

Coping with Structural Change: How a Regional Health Authority Is Helping Local Public Health Managers Take on New Responsibilities

S'adapter à un changement structurel : une région régionale des services de santé aide les gestionnaires de la santé publique locaux à assumer de nouvelles responsabilités

by CANADIAN HEALTH SERVICES RESEARCH FOUNDATION

Abstract

The Montérégie Health and Social Services Agency in Quebec takes a population-centred approach to service delivery. For the newly appointed public health managers in particular, the new structure has meant gaining competencies in new areas, from socio-demographic analysis to partnership development. This innovative initiative was recently featured in *Promising Practices in Research Use*, a series produced by the Canadian Health Services Research Foundation highlighting organizations that have invested their time, energy and resources to improve their ability to use research in the delivery of health services. Tell the Foundation your own stories and visit the *Promising Practices* inventory at http://www.chsrf.ca/promising/index_e.php.

Résumé

L'Agence de la santé et des services sociaux de la Montérégie adopte une approche de prestation de services axée sur la population. La nouvelle structure a permis notamment aux gestionnaires de la santé publique nouvellement affectés dans les centres d'acquérir des aptitudes dans de nouveaux secteurs, allant de l'analyse sociodémographique au développement de partenariats. Cette initiative novatrice a fait l'objet d'un article dans *Pratiques prometteuses dans l'utilisation de la recherche*, une série mensuelle produite par la Fondation canadienne de la recherche sur les services de santé, qui présente des organismes ayant investi temps, argent et ressources afin d'améliorer leurs capacités à utiliser la recherche dans la prestation des services de santé. Vous pouvez nous suggérer des idées d'article et consulter la liste des numéros de *Pratiques prometteuses dans l'utilisation de la recherche* au http://www.chsrf.ca/pratiques/index_f.php.

CANADA'S HEALTHCARE WORKPLACE IS CHANGING, AND EMPLOYEES NEED new skills to assume fresh responsibilities. Nowhere is this more evident than in Quebec, where community health centres, residential and long-term care centres, hospitals and related institutions have come together into full-service local health and social services centres. It's a population-centred approach to service delivery and it requires employees to have competencies in new areas, from socio-demographic analysis to partnership development.

For public health managers in particular, the new structure brings both opportunities and challenges. "On one hand, we're excited about the population-centred approach, which is the orientation of public health," says Jocelyne Sauvé, director of public health at the Montérégie Health and Social Services Agency, and a fellow in the Canadian Health Services Research Foundation's Executive Training for Research Application (EXTRA) program. On the other hand, Dr. Sauvé worries about a loss of visibility for public health on decision-makers' radar. "Before the amalgamation, public health accounted for 20 percent or more of the budget for most centres," says Dr. Sauvé. "Now, it accounts for less than five percent of the combined budget if a hospital is part of the new organization, and less than 10 percent if there's no hospital involved."

The amalgamated structure has also meant greater responsibilities for the centres' newly appointed public health managers. Their role is to carve out a niche for public health and, at the same time, integrate it with the other services making up each centre's service continuum. They are responsible for managing the local public health action plan and serve as resource persons for their centres in regard to the population-centred approach.

The goal of Dr. Sauvé's EXTRA project was to help public health managers deal

with these additional responsibilities by building their skills in areas that would help them navigate in the new organizational context. Her focus on skills and competencies was a result of an initial literature review on how public health services fared when restructuring amalgamated them under the same governance structure as treatment services.

“Some studies have found that when preventive services ‘compete’ with treatment services in the same organizational structure, the treatment side ‘wins,’” says Dr. Sauvé. “However, other research has found that the governance structures are less important than the qualities and skills of the public health managers involved.”

The first step was to identify the key competencies required by local public health managers. A literature review came up with many technical/professional skills and behavioural competencies, and a group of public health managers assembled and prioritized a list of 32. These were further validated and cross-referenced against such factors as the relative importance of each skill to meeting managers’ responsibilities. The result was a ranked list of 14 skills and competencies.

Meanwhile, another stream of research in Dr. Sauvé’s literature review focused on how best to transfer knowledge and develop priority competencies. This research informed the development of a learning plan tailored to the needs of the managers and organizations involved. “We pulled a number of things together,” says Dr. Sauvé, “including the varied professional backgrounds of the managers, the available opportunities and advice from the literature on which learning approaches, such as seminars or face-to-face interaction, favoured the acquisition of which skills.”

A collective learning exercise was then launched, focusing on four competencies: effective public health interventions; population-centred approaches and responsibilities; population health and well-being surveillance; and strategic influence. Positive movement was recorded in all these areas, and significant changes were noted in a number of them. For example, participants rated their skills significantly higher after the learning exercise in all four target competencies. In addition, they felt significantly better equipped to fulfill two of their specific responsibilities.

The approach is now being used at the provincial level. “Though we have some areas to work on, we are pleased that the results have been so positive,” says Dr. Sauvé. “I think it comes down to the time we took to find and consider the evidence from the literature, and use it in a rigorous way to develop with managers and their organizations a learning approach and focus that met their needs.”