

## Vancouver Coastal Health Survey Results Pilot on Intersectoral Collaboration/Action Competencies

### A. Employer Survey for Intersectoral Collaboration

#### Part 1. Employer Respondent Profiles

These results are based on 6 respondents. In areas where not all respondents provided an answer, the number of respondents has been indicated. All respondents are part of Regional Health Authorities. Five respondents identified as Manager and one respondent identified as Director. 16.67% of respondents stated they had worked in public health for less than 5 years, 50% between 5-10 years, and 33.33% for more than 10 years. With regards to discipline, three respondents indicated their discipline was in policy and planning, one respondent indicated discipline as public health nurse, and two respondents selected other and stated: population health research and OT [Occupational Therapist].

#### Part 2. Organizational Support for Intersectoral Collaboration

Toward achieving program goals, 16.67% of respondents rated intersectoral collaboration as extremely important, and 83.33% rated it as very important.

All respondents (100%) felt that organizational leadership was supportive of intersectoral collaboration. In addition, provision of supports to staff that may assist with intersectoral collaboration was seen as available by 100% of respondents.

The majority of respondents indicated that the following tools were made available to staff to support intersectoral collaboration: Financial (budget allocation); tools; administrative support; supportive organizational culture and leadership; existing positive relationships and partnerships with relevant groups; access to experts and opportunities to collaborate with others; and training, education and mentoring opportunities. Only one respondent (16.67%) indicated that intersectoral collaboration was included in performance review plans. Of note is that 100% of respondents stated that existing positive relationships and partnerships were available to support intersectoral collaboration/action.

Two respondents provided comments with regards to achieving program goals and Intersectoral Collaboration/Action.

#### *Respondent Comments*

- *Partnerships are crucial to support our population health strategies because many of the societal changes required to improve population health are outside the health sector.*

*Our partnerships also provide us with the energy, skills, resources, information and a broader perspective we need to develop effective population health strategies. Our partners Academic and research institutions: We work with these groups to identify priority areas for research. We also provide practicum placements for university students enrolled in population and public health programs. Community agencies: Our collaborative efforts range from participation on inter-sectoral coalitions to promoting innovation in community agencies to funding non-profit organizations to deliver health promotion programming. Municipal governments: We build relationships with municipalities to identify joint priorities through sharing data, monitoring trends and participating in planning tables.*

- *I do think a lot of staff work intersectorally and don't necessarily even know it, eg, nurses who engage with clients, day cares, NGOs, etc.*

### **Part 3. Training and Education**

Survey question number four was only answered by one respondent. The answers given by that respondent are listed below:

4a. Do you think your staff require additional professional development in intersectoral collaboration/action? *Yes, some.*

4b. If yes, approximately how many staff do you think may require professional development in Intersectoral collaboration/action? *Less than 10.*

4c. If yes, how important is it to develop/have access to training/education programs in this competency area? (Please rate importance on a scale of 1-5, with 1 being high and 5 being low) *4.*

Out of 6 respondents it was indicated that in general organizational support for professional development was available in the following forms: 100% gave time off during work hours for training; 66.67% paid a portion of the tuition; 66.67% recognized courses in performance plans; 33.33% recognized staff achievements in a tangible way (salary increase, promotion etc.); 83.33% offered on site workshop free of charge; 83.33% supported development and participation in communities of practice.

Survey question number six was only answered by one respondent. The respondent stated that their organization would be willing to participant in teaching some aspect of a program or course and provide field placements.

One respondent provided an additional comment regarding appropriate approaches to support professional development in their organization.

#### **Respondent Comment**

- *Training and learning opportunities should be used to enhance the partnerships themselves. Health should learn about intersectoral collaboration while sitting next to their partners in other sectors. - There is limited access to funds to support travel and professional development. Low cost, local alternatives are preferred.*

#### **Part 4. Skills in Intersectoral Collaboration**

Respondents rated competency numbers seven, fifteen, twenty and twenty one as being the highest priority for professional development. All competencies chosen by respondents as high priority have been highlighted in dark blue. Percentages were calculated based on the number of respondents that gave the competency a ranking between one and three (Options were to rank from 1-5, 1 being the highest priority and 5 being the lowest priority).

