

Envisioning successful coordination

Final Report ikeNS

Nova Scotia Tender # 60127388

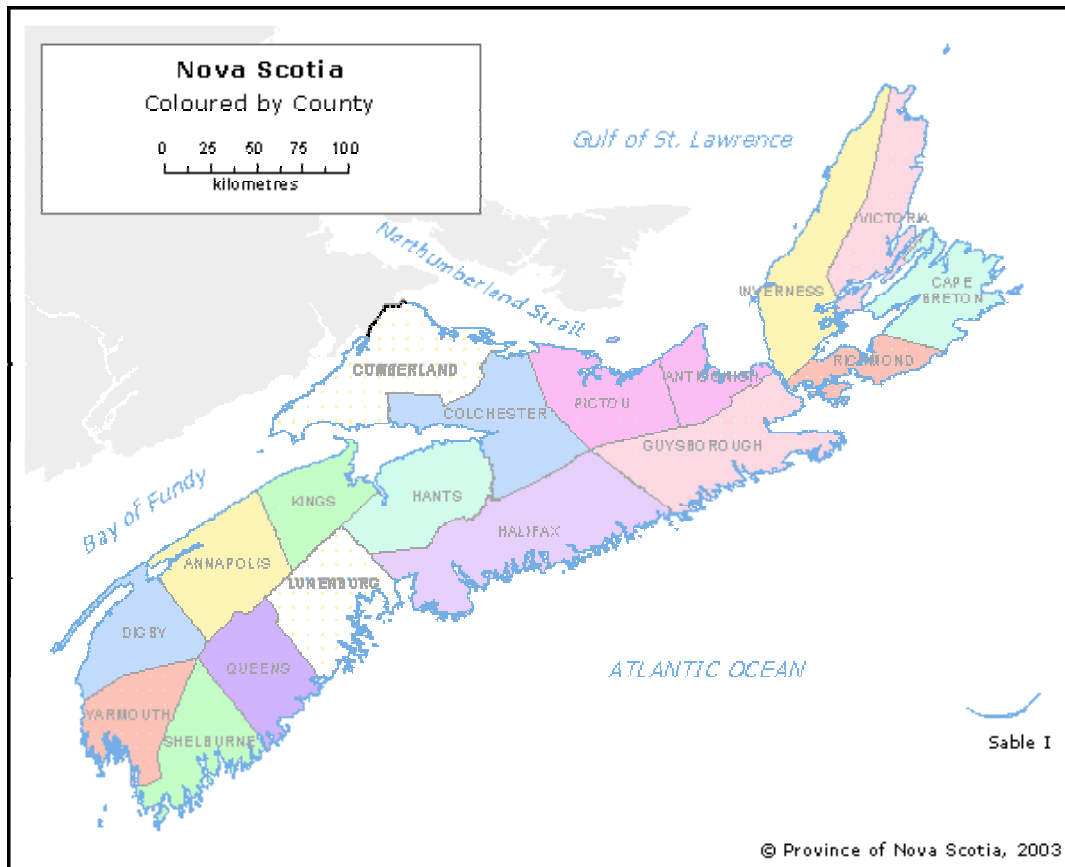
24 May 2006

Nova Scotia Health Promotion

PREFACE AND DISCLAIMER

“Nova Scotia is big enough to do it and small enough to do it!”

Key informant, Dennis Pilkey, Community Counts, during interview.



<http://gov.ns.ca/snsmr/land/online/images/CountiesFree1.gif>

NOTE: This report is the result of listening to key informants, reviewing available materials, and intensive small group discussions. In all, over 100 persons shared knowledge and experience, made observations and criticisms, and grappled with realizing a vision. This document is a synthesis of their contributions, our own analysis of organizational initiatives, web sites and reports.

ITScooperative moves beyond simply identifying significant themes to selecting those which best represent the feedback received during consultations. It is our opinion that these will have the greatest impact on

the development of an Information and Knowledge Exchange for health promotion in Nova Scotia.

Individuals who are quoted had an opportunity to review their contributions. The reader should not interpret their comments as necessarily reflecting that of the organization or government department for which they work.

In a similar vein the ideas and recommendations expressed here, unless explicitly attributed, are the responsibility of ITScooperative and not to be interpreted as either views or intent of Nova Scotia Health Promotion.

CONTACT INFORMATION

For further information please contact:

ITS Co-operative Inc.

A. Simon Mielniczuk

Solutions Architect

120 Lombard St. Ste. 804

Toronto, ON

M5C 3H5



416.828.2118

simon@itscooperative.com

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1 Executive Summary

This report is the last of four deliverables. It is, "A synthesis report focusing on presenting the shared vision and including a strategy map based on the Balanced Scorecard approach." (ITScooperative RFP response, 2005).

After listening to over 100 stakeholders, including intensive, individual interviews with 30 key informants, and looking at relevant content from 75 web sites, ITScooperative is confident that the ideas and recommendations expressed here provide an accurate, high-level representation of what is in place and the possible vision.

1.1 Internal HP Strengths

The following are all positive internal factors which contribute to a successful Information and Knowledge Exchange.

- There is very strong confluence of policy support for health promotion across a range of focal areas, settings, and approaches together with very strong interest among community and voluntary sector groups in creatively applying existing capacities, working together in new ways, and improving the overall quality of life in Nova Scotia.
- While they differ on emphasis and implementation, there is a strong base of and broad support for a health promotion information and knowledge exchange in Nova Scotia (ikeNS).
- Community initiatives from other NS government departments are aware of and willing to work with Health Promotion.
- Evidence, best practices, and focusing efforts on producing results are shared goals across the spectrum of those involved with health promotion.
- Many expressed variations of the positive idea captured in the preface quote. 'We can do something special here.'
- There are many historical and current examples of collaboration, of working within available resources, and of overcoming obstacles. Some of these were among the first of their kind in Canada.
- There is a strong network of public libraries within communities across the province that responds to a broad range of public information needs.
- The simple fact that Nova Scotia Health Promotion was able to get the range of participants and response in two months over the

major holiday season is indicative of network strength, scope and density.

- There is interest in and the beginning of momentum for an Information and Knowledge Exchange which can bring together and attract the required human, organizational, and information capital.

1.2 Internal HP Weaknesses

Participants also identified internal weaknesses in this effort. Addressing these weaknesses is essential to the success of ikeNS. ITScooperative does not imply that resolving these is entirely the responsibility of Nova Scotia Health Promotion. Participants in the ikeNS will assess the relative importance of these and assume shared responsibility for their mitigation.

