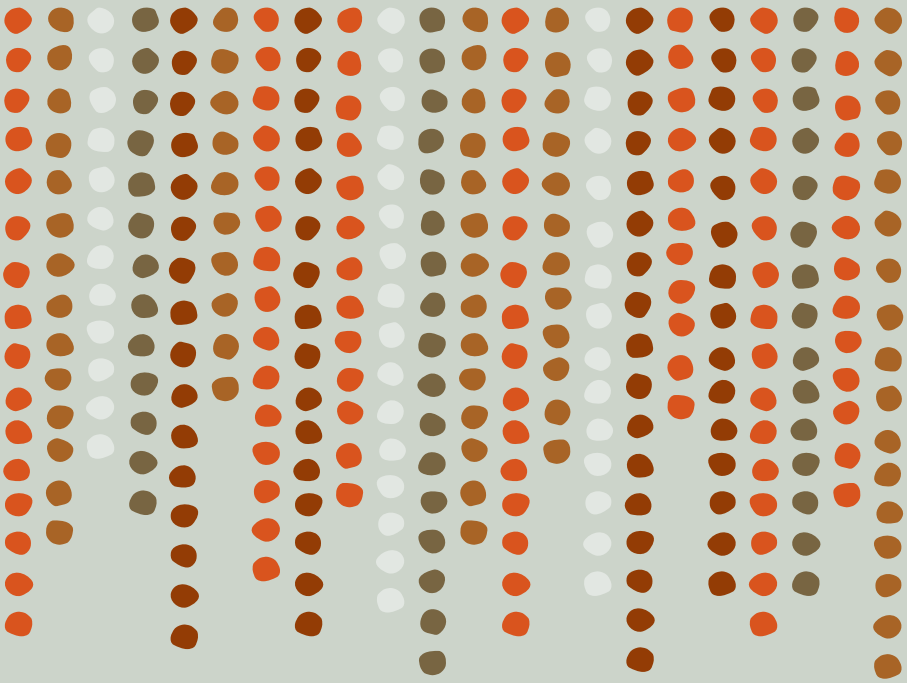
Feasibility Study for a Nationally Accessible Master of Public Health Program Specialising in Indigenous Health

Project Reference Group of the
PHERP Indigenous Public Health Capacity Development Project



This Feasibility Study is a component of the Indigenous Public Health Capacity Development Project of the Public Health Education and Research Program (PHERP) within the Australian Government Department of Health and Ageing

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Onemda VicHealth Koori Health Unit
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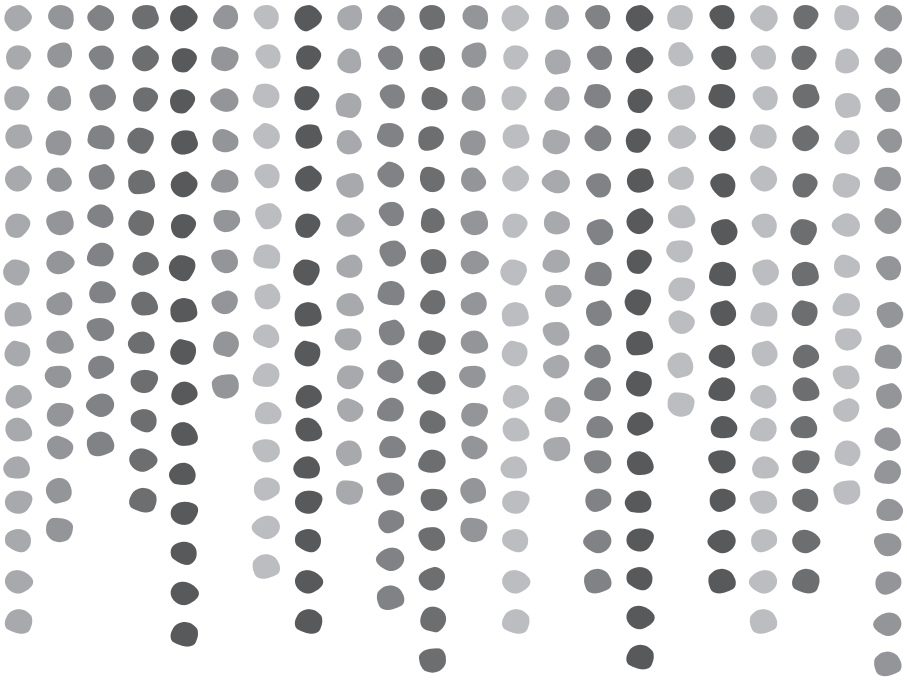

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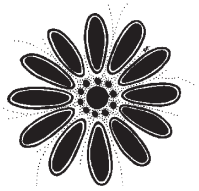

ISBN 978-0-7340-4048-0

First printed in November 2008

Additional copies of this publication (including a pdf version on the *Onemda* website) can be obtained from:

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Original Artwork: Shawana Andrews, Michelle Smith & Kevin Murray
Design and Printing: Inprint Design

For citation:
Public Health Education and Research Program (PHERP) Indigenous Public Health Capacity Development Project Reference Group 2008, *Feasibility Study for a Nationally Accessible Master of Public Health Program Specialising in Indigenous Health*, Onemda VicHealth Koori Health Unit, The University of Melbourne, Melbourne.

Definition:
Within this report, the term 'Indigenous' is used to refer to both Aboriginal and Torres Strait Islander peoples.

Table of Contents

List of Tables

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Cooperative Research Centre for Aboriginal Health

Public Health Association of Australia

Australian Network of Academic Public Health Institutions

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- School of Population Health and Clinical Practice, The University of Adelaide
- Department of Public Health, Flinders University
- Menzies School of Health Research, Darwin
- Anton Breinl Centre for Public Health and Tropical Medicine, James Cook University
- School of Public Health, Griffith University
- School of Population Health, The University of Queensland
- School of Population Health, The University of Western Australia
- Institute of Koorie Education, Deakin University
- Melbourne School of Population Health, The University of Melbourne
- Burnet Institute, Monash University
- School of Health Sciences, University of Wollongong
- School of Indigenous Australian Studies, Edith Cowan University
- Centre for Remote Health, Alice Springs

Abbreviations

ANAPHI	Australian Network of Academic Public Health Institutions
APHNAC	Australian Public Health Nutrition Academic Collaboration
BCA	Biostatistics Collaboration of Australia
CRCAH	Cooperative Research Centre for Aboriginal Health
EFTSL	Equivalent Full-time Student Load
IKE	Institute of Koorie Education (Deakin University)
MPH	Master of Public Health
PHAA	Public Health Association of Australia Inc.
PHERP	Public Health Education and Research Program
VCPH	Victorian Consortium of Public Health

Executive Summary

This feasibility study examined the existing context of Indigenous public health education in Australia, the capacity of teaching programs in Indigenous health and potential ways of structuring a nationally accessible Master of Public Health (MPH) program specialising in Indigenous health commencing in December 2008.

Prior to undertaking the study, an independently managed program similar to the Biostatistics Collaboration of Australia (BCA) was seen as the exemplary model. However, taking into account the existing context of postgraduate public health education in Australia and the costs and risks involved, the study found that a stand-alone program model is not an option and the development timeline is unrealistic.

The findings indicate the need for step-by-step development of a nationally accessible Indigenous public health specialist stream integrated as an option within existing MPH programs nationally. This integrated program should be targeted toward the generic MPH student cohort nationally, in parallel with the existing nationally accessible MPH for an Indigenous cohort at Deakin University and its exemplary learning environment for Indigenous students.

