Summary of a Living Dialogue and Panel Process

**From 'Addressing the Politics of the Health Human Resources Crisis in Canada' to Foregrounding Health-system Transformation**

Background

We convened a living dialogue and panel process – four stakeholder dialogue interactions and two citizen panel interactions – on the topic of addressing the politics of the health human resources (HHR) crisis in Canada between November 2022 and May 2023.

Initial versions of the evidence brief and citizen brief were revised based on insights from the living stakeholder dialogue interactions and citizen panels, with versions 2, 3 and 4 of the evidence brief and version 2 of the citizen brief reflecting shifts in how the issue was framed over time. Summaries of stakeholders' and citizens' insights from the dialogues and panels are captured in versions 1, 2, 3 and 4 of the dialogue summary, and versions 1 and 2 of the citizen panel summary. The timeline below illustrates in general how the framing of the issue evolved over time:

- from a focus on addressing the HHR crisis to addressing the politics of the HHR crisis during the first dialogue and panel
- from a focus on addressing the politics of the HHR crisis to supporting broader health-system transformation across provincial/territorial (PT) health systems and aligning HHR initiatives to these transformation initiatives in the remaining interactions.
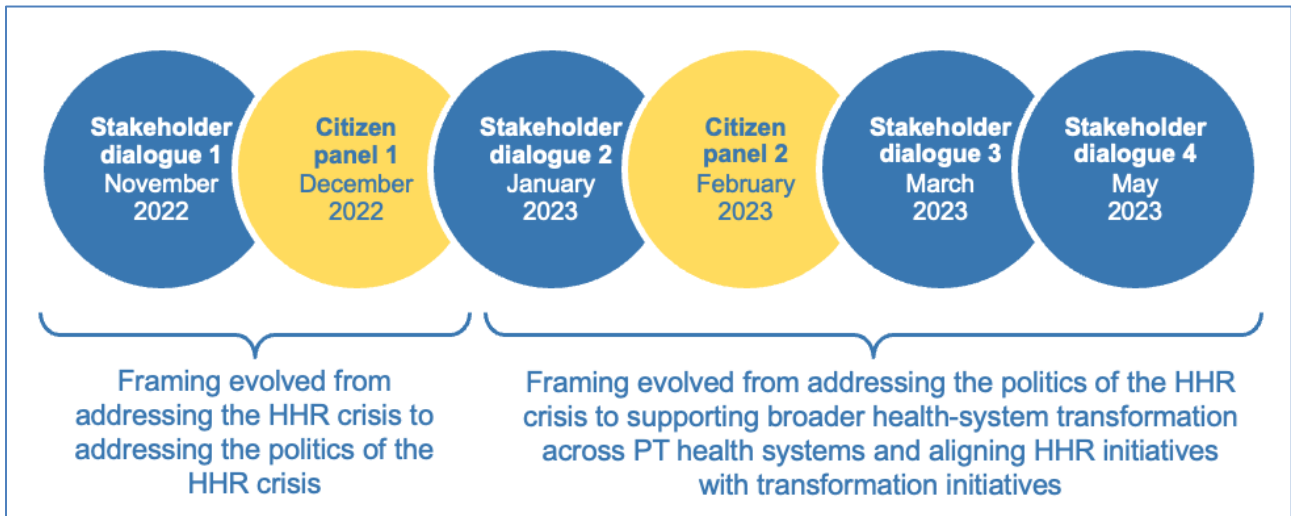
Within this broader evolution in framing, the ways in which the problem and its causes, elements of a potentially comprehensive approach for addressing them, and implementation considerations were framed shifted in many ways, with details about these shifts in the sections that follow.
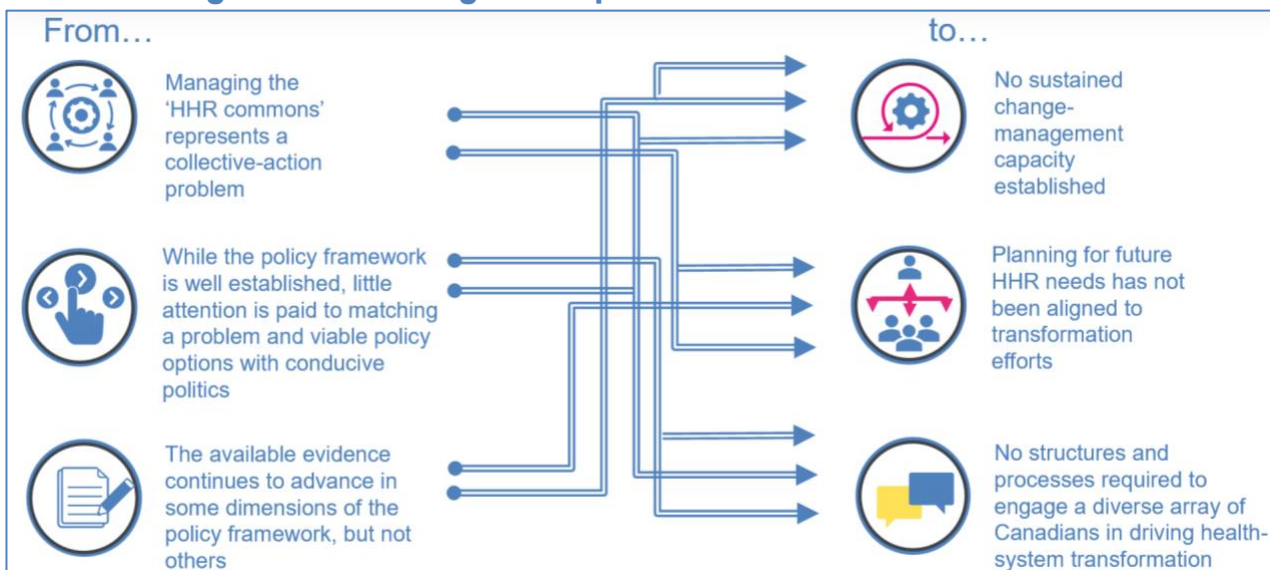
The project resulted in many outputs, including appendices that captured the technical work underpinning the briefs. These provide multiple entry points or 'ways in' for those interested in the many different issues addressed over the course of the project (see Box 1).

