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CASE STUDY RESEARCH: SASKATCHEWAN'S APPROACH TO INCREASING ABORIGINAL PEOPLE'S REPRESENTATION IN THE HEALTH CARE WORKFORCE

Prepared by the

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HUMAN RESOURCES AND SOCIAL DEVELOPMENT CANADA

SASKATCHEWAN INSTITUTE OF PUBLIC POLICY | INSTITUT DE POLITIQUES D'INTÉRÊT PUBLIC DE LA SASKATCHEWAN

REPORT ON INCREASING ABORIGINAL REPRESENTATION

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EXECUTIVE SUMMARY

While significant improvements have been achieved over the last decade in labour market outcomes for Aboriginal people in Canada, they still experience significant labour market disadvantages compared to other Canadians. In general, Aboriginal people have a lower labour force participation rate, a higher rate of unemployment, less representation in higher paying occupations and, not surprisingly, lower average wage rates than other workers. One area in which a significant effort has been made to address this issue is in the health care sector. On the ground, one relatively effective effort at coordinating all the parties with a role to play in human resource planning to address this issue at a province-wide level has been in Saskatchewan.

Both the Government of Canada and the Government of Saskatchewan have programs designed to increase Aboriginal representation in private and public sector workforces, both of which are based on the negotiation of partnership agreements between the government and employers. Thus, both have policy initiatives that could provide a strategic framework for increasing the representation of Aboriginal people in the health sector workforce by providing guidance to employers and establishing partnership agreements that provide a set of goals and objectives for the partners, define the roles and responsibilities of the partners, and establish a committee structure that can provide for the ongoing management of the partnership agreement. The commitment to achieving a representative workforce exists throughout the sector.

Efforts at better coordinating policies are neither unique to the health sector nor to Canada. Numerous jurisdictions have undertaken efforts since the beginning of the 1990s to improve coordination in policy-making and implementation among agencies within government, between orders of government, and between governments and the non-governmental organizations that have become increasingly vital to policy implementation. Indeed, it is likely that every government has sought to improve policy coordination through more or less formal means.

These efforts are the result of the recognition that many of the policy issues that demand the attention of modern governments span the mandate of several organizations and, thus, require organizations to focus on a shared outcome and actively coordinate their efforts to achieve this outcome. Such efforts, though, are complex and difficult to manage. The need for improved coordination and the efforts of public managers to foster this improved coordination, as well as the challenges and complexities of fostering coordination, have been addressed in the literature on public administration. This theoretical scholarship provides some valuable guidance to supplement the results of key informant interviews in assessing why the efforts being made among partners in the health system in Saskatchewan to improve the representation of Aboriginal peoples in the health sector workforce have been as successful as they have.

The centrepiece of the current research project, however, was a series of key informant interviews. Saskatchewan Institute of Public Policy staff interviewed nine key informants and asked each of them the following set of questions:

1. Which organizations played a role in the design and implementation of the approach taken in Saskatchewan to increasing Aboriginal peoples' representation in the health care workforce and what role did these stakeholders play in the process?

2. What are the examples of innovative approaches to changing the makeup of the health care workforce in Saskatchewan?

3. Academic literature on collaborative policy making and policy implementation suggest that the follow elements are important in fostering the success of collaboration:

    - A shared definition of the problem or opportunity;
    - A strategic vision and framework of goals and objectives to provide clear direction to the collaboration;
    - An effective coordinating/management structure;
    - Indicators of performance to assist in evaluation;
    - Leadership/motivating skills dispersed among the collaborators;
    - A culture that promotes collaboration and trust among the collaborators;
    - External support for working collaboratively;
    - A process for securing feedback and adjusting implementation in response;
    - Robust connections between the collaborators and their vertical, institutional structures to maintain external accountability

    Would you say that all of these elements were present in the approach taken in Saskatchewan to increasing Aboriginal peoples' representation in the health care workforce?

4. If one or more of these elements were missing, would you say that their absence has been an impediment to the success of the effort?

5. What about the process of designing and implementing the approach to the issue in Saskatchewan did you find particularly noteworthy, either because it was more successful than you would have anticipated or because you confronted unanticipated challenges?

6. If you confronted unanticipated challenges, how did you develop a response to them and was this response successful in addressing the challenge?

7. Do you anticipate that the approaches implemented in Saskatchewan will lead to permanent, structural change in the health care workforce in the province?

It became clear that certain elements go a long way to account for why the efforts of the health care sector in Saskatchewan can be seen as one of the country's "best practices" in creating a representative health sector workforce. First, there was a shared vision and a structure or process to foster collaboration, though some respondents to the key informant interviews would have preferred to see a more robust strategic framework in Saskatchewan. As well, a set of performance indicators to help participants remain focussed and judge the effectiveness of their initiatives is valuable; this was identified as a weakness of the Saskatchewan strategy, though not a serious impediment to date.

It is also clear that leadership abilities were widely dispersed among the participants and that the culture of the group fostered trust, collaboration, and a capacity to respond to challenges through collective action. Of particular note was that several of the participants were surprised at how well the participants worked together. Lastly, it is clear that the organizations individual participants represented were committed to creating change, so that the participants had support from their organizations for working collaboratively to create a representative health sector workforce.

Based on this research, we can make several recommendations to policy-makers seeking to either establish an Aboriginal representative workforce strategy in the health sector (or other sectors, for that matter) or enhance the effectiveness of existing strategies. We set these out below:

1. Define a problem or opportunity that will motivate all the necessary actors to get involved.

2. Establish a strategic framework.

3. Build in performance indicators and formal accountability processes as soon as possible.

4. Establish a process by which development, implementation and ongoing refinement of the strategy can be managed.

5. Take care in selecting individuals to assign to the process for their "soft" management skills and ability to negotiate results among groups effectively.

6. Ensure that participation in the development and implementation of the strategy is broad enough to maximize commitment and effectiveness while not so broad as to make action impossible.

7. Allow the partners to create flexible arrangements to undertake specific tasks that do not implicate all partners.

8. Be conscious of the need for external reporting and feedback and establish a reporting process early.

CASE STUDY RESEARCH – SASKATCHEWAN'S APPROACH TO INCREASING ABORIGINAL PEOPLE'S REPRESENTATION IN THE HEALTH CARE WORKFORCE

REPORT

Prepared by the Saskatchewan Institute of Public Policy for Human Resources and Social Development Canada
June 14, 2007

Background:

While significant improvements have been achieved over the last decade in the labour market outcomes of Aboriginal people in Canada, they still experience significant labour market disadvantages compared to other Canadians. In general, Aboriginal people have a lower labour force participation rate, a higher rate of unemployment, less representation in higher paying occupations and, not surprisingly, lower average wage rates than other workers. One area in which a significant effort has been made to address this issue is in the health care sector. The problem has been recognized by key stakeholders in health care, employers, governments, Aboriginal organizations, educational institutions, and unions. In 2004, First Ministers made a commitment to accelerate work on health human resources, and this commitment has been taken up by officials in federal and provincial/territorial governments, who are now making efforts to improve Aboriginal representation in the health sector workforce, in conjunction with their partners in professional and para-professional bodies and other non-governmental organizations. On the ground, one relatively effective effort at coordinating all the parties with a role to play in human resource planning to address this issue at a province-wide level has been in Saskatchewan.

To provide an example to all jurisdictions in developing coordinated strategies to improve Aboriginal representation in the health care workforce, Human Resources and Social Development Canada requested that the Saskatchewan Institute of Public Policy document and provide a critical commentary on the efforts made in Saskatchewan, using a combination of secondary research and key informant interviews. What follows is a report on the results on this research.

