Developing Leadership Competencies for advancing PHN practice

June 20, 2017
Preconference at the 12th CHNC Conference
Niagara Falls, ON

CHN Leadership Institute

Community Health Nurses of Canada

Infirmières et infirmiers en santé communautaire du Canada

Presenters

- Genevieve Currie
- Francoise Filion
- Ruth Schofield

Participant Outcomes

- Reflect on personal learning needs for leadership development
- Become aware of leadership competencies uptake among PHNs
- Identify practice examples involving leadership and health equity
- Learn about the comparison of LEADS framework with PH Leadership Competencies
- Increase knowledge of elements of successful mentorship
- Identify possible mentorship models for sustaining leadership

Setting the stage

Why leadership?

How is it described?

- Public leadership
- Nursing leadership
- Community health nursing leadership

Why leadership?

- Leadership is one of the categories of the Public Health Agency of Canada's (PHAC) Core Competencies for Public Health in Canada: Release 1.0 (2008)

- Leadership is included in the discipline-specific competencies for public health nurses (CHNC, 2009)

- Public health/community health nurses "are leaders of change to systems in society that support health" (Canadian Public Health Association, 2010, p. 6).

Why leadership?

- CHNs are called upon to use their relationship with individuals, families, aggregates and communities to take action on the determinants of health (e.g., Cohen & Reutter, 2007; Falk-Raphael & Betker, 2012; Smith 2007)
- Community health nurses work at the "intersection where societal attitudes, government policies, and people's lives meet…(and)…creates a moral imperative not only to attend to the health needs of the public but also, like Nightingale, to work to change the societal conditions contributing to poor health " (Falk-Rafael, 2005, p. 219)

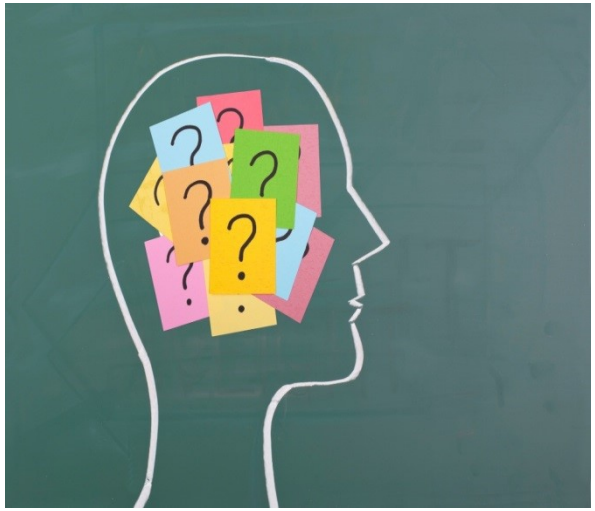
Why leadership?

- Leadership is an essential element for quality professional practice and practice environments (CNA, 2009)
- Leadership is a shared responsibility – community health nurses in all domains of practice and at all levels can enhance their leadership potential (CNA, 2009)
- Blueprint for Action (CHNC, 2012) identified nursing leadership as necessary to support CHN practice and provide a voice for the profession – an imperative for a robust future
- **Leadership Competencies for Public Health Practice in Canada: Leadership Competency Statements Release 1.0 (2015) now exist**

Public health leadership ….

“the ability of an individual to influence, motivate, and enable others to contribute toward the effectiveness and success of their community and/or the organization in which they work. It involves inspiring people to craft and achieve a vision and goals. Leaders provide mentoring, coaching and recognition. They encourage empowerment, allowing other leaders to emerge” (PHAC, 2010).

Speed Networking – Round #1



Introduce yourself

“For me, leadership is…”

“I apply it in my work when….”

Project Partnership and Description

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.

Review: Public Health Leadership Competencies Development

- Environmental Scan
  - Literature review
  - On line survey
  - Focus groups
- National Delphi Process

Literature Review: Top Qualities of Public Health Leaders

From the literature we learned:

Knowledge areas

- Population and public health
- **Determinants of health**
- Values and ethics
- Health demographics and outcomes
- **Inequality, inequity and social justice**
- Emotional intelligence
- Self-awareness
- Understand position within the larger health and social system

Literature Review: Skills (cont. 2/3)

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Skills

- Communicate clearly and transparently
- Supports, empowers, builds capacity
- Has systems/critical thinking skills
- Builds consensus, mobilizes, has negotiation /mediation skills
- Uses evidence-based decision-making
- Organizational and political savvy
- Able to manage change
- Supports cultural change
- Shares vision

Literature Review: Behaviour (cont. 3/3)

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Behaviours

- Serves as a catalyst, builds partnerships, coalitions, and shares leadership
- Is accountable
- Demonstrates drive, motivation, forward thinking
- Engenders rapport and trust
- Models and mentors
- Practices self reflection
- Takes risks, is passionate, confident and assertive

Leadership Competencies Public Health Practice

FIVE domains and 49 competency statements

1.0 Systems Transformation

2.0 Achieve results

3.0 Lead Self

4.0 Engage others

5.0 Develop Coalition

Comparison of the LEADS Framework with PH Leadership Competencies

Leads Self

- Leadership **Competencies** for PH: 8 competencies
- LEADS: 4 **Capabilities**
- Unique to Leadership Competencies for PH:
  - 3.1 Abide by the ethical codes of their respective disciplines, and also to ethics relevant to public health practice

(Vollman, 2017)

Comparison: *Engage Others* (cont. 2/5)

- Leadership Competencies in PH: 17 competencies
- LEADS: 4 Capabilities
- Unique to Leadership Competencies in PH: 4.2,4.10, 4.11

Not in Leadership Competencies for PH: LEADS capability –Build Teams

(Vollman, 2017)

Comparison: *Achieve Results* (cont. 3/5)

- Leadership Competencies in PH: 6 competencies
- LEADS: 4 Capabilities
- Unique to Leadership Competencies in PH:

  2.5 Champion public health principles, actions & interventions

(Vollman, 2017)

Comparison: Develop Coalitions (cont. 4/5)

- Leadership Competencies in PH: 9 competencies
- LEADS: 4 Capabilities
- Unique to Leadership Competencies in PH:

  5.6 … shared leadership

- *Notion of public health practice: 5.7, 5.8,5.9*

(Vollman, 2017)

Comparison: System Transformation (cont. 5/5)

- Leadership Competencies in PH: 9 competencies
- LEADS: 4 Capabilities
- Unique to Leadership Competencies in PH:

  1.9 Adapt to rapidly changing PH sector and health systems

(Vollman, 2017)

Think about….

- *A leadership experience where you felt successful or were challenged.*
- *As we go through the PH Leadership competencies, use the worksheet to indicate how your example demonstrated or could have demonstrated the competencies.*

Awareness and Use of the PH Leadership Competencies: Key Findings (2016)

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Demographics

- Primarily frontline staff, over 20 years of experience
- Primary area of specialty – immunization, communicable diseases

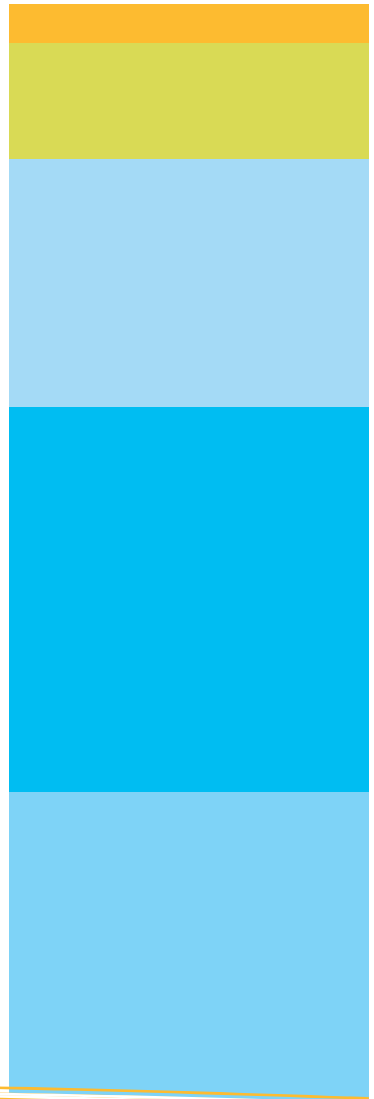
Awareness of Competencies

- 26% didn't know them, learned from professional association
- Less than half have used them

