

A Canadian Population Health & Wellbeing Act and Department of Population Health

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PROBLEM

Population health is critical to productive, equitable, resilient societies, but is persistently misunderstood and insufficiently supported, causing individuals and communities to suffer and disparities to proliferate.

OBJECTIVES

- Generate data on experiences of PH operations and governance during and beyond COVID-19.
- Explore policy and governance needs and desires.
- Collaboratively design a coherent framework for population health governance in Canada.

FINDINGS

Leadership—Absent: No federal *Public Health Act* or empowered leader. No coherent ‘Health in All Policies’ or ‘whole of government’ approach.

Standards—Imported: Often designed for specific fields/activities and ignorant of population health needs and realities.

Fragmentation—Endemic: No geographic or subject/field policy integration for comprehensive/complementary strategies.

Services—Disjointed: Provided primarily by provinces through NGOs and local actors so service scope is narrow, and objectives and outcomes are inconsistent. Programs are predominantly reactive and thus incapable of achieving equity.

Actors—Vulnerable: Key actors are often charitable/non-profit entities relying on short-term and unreliable funding.

Population Health—Government Duty: Population health is a *public good* demanding a robust apparatus that would (1) lead on the collection, analysis, and dissemination of evidence on the determinants of health, (2) collaboratively design standards, policies, and programs in many policy fields, and (3) monitor operations and outcomes, in pursuit of:

- Promotion** of safe and/or healthy behaviour (e.g., standards, education, engagement)
- Prevention** of injuries, illness, disease outbreaks (e.g., disease surveillance, local programs)
- Protection** from health-eroding factors (e.g., contaminated food/water/environments, poverty).
- Preparedness** for natural and human-caused disasters.

ACKNOWLEDGEMENTS

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METHODS

In addition to data generated through **Literature Review, Secondary Analysis** (137 Interviews, 25 FGs, 641 Surveys), **Focus Groups** (7 across 5 jurisdictions; 56 participants), Qualitative Interviews (34 across Canada), **Deliberative Engagements** (2 local, 1 nat, 1 int'l), we conducted:

- **Public Health Scoping:** Analysis of 8 policy fields (*communicable disease prevention/control; dental & 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 sources in NS, ON, AB, BC via online search and informal meetings with actors.
- **Legal/Policy Landscaping:** Content analysis of public health Acts across Canada based on 8 concepts relevant to ‘good governance’ in population health—(1) Values/Principles; (2) Aims & Objectives; (3) Actors & Authority; (4) Vertical/Horizontal Relationships; (5) Actions & Standards; (6) Evidence Collection; (7) Reflexivity; (8) Community—and (9) One Health. [ongoing]

All data were analyzed using a thematic analysis through an inductive and deductive approach.

