Introduction

British Columbians and people across Canada see health care as one of their number one policy concerns. Canadians value their public health care system, and are passionate about debating its future. As governments become increasingly concerned with the rising costs of health care and the future pressures on the system, they need to consider changes to the system: its delivery, its funding, and its infrastructure. This is why the Government of British Columbia launched the Conversation on Health: to talk to British Columbians openly about these challenges, and seek their advice on how to address them.

The Conversation on Health was a year-long, unprecedented public engagement initiative that used a variety of facilitation techniques and communication channels to reach as many British Columbians as possible and understand their issues, ferret out the good ideas, and prepare for the future. Capturing the energy, vitality, interest and passion of British Columbians from every corner of this vast Province was the challenge set before the Conversation on Health when it was launched on September 28, 2006.

Process and Statistics

The Conversation on Health was guided by its key project principles: transparency, openness, inclusiveness, curiosity, innovation, focus and accountability. These principles guided the project in reaching out to British Columbians through three main streams of activity: public, health professional and health innovation.

Public Stream

The public stream used as many communication tools as possible to seek input from British Columbians, and remain true to the Conversation principles. These tools included a toll free phone line, an e-mail address, a website, and a mailing address, all of which were up and running at the launch of the Conversation. Through these channels, we received more than 12,000 submissions.

We held all-day public forums on Saturdays in 16 communities across the province between February and July 2007. Participants pre-registered so that prior to traveling to a forum they were assured of a seat. Travel costs for those coming from outside of a host community were covered to ensure that everyone could attend regardless of their financial situation. Each forum held up to 100 participants, and, in areas where
registration exceeded this number, we drew names using a random computerized selection process.

British Columbians who signed up for a forum came with something on their minds, so we came up with a format that would encourage them to engage, talk about what they care about, and move them to solutions in a short period of time. In the forums, participants started by setting the agenda, choosing which items they wanted to discuss, then working in small groups. Every participant had the opportunity to discuss and record what they came to say about health and health care. In the afternoon, ten set topics were presented and participants are asked to choose two. They then worked in small groups and the discussion was recorded by a facilitator.

In addition to these public forums, we also held patient focus groups in each of the 16 communities. Up to ten patients and their families came to share their experiences with the health care system and give us the benefit of their insight.

Since it was generally older people who were attending, we sought input from high school students through provincial-level forums. Students gave us some excellent feedback on how to improve their health in school, as well as some ideas on how high school students can lead their schools and communities to be and stay healthy.

We also held four Aboriginal community meetings. These sessions, co-hosted with the Cowichan, Gitxsan, Little Shuswap, and Seabird Island First Nations, provided excellent input into Aboriginal concerns around health and health care.

**Health Professional Stream**

British Columbia’s health professionals are passionate about their work and their patients. They have strong views about the health care system and they want to ensure those views are heard through the Conversation on Health. While the website, phone line, e-mail and correspondence were available to health professionals, we wanted to benefit from their experiences as both workers in, and users of, the province’s health system. A series of separate workshops with health professionals were held on Fridays in the 16 communities holding public forums.

The Friday morning sessions were attended by health professionals nominated by their associations and unions to discuss local and provincial issues. The evening health professional meeting was much like the afternoon component of the public sessions, inviting participants to discuss two issues of importance to them in small facilitated groups.
Like the public sessions, the records from all of these sessions were posted on the website. Meeting attendees provided uniformly excellent feedback on these sessions: they were seen as inclusive, open and representative. Interestingly, many health professionals noted that this was their first experience talking about health system challenges and solutions with members of other health professions.

**Health Innovation Stream**

The Health Innovation Stream of activities investigated more thoroughly some of the ideas put forward in the Conversation on Health in order to better understand those ideas and their application to our public health care system. We brought together experts, practitioners and decision-makers to study best-practices, innovative solutions, and ideas that have come forward from participants in the Conversation.

There were two main activities: a series of focused workshops on specific topics such as health human resources, and an International Symposium on Health Innovation. The latter activity brought together almost 150 thinkers, policy makers and practitioners from all over the world to help us understand their best practices and study their application to British Columbia’s needs and pressures. The focused workshops were smaller in scope and participation, and focused on a few key solutions identified to date in the Conversation on Health in primary care, seniors and aging, health human resources and delivery models.

**How many British Columbians participated?**

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<tr>
<th><strong>Phone Line:</strong></th>
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<tbody>
<tr>
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<table>
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<tr>
<th><strong>Website:</strong></th>
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<tbody>
<tr>
<td>Visits¹</td>
<td>226,165</td>
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<tr>
<td>Hits²</td>
<td>5,895,710</td>
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<tr>
<td>What’s on Your Mind Submissions</td>
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<tr>
<td>Online Discussion Board</td>
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<tr>
<td>Electronic Written Submissions Posted</td>
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<table>
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<th><strong>Correspondence:</strong></th>
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<tbody>
<tr>
<td>E-mails</td>
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<tr>
<td>Letters</td>
<td>1,830⁴</td>
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<tr>
<th><strong>Forum Registration:</strong> (registrations now closed)</th>
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<tbody>
<tr>
<td>Registrations⁵</td>
<td>6,621</td>
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Reporting on What We Heard

As part of our commitment to openness and transparency, a weekly summary of input was posted to the Conversation website, along with transcriptions of all of the forum and meeting notes.

Our job is to accurately reflect what British Columbians are talking about. We compiled all of the input received into thematic summaries that describe the challenges, issues and ideas that British Columbians have discussed. Some of these summaries are quite lengthy as British Columbians have a lot to say about their health, the health of their communities and the health system in general. Each summary includes a short preface to give British Columbians an idea of the scope of issues included in that summary.

The following summary of input follows 78 meetings, more than 12,000 submissions, and a full year of engagement with British Columbians all over the Province. The summary of input has 45 sections, with short introductions to help you understand what you will read.

The summary of input does not represent a consensus. It represents all of the views and ideas presented during the Conversation on Health year-long process as accurately as possible. The views are those of the participants in the Conversation on Health and not those of the Ministry of Health or other government representatives. By reporting these comments and suggestions, the Government of British Columbia does not endorse or support them.

British Columbians talked about everything, from healthy environments and societies, to new models of running and financing health care, to addressing the concerns of our health care professionals. The summary of input is divided into three parts:

- Envisioning a Healthy British Columbia
- Envisioning a Strong and Sustainable System of Care
- Envisioning a Revitalized Health Care Workforce

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1 A visit measures the amount of unique IP addresses (individual computers) that visit a site.
2 A hit measures the number of files that are requested from a site.
3 Written Submissions Total - 76: By Association/Organization - 63; By Individual – 13.
4 Total Letters and Mail = 1,830: Letters = 537; Mail = 1,293 (includes written input to the Conversation on Health in the form of faxes, Comment Sheets from Forums, three-part postcards that the Conversation on Health distributed and mail forwarded from other parts of government to the Conversation on Health/mail not sent directly to the Conversation on Health that were not previously reported in the Conversation on Health Statistics).
5 Total includes registrations for public forums, patient focus groups, health professional focus groups, health professional forums, and Aboriginal forums.