

CAPHIA Submission

The Council of Academic Public Health Institutions Australia (CAPHIA) is the peak body representing universities and aligned organisations across the region who teach and research public health (refer to Appendix 1 for details). While there are many lessons to be learned from the COVID-19 pandemic, we recognise that no two events will be the same. Our submission focuses on our core expertise: public health education, research, and workforce development. Investing in our workforce, and in key enablers and their systems and infrastructure is the best way to protect current and future generations. Australia's public health workforce was instrumental to our nation's strong response to COVID-19. Many of the public health experts on whom we came to rely throughout the pandemic were educated by and/or work for the institutions CAPHIA represents and [the education and training provided by CAPHIA member institutions has underpinned the Australasian response to COVID-19](#). We emphasise that the following recommendations can only be met by recognising the key role of public health institutions, and the imperative for governments to commit support through financial investment. We similarly assert that there should be a strong [expectation of action from schools and programs of public health](#) by the government, forming the basis of a collaborative and coordinated effort. CAPHIA welcomes this opportunity to share our recommendations to build our desired future state: a sustainable, scalable, appropriately resourced, and highly educated public health workforce to actively manage all hazards. See Appendix 2 for an Executive Summary and Appendix 3 for References.

Foster cross-sector collaboration and transparent information-sharing for improved communication and decision-making.

- 1. Systematically include diverse perspectives and expertise in decision-making.**
- 2. Enhance and standardise the collection, sharing and accessibility of qualitative and quantitative data; connect and leverage the substantial health data sets that organisations and registers hold to better inform decision making for the benefit of all Australians and;**
- 3. Establish partnerships between researchers, health departments and ethics committees to enable timely research to inform ongoing response.**

The Covid-19 pandemic had a significant impact on every Australian and across every sector. Government needs to be able to call upon trusted experts across sectors and disciplines to enable policy and decision-making which effectively balances the intended or unintended social, ethical, economic, and other consequences of crises, emergencies and disasters (CEDs) and their policy responses. This requires systematic inclusion of diverse experts in decision-making including epidemiologists, disease experts, data scientists, health economists, ethicists, behavioral and social scientists, sociologists, [anthropologists](#), and communication experts. [Experience from other crises](#) has highlighted that engaging with the sociocultural dimensions of CEDs is critical to mounting an effective outbreak response. In addition, consultation with non-health professionals who perform key functions during crises such as IT and data infrastructure experts, community and social workers, educators, emergency responders, sanitation etc. In any CED, rapid evidence synthesis is essential for ensuring accurate and informative communication. Evidence synthesis experts skilled at critically appraising evidence and communicating it in ways that can be readily understood and practically applied by policymakers, clinicians and the public are essential. Data is a key enabler to the success of our preparedness and a unified and transparent information-sharing approach is necessary. Standardised data protocols which bridge gaps, streamline communication within and between all levels of Government, and which ensure healthcare workers and the public receive consistent guidance is crucial. Shared and robust surveillance systems capable of undertaking the required volume of data collection and reporting of case and contact data during a pandemic is also essential to enable evidence-based decisions in a rapidly evolving environment, and pre-established partnerships and processes researchers, health departments and ethics committees could help ensure timely research to inform response.

- 4. Establish advisory bodies with diverse community representation, build capacity for ethical deliberation and dialogue, and develop and fund co-designed policies and initiatives.**
- 5. Fund grants for trusted local and community health organisations to develop Crisis, Emergency and Disaster Response Plans**

The COVID-19 pandemic exposed a pre-existing gap in health communication and community engagement. Culturally and Linguistically Diverse (CALD) communities faced [barriers](#) (e.g. language, technological) to accessing culturally safe, relevant and timely information, while also being often at greater risk of contracting COVID-19. In August 2020, public health messages

were released with [translation errors](#) which jeopardised trust and risked the safety of these communities, deepening inequities. Tailored, community-led health communication can be more effective in promoting health-protecting behaviours, and in understanding the determinants of spread during a pandemic. The success of Indigenous communities and health services in protecting Elders during the first COVID waves in Australia was [widely reported](#). This success was in part [due to proactive, culturally appropriate communication by Aboriginal-led organisations](#). Strengthened and ongoing engagement with community organisations and consultation with trusted community leaders, will ensure all Australians have access to accurate, timely and appropriate information from trusted, accessible sources. Targeted funding to develop CED Response Plans will enable local community organizations to build response capability, and more comprehensive plans with risk assessment and risk communication better embedded will help to improve alignment with national response plans.

Invest in comprehensive public health training for effective policy guidance and address the leadership gap.

