



Nova Scotia Public Health

A Journey *towards Renewal*



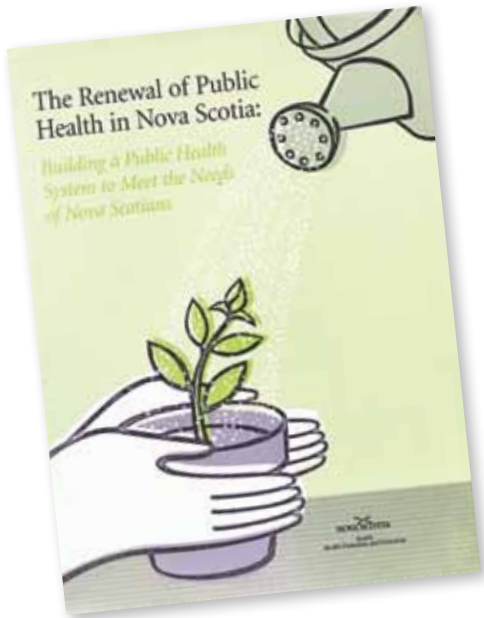


You are invited to participate in an ongoing journey to re-imagine, regenerate, and reinvigorate public health in Nova Scotia.

We know the challenges faced by public health in Nova Scotia. We know that renewal is essential.

The change we desire requires collective will and a commitment from all public health practitioners and partners to adopt a new way of approaching the challenges of the public health system. This new approach requires whole-system thinking, is focused on successes, seeks innovation, and is forward-looking and action-oriented.

You are invited to co-create solutions for the future.



Introduction

"The Renewal of Public Health in Nova Scotia: Building a Public Health System to Meet the Needs of Nova Scotians" – accepted by the Government of Nova Scotia in 2006 – outlines a ten-year blueprint for the future of public health in the province. It presents 21 recommendations, the first of which asks us, Nova Scotia's public health practitioners, to "articulate and be guided by a collective vision for the public health system."

That's all well and good, but "public health" represents a large, diverse group of individuals. How do we go about "articulating a collective vision"?

This report outlines steps taken to do just that.



“...we can really effect some positive change in Nova Scotia’s public health system and improve the health of our population.”

In December 2008, a group of practitioners and partners in public health from across the province took on this challenge. We initiated a search to find a process that would bring people together to seek new solutions for the common good. We knew the process would have to take into account the complexity of public health. We also felt that any attempt to address the current challenges of public health demands the collective intelligence of all stakeholders. We wanted a process that would catapult us into a new beginning, an approach that would foster leadership and innovation.

We feel we’ve found an answer, a way to come together and co-create the kind of change the system requires. Further, by applying this methodology in consultation with public health workers across the province, we have been able to articulate a purpose statement for public

health and, even more exciting, identify four strategic opportunities for innovation where, if we collectively focus our attention, we can really effect some positive change in Nova Scotia’s public health system and improve the health of our population.

The purpose statement and the four strategic opportunities for innovation are outlined later in this report, but first we want to share this methodology with you, in the hope that you will adopt it as a new way of approaching innovation and change. It may mean changing the way you work. It will almost certainly mean changing the way you think. But we feel strongly that it will also bring us all much closer to fulfilling the core functions of public health, a change that ultimately means improved health for all Nova Scotians—a goal shared by all.



Introducing the **Methodology**

In 2007, Otto Scharmer, a social scientist at MIT, published a book presenting Theory U, an innovative yet sensible process for collectively creating solutions to complex problems. Believing Einstein's observation that fundamental problems cannot be solved at the same level of thought that created them, Theory U encourages a "new way of being," a fresh way of seeing the world around us and the opportunities it presents. It outlines a three-phase process for uncovering solutions collectively and fostering profound systemic change.

