they said...

- Stakeholder reactions:
  - Supportive of goals of Pan-Canadian Framework
  - But need to see “on the ground” results
  - Process is still very distant from their day-to-day realities
  - Beginning to see progress on Provincial Action Plan goals
  - Concerned about their role in the process – want to be inside on setting priorities & designing options
  - Strong push for more inclusive representation





# Their Issues & Priorities

- Recruitment and Retention
  - Quality of work life not improving
  - Middle management squeeze creating burn-out
  - Healthy workplaces for front-line staff
- Scopes of Practice
  - Recognition of their different positions (MDs/Nurses)
  - Need to push past their own entrenched positions
- First Nations & Métis struggling to find their place in the system



# Their Reactions

- **Events like this are important? – 93%**
- **Format appropriately balanced? – 82%**
  - More Information Sessions – 37%
  - More Small Group Sessions – 42%
  - Facilitation – 75%
- **Important opportunity to be heard – 75%**
- **Overall Rating of Conference – 82%**
- **Other comments:**
  - Sustain the conversation between events
  - Dig deeper on key issues
  - Need further dialogue



# Lessons for Governments

- Stakeholders **WILL** engage in a positive manner if given the opportunity
  - Strong desire to move beyond simple consultation
  - Expectation to be involved meaningfully
- Stakeholders come to understand complexity of the policy choices
  - Recognise their own need to listen to others
- Can see & appreciate progress being made by governments (alone & together)



# Lessons for Governments

- Gov'ts get a baseline for consensus building
  - Reduces the “us” versus “them” atmosphere on controversial issues (SOP, Entry to Practice)
- Stakeholders will own up to their role & responsibility in the right circumstances
  - Seeking more clarification
- Neutral Space is a Key to Success
  - Provides comfort for stakeholders
  - Provides distance for governments
- Can send important message to the public



# What's in it for you...

- Results of dialogue & engagement provide different kinds of inputs into policy:
  - Rooted in “common ground” from across the health sector stakeholders
  - Identifies both room to move & uncovers barriers
  - If stakeholders see themselves in the results they are more likely to “buy in” to policy choices
  - Reduces friction inside & outside the policy process
  - Breaks down silos (doesn't eliminate them)
- Commitment must be sustained



## Further evidence...

- *"Finding Common Ground"* – report from 1<sup>st</sup> Saskatchewan HHR Consultation Conference
- *"Towards Patient-Centred Care: Dialogue on the Future of Health Care Services in Ontario"* – multi-stakeholder dialogue held on behalf of the Ontario Medical Association
- *"Dialogue on Sharing Public Funds"* – citizen dialogue on fiscal federalism held on behalf of Council of the Federation



# Coming Soon

Tom McIntosh (with Renee Torgerson and Arlene Wortsman) *"Building on Common Ground: Report from the 2<sup>nd</sup> Saskatchewan HHR Planning Conference" Ottawa: CPRN, 2007*

Watch [www.cprn.org](http://www.cprn.org) for its release...or

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