

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 a novel model of grassroots governance, various localities are currently exploring governance modalities for public health committees, with the aim of establishing them as pivotal hubs for achieving vertically integrated and horizontally coordinated grid management in grassroots communities.

Objective: To analyze policy documents pertaining to public health committee construction across various regions in China through policy text analysis methodology, thereby providing references for refining the grassroots public health governance system and enhancing grassroots public health governance capabilities.

Methods: Eight provincial-level regions that have implemented village (neighborhood) public health committee construction were selected as sample areas: Beijing Municipality, Guangdong Province, Chongqing Municipality, Shandong Province, Anhui Province, Guizhou Province, Gansu Province, and Ningxia Hui Autonomous Region. In March 2022, policy documents related to public health committee construction were retrieved from the official websites of sample area governments and health commissions using “public health committee” as the search keyword. An analytical framework for public health committee governance systems was constructed through literature research and policy analysis, and Nvivo 11 Plus qualitative analysis software was employed to conduct word frequency and coding analysis on the included policy texts.

Results: A total of 15 policy documents and 2 public health committee work manuals were ultimately included. Word frequency analysis revealed that the five terms “health,” “public,” “work,” “committee,” and “wellness” exhibited

the highest frequencies, demonstrating that the selected policy texts aligned with the research theme. Integrating the public health committee governance system analytical framework, four root nodes (governance subjects, governance mechanisms, institutional safeguards, and capacity building) and 13 sub-nodes were identified as dimensional frameworks for policy content structure analysis. Specifically, governance subjects comprised 208 reference points, governance mechanisms comprised 48 reference points, institutional safeguards comprised 57 reference points, and capacity building comprised 87 reference points.

Conclusion: Policy documents from the sample areas addressed content across all four dimensions, albeit with varying emphases. Based on the framework developed in this study, public health committees, building upon current construction foundations, still require the establishment of certain entry qualifications for committee personnel and clarification of their work responsibilities and authority, the establishment of effective collaborative communication mechanisms, the improvement of institutional safeguards, and the provision of funding and technical support.

Full Text

Preamble

Policy Document Analysis of China's Primary-level Public Health Governance System: a Case Study of the Public Health Committee

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Abstract

Background In China, the governance of public health by the public health committee, a grassroots mass autonomous organization, is a new approach managing public health services in primary care. Many regions are exploring governance models of public health by the public health committee, aiming to make it a key hub to realize the vertical connection and horizontal linkage grid management of grassroots communities.

Objective To analyze the policy documents related to the construction of local public health committees of various regions in China using policy document analysis, so as to provide a reference for improving the primary-level public health governance system and governance capacity.

Methods In March 2022, we searched policy documents related to the construction of public health committees on the official websites of the local gov-

ernments and health commissions of eight sample regions (Beijing, Guangdong, Chongqing, Shandong, Anhui, Guizhou, Gansu, and Ningxia Hui Autonomous Region) in which village (residential) public health committees have been constructed using “public health committee” as the key search term. Through literature review and policy document analysis, an analytical framework for the governance system of the public health committee was constructed. Nvivo 11 plus was used for word frequency and coding analyses of the included policy literature.

Results A total of 15 policy documents and 2 guidance manuals for the work of public health committees were ultimately included. Word frequency analysis showed that the five words, “hygiene,” “public,” “work,” “committee,” and “health,” appeared most frequently, indicating that the selected policy literature conformed to the research theme. By using the analytical framework, the structural dimensions of the policy literature were determined, including four root nodes, namely, governance subjects, governance mechanisms, institutional guarantees, and capacity building, and 13 sub-nodes. There are 208 reference points for governance subjects, 48 reference points for governance mechanisms, 57 reference points for institutional guarantees, and 87 reference points for capacity building.

Conclusion The local policy documents of the sample regions cover the contents of the four dimensions, but have different focuses. According to the framework in this study, further construction of the public health committee needs to set certain admission criteria with clear determination of rights and responsibilities for new committee members, establish an effective cooperation and communication mechanism, improve the system guarantee and provide financial and technical support.

[Key words] Public health administration; Public health committee; Grass-roots public health; Governance system; Policy text analysis

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Introduction

The COVID-19 pandemic prevention and control represents a new test of China’s public health organizational system and emergency management capabilities, as well as a thorough examination of the country’s social governance system and capacity. It also provides an important opportunity to advance community-level public health governance. Primary-level public health

constitutes a vital component of China's public health system. Strengthening primary-level public health governance is not only an inevitable requirement for improving public health emergency management but also a key focus and breakthrough point for advancing the modernization of the national governance system and capacity. Village (residential) public health committees serve as fundamental units and important implementation forms of grassroots public health governance. As internal committees of village (residential) committees, they can vertically connect governments with the public and horizontally mobilize various social forces to improve grassroots public health governance through grid-based management featuring vertical connections and horizontal linkages at the community level.

