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Research on China' s Grassroots Public Health Governance System Based on Policy Text Analysis: A Case Study of Public Health Committees (Postprint)

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Abstract

Background: Public health committees constitute grassroots mass autonomous organizations in China. As an innovative model of grassroots governance, localities are currently exploring governance modalities for public health committees, aiming to establish them as a critical nexus for achieving vertical integration and horizontal coordination in grid-based management of grassroots communities. Purpose: This study constructs an analytical framework for public health committee governance systems through literature review, and analyzes relevant policy documents concerning public health committee construction across various regions in China using policy text analysis methodology, thereby providing references for enhancing grassroots public health governance systems and capabilities. Methods: Policy documents were retrieved from local government official websites using “public health committee” as the search keyword, and Nvivo 11 Plus qualitative analysis software was utilized to conduct word frequency and coding analyses on the included policy texts. Results: Fifteen policy documents and two public health committee work manuals aligned with the research topic were ultimately included. Based on the constructed analytical framework for the public health committee governance system, four root nodes—governance subjects, governance mechanisms, institutional safeguards, and capacity building—and thirteen sub-nodes were identified as dimensions for policy content structural analysis. Conclusion: Policy documents from various localities address all four dimensions, albeit with differing emphases. Based on this study' s framework, public health committees should, building upon current construction efforts, establish entry requirements for committee personnel, further clarify work responsibilities and authority, develop effective collaborative communication mechanisms, improve institutional safeguards, and provide financial and technical support.

Full Text

Preamble

Research on China' s Grassroots Public Health Governance System Based on Policy Text Analysis: Taking the Public Health Committee as an Example

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Abstract

Background: The Public Health Committee is a grassroots mass autonomous organization in China. As a novel grassroots governance model, localities are currently exploring governance patterns for Public Health Committees, aiming to establish them as key hubs for achieving vertical integration and horizontal coordination in grid-based management of grassroots communities.

Objective: To construct an analytical framework for the Public Health Committee governance system through literature review, and to analyze relevant policy documents on Public Health Committee construction across various regions of China using policy text analysis methods, thereby providing references for improving grassroots public health governance systems and capabilities.

Methods: We searched official local government websites using "Public Health Committee" as the keyword and employed NVivo 11 Plus qualitative analysis software to conduct word frequency and coding analysis of included policy texts.

Results: A total of 15 policy documents aligned with the research theme and 2 Public Health Committee work manuals were included. Based on the constructed analytical framework, we identified four root nodes (governance subjects, governance mechanisms, institutional guarantees, and capacity building) and 13 sub-nodes as policy content structure analysis dimensions.

Conclusion: Local policy documents address all four dimensions but with varying emphases. Based on this framework, Public Health Committees still need to establish certain entry requirements for committee members, further clarify work rights and responsibilities, establish effective collaborative communication mechanisms, improve institutional guarantees, and provide financial and technical support.

Keywords: Public Health Committee; Governance System; Policy Text Analysis

Introduction

The COVID-19 pandemic that erupted in 2020 presented a new test for China's public health organizational system and emergency management capabilities, while also serving as a profound examination of the country's social governance system and capacity. More importantly, it created a crucial opportunity for advancing community-level public health governance system development. Grassroots public health constitutes a vital component of China's public health system, and strengthening grassroots public health governance is not only an inevitable requirement for normalized pandemic prevention and control but also a key entry point and breakthrough for advancing the modernization of national governance systems and capabilities. As President Xi Jinping emphasized, "The grassroots level is where all work ultimately lands; the focus of social governance must be implemented in urban and rural communities." As a basic unit and important manifestation of grassroots public health governance, village (neighborhood) Public Health Committees are among the subordinate committees of village and residents' committees. These committees can vertically connect governments with the public and horizontally mobilize social forces from all sectors, thereby improving grassroots public health governance through vertically integrated and horizontally coordinated grid-based community management. Therefore, comprehensively promoting Public Health Committee construction holds milestone significance for both current grid-based pandemic prevention and control at the grassroots level and for enhancing grassroots public health governance systems and capacity building.

