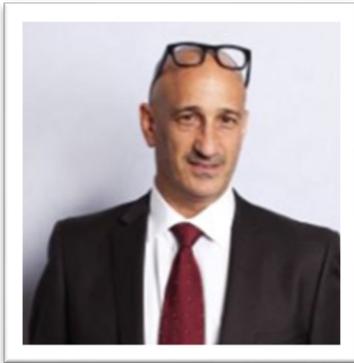


ISSUE: MAY 2021

## MESSAGE FROM OUR PRESIDENT - *Professor Gregory Kolt*



The month of May usually represents many things; the change of season, turning on your heater after Anzac Day, nearing of the end of the financial year, and of course, the Federal Budget. Disappointingly, this year's budget has done little for Universities and their education and research agendas.

At a time when our public health emergency has highlighted the need for a trained and educated public health workforce, it is disappointing that this is not represented through further investment in this important area. Many articles, posts and blogs have surrounded this very fact. Nobel Laureate and ANU Vice-Chancellor Brian Schmidt has reported to mainstream news media that "[universities are being left to bleed](#)". Others have called the 2022 budget cuts to universities "[ugly](#)" when referring to reduced investment for the higher education sector by 10% over the next three years.

The education and training provided by CAPHIA member institutions has underpinned the Australia-wide response to COVID-19 and it is clear how important public health training and workforce development will be going forward. At CAPHIA, we are calling on the Federal Government to recognise this essential service and rectify this situation at the next Mid-Year Financial and Economic Outlook (MYEFO) process. This will be the next opportunity for the Australian Government to take account of those financial and policy considerations made since the Federal Budget. What is needed, is a range of collaborative programs that support the current and future public health workforce to support Australian communities. A strategy, clearly in the national interest, that ensures public health workforce education and training investment can support the safety and well-being of Australian citizens. Additionally, it is vital to include CAPHIA and its members in the development and implementation of enhanced public health workforce planning under the National Preventive Health Strategy.

CAPHIA has recently initiated its Advocacy in Action Consultation Group, chaired by Professor Rebecca Ivers from the University of New South Wales, that will be considering these issues. It is not too late to join and strengthen our voice. Please email [caphia@phaa.net.au](mailto:caphia@phaa.net.au) to express your interest in joining this key group. We are also seeking to engage a research assistant to work with the CAPHIA Executive Officer and the Advocacy in Action Consultation Group. More information about this opportunity is below.

*Professor Gregory Kolt*  
**President**

## IMPORTANT KEY DATES COMING UP

### ***Public Health at a Time of Disruption***

CAPHIA Teaching and Learning Forum on 15 and 16 July 2021

The forum provides an opportunity for public health educators to share their experience, innovate and improve pedagogy.

Get your [Early Bird Tickets](#) – only available for the month of May!

### ***Free Interactive Webinar: Transform-Us!***

22 September 2021

Hear from 2020 CAPHIA Award winner Professor Jo Salmon, Deakin University, on the Transform-Us! Program.



To RSVP please email [caphia@phaa.net.au](mailto:caphia@phaa.net.au)

### **FREE LIVE Masterclass**

*How to Master Self-Promotion!*

**Saturday 12<sup>th</sup> June 2021**  
**10a.m. – 11.30 a.m. AEST**



Proudly presented by the Walt Institute

Register here:

<https://waltinstitute.easywebinar.live/registration-191>

## CAPHIA's Social Media Internship



Pictured above (not in the order they appear):

Daniel Matabishi, University of Western Australia; Zoe Lawrence-Haughey, University of Western Australia; Kelsey Thanam, University of Auckland; Jennifer Chen, University of Queensland; Saldana Hossain, Macquarie University; Gemma Richardson, University of Western Australia; Lindsey Ngo, Griffith University; Janette Inwood, University of Western Australia; Kathleen Prokopovich, University of Wollongong, Professor Erica James, University of Newcastle and CAPHIA Executive Committee member; Tracy Gurnett, CAPHIA Executive Officer.

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

CAPHIA is delighted that the CAPHIA Social Media Interns (pictured above) have commenced their role highlighting the work of CAPHIA and our members through their posts, tweets and blogs.

The Social Media Internship Program provides member institutions with the opportunity for their students to receive on the job experience in supporting and advocating for public health teaching and learning, and research using social media platforms. The current intern intake participated in a webinar earlier this month with presentations from Ms Karina Martin, Media and Communications Manager at the Public Health Association of Australia, as well as an overview of how to maximise social media content by Digital Bravado. So far interns have posted about equity of access and Australia's (potential path) of Health for All, and inclusive water safety programs that target migrants to improve drowning rates across Australia.



