Improving Breastfeeding Education of Health Professionals in Québec

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Objectives

1. To outline the situation of BF education of future health professionals in the province of Quebec.

1. To describe strategies carried out to engage key actors from 7 professions to address related challenges province wide (agenda setting).

1. To share future steps to be undertaken by the strategic group.
Plan

• CONTEXT
  • Breastfeeding and enabling environments
  • Key actors

• WHAT HAS BEEN ACHIEVED
  • Stages 1-2

• GOING FORWARD
  • Stages 3-4
Context
Status of Breastfeeding Promotion, Protection and Support

- Inadequate support leads to physical and psychological negative effects
- A large number of mothers state that they did not reach *their own* breastfeeding goals

Source: Amy Bundy (via Flicker)
Global situation – BF indicators

UNICEF, From the first hour of life – Making the case for improved infant and young child feeding everywhere, 2016, p.25
Rate of total BF & exclusive BF in Quebec by infant’s age

Whereas 85% of mothers breastfeed at discharge (infant is ≈ 2 days old)

Only 50% exclusively breastfeed !!!

Adapted from Neill et al.: Recueil statistique sur l’allaitement maternel au Québec, 2005-2006, Québec, Institut de la statistique du Québec
Breastfeeding is not a one-woman job

– it requires government leadership and support from families, communities, workplaces and the health system to really make it work.

UNICEF, From the first hour of life – Making the case for improved infant and young child feeding everywhere, 2016, p.19
Factors associated with breastfeeding

**Society level factors**
- Family, medical and cultural attitudes and norms
- Demographic and economic conditions
- Commercial pressures
- National and international policies and standards

**Group level factors**
- Workplaces
- Community organizations
- Virtual spaces
- Public transportation
- Education network
- Municipal settings
- Commercial settings

**Health professionals**

**Individual level factors**
- Mother’s attributes
- Infant’s attributes
- Attributes of the mother-child dyad

(Lauzière, 2015; adapted from Hector et al., 2005, Lutter, 2000, & Lauzière, 2010)
Working Upstream

Cégeps (Colleges), universities

Health professionals
Who we are?
Quebec Breastfeeding Movement

- Founded in April 2009

Mission

- Promote enabling environments for breastfeeding
  - Optimal development of young children and well-being of women, families and society
  - Respect of all women and all families
- Independent consultation forum for members (interested individuals and organizations)
MAQ Committee on Training (CoT)

• Created in November 2010

Mandate

• Ensure harmonization of minimum competencies in breastfeeding of all health professionals in the province
  • through the basic content of their academic curriculum
CoT and Strategic Group for breastfeeding education of health professionals (FAPS – in French)

• Members’ affiliation and expertise:
  • Academic, health professionals, community
  • 7 health professions
  • Primarily from Québec City, Sherbrooke, Montréal, Trois-Rivières
We seek to influence actors

- Actors involved in the curricula and training of the 7 health professions in Québec cégeps (colleges) and universities (dentists, dietitians, medical doctors, pharmacists, nurses, midwives, chiropractors)
  - Program professors and lecturers
  - Program administrators and directors
  - Students
- Regulatory bodies of the 7 health professions
- Québec Ministry of Health and Social Services
- Québec Ministry of Education
- Québec National Institute of Public Health
- Partners from academic institutions of other provinces
- MAQ’s partner organizations
- In addition to MAQ members and other MAQ committees
What has been achieved? so far...

