CAPH IA presents...

Public Health Education reimagined in the post-Covid era

Prof. Rosemary McKenzie

University of Melbourne

Prof. Dileep Mavalankar

Indian Institute of Public Health Gandhinagar

Dr. Timaima Tuiketei

Fiji National University

CAPH IA ^c

Council of Academic Public Health Institutions Australasia

Advancing Public Health Education, Research & Workforce Development

CAPHIA:

The Council of Academic Public Health Institutions Australasia

CAPHIA is the peak organisation that represents public health in universities that offer undergraduate and postgraduate programs, research and workforce development in public health throughout Australasia.

ECAPS:

The Early Career Academics and Postgraduate Student Subcommittee

ECAPS supports the connection and growth of public health early career academics & higher degree research students through targeted programs, events and services. "By Us, For Us"

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Who's in the room?

- Auckland University of Technology
- Australian Catholic University
- Deakin
- Devine World University
- Fiji National University
- Indian Institutes of Public Health
- James Cook University
- La Trobe University
- Macquarie University
- Ministry of Health, Sri Lanka
- Monash University
- Queensland University of Technology

- Swinburne
- University of Melbourne
- University of Sydney
- University of Queensland
- University of Newcastle
- University of New South Wales
- University of Tasmania
- University of Technology Sydney
- University of Western Australia
- Western Sydney University

Public Health Education Reimagined in the Post Covid Era Agenda



Presenters





Director of Teaching and Learning in the Melbourne School of Population and Global Health and Deputy Director of the Centre for Health Policy



Prof. Rosemary McKenzie

University of Melbourne

A member of the Board of the Peter Mac Cancer Centre & a member of the Victorian Health Complaints Commissioner's Advisory Council



Head of School Public Health and Primary Care, former Associate Dean Learning and Teaching Dr. Timaima Tuiketei

Fiji National University

Primary Care Physician in Fiji & the Pacific for 30 years. Represented Fiji in local and global public health forums and conferences whilst working in the Fiji Ministry of Health and as the Director, Public Health.



QUESTIONS

Pre-Covid Trends:

Where was Public Health Education heading in your country?

Covid Disruption:

QU

What did Covid reveal about newer PH streams/skills sets that should be integrated?



Post-Covid Future:

What is your vision Public Health Education from a holistic perspective?

Prof. Dileep Mavalankar

Indian Institutes of Public Health-Gandhinagar(IIPH-G)

Professor Dileep is the Director of the Indian Institute of Public Health Gandhinagar since 2012. Trained in clinical medicine with advanced public health training from India and John Hopkins USA, Prof Dileep's research, academic and program implementation expertise in health system strengthening focusses on applied health services research to improve health service delivery in India and overseas. Ranked within the top two per cent of health researchers by Stanford University, Prof Dileep has supported Indian national and state governments for health policy translation and his research outputs have shaped much of India's maternal health agenda.



INDIAN INSTITUTES OF PUBLIC HEALTH

Indian Institute of Public Health Gandhinagar (IIPHG), Gujarat State, India

India's first (and only) Public Health University: estd in 2015 by State Government of Gujarat and Public Health Foundation of India

Academic:

- IIPHG offers In-person and online public health courses
 - Full-time
 - Masters in Public Health (MPH)
 - Master of Hospital Administration (MHA)
 - Post Graduate Diploma in Public Health Management (PGDM)
 - Online short courses 3 months-6 months for research capacity building, hospital management, grant writing

Research footprint

•Global Health grants with domestic and international universities (UK, USA, Europe and Australia) focus on global health and health system strengthening.

• IIPHG involved in public health research – More than 300 papers published in last 10 years. 2/16 faculty ranked in top 2% of researchers by Stanford university group

Role in Covid19 for State health system: Technical support in Covid -19 Taskforce and secondment of staff /students to health agencies.



https://iiphg.edu.in/





Pre COVID Trends: Where were we headed in terms of public health needs and public health student education

Public Health Education and the Medical Education Sector(MES) over past decades:

- India has One of the largest MES in the world . 605 medical colleges 91,000 seats for MBBS degree -
 - Country has the largest number of privately-owned medical schools in the World after USA (Sabde et al. 2021)
- Historically, public health education in India was offered through medical colleges to medical graduates.
- In 2006, the Public Health Foundation of India (PHFI) was formed, which then set up the Indian Institutes of Public Health
- The mandate of PHFI is to build the capacity of multi-disciplinary human resources

Rise of Public Health Jobs within the Health Sector

- Public health workforce is growing but there is no public health cadre in state health services except in few states
- Given its size Indian has the largest public health programs in the world e.g TB control, HIV control, ICDS, health insurance,
- Wide gaps in coverage remain as only 1.3% of GDP of public resources is spent on health services.
- India has achieved a lot in health but still long way to go:
- Health indicators still not very good IMR 28 MMR 103

COVID: What has COVID-19 revealed about newer PH streams/skills sets that should be integrated

Moving to Online Teaching: Shifts in delivery of public health coursework in Schools/ Universities.

