



PROBLEM

There is a profound lack of political will to tackle complex problems or embark on structural solutions to persisting legislative, policy, and service gaps, and crises are easily used to divert attention from difficult social challenges.

EVIDENCE *Our focus group participants said:*

“There’s so many different viewpoints and perspectives and things pulling and pushing what these public health programs and priorities should look like. Again, I think we need to defer to the previous question of who we should be trusting or what we should be trusting to make those type of decisions, while also including all the perspectives that needed to be included instead of just having it be politicized or relegated to one group’s opinion.” (AB)

And see: J Langston, et al., ‘Dead Acts and Fat Cats – The Persistent Decline of Social Welfare Law’ (2025), SLAW—Canada’s online legal magazine, at <https://www.slaw.ca/2025/04/24/dead-acts-and-fat-cats-the-persistent-decline-of-social-welfare-law/>; Raphael et al. ‘Promoting Health Equity in an Era of Growing Contradictions Between Capital Accumulation and Social Reproduction in Capitalist Economies.’ (2025) *Community Health Equity Research & Policy*, 2752535X251370927.

RECOMMENDATIONS

Stronger federal political leadership (taking a robust approach to constitutional powers to operate in public health) to set policy directions but not usurp the functions of public health experts such as Chief Medical Officers of Health. Governments need to move away from quarterly fiscal timeframes and electoral cycles for long-term investments in health and wellbeing.



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