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# Public Health Governance: Health Research Instituts de recherche en santé du Canada Emerging themes from community engagements across Canada Sarah Jervis<sup>1</sup>, Christina Holmes<sup>2</sup>, Shawn Harmon<sup>1</sup>, Benjamin Malo<sup>3</sup>, Elisabeth Hunter<sup>2</sup>, Brianna Legere<sup>1</sup>, Janice Graham<sup>1</sup> Dalhousie University<sup>1</sup>, St. Francis Xavier University<sup>2</sup>, University of Laval<sup>3</sup>

## PROBLEM

There is a pressing need for better public health institutions, policies, programs, and practices so people, communities, and environments can flourish. Having researched public health authorities' (political and professional elites') insights during the pandemic, our research team set out:

- To collect and analyze the diverse experiences of marginalized communities across Canada;
- To develop a public health framework that reflects the values, experiences, and needs of all, including marginalized communities.

## METHODS

- Conducted 7 semi-structured virtual **focus groups (FG)** between May 27 - June 19 2024
- FGs represented 5 provinces (NS, QC, ON, AB, BC), frontline health workers and Indigenous voices.
- Structured discussion around prompts using realtime polling, Mentimeter and Google Jam Board:
- 1. What supports wellbeing in your communities?
- 2. What are your communities' strengths and weaknesses?
- 3. What values and practices are critical to public health?
- 4. Who do you trust to make good public health decisions? Is this different in emergencies?
- 5. What approaches might improve public health?
- Developed a coding guide using a combined inductive and deductive iterative approach
- Used NVivo 14 to organize data for inductive thematic analysis.