Key criteria emergent within the study regarding a nationally accessible specialist Indigenous public health program, and subsequently applied to the question of feasibility, included the following requirements:

- that an Indigenous public health education program complement the National Public Health Education and Research Program (PHERP) Quality Framework and the existing core Indigenous public health competencies;
- a sustainable funding model to support such a program;
- that the program meet the core interests of collaborating institutions through potentially increased enrolments, augmenting research income or developing industry/community partnerships without posing a threat to these interests;
- flexibility with regard to the developing interests of students and a range of choices within their MPH program;
- that an Indigenous public health teaching program has its own integrity as an up-to-date, research-led, quality program;
- that a risk of a separate program labelled 'Indigenous' encouraging indifference within the mainstream public health sector or misconceptions about the program;
- that flexibly delivered subjects have sufficient enrolments to make small-group learning approaches viable;
- that Indigenous leadership be in place to inspire potential partners and students;
- a solid complement of Indigenous teaching staff;
- partnerships with Indigenous organisations and industry;
- dedicated mechanisms for Indigenous student recruitment and support; and
- flexible pedagogical approaches that include face-to-face learning, an Indigenous cohort experience for Indigenous students and placements in Indigenous health settings.

With regard to Indigenous students, emphasis was placed on flexible delivery with clear entry criteria, negotiable entry and exit points, relevant course content and solid student support mechanisms, including opportunities to study in intensive short-course mode, with an Indigenous cohort, in a culturally safe environment, and with systematic tutoring and support structures. The existing mainstream MPH

programs that provide these supports for Indigenous students are at the University of Melbourne, the University of Queensland and James Cook University. Where Indigenous students prefer to study with an Indigenous cohort, the existing nationally accessible MPH program for an Indigenous cohort offered by the Institute of Koorie Education (IKE) at Deakin University provides the ideal learning environment for Indigenous students.

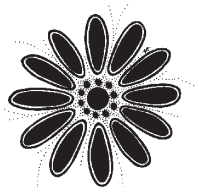
This feasibility study found that a consortium led jointly by the University of Melbourne, Deakin University, the University of Queensland and James Cook University could provide the necessary governance structures for the program. Other key partners with existing Indigenous public health content central to successfully developing this enterprise were identified as the Menzies School of Health Research, the University of Sydney and the Centre for Remote Health.

With the contribution of existing Indigenous public health subject content from this consortium, a phased approach beginning in 2009 with a MPH specialist stream in Indigenous health policy appears feasible. Further curriculum development through 2009 would ensure a specialist stream with all core options available to PHERP public health programs nationally during 2010.

The next steps required for the implementation of a nationally accessible MPH specialist stream in Indigenous health include:

1. secure buy-in and endorsement of the proposed MPH specialist stream in Indigenous health from proposed governing bodies of the MPH specialist stream in Indigenous health (The University of Melbourne, The University of Queensland, James Cook University and Deakin University);
2. secure buy-in and endorsement of the proposed MPH specialist stream in Indigenous health from proposed partnering institutions of the MPH specialist stream in Indigenous health (Menzies School of Health Research, The University of Sydney, Centre for Remote Health);
3. the development of a draft proposal regarding curriculum structure and content: graduate attributes, learning objectives, learning outcomes, prerequisites and the integration logic of core subjects (Indigenous Health and History, Indigenous Health Promotion, Indigenous Health Policy, Research with Indigenous Populations, Indigenous Health Practicum) and proposed electives; and
4. a discussion of the draft proposal regarding curriculum structure at a national workshop with governing bodies, partners of the MPH specialist stream in Indigenous health and industry representatives in order to endorse curriculum content, consider accreditation deadlines and formulate an ongoing work program.

Subsequent steps in the development of the integrated Indigenous public health program for the generic MPH student cohort, once agreement is reached on its structure and governance, will be cross-institutional accreditation both of existing and new Indigenous public health specialist subjects. Curriculum development for new and existing subjects will require further external funding.



Introduction

This feasibility study regarding the development of a nationally accessible MPH program specialising in Indigenous health responds to an identified need for more professionally qualified public health practitioners with a capacity to work effectively in Indigenous settings.

Objective 3 of the *Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework* committed the Australian Government to 'increase the number of Aboriginal and Torres Strait Islander people working across all the health professions (SCATSIH 2002:6), and to 'address the role and development needs of other health workforce groups contributing to Aboriginal and Torres Strait Islander health' (SCATSIH 2002:10). The latter strategy focused specifically on building the capacity of public health professionals through Strategy Number 25: 'A review of existing Master of Public Health (MPH) qualifications to improve the Aboriginal and Torres Strait Islander health content' (SCATSIH 2002:11).

The MPH award is generally recognised by the health industry as the standard training award for licensing health professionals for public health and community health practice. It is a postgraduate program that builds upon a diverse range of undergraduate training. According to Nutbeam (2002:4), 'the MPH program may be characterised as a "degree for postgraduates" rather than a "postgraduate degree", with student intake from a variety of clinical and non-clinical disciplines and occupations'. It is widely accepted that the MPH award should provide a generic range of core skills and knowledge.

The 2005 review of the Australian Government Department of Health and Ageing's Public Health Education and Research Program (PHERP) recommended that in Phase 4 the objectives of PHERP should be to 'ensure that further progress is achieved on developing judgement safe Indigenous public health practitioners working with Indigenous communities' (Durham & Plant 2005:43). The review also noted that 'there is a substantial need for more public health trained Indigenous Australians as well as more training about the issues surrounding Indigenous Australians health for other public health practitioners' (Durham & Plant 2005:47). A proposal put forward by the authors of the *Building Capacity to Improve Public Health in Australia* report, cited in the PHERP review, was to explore the feasibility of a 'virtual faculty'—'a collaboration of ANAPHI [Australian Network of Academic Public Health Institutions] … to deliver a consolidated Master level public health program for the Aboriginal health workforce' (Oldenburgh *et al*. 2005:60).

In 2006, as a component of the contested round grant funding, PHERP commissioned work on the development of a nationally agreed and accessible MPH program specialising in Indigenous health targeted towards a broad non-Indigenous cohort as a component of an Indigenous Health Capacity Development Project. This project is managed by Onemda VicHealth Koori Health Unit at the University of Melbourne and the Institute of Koorie Education at Deakin University. In parallel, the Cooperative Research Centre for Aboriginal Health (CRCAH), in its *Aboriginal Health Research Capacity Development Strategy 2006*, proposed a study of the feasibility of a national collaborative consortium between its core higher education partners with an aim 'to maximising quality, efficiency and accessibility of courses to Aboriginal students, and to the development of a broader health research workforce carrying out high quality, high impact, culturally appropriate research in Aboriginal health' (CRCAH 2006:13). The CRCAH combined resources with Onemda and IKE to undertake this feasibility study.

While broad support existed for the development of a nationally accessible MPH program specialising in Indigenous health and, potentially, a virtual faculty, there was little understanding of the overall context of such a development, related risks and probable costs. Prior to undertaking the study, an independently

managed program similar to the structure of the BCA, was seen as the optimal model, with development and accreditation proposed as the next steps to be achieved by the end of 2008. Initially, this feasibility study investigated how such a program might be structured. It was on the basis of these findings that it became apparent that the development of a nationally accessible MPH program specialising in Indigenous health would required a step-by-step process of collaborative engagement with existing teaching MPH programs. This feasibility study delineates the next steps towards such a nationally agreed and nationally accessible program.

