Building Leadership Capacity in Public Health Practice and Practice Environments

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Presentation Objectives

- Become aware of the leadership competencies for public health practice and their development through the collaboration with the disciplines in public health and multiple partners.

- Explore evidence informed knowledge translation strategies to adopt and apply this resource in your public health practice or education setting.

- Identify opportunities for innovation in cultivating leadership in practice or within your organization by leveraging this resource for professional development.
Workshop Agenda

Large Group discussion

- Welcome & Introductions
- Describe competency development
- Review knowledge translation plan including Organizational Readiness to Change Assessment (ORCA) tool

Facilitated Small Group Dialogue

- Leadership experiences
- Opportunities for innovation

Large Group and Wrap up
In 2013 the partners received funding from the Public Health Agency of Canada (PHAC) for a 3-year project to develop interdisciplinary leadership competencies for public health practice in Canada for the seven key public health disciplines.
Project Structure and Interdisciplinary Membership

The Project Steering Committee
Ruth Schofield, Past President, CHNC (Chair)
Genevieve Currie, CHNC Standards and Competencies Standing Committee
Phi Phan, Canadian Institute of Public Health Inspectors
Lynda Tjaden (Claire Betker), Manitoba Public Health Managers Network
Ann Manning, CHNC Executive Director

Project Consultants
Helena Wall, Innovative Solutions Health Plus
Ardene Robinson Vollman, Robinson Vollman Inc. (Academic Partner)

The Expert Advisory Committee
Ruth Schofield, Past President, CHNC (Chair)
Connie Clement, National Collaborating Centre Determinants of Health
Kevin Churchill, Health Promoter Representative
Kristine Crosby, Canadian Association of Schools of Nursing
Genevieve Currie, CHNC Standards and Competencies Standing Committee
Maureen Dobbins, National Collaborating Centre Methods and Tools
John Garcia, University of Waterloo
Brenda Guarda, Public Health Epidemiologist Representative
Nancy Peroff Johnson (Cyndy Johnson), Public Health Nursing Representative
Gary O'Toole, Public Health Inspector Representative
Steven Patterson, Public Health Dentistry Representative
Greg Penny, Canadian Public Health Association
Maura Ricketts, Public Health Physician Representative
Pat Vanderkooy, Public Health Dietitian Representative
Project Components

1. Competency Development
2. Organizational Readiness Tool
3. Knowledge Translation
**Competency Development**

Lead by Academic Partner Dr. Ardene Vollman

**Ethics approval was received from the University of Calgary to conduct the environmental scan and the Delphi process**

**Phase I-III: Environmental Scan**

**Phase I: Scoping literature review:**
Search strategy yielded a total of 3296 citations. Of these, 139 articles, 48 grey literature, and 20 supplementary literature were included.

**Phase II: On-line survey:**
Circulated 4,660; n=821 responses (18%) response rate and 612 responses were complete

**Phase III: Focus groups:**
n= 5 focus groups, 27 participants

CHNC, 2014  [https://chnc.ca/documents/LCPHPC_Project-EnvironmentalScan_Sep2014Final.pdf](https://chnc.ca/documents/LCPHPC_Project-EnvironmentalScan_Sep2014Final.pdf)
Competency Development (cont.)

Lead by Project Consultant: Helena Wall

Phase IV: Modified Delphi process

A panel of 70 representing all seven disciplines in 3 rounds:

Round 1 (n=52)
Round 2 (n=54)
Round 3 (n=48)
Speed Networking – Round #1

Introduce yourself to 2 people

“For me, leadership is…”

“I apply it in my work when….”
LEADS Framework

“is a leadership capabilities framework representing an innovative and integrated investment in the future of health leadership in Canada. It provides a comprehensive approach to leadership development for the Canadian health sector, including leadership within the whole-system, within the health organizations, and within individual leaders.”