U-PROCESS

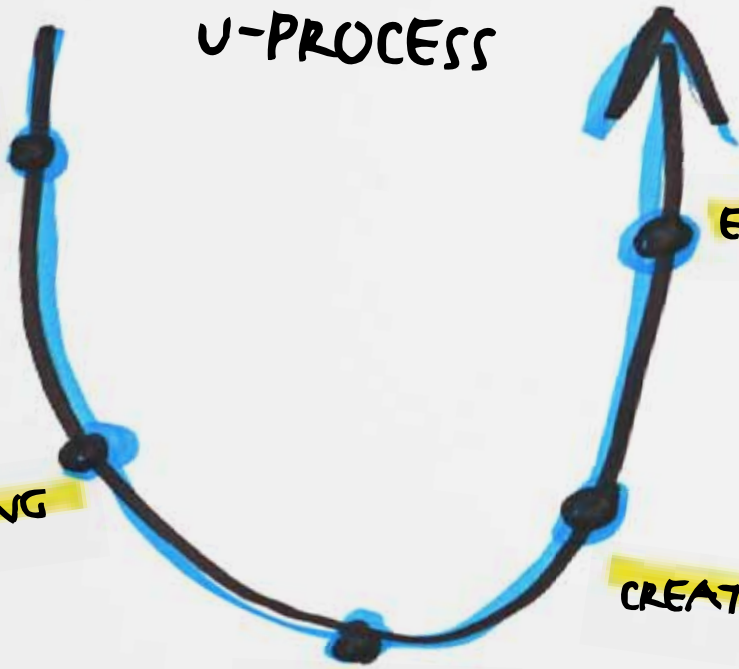
INITIATING

SENSING

PRESENCING

CREATING

EVOLVING



"When the members of a group see together with depth and clarity, they become aware of their own collective potential. The group can see the emerging opportunities and the key systematic forces at work."¹



"In the Sensing phase we uncover the current reality of the system as a whole. In the Presencing phase we go further and uncover our deeper knowing about what is going on in the system, our role within it and what we, individually and collectively, are being called upon to do."²

1 C. Otto Scharmer, "Addressing the Blind Spot of Our Time: An executive summary of the new book by Otto Scharmer, *Theory U: Leading from the Future as It Emerges*," http://www.presencing.com/docs/publications/execsums/Theory_U_Exec_Summary.pdf, p. 6 (June 2010).

6 2 Zaid Hassan, "The U: A Language of Regeneration," (December 2004), <http://pioneersofchange.net/library/articles/the-u.pdf>, p. 7 (June 2010).

“Yes, this is an intellectual journey, but it’s one that is grounded in real life experience and shared practices. On this journey of sensing, presencing and realizing, we learn new ways of being—ways crucial for each of us at this chaotic time.”³

The “journey along the U” begins with **“sensing,”** an exercise focused on getting a broad grasp of the behaviours that drive the entire system and understanding how different people see both problems and opportunities. Sensing encourages us to get grounded in what’s really going on by suspending judgement and stepping outside of personal bias to look deeply at the system as a whole, with openness and from multiple points of view. Sensing reveals where there are blockages, emerging opportunities, and innovations.

Next comes **“presencing”** (a blend of the words “presence” and “sensing”), the stage at which participants internalize learning, consider their roles within the wider system, and start brainstorming ways to bring into the present the highest future potential. Presencing is both an individual and a

collective undertaking where we acknowledge that the future depends on us and that we can only get there together.