DATA AGGREGATOR & DEVELOPER OF COHERENT, COORDINATED & COMPLIMENTARY PROGRAMS

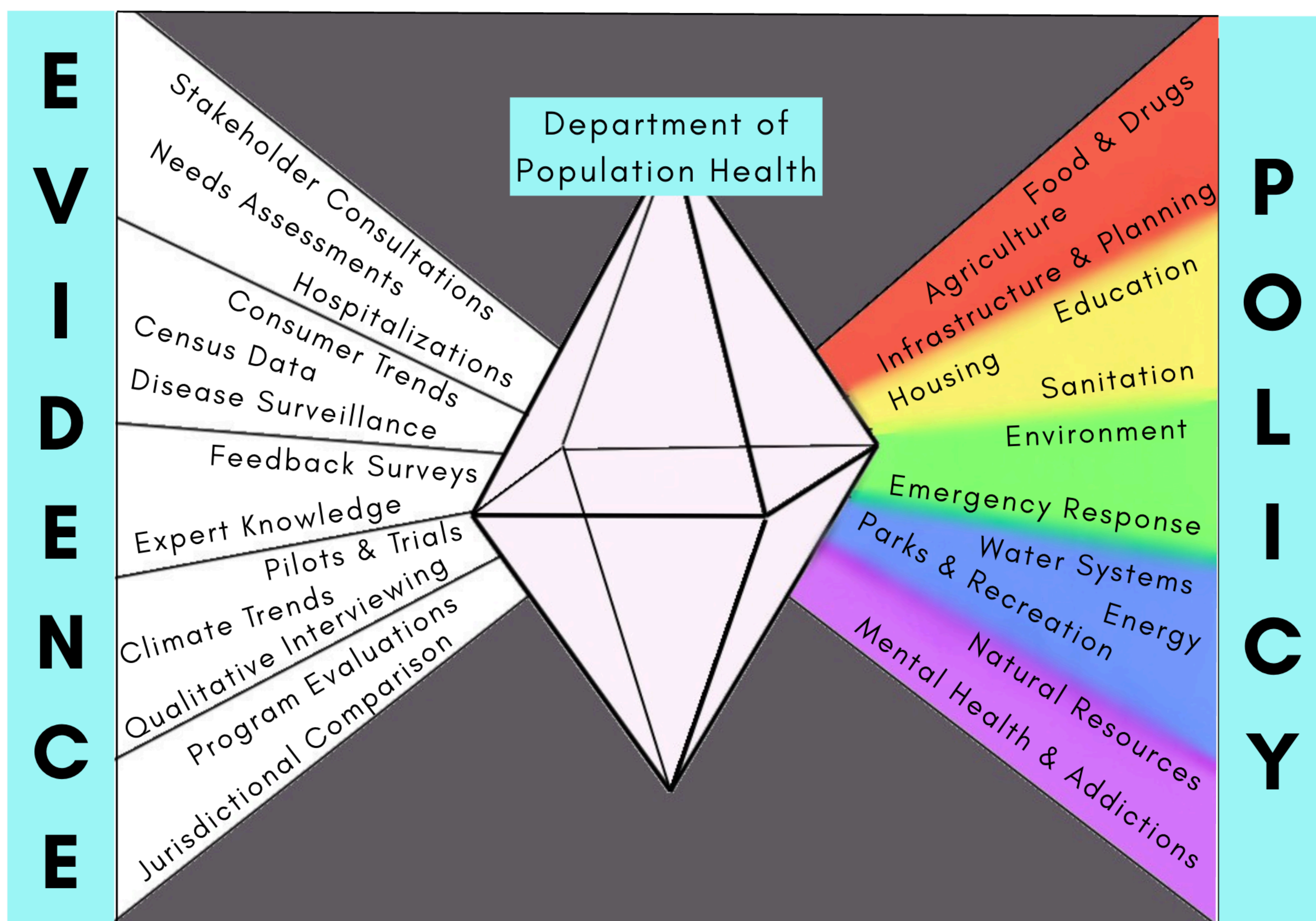


Figure 1: Data comes into the Department from other departments and orders of government and designs equitable, evidence-based policies and programs.

AN INTEGRATING ACT & DEPARTMENT OF POPULATION HEALTH

A statutorily-grounded and robustly empowered **Department of Population Health (DPH)** that serves as an evidence-generator and aggregator and a policy nexus structured to formally connect horizontally (across government departments and agencies) and vertically (across orders of government and non-government actors) to multiple fields relevant to population wellbeing and planetary health would resolve many governance and practice shortcomings.

The DPH would co-develop more effective, equitable, and complimentary laws, policies, and programs across multiple fields to realize a coherent population health governance and practice space and improve outcomes.

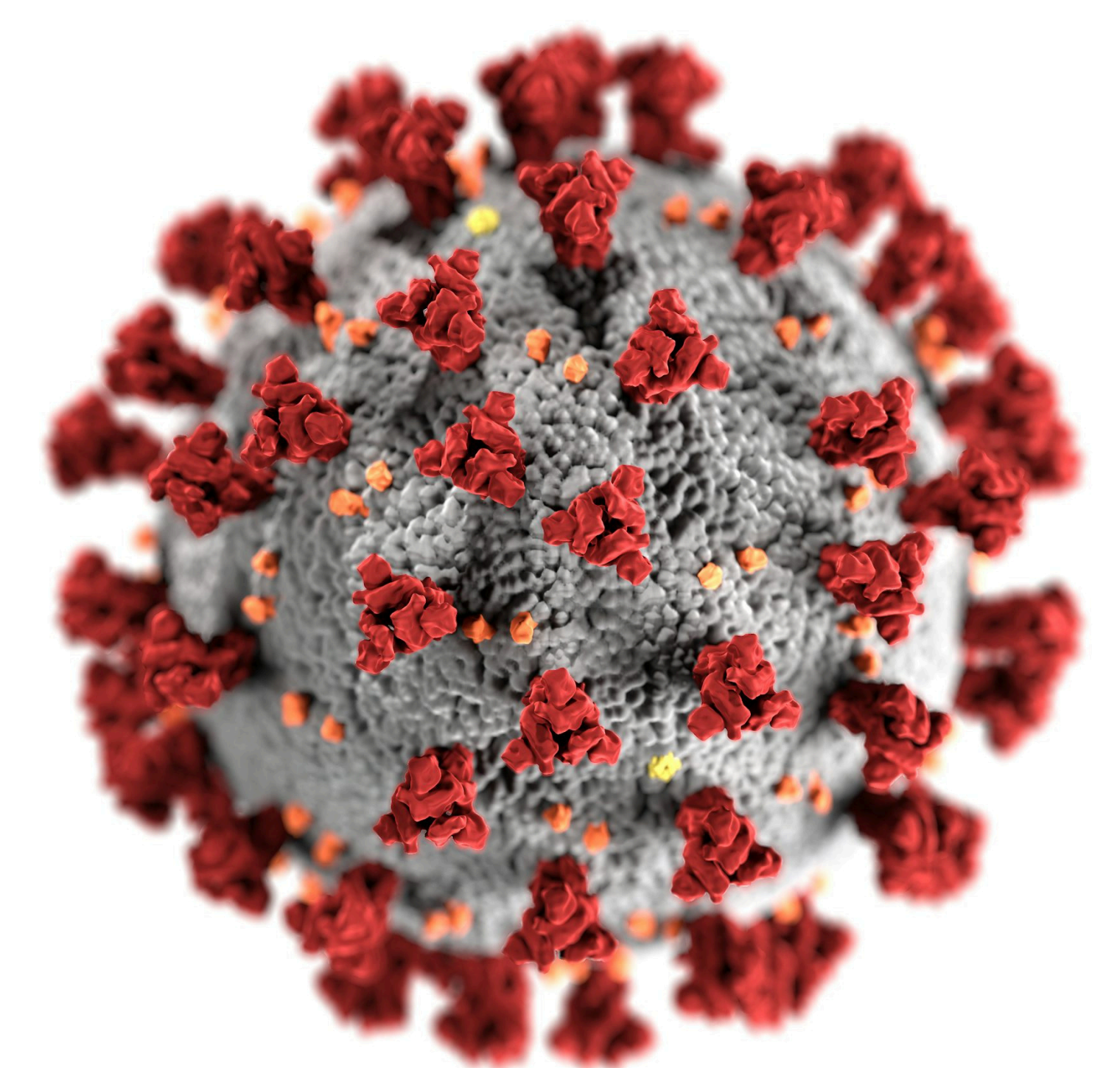


Figure 2: The DPH is a living structure designed to connect with other organizations, its many ‘spikes’ representing formal points of contact and collaboration.