Marie McInerney reported on VicHealth’s five part webinar series, #HealthReImagined, for the Croakey Conference News Service. The five-part series was held in June-July 2020.

Croakey is a social journalism project for public health based in Australia.

http://croakey.org
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Introduction: Five public health lessons from coronavirus

What does the future hold for public health? Photo by Drew Beamer on Unsplash

Dr Sandro Demaio, CEO of VicHealth, introduces the key themes to the #HealthReimagined series.

Sandro Demaio writes:

Coronavirus has put health at the top of the agenda for governments, businesses and communities all over the world. How can we seize this moment to make the future healthier for everyone?

VicHealth brought together leading experts for five weeks of in-depth discussions on how we can build back from coronavirus to create a healthier, sustainable, and more equitable Victoria.

Our Life and Health Re-imagined series has come to an end, but the work is just beginning. As communities and public health practitioners plan their next steps in the coronavirus response and recovery, below are five key takeaways from the experts.

Week one: social change can happen quickly, so we shouldn’t be afraid to strive for it

In the first week of our series, we asked how can we reshape work to benefit everyone? as coronavirus exposed the lack of protections many workers, and those without work, do face.

Yet coronavirus also proved change can happen quickly with JobKeeper and JobSeeker payments and free childcare all established within weeks of local coronavirus cases escalating. So how do we ensure these quick actions lead to long-term benefits, particularly for those who need it most?
Our experts called for better work conditions (i.e. universal sick leave), ramping up workplace health and safety (for physical and psychological health), and implementing sustainable practices for people (work-life balance), and the planet (through work that provides shared social, health and environmental benefits).

Employment, and the economic consequences of a likely painful recession, could have profound impacts on the health of Victorians over the coming years. It has the potential to widen inequality, and affect already marginalised communities worst. It is time for our focus on such social determinants to become granular, and central to a post-coronavirus public health agenda.

**Week two: think local and global to put healthy food solutions on the table**

The week two discussion – **Good food for all, how do we get there?** – sparked lively discussion on whether it was best to try and dismantle food systems shaped by powerful business interests, or focus on local efforts.

**The answer? Both.**

We know that food banks alone cannot solve food insecurity. To ensure **affordable access to healthy, delicious and culturally-appropriate food** we’ll need to support and work alongside local efforts (i.e. backyard farmers) as well as looking at bigger system changes (i.e. de-homogenising the supermarket aisles). What was clear though, is that the potential dividends to public health through a more equitable and sustainable food system are massive.

**Week three: local living can thrive in the right conditions**

During the first lockdown, we learned just how important our local neighbourhoods are, with individuals and families taking to the streets to get our essential exercise.

Urban Planner Anna Muessig described it as our streets becoming “places, not just corridors of movement,” in the week three discussion **Streets for people – Lessons from a return to local living**.

But not everyone lives in a neighbourhood where they can freely walk, cycle and enjoy outdoor space. Where there is designated, safe space for people, people will come. If we want Australians to be active in their neighbourhoods we need to create the infrastructure for them to do so conveniently and safely.

It is becoming clear that the current pandemic is causing communities to have a more proximal focus, could this be our chance to reimagine the DNA of our cities, towns and communities and put better health at the heart?

**Week four: unless it’s equitable, it’s not working**

During week four’s **Equity during recovery** discussion, **Professor Sir Michael Marmot urged us** to “create the conditions for people to have the capability to lead lives they have reason to value.”

The coronavirus response around the world has shown how vital it is to keep equity at the heart of everything we do, and the dire consequences when we fail to achieve this. At home, some responses to coronavirus have made things more equitable; for example, telehealth has improved access to medical care for people in regional communities.

Yet many others have exacerbated existing inequities, i.e. people in insecure jobs not having sick leave if they need to self-isolate.
Equity must be at the core of recovery, but what does that actually mean? And how do we move beyond well-meaning rhetoric to operationalise and embed progressive measures in the months and years ahead?

The discussion continues, but what we know is that we must learn from the successes and shortfalls of the past months and ensure that equity continues to be front and centre in our continued response and recovery.

**Week five: uncertainty can be an opportunity to show strength**

In the final week of discussions, we examined how a crisis like coronavirus affects people through the lens of a natural disaster.

The idea of building resilience – or transilience – was key, with the mental health impact of coronavirus a significant challenge alongside the physical health crisis. The research driving the discussion also celebrated the fact that through coronavirus, there is now growing recognition of the critical links between health and wellbeing, and all other aspects of life.

Panelist Professor Anna Peeters said the pandemic made it clear that health is everyone’s business and that we need all sectors – not just health – engaged in prevention.

Former Health Minister Nicola Roxon highlighted the power of community in creating change. As health campaigners we can build momentum in the community, creating fertile ground for governments to act.

As we continue to rise to the challenges coronavirus presents, we must reflect on these discussions, iterate and improve our approaches and capitalise on this once-in-a-century window to strengthen the fundamentals of our public health approach.

This pandemic has brought immeasurable suffering and adversity, but with discussions and insights like those raised during the series, there is an opportunity to better support the health and wellbeing of the community today, tomorrow, next week, and into the future.
Podcast: how to use the lessons of pandemic to build a better tomorrow

With COVID-19 devastating lives and livelihoods around the globe, health experts are looking for lessons for a better, more equitable tomorrow, where food and job security, people-focused urban design and access to healthcare are not reliant on country of origin, cultural background or postcode.

Over five weeks, VicHealth’s Life and Health ReImagined webinar panels looked at the lessons from the pandemic, investigating urban design, healthier work environments, sustainable food systems and jobs, and how the social determinants of health – housing, income, and location – are intrinsically linked to health outcomes.

CroakeyVoices took up the discussion with panelists, incorporating snippets from panel discussions, to highlights some of the key points and flesh out some of the creative solutions for a better tomorrow.

- **ACTU assistant secretary Liam O’Brien** says Australia holds the world record when it comes to insecure work, with “one in ten workers going to work while sick because many insecure workers don’t have access to sick leave”.

- **The Community Grocer Founder, Russell Shields**, argues Australia needs to move away from the food rescue model to feed people, arguing “our community markets model provides fresh, diverse produce at highly discounted prices in a farmers market environment”.

https://bit.ly/3heCvPN
We also hear from:

- **Dr Rachel Carey**, Lecturer in Food Systems, University of Melbourne
- **Farhat Firdous**, Multicultural Strategic Engagement Coordinator for Gippsland, Latrobe Community
- **US urban planner Anna Muessig**, Associate Gehl in San Francisco
- **Cr Jackie Fristacky**, City of Yarra Councillor
- **Cr Seema Abdullah**, Greater Shepparton City Council Mayor
- **Professor Sir Michael Marmot**, Director UCL Institute of Health Equity
- **Sharon Friel**, Professor of Health Equity, Director Menzies Centre for Health Governance, School of Regulation and Global Governance
- **Anna Peeters**, Professor of Epidemiology and Equity in Public Health and Director of the Institute of Health Transformation at Deakin University
- **Nicola Roxon**, Former Federal Health Minister
- **Kellie Horton**, Executive lead, Policy Development Office, VicHealth

Listen to the **podcast here**.
Is this a once-in-a-generation opportunity to create healthier ways of working?

Marie McInerney writes:

As the COVID-19 pandemic unfolded, Australians were urged to stay home from work if experiencing symptoms of a cold or other respiratory illnesses.

However, this deceptively simple messaging failed to take account of the realities of life for the many millions of Australians – an estimated one in three workers – who don’t have access to sick pay.

It is just one example of how the pandemic has “shone an unforgiving spotlight” on the extent and impact of precarious work undertaken by millions of workers in Australia and globally through casualisation and the fracturing of traditional employment practices, according to economist Dr Jim Stanford, director of the Centre for Future Work housed at The Australia Institute.

In an interview with Croakey ahead of presenting to a VicHealth webinar, Stanford said:

“We’ve had employers for a generation trying to find new and creative ways to get more out of their workers for less money … treating them like a ‘just in time’ input to be hired and fired seamlessly with fluctuations of demand.”
Many of those in precarious work are employed not only in the frontline health services that have always been considered essential – such as casual nurses and hospital orderlies, for example – but also in areas that have provided essential services during the pandemic, from cleaners and child care workers to supermarket stackers, fruit pickers and abattoir workers.

Many are on low wages, often having to work in two or three different jobs or workplaces, and with no sick leave provision, Stanford said.

That’s always been a financial and social risk for those workers, and for the good of society, he says. Now, it’s also a grave risk for workplaces and public health.

“Lo and behold, if you’re working like that in a care or consumer setting, you’re carrying the virus from one location to another as you go, and that proves to be a deadly combination in aged care and home care settings in a pandemic.”

Stanford is reluctant to see the pandemic in any way as an opportunity but is hopeful it will teach us to face and fix problems we already knew about in work and in workplaces and that now loom much larger.

#HealthReImagined

Stanford will join other experts in discussing how to reshape work to benefit everyone during a webinar launching VicHealth’s #HealthReImagined initiative.

Says VicHealth CEO Dr Sandro Demaio: “Coronavirus has changed our lives and now we have a once-in-a-generation opportunity to re-imagine our future.”

That includes considering what’s important to us as a society, “our own health and that of our families, the parks and spaces where we can be active, secure, affordable and healthy food, a stable job, and the importance of helping others and giving everyone a fair go”.

Demaio says:

“**We want to avoid snapping back to life as it was – how can we ensure we take this opportunity to make life beyond coronavirus healthier for every Victorian?**”

The urgent need for all workers, regardless of employment type, to have access to sick leave is a key recommendation of a paper prepared for the VicHealth series by Professor Tony LaMontagne, from the Institute for Health Transformation at Deakin University, and Professor Maureen Dollard from the Centre for Workplace Excellence at the University of South Australia.

That call has also been made by multiple health and social organisations across Australia, including the Public Health Association of Australia and the Australian Council of Social Service (ACOSS), which are urging a national paid pandemic leave scheme, as Canada is proposing. This would provide all workers, including casuals, 10 days leave over 12 months, to enable them to stay home when sick and to self-isolate until tested.

PHAA CEO Terry Slevin said the reality is that people with no paid sick leave are more likely to go to work when unwell.

“That is especially true if their income has been drastically reduced due to the lockdown,” he said in a statement. “This puts the whole community at risk and may increase the prospect of a second wave of COVID.”
LaMontagne and Dollard write that many insecure workers are not only facing income losses in the short term due to working hours lost, but also risk losing hours or their jobs long-term.

They say:

“Workers without sick leave are disproportionately lower-skilled, lower-income, female, young, and recent migrants.

In short, this potential loss of income or employment falls disproportionately on those least able to afford it.”

Over the past week that warning has been illustrated in issues emerging, for example, for Pacific Islander workers brought to Australia to fill labour gaps, particularly on farms and in food production in rural and regional areas.

The ABC reported about Pacific Labour Scheme workers paying big costs for crowded accommodation as their shifts are slashed during the pandemic shutdown. Similar concerns for workers in Wagga Wagga have been raised on Twitter by academic Steven Caruana.

The United Workers Union recently warned of the risks of a major outbreak among Australia’s large undocumented labour force, including fruit and vegetable pickers, as Singapore had seen when its second coronavirus wave broke out in migrant worker housing.

The union released research showing that, as well as being at risk from substandard living and work conditions, undocumented workers would be unlikely to get tested for COVID-19 because it could lead to their detention and deportation.

“These factors do jeopardise Australia’s initial successes in controlling COVID-19,” it said, renewing calls for a visa amnesty which they said is more urgent in the pandemic.

Jim Stanford says Australia had its eye on a number of at risk workplaces early in the pandemic, including hospitals and aged care facilities.

But it overlooked others, where workers stand “shoulder to shoulder, for hours and hours at a time”, like fruit processing and the Cedar Meats processing plant in Melbourne, which is associated with more than 110 COVID-19 cases.

**Strong message to employers**

Ensuring all workplaces are taking the prevention of infection very seriously, “as an absolute requirement of doing business”, has to be a priority as the economy reopens, says Stanford.

It can’t just be token, telling people to wash their hands and not touch their faces, Stanford warns. Employers have a responsibility and duty of care to reconfigure their entire workplace, “to think through every step of a worker’s day to ensure they’re not coming into unsafe proximity of fellow workers, customers and the public at large”.

“Frankly, I’m worried about that,” he says, concerned at big pressure from government “to try to look like we’re normalising” and from employers who want to start making money again, “as if there is valour from moving as quickly as possible to get back to normal”.

And it’s not just a case of workplaces being clean. They must also be safe, including from a mental health perspective, say LaMontagne and Dollard, who warn of the impact on stress and anxiety from the steep and rapid rise in COVID-19 related unemployment.
They say government and unemployment supports like Job Keeper will be critical, and that psychological and other health care providers will need to be alert to patients’ employment status.

Advocating a four-day week

LaMongtagne and Dollard also recommend we look to “novel ideas for sharing the burden of job and work loss at a societal level”, such as New Zealand’s proposal for a four-day working week, to simultaneously reduce job losses while promoting domestic tourism.

“From a bigger picture view independent of the pandemic, reducing the working week could help to address the persistent problem of there being too much work for some and too little for others”, given the current underemployment rate of 14 percent, they write.

New Zealand Prime Minister Jacinda Ardern’s proposal for a four-day week follows the success of a trial in 2018 at Perpetual Guardian, a Wellington-based company that manages trusts, wills and estate planning.

It made headlines around the world for the trial that not only reported lower stress levels, higher levels of job satisfaction and an improved sense of work-life balance for staff, but a boost to productivity for the firm.

The company is now trying to lead debate internationally about the need for change, in association with the Wellbeing Research Centre at The University of Oxford.

“The rise of the gig economy represents a new industrial era, and we have not had a conversation about its implications for our economy and society,” says Perpetual Guardian founder Andrew Barnes.

He is co-founder of 4 Day Week Global, a not-for-profit community seeking to “provide a platform for like-minded people who are interested in supporting the idea of the four-day week as a part of the future of work”. (Watch him talking about it here.)

In the wake of that success and the changes wrought by the pandemic, Independent Victorian MP Fiona Patten is urging the Victorian Government to run its own trial of a four-day work week and other flexible work programs.

Patten requested a costing from the Victorian Parliamentary Budget Office for such a trial at the Department of Treasury and Finance, which she said found that even a limited trial in just one department could save nearly $4 million in just 12 months.

And, she says, it could help with a major issue that health and other experts are still grappling with — about how we get people safely to and from work, now that public transport poses COVID-19 risks, raising more concerns about road congestion and the climate change impacts of greater car use.

 “[A four-day week] will mean less cars on the road and extra seats on the train,” Patten says.

The VicHealth webinar is also examining what types of work and industries we want to see created as we try to emerge from the rubble of the pandemic and the “earthquake” it has caused to the world of work.

Prime Minister Scott Morrison has said there will be just one aim – “jobs” – under the new National Cabinet arrangements replacing the Council of Australian Government (COAG).
That’s raised a **number of concerns** for health experts worried it will lead to far less focus on climate change and the social determinants of health, such as poverty and food security. So too have the **strong ties** to the fossil fuel industry of Morrison’s key economic advisory body, the **National COVID-19 Coordination Commission**.

By contrast, and like **others**, LaMontagne and Dollard are urging government support for job creation that takes a sweeping approach, simultaneously addressing social, environmental and other needs.

They nominate renewable energy sources and technology, land management for the prevention of catastrophic bushfires, bushfire response capacity, social housing, and public health infrastructure.

They say:

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“Economic recovery planning – in general – can and should prioritise the greater good by requiring societal benefits in more than one domain: improving employment; reducing social, economic or health inequalities; protecting the environment; fighting racism; addressing climate change and its impacts, and more.

With inequality comes discontent and unrest, and ultimately societal breakdown—we don’t want or need to follow the USA’s lead in this regard.

Even the titans of global capitalism are talking about the need to reduce income inequality and invest in the common good – before the system breaks down.”
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We must not “snap back” to unhealthy workplaces and practices

Marie McInerney writes:

An expert panel on healthy jobs and workplaces has warned that Australia should not “snap back” to high levels of insecure work and inequity in the workforce that have created “huge vulnerability” for the country in the coronavirus pandemic.

The panel discussion, convened by VicHealth to look at the future of work as the Australian economy reopens, heard calls for Australia to halt the march of the gig economy and other globally high levels of job insecurity, to maintain new levels of welfare support, and provide “precarious workers” with stronger bargaining power.

It also raised the need to strengthen mental health and labour rights supports particularly in small and medium firms, and direct stimulus funding to child care and affordable and social housing.

“We’re very worried that this pandemic has accelerated inequality...[and] about what a second wave would be like in this country, with one in three workers without sick leave,” said panelist Liam O’Brien, Assistant Secretary of the Australian Council of Trade Unions (ACTU).
How can we reshape work to benefit everyone?

That was the question put to the panel by VicHealth in the first of five weekly “life and health re-imagined” discussions it is hosting on lessons from the pandemic for addressing critical determinants of health.

You can watch a full recording of the one-hour discussion, moderated by ABC Radio host Virginia Trioli, and read the paper co-authored for the discussion by Professor Tony LaMontagne, from the Institute for Health Transformation at Deakin University and Professor Maureen Dollard from the Centre for Workplace Excellence at the University of South Australia (which LaMongagne summarises in the recording).