	<b>Skill Set</b>	<b>%</b>
1.	Able to establish a safe environment for expression of diverse opinions with respect, reciprocity, and multiplicity across sectors.	16.67%
2.	Able to develop and implement processes for working together that respects the values of members from all sectors.	33.34%
3.	Able to Demonstrate knowledge of how Intersectoral Collaboration/Action is associated with the social determinants of health and able to communicate this knowledge to other sectors.	33.33%
4.	Able to understand and apply a population and determinants of health approach, using Intersectoral Collaboration/Action and social justice practices to improve the health and well-being of communities and populations while working with outside sectors.	33.33%
5.	Able to be self-reflective about one's own position and how that may impact partnership and collaboration with other sectors and be open and receptive to outside sector values.	0.00 %
6.	Able to use common language and best practices to articulate public health values in framing and communicating with outside sectors.	16.67%
7.	Able to use multiple media tools and communication modalities (including social media) to communicate and enhance intersectoral work.	50.00%
8.	Able to be attentive and ready to engage in active listening and collective learning.	16.67%
9.	Able to cultivate vital collaborative relationships and increase connectivity with other professionals, organizations, the public, both within and outside the health sector.	0.00 %
10.	Able to gather and mobilize knowledge and information to encourage an open exchange.	33.33%
11.	Able to articulate and utilize the strengths/assets that the public health and other sectors can bring to intersectoral collaboration.	0.00 %
12.	When working with other sectors, able to ensure the community is an equal partner and contributor in information collecting and analyzing processes.	0.00 %
13.	Able to think critically at a systems level, recognizing the interrelationships among and between factors that affect the health of populations.	16.67%
14.	Able to use knowledge, data, and evidence to anticipate and meet challenges, and to influence decision-making in a range of political and partnership environments.	33.33%

15.	Able to understand and influence political and policy agendas across sectors and recognize priorities, linkages, and synergies.	50.00%
16.	Able to connect with relevant stakeholders to collaboratively set goals and priorities to operationalize strategies and programs for improving population health and wellbeing.	33.33%
17.	Able to engage government, non-government organizations, and community in the design and development of Public Health services.	33.33%
18.	Able to understand and navigate unequal power relations in collaborative work.	33.33%
19.	Able to collaborate in identifying and maintaining appropriate leadership and supportive roles for all partnership members.	33.33%
20.	Able to contribute to and work towards transformation and positive change that will advance intersectoral collaboration.	50.00%
21.	Able to understand other organizations and help partners move initiatives through their own organizational cultures.	50.00%

In response to the question: Are there any other Intersectoral Competency skills, not listed above, you would rank as one of the top five professional development needs of your staff? The following response was given:

***Respondent Comment***

- *I would add the need to learn more about the governance, policy and funding environments that influence the work of partners outside health. For example, if partnering with municipalities, it is important to have an understanding of how local government works, its mandate, jurisdiction, funding, etc...*

## **B. Employee Survey for Intersectoral Collaboration**

### **Part 1. Employee Respondent Profile**

These results are based on 6 respondents. All respondents were employed by a Regional Health Authority. Roles were described as program consultant, front-line staff, and practice support leader/educator. 50% of respondents identified their professional discipline as public health nurse. Other disciplines identified were policy and planning, nutritionist/dietician, and audiology. All respondents (100%) stated they had worked in public health for more than 10 years.

### **Part 2. Intersectoral Competency Statements**

The following section asked respondents to answer three questions for each of the 21 competency statements. The three questions were as follows:

1) For this skill what is your level of competency?

Choices:

It’s a strength of mine and I could mentor others

It’s a strength of mine-I am very comfortable but not at a level to mentor others

I have a working knowledge (I am capable able to apply this skill)

I am aware of this skill, understand it, but do not feel I am capable of applying it

I am aware of this skill, but not sure what it means

I don’t know about this—can’t say how skilled I am with it

2) In your current position, how necessary is this skill?

Choices:

Very necessary

Necessary

Not necessary

Don’t know

3) Do you need professional development in this skill for your current position?

Choices:

Yes

No

Don’t know

In general for all competencies, the majority of the respondents felt very comfortable with the skill, however, not comfortable enough to provide mentorship. In most cases, the majority of respondents felt all competencies were either necessary or very necessary in their current position. Finally, the majority of respondents felt that they either required additional professional development in all competencies or did not know whether they required professional development. The table below displays each competency statement followed by the most common respondent answer for each of the three questions asked.

