
Shape the way

Refocusing Health Care in Alberta Public Engagement:
What We Heard January – June 2024



Shape the way | Alberta Health

Title: Shape the way. Refocusing Health Care in Alberta Public Engagement: What We Heard January – June 2024

ISBN 978-1-4601-6128-9

© 2024 Government of Alberta | October 2024

This publication is issued under the Open Government Licence – Alberta
(<http://open.alberta.ca/licence>).



Contents

Message from the Minister.....4

Refocusing Health Care in Alberta: Public Engagement.....5

Primary Public Engagement findings.....8

Targeted Conversations findings.....12

Virtual Engagement findings.....17

Conclusion and next steps.....18

Message from the Minister

I want to thank everyone who took the time to attend an in-person engagement session to help shape the way we refocus health care in Alberta. Our government committed to talking to patients, families, health care workers, and caregivers throughout the refocusing of Alberta's health care system.

I personally attended many of these sessions and engaged in conversations with hundreds of you about your own experiences working in and accessing the health care system. I encouraged you to share the good, the bad, and the ugly and your honesty has made a difference. We now have a better collective understanding of the successes and challenges in our current health care system and the solutions that should be considered as we shape the way forward.

Your input and expertise are what we're relying on to make critical decisions on how the new health care system will be built and held accountable. The feedback you provided is helping us lead the way towards a stronger health care system for Albertans today and for future generations.

I have reviewed the notes and summaries from each session, all of which have been collected, analyzed, and compiled into this report, which I am pleased to share with you now.

Collaboration is crucial to creating a health system that serves the current and future needs of Albertans. To that end, our government has committed to reporting on what we heard and to returning to the regions we visited to continue the conversation.

I look forward to working together as we stand up the provincial health agencies that will form the backbone of the refocused health care system in Alberta and to maintaining open lines of communication between the government and all Albertans.

Sincerely,

Adriana LaGrange

Minister of Health

Refocusing Health Care in Alberta: Public Engagement

Albertans expect the health care system to be there when, where and how they need it. Alberta's health workers are highly skilled, capable and dedicated to providing exceptional care to patients and families. Unfortunately, the health care system is under pressure with increasing demands for critical services such as EMS and surgeries. This growing stress on the acute care system is made worse by a lack of access to primary care.

To address current challenges, the Government of Alberta announced its plans to Refocus the Health Care System in November 2023. This initiative includes significant changes to the oversight and coordination of the health system and the creation of four new provincial health agencies. These changes will focus on the priority sectors of primary care, acute care, continuing care and mental health and addiction to ensure Albertans receive the best care within a single, fully integrated, high-functioning system.

Engaging with Albertans, whether they are health care workers, caregivers, or patients, is a vital part of the government's effort to refocus the health care system. The input, experiences and feedback gathered are essential to lead the way we develop a more sustainable, effective and efficient health care system that meets the needs of patients, health care providers and Alberta's diverse communities. Recognizing the critical importance of understanding all Albertans' perspectives on the health care system, the Government of Alberta undertook an intentional, layered approach to gathering this feedback.

In-person Public Engagement

A historic effort was made to ensure Albertans had the opportunity to participate in an in-person engagement session to share their feedback on the current state of the health care system and a vision for its future. In the primary engagement effort, government held sessions in 65 locations across the province drawing patients, health care workers and caregivers to share their feedback.

Each two-hour engagement session began with a short presentation on the system refocusing followed by small group discussions led by professional facilitators. These conversations helped build a deeper understanding of the current system's strengths and challenges based on the voices of people who work within and use the health care system every day. Although flexible, the conversations were guided by the following six questions:

- 1.** What are the strengths within the health care system in your community today?
- 2.** What is not working with the system today and what can be done to change it?
- 3.** How can the new organizations work together?
- 4.** How can government hold the new organizations accountable and how should we report progress back to Albertans?
- 5.** What does local decision-making look like?
- 6.** What supports can help the health care workforce, patients, caregivers and communities as these changes are made?

