Community Health Nurses of Canada

Infirmières et infirmiers en santé communautaire du Canada

Canadian Institute of Public Health Inspectors

LEADERSHIP COMPETENCIES FOR PUBLIC HEALTH PRACTICE IN CANADA

KNOWLEDGE TRANSLATION WORK PLAN

November 2015

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Community Health Nurses of Canada
Community Health Nurses of Canada (CHNC) is a national organization for community health registered nurses to advance practice and to improve the health of Canadians. CHNC represents the voices of community health nurses; advances practice excellence; creates opportunities for partnerships across sectors and networks; strengthens community health nursing leadership; advocates for healthy public policy to address social and environmental determinants of health; and promotes a publicly funded, not for profit system for (community) health. CHNC is an associate member of the Canadian Nurses Association (CNA).

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Knowledge Translation Work Plan

1. INTRODUCTION

In 2013, Community Health Nurses of Canada (CHNC), in partnership with the Canadian Institute of Public Health Inspectors (CIPHI) and the Manitoba Public Health Managers Network (MPHMN), 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 (the LCPHPC Project). There are four component parts: an environmental scan that includes a scoping literature review, on-line survey and focus group webinars; competency development through a Delphi process; and a knowledge translation plan to foster uptake of the competencies. The fourth component is a project evaluation process in two parts: formative (interim) and summative (final).

A Project Steering Committee (PSC) and an Expert Advisory Committee (EAC) were struck to guide the LCPHPC Project. The Project's Key Partners (CHNC, CIPHI and MPHMN) are represented on the PSC. The EAC comprises representatives of the seven public health disciplines (dentistry, epidemiology, health promotion, inspection, medicine, nursing, nutrition) and key stakeholders (National Collaborating Centres for Determinants of Health and Methods and Tools (NCCDH, NCCMT), Canadian Public Health Association (CPHA), Canadian Association of Schools of Nursing (CASN), National Network of Schools and Programs of Public Health).

The Academic Partner Team (under the auspices of Robinson Vollman Inc.) includes Drs. Robinson Vollman, Thurston and Meadows of the University of Calgary, along with several research assistants and support people as noted in the various component reports. The Project Consultant is Helena Wall of Innovative Solutions Health Plus in Winnipeg.

The Knowledge Translation Working Group (the KT Working Group) was convened for the purpose of creating a knowledge translation (KT) plan that addresses the players and processes that can be undertaken by the Project's Key Partners and EAC stakeholders (among others) to promote the uptake and use of the *Leadership Competencies for Public Health Practice in Canada* (the leadership competencies) in the context of public health practice, education, administration and research in Canada.

The KT Working Group used the *Knowledge Translation Planning Template* (Barwick, 2008, 2013) to guide it through a KT exercise that culminated in the KT Work Plan presented in this document. With regard to the implementation of the KT Work Plan, the Working Group was informed by the *Framework for Adopting an Evidence-informed Innovation in an Organization* (Dobbins et al., 2005) that describes the stages

involved in disseminating information, promoting the adoption of innovation, and evaluating the success of KT efforts. The Dobbins Framework has 5 steps that guide the translation of evidence into practice:

- ***Knowledge*:** make people aware of the leadership competencies.
- ***Persuasion*:** assess potential benefits and risks of adopting the leadership competencies.
- ***Decision*:** adopt the leadership competencies.
- ***Implementation*:** use organizational changes and strategies to support the uptake of the leadership competencies.
- ***Confirmation*:** evaluate the leadership competencies and the changes made to support their adoption and implementation.

During the course of the LCPHPC Project, an organizational readiness for implementation model has been adopted. The Organizational Readiness to Change Assessment (ORCA) tool, developed by Helfrich et al. (2009), was recommended to assist with determining the likelihood of public health organizations to actually utilize the leadership competencies. This model aligns very well with both the Barwick Template and the Dobbins Framework, and also informed the KT Working Group. The ORCA measures organizational readiness to implement evidence-based practices in clinical settings; it consists of three major scales (77 items) that measure:

- strength of the evidence for the proposed change/innovation;
- quality of the organizational context to support the practice change; and
- organizational capacity to facilitate the change.