1.1 Political Background

The establishment of Public Health Committees is a power granted to grassroots levels by the Constitution and laws. The 2010 revised *Organic Law of the Villagers Committees of the People's Republic of China* stipulates that "Villagers' committees may, when necessary, establish sub-committees for people's mediation, public security, public health, and family planning. Members of villagers' committees may concurrently serve as members of subordinate committees, with division of labor responsible for people's mediation, public security, public health, and family planning work." The 2011 revised *Regulations on Public Health Emergency Response* explicitly states that "When infectious diseases erupt or become epidemic, subdistrict offices, township governments, and residents' and villagers' committees shall organize forces, unite and cooperate, implement mass prevention and mass treatment, and assist health administrative departments and other relevant departments and medical institutions in collecting and reporting epidemic information, isolating individuals, implementing public health measures, and disseminating relevant knowledge on infectious disease prevention and control to residents." The 2018 revised *Constitution of the People's Republic of China* proposes that "Residents' committees and villagers' committees shall establish sub-committees for people's mediation, public security, and public health to handle public affairs and public welfare undertakings

in their residential areas.” These national legal provisions provide strong legal guarantees for establishing community-level Public Health Committees.

National policy advancement also provides institutional guarantees for Public Health Committee construction. The 2021 *Notice on Doing a Good Job in Basic Public Health Service Projects in 2021* proposed that “medical and health institutions and personnel should actively coordinate with village (neighborhood) committee Public Health Committees as needed to continuously strengthen pandemic prevention and control publicity and carry out health education.” In January 2022, the General Office of the State Council issued the *Notice on Issuing the 14th Five-Year Plan for Urban and Rural Community Service System Construction*, which proposed “to focus on improving grassroots health and promote the construction of health communities and Public Health Committees subordinate to village (neighborhood) committees.” During the same period, four departments—the Ministry of Civil Affairs, the National Health Commission, the State Administration of Traditional Chinese Medicine, and the National Disease Control and Prevention Administration—jointly issued the *Guiding Opinions on Strengthening the Construction of Public Health Committees Subordinate to Village (Neighborhood) Committees* (Minfa [2021] No. 112) (hereinafter referred to as the *Guiding Opinions*), proposing to achieve full coverage of Public Health Committee mechanisms, universal capacity enhancement, and effective role performance within two years. Thus, Public Health Committee construction has become an important component of building a new pattern of grassroots public health governance and advancing grassroots public health governance system and capacity building.

In 2018, the Beijing Municipal Health and Family Planning Commission issued the *Notice on Further Promoting the Construction of Public Health Committees in Villagers’ and Residents’ Committees* (Jingwei Fa [2018] No. 1), taking the lead in advancing Public Health Committee construction nationwide. In July 2021, the Beijing Municipal Health Commission stated that Beijing had achieved full coverage of village (neighborhood) Public Health Committees at the grassroots level. Following the COVID-19 outbreak in 2020, the Anhui Provincial Health Commission and Provincial Family Planning Association jointly issued the *Notice on Carrying Out Pilot Construction of Village (Community) Public Health Committees in Some Counties (Districts)* in August 2020, successively launching pilots in 12 villages (neighborhoods) across 6 counties and districts in Hefei City. Feixi County in Hefei City, as one of the pilot counties for village (neighborhood) Public Health Committee construction in Anhui Province, has now completed county-wide Public Health Committee construction and achieved preliminary results [1]. In June 2021, Shenzhen City issued the *Notice on Promoting the Construction of Public Health Committees in Residents’ (Villagers’) Committees*, becoming the first city in Guangdong Province to achieve full coverage of Public Health Committees [2]. According to available information, 24 provinces nationwide have promoted Public Health Committee construction in village (neighborhood) committees based on local actual conditions.