Over the next five months, CAPHIA interns will also be writing a series of public health blogs that will be available on the CAPHIA website and in this newsletter. The first of these blogs (see below) has been authored by Kathleen Prokopovich from the University of Wollongong. Kathleen is a PhD student who has developed an e-resource tailored to support the Macedonian Community's questions about school-based vaccination programs. Kathleen's interest in using social media as an advocacy tool was inspired by her health promotions study as part of her Masters of Public Health. CAPHIA is delighted to showcase Kathleen's blog below and support CAPHIA member

institutions with developing and inspiring the future public health workforce.

If you have an event or issue you would like to be considered as part our interns' posting and tweeting, please send an email to [caphia@phaa.net.au](mailto:caphia@phaa.net.au).

## Looking to the Past to Guide Our Future: Addressing Health for All by 2030

By Kathleen Prokopovich, University of Wollongong

The first two weeks of May saw two very timely publications released. One publication is from the World Health Organization's (WHO) Independent Panel for Pandemic Preparedness and Response (IPPPR)<sup>1,2</sup>. The other is a supplementary issue published by the *Medical Journal of Australia* (MJA). One looks at COVID-19 from a global context, while the other is specific to the Australian context. Both publications highlight how health inequities have accelerated in the past year.<sup>1,2,3</sup>



The IPPPR takes us back to 2020 and shows us how national governments responded and reacted to the COVID-19 pandemic<sup>1</sup>. The MJA takes us to a future<sup>3</sup> where the government of Australia has shifted to a 'health for all' mindset. The point of both documents is to show where government policy change needs to happen to build a resilient and fair society<sup>1,3</sup>.

### *The Pandemic Affects Everyone but Not Everyone Equally<sup>2</sup>*

First, we will look to the global stage. As pointed out by the IPPPR, structural inequities related to health, income, education, housing, gender, and ethnicity have increased globally during COVID-19<sup>1,2</sup>. In terms of those who remained employed, those who were able to cover income expenses, work remotely and abide by stay-at-home orders were safer than the essential or front-line workers, many of whom ensured that systems functioned properly. But then these essential, and in many cases low-income, workers had an increased risk of exposure to infection<sup>1</sup>. The IPPPR also emphasised that within some countries, the COVID caseload disproportionately affected poorer populations and ethnic minorities<sup>2</sup>. Gender inequities with informal labour were also identified, as caregiving for children, parents and other relatives often fall to women<sup>2</sup>. The social and mental impact of lockdowns, stay-at-home orders, and continued uncertainty is also acknowledged in the IPPPR report and how someone mentally responds to the impact of these measures depends on social determinants like socio-political background, social networks, income and where one lives<sup>5</sup>. These social disparities need to be addressed for countries to respond better to future health crises<sup>1,2</sup>.

Though Australia responded swiftly to the pandemic, it has been vulnerable to pandemic related health inequities<sup>6</sup>. When the national lockdown occurred, over 600,000 Australians lost their jobs or were stood down, and the Australian Federal and State/Territory governments implemented commendable temporary economic interventions. These interventions included: income support for businesses; relief payments and cost of living expenses; and free childcare<sup>7</sup> but as approximately 1 million casual workers were ineligible to access any assistance and most of the income support and relief payments have stopped, health inequities will return to pre-COVID levels or widen further by pushing people (including children) below the poverty line<sup>7</sup>. These factors have no doubt contributed to Australians feeling more anxious, nervous, lonely, depressed and restless compared to pre-COVID times<sup>8</sup>.



As Australians have now had a taste of economic policies that help reduce health inequities, the opportunity to reimagine a new Australia is now at hand. The MJA's supplement publication provides us with a bold vision of Australia in 9 years if a "health for all" path is chosen<sup>9</sup>. In this imagined vision, actors from a range of departments and sectors collaborate and will draw on multiple frameworks to address health issues and foster sustainable policies to address income, education and housing inequities<sup>10</sup>. Future Australia also promotes the inclusion of the cultural determinants of health within the traditional Social Determinants of Health (SDoH) framework, thus supporting the needs of Aboriginal and Torres Strait Islander communities<sup>11</sup>. In our imagined future, strong government commitments are made on the ecological determinants of health, with the government implementing four directions to promote health in the age of the Anthropocene<sup>12</sup>.

### *So how can we act now to ensure that Australia chooses a path that leads to 'Health for All'?*



Public Health expert Dr Sandro Demaio suggests that the evolution of existing health promotion frameworks and investment in the public health workforce will be critical to reaching the 2030 goals<sup>6</sup>. This investment will have to move past just incorporating the SDoH and 'Health for All' approaches in curriculum and use educational spaces for health students to reflect on the

power, privilege, and inequities embedded in social relationships and build skills to confidently intervene on the SDoH<sup>13</sup>. This type of “critical consciousness” approach would support students and health workers to intervene on the SDoH rather than stay neutral or complacent<sup>13</sup>. So, in a time of great uncertainty and unease in the world two publications have highlighted how the recent past can more equitably inform the future. This will (hopefully) ensure that a post-pandemic pathway to 'health for all' is created<sup>1,6,9</sup>.