- Initiative of 4 stages -
Stage 1

RESULTS

2010-11
2013-15
2015-16
2017...
2020

PROCESSES

Stage 1: Assessing BF training
Survey

Urgent need to address the gaps in training of health professionals on breastfeeding because it may take 5-10 years before changes are in place!
Stage 2

Stage 2: Agenda setting and engaging key actors

Stage 1: Assessing BF training

RESULTS

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PROCESSES
Newsletters

- 8 newsletters distributed since november 2014
- 189 subscribers representing 7 health professions (professors and lecturers, directors and responsibles, others)
  - From 115 in november 2014 to 189 in december 2016
- Diverse topics:
  - Work of the CoT (presentations, funding search, etc.)
  - Information on breastfeeding and breastfeeding training (public statements, recommendations, publications, future conferences, etc.)
- High opening rate = The topic resonates with subscribers

As of today, the MAQ has gathered more than 180 professors and program administrators across Québec who showed interest or engagement
Focus Groups

- Participants from 4 universities in 2 provinces: professors, program managers and students

- **Research objectives:**
  - Identify the main concerns of the professors and program directors with respect to changes in their programs
  - Identify the barriers to program changes
  - Identify enabling factors and potential solutions

- **Content analysis:** 5 emergent themes
  - Interprofessionalism
  - Course content
  - Clinical practice
  - Counseling
  - Attitudes
Strategic Workshop

OBJECTIVES

- Bring people together to think about the curriculum & training of future health professionals
- Improve the understanding of the challenges universities & colleges are faced with
- Develop a strategic plan of action to improve the BF curriculum & training
Participants (48)

Regions
- Capitale-Nationale
- Estrie
- Laval
- Mauricie
- Montérégie
- Montréal
- Outaouais
- + Ottawa (Ontario)
- + Moncton (NB)

Professions
- Chiropractors
- Lactation Consultants
- Dentists
- Nurses
- Medical doctors
- Nutritionists
- Pharmacists
- Midwives

Functions
- Assistant deans, program directors
- Professors, teachers, lecturers, practicum coordinators
- Students
- Delegates of Regulatory bodies and other establishments
- Practicing professionals – others
- Volunteers

Organizations
- Colleges (Cégeps)
- Universities (Québec and 2 other provinces)
- Professional Orders
- Others: Ministry of Health and Social Services, Health services network and clinical settings
- MAQ
Mauvais Départ (A Bad Start) – Théâtre Parminou, Québec
April 29, 2016 - Strategic planning workshop for health professionals’ initial training on BF
Strategic Workshop Outcomes

• Drafts of strategic action plans
• Increase in participants’ awareness and commitment
• Creation of a strategic group of key actors (17 participants – 7 health professions, 9 educational institutions and 2 regulatory bodies)
• Priority setting with respect to actions to be carried out (the development of a competency framework)
## Facilitators and Barriers to Agenda Setting

<table>
<thead>
<tr>
<th>FACILITATORS</th>
<th>BARRIERS</th>
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<tbody>
<tr>
<td>• Strong established partnerships</td>
<td>• Funding</td>
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<td>• Research projects</td>
<td>• Maintaining participants’ interest</td>
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<td>• Precedent: Successful education transformation model in Quebec - recently applied to clinical practices training with the elderly</td>
<td>• Engaging decision-makers</td>
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<td>• Strategic Workshop</td>
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<tr>
<td>• Champion</td>
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Stage 3: Reaching consensus on a common agenda, transversal BF objectives, and shared indicators and measurements

Stage 2: Agenda setting and engaging key actors

Stage 1: Assessing BF training

RESULTS

2010-11 2013-15 2015-16 2017... 2020

PROCESSES
Common Agenda - Priority Actions

- Obtain funding
  - Staff to support the initiative in 3 provinces
- Gradual changes in curricula of health programs
  - From the objectives of ABM and USBC
  - Build eventually a competency framework
- Develop advocacy tools
  - For decision-makers unfamiliar with the issue
- Create cohesion among members of the strategic group and develop a common understanding of the problem
  - Example of activity: Visit of hospital designated Baby-friendly
- Measure progress on ongoing actions
  - Strengthen the action plan
  - Communicate with program administrators to inform them of the initiative
Going Forward
Stage 4: Carrying out a Collective Impact initiative to improve BF curricula in the initial training of health professionals from 7 professions in 3 provinces

Stage 3: Reaching consensus on a common agenda, transversal BF objectives, and shared indicators and measurements

