

Reimagining Public Health: An Urgent Need for Leadership & Law

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PROBLEM

Although essential to productivity, security, and individual and population wellbeing, attention to the demands of population health in Canada is insufficient. In addition to the scope, objectives, and structures of public health (PH) being widely misunderstood (and conflated with healthcare), PH departments and actors are under-resourced, have insufficient influence in policy fields addressing the determinants of health, and are not nearly independent enough to achieve their remit. Because of this, successive governments have failed to attend to the conditions and demands of population health and wellbeing, and increasingly ideologically-driven decision-makers have sidelined reliable evidence and public health actors. Systemic shortcomings persist despite the permanent pressures generated by delayed and ineffective responses to climate change, escalating social crises, and human conflicts. Canada's PH architecture cannot effectively anticipate and meet risks, or strategically support population health.

OBJECTIVES

- To develop a coherent conception of PH that reflects its fundamental role in flourishing.
- To generate data on recent experiences of PH operations and governance by intersectional and equity-deserving individuals.
- To collaboratively design a framework for PH governance (including an outline for a *Canada Public Health Act*) that can improve operations and outcomes in all core PH functions.

METHODS / ANALYSIS

Legal/Policy Landscaping: Content analysis of 568 legal and policy documents; 242 legal instruments (Fed=12; NS=25; NB=38; ON=27; MB=14; AB=48; BC=38; NU=17; YK=23).

Service/Actor Landscaping: Summary survey of programs, services, and actors (BC; AB; NU; ON; NS). [ongoing]

Qualitative Interviews: 34 semi-structured interviews with key-informants across Canada: PH Officials (PH=18); Healthcare Workers (FW=8); Healthcare Union Leaders (UL=3); Health Scholars / Advocates (HP=5).

Secondary Analysis: Reanalysis of qualitative datasets generated across Canada (BC; AB; QC; NS). [ongoing]

Focus Groups: 7 FGs with members of equity-seeking groups re: public health needs, experiences, and ideas (NS, QC, ON, AB, BC, 2 x Pan-Can (virtual)). [ongoing]

Deliberative Engagement: 2 structured participated events aimed at assessing, contesting, defining and refining a PH governance framework (1-International; 1-Canadian). [upcoming]

DEMANDS OF POPULATION HEALTH

The complexity and interconnectivity of the many determinants of health require PH actors—primarily responsible for advancing population health—to be sufficiently *resourced* and *empowered* to:

- effectively collect, analyze, and deploy a wide range of evidence;
- fundamentally shape, influence and/or make/impose decisions in a wide range of fields; and
- collaboratively assess outcomes and adjust policies and practices appropriately.

CORE FRAMEWORK VALUES

Fairness: Substantive equality and ensuring that programs are delivered equitably and in furtherance of the imperative that all individuals should have their needs met without discrimination.

Legitimacy: Policy objectives and programs must be compliant with the Constitution, democratically determined mandates, and human dignity.

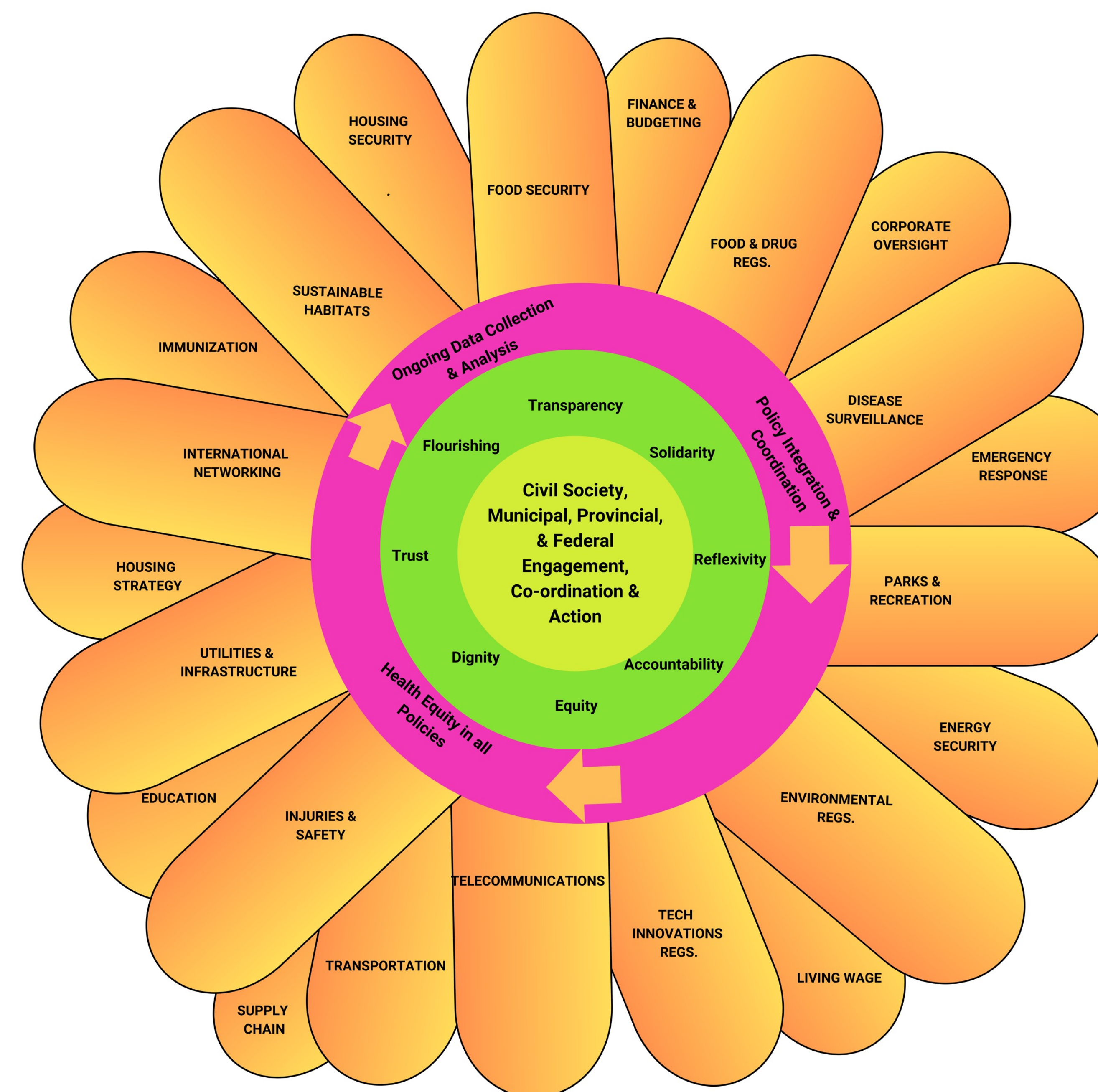
Accountability: Decision-makers and actors must have clear responsibilities and oversight, and there must be avenues to hold them to account.