Aboriginal Representation in the Health Care Workforce:

According to Aboriginal Employment Development Program Statistical Report for the Health Sector for 2005-06, prepared by the Saskatchewan Department of First Nations and Métis Relations, 1,276 of the 34,205 personnel in the health sector workforce (not counting officials of the federal or provincial departments of Health) have self-identified as Aboriginal people.[1] Thus, in 2005-06, Aboriginal people made up only 3.7 per cent of the health care workforce in Saskatchewan. In comparison, the proportion of Saskatchewan's population fifteen years old and older that self-identified as Aboriginal in

[1] Data supplied by the Saskatchewan Association of Health Organizations, April 24, 2007.

the 2001 census was 10.4 per cent, while 6.9 per cent of the employed population of the province fifteen years old and older was Aboriginal.[2] Thus, not only was the health sector workforce in 2005-06 not representative of the working-age Aboriginal population, it was less representative than the labour market as a whole. Health sector partners recognize that this situation is not sustainable, given the demographics of the province, and have therefore sought to create programs and initiatives to create a representative health care workforce.

The Context for the "Saskatchewan Strategy" for a Representative Health Sector Workforce

Both the Government of Canada and the Government of Saskatchewan have programs of general application designed to increase Aboriginal representation in private and public sector workforces, both of which are based on the negotiation of partnership agreements between the government and employers. The federal government's program is called the Aboriginal Workforce Participation Initiative (AWPI). Initiated in 1991 and renewed and enhanced in 1996, the AWPI provides employers with a toolkit of "best practices" for the recruitment and retention of Aboriginal people in the workplace and seeks to establish Employment Partnership Agreements with employers to enhance Aboriginal participation in the workforce.

Each partnership agreement identifies roles and responsibilities, allows for a measurement of progress and contains the following commitments:

- Develop a bilateral or multilateral process that promotes fairness, equity, trust, respect, dignity and consistency;
- Work with the Aboriginal community, unions and employees;
- Develop programs to facilitate constructive cultural and race relations;
- Build links to the Aboriginal labour force; and
- Develop programs promoting employment, economic development and "spin-off" employment opportunities.

By signing an agreement in principle, an employer agrees to work in partnership to prepare their workplace for the integration of qualified Aboriginal employees. In addition, they will communicate information on the types of employee skills and qualifications the organization requires and where there are employee shortages. Finally, they will examine the potential for Aboriginal economic development by informing the Aboriginal community about the goods and services the organization purchases.

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[2] Statistics Canada, Table 97F0011XCB2001045, *Selected Labour Force Characteristics (50), Aboriginal Identity (8), Age Groups (5A) and Sex (3) for Population 15 Years and Over, for Canada, Provinces, Territories and Census Metropolitan Areas, 2001 Census - 20% Sample Data*, http://www12.statcan.ca/english/census01/products/standard/themes/RetrieveProductTable.cfm?Temporal=2001&PID=73633&APATH=3&METH=1&PTYPE=55496&THEME=45&FOCUS=0&AID=0&PLACENAME=0&PROVINCE=0&SEARCH=0&GC=0&GK=0&VID=0&VNAMEE=&VNAMEF=&FL=0&RL=0&FREE=0&GID=517800, accessed April 27, 2007.

A steering committee will monitor progress and advise on potential changes that will enable the parties to the agreement to further progress in achieving the agreement's objectives. Steering committee members may include the employer, union, Aboriginal Human Resource Development Agreement (AHRDA) holders, provincial/territorial/local government representatives and others. Continuous monitoring and adjustments will contribute to the success of the partnership.

With a similar desire to achieve changes in Saskatchewan's workforce characteristics, the Government of Saskatchewan established the Aboriginal Employment Development Program (AEDP) in 1992 and, within this, developed a Representative Workforce Strategy. A primary component of the Representative Workforce Strategy has been to develop partnerships between employers (both public and private) and the Government of Saskatchewan, through the Department of First Nations and Métis Relations. Partnerships are based on common objectives and principles:

The objectives are to foster:

- Employment Development
- Economic Development
- Cultural Development

The principles are:

- Cooperation
- Fairness
- Consistency
- Mutual Respect
- Open Communication

The primary roles of the partnership participants are:

Employer:

- Identify employment and economic opportunities in a generic way.
- Establish linkages with Aboriginal communities.
- Address workplace barriers with misconception training and acceptable dispute resolution processes.
- Hire qualified Aboriginal people.

Aboriginal Community:

- Ensure education is a priority.
- Ensure education meets the employer's educational requirments.
- Focus training efforts where opportunities exist.
- Pursue new training opportunities.

- Compete for jobs and business contracts on an equal footing.

Government:

- Facilitate the partnerships.
- Ensure programs are contemporary to promote maximum advantage for Aboriginal people.
- Communicate opportunities to the Aboriginal community.
- Support the promotion of public policy that prepares for the changing demographics in Saskatchewan.

Unions:

- Identify and remove irritants within collective agreements.
- Enhance collective agreements with language that includes Aboriginal people.
- Encourage engagement between organized labour and the Aboriginal community to build an agenda that can be promoted by both stakeholders.

As well, the provincial government and its partners established the Provincial Aboriginal Representative Workforce Council (PARWC) in February 2000 to develop strategies for delivering training linked to partnership employer job opportunities.

In the health sector, AEDP Partnership Agreements have been signed to date with:

- Keewatin Yatthé Regional Health Authority, Unions, and the Saskatchewan Association of Health Organizations;
- Regina Qu'Appelle Health Region, Affiliates, and the Saskatchewan Association of Health Organizations;
- Regina Qu'Appelle Health Region, Unions, and the Saskatchewan Association of Health Organizations;
- Five Hills Health Region and Affiliates, Unions, the Saskatchewan Association of Health Organizations;
- Cypress Health Region and Affiliates, the Saskatchewan Association of Health Organizations, and Unions;
- Saskatoon Health Region and Affiliates, the Saskatchewan Association of Health Organizations, and Unions;
- Prairie North Regional Health Authority and Affiliate, the Saskatchewan Association of Health Organizations, and Unions;
- Sunrise Health Region and Affiliates, Unions, and the Saskatchewan Association of Health Organizations;
- Heartland Health Region and Affiliate, Unions, and the Saskatchewan Association of Health Organizations;
- The Health Sciences Association of Saskatchewan, and the Saskatchewan Association of Health Organizations;
- The Saskatchewan Union of Nurses (SUN);

- Prince Albert Parkland Health Region, Prince Albert Parkland Health Region Affiliates, the Saskatchewan Association of Health Organizations, and Unions;
- Mamawetan Churchill River Health Region and Unions and the Saskatchewan Association of Health Organizations;
- CUPE Health Care Council and the Saskatchewan Association of Health Organizations;
- The Saskatchewan Department of Health; and
- The Saskatchewan Association of Health Organizations,

as well as several Health Districts (the predecessors of the current Health Regions). In addition, the AWPI has an AEDP Partnership Agreement to ensure that the federal and provincial governments' efforts are coordinated. The template for the AEDP Partnership Agreements is attached as Appendix I.

Thus, both the federal and provincial governments had policy initiatives in place that could provide a strategic framework for increasing the representation of Aboriginal people in the health sector workforce by providing guidance to employers and establishing partnership agreements that provide a set of goals and objectives for the partners, define the roles and responsibilities of the partners, and establish a committee structure that can provide for the ongoing management of the partnership agreement. As is clear from the list of AEDP Partnership Agreements in the health sector, the commitment to achieving a representative workforce exists throughout the sector. These agreements, and the equivalent commitment of the sector to the federal government's AWPI, provided an excellent basis on which to foster cooperation among the various partners in the health sector.