The 2010 revised *Organic Law of the Villagers Committees of the People's Republic of China* explicitly states that villagers committees may establish public health committees as needed [1]. The 2018 revised *Constitution of the People's Republic of China* defines the scope of work for public health committees established by villagers committees, providing a strong legal guarantee for their establishment [2]. 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* (Jing Wei Fa [2018] No. 1), taking the lead in advancing the construction of public health committees [3]. By July 2021, Beijing had basically achieved full coverage of public health committees at the grassroots level [4]. Following the COVID-19 outbreak, the functions of grassroots public health committees in health emergency response, coordination and mobilization, and service provision have gained prominence [5].

In August 2020, the Anhui Provincial Health Commission and the Family Planning Association jointly issued the *Notice on Piloting the Establishment of Public Health Committees in Villagers (Residents) Committees in Some Counties (Districts)*, launching pilot programs in Hefei. Currently, Feixi County, as one of the pilot counties, has completed the construction of public health committees throughout the county [6]. 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 [7]. In December 2021, four ministries including the Ministry of Civil Affairs and the National Health Commission jointly issued the *Guiding Opinions on Strengthening the Construction of Public Health Committees in Villagers (Residents) Committees* (Min Fa [2021] No. 112) (hereinafter referred to as the *Guiding Opinions*), proposing to strive to achieve full coverage of public health committee mechanisms, universal capacity enhancement, and effective role performance within two years [8].

Currently, 24 provinces nationwide have promoted the construction of public health committees in villagers (residents) committees based on local actual conditions [9]. From the perspective of national policy orientation and existing practices, as a power granted to grassroots levels by the Constitution, public

health committees can effectively integrate various forces within their jurisdiction and represent a feasible strategy for realizing rural public health governance. As a new governance model, public health committees can promote effective integration between village committees and primary-level medical and health institutions. Building institutional mechanisms to leverage their effectiveness in grassroots public health governance is crucial. This study selects provinces that have already implemented the construction of village (residential) public health committees as sample regions, takes relevant policy documents on the construction of village (residential) public health committees issued by these regions as research objects, constructs an analytical framework for the grassroots public health committee governance system based on literature research, and proposes policy recommendations for improving public health committee construction by analyzing the content of these policy texts. This provides a reference for improving China's grassroots public health governance system and enhancing governance capacity.

Methods

1.1 Data Sources

Taking the construction of village (residential) public health committees as the entry point, this study selected eight provinces that have already implemented such construction as sample regions: Beijing, Guangdong, Chongqing, Shandong, Anhui, Guizhou, Gansu, and Ningxia Hui Autonomous Region. These eight provinces cover representative pilot areas in China's eastern, central, and western regions, with their policy issuance timing concentrated around the release of the *Guiding Opinions*, providing strong comparability and reflecting regional characteristics of grassroots public health committee governance to a certain extent. In March 2022, we visited the official websites of the governments and health commissions of the sample regions and searched for all policy documents related to public health committee construction using the keyword "public health committee." The search period was set from January 1, 2019, to March 15, 2022.

Inclusion criteria were: (1) policy documents directly related to public health committee construction; (2) formal, normative policy documents such as notices and opinions; and (3) documents issued at the provincial or municipal level. Exclusion criteria were: (1) documents that only contained keywords without substantive policy content; and (2) various news reports. Policy document retrieval was completed by two researchers, who screened documents according to the inclusion and exclusion criteria. Disputed documents were discussed and determined by the two researchers.

1.2 Construction of the Analytical Framework

Domestic scholars' research on constructing China's grassroots public health governance system has mainly focused on several aspects: Zhang Tianyao et

al. [10] constructed a health community governance analysis framework from four aspects—participating subjects, collaborative networks, institutional guarantees, and support systems based on international experience; Zhou Bo [11] explored paths to modernize urban community governance capacity from perspectives such as governance concepts, subjects, methods, technologies, and effects; and Zhang Yuanni et al. [12] built an integrated public health governance framework using holistic governance theory, comprising governance goals, responsibilities, integration, institutions, and an operational mechanism.

As an important component of the grassroots public health governance system, public health committees require a tailored analytical framework. Based on preliminary literature research and combined with relevant national and provincial documents on public health committees, this study proposes to construct an analytical framework for the village (residential) public health committee governance system from four dimensions: governance subjects, governance mechanisms, institutional guarantees, and capacity building (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, and other material elements are essentially derived from human resources. Therefore, governance subjects include the personnel composition, personnel requirements, work rights and responsibilities, and work tasks of public health committees. Governance mechanisms form the foundation for public health committee operation, including service methods, work linkage mechanisms, and collaborative communication methods. Institutional guarantees ensure the effective implementation of public health committee work, primarily consisting of legal and policy guarantees. Capacity building serves as the support system for leveraging the professional functional advantages of public health committees, ensuring smooth operations through work implementation, financial support, information systems, and technical support.