Box 1: 'Ways in' to the outputs from the living stakeholder dialogues and citizen panels

While all of the documents related to this suite of work can be accessed here, those interested in particular aspects of the issue may find the following 'ways in' useful:

1) the **'best' available evidence syntheses** related to components of the agreed-upon policy framework for addressing the HHR crisis (based on the Canadian Academy of Health Sciences Assessment on Health Human Resources) are included in Appendices 1-3 of the first three versions of the evidence brief, with the final version linked to above inclusive of all additional analytic work to identify the types of questions and the values addressed by each synthesis, and Table 4 in the first version of the brief also includes an overview of 'best' syntheses by policy framework components

2) summaries of **citizens' views about and experiences with various aspects of the issue** can be found in the first citizen panel summary, the second citizen panel summary, and in Appendices 5 and 6 of the second version of the brief

3) summaries of **stakeholder insights** from each dialogue interaction can be found in the four dialogue summaries posted on the project page

4) findings from **jurisdictional scans about the politics of the HHR crisis** can be found in:
   - Table 2 (summary of events within government), Table 3 (summary of changes in how the balance of organized forces has shifted on the issue) and Table 9 (federal/provincial/territorial actions to address HHR challenges and shared norms and values) of the first version of the evidence brief
   - Table 1 (examples of 'big P' and 'small p' politics playing out at different levels in the context of the HHR crisis) in the second version of the evidence brief
   - Table 1 (recent PT decisions about addressing the HHR crisis), and Table 2 (examples of PT efforts to advance health-system transformation) in the third version of the evidence brief, and in Appendices 2 and 3 in the fourth version of the evidence brief

5) summaries of the **values that citizens and stakeholders identified as important** for addressing the HHR crisis, and actions to operationalize them, can be found in Table 2 and Table 3 of the second version of the evidence brief, and in Appendix 4 of the third version of the brief

6) findings from a jurisdictional scan about **structures and processes that enable diverse Canadians to play a role in** designing, executing and ensuring accountability for health-system transformation can be found in Appendix 4 of the fourth version of the evidence brief

7) insights about **health-system transformation initiatives** can be found in Appendix 6 (frameworks about spread and scale of innovations) and Appendix 7 (organizations involved in spread and scale of innovations) of the fourth version of the evidence brief.