Based on this context, although the concept of Public Health Committees was proposed long ago, their construction as grassroots mass autonomous organizations in China has only just begun. From national policy orientation and existing practice, as a power granted to grassroots levels by the Constitution, Public Health Committees can effectively integrate forces from all sectors within their jurisdiction and represent a feasible strategy for achieving rural public health governance. As a novel governance model, the institutional and mechanical construction to realize its effective integration with village committees and grassroots medical and health service institutions, thereby enabling it to perform effectively in grassroots public health governance, is crucial. To advance grassroots public health governance system and capacity building, this study takes village (neighborhood) Public Health Committee construction as the entry point, selecting eight provinces and municipalities that have already launched construction—Beijing, Guangdong, Chongqing, Shandong, Anhui, Guizhou, Gansu, and Ningxia Hui Autonomous Region—as sample areas. These eight provinces and municipalities include relatively representative pilot areas in China’s eastern, central, and western regions, and the timing of their policy issuance for Public Health Committee construction was concentrated around the time of the national four-department document promoting nationwide construction, providing strong comparability and reflecting characteristics of grassroots Public Health Committee governance across different regions to a certain extent. This study analyzes relevant policy documents on village (neighborhood) Public Health Committee construction issued by these regions, constructs an analytical framework for grassroots Public Health Committee governance systems based on literature review, and proposes policy recommendations for improving Public Health Committee construction through policy text content analysis, providing decision-making references for perfecting China’s grassroots public health governance system and capacity building.

On June 2, 2020, during a symposium with experts and scholars, President Xi Jinping particularly emphasized that only by building a strong public health system, improving early warning and response mechanisms, and weaving a tight prevention and control network can we effectively provide strong guarantees for safeguarding people’s health [3]. The rural public health system represents both the focus and difficulty in China’s public health system construction, proving especially crucial during COVID-19 pandemic prevention and control [4]. Domestic scholars’ research on constructing China’s grassroots public health governance system has focused primarily on several aspects. Zhang Tianyao et al. [5] constructed a healthy community governance analysis framework based on international experience from four dimensions: participating subjects, collaborative networks, institutional guarantees, and support systems. Zhou Bo [6] explored paths for advancing modernization of urban community governance capacity from perspectives of governance concepts, subjects, methods, technologies, and effects. Zhang Yuanni et al. [7] adopted holistic governance theory to construct a public health system governance framework from governance objectives, responsibilities, integration, institutions, and operational mechanisms. As

an important component of grassroots public health governance systems, this study, based on preliminary literature review and combined with national and provincial Public Health Committee-related documents, proposes to construct an analytical framework for village (neighborhood) Public Health Committee governance systems from four dimensions: governance subjects, capacity building, institutional guarantees, and governance mechanisms (see Figure 1 [Figure 1: see original paper]). Governance subjects constitute the important prerequisite for Public Health Committee construction; an organization's formation must include human resources, with other material elements being derived from human elements. Therefore, governance subjects include the personnel composition, requirements, work rights and responsibilities, and tasks of Public Health Committees. Governance mechanisms form the foundation for Public Health Committee operations, including service methods, work linkage mechanisms, and collaborative communication approaches. Institutional guarantees ensure effective implementation of Public Health Committee work, primarily comprising legal and policy safeguards. Capacity building serves as the support system for leveraging professional functional advantages, ensuring smooth Public Health Committee operations through four aspects: work implementation, financial support, information systems, and technical support.

[Figure 1: see original paper]

3.1 Data Sources

Policy documents represent objective, accessible, and traceable written records of policy systems and processes [8]. Government official websites serve as one of the primary channels for obtaining policy text data, offering advantages of objectivity and reliability [9]. This study uses relevant documents issued by various provinces and municipalities during COVID-19 pandemic prevention and control as text analysis objects, with policy texts primarily sourced from provincial and municipal government official websites, ultimately compiling 15 policy documents and 2 Public Health Committee work manuals (see Table 1).

3.2 Text Encoding

Policy text encoding is a process of forming entries and categories through layered coding [10]. After identifying normative documents, we used qualitative analysis software NVivo 11 Plus to conduct word frequency queries, category construction, and coding analysis. Specific coding steps were as follows: First, we defined the four dimensions promoting Public Health Committee construction as root nodes (i.e., first-level nodes in the software). Second, we established secondary nodes under each first-level node, defining the 13 sub-dimensions in the framework as sub-nodes of the four root nodes. Finally, we conducted word-by-word and sentence-by-sentence reading of each imported text, categorizing every sentence reflecting sub-nodes (i.e., reference points) into corresponding nodes, thereby forming a coding hierarchy of "reference point—sub-node—root node." Reference points refer to the number of sentences in policy texts that

can reflect sub-nodes, serving as the standard for measuring textual support for root and sub-nodes; more reference points indicate higher support [11].