#SDoH #HealthEquity#HealthForAll

For a list of the references included in this article, please email [CAPHIA@phaa.net.au](mailto:CAPHIA@phaa.net.au)

## CAPHIA NOTICES

### JOB OPPORTUNITIES

#### Research Assistant

The Advocacy in Action Consultation Group of CAPHIA is looking for a research assistant employed at a member institution to draft a background discussion paper that advocates for public health education and the role it needs to play as part of a joined up collaborative approach with Governments and industry.

In this role the research assistant will be required to:

- Draft a brief literature review of current evidence around the economics of public health education;
- Undertake an environmental scan that identifies who the public health workforce is employed by and the scope of roles they are engaged within;
- Consult with CAPHIA member institutions to collate a collective view of proposed key messages and advocacy position statements;
- Draft a CAPHIA position statement on public health training; and
- Work closely with members of the Advocacy in Action Consultation Group and the CAPHIA Executive Officer.

#### The successful candidate will have:

- experience in compiling literature reviews and other documents such as reports
- excellent written and spoken communication
- experience working in small teams and with external stakeholders

To apply, please provide a 500 word overview of your skills together with your CV via the [online CAPHIA recruitment form](#).

This is a paid opportunity available (up to 80 hours) for an appropriately qualified research assistant at a CAPHIA member university. The remuneration will be negotiated with the successful applicant. For more information, please email [CAPHIA@phaa.net.au](mailto:CAPHIA@phaa.net.au)

### Australasian Epidemiological Association Student Prizes

The Australasian Epidemiological Association (AEA) is offering top student prizes for 2020 and are seeking your nominations. Thank you to those who have responded so far.

The Top Student Prize is awarded to students who achieved the highest mark in an introductory Epidemiology or Biostatistics course. Students in both undergraduate and postgraduate degree programmes are eligible. The Prize is a one-year student membership of the AEA. Benefits of membership include access to the journal, regular news bulletins, and eligibility for travel awards and conference prizes.

Two students per institution can be awarded a prize and students in both undergraduate and postgraduate degree programs across Australia, New Zealand and the Pacific are eligible to be nominated. For more information please email Keeley Allen ([student.rep@aea.asn.au](mailto:student.rep@aea.asn.au)) by no later than 31 May 2021.

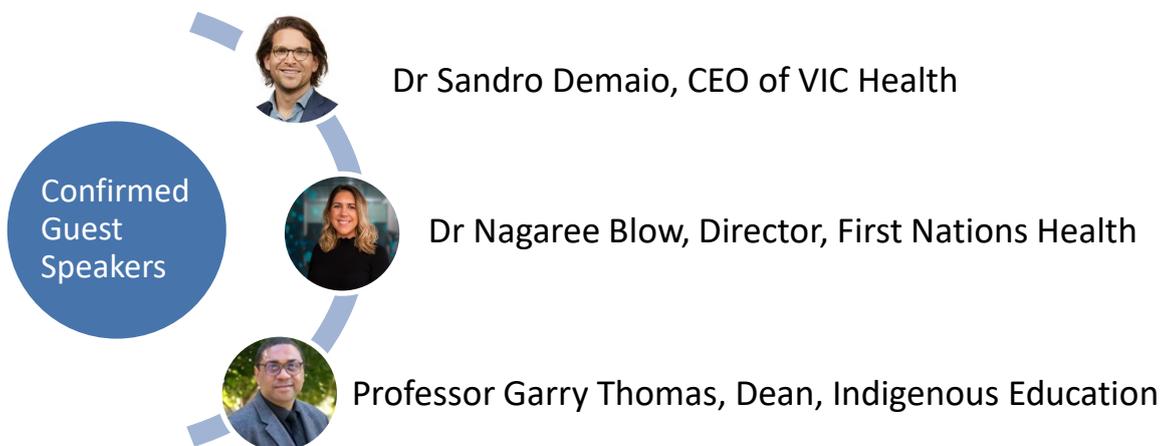


COUNCIL OF ACADEMIC PUBLIC HEALTH  
INSTITUTIONS AUSTRALASIA

## Teaching & Learning Forum 15 & 16 JULY 2021

### *Public Health Education in a Time of Disruption*

With disruption comes an opportunity to innovate and advance public health pedagogy. Our most recent global public health disruption, the COVID-19 pandemic, along with the shifting sands of higher education reforms has created space for new ways of conceptualising and delivering public health education into the future. Emerging from this global public health emergency, public health educators across Australasia are invited to reflect, share and learn together at this CAPHIA teaching and learning forum.



Get your [Early Bird tickets](#) and save!

Delivered both virtually and also through regional hubs.

For more information please visit our website: [caphia.com.au](http://caphia.com.au)



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