- The existing base of information and knowledge exchange resources (organizations, people, content and systems) is limited in scope, resource depth, and does not adequately address or represent special needs.
- The current network of stakeholders in health promotion sometimes represents organizational agendas and is an impediment to new ideas. New partners may also have individual organizational agendas that work against a constructive partnership.
- There is limited analysis of government policy as it relates to health promotion. Many of the systems which have data relevant to health promotion are unable to share information. System, proprietary, and privacy restrictions get in the way of identifying trends and impacts.
- Many expressed a concern that this ikeNS initiative is a top down effort with limited relevance to communities. They pointed out that information is not a substitute for accountability.
- There is no vehicle in place for sharing among District Health Authorities, Community Health Boards and other regional and local initiatives adapting best practices to Nova Scotia.
- There are insufficient resources for navigating through various meta-analyses and bridging the best of that research to the world of practice.
- The language of many who practice health promotion is often not well understood or shared by those with active interest in achieving the goals of health promotion.
- Many who contribute to health promotion do not see themselves as health promotion intermediaries. For example, aligned

professionals, such as teachers in schools, and community members, such as those serving on Community Health Board need support in engaging with health promotion.

- Despite the growing commitment to health promotion, sustainability of successful initiatives is a long standing problem.
- Availability of useful, comprehensive information is limited. Web-access is also limited for certain populations.
- Resources for addressing IT development and support, finances, and availability of trained health promotion personnel are also limited. Technological capacity may not matching scope and objectives of the ikeNS.

1.3 External Opportunities for HP

Consultations with key informants and participants during the one day visioning session identified several opportunities which can enhance the implementation on an Information and Knowledge Exchange.

- Potential for broad-based partnerships is very strong right now. This idea was expressed in all three contexts, that is, partnerships for engaging intermediaries, for supporting decision-makers, and for meeting needs of the general public.
- Growing information base of local data and local results that can be organized and made available through multiple points of access such as municipalities, school boards, and others.
- Health promotion is a component of many initiatives, engaging these new networks provide a great opportunity for enhancing the profile and productivity of the Information and Knowledge Exchange.
- Nova Scotia has a strong base of research capacities with demonstrated results, experience and innovation. This will increase with the location of the National Collaborating Centre (NCC) for Determinants of Health. Coordinating development of the NCC is the responsibility of the Nova Scotia Health Research Foundation.
- The ikeNS can contribute to knowledge transfer by connecting the research bodies and initiatives, highlighting and disseminating their activities and results.
- There is an opportunity for increasing community based research and developing a platform for local, evidence-based decision making.

- Increased focus on research and evidence with funders actively developing a research agenda. This provides an opportunity to constructively apply research towards better policy and programs.
- Community Health Boards, CAP, the Nova Scotia Health Network and others provide opportunities for improved community engagement.

1.4 External Threats to HP

Individual and small group discussions identified several potential threats to the ikeNS. Typically, direct threats increase with the level of success. These include threats from competing services, competing interests, and from perceptions.

- The expectation level is very high. This initiative cannot serve all interests. Overextending to meet demands and expectations can reduce the impact of an ikeNS.
- Several expressed a perception that the ikeNS is a politically driven initiative with limited commitment.
- Credibility of both evidence and persons using it for decision making are sometimes suspect. Emphasis on evidence based decision making seen as finding the evidence to support a decision already taken.
- Public continues to focus on crises questions and overwhelming share of health funds are still going to hospitals, physicians, and drugs.
- Aging population demanding greater attention to chronic disease treatment.
- Political changes and new governments potentially shifting health promotion priorities.
- General lack of literacy in science and in health. There is insufficient support for interpreting evidence for all audiences.
- External competition from other sources for addressing needs of the public, decision-makers, and health intermediaries.
- Impact from users starting all searches through Google. Nova Scotia resources crowded out from top listings.
- There may be unintended consequences from changing the current accountability frameworks.

After sharing the above analysis with everyone, session participants were encouraged to develop an actionable vision of a Health Promotion Information and Knowledge Exchange System (IKE) in Nova Scotia. Participants were asked to focus on:

- Creating the vision through the eyes of three client groups:
 1. Building the capacity of health promotion intermediaries – a wide range of professionals and community leaders working on systemic improvements to population health and addressing the determinants of health.
 2. Addressing growing demand for health, prevention and health promotion information from a connected and sometimes conflicted public.
 3. Enabling better policies, plans and programs by improving availability of actionable research and best practices for decision makers.
- Value to the identified client group, that is, what will the broader community of people involved in health promotion support in an IKE?
 - Minimum cost, basic HP IKE services focusing on reasonably easy to use web-enabled self-service.
 - Comprehensive HP content and consulting relevant to Nova Scotia and the identified client group.
 - Emphasis and resource commitment to building partnerships and enabling collaboration among aligned sectors, initiatives, and projects – a HP campaign support service.
 - Building an Atlantic Region centre of HP excellence focusing on quality services and building reputation.

1.5 Critical considerations for an ikeNS

Certain elements of the vision for an ikeNS came through very clearly. Based on our work with this project and related experiences, ITScooperative presents the following as critical to the successful implementation of an ikeNS.

1. Design and development of the ikeNS must have intensive participation from existing networks and actors involved in health promotion.
2. The best strategy is to centre ikeNS services and activities by addressing the emergent needs brought forward by these stakeholders.
3. Support is strongest for focusing on the needs of health intermediaries first, decision-makers second, and the needs of the general public, third.

4. Needs and opportunities among all three general client groups are creating formal and informal exchanges of information and knowledge. Even limited facilitation, support and monitoring can advance the goals of NS Health Promotion and contribute to the capacity of the ikeNS.
5. Strong linking of performance with commitment to sustainability over a 3 to 5 year term will increase the ikeNS' ability to develop strategic partnerships and expanded networks.
6. From an ikeNS service perspective, web accessible services are essential; however, there must be a human support component to provide personalized response and assistance when required.

1.6 Socio-technical diagnosis

The Health Promotion Information and Knowledge Exchange in Nova Scotia involves departments from all levels of government, different sectors, all regions of the province, different user interests and needs, along with software, hardware and networks that are not always compatible or accessible. Fleshing out the strategy involves attending to both social and technical aspects.

ITScooperative presents the following as a comprehensive self-diagnosis tool for keeping focus on the critical details during the development and implementation of this vision.

7 – Governance: How can we create a participatory, accountable, responsive, and adequately resourced information and knowledge exchange system?