Use of Competencies

- Mainly in personal learning plans, distribution and professional development
- Want more professional development and courses available through webinars

Conducted by Public Health Leadership Competencies Network



Key Findings (cont. 2/3)

Awareness of ORCA tool

- Low responses and high lack of awareness
- Front line PHNs were more aware than management and senior leaders

Overall

- Frontline were more aware than management of competencies and ORCA
- With greater years of experience there was more awareness of competencies

Limitations:

- Low % of response rate from French speaking PHNs likely related to the English only survey
- Possible confusion with core competencies or discipline specific given uses identified

Recommendations (cont. 3/3)

- More promotion of both competencies and ORCA
- Target management and senior leaders in workplace for ORCA tool
- Use of webinars

Others suggestions?

Why health equity?

What do we mean by health equity?

Implications of health inequity for community & public health

Why health equity is a growing & critical leaders' challenge

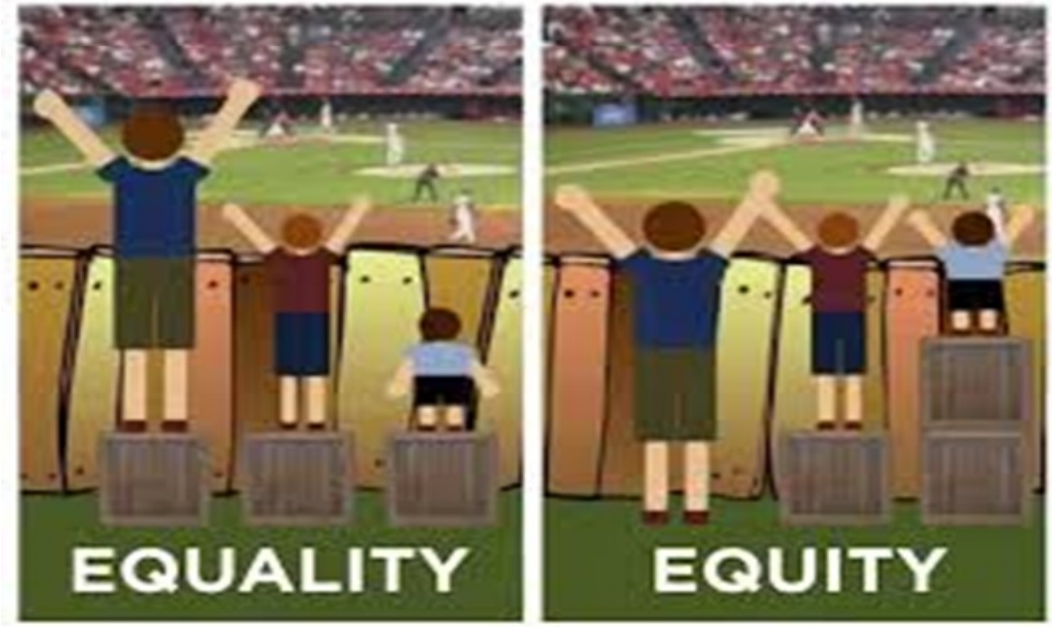
Health inequities….

…are health differences that are systematic across a population, socially produced, and considered unfair (Whitehead & Dahlgren, 2006).

Social Determinants of Health

Health equity …

Means “the absence of avoidable or remediable differences among populations or groups defined socially, economically, demographically, or geographically” (World Health Organization, 2016).



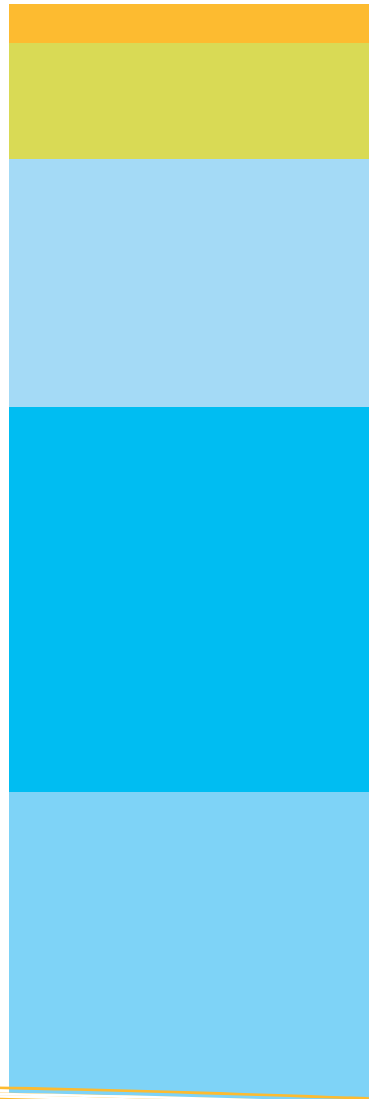
Inequity: Unfair health differences

- "Where systematic differences in health are judged to be avoidable by reasonable action they are, quite simply, unfair. It is this that we label health inequity" (Blas & Kurup, 2010).

- "Improving the health of populations, in genuine and lasting ways, ultimately depends on understanding the causes of these inequities and addressing them" (Blas & Kurup, 2010).

Why health equity matters

- The gap between health of high and low socio-economic communities is growing.
- Not just the poorest that experience less than optimal health. Correlation between social status and level of health at all levels.
- In countries with less division, overall population is healthier.