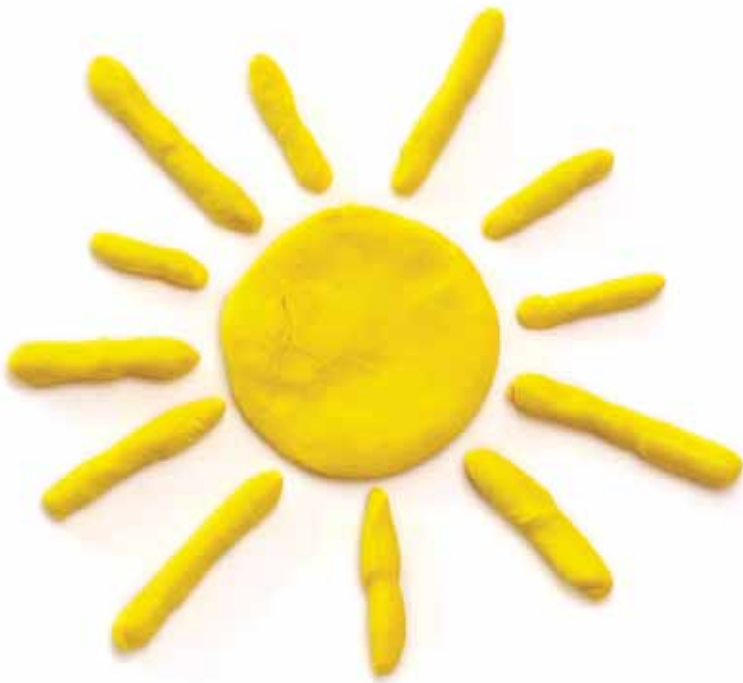
The third phase in this three-part journey is **“realizing,”** which is focused on “transforming action,” exploring the future by doing, rather than by thinking and reflecting. In realizing we take the next steps on the journey to our ideal future.

The “U” is a continuum. We applied the three phases of Theory U as we undertook some first steps in the journey toward articulating a collective vision for public health, but the process is only just beginning. The expectation is that public health as a whole will adopt this **“new way of being”** as we strive to define and act upon our collective vision.

“This ‘U’ methodology of leading profound change invites you on an exciting and unique personal and professional journey. You will experience new levels of thought and action from within you that allow you to participate, to co-create and to bring forth the future.”⁴

3 Theory U Overview, <http://www.presencing.com/presencing-theoryu/theoryu.shtml> (June 2010).

4 Ibid.



Getting Grounded

The first steps on the journey to articulate a collective vision for public health in Nova Scotia—the “sensing” part of Theory U— took place from February 2009 to April 2010⁵ and engaged people within and outside the formal public health system. Through interviews, “learning journeys,” and stakeholder consultations, a core team of public health practitioners and partners set out to learn what was working well in communities, gather information on what was possible for public health, and understand what communities need from public health.

⁵ The sensing phase was longer than originally planned as the H1N1 pandemic arrived in Canada (April to December 2009), consuming public health resources. Although work had to be reoriented, the pandemic also offered an opportunity for further sensing.



"The desk is a dangerous place from which to view the world." (John le Carré)

The core team members came from addiction services, primary care at the district level, government agencies, frontline public health services, Department of Health Promotion and Protection, and other government departments. Members of the pre-existing Public Health System Leadership Team supported the work of the core team while simultaneously continuing to move the work of public health forward.

