

Public Health Governance

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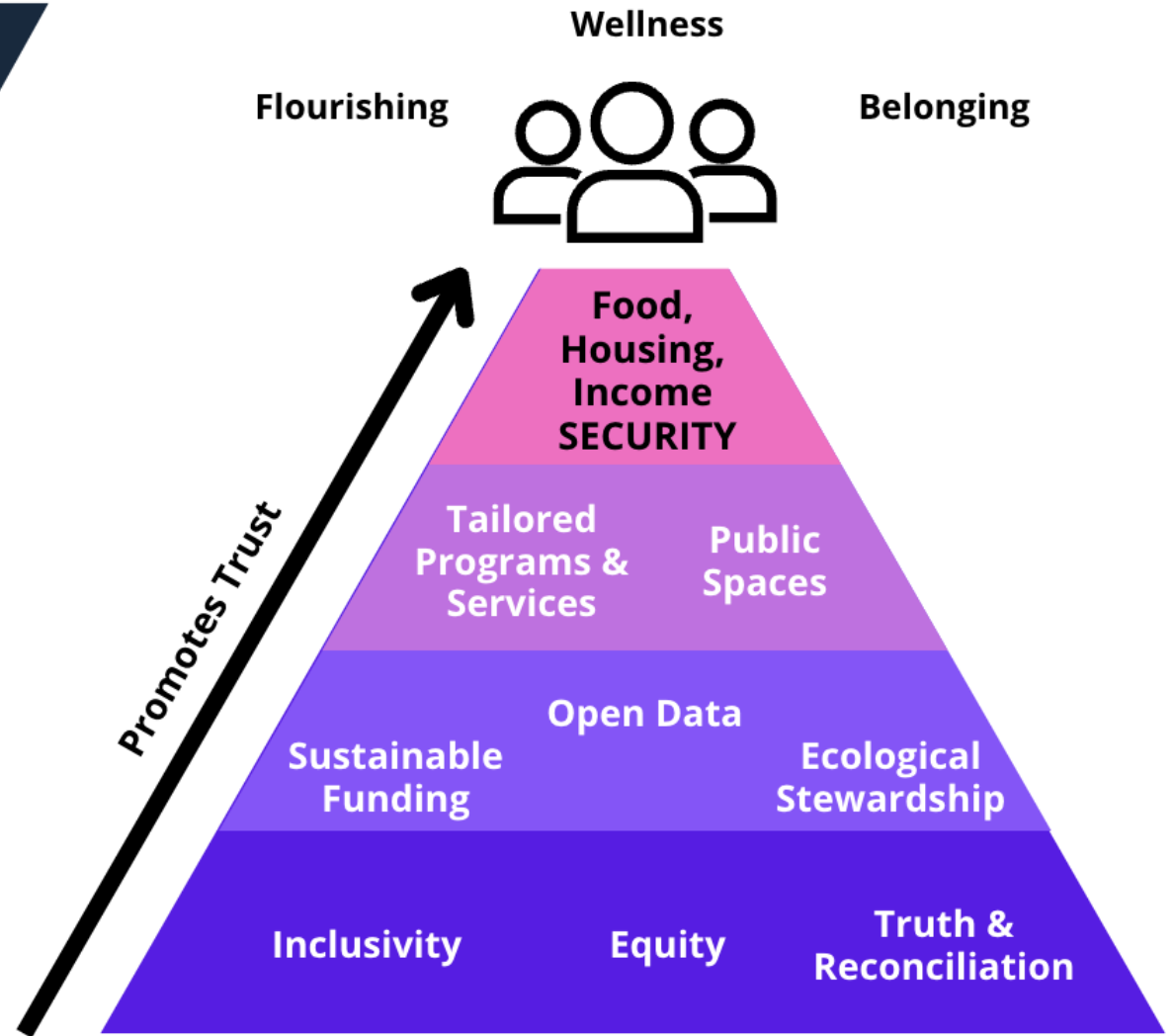
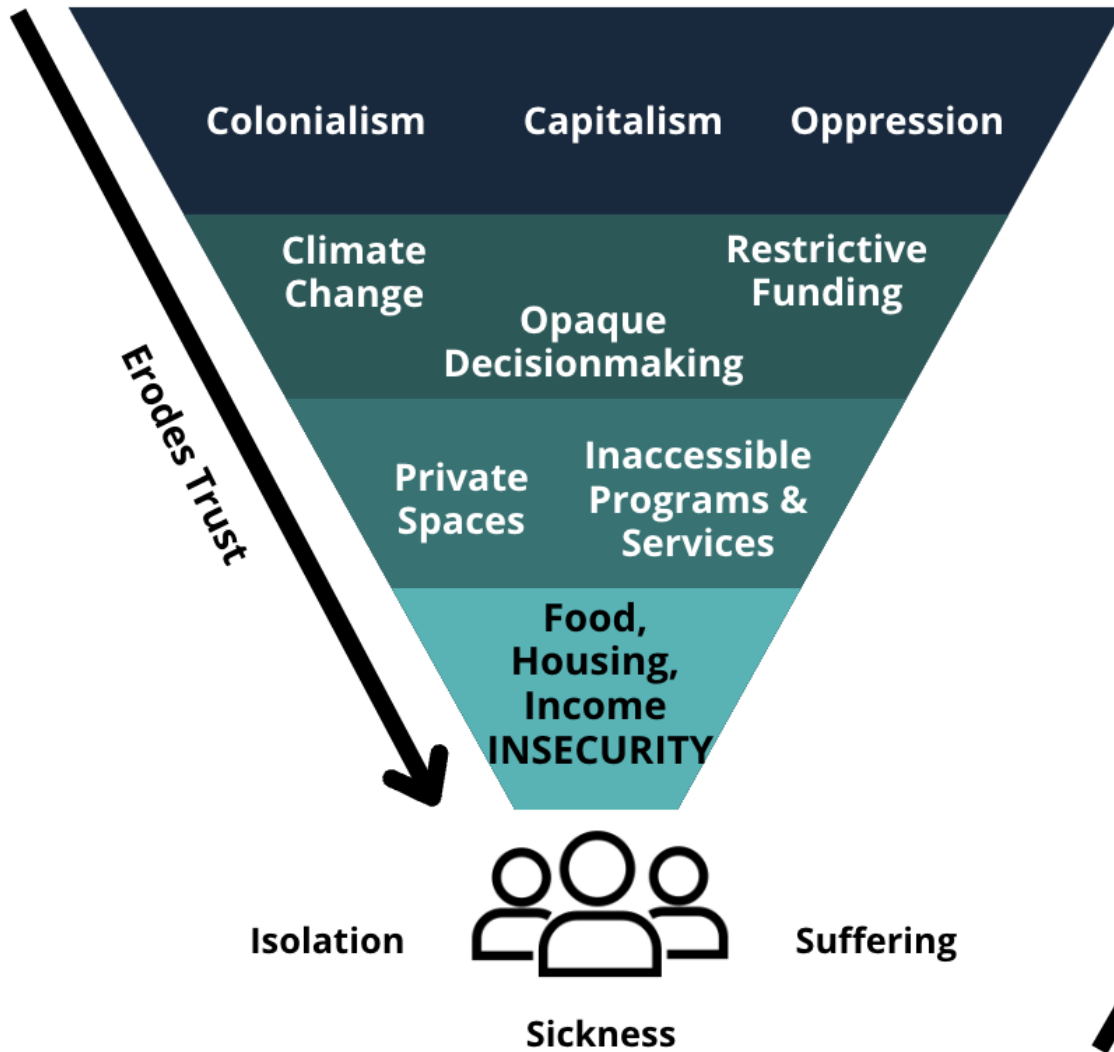
Foundations