See below more from the discussions via participants on Twitter (using the series hashtag #HealthReImagined), including about structural weaknesses in Australia’s labour market and the benefits and risks of working from home (and the “double injustice” around who is most likely to be able to do this). Speakers also talked about “pink versus blue” stimulus funding, and how we should follow the lead of New Zealand, Canada and Scotland in measuring wellbeing alongside traditional targets like GDP growth.
Here’s our preview article too which focuses on the risks of precarious work, and options like a four-day week. The Per Capita thinktank is also warning on the individual and aggregate level risks of Australia’s worryingly high rate of underemployment – at around 12 percent it is double the rate of other OECD nations.

The cost to individuals both now and in the future “limits their capacity to progress their careers, affects their mental health, and is likely to make them more risk-averse, which limits job switching and pay bargaining”, warns Matthew Lloyd-Cape in a paper titled Slack in the System, echoing many of the issues raised during the VicHealth webinar.

As well as O’Brien and LaMontagne, the panelists included Emma King, CEO of the Victorian Council of Social Service, economist Dr Jim Stanford, Director of the Centre for Future Work, and Professor Ella Arensman, Chief Scientist of Ireland’s National Suicide Research Foundation.

Surgeon Dr Neela Janakiramanan raised criticisms on Twitter about the panel’s lack of diversity, saying the announced panels for the first two of the five sessions in the series did not “reflect the community nor the make up of academia”. In response, VicHealth said it was “working to include a range of diverse voices, backgrounds and experiences in our coming panels”.

We must not “snap back” to unhealthy workplaces and practices

#HealthReImagined
#HealthReImagined via Twitter

Melissa Sweet
@MelissaSweetDr

Kicking off #healthreimagined - @LaTrioli acknowledges the Wurundjeri people and Elders. Invites comments and questions. Join online via @VicHealth

VicHealth
@VicHealth

Each week we will look at a different issue, explains Kellie Horton. What are the things that have been working well, or not working well? How do we create a healthier, equitable and more sustainable future based on what we are learning through #covid19?
#HealthReImagined

Deep Dish Dreams
@stickfingers

Excited to be hooked into this event from @vichealth. Interesting times shaping how we work will change practices for the future. A reminder also to #checkyourprivilege in viewing the situations of others at work.

#HealthReImagined
You can track Croakey’s coverage of the conference here.

We must not “snap back” to unhealthy workplaces and practices #HealthReImagined

Melissa Sweet
@MelissaSweetDr

A nice addition to a webinar discussion; visual representation #HealthReImagined discussions on reshaping work for health #sdoh

niamh scully
@necvannc

Discussing getting back to work post COVID. Chance to do things differently and prioritise greater good, equity, work life balance and safe and healthy workplaces. Great panel to learn from. #healthreimagined
Calls to address mental health and worker rights

The panel heard a number of calls for small and medium enterprises (SMEs) in particular to “lift their game” on workplace wellbeing.

A 2019 ACTU report, Work Shouldn’t Hurt, found that three in five working people had experienced mental illnesses or injuries like stress, depression, or anxiety at work as a result of their employer or workplace failing to manage poor working conditions. These are higher levels of mental health injury in workplaces than physical injury but don’t appear at those rate in worker compensation cases, according to Liam O’Brien, who said mental health is a “glaring omission” in work health and safety laws.

International guest, Professor Ella Arensman, Chief Scientist of Ireland’s National Suicide Research Foundation, had particular concerns about SMEs (enterprises with up to 250 employees), which she said had recorded significantly increased levels of distress, depression and anxiety, even before the pandemic, versus larger firms which could apply more focus and resources.

Jim Stanford attributed part of that weakness in SMEs to the “huge gap between the rhetoric of being your own boss” and the reality of small business whereby fewer than half of the 350,000 SMEs set up each year in Australia survive beyond the first five years.

Many of those exist in a “hypercompetitive environment”, where they don’t or can’t access the sorts of supports they need, including management training, access to capital and around labour standards, “so wages and entitlements tend to be poorer, probably one of the reasons why mental health stresses are more severe there,” he said.

“We have to help SMEs lift their game, so they can become fully fledged participants and contribute to the quality of life of their employees as well as their customers.”
Working from home: handy but “a double injustice”

Working from home has been an “important cushion” in the pandemic, Stanford said, allowing those who could to keep working and earning and for the economy to keep going “at least at partial speed”.

He expected about 30 percent of workers to keep doing that and said employers should ensure it is done properly, including addressing issues like safety, fair compensation for costs incurred, and how to draw the line around home and work to make sure people “are not on call every evening and weekend”.

But Stanford said the capacity to work from home was not evenly distributed across the labour market, being concentrated among managers and professionals who in any case earn above average incomes.

“In some ways, it was a double injustice, the people able to keep working are the people with more resources to fall back on if they didn’t work,” he said.
We must not “snap back” to unhealthy workplaces and practices

#HealthReImagined
Not pink batts but “pink stimulus”

Rather than invest in high end renovations to jump start the economy, LaMontagne’s paper welcomes the joining of traditional “enemies”, the Master Builders’ Association and Construction, Forestry, Mining & Energy Union (CFMEU), coming together to propose a government financed social housing initiative, saying stimulus funding should look for “the multipliers of social good in government investment versus high end renovations.

But Liam O’Brien said the stimulus focus needed to be on women and work disproportionately done by women, who have been most affected by the pandemic.

“Whenever we think of stimulus, we tend to think of infrastructure: bricks and mortar,” he said.

He said it was counterintuitive at a time of massive unemployment that has disproportionately affected women that the government would “pull out the rug” from child care support. “This has been a pink recession, but we keep coming up with blue solutions”.

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You can track Croakey's coverage of the conference here.

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We must not “snap back” to unhealthy workplaces and practices

#HealthReImagined

Croakey

“Conference News Service”
Protecting at risk workers and workplaces

The panel found a silver lining from the pandemic in increased payments under Job Seeker and Job Keeper, as well as the hope that governments and others may stop ‘vilifying’ people on benefits, now that we have a massive number of people relying on government support.

VCOSS CEO Emma King urged the maintenance of the higher Job Seeker payment, saying Australia’s pre-pandemic safety net was like an ageing trampoline, becoming worn and full of holes. It still has gaps, with people on temporary protection visas still falling through, but is far better now than before, she said.

Jim Stanford agreed, saying the high numbers of those relying on government support may now “change the political calculation” and open up the opportunities to make the improvements in social supports “permanent, and in fact make them even stronger”.

His Centre for Future Work is calling for a Marshall Plan style response to the pandemic, with a revitalised workplace health and safety regime that can protect at risk workplaces like meat processing plants and aged care, and that delivers permanent paid pandemic leave across the workforce.
You can track Croakey's coverage of the conference here.

We must not "snap back" to unhealthy workplaces and practices  
#HealthReImagined

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Adam Sandt @AdamSandt

Some food delivery workers working 7 days are earning as little as $350/wk.

That's less than 1/2 the minimum wage. Shame on gov for allowing this on their watch.

JobKeeper must be extended to all workers inc gig workers, casuals & temp visa holders.

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Marie McInerney @manemcInerney

Have confirmation from @fairwork_gov_au that it is commencing investigation into Regional Workforce Management (firm) amid concerns for many Pacific/seasonal workers raised by @NormanHermant & @CaruanaSteven - also in our preview for #HealthReImagined

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Is this a once-in-a-generation opportunity to create healthier ways of working? Introduction by Croakey. Over coming weeks, VicHealth is hosting a series of discussions about "life and health re-imagined", examining how the pandemic has affected workplaces.
Other takeaways

The wellbeing approach the New Zealand government have taken is one to pay attention to. Social good is at the forefront of their policies and budget decisions highlights @emmaking @VC OSS #HealthReImagined

Vulnerable both as individuals and society when crises hit. COVID 19 has shown this. Fragile systems highlights need for systemic change. #healthreimagined

Many things have come more to light during #COVID, that many employers may not have considered, which could continue according to @EmmaKingVic @VC OSS.
- increased flexibility
- increased communication within workplaces
- staff inclusion
#HealthReImagined

How sad that the notion of discussing a fairer, more equitable society is seen as a "utopia". What an indictment of the state of our public discourse, policy and politics. Let's hope that #HealthReImagined continues to centre equity in discussions. Everyone benefits
You can track Croakey's coverage of the conference here.

We must not “snap back” to unhealthy workplaces and practices #HealthReImagined

And that's a wrap for the first #HealthReImagined, MC @latrioli and panelists Prof Tony LaMontagne @IHT_Deakin, Prof Ella Arensman, Chief Scientist @NSRFIreland, @JimboStanford from @CntrFutureWork, @EmmaKingVic from @VC OSS, @lobrien. Talking the future of work.
Amid concerns about people going hungry, how to grow a more resilient food system

Marie McInerney writes:

Australians were not only panic buying toilet paper in the early weeks of the pandemic. We were also stripping supermarket shelves of rice, pasta, flour and other staples.

Prime Minister Scott Morrison told us in no uncertain terms to stop it, while Agriculture, Drought and Emergency Management Minister David Littleproud sought to reassure us of supplies, declaring Australia has “the most secure food security in the world”.

On the surface our food system – “the complex web of supply chains that bring food from farm to fork” – appears to have performed well during the pandemic, says Dr Rachel Carey, Lecturer in Food Systems from the University of Melbourne.

However, Carey warns that the pandemic and its accompanying economic shutdown “is making visible the cracks in our food system”, for farmers and farming, as well as inequities in our access to good food and our reliance on charities to address these gaps.

Carey, Kirsten Larsen from the Open Food Network and Jodi Clarke from Ripe for Change have co-authored a paper for the VicHealth Life and Health ReImagined series, which in the next webinar will focus on: Good food for all, how do we get there?

They say food relief for growing numbers of struggling Australians in the pandemic was hit by social distancing restrictions and a lack of volunteers, forcing some community providers to close their doors. Also, supermarkets made fewer donations to food banks because they were dealing with such strong consumer demand.
Amid concerns about people going hungry, how to grow a more resilient food system
#HealthReImagined

As well as massive queues of people outside Centrelink, many people who were denied access to Job Seeker or Job Keeper payments, including overseas students and asylum seekers and refugees living in the community on temporary visas, were forced to queue for food.

The paper also warns that COVID-19 has revealed vulnerabilities in complex global food supply chains, “with disruption to imports of some farm chemicals and food ingredients, a loss of markets for farmers who sell into the food service and hospitality sectors and rising food waste.”

Carey said food insecurity is largely the result of poverty and is therefore best addressed through policies that promote full employment and job security, and welfare support that ensures everyone can afford to eat and live.

But, with concerns that it will continue to rise as Job Keeper payments are wound back, she suggests Australia could also consider government safety nets focused on food security, like the Supplemental Nutrition Assistance Program (SNAP) program in the US, which supports around 9.5 million families as well as the farmers that it buys directly from.

“We hear a lot about Australia being food secure,” Carey said.

“But surely one of the main functions of a successful food system should be to make sure that everyone in Australia has access to enough healthy food?” she asks.

“In that sense our system is currently failing.”

Remote costs

In April, a coalition of 13 Aboriginal organisations in the Northern Territory called on the National Cabinet to immediately guarantee the supply of affordable food and other basics in locked-down remote communities.

They said community stores were running out of fresh food three days after their weekly delivery and warned of exorbitant prices faced by many remote communities.

Melbourne’s Indigenous Data Network is currently crowd-sourcing data on those costs via social media. Its regular posts show prices for items like bread, orange juice, and chicken that are routinely double those of non-remote areas.

Meanwhile, submissions close at the end of this month for a Parliamentary inquiry into food pricing and food security in remote Indigenous communities, which was ordered by the Minister for Indigenous Australians, Ken Wyatt, and is due to report in October.
The need for policy change and systemic and structural reform to address food insecurity in Aboriginal and Torres Strait Islander communities is by no means new, as Indigenous health academics Professors Bronwyn Fredericks and Professor Odette Best wrote recently.

The 2020 Close the Gap report also warns of the existential threat being posed to Aboriginal and Torres Strait Islander culture, community and country from climate change, saying food insecurity is experienced by at least one-third of remote households.

The report highlights the impact on the Yuwaalaraay/Gamilaraay people in the New South Wales town of Walgett, where community members had to rely on packaged water donations distributed by the Aboriginal Medical Service after the Namoi and Barwon rivers dried up.

“The devastation to our rivers, no rain, the lack of water flow, loss of fishing for traditional foods and gathering of plant food is very significant to the deterioration of the social and emotional wellbeing of our community,” AMS CEO Christine Corby explained in a report from the Yuwaya Ngarra-li Walgett Food Forum. (See more about the Dharriwaa Elders Group’s work to address these issues in this earlier Croakey story).

Fredericks and Best say longstanding food insecurity issues in remote communities have been exacerbated in the pandemic by border and regional restrictions, community lockdowns that made people reliant on more expensive local stores and restricted their access to traditional foods, and shortages due to panic buying in other areas.

But, they say, while Indigenous Australians living in remote and discrete communities experience a greater risk of food insecurity than others, there are a range of reasons why people might experience food security, regardless of where they live.

According to the 2019 Food Bank Hunger Report, more than one in five – or around five people million Australians – were unable to afford food during the past year.

At least once a week, around half of them were forced to skip a meal or cut down on the size of their meals to make their food go further. One-third had to go a whole day at least once a week without eating, it said.

The VicHealth report says about four percent of Victorians experience food insecurity, but the burden is increased for particular groups, including Aboriginal and Torres Strait Islander people (19 percent), lone parent households (13 percent), and unemployed people (12 percent).

That means they often have to skip meals or eat low cost unhealthy foods, leading to poorer health outcomes and higher rates of overweight and obesity, it says.

**Social enterprise**

Foodbank Australia defines food insecurity “as individuals or households having limited or uncertain physical, social or economic access to sufficient, safe, nutritious and culturally relevant food”.

That definition resonates loudly for Melbourne social enterprise leader Bec Scott, CEO of STREAT, which runs five cafes and catering businesses that provide hospitality training and work for dozens of young people dealing with chronic homelessness, drug and alcohol dependency, family violence, and mental health issues.

In the early days of the pandemic, she knew that closing these businesses across the city would be terrible for at risk groups, particularly asylum seekers and refugees living on temporary protection visas and others with no access to Job Seeker or Job Keeper.
At the same time, Scott was hearing that social distancing regulations were closing down more than 800 community garden plots tended by residents at public housing estates across Melbourne. (Croakey has previously reported on the importance of community gardens for mental health and wellbeing during the pandemic.)

“I couldn’t believe that a whole heap of food social enterprises were going to go under at a time when we were clearly going to be facing some of our greatest food insecurity needs,” she told Croakey.

Scott speed-dialed many of her peers and within weeks they had set up Moving Feast, a collaboration of nearly 20 organisations that are not only delivering food relief – to date more than 50,000 meals and 20,000 fresh food boxes – but are looking to longer-term risks by planting, tending and mapping community gardens across Victoria.

The aim is to have thriving backyard and community gardens, so families have their own food security, not just for this pandemic but for what climate change will bring.

What also differentiates Moving Feast, Scott says, is the determination to put culture and quality at the core of food relief and resilience, to provide choice and dignity.

She and her partner Kate Barrelle said so much emergency food relief in Australia offers only highly processed foods and no cultural choices.

“Fine if you’re getting a cheese sandwich for school lunch as a one off, but if it’s every day and it’s the main meal you’re having, then that’s not fine,” Barrelle said.

“You can have access to white bread and rice and packs of Get Up and Go so you don’t go hungry, you don’t starve,” she said.
“But it is not nutritious, it’s certainly not healthy, and it’s the furtherest it should be from culturally appropriate”.

**Food relief**

Carey says initiatives like Moving Feast are providing food relief in new ways and in ways that strengthen the resilience of the food system. They are also testament to the strength of community groups that are dug deep in their communities and able to rapidly respond and scale up in a crisis, she says.

Larsen’s **Open Food Network** has done that internationally.

The open source online platform run from the Victorian town of Shepparton is now connecting networks of farmers, wholesalers and markets with consumers in 13 countries, including France and the UK.

The aim is to get a better “farmgate price” to farmers who want to embrace sustainable agriculture but struggle against commodity market prices and big retail monopolies.

Open Food Network’s business “skyrocketed” in the pandemic, with a 14-fold increase in revenue across the platform in April, Larsen said.

Demand has eased back now, but still turnover is four or five times what it was before COVID-19, and the network has forged new connections and innovations.

Larsen says people asked how she and co-founder and partner Serenity Hill knew the pandemic was coming.

“We didn’t,” she says. “But we knew that our food system was brittle and that we needed to diversify supply networks to be providing fair supply chains to farmers and to get healthy food to people.”

**Growing resilience**

In their paper, Carey, Larsen and Clarke say food system disruptions like Moving Feast and Open Food Network and changes in consumer behaviour – with more people buying locally, cooking at home, and planting their own vegetable gardens – have “sown the seeds” in the pandemic for a more resilient food system.

But they say Australia will also need to look at other issues and ways to address future shocks and stresses, whether from pandemics, economic crisis, climate change, or fuel supply disruptions.

That includes better ways to deal with food surpluses, amid reports that some farmers who lost markets ploughed crops back into the soil, and to manage reliance on critical imports such as fertilisers, fuel, farm machinery, animal feed, additives and some types of food packaging when global food supply chains are disrupted as they have been in the pandemic.