1.3 Policy Text Analysis

Policy text coding is a process of forming entries and categories through layer-by-layer coding [13]. After identifying normative documents, we used the qualitative analysis software Nvivo 11 Plus to conduct word frequency, category construction, and coding analyses. During word frequency analysis, all screened documents were imported into Nvivo 11 Plus. Using the word frequency query function, we set “text content language as Chinese” and “minimum length of 2” as query conditions to generate a word cloud, where larger font size indicates higher frequency and greater government attention [14].

During text coding, the specific steps were as follows: First, the four dimensions promoting public health committee construction were defined as root nodes (primary nodes in the software). Second, secondary nodes were established under each primary node, meaning the 13 sub-dimensions in the framework were defined as sub-nodes of the four root nodes. Finally, each imported text was read word-by-word and sentence-by-sentence, and content reflecting sub-nodes (i.e.,

reference points) was categorized under corresponding nodes, forming a coding hierarchy of “reference point—sub-node—root node.” Reference points refer to the number of sentences in policy texts that reflect sub-nodes and serve as a standard for measuring textual support for root and sub-nodes. More reference points indicate stronger support [15]. Constructing a policy tool analysis framework that fits the research context is key to quality control. The public health committee governance system analysis framework constructed through literature review in this study shows high consistency with content in the policy texts. During analysis, two researchers independently evaluated the policy texts included in the framework. When significant differences existed regarding the same item, the two researchers discussed and decided; if consensus could not be reached after discussion, relevant experts were consulted to determine the final item.

Results

2.1 Included Policy Documents

A total of 15 policy documents and 2 guidance manuals for public health committee work were included (Table 1).

2.2 Word Frequency Analysis Results

The generated word cloud is shown in Figure 2 [Figure 2: see original paper]. The five words with highest frequency were “hygiene,” “public,” “work,” “committee,” and “health,” reflecting that the selected policy texts align with the research theme and highlighting that public health is a key focus for governments at all levels, emphasizing the principle of “integrating health into all policies.”

2.3 Coding Results Analysis

We first organized the content hierarchy of regional policy texts. Based on the four dimensions of governance subjects, capacity building, institutional guarantees, and governance mechanisms, we conducted word-by-word and sentence-by-sentence coding of public health committee construction policy texts. After removing duplicate coded content from provincial and municipal documents, we ultimately determined a policy content structure analysis dimension comprising four root nodes and 13 sub-nodes. The total number of coded reference nodes was 400, including 208 reference points for governance subjects, 48 for governance mechanisms, 57 for institutional guarantees, and 87 for capacity building (Table 2).

2.4 Analysis by Dimension

2.4.1 Governance Subjects Governance subjects were the first dimension mentioned in regional public health committee policy documents, demonstrating that they constitute a necessary condition for establishing public health

committees.

2.4.1.1 Personnel Composition and Requirements

Regarding the personnel composition of public health committees, Beijing and Lanzhou stipulate 5-9 members; Anhui, Shandong, Chongqing, and Yinchuan stipulate 3-7 members; Wuhu and Dongying stipulate 3-5 members; while Guangdong and Guizhou have no specific requirements on numbers. Beyond numerical differences, regions also have requirements for committee members. Generally, village-level public health committee personnel consist of a director, deputy director(s), and members. (1) For the director position: Guangdong, Shandong, Beijing's Huairou District, Wuhu, Chongqing, and Maoming stipulate that the director should 原则上 be a village (residential) committee member in charge of health work; Yinchuan and Lanzhou require the director to be the village (residential) committee director or deputy director; Guizhou requires the director to be a village (residential) committee member; Anhui imposes no restrictions, only requiring democratic election. Anhui's *Guidelines for Village (Community) Public Health Committee Work* explicitly states the need to "widely recruit villagers and natural village (resident group) representatives, community (building) grid workers, community volunteers, enterprise heads, and professional social workers who are enthusiastic about health causes and have certain professional knowledge and expertise." (2) For the deputy director position: Beijing's Huairou District requires one deputy director to be a medical staff member from community health service institutions; Guizhou requires the deputy director to be a staff member from village (community) health service institutions; Yinchuan requires deputy directors to be the village (residential) committee health officer and the head of the local primary-level health service institution; Lanzhou requires the deputy director to be the head of the village clinic or community health service station; Dongying allows the deputy director to concurrently serve as the village (residential) family planning officer; while Shandong, Guangdong, Chongqing, Wuhu, and Maoming have no specific requirements. (3) Requirements for committee members show little variation across regions, typically comprising village doctors, community volunteers, and village (residential) representatives.