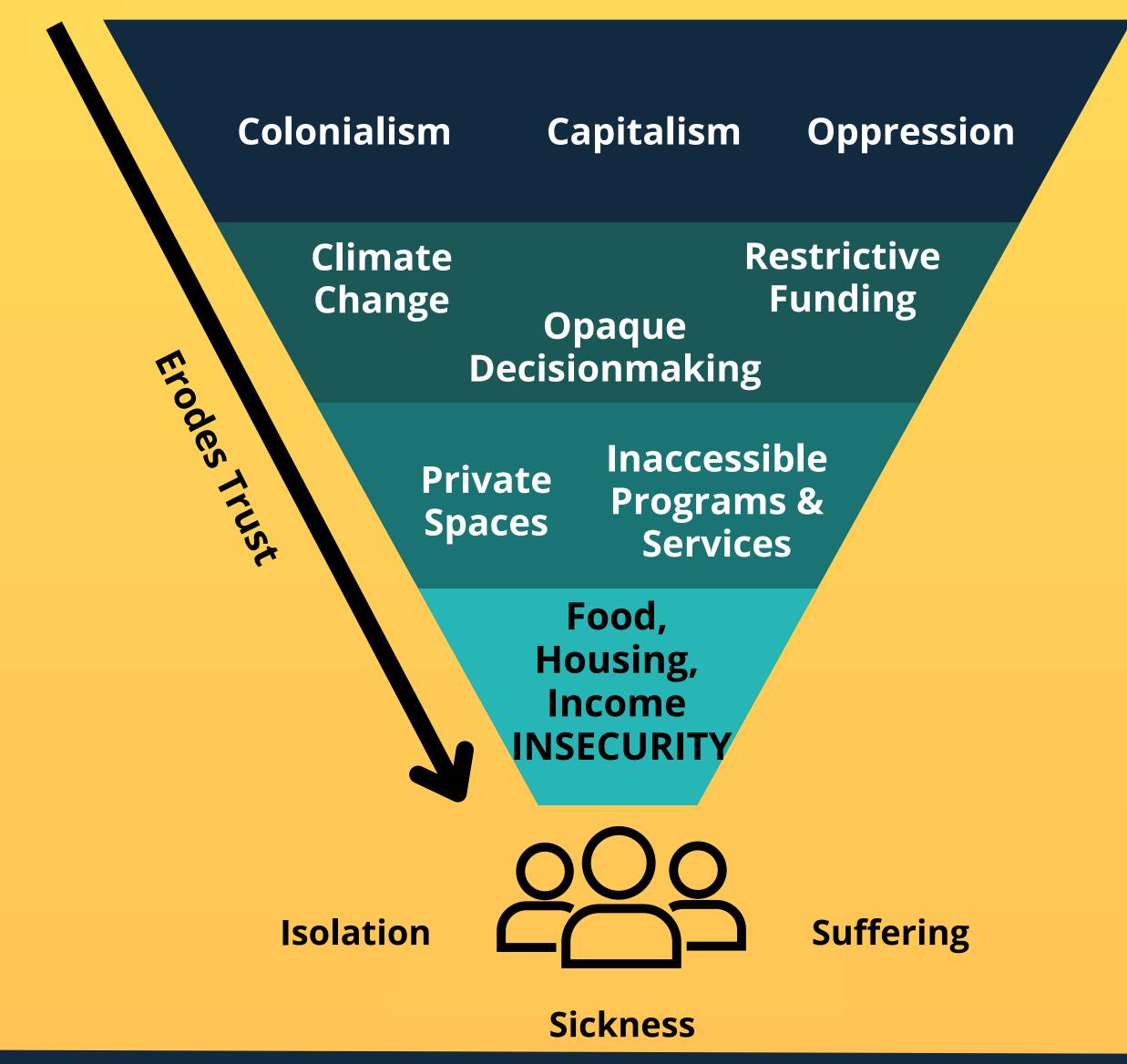
## **RESULTS 1 - Demographics (N=56)**

Age		Location		
20-29	5	Alberta	8	
30-39	15	British Columbia	15	
40-49	9	Nova Scotia	11	
50-59	9	Ontario	9	
60-69	4	Quebec	13	
70-79	4	Ethnic identity		
No Answer	10	Black/African Descent		4
Gender		East Asian		1
Male	13	South Asian		2
Female	36	Southeast Asian		3
		White/European Descent		27
Non-Binary	3	Indigenous		16
2-Spirit	1	Other		1
No Answer	3	No Answer		1

Word clouds represent participants' responses to question 1 (see Methods) using real-time polling software. Larger text size correlates with the number of times a word was submitted by participants. Participants were permitted to submit multiple responses.

**RESULTS 2 - Thematic Analysis** 

## **Multi-Level Determinants of Wellness and Sickness**



The contemporary Canadian governance framework is grounded in capitalist, colonialist, and oppressive social structures, which create marginalization, insecurity, and sickness. Contrarily, a new governance framework grounded in equity, inclusivity, and truth and reconciliation can promote security, belonging, wellness, and flourishing.