Nurses can drive societal improvements

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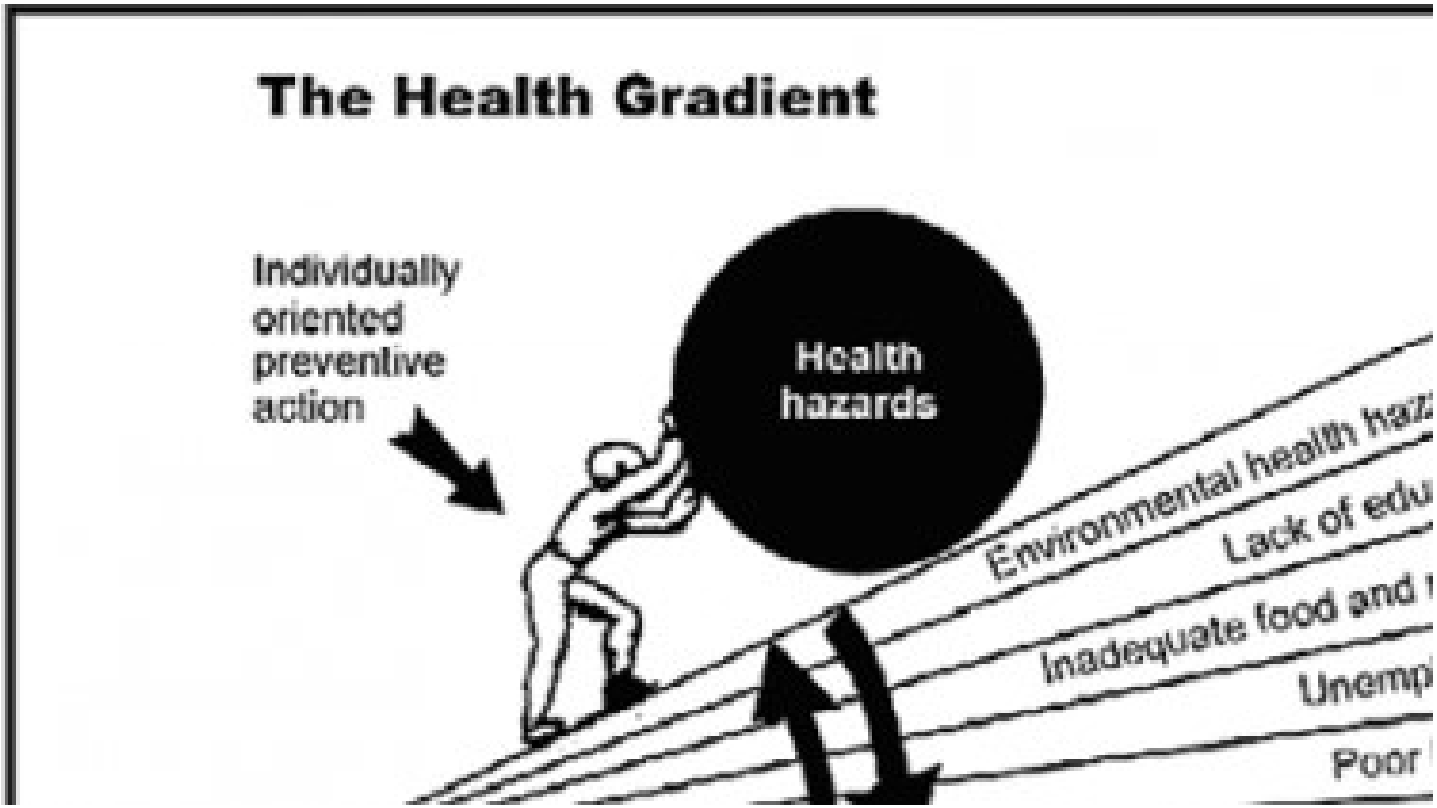
Community health nurses work at the "intersection where societal attitudes, government policies, and people's lives meet…(and that)…creates a moral imperative not only to attend to the health needs of the public but also, like Nightingale, to work to *change the societal conditions contributing to poor health*"

Falk-Rafael, 2005, p. 219

C1

Health gradient



http://www.policynote.ca/

Slide 31

C1 May or may not leave this slide in.
Connie, 2015-06-01

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Public Health Speaks: Leadership for Health Equity

https://www.youtube.com/watch?v=v6tM_7ewKzk

Speed Networking – Round #2

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Introduce yourself another person

"Today, something I hope to gain to help my leadership in health equity practice is…"

Example: Leading in Health Equity

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Living equity in relationships and partnerships

The Ontario Public Health Association (OPHA) partnered with Health Nexus on a two-year bilingual project to strengthen collaborative and equitable leadership in the non-profit sector —specifically in the context of partnerships and networks.

The project worked together to:

- Increase knowledge and understanding of processes and policies that centre equity-seeking communities in leadership and decision-making.
- Develop organizational skills to implement equitable leadership, based on promising practices from six partnerships/networks across Ontario.
- Facilitate a culture shift which recognizes the need to examine and redistribute power and resources to achieve more collective and equitable practices.

Public health leadership to advance health equity: A scoping review of the research literature (Betker, 2016)

Research question: What aspects of public health leadership to advance health equity have been considered by research?

Method: Scoping Literature Review

Key Findings on Aspects of Leadership:

1. Attributes of the leader
2. Relational
3. Knowledge

Scoping Review Findings (cont. 2/5)

1. Attributes

- Visionary, passionate, charismatic, able to inspire and are motivated to be involved
- Trusted, respected and credible
- Effective communicator
- Humble, caring and patient
- Values orientation
- Political and connected with the community

Scoping Review Findings: Closer look (cont. 3/5)

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Attribute: Political and connected with the community

- connect organizational mission and resources to the community context
- use political advocacy
- develop plans that accommodated a wide range of public opinions
- have authority within the community and access to local power and resources
- are confident and community driven
- understand the sanctity of community identity and heritage
- understand the importance of neighbourhood stability and family orientation

Scoping Review Findings (cont. 4/5)

2. Relational

1. Leaders are skilled at developing relationships and bring relationships with them. They know who to talk to and are able to reach out.
2. Leaders engage at multiple levels including the political and executive level and are seen as protective, supportive and empowering.
3. Leaders are community champions and use/utilize a participatory approach to engage the community and build social capital.
4. Leaders work in partnership and collaboration with the community and other organizations and sectors. They build coalitions and 'bridges' between communities, leaders, organizations and other sectors.
5. Leaders lead events and activities, and provide support to individuals and staff. They effectively use negotiation and conflict resolution skills.

Scoping Review Findings (cont. 5/5)

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3. Knowledge

- Contextual knowledge

Leaders have knowledge about the community. Leaders gain knowledge about the community through a community health assessment. Leaders are highly aware and supportive. They raise awareness of issues, engage with the community, and use multiple forms of evidence and knowledge.

- Clinical knowledge

Leaders who have a clinical background and advanced education were associated with positive differences in community health outcomes.

- Situational knowledge

Leaders are organized and effective managers. Leaders in public health understand and apply the concepts of cultural competence, health equity as well as social and structural determinants of health.

Recap: Public Health Leadership Competencies

FIVE domains and 49 competency statements (on your table)

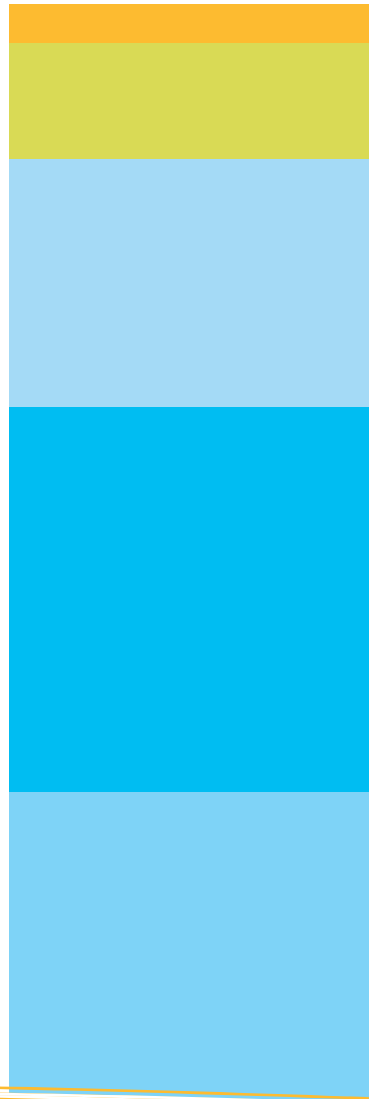
1.0 Systems Transformation

2.0 Achieve results

3.0 Lead Self

4.0 Engage others

5.0 Develop Coalition



Exercise # 1: Connecting health equity work with leadership competencies

In your small group

1. Identify the leadership competencies related to:

- Understanding pressing health system issues
- Looking at intersection where societal attitudes, government policies, and people's lives
- Accepting that your worldview, beliefs, assumptions influence your ability to take action

2. Describe an example.

3. Share in large group.


Lunch
Break

Risk Factors vs Risk conditions

Risk factors are individual characteristics and behaviours that increase the chance a person will get sick or injured, or die prematurely.

