

Social Innovation in Action: Approaches to HIV, Sexual Health, and Safer Needle Use in Northern Nova Scotia

October 13 & 14, 2011

Truro, NS, Best Western Plus Glengarry Hotel

Hosted by the Northern AIDS Connection Society for the “Northern Region HIV testing Project”



The Northern AIDS Connection Society (NACS), in collaboration with local community and provincial partners¹ is engaging communities across Northern Nova Scotia in identifying innovative ways to establish safe, accessible, and sustainable testing options for HIV and other sexually transmitted infections (STIs) and blood-borne pathogens (BBPs) within the broader context of unsafe sexual health and needle-sharing behaviours. This initiative, i.e., the **Northern Region HIV Testing Project**, has adopted *Theory U*² and other methodologies such as *Art of Hosting*³ and practices (e.g., *Circle*, *World Café*) to engage with others to develop a deeper understanding of the broader needs and issues related to unsafe behaviours, and to co-create realistic and innovative approaches for safe and accessible testing services for HIV, STIs, and other BBPs.

As one of the first steps, individuals (see Appendix A for list of participants) from across the region who are connected with or concerned about the broader sexual health and drug/needle use issues came together for a 2-day retreat . Hosted by NACS on behalf of the project’s Core Team, the overall **purpose** was to:

- Introduce the project to stakeholders in the Northern Region
- Explore and better understand the broader needs and issues related to unsafe behaviours in the region to inform the project’s overall purpose
- Gather information and ideas to help determine the future direction and desired outcomes of the project
- Expand the core team of people to work directly on this project over the next year.

This document contains the essence of what happened at the retreat.

¹ Includes the Colchester Sexual Assault Centre, Central Nova Women’s Resource Centre, Nova Scotia Agricultural College Health Services, the Nova Scotia Advisory Commission on AIDS, and the AIDS Coalition of Nova Scotia

²Summary Overview: THEORY U: LEADING FROM THE FUTURE AS IT EMERGES
http://www.presencing.com/sites/default/files/page-files/Theory_U_2pageOverview.pdf

³ Welcome to the Art of Hosting, <http://www.artofhosting.org/home/>

Circle

Circle practice and taking pieces were introduced via a **tweach** (i.e., short teaching) as they were used many times during the 2 days.



Project Journey

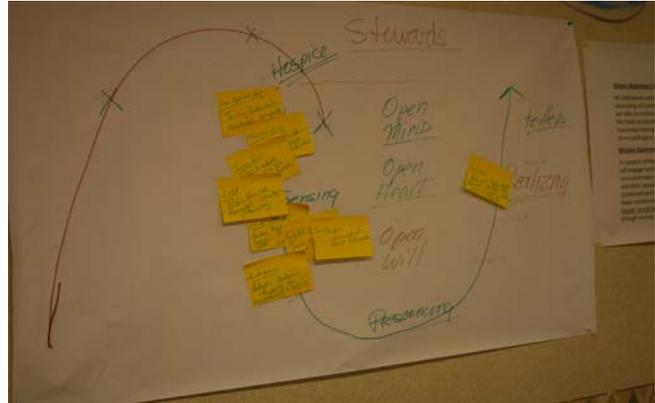
Tweaches on the **2-loops of system level change** and **Theory U** were used to illustrate and contextualize the project's journey.



“Part A” – the first loop: Participants learned about regional and provincial initiatives and milestones that preceded the current project aimed at increasing access to HIV testing – anonymous testing in particular - and other services based on a harm reduction approach in the region. The presentation clearly demonstrated the need for increased access to testing, and highlighted a number of successes along the way. These achievements, however, were not sufficient to increase accessibility to