Targeted Conversations

Recognizing the importance of having dedicated spaces for francophone Albertans and Indigenous peoples living in the province, the government designed specific opportunities to speak with these groups.

Indigenous Information Gathering Sessions

The Government of Alberta hosted four public, in-person Indigenous Information Gathering Sessions in communities located in alignment with the Medicine Wheel, in the north, south, east, and west of the province. Additionally, it held 14 virtual Information Gathering Sessions with Indigenous leadership and organizations. These leaders and organizations were identified with the support of the Indigenous Health Division, who were embedded in each of the conversations.

The in-person sessions followed the same two-hour format as the primary engagement sessions and began with a presentation from the government, followed by small, facilitated conversations. The 14 virtual information gathering sessions were one-hour long and began with a presentation from the government, followed by an open floor to share feedback. Although flexible, all conversations were guided by the following questions:

1.	2.	3.	4.	5.	6.	7.
What cultural practices are you looking to embed in the health care system to improve health outcomes of your communities? (this could include smudging, family rooms, etc.)	What partnerships with local organizations, both Indigenous and non-Indigenous, can we build upon to enhance health care access?	What practices of recruitment and retention or access to services are succeeding in your community?	How can the new provincial health agencies be held accountable for upholding Indigenous Health priorities?	How would you like to be informed and provide feedback as refocusing continues?	To enhance local decision making and ensure equitable access to resources, how can existing governance structures within your community be leveraged?	What recommendations are you able to provide, to ensure the new Indigenous Advisory Council is effective to support real and concrete change?

French language engagement sessions

The government held two engagement sessions in French. These sessions followed the same format as the primary engagement sessions and were guided by the same questions.

1.	2.	3.	4.	5.	6.
<p>Dans votre collectivité actuelle, quels sont les points forts du système de santé?</p> <p>What are the strengths within the health care system in your community today?</p>	<p>Qu'est-ce qui ne fonctionne pas dans le système et que peut-on faire pour le changer?</p> <p>What is not working with the system and what can be done to change it?</p>	<p>Comment les nouveaux organismes peuvent-ils travailler ensemble?</p> <p>How can the new provincial health agencies work together?</p>	<p>Comment le gouvernement peut-il responsabiliser les nouveaux organismes et comment devrions-nous informer les Albertains des progrès accomplis?</p> <p>How can government hold the new provincial health agencies accountable and how should we report progress back to Albertans?</p>	<p>À quoi pourrait ressembler la prise de décision à l'échelle locale?</p> <p>What does local decision-making look like?</p>	<p>Quelles mesures de soutien peuvent aider le personnel de la santé, les patients, les fournisseurs de soins et les communautés à faire face à ces Changements?</p> <p>What supports can help the health care workforce, patients, caregivers and communities as these changes are made?</p>

Community Engagement

The government partnered with two important community organizations to leverage citizen and patient perspectives on the health care system. The Imagine Citizens Network and the Health Quality Council of Alberta were chosen because of the value of their connections to Albertans already dialed in to the workings of the health care system, whether as patients, caregivers, health care workers, or decision makers. Imagine Citizens Network conducted parallel engagements with citizen stakeholders across the province on behalf of the government. The Health Quality Council of Alberta's Patient and Family Advisory Committee participated in a dedicated engagement session to inform the refocusing effort.

Virtual Engagement

Supplementary to the in-person public engagements, the Government of Alberta also collected feedback through online engagement forms in English and in French, telephone town halls and targeted engagement with system partners and community-based groups across the health system.

