

## CASE 4

### The Unique Role of Leadership in Public Health

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Leadership in public health is defined by the Public Health Agency of Canada as “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” (Public Health Agency of Canada, 2007).

On May 11, 2015, Sarah Johnson started working on a challenging project at the Ontario Public Health Association (OPHA) as a Project Coordinator. Her task was to create a Public Health Leadership Hub within the OPHA website that would provide resources for leadership development among professionals in the public health sector. Another task was to work on a draft curriculum for an intensive leadership development program. Both of these tasks would be a part of the development of a Leadership Center in OPHA. Sarah went through some of the background work already completed at OPHA, including a program proposal. As she began discussing ideas about this innovative service with the Executive Director, Pegeen Walsh, a number of questions struck her. How can leadership training specific to public health make a difference when there are other successful leadership programs already in place? What is so unique about leadership in public health that makes it different from the leadership of other professionals in Ontario’s health system?

To search for answers, she started looking at OPHA’s vision, mission, and mandate. Since its creation as a charity in 1949, OPHA’s mission, “To provide leadership on issues affecting the public’s health and to strengthen the impact of people who are active in public and community health throughout Ontario” (OPHA, n.d.a) has driven its activities. It achieves its mission in part, by “leading the development of expertise in public and community health through collaboration, consultation, and partnerships” (OPHA, n.d.a). OPHA’s vision is to be “a dynamic and innovative force for enhancing and reshaping public health” (OPHA, n.d.a). To realize this vision and mission, OPHA is committed to supporting leadership development among public health professionals at all levels. OPHA’s 2013-16 strategic plan calls for formalizing and expanding its efforts in leadership development through the creation of a Public Health Leadership Center (OPHA, n.d.b).

Sarah began to conduct an environmental scan to identify resources focused on public health leadership across Canada and internationally. She was overwhelmed by the number and type of resources, ranging from articles in journals to videos, podcasts, reports, and other publications. She found that there were limited resources from Canada. There were a number of platforms in the United States where professionals working in public health could enhance their leadership skills, but similar opportunities were lacking in Canada. Although a few Canadian public health

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programs include leadership courses, a significant amount of public health professionals are left without academic training in public health leadership. Thus, Sarah embarked on the task of working on the various components of OPHA's Leadership Center that she thought would be helpful in achieving the desired results.

### BACKGROUND

In 2013, the 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), were funded by the Public Health Agency of Canada (PHAC) to develop leadership competencies for public health practice in Canada. The group performed an environmental scan as the initial step in the process of specifying leadership competencies for public health practice in Canada (Vollman, Thurston, Meadows, & Strudsholm, 2014). The results of a literature review conducted as part of the environmental scan identified personal qualities, enablers, and barriers to public health leadership. Among the barriers identified were: "lack of mentoring; lack of education/training; and limited opportunities for continuing education". These were subsequently ranked by public health stakeholders in the top five personal barriers to leadership in public health (Vollman et al., 2014). Thus, with Sarah's own initial findings along with those of the CHNC report, it became clear that the existing knowledge gaps could be addressed through the provision of learning resources, combined with an educational program designed to meet these specific gaps.

### UNIQUE ROLE OF LEADERSHIP IN PUBLIC HEALTH

In comparison with other professionals in Ontario's health system, public health professionals require specialized leadership skills because of their unique roles. In addition to collaborating with health care organizations, they often work with others outside of the health sector, such as schools and school boards, municipal planners and transportation engineers, local businesses and workplaces, environmental associations, community groups, and policy developers. In Ontario, public health professionals have a shared accountability to provincial and municipal governments and rely heavily on citizen engagement to achieve their goals. These professionals work in a wide range of areas including preventing chronic disease, addressing social determinants of health, advocating for healthy public policy and positive built environments, as well as other areas that impact community health and well-being. The work often addresses problems with no clear set of answers or immediate and apparent results. Multi-sectorial partnerships and collaborations are often required to gain expertise and address complex issues.

At the provincial level, developing capacity in leadership for public health professionals is a priority, evidenced by a goal within Public Health Ontario's (PHO) strategic plan to "support learning, individual and team development, and build leadership capacity" (Public Health Ontario, 2015). One initiative to achieve this goal is the establishment of a leadership framework and development strategy (Public Health Ontario, 2015). OPHA's plan to develop a leadership center was thus aligned with PHO's mandate, and could address existing knowledge gaps. Sarah wondered what the best method of delivering this program would be. How would she determine the priorities for leadership training and support?

Sarah looked to examples from other jurisdictions to help her answer these questions. In the United States, she found a number of platforms for supporting leadership training and professional development. The Centers for Disease Control and Prevention (CDC) strive to empower and build the capacity of public health professionals. To do this, the CDC provides support to the Public Health Institute for Health Leadership and Practice, which maintains the National Leadership Academy for the Public's Health (NLAPH). The Academy brings

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together teams of leaders belonging to a wide range of sectors in public health and encourages advancement of knowledge, attitude, and practices (NLAPH, 2013). The results of a cross-sectional survey that involved all leaders from the program's 15 cohorts, along with telephone interviews, found that graduates "worked to restructure services, reorganize agencies, catalyze new laws, and develop programs" (Umble et al., 2011).