An evolving understanding of the problem and its causes

From...
- Managing the 'HHR commons' represents a collective-action problem
- While the policy framework is well established, little attention is paid to matching a problem and viable policy options with conducive politics
- The available evidence continues to advance in some dimensions of the policy framework, but not others

to...
- No sustained change-management capacity established
- Planning for future HHR needs has not been aligned to transformation efforts
- No structures and processes required to engage a diverse array of Canadians in driving health-system transformation

Across the four stakeholder dialogue interactions and two citizen panel interactions, the ways in which the problem and its causes were discussed by participants shifted significantly (see figure above, which shows the problem framing from the first dialogue interaction compared to that of the final interaction). In particular, three notable shifts unfolded between the first and final interactions:

1) an initial focus on how politics in general has made it challenging to address the HHR crisis shifted into a focus on how specific stakeholders at different levels contribute to both 'big P' politics (e.g., those involving government policymakers) and 'small p' politics (e.g., those involving leaders of organizations focused on particular categories of health workers)

2) a focus on the lack of agreement about the core values that should underpin efforts to address the HHR crisis emerged, as well as a focus on how little effort has been made to link actions taken to address the crisis with agreed-upon values

3) an initial focus on the challenges associated with federal/provincial/territorial (FPT) efforts to address the HHR crisis shifted to a sustained focus on the need for broad health-system transformation, the lack of structures and processes to engage Canadians in crafting a broad vision for future PT health systems, and a lack of leadership and change-management capacity to drive health-system transformation (with the HHR crisis embedded within this broader framing).
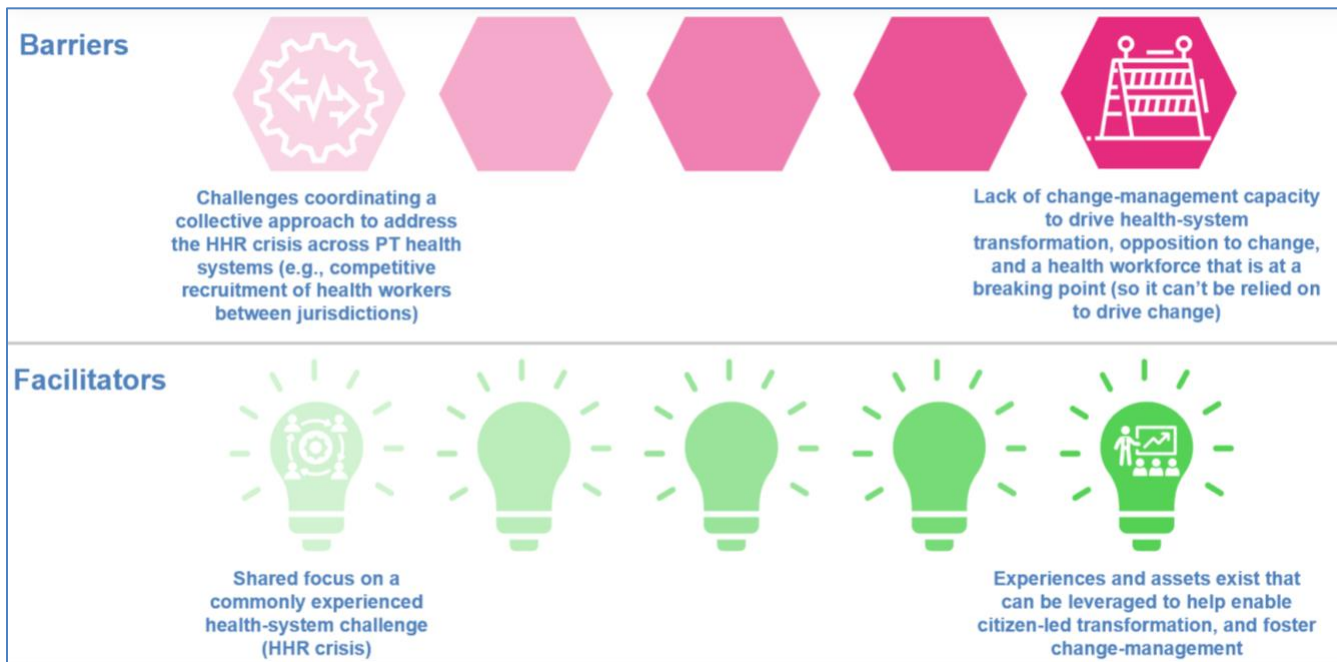
Shift in framing elements of a potentially comprehensive approach