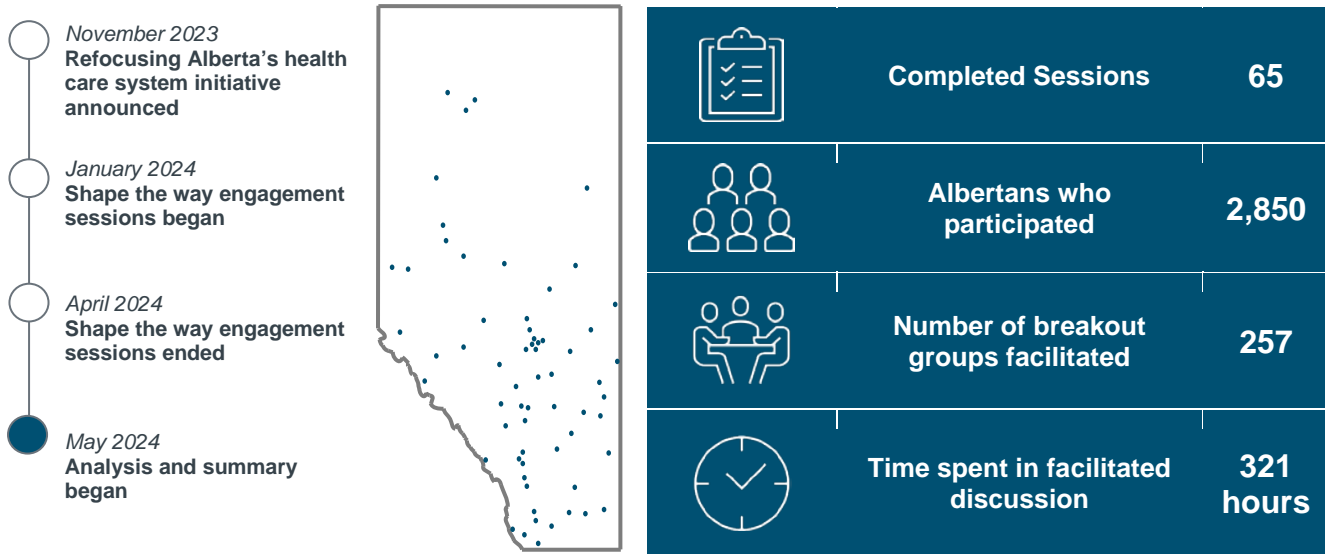
Findings

This report outlines the most common considerations heard from all engagement efforts, from Albertans and Indigenous Peoples who shared their feedback. These ideas are being used by the government to help shape the future of health care in the province.

While there is significant alignment in the themes from each stream of engagement, there are areas where francophone Albertans and Indigenous peoples identified additional considerations which must be given appropriate weight and are outlined below.

Primary Public Engagement findings

From January 24 to April 12, 2024, the Government of Alberta held 65 in-person public engagement sessions as part of its engagement effort.



Engagement session locations across Alberta

AIRDRIE	February 2, 2024	JASPER	February 13, 2024
ATHABASCA	February 15, 2024	LA CRÉTE	March 15, 2024
BANFF	January 30, 2024	LAC LA BICHE	March 6, 2024
BEAVERLODGE	March 11, 2024	LETHBRIDGE	January 23, 2024
BOW ISLAND	April 3, 2024	LLOYDMINSTER	March 8, 2024
BROOKS	January 25, 2024	MANNING	March 13, 2024
CALGARY	February 1, March 21(x2), 22, 2024	MEDICINE HAT	January 25, 2024
CAMROSE	February 5, 2024	MORINVILLE	March 19, 2024
CARDSTON	April 4, 2024	OKOTOKS	February 1, 2024
CLARESHOLM	January 31, 2023	OYEN	January 26, 2024
COLD LAKE	March 7, 2024	PEACE RIVER	March 13, 2024
CONSORT	April 12, 2024	PINCHER CREEK	January 24, 2024
CORONATION	April 12, 2024	PROVOST	April 12, 2024
CROWSNEST PASS	January 24, 2024	RED DEER	February 8, 2024
DRAYTON VALLEY	February 9, 2024	RIMBEY	April 5, 2024
DRUMHELLER	February 7, 2024	ROCKY MOUNTAIN HOUSE	February 6, 2024
EDMONTON	February 20 and March 18, 2024	SHERWOOD PARK	March 19, 2024
EDSON	February 14, 2024	SLAVE LAKE	February 15, 2024
FALHER	March 12, 2024	SPRUCE GROVE	February 20, 2024
FORT MACLEOD	April 4, 2024	ST. ALBERT	February 21, 2024
FORT MCMURRAY	March 5, 2024	ST. PAUL	March 7, 2024
FORT SASKATCHEWAN	February 21, 2024	STETTLE	February 7, 2024
FORT VERMILION	March 14, 2024	SUNDRE	April 5, 2024
GRANDE CACHE	February 12, 2024	SYLVAN LAKE	February 6, 2024
GRANDE PRAIRIE	March 12, 2024	TABER	April 3, 2024
HANNA	April 11, 2024	VEGREVILLE	March 8, 2024
HIGH LEVEL	March 14, 2024	WAINWRIGHT	January 26, 2024
HIGH PRAIRIE	March 11, 2024	WESTLOCK	February 16, 2024
HIGH RIVER	January 31, 2024	WETASKIWIN	February 8, 2024
HINTON	February 14, 2024	WHITECOURT	February 16, 2024
INNISFAIL	February 2, 2024		