Specific to the health sector, Saskatchewan has undertaken a three-pronged approach – creating a supportive education system, preparing the workplace, and managing transitions and succession planning. The first set of initiatives, those that are designed to create a supportive education system, include:

- the Native Access Program to Nurses, which is a support and retention service for Aboriginal Nursing students enrolled in the Nursing Education Program of Saskatchewan (NEPS);
- Science and Health Aboriginal Success Strategies (SHASS), emphasizing the recruitment and retention of Aboriginal students for programs with an under-representation of Aboriginal students and the establishment of strategic partnerships with health regions and other key stakeholders; and
- Health Careers and Math and Science Training Initiatives, to develop and implement distance education for K-12 math and science (particularly in northern and rural regions) in partnership with the K-12 sector and to develop and implement Health Career Access programs for post-secondary students (math and science upgrading) in partnership with post-secondary training institutions.

The second prong, preparing the workplace, is focussed on the use of AEDP Partnership Agreements and Representative Workforce Planning, with a Multi-Party Advisory

Committee monitoring progress and advising on potential changes needed to ensure a representative workforce. The third element, managing transitions and succession planning, is built around the notion of "career laddering." The first phase was a needs assessment for the health sector, followed by the development of a career pathing process prototype. Health sector partners are currently in the process of implementing this prototype in a number of pilot project sites across the province, with the ultimate goal being to implement a career pathing process throughout the health sector in Saskatchewan in support of building a representative workforce in the sector.

Lessons from the Literature on Policy Coordination:

As was the case in Saskatchewan in the health sector, numerous jurisdictions have undertaken efforts since the beginning of the 1990s to improve coordination in policy-making and implementation among agencies within government, between orders of government, and between governments and the non-governmental organizations that have become increasingly vital to policy implementation. Indeed, it is likely that every government has sought to improve policy coordination through more or less formal means. These efforts are the result of the recognition that many of the policy issues that demand the attention of modern governments span the mandate of several organizations and, thus, require organizations to focus on a shared outcome and actively coordinate their efforts to achieve this outcome. Such efforts, though, are complex and difficult to manage. As Eugene Bardach has noted, "every effort at interagency collaboration involves a veritable ecosystem of people proposing to one another that they do things differently and better."[3] They challenge public managers to function in a very different way from the traditional hierarchical model of public administration and rely on very different management skills.

The need for improved coordination and the efforts of public managers to foster this improved coordination, as well as the challenges and complexities of fostering coordination, have also been addressed in the literature on public administration. Perri 6 et al have observed that coordinated action is increasingly common across the developed world, that it is a distinctive agenda founded on a clear conceptual framework, that there are strategies for pursuing coordination which are, in principle, no different from those for any other kind of change-management process, and that there are good examples to learn from for advancing a coordination agenda effectively.[4] Several scholars of public administration have sought to document the strategies and examples that Perri 6 et al referred to and define a conceptual framework for policy coordination. This literature provides one basis for critically analysing the efforts of the partners in Saskatchewan to develop and implement a strategy for improving the representation of Aboriginal peoples in the health care workforce.

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[3] Eugene Bardach, *Getting Agencies to Work Together: The Practice and Theory of Managerial Craftsmanship* (Washington: Brookings Institution Press, 1998), p. 6.
[4] Perri 6, Diana Leat, Kimberly Seltzer and Gerry Stoker, *Governing in the Round: Strategies for Holistic Government* (London: Demos, 1999), p. 91.

The ultimate goal of efforts to improve coordination is to create public value, whether it is by increasing the quantity or quality of public activities per resource expended; reducing costs to achieve current levels of production; making public organizations better able to identify and respond to citizens' aspirations; enhancing the fairness with which public sector organizations operate; and/or increasing their continuing capacity to respond and innovate.[5] An alternative rationale for undertaking what is admittedly the longer and more challenging task of policy-making through coordinated processes is provided by Mark Moore, who notes:

> If the appropriate officials agree to a decision through an appropriate process, the decision will have more legitimacy than if the decisions are made by those with suspect qualifications through truncated or flimsy procedures. The greater the legitimacy behind a decision, the harder it is to ignore or reverse and the stronger the mandate.[6]

Of course, undertaking these efforts requires a different set of skills than has traditionally been asked of public administrators. One cannot rely on "command and control" to ensure policy implementation within the network of actors involved in a coordinated policy process because one does not exercise control over those who implement policies.[7] Instead, managers must find tools to influence the behaviour of their partners.[8] These requirements place a premium on skills in negotiation, strategic communication, strategic planning and performance management, advocacy and leadership and comfort with public deliberation, social learning and evaluation.[9]

Ulitmately, efforts to create a coordinated approach to policy need to build new organizational cultures to succeed and sustain themselves. Eugene Bardach likely summed up the difficulties that public managers face in undertaking such efforts when he commented that:

> Almost nothing about the bureaucratic ethos makes it hospitable to interagency collaboration. The collaborative ethos values equality, adaptability, discretion, and results; the bureaucratic ethos venerates hierarchy, stability, obedience, and procedures.[10]

As Pal and Teplova describe it, the coordinated approach to policy-making and implementation requires a culture of trust, openness to risk and a commitment to finding

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[5] Mark H. Moore, *Creating Public Value: Strategic Management in Government* (Cambridge, MA: Harvard University Press, 1995), pp. 211-234.
[6] Moore, p. 126.
[7] See, for example, Leslie A. Pal and Tatyana Teplova, "Rubik's Cube?: Aligning Organizational Culture, Performance Measurement, and Horizontal Management" p. 17; Lester M. Salamon, ed., *The Tools of Government: A Guide to the New Governance* (New York: Oxford University Press, 2002), p. 493.
[8] Salamon, p. 493.
[9] See Salamon, p. 500-501; Pal and Teplova, p. 17; Moore, p. 189.
[10] Bardach, p. 232.

common ground among different organizational cultures to encourage joint problem-solving.[11]

What processes and structures do public administration scholars recommend public managers create to manage coordinated policy-making and implementation and foster such a new, collaborative policy culture? Moore has noted that organizations guided by values and performance measures, rather than rules and regulations, seem most capable of maintaining the openness necessary to the success of coordination efforts.[12] Perri 6 et al have attempted to reduce the various efforts at coordination that have been undertaken in various jurisdictions to a ten-step strategy for integration. Their ten steps are:

1. identify the organizational relationships necessary to pursue integration;
2. understand the context for the pursuit of the goals, especially the constraints, obstacles, available resources, cultures, skills and histories of the agencies involved;
3. identify the conditions needed for integration;
4. identify the tools and resources available;
5. apply the tools and resources to put the appropriate enabling conditions in place;
6. identify potential risks;
7. identify tasks and tactics needed to overcome obstacles and manage risks;
8. identify mechanisms or specific integrative activities with which to achieve the tasks and learn to deploy them effectively;
9. design and implement measurement systems to monitor and evaluate the consequences of the integration strategy and hold agencies accountable; and
10. revisit the tasks and tactics in light of the results of the monitoring and evaluation.[13]

Several commentators have noted the importance to policy coordination of having a strategic framework that will allow all partners to communicate with each other about future directions and better harmonize their activities and an effective coordinating structure that allows this communication to occur, helps the partners focus on key tasks to implement the strategic framework and allows the roles and responsibilities of the partners to be decided upon.[14] In constructing structures and processes, managers need to be sensitive to the reality that the partners must remain accountable to those outside the collaborative structure, so that the collaborative is responsive to external demands, while also establishing an accountability process within the structure.[15] Moore also suggests that organizational structures that expose organizations to many external stimuli, permit decentralized decision-making and allow participants to team up in many different ways to achieve the collaborative's tasks are important for keeping the organization open to learning and policy innovation.[16]

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[11] See Pal and Teplova, pp. 20-21; Bardach, pp. 232-268.
[12] Moore, p. 235.
[13] Perri 6 et al, p. 62.
[14] See Jean-Pierre Voyer, "New Approaches to Poverty and Exclusion: A Strategic Framework", *Horizons* Vol 6, #2 (July 2003) 29-33, at 30-33; Pal and Teplova, p. 14; Moore, pp. 273-289.
[15] Moore, pp. 273-289.
[16] Ibid, p. 235.