Aims

The overall aim of this study was to determine the feasibility of accrediting and delivering a nationally accessible MPH program specialising in Indigenous health through the participation of CRCAH core partners and other institutions within ANAPHI.

Objectives

The objectives of the study were to:

1. Investigate the optimal curriculum structure of a nationally accessible MPH specialising in Indigenous health, including core subjects, electives, mode of delivery and staffing, and its potential articulation with other professional training programs with a view towards developing a viable and sustainable program;
2. Identify tertiary public health teaching programs that could participate in the delivery of a nationally accessible MPH specialising in Indigenous health, including specific mechanisms to articulate with the MPH for Indigenous cohorts offered through the Institute of Koorie Education at Deakin University;
3. Identify an appropriate management structure and resources necessary to offer a nationally accessible MPH specialising in Indigenous health; and
4. Identify the accreditation requirements for a nationally accessible MPH specialising in Indigenous health and an achievable timeline to complete accreditation for student enrolments and program role out.

Research questions

The research questions guiding the study were as follows:

1. What should comprise the core subjects and electives in a nationally accessible MPH specialising in Indigenous health?
2. What are the key curriculum elements necessary for the effective and appropriate delivery of a nationally accessible MPH specialising in Indigenous health for both Indigenous and non-Indigenous students?
3. Which CRCAH partners and other key public health institutions could contribute to a nationally accessible MPH specialising in Indigenous health?
4. How could a nationally accessible MPH specialising in Indigenous health articulate with the MPH for Indigenous cohorts offered by the Institute of Koorie Education?
5. How might a nationally accessible MPH specialising in Indigenous health articulate with other professional training programs?
6. What are the risks or barriers to implementing a nationally accessible MPH specialising in Indigenous health, how might it affect existing courses and how might risks be minimised?
7. How could a nationally accessible MPH specialising in Indigenous health be managed and what resources are necessary to support it?
8. What are the accreditation requirements and what is an achievable timetable for student enrolments and program role out?

Method

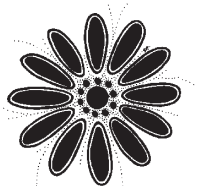
Data collection for this feasibility study was undertaken between December 2007 and May 2008. A broad literature search was undertaken examining MPH curricula in general, national collaborations in public health education, flexible delivery of postgraduate public health education in general, tertiary programs for Indigenous students and flexible delivery of tertiary programs for Indigenous students.

The study also included interview data collected from staff at the fourteen ANAPHI teaching programs that offer Indigenous health content within their MPH programs, and from staff at the Centre for Remote Health in Alice Springs. Interviewees included twelve MPH program managers from these departments (or their nominees) and fourteen Indigenous health subject coordinators. Twenty-three interviews were conducted in all (three participants were both MPH teaching program managers and subject coordinators of Indigenous health subjects within their programs). The interview data was analysed using thematic analysis. The participant departments and institutions were:

- School of Public Health, The University of Sydney
- School of Public Health and Community Medicine, University of New South Wales
- School of Population Health and Clinical Practice, The University of Adelaide
- Department of Public Health, Flinders University
- Menzies School of Health Research, Darwin
- Anton Breinl Centre for Public Health and Tropical Medicine, James Cook University
- School of Public Health, Griffith University
- School of Population Health, The University of Queensland
- School of Population Health, The University of Western Australia
- Institute of Koorie Education, Deakin University
- Melbourne School of Population Health, The University of Melbourne
- Burnett Institute, Monash University
- School of Health Sciences, University of Wollongong
- School of Indigenous Australian Studies, Edith Cowan University, and
- Centre for Remote Health, Alice Springs.

A study reference group (see Acknowledgments, p. iii) reviewed the findings in the write-up stage of the study. The reference group comprised:

- Professor Vivian Lynn, Chairperson, ANAPHI
- Professor Ian Anderson, Director, *Onemda* VicHealth Koori Health Unit, The University of Melbourne
- Professor Cindy Shannon, Faculty of Health Sciences, The University of Queensland
- Dr Richard Chenhall, Menzies School of Health Research, Darwin, and
- Ms Stephanie Bell, Director, Central Australian Aboriginal Congress.



Findings

This section presents findings emergent from a review of MPH curricula within the ANAPHI, a review of relevant reports regarding MPH curricula, and the outcomes of interviews with MPH program managers and Indigenous subject coordinators regarding the feasibility of a nationally accessible MPH program specialising in Indigenous health. The findings address the structure of existing national teaching collaborations, the rationale for developing a nationally accessible MPH program specialising in Indigenous health, ways of structuring such a program, unique considerations regarding an academic collaboration focused on Indigenous health, key elements of an accessible and effective generic MPH teaching program specialising in Indigenous health, and effective strategies to attract and retain Indigenous MPH students. The section further outlines options regarding flexible delivery of a nationally accessible MPH program specialising in Indigenous health, possible core and elective subjects within the program, potential institutional partners in such a collaboration and how it might be managed.

Quality framework

The Public Health Education and Research Program of the Australian Government Department of Health and Ageing is committed to the development of a quality framework for public health education. This follows a recommendation in the PHERP review (Durham & Plant 2005:49) that 'the department investigate mechanisms to assure the inclusion and the quality of teaching of the foundation competencies for judgement safe public health practitioners in epidemiology, biostatistics, health economics, relevant social sciences and Indigenous health'.

In response, the PHERP program, in collaboration with ANAPHI, developed a set of competency standards for public health practice (Human Capital Alliance 2007) applicable to all disciplinary areas, which subsequently incorporated six core Indigenous public health competencies required of every MPH graduate.

The six core Indigenous competencies are:

1. Analyse key comparative health indicators for Aboriginal and Torres Strait Islander people;
2. Analyse key comparative indicators regarding the social determinants of health for Aboriginal and Torres Strait Islander people;
3. Describe Aboriginal and Torres Strait Islander health in historical context and analyse the impact of colonial processes on health outcomes;
4. Critically evaluate Indigenous public health policy or programs;
5. Apply the principles of economic evaluation to Aboriginal and Torres Strait Islander programs, with a particular focus on the allocation of resources relative to need; and
6. Demonstrate a reflexive public health practice for Aboriginal and Torres Strait Islander health contexts.

The *National Indigenous Public Health Curriculum Framework* (PHERP Indigenous Public Health Capacity Development Project Reference Group 2008), which is a guide to the integration of these competencies within existing MPH programs, suggests that academic departments develop a matrix to map content of their required core MPH subjects to determine where each of the Indigenous competencies can be integrated. The key outcome of this initiative is that all MPH graduates should have covered these core competencies within their required MPH subjects. It is expected that a specialist Indigenous public health disciplinary stream of a MPH program will build on the foundational understandings of the six core Indigenous public health competencies.

Rationale for a nationally accessible MPH specialising in Indigenous health

Almost every participant interviewed within the study recognised the need for greater capacity development in the area of Indigenous public health. They advocated for more accessible and appropriate high-quality training for public health practitioners working in the areas of Indigenous public health program management, policy development and research. With regard to the rationale of establishing a nationally accessible MPH program specialising in Indigenous health, participants cited:

- *obvious need*—abysmal health outcomes, a requirement for qualified people with a greater depth of understanding and a 'market' related to the increase in government funding;
- *moral obligation*—a role for universities to demonstrate broader leadership; and
- *an opportunity to create a higher academic profile for* Indigenous *public health*—the consolidation of a critical academic mass with related advantages of leveraging increased resources into research, teaching and practice development.