6 - Organizations: Which organizations and systems are part of ikeNS and extending the capacity of health promotion?

5 - Training/Facilitation: How will professionals, staff, volunteers and clients within the ikeNS get the professional, technical and other skills necessary for working effectively and efficiently?

4 - Content/Services: Which services do people actually use? What data do the ikeNS need to collect, process and report?

3 - Software Tools: Which messaging, collaboration, searching and information management tools are easy to use, powerful and inter-operable?

2 – Hardware: Which physical / hardware devices will people need?

1 – Connection Facilities: Which network facilities will carry and store the health promotion messages?

We close this report with an expanded strategic Balanced Scorecard that embodies the vision put forward and the processes which will make it a reality.

2 Project Background

Nova Scotia Health Promotion issued RFP # 60127388 - "Request for proposals for a consultant to organize and facilitate a one day visioning process with a number of stakeholders for Dept. of Health and NS Health Promotion". This tender closed October 7, 2005 and was awarded to ITSCOOPERATIVE on October 31, 2005.

2.1 Project Goals – RFP

The following is directly from the published RFP:

"The **Goals of 'Visioning to Examine Coordination of Health Promotion Information Knowledge, and Skills Exchange in Nova Scotia'** are to:

- Plan and invite stakeholders to a visioning session in Halifax to explore current ways health promotion information, knowledge, and skills exchange activities are being performed by, and or are being coordinated among, various organizations.
- Stakeholders are organizations that perform health promotion capacity building functions in the province of Nova Scotia¹.
- Ask stakeholders to share:
 - Who they are and what health promotion functions they perform, and in particular what they do in relation to information, knowledge, and skills exchange.
 - How they have worked collaboratively with other health promotion organizations. How they have shared or exchanged health promotion information, knowledge, and skills with others in the field to date.
 - How they envision working with others in information and knowledge exchange in the future."

¹Health promotion capacity building involves supporting health promotion activity amongst individuals and organizations via one or more of the following functions: consultation, evaluation and research (re health promotion best practices), healthy public policy, information and knowledge exchange, networking, training, and referral.

2.2 ITScooperative deliverables

In our response, ITScooperative proposed a staged consultation process. In the first phase we identified existing health promotion information sources and key informants. Almost all were within Nova Scotia; however, we included a few outside the province.

Using a semi-structured interview, we conducted telephone and in person interviews with more than 30 individuals and summarized 24 of these interviews. Additionally we viewed 75 web sites, most within Nova Scotia to get a sense of the scope of information, quality of content and design, and technical platform capabilities. Analyzing the information sources together with the key informant interviews we developed preliminary options reports. This report was distributed to approximately 100 participants invited to a day long consultation session.

After the consultation session, we submitted a draft version of this report to Advisory Committee members. After a half day meeting with this committee and subsequent follow up phone calls, we prepared this final version.

2.2.1 Consultation Day Jan 25, 2006

Approximately 75 of the 100 persons receiving an invitation to the consultation attended the 9 AM to 2 PM session held at Halifax's Westin Hotel. Two lead members from the Advisory Committee, Kelly Evans and Jen Macdonald introduced this initiative and provided background on its development.

In addition to the agenda, each participant's information package included:

- a one page introduction to the Health Promotion Information and Knowledge Exchange System in Nova Scotia,
- a preliminary Options Report prepared by ITScooperative and based on the initial consultations with key informants together with analysis of available information resources,
- a selection of descriptive, insightful and sometimes provocative quotes from key informants,
- an introduction and worksheet for identifying strengths, weaknesses, opportunities and threats to this initiative,
- an introductory handout to the Balanced Scorecard, an increasingly influential approach to organizational strategy,

- a backgrounder on the ITSCOoperative consultant, A. Simon Mielniczuk, and,
- an evaluation form for the session.

Scott Logan, Assistant Deputy Minister, Nova Scotia Health Promotion welcomed participants and gave the provincial policy and planning context for the day. He also acknowledged several leaders in health promotion within the province who were in attendance. Feedback from participants will enter into current business planning for the upcoming Provincial budget.

A. Simon Mielniczuk, facilitator for the day, emphasized participant design of an information and knowledge exchange built on Nova Scotia capacities and requirements. He introduced the three audiences and three approaches identified within the Preliminary Options Report.

- 3 potential audiences:
 - Health promoters working in a variety of urban and rural communities and settings,
 - General public with growing health information needs and facing overwhelming choice of sources,
 - Policy makers, program managers and community health board members seeking relevant, current and actionable research.
- 3 strategic approaches:
 - Broadly available, low cost, self-service IKE. The emphasis is on gathering, organizing, and providing required content at low cost with little or no personal service. Depending on budget it may be possible to build in capacities for collaboration among participants.
 - 'Best in Atlantic' service leadership approach focusing on building select regional resources and expertise with links to complementary national and international efforts.
 - Responsive, relationship-based approach focusing on adapting available best practices and evidence to local needs. The emphasis is on building existing capacities, identifying opportunities, and promoting custom solutions using available resources.

Next, in order to demonstrate different audiences and approaches from existing innovations in health promotion information and knowledge

exchange, three Nova Scotia projects were invited to briefly present their experiences.

Each summarized the human, community and technical capital applied and lessons learned.

- Sport Nova Scotia was selected for its innovative and comprehensive online system that serves broad public interests and provides a platform for assisting member associations.
- Nova Scotia Health Network for their pioneering and powerful online system for health information. This effort precedes most other community efforts in Canada. Despite lack of ongoing funding, it continues to experience high demand and demonstrates the value of its model.
- Health Promotion Clearinghouse for their online and personal services and for the depth of their support. It continues to thrive and overcomes resource challenges through collaboration, service and advocacy.

After the panel presentation from the above three organizations, the first group exercise looked at strengths, weaknesses, opportunities and threats (SWOT analysis) associated with addressing the needs of each of the three general health promotion audiences. The summary of these appears in section 3, following – Current strengths, weaknesses, opportunities and threats.

After lunch, participants were asked to self select into three types of groups. Each type of group represented the interests of a specific client/audience for the ikeNS. They were asked to envision the qualities that a successful ikeNS would have for their select audience.

1. Collaborating on IKE for public information needs
2. Collaborating on IKE for health promotion intermediaries.
3. Collaborating on IKE for decision support research.

