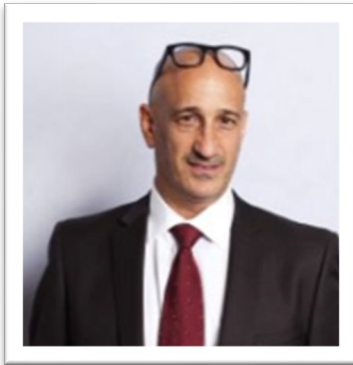


ISSUE: July 2021

MESSAGE FROM OUR PRESIDENT - *Professor Gregory Kolt*



The Teaching and Learning Forum is a key event on the CAPHIA calendar and I am pleased to report that this year the Forum continued in the tradition of providing a significant professional development public health education opportunity for staff of our member institutions.

The Forum was proudly hosted by the University of the Sunshine Coast. Associate Professor Jane Taylor and Professor John Lowe, who led the Forum Steering Group, designed the program and managed the logistics over the two days of the event. I am pleased to report that it was an outstanding success with over 86% of our university members participating.

The first keynote address by Dr Sandro Demaio, CEO of VicHealth, was inspiring and challenged participants to take stock of how we are travelling on the journey to achieving the United Nations Sustainable Development Goals, and how we meet their 2030 ambitions. Dr Demaio suggested that we have to train and equip public health professionals in a systems approach. There is no single policy lever or silver bullet, and the approach must be within, across, and throughout public health. Dr Demaio further remarked that we need to be collaborative and partner with others to take a wholistic approach.



At CAPHIA we are laying the foundation to action these important collaborations. We recently engaged a research assistant to support our Advocacy in Action Consultation Group to collect the evidence base for the economics of public health education and the changing landscape that many of us are currently experiencing. This work will be used as our platform to partner with industry and approach government. I look forward to providing additional information about the outcomes of this work in the future. CAPHIA working groups are open to staff of our member institutions to join and if you are interested, please email caphia@phaa.net.au

Professor Gregory Kolt
President

IMPORTANT KEY DATES COMING UP

Free CAPHIA Interactive Webinar

Transform-Us!

22 September 2021 at 1:30pm (AEST)
Hear from 2020 CAPHIA Award winner Professor Jo Salmon, Deakin University, on the Transform-Us! Program.



To RSVP email caphia@phaa.net.au

Free CAPHIA Interactive webinar



A Public Health Education Accreditation Case Study

20 October 2021 at 3:30pm (AEST)
Hear from CAPHIA member universities that have undergone APHEA accreditation. Ask APHEA the tough questions, dispel the myths and find out the benefits for staff.

To RSVP email caphia@phaa.net.au

Australian Public Health Conference



23 and 24 September 2021

Supporting and Re-energising Public Health in a Disrupted World

Hear from key public health leaders:

Professor Simon Lenton, Curtin University

Associate Professor Fay Johnston, University of Tasmania

Professor Alison Ritter, University of NSW

Register your participation: [here](#)

What Do Public Health Graduates Do and Where Do They Go?

An Analysis of Job Destinations and Mismatch in Australian Public Health Graduates

By Rory David Watts, Devin C. Bowles, Colleen Fisher and Ian W. Li
(<https://www.mdpi.com/1660-4601/18/14/7504>)

As part of the CAPHIA Top-up Scholarship Program, recipient Roy Watts has recently published an article on the job destinations of public health graduates. The below is an overview of the article and is written by Rory Watts.

It is not well understood what occupations public health graduates have after graduation. If you look at any course brochure for an MPH, you will see suggestions that public health graduates go into a variety of occupations and industries and may be employed in health promotion, epidemiology, advocacy, or something similar. These suggestions, while not wrong, may be unsatisfying to students who were expecting a stronger relationship between education and occupation, such as in nursing or medicine. Furthermore, a strong relationship between education and occupation is commonly alluded to. For example, when people advocate for increased funding in public health education due to COVID-19, they imply it will bolster the public health workforce, which presumes a well-defined workforce which sits somewhere in government. These ideas - the breadth of outcomes, and the presumed concentration of the workforce - are at odds with each other. So, which is it?



Our goal for this research was to better understand the relationship between public health education, and the occupations that graduates have. Do graduates all go into the same occupations, or do they go into a breadth of occupations? Furthermore, we aimed to qualify this relationship by comparing it with other fields of study: are the outcomes from public health graduates more similar to nursing graduates? or business graduates? More precisely, we aimed to describe the common occupations of Australian public health graduates, describe the heterogeneity of graduate destinations, describe the level of mismatch that graduates report, and compare these results with other fields of study. We used eight years of Australian graduate survey data (2008–2015) from the Graduate Destinations Survey, examining outcomes data from 8900 public health graduates from Bachelor's degrees, through to Doctorate level study. These surveys obtain data for students who graduated approximately 6 months ago.