Risk conditions are environmental and social factors that increase the chance an individual, group or community will have lower levels of health compared to the overall society

National Collaborating Centre for Determinants of Health. (2017). Glossary. Retrieved from http://nccdh.ca/resources/glossary/

Factors

When speaking with a **principal**, you could say:

*"Sedentary behaviour is a **risk factor** for heart disease, but risk factors don't tell you everything. When we look at both high and low income people who are overweight, we see that heart disease is more common in the low income group, so there must be something else going on."*

National Collaborating Centre for Determinants of Health. (2017). Glossary. Retrieved from http://nccdh.ca/resources/glossary/

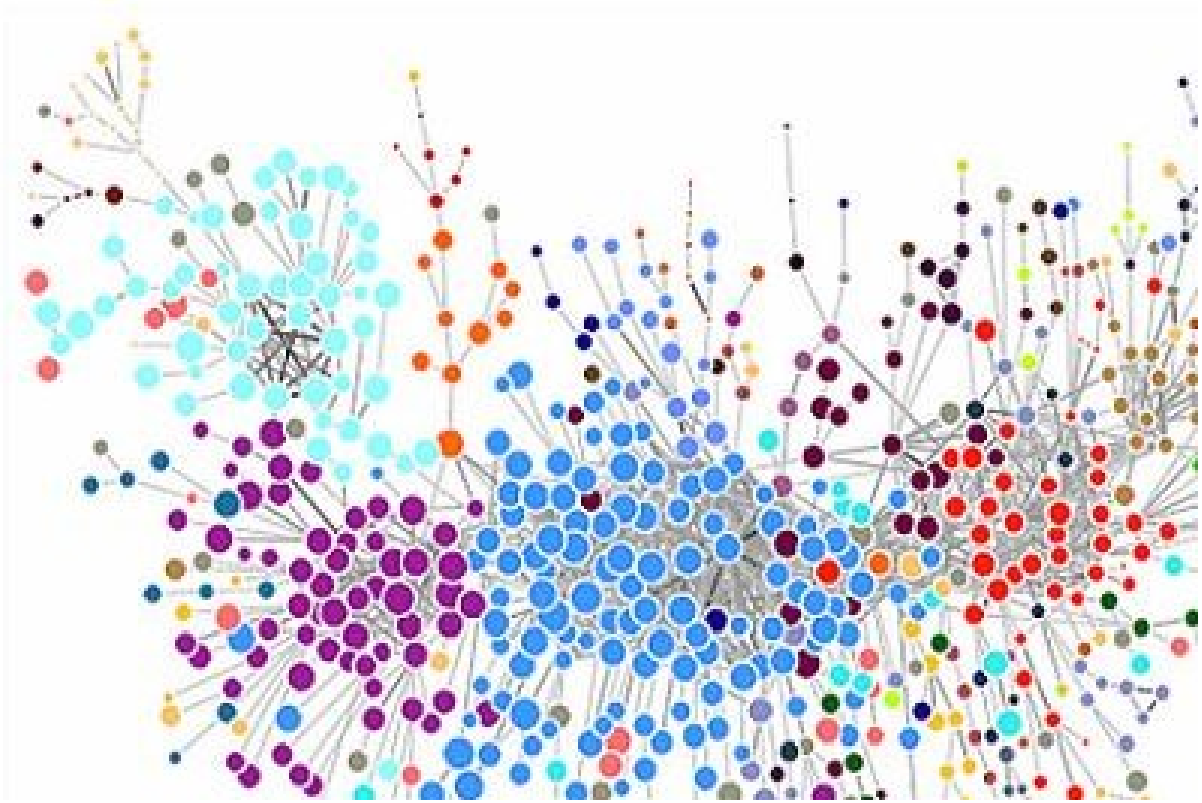
Conditions

When speaking with a **colleague** from nutrition, you could say:

*"The lack of access to fruits and vegetables, and high use of sweet drinks in this school located in a poor neighbourhood are **risk conditions** for heart disease. Who do we need to work with to address the root issue of food security?"*

National Collaborating Centre for Determinants of Health. (2017). Glossary. Retrieved from http://nccdh.ca/resources/glossary/

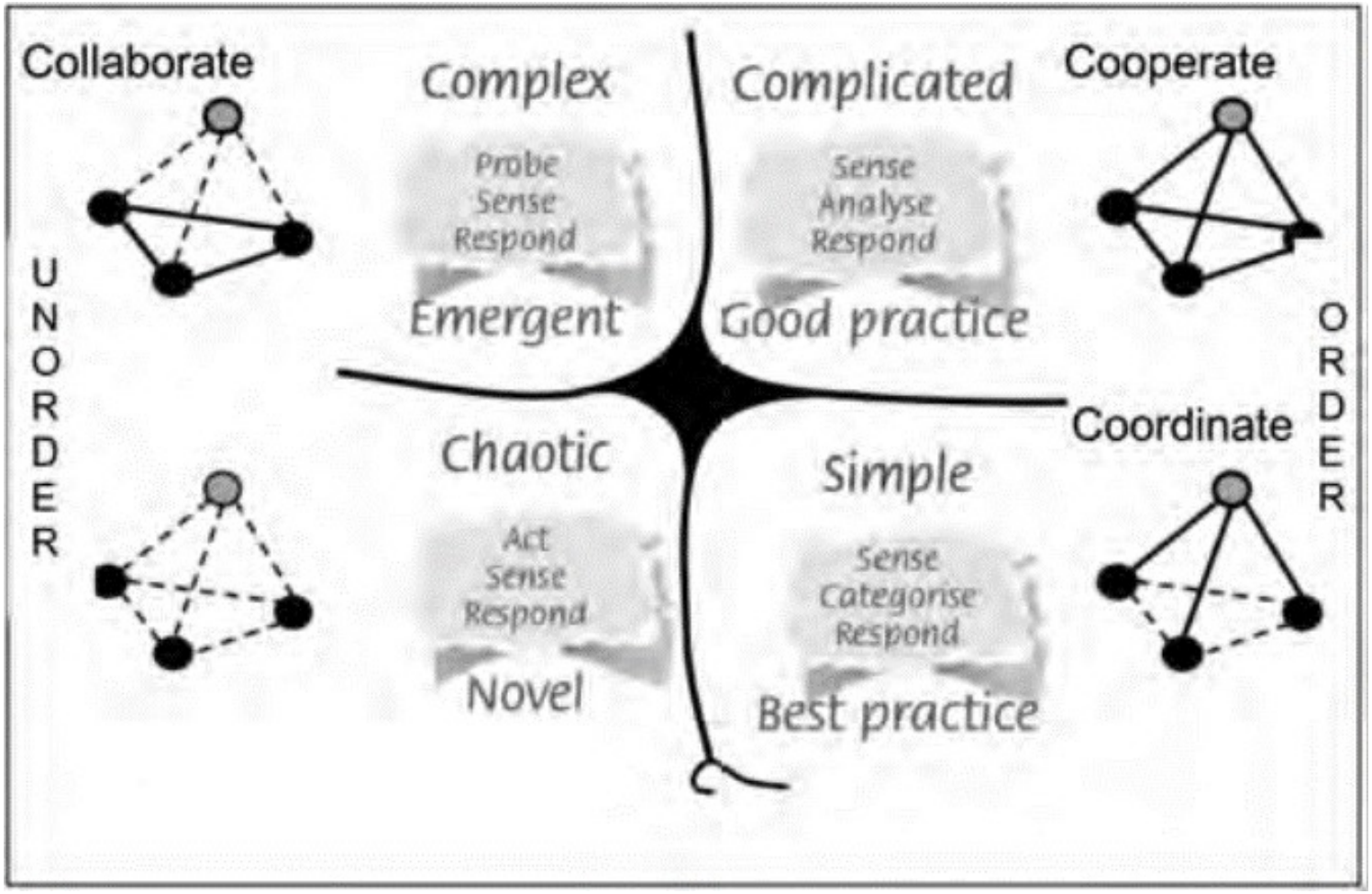
Complexity



- A simple explanation of the Cynefin Framework

http://www.anecdote.com/2009/04/a-simple-explanation-cynefin-framework/

Practice within complexity



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INFIRMIÈRES ET INFIRMIERS
EN SANTÉ COMMUNAUTAIRE
DU CANADA

Exercise # 2: Connecting health equity work with leadership competencies

In your small group

1. Identify leadership competencies related to:

- Equity-focused health impact assessment http://www.health.gov.on.ca/en/pro/programs/heia/docs/workbook.pdf
- Combine use of evidence/knowledge with practice
- Community-wide initiative
- Reorient systems

2. Describe an example

3. Share in large group.

Equity-engaged leaders say…

1. Organizational support
2. Bridging organization activity with community action
3. Professional Competency: Knowledge, Skills & Attitudes
    a. Moral conviction
    b. Risk taking
    c. Passion
    d. Energy and Motivation

National Collaborating Centre for Determinants of Health (2013). What contributes to successful public health leadership for health equity?: An Appreciative Inquiry. Retrieved from http://nccdh.ca/images/uploads/Appreciative_Inquiry_Full_En.pdf

Why talk about networks & relationships?

