

Institute Name: Mid-America Regional Public Health Leadership Institute

Project/Case Title: Leadership Capacity Framework for Implementing the National Public Health Program

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The case study on the leadership challenges associated with the development of the Québec Public Health Program (QPHP), presented on March 31 by the Québec team, shed light on a number of issues related to this program's implementation. The main objective of this technical assignment report is to identify the competencies that leaders and public health professionals in Québec should have or develop in order to meet the challenges identified in the case study. It was produced in support to the Program follow-up committee.

This progress report defines the project objective, the term "competency," and the purpose of the Program follow-up committee which oversees the implementation of the QPHP, reviews the challenges to implementation, and introduces the selected conceptual framework, a revised version of this framework, and the method used to identify competencies. Completing the report is a description of the results, i.e., the competencies identified, the main findings of the project, the next steps, and a conclusion.

After much research and discussion among team members, a conceptual framework developed by the Australian organization New South Wales (NSW) Health was selected to help us achieve the project objectives. Entitled *A Framework for Building Capacity to Improve Health*, this framework is now in use nation-wide in Australia. While much of the framework is similar to that suggested in the book *Public Health Leadership* by Louis Rowitz (see Appendix A and B)¹, we selected the Australian framework for a number of reasons. It clearly represents a vision of leadership in which leadership is conceived as a motor for change and action. This gave us a highly operational, systematic, and concrete means of identifying the competencies required for effective implementation of the Québec Public Health Program at each level (local, regional, provincial, and the INSPQ). It also has the same conceptual basis as the "performance management" approach recommended by the U.S. consortium Turning Point, which seeks to turn "silos to systems."¹

This capacity building model (Figure 1) was initially designed to represent the often "invisible" work of health promotion. It encompasses activities and components as diverse as identifying opportunities to facilitate program implementation, lobbying for support, skills development, policy development support, negotiation with decision makers, a partnership development guide, and contributing to organizational planning. It organizes these elements in a dynamic, easy-to-understand manner.

The term "capacity building" and related concepts are used in a number of fields, sometimes under names such as "action on social determinants", "prevention," or "partnership," among healthcare practitioners.

Under this model, capacity building is a necessary part of the entire program development process, but also in a broader sense of systems in general. It is this second aspect that interests us more specifically with regard to QPHP implementation, since the three levels of implementation can be considered as systems or subsystems where capacity building to obtain objectives is desired. Capacity building activities can be developed for individuals, teams, organizations, interorganizational structures, coalitions, and communities.

The framework links the five strategies for capacity building (organizational development, workforce development, resource allocation, partnership, and leadership) and the three dimensions of capacity building (infrastructure development, program maintenance and sustainability, and problem solving capability) (Figure 1).

The creation of a working group for leadership training has brought the various levels of public health actors closer together. In addition, the competency identification process conducted by all levels involved in QPHP implementation has fostered creative collaboration, a key competency. Partnerships have begun to develop between levels and must be extended to all players in Québec and supported by leaders of the four levels.