Structures of existing nationally focused teaching collaborations in public health

Two existing national collaborations within specialist areas of public health were examined in this study. Both the BCA and the Australian Public Health Nutrition Academic Collaboration are mechanisms to offer specialist subjects that are nationally accessible.

The Biostatistics Collaboration of Australia Model

The BCA is recognised as a successful program within which a national consortium of universities delivers high-quality postgraduate study units to a national group of students. All teaching is in distance mode, using printed materials and web-based delivery.

A consortium of industry, government departments and academics teaching statistics initiated the development of the BCA model. They identified the specific market, necessary resources, and management and administrative structures including curriculum and pedagogical processes necessary to deliver one program of study across a number of universities. Key criteria guiding curriculum development emphasised flexible delivery of the units of study to enable equity of access for students, problem-based learning approaches suitable for adult learners, and a practical, industry-based component of study to promote work readiness and job opportunities for the graduates.

An operating grant of $1.23 million was provided by PHERP for the five-year period 2000–05. Additional sources of funding were student fees and in-kind support (office infrastructure) provided by the National Health and Medical Research Council clinical trials centre in Sydney. Fifty-three per cent of the grant was put towards the development of study units, the remainder towards implementing and maintaining a central coordination, evaluation and administration structure, principally involving an executive officer salary. The budget allocated included a one-off cost per unit of study of $25,000 towards curriculum development and $5000 for translation to distance delivery mode. It was projected that fourteen units would be developed over three years. Further funds were required to contribute to ongoing quality improvement and revision of units. Teaching and supervision was to be covered by student fees, which proved uneconomical for courses where enrolments were small, such as specialised electives.

Twelve units of study are taught across eight universities, one core unit is taught by many, and

several others are taught by two or three universities, the rest are taught by one. Each unit of award study is recognised by all the universities and is semester-specific. Students enrol initially at one university, which becomes their 'home' university, maintains their academic records and provides their awards. The units can be taken in different multiples to become a (post) graduate certificate of four units, a (post)graduate diploma of eight units, or a Master degree (in science or in biostatistics) of twelve units—consisting of eight units of coursework plus four units of practical project or work placement. The central coordinating office has an administrator and an executive officer. Each university has unit coordinators (lecturers) and a program coordinator for BCA.

The 2004 review panel (Ryan *et al*. 2004) recommended the addition of an academic appointment at associate professor level or higher to the central unit. However, the steering group argued against this, favouring part-payment of partner university program coordinators' salaries to further reinforce consortium member engagement and ownership of the program. Steering and teaching committees for the BCA meet by teleconference in alternate months, and an advisory committee meets annually; however, the review recommended more face-to-face meetings. The review noted 'high transaction' (Ryan, Jorm & Kniuman 2004:34) costs incurred within the national collaboration around changes to the structure and delivery of the curriculum and some unevenness around the quality of teaching in the absence of external critical review.

The Australian Public Health Nutrition Academic Collaboration

The Australian Public Health Nutrition Academic Collaboration (APHNAC) is a collaboration linking together academic programs offering postgraduate, post-entry level public health nutrition topics through distance education. The participating institutions are Flinders University, Menzies School of Health Research, University of Canberra, The University of Queensland, Griffith University, Deakin University, Monash University, The University of Sydney, Curtin University, The University of Newcastle and University of Wollongong.

The collaboration is primarily focused on delivering a set of advanced-level, peer-reviewed university topics in public health nutrition, which were developed at a cost of $25,000 per subject through a PHERP grant. These are available as electives in MPH or similar degrees and are offered by flexible delivery. Students who enrol in a MPH degree may, depending on the rules and with the permission of the MPH coordinator at their home university, cross-enrol in public health nutrition topics offered by participating institutions. Individuals with an appropriate background can also access these subjects for continuing professional development.

The following subjects are available or are in development:

- Food Policy in Public Health Practice, Flinders University;
- Applied Nutritional Epidemiology, Menzies School of Health Research;
- The Food Environment, University of Canberra;
- Nutrition and International Health, The University of Queensland;
- Capacity building strategies for Public Health Nutrition, Griffith University; and
- Public Health Evaluation short course, The University of Sydney.

The APHNAC is a far less formal collaboration than the BCA model. According to some participants in the study, it has not been as successful in developing a national collaboration focused on Master-level public health nutrition education because:

- there has been a reluctance by some institutions to loosen their rules regarding cross-institutional enrolments in order to protect their own courses and student enrolments;
- subject review and ongoing development was beholden to the priorities of each individual MPH program without resources for a central collaborative structure;
- pedagogical approaches varied between the institutions, with no provision for central oversight; and
- linkages and innovations within the collaboration were constrained by policies and structures of individual institutions.

The nationally accessible MPH tailored for Indigenous cohorts

The Institute of Koorie Education at Deakin University, in partnership with the Victorian Consortium of Public Health (VCPH)—a collaboration of four universities (The University of Melbourne, Monash University, La Trobe University and Deakin University)—delivers the VCPH MPH program to a cohort of Indigenous MPH students using a community-based pedagogical model. Key features of the model include:

- mixed-mode delivery with residential intensive teaching blocks supplemented by distance support;
- community ownership of the learning space and study program;
- a high level of engagement with Indigenous academics and staff;
- a mutually supportive, non-competitive learning environment affirming Indigenous culture;
- dedicated on-site residential accommodation to enhance informal learning opportunities;
- small group, interactive, experiential-based seminar formats;
- two-way acknowledgment of student and lecturer cultural values and systems;
- emphasis on applied theory relevant to Indigenous community and professional experiences; and
- curriculum inclusive of both Western concepts and theories and Indigenous knowledge systems.

Within this program, delivery by way of intensive teaching blocks enables the Indigenous students enrolled to maintain their community and family obligations while undertaking a postgraduate qualification. Academic engagement within an Indigenous cohort is found to be highly supportive by the Indigenous students. This mode of delivery is supported by the appointment of on-site tutors for each student, community visits by lecturers, tele-tutes via telephone conference calls, hard-copy course materials, a loans scheme for laptop computers (accompanied by dedicated information technology support) and tailored library staff support.

The administration of the distance support arrangements is reported to be highly resource-intensive. Entry criteria require students to have an existing undergraduate degree or at least five or six years experience in a community health role in the Aboriginal context. It has been found that students who do not have an academic degree require careful monitoring and significant support through the first six months of the program. Student support is also the key to the high retention rates in the program. Teaching staff seek to ensure that the student's major project and treatise at the end of the course is supported by a local Indigenous supervisor and relevant to the student's own community context.

Through the delivery of this MPH program customised for an Indigenous cohort, key achievements to date have included:

- an increase from six enrolments in 2001 to twenty-four in 2008, with a projected enrolment of thirty in 2009;
- expansion from a Victorian focus to a national focus, with students from six States enrolled;
- a student retention rate of 75–80 per cent, above national averages for Indigenous students;
- development of a community-based pedagogy tailored for an Indigenous cohort that creates a dialogic two-way learning opportunity for participating MPH academics;
- completion of a range of MPH minor projects focused on benefits to the student's own local Indigenous community;
- eleven Indigenous MPH graduates from the program to date (plus two Graduate Diplomas in Public Health); and
- three graduates currently enrolled in PhD programs.

A structure for a national collaboration program in Indigenous health

There is widespread recognition among participants in the study of the need and benefit to provide specialist public health training in Indigenous health, but they expressed concerns about how a national collaboration might work. Participants were made aware of the BCA model, the stand-alone program managed though its own secretariat as outlined above, and of the APHNAC model offering a suite of electives available nationally through flexible delivery to complement core components of the MPH at the student's home institution (see above). Although many issues raised by participants concerned one or the other of these approaches, some issues of concern applied to both.