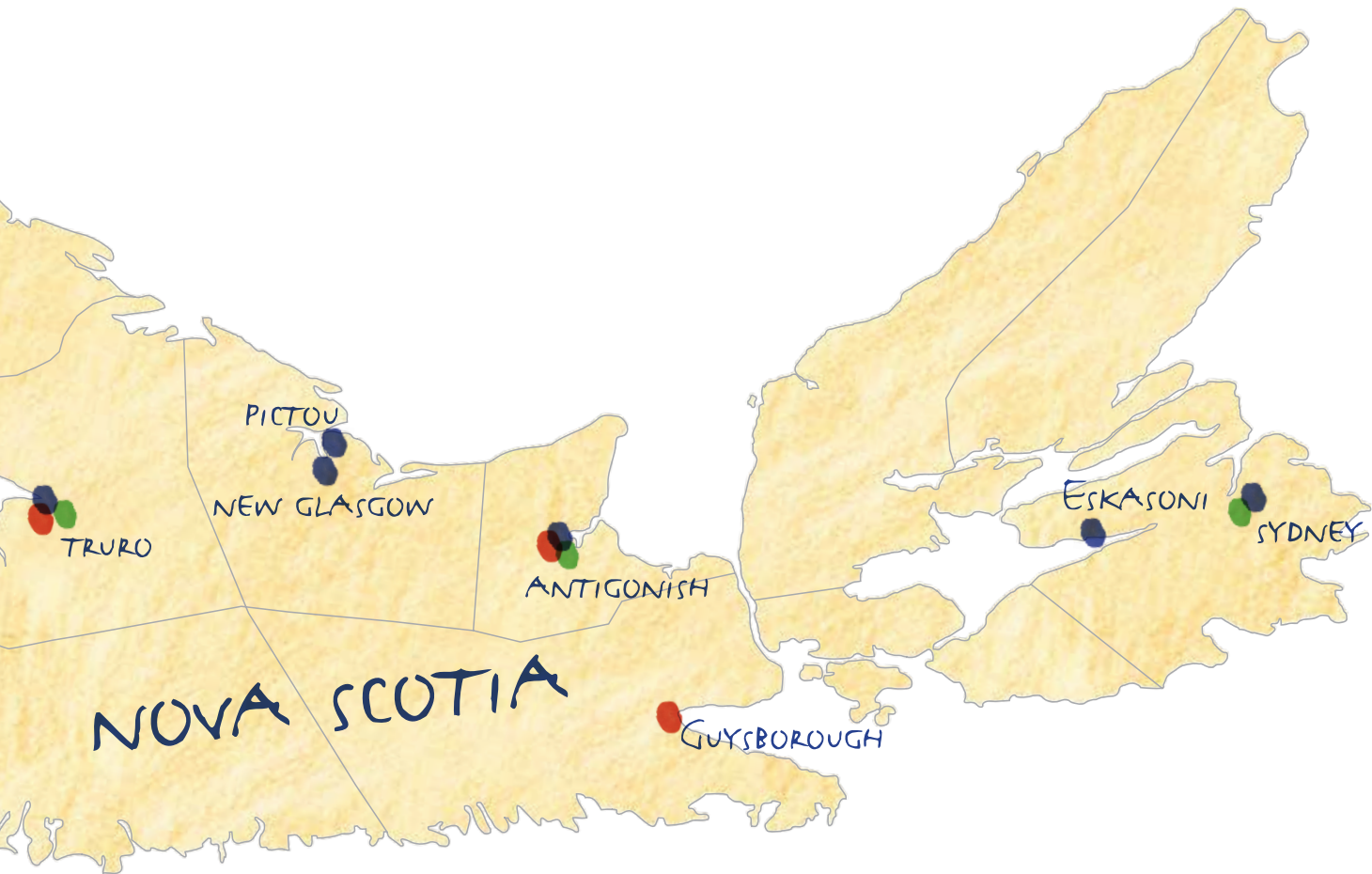
In order to truly see our complex public health system from multiple vantage points, the core team conducted 63 dialogue interviews with individuals in and connected to Nova Scotia's public health system: educators, municipal government workers, economic development staff, public health staff, primary health care and primary care staff, mental health staff, members of non-government organizations, senior staff within the health system, and people who are affected by the work of public health.

These were not regular interviews. Each took an hour and a half. Conversations were focused on what was working well—the bright lights in the current public health system. Through the interviews—which started in March 2009 and continued into June—the core team sought to identify opportunities to realize the full potential of Nova Scotia's public health system.

Then, beginning in May 2009, the core team also went on nine "learning journeys" across the province to talk to people about the work they are doing, and to understand how they interact with the public health system. Learning journeys are like structured field trips. Team members spent time with people in organizations that are currently doing innovative work throughout the province. These organizations provided insight into how individuals create opportunities for innovation and move to action.

Where We Went





- INTERVIEW (63)
- LEARNING JOURNEY (9)
- STAKEHOLDER (5)
GATHERING

"Public health is the big picture.
It is population health."

"Work is built on relationships
with clients, partners, those who
say they can change the system."

What We Heard

The dialogue interviews and learning journeys provided rich information and insights into the current state of Nova Scotia's public health system. Team members heard some very hard things, some conflicting things, and some things that need attention.