- While India has high mobile internet penetration, there is limited access to laptops for most students in the public education system.
 - Thus Internet-enabled education was essentially seen as a 'stop-gap' solution during the initial lockdowns
- Education gaps widened as some people of higher incomes had good broad band access to digital devises while many limited access via phone based internet. Digital divide affected education of students at all levels.

Greater engagement of Public Health institutions and medical colleges with the health system for COVID control

- Data management systems for case tracking and modelling were developed in national universities/ institutes Arogya sethu App, Cowin app
- Increased involvement of medical college faculty with Public departments in tracking and isolating covid cases -
- Tremendous work by clinicians including medical and para medical students in India to treat the cases of covid with limited means.
- IIPHG faculty and students helped government agencies for COVID-19 support work. They carried out many research projects on covid
- Personal reflections- 25% of public health students in our university had COVID-19 at some stage or had a family member who was ill
- New skills needed in public health control of mass epidemics and pandemics, health statistics and modelling, case tracking, testing, isolation and treatment. Public communication and media engagement.

Post-COVID Future -Vision of Public health education from a holistic perspective

Future of Public Health Education within Medical Education Sector(MES):

- Digital education and hybrid teaching is here to stay and develop further. Smart classrooms needed.
- E- learning revolution is starting. So working people can upgrade their skills.

India's Future Public Health education Sector Needs

- Public health received greater recognition due to the pandemic.
 - IIPHG: much higher interest in our MPH courses in last two years much better quality students applying
 - New schools of public health coming up in many universities.
- Major recognition of vaccination and laboratory services as essential part of public health.
- Several new labs of BSL 3 and 4 are being set up in various places to deal with infectious agents
- Major focus needed on **infectious diseases and one health** where diseases of animal origin can be monitored and controlled.
- There is lot of potential to create new teaching materials from the data and experiences of the pandemic.
- New courses in health informatics and data sciences AI / ML, laboratory sciences and health communications, pandemic management, vaccinology are needed post pandemic.
 Thanks 12
- Need for international collaboration and mutual learning





Professor Rosemary McKenzie is Deputy Head of School and Director of Teaching and Learning in the Melbourne School of Population and Global Health at the University of Melbourne. Rosemary is an evaluator and health services researcher focused on health service quality and outcomes, with her most recent research investigating telehealth quality.

Rosemary is Chair of the Academic Programs Committee of the Faculty of Medicine Dentistry and Health Sciences and is a member of the Victorian Health Complaints Commissioner Advisory Council and the Board of Directors of the Peter MacCallum Cancer Centre.





Melbourne School of Population and Health

Graduate Public Health Education

- Master of Public Health
- Master of Advanced Nursing Practice/Master of Public Health
- Master of Science (Epidemiology)
- Master of Biostatistics
- Suite of Graduate Certificates: Gerontology, Health Economics; Health Informatics & Digital Health; Infectious Disease Epidemiology; Sexual

Health; Climate Change & Health (forthcoming) Professor Rosemary McKenzie Deputy Head of School

Director of Teaching and Learning

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Total number of confirmed cases of COVID-19 (log scale)

Rollover or tap lines for labels, Values show days since 100 cases and total confirmed cases — Canada — China — France — Germany — India — Indonesia — Ireland — Israel Australia Brazil Italy — Japan — New Zealand - Singapore - South Korea - Spain - United Kingdom - United States 50M 20M 10M 5M 1M 100K 50K 5K 1K 500 Source: Our World In Data / Johns Hopkins University



J.bJ Million Cases (19/03/2022) <u>www.covid19data.com.au</u>

- 5,694 deaths
- High vaccination rates
- Vulnerable populations
 - residents of aged care and the elderly; low SES; unvaccinated
 - Indigenous people well protected in early waves, less so with Omicron variants

Workforce and health system impacts

COVID-19 in Australia



Pre-Covid trends in higher education – and public health

Shift to online learning and blended learning modes underway:

- Higher cost inputs, specialist design skills, high student cost, lower volume
- Lower cost inputs, teacher led design, lower student cost, higher volume