4.1 Word Frequency Analysis Results

After importing all screened documents into NVivo 11 Plus software, we used the word frequency query function, setting “text content language as Chinese” and “minimum length of 2” as query conditions, ultimately generating the following word cloud (see Figure 2 [Figure 2: see original paper]). Larger font size in the word cloud indicates higher frequency in policy documents and greater government attention, while smaller font size indicates the opposite [12]. The figure shows that “health,” “public,” “work,” “committee,” and “health” (健康) appear most frequently, reflecting that the selected policy texts align with the research theme while also demonstrating that public health is a key focus of local governments, highlighting the concept of “integrating health into all policies.” Essentially, “public health” is a concept rich in tension and flexibility. Traditional public health connotations include disease control, health protection, and health promotion, featuring obvious positive externalities requiring government leadership [13]. In fact, the most fundamental goal of public health is safeguarding people’s health and promoting sustainable public health development, serving as a prerequisite for improving population quality, protecting labor forces, maintaining social stability, and driving economic development [14]. Especially under the current normalized COVID-19 management background, building a strong grassroots public health governance system can enhance the sensitivity and responsiveness of grassroots public health institutions to sudden public health emergencies.

[Figure 2: see original paper]

4.2 Coding Results Analysis

We first organized the content hierarchy of local policy texts, conducting word-by-word and sentence-by-sentence coding of Public Health Committee construction policy texts according to four dimensions: governance subjects, capacity building, institutional guarantees, and collaborative networks. After eliminating duplicate coded content from superior and subordinate documents in some provinces and municipalities, we ultimately identified four root nodes and 13 sub-nodes as policy content structure analysis dimensions (see Table 2).

4.2.1 Governance Subjects

From the content of local Public Health Committee policy documents, governance subjects are mentioned first, demonstrating that they constitute a necessary condition for establishing Public Health Committees.

Personnel Composition and Requirements: Regarding personnel composition, Beijing and Lanzhou stipulate 5-9 members; Anhui, Shandong, Chongqing,

and Yinchuan specify 3-7 members; Wuhu and Dongying set 3-5 members; while Guangdong and Guizhou have no specific requirements. Beyond these quantitative differences, localities also have relevant requirements for committee members. Generally, village (neighborhood) Public Health Committee personnel mainly comprise a director, deputy director(s), and members.

First, regarding the director position, variations exist across localities. Guangdong, Shandong, Beijing's Huairou District, Wuhu, Chongqing, Maoming, and Dongying stipulate that the director should 原则上 be a village (neighborhood) committee member in charge of health work. Yinchuan and Lanzhou require the director to be the village (neighborhood) committee director or deputy director. Guizhou mandates the director be a village (neighborhood) committee member. Anhui imposes no specific restrictions, only proposing democratic election processes. For instance, Anhui's *Village (Community) Public Health Committee Work Guidelines* explicitly state the need to "broadly recruit individuals enthusiastic about health causes, with certain professional knowledge and expertise, as well as representatives from natural villages (resident groups), community grid workers, volunteers, enterprise heads, and professional social workers into Public Health Committees."

Second, regarding deputy director positions, Beijing's Huairou District requires one deputy director to be a medical staff member from community health service institutions. Guizhou's deputy director is concurrently held by staff from village (community) health service institutions. Yinchuan's deputy directors are concurrently held by the village (neighborhood) committee health committee member and the responsible person from the local grassroots health service institution. Lanzhou's deputy director is held by the principal of village clinics or community health service stations. Dongying's deputy director may be concurrently held by the village (neighborhood) family planning specialist. Shandong, Guangdong, Chongqing, Wuhu, and Maoming have no specific requirements for deputy directors.