They say food and agricultural policy in Australia currently focuses primarily on increasing large-scale export-oriented agriculture and will need to foster more diversity, to support both local and global supply chains, small and large scale food production, community and commercial production, and more diverse crops, given we currently don’t produce enough fruit and vegetables to meet healthy eating guidelines for the population.
To do that, we will need to protect agricultural land around rapidly growing cities, secure water for food production in a drying climate, encourage regenerative agriculture, and look to Indigenous knowledge, such as efforts by author Bruce Pascoe to produce native grains for flour and bread using traditional Aboriginal techniques.

The paper concludes:

“**We will be food secure when all Australians have access to a healthy diet, when farmgate prices support farmer livelihoods, when we produce food in ways that regenerate rather than deplete natural ecosystems and when the food system is resilient enough to withstand the shocks and stresses that we know are likely in future, as well as those we haven’t yet anticipated.”**

• Follow the #HealthRemimagined panellists
Our national shame: that so many Australians go hungry and without healthy food

Marie McInerney writes:

Rising rates of food insecurity in Australia will not be addressed without addressing structural barriers in our food systems, including the power of vested interests like supermarkets, the fast food industry, agri-industry and inadequate income support for many struggling households, according to a range of food system experts.

Speaking at a VicHealth webinar, they highlighted many hopeful innovations that have emerged in recent years, and particularly in response to the coronavirus pandemic, that are helping to build food sovereignty, security and sustainability – such as the Cardinia Shire Council’s Food Circles Project and the Community Grocer.

However, they urged wider systems solutions too.

The panel was convened by VicHealth as part of its Life and Health ReImagined series, to discuss: Good food for all, how do we get there?

You can watch a full recording here of the one-hour discussion, moderated by ABC Radio host Virginia Trioli, and read the paper — Good food for all: Resetting our food system for health, equity, sustainability and resilience — written for the event by Dr Rachel Carey, Lecturer in Food Systems at the University of Melbourne, with Kirsten Larsen from the Open Food Network and Jodi Clarke from Ripe for Change.
As well as Rachel Carey, the panel included Dr Nick Rose, Executive Director of Sustain, Lisa Brassington from Cardinia Food Circles, Russell Shields, Founder and Chair of The Community Grocer, and Farhat Firdous, Latrobe Community Health’s Multicultural Strategic Engagement Coordinator for regional Gippsland.

During the discussion, panellists warned that food security issues will escalate in Australia if the Federal Government remains “hell bent” on scaling back Job Seeker and Job Keeper benefits later this year, shifting people back onto inadequate income support that left a million Australians unable to access enough quality food before the pandemic.

They also raised concerns that corporate and supermarket food waste is often excused because it may later be put towards often “second rate, past its ‘use by date’” food relief for struggling households.

As well, they warned that during pandemic lockdowns some culturally diverse Australians, in regional areas and metropolitan areas, could not locally source food they prefer and require, and would have had to breach restrictions to get them.

Farhat Firdous said the big and small scale farming practices of many Australians who were born overseas are also “an asset not fully explored (or) utilised” in Australia’s food system.

She pointed to the backyard growers in her region of people from Vietnam, China, and the Rohingya who have fled Myanmar. Lisa Brassington also flagged the benefits from “a boom of farmers that grow culturally specific crops and lifestyle needs”.

**Not just about food but democracy**

Rachel Carey opened the session with an outline of her co-authored paper, which warns that the coronavirus pandemic is testing the limits of Australia’s food system – the complex web of supply chains that bring food from farm to fork – “from struggling farmers, right up the chain to people experiencing food insecurity.”
See our preview for more, and this Twitter thread from the session.

Dr Nick Rose, executive director of Sustain, said it was critical to understand the causes and nature of the challenge to food security for all, not just in order to develop effective solutions but also because the issues went beyond food to democratic rights.

He and other panelists pushed back against a “provocation” from the moderator, ABC Radio’s Virginia Trioli, that it was best to focus on smaller, practical solutions – “on what’s achievable”. “I don’t think the power of the supermarket system is going to be broken anytime soon, I think it is a local response that will chip away from the bottom up [that will be effective],” she said.

Rose said it was wrong to “simply throw up our hands and say that politicians are all corrupt, corporations are too powerful, they’re too big, there’s nothing we can do, so let’s just focus on the micro, what we do in our own backyard, our own community”.

“Yes that will give us a sense of satisfaction and control over our own lives, but we effectively vacate the political space to powerful lobby groups and vested interests who are driving forward a very destructive and negative agenda,” he said.

Rose said the ‘kitchen table talks’ that he and Brassington were involved in for the Cardinia Food Circles project were an example of democratisation, and led to the Community Food Strategy which Brassington said recognised the need to also address the food system from a health, not just economic or agricultural perspectives.

See also this earlier Twitter thread on global issues from Sustain, while tweeting at @WePublicHealth, which says COVID-19 is “a wake-up call for food systems that must be heeded”, given that the systemic weaknesses it has exposed will be compounded by climate change.
We’re hearing first from @VicHealth’s @kirstancorben, via video from Mordialloc, on the Traditional Lands of the Bunurong people, of the Kulin nations.

Tuning in now - @DrRachelCarey noting Covid-19 is showing the existing inequities, weaknesses & strengths in our Australian food system and food supply chains.

Join our online panel discussion tomorrow 2pm-3pm on the topic of ‘Good food for all – how can we get there?’ featuring: @DrRachelCarey @unimelb @Nick_Rose96 @sustainaus @AgPerUrban @CarolinaShire @TheCommGrocer

Event details: vichealth.vic.gov.au/re-imagined

#HealthReImagined

Our national shame: that so many Australians go hungry and without healthy food

#HealthReImagined
Poverty is at the heart of food insecurity

While many food relief organisations struggled because of lower corporate donations and volunteers lost to social distancing requirements, Rachel Carey said poverty is at the heart of food insecurity, and thus welfare payment levels need to address that.

The panel agreed that many Australians on welfare have done better through the pandemic because of higher welfare support under the doubled Job Seeker, which the Federal Government may cut from September.

But many more who have lost work have joined their ranks and, said Farhat Firdous, others were denied access to income support, including around 120 international students in her area and refugees on temporary protection visas.

@DrRachelCarey #HealthReImagined

Was interesting to hear on @ABCTV last night that there are Australians who before #jobseeker payments only could afford 1 meal a day for their children and dread the #snapback to $40 a day. This is shameful Australia. How can we support & feed others better? #HealthReImagined

@VicHealth #HealthReImagined #Equity is a strong theme in food security. @DrRachelCarey Aust is a rich country and yet so many have to skip meals because they can’t afford them - COVID rises in jobseeker and jobkeeper has allowed Aust access to sufficient funds for better food
You can track Croakey’s coverage of the conference here.

Meeting cultural food needs

**VicHealth**

We have been able to look at solutions, with a collaborative approach with multicultural communities. I hope this continues, says Farhat Firdous.

#HealthReImagined

**VicHealth**

Some local food banks didn't have much experience with customers from diverse background before COVID-19, says Farhat Firdous. The solution? Upskill providers and volunteers to better meet different cultural needs. #HealthReImagined

**#HealthReImagined**

Culturally appropriate food is a fundamental component of food security and #RightToFood. @TheCommGrocer provides fresh produce that is reflective of cultural and ethnic diversity in Melbourne @VicHealth #HealthReImagined
Our national shame: that so many Australians go hungry and without healthy food

#HealthReImagined

Structural barriers and human rights

"Dominant agri-food firms have become too big to feed humanity sustainably, too big to operate on equitable terms with other food system actors, and too big to drive the types of innovation we need" ipes-food.org/_img/upload/fi... #HealthReImagined A #democratic #foodsystem is essential

The structural elements of the food system are impediments to change - human rights of workers and #RightToFood, vested interests, fair prices to farmers @nick_rose96 @sustainaus #HealthReImagined
Our national shame: that so many Australians go hungry and without healthy food

#HealthReImagined

Supermarket shoppers don’t realize that the large scale agribiz powerbrokers that supply their food are damaging biodiversity, encroaching on forests and affecting #climatechange through unsustainable practices

#healthReImagined

Powerful vested interests want to keep the food system as it is, nationally and globally, says @Nick_Rose96

Supermarkets the most obvious, disadvantaged farmers and rural communities for decades, economic, social, physical and mental health impacts

#HealthReImagined

Show this thread

Peeps used to convenience food products from industrial agriculture/mass production have now discovered that small farm produce at @MelbFarmersMkts has more flavour & are enjoying talking to farmers direct, learning about ethical sourcing & biodiversity

#HealthReImagined

The crises in #foodsystems have been building for years - important #FoodSwamp research from Deakin Uni in Feb 2020 - deakin.edu au/about-deakin/m... The Vic Govt must control the #fastfood industry to protect public health of children & youth #HealthReImagined

@VicHealth #HealthReImagined @sustainaus #foodinsecurity has been a problem for years. Pakenham has been classified as a 'food swamp' which is a food environment where for every healthy food outlet residents have to drive past 9 unhealthy food outlets
You can track Croakey's coverage of the conference here.

Our national shame: that so many Australians go hungry and without healthy food

#HealthReImagined

Dr Rajna Ogrin
@Rajna_O

@VicHealth #HealthReImagined @TheCommGrocer
Local markets tailor supply to what the local community needs - unlike commercial retail. Social enterprise isn’t focused on making profit, but about people, purpose and the planet - positive mobilization of community

Dr Rajna Ogrin
@Rajna_O

@VicHealth #HealthReImagined @sustainaus
Have fundamental structural imbalance in our food system - democratisation of the food system is needed, otherwise it won’t ever be equitable

#HealthReImagined
@WePublicHealth

The structural elements of the food system are impediments to change - human rights of workers and #RightToFood, vested interests, fair prices to famers @nick_rose96 @sustainaus #HealthReImagined

Sustain Australia
@sustainaus

In his final report, UN Rapporteur @DeSchutterO said “A new paradigm focused on well-being, resilience & sustainability must be designed to replace the productivist paradigm & support the full realisation of the right to adequate food.’ #healthreimagined

srfood.org/images/stories...

Dr Rajna Ogrin @Rajna_O · 4h
@VicHealth #HealthReImagined @sustainaus
Need to talk about Human Rights when we talk about food security - we are failing the most vulnerable people in our community when 4% are missing out on food.
Our national shame: that so many Australians go hungry and without healthy food #HealthReImagined

Waste is not a food relief strategy

@CrokeyNews
Q to #HealthReImagined:
How can we uncouple solutions to food insecurity from solutions to food waste? Food waste is an important issue, but access to food is a human right and people should not have to rely on food assistance (even if that food has been rescued).

@ValKay
Interesting discussion on separating ideas of ‘food waste’ & ‘food security’ so we don’t end up seeing recipients of food assistance as those who can have what no one else wants #HealthReImagined
Our national shame: that so many Australians go hungry and without healthy food

#HealthReImagined

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The shame (and disgrace) in hunger

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Sustain Australia
@sustainaus

"We build health, belonging, and social justice in low-income communities through the power of food"
@aplacelforfood does outstanding work for
#foodjustice #foodsecurity and #socialjustice
#HealthReImagined cfccanada.ca/en/Home

We need to uncouple food waste and food insecurity. Recentre human dignity through financial empowerment and community food centres @nick_rose96
@sustainaus @VicHealth #HealthReImagined

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Deep Dish Dreams
@stckflngrs

A lot of home foodwaste comes of people cooking to recipes of fixed amounts rather than knowing techniques to be able to cook anything without wastage. Also need re-education that produce doesn’t have to look cosmetically perfect & about best before dates.
#HealthReImagined

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Croakey News
@CroakeyNews

Re shame: @LaTrioli saying had a caller who said been a relief in pandemic because for the first time not had to admit to people that they couldn’t afford to go out to cafe/restaurant

#HealthReImagined

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Dr Rajna Ogrin
@Rajna_O

@VicHealth #HealthReImagined @DrRachelCarey
Ideally we want to get to the point that people don’t need access to foodbanks because of poverty, so that shame won’t even come into the picture

#HealthReImagined
Our national shame: that so many Australians go hungry and without healthy food

#HealthReImagined

@vichealth At the Royal Melbourne Show where I judge homecooking, I love that people are making pickles, chutneys and jams with ‘waste food’ as per the old days. Would love to see this spread to the wider community. There’s dignity not shame in old ways #HealthReImagined

Nurturing farmers

@Dr Rajna Ogrin
@Rajna_O

@VicHealth #HealthReImagined @DrRachelCarey
Farmers have had to adapt due to loss of markets & alternative markets - some farmers are selling direct to community members, but this is hard. What platforms and infrastructure can support farmers to do this? Digital mechanisms help

#HealthReImagined
@WePublicHealth

Small and medium-scale producers are less supported by Government, have experienced high levels of uncertainty in connecting to consumers and their own food insecurity during #COVID19Aus #HealthReImagined @VicHealth @AgPeriUrban, Farhat Firdous

VicHealth @VicHealth

What platforms or infrastructure can we put in place to help farmers retain more of each dollar? @DrRachelCarey says platforms like @OpenFoodNet have helped some farmers strengthen their place in the supply chain. #healthreimagined
I've worked with small scale farms & VFMA to help coach produce selling direct to public and educating chefs on their produce. But it is exhausting to upskill this as well as tending the farm 24/7. So external support would be helpful whether govt or CSA

#HealthReImagined

Wrapping up

Lisa Brassington
@AgPenUrban

Replying to @WePublicHealth @VicHealth and 5 others

Well done PANEL! Thanks Virginia and to everyone who tuned in + SO MANY #SLIDO questions. We could have talked + Q&A for hours.

#FoodSystems outcomes will be harder in the short-term, so we must work together. Happy to to continue #HealthReimagined conversations into actions!

Thanks for joining us this afternoon, and for your questions and comments on #HealthReImagined. We'll do it all again next Thursday 2 July** on the topic of urban planning and a return to local living.
Marie McInerney writes:

The coronavirus lockdown transformed many cities around the world, resulting in more liveable, walkable, connected neighbourhoods, with streets reclaimed from cars and millions of people working from home – at least for a time.

But, as cities seek to reopen, urban planners are warning of the risks to health and the environment if people now retreat to the “bubble” of their cars to avoid COVID-19 and if new urban design strategies overlook deep inequities facing people in poorer communities.

A paper written for a VicHealth webinar says that “sticking close to home” became the new normal in Australia during the weeks of lockdown.
Car traffic numbers plummeted, with an estimated 88 percent cut in Melbourne car trips in March, while bikes were reported to be “the new toilet paper”, with soaring sales and numbers of cyclists dramatically up – on one Melbourne bike trail by nearly 800 per cent in April, it said. (A similar trend has also been reported in NSW).

“Many people have realised how great it is to walk and cycle through the COVID experience, and they’ve come to appreciate local parks and local areas,” said RMIT Professor Billie Giles-Corti, one of the authors of the paper.

“We should capitalise on that,” she told Croakey, saying the return to local living is highlighting the importance of creating 20-minute neighbourhoods, a Melbourne goal for 2050, where people can live locally, in “villages” that meet most of their daily needs within a 20-minute walk from home.

Giles-Corti, who heads the NHMRC Centre of Research Excellence in Healthy Liveable Communities, will be a panelist on a VicHealth webinar, part of its Life and Health Re-imagined series, that will focus on urban design, with the theme: Streets for people: lessons from a return to local living.

The ‘streets for people’ call is one that is resounding globally in the wake of pandemic lockdowns, which saw streets retrofitted into bicycle lanes, walkways, plazas, and parking spaces converted into retail and eating spaces, and even a drive-in movie theater set up in an idle airport in Vilnius.

But the shifting urban shapes are also raising questions, particularly alongside the Black Lives Matters protests, about equity and what “local living” means to people living in poverty or on the margins.

Canadian author and urban planner Jay Pitter is talking about “forgotten densities” – communities in cities across the globe that live with ageing infrastructure, over-policing, predatory enterprises like pay day lending businesses and bottle shops, inadequate transportation options, and sick buildings – “structures that contribute to illness due to their poor design, materials and maintenance”.

“While mainstream urbanists are loudly advocating to widen sidewalks and public parks – two important but narrow points of focus – individuals living in forgotten densities are pleading to have their urgent concerns heard,” she writes.

**Life-saving infrastructure**

Anna Muessig, a San Francisco urban planner who will also join the webinar, says the lockdown prompted people to use streets “more as public spaces than as places to move in”, offering not only an outlet for public life and social connection but acting as “really critical pieces of resilience infrastructure”.

A small global survey conducted by her firm over ten days in April found that respondents were leaning on their neighbourhoods as “a crutch for maintaining their physical and mental health”.

A third stayed home except for essential trips, but those who ventured into public space “relied heavily on destinations at their doorsteps — from neighborhood streets and sidewalks to local parks and front stoops,” it said.

“Places that may have once been relegated to passing through are now places for exercising, decompressing, and socialising at a safe distance — especially for those at greatest risk of isolation and infection.”
Living locally and reclaiming the streets: what are the health equity considerations?

#HealthReImagined

Reclaiming city streets and getting to know local communities can also be life-saving, Muessig told Croakey.