## What Supports Wellbeing?

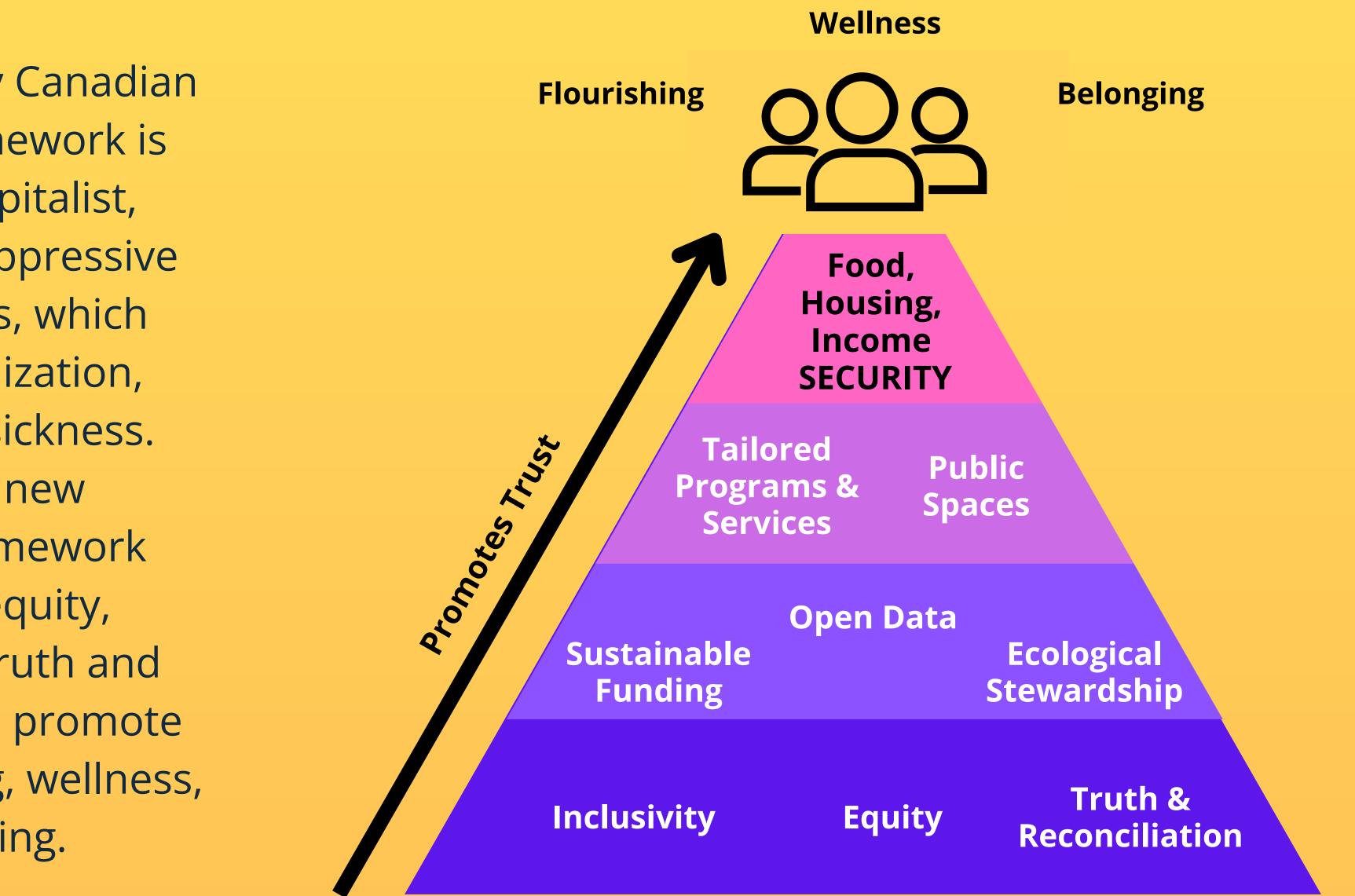
### Nova Scotia Focus Group.