2. Knowledge Translation Work Plan

The following **assumptions** guided the planning process:

1. Evidence-based leadership competencies for public health practice in Canada have been developed and are intended to complement the *Core Competencies for Public Health in Canada* (PHAC, 2008) and the PHAC-supported discipline-specific competencies.
2. Oversight of the quality, fidelity and sustainability of knowledge translation requires some structure that monitors the KT process overall for practitioners/educators/employers' integration into the workplace.
    - The EAC will evolve into a leadership community of practice or Canadian public health leadership council as recommended by the KT Working Group[1] with the leadership and support provided by the Project's Key Partners.
3. Each of the disciplines and stakeholders in the LCPHPC Project will undertake the dissemination and knowledge translation activities within their respective areas of influence.

[1] Note that terms of reference or more details are beyond the scope of the LCPHPC KT Plan (i.e., membership, meeting frequency, outcome expectations).

3. Purpose

The **purpose** of this KT Plan is to present a systematic approach to the components that make up a thorough KT strategy for the leadership competencies developed by the LCPHPC Project. This planning process follows the Barwick Template. First, the KT Plan will identify the players in KT, and second, will identify the key messages for KT. Third, the plan will describe the main audiences for KT, and the KT goals, strategies and evaluation methods associated with each audience. Finally, recommendations for implementation of the KT Work Plan, informed by the Dobbins Framework, will be proposed.

4. Players

There are potential **players** for KT efforts beyond those represented on the PSC and EAC. In broad terms, potential players include: researchers, policy/decision makers, and practitioners. More specifically, potential players in the KT strategy include: academia (MPH and leadership programs), professional training programs (dentistry, epidemiology, health promotion, inspection, medicine, nursing, nutrition), Canadian Association of Teachers of Community Health (CATCH), provincial and territorial public health associations, the four National Collaborating Centres for Public Health not represented on the EAC (Aboriginal Health, Environmental Health, Health Public Policy, Infectious Disease), professional associations (e.g., CHNC, CIPHI, Dietitians of Canada), the PHAC, and employers.

At this point, it is not possible to determine the level of engagement of the various LCPHPC Project stakeholders other than the Project's Key Partners, with CHNC taking a lead role. As the KT Work Plan is designed to take place beyond the scope of the LCPHPC Project, and because there are no Project funds to support KT, it remains uncertain what degree of engagement can be expected. There is an urgent need to elicit feedback from participating Project stakeholders, as well as potential players in KT efforts, regarding if/how they will/can contribute to the KT Work Plan going forward.

The Project's Key Partners and stakeholders, as represented by the PSC and EAC, have a role in the development of a LCPHPC KT Plan, execution of the plan, and oversight and maintenance of the approved KT Plan outcomes and tools. The Key Partners have committed to providing ongoing leadership and support for the activities detailed in the KT Plan that extends beyond the scope of the LCPHPC Project, and to explore potential funding to further support KT efforts going forward.

5. Key KT Messages

The KT Working Group defined the LCPHPC Project's Bottom Line Actionable Message (BLAM) as:

- *Leadership competencies are core competencies that must be exercised by and developed in and among public health practitioners at all levels of an organization and across all disciplines.*

The Single Most Important Thing (SMIT) the LCPHPC Project wants people to take away is:

- *The LCPHPC Project wants the stakeholders involved in public health in Canada to understand the leadership competencies, to apply them by implementing the leadership competencies into practice and organizational policies, and to create opportunities for leadership development with the goal to enhance public health leadership.*

The KT Working Group suggests targeted messages to some of the key stakeholders in public health leadership in Canada:

- *PHAC –embed leadership competencies into the public health core competencies*
- *Educators –incorporate leadership competencies into their curricula*
- *Associations –adopt and incorporate leadership competencies into standards of practice; provide interdisciplinary training*
- *Employers –monitor, evaluate and integrate leadership competencies into position recruitment, performance expectations, appraisals, and professional development for staff, and to create leadership opportunities.*
- *Practitioners –understand leadership competencies and apply them in their everyday practice*

6. KT Audience, Goals, Strategies and Evaluation

There are three key audiences for KT of the leadership competencies for public health practice: public health practitioners, public health academics and educators, and public health policy/decision makers and employers.