A number of scholars have also commented on the importance of generating momentum to the success of collaborative policy-making and implementation efforts. Bardach refers to this as "platforming," the securing of small victories for the collaborative that create the basis for further progress and generate momentum and a positive dynamic within the group.[17] He also underlines the importance of developing strategies to avoid blockages that can be anticipated and preparing the group to weather the inevitable setbacks that will occur, so that challenges to coordination efforts do not dissipate the momentum that the small victories create.[18] Similarly, Moore notes that small innovations, whether adopted because they consciously lead to a new strategy or simply because they seem to solve a current operational problem, can open new vistas that allow managers to see a whole new strategy and can stimulate the changes required to make the transition to a new strategy.[19]

This theoretical scholarship provides some valuable guidance for assessing why the efforts being made among partners in the health system in Saskatchewan to improve the representation of Aboriginal peoples in the health sector workforce have been as successful as they have. It can also be supplemented, however, with some analysis of specific change-management and coordination efforts in the health sector. In a recent article analysing the Canadian Strategy for Cancer Control, Michael Prince describes the strategy as a model of "deliberative federalism," which is an inclusive and transparent approach to decision-making.[20] The Strategy is coordinated by a council of thirty members drawn from across jurisdictions, professions and stakeholder groups; Prince commends this as a way of harnessing the benefits of both federalism and of the knowledge spread across networks of cancer professionals.[21] As the members of the council are recommended by stakeholder groups and the council is funded by the Public Health Agency of Canada, it maintains independence from government, while still having access to a small secretariat to provide it with the support necessary to be effective.[22] On the role of non-governmental actors, in particular, Prince comments that;

> The role of citizens and social organizations is as active participants, holders of valuable information and insights crucial to the legitimacy and effectiveness of any major policy initiative. This public participation and social engagement is joined by inter-provincial cooperation and a meaningful role by the federal government.[23]

Prince sees potential in the structures and processes of the council to facilitate improved federal/provincial/territorial relations, support the achievement of real and measurable

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[17] Bardach, pp. 271-292.
[18] Ibid.
[19] Moore, p. 234.
[20] Michael J. Prince, "A Cancer Control Strategy and Deliberative Federalism: Modernizing Health Care and Democratizing Intergovernmental Relations" *Canadian Public Administration* Vol. 49, no. 4 (winter 2006), pp. 468-485, at 479-480.
[21] Ibid.
[22] Ibid.
[23] Ibid, p. 482.

results, deliver a truly transparent and accountable process, and provide health and economic impact data for all levels of government across Canada. In Prince's view, the model of deliberative federalism that the Canadian Strategy for Cancer Control represents has the potential to increase access and participation of various societal groups, individuals and families in setting priorities and policy discussions; encourage better responsiveness to citizens' concerns and experiences and to expert research and knowledge; improve the transparency of health policy-making processes, the information available and the choices made; improve the sharing of limited resources to achieve economies of scale in programs and services; promote greater accountability of government and experts to the public; and expand the role of Parliament and legislature in approving, monitoring, and assessing health policy strategies.[24]

In a recent presentation at the Saskatchewan Institute of Public Policy, Dr. Toni Ashton reviewed New Zealand's process for reducing inequalities in health outcomes, a review which can also provide a valuable touchstone for analysing the efforts of partners in Saskatchewan to improve Aboriginal representation in the health sector workforce. Dr. Ashton broke New Zealand's process down into seven steps:

1. creating a vision and strategy;
2. legislating (or regulating or establishing policy to promote the desired outcomes of the strategy);
3. consulting and building broad-based participation in the strategy;
4. providing adequate funding to implement the strategy (and using this funding to promote innovation and, in particular, to address the needs of groups at exceptional risk);
5. developing new services and delivery mechanisms to support the strategy;
6. focussing on prevention of disease; and
7. fostering collaboration across sectors to improve service integration.[25]

Analogous steps for the Saskatchewan effort at creating a representative health sector workforce could be:

1. creating a vision and strategy;
2. developing policy instruments to promote the desired outcomes of the strategy and create accountability for performance;
3. consulting and building broad-based participation in the strategy;
4. providing adequate funding to implement the strategy (and using this funding to promote innovation and, in particular, to address the needs of groups at exceptional risk);
5. developing new mechanisms to more effectively implement the strategy;
6. focussing implementation efforts on key strategic outcomes; and

[24] Ibid, p. 481.
[25] Toni Ashton, "What Can a Health Sector do to Reduce Inequalities in Health? Some Tales from the Antipodes" Presentation at the Saskatchewan Institute of Public Policy, March 22, 2007; available at http://www.uregina.ca/sipp/documents/pdf/Ashton_armchair_032207.pdf, accessed April 23, 2007.

7. fostering collaboration across sectors to improve service integration and achievement of strategic outcomes.

These steps provide an interesting framework for assessing why the efforts of partners in Saskatchewan are seen as one of the best practices in policy coordination within the field of Aboriginal health human resource planning. Of course, the best assessment of the strategy in Saskatchewan, in both its effectiveness and the reasons for that effectiveness, will come from those most intimately involved in the effort. It is to the results of the key informant interviews undertaken that we now turn.

The Saskatchewan Strategy – Results of Key Informant Interviews:

The centrepiece of this research was a series of key informant interviews. In the end, Saskatchewan Institute of Public Policy staff interviewed nine key informants and asked each of them the following set of questions:

1. Which organizations played a role in the design and implementation of the approach taken in Saskatchewan to increasing Aboriginal peoples' representation in the health care workforce and what role did these stakeholders play in the process?

2. What are the examples of innovative approaches to changing the makeup of the health care workforce in Saskatchewan?

3. Academic literature on collaborative policy making and policy implementation suggest that the follow elements are important in fostering the success of collaboration:

    - A shared definition of the problem or opportunity;
    - A strategic vision and framework of goals and objectives to provide clear direction to the collaboration;
    - An effective coordinating/management structure;
    - Indicators of performance to assist in evaluation;
    - Leadership/motivating skills dispersed among the collaborators;
    - A culture that promotes collaboration and trust among the collaborators;
    - External support for working collaboratively;
    - A process for securing feedback and adjusting implementation in response;
    - Robust connections between the collaborators and their vertical, institutional structures to maintain external accountability

    Would you say that all of these elements were present in the approach taken in Saskatchewan to increasing Aboriginal peoples' representation in the health care workforce?

4. If one or more of these elements were missing, would you say that their absence has been an impediment to the success of the effort?

5. What about the process of designing and implementing the approach to the issue in Saskatchewan did you find particularly noteworthy, either because it was more successful than you would have anticipated or because you confronted unanticipated challenges?

6. If you confronted unanticipated challenges, how did you develop a response to them and was this response successful in addressing the challenge?