6. Fund and Implement Public Health Officer Training Programs in each State and Territory

Few public health experts are systematically trained in the depth and breadth of public health expertise required to lead large and complex portfolios – particularly during CEDs. Fellowships are a tried-and-tested method of developing and maintaining individual competence in a health or medical specialisation. To develop the desired future public health workforce, investment in Public Health specialisation needs to occur. State/territory-based Public Health Officer Training Programs should be immediately implemented to develop a pipeline of highly trained public health professionals. This program could be modelled on ongoing success in [NSW](#) as well as pilot programs in [WA](#) and [VIC](#), and include competencies such as ethical reasoning, reasoning with data (beyond data science competencies) and public engagement and communication which will be crucial to ensure the success of future responses. Further, diversified recruitment into these programs across educational backgrounds will help meet specific subspecialty needs, including Aboriginal and Torres Strait Islander health. The [Public Health Association of Australia \(PHAA\) recently estimated](#) that funding of \$50 million per annum is sufficient for substantial impact. Given the investment into medical Fellowships is many times this figure, and that decisions and work of Public Health professionals impacts potentially millions of Australians, this is a sound leadership investment to address future challenges.

7. Fund micro credentials or short courses to upskill and re-skill workers in key skill gaps.

Rapid education, training and upskilling are essential parts of pandemic preparedness and response. COVID-19 demonstrated a skill gap in the Australian workforce including:

- **Ethical deliberation, decision-making and communication:** Public compliance rests on trust and shared values. It is essential that all public health responders are skilled in communicating effectively, responding to complexity and uncertainty, and balancing the diversity of public abilities and views.
- **Cultural competencies, and diversity and inclusion training:** to promote greater understanding and consideration of cultural differences and varying vulnerabilities during CEDs.
- **Health economists and evidence synthesis experts:** to guide pragmatic evidence-informed policy.
- **Leadership:** to equip public health professionals at all levels skilled at communicating risk and providing trusted advice.
- **Applied systems thinking** capacity for working in complex and evolving environments.
- **Health and eHealth literacy, advocacy and infodemic management;**
- **Genomics and bioinformatics,** and increased awareness of Dual Use Research of Concern risks for informed advocacy;
- **Expertise in big data and AI** which will expand quickly as important tools for charting disease threats, and
- **Essential training in basic infectious disease principles for prevention and control** such as outbreak investigation, contact tracing must be provided as a shared resource across [all jurisdictions](#) to improve readiness and reduce variation.

8. Invest in collaborative, interprofessional and intersectoral training and partnerships.

Collaborative, high-fidelity simulation training could help to identify experts, strengthen cross sectoral partnerships, and strengthen surge workforce capacity. This style of training enables real-world practice elements such as language and time zone barriers, infodemic risk, and rapid development of cross-disciplinary teams, while building cross-professional

understanding, and providing the best opportunity to explore ethical and practical discussion and deliberation. This training is needed before the next event to strengthen our response capabilities and infrastructure.

9. Provide government-funded training to equip decision makers, policymakers, and leaders with fundamental public health skills.

Public health decisions and the dissemination of public health information are not only made by those within public health, but also those working in adjacent fields. Supporting professionals from all sectors to respond to the heightened complexity and urgency of current and future public health challenges is an important mechanism for a coordinated, rapid response. Short courses and micro-credentials equip decision makers, policymakers, and leaders from all sectors, with the public health knowledge and skills required to enhance decision-making and support cross-sector collaboration.

10. Invest in Infodemic management infrastructure, capacity and skills development.

11. Develop an awareness campaign to build the profile of Public Health and drive trust, understanding and uptake of initiatives.

An infodemic is the overload of information, accurate or otherwise, that spreads in the physical or digital space during an acute health event. During the COVID-19 pandemic, the infodemic emerged as a significant public health issue, impacting vaccine acceptance, adherence to preventative measures and trust in health authorities. Infodemic management is an emergent field, now integrated into global pandemic preparedness guidelines including the WHO HEPR framework, the Pandemic influenza preparedness framework and the framework for vaccine demand promotion and is a new focus area in the 2nd edition of Managing epidemics. In Australia, we know that the social determinants of health, and mistrust in authorities impact infodemic and are driven by discrepancies in values. Urgent, targeted investment in research, infrastructure and capacity building is required to better understand, chart and respond to infodemics, build resilience to misinformation, actively address dis-information, develop social listening systems, and deliver innovative ways to connect communities with reliable and trusted health information. An awareness of what Public Health is and does builds trust and understanding, and uptake of initiatives. Establishing something akin to 'This is Public Health' could increase public trust and health literacy in Australia, while highlighting the core values of public health which exists to improve health outcomes for all.

