Reimagining Public Health Governance: Law & Community

Shawn H.E. Harmon[1], PhD; Christina Holmes[2], PhD; Joshua Langston[1]; Janice E. Graham[1], PhD

Dalhousie University[1], St. Francis Xavier University[2]

PROBLEM

Destructive extractive and consumer economies, growing disparity/inequality, and persistent political and legal neglect of public health have had disastrous consequences (e.g., habitat destruction, food and housing inaccessibility, inadequate income and transportation infrastructure, weak disease surveillance and healthcare, community disintegration). In the prevailing polycrisis, current systems, which remain siloed and parochial, are incapable of setting equitable priorities and delivering socially-supportive and effective outcomes.

OBJECTIVES

To better understand governance needs and develop governance structures for a coherent Canadian population health framework (e.g., federal and provincial legislation).

METHODS & ANALYSIS

Scoping: Analyzed 8 fields (communicable disease control; dental health & optometry; mental health & substance use; environmental health; healthy communities & early years; healthcare development; long-term & palliative care; housing & safety) to identify actors, services, and funding in 4 provinces.

Landscaping: Analyzed public health Acts across Canada based on 9 'good governance' concepts (Values/Principles; Aims & Objectives; Actors & Authority; Vertical/Horizontal Relationships; Actions & Standards; Evidence Collection; Reflexivity; Community; One Health).

Qualitative Interviews: Conducted 34 semi-structured interviews with key-informants (18 public health officials, 8 healthcare workers, 3 healthcare union leaders, 5 health scholars/advocates) across Canada.

Focus Groups: (7 across 5 jurisdictions) engaged with 56 participants (4 Black, 6 Asian, 27 White, 16 Indigenous, 2 Unknown) with representatives of marginalized communities, grassroots experts, and frontline health workers across Canada to identify public health needs, challenges, and gaps.

Secondary Analysis: Re-analyzed data sets from multiple researcher's data sets from 137 interviews, 25 focus groups, 641 surveys, for the categories of values; evidence and data use/management; policies and services; and deliberation.

Deliberative Engagement: Conduct 4 structured, participative events (NS=2; National=1, International=1) to assess, contest, and refine a governance framework.

Triangulation: Triangulated all data for key governance principles, policies and practices towards legislative framework for equitable population wellbeing.

ACKNOWLEDGMENTS

The openness and generosity of interview, focus group and deliberations participants; Reciprocity Research and Benjamin Malo who facilitated the focus groups. Illustrations and graphic design: www.katephillips.net

DALHOUSIE UNIVERSITY | TECHNOSCIENCE & REGULATION RESEARCH UNIT

CIHR IRSC Canadian Institutes of Health Research / Instituts de recherche en santé du Canada

ST. FRANCIS XAVIER UNIVERSITY

CIHR Grant 179934. Ethics 2023-6510

*To learn more about our **Public Health Governance Project,** scan the QR code or visit us online: www.trru.ca*

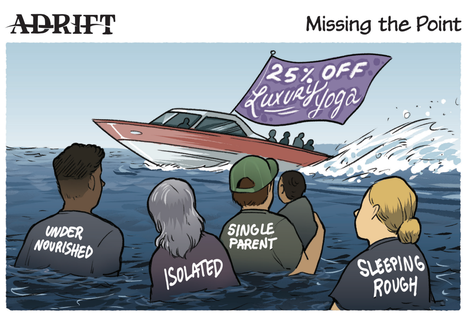
FINDINGS: WE ARE ADRIFT...

Decision Makers: Those in government often advance interests and agendas that are not public goods, and neglect those in need. People have lost confidence and are turning to sources of information and influence that are biased, not reliable or trustworthy.

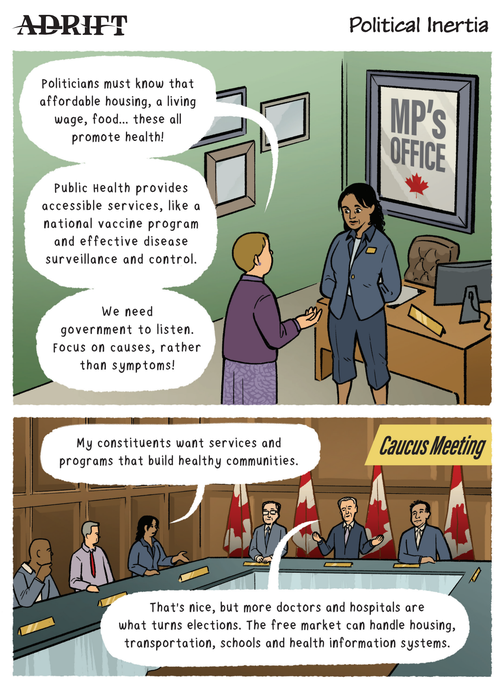
Systems: There is no public health 'system' but rather a disparate collection of uncoordinated actors/institutions that rely on silos, perpetuate colonial practices/agendas and fail to engage with the structural determinants of wellbeing

Marginalization: As an actor, public health is a (small) line-item in healthcare budgets rather than being perceived, resourced, and empowered as the critical, cross-cutting, expense-saving, community-supporting actor it could and should be.

Community: There is widespread support for community institutions with actual power, access to authorities, ways of connecting and co-learning, and resources to scale-up successful local programs. Existing community level institutions across Canada vary in level and nature of actual community engagement, authority, and access to decision makers.



"There's a role for national collaboration [and leadership], but who do we defer to in making decisions? You'd hope that the feds might have the bigger, better decision-making capability, and more expertise, but it doesn't always add up that way. And I'm seeing a lot of examples where it's not accomplishing what was intended." - FGAB



"The system needs to be re-built from the perspective of those who are struggling most, not those who already have power and a voice. The folks who don't are the ones we need to build from [and for]." - FGNS

"During COVID, people who gave a shit took food to neighbours or made sure folks had interactions when they were vulnerable or isolated. It wasn't formal programs that did that, it was people who cared. I think it's going to take a long time before people trust systems again." - FG3

"We need to invest in community-level supports that are appropriate for that community, and that support the folks in that community. . . . And then feed [decisions and strategies] up so that [we are] creating strategies that are larger in scope and adapted to [other] realities and needs." - FG5

"It's critical for decision-makers . . . to include people who are impacted by their decisions; not just consulting [them] for opinions. We need to develop better processes to include people in creating solutions." - FG6

SOLUTION: POPULATION WELLBEING ACT(ion)S

Legislation: Create federal and provincial Departments of Population Wellbeing empowered to gather evidence, co-develop more effective, equitable laws, policies, and programs, and impose a HiAP and/or One Health lens to all government work so that population health is actually realized across Canada.

Structural Principles: Systems function more efficiently and reliably they are centred in ongoing deep deliberative community engagement and characterized by: (1) legitimacy, (2) flexibility, (3) transparency, (4) objectivity, (5) accountability, (6) inclusivity, (7) reflexivity, and (8) evidence-saturation.

Character of Outcomes: Systems will achieve better outcomes and contribute to more resilient societies when decisions, policies and programs are: (1) evidence informed, (2) responsive to needs, (3) fair/equitable in practice and outcome, and (4) proactive and anticipatory. They need to focus more on, and build, public goods rather than private interest, profit and trickle-down economics.