Chicago’s 1995 deadly heatwave was a good example of where neighbours who know each other do better in public health emergencies, she said, with research showing the toll was much lower in “socially cohesive” communities, regardless of socio-economic status.

Muessig works for the Copenhagen-based urban design company Gehl, which has played a role in the transformation of Melbourne over decades into one of the world’s most liveable and likeable cities.

A big focus of her work is to get more cars off roads and more people onto bikes and scooters, so it’s been a shock for her to see how the pandemic is affecting public transport use, with even its biggest advocates scared off by the risks of infection.

“It’s really scary to see even the most dedicated urbanists jumping in their car to go to a meeting who would normally take a [tram]”, she says.

They’re not alone. According to preliminary results of a University of Sydney survey conducted in April, more than 80 percent of respondents were worried about hygiene on public transport and reported that they felt most comfortable traveling by car and least comfortable traveling by public transport.

The university’s Institute of Transport and Logistics Studies researchers said government should encourage work from home as much as possible and that businesses would need to be flexible with remote working and staggered starting and finishing hours. Otherwise levels of traffic congestion could “exceed those experienced prior to COVID-19”, they said.

No going back

For Dr Jason Thompson, a Senior Research Fellow at the Melbourne School of Design and Transport, the jury is out on what the pandemic will mean longer term for public transport usage.

On one hand, amid concerns about infection risks from crowding on trains, buses and trams, more people “are retreating into their little bubbles of cars”, adding to congestion and pollution and reducing the incidental levels of walking that public transport use brings.

Thompson said this trend also raises questions about viability for public transport operators (many privately owned) which are looking to spread out passengers physically and across timetables as well as facing more intensive cleaning costs.

“If you were thinking about investing in public transport, now is probably not the time you would be doing it,” he said.

But on the other hand, the pandemic has demonstrated to many people and businesses that work is possible and productive without necessarily having to get in a car at the same time each day and drive to the city.

That not only can mean different ways of working and travelling, but may invigorate local neighbourhoods, including seeing the return of the corner store, he said.

It’s a future that is hard to predict, says Thompson, but one thing seems certain: we are “not going to return to the same style of commuting we had before”.

Living locally and reclaiming the streets: what are the health equity considerations?

#HealthReImagined

Croakey

“Conference News Service”
Restore a rite of passage

Billie Giles-Corti and her co-author Dr Anna Timperio, from the Institute for Physical Activity and Nutrition (IPAN) at Deakin University, hope the pandemic will lead to an increase in how many Australian children walk or ride to and from school.

Their VicHealth paper finds:

• Just three in 10 Australian children aged 5-11 years do sufficient physical activity to benefit their health.

• Walking and cycling to school in Australia has declined about 42 percent since the 1970s, scoring the country a grade of just D+ in the 2018 Report Card by Active Healthy Kids Australia.

• Data from a travel survey in Melbourne and Geelong (2012-16) show that only 39 percent of children living within just two kilometres of school walk or cycle there, as do just 35 percent of children who live within 750 metres of school.

In 2018, primary school students in Melbourne made approximately three-quarters of journeys for education purposes by private vehicle, representing approximately 1.2 million kilometres on an average weekday, the paper says.

“That’s a lot of traffic for children to contend with around schools,” Giles-Corti told Croakey.

Some of that is due to increasing school catchments, amalgamations and low density sprawl that means many children travel far to get to school. However, the report says convenience, low parental confidence in their child’s abilities, and lower neighbourhood interactions are also to blame.

The terrible irony, Giles-Corti says, is that high rates of car use are mostly driven by parental fears that their children are not safe in traffic, so to avoid that they add to the congestion and risk.

She and Timperio want governments and local councils to capitalise on the fun and growing confidence that many families found in walking and riding around their suburbs during the lockdowns, to restore an important “rite of passage” that brings multiple health and development benefits for children.

Summary - How is ‘local living’ reshaping communities?

More people are working from home

• New work routines can free time previously dedicated to commuting to work. This greater flexibility means that there is more potential for parents to accompany children to and from school by foot or bike, especially for younger children, with the added bonus of parents getting some physical activity into their day as well.

People are getting to know their communities

• The increase in ‘local living’ during the lockdown and more people out and about using local streets and parks puts ‘eyes on the street’ and may help alleviate concerns about not knowing many people in the neighbourhood.

Children have gained more confidence and skills

• Walking and cycling as a family has hopefully enhanced parental confidence in their child’s ability to cycle and to negotiate the streets in their neighbourhood, including en route to school, and at the same time taught children critical skills and enhanced their own confidence to use active modes.

Less traffic

• The amount of traffic en route to school is one of the top reasons parents give for not allowing their child to cycle to school. This is a significant opportunity to improve the health of our children as well as the planet, the latter being a major concern troubling young people in the face of climate change.
As well as better cycling paths, they recommend a big focus on “calming” traffic around schools, including drop off zones about 800 metres from schools and trials of ‘woonerfs’, or ‘living streets’, which originated in the Netherlands, where cars, pedestrians and cyclists share the space, and traffic is slowed to a walking pace.

**Equity lens**

In the United States, the City of Portland has been a pace-setter in establishing “complete neighbourhoods” across its boundaries, to ensure the health and environmental benefits of being able to stick close to home are not confined to inner city suburbs.

It recognises that being able to “live locally” does not hold much appeal if your local area lacks amenities, you are stuck in overcrowded or poorly designed housing, or where racial profiling by police or others can make jogging dangerous.

The pandemic is already inflicting disproportionate health and economic blows on lower income people, particularly people of colour, says former Melbourne urban planning academic Professor Carolyn Whitzman, now back home in Canada as a visiting scholar with the University of Ottawa.

She has seen that shown graphically in mapping that reveals “an almost complete overlap” between the low income households in housing stress and COVID-19 hotspots in Canada’s two largest cities, Montreal and Toronto, she said.

She shares growing concerns that low income people, who also disproportionately make up the ranks of low paid essential services for many cities, will also miss out in urban planning responses to the pandemic.

Whitzman welcomes the focus on 20-minute neighbourhoods in Australia, which she has also long championed, and on the physical activity needs of children and young people.

But she also urges planning advocates in Australia to apply a strong equity lens to what’s needed for “living locally” and to “amplify the voices of the kids who are less understood”.

“So, if you talk to a bunch of kids of Sudanese heritage about walking and cycling to school and they bring up police violence, listen to them. Don’t go, ‘okay, but where do you need the crossing?’”

Whitzman says that justice issues have not often been part of planning’s “wheelhouse”, but they must be “if we’re going to address the issues of safety and health and public space that people are talking about” in the nexus between COVID-19 and Black Lives Matters injustices.

These “twin discriminatory health crises” have brought about an outpouring of reflections on how planning and design must change to become more equitable in the US and Canada,” she told Croakey.

“I am on Twitter, probably too much, but I haven’t seen the equivalent self-reflection going on in Australia.”
No surprise; @TOPublicHealth map of #COVID19 rates looks a lot like maps of income inequity (@Hulchanski). diabetes & more. @AllianceON #CHCs deliver trusted, community-run healthcare in these neighbourhoods for people facing multiple barriers to health #sdoH #healthequity

Follow #HealthReImagined panellists

Panellists

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**Prof. Billie Giles-Corti**
Director Urban Futures Enabling Capability Platform RMIT
Leads the NHMRC Centre of Research Excellence in Healthy Liveable Communities
Co-author of the paper for this week

**Anna Muessig**
Associate, Gehl (San Francisco)

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**Cr Jackie Fristacky AM**
@YarraCouncil
Councillor, City of Yarra

**Mayor Cr. Seema Abdullah**
Greater Shepparton City Council
Time to transform the DNA of our cities in a COVID-19 world

Marie McInerney writes:

Pandemic lockdowns have highlighted deep inequities in the ways our cities are built and used, and shown the urgent need for governments to direct stimulus funds into measures that make cities healthier, more sustainable and more equitable, according to an expert panel forum.

United States urban planner Anna Muessig told a VicHealth webinar that we need to “transform the DNA” of our cities to become resilient to future shocks and focus on ways to reclaim streets from cars that are “a lot cheaper than designing more arterials for roads” and continue the pandemic trend of turning streets into “public realms” not just traffic corridors.

“As a lot of cities are grappling with budget cuts, especially here in today’s pending economic recession, it’s really an opportunity to align our budgets with our values, and really thinking about how we can put people first in creating the streets of the future,” she said during the panel discussion on ‘Streets for people – Lessons from a return to local living’.

However, the webinar heard the early signs may not be good.

Councillor Jackie Fristacky, from the City of Yarra, said Victorian data showed traffic on roads on 5 June was back to 80 percent of pre-pandemic levels, even while many people were still working from home and schools and businesses were still closed.
The Croakey Conference News Service is covering the VicHealth Reimagining Life and Health series of five expert panel discussions exploring how to best respond to and emerge from the coronavirus pandemic.

You can watch the full recording of the latest event here, moderated by Aboriginal broadcaster and educator Shelley Ware, and read the paper written for the event by Anna Timperio from the Institute for Physical Activity & Nutrition (IPAN) at Deakin University and panelist Professor Billie Giles-Corti, from the Urban Futures Enabling Capability Platform & Healthy Liveable Cities Group at RMIT.

See also our earlier preview, a Twitter thread from the event and below, tweets from those attending or interacting with the #HealthReImagined conversation.

Tale of two cities

Giles-Corti told the webinar the pandemic lockdowns had brought home how important the local community can be and how much safer and enjoyable it was with much less traffic on the streets. Many families in particular had embraced walking and cycling, in numbers she and Timperio hoped could begin to reverse dramatic declines in the number of children walking to and from school.

But she said benefits for living local in the pandemic had been weighted towards people who live in well connected neighbourhoods that provide local access to most of their needs within a relatively short walk.

The City of Yarra was an example of that disparity in the pandemic, Cr Fristacky said. She said many residents of the inner city Melbourne suburb were able to live healthy, connected lives during the lockdown, particularly if they lived in relatively spacious housing with access to gardens and parks. The council had been forced quickly to widen walking and cycling paths that ended up “chockers” from extra use.

On the other side, she said, were significant number of residents who were “apartment bound”, including those living in public housing towers. Raising questions for the future about apartment building standards, she said many lived in one-bedroom apartments that didn’t provide any space for occupants to get away from each other, or a balcony for fresh air, and relied on residents using lifts – which were a risk for COVID19 infection – when they wanted to get outside.

Participants on the webinar and via Twitter also raised broader concerns about equity, including for Aboriginal people and people living with disability.
Focus on the frontlines

Speaking from San Francisco, Muessig, who works for the global urban planning group Gehl, said that spaces to relax, meet and exercise in are important for cities, but it became clear to many in the United States in the pandemic that the planning priority has to be for people who are working “on the frontlines of our basic needs as a society” – those in low paid essential jobs who often worked some distance from home and were at risk in their workplaces.

“They need a way to get to work safely, they need transport options, whether that’s active mobility or public transportation to get into their places of work safely, and they need protection from the workplace,” she said, acknowledging there had been “pushback” in Oakland, California, to moves by urbanists to ban cars in 10 percent of suburbs when they inhibited more direct ways to work for many who had to travel through.

Stimulus funds should be invested not in more roads, but in schools, swimming pools and community centres needed to establish 20 Minute Neighbourhoods, said Giles-Corti, recommending participants and local authorities explore data captured by the Australian Urban Observatory at RMIT on where amenities are and where they are needed in 21 Australian cities.

“I know (the pandemic) has been dreadful for many people and there’s lots of sadness, but I think it’s really also an opportunity and it’s really up to each of us as well as governments and local government to look at how we can go back from this better, to having a greener, more sustainable future, and a more equitable future, rather than going back to business as usual,” she said.

Providing a rural and regional perspective, Greater Shepparton Mayor Seema Abdullah said that, while Australia had been lucky so far with relatively low levels of COVID19 transmission, rural and regional areas had been “luckier”, in both lower levels of transmission and being able to tap into into comparably high levels of community connections.
However, while the region also saw increased levels of cycling and walking along local river trails and elsewhere, it also saw the need to quickly address issues such as family violence and mental health and stresses on local business and local artists by creating the Greater Shepparton Response.

Opening the discussion

Natasha Schranz
@TashaSchranz

Excited to be online listening to this important discussion #HealthReImagined

#HealthReImagined @WePublicHealth - 3h
3rd #HealthReImagined panel session is now live: looking at Streets for people - Lessons from a return to local living. Am livetweeting for CroakeyNews Conference Service, working on the lands of the Wurundjeri people of the Kulin nations vichealth.vic.gov.au/media-and-reso...

Show this thread

#HealthReImagined @WePublicHealth

Now being introduced to #HealthReImagined panel by @ShelleyWare with @billiegc @annabike @seemaforshepp and Jackie Fristacky from @YarraCouncil vichealth.vic.gov.au/media-and-reso...
You can track Croakey’s coverage of the conference here.

Time to transform the DNA of our cities in a COVID-19 world

#HealthReImagined

Dr Sandro Demaio @SandorDemaio

Now hearing outline of today’s #HealthReImagined paper from Anna Timperio from @DeakinIPAN, co-authored with panelist @billieqc, on how pandemic restrictions could/should lead to higher rates of walking/cycling - you can read it here vichealth.vic.gov.au/-/media/Life-a...

#HealthReImagined Time to transform the DNA of our cities in a COVID-19 world

How is ‘local living’ reshaping communities through #COVID19Aus?

Some incredible insights from @Deakin/@DeakinIPAN’s @AnnaTimperio & @RMIT’s @billieqc in their new @VicHealth #healthreimagined report.

Check it out: vichealth.vic.gov.au/-/media/Life-a... #springst #health #auspol

Summary - How is ‘local living’ reshaping communities?

More people are working from home

- New work routines can benefit families previously dedicated to commuting in cars. This gives flexibility and more time for families to be together.
- More potential for parents to accompany children to and from school.
- More opportunities for younger children, in a safe, low-stress environment, to develop skills.

People are getting to know their communities

- Increased ‘local living’ during restrictions and improved parental confidence in their child’s safety. They choose to navigate the streets in their neighborhood, including on foot or bike, with the same freedom as other families.
- Children have gained more confidence and skills.
- Walking and cycling as a family has helped parents develop their child’s mobility, while reducing traffic congestion.

Less traffic

- The increase in traffic around schools is one of the top reasons parents give for not allowing their child to cycle to school. This is a significant opportunity to improve the health of children and reduce their exposure to air pollution.
- Theatter brings major concern for families and policymakers in the face of climate change.
You can track Croakey's coverage of the conference [here](#).

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**VicHealth**

@VicHealth

#HealthReImagined co-author Anna Timperio @DeakinIPAN provides an overview - a large proportion of Australians aren't sufficiently active, but during lockdown, we have seen more people out and about in their local neighbourhood walking and cycling.

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**Dr Rajna Ogrin**

@Rajna_O

#healthreimagined @VicHealth @AnnaTimperio @billiegc Need to address concerns re: safety of walking or cycling due to traffic - cycling boulevards are an option. Need to design streets not just for cars, but for ALL users, including pedestrians and cyclists.

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**VicHealth**

@VicHealth

Panellist @billiegc says #coronavirus has highlighted just how important the local community is. We've seen families out walking and getting to know their neighbourhood like never before #healthreimagined

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**VicHealth**

@VicHealth

How do we stop from snapping back to using cars as the first choice? @billiegc @RMIT says many families live 750m from school and drive their kids. For those parents working at home, she says walking or cycling will help free up public transport for others.

#healthreimagined
You can track Croakey's coverage of the conference here.

Showcasing the divide

Social determinants, including quality of housing, have become even more important and potent in their influence on #health over #COVID19 lockdowns.

Critical message from Cr Fristacky of @YarraCouncil.

@SharonFrielOz @VicHealth #healthreimagined #SDOH

Dr Rajna Ogrin @Rajna_O

#healthreimagined @VicHealth Cr Jackie Fristacky AM @YarraCouncil minimum apartment standards have left many living in small spaces, no balconies - difficult during #COVID19 - outdoor areas are so very important in these cases

Melissa Sweet @MelissaSweetDr

Viewers are raising questions around equity (not all local neighbourhoods enable walking, active transport etc), about decentralising businesses/workplaces, about preventing "rebound" to pre-pandemic forms of transport, the role of local councils #HealthReImagined

Dr Rajna Ogrin @Rajna_O

#healthreimagined @VicHealth @annabike people living in low #SDOH - effective transportation and open public spaces are key for good QoL - capital investments are needed to create equity and justice across communities
You can track Croakey's coverage of the conference here.

Time to transform the DNA of our cities in a COVID-19 world #HealthReImagined

How do we support people in low SES areas? Anna Muessig @Citiesforpeople says many are working on the frontline and they are the ones that most need a way to get to work safely. How streetscapes are designed can assist this. #healthreimagined

There has been pushback in the US over some projects trialling much lower car use in cities: our most vulnerable communities don't need pilot projects, they need capital investment in equity in the public realm: @annabike #HealthReImagined

"This crisis disproportionately affects those already facing hardship... they have to work harder to even reach their basic needs including safe transport and protection in their workplace."

-- Anna Muessig of @Citiesforpeople

#healthreimagined #equity @VicHealth

"Local governments that built social capital and invested in resilient towns and cities before #COVID19 were better able to cope during the pandemic."

