

Direction de santé publique
MONTÉRÉGIE

Compétences en action program
Building Leadership Competency
in Public Health

Jocelyne Sauvé, MD, MSc, FRCPC

Medical Officer of Health, Montérégie

February 2012



The Case - **The Changing Face of Public Health in Quebec**

Background:

- Adoption of Bill 83
 - Merging of facilities
- Public health spending
 - From 20% in CLSCs to 2% in new CSSSs



The Challenge

How could the culture of health service delivery be changed, for the survival and development of essential public health functions, delivered at the local level?



The Environment

- Need for strong public health leadership
- Senior managers with little knowledge & no training
- EXTRA program provided a research environment
 - Literature review re PH knowledge & competencies
 - Literature review re on-the-job knowledge translation
 - Implementation plan, approved by local CSSSs



The Challenge

Senior execs responsible for local PH action plan needed:

- Tools and competencies to understand and measure the health of local populations
- Best practices to fill the gap between health care needs and public health services
- Evidence-based administrative practices within the culture of the organization, for effectiveness and follow-up



Group Work

(20 Minutes)

Armed with research on what competencies and knowledge are required by public health managers, and the best way to develop those competencies, how would you direct Dr. Sauvé to successfully implement a public health training program for all managers in her region?



Destination **prévention**

DIRECTION DE SANTÉ PUBLIQUE MONTÉRÉGIE

Québec 

Partners and Stakeholders

Dr. Sauvé was not in a position of authority over the eleven CEOs of the CSSSs

- Reputation of competence as a public health specialist
- Fully responsive staff, bringing expertise to the local level
- One-on-one rapport and trust, through individual meetings with directors
- Clear and transparent communication



Key 'Sales' Concepts

- If CSSS managers were better at their jobs, CEOs would have an easier time fulfilling their mandates
- The health of the local population would benefit

Trust, expertise, relationships, leadership and transparency were the keys to success.



Challenges

1. Increasing competition between preventive and curative activities
2. Establishing and maintaining a community of practice
3. Maintaining the support of local CSSSs
4. Ensuring that training continued to meet local needs
5. Dealing with the mobility and reduced availability of public health managers
6. Establishing a sustainable funding stream
7. Integrating competency development into ongoing local training strategies, linking practice with research



Group Work

(20 minutes)

In Dr. Sauvé's place, how would you use training/ the development of competencies to embed a population equity approach in health service delivery?

How would you address the first four challenges noted?



Destination **prévention**

DIRECTION DE SANTÉ PUBLIQUE MONTÉRÉGIE

Québec 

Challenges

1. Increasing competition between preventive and curative activities
2. Establishing and maintaining a real community of practice
3. Maintaining the support of local CSSSs
4. Ensuring that training continued to meet local needs



Current Project Status

- All senior/most middle PH managers have been trained
- Most professionals have followed a customized training program
- Four other regions have shown interest in the approach and tools available



Current Project Status

- *Initiative sur le partage des connaissances et le développement des compétences en santé publique et en gestion par approche populationnelle (IPCDC)* was formed to support CSSSs
 - Partners are INSPQ, universities, Ministère de la Santé et des Services Sociaux, health and social service agencies, public health departments and the association of health care facilities



Current Project Status

- Four components:
 - “Competence en action” (Dr. Sauvé’s program)
 - An on-line ‘micro-program’ in public health
 - A ‘micro-program’ in change management
 - A community development approach, that sees community organizations working in partnership with CSSS staff on population health initiatives.



Current Project Status

- Quebec's Provincial Public Health Coordinating Committee has agreed to collaborate formally on the project.
- The INSPQ sees the training of health service managers in public health skills as an opportunity to embed a population health focus into health service delivery.



Group Work

(10 minutes)

Having heard about the success of training managers in La Montérégie, how would you apply those elements to develop leadership in health equity among managers in your area?



Destination **prévention**

DIRECTION DE SANTÉ PUBLIQUE MONTÉRÉGIE

Québec 

Strengths

- A strong leader, working through influence rather than authority
- Explicit, though flexible, vision
- A solid scientific foundation, in the context of political, social and organizational scene
- A highly persuasive communication plan



Strengths

- Shared leadership, among a solid team
- Well-trained staff, sharing PH expertise
- A good mechanism for successful knowledge transfer and competency development
- Adaptability, flexibility and creativity
- Maintaining the commitment of all involved



“The development of Public Health is an open door to the development of communities. It has a direct impact on people individually and collectively.”

Gylaine Boucher, Manager, IPCDC



Destination **prévention**

DIRECTION DE SANTÉ PUBLIQUE MONTÉRÉGIE

Québec 