Public Health Governance: An Incoherent System, a Fragmented Framework

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PROBLEM

PH (Public Health) serves an essential role in Canadians' wellbeing, productivity and secure access to housing, food, water, recreation and transportation. Infectious disease threats, frequent wildfires, flooding and environmental degradation marked by climate changes demand PH reform. Yet PH remains insufficiently understood and poorly structured, resourced, and governed. Strengthening emergency response and supporting communities, PH actors, infrastructure, and programs to anticipate uncertain risks and their consequences has proven to be a wicked problem that demands more effective policies that speak to our common health and our commonwealth across jurisdictional and ideological divides.

OBJECTIVES

- To generate data and analyze the experiences of equity-deserving communities and public health workers about PH operations and governance.
- To develop a PH framework that reflects the multiplicity of social, biological and environmental ecosystems determinants of planetary health to contribute to equitable, productive and flourishing communities and conditions for all.
- To draft *Population Health & Wellbeing Act* to improve conduct and outcomes in all core PH functions.

FUNCTIONS OF PUBLIC HEALTH

Promotion: Encourage and facilitate safe and/or healthy behaviours (e.g., safety standards, public education, open communication, ongoing community engagement and mutual learning).

Prevention: Design and implement preventive measures to reduce the burden of injuries and disease (e.g., food, drugs, and environmental safety standards, monitoring & surveillance, education).

Protection: Contribute to the design and implementation of equitable systems and services that shape improved determinants of health (e.g., housing/ water/ food/ air/ telecommunication/ transportation security, habitat & production sustainability, registries, immunization, injury compensation, evaluation).

Preparedness: Plan for natural and man-made disasters (e.g., evidence-based emergency plans and established but flexible processes).

Population Surveillance: Routine collection, curation, aggregation, and analysis of data on a wide range of health determinants in coordination with other agencies.

Program/Outcome Assessment: Understand the health and needs of populations by analyzing community, program, and tool/technologies data.

METHODS / ANALYSIS

Legal/Policy Landscaping: Content analysis of 568 legal and policy documents; 242 legal instruments (Fed=12; NS=25; NB=38; ON=27; MB=14; AB=48; BC=38; NU=17; YK=23); [*Completed*]

Qualitative Interviews: 34 semi-structured interviews with key-informants across Canada with the following professional affiliations: PH Official (PH=18); Frontline Healthcare Worker (FW=8); Healthcare Union Leaders (UL=3); Health Scholars / Advocates (HP=5). [*Completed*]

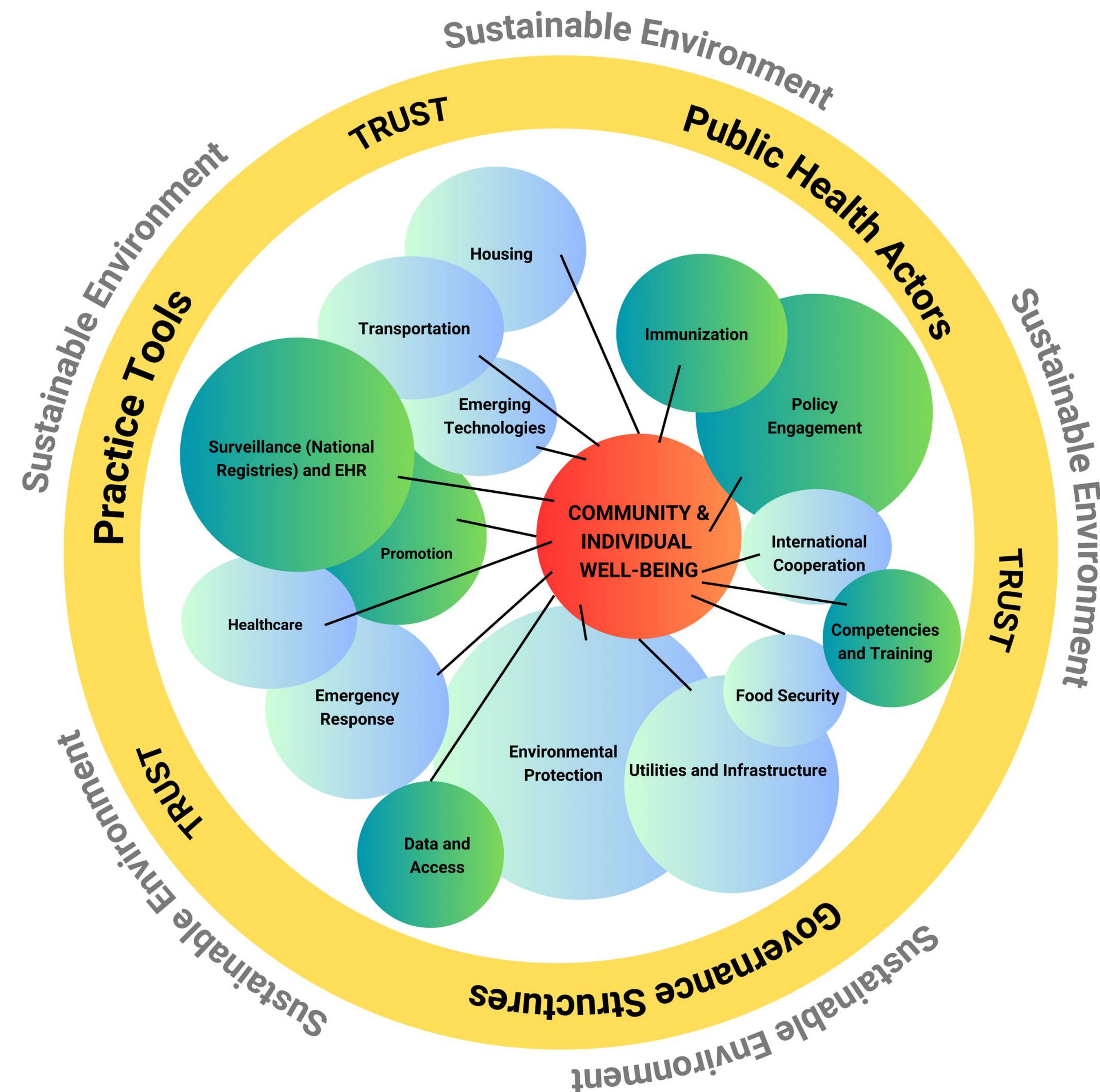**Comparative analysis of PH programs :** (BC, AB, ON, Nunavut, NS) [*Ongoing*]