7. Do you anticipate that the approaches implemented in Saskatchewan will lead to permanent, structural change in the health care workforce in the province?

Question 1

It is quite clear from the answers to question 1 that the "Saskatchewan strategy" was very broadly based and inclusive. The respondents identified health sector employers, regional health authorities, the Saskatchewan Departments of Health, Learning and First Nations and Métis Relations, the Government of Canada, the Saskatchewan Association of Health Organizations (SAHO), unions, the Federation of Saskatchewan Indian Nations (FSIN), the Northern Intertribal Health Authority (NITHA), the Provincial Aboriginal Representative Workforce Council (PARWC), tribal councils (in particular, the Meadow Lake Tribal Council) and individual First Nations, educational institutions such as the University of Saskatchewan, the University of Regina, the Saskatchewan Institute of Applied Sciences and Technologies (SIAST) and the First Nations University of Canada, and professional bodies, such as the Saskatchewan Registered Nurses Association (SRNA), Saskatchewan Association of Licensed Practical Nurses (SALPN) and the Saskatchewan College of Physicians and Surgeons as participants.

If the ideal process, according to the scholarly literature, is a broad-based planning process that involves all organizations that can play a role in implementation, the breadth of participation in this strategy must be very close to the ideal. As well, the interviewees noted that each participant brought its particular expertise to bear on the planning and implementation. For example, one interviewee noted that health employers brought their knowledge of best practices to the table, while regional health authorities, SAHO and Saskatchewan Health promoted the establishment of partnership agreements to create a representative workforce while Saskatchewan First Nations and Métis Relations provided leadership to the group and linked employers, unions, and First Nations communities. Unions contributed by negotiating clauses in collective agreements to encourage employers to create programs to assist Aboriginal people in being employment ready, while the FSIN lent legitimacy to the process by supporting it.

Another respondent commented that the regional health authorities created a steering committee and assigned roles and responsibilities, so that the Saskatoon Health Region focussed on developing training strategies, the Regina Health Region focussed on

strategic planning, and the Prince Albert Health Region focussed on best practices in hiring Aboriginal people. A third respondent noted the importance of the ground-work provided by Saskatchewan First Nations and Métis Relations, which undertook its own literature review and identified four areas of strategic focus to work on (employment and education, economic development, cultural awareness, and organized labour/collective agreements), as well as designing the partnership model that was used. Another participant identified the professional licensing and regulatory bodies as having a watchdog role to ensure best practices by offering training and education to their membership. Again, the willingness of each of the parties to bring complementary expertise, experience and knowledge to the project was likely critical to the success of the initiative.

Question 2

In answering the second question, what was innovative about the approach, collaboration itself was identified as innovative, as were supporting structures such as the Aboriginal Employment Development Program partnership agreements and partnerships with education and training institutions. Other innovations included the focus on workplace readiness, through such initiatives as changes to the advertising and recruitment processes, the hiring of an Aboriginal coordinator in each health region, direction from Saskatchewan Health to the health regions that financial support was conditional on having a representative workforce strategy, workforce audits and misconception training for existing employees. On the other hand, new training programs designed for, and specifically targeted to, Aboriginal people who wish to become employed in the health sector, such as the Nursing Education Program for Saskatchewan and the Science and Health Aboriginal Success Strategy, were also identified as important innovations. As well, a willingness to look at changes in the language of collective agreements and different ways of advertising positions in the health sector to better include qualified Aboriginal people in the candidate pool were also identified as innovative approaches to greater Aboriginal inclusion in Saskatchewan's health sector workforce. Many of these initiatives are, in themselves, very focussed, "grassroots" initiatives but advancing a variety of small initiatives focussed on a set of common goals simultaneously creates the multi-faceted implementation plan needed to create small victories and generate momentum to continue to advance the strategy.

Questions 3 and 4

In response to the third question, which identified several elements that the literature suggests are important for successful collaboration, all respondents were of the view that all nine elements listed were present. However, one respondent expressed uncertainty about whether real change had occurred. Furthermore, two respondents, in particular, noted that when they began the process of developing the strategy, they set out to apply an eight-point change management strategy adopted from a model developed at the Harvard Business School. These eight points were to establish a sense of urgency, form powerful guiding coalitions, create a vision, communicate this vision, empower others to act on the vision (for example, by encouraging risk-taking), develop a plan, consolidate

improvements, and institutionalize the approaches used. These two respondents also saw these eight elements as being present in the efforts of the partners in Saskatchewan to create a representative workforce in the health sector. Clearly, whatever model is used to describe the necessary ingredients for collaborative policy-making and change management, the participants in the Saskatchewan strategy felt that the necessary ingredients to foster collaboration and change were present. This goes a long way to account for why the Saskatchewan strategy is seen as a "best practice" in fostering strategic coordination.

When asked to reflect on what the impediments to success of the Saskatchewan strategy were, however, respondents identified four elements that were either missing or were only present in an imperfect form. One respondent noted that the process would have been better had there been an overall blueprint for the province, while several respondents noted that better performance indicators needed to be developed. As well, several respondents identified issues with the financial support for the strategy, especially a lack of the kind of long-term financial support that greatly assists in promoting collaborative strategic planning. Several respondents also noted that the strategy was too focussed on the demand side (creating workplace opportunities for Aboriginal people) and would have been improved if supply-side issues (training for Aboriginal people in health professions) were given a higher profile as part of a more balanced strategic framework. While these were identified as impediments that delayed progress on the strategy, no respondent identified these issues as fundamental flaws with the approach.

Question 5

The fifth question asked the interviewees to identify what they found noteworthy about the process used in Saskatchewan. On the positive side, several of the interviewees commented that they either were surprised at the strength of the partnership, the "good intentions" of the participants, at how well the collaborative process has worked, and that people have shared a common vision. On the other hand, two of the respondents expressed some concern with overly strong "ownership" of an issue by one of the partners, rather than by the partnership as a whole. As well, one of the interviewees regretted that the strategy was not having a greater impact, given the money being spent and the level of effort being made, though another respondent noted that the challenges that the strategy faced were not unexpected. Two respondents identified the particular challenge with K-12 preparation of Aboriginal students and the need for more higher-level math and sciences teachers.

Question 6

Question 6 asked the respondents to identify how the partnership responded to challenges. In reviewing the responses to this question, three elements seem to have been particularly important. The first response to challenges was openness and transparency among the partners. One respondent indicated that, when confronted with a challenge, the partnership established working committees to build a common understanding of the

challenge and work together on a resolution. Openness, transparency, and task focus are also clearly identified in the literature as critical to the success of any collaborative effort.

The second response identified as important is recognition and acceptance of the fact that creating significant societal changes, or even changes in organizational cultures, is a slow process and that patience is required. The necessity to "ride the problems out" was specifically addressed by one respondent. Related to this is the third important response, that of a commitment to undertake the work necessary to make implementation of the strategy a success. As one respondent noted, they had to start by "selling" the idea of partnerships to employers and managers, juggle misconceptions about what a representative workforce means for the workplace, break down institutional barriers, undertake public education, and work, at least initially, without adequate tools and supports for their efforts. All of this implementation work involves a significant commitment of human resources to the strategy but is critical to ensuring that the strategy is effectively implemented among those whose participation is essential to its success.

Question 7

In response to the question whether they anticipate permanent, structural change in the health care workforce in Saskatchewan as a consequence of the Saskatchewan strategy, all of the respondents indicated that they did anticipate this result. Respondents see policies being changed, activities being undertaken differently, Aboriginal youth and adults increasingly succeeding in education, and other employers and sectors of the economy and society adopting and adapting the processes put in place for the health sector in their own sectors. One respondent also noted that such structural changes have to be made because of the demographics of the province. That changes are actively being undertaken and that the innovations of the Saskatchewan strategy in the health care sector are being utilized in other sectors, however, speaks to the effectiveness of the strategy in Saskatchewan.