Audience 1: Public health practitioners

The first audience of interest is the practitioners of public health, those from the traditional[2] public health professions as well as those with MPH and other graduate degrees. The competencies were developed with input from the seven public health disciplines only, but are certainly transferable to other practitioners who wish to apply them (e.g., administrators, health educators, program planners, community development workers, speech-language pathologists, information technologists, etc.).

KT goals include making public health practitioners aware of the leadership competencies and creating interest that leads to practice change. To have the desired impact at the clinical and practice levels, and on continuing professional development, several strategies aimed at public health practitioners can be implemented, including:

- engaging in multi-professional collaborations and leadership training
- attending public health leadership conferences and workshops
- mobilizing public health opinion leaders in support of the leadership competencies

[2] By "traditional" we mean those professionals from the seven public health disciplines that have discipline-specific competencies developed. Most of these fall into the regulated health professions in their respective provinces (e.g., physicians, nurses, dietitians, dentists and dental hygienists, inspectors).

- finding and using champions internal and external to the professions and employing organizations to advance the uptake of the leadership competencies
- creating educational materials that embed the leadership competencies
- receiving performance feedback when exercising leadership in a variety of opportunities
- reading and contributing to peer-reviewed, evidence-based publications on leadership in public health
- using social media (Facebook, Twitter, Instagram) to highlight leadership in action
- engaging in a variety of professional development networks to enhance knowledge (e.g., CHNET-Works!, NCCDH webinars, PHAC *Skills Online*)
- becoming a member of a leadership community of practice

How can success of the uptake of the leadership competencies by practitioners be evaluated? There are several methods that rely on reach of the efforts as well as changes in understanding/knowledge and changes in practice. For example, web analytics and surveys can be used to assess reach, and surveys can be used to assess how useful the competencies are to practitioners, how they are being used, and the degree of interprofessional collaboration that is being generated:

- reach indicators (e.g., web analytics, to determine how often the leadership competencies have been downloaded): number of hits, number of downloads, clout factors; (e.g., surveys, to measure attendance): leadership seminars, webinars, conferences and workshops
- usefulness indicators (e.g., on-line survey): reported read/browsed the leadership competencies, satisfaction, usefulness, knowledge gained, changed opinions/practice/behaviours
- use indicators (e.g., on-line survey): reported intent to use, adoption of the leadership competencies into information/documents, actual use to improve practice or performance
- partnership/collaboration indicators (e.g., on-line survey): number of products/services developed or disseminated with partners, number and type of capacity building efforts, growth of social networks
- uptake indicators (e.g., baseline and one year survey): survey practitioners of the seven public health disciplines to assess the degree of change in leadership competency knowledge, attitudes and behaviour one year after launch of the leadership competencies

Audience 2: Public health academics and educators

For this audience, the focus of KT is not only on awareness of, interest in and knowledge acquisition about the leadership competencies by academics and educators, but also on the integration of the competencies into curricula and course delivery, and program change that incorporates leadership as a key goal of public health education. To have the desired impact on education and research, strategies might include:

- revising of the *Core Competencies for Public Health in Canada* (PHAC, 2008) to incorporate leadership competencies
- developing leadership education tools and experiences
- using the leadership competencies to inform research

