PHABC- Core Competencies in Public Health Project
Survey Results for Northern Health Pilot
Intersectoral Collaboration Competencies

A. Employer Survey for Intersectoral Collaboration

Part 1. Employer Respondent Profiles

These results are based on 6 respondents. All respondents are part of Regional Health Authorities. Three respondents identified as Manager and two respondents identified as Other. 60% of respondents stated they had worked in public health for less than 5 years, 20% between 5-10 years, and 20% for more than 10 years.

Part 2. Organizational Support for Intersectoral Collaboration

Toward achieving program goals, 66.7% of respondents rated intersectoral collaboration as very important, 16.7% as important and 16.7% as not important.

The majority of respondents (66.7 %) felt that organizational leadership was supportive of intersectoral collaboration. Whereas 33.3% of respondents stated they weren't sure whether corporate leadership was supportive of intersectoral collaboration. Provision of support staff to assist with intersectoral collaboration was seen as available by 50% of respondents, 16.7 % stated their organization did not provide support, 33.3 % stated they didn't know.

The following tools were listed as being made available to staff to support intersectoral collaboration: 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. Financial support, training education, mentoring opportunities and performance review plans were not selected as supports made available to staff.

Part 3. Training and Education

66.7% of respondents indicated that most of their staff required additional professional development in intersectoral collaboration/action, and 33 % stated that some staff required training. The number of staff requiring training ranged from less than 10 to greater than 50 and uncertainty as to number of staff requiring training. Interestingly, 83 % indicated they felt it was extremely important that staff have access to training and education programs in this competency.

In general, respondents indicated that organizational support for professional development was available in the following forms: 83% gave time off during work hours for training; 50% payed 100% of tution fees upon completion of training; 83 % paid a portion of the tuition; 83% recognized courses in performance plans; 66.7 % recognized staff achievements in a tangible way (salary increase, promotion

etc.); 66.7 % offered on site workshop free of charge; 66.7% supported development and participation in communities of practice.

Of a lesser degree were respondents confident that their organization would be willing to provide more intensive training: 27% indicated willingness to provide expertise to develop a professional development program; 27% indicated willingness to teach some aspect of the program/course; only 18 % willing to provide mentoring support, again 18% indicated willingness to provide field placements.

Part 4. Skills in Intersectoral Collaboration

Respondents rated the first five competencies as being of the highest priority for professional development. All selected competencies chosen by respondents as high priority have been highlighted in blue.

	Skill Set	%
1.	Able to establish a safe environment for expression of diverse opinions with respect, reciprocity, and multiplicity across sectors.	15.00%
2.	Able to develop and implement processes for working together that respects the values of members from all sectors.	10.00%
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.	15.00%
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.	15.00%
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.	15.00%
6.	Able to use common language and best practices to articulate public health values in framing and communicating with outside sectors.	0.00%
7.	Able to use multiple media tools and communication modalities (including social media) to communicate and enhance intersectoral work.	0.00%
8.	Able to be attentive and ready to engage in active listening and collective learning.	0.00%
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.	0.00%
11.	Able to articulate and utilize the strengths/assets that the public health and other sectors can bring to intersectoral collaboration.	5.00%
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.	5.00%
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.	0.00%
15.	Able to understand and influence political and policy agendas across sectors and recognize priorities, linkages, and synergies.	0.00%
16.	Able to connect with relevant stakeholders to collaboratively set goals and priorities to operationalize strategies and programs for improving population health and wellbeing.	5.00%
17.	Able to engage government, non-government organizations, and community in the design and development of Public Health services.	5.00%
18.	18. Able to understand and navigate unequal power relations in collaborative work.	0.00%
19.	19. Able to collaborate in identifying and maintaining appropriate leadership and supportive roles for all partnership members.	5.00%

20.	20. Able to contribute to and work towards transformation and positive change that will advance intersectoral collaboration.	5.00 %
21.	21. Able to understand other organizations and help partners move initiatives through their own organizational cultures.	0.00 %

B. Employee Survey for Intersectoral Collaboration

Part 1. Employee Respondent Profile

These results are based on 5 respondents. All respondents were employed by a Regional Health Authority. Roles were described as program consultant and other. Of the respondents, 67 % stated they had worked in public health for less than 5 years, and 33 % indicated between 5-10 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, between 60 and 80% of respondents felt very comfortable applying the competency skills as well felt able to mentor. In most cases, 80% of respondents felt all competencies

were very necessary in their current position. Finally, approximately 100% to 80% of respondents felt they required additional professional development in all competencies. The table below displays each competency statement followed by the most common respondent answer for each of the three questions asked for each.

	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.	60% able to mentor others	80% very necessary	100% development required
2.	Able to develop and implement processes for working together that respects the values of members from all sectors.	60% able to mentor others	80% very necessary	100% 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 sectors.	60% able to mentor others	80% very necessary	100% development required
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.	60% able to mentor others	80% very necessary	100% 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.	60% able to mentor others	80% very necessary	100% development required
6.	Able to use common language and best practices to articulate public health values in framing and communicating with outside sectors.	60% able to mentor others	80% very necessary	100% development required
7.	Able to use multiple media tools and communication modalities (including social media) to communicate and enhance intersectoral work.	60% able to mentor others	80% very necessary	80% development required
8.	Able to be attentive and ready to engage in active listening and collective learning.	80% able to mentor others	80% very necessary	100 % 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.	80% able to mentor others	80% very necessary	100 % development required
10.	Able to gather and mobilize knowledge and information to encourage an open exchange.	60% able to mentor others	80% very necessary	100 % development required
11.	Able to articulate and utilize the strengths/assets that the public health and other sectors can bring to intersectoral collaboration.	60% able to mentor others	80% very necessary	100 % 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.	60% able to mentor others	80% very necessary	100 % development required
13.	Able to think critically at a systems level, recognizing the interrelationships among and between factors that affect the health of populations.	60% able to mentor others	80% very necessary	100 % development required
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.	60% able to mentor others	80% very necessary	100 % development required