Secondary Analysis: Team-based re-analysis of 25 qualitative datasets generated across Canada during the pandemic about the pandemic experiences of equity-seeking groups and healthcare workers (BC; ON; QC; NS). [*Winter/Spring 2024*]

Focus Groups : 7 FGs with members of equity-seeking groups and allied healthcare workers about experiences, challenges and successes during the COVID-19 pandemic, particularly in relation to interactions with public health programs and actors (BC, AB, ON, QC, NS + 2 Pan-Can (virtual)). [*Spring/Summer 2024*]

Deliberative Engagement: 2 structured, scenario-driven participative events aimed at assessing, contesting, defining and refining a PH governance framework supported by evidence generated and the principles of good governance (1=Pan Can; 1=International). [*Fall 2024*]

PUBLIC HEALTH, WELLBEING & INTERCONNECTION

A core responsibility of government is social wellbeing, a complex policy aim with many determinants that cannot be realized through a siloed approach to policy. PH actors must be empowered to develop data and influence decisions in the many and interlinking fields that impact population, community and individual wellbeing. **Green: PH Core Functions**; **Blue: Policy Spheres of Actors that Demand PH Input**.

FOUNDATIONAL & STUCTURAL SHORTCOMINGS

- Canadian public does not understand the scope, functions, or importance of PH.
- Canadian governments do not appreciate the scope, functions, or importance of PH, or the necessary expertise of its actors, and they do not appropriately resource PH.
- Critical PH actors (e.g., Public Health Agency of Canada, Chief Medical Officers of Health, etc.) are under-resourced and ill-equipped to exercise robust leadership in routine or emergency settings.
- Effective PH tools have been neglected (i.e., national vaccine registry) or hollowed out (e.g., Global PH Intelligence Network), undermining the ability to anticipate needs.
- PH issues and needs have not been integrated into policy- or decision-making in other policy settings that determine wellbeing (i.e., neither a 'Health In All Policies' nor a 'Health Equity In All Policies' approach to policymaking exists in Canada, and PH officials are absent from the broad range of fields where their voices (and evidence) should be heard).
- PH does not have a bespoke (legal) governance instrument that: articulates key values; offers a coherent PH and social vision; empowers critical PH actors; entrenches core functions and programs; and integrates PH with other policy fields so actions can be coordinated and effective.

AN INTEGRATING ROLE FOR CIVIL SOCIETY, GOVERNMENTS & PUBLIC HEALTH AUTHORITIES

Evidence of pandemic experiences, public health needs, and governance gaps and shortfalls will inform the design of a more robust, integrated, and reflexive governance framework that more effectively coordinates across municipal, provincial, federal and territorial policy spheres so that more effective tools and practices are developed, and improved health outcomes are achieved.

Public Health Governance: Framework for an Effective and Equitable Public Health System for a Post-COVID Canada. **CIHR Grant # 179934; Dal REB Approval # 2023-6510 and #2023-6714.**

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