Open access education, life-long learning "Stackable" education – "bite-sized" learning

Job ready graduates – government & community expectation Professional mobility (many careers) drives regular professional upskilling and re-skilling

Public Health Education

NCDs, Advocacy, Health Promotion, Addressing inequity (within and between countries); Health system strengthening



Pandemic impact on higher education – and public health Staff and student health Market demand for public

Shift to online learning accelerated

Rapid transition to teacher led online design

Greater university investment in digital resources and learning designers - but contraction in staff

Seeking equity in experience for students regardless of

Delivery modes

Online and flexible learning modes here to stav

Flexibility provides opportunities for health professionals to upskill and shift careers

and well being

Home-based working and learning

Zoom-based interactions!

No boundaries!

Lockdown and pandemic fatigue

Lack of social connections

Public health priorities drive curriculum change

Renewed emphasis on Infectious Diseases and ID Epidemiology

Pandemic preparedness and response

Equity and advocacy as important as ever

health education

The great resignation Exodus of healthcare workers from hospital sector

Public health visible and important – everyone knows about epidemiology

Public Health Education Challenges

"Infodemics" and misinformation – how do we communicate public health to optimise population health outcomes?



The future for public health education in Australia

Core competencies are sound

- "New" Public Health and "Old" Public Health increasingly integrated, linkages emphasised
- Communication in public health even more important as key underpinning knowledge
- □ Greater emphasis on digital health training in all its facets
- Greater emphasis on interprofessional education in public health education: doctors, nurses, physiotherapists and social workers, audiologists, language therapists etc.
- Support for public health academics as teachers skilled academic teaching workforce is profoundly important to skilled global public health workforce



Dr Timaima Tuiketei

Dr Timaima Tuiketei is a Primary Care Physician and Public Health Specialist and has been in practice in Fiji and the Pacific region over the past 30 years. Previously, Dr Timaima was based at the Fiji Ministry of Health as the Director of Public Health.

Timaima joined FNU in 2009 as an Assistant Professor in Primary Care with the School of Public Health and Primary Care at the College of Medicine Nursing and Health Sciences (CMNHS – formerly known as the Fiji School of Medicine). She has conducted a wide array of research in CMNHS and is the driving force in the NCD and SRH postgraduate programmes development in FNU. Was the Associate Dean Learning and Teaching in CMNHS from 2018 –2021 and currently the Head of School of Public Health and Primary Care.







PH Education Reimagined in the Post – Covid Era

International Covid -19 Webinar – 21/3/22

Dr Timaima Tuiketei

HOS Public Health and Primary Care College of Medicine Nursing & Health Sciences - Fiji National University₂₀

FIJI NATIONAL UNIVERSITY























COVID – NEW PH STREAMS & SKILL SETS



Educational Strategies

- Integrated approach on HE Sector
- •Widening of Educational inequalities among vulnerable students
- •Blended and online delivery mode & assessments 24

Post Covid Future – Vision of PH Education

İnclu		More online Blended rather than Face to face Clinical & community Attachments	Modified online Simulation Viva	Climate Change & Health Research One Health Sustainable Initiatives	4 Pillars Implement the 5 FNU Core Values: C H A S E
En	nission & rolment ocesses	Teaching Modalities	Assessments	Integration	Align to FNU SP 2021-26

THANK YOU







Q&A

Submitted Questions 1/2

- 1. What competencies do you see as now critical and core for public health graduates? ie What now needs to change in the competencies we foster in our programs?
- 2. Please provide advice around 1) developing policy/practice relevant assessments and 2) helping the students develop relationships with each other and the lecturer/coordinators?
- 3. The pandemic has shown that a much broader range of skills and sectors need to be involved in the response than just epidemiology and even public health. Should we be looking beyond our traditional source backgrounds for recipients of public health training?
- 4. Kia ora koutou Katoa. This is my third year teaching public health courses online. I think taking time to build relationships with students and among students is an even more crucial educational strategy before embarking on content. Is there any reason why you would NOT do this in your practice?

Submitted Questions 2/2

- 1. The surge capacity was exceeded during second wave. What are the measures for strengthening of health system in India for future outbreaks? What are the reasons for no cadre provision for Public Health?
- 2. Thank you all for the presentation. Online delivery of education has been the safest mode of education delivery during COVID-19 infection. Is there anything we know about its effectiveness compared to face-to-face in delivering the content? Group discussion and workshop participation has been strong learning techniques. Isn't there a chance that students taking online and doing self-paced pre-recorded lectures being missed out on these live discussions and workshops?

CAPH IA presents...

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