The Balanced Scorecard forms the basis for this approach. Prior to the discussion, participants received a handout and a brief introduction to this approach (see Appendix A). In brief, the approach identifies four perspectives forming a causal chain responsible for successful outcomes. The capacity of people and systems to inform, to learn and to adapt to changing circumstances determines the effectiveness and efficiency of internal business and organizational processes. These internal business processes, including the production and delivery of goods and services, determine client satisfaction. Whether clients pay for goods and service

directly or indirectly, their continued willingness to do so determines the financial success of the business.

Public service organizations and projects have an additional 'client' group. Taxpayers may not use or benefit directly from a publicly funded initiative. Projects such as this one have to keep in focus the need for public accountability and value in order to achieve sustainability and political support.

The goals of the exercise were:

- to identify the service values that would meet the needs of the identified client/audience,
- to ground these in specific services that would deliver the intended values, and,
- to link the recommendations to desired outcomes.

After the introductory remarks, each group was asked to address three questions during their discussion:

Focus on identifying unique needs and strengths of a Nova Scotia solution to meeting the identified needs [of your client/audience group].

- 1) What are the strategic values driving your vision?
- 2) Considering your priorities, what services should the IKE excel at?
- 3) What impact can Nova Scotia Health Promotion anticipate as a result of moving towards the vision you propose?

Most participants were unfamiliar with the Balanced Scorecard Approach. Evaluations indicate a strong 50-50 split between those who liked this approach and those who did not. While widely used in strategic planning, this approach asks some difficult questions and requires priority setting which some find uncomfortable. Despite these difficulties, participants did provide strong feedback about the values which drive a successful ikeNS. The analysis of these appears in Section 4 – Strategic Vision – ikeNS. Additionally, we applied feedback from the consultation day to develop a new Balanced Scorecard to link development strategy with practical next steps (see Section 5).

Public consultations are often characterized by a 'damned if you do' and 'damned if you don't' attitude. During preliminary consultations, in the evaluations, and in informal feedback afterwards, several participants made very positive comments on this process. They specifically identified

the culture of consultation within Nova Scotia Health Promotion and its outreach to a broad range of participants. These compliments came from both those positive and those skeptical about the Knowledge and Information Exchange initiative.

2.3 Limitations and constraints

Key informants and participants during the visioning day are a mixture of health promotion decision makers, practitioners, intermediaries and others. Each one is important to a successful ikeNS, but their representation of health promotion audiences can be questioned.

ITScooperative gathered, assessed and analyzed intelligence from these people, documents, and our own contacts in health promotion in Canada to create these reports. Our recommendations are limited by the scope of information available through these sources.

As several participants noted, one part day is a very limited time for discussing and dissecting difficult questions and competing interests. At the same time, there was considerable agreement on moving towards action and many complimentary remarks about the consultation process.

Other approaches to assessing audience needs could lead to focusing attention on different health promotion audiences and alternative client values.

3 Current Strengths, Opportunities, Weaknesses, and Threats

Internal	<h4>3.1 Strengths</h4> <ul style="list-style-type: none"> • Strong policy support across range of HP areas, settings, and approaches • Community support for an information and knowledge exchange. • Many other NS departments and jurisdictions interested in working with NSHP • Applying evidence and best practices for improved outcomes shared with many intermediaries. • NS 'can do' attitude and demand for locally relevant information. • Culture of collaboration and many examples of successful information and knowledge exchange. • Networks of health promoters and intermediaries are identified and accessible. • Momentum 	<h4>3.2 Weaknesses</h4> <ul style="list-style-type: none"> • Recognized limitations in existing resource base; weak in addressing or representing special needs. • Current stakeholder networks impede new ideas; organizational agendas limit constructive partnerships. • Perceptions that ikeNS is 'top down'. Skepticism that information offered as avoidance of accountability. • No vehicle for sharing and adapting best practices in Nova Scotia. • Insufficient resources for transforming research into practice. • Language of HP practitioner not understood or shared with those who share the goals of HP. • Intermediaries do not self identify. Need help with engaging with HP. • Sustainability a chronic problem. • Limited access to useful, comprehensive information; limitations of web access for certain populations. • Supporting IT, finances, and trained HP personnel limited. Tech capacity may exceed ikeNS objectives.
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External	<h3>3.3 Opportunities</h3> <ul style="list-style-type: none"> • Potential for broad-based partnerships is very strong - partnerships for intermediaries, decision-makers, and the general public. • Growing information base of local data and local results with availability through multiple points of access. • Health promotion is a component of many initiatives - great opportunity for enhancing the profile and productivity of an ikeNS. • Nova Scotia has a strong base of research capacities with demonstrated results, experience and innovation. This will increase with NCC. • Knowledge transfer role for ikeNS. • Opportunity for increasing community based research and developing a platform for local, evidence-based decision making. • Increased focus on research and evidence with funders actively developing a research agenda – potential for policy impact. • Improved community engagement through Community Health Boards, CAP, the Nova Scotia Health Network and others. 	<h3>3.4 Threats</h3> <ul style="list-style-type: none"> • The expectation level is very high. Overextending will reduce impact of ikeNS. • Perception that ikeNS is politically driven initiative with limited commitment. • Credibility of both evidence and persons using it for decision making are sometimes suspected - evidence based decision making seen as finding the evidence to support a decision already taken. • Public focus is on crises questions, and overwhelming share of health funds are still going to hospitals, physicians, and drugs. • Aging population demands greater attention to chronic disease treatment. • Political changes and new governments potentially shifting health promotion priorities. • General lack of literacy in science and in health; insufficient support for interpreting evidence for all audiences. • External competition from other sources addressing needs of the public, decision-makers, and health intermediaries. • Impact from users starting all searches through Google. Nova Scotia resources crowded out from top listings. • Unintended consequences from changing the current accountability frameworks.
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4 Strategic Vision – ikeNS

4.1 Three key client groups for the ikeNS

Consultations leading to the visioning day itself identified three client groups who could make great use of an information and knowledge exchange. Not only could the ikeNS advance health promotion through these audiences, persons and organizations representing these group interests appear ready to contribute.

In summary, the three client groups interested in the ikeNS are:

1. Health promotion practitioners and intermediaries. They currently have a mixture of formal resources and informal information exchanges. Building on these services will increase the capacity of this client group for positive impact on communities, settings, and areas of health promotion.
2. Public demand for health and health promotion information is growing. It is currently met through individual health charities, community health board initiatives, public libraries, health education campaigns, and online systems of varying quality and credibility. Almost every key informant speaking for this group identified regional, socio-economic, and health literacy needs. They want Nova Scotia-specific content delivered through online, traditional media and community information resources.