- Knowing what contributes to health equity and inequity and knowing what and how to change societal – and also professional -- patterns, policies and practices are **super complex**
- Complex, future-oriented change requires collective sense-making
- Collective sense-making requires pooling tacit knowledge to create new knowledge & generate workable solutions
- Pooling tacit knowledge requires long-term, trust-based relationships

Strategic networking

THE THREE FORMS OF NETWORKING

Managers who think they are adept at networking are often operating only at an operational or personal level. Effective leaders learn to employ networks for strategic purposes.

	Operational	Personal	Strateg
Purpose	Getting work done efficiently; maintaining the capacities and functions required of the group.	Enhancing personal and professional development; providing referrals to useful information and contacts.	Figuring challeng support
Location and temporal orientation	Contacts are mostly internal and oriented toward current demands.	Contacts are mostly external and oriented toward current interests and future potential interests.	Contact and orie
Players and recruitment	Key contacts are relatively nondiscretionary; they are prescribed mostly by the task and organizational structure, so it is very clear	Key contacts are mostly discretionary; it is not always clear who is relevant.	Key con strategi zational membe

(Ibarra & Hunter, 2007). Retrieved from https://hbr.org/2007/01/how-leaders-create-and-use-networks
,

Key definition in strategic networking

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Leverage

- "ability to influence a system, or an environment, in a way that multiplies the outcomes of one's efforts without a corresponding increase in the consumption of resources."

http://www.businessdictionary.com/definition/leverage.html

Exercise # 3: Connecting health equity work with leadership competencies

In your small group

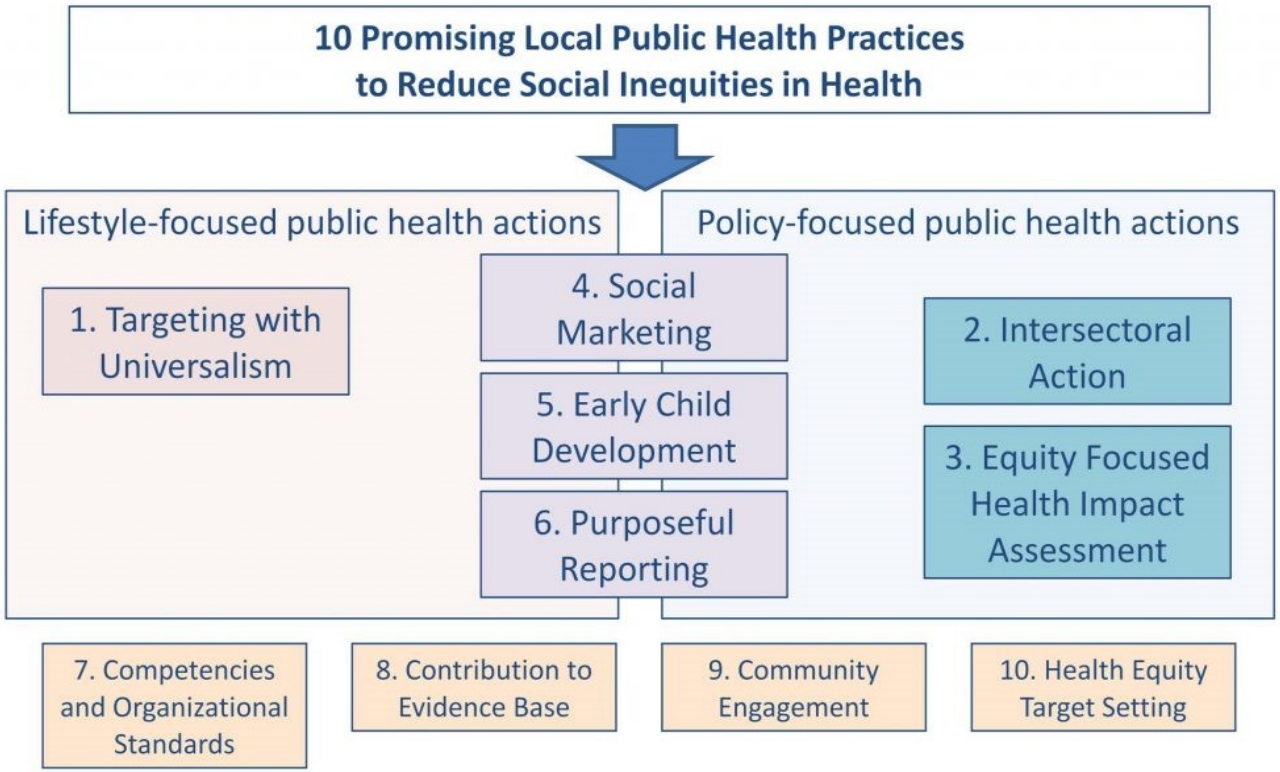
1. Identify leadership competencies related to:

- Be visionary & in touch with trends, issues values shaping our future
- Emphasize relationships, influence, communications & negotiation; engage diverse individuals & public
- Building strategic partnership with purpose

2. Describe an example

3. Share in large group.

Influencing social conditions



Adapted from: Sudbury & District Health Unit. (2010, May). Implementing local public health practices to reduce social inequities in health. EXTRA (Executive Training for Research Application) Intervention Project: Final report.