Conclusions about the "Saskatchewan Strategy":

It is clear from both the literature review and the responses to the key informant interviews that certain elements go a long way to account for why the efforts of the health care sector in Saskatchewan can be seen as one of the country's "best practices" in creating a representative health sector workforce. Both a shared vision and a structure or process to foster collaboration are important, though some respondents to the key informant interviews would have preferred to see a more robust strategic framework in Saskatchewan. As well, a set of performance indicators to help participants remain focussed and judge the effectiveness of their initiatives is valuable; this was identified as a weakness of the Saskatchewan strategy, though it has not been a serious impediment to progress to date.

Looking at other keys to success, it is also clear that leadership abilities were widely dispersed among the participants and that the culture of the group fostered trust, collaboration, and a capacity to respond to challenges through collective action, all

important to the success of any coordination initiative. Of particular note was that several of the participants were surprised at how well the participants worked together. Lastly, it is clear that the organizations individual participants represented were committed to creating change, so that the participants had support from those in their organizations who were not directly involved in the process for working collaboratively to create a representative health sector workforce.

The Saskatchewan strategy to increase Aboriginal people's participation in the health sector workforce is, naturally, not perfect; no human endeavour is. On the other hand, the participants in the Saskatchewan strategy clearly indicated that a large number of those elements that public administration scholars identify as critical to the success of collaborative policy-making and implementation were present in the Saskatchewan strategy. Given that this is the case, it should come as no surprise that the efforts of the partners in Saskatchewan to increase Aboriginal representation in the health sector workforce can be used as a benchmark for collaborative policy-making and implementation in the field of Aboriginal health human resources, as well as in other sectors seeking to address human resources challenges.

Recommendations

Based on this research, we can make several recommendations to policy-makers seeking to either establish an Aboriginal representative workforce strategy in the health sector (or other sectors, for that matter) or enhance the effectiveness of existing strategies. We set these out below:

1. Define a problem or opportunity that will motivate all the necessary actors to get involved:

The importance of this recommendation cannot be stressed enough, as a problem definition or statement of an opportunity is the foundation for collaboration. Ultimately, all organizations in the public sector seek to increase public value, either by solving problems that interfere with the creation of public value or realizing opportunities to increase the public value of the services they provide; the challenge, however, is to articulate those opportunities in a way that engages others. Unless potential partners in a strategy see a problem or an opportunity that motivates them to get involved in a coordinated strategy, attempts to develop and implement a strategy will never be effective. Thus, the first task for any policy-maker is to define a shared problem or opportunity that all of those necessary to make the proposed strategy effective will feel motivated to address.

2. Establish a strategic framework:

A strategic framework, with at least a basic set of goals and objectives, is essential to the success of any effort to achieve coordination, as it provides the partners with a clear articulation of what they are expected to achieve and what they will be held accountable for. It also provides a touchstone for all subsequent stages of the

planning/implementation/evaluation/revision process, such as performance measurement and evaluation. Luckily, strategic or business planning frameworks and performance management processes have become common among governments across Canada since the start of the 1990s, so the familiarity of government officials and their non-governmental partners with using strategic frameworks has increased significantly.

Especially where the coordination involves external partners, establishing the strategic framework through an agreement would seem to be an effective mechanism. The signing of an agreement, even if not legally enforceable, demonstrates a commitment on the part of the signatories to attempting to achieve the goals and objectives of the strategic framework contained in the agreement; when the framework is written down and formally "signed off", it is difficult for a partner to state credibly at a later date that they did not genuinely commit to the framework.

3. *Build in performance indicators and formal accountability processes as soon as possible:*

While at first it may be necessary to establish the most minimal of strategic frameworks, to ensure that a commitment is created among the partners, the more substance that a strategic framework has, the more useful it will be as a means of holding the partners accountable for performance. Of particular importance is the establishment of a set of performance indicators related to the objectives. These can then be used as tangible measures of performance and can help the partners refine the activities under the strategy over time to ensure more efficient and effective performance of the objectives. These, too, are common elements of performance management processes among governments across Canada. As well, clearly defining the accountability relationships among the partners will ensure that everyone involved in implementing the strategy will understand what they are responsible for and to whom they must account for performance.

4. *Establish a process by which development, implementation and ongoing refinement of the strategy can be managed:*

The development and implementation of coordinated strategies that involve several actors is, in effect, a negotiation process. Such a process requires that relationships be developed among the partners and that there be some standing forum, or committee, in which they can discuss strategic issues, consider the efficacy of implementation options, reflect on the results of periodic performance reviews and refine the strategy as necessary in light of outcomes, and generally renew and reinvigorate the commitment of all partners to the strategy so that momentum does not flag.

5. *Take care in selecting individuals to assign to the process for their "soft" management skills and ability to negotiate results among groups effectively:*

As the development and implementation of coordinated strategies that involve several actors is a negotiation process, the skills and qualities of those individuals that the partner organizations assign to represent them on the standing forum or committee that is

established to manage the strategy is extremely important. Technical expertise is certainly of value to a committee but of far greater import for the effectiveness of an organization in a partnership process is the “soft” management, interpersonal skills of the individuals involved. As noted in the literature, partnerships put a premium on negotiation, strategic communication, advocacy and mediation skills. Thus, senior officials must be careful in choosing the individuals they assign to the forums designed to manage coordinated strategies.

As well, effective individuals, once assigned to the task, need to be allowed to remain part of the forum and have their work on behalf of the group supported by their organizations. High turnover rates on these coordinating committees impede social learning and the development of trust among the group and slow processes down, as new members must be brought up to the level of knowledge about the committee and its work that the other members have developed.

6. *Ensure that participation in the development and implementation of the strategy is broad enough to maximize commitment and effectiveness while not so broad as to make action impossible:*

An effective strategy requires effective implementation. As such, everyone with a stake in the implementation of the strategy should be involved in its development, so that they all develop a commitment to effectively implementing the strategy and understand the role that they need to play in implementation. Broader input will lead to a better, more complete strategy and will reduce implementation problems by helping the collective identify potential problems early and work out solutions to them. On the other hand, it is possible for engagement to be too extensive, if the group becomes so broad as to inhibit action. Thus, there is a balance to be struck.

We would propose two “rules of thumb” for managing this problem. First, the members of whatever committee is established should be all those who need to be involved in implementation but only those groups; consultation with and feedback from other interested stakeholders and the public should be managed through other processes designed specifically to obtain periodic feedback from those outside the management of the strategy. Secondly, in defining the decision-making process for committee decisions, internal consultation should be required but a requirement of unanimous agreement to act should be avoided at all costs. While consensus should be sought, partners should be empowered to act when action will be in the best interests of the strategy. While the group needs to act effectively and be well-informed in making its decisions, the reality of government is that the group needs to be capable of taking action and respond to needs in a timeframe that is acceptable to those in need and the public in general.

7. *Allow the partners to create flexible arrangements to undertake specific tasks that do not implicate all partners:*

While an overarching committee structure with participation from all partners is necessary, where there are specific implementation issues that require the coordination of

only some of the partners, the full committee may be too cumbersome a vehicle for decision-making to be efficient and effective. Thus, the partners should be empowered to establish task-specific or issue-specific teams to address implementation issues that only affect a sub-set of the full group. These task teams, however, need to be subject to a requirement to report back to the full group on their decisions.