Policy makers, program managers, community health board members and others need access to research and best practices to support their decisions. They want it evaluated, summarized, accessible, concise, and actionable.

4.2 Building health promotion capacity for intermediaries

Promoters of this perspective point to an extensive history and success with addressing the needs on health promoters. Despite setbacks, the Health Promotion Clearinghouse has been quite successful in providing a broad range of information, consultation and notable online services. The Clearinghouse enjoys active support and a very complementary relationship with its host, the Atlantic Health Promotion Research Centre at Dalhousie.

There have been attempts to engage the other Atlantic Provinces in expanding the scope of the Health Promotion Clearinghouse into a regional resource.

Building on this base of experience could contribute to improved services, better usage, and increase the capacities of health promoters across Nova Scotia. Training for health promoters is frequently mentioned as one unmet need that, with support, would have great impact in Nova Scotia communities and areas of interest.

An IKE providing modest support and mandate could provide considerable increased health promotion capacity in a very short time.

In summary, this group received the strongest support from the participants of the visioning day session. This client group also appears to have the greatest organizational, informational and technical capital available to invest in the ikeNS.

4.3 Addressing demand for Nova Scotia specific public information

There is a strong demand for Nova Scotia specific information for personal health and health promotion. Social determinants of health, community ties, an aging population together with migration patterns increase the prevalence of chronic disease, the demand for health information, and the need for prevention.

This need for appropriate response extends across the spectrum of health promotion, from recommendations that consider local availability, literacy, and personal accessibility to focusing campaigns on unique regional requirements and language.

Community health boards provide a range of online community information services. Libraries enjoy a solid reputation as a reliable and province-wide network of community information capacity. There is discussion of a provincial 211 service to improve access to community information. The Nova Scotia Health Network is a national innovator and pioneer in collaborative development of a comprehensive online health information resource. Although regional in origin, limited in resources, it continues to enjoy a large number of online visitors from across the province.

An IKE focusing on collaborating with a broad range of health and health promotion information providers could keep information seekers from leaving Nova Scotia when they go online looking for help; could work to improve the efficiency and impact of various campaigns; and could design specific content and approaches for hard to reach groups.

Effectively addressing the information and knowledge exchange needs of this client group requires extensive coordination and considerable resources. Various proponents for this client group articulated the needs of the public and identified opportunities for working together with each other and with initiatives in primary health care, community information, school boards and others.

From the perspective of ITScooperative, there are constraints on addressing this client group. First, no organization within government or in the voluntary sector appears to be stepping forward to assume leadership on behalf of the public. Second, within NSHP, services to the public are delivered through different programs each with their own focus. Lateral coordination may be insufficient to produce a comprehensive information and knowledge exchange serving the needs of the public.

4.4 Supporting decision makers with actionable research and best practices

Their number may not be as large as the previous two client groups, but their impact is considerable. This group includes policy developers, funders, program managers, District Health Authorities, community health planners, community health boards, health charity executives and others.

They are responsible for allocating, investing, applying and evaluating the impact of public and philanthropic resources directed at creating healthy change. For some this accountability is political and public. For others it is to a community, a membership, a client constituency.

Specific to health promotion, there is a requirement for evidence-based decision making. That evidence includes theoretical research, action research, evaluation research, synthesis research, community indicator data, Socio-economic profiles, program analyses, and best practices. Volume alone is overwhelming. Not all of the synthesis research and the data collected during research lend itself to actionable conclusions. Add in the pressure to meet schedules and often the quickest, most trusted, and reliable channels provide the decision-support.

An IKE collecting, synthesizing, and distributing health promotion evidence could increase the effectiveness of planning; the impact of limited resources; and reduce the time it takes to demonstrate positive outcomes from policies, plans, and programs.

During the visioning day, many noted the proximity of interests between health promotion intermediaries and this client group. Others expressed skepticism about the relationship between evidence and decision-making.

During the preparation of this final report, ITScooperative received information about a Public Health Agency of Canada initiative² which appears to be addressing the needs of this client group from a national perspective. As that initiative takes shape, NSHP may gain a 'regional first mover' advantage by working with the proponents of this client group.

4.5 Values driving the vision of a successful ikeNS

Throughout the consultation and during the visioning day, we asked participants to identify what they would value in a successful ikeNS.

Although there are several potential client groups and a wide range of client capacities and needs, some common values drive the successful implementation of an information and knowledge exchange in Nova Scotia:

- **Clients want an ikeNS that provides services on the basis of building partnerships and relationships.**
- **They want an approach that focuses on exceptional service and customized solutions.**
- **Clients want a human face to the ikeNS. Technology is necessary but not sufficient.**

In contrast, an information and knowledge exchange could focus on providing content across a broad range of interests, such as the Canadian Health Network. Closer still is the example of Sport Nova Scotia providing access to a broad range of activities through their playsport.ca portal. The ikeNS could also choose to focus on excellence in a more defined area. An example of this approach is the National Coordinating Centre currently under development.

4.6 Strategic recommendations for developing the vision

ITScooperative makes the following strategic recommendations for advancing the vision of the ikeNS:

1. Design and development of the ikeNS must have intensive participation from existing networks and actors involved in health promotion.

² The Public Health Agency of Canada initiative is now far more advanced than when first mentioned during initial report preparation.

2. The best development strategy is to centre ikeNS services and activities on the emergent needs brought forward by these stakeholders.
3. Support is strongest for focusing on the needs of health intermediaries first, decision-makers second, and the needs of the general public, third.
4. Needs and opportunities among all three general client groups are creating formal and informal exchanges of information and knowledge. Even limited facilitation, support and monitoring can advance the goals of NS Health Promotion and contribute to the capacity of the ikeNS.
5. A strong linking between performance and commitment to sustainability over a 3 to 5 year term will increase the ikeNS' ability to develop strategic partnerships and expanded networks.
6. From an ikeNS service perspective, web accessible services are essential; however, there must be a human support component to provide personalized response and assistance when required.

5 Practical Next Steps – Socio-technical perspective

Assuming the development of the vision will give priority to health promotion intermediaries, ITScooperative provides the following as a diagnostic tool for checking that development of the ikeNS takes into account both social and technical components of a successful system.