Additionally, based on person-job fit theory, job requirements and individual qualifications should achieve maximum alignment [16]. Therefore, public health committee members should have corresponding admission criteria. Current policy documents only address member selection in Beijing, Yinchuan, Lanzhou, Dongying, and Anhui. For example, Dongying's *Implementation Plan for Promoting the Construction of Public Health Committees Subordinate to Villagers (Residents) Committees* specifies a concrete selection process: "self-nomination - qualification review - organizational election - public announcement and filing - removal and by-election of public health committee members." As a grassroots mass autonomous organization, selecting local personnel for relevant positions can fully utilize local human resources. However, since public health committees are organizations managing public health, conducting health policy advocacy,

and health education activities, members also need certain professional competencies.

2.4.1.2 Work Rights and Responsibilities

Work rights and responsibilities had the most reference nodes (90) among governance subjects, indicating that public health committees bear important public health service responsibilities. Overall, work rights and responsibilities basically focus on “improving village (community) environmental sanitation and assisting in providing village (community) public health services.” Beijing and Anhui health commissions have specially formulated work guides for public health committees based on local conditions. These guides clarify the rights, responsibilities, and benefits of public health committees in detail, providing direction for their specific work.

2.4.1.3 Work Tasks

Different from work responsibilities, work tasks emphasize specific operational activities. Beijing and Anhui have made explicit arrangements for public health committees’ specific work tasks, covering almost all main content of the national essential public health service program. Beijing assigns 20 work tasks to public health committees, while Anhui assigns 13, reflecting to some extent that both regions position public health committees as important actors in promoting primary-level essential public health services (Table 3).

2.4.2 Governance Mechanisms Governance mechanisms refer to the grid-based linkage system through which public health committees connect vertically with higher-level institutions and coordinate horizontally with other agencies.

Regarding vertical work linkage mechanisms, most public health committee construction remains within the primary-level administrative system. For example, Anhui’s *Notice on Comprehensively Promoting the Establishment of Public Health Committees Subordinate to Villagers (Residents) Committees* proposes that “county (city, district) relevant departments should clarify position settings and performance measures for village (community) public health committees,” “townships (sub-districts) should strengthen leadership over village (community) public health committee work,” and “provincial relevant departments should strengthen work guidance and supervision,” demonstrating a multi-layered leadership structure over public health committees.

Regarding horizontal linkage mechanisms, public health committees mainly coordinate multiple departments and key personnel including village doctors, family planning officers, and grid workers for joint governance. For example, Chongqing’s *Notice on Promoting the Construction of Village (Residential) Public Health Committees* (Yu Wei Fa [2021] No. 6) states that “district/county (autonomous county) health, civil affairs, agriculture, and rural affairs departments, and the Patriotic Health Campaign Office should collaboratively advance related work according to their respective division of labor.”

Some regions explicitly introduced collaborative communication mechanisms. Chongqing and Wuhu require village (residential) public health committees to hold regular work meetings and report work to village (residential) committees at least once every six months. Maoming's committees use information reporting, submitting work developments to local health departments semi-annually. Anhui's committees hold 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 related content.

Notably, Guangdong, Maoming, Lanzhou, Shandong, and Anhui proposed an innovative collaborative network approach that breaks out of the administrative system by introducing third-party social forces. For example, Guangdong's *Notice on Comprehensively Promoting the Construction of Public Health Committees in Villagers (Residents) Committees* (Yue Wei Ji Kong Han [2021] No. 169) proposes that "health administrative departments at all levels may entrust village (residential) public health committees to undertake professional public health projects through purchasing services from social forces, or introduce third-party social forces to jointly provide specialized public health services for villagers (residents), thereby improving village (community) public health service levels." This approach may become a future trend for strengthening public health committee construction. As Table 2 shows, service methods had the fewest reference points (8) among governance mechanisms, suggesting this service model should be included in the policy agenda to promote deeper development of public health committees.

2.4.3 Institutional Guarantees The long-term mechanism for public health committee construction requires rigid institutional constraints and a refined, standardized governance system to gradually legalize and standardize grassroots public health governance [17]. Institutionalized management will help public health committees play their role in public health emergency management.

According to Table 2, reference points for policy guarantees (38) significantly outnumbered those for legal guarantees (19), indicating that laws and regulations promoting public health committee construction are noticeably fewer than policy documents. Legal references mainly include the *Constitution of the People's Republic of China*, *Organic Law of the Urban Residents Committees*, and *Organic Law of the Villagers Committees*. However, regional policy documents are numerous, such as Beijing's *Notice on Further Promoting Public Health Committee Construction in Villagers and Residents Committees* by *Huairou District Health and Family Planning Commission* and *Beijing Civil Affairs Bureau*, *Notice on Strengthening Public Health Committee Construction in Villagers (Residents) Committees in 2020*, and *Notice on the Three-Year Action Plan for Strengthening Capital Public Health Emergency Management System Construction (2020-2022)*. Nevertheless, few regions mention 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 guarantee the healthy operation of public health committees.