-- @billiegc of @RMIT for @VicHealth's

#HealthReImagined
Investing in values not vehicles

Melissa Sweet
@MelissaSweetDr

We must not go back to “business as usual”, says @billiegc, urging stimulus investment in communities rather than roads #HealthReImagined

Anna Muessig
@annabike

In fairness, this is a Jan Gehl truism, but I’ll accept the attribution. (The “very” is very American)

#HealthReImagined @WePublicHealth • 3h

“It’s very cheap to be sweet to people.” @annabike says many of strategies for 20 Minute Cities, reclaiming streets, are a lot cheaper than designing more arterial roads. As a lot of cities grappling with budget cuts in this crisis, can align them with values #HealthReImagined

Show this thread
In the post-coronavirus recovery period, what if some of the #stimulus package funding was spent on creating safe pedestrian and cycling infrastructure leading to all schools, activity centres and train stations? @billiegc @VicHealth vichealth.vic.gov.au /-/media/Life-a...

As a lot of cities are grappling with budget cuts, says @annabike @citiesforpeople and it's an opportunity to align our budgets with our values. Designing walkable neighbourhoods is often cheaper than designing new arterial roads #healthreimagined

Who needs to be leading on decentralising workplaces? @annabike says the 15–20 Minute Cities been on agenda from advocates for many years - she's been struck that many live in a 20 Minute City but "accidentally use our cars". In US 50% of car trips > 3 miles #HealthReImagined

"During #COVID19, streets have become places... not just corridors of movement. Let's hold onto that!

-- Anna Muessig of @Citiesforpeople for #healthreimagined

@VicHealth @sudhvir @c40cities
You can track Croakey’s coverage of the conference here.

#healthreimagined @VicHealth Anna Muessig @annabike Building 20 minute cities are much cheaper than building more roads - govt would benefit from investing in encouraging local living in many ways, which would improve health and wellbeing (so reducing healthcare costs)

Dr Rajna Ogrin
@Rajna_O

#healthreimagined @VicHealth @AnnaTimperio @billiegc Need a sustainable and healthy new normal environment - 20minute walkable community should be the goal ie all amenities need to be within a 20 minute walking distance. My dream world!

Dr Rajna Ogrin
@Rajna_O

#healthreimagined @VicHealth @billiegc Need to build local social capital to ensure improved #Mentalhealth - needed to have built this BEFORE a crisis point event like #COVID19 - this is something local government should do
Wrapping the discussion

Changing how we think about, relate to, and interact with streets - a theme at today’s #HealthReImagined discussions HT @JessamyG_draws

Thankyou @ShelleyWare wrapping up today’s #HealthReImagined discussions and looking forward to the focus next week on #HealthEquity
Experts warn the pandemic is set to turn Australia’s growing health gap into a “chasm”

Marie McInerney writes:

The COVID-19 pandemic is “acting as a magnifying glass”, highlighting and exacerbating widening socioeconomic and geographic inequalities that threaten to halt or reverse life expectancy gains in Australia, according to leading researchers.

Professors Sharon Friel and Fran Baum, like other public health and social policy experts around the world, are calling on governments to show courage in responding to the pandemic, warning that austerity responses to previous social and economic crises have inflicted great harm.

In a paper written for a VicHealth webinar on health equity, they say older people, poor and marginalised racial and ethnic groups are bearing disproportionate health impacts of the pandemic due to underlying health conditions, in Australia as elsewhere.

But they warn that focusing on the ‘vulnerability’ of disease risk or death among particular groups “obfuscates the social, economic, and political factors” behind those higher tolls.

“The impact of COVID-19 and government responses to it are not felt equally across society because of the underlying inequities in everyday life,” say Friel, from the Menzies Centre for Health Governance at the Australian National University and Baum, from Flinders University’s Southgate Institute for Society, Equity and Health.
Those everyday inequities are now being exacerbated for more than 3,000 residents of nine crowded public housing towers in Melbourne, who were put into hard lockdown on the weekend – without notice, under police guard, and unable to leave home for at least five days even to buy food.

The hard lockdown is the harshest action taken in the general community so far in Australia to stem the spread of the coronavirus and is shining a spotlight on concerns residents and advocates have been raising for weeks that their living conditions are a “magnet” for the coronavirus.

Lack of access to decent housing has put thousands of low income Victorians, many who cannot access sick leave, “at a shocking level of risk during the COVID-19 pandemic”, according to Jenny Smith, CEO of the Council to Homeless Persons, Victoria’s peak homelessness organisation.

Smith warned that 35,000 Victorians live in housing that is crowded or has shared facilities, like bathrooms, laundries and kitchens – not only in public housing towers, but boarding houses, caravan parks and other crowded dwellings.

Many of these, she said, are the workers the community relies on to work in close contact — in abattoirs, to pack shelves, drive deliveries, to clean or provide personal care or security.

“This pandemic has brought home some hard truths,” she said. One is that “our housing is critical to our health”.

**Grim trajectory**

Sir Michael Marmot, who will also speak at the VicHealth webinar, recently delivered a ten-year update to the landmark 2010 study *Fair Society, Healthy Lives* (The Marmot Review) that found many people were dying prematurely because of societal inequalities.

The update found that life expectancy actually fell through that decade in the most deprived communities outside London for women, and in some regions for men.

“Regressive and inequitable” austerity spending cuts from 2010 had been the main culprit, falling most heavily in areas where need was highest and conditions were generally worse, he said.

Life expectancy at birth also took a worrying turn backwards in the United States from 2015-17, as the opioid epidemic took its toll. This was first outright decline since 1993, during the AIDS epidemic.

Now there are fears that Australia is on the same trajectory.

Dr Tim Adair, from the University of Melbourne’s Global Burden of Disease Group, told Croakey that while there have been periods where growth in life expectancy in Australia has been slower, particularly when “smoking really reached its peak”, there’s been an expectation it will continue to rise.

“For that to slow, or to actually reverse is quite alarming,” he said.

In May, Adair and his colleague Professor Alan Lopez published the results of a study showing that socioeconomic and geographical inequalities are contributing to a “stagnation” of Australian life expectancy.
Analysing Australian death registration data from 2006-2016, they found people aged 35-74 in the poorest areas in Australia were twice as likely to die prematurely as those in the wealthiest areas.

People living in outer regional, remote and very remote areas had premature death rates about 40 percent higher than those in major cities – a gap that was also increasing, they said.

The study said adverse health behaviours that are more prevalent among lower socioeconomic groups, such as smoking, poor diet and alcohol consumption, may explain much of the widening socioeconomic gap in mortality rates, along with inequalities in access to health care.

But Adair and Lopez said the social and structural determinants of health, including housing, employment and transport, needed to be addressed alongside treatment and prevention of disease.

They warned that reducing inequities in rates of premature death will require a major policy effort. Without it, “the COVID-19 pandemic will likely turn this widening gap into a chasm”.

**Aboriginal and Torres Strait Islander leadership**

That worrying trend comes as National Cabinet is set this month consider the historic National Agreement on Closing the Gap negotiated over the past year by governments with the Coalition of Peaks, representing more than 50 Aboriginal and Torres Strait Islander organisations.

Their communique, does not provide details but says there will be 16 national socio-economic targets for Aboriginal and Torres Strait Islander people in areas including education, employment, health and wellbeing, justice, safety, housing, land and waters, and languages, with the goal to “reach parity” with non-Indigenous Australians.

The National Aboriginal and Torres Strait Islander Legal Services (NATSILS) has urged immediate action to close the gap on incarceration rates within ten years – not by the end of the century as a leaked version of the agreement reportedly contained.

For Karl Briscoe, CEO of the National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA) and a member of the Coalition, it is the four priorities outlined in the agreement – prioritising Indigenous-led decision making, community-controlled services, improved accountability and reliable local data – that will make the difference.

A Kuku Yalanji man, Briscoe says it’s been no surprise to him that community controlled organisations like the Apunipima Cape York Health Council in Cairns took the lead in pandemic responses.

“It’s second nature to them,” he said of Apunipima’s experience and success in responding to other emergencies like cyclones and infectious skin diseases.

But he said the pandemic had also highlighted major risks for Aboriginal and Torres Strait Islander people in mainstream healthcare and for the Aboriginal and Torres Strait Islander workforce.

For example, the Australian Indigenous Doctors Association (AIDA) had been forced to issue a warning during the pandemic about racism in the healthcare system – prompting a welcome condemnation of culturally unsafe care by the Australian Health Practitioner Regulation Agency (Ahpra).

The risk to the Indigenous workforce was also exposed when Prime Minister Scott Morrison, earlier in the pandemic, identified the most at risk groups: all Australians aged over 70, those with a chronic illness aged over 60, and Aboriginal and Torres Strait Islander people aged over 50.
“I was told by one region that would mean 50 percent of their workforce if they applied the rule,” said Briscoe, who has been calling for greater support for the Indigenous health workforce, including greater access to telehealth (for the sake of workers as well as patients).

Hopes and fears

The effective leadership of the Aboriginal community controlled sector is one of the successful responses to the pandemic highlighted by Friel and Baum in their paper as they consider whether the pandemic might lead to changes that promote greater health equity.

They say COVID-19 has made it very clear that publicly funded and managed health systems are the most effective and efficient and that Australia’s health system responded well to the crisis, albeit where shortages of testing and personal protective equipment highlighted issues with the ‘just-in-time’ manufacturing approach justified for cost saving.

Health care interventions like telehealth have also worked but will also widen health inequities if Australia does not deliver equitable access to high-speed broadband telecommunications, they warn.

But they say it’s been the previously “unthinkable” measures taken “beyond the health care system” by the Coalition Government – decent welfare support for many, though not all, through Job Keeper and Job Seeker and free child care – that have offered “glimmers of hope”.

“They’re not perfect by any means, but if they were maintained, they could go an awful long way to improving health equity,” Friel told Croakey.

But rather than further action to address the structural drivers of inequities, Friel said we are instead seeing worrying signs of back to business as usual from the Government.

Among the concerns are its determination to cut back Job Seeker and Job Keeper supports from September, the return to child care fees, rising fees for humanities at universities, the inequitable Home Builder Program as a major stimulus plank, and the news of an aggressive and costly defence strategy.

Language of war

The Prime Minister’s announcement on defence, that “even as we stare down COVID pandemic at home, we need to also prepare for a post-COVID world that is poorer, that is more dangerous, and that is more disorderly”, is a worry, Friel said.

“It’s just a language of war, a language of escalation, a language of division within our region,” she said.

“[It’s] in such stark contrast to the sorts of courageous, collaborative leadership that we need to actually address some of these social and health inequities.”

Friel and Baum are also concerned about the “jobs at all cost” focus of the new National Cabinet, highlighting instead calls from the social sector and energy industry to pivot the Home Builder program to a National Low Income Energy Productivity Program that would create “shovel ready jobs”, cut energy bills for low income households, and reduce carbon emissions.

“Jobs matter for health, but the types of jobs and who gets them can cause social inequities to widen, which flow through to affect health inequities,” they write.
Experts warn the pandemic is set to turn Australia’s growing health gap into a “chasm” #HealthReImagined

Policy action needed

Baum’s Southgate Institute was designated as a World Health Organization Collaborating Centre to support international research and knowledge translation on social, political, and commercial determinants of health equity.

One of its tasks will be to conduct research into how policy action in low, middle and high income countries in a wide range of sectors that deal with social determinants of health contributes to a country’s capacity to ‘punch above its weight’ to produce better than expected life expectancy outcomes relative to national income.
Experts warn the pandemic is set to turn Australia’s growing health gap into a “chasm”.

The early signs are not good. Working with the South Australian Council of Social Service (SACOSS), Baum’s team earlier this year published a report finding that the rate of premature deaths in the poorest areas of South Australia is now more than double the rate in the most advantaged areas, with health inequities there growing faster than elsewhere in Australia.

With the added crisis of COVID-19, Baum predicts that life expectancy in Australia will begin to decline in the next five years, “unless we do something about the growth of inequities”.

“We’re getting less equal,” she said.

Summary - Protecting Australian society against some of the trends in social and health inequities

Healthcare systems
- The expansion of telehealth and other online initiatives are positive developments, but Australia’s digital inequities must be addressed to ensure these initiatives do not widen the gap.
- The effective leadership of the Aboriginal Community Controlled sector was highlighted in its response to the pandemic. The importance of Aboriginal community control is vital to future health policy.

Economic and social policy
- Keeping the positive social welfare changes in place that have occurred due to coronavirus will go a long way to prevent a widening of health inequities.
- Jobs matter for health, but the types of jobs and who gets them can cause social inequities to widen. Young people and women have been disproportionately affected by the pandemic’s impact on work. While the JobSeeker allowance will provide some immediate financial relief, the longer term systemic issues of poor working conditions must be addressed.

Education policy
- Childcare is an extremely important setting for children’s health, as well as their subsequent adult health, and provides a mechanism via which to reduce health inequities across the life course.
- To reduce the education gap that has arisen due to the pandemic, the Grattan Institute recommends that the Australian government invest in a six-month tutoring blitz to help 1 million disadvantaged school students recover learning lost during the coronavirus lockdowns.
- In a society recovering from the ravages of a pandemic the critical skills learnt in humanities, law and social science will be an essential asset for the future.

Democratic expression
- Recent protests seen around the country have highlighted the ongoing structural discrimination and racism evident in Australia.

Follow #HealthReImagined panellists

Panellists

Opening Remarks from Professor Sir Michael Marmot
@MichaelMarmot
Director, UCL Institute of Health Equity
UCL Dept of Epidemiology and Public Health

Prof Sharon Friel @SharonFrielOz
Professor of Health Equity, Director
Menzies Centre for Health Governance, School of Regulation and Global Governance, Australian National University
Lead author of the paper for this week

Vedran Drakulic OAM
Chief Executive Officer and Company Secretary, Gandel Philanthropy

Veronica Pardo @IMAAsIAU
Chief Executive Officer, Multicultural Arts Victoria

Cormach Evans
Proud Yorta Yorta man. Founder and creator of Strong Brother, Strong Sister, an Aboriginal youth mentoring organisation.
Sir Michael Marmot: When the pandemic crashed down, we were not well prepared as a society

Introduction by Croakey: The coronavirus pandemic has both exposed and amplified inequalities in society, including the deadly toll of harmful government policies and structural racism, according to Sir Michael Marmot, a leading global advocate for action on the social determinants of health and health inequalities.

Marmot recently published a ten-year review of his landmark study Fair Society, Healthy Lives (The Marmot Review), which is a damning indictment on the impact on health and wellbeing of austerity policies.

In opening remarks to a VicHealth Life and Health Reimagined webinar on health equity, he urged governments and societies not to return to ‘business as usual’, but to put the climate change and health equity agendas together and ensure wellbeing is at the heart of economic policy.

Read his address below, or watch it here. You can also watch the full one-hour panel session.
Sir Michael Marmot presentation

People have been buying Camus’ The Plague. In fact it’s rumoured sales have experienced exponential growth like the virus itself.

In The Plague, Camus said: “The plague is plight and revelation, it brings to the surface the underlying corruption in society.”

Perhaps corruption is too strong a word, but I’ve been arguing since COVID-19 happened that it exposes inequalities in society and amplifies them.

If you’ll forgive me I’m going to talk about Britain. Sharon Friel and Fran Baum have done an excellent paper on inequalities in health in Australia and the effect of COVID-19 so I’ll talk about the British data but I think they have relevance for Australia.

In February this year, I published The Marmot Review: Ten Years on.

February. Feels like another era. It was just before the pandemic smashed down upon us.

In 2010 I published the Marmot Review, looking at the causes of health inequalities in England and what we can do about them. And we identified six domains: early child development, education, employment and working conditions, having enough money to live on, healthy and sustainable places in which to live and work, and taking a social determinants approach to prevention.

The 2020 review looked at what had happened in the ten years since my original review and it was not a good picture.

Life expectancy in England, which had been improving about one year every four years for 100 years, in 2010 -11 slowed down dramatically. In fact, the rate of increase in life expectancy more or less ground to halt.

Second, health inequalities continued to increase – there is social gradient by level of deprivation of area of residence that got steeper since 2010 and the regional inequalities got bigger.

And third, life expectancy for women in the most deprived 10 percent of areas outside of London actually went down.

Wow. This is really not supposed to happen. We’re used to health getting better all the time.

I’ve been arguing that health tells us something fundamental about how well the society meets people’s needs. And health inequalities tells us something fundamental about inequalities in society.

So health has stopped improving, and health inequalities are increasing, something’s going on, and I commented that we lost a decade.
Austerity likely to blame

What could have caused this problem?

Well we had a new government elected in 2010 and the question is: are they responsible?

Difficult question to answer because this is not a controlled experiment. But the government that came in in 2010 had, as its principle reason for being, austerity: to cut the deficit and to cut the debt, to reduce the size of the state. And that they did.

In 2010, 42 percent of GDP (gross domestic product) went on public expenditure. By 2019, that 42 percent had gone down to 35 percent.

That rolling back of the state had been done in a very regressive way. In the least deprived 20 percent of areas, local government spending per person went down by 16 percent, and and in the most deprived 20 percent, it went down by 32 percent – clearly regressive. The greater the need, the greater reduction in spending.

And in each of those domains I mentioned that were in original Marmot Review, things got worse.