An evaluation of the American National Public Health Leadership Institute Program, a four-day training course, found that program graduates from 1991-2006 had remarkable achievements. This team-based applied leadership program focuses on developing the leadership capacity of teams of public health leaders (NLAPH, 2013). It aims to bring about community health improvements by promoting effective work across sectors. Teams were "required to identify a 'real world' community health improvement project" that they worked on throughout the program (NLAPH, 2013). The findings of this project were:

- "75% of teams indicated that they had made more progress in leadership learning than they had expected"
- "84% of teams reported that participation in NLAPH at least somewhat impacted their team's ability to successfully engage other sectors in their project, which increased the ability to work across sectors, thus improving the ability to bring in key stakeholders and increase collaboration"
- "56% of teams reported that they made more progress on their project than they expected" (NLAPH, 2013)

The evaluations concluded that "in its pilot year, NLAPH was successful in advancing participants' leadership skills, strengthening team functioning, increasing intersectoral collaboration, and helping teams make progress on their community health improvement project" (NLAPH, 2013).

### THE SITUATION

Sarah was concerned about finding a source of funding for the project given the limited budgets of public health organizations in Ontario. An expert in leadership training and adult education was needed to help develop a funding proposal and to create the curriculum for this intensive public health leadership program. Despite these challenges, OPHA was able to frame an initial draft of the program proposal and approach some pharmaceutical companies for funding. The companies showed initial interest, but they required more details. Was it in the capacity of OPHA to draft a comprehensive program proposal? Sarah conducted a scan on public health leadership development programs outside of Canada, and assessed the lessons learned that could assist with the development of the OPHA Leadership Center web-page. Thus began the process of searching and brainstorming ideas. A Leadership Reference Group was created to find the best ways of program delivery, possible participants, speakers, teaching methods, and duration. This reference group included representatives from OPHA's Board of Directors, academics and long-time public health leaders, OPHA's Executive Director, staff members, and Sarah.

Based on an assessment of gaps and opportunities, the group decided OPHA's Public Health Leadership Center should focus on five areas:

1. Mentoring and coaching, enabling students and new professionals to learn from established leaders.
2. Leadership Development and Training for public health professionals at all levels.

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3. Networking and Communities of Practice so that like-minded professionals could connect and learn from each other.
4. Leadership Research and Resource Center, partnering with researchers to advance knowledge and provide a web based repository of key resources, tools, and links.
5. An Annual Leadership Summit and Leadership Awards so that professionals could connect, be inspired, hear about the latest developments, recognize excellence and innovation, and honour champions.

Partnerships would be developed to achieve shared goals, particularly with the academic sector, to frame a sound curriculum and certification. Other collaborations would ensure that the planned activities would be complementary to those currently existing, could address gaps, and build on promising and innovative practices.

Even after coming up with the program components and possible teaching methods, the question remained: How could a comprehensive program plan be developed without any available funding to hire an expert in proposal and curriculum development?

### THE REFERENCE GROUP'S DECISION

The OPHA Leadership Reference Group decided to initially focus on two components of the Leadership Center: An Online Public Health Leadership Hub and an initial framework for developing an intensive program curriculum. As Sarah started working on these components, CHNC was about to release its final report on “Leadership Competencies for Public Health Practice in Canada”. Sarah was eagerly awaiting this report as it would provide guidance for the development of the program curriculum. The program competencies were to be based on the environmental scan report earlier released by CHNC.

The Leadership Reference Group made another important decision. To make this program more accessible and thus useful for professionals, it would approach funders who were willing to subsidize participants’ registration and travel. Along with investing its own resources, OPHA decided to seek financial support from various private, public, and non-profit sources to make it easier for a wide range of public and community health professionals to participate and access leading edge programming and resources.

### CONCLUSION

After all her background work, Sarah was convinced that having a Leadership Center needed to happen. She began to think about what was required to be done to move this initiative forward. It became evident that there was a knowledge gap in public health leadership development amongst professionals. There were certain aspects that she expected the OPHA Leadership Center program would address. It would include principles of social justice with attention to equity and social determinants of health. She also wanted the Leadership Center to be equally accessible for everyone. For that reason, she started to look for suitable funders who would be interested in contributing to this program.

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## INSTRUCTOR GUIDANCE

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#### BACKGROUND

Sarah Johnson was given the task to create a Public Health Leadership Hub within the OPHA website that could provide resources for development of leadership for professionals in the Public Health sector. Another task was to work on developing an initial curriculum for an intensive leadership development program. Both of these tasks would be a part of the development of a Leadership Center at OPHA. Some of the ground work was already done by the Ontario Public Health Association, including a program proposal.

Sarah started doing a scan on developments taking place in this field in Canada and other parts of the world. Sarah's own findings, along with a report from the Community Health Nurses of Canada, made it clear to her that there was a possibility of addressing this knowledge gap through the provision of learning resources combined with an educational program.

A Leadership Reference Group was created to provide advice on the program content, delivery, possible participants, speakers, teaching methods, and duration. This reference group included representatives from OPHA's Board of Directors, academics, long time public health leaders, OPHA's Executive Director, some staff members, and Sarah.

Based on an assessment of gaps and opportunities, OPHA's Public Health Leadership Center planned to focus on five areas:

1. Mentoring and Coaching
2. Leadership Development and Training
3. Networking and Communities of Practice
4. Leadership Research and Resource Center
5. An Annual Leadership Summit and Leadership Awards

#### OBJECTIVES

1. Understand the unique role of public health leadership from that of other health care professionals.
2. Recognize the importance of formal leadership training and the difference it can make in the way that people work.
3. Identify the best mode of delivering training/resources and recognize the participants who would benefit the most.
4. Develop evaluation measures to test the effectiveness of a leadership program.

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### DISCUSSION QUESTIONS

1. What does Sarah need to consider/know more to move ahead?
2. What are the various complex issues that can be addressed through leadership development?
3. What would be the best source of funding for this particular program?
4. What is the relationship between strong leadership and community health and well-being?
5. How should support be built for leadership training and promotion of the program?

### KEYWORDS

Public health leadership; leadership training and education; intersectoral collaboration; environmental scan.