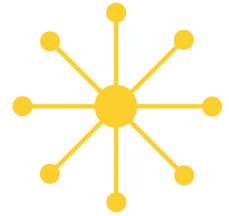


Collective Wisdom Solutions



REQUEST FOR PROPOSALS #60134617

Development of a Multi-Year Strategic Plan
for the Public Health System in Nova Scotia

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1. THE NEED

1.1 Context

The health of the population is determined by many factors, including genetics, socio-economic and environmental factors, personal behaviour and access to primary health care services. In recent years there has been a new focus on public health issues. This has been prompted in part by events such as the SARS crisis and the difficulties that the health system had in responding adequately to it. In addition, ever-growing health care costs coupled with the aging of the population are prompting a broad recognition that health promotion and prevention must receive a much higher priority.

The health of Nova Scotians lags behind the Canadian average on many measures, and as in many parts of Canada, the public health aspects of our health system have been fragmented and under-resourced for many years. The public health system's capacity is limited and its structure is complex, including the Provincial Health Departments, District Health Authorities and health inspectors in the Departments of Agriculture and Labour.

In Nova Scotia, the demographic change coupled with movement of young people from rural areas to the cities and out of the province presents particular challenges: a shrinking workforce, and a more elderly and sparse rural population. If current provincial expenditure trends were projected forward 20 years, overall health care expenditures would consume the entire provincial budget. The status quo is obviously not an option, and effectively addressing the issue of health promotion and prevention is one of the solutions to the challenges we face.

The 2005 external review of the public health system (entitled *The Renewal of Public Health in Nova Scotia: Building a Public Health System to Meet the Needs of Nova Scotians*, but often referred to as the Public Health Review) made 21 recommendations for action to build a stronger and more effective public health system that will contribute to the health and wellbeing of all Nova Scotians. These 21 actions serve as the guide and plan for public health renewal in Nova Scotia. In the Review, a strong emphasis was placed upon the need to establish an integrated public health organization, to articulate and be guided by a collective vision for the public health system that integrates and supports the fulfillment of public health's core functions, and to establish a dedicated team to project manage the implementation of all the recommended strategic actions.

In February 2006 the new Department of Health Promotion and Protection was established. It has set up a new provincial leadership team, the Public Health System Leadership team (PHSLT), for public health that includes representation from the stakeholders at provincial and district levels of the system. Its mandate is to provide strategic leadership and direction for the public health system in Nova Scotia. This is an exciting and challenging mandate, as the public health system is complex, involving a variety of strategic players at a number of levels. Many parts of the system are already engaged in their own strategic planning activities.

1.2 The opportunity

The Department is playing a leading role in the renewal of the public health system. A priority of the PHSLT is to articulate and be guided by a collective vision for the public health system that integrates and supports the fulfillment of public health's core functions that effectively contribute to three core functions:

- Improving levels of health status of the population and decreased health disparities.
- Decreasing the burden on the personal health services system and by doing so contribute to its sustainability.
- Improving preparedness and response capacity for health emergencies.

1.3 The requirement

The services of a consultant are sought to assist in the development of this vision as part of a multi-year strategic plan for the public health system in Nova Scotia. Specifically, the requirement is to:

- Create an environment that enables the new team to thrive in an open, safe, trusting forum that facilitates working together effectively.
- Assist with leadership development of the PHSLT.
- Develop a strategic plan for the public health system which includes (but is not limited to):
 - Development of mission, vision and goals for the public health system and the key relationships required for the system;
 - Further development of the complex public health system;
 - Environmental; scan/ situational assessment.

2. TECHNICAL EXPERTISE

2.1 Thriving in Complex Systems

All of our team members thrive in complex systems with multiple stakeholders and accountabilities. Collectively we have over 100 years of senior management and facilitation experience in complex organizations with many and varied stakeholders. Our experience includes complex projects in Canada, the US, the UK and Africa. Achieving sustainable systemic change in complex multi-faceted systems is our passion and the main focus of our professional practice.

2.2 Leadership Development / Capacity Building

Two of our core team members, both of our strategic advisors and several of our additional team resources specialize in leadership development and capacity-building. The rest of the team have thorough working knowledge and practical experience of mentoring, team-building and facilitation.

2.3 Supporting Authentic Dialogue and Action

Our entire team is trained and experienced in supporting authentic dialogue and action, using methods such as Deep Democracy, The Art of Hosting, Appreciative Inquiry and The U-Process. Several team members have also established and run unique multi-stakeholder organizations and that have initiated and implemented successful sustainable change projects.

2.4 Strategic Planning

Our team has great depth in strategic planning, as consultants, facilitators and leaders of the process, and also as senior executives leading multi-stakeholder organizations.

2.5 Facilitation

Two members of the core team are recognized internationally as leading practitioners and trainers in several facilitation methods including Deep Democracy and The Art of Hosting. All team members are trained and experienced in facilitation, using these methods or others such as Appreciative Inquiry and the U-Process.

2.6 Stakeholder Engagement

The core of our work and one of our greatest strengths is stakeholder engagement. Collectively we have facilitated hundreds of stakeholder gatherings in Europe, North America and Africa. We are master facilitators in multiple large group dialogic approaches that lead groups to profound shifts in mindset and action.

3. KEY CHALLENGES

There are three major challenges to this project.

3.1 The fragmented system

The public health system is fragmented and complex, with a variety of strategic players at a number of levels, including NS Health Promotion and Protection, the District Health Authorities and the health Inspectors within the Departments of Agriculture and Labour. There are also many other stakeholders who play a role in public health. Although the creation of the new Department has provided a much-needed focal point for leadership and strategic planning, the multiple players all have their own reporting lines and responsibilities, and many are developing their own strategic plans. The challenge is to bring everyone along through visioning and engagement processes to feel and act as part of a team. The PHSLT must also establish itself in its role as provider of leadership and strategic direction

How we will overcome the challenge

Our entire process is about knitting the stakeholders together, developing a collective vision, learning and sharing successes together, and building communities of practice to lead change. In a sense, the journey is the goal.

3.2 Lack of resources and capacity in the system

Due to past lack of focus on health promotion and prevention, this aspect of our system has been, and still is, under-resourced. Fortunately this has now been recognized, and is beginning to be addressed.

How we will overcome the challenge

Through the situational assessment this project will identify more precisely the areas of strength upon which to build, the strategic priorities for resources and the case to be made for those resources. Through the participation processes, communities of practice and cross-stakeholder teams will begin to form, and will identify efficiencies and ways of sharing knowledge and resources.

3.3 Time and availability of PHSLT members to participate in the process.

The leadership and involvement of the PHSLT members in the training and leadership capacity-building process is vital to the continuation and sustainability of the strategic planning process, and the future functioning of the public health system. A challenge to the project will be possible lack of time and availability of the key leaders to participate fully and derive maximum benefit from the process.

How we will overcome the challenge

There will be freedom for team members to step in and out of the process over the course of the project, and the opportunity for others in the system to step forward and take leadership roles of varying kinds. Where possible we will create gaps of (approximately 2 weeks) between phases of the project to allow time for team members to regroup and focus on regular work.

4. PROPOSED APPROACH

4.1 Goals & Deliverables

The Goals Defined in the RFP are as follows:

Articulate a collective vision for the system:

Our approach will bring the PHSLT through a process of uncovering their clear vision for the system. This will happen through an in depth sensing of the Public Health system in Nova Scotia – connecting to stories and practitioner across the province to discover where the seeds of a new system are already sprouting. This will not be a typical process where the leaders sit together in a room and come up with a vision. Instead it will be a deep dive into the heart of the system – engaging public health players within and outside the formal system. At the end the vision produced will be widely held and the relationships needed to manifest the vision will have been built along the way.

Integrate and support the fulfillment of core functions

Silos and fragmentation plague the public health system. What is being called for is a process of becoming whole. The proposed process will bring various parts of the system together so they can see the bigger picture uncover leverage areas and act in concert. We propose a process, which at its core is about building the trust, connection and shared vision at a systemic level to enable collaboration. In practice the stakeholder assemblies (see section 4.4.5) will begin this process on a large-scale level and the work of integration. Communities of Practice will execute these actions (see section 4.4.6).

Engage complex stakeholders and strategic partners

This process will be built at every level on the bedrock of engagement. The *leadership development, team building and empowerment* will be ongoing. Focused training and team building will take place in the “preparing” phase (see sections 4.4.1 to 4.4.3). In the Sensing, Presencing and Realizing Phases, leadership development will take the form of action-learning with the PHSLT being coached and supported along the way. The whole process will be a living *Strategic planning* effort. The final result will be a detailed design for implementation of systemic shift around key leverage areas identified throughout the process.

The Deliverables Include:

Strategic Plan

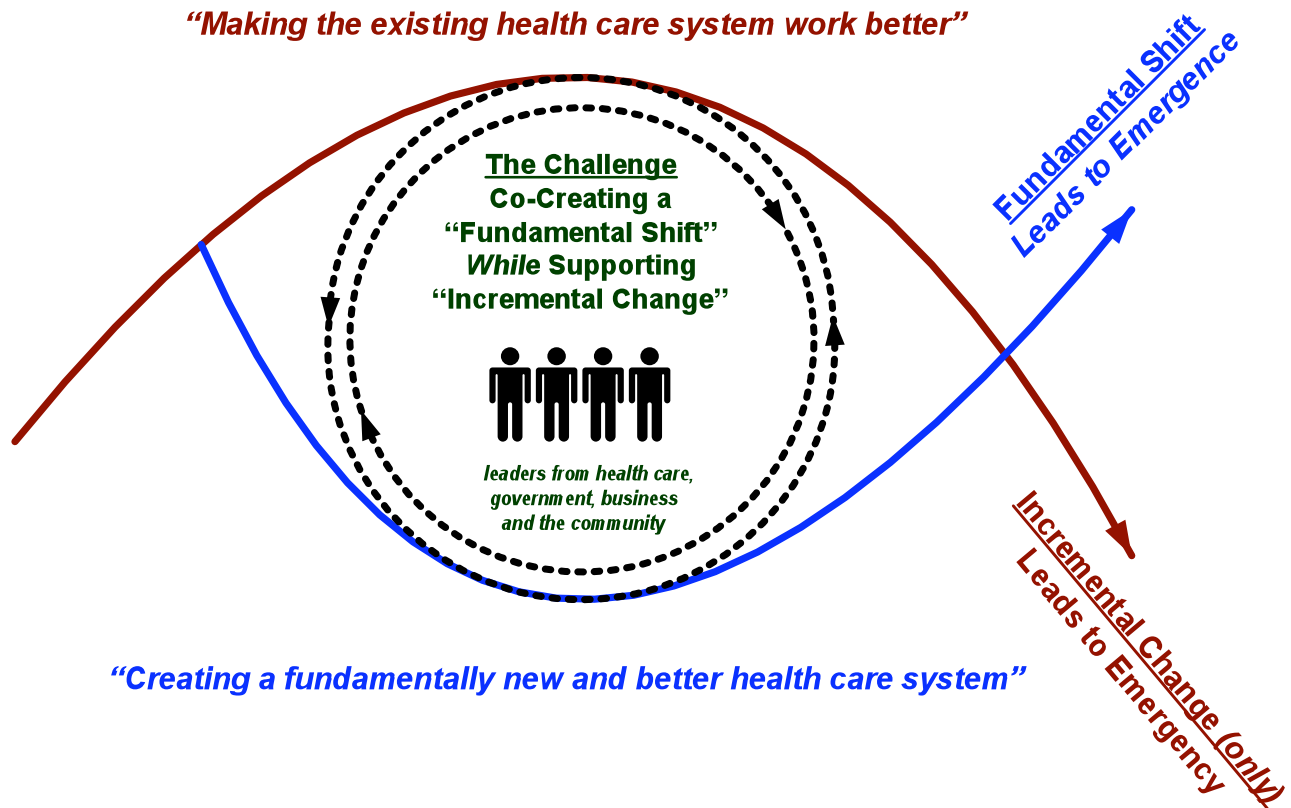
Vision and Mission and Goals for the system and relationships required: The vision will be articulated in the “forming a core team” process (see Section 4.4.3) and further refined in the Presencing phase (see Section 4.4.6). The entire process is, in essence about building relationships: within the PHSLT (see Sections 4.4.1 & 4.4.3); between the Core Team (PHSLT) and Public Health Care Practitioners across the province through Dialogue Interviews (see Section 4.4.4.1), between the Core Team and diverse players in the broader system through Learning Journeys (see Section 4.4.4.2) and between diverse stakeholders and users and the Public Health Care System through Public Engagement (see Section 4.4.5).

Further definition of the complex public health system will occur through the process and will be finally articulated in the Realizing phase (4.4.7)

- Environmental Scan: The sensing phase is at it's core a deep systemic environmental scan.

4.2 Overarching Design

The Need for Deep Systemic Transformation

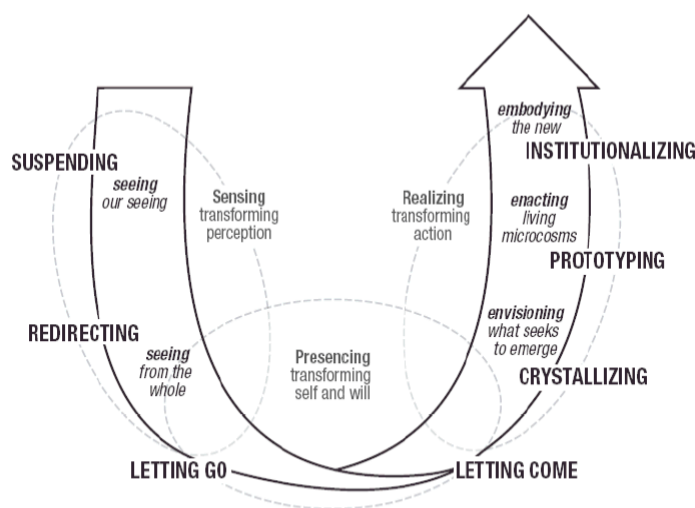


The Public Health Care System is not asking to be re-tooled. What is being called for is a fundamental shift in the way Public Health Practitioners see themselves, their roles in the system, and the role of Public Health in society. Because of this, we are proposing the U-process as the underlying architecture of this Strategic Planning Process.

The U-Process is a social technology for addressing highly complex challenges—for solving complex problems or realizing complex opportunities. It is an innovation process, a theory, a set of practices, and a language for producing extraordinary breakthroughs within and across the worlds of business, government, and civil society. It was developed by Joseph Jaworski, Adam Kahane and Otto Scharmer, and with contributions from other remarkable individuals such as Brian Arthur, Betty Sue Flowers, and Peter Senge. It represents the best theory and practice from 20 years of organizational learning, management consulting, leadership development, scenario planning, and multistakeholder problem solving.¹

¹ The Change Lab Fieldbook: Generon Consulting

Presence: Human Purpose and the Field of the Future



Seven Capacities of the U Movement

The entire U movement arises from seven core capacities and the activities they enable. Each capacity is a gateway to the next activity – the capacity for suspending enables seeing our seeing, and the capacity for prototyping enables enacting living microcosms – but only as all seven capacities are developed is the the movement through the entire process possible.

We propose a process with the following phases:

1. **PREPARING:** Getting a lay of the land of systemic Health Care change in NS, clearing the obstacles to being a healthy team, building our own capacity to host the system through renewal.
2. **SENSING:** Engaging the system through: dialogue interviews with PH practitioners, learning journeys into the front-lines, seeing the whole system from multiple perspectives and large stakeholder gatherings across the province.
3. **PRESENCING:** Reflecting to allow our deepest knowing to come forth. Affirming the true Leverage Areas in the system and our role in shifting them.
4. **REALIZING:** Building communities of Practice to implement systemic shifts in each leverage point.

4.3 Roles in the Project

Public Health System Leadership Team (PHSLT): We will be guiding and supporting the PHSLT through a process where they develop the personal capacity and commitment to take the Public Health System through a multi-year renewal process. Part of this work is helping them to form what we refer to as a “core team” (see below). This team may be fluid and shift as the process evolves. There may be informal leaders in the system who feel called and have what is needed (influence, wisdom, natural facilitation skills) to be in the core team. Alternatively, some formal PHSLT members may step back (they will be openly invited to see where there commitment and availability) play a supportive role as personal interest, capacities and time commitments evolve.

Project Team: The consultants will be referred to as the “project team” our role will evolve over time to create maximum sustainability for the Public Health System. Initially we will be playing a role of strong process designers and facilitators, as time goes on and the PHSLT’s leadership capacity grows, we will increasingly step back and play the role of hosts of hosts, supporting the Core Team to stand in the center and facilitate the change process themselves.

Other Public Health Players: Our belief is that leadership can come from anywhere in the system if you allow yourself to tune in. The process will engage multiple Public Health Practitioners from the formal and informal parts of the system. The process will openly encourage collaboration and partnership across boundaries and traditional barriers. The goal of the process is to create cross-sectoral communities of practice that will work together to own and implement change in key leverage areas.

4.4 Our Approach

Our skills and passions lie in creating the conditions for people to solve their own problems through being in meaningful relationships that lead to action that everyone owns. We call this Hosting. Simply put, we believe the only way we can solve the complex nature of the problems we are faced with is by being in community with each other. The PHSLT is seeking to become transformative leaders within the Public Health System. This means that they must become community builders. This requires that they must first become a strong community themselves and then develop skills to become a core team of community builders. The PHSLT need to become a 'hosting team'. Please see www.artofhosting.org for some further information on the underlying beliefs and practices in our work.

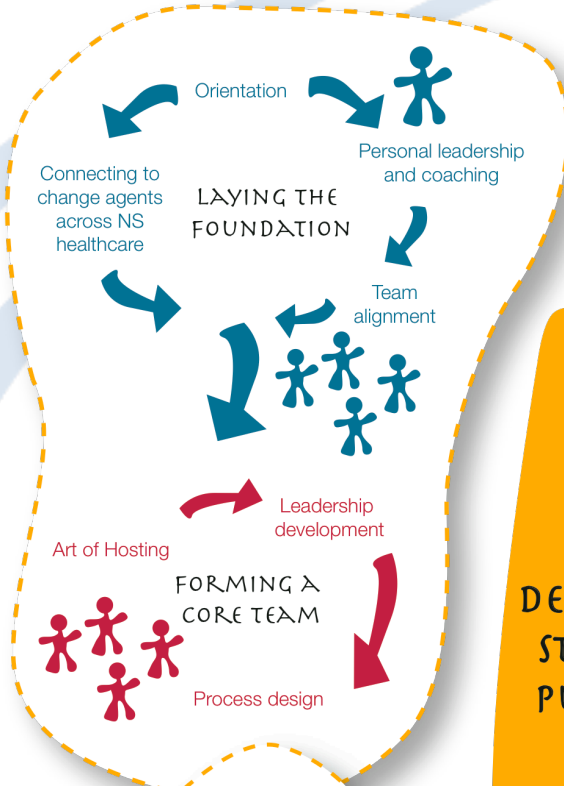
Since January members of our team have been working with Tri-District Public Health supporting a long term strategic process to break down silos in Public Health practice in order to best meet the ongoing, changing needs of the communities they serve. It is multi-layered, multi phase process to build a cohesive local Public Health System rooted in stakeholder need, to inform large scale Public Health renewal. The project reflects the desire for people in Public Health to be in meaningful and productive relationships with their work, each other and the communities they work within.

The project is built around a collaborative leadership model and belief in people's capacity to solve their own problems if we create the right conditions. Tri-District Public Health project reflects the process suggested in this proposal – forming a core team, interviews across the system, stakeholder gatherings to define leverage areas for action and then action planning in core teams. The connection to this project, and the learning arising from it, would benefit our work on a provincial level in Public Health.

The work with Tri-district is demonstrates the effectiveness of our proposed approach at a smaller scale, but parallel system. It is only one of many of our combined experiences in the work of supporting people within complex systems to become action-learning communities and more importantly training people in how to host others in there sphere's of influence to become action-learning communities. We propose to support the PHSLT in becoming a community themselves and offer training in the practices and process they will use to catalyze systemic change in their sphere of influence.

Organizations by their nature are connected and interdependent living systems. To create a sustainable outcome we need to connect all the stakeholders together in meaningful and productive ways. Each of these stakeholders has a unique perspective to offer to the organization - all of these perspectives together form a whole picture. Knowing this whole picture allows us to strategically engage with the reality. Rather than be victims of circumstance, we will be able to locate the Leverage Areas in the system that will have the greatest positive impact throughout.