2.4.4 Capacity Building Capacity building (87 reference points) is the second-largest root node after governance subjects (208 reference points), indicating that regional governments attach great importance to public health committee capacity building.

2.4.4.1 Work Implementation and Financial Support

As a new form of grassroots governance, public health committees have relatively limited resource mobilization capacity and authoritative influence [18], requiring government support for work implementation and funding.

Regional governments have endowed public health committees with numerous responsibilities, but during initial operation, they inevitably face difficulties in coordinating activities with various institutions. Taking the Patriotic Health Campaign as an example, this year marks the 70th anniversary of the campaign. The *Guiding Opinions* state that public health committees should “organize residents, mass organizations, economic and social organizations, and units stationed in the community to carry out Patriotic Health Campaign activities.” In such cases, township governments and higher-level departments need to actively guide the public and coordinate relevant institutions to facilitate public health committee work. Current policy documents from all regions mention that townships (sub-districts) should support various public health committee activities.

Moreover, effective community public health service supply requires adequate financial guarantees [19]. Analysis of regional policy documents shows that most regions have provided operational funding for public health committees with distinctive features. Dongying City in Shandong states that “party organizations’ service funds for the masses and special subsidy funds for village (residential) public welfare undertakings should fully play their functional roles in serving villagers (residents).” Anhui has formulated detailed financial systems, stating that “all funds should be incorporated into unified village (residential) financial management and budget management; public health expenditure management should be strictly controlled; villages (residential areas) should broaden financing channels and strive for necessary funds and venues, increasing investment in public health equipment and facilities.” Anhui’s Suixi County proposed a work reward mechanism: “public health committee collectives and individuals who have made outstanding achievements in safeguarding public health rights and interests and protecting public health should be appropriately commended and rewarded by town governments (industrial parks),” and explicitly stated that “township health centers (community health service centers) should provide subsidies of no less than 600 yuan per person per year to public health committee members.” Guangdong states that “temporary work subsidies should be appro-

privately issued to personnel participating in frontline epidemic prevention and control in villages (communities) during non-working hours.” Chongqing emphasizes “coordinating resources from all parties to provide necessary human, material, and financial support.” Yinchuan states that “county (city, district) people’s governments and townships (sub-districts) should fully guarantee office space, facilities, and operating funds for public health committees” and “for basic public health service work undertaken by public health committees, county (city, district) health administrative departments should provide financial guarantees through service purchase methods according to the national *Basic Public Health Service Subsidy Fund Management Measures*.” Beijing states that “daily work funds should be allocated from village (residential) committee operating funds; public welfare project funds, after discussion and approval by residents’ meetings or villagers’ representative meetings, may be guaranteed by community (village-level) public welfare special subsidy funds or raised by village (residential) committees from beneficiary urban/rural residents or units.” Wuhu states 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 resources and actual work conditions.” Guizhou emphasizes providing “primary-level health work funds and working condition support.” However, Lanzhou’s policy documents have not yet mentioned related content.

2.4.4.2 Technical Support

The professional capacity enhancement of public health committees also requires government technical support. Guangdong, Lanzhou, Yinchuan, and Guizhou specify business training and guidance for public health committees. For example, Anhui’s Suixi County mentions in *Notice on Comprehensively Promoting the Establishment of Public Health Committees Subordinate to Villagers (Residents) Committees* (Su Wei Jian [2021] No. 65) that “towns (industrial parks) should regularly organize relevant medical and health institutions to conduct professional knowledge training for public health committee backbone members and carry out special training for key work projects.” Shandong and Anhui provide professional training and work guidance for public health committee backbone members. Beijing’s Huairou District, having completed public health committee construction, only proposed “strengthening guidance on village (residential) public health work,” while Chongqing and Wuhu’s policy documents have not yet mentioned this content.

2.4.4.3 Information Systems

Currently, information systems have only 8 reference points. With the deepening application of new technologies such as big data and artificial intelligence, data has become the core of government governance in the digital age [20]. Building an information system for public health committee operation will facilitate real-time information sharing among various institutions. Influenced by COVID-19 prevention and control, building smart communities has become an inevitable

requirement for advancing community governance modernization and improving governance effectiveness. For example, Guizhou's *Notice on Strengthening the Construction of Public Health Committees in Villagers (Residents) Committees* (Qian Min 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 strengthen public health committee information system construction to achieve more precise grassroots public health governance.