And it’s likely that those changes, the rolling back of the state, the regressive nature of reduction in public spending, and the interruption with policies in those domains, it is likely that they were responsible for the stalling of life expectancy and the increasing of inequalities.

So when the pandemic crashed down upon us we were not well prepared as a society.

Very soon when data started came out, the myth that pandemic was a great leveller was shown to be a myth.

Mortality from COVID-19 followed the social gradient. The more deprived the area, the higher the mortality from COVID-19 and the pattern looked very similar to the pattern of all cause mortality which suggests that the causes of health inequalities more generally overlap with the causes of inequalities from COVID-19.

The excess down the bottom was a bit bigger for COVID-19 and one distinguishing feature that was different was the high mortality in Black, Asian and Minority Ethnic (BAME) groups. More than half of that excess mortality in Black, Asian and Minority Ethnic groups could be attributed to deprivation.

I was on the BBC and a senior government person was asked about this pattern. He said it was terrible that BAME groups had high mortality and they should wash their hands and practise social distancing.

I was asked what I thought about the high mortality of black British, what we should do. I said: “We should deal with structural racism.”

“Yes but what should we do tomorrow?”

“Tomorrow we should deal with structural racism. Start right now.”

Does that have echoes in Australia, the inequalities in the non Indigenous population but the high mortality in the Indigenous population that is attributable to structural racism?
Building back better

So what happens now, how do we build back better?

The first thing I’ve been saying is, whatever we do we do not want to go back to the status quo.

And the second, the lesson from the pandemic is no more austerity. The (UK) government has said they will spend whatever it takes: no more austerity, that was really damaging.

But the other crucial point is to do with the climate crisis and sustainability. If we want to build back better, if we don’t want simply want to re-establish the status quo, then we have to put the climate change agenda and the health equity agenda together.

I’m part of a global sustainable health equity initiative launched on 2 July with the Director General of the World Health Organization Dr Tedros and Dr Michelle Bachelet, High Commissioner for Human Rights, speaking at the launch. We had more than 100 global organisations signed up to this initiative and we’re pushing something similar in the UK, a sustainable health equity initiative for the future.

Should we be simply seeking to get economic growth back on track?

No, that’s not the future.

The future should come from what the New Zealand Treasury did, to put wellbeing at the heart of economic policy, create the conditions for people to have the capability to lead lives they have reason to value. That’s the future we should be seeking to establish.

Watch the presentation

Life And Health Re-imagined - Week Four - Op...
Build back better: climate and community are critical to equity in pandemic recovery

Marie McInerney writes:

Community-led responses, the need to integrate climate action and economic recovery, and a determination to not go back to ‘business as usual’ are key to addressing social and health inequities exacerbated by the pandemic, a VicHealth webinar panel discussion heard.

The event took place while nine public housing towers in Melbourne were in the midst of a ‘hard lockdown’, illustrating important paradoxes being thrown up by the pandemic, said panelist Veronica Pardo, CEO of Multicultural Arts Victoria.

“While talking about vulnerability in communities, what we’re seeing again and again is strength, seeing how community is the key protective factor,” she said, urging reflection on “how things might have been different (with the Melbourne towers) if communities had been central in designing the response that is aimed at keeping them safe”.

Sir Michael Marmot, leading global advocate for action on the social determinants of health and health inequalities, opened the panel event, which was titled: Addressing social and health inequities as we emerge from lockdown (watch a recording here).
Marmot outlined the devastating impact of austerity policies on the United Kingdom over the past ten years, urging governments and societies not to return to ‘business as usual’ as they emerge from the pandemic, but to put the climate change and health equity agendas together and ensure wellbeing is at the heart of economic policy.

(Watch his address here, or read a transcript, as part of the Croakey Conference News Service’s ongoing coverage of the VicHealth Life and Health ReImagined series.)

**Climate action for economic recovery**

Vedran Drakulic, CEO of Gandel Philanthropy, welcomed Marmot’s comments, saying his greatest worry is that governments seem “intent” on trying to get back to business as usual, rather than taking the opportunity to “build back better”, particularly on climate action.

Pairing economic recovery action with climate action at this critical moment, as the We Mean Business coalition has urged at the World Economic Forum, would be key to addressing health inequalities at all levels, Drakulic said.

Professor Sharon Friel, from the Menzies Centre for Health Governance at the Australian National University, outlined the key points of the paper she co-wrote for the event with Professor Fran Baum, from Flinders University’s Southgate Institute for Society, Equity and Health.

Like Marmot’s recent report on inequalities in the UK, their paper warns that, even before COVID19 began to inflict its disproportionate toll, inequalities in premature mortality for men and women had already widened across the socioeconomic gradient, and for rural, regional and remote areas.

Responses to the pandemic had to address those “underlying fault lines in Australian society… driven by political and policy decisions that have undermined the conditions in which people live and particularly undermined the conditions in which the more socially disadvantaged people live,” Friel said.

Also urging a “build back better” response, she said the Federal Government alone had introduced 20 previously unimaginable policies “almost overnight” affecting income protection, employment, education, housing, community sector and health care – representing a move from “small government to actually quite courageous government”.

“The message we take from that is: if politicians want it to happen, it can absolutely happen”, she said.
This demonstrated an ability to “hold social, economic and health goals together” and the need to think about governing in new ways: “what should government be working towards, what is the role of business, civil society in that”.

An untapped resource

The panel’s overwhelming message was the need to “elevate and amplify” community voices, to ensure they are partners in the process of designing solutions that affect them.

Pardo said: “We’ve heard here about really ‘wicked policy issues’, intractable and difficult issues to move and yet we’ve got this untapped resource.”

Drakulic agreed on the need for communities to be at the heart of their own solutions, saying Australia may be a very successful multicultural society, but it was “nowhere near perfect”, as he had seen early in the pandemic amid efforts to translate all coronavirus health information into different languages.

“Simply translating a document, which is fine for a particular group of people, will not answer all the questions that the other community might have,” he said. “It has to be real inclusiveness, not just ‘we’ll talk to you when we need to talk to you’.”

Also on the panel was Cormach Evans, a Yorta Yorta man who founded and heads Strong Brother, Strong Sister, an Aboriginal youth mentoring organisation.

He echoed the need for responses to come from the grassroots, saying the success of that had been seen first-hand in the work of Aboriginal community controlled health organisations, and in the trust that comes from allowing communities to engage in their own solutions, versus ‘one size fits all’ solutions imposed from above.

Evans said the pandemic has been very challenging for young Aboriginal people, including in the language used. He said:

‘Isolation’ is such a scary word for so many young people.

A lot of our young people are living in crowded houses, they don’t have the Internet, rely on connection to culture and country to support their health and wellbeing.”

And they can struggle with the education system, which too often is “not supportive or welcoming” for Aboriginal young people, from what they hear in history lessons to daily experiences of racism. He has been working with Victoria’s Commissioner for Aboriginal Children and Young People on ‘Our youth, our way’, a systemic inquiry into the over-representation of Aboriginal children and young people in Victoria’s youth justice system, which will report to Parliament later this year.

“We need it to be listened to”, he said.
You can track Croakey’s coverage of the conference [here](#).

Build back better: climate and community are critical to equity in pandemic recovery

#HealthReImagined

See more on the discussions via participants and observers on Twitter below.

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**Equity during recovery**

Yankunytjara Wirangu woman @ShelleyWare opens latest #HealthReImagined panel discussion, acknowledging Traditional Owners of lands on which we meet, acknowledges all Elders, past, present and emerging, pays respects to all Aboriginal & Torres Strait Islander people watching
And we're off: 5th #HealthReImagined panel:

Equity during recovery: Host @ShelleyWare with @MichaelMarmot @SharonFrielOZ, Vedran Drakulic, @Cormach89, Veronica Pardo @MAVArtsAU vichealth.vic.gov.au/re-imagined

Panelists

Hosted by Shelley Ware @ShelleyWare

Proud Yorukuypjep and Wirangu woman from Adelaide, South Australia

Well known as part of the ground breaking SBS football program Marngrook

Opening Remarks from Professor Sir Michael Marmot @MichaelMarmot

Director, UCL Institute of Health Equity

UCL Dept of Epidemiology and Public Health

Prof Sharon Friel @SharonFrielOz

Professor of Health Equity, Director

Meridies Centre for Health Governance, School of Regulation and Global Governance, Australian National University

Lead author of the paper for this week

Vedran Drakulic OAM

Chief Executive Officer and Company Secretary, Gandar Philanthropy

Adjunct Professor at RMIT

Veronica Pardo @MAVArtsAU

Chief Executive Officer, Multicultural Arts Victoria

Cormach Evans

Proud Yorta Yorta man. Founder and creator of Strong Brother, Strong Sister, an Aboriginal youth mentoring organisation.

#HealthReImagined

Live now at app.sli.do/event/ixwg3jcw... great discussion @SharonFrielOz password #HealthReImagined
“Blight and revelation”

Melissa Sweet
@MelissaSweetDr

Also contributing to the #HealthReImagined discussions today is @MichaelMarmot - whose Twitter TL suggests he has been SUPER busy of late... #NotSurprising

Sir Michael Marmot
@MichaelMarmot

UCL Institute Health Equity / Former WMA President / Chair WHO CSDH / Fair Society Healthy Lives / Do something, Do more, do better!

London Instituteofhealthequity.org Joined December 2014
147 Following 35.6K Followers

Dr Rajna Ogrin
@Rajna_O

#HealthReImagined @VicHealth @MichaelMarmot “The Plague is blight and revelation” Camus, The Plague: It brings to the surface the underlying corruption in society - exposing inequalities in society and amplifies them. #COVID_19

Dr Sandro Demaio
@SandroDemaio

Just months ago, @MichaelMarmot’s review update showed in the UK:

1. Life expectancy gains slowing
2. Inequalities widening
3. Life expectancy for women decreased in most marginalised communities

Something is going terribly wrong.

#healthreimagined @VicHealth @SharonFrielOz

2:09 PM - Jul 8, 2020 · Twitter Web App
You can track Croakey's coverage of the conference here.

Build back better: climate and community are critical to equity in pandemic recovery

#HealthReImagined

The February 2020 @MichaelMarmot Marmot Review showed that over the past 10 years in Britain, health inequalities continued to increase, with regional inequalities also increasing. “We lost a decade,” he explained. #healthreimagined

Dr Rajna Ogrin
@Rajna_O

#HealthReImagined @VicHealth @MichaelMarmot
Public expenditure dropped significantly in England over 10 years of Marmot Review - particularly in the most deprived areas - the greater the need, the greater the reduction in spending. Worsening...

INSTITUTE of HEALTH EQUITY

Health Equity in England: The Marmot Review 10 Years On
A new report by the Institute of Health Equity and commissioned by the Health Foundation that explores widening health inequalities over the last decade and ...

Dr Sandro Demaio
@SandroDemaio

Sir @MichaelMarmot reminds us that #policy decisions in UK likely left country ill-prepared for #COVID—19 pandemic.

#COVID19 accelerated and widened inequity.

Followed the pattern of all-cause-mortality... and POVERTY.

Live now. #healthreimagined @VicHealth @SharonFrielOz
You can track Croakey's coverage of the conference here.

Build back better: climate and community are critical to equity in pandemic recovery

#HealthReImagined @VicHealth @MichaelMarmot
Health inequalities increasing in England: kingsfund.org.uk/publications/w... Health inequalities say something about the society we live in - something is going on...

What are health inequalities?
This explainer provides an overview of how health inequalities are experienced in England's population.
kingsfund.org.uk/publications

End structural racism. Put the climate change and equity agenda together. Do not return to the status quo.
Says @MichaelMarmot at @VicHealth
#healthreimagined
Community is “central, critical, protective”

VicHealth @VicHealth

Community should design programs for community. When we see that, we see results, according to Veronica Pardo CEO @MAVArtsAU #HealthReimagined

Dr Rajna Ogrin @Rajna_O

#healthreimagined @SharonFrielOz Health inequality is all about power - if those who make decisions only think about money and economics they won’t consider equity. Community action CAN make a difference - organized collective action that addresses power imbalances is needed

Dr Sandro Demaio @SandroDemaio

"We must amplify & elevate voices of community. Enable them to determine what is effective. This is an untapped resource. We must challenge the concept of expert & put self-determination at the heart of the #COVID19Vic response."

Veronica Pardo of @MAVArtsAU

#healthreimagined

Dr Rajna Ogrin @Rajna_O

#HealthReImagined Veronica Pardo @MAVArtsAU Can’t bring in models that have been developed in some office by experts - need to work together with community members so they co-design what will work for them - placing communities in the driving seat @VicHealth
You can track Croakey’s coverage of the conference here.

Build back better: climate and community are critical to equity in pandemic recovery

#HealthReImagined

Veronica Pardo @VicHealth Need to reconstruct our thoughts re: who is an expert - we aren’t including diverse people in decision making, so outcomes during #COVID-19 are not ideal

Dr Rajna Ogrin @Rajna_O

#HealthReImagined Veronica Pardo @MAVArtsAU Current systems actively exclude smaller community groups - need to unpack what obstacles for resourcing diverse communities. Need to leverage these communities who do great work in supporting their members @VicHealth

#HealthReImagined @WePublicHealth

Veronica Pardo @MAVArtsAU suggests that had the communities in the #towers and other parts of Melbourne been consulted and their wisdom used to craft #COVID19 strategy then perhaps Melbourne would not be locked down now - #participation is vital #healthreimagined
"COMMUNITY is our biggest asset. Our strength.

#BuildBackBetter is not about tweaking the existing engagement models... this is a time for innovation, for putting communities & their lived experience expertise at the centre & in the driving seat."

#healthreimagined @VicHealth

good discussion on #healthreimagined
Community, shared purpose and coalitions between local groups are essential for amplifying the voice to those who are disadvantaged by existing political and economic systems

#healthreimagined @VicHealth Vedran Drakulic OAM
Multiculturalism is great, but unless we work with community members to find out their needs on an ongoing basis, we will never be able to support them to improve their health & wellbeing & inequality will continue

Can’t “plonk” models onto communities, need to have genuine process of engagement, interrogate the ways they are being marginalised. Aboriginal community control offers way forward, listen to ‘experts in own lived experience’.

Veronica Pardo @MAVArtsAU #HealthReImagined

#HealthReImagined Cormach Evans - need to talk to the people involved and listen to their lived experiences to address health inequalities in Aboriginal and Torres Strait Islander Peoples @VicHealth

You can track Croakey's coverage of the conference here.

Build back better: climate and community are critical to equity in pandemic recovery

#HealthReImagined
Build back better

National Cabinet has to be about a social mission otherwise there will be widening inequities in Australia says @SharonFrielOz at #healthreimagined #auspol

Dr Rajna Ogrin
@Rajna_O

#healthreimagined Vedran Drakulic OAM BuildBackBetter is being used a lot online - but our govt seems to want to build back as it was. We need to ensure ClimateActionNow underpins all that we do going forward to address health and wellbeing for all

Dr Rajna Ogrin
@Rajna_O

#healthreimagined @VicHealth @SharonFrielOz We had >20 major policy changes to deal with COVID—19 - which tells us we CAN make major changes to support Australians who would most benefit viahealth.vic.gov.au/-/media/Life-a...

Croakey News
@CroakeyNews

Let’s not go back to business as usual.

Let’s think about what we want from government, what should it be working towards.

We have seen the voice of community/civil society emerge, incl BlackLivesMatter 🌐

#HealthReImagined @SharonFrielOz
If you want to follow up on our ideas for #buildbackbetter there are lots of ideas in these books from @SharonFrielOz @baumfran #healthreimagined people's health climate change G4H #newpublichealth #auspol

Coronavirus is highlighting the social inequities in health. What can we do about it? Strongly encourage you to watch the recording of today's #HealthReImagined discussions about equity during recovery youtu.be/q1Exsp2yr9s via @VicHealth and @CroakeyNews
Amid global chaos, what is the future for prevention?

Challenges and opportunities for global health. Photo by @morningbrew at unsplash

Marie McInerney writes:

Health experts are warning that we cannot expect or imagine a “post-COVID19 world” as the pandemic continues to threaten a “global regression in human health”.

“This pandemic is dismantling the foundations for protecting and advancing health,” says the Editor-in-Chief of The Lancet, Dr Richard Horton.

In an editorial castigating global leaders for a “lamentable response”, he said the pandemic was threatening the “trinity of [global health] values”: the right to health, health equity and social justice.

It’s a fear shared by many in Australia, watching as the pandemic delivers a disproportionate blow across poorer nations and groups already suffering social, economic and racial injustice, and as leaders like US President Donald Trump subvert health evidence, prioritise economies over health, and threaten the work of the World Health Organization (WHO).
But while the novel coronavirus and associated economic shocks are devastating lives and livelihoods across the globe, many also hope that the effective responses of some governments, including Australia’s, may lead to real action on climate change and chronic disease and be transformational for public health.

“This is a prime example of where prevention is better than cure,” said Rob Moodie, Professor of Public Health at the University of Melbourne and the University of Malawi.

Moodie, who helped spearhead tobacco control in Australia for decades and is a former CEO of VicHealth, said he has never before seen “closer dialogue” between public health officials and decision-makers, and with the public.

“We’ve never had celebrity epidemiologists before,” he told Croakey.

Similar observations were made by former Prime Minister Julia Gillard on ABC TV’s Q&A last night, when she said the pandemic was generating a renewed appreciation for the importance of government and of evidence.