http://www.sdhu.com/uploads/content/listings/10PromisingPractices.pdf

Indigenous Peoples' Health

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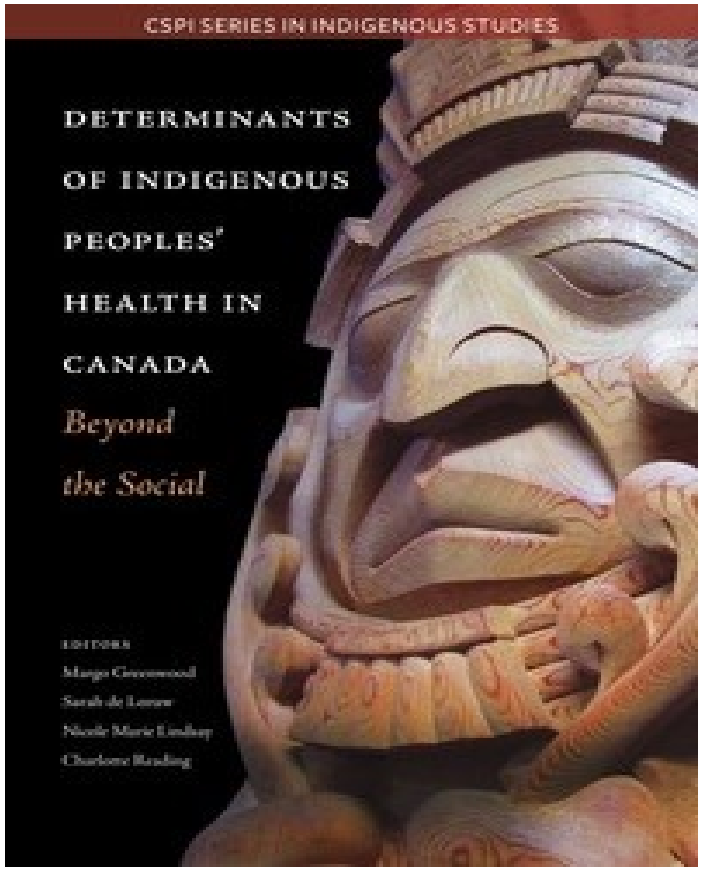
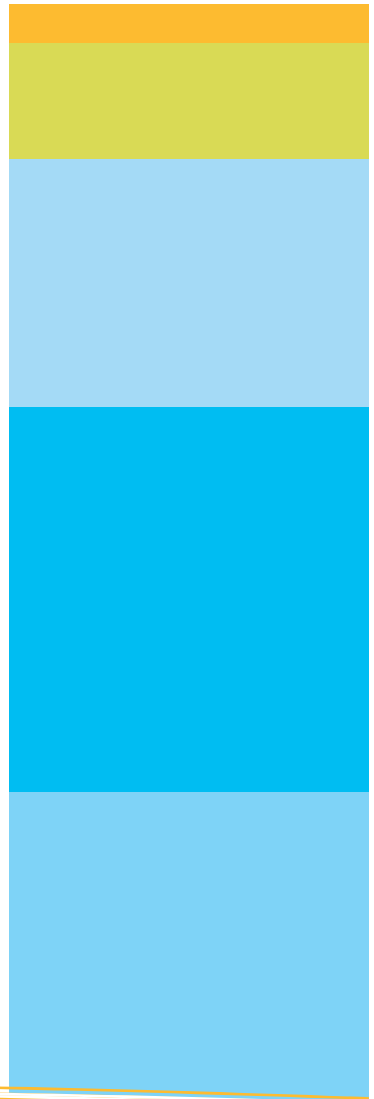


Indigenous Health Inequity

- The **employment rates** of First Nations people, Métis and Inuit aged 25 to 64 who did not have a certificate, diploma or degree were **37.3%, 52.6% and 44.9%** respectively.
- First Nations people, Métis and Inuit in all age groups had **higher rates of daily smoking** than did their non-Aboriginal counterparts.
- Over **one-quarter (28%)** of Registered Indian **households** in First Nations communities fell **below the standard** for major repairs.
- First Nations on reserve have a **rate of diabetes three to five times higher** than that of other Canadians.



Affording healthy foods

Household Food Insecurity in Canada (2014)

Facts

- Household food insecurity affected 1 in 6 children in Canada
- Food insecurity was most prevalent in Canada's North (especially Nunavut) and the Maritimes.
- The most vulnerable were lone parent families headed by women: 33.5% of these families were food insecure
- Nunavut and the Northwest Territories had the highest prevalence of children living in food-insecure households at 60% and 29% respectively.
- Sixty-one percent of households whose major source of income was social assistance were food insecure.

Tarasuk, V., Mitchell, A. & Dachner, N. (2014). Household Food security in Canada in 2014, http://proof.utoronto.ca/wp-content/uploads/2016/04/Household-Food-Insecurity-in-Canada-2014.pdf

Type II Diabetes & Poverty

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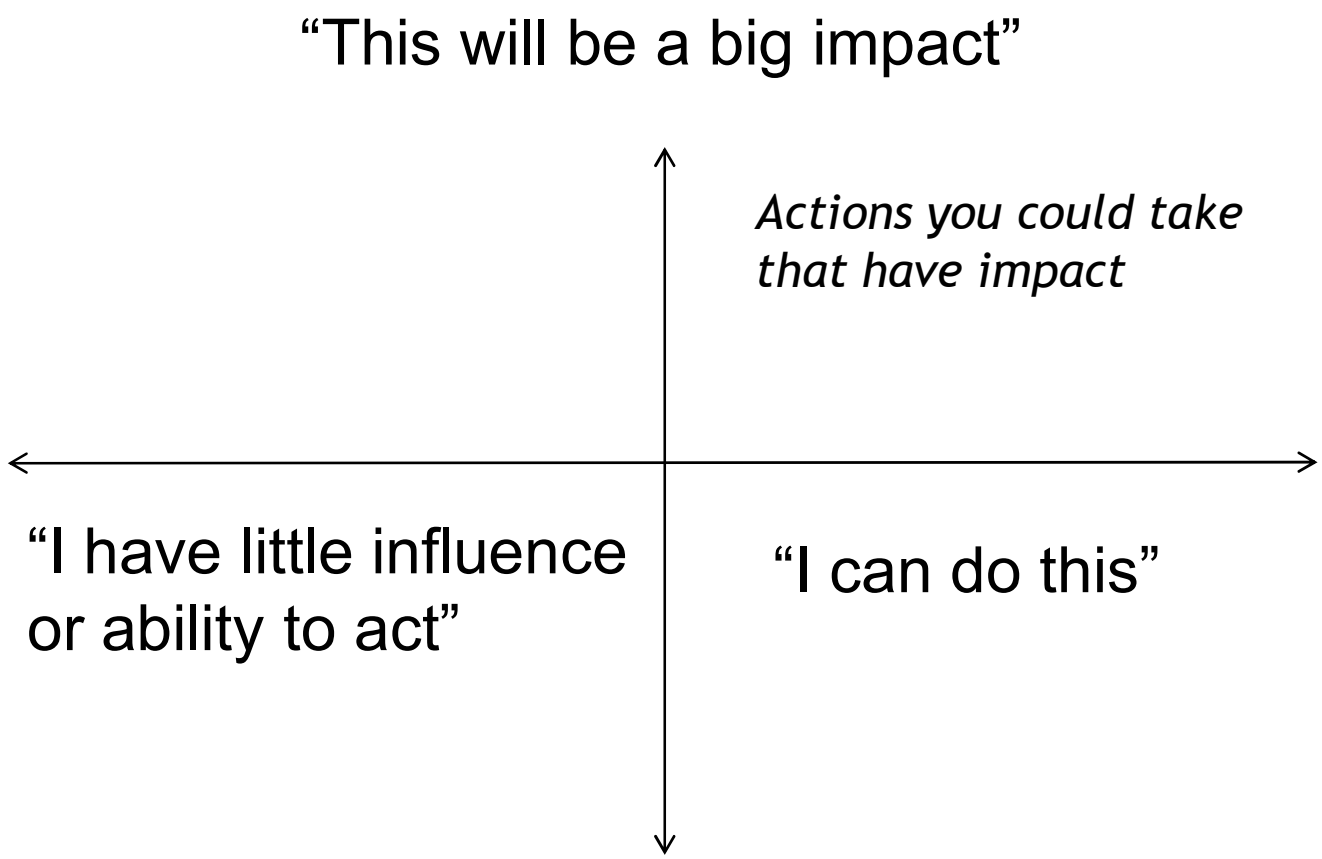
Facts

- Risk factors for type 2 diabetes including physical inactivity, inadequate consumption of vegetables and fruit, and daily smoking were more common among Canadians with:
  - Low income than with high income
  - Less education than with higher education
- Higher rates of obesity have been found in rural populations than in urban populations.
- Immigrants who have lived in Canada for over 15 years present higher proportions of type 2 diabetes than recent immigrants.

PHAC. (2011) Diabetes in Canada: Facts and figures from a public health perspective. http://www.phac-aspc.gc.ca/cd-mc/publications/diabetes-diabete/facts-figures-faits-chiffres-2011/chap4-eng.php

Mapping Activity



Sharing possible actions for impact

Advocacy roles for public health

There are four main roles that public health nurses should consider when determining how they can best support an advocacy strategy to improve health equity.

