

Positioning Catholic Health Care: The Ontario Experience

CHAC Convention
May 6, 2006

1

Outline of Presentation

1. Key Components of an Advocacy & Government Relations Program
2. Formulation of CHAO Advocacy & Government Relations Program
3. Practical Application: Examples of CHAO Initiatives

2

1. Key Components of an Advocacy & Government Relations Program

Definitions:

Government Relations: a systematic effort to influence the actions and policies of government to help achieve particular objectives ...in public and in a way that reflects well on you and the decision-makers involved.

Advocacy: the act of speaking or disseminating information intended to influence individual behavior or opinion...public policy and the law.

Lobbying: the practice of public affairs advocacy, with the goal of influencing a governing body by promoting a point of view

3

Key Components: 5 Steps

- A. Understand the Government's objectives, your objectives and how the 2 can be compatible.
- B. Frame your objectives to meet the government's objectives – emphasize the public good.
- C. Identify who's who – and where they fit in the decision making process.
- D. Build program over the long term.
- E. Time your interventions.

4

Association Targets

As an Association you always have at least 2 constituencies, target groups as points of focus

- Internal – Membership including Sponsors and Conference of Bishops
- External – Politicians, Civil Service, allied groups
- Focus Today – mainly on the External

5

2. Formulation of CHAO Advocacy Program

Step 1 – Understand the Government's objectives, your objectives and how the 2 can be compatible

Very early 1990's Environmental Scan of Catholic Health Ministry demonstrated areas of concern for the future:

Internal Challenges:

- decline in Sisters and sponsorship and mission issues

External

- sustainability of institutional Catholic health Care
- panicle of Catholic health care reached and decline in number of facilities
- Ontario Government Agenda – 2 hospital towns, funding etc.
- Other Provinces

6



Knowing our Agenda Development of Core Message

- Early 90's – Regionalization in New Brunswick
- Mid 90's – Rest of the country follows

7



Implications for Ontario

Control vs. Influence Equation

- Imposition of Regional Boards = loss of control over governance
- Loss of control over governance = loss of control over Mission
- Without being judgmental of other provinces CHAO concluded that other provinces would need to rely on influence model of Mission

8



Ontario Definition of Authentic Catholic Presence

- CHAO and its partners determined that the maintenance of an Authentic Catholic presence in Ontario required the maintenance of control over governance;
- Chain of Mission = Sponsor, Board, CEO
- Voluntary Governance became the "line in the sand"

9



Objective of the Program

To ensure the continuation of an **AUTHENTIC** Catholic presence in a changing health care environment

10



Core Message

- Our mantra became:
- The corporate and governance structure of the Catholic health facility or service actualizes the philosophy, mission and values
- No voluntary governance = No Catholic health care

11



B. Frame your Objectives

- We are part of the solution NOT the problem
- Focus on positives of Catholic health care "what we do" - faith-based approach, holistic, innovative, social justice including employees
- Counter the perception that defines Catholic health care by what "we do not do"
- Frame message in the context of diversity of the province – the strength of the Ontario society is tolerance for and acceptance of cultural & religious diversity
- Link to Charter of Rights and Freedoms "Freedom of Religion"

12



C. Identify Who's Who and Where the Fit In Decision Making Process

- Internal: Membership including Sponsors and Conference of Bishops
 - » Engage and get "by in"
- External: Allied Groups with Similar Issues
 - » Engage and get "by in" from OHA, OANHSS, Other Faith-Based Providers
- Government – Focus of this Discussion

"Associations are most successful in government relations when they present themselves as a resource to government decision-makers"

13



Who's Who in Government

POLITICIANS:

- Focus on Minister, Premier and any Cabinet Ministers you can
- Chief of Staff, EA's of Premier and Minister
- Include the Opposition Parties
- Constituency level – engagement of membership

CIVIL SERVICE:

- Deputy Minister of Health and ADM's

"9 times out of 10 Ministers side with their officials – do you want a 10% or 90% chance of success"

14



Build Program over long term

Examples to show progression and cumulative impact of delivering a consistent message

- Early 1990's Bob Rae and NDP Public Hospitals Act
 - 1st Public Hearings with allied groups and letter writing campaign
- 1996-1999 Health Services Restructuring Commission
 - Core Message = Catholic health care is not the problem
 - = part of the solution but don't touch governance
 - = diversity of culture and religions = strength
 - = freedom of religion and the courts

15



2003 to 2006

Bill 8: Commitment to the Future of Medicare Act

- Long story short – no amendments accepted

But

- Set the stage for the future –
 - Accountability Agreement Framework
 - Legislature recommended continued dialogue with MOH
 - Bill 36 LHIN's

16



Accountability Agreement

- The negotiation, content, and implementation of accountability agreements will respect the governance of hospitals by volunteer boards of directors.
- The negotiation, content, and implementation of accountability agreements will respect the diversity of hospitals, including any geographic, teaching and research, size, or denominational considerations relating to the delivery of hospital services.

17



Bill 36 - LHINs

The Minister and LHIN

Shall not unjustifiably as determined under Section 1 of the Canadian Charter of Rights and Freedoms require a health service provider that is a religious organization to provide a service that is contrary to the religion related to the organization

18



E. Time Your Interventions

- Choose which battles to "fight" and be prepared to loose some
- advocacy is a cumulative process
- Between Interventions
 - ✓ Don't disappear but continue to build relationships
 - ✓ Routine meetings with politicians and civil service
 - ✓ Invite Minister to Speak at Conventions
 - ✓ Engage Minister and Opposition Critics in panel at Convention
 - ✓ Attend receptions and fund raisers
 - ✓ Be engaged in the work of provincial bodies

19



Time Your Interventions "Key Times"

- Provincial Elections
 - ✓ politicians listen most & Catholic constituency is large
 - ✓ Letters of commitment or written responses to question
- Legislation
 - ✓ Focus on elements of Bill that have direct impact on Catholic health care – mission, ethics, governance etc
 - ✓ Support allied groups for other issues rather than diluting your principle issues/message

20



How a Bill becomes Law & Where to Focus

Idea Stage

Drafting Stage

First Reading

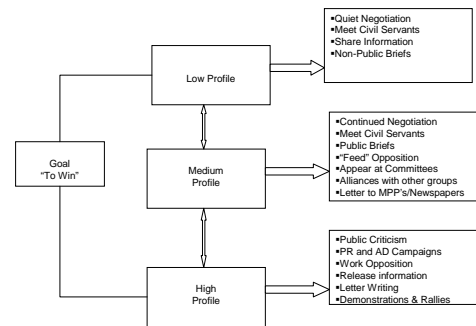
Second Reading
(Public Hearings)

Third Reading and Royal Assent

21



Key Components of an Advocacy & Government Relations Program



22



Ongoing Challenges for Associations

INTERNAL

- Balancing the Common Good with Subsidiarity
- Maintaining engagement of membership and authority to be the provincial voice for Catholic health care
- Keep your membership united
 - ✓ Local solution vs. common good
 - ✓ What one member does effects all

23



Ongoing Challenges for Associations

EXTERNAL

- Keeping up with the Changing Landscape
 - ✓ Evolution of health care system, policy etc
 - ✓ Changes in political actors – Ministers, EA's even Governments
 - ✓ Changes in the Civil Service

24