	Skill Set	Level of Competency	Necessary Skill	Requires skill development
1.	Able to establish a safe environment for expression of diverse opinions with respect, reciprocity, and multiplicity across sectors.	66.67% Very comfortable	66.67% very necessary	66.67% development required
2.	Able to develop and implement processes for working together that respects the values of members from all sectors.	66.67% Very comfortable	50% very necessary	50% development required
3.	Able to demonstrate knowledge of how Intersectoral Collaboration/Action is associated with the social determinants of health and able to communicate this knowledge to other	50% Very comfortable	50% very necessary	66.67% development required

	sectors.			
4.	Able to understand and apply a population and determinants of health approach, using Intersectoral Collaboration/Action and social justice practices to improve the health and well-being of communities and populations while working with outside sectors.	50% Very comfortable	66.67% very necessary	50% development required
5.	Able to be self-reflective about one's own position and how that may impact partnership and collaboration with other sectors and be open and receptive to outside sector values.	50% Very comfortable	66.67% very necessary	33.33% development required
6.	Able to use common language and best practices to articulate public health values in framing and communicating with outside sectors.	50% Very comfortable	66.67% very necessary	33.33% development required
7.	Able to use multiple media tools and communication modalities (including social media) to communicate and enhance intersectoral work.	33.33% Very comfortable	66.67% necessary	66.67% development required
8.	Able to be attentive and ready to engage in active listening and collective learning.	66.67% Very comfortable	66.67% very necessary	66.67 % No development required
9.	Able to cultivate vital collaborative relationships and increase connectivity with other professionals, organizations, the public, both within and outside the health sector.	50% Very comfortable	50% very necessary	33.33 % development required
10.	Able to gather and mobilize knowledge and information to encourage an open exchange.	50% Very comfortable	83.33% necessary	50 % development required
11.	Able to articulate and utilize the strengths/assets that the public health and other sectors can bring to intersectoral collaboration.	50% Very comfortable	83.33% necessary	50 % development required
12.	When working with other sectors, able to ensure the community is an equal partner and contributor in information collecting and analyzing processes.	50% Very comfortable	50% necessary	50 % development required
13.	Able to think critically at a systems level, recognizing the interrelationships among and between factors that affect the health of populations.	50% Very comfortable	50% necessary	Data Missing
14.	Able to use knowledge, data, and evidence to anticipate and meet challenges, and to influence decision-making in a range of political and partnership environments.	50% very comfortable	66.67% necessary	50 % development required
15.	Able to understand and influence political and policy agendas across sectors and recognize priorities, linkages, and synergies.	33.33% have a working knowledge	50% necessary	33.33 % development required
16.	Able to connect with relevant stakeholders to collaboratively set goals and priorities to operationalize strategies and programs for improving population health and wellbeing.	50% very comfortable	66.67% very necessary	50 % development required
17.	Able to engage government, non- government organizations, and community in the design and development of Public Health	40% very comfortable	50% necessary	50 % development

	services.	(Answered by 5 respondents)		required
18.	Able to understand and navigate unequal power relations in collaborative work.	100% have a working knowledge, able to apply	66.67% necessary	66.67 % development required
19.	Able to collaborate in identifying and maintaining appropriate leadership and supportive roles for all partnership members.	83.33% have a working knowledge able to apply	50% necessary	50 % development required
20.	Able to contribute to and work towards transformation and positive change that will advance intersectoral collaboration.	33.33% very comfortable	66.67% necessary	50% development required
21.	Able to understand other organizations and help partners move initiatives through their own organizational cultures.	33.33% very comfortable	83.33% necessary	33.33% development required

### Part 3. Skills for Intersectoral Collaboration Competencies

Employee survey results indicated that the following competencies were considered the highest priority for professional development: one, two, three, six, eight and sixteen. All competencies chosen as highest priority by respondents have been highlighted in blue. Percentages were calculated based on the number of respondents that gave the competency a ranking between one and three (Options were to rank from 1-5, 1 being the highest priority and 5 being the lowest priority). When asked, respondents stated there was no other intersectoral collaboration/action skills not mentioned that they would rank as a top five priority for training.

	Skill Set	Percent
1.	Able to establish a safe environment for expression of diverse opinions with respect, reciprocity, and multiplicity across sectors.	66.67%
2.	Able to develop and implement processes for working together that respects the values of members from all sectors.	50%
3.	Able to Demonstrate knowledge of how Intersectoral Collaboration/Action is associated with the social determinants of health and able to communicate this knowledge to other sectors.	50%
4.	Able to understand and apply a population and determinants of health approach, using Intersectoral Collaboration/Action and social justice practices to improve the health and well-being of communities and populations while working with outside sectors.	33.33 %
5.	Able to apply at least two of the following: group facilitation, consultation techniques, community engagement processes.	33.33%
6.	Able to use common language and best practices to articulate public health values in	50 %