PREPARING



DEVELOPING A MULTI-YEAR STRATEGIC PLAN FOR THE PUBLIC HEALTH SYSTEM IN NOVA SCOTIA

SENSING



PRESENCE

SURFACING LEVERAGE POINTS



REALIZING



4.4.1 PREPARING: Laying the Foundation

Over the course of the year the PHSLT will go on a journey that will require profound transformation at personal, team, departmental, district and systemic levels. The PHSLT will be at the epicenter of this transformation, building the path as they walk it. They will be hosting learning and discovery in the system at the same time as they are building their own skills and capacities to do so. The “container” that will hold this team through the ups and downs inherent in such a process must be robust and resilient. In this phase we will build the container and lay the foundation for the whole project. We will orient the PHSLT to the territory that they are embarking into, set the intentions, which will be a compass for the individual leadership path of each team member, and begin to align the team culture. This phase will include:

- An orientation to the bigger picture that this work is happening in the context of. How it relates to similar projects that we are working on and connected to around the world. This will be informed in part by the work of Margaret Wheatley with Emergence and large scale systems (see Appendix A).
- A series of in depth dialogue interviews with each PHSLT member to build trust, get a deeper sense of the systemic challenges and opportunities and begin to establish the leadership development needs and learning goals of each team member.
- Initiate the Leadership Coaching Process for each PHSLT member (see Appendix B)
- Facilitate initial team building session clearing away obstacles and building an open, safe and trusting team culture that will be the foundation for the work ahead. This will be a similar process to the one that Sera Thompson conducted in the spring with the Medical Officers of Health. It is based on a body of work called Deep Democracy (see Appendix C) which focuses on surfacing and resolving issues, conflicts and tensions that block a teams from reaching their potential.

Deliverables:	Team orientation, dialogue interview themes document, initial coaching session, and initial 1-day team retreat
Project Team Members:	Sera, Tim, Kay & Joanne Coaches
Public Health System Players:	PHSLT
Time Frame:	over a 2 week period

4.4.2 PREPARING: Connecting to Innovation Across NS Health Care

On June 12th from 1pm - 4:30pm Tim Merry will be hosting a gathering of like-minded, like-hearted Nova Scotia health care initiatives to explore together their key learning about innovative approaches to transformation. The impetus for this conversation is a desire not be re-inventing the wheel as Tri-District Public Health moves forward and to build a shared conversation across all the different projects to help them all in different ways. We propose that the PHSLT join this gathering as learners to get a sense of what is working in projects across the province working from a similar perspective to the one that you are embarking on. We have a sense that all of these projects are part of a larger change and that being together could begin to surface the bigger picture that we are all part of and also how we could be strategically aligned to best move with the change that is already underway. Some of the projects that will be joining will be:

- Interdisciplinary Practice Assembly (led by a core team of 24 individuals representing a cross section of health professions from four district health authorities)
- Nakile Home for Special Care
- Capitol Health
- IWK Youth Advisory Council
- Conversations in Healthcare
- Tri-District Public Health

Deliverables:	Participation in a half day session, Building a shared sense of innovative health care work in the Province, Building relationships with key change agents, Output document with themes from the day
Project Team Members:	Tim and others
Public Health System Players:	PHSLT
Time Frame:	½ day on June 12

4.4.3 PREPARING: Forming a Core Team

When we speak of a “core team” we are talking about a group of allies that have the skill, commitment, personal leadership capacity and depth of relationships to stand at the center of a system and host its transformation. As the third phase of Preparing, we will begin to form this core team through a 3-day “Art of Hosting” training. This will be a tailored workshop centered on the question **How do we become a community of Public Health Practitioners?** This training not be a place for spectators. Members of the PHSLT will engage in a participative design process as learners and contributors. Everyone will be encouraged to keep striving to be on the edge of his or her own learning. We will challenge our own assumptions and stay in the process (despite moments of fear and chaos) until the next level is discovered. Our current understanding of the Purpose of this Art of Hosting is:

- *Personal leadership transformation* - What is the individual leadership transformation that is needed to transform public health?
- *Training in Hosting and Community Building* - How do we create the conditions for people to solve their own problems? What are the skills/practices on the personal, team, and organizational level we need to learn?
- *Discovering our Collective purpose* – What is it that we need to become to lead this shift in the PH system? Why are we here? What is the purpose behind each step/piece we are doing?
- *Co-Creating a Strategy* - How would we like to work together? What are our capacities? What is the transformation we wish to see within the public health system? Who is going to do what by when?

Deliverables:	Training resource workbook (with tools, techniques, processes), leadership development Art of Hosting, Version 1 of a process design for the remainder of the project, support in creating an output document, 1 day follow-up design retreat.
Project Team Members:	Tim, Sera, Phil, Kay, Joanne
Public Health System Players:	PHSLT
Time Frame:	3 day Art of Hosting, 1 day follow-up Design Retrea

4.4.4 SENSING: Connecting with the System

“The failure to see is often the biggest barrier towards tackling our challenges. The dilemma we’re faced with in coping with the modern world is that things are so complex and so fast moving that it’s very difficult to get a picture of the whole, it’s very difficult to see. When we don’t have a picture of the whole, when we’re not even questioning what part of the picture we’re seeing, we end up arguing strenuously from our position of “truth”. We’re willing to invest massive amounts of time and energy on solutions based on the assumption that what we’re “seeing” is a whole, when in fact it may well be a very small part of the whole. We stand in these positions and fight from them, typically unable to understand why other people are not seeing what we are. The essence of this problem is one of perception. The purpose of the Sensing phase is to open ourselves up to reality, to uncover reality and to try and see the whole system we’re a part of.”

- Zaid Hassan, The U: A Language of Regeneration (see appendix D)

When we speak about “Sensing” we are talking about uncovering the current reality and seeing the system as a whole.

Most efforts at creating change fail because we fail to see reality. All too often our expertise, our training or our beliefs blind us from seeing the organization or system as it is. Instead we see what we want or expect to see. Our lenses act as barriers to innovation. A sensing process aims to breach these barriers by helping us see a situation from multiple vantage points - a bigger more whole picture of the situation. It surfaces knowledge, skills, visions and values and build relationship to the process of change across the system: it relates to people at all levels of the system.

The primary result of the Sensing Phase is a shared understanding of the current reality of the system and what Leverage Areas would yield the greatest positive impact on the system as a whole.

4.4.4.1 Connecting with the System: Dialogue Interviews

Many change processes use interviews with people in a given system. These interactions often fail to go to the depth necessary to release potential forces for change. Dialogue interviews are a set of in-depth, one-on-one conversations between change agents and key stakeholders. These conversations will catalyze the systemic transformation that is called for. The core team will conduct Appreciative Inquiry Interviews with the various stakeholder groups. Appreciative Inquiry focuses on what works and then amplifies it as a way toward effective problem solving (see Appendix E). The purpose of the interviews will be 1) To help the interviewee connect to their own thinking and to their own commitment-and to see the system through their eyes. 2) To generate or inspire commitment and action toward change in the Public Health System. 3) To build the relationship that will be needed to carry the change forward.² 4) To widen the team by identifying and empowering champions, supporters and connectors that will fuel the Stakeholder Engagement process. 5) To identify bright lights of innovation in Public Health to see the glorious successes (as well as the seemingly intractable stuck points). This phase will include:

- *Training:* A one-day Dialogue interview and Appreciative Inquiry training.
- *Core Team Pilot Interviews:* with people across the system.
- *½ Day Refining Session:* to gather initial interview data, evaluate and refine the questions, to share stories to build our capacity to launch full interview process.
- *Whole System Interview phase.*
- *Creating a booklet:* highlighting the outcomes of these interviews. These books will be beautifully produced and given out across the system to help Shift the Story of public health: what’s possible and what’s working. We have begun to not only connect everyone together through these interviews but positive and appreciative stories abound, shifting and uplifting Public Health’s self-image and future potentiall.
- *Beginning to surface Leverage Areas* and patterns that have arisen out of the interviews.
- *Stakeholder Gathering Design Input.*

Deliverables:	Leadership Development, Trust & Relationship Building, Affirming PHSLT Leadership Role, Environmental Scan/situational assessment, further definition of the complex public health system, Appreciative Inquiry Booklet (see Example Appendix F), Emerging Leverage Areas, Design Input
Project Team Members:	Tim, Sera, Kay, Joanne
Public Health System Players:	PHSLT
Time Frame:	3 days in retreats + interviews carried out over a 2-3 month period

4.4.4.2 Connecting with the System: Learning Journeys

John Le Carre gives us an understanding of the need for “Learning Journeys” when he writes “The desk is a dangerous place from which to view the world.” If we are truly interested in changing, influencing or participating in an system we cannot outsource our perception to field researchers. We must take responsibility for our own “seeing” by becoming a part of the system as fully as possible. The point of learning journeys is to get the PHSLT out, into the heart of the Public

² Adapted from *The Change Lab Fieldbook: Generon Consulting*

Health System to learn about the current reality of the system they wish to change. In these field trips into the system, we fully immerse ourselves in the complexity and multifaceted nature of Public Health by engaging as wide a range of perspectives as possible — Health Inspectors, Community Educators, Researchers, Recreation Centers, Policy Makers, Chronically Ill, Emergency Services, Elder Care etc. We have conducted a series of Learning Journeys in Health Care for a Shambhala Institute module on using the U-process to solve tough systemic problems (see Appendix G). The Purpose of these Learning Journeys is:

- To gain an understanding of the “whole system” and the Core Team’s role within it.
- To engage deeply with stakeholders and to map and assess stakeholder needs.
- To create a basis of building more intuitive, holistic, and human pictures of a system.
- To build a deeper emotional as well as intellectual sense of the system.
- For participants to further build a network of relationships that they can draw on at later stages.³

Deliverables:	Learning Journey Training (1/2 day), Community Building, deep stakeholder engagement, positioning PHSLT as Caring and well-informed Leaders, Deep systemic knowledge, emerging vision for the complex public health system, surfacing innovation and success, identifying stuck points, identifying potential CoP Leaders, Synthesis Retreat, Learning Journey outcomes document (or video).
Project Team Members:	Tim, Sera, Kay, Joanne, Sue
Public Health System Players:	PHSLT
Time Frame:	1.5 days in retreats + Learning Journeys carried out over a 1-2 month period

4.4.5 SENSING: Engaging Stakeholders

Based upon the outputs from the interviews and Learning Journeys. We would then co-design a series of gatherings (up to 5) of all the stakeholders across the province. The core team will prepare, design and host these gatherings with support from the consultants. We will work with innovative large scale conversation techniques such as ‘the World Cafe’ (see appendix H) and ‘Open Space Technology’ (see appendix I) to bring all the stakeholders together to share their visions and challenges for Public Health. Share insights from the Interviews and Learning Journeys in combination with the experience of people in the room to create a real time picture of the whole system. Begin to refine key strategic Leverage Areas for future development – based on the question “**Where could we put our attention and action to have the most positive impact across the entire system?**”. The stakeholder gatherings could include:

- *Design Retreat:* where Core Team plans the gatherings and prepares to step into the role of host.
- *Evolve Collective Wisdom:* Four Gatherings in the shared service areas and one province-wide gathering that will build upon each other. The outputs from the first meeting will feed into the design and implementation of the second and so on. We suggest any gatherings be close together in time. The core team will produce a harvest of the outputs from the meetings in a report format that can be made available to everyone in paper and online. There needs to be good thought put into how to make this information available and accessible to all those who are influenced by it.
- *Build broad community of informed champions:* The large stakeholder gatherings (which build upon the Interviews and Learning Journeys) will create a strong foundation for Public Health to strategically and collectively decide its future direction. Energy will be raised with all stakeholders feeling they have ownership and input on the direction of Public Health. This will lay the foundation and be a further recruitment ground for the Communities of Practice, which will enact the Leverage Areas as cross-system core teams.