Seven major themes:

- 1) Access to health care
- 2) Communication and transparency on an ongoing basis
- 3) Supporting and sustaining the health care work force
- 4) Needs of patients and providers in rural, remote and Indigenous communities
- 5) Local decision-making and empowerment
- 6) Accountability of the health care system
- 7) System integration and coordination

Findings related to each theme are presented in the following pages.

1. Access to care

Albertans expect to be able to access the right health care when, where and how they need it.

Providing the right care when, where and how Albertans need it is a challenge within the current health care system across the province, particularly in rural and remote locations, and within Indigenous communities. These challenges are characterized by disparities in access between rural and urban communities, long wait times for appointments and surgeries, and confusion in navigating the system. Access to care means different things in different contexts:

1. Access to, and availability of, health care services
2. Timeliness of care and the ability of patients to receive the care they need when and where they need it
3. Health care that is accessible with respect to diverse language and cultural needs

2. Communication and transparency on an ongoing basis

Strong communication and transparency are essential to navigating the transition period but also to the long-term strengthening of relationships and effectiveness within the health system.

Effective communication includes regularly sharing up-to-date data and providing accessible information on system challenges, initiatives, progress and areas where change is still evolving. Ultimately, improving communication across the provincial health system will allow Albertans to better understand their health care and for health care professionals to better support one another.

Building accessible and clear communication platforms between system partners helps to create consistent information and reduce the potential for silos. This can be enhanced by strengthening technological solutions such as Connect Care and establishing or expanding guiding roles like patient navigators.

3. Supporting and sustaining the health care work force

Health care workers are the backbone of the provincial health care system, providing quality care to patients with passion, dedication and resilience.

In recent years, the health care work force has faced immense challenges, including the global pandemic, labour shortages and economic downturn, which have worsened existing issues and created new ones.

These challenges, which are being faced by every province in Canada, have highlighted the importance of appreciating and investing in the health care work force to ensure they feel valued and have the resources, training and support they need to continue providing excellent care to patients.

4. Needs of patients and providers in rural, remote and Indigenous communities

Alberta is a diverse province, made up of urban, rural, remote and Indigenous communities, each with their own unique health care needs and challenges.

While there are some commonalities, participants often reported health care system supports and initiatives are too general, and don't suit the specific characterizations of their communities, particularly in rural and rural-remote areas.

Participants identified unique rural health considerations including:

- Small populations often mean shorter wait times at clinics and in the ER
- Collaborative and strongly interconnected local health care systems
- Limited access to services within their community, including specialist care, lab tests and scans and requiring travel to access those services in bigger urban centres or regional hubs
- Limited educational opportunities for health care providers within the community
- Difficulty providing in-place care due to limited availability of local services and facilities, especially for continuing care
- Health care providers take on multiple roles in a community, e.g., the local family physician is also the ER doctor
- Increased difficulty attracting and retaining health care providers compared to urban centres. Participants recommended customized recruitment and retention strategies for health care providers, including different incentives and compensation approaches, training opportunities, professional development and family or living supports
- A critical retention method for rural and remote health care providers is increasing community supports so that providers feel welcomed, supported and at home in the community they have moved to