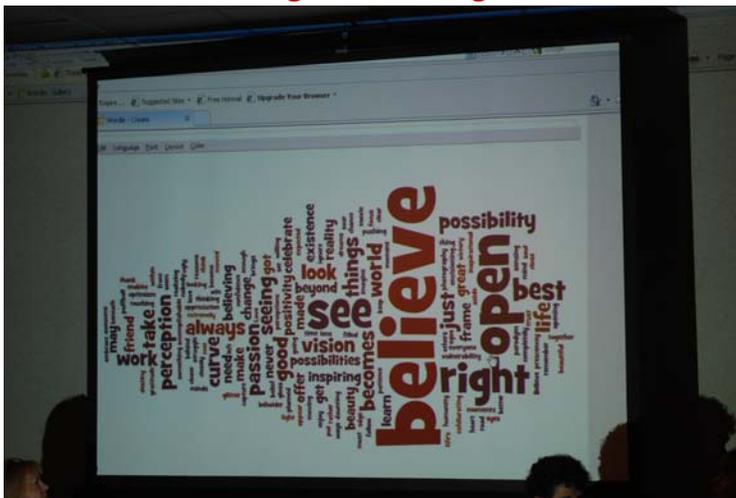
testing to the level needed to meet the diverse needs of people and communities across the region and province. Therefore, a more effective and novel approach to engage stakeholders and find innovative solutions to the issue of HIV testing was needed given the inherent complexities of the health system and competing needs and priorities.

- **“Part B” – the 2nd loop:** The 2nd loop highlighted the establishment of the project and its Core Team in late 2010. In keeping with Theory U, the project has taken a *collective detour* to better understand the testing issue within a broader context of sexual and drug-using behaviours. By engaging people from across the region to uncover the reality of the system from their point of view -- rather than jumping (the U) from problem to a solution – more realistic and sustainable approaches to testing will emerge.



Examples of innovation and change happening through this project and, more broadly, through health system renewal were provided. Insights gleaned to date were shared and how this learning has taken place (e.g., dialogue interviews). Participants also heard how **Outcome Mapping**⁴ is being adopted to guide planning, monitoring and evaluation.

Video – Celebrating What is Right in the World



The video was an opportunity to slow down, relax, and celebrate what is good and working in our lives and our world. Participants were encouraged to record personal reflections in their journals, and to share their thoughts on the “puffball” cards. The latter were used to create a wordle of the most common words people used to describe their experience.

⁴ Outcome Mapping, IRDC, http://web.idrc.ca/en/ev-26586-201-1-DO_TOPIC.html

AROUSAL ... engaged, curious and excited about participating in the retreat and/or becoming more involved in the project.

Project Principles

Developed by the Core Team in January 2011, the *principles for working together* were presented. These principles guided the planning the retreat, and will be the starting point for the expanded core team. Opportunity was provided for clarification and questions.

Elephants in the Room (Creative/Project Tensions)

Tensions are inherent, competing and often unspoken realities or perspectives that can inhibit meaningful change and innovation. Identifying and acknowledging such tensions often lead to more creative and lasting solutions, or, at the very least help diffuse anxieties. Using the poster of “Bertha the Elephant,” various tensions in the project identified by the Core Team through the dialogue interviews were written on baby elephant cut-outs and posted to *Bertha*. Participants shared tensions they have experienced and added these to the posters:

- Lack of visible minorities/**Socio Economic Realities**
- Client Participation on Committee/**grass roots**
- Responsibility/**Passion (Risk)**
- Status Quo/**Innovation**
- Ego/**Commitment**
- Participation/**Traditional Structures**
- Relationships/**Results**
- Reflection/**Action**
- Stigma/**Awareness**
- Transparency/**Hidden Agenda**
- Silos/**collaboration**
- Provincial/**Region District**
- Harm Reduction/**Abstinence**
- Expert/**Learning**
- Organizational Support/**Roles and Responsibilities**
- Stigma (Grass Roots, Political Will)/**Normalization**
- Book Wise/**Street Wise**

