

# Gaps and Barriers to Public Health: Emerging themes from community engagements across Canada



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#### INTRODUCTION

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' 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 jurisdictions (NS, QC, ON, AB, BC), frontline health workers and Indigenous people.
- Using real-time polling, Mentimeter and Google Jam Board, participants discussed:
  - 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?
- A combination of inductive and deductive thematic analysis to identify themes across the data using NVivo 14.
- Used inductive thematic analysis to add nuance and specificity to the coding based on particpants' insights.

# RESULTS 1 Focus Group Demographics (N=56)

Location	
Alberta	8
British Columbia	15
Nova Scotia	11
Ontario	9
Quebec	13

cation		Ethnic identity	
	0	Black/African Descent	4
perta	8	East Asian	1
tish Columbia	15	South Asian	2
		Southeast Asian	3
va Scotia	11	White/European Descent	27
ntario	9	Indigenous	15
i carro	,	Other	1
ıebec	13	No Answer	2

Age	
20-29	5
30-39	15
40-49	9
50-59	10
60-69	3
70-79	3
No Answer	11

Gender	
Male	13
Female	36
Non-Binary	2
2-Spirit	1
No Answer	4

## RESULTS 2 - Highlights of Focus Group Findings

In Canada, Public Health is seen as inaccessible, inefficient, opaque and disconnected from the needs of communities

Marginalized groups desire governance practices based upon meaningful & sustained engagement with communities that tailors services and programs to their needs

Participants want their circumstances & experiences recognized in Public Health programs, policies and practices

"To be taken into consideration, 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

# What Supports Wellbeing?

# All Focus Groups

businesses inclusion accessibility primary youth clean supports active centres listening mutual écoute transportation indigenous informed education food at services assistance access support safety libraries trails language family community social sharing learning empathy cultural care spaces health events income traditions home local culture compassion public parks knowledge entraide diversity programs healthy de accessible

resources affordability reduction belonging programming

sovereignty organizations <sup>2slgbtqia</sup>

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.

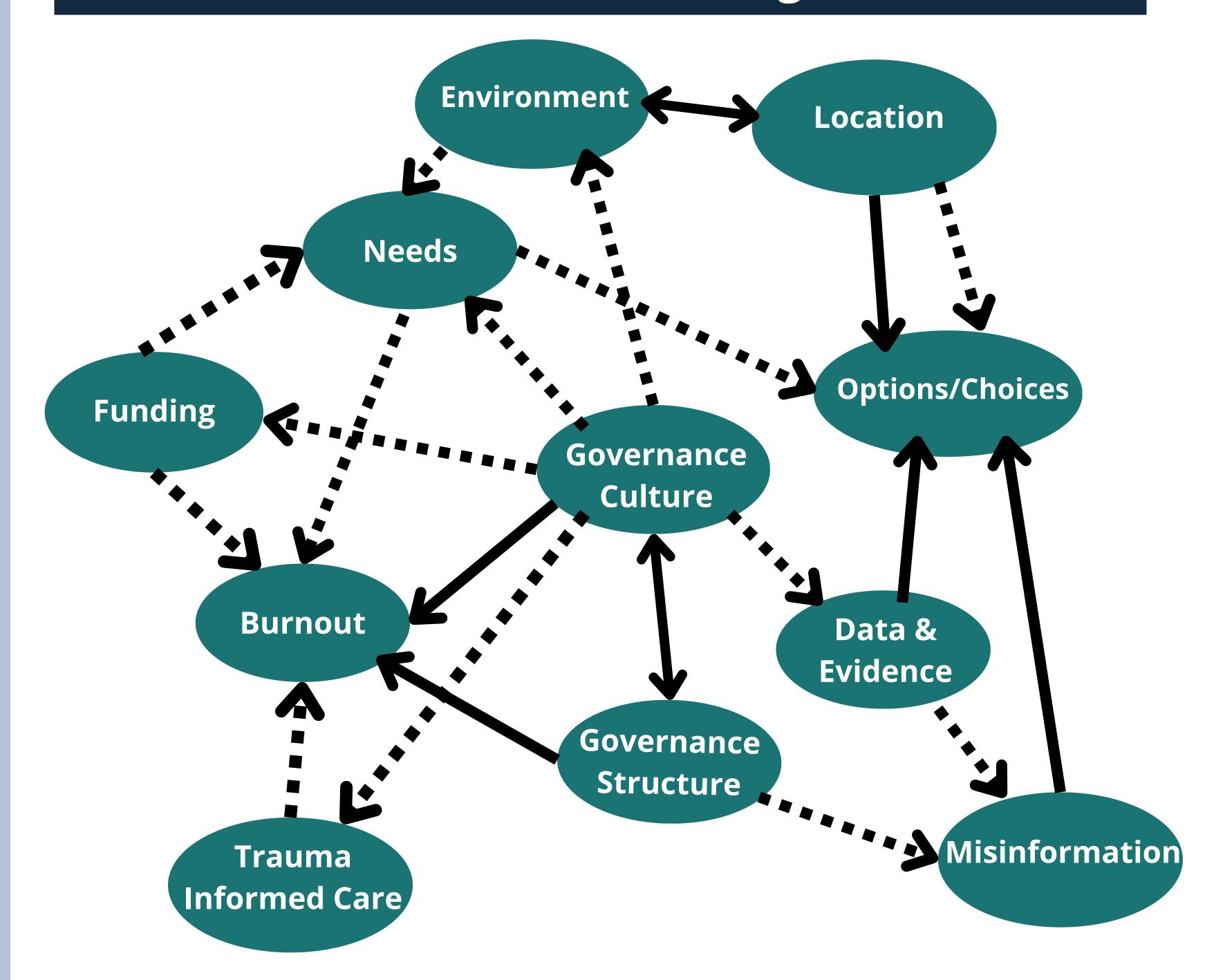
## Nova Scotia Focus Group

responsibility opportunities relationships mentorship humanity mosque spirituality affordable education mutual churches compassion accessible profits transportation inclusion resource events people diverse measures museums generosity community play action equity centres art elders music around places health 2slgbtqia parks access food sharing eat mall libraries free gender accessibility family beaches local listen affirming nature housing empathy aid courts local hope principle. priorities green supports security reflective families moments reclaiming gathering agencies traditions attainable honouring narrative employment celebrations displayed profit neighbourhoods home healthcare homelessness reciprocity intergenerational proactive recreation

# Public Health must be located and sustainably engaged in all 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

# RESULTS 3 Interconnections Between Emergent Themes



**Solid lines => positive relationships** (e.g., Data & Evidence informs Choices).

**Dotted lines => negative relationship** (e.g., lack of security & funding creates need; governance culture leads to lack of trauma informed care)

#### DISCUSSION

- Marginalized communities described the negative repercussions of historical colonialism, capitalism, and oppression on wellbeing;
- Lack of representation, availability, access, and affordability are barriers to trust in public health programs and services;
- Local context and lived experiences need to be recognized as integral to scientific evidence in public health decision-making;
- Call for longitudinal, meaningful engagement with communities in the co-creation and implementation of public health programs.

#### CONCLUSIONS

- Secure housing, food, income, and public and green space that prioritizes community belonging are central to wellbeing;
- Changes must take place in both the structure and culture of public health governance to build community engagement and trust;
- Longterm engagement with communities to secure public infrastructures, programs and services is critical to wellbeing.

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