8. *Be conscious of the need for external reporting and feedback and establish a reporting process early:*

As well as being accountable to their partners on the committee, each partner in the strategy will be accountable to others external to the committee, whether it be superiors in their organization, members of the organization, or the public at large. The committee, therefore, will also need to determine how it will report to those external to the group and solicit feedback from them, so that the requirements of external accountability are also met appropriately.

APPENDIX I – ABORIGINAL EMPLOYMENT DEVELOPMENT AGREEMENT PARTNERSHIP AGREEMENT TEMPLATE

Partnership Agreement

Your Organization

First Nations and Métis Relations

The parties to this agreement agree to work together in the development of a partnership for Aboriginal employment.

The parties further agree the development of such partnership will require the establishment of a relationship involving close cooperation between the parties having individual and joint rights, responsibilities and authorities in an environment that reflects and fosters:

- Fairness and equity
- Consistency of approach
- Mutual respect and dignity
- Open communication
- Trust

The parties agree to work with the Aboriginal community, unions, and employees to:

1. Develop programs to facilitate constructive race and cultural relations.
2. Develop Aboriginal employment and career development.
3. Develop linkages to the Aboriginal labour force.
4. Develop programs to promote employment opportunities for Aboriginal people.
5. Promote initiatives of mutual benefit designed to meet Aboriginal needs within the community which generate an opportunity for Aboriginal employment.
6. Develop an action plan indicating both short and long term strategies. Also included in this are:
   - co-monitoring progress of the agreement; and
   - co-evaluating results of the agreement

Signed this _____________ day of ____________, 2007.

<table>
<tr><td>_________________________________
On behalf of Saskatchewan First Nations
and Métis Relations</td><td>_____________________________
On behalf of Your Organization</td></tr>
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APPENDIX II – SUMMARY OF INDIVIDUAL RESPONSES TO INTERVIEW QUESTIONS

Question 1: Which organizations played a role?

- Health employers: to establish best practices; Regional Health Authorities, the Saskatchewan Association of Health Organizations, Saskatchewan Health: the creation of partnership agreements; unions (CUPE, SEIU, HSAS): through negotiations creating clauses to encourage employers to bridge Aboriginal communities to employment; Saskatchewan First Nations and Métis Relations: leadership role and linking employers with unions and First Nations communities; the Federation of Saskatchewan Indian Nations: very supportive.

- The Aboriginal Employment Development Program: felt needed a new approach with few dollars. The Saskatoon Health Region and Sherbrooke Community Center signed first, while other regions followed. Created a steering committee. Saskatoon focused on training, Regina on strategic planning, Prince Albert on hiring. A book, "Corporate Aboriginal Relations: Best Practices Case Study", was also used to guide us.

- Government: Saskatchewan First Nations and Métis Relations plays a facilitator role; the Saskatchewan Association of Health Organizations determines what needs to be done and represents everyone, for example in identifying positions; unions, such as CUPE and SUN, also play a role. They all play a role, depending on their own interests, what needs to be done, how they can help, etc. The role varies project by project.

- The Saskatchewan Association of Health Organizations: key organizational and leadership role, meeting chairs, union consultations. Saskatchewan First Nations and Métis Relations: holders of partnership agreements. Saskatchewan Health: funding and support.

- The Saskatchewan Indian Metis Affairs Secretariat (now Saskatchewan First Nations and Métis Relations) operate the AEDP program. Initially, there was no criteria or strategy. They did own literature review outlining the problems and came up with 4 areas of strategy: employment and education, economic, cultural awareness, organized labour and policy on collective agreements. We came up with the partnership approach. Partners were in health care: the health regions (first was the Saskatoon Health Region and Sherbrook Community Center, others followed). Organized labour and the unions. CUPE was first and brought other unions to the table.

- There were many approaches with a comman vision. Educational institutions and programs included the University of Saskatchewan Native Access Nursing program, which has been in place for 20 years, the University of Regina, the Saskatchewan Institute of Applied Science and Technology, and the First Nations

University of Canada. The provincial government played a key role through Saskatchewan Health and other departments. The federal government through their Aboriginal initiatives. Aboriginal organizations such as the Federation of Saskatchewan Indian Nations and the Northern Inter-Tribal Health Authority, individual Aboriginal communities, and the Meadow Lake Tribal Council. Professional bodies, including the Saskatchewan Registered Nurses Association, the Saskatchewan College of Physicians and Surgeons. Also unions, such as the Saskatchewan Union of Nurses. It started at the grassroots level and then moved upwards to policy.

Question 2: Examples of innovative approaches.

- Having stakeholders working together was innovative. Collaboration with real involvement. The partnership agreements were innovative: often signed by Regional Health Authorities as well as community associations, business groups, bands, etc. That there was a statement of intent to represent Aboriginal people in the workplace at multiple levels. Partnerships with education and training institutions (career fairs, career councellors working with employers, shadowing workers, etc). Training in readying the workplace through "myth busting" courses.

- Misconception training directed at the workplace and changing attitudes. A desire to look at public policy in collective agreements, inclusive of unions. Also looking at policies and procedures within organizations. Advertising differently to include Aboriginal people in the hiring processes. Creating structural chance to include them. Strategic planning processes for representative workforce. Saskatchewan Health dictating that regions must have representative workforce in order to recieve funding. Partnership agreements with the Saskatchewan Association of Health Organizations. Career pathing as a retention strategy. Organizational commitments. Focused training, such as the partnership with the Dumont Technical Institute for Licensed Practical Nursing training.

- One example was in the Prince Albert Health Region. They wanted to increase the numbers of Aboriginal people in the health workforce and worked in partnership with the Dumont Technical Institute and created a Licensed Practical Nursing program for Aboriginal people. It graduated 77 in the first year, with 100% employed. Soon after the retention rates fell to almost 0%, so the partners came back and developed a cultural awareness package suited to the health workplace. After this training, delivered by the Saskatchewan Association of Health Organizations and the Canadian Union of Public Employees, the retention rate is up to 60% and climbing.

- Hiring of an Aboriginal Coordinator in each health region, new partnership agreements, process outlining, inservice trainings, 1st year cost sharing of hiring the Aboriginal Coordinators, workforce audits, encouraging coordinators to have Aboriginal people apply for the jobs. Focused training at institutions, including the Dumont Technical Institute and the Saskatchewan Indian Institute of Technology, health sector partner steering committee, design "Representative Workforce Database."

- The idea of the partnerships, misconception training to tackle retention, really tackling racism, to educate new and existing health staff to prepare the workplace. And to put these into the collective agreements. Challenging the school boards to have higher levels of math and sciences provided.

- Native Access to Nursing at the University of Saskatchewan has responded to needs over the last 25 years. It began with funds from the federal government, and was to prepare Aboriginal people for the nursing program. It was a pre-program of about 6 months. It fufilled a purpose for a while, and then was no longer was sufficient. The funding was year by year. It then got funding from both the federal and provincial governments. Now it is more of an access and retention program. It has expanded from nursing to medicine, arts and science programs. It provides supports for moving, childcare, transportation, etc. It is a holistic approach. There is formal and informal tutoring provided. It also has an Aboriginal centre with computer access, elders, other Aboriginal students, etc. Support for full and part time students. 220 Aboriginal students are currently enrolled in Saskatchewan, the highest in Canada, in Saskatoon, Regina and Prince Albert. It needs more ongoing, long term support to assist with trust.

Question 3: Were all elements present?

- The Saskatchewan approach has included most, with some more than others.