- using the leadership competencies to inform course products (syllabus, competency assessment, case studies)
- modelling the leadership competencies for students
- contributing to the scholarly literature on public health leadership education
- undertaking research on public health leadership development
- creating an interdisciplinary Pan Canadian leadership institute or annual meeting
- developing new graduate degrees in public health leadership

To evaluate uptake of the leadership competencies among academics and educators, common reach and scale indicators can be assessed by web analytics, surveys, publication counts, scholarly contributions to the education enterprise, and a review of curriculum documents to assess if the leadership competencies have been incorporated into the various tools used to inform training, education and research. Work is already underway by the National Network of Schools and Programs of Population and Public Health and the Canadian Association of Teachers of Community Health (CATCH) to consider and then advise PHAC and the Pan-Canadian Public Health Network to revise the core competencies by incorporating the leadership competencies in the next version. The Canadian Association of Schools of Nursing, the Partnership for Dietetic Education and Practice, and the Board of Certification of the Canadian Institute of Public Health Inspectors are three other networks that can be engaged to disseminate and utilize the leadership competencies in professional education curricula.

Audience 3: Public health policy/decision makers and employers

The primary goal for this audience is to create organizational culture change based on the uptake of the leadership competencies, commitment to leadership development in all levels of the organization and integration of the leadership competencies into the various tools used to recruit, assess performance, and provide feedback and encouragement to employees. In this instance, the desired impact will be felt at the organizational policy level.

Suggested strategies to foster uptake by public health organizations include:

- supporting multi-professional collaboration in leadership development among professional associations in which their staff participate
- conducting in-service and continuing education to facilitate organizational adoption, staff development and practice of the leadership competencies
- supporting employee attendance at conferences and workshops
- using organizational opinion leaders and champions to support policy action
- encouraging contributions to peer-reviewed publications on organizational development, culture change and leadership development processes and outcomes
- supporting human resource (HR) departments and public health managers to amend recruitment, staffing, performance appraisal and measurement tools that embed the leadership competencies
- promoting HR strategic planning for development of leadership skills and competencies in workforce to support succession planning
- sharing resources among employers and disciplinary groups to make uptake easier

Evaluation of the success of these strategies would include assessing the degree to which HR professionals have accessed and used the leadership competencies, the usefulness of the competencies in HR work, and satisfaction of HR professionals, departmental supervisors and employees with the adoption and/or adaptation of tools to include the competencies within HR processes. Organizational development assessments can determine the degree to which the organization supports leadership development at all levels and in all roles. Senior management champions can be very helpful in the persuasion and decision-making to implement the competencies.

Evaluation research details will depend on the questions posed, the methods proposed and the budget allocated to evaluation efforts. It is beyond the scope of this report to create an evaluation plan.

7. IMPLEMENTATION OF THE KT WORK PLAN

In this section the KT Working Group recommends efforts that have and can take place within the remaining term of the LCPHPC Project, and include others that are aspirational and will need further development, commitment, leadership and funds to be carried out beyond the current scope of the Project. The term "we" refers to the KT Working Group.

Step One. Launch. The *Leadership Competencies for Public Health Practice in Canada* were released at the CHNC Conference in June 2015 in Winnipeg with representatives of the LCPHPC Project Key Partners in attendance (i.e., knowledge and persuasion steps (Dobbins et al., 2005)).

- Each EAC and PSC member has received the leadership competencies as a hard copy document.
- The leadership competencies will be available as a hard copy document from CHNC; an electronic version will be posted on the CHNC website.
- A roll-out Road Map was agreed to by the Project's Key Partners:
    - Communiqué regarding release of the leadership competencies was disseminated (June 2015).
    - The leadership competencies were profiled at CHNC and CIPHI national conferences (June and September 2015 respectively).
    - Focus will change from competency development to use and integration of the leadership competencies (June-December 2015).
    - A plan will be developed by the Project's Key Partners to keep the momentum going after Project funding ends (December 2015).
- The KT Working Group recommends that a learning collaborative or workshop about the leadership competencies be developed and featured at a variety of provincial and national public health conferences.