Common to both a centralised, stand-alone program and a less formal collaboration based around a specialist stream built on a home MPH core was disquiet about the troubling contradiction between calls for greater collaboration and an inherent structure of competition between universities for student enrolments, research funding and industry partnerships. A similar observation was noted in the 2005 PHERP Review (Durham & Plant 2005:56): 'One argument that we received and which seemed reasonable was the argument that geographically co-located universities were natural competitors, competing for students, staff and local contracts and research monies.'

Participants suggested that beyond specifically funded collaborative projects, incentives for universities to collaborate are few. Collaborations are attractive only where university departments recognise an opportunity to increase student enrolments, augment project or research income, or strengthen partnerships with industry and community groups for purposes of research transfer or leveraging further investment.

Also common to both collaborative structures is the issue of leadership. Although a stand-alone structure implies a secretariat with an executive officer and support staff, nevertheless it still remains a collaboration of separate institutions with shared governance. A dynamic and motivated executive officer could provide the leadership necessary, but final accountability rests with a board composed of independent institutions.

In this way, leadership of a separate structure is disadvantaged by the program existing as an appendage to a participating department's own core, institutional business. Where an issue of contention arises requiring a choice between the integrity of the national program specialising in Indigenous health and an institution's own MPH program, in the absence of strong leadership and brokerage within the broader collaboration, the national Indigenous program is at risk. Likewise, a less formal collaboration of geographically dispersed institutions running their separate MPH programs with a negotiated agreement for cross-institutional enrolments also presents leadership challenges.

Curriculum administration issues such as the evaluation of elective subjects within the Indigenous stream to ensure students do not repeat content and the determination of required and prerequisite subjects are also central considerations independent of whether a MPH specialising in Indigenous health is a stand-alone program or a less formal collaboration. In addition, administrative technicalities such as student engagement with a range of web interfaces within diverse online learning management systems and the reconciling of different institutional systems for allocating weightings and credit points for MPH subjects also present challenges. Furthermore, additional course fees and expenses incurred by student travel to onsite teaching intensives are a disincentive to enrolments (common to both a stand-alone and a less formal program).

A centralised, stand-alone program

The main advantage identified by participants in the study associated with a centralised stand-alone program was the potential to develop a high-quality, integrated MPH program specialising in Indigenous health using exemplars from Indigenous contexts across all the core public health disciplines including epidemiology, biostatistics, health promotion, social determinants of health, public health research systems, and policy and health services management. Potentially, a stand-alone program promises high levels of quality control through a dedicated secretariat staffed by Indigenous public health academics and administrators with sufficient resources to develop and monitor teaching quality, subject content and

assessment processes as dedicated components of an overall integrated curriculum. Although an approach based on the BCA model described above suggests a small secretariat supported by individual program managers and subject coordinators based within their home institutions, potentially such a flagship dedicated, specialised program would gain high visibility and status and create a purpose-driven national partnership and academic mass of highly qualified professionals focused on a national program with significant potential to raise the profile of Indigenous public health nationally.

However, participants also identified a range of potential difficulties with a centralised, stand-alone program. These included concerns about its status in competition with existing programs and strategic disadvantages associated with a separation of Indigenous public health from mainstream MPH programs. Concerns were raised about attracting the required number of student enrolments to make the investment worthwhile. A salutary lesson was reported regarding the Public Health Education Program for Physicians that was funded and fully developed but failed to get sufficient enrolments to be viable. The potential of competition to reduce the pool of potential students available to all MPH programs, especially those in smaller locations, was seen as a central problem. Questions were raised as to whether there were enough students to support another MPH program alongside existing programs. The requirement for dual administrative systems to monitor student progress through a centralised course, in addition to administrative structures within a student's home institution, was also seen as potentially troublesome and confusing. Furthermore, it was suggested that in the likely absence of ongoing curriculum development resources, quality control and course upgrades become a problem for a separate program. Moreover, because subject coordinators have responsibilities to the integrity of their own MPH programs within their home institutions, a sense of a loss of ownership by program partners and fragmentation of a once-integrated program were seen as a downside.

Separation from a recognised institutional base was seen as problematic with regard to sustainability of a centralised, stand-alone program in terms of access to ongoing funding outside the mainstream structures. With regard to the flexibility of study options common to most MPH programs, separation from mainstream was seen as quite limiting with regard to student options at a stage too early in their induction to academic public health. Moreover, Indigenous participants in the study warned of the potential for a special teaching program under the label 'Indigenous' to be seen as a lesser program in a context of broader ignorance and mistrust. It was suggested that potentially a separate program could create indifference in academic public health policy development, both locally within institutions and nationally, if Indigenous public health was seen as separate or special.

A collaboration focused upon a specialist MPH stream

Participants identified a number of advantages regarding the provision of a range of nationally accessible specialist subjects in Indigenous public health that could form a specialist stream within existing MPH programs. Advantages of this model were those associated with being part of a mainstream MPH teaching program, greater flexibility regarding changing capacity needs and a stronger mainstream profile for academic Indigenous public health.

A specialist Indigenous stream as a component of a mainstream MPH program offers a greater pool of potential students. Students can also enrol in individual elective subjects without taking the stream. Adequate students numbers are essential for effective small group intensive learning approaches common to many distance education programs. Potentially, specialist Indigenous subjects broadly available as stand-alone electives also become more viable financially.

A specialist Indigenous stream as a component of a mainstream MPH program means that students receive their MPH award from an existing nationally recognised program with access to a greater array of elective subjects than would be available in a stand-alone MPH specialising in Indigenous health. By being part of a mainstream MPH program, subjects have greater flexibility, can be upgraded in response to changing capacity needs and do not require special funding for these purposes. It was also suggested that by being integrated within existing MPH programs, Indigenous public health could maintain a stronger profile, in comparison to being separate, with greater potential for innovations and initiatives though strategic partnerships and leveraged funding.

Disadvantages regarding a national collaboration focused on a range of Indigenous public health electives forming a nationally accessible MPH stream included: leadership and communication problems associated with national collaborations in all fields, concerns about the integrity of the Indigenous content in the curriculum and, as mentioned above, the administrative issues related to student cross-enrolments.

Institutional structures supportive of a national collaboration on Indigenous health

Participants identified a range of institutional structures important to a national collaboration for a MPH specialising in Indigenous health. They included Indigenous leadership for such a program, Indigenous teaching staff, Indigenous input into curriculum development, an emphasis on partnerships with both the Indigenous community and Indigenous primary health care providers, and specific Indigenous student recruitment and retention strategies including student support. Both MPH program managers and Indigenous subject coordinators emphasised the importance of such structures. It was suggested that evidence of such structures might offer a set of criteria to determine participation within a national collaboration on a MPH specialising in Indigenous health.

Responsiveness to Indigenous leadership

Three program managers, one of whom was also an Indigenous subject coordinator, and two Indigenous subject coordinators stressed the importance of Indigenous leadership for a national collaboration around a specialist academic program focused on Indigenous public health. Indigenous academic leadership was seen as important with regard to inspiring other Indigenous public health academics and postgraduate students to both join the program and for furthering mentoring, and for the establishment of credible linkages and partnerships with other Indigenous academics, Indigenous academic support units and the Indigenous primary health care industry sector.