Canadian LEADS in a Caring Environment health leadership capabilities framework (CCHL, 2013) [http://leadscollaborative.ca/site/framework](http://leadscollaborative.ca/site/framework)
Public Health Leadership Competencies for Public Health Practice in Canada

Five Domains and 49 Competency Statements

- Systems transformation (9 statements)
- Achieve results (6 statements)
- Lead self (8 statements)
- Engage others (17 statements)
- Develop coalition (9 statements)

1.0 Systems Transformation

Public health leaders:

1.1 Demonstrate understanding of knowledge translation
1.2 Demonstrate understanding of how to guide change
1.3 Demonstrate systems thinking skills
1.4 Demonstrate critical thinking skills
1.5 Demonstrate innovation and creativity
1.6 Advocate for and guide change
1.7 Demonstrate drive and motivation
1.8 Demonstrate forward thinking
1.9 Adapt to rapidly changing public health sector and health systems
2.0 Achieve Results

**Public health leaders:**

2.1 Use their understanding of power and influence and operational expertise to mobilize people and networks to meet strategic objectives

2.2 Garner support for and momentum to a public health vision of upstream solutions to health issues

2.3 Share a personal vision that is explicit, clear and compelling

2.4 Anticipate and take advantage of leadership opportunities

2.5 Champion public health principles, actions and interventions

2.6 Assess program effectiveness and success in terms of population health (vs. business models)
3.0 Lead Self

Public health leaders:

3.1 Abide by the ethical codes of their respective disciplines, and also to the ethics relevant to public health practice

3.2 Critically examine their role within the public health sector organization and within regulatory systems

3.3 Demonstrate evidence-informed decision making

3.4 Demonstrate lifelong learning and self-development

3.5 Are accountable

3.6 Demonstrate emotional intelligence

3.7 Are self-aware and reflective

3.8 Demonstrate reflexivity and flexibility in response to criticism
4.0 Engage Others

Public health leaders:

4.1 Leverage communication technologies, as appropriate, to communicate effectively (Examples of Communication Technologies include audio/video conferencing, webinars, social media, email, program specific software etc.)

4.2 Demonstrate transdisciplinary understanding of the multiple professions with whom they collaborate

4.3 Are credible

4.4 Tailor their communication to respect different audiences

4.5 Engender respect, rapport and trust

4.6 Empower and enable others by providing strong, unwavering support

4.7 Are responsive and accessible

4.8 Build capacity through modelling and mentorship for leadership in others

4.9 Promote healthy workplace culture

4.10 Share power horizontally and vertically
4.0 Engage Others (continued)

Public health leaders:

4.11 Apply a variety of decision making styles appropriate to the context

4.12 Build consensus where appropriate

4.13 Mobilize others

4.14 Possess effective negotiation skills

4.15 Possess effective mediation skills

4.16 Recognise and encourage contributions of others

4.17 Communicate clearly and transparently up and down and across the organizational hierarchy
5.0 Develop Coalition

Public health leaders:

5.1 Demonstrate cultural awareness of the implications of politics, ethnicity, gender, age, socioeconomic status, and religion on health beliefs and behaviours

5.2 Demonstrate ability to guide healthy public policy decisions and processes

5.3 Recognize public health’s role in political influence

5.4 Are ambassadors of quality evidence-informed public health practice

5.5 Foster engagement with communities

5.6 Serve as catalysts to build partnerships, coalitions, increased capacity, and shared leadership

5.7 Promote awareness and visibility of public health practice

5.8 Contribute to cross disciplinary understanding of the contribution of public health practice

5.9 Leverage partnerships to broaden the scope and impact of public health practice (i.e., individual immunizations vs. population based interventions)
Quick Reflection

My leadership skills include …

Knowledge gaps I have about leadership include …
Leadership in Action

1 - Think of a time when you saw “leadership in action”. A time when things went well and you were proud of or impressed with what was accomplished. What is the story and what made the success possible? (write it down)

- Look through the PH Leadership Competencies handout and decide what competencies would describe leadership knowledge or skills in the story

2 - Tell the story to one other person – listen for what other competencies fit.
Knowledge Translation
Knowledge Translation (KT) Working Group:

- Convened for purpose of creating a KT work plan (CHNC, 2015)
- To promote the use of the competencies in context of public health practice, education, administration and research in Canada
- KT work plan developed (Nov. 2015 – available on CHNC website)
- Key assumptions:
  - Evidence-based leadership competencies intended to complement Core Competencies for Public Health in Canada (PHAC, 2008)
  - EAC will evolve into leadership community of practice or public health leadership council
  - Each discipline in LCPHPC will undertake the dissemination and KT activities in respective areas
Knowledge Translation

Framework for Adopting an Evidence-Informed Innovation in an Organization (Dobbins et al., 2005):