- **Planetary Health** acknowledges co-evolution of humans, animals, and environments
- **Health in All Policies** (HiAP) recognizes that all policy sectors impact health
- **Trustworthiness** is evidence-based through **accountability, reflexivity, open data** and **equitable** access and outcomes
- **Communities**, unique in their strengths, challenges, and needs, must be included in policy decision-making and practice
- **Legal Foresighting** designs new legal instruments to advance more equitable futures



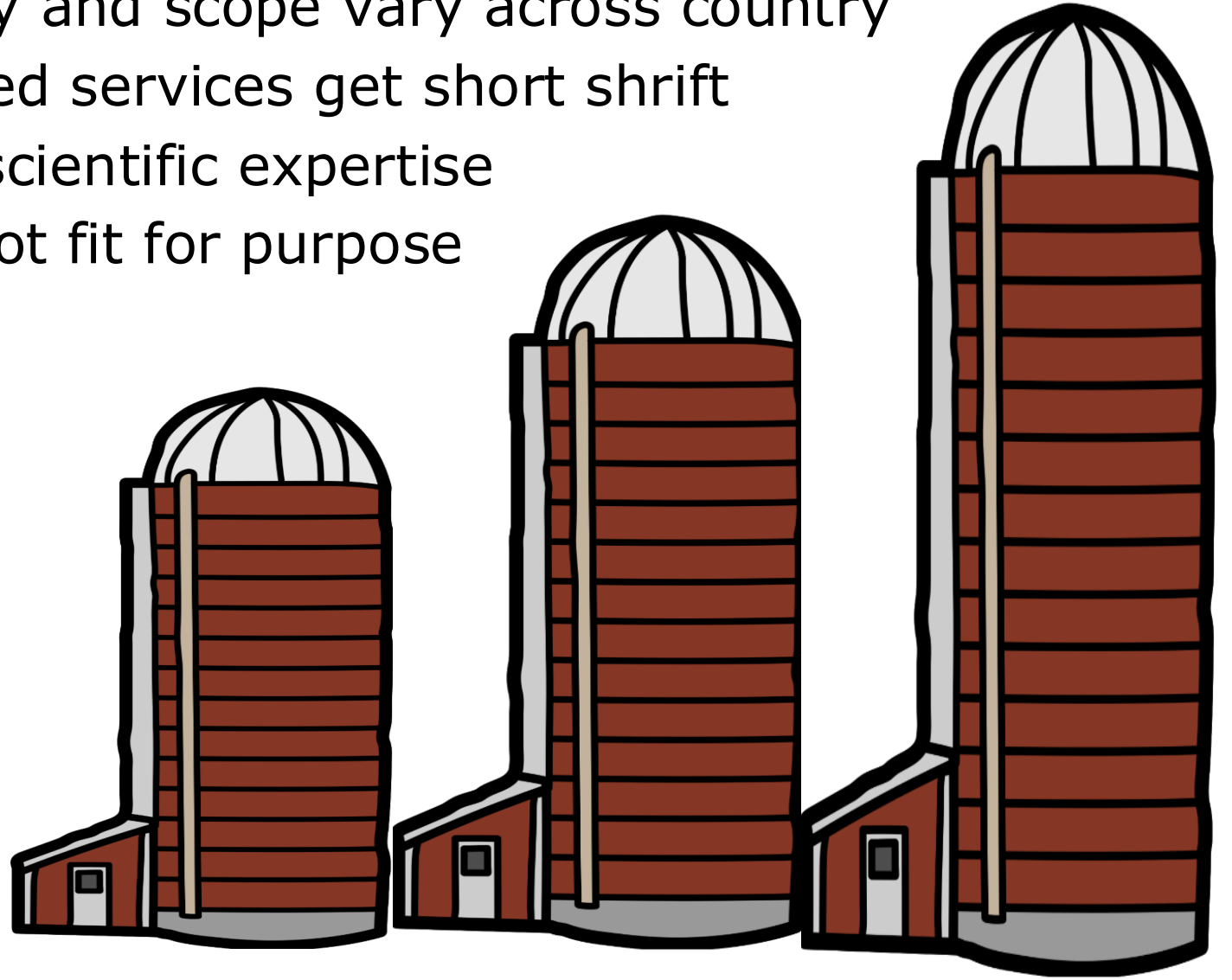
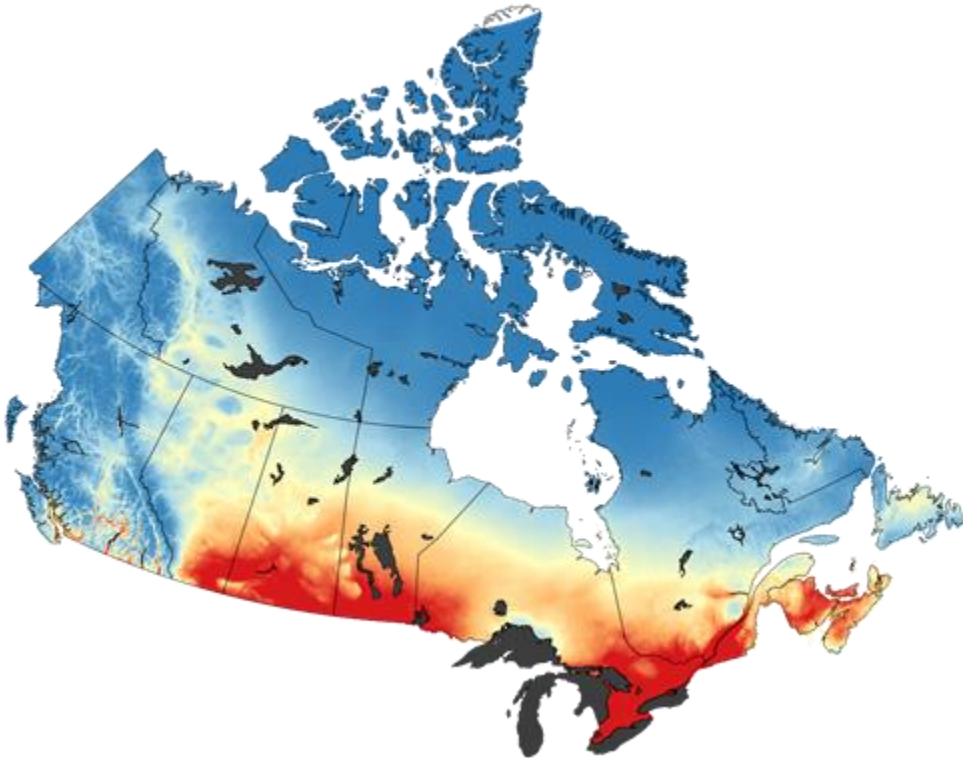
Methodologies