World Café - Creating Change in Northern Region

World Café is a method to create a living network of collaborative dialogue around questions that matter in real-life through small table conversation. Referring back to the



sensing phase of Theory U, World Café is not solution focused. Rather it initiates the conversation and surfaces the deeper issues. Following a tweek on the concept, etiquette, and process, 3 rounds of progressive (20 min) conversations were organized around the following 2 predefined questions:

1. From your experience working in Northern Region, what makes change happen? (2 rounds)
2. From all that was discussed in the first 2 rounds, what are the top 3 strategies that would work well for the HIV testing project to increase access to testing? (1 round)



Following question 2, each table came to a consensus on their “top 3” strategies. Participants recorded each of their table’s top 3 on a large sticky note and posted them to the café harvest wall. The notes were organized into themes, and participants rated what they felt to be the 3 most important strategic categories via *dot-ocracy* (straw poll). Top 3 strategies receiving the most dots:

1. Mobilize the grassroots and create political will
2. Strategic Navigation of the political arena
3. Develop business case/proposal for testing



These would be further discussed in day 2 and/or later within the expanded Core Team.

Checking-out

The day was summarized and the agenda for the next day was outlined. The day closed with the question:

What are you looking forward to tomorrow?

More opportunity for networking/making connections, sharing and meeting new people; hearing more about the different levels of involvement and connecting to the project; and generating ideas and next steps (e.g., from World Cafe harvest) for the project were the most common responses.

DAY 2, OCTOBER 14

CLIMAX....bringing it all together; moving participants to think about how they could contribute to the core team; providing clarity and addressing concerns.

Getting to Know You Better

In response to the check-out question on day 1, 3 rounds of 10 minute **speed introductions** were organized to allow participants to network and meet new people. For each round, participants were directed to find 2 people they did not know or would like to know better and give each other their respective “elevator pitch” indicating who are they are and what they do.

Checking In

To identify burning issues, answer participants’ questions, and set the stage for discussion participants were asked:

What question or area of uncertainty would you like cleared up today that would help you in either understanding the Core Team better and/or help you make up your mind about your level of commitment?

SUMMARY of QUESTION/UNCERTAINTY	RESPONSE
<ul style="list-style-type: none"> Knowing more about testing and access to testing 	See handout in blue duotang in participants’ bag. Brief overview provided. Invited to discuss further with NACS or NSACA rep.
<ul style="list-style-type: none"> Frequency of meetings and time commitments; location and possibility for conference call-meetings 	To date, usually 1 face-to-face full-day meeting a month in Truro - time involved depends on current focus and individuals’ time. Conference calls have been utilized. Expanded Core Team will make changes to suit need of the group
<ul style="list-style-type: none"> Clarity on the different levels of involvement and ways to support the core team. 	Brief explanation provided. To explore in Open Space
<ul style="list-style-type: none"> Clarity on the benefits for Cumberland and Pictou not just Truro. 	Scope of project is regional. Explore further in Open Space
<ul style="list-style-type: none"> Clarity around the objectives and outcomes to establish accessible testing in 3 areas, and if outcome is sustainable 	As per Theory U, currently in sensing phase. Clear objectives and outcomes will emerge during the presencing phase; plan to be piloted in the realizing phase.
<ul style="list-style-type: none"> Funding to cover people’s time or travel 	Yes – AIDS Commission is covering expenses. Honourariums to volunteers on Core Team possible
<ul style="list-style-type: none"> Should there be clients on committee and way to get input 	Expanded Core Team will explore interest with service provider groups. Potential Open Space topic.
<ul style="list-style-type: none"> Number of people required 	Approximately 12 people for Core Team.

Open Space

Open Space is a method that creates time and space for people to engage deeply and creatively around issues of concern to them. The agenda is self-organizing and emerges from the participants – it is an opportunity to define the conversations you either want to have or join.