Regarding committee members, local variations are minimal, with positions typically filled by rural doctors, community volunteers, and village (neighborhood) representatives. Additionally, based on person-job fit theory, job requirements and personnel qualifications should achieve maximum alignment [15]. Therefore, Public Health Committee members should have corresponding entry requirements. From collected policy documents, only Beijing, Yinchuan, Lanzhou, Dongying, and Anhui have established relevant requirements for member selection. For example, Dongying's *Implementation Plan for Promoting the Construction of Subordinate Public Health Committees of Village (Neighborhood) Committees* explicitly formulated specific selection procedures requiring members to undergo "self-recommendation and registration—qualification review—organized election—public announcement and filing—removal and by-election of subordinate public health committee members" before joining the committee. As grassroots mass autonomous organizations, Public Health Committees utilize local personnel, fully leveraging local human resources. However, as organizations

responsible for public health, health policy advocacy, and health education, they also require certain professional competencies.

Work Rights and Responsibilities: As shown in Table 2, work rights and responsibilities have the most reference points (90) among governance subjects, indicating that Public Health Committees bear important public health service responsibilities. Overall, local public health work rights and responsibilities fundamentally focus on “doing a good job in village (community) environmental sanitation and assisting in providing village (community) public health services.” The Beijing and Anhui Provincial Health Commissions have specially formulated Public Health Committee work guidelines based on their actual conditions, which more clearly define the committees’ rights, responsibilities, and benefits, pointing the direction for specific work implementation.

Work Tasks: Unlike work responsibilities, work tasks emphasize specific operational activities. Beijing and Anhui have made explicit arrangements for Public Health Committee work tasks, covering almost the entire content of national basic public health service programs. Beijing assigned 20 tasks to Public Health Committees, while Anhui assigned 13, reflecting to some extent that these two regions position Public Health Committees as important actors and functional entities for promoting grassroots basic public health services (see Table 3).

4.2.2 Governance Mechanisms

Governance mechanisms refer to the grid-based linkage systems through which Public Health Committees vertically connect with higher-level institutions and horizontally coordinate with other organizations. Vertically, current Public Health Committee construction remains largely within grassroots administrative systems. For example, Anhui’ s *Notice on Comprehensively Promoting the Establishment of Public Health Committees Subordinate to Village (Neighborhood) Committees* proposes that “county (city, district) relevant departments clarify position settings and performance measures for village (community) Public Health Committees,” “township (subdistrict) governments strengthen leadership over village (community) Public Health Committee work,” and “provincial relevant departments strengthen work guidance and supervision,” demonstrating a multi-layered leadership structure. Horizontally, Public Health Committees mainly coordinate various departments and multiple key forces including rural doctors, family planning specialists, and grid workers for joint governance. For instance, Chongqing’ s *Notice on Promoting Village (Neighborhood) Public Health Committee Construction* (Yuwei Fa [2021] No. 6) mentions that “district/county (autonomous county) health, civil affairs, agriculture/rural affairs, and patriotic health offices shall collaboratively advance related work according to their respective division of labor.”

According to local policy documents, some regions explicitly introduce collaborative communication mechanisms between Public Health Committees and various institutions. Chongqing and Wuhu require village (neighborhood) Public Health

Committees to hold regular work meetings and report work progress to village (neighborhood) committees at least semi-annually. Maoming's committees use information reporting, submitting work progress to local health departments every six months. Anhui's committees hold work meetings at least monthly and regularly report phased work to villagers' meetings. However, Beijing's Huairou District, Lanzhou, Shandong, Dongying, Guizhou, and Yinchuan have not yet mentioned relevant content.

Notably, documents from Guangdong, Maoming, Lanzhou, Shandong, and Anhui propose an innovative collaborative network approach that breaks out of administrative systems by introducing third-party social forces. For example, Guangdong's *Notice on Comprehensively Promoting the Construction of Public Health Committees Subordinate to Village (Neighborhood) Committees* (Yuewei Jikong Han [2021] No. 169) proposes that "health administrative departments at all levels may, through government purchase of services, entrust village (neighborhood) committee Public Health Committees to undertake professional public health projects, or introduce third-party social forces to jointly provide specialized public health services for village (neighborhood) residents, thereby improving village (community) public health service levels." This work model may become a future trend for strengthening Public Health Committee construction. As shown in Table 2, service methods have the fewest reference points among governance mechanisms, suggesting that this service model should be incorporated into policy agendas to promote deeper development of Public Health Committee construction.