- **Legal/Policy Landscaping:** Analysis of 568 documents; 242 legal instruments (8 provinces and territories: NS, NB, ON, MB, AB, BC, NU, YK). [completed]
- **Qualitative Interviews:** 34 semi-structured interviews with informants across Canada: PH Officials (18); Healthcare Workers (8); Healthcare Union Leaders (3); Health Scholars / Advocates (5). [completed]
- **Jurisdictional Scan:** Survey of programs, actors, and funding (NS, ON, AB, BC). [ongoing]
- **Secondary Analysis:** Reanalysis of national qualitative datasets and literature generated during COVID-19 pandemic (NS, QC, ON, AB, BC). [report pending]
- **Focus Groups:** 7 FGs with members of marginalized groups re: public health needs and experiences (NS, QC, ON, AB, BC, Pan-Can Indigenous & HCWs). [analysis ongoing]
- **Tech Related Clinician Burnout:** Survey of 2,000 healthcare workers re: burnout caused by Health Information Technology (ON, NS). [analysis ongoing]
- **International Deliberative Engagement (Geneva – Oct. 7-9, 2024):** Collaborative examination of common public health challenges through scenarios to refine a framework. (12 Countries Represented) [analysis ongoing].
- **National Deliberative Engagement (Spring 2025, Central Canada):** Amend and deliberate relevant to all communities for the finalization of a public health governance framework.



Jurisdictional Scoping

- Service funding, accessibility and scope vary across country
- Preventive, community-based services get short shrift
- Political decisions trumped scientific expertise
- Policies and programs are not fit for purpose



Secondary Analysis Themes 1

- **Public Good:** Public health measures should work, and government should act in the best interest of their citizens
- **Trustworthiness:** A call for integrity, transparency, and independence from political involvement
- **Transparency and Evidence:** Need for clear communication about how data and evidence are used in policy decisions, as well as concern about misinformation



*"Give people the information. Like, we didn't have masks for five months... why not? **Show me that data! Show me the justification!**"*

Secondary Analysis Themes 2

- **Public Health** should track at-risk populations & services tailored for risk, geography, and education
- **NGOs** fill gaps in government services
- **Public consultation**, engagement, and feedback are necessary

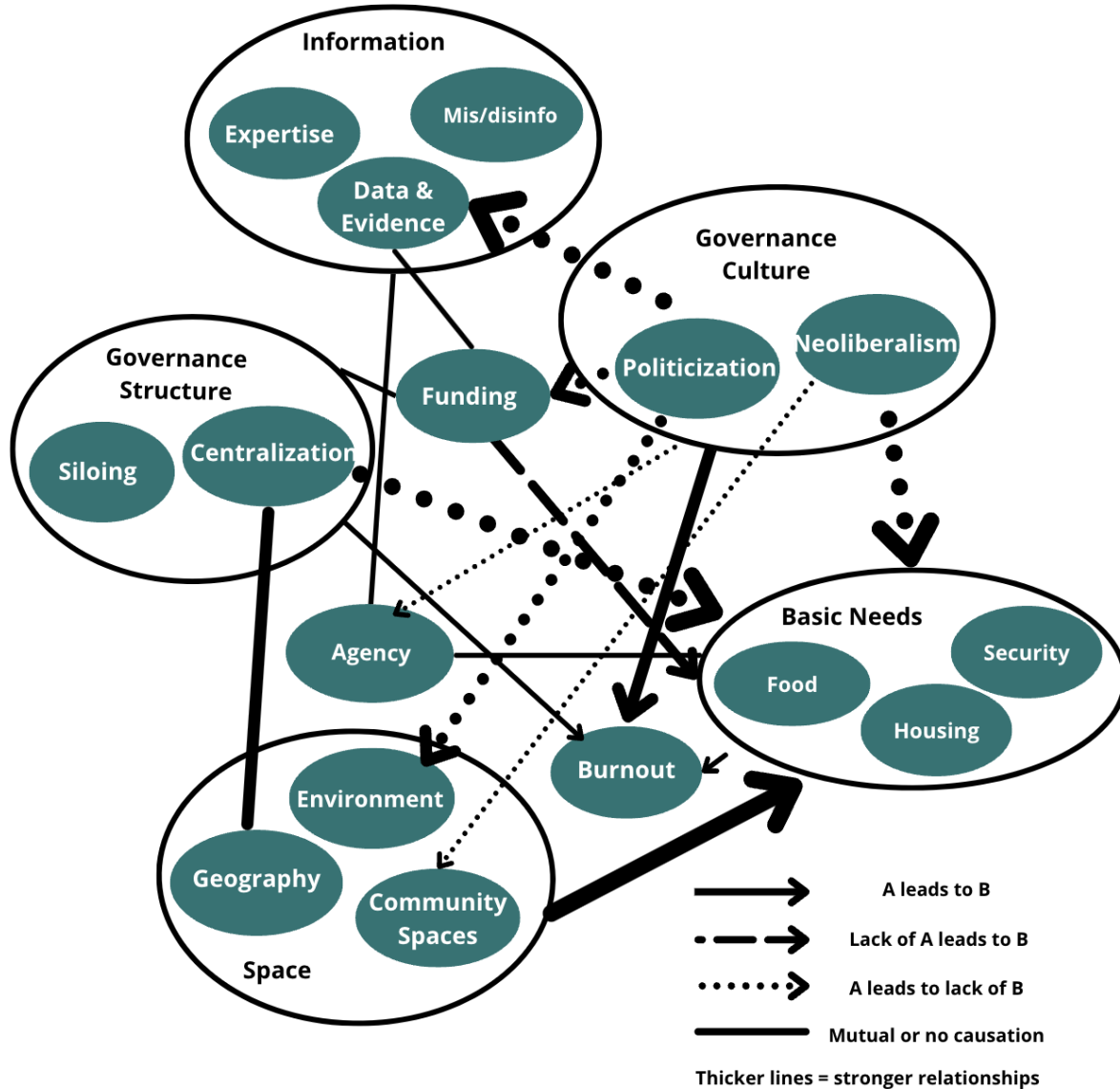
"At no point, for any of these programs or organizations, were the clients who receive those services consulted."