Discussion and Recommendations

3.1 Governance Subjects

3.1.1 Committee Member Selection Should Have Admission Criteria

Public health committee members not only understand public health conditions in villages (residential areas) but also undertake substantial public health services and epidemic prevention work, serving as important health "gatekeepers" for residents [21]. Therefore, when overseeing human resources for public health committees, governments must balance quantity and quality. Beijing's Huairou District has proposed new requirements through practice after epidemic prevention and control, specifying that "there should be 1 medical staff member from community health service institutions serving as deputy director." This demonstrates that professional talent teams are the main force driving grassroots public health governance system construction. Additionally, Dongying City in Shandong has specially formulated selection methods for public health committee personnel, representing an innovative "personnel selection" model. Since promoting public health committee construction is a practical measure caring for people's health, personnel selection should have certain admission criteria to promote sustainable development of public health committees.

3.1.2 Clarify Work Rights, Responsibilities, and Tasks As a grassroots autonomous organization, public health committees have been endowed with numerous responsibilities, but these ultimately require "people" for implementation. Currently, the practice of Anhui and Beijing in formulating specialized public health committee work guides is worth promoting nationwide. Anhui's guide not only clearly elaborates on public health committee responsibilities but also clarifies the powers, responsibilities, and obligations of each member. Completing each task demonstrates the fulfillment of public health committee duties. Therefore, assigning work responsibilities to individuals is an inevitable measure to improve public health committee operational efficiency.

3.2 Governance Mechanisms

3.2.1 Establish Effective Communication and Collaboration Mechanisms Regular meeting systems are 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 to practicing scientific development concepts in rural areas, a good platform for building harmonious rural societies, and a good carrier for solving rural work challenges [22]. During operation, public health committees should hold regular meetings or joint conferences and periodically report work developments to their affiliated village (residential) committees and local health departments to promptly identify and resolve health issues among village residents.

3.2.2 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 [23]. Practice shows that government-purchased community work services have greater advantages in professionalism, scientificity, and meeting residents' service needs [24]. As China's rural social structure, family structure, and population structure continue to transform, basic medical and public health services provided solely by the government can no longer meet rural residents' diversified health needs [25]. Therefore, drawing on the government purchase of village doctor position services, introducing third-party forces to participate in specialized services for grassroots public health governance can effectively enhance the professional governance effectiveness of public health committees and strengthen rural residents' trust in them.

3.3 Institutional Guarantees: Strengthen Relevant Legislation and Policy Support

Institutionalized management forms the foundation for achieving normalized governance of public health committees. At the initial establishment stage, public health committees inevitably face insufficient coordination capacity, fragmented resource management, and difficulty in effectively connecting work with relevant institutions. Currently, the *Constitution* and other relevant laws only mention that villagers committees may establish public health committees as needed, without specific provisions on construction systems. Moreover, regional policy documents lack detailed regulations on various systems for public health committee construction. Therefore, combining legal and policy approaches to guarantee supporting systems during public health committee construction can, to some extent, compensate for governance "shortcomings" and promote modernization and long-term development of their governance capacity.

3.4 Capacity Building

3.4.1 Provide Financial and Technical Support Analysis of the structural content of regional policy documents reveals that some regions still have not provided financial support for public health committee operation. Public health committees will inevitably involve activity expenses, personnel subsidies,

work rewards, office supplies purchases, meeting fees, and other expenditures during work implementation. By summarizing funding source channels in most regions that provide financial support, we found that village (residential) public health committee funding can come from multiple channels including village (residential) public welfare undertakings, village (residential) finances, county (city, district) health administrative departments, and financial departments at various levels. This multi-channel funding approach is worth promoting nationwide. Simultaneously, public health committees should formulate detailed financial systems and performance assessment mechanisms to effectively use various funds, thereby managing the entire process from source to allocation and utilization.

In addition to financial support, professional capacity should also be enhanced. Training is the main means of human resource development, enabling trainees to acquire capabilities and knowledge needed for current work [26]. Based on this, governments can leverage medical institution human resources to regularly conduct specialized training for public health committee members to comprehensively improve their professional quality, knowledge, and skills [27].

3.4.2 Promote Information System Construction Through Smart Communities

Building smart communities is an inevitable trend for future community governance. The smart community concept was proposed by the government. During his inspection of Zhejiang in March 2020, General Secretary Xi Jinping emphasized the necessity of smart city construction, pointing out that building smart communities is the only path to promoting urban intelligence [28]. Communities are the basic units of urban life, and smart communities represent the “last mile” of refined urban management and modern governance [29]. In August 2014, the *Guiding Opinions on Promoting the Healthy Development of Smart Cities* (Fa Gai Gao Ji [2014] No. 1770) was promulgated, marking the official start of China’s “smart community” construction [30]. Establishing a smart community prevention and control system can alleviate community management deficiencies caused by low response efficiency, inadequate security, and slow medical response [31]. Therefore, public health committee construction should also adapt to the times. For example, in 2021, Anhui 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 publicize relevant laws, policy knowledge, and dynamically release information on public health committee construction, activities, and services. Anhui’s long-term development strategy is undoubtedly an innovative measure to promote sustainable public health committee development, as it both utilizes the public account platform for public health and health promotion publicity and promotes “co-construction, co-governance, and sharing” among the people. In the future, governments should strengthen information system construction based on the principle of

“generalization + personalization,” using smart community construction as an opportunity and combining local actual conditions.