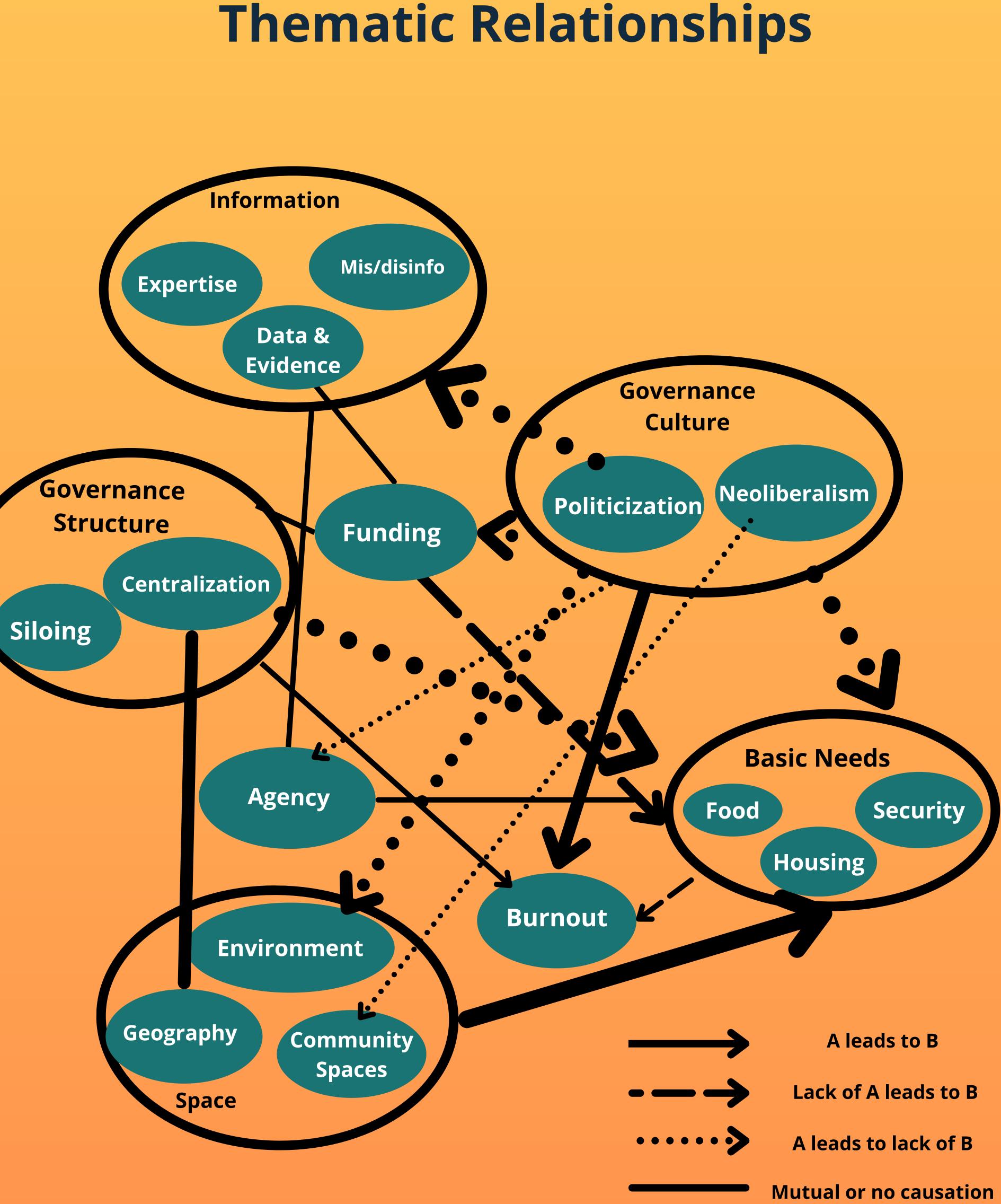
esponsibility opportunities relationship transportation access food sharing eat ՝՝ gender accessibility family ե listen affirming nature housing empathy priorities green supports security reflective families eclaiming gathering agencies traditions attainable reciprocity intergenerational proactive recreation

### All Focus Groups.

inclusion accessibility primary businesses youth clean supports active centres listening mutual écoute transportation indigenous informed <sup>cation</sup> nature affordable green water safe nature food at services harm healing education food at services foot communication mental assistance access Support elders liaison centers <sub>shared</sub> equity trails language family community social sharing learning empathy cultural care spaces health events income traditions home local culture housing land security trainship traditional trauma partage listen compassion public reciprocity space healthcare parks knowledge entraide diversity programs healthy de accessible resources affordability **reduction** belonging programming

sovereignty organizations <sup>2slgbtqia</sup>





**Thicker lines = stronger relationships** 

## **DALHOUSIE** UNIVERSITY **TECHNOSCIENCE & REGULATION** RESEARCH UNIT

## **RESULTS 3 - Notable Quotations**

Public Health must engage with communities "Our Public Health sits in offices with phones and that is just such a waste of money and time, they can't do anything. Their hands are tied. **They have all this** knowledge, all this power, all this resource, and they can't use it appropriately with the populations that really need to be used, because they're not connecting with them."

- Healthcare Worker Focus Group Participant

**Communities should be involved in programs**, policies and practices that impact them "Even if I'm not a health professional, **I'm a** professional of my life. I'm a professional in my story. I am a professional in my community. I'm a professional in my neighborhood. Just because I don't have a doctorate doesn't make me a person who shouldn't be taken into consideration."

- Quebec Focus Group Participant

## DISCUSSION

- Legacies of colonialism, capitalism, and oppression have deeply negative impacts on wellbeing
- Lack of representation, availability, accessibility, and affordability are barriers to trust in public health programs and services
- Local context and lived experiences need to be recognized as integral scientific evidence in public health decision-making

## CONCLUSIONS

- Secure housing, food, and income should be regarded as the most pressing public health need
- Indoor and outdoor public space are crucial to promote community belonging
- Consistent community engagement to co-create public health programs is vital to address local need
- Openness and accountability should be foregrounded in public health governance to promote and maintain public trust

## ACKNOWLEDGEMENTS

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Interested in learning more about our public health governance project? Scan the QR code or visit www.trru.ca