- Used to guide KT planning for dissemination and promotion of innovation adoption
  - **Knowledge**: make people aware of the leadership competencies
  - **Persuasion**: assess potential benefits and risk of adopting competencies
  - **Decision**: adopt leadership competencies
  - **Implementation**: use organizational changes and strategies to support uptake of competencies
  - **Confirmation**: evaluate competencies and changes made to support adoption and implementation
Knowledge Translation

Key groups for KT strategies:
- Public health practitioners
- Public health academics and researchers
- Policy/decision makers

Work collaboratively with specific groups:
- Academia
- Provincial/territorial health associations
- NCCs not represented on EAC
- Professional associations
- PHAC
- Employers
Knowledge Translation

Public Health Practitioners:

- Goal is to create interest among practitioners that leads to practice change
- Impact on clinical practice and professional development – need multiple strategies:
  - Multi-professional collaborations and leadership training
  - Attend PH leadership oriented workshops/conferences
  - Mobilize PH opinion leaderships to support competencies (champions)
  - Other champions to the profession/use of organizations to promote competencies
Knowledge Translation

Public Health Practitioners:

- Impact on clinical practice and professional development – requires multiple strategies:
  - Develop educational materials with competencies embedded
  - Reviewing/contributing to peer-reviewed, evidence-based publications on leadership
  - Highlight leadership in action using social media
  - Engage in professional development networks
  - Become member of leadership community of practice
Knowledge Translation

Public Health Academics and Educators:

- Focus on integration of competencies into curricula and course delivery, program change
- Incorporate competencies as key goal in PH education
- Impact should be on education and research
Knowledge Translation

Public Health Academics and Educators:

- Strategies might include:
  - Developing leadership education tools and experiences for students
  - Use of competencies to inform research
  - Use of competencies to inform course products (e.g. competency assessment, syllabus)
  - Role modelling for students
  - Contributing to scholarly literature
  - Conducting research on PH leadership development
  - Creating inter-disciplinary Pan-Canadian leadership institute
  - Creation of new graduate degree in PH leadership
Knowledge Translation

Public Health Policy/Decision Makers and Employers:

- Focus on creating organizational culture change
- Commitment to leadership development at all levels of an organization
- Requires integration of leadership competencies into various organizational policies and resources to support leadership development within the workforce
Knowledge Translation

Public Health Policy/Decision Makers and Employers:

- Strategies for PH organizations include:
  - Support inter-professional collaboration in leadership development among associations where staff participate
  - In-service and continuing education/staff development on competencies
  - Support employee attendance to leadership workshops/conferences
  - Use of organizational opinion leaders/champions to support change in policies
  - Support HR departments/managers to amend recruitment, staffing performance appraisal and measurement tools to embed competencies
  - Promote HR planning for development of leadership skills and competencies among staff to support succession planning
Organizational Readiness To Change Assessment (ORCA) Tool (CHNC, 2015):

- Organizational readiness - important factor influencing adoption of an innovation
- ORCA Tool to assist organizations in assessing the readiness to adopt leadership competencies
- Adapted to support KT activities within PH organizations
- Tool consists of 3 major scales that measures:
  - Strength of evidence for proposed change
  - Assessment of organizational context
- Facilitators for implementation
Group discussions

- Earlier, we discussed the relevance of public health leadership competencies to you and your organizations.

- Issues and the reality of public health organizations
  - Don’t want to make any assumptions about what might be possible.
  - Could be that you believe that this agenda is not worth pursuing.
  - Could be that there are major challenges/limits within organizations regarding who can be a “leader” and how leadership gets expressed.
However, now we want to focus on what to do about moving PHL forward. General question that we want you to consider is:

What should we do to promote public health leadership (i.e. the practice) and the development of public health leadership capacities (i.e. knowledge and skills)?

Goals, strategies, tactics – what you want to achieve, general approach, specific actions that require resources
Group discussion (3) – Please:

A. Pick a group chair/facilitator, recorder, and reporter

B. Talk with your group members and answer three questions
   1. What public health leadership development goals should be pursued?
   2. What KT strategies can you see applying in your organizations?
   3. What specific tactics can you implement, including immediate next steps?

C. Have a group discussion for ~25 minutes, facilitated by your chair

D. Record highlights on worksheets – recorder takes lead, reflect group discussion – top 2-3 goals, 3-4 strategies and a few tactics

E. Report back to the whole workshop, after a 5 minute break (total report back time about 20 minutes)
References


THANK YOU!

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