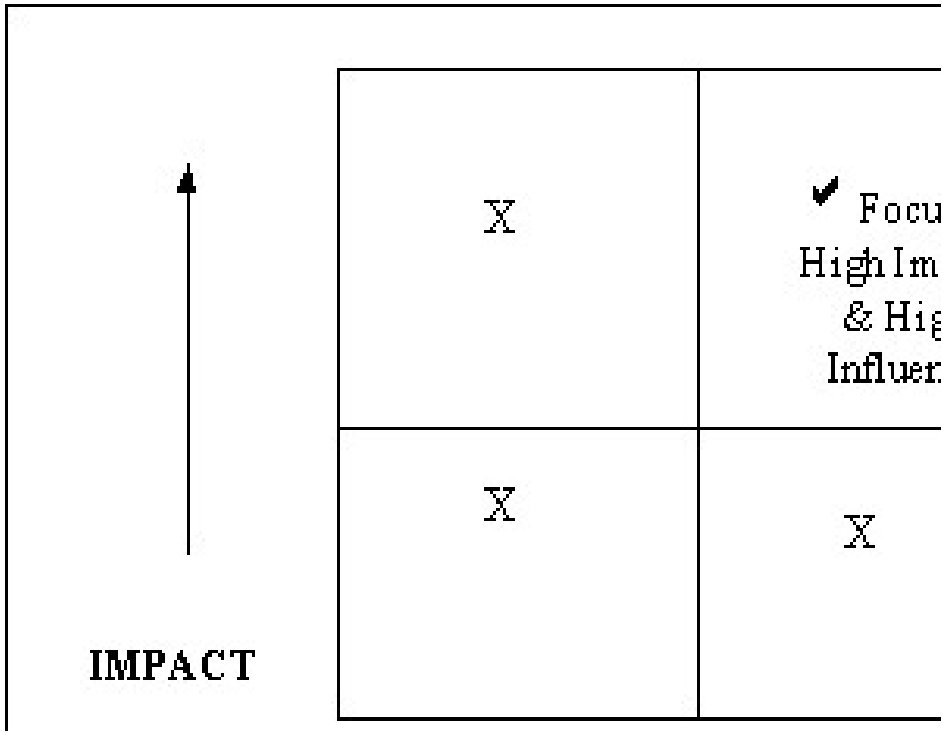
1. Framing the issue
2. Gathering and disseminating data
3. Working in collaboration and developing alliances
4. Using the legal and regulatory system

National Collaborating Centre for Determinants of Health (2015). Let's Talk: Advocacy and Health Equity. Retrieved from http://nccdh.ca/images/uploads/comments/Advocacy_EN.pdf

Exercise # 4: Advancing health equity

In your small group

1. Chose a population health issue.
2. Explore the leadership you can offer to advance health equity focusing effort for greatest impact.
3. Describe the action taken on the population health issue on the worksheet.



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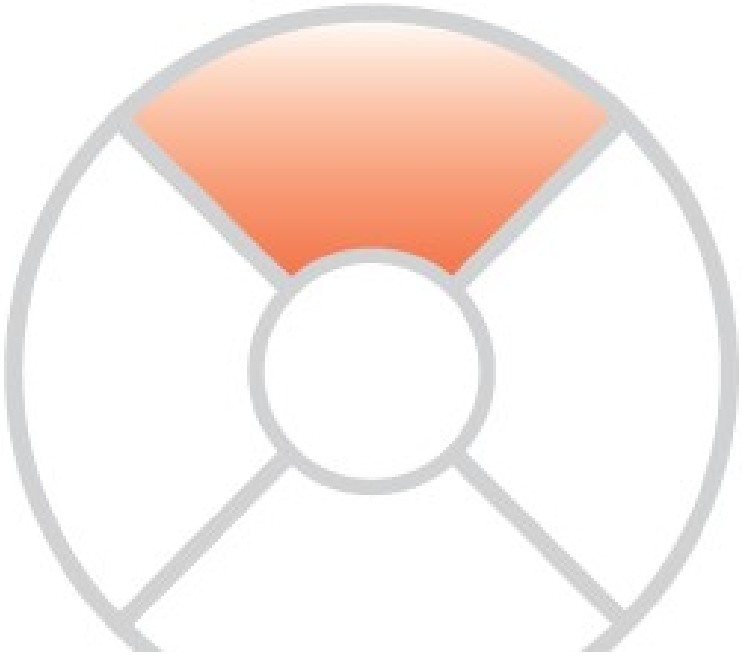
Roles to Advance Health Equity

National Collaborating Centre for Determinants of Health.(2014). Boosting momentum: Applying knowledge to advance health equity. Retrieved from http://nccdh.ca/images/uploads/Full_Environmental_scan_2014.pdf

Ask, count & tell stories

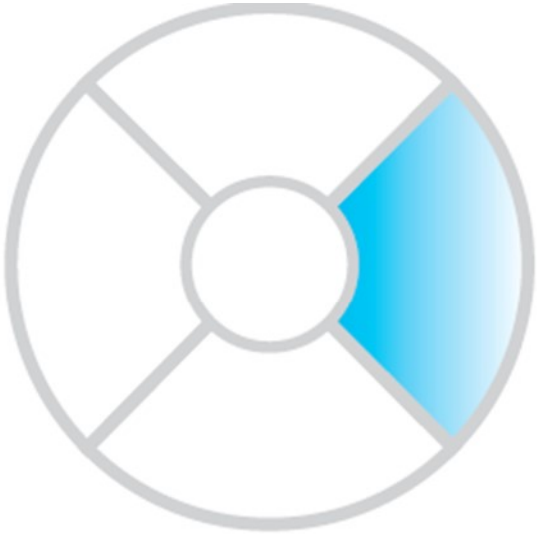


ASSESS AND REPOR

Assess and report o
existence and impac
inequities, and b) ef
strategies to reduce
inequities.

National Collaborating Centre for Determinants of Health. 2014. Boosting momentum: Applying knowledge to advance health equity. Retrieved from http://nccdh.ca/images/uploads/Full_Environmental_scan_2014.pdf

Tailor to context & future change

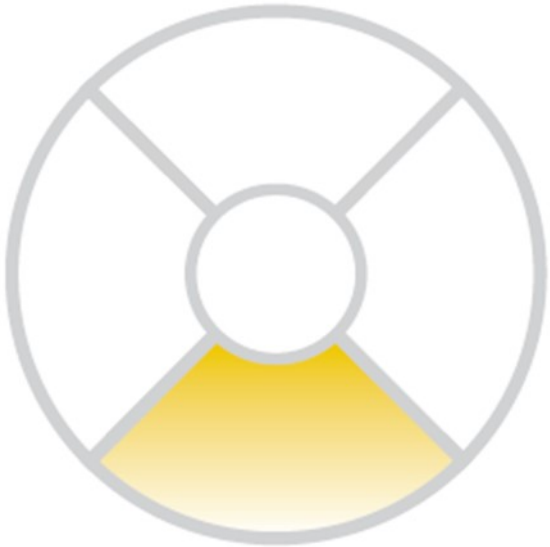


MODIFY AND ORIENT INTERVENTIONS

Modify and orient interventions and services to reduce inequities, with an understanding of the unique needs of populations that experience marginalization.