Mentoring of Indigenous teaching staff

Five program managers noted it was important that Indigenous staff lead the teaching program in Indigenous public health, not only for the inspiration and mentoring of Indigenous students (in particular, their recruitment and retention), but also to ensure an Indigenous perspective on the issues and to reinforce the credibility and integrity of the program. Particular emphasis was given to the need for highly qualified academic public health teaching staff with direct experience of the complex interplay of Indigenous health determinants, the context of Indigenous peoples lives and public health intervention strategies. Respondents suggested that face-to-face contact with Indigenous teaching staff was critical to provide the opportunity for mainstream students, in particular, and Indigenous students to learn through the oral tradition of Indigenous history, storytelling and experience.

Of critical importance according to these participants was dedicated funding to support the employment and mentoring of Indigenous academics. Also noted was the need to develop within programs a cohort of Indigenous academics who could provide peer support, establish a presence, and take leadership around organisational and structural issues related to the place of Indigenous health within academic public health.

Partnerships with Indigenous organisations and the industry

MPH program managers and Indigenous public health coordinators in equal numbers highlighted the importance of partnerships between academic public health teaching programs, the Indigenous community and the Indigenous primary health care sector for the success of an academic public health program in Indigenous health. Potentially, such partnerships promise a wide range of opportunities for knowledge transfer and exchange including input and advice on curriculum, an Indigenous perspective on teaching content, opportunities for field visits, exposure to community protocols and experiential learning for both academic staff and students. Delivery of teaching segments by local Indigenous people telling their stories and experiences of public health issues was seen as beneficial in two ways. First, it would assist non-Indigenous students because it would enable them to relate to the 'lived experience' of Indigenous health

disadvantage and expose them directly to Indigenous initiatives in public health; second, it would support Indigenous students, as it would strengthen their engagement with the teaching program.

Community partnerships potentially also provide the basis for collaborative research in Indigenous public health and, in turn, research-led teaching. Strong local partnerships and the presence of local Indigenous community members within academic public health departments creates a welcoming and supportive environment for Indigenous students. It was suggested that a national collaboration in Indigenous public health should have both an Indigenous community reference group and a generic industry advisory group to advise on curricula.

Indigenous student recruitment and support

The need for dedicated resources and strategic consideration to recruitment and support of Indigenous students within a public health program specialising in Indigenous health was highlighted by both MPH program managers and Indigenous health subject coordinators. With regard to student recruitment, participants highlighted the importance of an Indigenous academic staff presence within public health programs, a supportive and welcoming environment acknowledging the status of Indigenous peoples, and curriculum relevant to the family and community experiences of the students.

Although recognition of Indigenous health professionals' work experience was highlighted regarding student entry criteria, it was suggested this was only a viable strategy if academic public health programs could provide the high levels of support necessary, including sufficient mentoring and tutoring opportunities to ensure students attain the requisite writing and argumentation skills of a Master-level program. Otherwise, pre-program training in academic writing, critical thinking, a background to research and evidence, and basic algebra were recommended. Emphasis was placed on the need to be clear and explicit with potential Indigenous students about the expectations and requirements of the academic program. Varied entry and exist points were suggested. A fundamental recruitment incentive is the guarantee of Commonwealth Supported Places for Indigenous applicants.

Support structures important to the retention of Indigenous students highlighted by participants included a strong relationship between academic public health teaching programs and Indigenous education support units within institutions and an ability of teaching programs to accommodate Indigenous learning styles, Indigenous worldviews and oral histories. Participants also stressed the importance of departmental protocols and structures to ensure flexibility for Indigenous students regarding attendance and assessment in recognition of the existing burden of disease and social disruptions common to Indigenous families and the corresponding family obligations of Indigenous students. A key support identified for Indigenous students is the opportunity to go through the teaching program with a cohort of other Indigenous students.

Within the MPH offered by IKE at Deakin University (in association with the four universities within the VCPH), not only is there Indigenous leadership, Indigenous academic staff, provision of a culturally safe learning space, a curriculum that has direct relevance to the family and community lives of the students, and respect for Indigenous learning styles and Indigenous worldviews, but the Indigenous cohort is also supported practically through:

- systematic student liaison supervised by teaching staff;
- provision of laptop computers on the basis of a loans system;
- institutionally supported community-based tutors;
- tailored library support and database training;
- dedicated residential accommodation; and
- access to a financial loans scheme.

Unique curriculum elements important to a MPH specialising in Indigenous health

Participants in the study highlighted some other unique curriculum elements important to teaching and learning within an Indigenous public health academic teaching program. They included having opportunities for face-to-face dialogue, exposure to a range of perspectives, placements with Indigenous contexts and examples of Indigenous success stories.

Face-to-face learning

Although the development of a nationally accessible postgraduate program implies delivery by distance education, a majority of MPH program managers and almost all Indigenous health subject coordinators emphasised the importance of a face-to-face component within the teaching. They stressed the centrality of communication in the public health enterprise both for teamwork skills and in the development of productive human relationships. Likewise, engagement with Indigenous oral history and storytelling was emphasised as critical to communication within the Indigenous domain:

Words and numbers on paper do not get the whole story across—some face-to-face contact is definitely important (MPH Program Manager 4).

You want to provide students with a transformative learning process—nothing beats face-to-face for that—they need to get to know each other and the subject co-ordinator in a safe environment—the people who attend these courses want to develop a deeper understanding—they need to be able to test out their existing assumptions and points of view…You also want to incorporate a variety of teaching methods—there will always be a variety of learning styles…most people will come from a busy background and they will need time away to immerse themselves…you need a mix to join a community of practice (MPH Program Manager 9).

One respondent suggested that flexible delivery, in particular web-based learning for Indigenous students, presented particular difficulties, not the least that many Indigenous students come from resource-poor environments lacking access to computers and dedicated private learning spaces. A majority of program managers and Indigenous subject coordinators advocated for face-to-face learning for Indigenous students and stressed the importance of personal relationships. They reported that Indigenous students seem to be well motivated by the Indigenous cohort experience, studying with like-minded individuals, swapping stories and having the opportunity to interact.

Emphasis was given to the value of student interaction through presentations and face-to-face engagement in tutorial and discussion groups. Likewise, the importance of student exposure to both Indigenous workers from primary health care organisations and Indigenous community members and their stories and experiences were also highlighted. In some MPH distance programs, residential intensive components are compulsory.

Exposure to a broad range of perspectives

Also important within the teaching program is presentation of a wide range of perspectives in keeping with the diversity of Indigenous Australians, disparate Indigenous and non-Indigenous academic perspectives, and local perspectives including those of both service providers and consumers and those of Elders. Besides an endorsement of the benefits of studying in a cohort for Indigenous students, it was also suggested that Indigenous students would benefit from learning alongside non-Indigenous students and staff, thus reflecting the realities of the day-to-day workplace. Two-way mentoring between Indigenous students and non-Indigenous staff was also proposed.

Placements in Indigenous primary health care contexts

Equal numbers of both MPH program managers and Indigenous health subject coordinators emphasised the value of an experiential component to learning, through placements within both Indigenous organisations and other agencies employing Indigenous staff. Again, partnerships with local Indigenous service providers and other health agencies were seen as a way of facilitating these opportunities. The importance for students of seeing non-Indigenous people working in organisational structures led by Indigenous people and

respecting community protocols was also stressed. Participants stressed the need for properly supported placements within local Indigenous primary health care services in a way that is both sustainable and meaningful. Ongoing exposure to Indigenous success stories was also given emphasis by participants.