Stage 2: Agenda setting and engaging key actors

Stage 1: Assessing BF training

RESULTS

2010-11 2013-15 2015-16 2017... 2020

PROCESSES
Framing the next steps as a Collective Impact Initiative

• Frame the next steps as a Collective Impact Initiative
  • Articulated by a team of researchers who have studied successful collective efforts around the globe

• Five conditions for a Collective Impact Initiative:
  • Common agenda
  • Shared measurement
  • Mutually reinforcing activities
  • Continuous collaboration
  • Backbone support
## Collective Impact Approach

<table>
<thead>
<tr>
<th>Condition</th>
<th>Definition</th>
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<tr>
<td>Common agenda</td>
<td>All participants share a <strong>vision for change</strong> that includes a common understanding of the problem and a joint approach to solving the problem through agreed-upon actions.</td>
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<td>Shared measurement</td>
<td>All participating organizations agree on the ways <strong>success will be measured and reported</strong>, with a short list of common indicators identified.</td>
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<td>Mutually reinforcing activities</td>
<td>A diverse set of stakeholders, typically across sectors, coordinate a <strong>set of differentiated activities</strong> through a mutually reinforcing plan of action.</td>
</tr>
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<td>Continuous communication</td>
<td>All players engage <strong>in frequent and structured open communication</strong> to build trust, assure mutual objectives, and create common motivation.</td>
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<td>Backbone support</td>
<td>An independently <strong>funded staff dedicated</strong> to the initiative provides <strong>ongoing support</strong> by guiding the initiative’s vision and strategy, supporting aligned activities, establishing shared measurement practices, building public will, advancing policy, and mobilizing resources.</td>
</tr>
</tbody>
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Collective Impact initiative

Legend
- Academic institutions
- Practitioners-clinicians
- Other key partners

Quebec

Setting the Initiative - QC
Legend
- Academic institutions
- Practitioners-clinicians
- Other key partners

Collective Impact initiative

Setting the Initiative - QC

Setting the initiative – with other provinces

Others interested in joining the initiative?
Collective Impact initiative

Others interested in joining the initiative?

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**Stages and actions leading to a Collective Impact Initiative**

**RESULTS**

**Stage 4:** Carrying out a Collective Impact initiative to improve BF curricula in the initial training of health professionals from 6 professions in 3 provinces

**Stage 3:** Reaching consensus on a common agenda, transversal BF objectives, and shared indicators and measurements

**Stage 2:** Agenda setting and engaging key actors in universities, colleges, and professional associations

**Stage 1:** Assessing BF training and consulting stakeholders

**RESULTS PROCESSES**

2010-11
- Creation of core group of strategic actors
- Surveys of pediatricians and family doctors in Canada
- Surveys of 6 health professions in Québec (Qc)

2013-15
- Newsletters (6) to engage with key actors (professors)
- Proposal writing to get funding for workshop
- Increased communication between MAQ and researchers

2015-16
- Creation of a research project
- Focus groups to engage actors
- Delphi survey to consult and engage experts
- Strategic workshop (launch) in Qc to reach consensus

2017 ...
- Launch in 2 provinces
- Working groups in 3 provinces, develop strategies
- Knowledge brokers to monitor actions and create synergy
- Create a global forum of exchange between actors
- Monitor progress in policy processes
- Develop doctoral projects

**Identification of:**
- BF trainings gaps in 6 health professions in Qc
- Potential deficits in BF knowledge & attitudes of Canadian physicians

**Enhanced BF competencies in health centers and hospitals**
- Enhanced BF knowledge, attitudes and practices in initial training
- Curricula changes in 3 provinces
- Strategic planning workshop (Qc)
- Identify barriers and enablers to curricula changes
- Agree on minimal BF objectives
- Develop a targeted BF curriculum for pediatric residents
- Planning a national BF educational intervention for medical residents
- Get funding for a strategic workshop in Québec

2010-11

2013-15

2015-16

2017 ...

2020
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THANK YOU
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