³ Adapted from *The Change Lab Fieldbook: Generon Consulting*

Deliverables:

Design Retreat (1 Day), 4 shared Service Area Stakeholder Gatherings, 1 Province-wide gathering, Amplified insights from wisdom across the whole system, building capacity of individuals across the system to plan and act together, building insight from a foundation of knowledge of the whole system, creating buy-in and commitment to what may be a radical change, Outcomes document drafted by core team (which will serve as the basis for the final strategic plan document).

Project Team Members:

Tim, Sera, Kay, Joanne, Sue

Public Health System Players:

PHSLT

Time Frame:

3.5 days over 3 weeks

4.4.6 PRESENCING: Affirm Leverage Areas

“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.”⁴

In this Phase we gather as a core team for a retreat to take stock of everything we have seen, learned and understood. At this point it may feel very clear about the places in the system for intervention. Knowing that most often change efforts fail at implementation. It is wise to then take a pause. To realize that we have become the leaders of this system and what happens next is going to happen through us. This phase will consist of a retreat where we both individually and collectively take stock of everything we have seen and heard. Where we step back from it all in the form of a short nature retreat (from a silent walk to a 1-day solo) let the clarity of what we must collectively do emerge, come back together and affirm the true Leverage Areas in the Public Health System.

“Folks who do systems analysis have a great belief in “leverage points.” These are places within a complex system (a corporation, an economy, a living body, a city, an ecosystem) where a small shift in one thing can produce big changes in everything.”⁵

Our goal is to find the deep systemic levers for change the interventions that will produce fundamental renewal. These Leverage Areas will form the bases of the communities of practice: the cross-system core teams that will implement the shifts needed around the Leverage Areas. This retreat will include planning and design for the final innovation retreat, in which people who we see playing key roles in the communities of practice will be invited. This retreat will include:

- Debrief of the sensing phase (dialogue interviews, learning journeys and stakeholder gatherings)
- Articulate emerging Leverage Areas and innovations to transform the system

Places to Intervene in a System
(In increasing order of effectiveness)

12. Constants, parameters, numbers (such as subsidies, taxes, standards)
11. The sizes of buffers and other stabilizing stocks, relative to their flows.
10. The structure of material stocks and flows (such as transport networks, population age structures)
9. The length of delays, relative to the rate of systems change.
8. The strength of negative feedback loops, relative to the impacts they are trying to correct against
7. The gain around driving positive feedback loops
6. The structure of information flows (who does and does not have access to what kind of information)
5. The rules of the system (such as incentives, punishments, constraints)
4. The power to add change evolve or self-organize system structure
3. The goals of the system
2. The mindset or paradigm out of which the system-its goals, structure, rules, delays, parameters – arise
1. The power to transcend paradigms
-Donella Meadows, Leverage Points:
Places to Intervene in a System
(see Appendix J)

⁴ Hassan, Zaid - The U: A Language of Regeneration (Appendix D)

⁵ Donella Meadows, Leverage Points: Places to intervene in a System (Appendix J)

- Presencing practices (techniques for opening ourselves to insight)
- Solo in the wilderness
- Affirming the Leverage Areas to be taken forward
- Co-designing the Innovation Retreat
- Drafting invitations to potential Community of Practice Members from across the system

Deliverables:	Clear articulation of the true Leverage Areas: the strategic directions going forward, Personal Leadership Development, core team commitment to the process going forward and their role in it, Design for the innovation retreat, invitation to Innovation Retreat sent out to a broad range of stakeholders who form communities of practice and co-own the Leverage Areas going forward.
Project Team Members:	Tim, Sera, Kay, Joanne, Lesley
Public Health System Players:	PHSLT
Time Frame:	1.5 days

4.4.7 REALIZING: Launching Communities of Practice

“As government structures around the world are being challenged to take a more integrated and participative approach to governance and development, a type of cross-sector learning network called “Communities of Practice” are emerging and gaining momentum. Through peer-to-peer collaborative activities, members of Communities of Practice are coming together willingly across sectoral and departmental divides to share information, build knowledge, develop expertise, and solve problems.”⁶

The final phase of the process will be an Innovation retreat to create an action plan for implementing systemic shift around the Leverage Areas. The core team and leaders from across the system who have been identified through the Sensing phase will attend the retreat. These will be people who are engaged and ready to work in a new way as well as people who have content knowledge or positional power with regard to the Leverage Areas. The core team will plan and host the retreat; the project team will be involved as process and design advisors. This retreat will create the content for the strategic plan, which will be written by the core team with support from the Project team. In addition to writing a report, the Innovation Retreat will be the launch of the Renewal implementation Phase. It will be the first step in launching communities of Practice which will own and implement the shift in the leverage areas across the Public Health System. This retreat will build a plan to:

- Support the new communities of practice around Leverage areas and sustain them.
- Identify and enlist powerful champions in the system needed to support the ongoing work.
- Continue to unleash the expertise and capacity of the public health practitioners, the real experts in the system.
- Put in place processes which by their nature continually produce strong results and shared learning

Deliverables:	Written strategic plan (produced by the core team), identified leaders and members for communities of practice around each leverage point, action plans for the launch phase of each leverage point initiative.
Project Team Members:	Tim, Sera, Phil, Lesley
Public Health System Players:	PHSLT, and Identified Leaders from the system
Time Frame:	2 days

⁶ Building Communities of Practice: A summary guide, Produced for INK ABM/URP by Pioneers of Change (see Appendix K) This is from a project that Sera worked on when she was working for Pioneers of Change in South Africa, looking at how Governments around the world are using Communities of Practice to become more resilient, flexible and effective.

6. COMPARABLE EXPERIENCE

Collective Wisdom Solutions is a management consulting company that forms teams of associates to address clients' needs. Six projects that are comparable to the proposed project and were undertaken by key members of the proposal team, are described in this section.

6.1 Project summaries & References

Selected comparable projects: team members' experience.

- i) Tri-District Public health, Nova Scotia – Tim Merry
- ii) Aboriginal leadership project, British Columbia – Sera Thompson
- iii) Novaknowledge, Nova Scotia – Kay Crinean
- iv) Capital Health District, Nova Scotia – Lesley Southwick-Trask
- v) Our Optimal Health Project, Ohio, USA - Philip Cass
- vi) Envision Halifax – Joanne MacRae

I) TIM MERRY

Role in project: Host, lead facilitator and change leader

Tri-District Public Health, Nova Scotia, Canada. Tri-District Public Health have entered a long term strategic process to break down silos in Public Health practice to be able to best meet the ongoing, changing needs of the communities they serve. It is multi-layered, multi phase process to build a cohesive [local](#) Public Health System rooted in stakeholder need, to inform large scale Public Health renewal. The project reflects the desire for people in Public Health to be in meaningful and productive relationships with their work, each other and the communities they work within.

The project is built around a collaborative leadership model and belief in people's capacity to solve their own problems if we create the right conditions.

Comparison with the proposed Health Promotion and Protection project

The Tri-District Public Health project reflects the process suggested in this proposal – forming a core team, interviews across the system, stakeholder gatherings to define leverage areas for action and then action planning in core teams. The connection to this project, and the learning arising from it, will benefit our work on a provincial level in Public Health.

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II) SERA THOMPSON

Role in project – lead facilitator

Aboriginal leadership Initiative: Design Phase

Spring 2007

A recent project was working with Generon Consulting on behalf of a group of First Nations from the Nuuchalch Tribal Council on Vancouver Island. It involved co-designing and facilitating a multi-stakeholder process with First Nations (elders, leaders and youth), Government (federal, provincial and municipal representatives) and businesses to explore a new approach to some of the toughest community challenges.

Comparison with the proposed Health Promotion and Protection project

The project involved creating a shared vision among multiple stakeholders where sensitivity to different viewpoints was required. There was a high degree of complexity and the stakeholders were addressing tough community challenges. In all these respects it was similar to the proposed project. The differences are that it was not specifically focussed on public health, although many of the challenges related to public health, and the project was much shorter.

Contact:

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Generon Reos LCC
(617) 416-6085
kahane@reospartners.com

KAY CRINEAN

Role – Executive Director, project manager - multiple projects in a multi-stakeholder environment

Founder of Novaknowledge and its first Executive Director (1993 – 2006). Novaknowledge is a multi-stakeholder not-for-profit membership organization which promotes the development of an innovative knowledge-based economy in Nova Scotia. Its members are organizations and individuals in government, business, education and community development. This role required hands-on management of many projects, publications and events as well as overall organizational management and development as the organization grew. All projects, and the organization itself, involved multi-stakeholder teams of paid staff, contractors and volunteers.

The leadership and management of Novaknowledge and its projects involved creating a shared long-term vision of Nova Scotia's future, creating a safe and neutral space in which many stakeholders (often they were competitors) could collaborate, and mobilizing and facilitating the stakeholders to work together on a number of projects to achieve the vision. At the same time, the challenges of running and financing a not-for-profit organization that had many stakeholders had to be successfully managed.

Between 2004 and 2006, Novaknowledge had an annual budget of \$650,000, 6-8 staff and over 100 volunteer project team participants per year. On average, six major projects and several smaller ones were carried out

annually. Directly managed two projects per year, and directed other project managers for the rest. High quality projects and events were consistently delivered on time and within budget, under conditions of tight cash flow, changing circumstances and reliance on unpredictable volunteer resources.

Comparison with the proposed Health Promotion and Protection project

The scope and level of complexity of the visioning process and the building of communities of practice were similar, and although the field was not health care, it was province-wide: Nova Scotia's economic, education and innovation system. It ranged from government policy through business development to local community economic development and volunteer projects. The communication and facilitation needs were comparable. The project management, covering multiple projects and a whole organization, was more complex than in the proposed project.