Step Two. Create a "Leadership Network" [or Community of Practice for Public Health Leadership] (Popp et al., 2014) of the public health disciplines and stakeholders from across Canada to develop a unified and comprehensive approach to the decision, implementation and confirmation steps (Dobbins et al., 2005).

- CHNC Standing Committee on Standards and Competencies will lead, support and monitor leadership competency uptake efforts and create opportunity for ongoing collaboration and learning in the form of a "Leadership Network" (2015).
- This "Leadership Network" will need to create a set of terms of reference to sustain it over time to address public health leadership issues.
- We recommend that the "Leadership Network" meet regularly (at least once a year by teleconference and once a year in person, perhaps at CPHA conferences) to share advances, tools, resources and experiences.
- We recommend that a host and funds be located to create and actively engage with a Facebook site, Twitter feed and other social media to encourage practitioner uptake of the leadership competencies.

Step Three. Promote, monitor and evaluate the uptake and use of the leadership competencies by persuading practitioners and employers to make the decision to implement the leadership competencies (Dobbins et al., 2005) and determining the success of KT efforts.

- We recommend that the "Leadership Network" seek funds to promote the leadership competencies widely among public health practitioners, decision/policy makers, academics and educators, and employers.
- We recommend that the "Leadership Network" seek funds to evaluate the use of the leadership competencies by the metrics suggested in this KT Work Plan (2016).
- We recommend that the ORCA tool (Helfrich et al., 2009)[3] be adapted for use to assess public health organizational readiness to incorporate the leadership competencies and the LCPHPC Project recommendations (2016-17).
- We recommend that Project's Key Partners, consultants and stakeholders contribute to a variety of networks, webinars and skill-building opportunities to promote the leadership competencies (2016-18).
- We recommend that each public health discipline and stakeholder set evaluation criteria and put strategies in place so that baseline measures are set and trends in uptake and use can be assessed (2015).

Step Four: Make scholarly contributions to the literature on public health and leadership to support promotion, dissemination, information exchange, implementation and confirmation of the leadership competencies (Dobbins et al., 2005).

- We recommend that the Academic Partner, Project Consultant and others engaged in the LCPHPC Project be encouraged to submit scholarly articles to the peer-reviewed literature (e.g., Canadian Journal of Public Health, Canadian Journal of Dietetic Practice and Research, Public Health Nursing, among others).
- We recommend that the "Leadership Network" lobby the PHAC to fund a supplement to the Canadian Journal of Public Health on leadership in public health in Canada.
- We recommend that academics and educators undertake research programs on leadership in public health.

[3] Copyright © 2009 Helfrich et al; licensee BioMed Central Ltd. The ORCA tool is open to use without licensing permissions. Users should acknowledge the Quality Enhancement Research Initiative (QUERI) Program at the US Department of Veterans Affairs and alert the program when using the tool.

Step Five: Collaborate with key partners in leadership to successfully promote, implement and confirm the uptake of the leadership competencies in Canada (Dobbins et al., 2005).

- We recommend that the LEADS Collaborative of the Canadian College of Health Leaders (CCHL) be informed about the public health leadership competencies.
- We recommend that public health leaders develop examples of leadership in practice at various levels (novice, intermediate, expert) and in diverse roles (front-line, supervisor, senior manager, educator, researcher, etc.) within public health service delivery, education, administration and research.

8. SUMMARY

This KT Plan is intended to be a dynamic document that will adapt and change as the LCPHPC Project rolls out the leadership competencies and various activities are undertaken to move it through the stages of the *Framework for Adopting an Evidence-informed Innovation in an Organization* (Dobbins et al., 2005) – knowledge, persuasion, decision, implementation and confirmation.

The leadership competencies have been launched and work has begun to ensure that an organized process is in place to steer the uptake of the leadership competencies in public health education and practice, supported by workplace policies, procedures and decisions.

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