Following a tweak on the concept and process (including the 4 principles and 1 law, roles), participants were invited to come into the circle to write down and announce **the conversation they need to have before making a decision about supporting the core team**. Time and space was allotted to have 2 rounds of up to 7 different conversations per round (or 14 in total). However, a few of the proposed topics overlapped and, so, were consolidated into the following six and discussed in each of the 2 rounds:

1. *Deeper Discussion around Inclusion in the whole process*
2. *Role of public/schools education*
3. *Deeper discussion around barriers*
4. *What would it take to achieve community buy in?*
5. *How can we be supporters? (Combined" Pictou Co: Who should/can be involved? Representation on Core Committee)*
6. *What role/capacity can addiction services and public health play?*



Under the **law of two feet**, participants selected what conversation they felt most interested in or could contribute to the most.

Sharing Back

Following the second round (and lunch), participants were invited back to the circle to share what they discussed in the open space session. Key words and phrases were recorded graphically on the open space harvest wall. A summary of each report are in Appendix B. All suggestions and ideas will be considered by the Core Team.



Reflection and Commitment Circle

Participants were asked to reflect upon what level of commitment or support – if any – they would be able to give to the Core Team. The three options or levels of support were:

1st level (innermost part of the circle) - join the Core Team (work directly on the project)

2nd level (middle) – assist with specific tasks including potential county level team

3rd level (outermost) – cheerleader, supporter

It was acknowledged that people can and will move back and forth as circumstances change over time.

A circle was mapped out on the floor delineating the different levels of commitment as indicated above. After the period of reflection, participants were invited to step into the part of the circle that reflected the level of commitment/support they were prepared to make at this time. The box below indicates the first name of each participant who came forward and their level of commitment.

1 st level -Core Team	"In between" (1 st & 2 nd)	2 nd level Specific task or county team	"In between" (2 nd & 3 rd)	3 rd level Cheerleader
Crystal	Marsha	Al	Glen	Christina
Rayann		Arlene	Margaret	James
John		Philippa	Tracey	Lugene
Heather		Samantha	Jayne B	Deby
Janet		Marg MacL	Barb	Jane T
Karen			Susan	Kathy R
Sam.			Cheryl	Gabe
Michelle				Wanda

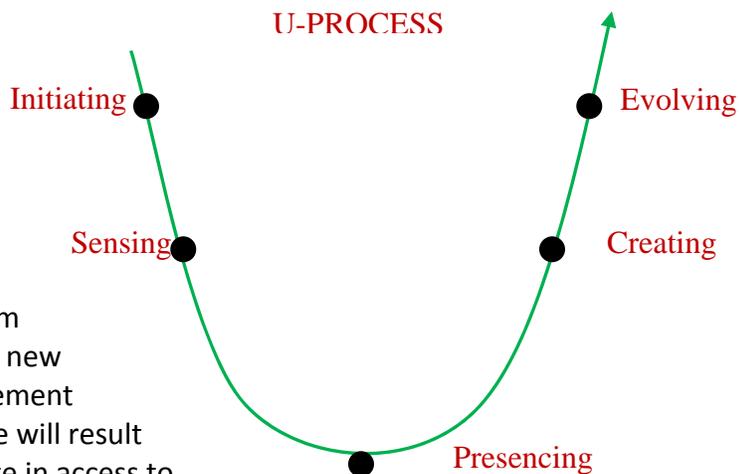
CHECKING OUT

What are one or two words to describe what you're taking from this room?

- Anticipation, hopefulness, excited
- Collaboration, team building
- Trepidation; anxious (regarding results)
- Inspiring; enthusiastic; renewed passion
- Appreciation; informed, thankful
- Direction
- Engaging
- Supported, validated; strength
- Phenomenal
- Enlightened; Humbled
- Care, compassion, dignity
- Satisfied; Fulfilled

