

Topic Overview

**Developing a Rural Health Strategy in Saskatchewan**

**Stakeholder Dialogue  
17 June 2010**

The McMaster Health Forum convened a stakeholder dialogue on the subject of developing a rural health strategy in Saskatchewan. With the support of Saskatchewan Health, the dialogue brought together 17 participants – three policymakers, five managers in regions and delivery agencies, four staff or members of healthcare provider associations or groups, three staff or members of patient or citizen groups, and two researchers -- from across the province to examine the problem, options for addressing it, and key implementation considerations.

The stakeholder dialogue was funded by the Canadian Institutes of Health Research (CIHR) through the Evidence on Tap – Expedited Knowledge Synthesis program. Saskatchewan Health partnered with CIHR on this initiative and has been working with the McMaster Health Forum to carry out the work. The views expressed in this document do not represent the views of Saskatchewan Health or CIHR.

**Deliberation about the problem**

Dialogue participants generally agreed that Saskatchewan does not have an integrated approach to addressing the healthcare challenges faced by those living in rural areas. They also generally agreed with the many features of the problem that were described in the evidence brief. Dialogue participants identified several additional features of the problem, including: 1) silos within government and across levels of government; 2) inadequate education of healthcare professionals in rural communities and in teams; and 3) inconsistent application of scope-of-practice legislation. A number of dialogue participants expressed concern that local community efforts to build healthcare centres often were not sustainable, created an unhelpful competitive dynamic among communities, and left communities with equal needs with very unequal levels of service.



**Saskatchewan  
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Participants gather during a McMaster Health Forum event on 17 June 2010 in Regina

## Deliberation about options

Most dialogue participants were drawn to option 1 (supporting self-management, ‘aging in place,’ and healthcare-related travel), which was seen as a natural extension of “patient first” principles, and option 3 (optimizing the use of healthcare professionals and interprofessional teams), which was seen as the mechanism to get the healthcare system to operationalize these principles. As one dialogue participant commented, “we need to create the will to focus on the patient, and the teamwork that it takes to care for and support each patient effectively.” Dialogue participants introduced two option elements that hadn’t been addressed in the evidence brief: 1) creating sub-regional centres that serve a number of small rural communities in a defined geographic area and from a base located between communities, not within any given one; and 2) continuing to address silos within government and across levels of government and to advocate for more integration in health and human services.

## Deliberation about implementation

The key implementation considerations identified by dialogue participants included the importance of: 1) taking advantage of the common sense of purpose created among influential doers and thinkers by the Patient First review; 2) building partnerships within and across communities; and 3) engineering a shift from the current crisis-driven culture (among leaders, healthcare providers and communities) to a culture of coordinated and proactive planning that is accompanied by the alignment of resources to those partnerships that can operationalize the resulting plans, and by clear consequences for those partnerships that fail to do so.

## Deliberation about next steps

Dialogue participants generally agreed that any rural health strategy would have to be developed through a Ministry-led process, but they: 1) emphasized that the motivation for the strategy had to be a “patient first” (or “customer owner”) orientation, which would capitalize on the goodwill created through the Patient First consultations and report; 2) reiterated that the strategy-development process should incorporate citizen engagement and the identification of compelling stories about how rural healthcare can be accessed and delivered more consistently and reliably; 3) highlighted that the strategy mustn’t be the “same old, same old,” but instead should outline bold initiatives that leave room for local flexibility; and 4) suggested that the implementation of the strategy should build and capitalize upon leadership at all levels of the system in order to foster a culture change within the system, support initiatives that are likely to be effective and sustainable and the partnerships that can best deliver them, and counter possible opposition from health system stakeholders and policymakers with a more exclusively ‘acute care’ mindset.

## Dialogue deliverables

To learn more about this topic, consult the [evidence brief](#) that was presented to participants before the dialogue, the [summary](#) of the dialogue, or the [video interviews](#) with dialogue participants. For an electronic copy of the evidence brief or dialogue summary, or to view the video interviews, visit our website (<http://www.mcmasterhealthforum.com>) and click on ‘Products’ along the sidebar.

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