Table 1 – The Socio-Technical Architecture

Socio-Technical Architecture	Current organizations and participants in Health Promotion	Aligned collaborators and consumers	Nova Scotia Health Promotion.
7 – Governance: How can we create a participatory, accountable, responsive, and adequately resourced information and knowledge exchange system?	How can we support, coordinate and build capacity to meet the needs of a large, diverse, and distributed member network?	How does our participation contribute to our own sustainability, innovation and changing needs?	How do other health providers and the public benefit from this initiative?
6 - Organizations: Which organizations and systems are part of this network and extending the capacity of health promotion?	How can we work with others to engage our members, supporters and the public interested in our concerns and contributions?	What changes does this project bring to our current networks and how does that affect our future?	How can we have access to the highest quality, most cost-effective health promotion services?
5 - Training/Facilitation: How will professionals, staff, volunteers and clients within the ikeNS get the professional, technical and other skills necessary for working effectively and efficiently?	How can we enhance and leverage the existing resources within the network to work effectively? How can we share these skills among members?	How does our organization handle the adjustments to new distributions of actors and resources? What help do we get to keep these skills as people and systems change?	How does this effect our current ways of working with the health promotion network? Will our existing procedures support new ways of working together?
4 - Content/Service S: Which services do people actually use? What data do we need to collect, process and report?	How does the coordination project affect member services? Which elements of the vision coming from this initiative are we implementing?	How can we meet our unique needs? How do we avoid duplication of effort?	Will coordination and other services serve other users? Does the vision address the full diversity of our health promotion needs?

Socio-Technical Architecture	Current organizations and participants in Health Promotion	Aligned collaborators and consumers	Nova Scotia Health Promotion.
3 - Software Tools: Which messaging, collaboration, searching and information management tools are easy to use, powerful and inter-operable?	How can we use the Internet and Web to provide the capabilities that will enable us to work together effectively, in privacy, and with security?		How will the electronic tools work with the ones we currently use?
2 – Hardware: Which physical / hardware devices will people need?	How can we ensure that all participants have sufficient, reliable communicating computers to support an effective resource system?		Will access to health promotion services require new systems?
1 – Connection Facilities: Which network facilities will carry and store the messages?	Is there enough affordable bandwidth to handle our needs? Will it be easy to get connected?		Is the access to online resource equitable across the health promotion network?

5.1 New Strategic Scorecard

During the consultation process we asked participants to shift perspectives from their own activities to impact on health promotion, from policy decisions to the impact on their community or their area of interest. NSHP is known for consulting with stakeholders, for creating opportunities for asking and listening.

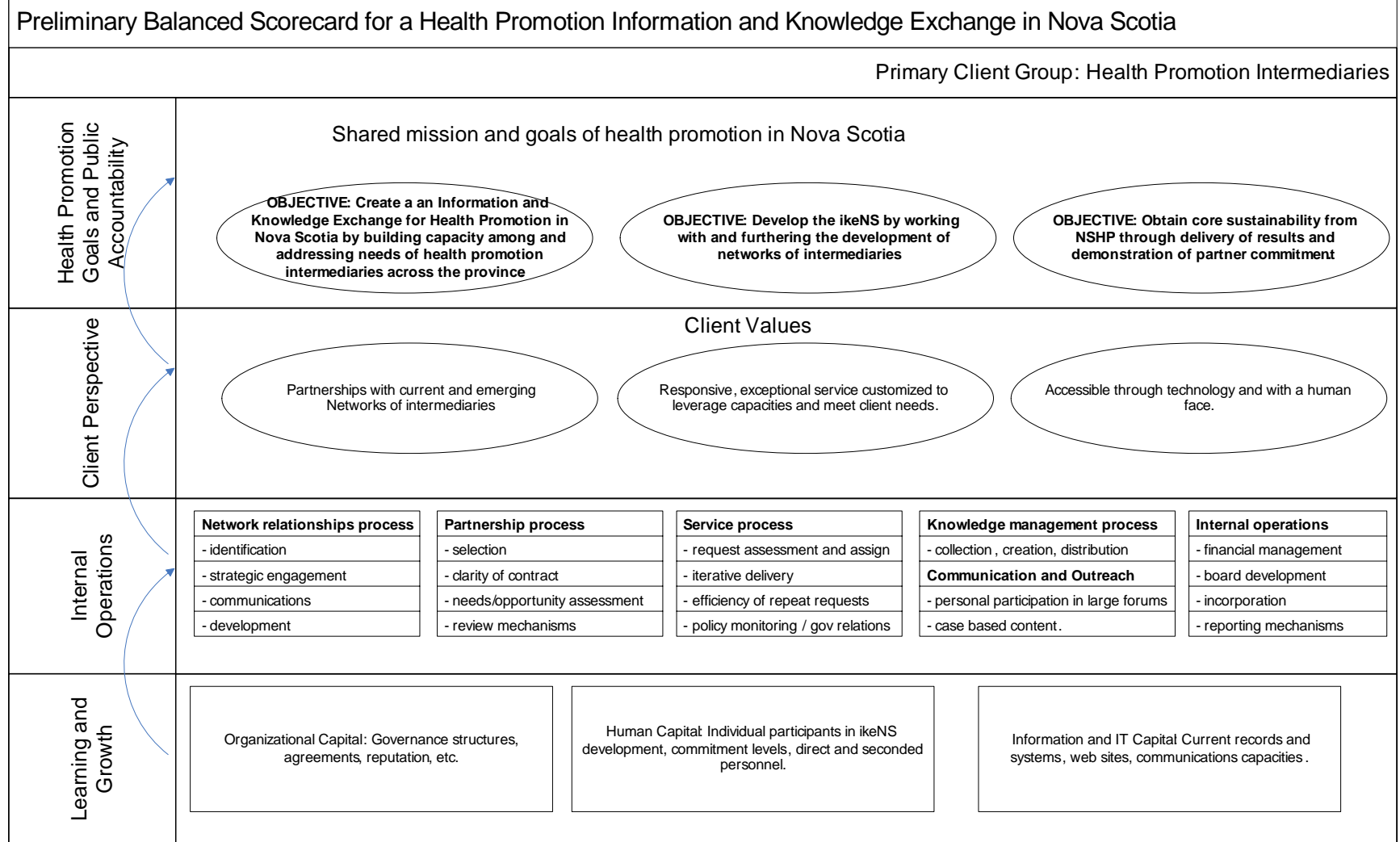
ITScooperative set the visioning consultation in the framework of the Balanced Scorecard. One of the main features of this framework is its comprehensive view of both tangibles and intangibles that contribute to success.

To that end we handed out our interpretation of the Balanced Scorecard (see Appendix A) showing the relationship between client values and how the information and knowledge exchange could contribute to successful health promotion.