"from the stakeholder interviews to the learning journeys and then the stakeholder gatherings, it was more than token consultation. There was a sense that we were truly asking for meaningful input and that we were open to being challenged, creatively challenged to come up with new ways of doing things"

"Public health is either not coming to the table or coming rigidly, which makes collaboration difficult."

"In hospital, I had just heard that my newborn son had a heart murmur. I was upset and crying and everything. But the nurse didn't seem to notice or care. She didn't ask me anything like 'Are you OK?' or 'Do you need something?' So I just took the books."

"You can't work in the community unless you know the culture."

"HEALTHY BEGINNINGS IS A GOOD PROGRAM, A NATURAL CONTINUATION. IT GOES BEYOND THE BASIC POST-HOSPITAL SUPPORT PROGRAMS BETWEEN PUBLIC HEALTH AND PRIMARY HEALTH CARE. THE YOUTH HEALTH CENTRES ARE ALSO GOOD EXAMPLES."

"The role of advocacy has fallen off the table. Public health can be leaders for healthy public policy."

"The line between public health and primary health care is artificial. It's grey and needs to be flexible."

"MAYBE HEALTH PROMOTION AT THE PROVINCIAL LEVEL AND PUBLIC HEALTH AT THE LOCAL LEVEL SHOULD COLLABORATE AND WORK TOGETHER."

The following three patterns emerged:

1. *bright lights*

Certain individuals, organizations, and programs capture what is already working well and reveal lessons that can help public health improve the health and the lives of individuals, families and communities.

“Public health has the compassion and the caring...I can call on them and rely on them; I have a relationship with them.”

“Healthy Beginnings is a good program, a natural continuation as it goes beyond the basic post hospital support programs.”

“...people from public health have always been my supporters, my cohorts, my biggest partners.”

2. *clear messages*

These are the themes we heard over and over.

- Public health needs to let go of control and be more flexible in order to respond to changing circumstances.
- Public health needs to work upstream on the social determinants of health to address root causes.
- Public health needs to demonstrate boldness.
- There are many roles for public health.
- Relationships are key to success and central to everything public health does.
- We need to do this work together, through collaboration.
- Communities can find and implement their own solutions; public health needs to listen and empower.



3. complexities

The complexity of the system means we are often faced with conflicting demands. It also means more questions and less clarity in terms of the direction for public health.

- What is the balance between public health as expert and public health as partner?
- Is public health work largely focused at the individual or population level? Is there (or can there be) a balance between the two?
- Should public health be in the business of delivering services, developing policy, or both? Should public health also be advocating for policy/system change?
- Do we need to more clearly define the distinctions between primary health care and public health or just get on with the work?
- How does public health move away from an “us versus them” mentality?
- How important is the structure of public health to the work that needs to happen? Does collaboration come at the expense of structure?
- How does public health achieve and accommodate shared leadership?
- How does public health break down silos at provincial and local levels so we can work in partnership?



Finding Clarity

The core team took these emerging themes – bright lights, clear messages, and complexities – to stakeholder gatherings held in Halifax and Liverpool in October 2009. The team shared their learnings, sought validation for what they had heard, and began to define areas where, if we put our attention, focus and resources, we could have a huge impact on the health of Nova Scotians into the future.

“purpose is the invisible leader” Toke Møller

The two stakeholder gatherings supported the themes from the dialogue interviews and learning journeys, and brought clarity to the areas where we need to pay attention. They also resulted in commitment from individuals to move forward together.

Having thoroughly explored the current state of the public health system from various points of view, the core team then invited the Public Health System Leadership Team and VPs of Community Health from the District Health Authorities to join them in a presencing exercise, to internalize our learning, consider our roles within the wider system, and brainstorm and agree on a number of interventions.



Public health works with others to understand the health of our communities, and acts together to improve health.