Continuing the Journey

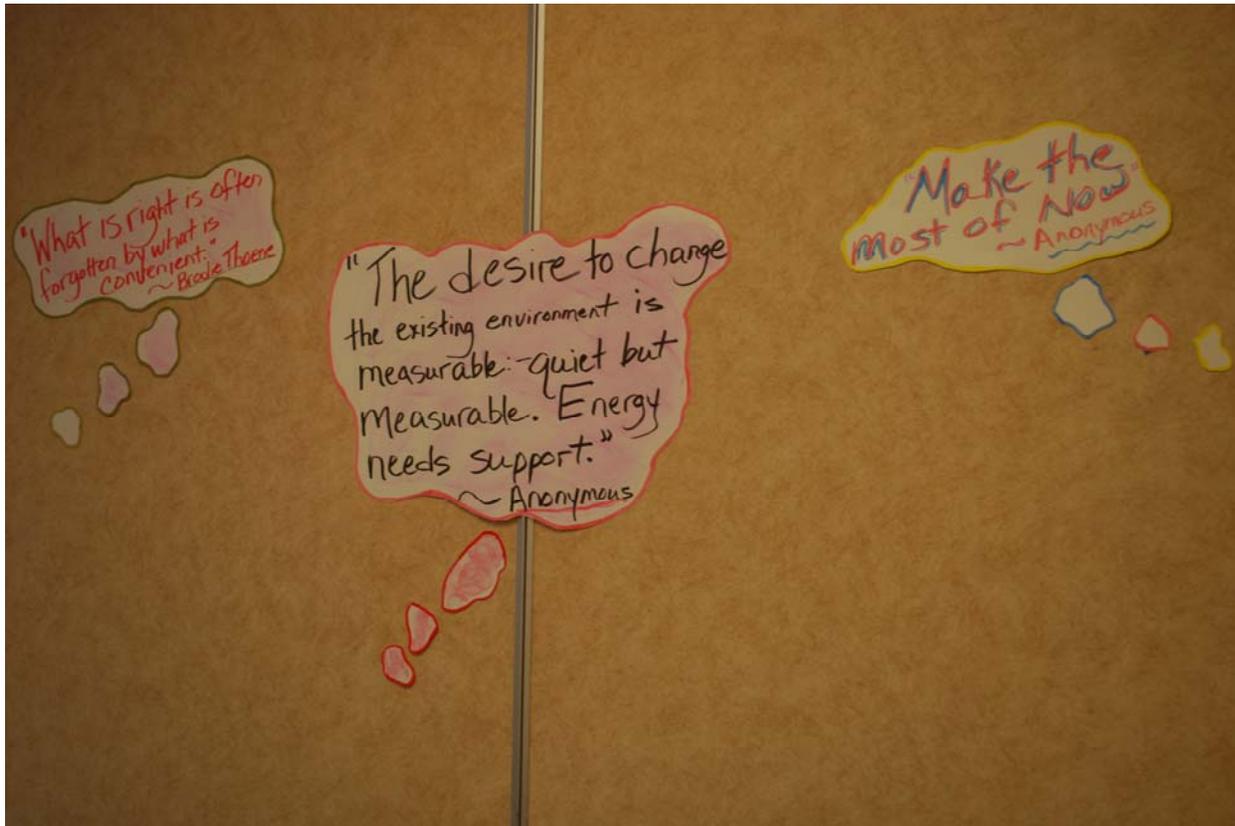
Over the course of these 2 days relationships were made and/or strengthened, a deeper understanding of the region emerged, and ideas shared that will inform the building of a testing strategy that fits the region. The Core Team gained 3 new members and many new supporters. There was real excitement and hopefulness that this initiative will result in much needed and lasting change in access to testing for HIV and other BBPs and STIs for communities across the region.