Best practice flexible delivery for a MPH specialising in Indigenous health

Most respondents in the study agreed that the flexible mode of delivery required within a nationally accessible MPH specialising in Indigenous health was a practical way to attract practitioners already in the workforce, particularly those in rural and remote locations with reduced learning opportunities. A number of participants already deliver courses to students in rural and remote contexts.

Seven MPH program managers (including two who taught Indigenous health subjects) and eight Indigenous health subject coordinators (that is, fifteen of the twenty-three participants overall) indicated that within a course with a focus on Indigenous health and where Indigenous knowledge is most suited to oral transmission, face-to-face contact is highly desirable. It was suggested that public health is largely about human interaction and demands high levels of teamwork signalling the need for face-to-face interaction between students and lecturers, and between students. This was felt to be of particular importance early in the course within foundational subjects in order for students to communicate core concepts, to share and apply analytical frameworks, and to build a community of practice, and to orient students with minimal recent experience of tertiary education. Hence, there was strong support for either one-week or two-week teaching intensives. It was suggested that this mode of delivery would also combine well as professional development short courses for further workforce training. In particular, participants advocated for significant amounts of group work, opportunities for oral presentations and some assessment tasks during the face-to-face intensives supported by prior reading and subsequent project work.

Participants suggested that face-to-face intensive learning be backed up with both written and online resources, as well as by further opportunity for online interaction, either web-based or through teleconferencing. One respondent observed that the online component should only be utilised for interaction between students focused upon case studies or problem-based learning scenarios; that any greater involvement online is too optimistic. Although some institutions already experienced in this mode of delivery encourage students to participate in online forums and discussions through the strategic use of assessment, hurdle requirements and course structure, other institutions reported less than optimal results using such incentives, particularly regarding part-time students with full-time work commitments. Some institutions make both their residential components and participation in online forums or teleconferences compulsory. Respondents indicated that viable online interactive learning requires between eight and fifteen participants in a subject. Importantly, the need for online forums to be moderated assiduously by lecturers to ensure discussion is aligned with learning objectives was given particular emphasis. Up-to-date web-links, online access to libraries and access to specific web-focused, online written materials or CD–ROMs were also stressed. One participant noted that Johns Hopkins School of Public Health includes a formal study unit in methods of distance learning, Introduction to Online Learning, which must be completed successfully before enrolment in the distance program is allowed.

Nevertheless, while support for flexible mixed-mode delivery was strong, it was also pointed out that some potential students will not have broadband access and may not have access to either a computer or a private study space and, for this reason, it would be important to have subjects accessible in a traditional written distance education format with a course outline, learning guide and reader.

Flexible delivery and Indigenous students

Seven of the twelve MPH program managers and eight of the thirteen Indigenous MPH subject coordinators offered specific suggestions regarding tailored pedagogical approaches for Indigenous MPH students. This contrasted with some other Indigenous MPH subject coordinators who specifically proposed that Indigenous students should only undertake mainstream programs. Those participants advocating mainstream programs were concerned that a specific *course* for Indigenous students would not be recognised as an equivalent qualification, or graduates would be perceived as less qualified.

Nevertheless, those advocating tailored programs for Indigenous students pointed to specific issues in the context of the daily lives of Indigenous people that mitigate against their success in mainstream programs. These included the health issues faced by Indigenous families and concomitant responsibilities of students to support family members (alongside other family and community obligations), the burden of financial responsibilities faced by Indigenous people in the cohort of potential postgraduate student recruits, their related full-time work obligations and time poverty, housing deficits faced by many families in the Indigenous community (which leads to a shortage of private study space), the geographical isolation faced by a substantial proportion of Indigenous students (which disadvantages them in terms of adequate broadband services and Internet access) and, not least of all, access to an up-to-date computer; moreover, the overall social disadvantage faced by a high proportion of members of the Indigenous community and its myriad effects on the capacity of students to study.

Together these factors were the basis of a call for a highly flexible teaching program; in particular, one based upon one-week or two-week teaching intensives. In terms of the mode of delivery to a national cohort of students, most participants in the study advocated for a face-to-face intensive component supplement by a choice of online structured activities or a traditional distance package of written materials with an accompanying CD–ROM. The face-to-face component was seen as important for the confidence of Indigenous students; being with other Indigenous learners and Indigenous academic staff strengthens the cultural safety for Indigenous students and is a good vehicle for shared storytelling and oral histories

In addition to the mode of delivery, it was suggested that it is important for the content to be relevant to the experience of Indigenous students, in particular those with pre-existing experience in the community or public health sector. Combining relevant content with small-group learning processes was recommended as a way to set up two-way learning processes with non-Indigenous public health academics; participants suggested such sessions are highly interactive and instructive for teaching staff.

Potential candidates for a MPH specialising in Indigenous health

Who are the likely candidates to enrol in a specialist public health program in Indigenous health. Three types of candidates were suggested:

- clinical practitioners (doctors and nurses) seeking a leadership role in the implementation of Indigenous-focused population health programs requiring public health leadership, management and policy skills applicable to Indigenous contexts;
- science graduates looking for roles at the community level as public health policy officers, requiring health promotion and communication skills appropriate to an Indigenous context; and
- health sciences graduates looking for roles as researchers in Indigenous public health, requiring appropriate research skills for working in an Indigenous context.

Similar to the findings above, participants at the 2003 National Indigenous Public Health Curriculum Workshop (Anderson *et al*. 2004) identified the following as key content within a MPH specialising in Indigenous public health:

- *Indigenous health*—Indigenous health has particular historical, social, cultural, economic and political determinants. Unique principles, values and assumptions underpin approaches to Indigenous health;

- *Indigenous health research*—specific ethical guidelines guide research within Indigenous health. Research encompassing empowerment, healing and self-determination underpinned by Indigenous epistemologies and methodologies need to be acknowledged;
- *Indigenous health policy and planning*—participation, empowerment, self-determination and partnership are foundational to Indigenous primary health care. The policy development cycle shifts with incorporation of Aboriginal standpoints, knowledges and ways of working;
- *Indigenous health promotion*—Indigenous health practitioners have created, refined and adapted particular health promotion models and practices for work with Indigenous communities. This body of knowledge constitutes a unique health promotion practice; and
- *Indigenous comprehensive primary health care*—principles of comprehensive primary health care adapted to self-determination, community control and Indigenous concepts of health based upon unique assumptions, values and principles create a unique primary health care practice with implications for public health practice.

Providing optional streams of study focusing upon Indigenous health policy including leadership and management, Indigenous health promotion and Indigenous health research was supported by inquiry into what are the most important subjects for students within a MPH specialising in Indigenous health.

What subjects should be taught in a MPH specialising in Indigenous health?

This feasibility study asked participants to identify the core and elective subjects to be taught within a nationally accessible MPH specialising in Indigenous health. The twenty-three participants in the study nominated the following subjects as core (the number of participants who nominated each subject is shown, and nominations for subjects as electives are in brackets):

- Epidemiology 21
- Biostatistics 21
- Indigenous Health and History 9 (+3)
- Health Systems (policy and economics) 9 (+8)
- Health Promotion 8 (+2)
- Qualitative Research 7 (+5)
- Health Sociology (social determinants) 6 (+6)
- Public Health Management and Leadership 6 (+8)
- Principles and Practices of Public Health 5
- Indigenous Comprehensive Primary Health Care 4 (+5)
- Indigenous Health Practicum 3 (+6)

Additional elective subjects with at least three nominations included:

- Indigenous Social and Emotional Wellbeing 8
- Environmental Health 7
- Alcohol and Drug Issues 4
- Indigenous Maternal and Child Health 4

Most participants in the study were concerned that a MPH should provide students with the foundational generic understandings necessary for a public health practitioner within any context (including the core Indigenous public health competencies) and that a specialist program in Indigenous health should add deeper understandings central to practice within an Indigenous health context:

The electives should provide more advanced content for those who wish to specialise in Indigenous health—the course needs to provide the icing on the foundational knowledge (Indigenous Subject Coordinator 7).