Moodie said the challenge and opportunity now for public health professionals is to “use the benefits” of those new relationships and understandings.

That was important not only for relationships with politicians and bureaucrats, but also with clinicians, some of whom have in the past seen prevention as in competition with treatment instead of “mutually reinforcing and complementary”.

That’s manifested in some clinicians seeing patients in hospital as “proof that prevention doesn’t work”, says Moodie.

“Obviously it does, but it’s not cost free. It costs money and it costs political capital too,” he said of efforts to address major public health initiatives like junk food advertising to children, effective food and alcohol labelling, and taxation reform.

To that end, the Public Health Association of Australia is calling for Australia to set up a central national public health and disease control agency, a “CDC-like agency”, to boost public health spending from the current two percent to five percent of national health spending, and to invest heavily in the public health workforce.

**Transformation hopes**

Moodie’s hopes for a major shift towards prevention are echoed in a paper written for a VicHealth webinar by Melbourne academics Professors Anna Peeters and Lisa Gibbs.

They argue that transformation might come from the unprecedented responses of governments, workplaces and communities to the pandemic – particularly in their recognition of the “inter-connectedness of social, financial, political, build, natural, human and cultural influences on health and wellbeing”.

Like many others, they have almost marvelled at the way the Australian Government responded in the early days to the threat of the pandemic: “rapidly responsive, cohesive in purpose, collaborative, evidence-based, and representing an understanding of the functional levers and multi-level complex systems of influence and impact”.

“That’s what we’ve been really wanting for obesity prevention for over a decade,” says Peeters, Director of the Institute for Health Transformation at Deakin University.
The challenge is to convince governments and other stakeholders to apply the same focus to other complex health challenges, like climate health, health equity, mental health, chronic disease prevention, family violence and population nutrition, their paper says.

“Building a transilient prevention system will mean taking the learnings from our experiences in 2020, along with the broader learnings from disaster research, and responding to volatility, uncertainty, complexity and ambiguity,” they write.

Former Labor Health Minister Nicola Roxon will join the VicHealth webinar which is asking, ‘Where do we go next with prevention?’.

It’s the final in a series of expert panel discussions that have explored the lessons of the pandemic, for work, food security, urban design and health equity.

In its early days of planning the final topic, VicHealth intended to pose a more optimistic question: What does the future of prevention look like, in a post-coronavirus world?

Instead, the webinar will take place with Melbourne locked back down under Stage 3 restrictions amid a dangerous, escalating outbreak, and concerns at new community transmission cases in New South Wales.

No going back

WHO Director-General Dr Tedros Adhanom Ghebreyesus warned that “there will be no return to the “old normal” for the foreseeable future”, acknowledging the terrible pain involved, including that an additional 130 million people may face chronic hunger by the end of this year.

The lesson to be learnt is that “there is no post-COVID-19 world”, says Professor Andrew Wilson, Co-Director of the Menzies Centre for Health Policy at the School of Public Health at Sydney University.

Wilson says that, regardless of when or if we manage to control and contain the novel coronavirus, “new viruses or variations on old, and other communicable agents will continue to emerge”, exacerbated by climate change and population growth encroaching into nature.

He says National Cabinet has recognised this with new planning for Australia’s Public Health Capacity and COVID-19, to improve long-term sustainability of the public health workforce.

But he would like the new plan to recognise that, while Australia needs surge capacity to meet threats like the coronavirus, “prevention of non-communicable disease, addressing issues of climate change and sustainability will be the day-to-day prevention work” needed.
“The impact of COVID-19 is substantially higher in communities with high rates of chronic disease and we can make our communities more resilient to such threats by making them healthier,” he says.

Wilson too has been heartened through the pandemic by recognition of “the critical inter-dependency” of public health and clinical care, as well as its lessons that “much of prevention” depends on working with agencies who have responsibilities outside of health.

But he says Victoria’s worrying new outbreaks, which have been concentrated in lower socio-economic areas of Melbourne, and particularly in nine public housing towers which were locked down under police guard, show the big gaps still to be addressed.

The best designed public health systems combine centralised and local capacity, he said.

“You can know about low socio-economic, Indigenous, CALD [culturally and linguistically diverse] and geographic difference but you are a lot more sensitive to it if you are embedded in it,” he said.

Wilson said he couldn’t believe it when he heard one of the Mayors of a Melbourne “hot spot” say she had learnt her area was being locked down from the news.

“This would not happen if you were invested in the community,” he said.

First Nations

Australia has also much to learn, when it comes to disasters and the pandemic, about the experiences, strengths and resilience of Aboriginal and Torres Strait Islander communities, says Australian National University researcher, PhD candidate and Euahlayi man Bhiamie Williamson.

Williamson says there is still a great deal of anxiety in Aboriginal communities about the coronavirus pandemic, but their knowledge and resilience have shown the way in its early stages, “because we know what introduced diseases can do to our people”.

“Aboriginal health leadership knew early that prevention was the only strategy and they went hard,” he said of the quick and resolute response from Aboriginal community controlled organisations, Land Councils, and local communities that got many Indigenous people back on Country and locked down remote communities.

“They have done an extraordinary job in protecting and safeguarding our communities from COVID-19 so far, and there is a great deal of trust and confidence that they will continue to manage and to go hard at prevention,” he said.

But there is more to learn, he said. Williamson has been researching the impact of the 2019-20 bushfires on Aboriginal people and communities, and reporting how little they are heard across the bushfire planning, preparation, recovery, and response spectrum.

With an estimated one-quarter of the Aboriginal and Torres Strait Islander population of NSW and Victoria living in the bushfire-affected areas, he and fellow researchers wrote in January, as the fires still devastated parts the states:

“How do you support people forever attached to a landscape after an inferno tears through their homelands: decimating native food sources, burning through ancient scarred trees and destroying ancestral and totemic plants and animals?”
Yet, as Williamson recently told the Bushfires Royal Commission, Aboriginal people have been “relegated to an historical footnote” in such investigations in the past, referred to as ‘pre-colonial land managers’, or people who ‘used to have these knowledges’, even as recently as the 2009 Black Saturday bushfires in Victoria.

“It was an extraordinary oversight,” he told Croakey.

“What was missing was engaging with them as contemporary residents, as First Nations people with distinct rights and interests and attachments to the land”.

Williamson has welcomed more interest this year but remains worried the focus might still be too narrow, focused only on Aboriginal fire management or cultural burning.

What inquiries into both bushfires or the pandemic need to recognise and would benefit from, he says, is “the experience of First Nations peoples, their knowledge of the land, how it’s changed over time, and what’s required to live in a world that’s been impacted by disasters and (to which) societies have to change and adapt”.

**Life changing**

Professor Lisa Gibbs, who is Director of the Child and Community Wellbeing Program in the Centre for Health Equity at Melbourne University, has also been looking at the pandemic through a bushfire lens, from her long-term work on the Beyond Bushfires program.

Preparing the webinar paper with Peeters, she was not surprised to learn from a yet unpublished VicHealth survey that participants who were still dealing with the impacts of the 2019-20 bushfires were “showing significantly lower levels of wellbeing” during the pandemic than those who had not.

While they represented only eight percent of those in the study, 42 percent of those affected by bushfires reported symptoms indicating psychological distress compared to 20 percent of those not affected by bushfires, she said.

It’s an important reminder that we need to be particularly mindful of the needs for support of those who have experienced multiple disasters this year.

And while this year’s disasters have been “biblical” in scope, they’re likely to happen again, Gibbs said, amid warnings for years from climate change specialists that we will not only see more frequent and more severe disaster events, but “cascading hazard events in rapid succession”.

Research from Black Saturday showed that while the initial mass emergency event is dangerous and often frightening, it’s the ongoing disruptions to come, to income, accommodation, and relationships, for example, that really undermine people’s wellbeing.

“What we know is that, for many people, it’s life changing and there is no going back to what was before, but [the need] to look to where we’re going next,” she said.

Gibbs and Peeters say disaster research shows that many things that make a difference. For example, belonging to a community group contributes to better post-disaster mental health and wellbeing for years, and the benefits extend beyond the group to others in the community.

However, they say, that while there is much people can do as individuals and collectively, systemic changes are also needed for health-promoting changes to succeed.

Peeters shares **broad concerns** that the pandemic has stopped many people from keeping up with routine prevention practices.
Fewer people are attending cancer screening, as well as primary care, emergency departments and mental health clinics, risking “a spike in chronic disease problems in the years to come”, she says.

She urges services to innovate to address these concerns and also to deliver long-awaited better access for large groups of people already “disenfranchised from these services”, whether because of language, distance, disability, mental health issues or other reasons.

With the pandemic now only really reaching “full speed” in Africa, Rob Moodie has no expectation of returning to his work in Malawi for a couple of years, where he teaches public health leadership skills and health promotion.

He is deeply concerned about the disruption of public health initiatives in developing nations, and that this will be exacerbated by countries like Australia pulling back further on foreign aid.

Now in lockdown in Melbourne, he says we are in this for the long haul with the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

The notion of ‘let’s get to the other side on this’ is “diminishing pretty rapidly”, he says.

“It’s such a disruptive virus. It’s almost like the planet is fighting back.”
Prevention, promotion and the pandemic: where next?

Image by Jessamy Gee from Think-in-Colour, who live illustrated the event

Marie McInerney writes:

Former Labor Health Minister Nicola Roxon has urged Australian governments to respond to the early lessons of the coronavirus pandemic by investing in the foundations of health prevention – strengthening health literacy and fostering trust in experts and government – and to make sure primary care can “at last assert its ascendancy”.

Speaking at a VicHealth webinar, Roxon, who steered Australia’s world first tobacco plain packaging laws in 2012, also implored health promotion advocates to be “activists”.

While government leadership is important, it is also up to communities to create “fertile ground” for government action, including by “actually bothering to ring up a radio station, raise something with a local MP, (being) prepared to campaign on things”.

“That actually doesn’t happen as much as you would think and governments do listen to it,” she told the event, which discussed: Where do we go next with prevention? Adopting a transilient approach as we learn from coronavirus.

As well as being united on the need for transdisciplinary action, the panel also embraced the concept of ‘transilience’, outlined in a paper written for the event by Melbourne academics Professor Anna Peeters, Director of the Institute for Health Transformation at Deakin University, and Professor Lisa Gibbs, Director of the Child and Community Wellbeing Program in the Centre for Health Equity at Melbourne University.
Urging action on the opportunities to “build back better” from the pandemic, Peeters said:

“I think many of us have remarked on the fact that there’s this now kind of general societal understanding and recognition of that inherent interconnection between health and all the other facets of our lives, including employment, income, (and) housing.

We’ve understood that to respond to COVID-19, we actually have to connect all those dots in a way that I don’t think we’ve really articulated collectively...for other complex health and social problems.”

This could really make “inroads on health inequities in Australia”, she said.
More equitable, sustainable, healthy

The webinar was the fifth and final event in the VicHealth series on Health and Life ReImagined. You can watch the one-hour event here, or the whole series via the links here.

Thanks they were all so brilliant today. The series has been so amazing. I've learnt so much from all of these very talented people 💖
The series had intended, VicHealth CEO Dr Sandro Demaio said, to prompt discussions as Australia emerged from pandemic lockdowns, to “look at life beyond the coronavirus”.

Instead, the final webinar took place with Victoria back in Stage 3 lockdown, amid the news that face masks will be mandatory in Melbourne and the Shire of Mitchell as part of growing, targeted actions to stem record numbers of daily cases over the past week.

Nonetheless, Demaio said the pandemic was creating a “once in a generation opportunity” to rethink the ways that health professionals worked together and the various political, social, commercial, cultural and other dimensions of life that shape health and wellbeing.

“As we look to recovery, we need to make sure that we are indeed building back better, that we’re thinking about a world post-coronavirus that is more equitable, more sustainable and more healthy than the one we had just a few months ago,” he said.

Two key issues underlined the final discussion, including that the pandemic had only further underlined the need for cross-disciplinary work on the social, political, and commercial determinants of health.

Panelists also agreed on the need for urgent work, globally and in Australia, on non-communicable diseases (NCDs), amid growing concerns that people with chronic diseases are at higher risk for and from COVID-19.

As well, fear or reluctance to seek treatment and disruptions to services have dramatically reduced the take up of prevention measures like cancer screening.

Panelist Dr Selina Lo, Senior Research Fellow at the Monash Sustainable Development Institute and a Consulting Editor at The Lancet, urged action on two fronts in response to Australia’s “pretty traumatic 2020”, that began with the devastating summer bushfires.

One is the need to protect the health and safety of healthcare workers, she said, referring to the recent UCL-Lancet Lecture 2020, where Dr Muhammad Pate, Global Director for Health, Nutrition and Population at the World Bank Group, said countries should be looking at preparing a strategic national stockpile going forwards for personal protection equipment (PPE) and other commodities.

The second is in recognising that COVID-19 and climate change “have got a lot in common”, she said.

Each involve the communication of complex science, global international cooperation, and inequity, where “the most vulnerable are the most affected”. Where they differ, has been the failure of governments and nations to respond to climate change with the same scale and commitment as many have to the pandemic, she said.

Tope Adepoyibi, Head of the Achievement Program, Cancer Council Victoria, welcomed the webinar paper’s focus on equity, raising the question that “yes, we’re all in this together, but who is this ‘we’?”.

“COVID-19 has really brought inequity to the forefront,” Adepoyibi said, pointing to the influence of financial insecurity, job losses, access to the internet, walkability of neighborhoods, domestic violence, aggressive industry marketing tactics, languages spoken at home, and postcodes on the pandemic’s effects on different communities.
Those broader health determinants helped drive the United Nations transition from Millennium Development Goals (MDGs) to Sustainable Development Goals, which really placed health “in the midst of the development agenda”, said Dr Guy Fones, from the Secretariat of the Global Coordination Mechanism on NCDs at the World Health Organization.

The inclusive ‘leave no one behind’ philosophy of the SDGs is critical to responding to the pandemic, as has been the elevation of the NCD agenda for “really unpacking the intersections of health, wellbeing and the social determinants of health”, he said.

Health needs to be everybody’s business

How do we have a different ‘business as usual’?
@AnnaPeetersAus says the current #covid19 response has shown that we CAN do things differently. Health has to be everybody’s business & society is realising this through the response...the dots need to be connected. #healthreimagined

Viewer qn - what is the role in health advocating to lessen the digital divide? @AnnaPeetersAus says health has a big role in creating new tech & can be a driver to lessen the divide, however a cross disciplinary approach is needed if we are to make a big impact
#healthreimagined

#healthreimagined #health equity really needs to be tackled during and post #COVID19 - we CAN do it @AnnaPeetersAus

‘#Prevention must be embedded, Health needs to be everyone’s business’ @AnnaPeetersAus
#healthreimagined

How do we have a different ‘business as usual’? @AnnaPeetersAus says the current #covid19 response has shown that we CAN do things differently. Health has to be everybody’s business & society is realising this through the response...the dots need to be connected. #healthreimagined
Prevention, promotion and the pandemic: where next? #HealthReImagined

You can track Croakey's coverage of the conference here.

Are we all in this together?

Dr Rajna Ogrin
@Rajna_O

#healthreimagined @AnnaPeetersAus Need to have all the key stakeholders in the room to be able to develop the solutions we need to tackle the big and social issues exposed during #COVID19 - both overarching and tailored local responses needed @VicHealth

Dr Rajna Ogrin
@Rajna_O

#healthreimagined @AnnaPeetersAus Need widespread acceptance of all sectors working towards improving health of the community AND health sector doing so as well - imagine! Why isn’t it already happening?! @VicHealth

Dr Rajna Ogrin
@Rajna_O

#healthreimagined @VicHealth #COVID19 has forced us to focus on what will keep us connected socially and maintain mental health - increasing creativity by members: Tope Adeoyibi @CancerVic

Dr Rajna Ogrin
@Rajna_O

#healthreimagined We need to focus on creating environments that people live that prevent ALL chronic conditions ie support a healthy environment - need to break the silo’s, and deliver an interconnected systems holistic approach Tope Adeoyibi @CancerVic

Alexandra Wilson
@alexandra_wils

Social solidarity leads to better outcomes for everyone. #transilience #healthreimagined #COVID19Aus

Achievement Program @AchievementVic - 22h
Tope Adeoyibi shares Achievement Program members’ #transilient approaches to health & wellbeing during COVID-19. To name a few virtual cooking classes, meditation sessions & pets as team buddies. #HealthReimagined @VicHealth bit.ly/30giCRn
Adepojibi says we’ve seen new modes of health promotion delivery, including footy practice with pets as teammates - without realising it perhaps, taking a transilience approach #HealthReImagined

Tope Adepojibi

When we say ‘we’re all in this together’, does ‘we’ include those who have lost jobs, people of CALD background, people in rural and regional areas? COVID19 has shone a spotlight on inequity.

Inflexible working arrangements have rapidly disappeared - workplaces have had to quickly look at new ways of working. Many workplaces have started promoting health and wellbeing within a virtual environment, shares Tope Adepojibi Head of @AchievementVIC #HealthReImagined

Foundation blocks, not icing on the cake

Often the urgent is prioritised over the important at times like this, says former Federal Health Minister Nicola Roxon, hence the importance of taking time for conversations like this at #HealthReImagined. She stresses the importance of prevention, PHC, health literacy.