Contacts

Wayne Bussey

President & CEO, TARA Telecom Applications Research Alliance. (902) 421-6022

Member and Chair (2 years), NovaKnowledge Council 2001-05

Jim Stanley

Principal, Annapolis Valley Campus, Nova Scotia Community College. (902) 584-2065

(Former Director, Policies and Strategies, NOVA SCOTIA Office of Economic Development).

Member, NovaKnowledge Council, 2000-05

PHILIP CASS

Our Optimal Health Project – Franklin County, Ohio, USA

2005-2007

Role in project

Phil Cass is CEO of the Columbus Medical Association and its three affiliate corporations, the Columbus Medical Association Foundation, the Physicians Free Clinic and the Central Ohio Trauma System. In this role, he led and hosted the "Our Optimal Health" Project.

The project was a two-year visioning and strategic planning process in Franklin County, Ohio, that engaged the community and stakeholders in addressing systemic change in the health care system. It began with hosting meaningful conversations and dialogues around the question: "How can we create Affordable and Sustainable Health Care for all people in Franklin County?"

Generon Consulting was then engaged to conduct a feasibility study in which they conducted in depth interviews with 58 people from a wide range of the community (including patients, businesses, community organizations, physicians, foundations, public servants, politicians):

As a result, four communities of practice were set up:

- Next Generation Lab – to co-create stream of systemic innovations
- Institute for Innovators – to increase individual capacity for innovation
- Safety Net Plus – to coordinate strengthening and extending the health care safety net
- Negotiating Table – to make deals to rationalize competition

Six assemblies of stakeholders have been held, and monthly “Village Squares” are held to support the projects, inform and engage the community and build capacity.

Comparison with the proposed Health Promotion and Protection project

The objectives and process were very similar. The context and health care system, being in the US, had some differences, making the stakeholder complexities greater.

Contact Phillip Cass

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LESLEY SOUTHWICK-TRASK

Role in project – lead consultant

Capital Health systems transformation project – Halifax, Nova Scotia

2007-08

Over a one year period, I led with Chris Power, the CEO a deep “U” process of systems transformation. Under of the mantra of the “Strategic Quest”, thousands of people - citizens, patients, and providers of all disciplines, functions and professions gathered to answer the question – “What will it take for us to be come a world leading heaven for people centered health, healing and learning?” Several sensing teams were trained to undertake this work, which produced an energized cadre of transformational hosts along with powerful insights, information and wisdom that drove the regenerating of the District’s mandate from caring for patients to one of helping to change patient behaviour. This regenerated purpose reflected the deep understanding that the underlying premise upon which the system is based has to change in order for the outcomes to show any marked improvements in health. The emerging strategic commitment can be found in The Promise – the strategic plan that holds all 390,000 members of this community inside of the Declaration of Health in which power is ultimately held by the citizens whose investment in health must be positively realized.

Throughout this work, new social technologies were routinely employed – Circle, Open Space, World Café were but three of the methodologies that transformed the experience and outcomes. These tools have now become routine parts of the organization’s way of operating. It was our purpose to sponsor deep transformation of the organization, and its members while undertaking the quest to becoming world leading heaven for people centered health, healing and learning. This has indeed occurred in many places throughout the community – and is growing every day. Traction is obvious from the Board into the front line where leadership is showing up.

Comparison with the proposed Health Promotion and Protection project

This project was very similar in scope to the proposed project, and employed similar process techniques. The main difference was that it covered Capital Health, not the whole province (and in this respect was narrower in scope), and focussed on the whole range of Capital Health’s mandate, not health promotion and protection (and in this respect was wider in scope).

Contact

Chris Power, CEO, Capital Health

JOANNE MACRAE

Role: Executive Director

Envision Halifax

2005 – 2008

Envision Halifax is a not-for-profit organization that is igniting a culture of civic engagement across the Halifax Region by fostering networks of community-oriented leaders, cultivating new emerging leaders, and providing input into key community issues.

Envision Halifax's flagship Community Leadership Program commenced September 2005. Each year a group of 30 people engage real community issues while increasing their own leadership capacity through monthly "learning days," group retreats, and ongoing research projects. These groups, which come together from across sectors and across the Halifax Region, are challenged to see complex problems in new ways, while developing the skills and knowledge needed to build on strengths and generate forward-moving action.

The findings and recommendations from this process are made available to sponsoring partners and the community at large. Over the years, the alumni from these programs are forming a growing network of diverse leaders who continue to support a flourishing culture of leadership and civic engagement in the Halifax Region.

Comparison with the proposed Health Promotion and Protection project

Envision Halifax uses very similar learning and facilitation methods as those proposed for this project. It engages a very diverse range of participants and is focussed on long-term capacity-building and leadership training with the view of building community. Differences are that it is not specific to the health-care sector and is smaller in scale.

Contact

Danny Graham

Chair, Envision Halifax,

Chief Negotiator for talks with Nova Scotia Mi'kmaq and the federal government on treaty issues and land claims, Public Policy consultant, McInnes Cooper.

danny@dannygraham.net

7. Personnel

7.1 THE CORE TEAM

Tim Merry

Tim Merry supports organizations and communities to reach collective clarity and take wise action to improve their lives and the lives of people in their sphere of influence. He developed his craft as founder and partner in Engage! Interact in the Netherlands, www.engage.nu/interact, and continues his work in this field as a facilitator and free agent in Canada. Currently, Tim is director of a community leadership and social entrepreneurship training centre in Canada called the Shire, www.oftheshire.org, where he now lives. This includes being a part time Executive Director of the Split Rock Learning Centre, a non profit working with youth in transition.

"I believe we can create new ways of working, being and living if we just go for it. From our courage and passion now the organisational and community operating systems of the future will be born."

Tim's passion lies in creating collaborative processes where people talk about what matters and take responsibility for their passion in terms of action. He has spent years organizing, designing, and hosting inspired

spaces – dialogues, strategic change processes, learning conferences, circle councils, networked organizations, communities of practice, learning journeys, coaching heroes in business – each in support of life-affirming leadership, collaborative learning, organizational and social change and self-organization.

Tim's work and belief in people's power and wisdom to solve their own problems has given him diverse experience ranging from major international businesses and government agencies to local communities in Africa and street kids in Holland. Much of this work has been supported and initiated by the networks Tim is part of which include Pioneers of Change, a global network of young change makers www.pioneersofchange.org, and the Art of Hosting, a global network of hosts of strategic and meaningful conversations for positive change, www.artofhosting.org.

Tim is based in Yarmouth, Nova Scotia, Canada where he follows his other passions as a musician, slam poet, father and theatre maker.

"In a time of increasing speed, diversity and information saturation, I believe the clarity we seek is already within ourselves, our communities, organizations and networks. I am inspired by what happens when we create the conditions for people to engage meaningfully with each other, reach collective clarity and take action that is sustaining."

Here is a small selection of clients from the last 5 years:

ABN AMRO International Bank, Netherlands
Shell, Netherlands
Columbus Medial Association, USA
Envision Halifax, Nova Scotia
Nova Scotia Barristers Society, Halifax, Canada
National College for School Leadership, UK
Kufunda Village, Zimbabwe
Action for Children, Columbus, USA
Banco Real, Sao Paulo, Brazil
Liberal Party Caucus, Canada
Canadian Volunteer Initiative, Halifax, Canada
Corporate Knights, Toronto, Canada
Dalhousie Students Union, Halifax, Canada
Nyenrode Business School, Netherlands
Kaos Pilots Business School, Denmark
Father Involvement Research Alliance, Canada
Addictions Services, Yarmouth, Nova Scotia
IWK Hospital, Halifax, Nova Scotia

WK Kellogg Foundation, USA
Nova Scotia Community College, Yarmouth
Pioneers of Change, International Network
Pegasus Communications, Boston, USA
Shambhala Institute for Authentic Leadership, Halifax, Nova Scotia
Katimavik Atlantic Region, Halifax, Canada
Nakile Home for Special Care, Argyle, Canada
Council of Europe, Strasbourg, France
Tri-District Public Health, Nova Scotia, Canada
Nova Scotia Department of Education, Canada
Meadowlark Institute, South Dakota, USA
Split Rock Learning Centre, Nova Scotia
Berkana Institute, Spokane, USA
Office of Economic Development, Nova Scotia
Continuing Care Association of Nova Scotia
Colour Advertising Agency, Halifax, Nova Scotia
Centre for Human Emergence, Netherlands

Projects and references

Tri-District Public Health, Nova Scotia, Canada. Tri-District Public Health have entered a long term strategic process to break down silos in Public Health practice to be able to best meet the ongoing, changing needs of the communities they serve. It is multi-layered, multi phase process to build a cohesive local Public Health System rooted in stakeholder need, to inform large scale Public Health renewal. The project reflects the desire for people in Public Health to be in meaningful and productive relationships with their work, each other and the communities they work within.

The project is built around a collaborative leadership model and belief in people's capacity to solve their own problems if we create the right conditions.

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West Health
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Phone: 902 543-0850
banderson@ssdha.nshealth.ca

Nakile Home for Special Care, Argyle, Nova Scotia Canada.

Nakile Home for Special Care entered into a strategic process after experiencing low staff morale, a need to hear honestly from all their stakeholders and a shift in organisational purpose, client and staff base and operational procedure owing to outside decisions over which the management have no control. It was a multi-layered, multi phase process to uncover the current reality, see the organisation as a whole and make strategic choices about steps ahead.

The process involved:

- Forming a core to lead and sustain the change process
- Appreciative inquiry interviews with staff, leadership, families, residents, community members and partners, all as identified by the core team
- Creating a booklet which summarized the interviews and was available to the stakeholder network
- Stakeholder gatherings which brought the entire system in the room and identified key strategic leverage areas to move ahead
- The development of action teams and plans to work in the leverage areas, including some long-term board development.

Contact:

Bertha Brannen
Nakile Home for Special Care
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Name Tim Merry

Position Process design lead; host and facilitator

SKILLS

	Years of experience	Yes	No
Total years of experience	12	Yes	
Leadership development experience	11	Yes	
Strategic planning of complex organizations	8	Yes	
Project management	12	Yes	
Art of Hosting Trainer	8	Yes	
Facilitation	12	Yes	

Sera Thompson

My name is Sera Thompson. I began my career in the complex field of environmental resource management, consulting on large-scale projects in Nova Scotia. I continually encountered diverse and seemingly opposing stakeholders and the struggle to balance various economic, environmental and social values. This experience created a hunger to find and develop skills and processes for creating more robust, inclusive, holistic and effective processes for stakeholders, communities and organizations to make sense of their complex and changing reality, to see the bigger picture and act wisely.