Author Contributions

OU Xin was responsible for data collection and analysis, and manuscript writing. YANG Jia was responsible for conceptualization and design, data collection, quality control and review, and overall responsibility for the article.

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References

- [1] Organic Law of the Villagers Committees of the People’s Republic of China (2010 Revision) [EB/OL]. [2022-03-24]. [https://baike.baidu.com/item/%E4%B8%AD%E5%8D%8E%E4%BA%](https://baike.baidu.com/item/%E4%B8%AD%E5%8D%8E%E4%BA%9C)
- [2] Central People’s Government of the People’s Republic of China. Constitution of the People’s Republic of China [EB/OL]. [2022-03-24]. http://www.gov.cn/guoqing/2018-03/22/content_{5276318}.htm.
- [3] Beijing Municipal Health Commission. Press Conference on Further Promoting Public Health Committee Construction in Villagers and Residents Committees [EB/OL]. [2022-03-24]. http://wjw.beijing.gov.cn/xwzx_{20031}/xwfb/201912/t20191215_{1232742}.htm
- [4] TANG Weimin. Building a Health Bridge Connecting Grassroots Masses [J]. *China Health*, 2022, 31(5): 42-43.
- [5] Grassroots Public Health Committees: Established According to Law and Growing Toward the Sun [J]. *China Health*, 2022, 31(5): 34.
- [6] WU Song. Anhui Comprehensively Promotes Village-level Public Health Committee Construction [J]. *China Rural Health*, 2021, 13(23): 4-5. DOI: 10.3969/j.issn.1674-361X.2021.23.001.
- [7] YANG Liping. Shenzhen Achieves Full Coverage of Community (Village) Public Health Committees: 821 Communities (Villages) Have Elected 5,250 Members [N]. *Shenzhen Special Zone Daily*, 2021-07-16 (A04).
- [8] Ministry of Civil Affairs, National Health Commission, National Administration of Traditional Chinese Medicine, National Disease Control and Prevention Administration. Guiding Opinions on Strengthening Public Health Committee Construction in Villagers (Residents) Committees [EB/OL]. [2022-03-24]. <https://www.mca.gov.cn/article/xw/tzgg/202201/20220100039405.shtml>.
- [9] Sohu.com. Public Health Committees: Established According to Law and Acting in Response to the Trend [EB/OL]. [2022-03-24]. https://m.sohu.com/a/539037456_{121118852}/.
- [10] ZHANG Tianyao, XIE Ting. Analysis of Healthy Community Governance Models from a Public Health Perspective: Taking COVID-19 Community Pre-

vention as an Example [J]. *Modern Urban Research*, 2020, 35(10): 38-45. DOI: 10.3969/j.issn.1009-6000.2020.10.005.

[11] ZHOU Bo. The Construction Logic and Realization Path of Modernization of Urban Community Governance Capacity [J]. *Journal of Hunan Administration Institute*, 2020, 22(6): 13-21. DOI: 10.16480/j.cnki.cn43-1326/c.2020.06.002.

[12] ZHANG Yuanni, ZOU Li'ai, QIU Heng, et al. Research on Public Health Governance System and Capacity in the New Era Based on Holistic Governance Theory [J]. *Chinese Rural Health Service Management*, 2020, 40(11): 778-785.

[13] XU Ming, CHEN Sijie. Research on Youth Employment Policies Under COVID-19 Impact: Based on Policy Text Analysis at Provincial Level [J]. *Population & Economics*, 2022, 43(1): 140-156. DOI: 10.3969/j.issn.1000-4149.2021.00.059.

[14] LI Fengrui, ZHAO Yinghong. Textual Analysis of Government New Media Policies: A Qualitative Study Based on Nvivo [J]. *News World*, 2022, 34(3): 28-32. DOI: 10.19497/j.cnki.1005-5932.2022.03.023.

[15] CHENG Bohui, QI Feiyun. Government Regulation of Bike-sharing: An Analytical Framework Based on Policy Text Analysis of 15 Cities [J]. *Academic Research*, 2018, 61(11): 62-67. DOI: 10.3969/j.issn.1000-7326.2018.11.011.

