

# Promising Practices In Research Use

Organizations investing in people, processes, and structures to increase their capacity to use research

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## Coping with structural change:

How a regional health authority is helping local public health managers take on new responsibilities

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 Montréal 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."

Are you interested in bringing this practice to your organization? The Foundation may be able to help. Please visit [www.chsrf.ca/promising](http://www.chsrf.ca/promising) for information. You can also find more stories about how organizations are increasing their capacity to use research and tell us your own stories, which may be used for future installments of this series.

### Key messages

- Structural changes that bring healthcare treatment and public health services under the same governance structure can dilute public health services, given the intense pressures to increase treatment services.
- Some evidence suggests that this dilution is less attributable to the changed structure and more to the fact that public health managers lack the skills and competencies they need to operate in the new environment.
- Research evidence and consultations with those involved can help to identify key skills and competencies for public health managers, as well as develop a training strategy to impart them, ultimately helping managers adapt to the new organizational environment.

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 behavioral competencies, and a group of public health managers assembled and prioritized a list of 32. These were further validated and cross-referenced against factors such 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 of 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 fulfil 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."

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