Purpose

Over the course of a couple of days, presencing uncovered two significant results:

1. The collective development of the following **purpose** statement for public health in Nova Scotia: "Public health works with others to understand the health of our communities, and acts together to improve health."

The following breakdown of the statement elaborates.

- "Works with others" demonstrates the importance of relationships, collaborations, and partnership.
- "Understand the health" focuses on the importance of using a variety of evidence gathered in both traditional and innovative ways to inform action that is only limited by our imagination.



- “Our communities” is meant in the broadest sense; communities can be defined many ways (by geography, age/stage, race, degree of enfranchisement, or as interest groups, etc.).
 - “Acts” stresses the importance of doing.
 - “Together” underlines the need for collaboration; no work is done alone. Public health may play a variety of roles (leader, facilitator, coordinator, participant, cheerleader, knowledge translator, supporter).
 - “Improve health” refers to the broad determinants of health and health disparities.
2. The identification of **four strategic opportunities for innovation** that could have the greatest impact for Nova Scotians and our collective work of public health, and for which the group had the most energy and passion. It was through “World Café” and other participatory methods that the leverage areas identified at the stakeholder gatherings were transformed into the following four strategic opportunities for innovation:
- One Door (every door is the right door)
 - Culture Shift (aligning the culture of the public health workforce with the public health purpose statement)
 - Relationships and Innovation (build strong relationships and trust so that innovation can occur)
 - Early Years (increased support for families and children from birth to age five)



Ready to **Take Action**

In order to explore and test the strategic directions that emerged from presencing, three more stakeholder gatherings were held – in Sydney, Church Point (francophone), and Truro – in February and April 2010. A broad and diverse group of individuals participated, ranging from public health staff to law enforcement workers, teachers, staff from other government departments, youth, and citizens interested in their communities. There was excitement in the air, a real sense that we were embarking on something that was going to bring about much needed change.

These gatherings helped us to deepen our collective understanding of the purpose of public health in Nova Scotia. Based on what had occurred at the earlier stakeholder gatherings and what emerged from presencing, public health staff and community partners across the province were anticipating these gatherings. Participants expressed

“so we’re actually changing our world and we’re changing our work and we’re changing how we work”

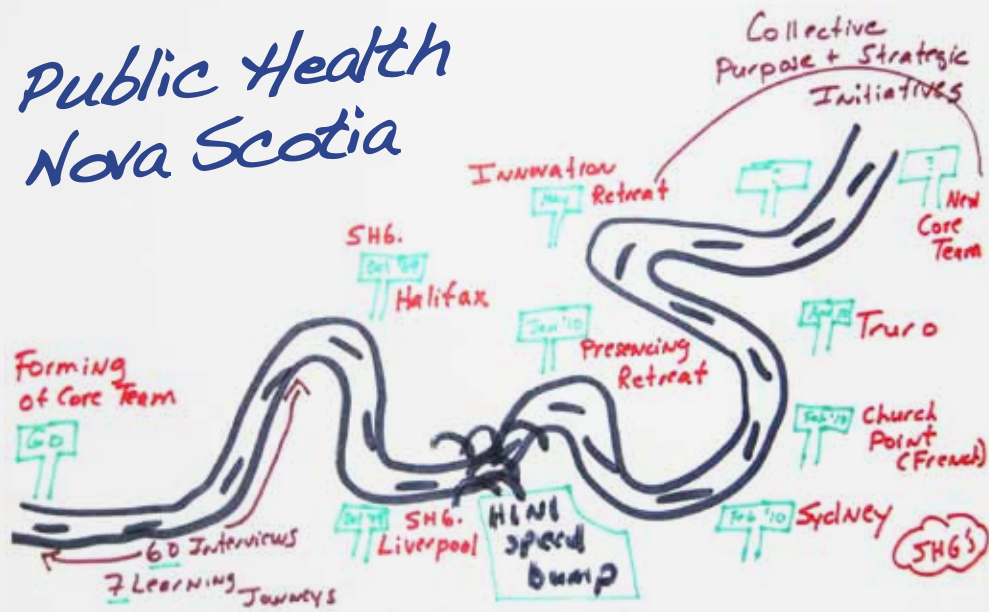
their excitement that things were finally going to move forward; they have been waiting for this to happen and are ready to take action, “so don’t hold us back!”