Remote areas were described as having similar characteristics to rural areas but are distinguished by a greater distance to urban centres. This leads to:

- Significant travel times (2-3 hours or more) to access care within the region and very long distances to urban centres (500 kms or more)
- Higher reliance on EMS, particularly ground and air ambulance, and non-urgent and non-medical transportation
- Greater financial and time burdens that patients carry to access care
- A need for different incentives and compensation packages to attract and retain health care providers
- Higher costs of living for health care providers combined with limited housing options
- Fewer or zero community social, mental health or wellbeing programs or service providers
- Funding models do not appear to reflect the realities of remote and rural health care needs of the health system or the significantly higher financial burden that Albertans living in these communities face to access the same health care as urban Albertans

Participants at the primary sessions indicated considerations for Indigenous communities, including:

- Indigenous communities and people have their own needs, and the health care system must be built to reflect and embody the unique culture, values, approaches to health and wellbeing and languages of Indigenous Peoples living throughout the province
- Dedicated Indigenous information gathering sessions were held from April to June 2024 to ensure the diverse perspectives of Indigenous Peoples are represented. Details from those sessions start on page 10 of this document

Please note: this feedback is distinct from that shared during the Indigenous information gathering sessions and represents the opinions of Indigenous and non-Indigenous attendees of the primary public engagement sessions.

5. Local decision-making and empowerment

The health system today limits the ability of local care providers and communities to contribute to or participate in decision-making at various levels including in communities, facilities and units.

There is a perception that local autonomy has been replaced with less flexible and responsive centralized decision-making processes and management, particularly with respect to human resource decisions and procurement of supplies and technology. Those providing care and leading locally can better manage the unique health care needs of rural, remote, urban and Indigenous communities with different populations, health care resources, and community priorities.

6. Accountability of the health care system

Two-way accountability is a top priority to ensure transparency in the health care system.

Participants stated accountability within the current health care system isn't always clear, transparent or effective. There is a need to build strong two-way accountability between government and health care workers, and between health care workers and the communities they serve. This will result in improved patient health outcomes, performance, efficiency and effectiveness.

The future health system needs to consider data-driven measures for evaluating and reporting outcomes and patient experiences, transparency in decision-making including who, how and why decisions are made and clearly defined roles and responsibilities.

7. System integration and coordination

The better the people and services within the health care system work together, the better the system will function for those using it and working within it.

Alberta's health system is made up of many interconnected moving parts. There are health care workers, patients, and caregivers all engaging with one or more aspects of acute care, primary care, continuing care, and mental health and addiction.

Integration involves aligning service delivery, resource use and the efforts of individuals to maximize the efficiency and productivity of patient care. Difficulties with information sharing, system interoperability and preventative health care are apparent throughout all aspects of Alberta's health system.

Targeted Conversations findings

Indigenous Information Gathering

The Government of Alberta hosted four public, in-person Indigenous Information Gathering Sessions.

- Siksika Nation – April 30, 2024
- Hinton – May 9, 2024
- Fort McMurray – May 29, 2024
- Cold Lake – June 24, 2024

Additionally, staff from the Department of Health's System Refocusing and Indigenous Health Divisions held dedicated meetings with Indigenous leadership and organizations to provide information and seek feedback on refocusing.

The themes that arose during the Indigenous information gathering sessions included those that were in alignment with the seven themes from the In-Person Public Engagement sessions and the following additional unique themes.

Additional themes:

- 1) Limited access and significant barriers to health care impacting Indigenous peoples in Alberta
- 2) Lack of Indigenous engagement, community involvement, collaboration and representation in the health system
- 3) Insufficient health care promotion, disease prevention, education and public health programs
- 4) Lack of culturally safe and appropriate practices in care
- 5) Ineffective Indigenous mental health, addictions and health crisis service
- 6) Gaps in accountability, transparency, and data/information sharing agreements with Indigenous communities
- 7) Neglect of federal agreements and treaty rights
- 8) Lack of continuity and transitions of care for Indigenous peoples

1. Limited access and significant barriers to health care access for Indigenous Peoples in Alberta

Indigenous communities in Alberta face significant health care access barriers due to geographic, financial, and systemic challenges, including systemic racism and a lack of culturally appropriate care.