From…

- Develop the norms and values that need to underpin collective action to manage the 'HHR commons'
- Identify the policy levers available to PT government policymakers and system/organizational leaders
- Identify the policy levers available to federal government policymakers that would incentivize adherence to these norms and values

to…

- Co-design the structures and processes that will enable diverse Canadians to play increasingly important roles in driving health-system transformations
- Establish sustained change-management capacity in PT health systems to execute the transformations
- Plan now for the health workforce needed in transformed health systems

The ways in which the elements of a potentially comprehensive approach were framed by participants and citizens evolved alongside shifts in the framing of the problem (see figure above, which shows the framing of elements from the first dialogue interaction compared to that of the final interaction). The most notable shifts in the elements over the course of the dialogue and panel interactions were:

1) from a focus on solutions for overcoming challenging politics and enabling collective action to address the HHR crisis across PT health systems to a focus on solutions for establishing and agreeing on the core values that should underpin actions taken to address the crisis

2) from a focus on addressing the HHR crisis as the primary goal, to a broader focus on health-system transformation as the goal (with HHR considerations as one component of this goal)

3) an emergent focus on:
- the need for co-designed structures and processes for engaging diverse Canadians in crafting a vision for future PT health systems, executing the vision, and holding leaders to account for achieving the vision through health-system transformation initiatives
- the need for structures and processes that enable organizational and professional leaders to 'broker trade-offs' required to push forward health-system transformation
- the need for establishing change-management capacity to help drive health-system transformation.

3

Change in perception of important barriers of, and facilitators to, implementation

Barriers

Challenges coordinating a collective approach to address the HHR crisis across PT health systems (e.g., competitive recruitment of health workers between jurisdictions)

Lack of change-management capacity to drive health-system transformation, opposition to change, and a health workforce that is at a breaking point (so it can't be relied on to drive change)

Facilitators

Shared focus on a commonly experienced health-system challenge (HHR crisis)

