

Position Statement: Educating the Public Health Workforce

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Background

The Council of Academic Public Health Institutions Australasia (CAPHIA) is the peak organisation that works to advance public health education and research and leads and represents public health in universities throughout the Australasian region. Across our member institutions, we represent thousands of public health educators, researchers, workforce developers and students.

The [CAPHIA Competencies](#) [1] outline the knowledge, skills and capabilities specified for public health graduates at the undergraduate and postgraduate levels of tertiary education. These inform university public health curricula and also programs such as government Public Health Officer Training Programs and the Australasian Faculty of Public Health Medicine.

Our mission is to establish the highest academic standards in public health education and research, act as a respected voice for academic public health, and advocate for the development of public health practitioners and researchers who are being educated or practising within Australasia [2].

Document Purpose

The primary intent of this Position Statement is to articulate member views on principles for educating the Public Health workforce.

The principles articulate:

1. The scope of public health and the diversity of public health practitioners
2. CAPHIA's role in public health education across Australasia
3. Considerations when developing public health education
4. The connection between education and the public health workforce
5. The reasoning for high quality, structured education for the public health workforce.

Definitions and Considerations

For the purposes of this Position Statement, we use the term 'education' to include a spectrum of formal learning, including workplace-based training, micro-credentials, short courses, undergraduate

and postgraduate programs. CAPHIA members provide a range of public health education, which is summarised in the [CAPHIA Public Health Course Directory](#) [3].

For this Position Statement, CAPHIA adopts the World Health Organisation’s (WHO) definition of public health:

An organized activity of society to promote, protect, improve, and – when necessary – restore the health of individuals, specified groups, or the entire population. It is a combination of sciences, skills and values that function through collective societal activities and involve programmes, services and institutions aimed at protecting and improving the health of all people. [4, p.27]

Describing, measuring and monitoring the public health workforce is a global challenge and has been a focus in response to the COVID-19 pandemic. The World Health Organisation is leading a Roadmap [5] and Action Plan [6] which includes defining the essential public health functions and occupations of the workforce and the competency-based education needed to better prepare the workforce in the future. CAPHIA is contributing to this program of work via our membership with the Global Network for Academic Public Health. Given this, for the purposes of this Position Statement, CAPHIA adopts the term ‘public health workforce’ to encompass all occupations addressing public health and ‘public health practitioner’ for individuals working in more direct public health roles.

The application and practice of public health involves undertaking activities to strengthen public health capacities, programs and services, building awareness, minimising health inequities and modifying the environment for the benefit of the public.

Educating the Public Health Workforce: CAPHIA Statements and Principles

The following statements and principles in relation to educating the public health workforce are supported by CAPHIA.

Public Health Scope

1. Public health is a broad-ranging speciality that may be strengthened by a diversity in skills, backgrounds and perspectives to better reflect and serve populations and citizens [7].
2. The Public Health workforce comes from a variety of backgrounds including, but not limited to:
 - educators, researchers and evaluators
 - epidemiologists and biostatisticians
 - policy writers and program designers
 - allied health professionals
 - lawyers, ethicists, urban planners and engineers

- clinicians and practitioners
 - health, community and industry workers, including health promotion practitioners, as well as managers, leaders, and advocates.
3. The practice of public health occurs in many local, national and international settings including, but not limited to:
- Government bodies leading and collaborating to develop and implement public health policies, programs and other initiatives for their constituents;
 - Social justice and welfare organisations addressing systematic inequalities;
 - Non-profit/for-benefit organisations advocating for health improvements in specific populations, health conditions or diseases; and
 - Academic institutions such as universities and research institutions.