First Nations reserves and Métis Settlements in rural and remote areas of the province struggle with recruiting and retaining health care professionals and lack adequate clinic space and infrastructure. Federal funding is insufficient and does not consider higher rural service costs or cultural needs, forcing many communities to seek alternative funding. Additionally, Métis Settlements receive no federal health care funding, further exacerbating their access issues. Short-term funding agreements for Indigenous-led programs create administrative burdens and uncertainty in service continuity.

2. Lack of Indigenous engagement, community involvement, collaboration and representation in the health system

Indigenous people in Alberta have not been meaningfully engaged or involved in decision-making or planning within the health system. There's a pressing need for genuine collaboration with Indigenous peoples to co-develop the refocused health system's vision, goals, priorities, decisions and services.

Session participants emphasized the importance of respecting the diverse Indigenous peoples in Alberta and recognizing treaty rights within the health system. They expressed a strong desire for representation in the governance of the health system, meaningful inclusion within the Advisory Councils and stressed the importance of effective mechanisms for feedback and dialogue.

3. Insufficient health care promotion, disease prevention, education and public health programs

There are critical gaps in prevention, education, and public health initiatives within Indigenous communities and those targeted at Indigenous health issues across the province.

The current health system is perceived to focus more on reactive health care for Indigenous peoples rather than proactive health management and promotion. There is a strong desire to increase investment in and emphasis on proactive health care, early intervention and educational strategies that address the unique health needs and challenges of Indigenous peoples in Alberta.

4. Lack of culturally safe and appropriate practices in care

Embedding cultural responsiveness and providing culturally appropriate health care is essential to address systemic racism and ensure Indigenous peoples in Alberta receive safe, respectful and equitable access to care.

Systemic racism within Alberta's health care system affects service levels both consciously and subconsciously, leading to lower quality or inappropriate care for Indigenous peoples due to stereotypes and biases. Addressing these issues involves recognizing the value of traditional medicines, involving Elders, traditional knowledge keepers and healers, and translation and interpretation supports in care, and providing staff with proper training. This includes integrating Indigenous patient navigators or liaisons, understanding historical trauma, and creating an inclusive and welcoming health care environment.

5. Ineffective Indigenous mental health, addictions and health crisis services

There are significant gaps in mental health and addiction care services and crisis management resources for Indigenous communities and peoples in the province.

Effective crisis intervention services, improved access to acute mental health and addiction care, and support systems that do not lead to the criminal justice system are urgently needed. Addressing generational trauma, the opioid crisis and broader mental health and addiction challenges requires person-centred approaches and culturally appropriate interventions.

6. Gaps in accountability, transparency and data sharing with Indigenous Peoples

Concerns about transparency, communication and accountability in Indigenous health care hinder effective delivery and access to services.

To demonstrate accountability and transparency in improving outcomes for Indigenous peoples, it's essential to invest in and ensure dedicated resources are included in the planning and delivery of health services. Developing indicators, performance measures and benchmarks will help measure change and ensure transparency, accountability and continual improvement throughout the health care refocusing. Further, health care information and data must be driven by First Nations, Métis, and Inuit peoples and align with their unique needs, ways of knowing and data sovereignty.

7. Neglect of federal agreements and treaty rights

Government authorities do not consistently honour federal agreements and treaty rights established to protect the health needs, interests and aspirations of Indigenous peoples in Alberta.

Concerns are growing over the failure to adhere to these agreements, particularly regarding health care rights, and the unilateral changes made without consulting Indigenous peoples. This disregard not only disrespects established treaties but also undermines collaborative and transparent governance, which is essential for an effective and trusted health care system for Indigenous peoples.

8. Lack of continuity and transitions of care for Indigenous Peoples

Indigenous peoples in Alberta face significant challenges with transitional care, including a critical shortage of primary care practitioners, mental health and addiction support, home care and premature hospital discharges that disrupt the continuum of care.