Building on the excitement and hope generated, the Core Team will create mechanisms and opportunities for meaningful involvement of supporters and engaging the broader communities informed by the ideas generated in the Word Café and Open Space:

- Continue dialogue interviews to better understand the reality of the system and how people see the issues
- Establish and support county-level core team (for which there much interest was expressed)
- Identify champions and increase support within the various communities (e.g., grassroots, 3 health authorities, political)
- Increase public awareness and support of existing services and for the project
- Seek direct assistance with key tasks (e.g., dialogue interviews)
- Keep people in the loop, e.g., mechanism to share harvest notes, open teleconferences;
- Include youth, clients/affected groups and their service providers in the process.
- Identify innovative models and ways to integrate testing with other services

The project's journey around the U will continue. To expand and sustain access to testing, we need the wisdom, involvement and support of all those who participated in the retreat and from other regional stakeholders to the extent each are able. Please join us on the journey to co-create and foster innovative change in Northern Region.



Appendix A – Participant List

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Appendix B – Summary of Open Space Reports

1. **Deeper Discussion around Inclusion in the whole process (roll-up of 2 discussions):**

- May be missing input from key agencies, groups, and clients who will use the service. Therefore, the needs of clients and how to promote testing services may not be understood when developing a testing strategy. A lot of time could be wasted.
- (Before and after project) Need time to build clients' trust and comfort who would not otherwise be tested or come through the door. Lack of anonymity within our community because of rural connections.
- Clients can tell us what works best as participants in programs. We need to go to where people are at and listen to them. Very complex and input is needed from clients.
- What is the desired end result? There are many ways to use existing services; be creative in using existing resources. Be flexible in what we do.
- Board members of single staff agencies may be able to be involved if staff cannot commit time.
- **Recommendations/decisions/next Steps:** Invite, contact, and involve key groups and individuals. Be proactive versus reactive.

2. **Role public schools/education:**

- How do we educate parents and get them interested in taking more of a role in education their kids?
- Could do events at a neutral community setting (outside of school) where you are not limited in how and what to present, and utilize free media (coffee news, Eastlink, etc.) to advertise.
- Get youth involved. Need realistic cross section (jocks, preps, industrial, etc.).
- Could also, organize 'Sexual Circle Talk' weekly through guidance dept.
- **Recommendations/decisions/Next Steps:**
 - Approach schools about doing presentations. Talk to school board if guidance counselors don't put it in. 'Extreme Real Talk' - let youth lead the conversation and have people there to answer the questions. Have youth talks in evenings at free locations
 - Update brochures/pamphlets/reading material and make it more 'youth' language friendly. Publicize in free media

3. **Deeper discussion around barriers:**

- Unobvious barriers to HIV testing were discussed, e.g., active addiction, no sense of time, difficulty organizing self. MOSH, however, was immediately accessed because: meets people where they are at, personal follow up/after care (call on personal cell phones); relationship formed with clients (very important); non-judgmental, trust (huge).
- Conservative community can create huge barriers.
- **Recommendations/decisions/Next Steps:**

- MOSH in every community;
 - Connecting on-line, coming up with creative ways to let them know
 - Need an organizational champion;
 - offering incentives to come into multi-testing sites.
4. **What would it take to achieve community buy in?**
- Public education – address the gaps (blame the victim/outlook); promotion through social media (awareness campaign);
 - Identify champions
 - Capacity building opportunities being more available.
 - **Recommendations/Decisions/ Next Steps:**
 - Work with existing programs to enhance education; identify target groups
 - Look for funding for more capacity building
5. **How can we be Supporters:**
- Discussed possible and realistic levels of contribution
 - What would work best: Local person/insider who’s well connected (hub) or an outsider more effective? (Probably case-by-case)
 - Key things will help keep informed (minutes, email, open conference call once in a while).
 - Time seems to be a big factor
 - **Recommendations/Decisions/Next Steps:**
 - Share the work load, e.g., sensing within counties (know better grass root areas).
 - Form sub core teams (working groups) ‘county core” (2-tiered core team).
 - Communication: Share core team minutes; e-mail updates; hold periodic open conference calls.
6. **What role/capacity can addiction services and public health play?**
- **Recommendations/Decisions/Next Steps:**
 - Idea of “traveling” HIV-testing for each district.
 - Look at time for counseling – could be a barrier.