15.	Able to understand and influence political and policy agendas across sectors and recognize priorities, linkages, and synergies.	60% able to mentor others	80% very necessary	100 % 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.	60% able to mentor others	80% very necessary	100 % development required
17.	Able to engage government, non- government organizations, and community in the design and development of Public Health services.	60% able to mentor others	80% very necessary	100 % development required
18.	Able to understand and navigate unequal power relations in collaborative work.	60% able to mentor others	80% very necessary	100 % development required
19.	Able to collaborate in identifying and maintaining appropriate leadership and supportive roles for all partnership members.	60% able to mentor others	80% very necessary	100 % development required
20.	Able to contribute to and work towards transformation and positive change that will advance intersectoral collaboration.	60% able to mentor others	80% very necessary	80% development required
21.	Able to understand other organizations and help partners move initiatives through their own organizational cultures.	60% able to mentor others	80% very necessary	80% development required

Part 3. Skills for Intersectoral Collaboration Competencies

Employee survey results were similar to employer survey results as both identified the first five competencies as requiring the highest priority for professional development. All competencies chosen as highest priority by respondents have been highlighted in blue.

	Skill Set	Percent
1.	Able to establish a safe environment for expression of diverse opinions with respect, reciprocity, and multiplicity across sectors.	21.43 %
2.	Able to develop and implement processes for working together that respects the values of members from all sectors.	14.29 %
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.	14.29 %
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.	14.29 %
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.	14.29 %
6.	Able to use common language and best practices to articulate public health values in framing and communicating with outside sectors.	0.00 %
7.	Able to use multiple media tools and communication modalities (including social media) to communicate and enhance intersectoral work.	0.00 %
8.	Able to be attentive and ready to engage in active listening and collective learning.	0.00 %
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.	0.00 %

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.	7.14 %
13.	Able to think critically at a systems level, recognizing the interrelationships among and between factors that affect the health of populations.	0.00 %
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.	0.00 %
15.	Able to understand and influence political and policy agendas across sectors and recognize priorities, linkages, and synergies.	7.14 %
16.	Able to connect with relevant stakeholders to collaboratively set goals and priorities to operationalize strategies and programs for improving population health and wellbeing.	0.00 %
17.	Able to engage government, non government organizations, and community in the design and development of Public Health services.	0.00 %
18.	Able to understand and navigate unequal power relations in collaborative work.	7.14 %
19.	Able to collaborate in identifying and maintaining appropriate leadership and supportive roles for all partnership members.	0.00 %
20.	Able to contribute to and work towards transformation and positive change that will advance intersectoral collaboration.	0.00 %
21.	Able to understand other organizations and help partners move initiatives through their own organizational cultures.	0.00 %

Part 4. Organizational Support for Intersectoral Collaboration/Action

These results are based on answers provided by 3 respondents.

Of the respondents, 67 % stated that intersectoral collaboration is used regularly to carry out core public health functions in the area in which they work, and 33% stated they were sometimes used. 67 % of respondents felt they should more regularly be given the opportunity to use intersectoral collaborative skills. Notably, 100% of respondents stated that in their opinion their organization valued intersectoral collaboration, however, only 33% stated that their organization supported intersectorral collaboration. For the most part, respondents weighted equally all of the following supports that were received from their organizations: Financial 11 %; technology 11%; administration 17%; Supportive organizational culture and leadership 11%; existing positive relationships and partnerships with relevant external groups 11%; included in performance review plans 11%; access to other experts in this competency area 11%; training and education opportunities 11%; other 6 %.

In general, most respondents stated that their organization provided the following supports for professional development as it relates to intersectoral competencies: Give time off work for training (100%), pay 100% of tuition (67%), pay a portion of the tuition (67%), recognize course in performance plans (100%), recognize achievement in some tangiable way (67%), offer workshop on site free of charge (100%), Support development and participation in communities of practice (100%).

Part 5. Intersectoral Collaboration Training and Education

These results are based on answers provided by 3 respondents.

Only 33% of respondents stated that intersectoral collaboration was part of their formal training, 67% stated it was not. However 67% of respondents stated that in the past 5 years they attended continuing education in intersectoral collaboration. In addition, they indicated the training took place at various locations (in-house, academic institution, in the community and other). As being part of a performance review plan only 33 % stated intersectoral collaboration was identified as a needed professional development goal, 67% stated it was not. In contrast, 67% of respondents indicated that in order to meet future career goals, professional development in intersectoral collaboration would be needed, where as 33% indicated they were not sure.

As to training and education preferences, 33% indicated a preference for classroom style learning, 33% indicated a preference for a combination of classroom/online and workshop learning and 33% stated they understood the concepts of intersectoral collaboration and were able to apply these concepts in practice. In regards to desired length of training time, 33% of respondents indicated one or two-day work sessions were preferred, 33% stated a preference for short periods of learning that take place over the duration of a month, and the remaining 33% of respondents indicated some other preference.