- Yes. However, in collaborative policy making only, this doesn't really cover the entire process of what we do. We are in a change management process, which includes collaborative policy making, but also: establish sense of urgency, form powerful guiding coalition, create a vision, communicate the vision, empower others to act on the vision (get rid of obstacles), encourage risk taking and non-traditional ideas.

- Yes, in the case of the Representative Workforce Strategy. The partners have diverse backgrounds, but they came up with a vision, problems, solutions together. They agreed to work together to give direction and follow the plan. Sometimes there are problems, for example, the Canadian Union of Public Employees and the Saskatchewan Association of Health Organizations might not agree, but these are dealt with and move on.

- Yes, all were important.

- We didn't use those elements of success when we began the project, which was pointed out to us later. We used an 8 point change management strategy done by the Harvard Business School: establish a sense of urgency, form powerful guiding coalitions, create a vision, communicate the vision, empower others to act on the vision, develop a plan, consolidate improvements, institutionalize approaches.

- I didn't think there was one approach overall. These are all apparent in most. There is sufficient congruence. People do hold a common vision. There is a widespread agreement that Aboriginal people in Saskatchewan are a huge untapped resource and we need to support them. Viewed as an abundant resource. The culture of SK is well known as being culturally sensative, which is not the same in other jurisdictions.

Question 4: If an element was missing, was this an impediment?

- Different people from different organizations had different ideas of how to get there. Need better performance indicators. Should have indicators in place before the creation of the framework. Satisfaction levels, retention, etc.

- N/A The process has become very sound. Due to the groundwork being done, we can move to the next level.

- Aboriginal coordinators are key to the success of the program. If they are not located in the best places, this can be an issue. These are sometimes located as term or temporary jobs located in human resources departments with multiple roles and these are not always Aboriginal workforce related. There needs to be more of a priority on that role. Governments' role needs to be consistent with each partner. Resources need to be increased. There is too much turnover. More support is needed to increase success.

- Training could still use improvement. Sometimes there are gaps in funding, for example, with the career pathing process when we are working with the provincial government and not being successful in terms of funding; this process could be more streamlined. We need to be really proactive in directing employer demands in terms of Aboriginal people. There is still a disconnect between meeting employer demands and the training institutions. We could be working with the Aboriginal supply side more, preparing Aboriginal people as they come into the workforce.

- We knew about the lost opportunity. Performance indicators were missing. The strategy was demand-side, and we should not be judged by supply-side deliverables. Barriers are that job descriptions often recognize skills of non-Aboriginal people, such as education and government experience. Should be a focus on prior learning assessment and recognition. Use Aboriginal politics or equivalent experience, or specific abilities. Recognize Aboriginal skills.

- A blueprint for the overall province would have been nice. It would have made things easier. Have a Northern Health Strategy, to monitor indicators of progress. Working with the Aboriginal communities, this is probably unrealisitic. Need to be comfortable with some level of ambiguity. Funding challenges have delayed progress, when they are not long term, and they do not create opportunities for trust.

Question 5: What about the process was noteworthy?

- The challenges were not unexpected. It was understood that there would be challenges as it was all new. One unanticipated challenge was how strongly some would own the problem after it had become successful. This could lead to alienation by some groups. It was important to recognize that all groups matter, and every piece helps.

- I was surprised how well it has come together. Although it was a lot of hard work by the partners. It was difficult to keep everyone in the same direction. Maintaining a consistent approach was hard work. The Saskatchewan Association of Health Organizations' work was well done. It was not always smooth sailing, but you start from a point you can agree on and move from there.

- I was surprised by the strength of the partnerships. The success lies in the strength of the partnerships. This was different from what I had seen before and it has been very positive. Aboriginal people often refuse to believe that this is happening.

- N/A

- It is surprising that we are not having the impact, even with the money being spent, and no one is willing to change. People want to do business the same way it has always been done. People are not embracing the strategy, and this is still our work today: trying to convince employers to prepare the workplace and explaining the opportunities to them. Waiting to see how the Aboriginal communities respond. Positive that the unions have come on board, that non-Aboriginal communities were supportive, there was relationship building, other communities are signing similar partnerships, and the willingness by the non-Aboriginal public to get the strategy in place.

- Noteworthy that people have a common vision, working together has been an important part of the approach. There is still internalism. Most have the abundance mentality. We are here to help with the vision and not to impose our own. Open communication, warm response. Challenges are opportunities waiting to unfold. Saskatchewan has made tremendous progress. We should be proud of it. The federal funding will come.

Question 6: Challenges? How were they responded to, and were the responses successful?

- Openness and transparency. Going back to the original vision and principle of what we are there for. Integrity to be truthful, honest and open.

- As a demand-side process, it was a challenge to work with the supply-side and to get Aboriginal people to fill the jobs. This is a slow process. We need to work with the Aboriginal communities. We went back to K-12 and signed a partnership there. Working with the school boards is a challenge. Indicators are federal government interest through funding. They are delivering a cross-Canada program.

- I was not surprised that progress is slower than some had hoped. The supply side is not being dealt with. They are not taking into account the racism and the impact that it has had on Aboriginal people. There is an issue of trust, and the Aboriginal community really struggling to believe that they will ever get anywhere. The response by Aboriginal Employment Development Program staff has been to sign partnership agreements with First Nations and Métis people. More emphasis on youth: Provincial Aboriginal Workforce Representation Council. Trying to teach how to live healthier.

- When I started, I had a limited anticipation of success, but became very happy with the commitment from the unions, members and partners. We had to go out and sell the idea of the partnerships to employers and managers. It did not come easy. (We had to) build a win-win situation, juggle misconceptions, break down barriers and develop a public education package. That was a challenge. Working with coordinators was challenging. There were (initially) no tools or supports in place for them, and they were often the only Aboriginal person in health admin.

- Working committees for common understanding and together seeking resolutions. The representative workforce was the agreed upon principle, because we did not want employment equity written into the collective agreement. That's where we were able to move forward.

- N/A

Question 7: Anticipation of permanent, structural change in SK due to approach implementation.

- Absolutely, no doubt. If we continue down this road we will definitely be leaders in this and we will have done our due diligence in ensuring that we have the labour force that we need in the health system, and that our Aboriginal community is as successful and healthy as the rest of the province."

- At this point, I would say yes. Policies are being redesigned. Business is being done differently. It will need to evolve and this will take time, but there seems to be the will to do it. Certainly there is a good reason to do it. Cost effective reasons. The cost of not doing it is too high.

- I think they will and that they have to. I hope they will. Part is the demographics that the Aboriginal population is growing and as more Aboriginal people move into the health care workforce there will be more permanent change. Real structural change involves power positions such as employers, policy making, management, doctors, nurses and administration. Until that happens, and becomes truly representative, there will be no true structural change or representation.

- Definitely. It is going to change the way we do business in terms of bargaining for Aboriginal employment and development, the policy implemented in health regions, connections with Aboriginal communities.

- Yes. Because the Aboriginal people are spending their money to get ready. This is why we have signed up district after district. We have the right to access all of health care, not some parts or some pockets, or classifications. Health care is not only the shining example of a success in Saskatchewan, it is now being copied, that because of its success school boards have now picked it up. The banking industry is signing agreements with us. Indian Affairs federally has accepted that as a strategy, as a department of how to get Aboriginal people ready with different deliverables for Canada. It is snowballing. People are not going to be able to stop common sense.

- Yes, I am very confident of this. Maybe because I work with students. They are winning awards, doing their Masters, becoming leaders in their classes and communities, getting employment. The education of young people, the Aboriginal community call that their new buffalo, is going to create the longstanding, permanent, structural changes in the health care workforce in this province. I have no doubt.