You can track Croakey’s coverage of the conference here.
You can track Croakey’s coverage of the conference here.

Prevention, promotion and the pandemic: where next? #HealthReImagined

**Sally Fawkes**

Interesting to reflect on lessons from Australian National Preventive Health Agency (launched by Nicola Roxon in 2009) and factors related to its demise #HealthReImagined @VicHealth healthpromotionfutures

**VicHealth**

A cross disciplinary approach is vital, says The Hon Nicola Roxon. Health experts need to work closely with behavioural economists, the housing sector, experts in communications and more in order to strengthen prevention #HealthReImagined

**Melissa Sweet**

Nicola Roxon urges activists for communities to help create the fertile ground that enables govt to make change to address inequities etc. It’s about more than just being critical of govt. #HealthReImagined

**Dr Rajna Ogrin**

#healthreimagined @VicHealth #Community HAS control to drive holistic change for a positive, healthy environment for all. We can pressure govt more if we participate by raising the issues to a level of importance - Nicola Roxon

**Leanne Wells**

Post COVID we need to build systems that are versatile and flexible. It is THE time for primary care. Wise and welcome words from Nicola Roxon @VicHealth #HealthReImagined session @SandroDeMaio
Prevention, promotion and the pandemic: where next? #HealthReImagined

Dr Rajna Ogrin
@Rajna_O

#healthreimagined @VicHealth Nicola Roxon - what will make our system more versatile? Need #primarycare to assert it ascendancy in the health system!
@APNA nurses, #AlliedHealth - effective communicators in the community are key during #COVID19 and future care

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Leave no-one behind

Dr Rajna Ogrin
@Rajna_O

#HealthReImagined need to cocreate solutions to build better approaches post #COVID19 - locals are pinpointing the issues where things are failing. Need to build participatory governance - for sustainable solutions - understanding value of lived experience Dr Guy Fones @WHO

Dr Rajna Ogrin
@Rajna_O

#healthreimagined How do we insert people-centred interconnected approaches to build a greener, healthier people and planet post #COVID19? Dr Guy Fones @WHO

Stephanie Wheeler
@S_wheeler_

Talking online engagement today with #ANUSOME folk and it just so happens that the excellent people over at @CroakeyNews are hosting a tweet chat now (about one of my favourite topics!) #HealthReImagined

Croakey News @CroakeyNews - 22h
Guy Fones talking re multiple ways that @WHO is bringing together communities of practice towards participatory governance, sustainable solutions post-COVID.

Critical we are co-creating the solutions, pinpointing the gaps & solutions, valuing community.
#HealthReImagined
Show this thread
Focusing on planetary health

There are 2 areas of prevention we could build on with covid-19 learnings, says Dr Selina Lo @MonashUni:

1) Protect our healthcare workers.
2) Responses to climate change. Both require global cooperation, and have complex science to explain.

#HealthReimagined

Lo says three things pandemic/climate change have in common: complex science to be communicated, need for global cooperation, most vulnerable are affected.

Need to use this motivation, and discovery of links between pandemic and national world.

#HealthReimagined

#healthreimagined @VicHealth COVID19 and climatechange both affect those least able to respond, worldwide, and requires multiple systems to address - but the response has been quite different Dr Selina Lo @MonashUni
As the #HealthReImagined discussion continues, so does the illustration grow. Now hearing from Dr Selina Lo re planetary health, decarbonisation, intergenerational equity.

#healthreimagined @VicHealth Dr Selina Lo @MonashUni Future of healthcare needs to be transdisciplinary and intergenerational focus - move from biomedical model to the bio-psycho-social model in #health and emphasising preventative health - keeping people well.
That’s a #HealthReImagined Wrap

Terry Slevin
@TerrySlevin

#healthreimagined
We need Real investment in public health.
5% for prevention and public health has never been more vital
Build our capacity
Our workforce
Our programs

NOW IS THE TIME

Lauren Dempsey
@loza_1818

An illustration summary from today’s
#healthreimagined webinar - sparking great discussion
on #prevention work moving forward @VicHealth
@CancerVic

Croakey News @CroakeyNews : Jul 5
Timely reading: Please check out our #HealthReImagined series - asking if we can respond to the pandemic in ways that will improve health & health equity, & address #SDOH: croakey.org/category/croakey...
By @amriincinerney & HT @VicHealth

Melissa Sweet
@MelissaSweetDr

Check #HealthReImagined if you couldn’t watch live.
Great panelists and discussions on interconnections, transilience and beyond “same old, same old”
You can track Croakey's coverage of the conference here.

Prevention, promotion and the pandemic: where next? #HealthReImagined
#HealthReImagined snapshot: a Twitter takeaway on food, work, cities, equity and prevention

During the period of the webinar series, Croakey’s rotated, curated Twitter account, @WePublicHealth, has been shared among participants, viewers and organisers of VicHealth’s #HealthReImagined series.

Like the series, the tweets have comprehensively covered a range of issues spotlighted in the pandemic, particularly work insecurity, food insecurity, urban design, health equity and prevention.

Among others whose tweets were also featured, we thank:

- Professor Fran Baum, Director of the Southgate Institute at Flinders University: @baumfran
- Dr Sandro Demaio, CEO of VicHealth: @SandroDemaio
- Dr Nick Rose, Executive Director, Sustain: @Nick_Rose96
- Lisa Brassington from Cardinia Food Circles: @AgPeriUrban
- VicHealth: @VicHealth
Safe in and at work

Well hello! It's @MelissaSweetDr borrowing this account briefly to do some RTing of the discussions this week from the #HealthReImagined initiative that @VicHealth is organising. Follow the hashtag over coming weeks, as this week is just the beginning...

A nice addition to a webinar discussion; visual representation #HealthReImagined discussions on reshaping work for health #sdoh
You can track Croakey’s coverage of the conference here.

Highly unsafe working conditions in meatpacking factories & appalling living conditions for migrant farmworkers leading to massive outbreaks of #COVID19 through the US foodchain, jeopardising #foodsecurity. An important interview w chef-author Arun Gupta

store.counterpunch.org/category/count...

This is not just a phenomenon in the US - Joanna Howe, associate professor of law at the @UniofAdelaide says Australia’s #horticultural sector is 'structurally reliant' on #undocumented #migrantlabour bit.ly/315xzYy @crikey_news

#FoodJustice #WorkersRights

The coronavirus could be devastating for Australia’s migrant farm workers

Overcrowding in #regional #farmworkers accommodation a 'perfect storm' ab.co/3fShQjZ @abcnews

The struggle to keep migrant workers safe and informed in the coronavirus pandemic... How regional communities are trying to keep migrant residents and families safe amid the coronavirus pandemic. abc.net.au
Reform global food systems

1. "Industrial agriculture is driving habitat loss & creating the conditions for viruses to emerge."
2. "A range of disruptions are testing the resilience of food supply chains and revealing underlying vulnerabilities."
3. "Hundreds of millions of people are living permanently on the cusp of hunger, malnutrition, and extreme poverty, and are therefore highly vulnerable to the effects of a global recession."
4. "Rebalance economic power for the public good - a new pact between state and society" - "Major governance gaps have emerged, first and foremost in regard to insufficient investment in public health, but also in food security..."
5. Reform international food systems governance - complete the reforms begun in 2007-8 to assert the principle of democratic civil society participation and focus the 2021 Food Systems Summit on 'resilience and agroecology'"
**Food for all**

It’s an honour and pleasure to be tweeting on behalf of @sustainaus for #HealthReimagined for the next 24 hours, supporting the theme of #FoodforAll. We’re a national sustainablefoodsystems organisation & healthpromotioncharity – visit us at susu.org.au

"... While extraordinary steps have been taken by some public authorities to secure food provisioning, the crisis has also seen many people left wholly reliant on the charity and solidarity of their neighbours – who cannot be expected to provide for their basic needs."

This is a great short doco on how a food insecure community can mobilise its resources to pursue the goal of #FoodForAll #healthreimagined #FertileGround #Mississippi #Jackson

*Fertile Ground* Explores How Jackson, Mississippi, Is Charting a Better Food Futur...

The new documentary—and a city-wide public art project—addresses redlining, income inequality, and structural racism through the lens of food. civileats.com
You can track Croakey’s coverage of the conference here.

#HealthReImagined snapshot: a Twitter takeaway on food, work, cities, equity and prevention

Let’s maintain the focus on the food system that #COVID19Aus has created - value local and culturally appropriate food, raise your democratic voice to maintain social security measures, build diversity for resilience.

“What has started as crisis response must be transposed into the new foundations of public governance. The political and economic systems that grow out of this crisis must be rooted in multi-level governance, in governance with civil society, in social and economic inclusion...

Fears for fruit and vegetable industry as farm labour crunch looms #healthReimagined @mariemcinerney @VicHealth

Small and medium-scale producers are less supported by Government, have experienced high levels of uncertainty in connecting to consumers and their own food insecurity during #COVID19Aus #HealthReImagined @VicHealth @AgPeriUrban, Farhat Firdous
Agriculture - Rooted in #Racism

"It’s imperative to address how synonymous the origins of our food system are with the battle currently being fought – how the success of global agriculture has been sown with the blood and sweat of people of color."

We need to uncouple food waste and food insecurity. Recentre human dignity through financial empowerment and community food centres @nick_rose96 @sustainaups @VicHealth #HealthReImagined

The food system will experience more shocks and stresses in the future due to #ClimateChange. We need more diversity. Source locally, establish direct connections between farmers and consumers, range of food enterprises @DrRachelCarey @VicHealth #HealthReImagined

The structural elements of the food system are impediments to change - human rights of workers and #RightToFood, vested interests, fair prices to farmers @nick_rose96 @sustainaups #HealthReImagined
Streets for people

3rd #HealthReImagined panel session is now live: looking at: Streets for people - Lessons from a return to local living. Am livetweeting for CroakeyNews Conference Service, working on the lands of the Wurundjeri people of the Kulin nations vichealth.vic.gov.au/media-and-reso...

#HealthReImagined snapshot: a Twitter takeaway on food, work, cities, equity and prevention

#HealthReImagined snapshot: a Twitter takeaway on food, work, cities, equity and prevention

#HealthReImagined #WalkToday

Let’s Get Scotland Walking
Everyone can feel the benefits of walking to improve physical wellbeing.

PATH NETWORKS
Provide good quality, seamless multi-use pathways in urban and rural areas.

ECONOMIES
Supporting active lifestyle initiatives through improved walking opportunities.

WORKPLACE
Promote walking as an important part of the workplace.

HEALTH & SOCIAL CARE
Promote the benefits of walking for mental and physical wellbeing.

EVERYONE
Walking is free, fun, healthy and for everyday journeys.

#HealthReImagined

Need to understand how this crisis is exacerbating people who already feeling a disproportionate toll in health/income equity, incl re #BlackLivesMatter injustices: priority is to get many to work safely and then protection in the workplace: @annabike #HealthReImagined
Flatten the inequity gradient too

Hello everyone interested in #healthequity its @baumfran here for a day of tweeting about why we have to make #Australia a more equal place if we want to become healthier - follow the discussion
Of course we have to flatten the #COVID curve but what about the health inequity gradient we also need to flatten that gradient and it will be good for everyone's health #auspol

Dr Sandro Demaio @SandroDemaio - Jul 8

Many are asking where the lockdown areas end. See map below.

Stage 3 restrictions will affect Melbourne and Mitchell Shire, for six weeks.

This is to #flattenTheCurve once more, here in Victoria.

For more: dhhs.vic.gov.au/coronavirus #COVID19Vic @VictorianCHO

Daily new increase in coronavirus cases confirmed in Victoria

Thinking of #HealthReImagined has be thinking of the health stack I conceived and Simon Kneebone drew for The New Public Health - sustainable environment basic and then political will for equity leads to social determinants working in the direction of health equity
You can track Croakey's coverage of the conference here.

#HealthReImagined snapshot: a Twitter takeaway on food, work, cities, equity and prevention

On the theme of global inequities the @PHMglobal Global Health Watch #GHW5 is a good primer on why we live in such an unequal world download for free here phmovement.org/global-health-...
#HealthReImagined

US has the worst #COVID19 and no co-incidence that it has terrible inequities too Nancy Krieger interviewed #HealthReImagined

The Intertwined Threads of Inequality and Health
A professor of social epidemiology discusses the causes of racial disparity in health outcomes and what can be done to ameliorate the suffering of the most ...
newyorker.com

Live now at app.sli.do/event/lxwg3jcw... great discussion @SharonFrielOz password #HealthReImagined

...
Having collective impact

#HealthReImagined
@WePublicHealth

#HealthReImagined

Lisa Brassington ❤️ @AgPeriUrban - Jul 2
Replying to @SandraDemaiolo @VicHealth and @MelissaSweetDr
Hey @brisbane_cityqld Food City project, let's sister-city link-up our spaces & community Eg via @ardinia_foodCircles, and let's see what the endless possibilities and land use outcomes can be for all our locals!

#Farm2Plate4PositiveChange. #UrbanFarming #FoodSystems

25% of kids in Coolangatta are obese. 6% higher than the Victorian average.

6:1 is the ratio of non-essential fast food to essential fresh food outlets.

16% of our staff will be lost in the next 30 years if urban growth patterns continue.

94% of us don't eat the recommended amount of fruits & vegetables!

As a collective
From the ground up
Co-learning + co-creating

Our response

We believe in local solutions to local problems. Our grassroots asset is our community. That's why our shared vision and action plan was created through workshops talked within our 300 local residents. - why our core implementation group - the Cardinia Food Movement is made up of farmers, teachers, parents, health workers, politicians, home cooks, gardeners and local residents.

We went on initiating new initiatives from a weekly pop up affordable fresh food market to a community school farm, from community kitchen programs to a Healthy Education Network that supports our teachers across the state. Our work in these programs is to: create, adapt and grow solutions to fit local context.
You can track Croakey's coverage of the conference here.

#HealthReImagined snapshot: a Twitter takeaway on food, work, cities, equity and prevention

@WePublicHealth

Hello, Lisa (@AgPeriUrban) here. Quick intro. Work in @CardiniaShire as Food Circles Facilitator alongside @sustainaus in a Collective Impact project with our @cardinia_food community. Volunteer for @VicFarmers as elected @VFFPeninsula committee & @AustWomenInAg Vic Director.

@WePublicHealth

Soils are essential for our food 🥗总而言�, our health 🌱and our planet 🌍. Soils are under pressure! We need to #StopSoilPollution to ensure our #foodsecurity

@UNGeneva share how a breakthrough in soil analysis could change our food systems for the better bit.ly/3e4H5y1

@Sustain Australia

Hi Lisa! And for those interested, pls check out the Community Food Strategy here- cardinia.vic.gov.au/info/20031/liv... - the first not only for Cardinia Shire but also one of the first for any #localgovernment in #Australia #healthyfoodsystems #sustainablefoodsystems #localfood #COVID19Vic

#HealthReImagined @WePublicHealth . Jul 9

We assist industry, business & community to deliver of outcomes of #CardiniaShireCommunityFoodStrategy: “Grow a healthy, delicious, sustainable 🌱and fair 🏳️‍🌈 local food system. Together creating a vibrant 🌿and flourishing local #CardinaFarm and #CardiniaFood community”. Show this thread
Wrapping up

Not surprisingly, the #SDOH form the backbone for the #HealthReImagined discussions. Maybe these @VicHealth conversations will re-charge, regenerate, reinvigorate, refresh, reinvent the way we talk about & address #SDOH? (follow the hashtag & contribute to the discussions)

#HealthReImagined analytics

According to Symplur analytics, 813 Twitter accounts participated in the #HealthReImagined discussion between 15 June and 16 July, sending 4,286 tweets, and creating 42.7 million Twitter impressions.

Read the Twitter transcript here.

The #HealthReImagined Influencers

Top 10 Influential
- @VicHealth
- @MelissaSweetDr
- @SandroDemaio
- @CroakeyNews
- @WePublicHealth
- @mariemcinerney
- @MichaelMarmot
- @SharonFrielOz
- @Rajna_O
- @billiegr

Prolific Tweeters
- @MelissaSweetDr 768
- @CroakeyNews 379
- @WePublicHealth 302
- @mariemcinerney 243
- @AgPeriUrban 104
- @Rajna_O 155
- @VicHealth 169
- @SandroDemaio 104
- @cardinia_food 61
- @SharonFrielOz 57

Highest Impressions
- @MelissaSweetDr 20.2M
- @VicHealth 4.8M
- @WePublicHealth 4.2M
- @CroakeyNews 3.2M
- @SandroDemaio 2.3M
- @mariemcinerney 1.1M
- @threadreaderapp 1.3M
- @Asher_Wolf 369.4K
- @stickifingers 315.3K
- @AgPeriUrban 303.6K

The Numbers

42,713M Impressions
4,286 Tweets
813 Participants
6 Avg. Tweets/Min
5 Avg. Impressions/Min

Twitter data from the #HealthReimagined hashtag from Mon, June 15th 2020, 8:15PM to Thu, July 16th 2020, 8:15PM (Australia/Sydney) – Symplur

#HealthReImagined Participants

Data for #HealthReimagined can be up to 15 minutes delayed

Stay in touch with the #HealthReimagined participants by following this Twitter list.
You can track Croakey’s coverage of the conference here.

Croakey Conference News Service

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