National Collaborating Centre for Determinants of Health. 2014. Boosting momentum: Applying knowledge to advance health equity. Retrieved from http://nccdh.ca/images/uploads/Full_Environmental_scan_2014.pdf

Plan & act together, not in isolation



PARTNER WITH OTHER SECTORS

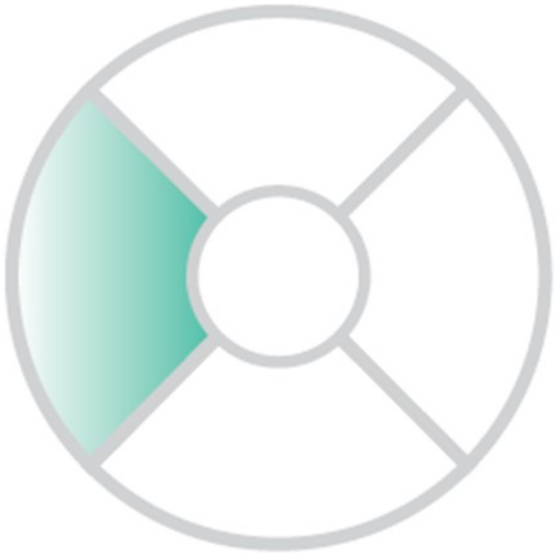
Partner with other government and community organizations to identify ways to improve health outcomes for populations that experience marginalization.

National Collaborating Centre for Determinants of Health. 2014. Boosting momentum: Applying knowledge to advance health equity. Retrieved from http://nccdh.ca/images/uploads/Full_Environmental_scan_2014.pdf

Change *societal* conditions

Community Health Nurses of Canada

Infirmières et infirmiers en santé communautaire du Canada



PARTICIPATE IN POLICY DEVELOPMENT

Lead, support and participate with other organizations in policy analysis and development, and in advocacy for improvement in health determinants and inequities.

Roles to Advance Health Equity

National Collaborating Centre for Determinants of Health. 2014. Boosting momentum: Applying knowledge to advance health equity. Retrieved from http://nccdh.ca/images/uploads/Full_Environmental_scan_2014.pdf

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"I think one's feelings waste themselves in words; they ought all to be distilled into actions which bring results." Nightingale

Public Health Leadership Competencies

FIVE domains and 49 competency statements

1.0 Systems Transformation

2.0 Achieve results

3.0 Lead Self

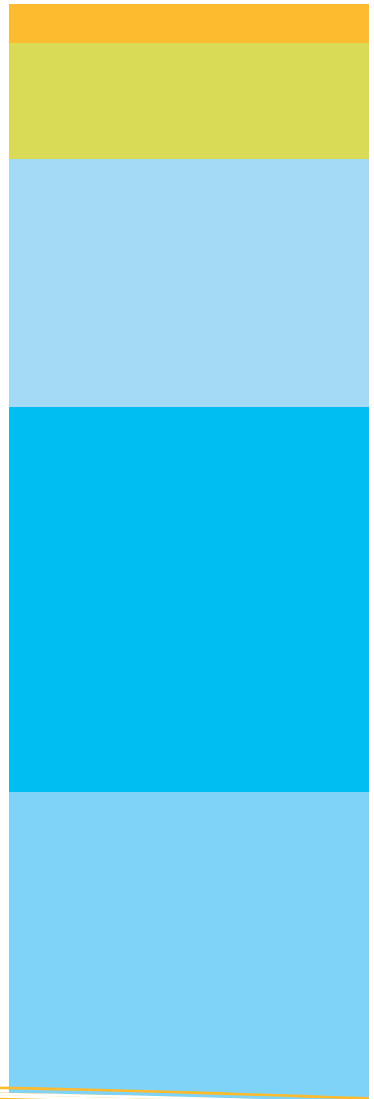
4.0 Engage others

5.0 Develop Coalition

Best Evidence on Mentorship

Elements for Success

- Clear guidelines/expectations
- Recognition
- Training
- Organizational support
- Open communication
- Appropriate match
- Clear roles and responsibilities
- Administrative support
- Commitment
- Face-to-face element



25 Gets You 10

Crowd Sourcing

- One card per person
- Write clearly, “an idea you have about taking action on these elements for successful mentorship”
- No name on index cards
- 5 rounds of scoring 1 to 5

Scoring
25 Gets You 10

1 = good idea / action

2

3

4

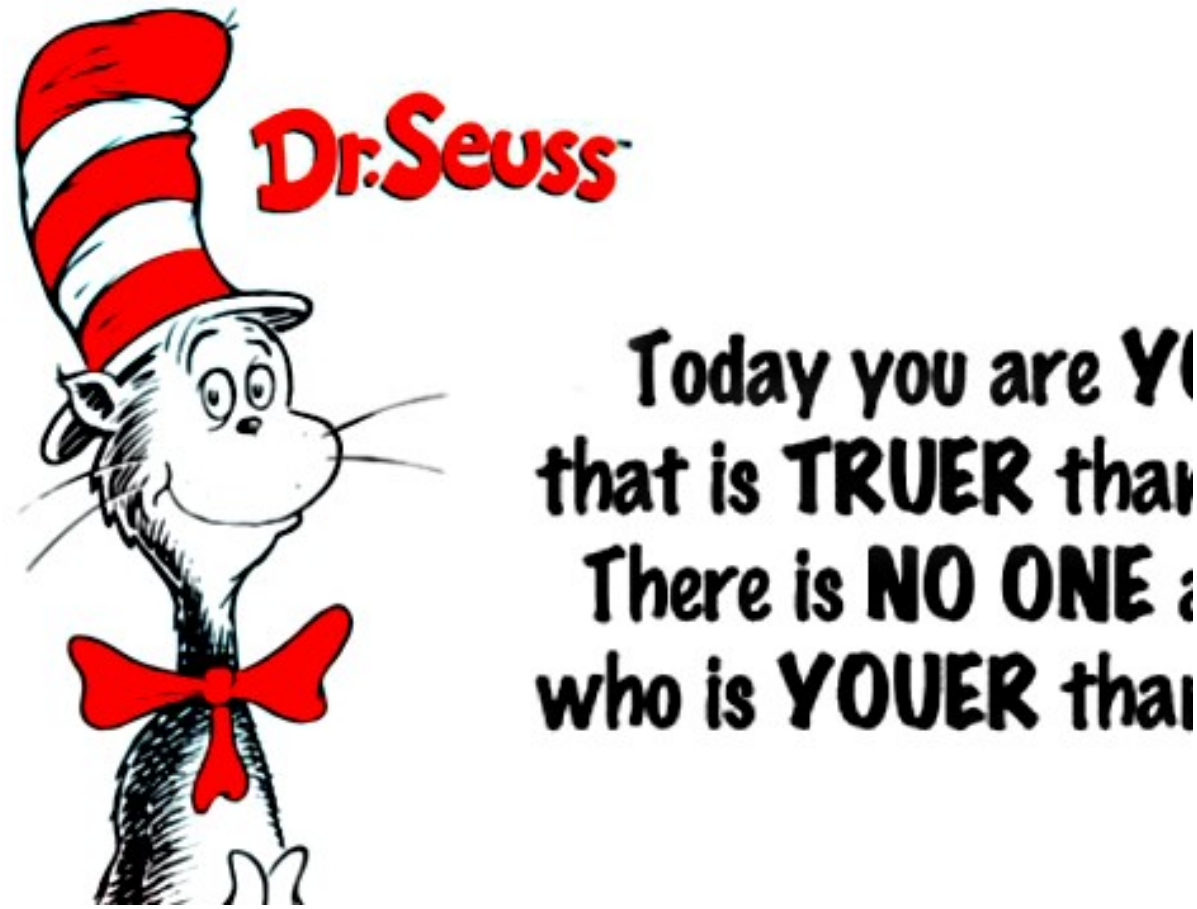
5 = “out of the ball park” idea

And…

"Never doubt that a small group of thoughtful, committed citizens (PHNs) can change the world; indeed, it's the only thing that ever has."

(Margaret Mead)

Thank you!


Dr. Seuss
Today you are Y
that is TRUER thar
There is NO ONE
who is YOUER thar