4.2.3 Institutional Guarantees

The long-term mechanism for Public Health Committee construction requires rigid institutional constraints to build a refined and standardized governance system, gradually moving grassroots public health governance toward legalization and standardization [16]. Simultaneously, institutionalized management will facilitate advancing normalized pandemic prevention and control by Public Health Committees. According to Table 2, policy guarantees have significantly more reference points than legal guarantees, indicating that relevant laws and regulations for promoting Public Health Committee construction are noticeably fewer than policy documents. Summarizing local document content, involved laws mainly include the *Constitution of the People's Republic of China*, *Organic Law of the Urban Residents Committees of the People's Republic of China*, and *Organic Law of the Villagers Committees of the People's Republic of China*. However, numerous regional policy documents exist, such as Beijing's *Notice on Doing a Good Job in Public Health Committee Construction in Villagers' and Residents' Committees* jointly issued by five departments including the Huairou District Health and Family Planning Commission and Huairou District Civil Affairs Bureau, *Notice on Forwarding Beijing's Strengthening of 2020 Village (Neighborhood) Public Health Committee Construction*, and *Notice on Issuing the Three-Year Action Plan for Strengthening Capital Public Health Emergency*

Management System Construction (2020-2022). Nevertheless, few regions mention relevant supporting systems for Public Health Committee construction from either legal or policy perspectives. These systems must be incorporated into national laws or government policies to effectively ensure the benign operation and development of Public Health Committees.

4.2.4 Capacity Building

As shown in Table 2, capacity building' s total reference points rank second only to governance subjects, indicating strong government attention to Public Health Committee capacity building.

Work Implementation and Financial Support: As a novel grassroots governance form, Public Health Committees have relatively limited resource mobilization capabilities and action authority [17], requiring government support for work implementation and funding.

As shown in Table 2, local governments have assigned numerous responsibilities to Public Health Committees. However, during initial operation, coordinating activities with various institutions inevitably presents certain difficulties. Taking patriotic health campaigns as an example, with 2022 marking the 70th anniversary of China' s patriotic health movement, the *Guiding Opinions* specify that Public Health Committees should “organize residents, mass organizations, economic and social organizations, and units stationed in the area to carry out patriotic health campaigns.” Under such circumstances, township governments and superior departments must actively guide the public and coordinate relevant institutions to facilitate Public Health Committee work. Current policy documents from all regions mention that township (subdistrict) governments should support various Public Health Committee activities.

Additionally, effective supply of community public health services requires adequate financial guarantees [18]. Analyzing local policy documents, most regions currently provide financial support for Public Health Committee operations with distinctive features. Shandong' s Dongying City states it should “fully leverage party organization service funds and village (neighborhood) public welfare special subsidy funds to serve village (neighborhood) residents.” Anhui has formulated relatively detailed financial systems, stating that “all funds shall be incorporated into unified village (neighborhood) financial management and budget management; public health fund expenditure management shall be strictly enforced; villages (neighborhoods) should broaden financing channels, secure necessary funds and venues, and increase investment in public health equipment and facilities.” Anhui' s Suixi County proposed a work reward mechanism: “Public Health Committees and individuals making outstanding achievements in safeguarding public health rights and ensuring public health shall receive appropriate commendation and rewards from town governments (parks),” and explicitly stated that “township health centers (community health service centers) shall provide subsidies of no less than 600 yuan per person per year to

Public Health Committee members.” Guangdong proposed “appropriately issuing temporary work subsidies to personnel participating in frontline pandemic prevention and control in villages (communities) during non-working hours.” Chongqing emphasized “coordinating various resources to provide necessary human, material, and financial support.” Yinchuan stated that “county (city) district people’s governments and townships (subdistricts) must fully guarantee Public Health Committee office space, facilities, and operating funds,” and “for basic public health service work undertaken by Public Health Committees, county (city) district health administrative departments shall provide financial guarantees through service purchase methods in accordance with the national *Basic Public Health Service Subsidy Fund Management Measures*.” Beijing noted that “daily work funds shall be allocated from village (neighborhood) committee operating funds; public welfare project funds may be secured through village (community) public welfare special subsidy funds upon discussion and approval by residents’ or villagers’ representative meetings, or may be raised from beneficiary urban/rural residents or units through village (neighborhood) committees.” Wuhu stated that “financial departments at all levels should actively support Public Health Committee construction and provide necessary material and financial support; counties and districts should provide corresponding subsidies to Public Health Committee members according to local financial capacity and actual work conditions.” Guizhou emphasized providing “grassroots health work funds and working condition support.” However, Lanzhou’s policy documents have not yet mentioned relevant content.