Transparency: Having clear decision and program processes, being open with information, and communicating objectives, decisions, and practices to the public in a timely fashion.

Inclusivity: Including diverse individuals in decision-making through systematized, accessible, and impactful participative processes.

Integrity: Decision-makers and actors must be honest and transparent, serving as stewards and agents of reconciliation.

THE POPULATION HEALTH POLICY SETTING



This depicts this complexity. The centre circle emphasizes that all key actors must be empowered and there must exist a platform for regularized interaction and mutual learning. The first circle identifies the key values that must be operationalized through their conduct and policies. The second circle highlights three critical functions: data collection, analysis, and dissemination; ensuring that health equity is considered and advanced in all policies adopted across governments; and coordinating, integrating, monitoring, and adjusting policies and programs to improve outcomes from a population health perspective.

FOUNDATIONAL PROPOSITIONS

- Both the international legal order and Canada's Constitution imposes on governments the core responsibility of operationalizing the 'social contract' that frames democratic, rights-sensitive societies. They impose operational actions.
- Evidence-based and collaborative law-making and programming within and by decision-systems (governance frameworks) will better enable human flourishing and the sustainability of the ecosystem(s) on which human existence relies. Those systems must bear the characteristics of 'good governance'.
- There is widespread and growing support for a profound shift in Canada's approach to public health. While law is not always the answer, a legislative solution offers the possibility for a coherence and rationality that has not been achieved to date.

CRITICAL PROVISIONS FOR A POPULATION HEALTH ACT

A bespoke Act creating a **Department of Population Health & Wellbeing** with its own mandate, infrastructure, budget, and Minister is commended. It should include:

Objectives: (1) provide leadership and encourage harmonization in the pursuit of population wellbeing; (b) promote, protect, strengthen, and restore population health across Canada through rational and evidence-based policies, programs, services, and actions aimed at the determinants of health; (2) improve the impact of policies, programs, services, and actions through collaboration and cooperation with the Provinces and Territories, Aboriginal authorities and organizations, and civil society.

Duties & Rights: Where individual duties are imposed and individual rights and freedoms are restricted by this Act, such duties shall be no more burdensome and such restrictions shall be no greater than are reasonably required in a free and democratic society to respond to the demands of population needs, hazards, or emergencies, bearing in mind all of the prevailing circumstances.

Funding: To qualify for a full cash contribution, a Province shall (a) advance, reflect, and realize through its laws, policies, programs, and actions impacting on the determinants of population health the values identified in this Act, (b) cooperate and collaborate with the Government of Canada and designated actors through processes identified in this Act, (c) provide the **Minister of Population Health** with such information as the Minister may reasonably require for purposes of this Act.

Structure: The Department shall be organized into three primary Divisions, overseen by an ADM: **Policy Design & Consultation** (assess how laws and policies affect population wellbeing; assist departments, agencies, etc. in improving how their laws and policies advance the determinants of population health); **Program Design & Delivery** (assess Government programs, services, and actions in fields that constitute the determinants of population health; assist departments, agencies, etc., in designing or refining their programs, services, and action re: the determinants of population health); **Public Engagement** (undertake ongoing cross-country evidence-gathering and knowledge-exchange meetings; undertake public education). In addition, the Department shall maintain Sections tasked with advancing the work and impact of Governments in relation to the determinants of population wellbeing. Sections shall include but not be limited to the following: **Environment & Agriculture; Habitat & Biodiversity; Transport & Infrastructure; Housing & Utilities; Income & Poverty; Family & Children; Human Geography & Urban Design; Disaster Preparedness & Management.**