In 2003 I was invited to take a position in South Africa leading Pioneers of Change — a global network of young professionals working for positive change in business, government and community organizations in dozens of countries around the world. In this role I organized, designed and facilitated dozens of dialogues, conferences, best practice exchanges and learning journeys in Europe, Southern Africa, Brazil and North America. Through these experiences I met some of the brightest — young change agents and thought-leaders from around the globe from whom I learned many tools, approaches and practices for bringing out the potential in groups of every sort.

For the past two years I have been home in North America working to creating spaces for collaboration, innovation and committed action. I do this by designing and hosting change processes, strategic dialogues, conferences, networks, best practice exchanges, communities of practice, conflict resolutions, and leadership and facilitation trainings.

One of my recent projects was working with Generon Consulting on behalf of a group of First Nations from the Nuuchahnulth Tribal Council on Vancouver Island. I co-designed and facilitated a multi-stakeholder process with First Nations (elders, leaders and youth), Government (federal, provincial and municipal representatives) and businesses to explore a new approach to some of the toughest community challenges.

The premise of all of my work is same, whether it is a group of young artists working to create awareness around HIV/AIDS in the townships of South Africa, an international group of mining professionals working to share best practices for environmental sustainability or a group of European technology consultants trying to understand barriers to real change. I believe that the wisdom, resources and capacity needed to thrive in our endeavors are already available. In every team, department, network, organization and community if we ask the right questions, face the challenges, create the space to listen and understand — we can envision the future we want and create new realities.

Education:

- McGill University 1993-1997
- *Joint Major: Geography and Environmental Science*
- Naropa University Spring 2006
- *Authentic Leadership Certificate*
- Generon Change Lab Teach-in Fall 2005
- Deep Democracy: Conflict Resolution Black Belt Spring 2005
- The Shambhala Institute of Authentic Leadership Program Modules:
 - *Deep Democracy (June 2007) - Faculty*
 - *Survival Toolkit for Leaders (June 2006)*
 - *Solving Tough Problems: An Open Way of Talking, Listening & Creating New Realities (June 2005)*

- *The Practice of Innovation: Learning from the Future as it Emerges (June 2004)*
- *Leading Beyond Borders: Tools for Bridging Conflict (June 2003)*
- *Convening Strategic Conversations (June 2002)*

Employment & Engagement

- The Hub www.thehubhalifax.ca | Co-Founder | Halifax, N.S. | 2006 – present
- Generon Consulting www.generonconsulting.com | B.C. | Aboriginal Leadership Initiative Facilitator | Spring 2007
- Deep Democracy www.deep-democracy.net | Trainer | 2006-present
- Art of Hosting www.artofhosting.org | Steward | International | 2004- present
- Pioneers of Change www.pioneersofchange.net | Cultivation Team | Johannesburg, South Africa | 2004-2006
- Kufunda Village www.kufunda.org | Guest Facilitator | Zimbabwe | 2003-present
- Greyston Foundation www.greyston.org | Community Development Associate | Yonkers, NY | 2001-2002
- Jacques Whitford Environment Ltd. | Environmental Technologist | Dartmouth, NS | 1997-2000
- Shambhala Institute for Authentic Leadership www.shambhalainstitute.org | Facilitator and Faculty | Halifax, N.S. | 2005 - present

PAST CLIENTS

Northern Great Plains
Health Protection and Promotion
Toyota Financial Services
Orillia Soldiers' Memorial Hospital
Town of Mahone Bay
Community Action on Homelessness
Student edge Conference
Breast Cancer Association of Nova Scotia
Aboriginal Leadership Institute

Envision Halifax
UNISA – University of South Africa
Capgemini Consulting Services UK
Place Matters – Orton Family Foundation-
Newmont Mining Corporation
University of Wisconsin – Parkside
Dalhousie University Student Union
Shambhala Institute for Authentic Leadership
The Berkana Exchange

Projects and references

Aboriginal leadership project

A recent project was working with Generon Consulting on behalf of a group of First Nations from the Nuuchalch Tribal Council on Vancouver Island. It involved co-designing and facilitating a multi-stakeholder process with First Nations (elders, leaders and youth), Government (federal, provincial and municipal representatives) and businesses to explore a new approach to some of the toughest community challenges.

Comparison with the proposed Health Promotion and Protection project

The project involved creating a shared vision among multiple stakeholders where sensitivity to different viewpoints was required. There was a high degree of complexity and the stakeholders were addressing tough community challenges. In all these respects it was similar to the proposed project. The differences are that it was not specifically focussed on public health, although many of the challenges related to public health, and the project was much shorter.

Contact:
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Northern Great Plains | Meadowlark Institute

A current ongoing project is Leadership Development and support of a core team that is working to catalyze systemic change across a region consisting of 4 states and 2 provinces. Meadowlark Projects just completed an 18 month U process with 28 diverse leaders from across the region. The outcomes of this project included creating a regional transformative Leadership Institute (the Meadowlark Institute). I have been offering leadership development to various leaders in the project since 2006. I am an advisor to the Meadowlark Institute and Tim and I recently ran an Art of Hosting for 30 leaders across the region. We will return again in November.

Contact:
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jnagel@ngplains.org

Name Sera Thompson

Position Host and facilitation lead; process design

SKILLS

	Years of experience	Yes	No
Total years of experience	11		
Leadership development experience	11	Yes	
Strategic planning of complex organizations	7	Yes	
Project management	7	Yes	
Art of Hosting Trainer	5	Yes	
Facilitation	7	Yes	

KAY CRINEAN
President, Collective Wisdom Solutions

Curriculum Vitae

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SUMMARY

An experienced and energetic management consultant, project manager and mentor who works closely with clients to develop strategies, manage innovation and change, build capacity and deliver concrete results. Has extensive experience in collaborative and multi-stakeholder ventures.

An experienced and skilled facilitator and change agent who creates trust and enables diverse stakeholders to achieve results together that could not be achieved individually. A community-builder who is highly effective at promoting communication between sectors.

An innovator, entrepreneur and organizational developer with a successful track record in transforming ideas into reality. Has created and run two unique multi-stakeholder organizations in Canada and the UK that facilitated collaboration between companies, government and academia, enabling the stakeholders to seize opportunities and overcome challenges in innovation, business and economic development.

A policy and strategy developer who has conducted and published research in the fields of innovation, commercialization, human resources, information technology, environmental sustainability, economic development and the knowledge economy, and who develops and implements solutions on the basis of solid research data combined with stakeholder consultation processes.

AREAS OF EXPERTISE

- Facilitation
- Project management
- Government relations
- Research into sustainable social change
- Technical writing and editing

EXPERIENCE AND SELECTED PROJECTS

Facilitation

- Twenty-five years of experience gained while working for multi-stakeholder organizations (such as NovaKnowledge, the UK National Economic Development Office and the UK National Computing Centre) includes planning and facilitating project committees, industry-government advisory councils, boards, consultation workshops, public policy debates, training workshops, speaker events, conferences, col-

laborative projects, strategic planning processes, purchaser-supplier negotiations and publications with multi-stakeholder editorial boards.

- Skilled in the use of a variety of facilitation techniques and processes, with a specialization in achieving high levels of trust, buy-in and collaboration among multiple stakeholders. Facilitation techniques include Deep Democracy, Appreciative Inquiry, The Art of Hosting and Scenario Planning.

Project Management

- Founder of NovaKnowledge and its first Executive Director for 13 years. This required hands-on management of many projects, publications and events as well as overall organizational management and development as the organization grew. All projects, and the organization itself, involved multi-stakeholder teams of paid staff, contractors and volunteers (1993-2006).
- Designer and director of a national industry program at the UK National Computing Centre that was aimed at improving the competitiveness of the IT industry in local and international markets. It involved all the major IT systems developers and purchasers and, having established national standards of software engineering practice based on leading edge technology and methods, used public sector procurement as an instrument of leverage to accelerate technology adoption and upgrade company performance (1982-1987).

Government relations

- Over thirty years of experience in Canada and the UK in dealing with government-industry-university relations on a range of issues including procurement, product testing and certification, development of technical standards, skills and training, policy development, and industry consultation processes. In Nova Scotia, developed a large network of contacts within the provincial and federal governments while Executive Director of NovaKnowledge and Director of the Technology Transfer Office, Nova Scotia Department of Economic Development.

Research into sustainable social change

- Analyzed the successful development and implementation of the Nova Scotia Solid Waste Resource Management System, and developed a model and guide for sustainable social change by using it as an example and comparing it to several theoretical models. Client: Nova Scotia Department of Environment - through Novaknowledge (2008).

Technical writing and editing

- Edited national software engineering development and procurement guides in the UK.
- Edited eight annual Knowledge Economy Report Cards for NovaKnowledge in Nova Scotia. These publications present sophisticated economic analysis in plain, jargon-free language.
- Wrote and published numerous economic reports and studies in the UK for the National Economic Development Office.

- Wrote and published numerous project reports, marketing and promotional documents for NovaKnowledge.
- As a teacher of English in an Australian high school with a 70% immigrant student population, specialized in redesigning and teaching course materials so that the subject-matter was presented in simple language.
- As an editor and English teacher, taught many students and employees to write clearly and well.

CREDENTIALS

- Twenty years of senior management and executive experience in government and multi-stakeholder NGOs facilitating collaboration between government, industry, labour and education in Nova Scotia and the UK.
- Author and editor of numerous economic publications and reports.
- Bachelor of Arts (Psychology), University of Melbourne, Australia.
- Secondary Teacher's Certificate, Melbourne College of Education, Australia.

SELECTED CLIENTS

- Nova Scotia Community College
- NovaKnowledge
- Province of Nova Scotia – Department of Environment (through Novaknowledge)
- Province of Nova Scotia - Office of Economic Development (through NovaKnowledge)
- Province of Nova Scotia - Department of Education (through NovaKnowledge)
- National Research Council (through NovaKnowledge)

Projects and references

Project management in a multi-stakeholder environment 1993 – 2006

Founder of Novaknowledge and its first Executive Director (1993 – 2006). Novaknowledge is a multi-stakeholder not-for-profit membership organization which promotes the development of an innovative knowledge-based economy in Nova Scotia. Its members are organizations and individuals in government, business, education and community development. This role required hands-on management of many projects, publications and events as well as overall organizational management and development as the organization grew. All projects, and the organization itself, involved multi-stakeholder teams of paid staff, contractors and volunteers.

