Governing for the Public's Health:

Governance Options for a Strengthened and Renewed Public Health System in Canada

Executive Summary | 2022

This executive summary presents an overview of findings from a literature review that was commissioned by the Office of the Chief Public Health Officer (CPHO) at the Public Health Agency of Canada to inform the 2021 annual CPHO report. The overall objective of this review was to identify options for strengthening public health governance, and to inform a bold vision for a renewed public health system in Canada.

The National Collaborating Centres for Public Health, in partnership with the authors and the Office of the CPHO are publishing this summary, along with the full report to allow broader dissemination of these findings.

To read the full report, click here.

To read the 2021 CPHO report, click here.

To read the 3 other reports that were commissioned to inform the 2021 CPHO report, click here.

Health has unquestionably become one of the most densely populated areas of governance globally, with a wide array of institutions seeking to contribute to the development or attainment of population health. The coronavirus disease (COVID-19) pandemic has challenged the governance of health, social and economic systems, and further exposed pre-existing social, racial and health inequities. While there is no single definition, public health governance can be broadly understood as the ways in which different public, non-governmental, or private actors work together to support communities in preventing disease and achieving health, wellbeing, and health equity. Functions of public health governance include developing policies and strategies, legislating, stewarding resources, engaging partners and communities, and facilitating continuous improvement. These governance functions may be formally embedded in institutions or involve informal mutual arrangements. In this report, we promote a broad vision of governance of public health that incorporates both institutional and non-institutional structures (beyond formal public health organizations) in contemporary societies.

To build forward more resilient and equitable public health systems, governance approaches in Canada need to be strengthened at multiple levels (federal, provincial, territorial, and local), both within public health systems and across other sectors, by actively engaging communities to redress systemic inequities. This literature review sought to identify options for strengthening public health governance, and to inform a bold vision for a renewed public health system in Canada. Our review was guided by the following overarching **research question**: *What are the realistic opportunities for strengthening, improving, or transforming existing public health governance in Canada?*

Findings were synthesized from multiple sources, including searches of scholarly literature; input from public health governance experts, who supplemented the literature searches with additional scholarly and grey literature sources; case studies on specific governance models from select jurisdictions (United Kingdom [UK], Australia, and Québec); and consultation sessions on public health governance.

We found that the type of nation-state and the relationship between nation-states and other societal actors clearly matter to the governance of public

health. Such relationships are dynamic, political, and are influenced by ideological shifts and changes in government. Governance of public health in Canada is complex, and includes a mix of provincial/territorial and federal constitutional responsibilities. Federal and P/T governance for the health of Indigenous Peoples has been heavily criticized for its jurisdictional ambiguity and patchwork design of health policies, prompting the need for models of health governance that emphasize decolonizing approaches and Indigenous-self-governance.

In Canada, there is insufficient foresight and surge capacity to govern and function as a strategic, cohesive and equitable public health system (or *system of systems*) - a system that is responsive to the changing sociopolitical context. This is despite several calls for public health reform before and during the COVID-19 pandemic; furthermore, reforms need to be driven by a clear vision for public health and a coherent "system of systems" approach to governing public health. Governance is inextricably linked to how public health is defined and framed. To maximize the legitimacy of the public health response, clearly defining essential public health functions and their relationship to governance is crucial. Public health agencies need to be enabled to fulfill these essential functions with independence, a formal mandate, and sustainable resources. As the public health reforms in the UK suggest, the framing of public health functions, the role of public health leaders in promoting an upstream orientation to improve population health and health equity, as well as formal and institutionalized mechanisms that manage and promote these functions and values are all important considerations for public health governance.

Based on our review, good public health governance fundamentally contends with issues of power and privilege, and strives towards equity, anti-colonialism, diverse and inclusive membership, and transparent and accountable deliberation and decision-making mechanisms. Features of effective public health governance also include resilience, defined as governance that is adaptive to systemic shocks; capable leadership; and well-resourced and mandated capacities.

Our review also points to an emerging consensus that a combination of governance approaches and models is needed due to the complexity of public health and the diversity of stakeholders to be engaged in its pursuit. Several governance functions need to be put in place and effectively deployed. Public health legislation and other legal instruments are key governance functions. When undertaking governance reform, the structural role of the law must be considered and analyzed for its implications for governance, as illustrated by examples from the United States (US) and Québec. Indeed, as illustrated by our case study on the Québec public health system, strong public health legislation, clearly defined priorities and public health system structures, while necessary, may not sufficiently address the breadth of public health functions. Public health system renewal and its governance can only be optimized by attending to system and governance vulnerabilities.

If public health (as the sector within health) is to assume the role of champion for population health and health equity, it needs to have better access to the levers, authorities, and resources required to "govern" or co-govern. It must also collaborate with other sectors; however, as a sector, we conclude that public health faces a number of complex governance challenges related to institutional mandates, limited infrastructure and workforce capacity, and resources for engaging in this cross-sectoral policy work. Our review highlights exemplar models from jurisdictions such as Australia, where intersectoral governance mechanisms have effectively facilitated Health in All Policies (HiAP) through dedicated resources and legislation for public health. Specifically, the implementation of HiAP in Australia was supported by three main factors: a strong central mandate; dedicated resources (especially skilled staff); and practices to engage other sectors. These factors particularly relate to three of the six public health governance functions; namely policy leadership (there is a clear strategy, endorsed at the highest level of government), resource stewardship (skilled staff are the main resource) and partner engagement (collaborating with other sectors is the core business of the HiAP unit).

Our review also points to lessons drawn from implementing intersectoral governance approaches to health. According to section 54 of Québec's Public Health Act, the Minister of Health and Social Services has the mandate to advise other sectors on matters of health; however, we observe that benefits to population health often came second to economic objectives or to the other sector's core business when trying to formulate solutions to perceived negative health impacts of a proposed bill or regulation.

Considering that much of the literature on promising public health governance models and approaches is conceptual, our review identifies a need to establish a public health systems and services research agenda that supports ongoing monitoring and evaluation of the effectiveness of public health governance models in Canada. Relatedly, there is a need to resource a learning system to strengthen the continuous improvement function of public health governance, which involves creating incentives to embed

academics within public health policy/practice settings; strengthening evaluation capacity within public health; and monitoring and evaluating the performance of public health systems using standard indicators.

To conclude, we propose several national level actions related to each of the six functions of effective public health governance. These actions include: developing a pan-Canadian public health equity-driven strategy with clear priorities; leveraging federal spending power to promote greater collaboration and to strengthen public health infrastructures; strengthening mechanisms for intersectoral collaboration to support whole of government action towards HiAP; modernizing public health legislation (e.g., separate Public Health Act); and establishing a national public health systems and services research agenda (with an explicit focus on evaluating public health governance models).

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