Continuity of care and communication between health care service providers is a major issue for First Nations people as they move between different health care services. Improved communication and referral processes are needed for patients travelling on and off reserves or settlements. Indigenous patient navigators are crucial for helping individuals navigate the health care system, alongside greater awareness and education to help people understand Alberta's complex health care system.

Additionally, the lack of Indigenous providers and supports—such as navigators, Elders, traditional knowledge keepers, translators, interpreters and healers—exacerbates the disjointedness of the health care system, particularly in remote areas. Participants emphasized the need for enhanced support systems and culturally tailored approaches throughout the health care journey.

Francophone Engagement

To ensure fair and equitable opportunity to share feedback on health system refocusing, Alberta Health collaborated with Association canadienne-française de l'Alberta (ACFA) and Réseau santé albertain (RSA) to develop and deliver two French-language engagement sessions.

- In-person in Edmonton June 17, 2024
- Virtual on June 20, 2024

These engagement sessions were conducted entirely in French and all materials were provided in French in collaboration with the Government of Alberta's Francophone Secretariat. Additionally, information on health system refocusing was made available in French online.

The themes that arose during the French-language sessions included those that were in alignment with the seven themes from the In-Person Public Engagement sessions and the following additional unique themes.

Additional themes:

Français	English
Thèmes	Themes
<ol style="list-style-type: none"> 1) Accès aux soins de santé en français 2) Éducation, sensibilisation et promotion des compétences linguistiques 3) Engagement communautaire et gouvernance 4) Communication et transparence 	<ol style="list-style-type: none"> 1) Access to healthcare in French 2) Education, awareness, and promotion of language skills 3) Community engagement and governance 4) Communication and transparency

1. Access to health care in French

French-speaking Albertans expect to access consistent and timely health care in French when and where they need it.

However, there are numerous challenges specific to Francophones living in Alberta. The available services are often insufficient and inconsistent, whether in cities like Edmonton or in regional community centers. While platforms like Connect Care help identify patients' preferred languages, the lack of French-speaking medical staff, effective translators, adequate mental health and homecare services remains a problem.

Francophones, including immigrants, face additional barriers to care, and current translation tools are inadequate during emergencies. Many French-speaking seniors in Alberta speak only French, necessitating tailored health care services. Rural seniors and patients face unique difficulties, including access to specialized care and home care follow-up, with financial constraints further complicating their access to care. Specific measures are needed to improve integration and support for Francophones in the health care system.

2. Education, awareness, and promotion of language skills

Education, awareness, and promotion of language skills are crucial for improving health care access for Francophones.

Recognizing the importance of a second language in health care is crucial. To better serve French-speaking Albertans, it's essential to encourage French learning in high school, offer continuing language training for physicians, and raise awareness among health care workers about displaying their language skills. Additionally, creating designated bilingual positions and recognizing foreign diplomas for immigrant health care workers can help strengthen the supply of French-speaking services and promote the language skills of health care workers. These are vital steps for improving service for Albertans.

3. Community involvement and governance

Community engagement and inclusive governance are crucial for adapting health care services to the needs of Francophones and other cultural groups.

Involving Francophone perspectives from the beginning of policy creation, in governance structures and regional advisory councils, is essential. Taking cultural differences into account, involving local communities and ensuring representation in decision-making bodies are necessary steps for effective and efficient service delivery.

4. Communication and transparency

Communication and transparency are vital in the health care system, especially in meeting the needs of Francophones and ensuring equitable understanding.

It is essential to provide clear and accessible information in French on government platforms and publicly share success measures in the health care system to inform and reassure the population. Transparent communication in both official languages is crucial in order to avoid potential confusion. Health awareness and promotion should be conducted through various channels, such as social media and traditional print material in communities. Increased use of these tools, along with direct consultations, can better inform and involve French-speaking Albertans. Establishing non-governmental information services is necessary to help Albertans navigate the health care system. Improvements in communication technologies, particularly for mental health services, are also needed. Lastly, clear, consistent French communication about changes and new practices within health agencies is highly requested.