The leadership and management of Novaknowledge and its projects involved creating a shared long-term vision of Nova Scotia's future, creating a safe and neutral space in which many stakeholders (often they were competitors) could collaborate, and mobilizing and facilitating the stakeholders to work together on a number of projects to achieve the vision. At the same time, the challenges of running and financing a not-for-profit organization that had many stakeholders had to be successfully managed.

Between 2004 and 2006, Novaknowledge had an annual budget of \$650,000, 6-8 staff and over 100 volunteer project team participants per year. On average, six major projects and several smaller ones were carried out

annually. Directly managed two projects per year, and directed other project managers for the rest. High quality projects and events were consistently delivered on time and within budget, under conditions of tight cash flow, changing circumstances and reliance on unpredictable volunteer resources.

Comparison with the proposed Health Promotion and Protection project

The scope and level of complexity of the visioning process and the building of communities of practice were similar, and although the field was not health care, it was province-wide: Nova Scotia's economic, education and innovation system. It ranged from government policy through business development to local community economic development and volunteer projects. The communication and facilitation needs were comparable. The project management, covering multiple projects and a whole organization, was more complex than in the proposed project.

Contacts

Wayne Bussey

President & CEO, TARA Telecom Applications Research Alliance. (902) 421-6022

Member and Chair (2 years), NovaKnowledge Council 2001-05

Jim Stanley

Principal, Annapolis Valley Campus, Nova Scotia Community College. (902) 584-2065

(Former Director, Policies and Strategies, Nova Scotia Office of Economic Development).

Member, NovaKnowledge Council, 2000-05

Legacy Learning Research Project

Client: Nova Scotia Community College

2007-08 Duration: 3 months

A research project undertaken to identify strategic options and directions for further investigation for the College to explore in meeting its strategic goal to create and implement a model of learning that builds opportunities for Nova Scotians approaching retirement to contribute in new ways to the future of the province.

The project consisted of a literature survey of creative approaches in other jurisdictions, and an Appreciative Inquiry process to harvest ideas and success stories from a variety of stakeholders across Nova Scotia.

Contact

Joan MacArthur-Blair, President, Nova Scotia Community College

Name Kay Crinean

Position Project Manager

SKILLS

	Years of experience	Yes	No
Total years of experience	38	Yes	
Leadership development experience	15	Yes	
Strategic planning of complex organizations	19	Yes	
Project management	26	Yes	
Facilitation	14	Yes	

7.2. STRATEGIC ADVISORS

Philip H. Cass, PhD

Curriculum Vitae

Philip Cass is the CEO of the Columbus Medical Association and its three affiliate corporations, the Columbus Medical Association Foundation, the Physicians Free Clinic and the Central Ohio Trauma System. In this role Phil is responsible to the boards of all four corporations. He provides leadership in the areas of strategic direction, operations management, human resources management, policy development, government relations and community relations. The Columbus Medical Association (CMA) is a professional society for physicians of all disciplines in the greater Columbus, Ohio area. The Columbus Medical Association Foundation (CMAF) is a \$83 million dollar health foundation whose focus is on access to care for the uninsured, health education and health promotion. A major undertaking for the CMAF has been the development of a community strategic plan to resolve the uninsured problem in Columbus, Ohio. This initiative has led to the CMAF providing leadership on the bigger issue of how affordable and sustainable health care can be provided for all in our community. This is an area of great passion and interest to Phil. The Physicians Free Clinic (PFC) organizes the voluntary efforts of the CMA membership to provide episodic health care to the uninsured in a clinic setting in Columbus, Ohio. The Central Ohio Trauma System (COTS) is the Central Ohio trauma registry where trauma data is stored, analyzed for trends and reports made to the community. COTS also serves as the convener for policy development around trauma issues and serves as the Hospital Incident Command Center for hospitals in the event of a mass disaster.

Phil serves on the Governing Council of the Shambhala Institute for Authentic Leadership. Meditation, the use of intentional dialogue, and leading strategic change initiatives are all areas of intense interest and focus for Phil.

Project

Our Optimal Health Project – Franklin County, Ohio, USA 2005-2007

Role in project

Project leader and host.

The project was a two-year visioning and strategic planning process in Franklin County, Ohio, that engaged the community and stakeholders in addressing systemic change in the health care system. It began with hosting meaningful conversations and dialogues around the question: “How can we create Affordable and Sustainable Health Care for all people in Franklin County?”

Generon Consulting was then engaged to conduct a feasibility study in which they conducted in depth interviews with 58 people from a wide range of the community (including patients, businesses, community organizations, physicians, foundations, public servants, politicians):

As a result, four communities of practice were set up:

- Next Generation Lab – to co-create stream of systemic innovations

- Institute for Innovators – to increase individual capacity for innovation
- Safety Net Plus – to coordinate strengthening and extending the health care safety net
- Negotiating Table – to make deals to rationalize competition

Six assemblies of stakeholders have been held, and monthly “Village Squares” are held to support the projects, inform and engage the community and build capacity.

Comparison with the proposed Health Promotion and Protection project

The objectives and process were very similar. The context and health care system, being in the US, had some differences, making the stakeholder complexities greater.

Contact Phillip Cass

614 240-7410

pcass@goodhealthcolumbus.org

Lesley Southwick-Trask

Lesley Southwick-Trask is the President of Southwick-Trask Holdings Inc.

Her consulting practice specializes in strategic evolution. She is the architect and implementer of thousands of change interventions in 400+ large-scale organizations, communities and agencies. Lesley is the master developer, strategist, and facilitator of the state-of-the-art transformation processes and tools that create *and* sustain breakthroughs and transformational developments in individuals, their teams, their organizations and in their society.

Ms. Southwick-Trask is at heart a cultural anthropologist who has blended the social and physical sciences in her work associated with human and organizational evolution. She masterfully weaves modern western business acumen with ancient transformational wisdom. CEO's and their leadership teams engage Lesley when either their present or their future appears challenging (daunting) and complex - whether this is due to the requirement for double-digit growth or a strategic turnaround in mandate, profitability or productivity. Her leading-edge research into new societal and organizational constructs continues to pave fresh pathways for her clients.

Lesley's work has been highly recognized. In November 2004 she was recognized as one of the **Top 100 Most Powerful Women in Canada** (by the Women's Executive Network in association with the Richard Ivey School of Business) in the category of **Trailblazer** - a once in a lifetime recognition. In the inaugural year of the **Top 100 Most Powerful Women in Canada** (November 2003) Lesley received the award from the Women's Executive Network in association with the Richard Ivey School of Business and the Globe and Mail in the **Entrepreneur** category. These awards followed her recognition as one the **Top 50 CEO's in Atlantic Canada** for 2001 and one of the **Top 100 Women Business Owners in Canada (2001)** by Profit Magazine -The Magazine for Canadian Entrepreneurs and Chatelaine (2001).

In 2005, Lesley was chosen by the Halifax Daily News as one of 25 people who are “Changing the Face of Halifax.” Most recently, Lesley has been acknowledged as one of Atlantic Canada's leading thinkers by Progress Magazine.

My skills

1. I am foremost a strategist. This professional expertise enables me to see patterns and perspectives that are often invisible, or hard to detect by those ensconced in the system. My background enables me to mine data and experiences in the same manner as a miner mines gems. Strategic interpretation and translation from concept to action is an arena I particularly enjoy.
2. I am an anthropologist. This expertise enables me to experience the organization and its communities through cultural lenses that inform and direct the processes that I use.
3. I am a change master. My work is about helping people realize that the future is already in play and that it becomes real the moment one can see it. The rest of the work is about building the capacity to translate the thought into action – and then into consistent action. Strategy that operates strictly in the conceptual stage is simply an idea.
4. I deliver. My firmest belief is one of accountability. I leave no stone unturned, no report incomplete, no conversation unfinished, no task unfinished. What I say I will do...I do.
5. I am passionate and deeply committed to the health of the people of this province.

Project

Capital Health systems transformation project – Halifax, Nova Scotia 2007-08

Over a one year period, I led with Chris Power, the CEO a deep “U” process of systems transformation. Under of the mantra of the “Strategic Quest”, thousands of people - citizens, patients, and providers of all disciplines, functions and professions gathered to answer the question – “What will it take for us to be come a world leading heaven for people centered health, healing and learning?” Several sensing teams were trained to undertake this work, which produced an energized cadre of transformational hosts along with powerful insights, information and wisdom that drove the regenerating of the District’s mandate from caring for patients to one of helping to change patient behaviour. This regenerated purpose reflected the deep understanding that the underlying premise upon which the system is based has to change in order for the outcomes to show any marked improvements in health. The emerging strategic commitment can be found in The Promise – the strategic plan that holds all 390,000 members of this community inside of the Declaration of Health in which power is ultimately held by the citizens whose investment in health must be positively realized.

Throughout this work, new social technologies were routinely employed – Circle, Open Space, World Café were but three of the methodologies that transformed the experience and outcomes. These tools have now become routine parts of the organization’s way of operating. It was our purpose to sponsor deep transformation of the organization, and its members while undertaking the quest to becoming world leading heaven for people centered health, healing and learning. This has indeed occurred in many places throughout the community – and is growing every day. Traction is obvious from the Board into the front line where leadership is showing up.

Comparison with the proposed Health Promotion and Protection project

This project was very similar in scope to the proposed project, and employed similar process techniques. The main difference was that it covered Capital Health, not the whole province (and in this respect was narrower in scope), and focussed on the whole range of Capital Health’s mandate, not health promotion and protection (and in this respect was wider in scope).

Contact

7.3 CREATIVE LEARNING DOCUMENTATION

Joanne MacRae

Harvesting and knowledge capture

A little about me...

Currently, I am the Executive Director of Envision Halifax. One of the main focuses of Envision Halifax is developing leadership capacity among a diverse group of citizens from around the Halifax region. I am responsible for the operation of the organization as well as co-creating and participating in the delivery of the curriculum of the Envision Halifax Leadership Program. This includes co-designing learning journeys and hosting the learning days.

In addition to working at Envision Halifax I have been involved in numerous activities, which have provided me with a broad range of skills. This includes participating in the development of various stakeholder engagement processes for other organizations. Specifically, I participated as a member of a design team tasked with creating a four day retreat to facilitate the development of a new strategic direction for one of the regions public relations firm.

Another example would be work I did with a colleague for Public Works and Government Services Canada. Together, we designed and facilitated a three-day offsite for members from different departments to develop group cohesion and resilience and to explore questions about how a satellite office of a Federal Department can continue to be adaptive in the face of uncertainty.

Through my work in a variety of organizations I have developed good techniques for creative learning documentation and harvesting. Last summer I co-hosted and organized a national conference for student union executives from Universities and colleges around Canada. I helped create some harvest documents with the participants during the conference in an action learning setting.