Focus Groups: What Promotes Wellness?



Emerging Themes



- Basic Needs
- Governance Culture
- Governance Structure
- Knowledge, Information, and Evidence
- Secure Funding
- Environment, Location, and Spaces
- Burnout

Basic Needs

- Prioritize secure access to food, housing, income, transportation, hygiene products, essential medicines, telecommunications

Governance Culture

- The values that inform governments conflict with those of communities
- Populist and neoliberal ideologies impact the affordability and availability of services



"Giv[ing] people a home, food, and economic sustainability changes the determinants of health. We need to look at the basics, and that's a system-wide change... that will have impact. We would see a lot of equity and help them to move forward with other changes."

Governance Structure

- De-centralizing health decision-making to communities to meet unique needs
- A holistic approach to public health recognizes the interrelationship of health needs (e.g., environment, community spaces, mental wellness, education, food security)

Secure Funding

- Short term, prescriptive funding agreements are the norm, but limit organizations' capacity and effectiveness

*"Organizations have to apply for [federal] funding, and there was a good amount of funding, but it brought a lot of barriers to many communities, because **there is basically that colonial check-box that you had to match that didn't fit into the needs of the communities.**"*



Knowledge, Information and Evidence

- Evidence-based data is needed that:
 - represents diverse communities and health inequalities;
 - is unbiased and collected by non-partisan experts; and
 - is transparently collected, used and reported
- Need for 'informed decision-making' but concern that misinformation and lack of transparency can limit access to 'good' information, stoking distrust and vaccine hesitancy



"From a data analyst perspective, it is a consistent struggle to disaggregate by key determinants of health (e.g., ethnicity, immigration, etc.), partly due to the politicization of intersectional data analyses."

Environment, Location, and Spaces

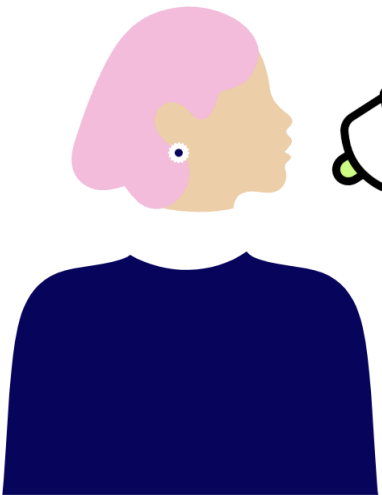
- Environmental degradation and severe weather events impact food, housing, and safety
- Rural and remote communities felt more vulnerable due to precarious access to transportation, programs, and resources, and health worker shortages.
- Urban Indigenous people have different needs and rights under the *Indian Act* than those living on reserve.
- Freely accessible public spaces for socializing, accessing programs and services, and recreation were celebrated as a bastion for community belonging

*"The evacuation policy [requires] Indigenous communities living on reserve or who are remote **to leave their communities to give birth** because they didn't think traditional midwives had adequate knowledge to support these mothers."*