Education Standards

4. The CAPHIA Competencies [2] have been developed to address the need for a collectively agreed upon and adopted a set of standards to support member institutions in achieving the expected educational standard for public health programs. These standards are grounded in peer review, member reference group advocates and adherence to academic standards underpinning professional education.
5. Universities are expected to remain the primary education bodies for the public health workforce. Use of the CAPHIA Competencies reinforces the educational standards for public health education within university programs.
6. A Master of Public Health degree or equivalent qualification has traditionally been viewed as the principal educational qualification for public health practitioners in Australasia. While it is still the most commonly offered and completed public health degree, those with an equivalent combination of qualifications and/or experience have increasingly been working in public health.
7. In recent years, universities have been increasingly educating students in public health through Bachelor-level degree programs.
8. In recent years, public health content has been increasingly included in curricula across a number of tertiary courses. There is a need for further strengthening of public health offerings, especially centring on the social determinants of health for health care professionals. This will support understanding of the complex interactions between structural factors, community health and individual behaviour that underlie the principles of public health practice.

Education

9. Public health education must continually evolve to equip the public health workforce with contemporary, critical knowledge, skills and teaching and learning scholarship.

10. Public health policy and practice should be informed by, and value, contemporary knowledge, translation of research and ongoing skill development [8].
11. Public health policy and practice can improve population level health outcomes. However, it can also cause harm. Excessive rigidity or poorly applied public health policy and practice can unintentionally exacerbate negative health effects that are potentially worse than the public health threat the policy was intended to address, especially in communities that are already vulnerable or disadvantaged. Critical theory-informed education, continuing education, evaluation and diverse work experience in public health settings can minimise unintentional harm caused by poorly applied public health practices.
12. Ongoing professional development is critical to ensure that the workforce is equipped for safe, contemporary public health practice through appropriate, up-to-date training. [9] Therefore upskilling, reskilling and professional development is encouraged for all public health practitioners, including those without specific public health qualifications.
13. Continuing education allows for the development and renewal of the CAPHIA Competencies, thus maintaining the highest standards and reducing potential harm in policy or practice.
14. Both students and public health employers benefit from the Public Health educators.

Workforce

15. A highly educated and resourced workforce improves public health policy, interventions and practice.
16. Encouragement of continuing education ensures existing public health practitioners can make contemporary, critical theory-informed decisions that, in turn, ensure a responsive connection to, and reflection of, workforce needs.
17. Local, national and international governmental decision makers would also benefit from basic public health knowledge to better serve their constituencies and inform workforce planning [6].
18. Global leaders aim for a public health workforce that is well-prepared, well-resourced, responsive, appropriately governed, scalable, interdisciplinary and collaborative. To achieve this desired future public health workforce, translation of formal public health qualifications and continuing professional development is required. Academic public health institutions have substantial expertise and experience in providing the education and capacity-building required to create the desired future public health workforce [8].
19. Building trust and confidence within the communities they serve must remain at the forefront of the public health workforce of the future. This is especially the case after the events of the COVID-19 pandemic, which resulted in a loss of trust in the field of public health in some citizens.

20. In addition to transparency in professional practice, practitioners must support certainty and awareness of the need for public health policy and address inequities that could arise through the application of policy. It is also necessary to foster an understanding of the ethical implications and complex interactions between direct and indirect health impacts – for example, economic considerations that are significant within local communities – in public health practitioners. These factors are instrumental in developing and maintaining a positive reputation that reinforces the essential function of the public health workforce.

References:

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3. Council of Academic Public Health Institutions Australasia (CAPHIA) 2022, *Open Access Public Health Course Directory*, viewed 09 Dec 2022, <https://docs.google.com/spreadsheets/d/1S0tIVNjAJ9_bnV2Hq8py7iuoQjvOKgezRLfze7E1N9E/edit#gid=1578331462>
4. World Health Organization (WHO) 2021, *Health Promotion Glossary of Terms 2021*, CC BY-NC-SA 3.0 IGO, World Health Organization, Geneva.
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6. National workforce capacity to implement the essential public health functions including a focus on emergency preparedness and response: action plan (2022–2024) for aligning WHO and partner contributions. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO. <<https://apps.who.int/iris/bitstream/handle/10665/363519/9789240060364-eng.pdf?sequence=1&isAllowed=y>>
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8. Global Network for Academic Public Health 2021, 'Global governance for improved human, animal, and planetary health: the essential role of schools and programs of public health', viewed November 14 2022,

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