[16] LIU Yan, LI Maohua. Research on Precision Training of New-type Professional Farmers Under Rural Revitalization: Based on Person-job Fit Perspective [J]. *Hubei Agricultural Sciences*, 2022, 61(2): 172-175. DOI: 10.14088/j.cnki.issn0439-8114.2022.02.033.

[17] LI Liangjin. Four-dimensional Perspective on Modernization of Urban Community Governance: Logic, Connotation, Path, and Guarantee [J]. *Journal of Hubei University of Economics (Humanities and Social Sciences)*, 2019, 16(2): 14-17.

[18] CAO Yanlin. The Role and Position of Grassroots Public Health Committees [J]. *China Health*, 2022, 31(3): 40-41. DOI: 10.15973/j.cnki.cn11-3708/d.2022.03.017.

[19] Chinese Academy of Fiscal Sciences *Public Service Perspective on Community Governance Research* Collaborative Research Group, YANG Liangchu, SHEN Dongming, et al. Optimization of Community Governance from Public Service Perspective: Problems and Countermeasures Based on Investigation in Changchun, Shandong, and Other Places [J]. *Fiscal Science*, 2021, 6(5): 13-20, 30. DOI: 10.19477/j.cnki.10-1368/f.2021.05.002.

[20] SHEN Li, WU Weiyong. Bottlenecks and Solutions for “Smart Community” Construction from Data Empowerment Perspective: Taking H Community as an Example [J]. *Public Governance Research*, 2022, 34(2): 53-60.

[21] FAN Mingkuan, ZENG Zhiyong, HU Changhu. Thoughts on Improving the

Quality of Grassroots Public Health Talent Training [J]. *Journal of Xiangyang Polytechnic*, 2022, 21(1): 8-11. DOI: 10.3969/j.issn.2095-6584.2022.01.003.

[22] HOU Yuanzhang. Grassroots Governance After the “Return-to-hometown Wave” Part 4: Joint Regular Meetings—Solving Rural Difficult Problems: New Exploration of Democratic System Construction in New Rural Areas of Fengqiu County [J]. *People’s Tribune*, 2009, 8(5): 56-58. DOI: 10.16619/j.cnki.rmlt.2009.05.021.

[23] LIAO Hongbing, LIAO Biao. Research on Government Purchase of Social Services with Community as the Base: From the Perspective of Social Governance Structure Change [J]. *Guangxi Social Sciences*, 2021, 37(2): 15-22. DOI: 10.3969/j.issn.1004-6917.2021.02.003.

[24] CHENG Yanbin, MENG Fanping, ZHAO Jiabin. Exploration and Reflection on Government Purchase of Community Social Work Services: Taking Jinan D Community as an Example [J]. *Social Work and Management*, 2015, 15(5): 49-53, 90. DOI: 10.3969/j.issn.1671-623X.2015.05.008.

[25] ZHU Xiaojing. Professional Challenges of Social Work Embedded in Community Governance: Based on Analysis of a Government-purchased Service Project [J]. *Journal of Chongqing Technology and Business University (Social Sciences Edition)*, 2021, 38(5): 88-97. DOI: 10.3969/j.issn.1672-0598.2021.05.009.

[26] ZHENG Yanfu. Training of General Knowledge for Enterprise Employees in the New Era [J]. *Modern Enterprise*, 2021, 40(8): 55-56. DOI: 10.3969/j.issn.1000-9671.2021.08.028.

[27] MA Jianzhen, CHEN Hua, XU Yong, et al. Research on the Indicator System for Modernization of Community Governance Capacity: Based on Nanjing Survey [J]. *Journal of the Party School of CPC Nanqing Municipal Committee*, 2016, 15(6): 25-31.

[28] SONG Yi, SHAO Kaili, WANG Yanjie. Construction of Smart Community Emergency Service Management System [J]. *Internet of Things Technologies*, 2022, 12(3): 60-63. DOI: 10.16667/j.issn.2095-1302.2022.03.018.

[29] ZHENG Hongqu. Smart Community Construction from the Perspective of Modernization of Grassroots Governance: Practice of Smart Community Construction in Yuzhong District, Chongqing [J]. *Chongqing Administration*, 2022, 23(1): 50-53.

[30] REN Mengyao. Realistic Dilemmas and Optimization Paths of Smart Community Construction [J]. *Co-operative Economy & Science*, 2022, 38(4): 159-161. DOI: 10.13665/j.cnki.hzjykyj.2022.04.065.

[31] LI Ying. Research on Smart Community Construction Under COVID-19 Prevention and Control: Taking Zhuhai Jinwan Community as an Example [J]. *Journal of Yunnan Open University*, 2021, 23(3): 45-50. DOI: 10.16325/j.cnki.ynkfdxxb.2021.03.008.

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