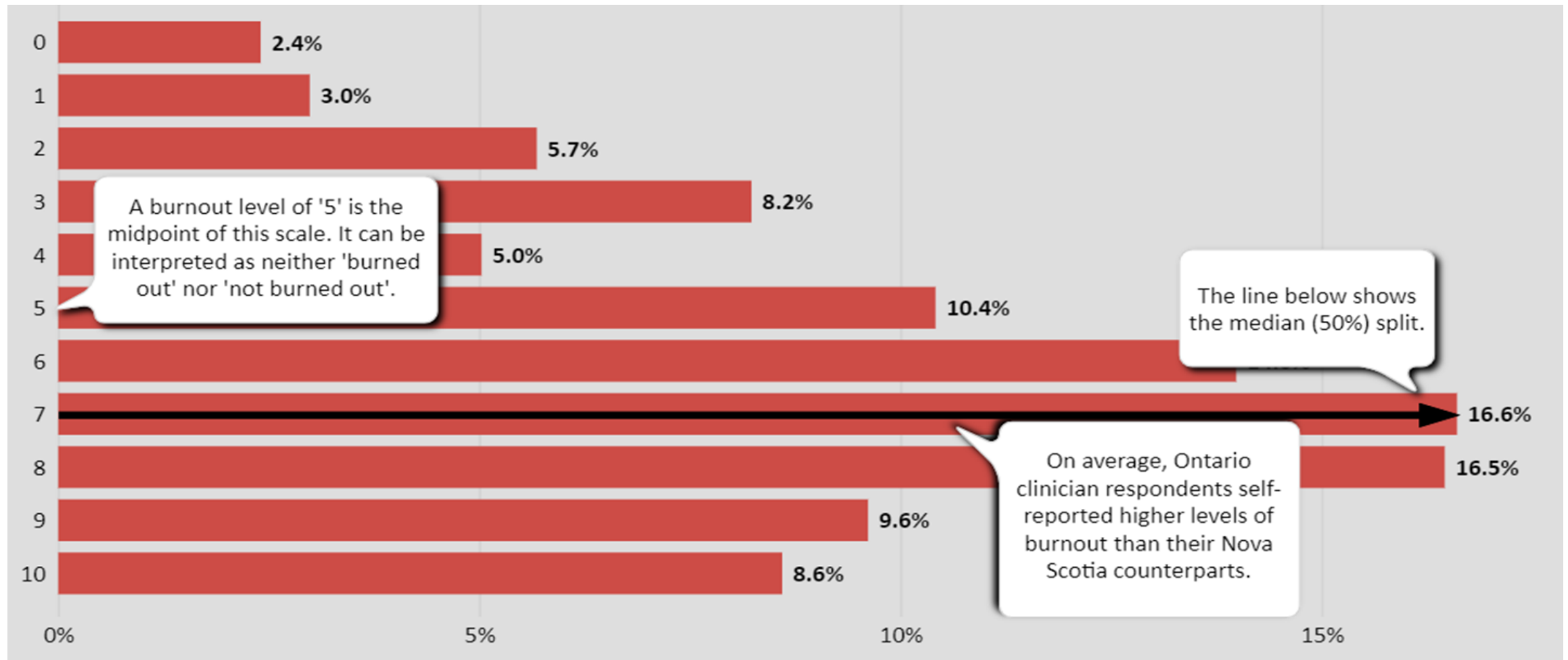
Burnout

- Feelings of disillusionment, disconnection, disassociation, **moral injury**, and compassion fatigue due to:
 - being underpaid, overworked, and underappreciated in health and social services provision;
 - having to navigate labyrinthian service structures to access services;
 - struggling to meet basic needs in an affordability crisis;
 - having to adapt to frequently changing guidelines and regulations.



*"[The COVID-19 pandemic] was quite a challenge for [outreach] workers. **Many committed suicide. And we never got recognition from public health, either financially or in terms of extra help for our mental health.** We were left to our own devices, then thanked the tooth fairy before the street workers and community organizations"*

Tech Burnout Survey (2000 physicians On & NS)



How IT Contributes to Burnout

Too many different systems that operate differently and all have unique glitches

INTEROPERABILITY & INTEGRATION

- Fragmented; too many different systems that don't communicate with one another;
- Cognitive overload from switching between platforms (passwords, logins, dual-factor authentication)
- Separate systems are only set up to do one specific thing; cumbersome and incomplete
- Different types of information blocked accessing simultaneously to build searchable queries

Puzzle piece systems does not help to make things easier you need to search multiple different techs to find all the data

TIME

- Time consuming to use, especially on the front end when documenting;
- Takes longer to complete tasks than on paper;
- Typing documentation and data entry takes longer than to handwrite.

Much more time consuming than the old way of going through a paper stack of results

LACK OF ACCESSIBILITY

- Difficulty navigating;
- Redundancies—same information in different places.
- Chasing information not properly stored or inputted.
- Difficult filtering through all the information to find what is relevant.

Limited access to some information locations, or difficulty finding specific documentation takes time that could be directed toward patient care.

How IT Contributes to Burnout (2)

Use of EMR is not intuitive, for example access to necessary information often requires knowing whether to right or left click in a particular area

So non-user friendly that we had to de-implement it and revert to phone calls via admin staff and messaging.

USABILITY

- NOT user friendly.
- Not intuitive.
- Too difficult to use; tech is challenging or complex.
- Systems seem to be developed to maximize data content and external manipulation but not to facilitate data collection or use by physicians during practice or later.

DUPLICATION

- Task redundancy.
- Having to document on paper and device.
- Same information stored in different places.