Experiences and assets exist that can be leveraged to help enable citizen-led transformation, and foster change-management
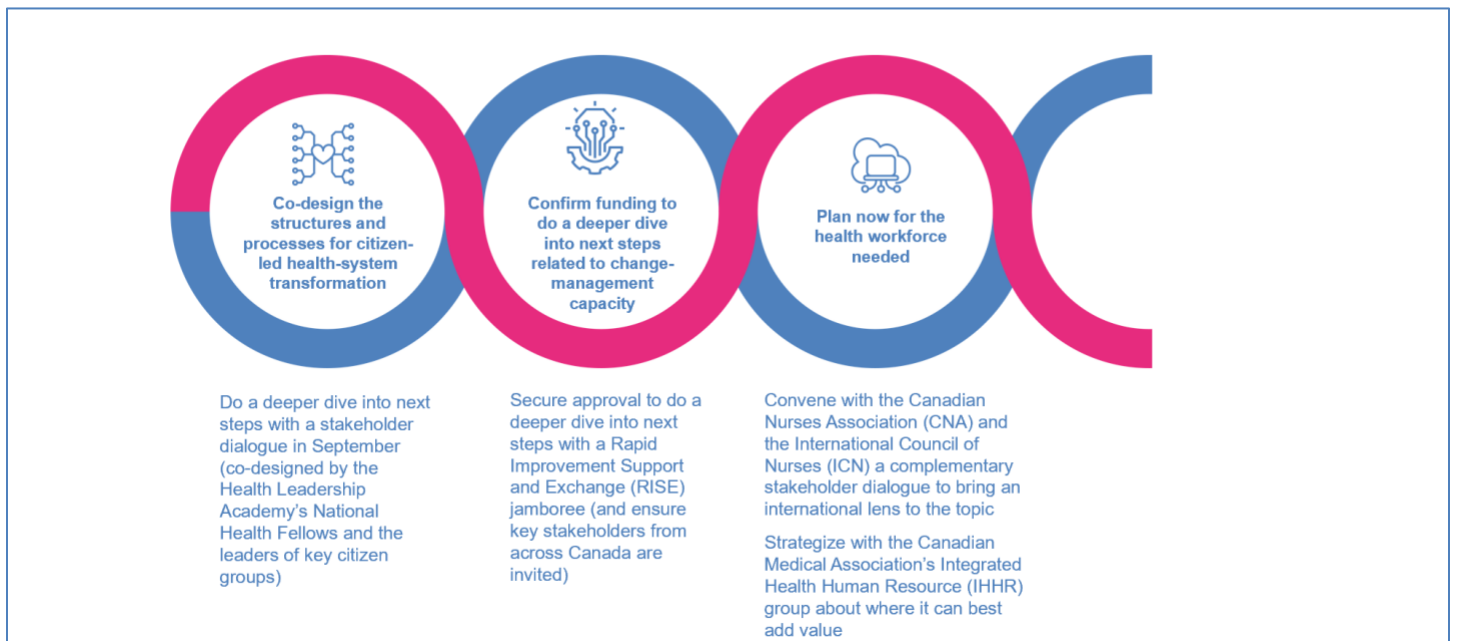
As citizens' and stakeholders' understanding of the problem and elements of an approach for addressing it evolved over the course of the dialogue and panel interactions, their views about implementation also shifted. In general, these shifts reflected the changing focus of the problem and elements outlined above, with barriers and facilitators shifting from those related to collective approaches for overcoming political constraints and addressing the HHR crisis in PT health systems during the first interaction, to those related to engaging diverse Canadians and change-management capacity in the final dialogue. The more specific ways in which these views about implementation changed over the course of the project include:

- a shift from a focus on the many opportunities to leverage existing FPT initiatives for collective action for addressing the HHR crisis, and to establish the shared values to underpin actions to address the HHR crisis, to a focus on a lack of forums to engage in broader discussions about health-system transformation
- an increasing focus on the lack of willingness among system and organizational leaders at all levels to both lead and engage in a process to broker the trade-offs required to pursue health-system transformation (and the persistence of 'turf wars' among these groups)
- an increasing focus on Canadians' growing frustrations with their health systems, and the role this will play in catalyzing change
- an increasing focus on the existing assets in Canada that can be leveraged to help co-design the structures and processes for engaging diverse Canadians in crafting a vision for future PT health systems, executing the vision and holding leaders to account for achieving the vision.

Next steps

While several next steps were suggested across the dialogue and panel interactions (captured in the dialogue summaries posted on the main project page), the nature of how the issue evolved and where it 'landed' after the final interaction indicated that there might be three priorities.

Co-design the structures and processes for citizen-led health-system transformation

Do a deeper dive into next steps with a stakeholder dialogue in September (co-designed by the Health Leadership Academy's National Health Fellows and the leaders of key citizen groups)

Confirm funding to do a deeper dive into next steps related to change-management capacity

Secure approval to do a deeper dive into next steps with a Rapid Improvement Support and Exchange (RISE) jamboree (and ensure key stakeholders from across Canada are invited)

Plan now for the health workforce needed

Convene with the Canadian Nurses Association (CNA) and the International Council of Nurses (ICN) a complementary stakeholder dialogue to bring an international lens to the topic

Strategize with the Canadian Medical Association's Integrated Health Human Resource (IHHR) group about where it can best add value

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