We had three main findings. Firstly, course brochures are correct. That is, public health graduates go into a variety of different occupations and industries. When compared to other fields of study, public health graduates look a lot more like business graduates than nursing graduates, as nursing students tend to go into the same sector (e.g. hospitals) and have the same jobs (e.g. registered nurse). Secondly, we found that between 1 in 4 and 1 in 5 graduates felt like their occupation was not a good match given their public health education (what we called 'mismatch'). Much of the time, this wasn't surprising, as the graduate was working in the hospitality or retail sector. Interestingly, public health graduates with clinical occupations (e.g. doctors or nurses) felt more mismatched than their non-clinical counterparts, who were in policy analysis, health promotion or similar. When compared to other fields of study, this was about average; 1 in 4 or 1 in 5 mismatched graduates was the median value. Thirdly, we found that there were seven occupations where public health graduates were the least mismatched of any cohort (e.g. 2% of public health graduates who were health promotion officers were mismatched, whereas the average mismatch was 8% for graduates of other fields). Is seven occupations good? Is it average? Bad? It turns out that seven occupations is pretty impressive, as there are only a few other fields of education which produce fewer mismatched graduates for more occupations.



So what does this mean? It means that most people's intuitions are correct: public health graduates end up having a lot of different occupations and working in many industries. Luckily, they are also well suited to many of these occupations and industries; it's not the case that they go everywhere, but aren't suited to anywhere. But it does mean that if you were hoping for an easily labelled public health workforce, concentrated in government, you would be disappointed; because graduates end up everywhere, it's difficult to say that an increase in funding in education would necessarily lead to a commensurate increase in governmental public health workers.

For a list of the references included in this article, please email CAPHIA@phaa.net.au

CAPHIA's Social Media Intern Blog

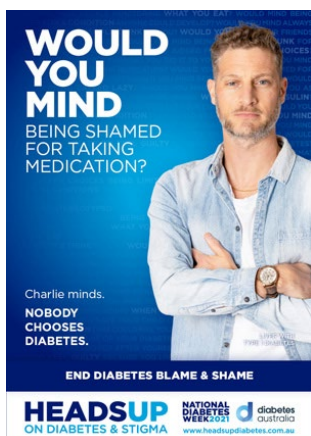
Have you added CAPHIA as a friend on [Facebook](#) or followed CAPHIA on [Twitter](#)?

Diabetiquette: Concerns of those living with diabetes

By Zoe Lawrence-Haughey, University of Western Australia

Ask anyone with diabetes about shame and stigma, and they will most likely have a story to share. Whether it's the teacher who takes a sandwich out of your hands and replaces it with a salad, the friend's boyfriend who jokes about how "Just looking at this burger gave me diabetes!", or the woman you have never met telling you, "But you're not that fat..." – no one enjoys being made to feel uncomfortable for something beyond their control. And these stories are just the tip of the iceberg.

Although they may seem farfetched, I have personally experienced one of them, with the other two being shared with me by other people with diabetes (PWD).



National Diabetes week 2021 took place recently, with Diabetes Australia campaigning to end the blame and shame PWD experience in their everyday lives. While there is stigma around the diagnosis itself, there is also a level of shame in treating the condition. Performing fingerpricks to test blood glucose levels, injecting insulin, or wearing medical devices to enable easier management should not be scrutinised. Studies show that mental health is interconnected with diabetes management, and can be impacted by experiencing stigma, potentially leading to worse health outcomes. This is concerning for many reasons, one of which is the fact that both type 1 and type 2 diabetes diagnoses are increasing each year, with a new diagnosis received every five minutes across Australia.

But let's take a closer look at the individuals in question. As with any diagnosis, there is a vastly diverse community of PWD that lean on one another for support. It may be unexpected to refer to the newest Pixar trailer in a blog post on diabetes, and yet it will raise an important point. Apart from sharing stigma horror stories, another discussion point within the community was the teaser

trailer for Pixar's new film 'Turning Red'. For around 3 seconds of screen time, a background character is shown to be wearing a white, circular patch on their arm, and when they stand up, a device encased in purple sits on their hip (likely an insulin pump). This is the first time a Pixar character has ever been depicted as living with diabetes, especially a child, although type 1 diabetes is a relatively common autoimmune disease, which is associated with childhood diagnosis. As of writing, Wikipedia listed a whopping 66 films featuring any form of diabetes, across any genre and any language, from 1946 to 2018. Although not the most reputable resource, this number is likely not far from truth, with the majority of movies using diabetes as more of a plot point than a character trait.