EQUIPMENT

- Software and hardware are problematic.
- Slow and less effective than other Centres and Options available on the market.
- Computers are old and slow.

Systems are so repetitive that they are counter-productive. Having to duplicate on paper and IT is wasteful.

The computers are so old and slow and the systems so antiquated that it makes our jobs 10x harder.

Deliberative Engagement: Both method and framework for public health



Common Challenges

- Balancing **centralized/system-wide** leadership with **regional and local** realities on the ground to share in decision-making throughout.
- Shifting from emergency **reactivity and 'putting out fires'** to sustainable, **proactive prevention**. Balancing prevention and acute care.
- **Breaking down government silos** to focus on **environmental sustainability**.
- Identifying **appropriate metrics** that measure **meaningful PH outcomes** (i.e., decision makers often **neglect real world consequences for the vulnerable**)
- Ensuring **accountability** through **public community engagement**, including **justification**, and **proportionality** of PH decisions
- Resisting **privatization** of PH and the blocking of **access to information** increasingly owned by private vendors (Bill C-72)
- Ensuring a constitutional **right to health**.

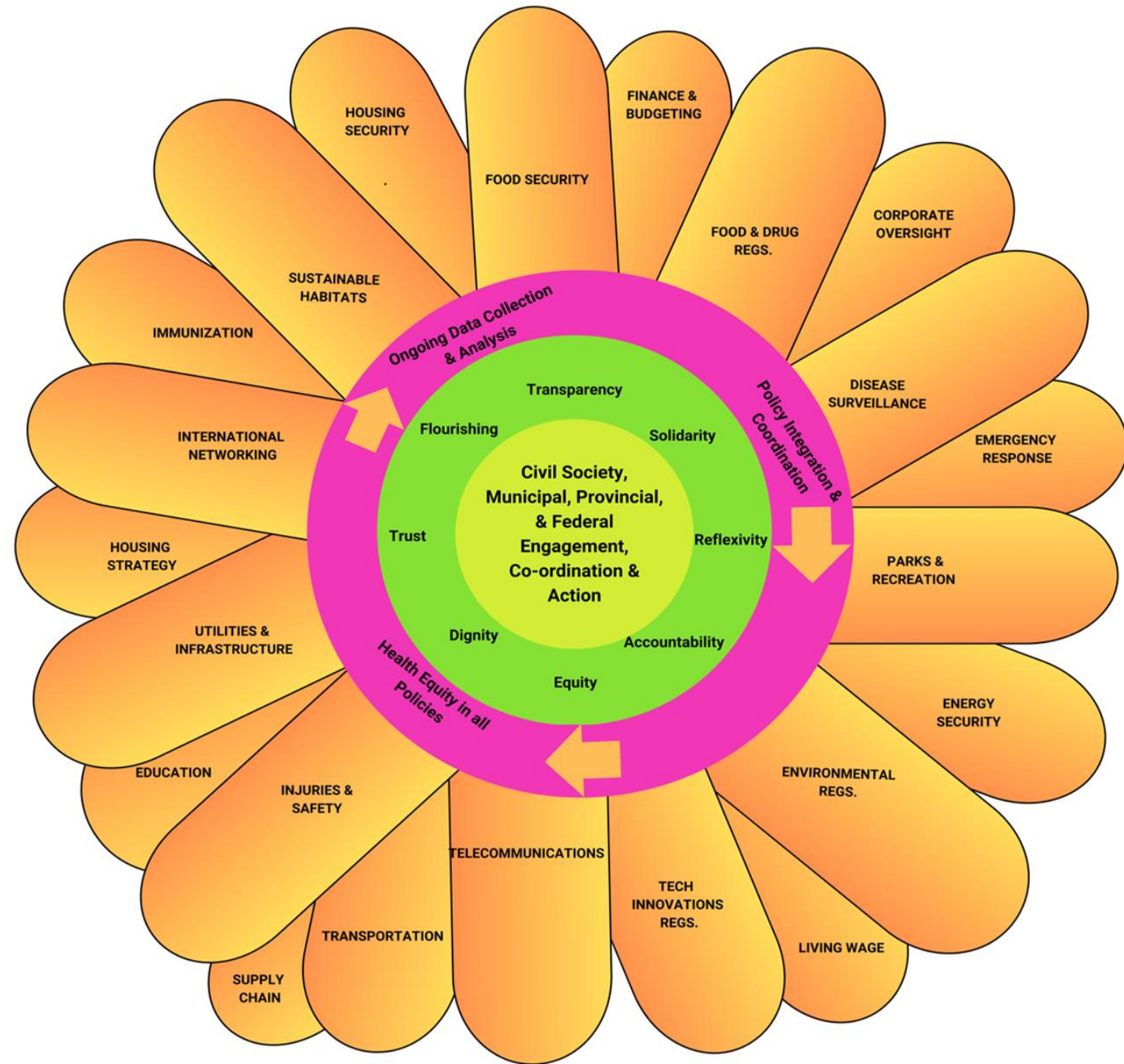
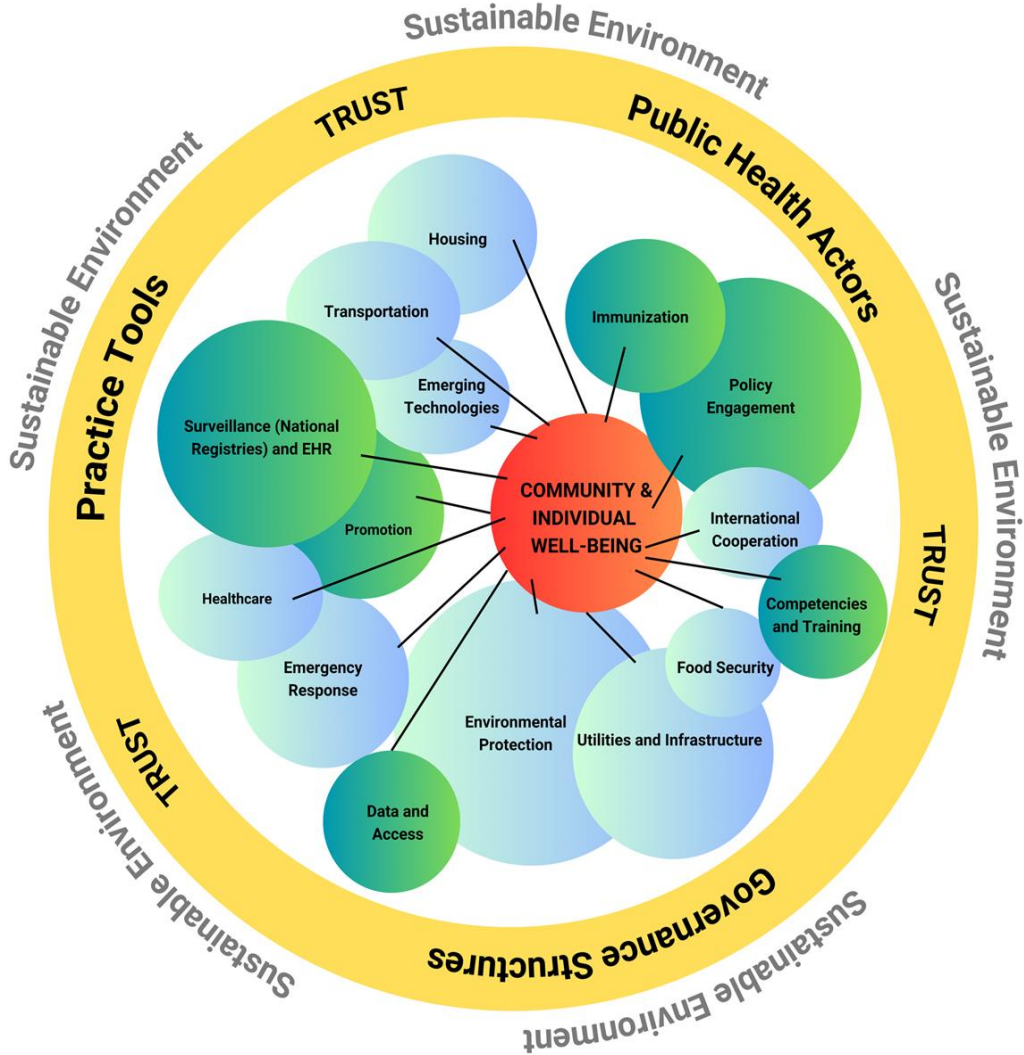


An equitable Public Health Framework

- **Jurisdictional harmonization** overseen by a responsabilized leadership accountable to national, regional and local levels employing **a parliament of evidence**
- Attention to **linguistic diversity** and **overcoming language barriers**
- **System navigators** helping people access care, providing timely information and **evidence-based advice** in dialogue with **community knowledge**
- Capacity (and mechanisms) for mobilizing critical experts and service-providers for **effective surge responses**
- Effective (seamless) **connections between the domestic and international** population health architecture, including open, timely and **effective data-sharing**



Achieving a Coherent Public Health system



Values informing the Framework

- Critical values to inform the system and decisionmakers include:
 - **Fairness:** 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.
 - **Openness/Transparency:** Having clear decision and program processes, being open with information, and communicating objectives, decisions, and practices in a timely fashion.
 - **Inclusivity:** Including diverse individuals in decision-making through systematized, accessible, and impactful participative processes.
 - **Integrity/Reflexivity:** Decision-makers and actors must be honest and transparent, serving as stewards and agents of reconciliation.



Thank you!

**FONDATION
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With special thanks to our (many) Collaborators across all sectors

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<https://www.dal.ca/diff/trru.html>