Urgently invest in prevention to minimise risk and reduce health inequities.

12. Bring forward the 5% for preventive health commitment from 2030 to 2025 or provide interim funding to address determinants of health inequities.

13. Include Non-Communicable Diseases in Phase 1 of the Australian Centre for Disease Control

Emergency events are "inequity amplifiers": populations who have been made vulnerable through determinants of health, carry the greater burden of morbidity and mortality during and after a crisis. The COVID-19 pandemic highlighted the crucial relationship between communicable and non-communicable disease (NCDs), and the high burden that NCDs place on health and resources. Globally, individuals with underlying health conditions were at increased risk of severe COVID-19, if they became infected. The pandemic also disproportionately impacted underserved populations (e.g. overseas-born individuals and socially and economically disadvantaged populations), highlighting the need to bring an intersectional lens to infectious preparedness and response. Long-term investment in health prevention and promotion now will help to best support the promotion, and protection of the health of all Australians and ensure we are best prepared for future pandemics, health emergencies and other public health threats. Re-orienting the health system towards prevention would deliver a significant increase in return on investment, while also boosting community health and wellbeing and tackling inequality. Structural change is needed to establish clear mechanisms which assess and recommend the best investments in disease prevention, and to ensure they are sustainably and sufficiently funded. As recommended in our submission in response to the Roles and Functions of an Australian Centre for Disease Control, the commitment to increase investment in preventive health should be brought forward to 2025 or earlier. Further, investment in public health and preventative health should be significantly increased and sustained outside of election and policy cycles to genuinely enhance our preparedness and improve our biosecurity posture. Increasing the baseline health of Australians will reduce the severity and impact of health CEDs.

CAPHIA advises the government to adopt these recommendations and welcomes an invitation for further consultation.

Appendix 1: About CAPHIA

Written submission in response to:

COMMONWEALTH GOVERNMENT COVID-19 RESPONSE INQUIRY

ABOUT CAPHIA

The Council of Academic Public Health Institutions Australasia (CAPHIA) is the peak organisation that works to advance public health education, research and workforce development. CAPHIA leads and represents public health in universities throughout the Australasian region, and across our 39 member institutions, we represent thousands of public health educators, researchers, and students. CAPHIA acknowledges the Traditional Custodians of the country throughout Australia and their connections to land, sea and community, and recognise their past and ongoing contributions to generation of knowledge systems. We work in partnership with First Nations people across Australasia to promote quality, culturally safe education in public health.

SUBMISSION FOCUS



Foster cross-sector collaboration and transparent information sharing for improved communication & decision-making



Invest in comprehensive public health training for effective policy guidance and address the leadership gap



Urgently invest in prevention to minimise risk and reduce health inequities

Appendix 2: Executive Summary

Summary of recommendations in response to:

COMMONWEALTH GOVERNMENT COVID-19 RESPONSE INQUIRY



Foster cross-sector collaboration and transparent information-sharing for improved communication and decision-making.

- 1 Systematically include diverse perspectives and expertise in decision-making
- 2 Enhance and standardise the collection, sharing and accessibility of qualitative and quantitative data; connect and leverage the substantial health data sets that organisations and registers hold to better inform decision making for the benefit of all Australians
- 3 Establish partnerships between researchers, health departments and ethics committees to enable timely research to inform ongoing response
- 4 Establish advisory bodies with diverse community representation, build capacity for ethical deliberation and dialogue, and develop and fund co-designed policies and initiatives
- 3 Fund grants for trusted local and community health organisations to develop Crisis, Emergency and Disaster Response Plans



Invest in comprehensive public health training for effective policy guidance and address the leadership gap.

- 6 Fund and implement Public Health Officer Training Programs in each State and Territory
- 7 Fund micro credentials or short courses to upskill and re-skill workers in key skill gaps
- 8 Invest in collaborative, interprofessional and intersectoral training and partnerships
- 11 Provide government-funded training to equip decision makers, policymakers, and leaders with fundamental public health skills.
- 10 Invest in Infodemic management infrastructure, capacity, and skills development.
- 12 Develop an awareness campaign to build the profile Public Health and drive trust, understanding and uptake of initiatives



Urgently invest in prevention to minimise risk and reduce health inequities.

- 12 Bring forward the 5% for preventive health commitment from 2030 to 2025 or provide interim funding to address determinants of health inequities.
- 13 Include Non Communicable Diseases in Phase 1 of the Australian Centre for Disease Control

We urge the Government to urgently invest in the infrastructure of key enablers to reduce risk and better prepare and respond to the next event. These enablers include IT, data, education and training, preventive health, communications and the workforce.

Appendix 3: References

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