In closing we apply the results of the consultation and visioning exercise to a more complete view of the ikeNS based on the Balanced Scorecard.

It is our opinion that Nova Scotia Health Promotion can focus the next steps of this visioning on strategically facilitating this high level view of a

successful Information and Knowledge Exchange for health promotion in Nova Scotia.



6 Appendix A – ikeNS Balanced Scorecard Handout

Nova Scotia Health Promotion

Mission :

Through leadership , collaboration , and capacity-building :

- Strengthen community action and enhance personal skills to promote health and prevent illness and injury
- Create and sustain supportive environments for health improvement and healthy public policy development
- Support reorientation of health and other services to enable population health

Overall Goals :

Through leadership , support, education and promotion , advocacy, research and policy :

- Create an environment in which individuals , communities , organizations and government sectors work together to improve health
- Reduce health disparities
- Improve overall health outcomes

Public Accountability/ Fiduciary Perspective

If the IKE succeeds what will it look like to the citizens and taxpayers of Nova Scotia?

Client Perspective

To achieve the above , what does the IKE look like to its' clients in Nova Scotia?

Internal Perspective

To satisfy our clients and the citizens and taxpayers of Nova Scotia which service and operational processes must the IKE excel at ?

Learning and Growth Perspective

To deliver on the above , how can the IKE continue to learn and improve ?

7 Appendix B - Key Informants

7.1 Contact: Eunice Abaga, B.Ed. MPA, M.Ed.

Planning and Development Officer II

Nova Scotia Department of Health, Primary Health Care

7.1.1 Quote:

- "A sick person cannot learn. Seven of the thirteen health determinants also affect literacy."

7.2 Contact: Michelle Amero

Healthy Eating Coordinator

Nova Scotia Health Promotion

7.2.1 Quote:

"We cannot develop the information and knowledge exchange system alone. Nor do we need to. Success depends on figuring out how current initiatives, such as the Health Promotion Clearinghouse, the NSHP website, and the planned Healthy Eating Nova Scotia (HENS) website, will complement each-other."

7.3 Contact: Kari Barkhouse

Chronic Disease Prevention Coordinator

South Shore Health

Public Health Services

7.3.1 Quote:

"One of the turning points in the implementation of the health promotion clearinghouse came when we focused our efforts. We focused on current initiatives to demonstrate the value of a system to support health promotion practitioners in a timely and relevant way."

7.4 Contact: Meredith Campbell

Manager, Strategic Programs

NS Health Research Foundation

7.4.1 Quote:

“Nova Scotia is a leader in population health innovation and health research. We have the bones of the system in place and need to build on it.”

7.5 Contact: Heather Christian

Coordinator, Population Health
Nova Scotia Health Promotion

7.5.1 Quote:

“No one system can do it all. Keep it simple. Those who take must give.”

7.6 Contact: Sandra Crowell

Coordinator
Atlantic Health Promotion Research Centre
Dalhousie University

7.6.1 Quote:

“This is an important opportunity. The Health Promotion Clearinghouse is solid and can do work across the Atlantic region. We can build on our high strength low-resource networks.”

7.7 Contact: Paula English

Director of Primary Health Care
Nova Scotia Department of Health

7.7.1 Quote:

“Brainstorm on who should be involved. Who has the information we need? Think about the traditional sources then go beyond. What else could be interpreted as health promotion – engaging Sobey’s in health eating? Nothing is ridiculous.”

7.8 Contact: Jane Farquharson

CEO
Heart and Stroke Foundation of Nova Scotia

7.8.1 Quote:

“In the mid 90’s we consulted with health promotion practitioners, they identified the need for information sharing and capacity building. We called it a knowledge and skills exchange system.”

7.9 Contact: Karla Gimby

Doctors Nova Scotia

7.9.1 Quote:

"We need more Nova Scotia- and region-specific information to respond to what is important to those living in the province so we can tailor our information and programs to meet their needs."

7.10 Contact: Nancy Hoddinott

Social Marketing Manager

Nova Scotia Health Promotion

7.10.1 Quote:

"When looking at research, I'm not looking for 50 studies; just a half dozen well done synthesis reports that pull together the findings from reputable studies and present the summary conclusions."

7.11 Contact: Kathryn Inkpen

Public Health

Nova Scotia Department of Health/Health Promotion

7.11.1 Quote:

"In the districts public health staff can get a hundred calls from something on Oprah."

7.12 Contact: Jimi Kaye

Community Health Planner

Colchester East Hants

7.12.1 Quote:

"Maintaining local health and community information resources needs a dedicated resource - someone with the time to do it. The challenge is that, while much of it seems like simply copying and collating information from existing data sources, to do it properly requires a perspective on community needs, the users, along with the ability to capture information accurately at a detailed level."

7.13 Contact: Patrick King

Pharmacy Association of Nova Scotia

7.13.1 Quote:

"Whatever disease you can think of, the pharmacist is expected to know the information and the support groups for it."

7.14 Contact: Jackie Macdonald

Manager

Library and Knowledge Management Services

Shared Information Services for Annapolis Valley Health, South Shore Health, South West Health and Dalhousie School of Nursing, Yarmouth site

7.14.1 Quote:

"Health promotion initiatives are often not connected with libraries. Why aren't they connected? Librarians have great expertise with information services."

7.15 Contact: Susan MacLeod

Communications

Nova Scotia Health Promotion

7.15.1 Quote:

"Sometimes people have unformed questions. They would like someone to talk to – a go to person. "

7.16 Contact: Dennis Pilkey

Nova Scotia Department of Finance

Community Counts

7.16.1 Quote:

"Nova Scotia is big enough to do it and small enough to do it!"

7.17 Contact: Caroline Ploem

Coordinator

Health Promotion Clearinghouse

7.17.1 Quote:

"Although most were aware of the Health Promotion Clearinghouse, many people working in health promotion did not know the extent of the HPC's services and resources. One of our goals is to enhance our collection of resource related to each of NSHP's priority areas."

7.18 Contact: Diana Prosser-Lewis, BPE, MPE-HPR

Capital Health Community Health Board, Council of Chairs

7.18.1 Quote:

"We need to improve the partnerships at the community level. Too many silos and duplication remain."

7.19 Contact: Darcy Santor, Ph.D.

Department of Psychology and Psychiatry, Dalhousie University
Youth Health

7.19.1 Quote:

"Google is the challenge. We have to compete with everything out there. In developing our system [yoomagazine] we listened to schools and responded with changes. Some of the best ideas come from the smallest communities."

