Creating Healthy Partnerships for a Sexual Health Strategy in Nunavut

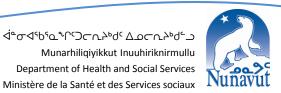
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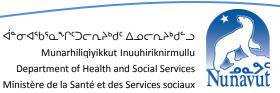
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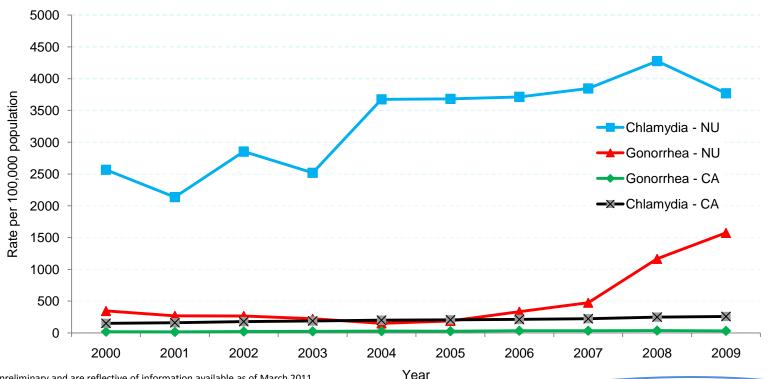
Outline

- 1. Sexual Health in Nunavut
- Frameworks....
- 3. Nunavut Planning Framework
- 4. Moving forward
- 5. Implications for Nursing Practice
- 6. Questions?

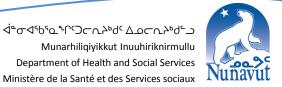


Sexual Health in Nunavut

- Gaps in sexual/reproductive health education and sexually transmitted infection prevention activities
- Highest rates of Gonorrhea and Chlamydia in Canada



^{1.} Data are preliminary and are reflective of information available as of March 2011.



^{2.} Data source is the Public Health Agency of Canada, Hepatitis C and STI Surveillance and Epidemiology Section

Sexual Health in Nunavut

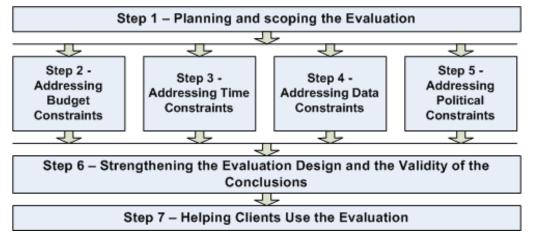
- Government of Nunavut Sexual Health Program
 Coordinator position staffed in collaboration with the Public Health Agency of Canada
- Departmental goal established to develop a Sexual Health Strategy
- Fostering a positive lens approach
- Core component = networking/partnerships/collaboration

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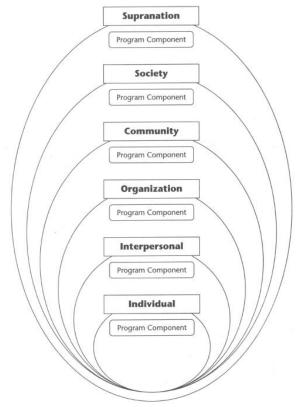
Frameworks....



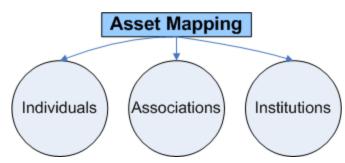
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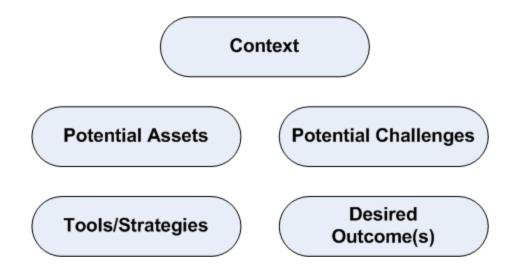
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Can explicit investigation of the context, potential challenges and assets assist nurses to identify strategies/tools to achieve desired outcome(s)?



Nunavut Planning Framework

Context

Desired Outcome(s)

collaboration and partnerships

for developing a sexual health

Increased networking /

strategy

Organizations / community stakeholders with identified sexual health priorities (i.e. Inuit organizations)

Potential Assets

Organizations / community stakeholders with capacity in sexual health (i.e. nurses)

- Advisory Committee
- Existing sexual health networks (i.e. Inuit HIVAIDS network)
- Alternative communication infrastructure (i.e. tele-health)
- Inuit Culture (i.e. traditional values)
- Sexual health program coordinator
- Newly identified potential sources of funding
- Evidence of successful networking in Nunavut

Tools/Strategies

Geographic isolation

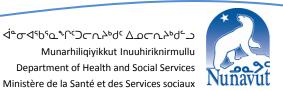
Potential Challenges

- Cost of travel
- Weather
- Regional representation
- Unreliable communication infrastructure (i.e. file sharing internet)
- Transient workforce population
- Workloads/ available time
- Lack of ongoing networking centered on sexual health
- Differing organizational / community priorities
- Lack of funding
- "Drain" based on failed attempts
- Timelines
- Translation

- Networking map
- External advisors
- Terms of reference
- Front-line nursing knowledge for decision makina
- Senior management briefing
- Mobilizing external territory partners with expertise or resources
- Communication methods (i.e. phone, face to face/telehealth)
- Strategic communication
- Igaluit-based vs. communitybased strategies (i.e. individual contacts)
- Incorporation of traditional Inuit values/customs
- Financial planning (plan A vs. plan B)
- Documenting successful networking in Nunavut
- Go to the youth (utilize school venue)
- SWOT analysis

Can explicit investigation of the context, potential challenges and assets assist nurses to identify strategies/tools to achieve desired outcome(s)?

YES!



Moving forward

- 5 external advisors
- Informal networks with over 70 individuals within 15 organizations/departments
- Funding acquired
 - networking in 5 isolated Nunavut communities
 - youth knowledge gathered
- Draft of Sexual Health Strategy in progress



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Implications for Nursing Practice

- The Nunavut Planning Framework provides strategic insight on context, potential challenges/assets and tools/strategies that assists in achieving desired outcome(s)
- Maximizes time
- Opportunity for documenting process/formative evidence to inform future practice
- Nurses can be a significant asset to program planning/strategic planning
- Nurses can assist in bridging the community-policy gap

Questions?

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