Technical Support: Enhancing Public Health Committees’ professional capabilities also requires government technical support. Guangdong, Lanzhou, Yinchuan, and Guizhou mention business training and guidance for Public Health Committees. For example, Anhui’s Suixi County’s *Notice on Comprehensively Promoting the Establishment of Public Health Committees Subordinate to Village (Neighborhood) Committees* (Suixianwei [2021] No. 65) mentions “towns (parks) regularly organizing relevant medical and health institutions to conduct specialized knowledge training for Public Health Committee backbones and special training for key work projects.” Shandong and Anhui provide specialized knowledge training and work guidance for Public Health Committee backbones. Since Beijing’s Huairou District has completed Public Health Committee construction and is about to assume its role, it only proposes “strengthening guidance on village (neighborhood) public health work.” However, Chongqing and Wuhu’s policy documents have not yet mentioned this content.

Information Systems: As shown in Table 2, information systems currently have only 8 reference points. With deepening application of new technologies such as big data and artificial intelligence, data has become the core of government governance in the digital era [19]. Building an information system for Public Health Committee operations will facilitate real-time information sharing with various institutions. The COVID-19 pandemic has made building smart communities an inevitable requirement for advancing community governance modernization and enhancing governance effectiveness. For example, Guizhou’s

s *Notice on Strengthening the Construction of Public Health Committees Subordinate to Village (Neighborhood) Committees* (Qianmin Han [2022] No. 10) mentions “carrying out grassroots public health services through intensive community governance service platforms to improve the informatization and intelligence level of Public Health Committee work.” Therefore, governments need to increase investment in Public Health Committee information system construction to achieve more precise grassroots public health governance.

5.1.1 Committee Members Should Have Entry Requirements

Public Health Committee members not only understand public health conditions in their villages (neighborhoods) most intimately but also undertake numerous public health services and pandemic prevention and control tasks, serving as important health “gatekeepers” for the public [20]. Therefore, when reviewing Public Health Committee human resources, governments must balance quantity and quality. Beijing’s Huairou District, through practice, proposed a new requirement during the pandemic that “one deputy director should be a medical staff member from community health service institutions,” demonstrating that professional talent teams are the main force driving grassroots public health governance system construction. Additionally, Shandong’s Dongying City specially formulated selection procedures for subordinate Public Health Committee personnel, representing an innovative “personnel selection” model. Since promoting village (neighborhood) Public Health Committee construction is a practical measure caring for people’s health and livelihoods, member selection should have corresponding entry requirements to promote sustainable development of Public Health Committees.

5.1.2 Clarify Work Rights, Responsibilities, and Tasks

As grassroots autonomous organizations, Public Health Committees are assigned numerous responsibilities, but these ultimately require “people” for implementation. The current practice of Anhui and Beijing in formulating specialized Public Health Committee work guidelines deserves nationwide promotion. Anhui’s work guidelines not only clearly elaborate Public Health Committee responsibilities but also specifically clarify the powers, responsibilities, and obligations of each member. Completion of every task demonstrates fulfillment of Public Health Committee responsibilities. Therefore, assigning work responsibilities to individuals is an inevitable measure for improving Public Health Committee operational efficiency.

5.2.1 Establish Effective Communication and Collaboration Mechanisms

The regular meeting system is an effective mechanism for facilitating good communication between Public Health Committees and other institutions. From a

macro perspective, joint regular meeting systems represent a good approach for practicing the scientific development concept in rural areas, a good platform for building harmonious rural societies, and a good vehicle for solving rural work challenges [21]. During operation, Public Health Committees should hold regular meetings or joint conferences and regularly report work progress to their affiliated village (neighborhood) committees and local health departments, enabling timely identification and resolution of health issues among village residents.