I have also held different positions in a variety of organizations. I served as Vice-President Student Advocacy of the Dalhousie Student Union, organized a province wide public policy workshop for youth on the topic sexual health, and I have volunteered with the Halifax Refugee Clinic researching, preparing submissions and representing people at their refugee determination hearings.

Overall, I have a keen interest in how people work together and take care of themselves and each other and I am passionate about developing space in Halifax for people to tap into their creative potential.

Education

- Bachelor of Arts with Honours – Political Science and Philosophy (2005)
Dalhousie University, Halifax, Nova Scotia

Additional Courses

- Deep Democracy Conflict Resolution Yellow Belt & Green Belt (2006 & 2007)
Toronto, Ontario
- Art of Hosting Training (2005) Halifax, Nova Scotia

Employment

- Executive Director, Envision Halifax (2006 – present)
Halifax, Nova Scotia
- Co-founder, The Hub, (2006 – present)

Halifax, Nova Scotia

- National Conference Coordinator, the Student Edge (2007)
Halifax, Nova Scotia
- Project Coordinator, Planned Parenthood Metro Clinic (2003 – 2004)
Halifax, Nova Scotia
- Vice President Student Advocacy, Dalhousie Student Union (2002 – 2003)
Halifax, Nova Scotia

Past Clients

Public Works and Government Services

Colour: creative persuasion

The Alliance of Nova Scotia Students' Associations (ANSSA)

Saint Mary's University Students Association

The Greater Halifax Partnership

Halifax Regional Municipality

Community Experience

Volunteer Counsel / Researcher, Halifax Refugee Clinic, (2002– 2007)

Halifax, Nova Scotia

Board of Directors, Member, World University Service Canada (2002 – 2006)

Ottawa, Ontario

Board of Directors, Member, Halifax Ultimate Recreational League (2005 – 2007)

Halifax, Nova Scotia

Public Relations / Media Chair, Titz'n Glitz, (2006 – present)

Halifax, Nova Scotia

Board of Directors, Chair, Atlantic Refugee and Immigrant Services Society (2007 – present)

Halifax, Nova Scotia

Board of Directors, Member, Dalhousie Legal Aid (2008 - present)

Halifax, Nova Scotia

References

Danny Graham, Chair, Envision Halifax

danny@dannygraham.net

902.222.2586

Carman Pirie, Principal, Colour

carman@colour.ca

902.229.2975

Project

Role: Executive Director

Envision Halifax

2005 – 2008

Envision Halifax is a not-for-profit organization that is igniting a culture of civic engagement across the Halifax Region by fostering networks of community-oriented leaders, cultivating new emerging leaders, and providing input into key community issues.

Envision Halifax's flagship Community Leadership Program commenced September 2005. Each year a group of 30 people engage real community issues while increasing their own leadership capacity through monthly "learning days," group retreats, and ongoing research projects. These groups, which come together from across sectors and across the Halifax Region, are challenged to see complex problems in new ways, while developing the skills and knowledge needed to build on strengths and generate forward-moving action.

The findings and recommendations from this process are made available to sponsoring partners and the community at large. Over the years, the alumni from these programs are forming a growing network of diverse leaders who continue to support a flourishing culture of leadership and civic engagement in the Halifax Region.

Comparison with the proposed Health Promotion and Protection project

Envision Halifax uses very similar learning and facilitation methods as those proposed for this project. It engages a very diverse range of participants and is focussed on long-term capacity-building and leadership training with the view of building community. Differences are that it is not specific to the health-care sector and is smaller in scale.

Contact

Danny Graham

Chair, Envision Halifax,

Chief Negotiator for talks with Nova Scotia Mi'kmaq and the federal government on treaty issues and land claims, Public Policy consultant, McInnes Cooper.

danny@dannygraham.net

Julia Rivard

Queen Street Studios

Graphic design

See Appendix L

7.4 COACHES

Denise Gaylord

Craig Kennedy

Judy Johnson

See Appendix B

7.5 ADDITIONAL RESOURCES

Sue Bookchin MPH, BSN

SKILLFUL MEANS

Coaching, Training, Organizational Development

Box 459, Mahone Bay, NS B0J 2E0 902 624-8011 sueboo@ns.sympatico.ca

Sue Bookchin has been a consultant, trainer, coach and facilitator for over 15 years in the areas of leadership, organizational development, communication and relationship management, and personal wellness. As principal of SKILLFUL MEANS Coaching, Training and Organizational Development, her aim is to assist people in building healthy organizations from the inside out by cultivating effective leadership at all levels, creating systems and structures that support innovation, and engaging employee commitment as key drivers of organizational effectiveness and high performance. Sue has consistently brought new knowledge and creative methodologies, along with her passion for leadership, accountability, and a values-based approach to her clients in Canada and the US.

The services of SKILLFUL MEANS span organizational development, leadership training at all levels, strategic planning, conflict resolution and mediation, problem solving and goal setting, team building and relationship management, stress management and work-life balance, and coaching for personal and professional effectiveness.

With particular emphasis and over 30 years of experience in the health care sector, (BSN and MPH degrees from Columbia University), Sue has worked with executives, managers, staff, and multi-disciplinary teams, using principles and methodologies designed to bring people and ideas together. She has served groups in a number of the District Health Authorities, IWK and Continuing Care facilities over the past 20 years, and coordinated and facilitated large scale events designed to bring health care stakeholders together. She is a founder and partner in the Conversations in Health initiative which aims to build capacity in Nova Scotia for innovation and collaboration.

Sue's Government, non-profit and private sector clients include: Health Canada; NSAHO; Public Health Agency of Canada; Canadian Coast Guard; Town of Mahone Bay; William Nycum and Associates, Limited; The Nodding Group; Amos Pewter Ltd; Covey Island Boat Works; Second Story Women's Centre; The Mahone Bay Centre Society; Atlantic Support Services Association and others.

As a coach, Sue partners with clients to achieve personal effectiveness and professional success tapping into the potential each person or team has for resolving issues, bringing their best to any endeavour, and optimizing results and fulfillment.

Sue also provides mediation services, supporting companies, professional colleagues, individuals and families as they effectively resolve differences and build new levels of co-operation and understanding together.

Sue is a lifelong learner, consistently bringing new knowledge and approaches to her clients customized for their particular needs. Her 7-year involvement with the Shambhala Institute for Authentic Leadership has engaged her in a rich learning community in the field of leadership, and provided access to well-known authors, teachers and social innovators.

Sue has served as a board member of the HeartWood Institute for Youth Leadership, the Lunenburg County Community Health Board and Second Story Women's Centre.

Services:

- Training for all levels, senior team to staff, using leading edge material and interactive technologies
- Facilitation for meaningful engagement with large and small groups
- Strategic Planning and implementation
- Coaching for personal and professional effectiveness- managers, directors, senior teams, boards, individuals, groups
- Team Building- strengthening team effectiveness and accountability
- Mediation of conflict situation

Specializing in:

- Transformational Leadership
- Strategic Planning- articulating and manifesting purpose, vision, values, strategic Priorities, stakeholder engagement and implementation
- Organizational Health and Renewal- from diagnosis to culture shift to strategic action
- Conflict Prevention/Conflict Resolution- handling differences effectively
- Relationship Management and Mastering High Stakes Conversations
- Transforming Aggression in the Workplace- addressing 'bullying' and other aggressive behaviours
- Building Trust and Commitment at Work- fostering community, collaboration, accountability
- Problem Solving, Goal Setting and Decision Making Models
- Work-Life Balance and Managing Stress
- Retreats for Health Professionals to replenish, rejuvenate, and resolve challenges

Georgina Veldhorst

Georgina Veldhorst is a skilled facilitator and consultant focused on complex decision making and conflict transformation. A significant portion of her current practice is with health care and non-profit organizations. She has been a senior health care executive for 8 years and has worked in both the Canadian and US hospitals. Georgina has advanced training in Deep Democracy, a Master of Science in Nursing, and a MBA.

8 PRICING

8.1 Budget

Phase	Cost \$
Project management/ administration plus contingency	22,850
Laying the foundation	7,100
Forming the core team	37,500
Innovation	1,800
Connecting with the system (research/ environmental scan)	13,900
Learning journeys	14,400
Engaging stakeholders	14,750
Defining leverage areas	14,700
Launching communities of practice	15,600
Coaching	14,400
TOTAL	157,000

Notes

1. It is assumed that the client will arrange and pay for all facility, accommodations and meal costs for all meetings and retreats, for all participants plus the consulting team. These are not included in the budget.
2. There are additional optional costs for graphic design, photography and video/ film for invitations, capture and publication of harvesting outcomes and information to be widely disseminated within the public health system, participant booklets etc. These will be negotiated with the client and are not included in this budget.

8.2 Per Diem Rates

Name	Position	Per Diem Rate \$
Tim Merry	Process design lead; host and facilitator	2,500
Sera Thompson	Host and facilitation lead; process design	1,500
Kay Crinean	Project Manager	1,200
Lesley Southwick-Trask	Strategic advisor	2,500
Philip Cass	Strategic Advisor	2,500
Joanne MacRae	Harvesting and knowledge capture	800
Sue Bookchin	Learning Journeys	1,000

8.3 Proposed Timeline

Proposed Project Schedule		Month 1				Month 2				Month 3				Month 4				Month 5				Month 6				Month 7				Month 8				Month 9				Month 10				Month 11				Month 12			
Name of Project		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4				
4.4.1	Laying the Foundation	*			R	C																																											
4.4.2	Connecting to Innovation			R																																													
4.4.3	Forming a Core Team					C	R		R																																								
4.4.4.1	Dialogue Interviews									C	*			C	*			C	*																														
4.4.4.2	Learning Journeys																	C	*		R	C	*		R																								
4.4.5	Engaging Stakeholders																									C	*	S	S	S	S	S	S																
4.4.6	Affirming Leverage Areas																																			C	*	R											
4.4.7	Launching Communities of Practice																																									C	*	R					
	Final Report Preparation																																											C	*				

* Core Team Meetings

R - Core Team Retreat

C - Core Team Coaching (flexible)

S - Stakeholder Assembly

8.4 Invoicing

Invoices will be submitted at the end of each phase of work (as outlined in section 8.1). Payment will be due within 30 days of receipt of the invoice.

8.5 Additional Phases of Work

It is assumed that the work, outlined in the proposal, will provide a complete project. Should there be a significant change in the scope of work requested by the Client, a proposal for additional fees for this work would be submitted. The extra work would start once an agreement was reached on the cost of the work and received written approval from the Client.