Community Engagement

The Government of Alberta worked with Imagine Citizens Network and the Health Quality Council of Alberta's Patient and Family Advisory Committee to leverage the advice, expertise and input of community leaders already working in the health care space.

The themes that arose through the dedicated engagement led by these groups included those that were in alignment with the seven themes from the In-Person Public Engagement sessions and the following additional unique themes.

Additional themes:

- 1) Everyone accessing the health care system should be treated as a whole person first and a patient second, supporting a whole person approach to their health care.
- 2) Compassion, understanding and mutual trust and respect should characterize all relationships within the health care system.
- 3) Access to care includes access to records and an understanding of how, when, and where people can find and view their own health records, specifically through MyHealth Alberta.

Note: in addition to a summary of themes presented in the Imagine Citizens Network report, the organization used the feedback it received to outline an aspirational vision of a future refocused health care system where people are considered in the context of their everyday lives and their community and culture and in which people are treated as a whole person first and a patient second.

Virtual Engagement findings

Alberta Health used online tools to give health care workers and Albertans a platform where they could choose to provide feedback about system refocusing. Two separate feedback forms were made available to the public. For both forms, responses were analyzed to gain insight into the challenges, obstacles and successes experienced by both health care staff and Albertans within the current health care system.

The feedback forms were open from November 10, 2023 to January 15, 2024 and January 23 to April 21, 2024, with 18,000 responses received from health care workers and the general public. There was a higher representation of female respondents and those aged 35-54, relative to Alberta's population. Respondents requested more information on the changes, identified important issues facing Albertans, and indicated a high level of interest in participating in engagements and offering solutions. Respondents shared their perspectives and proposed solutions through open text, which called for improvements in the following areas (in order of prevalence):

<p>Workforce Development <i>strategies to enhance and grow the health care workforce</i></p> <ul style="list-style-type: none"> • Improve working conditions • Enhance support for front-line workers • Emphasize investment in primary care and community-centred health 	<p>Partnership & Engagement <i>strategies for enhanced engagement levels</i></p> <ul style="list-style-type: none"> • Reduce redundancies in leadership roles • Shift resources to front-line staff • Explore different pay options for health care providers
<p>Organizational Structure & Management <i>solutions for governance and management concerns</i></p> <ul style="list-style-type: none"> • Decentralize decision-making • Invest in leadership training • Maintain and enhance public health care services 	<p>Resource Allocation <i>recommendations for budget reallocation and funding</i></p> <ul style="list-style-type: none"> • Subsidize medical education • Fairly compensate all health care workers • Adopt patient-first funding models
<p>Service Delivery Improvement <i>strategies to improve accessibility and efficiency of health care services</i></p> <ul style="list-style-type: none"> • Strengthen primary care networks • Reduce wait times • Increase mental health services 	<p>System Integration & Technology <i>solutions focused on unifying the health system</i></p> <ul style="list-style-type: none"> • Implement a centralized health system • Use technology to streamline care delivery • Consider a fully integrated health care system

The online feedback form was additionally made available in French from June 6 to July 5, 2024. As well, a dedicated Indigenous information gathering online feedback form was created and was available from April 30 to July 5, 2024.

Because there was a limited number of responses to each, the sample size is too small to draw meaningful conclusions from the data alone. Instead, the major themes from these responses have been captured above in the sections for each stream of specialized conversation.

Conclusion and next steps

The Government of Alberta extends its gratitude to everyone who took the time to participate in our efforts to collect feedback and input to support the refocusing of Alberta's health care system.

The input, feedback and guidance provided has been shared with the Minister of Health, the Minister of Mental Health and Addiction and other health system leaders to inform the design and implementation of the refocused health care system.

The government is committed to sharing with the public the steps that have been taken in direct relation to the feedback provided through all of the avenues outlined in this report.

There will be more opportunities to share your feedback on health care system refocusing, including further in-person and virtual engagement opportunities. Visit alberta.ca/shapetheway for up-to-date information about the refocusing initiative.