5.2.2 Introduce Third-Party Forces to Improve Service Methods

Government purchase of services is a new model gradually developed during the process of promoting social governance innovation and represents an important measure for transforming government functions and innovating social governance [22]. Practice shows that government-purchased community social work services have greater advantages in professionalism, scientificity, and meeting residents' service needs [23]. As China's rural social structures, family structures, and population structures continuously transform, basic medical and public health services provided solely by the government can hardly meet rural residents' diversified health needs [24]. Therefore, drawing on the government purchase of rural doctor position services, third-party forces can be introduced to participate in specialized services within grassroots public health governance, effectively enhancing professional governance effectiveness of Public Health Committees and strengthening rural residents' trust in them.

5.3 Strengthen Relevant Legislation and Policy Support in Institutional Guarantees

Institutionalized management forms the foundation for achieving normalized governance of Public Health Committees. During initial establishment, Public Health Committees inevitably face issues such as insufficient coordination capacity, fragmented resource management, and difficulty achieving effective work integration with relevant institutions. Currently, the *Constitution* and other relevant laws only mention that villagers' committees may establish Public Health Committees as needed, without specifying concrete construction systems. Moreover, local policy documents also lack detailed provisions for various Public Health Committee systems. Therefore, combining legal and policy levels to guarantee supporting systems during Public Health Committee construction can, to some extent, compensate for governance shortcomings and promote modernized, long-term development of their governance capacity.

5.4.1 Provide Financial and Technical Support

Analysis of local policy document content structures reveals that some regions still have not provided financial support for Public Health Committee operations. Public Health Committee work inevitably involves activity expenses, personnel

subsidies, work rewards, office supplies procurement, meeting fees, and other expenditures. Summarizing funding source channels in most regions, we find that village (neighborhood) Public Health Committee funding can come from multiple channels including village (neighborhood) public welfare funds, village (neighborhood) finances, county (city) district health administrative departments, and financial departments at various levels. This multi-channel funding approach deserves nationwide promotion. Simultaneously, Public Health Committees should formulate detailed financial systems and performance evaluation mechanisms for effective fund utilization, enabling whole-process management from source to allocation to use.

Beyond financial support, professional capabilities should also be enhanced. Training serves as the primary means of human resource development, enabling trainees to acquire necessary capabilities and knowledge for current work [25]. Based on this, governments can leverage medical institution human resources to regularly conduct specialized training for Public Health Committee members, comprehensively improving members' professional qualities, knowledge, and skills [26].

5.4.2 Promote Information System Construction Through Smart Communities

Building smart communities represents an inevitable trend for future community governance. The smart community concept was proposed by the government; President Xi Jinping emphasized the necessity of smart city construction during his inspection of Zhejiang in March 2020, stating it is the inevitable path for promoting urban intelligence [27]. Communities are the basic units of urban life, and smart communities represent the “last mile” for refined urban management and modern governance [28]. In August 2014, the issuance of the *Guiding Opinions on Promoting Healthy Development of Smart Cities* (Fagai Gaoji [2014] No. 1770) marked the official launch of China's “smart community” construction [29]. Under the current COVID-19 prevention and control background, establishing smart community prevention and control systems can alleviate community management deficiencies caused by low response efficiency, inadequate security, and slow medical response [30]. Therefore, Public Health Committee construction should also conform to development trends. Taking Anhui as an example, in 2021, the province established the “Anhui Provincial Village-Level Public Health Committee Information System” on the “Anhui Provincial Family Planning Association/Provincial Population Health Fund Information Management Platform” and developed the “Anhui Provincial Village (Community) Public Health Committee” WeChat public account to disseminate relevant laws, policy knowledge, and dynamically release information on Public Health Committee construction, activities, and services. Anhui's long-term development strategy undoubtedly represents an innovative measure for promoting sustainable Public Health Committee development, both leveraging the public account platform for public health and health promotion publicity and

promoting people's co-construction, co-governance, and shared benefits. Future local governments should strengthen information system construction through the principle of "generalization + personalization," using smart community construction as an opportunity combined with local actual conditions to improve the informatization and intelligence level of Public Health Committee work.

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