7.20 Contact: Malcolm Shookner

Community Development Project Director
Voluntary Planning, Nova Scotia Citizens' Policy Forum

7.20.1 Quote:

"We need health promotion information for practitioners, for people in communities, and for policy makers. These three needs can link together in a holistic model. They are all aspects that fit a larger picture."

7.21 Contact: Dr. Robert Strang

Medical Officer of Health
Capital Health

7.21.1 Quote:

"We have to apply our efforts locally, evaluate the outcomes and share the results. Local variation is ok, but once we find something that works, we should connect with our own evidence and apply it."

7.22 Contact: Maureen Summers

Executive Director
Canadian Cancer Society, Nova Scotia Division

7.22.1 Quote:

“Key point is not to be constrained and not to think small. Also, do not develop in a vacuum.”

7.23 Contact: Eileen Woodford

Director
Public Health Services

7.23.1 Quote:

“It takes time to build relationships and to remove the silos. It is beginning to happen in current initiatives on children and youth.”

7.24 Contact: Julian Young

Coordinator
Injury Prevention
Nova Scotia Health Promotion

7.24.1 Quote:

“Some of our NGO partners may feel threatened by this work. We need to engage them in this project and build these relationships. I think we have many goals in common and it will be key to work together. If organizations feel we are out to replace or take away their web sites, this project will likely flounder.”

Special Thanks:

Three initiatives and their staff deserve special mention for their contributions. First, thanks to Jamie Ferguson and Kevin Forbes from Sport Nova Scotia provided extensive background on www.playsport.ca, their innovative federated online information and member services system. Not only did they answer many detailed questions, they provided privileged access to the private side of the system. As if not enough, they gave a case presentation to the consultation day participants.

Second, our profound appreciation of the pioneering efforts the Nova Scotia Health Network and thanks to Jackie Macdonald for sharing lessons learned, in her publishing and during the consultation day. Provincially and nationally, we need an accelerated process for finding, learning and leveraging projects like this one.

Third, identical thanks to Caroline Ploem and the Nova Scotia Clearinghouse for providing detailed service information, for demonstrating how to persist through challenge, and for sharing all of that with consultation day participants.

8 Appendix C - Attendees

Andrea Caven, Cancer Society
Andrealisa Belzer, Heart and Stroke Foundation
Anna Jacobs, Community Health, Lower Sackville
Anne Cogdon, IWK
Anne Perigo, NSHPP, Physical Activity
Ashley Wisener, Planned Parenthood Metro Clinic
Bev Mahon, Recreation NS
Bruce Holmes, Recreation NS
Caroline Ploem, HP Clearinghouse
Christine Saulnier, Atlantic Centre of Excellence for Women's Health
Clare Levin, GPI Public Health Agency
Cora Cole, Community Health, Cape Breton
Dawn Shepherd, Public Health
Dawn Stegen, Recreation NS
Deanna Beck, Community Health, Annapolis Valley
Dennis Pilkey, Community Counts, NS Dept of Finance
Diana Prosser-Lewis, Taybridge, Council of Chairs, Capital Health Community Health Boards
Dr. Robert Strang, Medical Officer of Health, Capital health
Dr. Ron Colman, GPI Public Health
Eileen Woodford, Public Health Services, GASHA and CB
Elaine Shelton, Heart and Stroke Foundation
Eunice Abaga, Health Literacy, Primary Health Care, Department of Health
Faizal Nanji, Primary Health Care, Department of Health
Gerard Murphy, Primary Health Care, Department of Health
Grace Warner, AHPRC, Dalhousie University
Greg Purvis, Colchester East Hants Health Authority
Heather Christian, Population Health, Public Health, Dept. of Health Promotion and Protection
Holly MacIntyre, Canadian Cancer Society
Ismael Aquino, ANIP

Jackie MacDonald, South West Nova District Health Authority
Jamie Ferguson, Sport Nova Scotia
Jane Farquharson, Heart and Stroke Foundation
Janet Braunstein Moody, Public Health, Dept of Health Promotion and Protection
Jennifer MacDonald, Public Health, Dept of Health Promotion and Protection
Jennifer McCarron, Community Health, Pictou District Health Authority
Jimi Kaye, Colchester East Hants Health Authority
Judy Purcell, Cancer Care Nova Scotia
Kamran Nisar, Pharmacy Association of Nova Scotia
Karla Gimby, Doctors Nova Scotia
Kathryn London-Penny, IWK
Kathy Inkpen, Public Health, department of Health Promotion and Protection
Kelly Evans, Dept. of Health Promotion and Protection
Kerry Copeland, Doctors Nova Scotia
Kevin Forbes, Sport NS
Laura Barbour, Dalhousie University
Lea Bryden, Public Affairs, Capital Health
Linda Snyder, Atlantic Centre of Excellence for Women's Health
Linda Thompson, South Shore District Health Authority
Linda Young, Public Health Services, Capital Health
Lucas Wide, Dept. of Health Promotion and Protection
Lynn McKenna, Dept. of Health Promotion and Protection
Margaret Angus, Corporate Communications, Capital Health
Marlo Shinyei, Atlantic Centre of Excellence for Women's Health
Mary Lou O'Neill, Cape Breton District Health Authority
Mary-Anne Finlayson, Dept. of Health Promotion and Protection
Meredith Campbell, NS Health Research Foundation
Merv Ungurain, Primary Health Care, Dept. of Health
Michael Colborn, Halifax Public Libraries
Michelle Helliwell, Annapolis Valley District Health Authority
Nancy Hoddinott, Dept. of Health Promotion and Protection
Nancy MacDonald, Planned Parenthood Metro Clinic
Patrick King, Pharmacy Association of Nova Scotia

Paula Sarson, Pharmacy Association of Nova Scotia
Rhonda Phillips, Planned Parenthood Metro Clinic
Rick Manuel, Dept. of Health Promotion and Protection
Ruth Hart, Dept. of Health
Sandra Crowell, AHPRC, Dalhousie University
Scott Logan, Dept. of Health Promotion and Protection
Simon Mielniczuk, ITS Cooperative
Stephen Gallant, Dept. of Health Promotion and Protection
Steve Machat, Dept. of Health Promotion and Protection
Sue Pettit, ANIP
Susan MacLeod, Dept. of Health Promotion and Protection
Tim Cyr, Dept. of Community Services
Tracey Martin, Colchester East Hants Health Authority
Tricia Cochrane, Annapolis Valley District Health Authority