Participants in this third round of stakeholder consultation validated the purpose statement and helped “flesh out” the rationale for the four strategic opportunities for innovation identified through presencing. Here’s some of what they said.

- Change the culture, or culture will eat strategies for lunch! Public health needs to create an environment where the culture of the workforce is aligned with the purpose statement for public health.
- Innovation can only occur when we feel supported and free to take risks. Strong relationships based on trust are essential to fostering a climate of innovation.
- Wouldn’t it be great if every door was the right door? The one door approach would see any door – that is, any entry point on the public health spectrum – as being the right one for any given individual at any given time. It requires service providers to be open, flexible, and to work collaboratively, to ask “how do we figure this out together?” With such an approach, all services need to be client/patient-centred and work together to serve individuals most effectively and efficiently. Public health, as one service in the continuum of services, is a key partner.
- Wouldn’t it be wonderful if Nova Scotia had the healthiest children in the world? What would it take to make this a reality? We need to support families and children, especially children in the early years (birth to age five).

“we underestimated just how much personal development and reorientation this would call for, and again, I think that’s easy to underestimate”

Public Health Nova Scotia



The Journey

As the ideal, imagined future is realized over time, some of what we are doing now may not be done the same way. Some of what we do now will need to be developed. Some will remain the same, but with an enhanced focus on our stated purpose. And some of what we do in the future will be completely new. How we do everything will be as important as what we do.

www.gov.ns.ca/YourMove

Our journey along the U is still in motion. Public health is now entering a very exciting time of innovation, with a focus on realizing our stated purpose and bringing collective attention to the four strategic opportunities for innovation. With the purpose statement as the touchstone for our work in public health, many public health practitioners and partners across the province are poised to take steps to:

- align culture and purpose
- develop innovative approaches to our work
- simplify access to services (“one door”) and

- improve the health of children in the early years

Step up, be counted, work with others, and work in a different way – with intention, innovation, and imagination.

All types of leaders need to and will emerge. Will you be one of them?

It’s your move.

Find out more by visiting: www.gov.ns.ca/YourMove

Other tools & **methodologies**

Throughout this learning and discovery process, the team applied Participatory Leadership and Art of Hosting methodologies, new ways for working with others.

Participatory Leadership is built on the understanding that seeking change for the common good calls for involvement, collective intelligence, and co-creation to discover new solutions and wise actions.



The Art of Hosting pattern and practice works on the premise that when we are invited to work together on what truly matters to us, we will take ownership and responsibility for moving our issues and ideas into wiser action that lasts.

The dialogue interviews were grounded in Appreciative Inquiry (AI), “an exciting way to embrace organizational change. Its assumption is simple: Every organization has something that works right—things that are at play when it is most alive, effective, successful, and connected in healthy ways to its stakeholders and communities. AI begins by identifying what is positive and connecting to it in ways that heighten energy and vision for change.”⁶

For our stakeholder gatherings, we applied World Café, “an innovative yet simple methodology for hosting conversations about questions that matter” in real life situations. “These conversations link and build on each other as people move between groups, cross-pollinate ideas, and discover new insights into the questions or issues that are most important in their life, work, or community.” (<http://www.theworldcafe.com/>)

This methodology is particularly effective in surfacing the collective wisdom of large groups of diverse people, such as those working in public health. As a process, the World Café assumes that the knowledge and wisdom we need for change is present and accessible.

6 David L. Cooperrider, Diana Whitney, and Jacqueline M. Stavros, *Appreciative Inquiry Handbook: The First in a Series of AI Workbooks for Leaders of Change* [Bedford Heights, Ohio: Lakeshore Communications; and San Francisco: Berrett-Koehler Publishers, 2003], pp. XVII–XIX



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