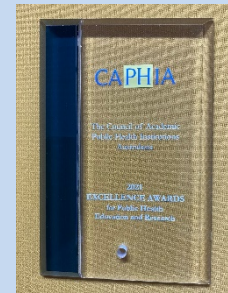


Also in the news was a slightly controversial article, which states in the headline the words "finger pricks obsolete". First of all, this is misleading, the article actually states that finger pricks won't be 'obsolete' for at least another few years. This article described new saliva-based glucose test strips, which is an amazing development, but may fall flat for PWD. The Australian government has provided over \$6 million to fund the manufacture of these test strips, while the diabetes community in Australia plead for more funding to be provided towards subsidising continuous glucose monitoring for all Australians living with diabetes. High cost is a significant barrier towards PWD accessing new technology that may drastically improve their life, and so for some, seeing the government fund a distant and somewhat unnecessary glucose test while existing technologies are overlooked may feel like a kick to the pancreas. Furthermore, keeping in line with discussions on stigma, articles like these may propagate the idea that diabetes management is easy, and detract from the struggles actually faced by PWD.

Although a cure may not be here yet, medical advancements and reduced stigma both play important parts in making diabetes more manageable and less stressful. From an outside public health perspective, we often only examine the surface level features of illness, such as the number of people who have it, whether it is preventable or not, and what health outcomes it can lead to. Although there is a long way to go, addressing the ongoing stigma around living with diabetes is an important step in gaining inclusivity and acceptance for all. It is the hope that greater understanding of PWD experiences can also lead to better health outcomes in the future and enable further opportunities for research that may alleviate the challenges faced by PWD.

For a list of the references included in this article, please email CAPHIA@phaa.net.au

CONGRATULATIONS TO CAPHIA AWARD WINNERS!

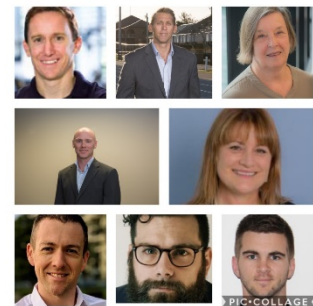


At CAPHIA, we recognise excellence in public health education and research conducted at our member institutions.

We would like to say a very **BIG** congratulations to the following award recipients:

CAPHIA Public Health Team Research Award

Dr Chris Lonsdale, Australian Catholic University; Dr Taren Sanders, Australian Catholic University; Dr Michael Noetel, Australian Catholic University; Dr Philip Parker, Australian Catholic University; Professor David Lubans, University of Newcastle; Professor Philip Morgan, University of Newcastle; Professor Jo Salmon, Deakin University; and Dr Marj Moody, Deakin University.

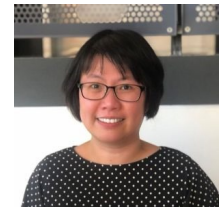


CAPHIA Early Career Teaching Award

Alexandra Bhatti, Macquarie University, for delivery of transformative learning experiences for students in a supportive environment with strong connections to real-world practice.

CAPHIA Teaching Award (Individual)

Dr Hui Jun Chih, Curtin University, for developing refresher materials and coordinating workshops and support services to upskill postgraduate students on quantitative research methods.



CAPHIA Teaching Award (Team)

Associate Professor Lisa Hall, Dr Anna Finnane, Dr Melinda Protani, Dr Tracey Di Sipio, Dr Darsy Darssan from University of Queensland for their work reforming assessment practices by implementing an explicit connection to real-world application in public health and epidemiology.



CAPHIA PhD Award

Dr Rongbin Xu, Monash University, for his study evaluating health and epigenetic impacts of air pollution, outdoor temperatures and the built environment.



CAPHIA President's Award

Associate Professor Lisa Fitzgerald, and Associate Professor Allyson Mutch, University of Queensland, for their work addressing critical social justice issues through research.



CAPHIA AWARD Commendations

A CAPHIA Commendation goes to...



- **PhD Award** - [Dr Kristen Foley, Flinders University](#) for developing and using innovative methodologies in her research entitled, "The social and commercial determinants of Alcohol consumption for Australian women in midlife".
- **Public Health Team Research Award** - [Professor Deborah Loxton, Professor Julie Byles, Ms Natalie Townsend, Ms Peta Forder, Mrs Anna Graves, Mr Ryan Tuckerman, Mrs Katherine Tuckerman, Mrs Clare Thomson at the University of Newcastle](#) for their national longitudinal, population-based study exploring the factors that influence health among women.
- **Early Career Teaching Award** - [Dr Catharine Fleming, Western Sydney University](#) for significant contributions to the undergraduate public health program.
- **Teaching Award** - [Dr Arianne Reis, Ms Rowena Saheb, Mr Sam Dessen, Dr Rachel Bentley at Western Sydney University](#) for their work creating a free Engaging Student for Community Wellbeing Learning Module for all Western Sydney University students.