	framing and communicating with outside sectors.	
7.	Able to use multiple media tools and communication modalities (including social media) to communicate and enhance intersectoral work.	50 %
8.	Able to be attentive and ready to engage in active listening and collective learning.	66.67 %
9.	Able to understand and apply at least one of the following: participatory action research, community asset mapping, participatory evaluation.	33.33 %
10.	Able to gather and mobilize knowledge and information to encourage an open exchange.	33.33 %
11.	Able to articulate and utilize the strengths/assets that the public health and other sectors can bring to intersectoral collaboration.	50 %
12.	Able to develop two or more of the following: strategic plans, grant proposals, project proposals, briefs, option papers, requests for proposals.	16.67 %
13.	Able to think critically at a systems level, recognizing the interrelationships among and between factors that affect the health of populations.	33.33%
14.	Able to use knowledge, data, and evidence to anticipate and meet challenges, and to influence decision-making in a range of political and partnership environments.	33.33%
15.	Able to understand and influence political and policy agendas across sectors and recognize priorities, linkages, and synergies.	33.33%
16.	Able to connect with relevant stakeholders to collaboratively set goals and priorities to operationalize strategies and programs for improving population health and wellbeing.	50%
17.	Able to engage government, non-government organizations, and community in the design and development of Public Health services.	16.67%
18.	Able to understand and navigate unequal power relations in collaborative work.	33.33%
19.	Able to collaborate in identifying and maintaining appropriate leadership and supportive roles for all partnership members.	50%
20.	Able to contribute to and work towards transformation and positive change that will advance intersectoral collaboration.	60 % Only 5 respondents
21.	Able to understand other organizations and help partners move initiatives through their own organizational cultures.	50%

#### Part 4. Organizational Support for Intersectoral Collaboration/Action

With regards to how often intersectoral collaboration is used to carry out core public health functions in the area in which they work, 16.67 % stated they were regularly used, 16.67% stated they were used fairly often, 33.33% stated they were sometimes used, and 33.33% stated they were rarely used. 16.67% of respondents felt they should be given the opportunity to use intersectoral collaborative skills more often, 66.67% indicated they weren't sure, and 16.67% answered no, they should not be given the opportunity to use intersectoral collaborative skills more often. Interestingly, 66.67% of respondents stated that they did not know if their organization valued intersectoral collaboration. 33% of respondents felt their



organization did value intersectoral collaboration. With regards to whether respondents felt their organization supported their intersectoral collaboration/action efforts, 50% responded yes and 50% stated they did not know.

The following section was only answered by 3 respondents. As to the supports that were received from their organizations to support carrying out intersectoral competency activities, respondents provided the following opinion: Financial 0 %; technology 0%; administration 100%; supportive organizational culture and leadership 66.67%; existing positive relationships and partnerships with relevant external groups 100%; included in performance review plans 0%; access to other experts in this competency area 66.67%; and training and education opportunities 33.33%.

Respondents stated that their organization provided the following supports for professional development as it relates to intersectoral competencies: Give time off work for training (83.33%); pay 100% of tuition (0%); pay a portion of the tuition (16.67%); recognize course in performance plans (16.67%); recognize achievement in some tangible way (16.67%); offer workshop on site free of charge (50%); and support development and participation in communities of practice (83.33%). There appeared to be a moderate level of uncertainty as to what supports the organization provided.

#### **Part 5. Intersectoral Collaboration Training and Education.**

Only 16.67% of respondents stated that intersectoral collaboration was part of their formal training, 83.33% stated it was not. In addition, 100% of respondents stated that in the past 5 years they did not attend continuing education in intersectoral collaboration. 100% of respondents stated that intersectoral collaboration/action was not identified as a professional development goal in their performance review plan. However, out of five respondents, three (60%) indicated that in order to meet future career goals, professional development in intersectoral collaboration would be needed, whereas two (40%) indicated it was not needed.

As to training and education preferences, 16.67% indicated a preference for classroom style learning; 50% indicated a preference for a combination of classroom, online, and workshop learning ; 16.67 % preferred online learning; and 16.67% indicated no preference. For gaining knowledge, skill and practice experience, 33% of respondents selected an in service workshop as being the most desired format, 33.33% shared a desire for stand-alone training in this competency. In regards to desired length of training time, 66.67% of respondents indicated one or two-day work sessions were preferred, 16.67% stated a preference for short periods of learning that take place over the duration of a month, and the remaining 16.67% of respondents indicated no preference.