Particular emphasis was given to Indigenous examples and illustrations within traditional public health subjects. As the results above indicate, the two recognised foundational subjects of all MPH programs that were nominated most highly were:

- Epidemiology
- Biostatistics

In addition, some other traditional MPH subjects (with a particular emphasis on Indigenous examples) were nominated highly:

- Health Systems (policy and economics)
- Health Promotion
- Qualitative Research
- Social Determinants of Health
- Public Health Management and Leadership

One subject that focused particularly on Indigenous health and that was nominated highly was:

- Indigenous Health and History

In addition, three other subjects that focused specifically on Indigenous health were nominated highly as electives:

- Indigenous Comprehensive Primary Health Care
- Indigenous Health Practicum
- Indigenous Social and Emotional Wellbeing

Structures of existing MPH programs

In 2002 the Workforce Development Group within ANAPHI proposed a National Public Health Education Framework that elaborated a set of learning outcomes for the 'compulsory or core component of the MPH degree' (Nutbeam 2002:3). The framework identified the following key public health academic disciplines (Nutbeam 2002:28):

- Epidemiology
- Biostatistics
- Health Promotion and Health Education
- Environmental Health
- Public Health Policy, Evaluation and Management
- Social Sciences and Qualitative Inquiry

A review of the 2008 structure of MPH programs of the ANAPHI members reveals considerable diversity among MPH programs. Diverse requirements exist regarding the number of subjects within courses, whether a research or project component is required, the actual number of required subjects and the focus of these subjects, whether specialist streams are available and, if so, the number of required subjects within a specialist stream, and the overall number of electives available to students within each MPH program. Although the structures of programs are quite diverse, Table 1 (opposite) was developed in order to compare requirements for a three-semester (one-and-a-half year) program at each of the participating institutions (see Table 1, opposite). Of particular note is the structure of the MPH within New South Wales, where at both institutions it is only a one-year program.

Review of ANAPHI MPH programs suggests that in a three semester, twelve unit/subject equivalent program:

- we can assume students will have the option to study at least four elective units (including required subjects in an elective stream);
- we can assume students are also able to undertake a research or practice project of choice worth the equivalent of two units; and
- we can assume that where a specialist stream is offered in a MPH program students generally take four subjects of which at least two are required.

(Note: currently these assumptions are not applicable in NSW.)

Table 1: Comparative structure of a three-semester MPH at a selection of ANAPHI institutions

(assumes a student is eligible where a three semester program requires credits for Recognition of Prior Learning (RPL)

Institution	No. of subjects required in the MPH	Research/ project weighting—subject equiv.	Compulsory subjects	No. of required core subjects	Are streams available? Yes/No	No. of required subjects in stream	Overall no. of electives
The University of Melbourne	10	2	Epidemiology Statistics	4	Y	2 or nil	4–6
Monash University	10	2	Epidemiology Biostatistics	3	Y	3	4
Deakin University	10	2	Principles and Practice of Public Health; Health Promotion; Epidemiology and Demography; Introduction to Biostatistics; Research for Health Practice	6	Y	3	1
University of New South Wales	7	1	Health Promotion and Social Perspectives of Health; Applied Research Methods; Epidemiology and Statistics; Introduction to Public Health; Management and Professional Practice	5	N	0	2
The University of Sydney	8	0	Epidemiology Methods and Uses; Public Health Principles and Practice; Society, Behaviour and Public Health; Introductory Biostatistics	4	Y	3	1
The University of Queensland (specialisation in Aboriginal health)	10	2	Epidemiology; Biostatistics; Health Systems; Social Perspectives	4	Y	2	4
Queensland University of Technology	10	2	Health Statistics; Health Care Delivery and Reform; Population Health; Fundamentals of Epidemiology and Research Design	4	Y	4	2

Table 1 *Continued*

Institution	No. of subjects required in the MPH	Research/ project weighting—subject equiv.	Compulsory subjects	No. of required core subjects	Are streams available? Yes/No	No. of required subjects in stream	Overall no. of electives
Griffith University	12	0	Healthcare Systems; Quantitative Research; Environment and Population Health; Epidemiology: An Introduction; Social and Behavioural Determinants of Health	5	N	nil	7
James Cook University	12	0	Epidemiology for Public Health; Theory and Practice of Public Health; Public Health Management	3	Y	3	6
Flinders University	9	0	Social Determinants of Health and Wellbeing; Research Methods for Social Epidemiology; Public Health: Frameworks for Change; and/or Public Health: Practice Development	3 or 4	Y	1–3	2–3
The University of Adelaide	10	2	Introduction to Epidemiology; Introduction to Biostatistics; Health Economics; Public Health Interventions; Social Science Research Methods for Public Health; Indigenous Health	6	N	0	4
Menzies School of Health Research and Charles Darwin University	12	0	Introduction to Public Health; Sociology and Health; Health Service Organisation, Management and Planning; Introduction to Epidemiology; Health Policy; Introduction to Biostatistics; or Qualitative Research Methods	6	N	nil	6
The University of Western Australia	10	2	Foundations of Public Health; Epidemiology Health Systems and Economics; Biostatistics; Health Promotion	5	N	nil	5
La Trobe University	10	2	Epidemiology and Demography; Introduction to Biostatistics; Public Health Policy; Social and Cultural Perspectives in Public Health.	4	Y	3	3
Curtin University	10	2	Health Research Methods; Foundations of Public Health; Epidemiology and Biostatistics.	5	Y	2	3

Structure of a MPH program specialising in Indigenous health

With regard to the core and elective subjects of a MPH specialising in Indigenous health, the overall findings suggest that students undertake:

- a set of core MPH subjects including:
  - o Epidemiology
  - o Biostatistics
- and some subjects from among:
  - o Health Systems (policy and economics)
  - o Health Promotion
  - o Qualitative Research
  - o Health Sociology (social determinants)
  - o Public Health Management and Leadership

As is evident in Table 1 (page 19), students in most programs will take epidemiology and biostatistics and often at least two other of the above subjects as the required subjects within a MPH program.

Most students have the opportunity to take at least six mainstream MPH subjects including core subjects and electives.

With the assumption that students undertake a three-semester MPH program to complete the equivalent of 120 credit points or 12 x 10 credit point subjects, as indicated in Table 1 (page 19), it can be seen that in most courses with specialist streams students generally do at least four subjects in a stream and that at least two of these subjects are compulsory. In addition, most programs offer a project or research component weighted as worth at least two subjects (20 credit points).

A structure for an Indigenous public health stream of two required Indigenous health subjects plus two elective Indigenous health subjects, and for students to undertake either a fieldwork research project or fieldwork practice project focused on Indigenous health, would provide a structure that articulates with most PHERP MPH programs nationally.

Incentives for participation within a national collaboration

MPH program managers who participated in the study were asked what their institutions would require before consenting to join a national collaboration around the provision of a nationally accessible MPH in Indigenous health.

Key issues identified included:

- evidence of **clear vision** for the program and a complementary **strategic business plan** with definite proposals regarding:
  - o how responsibilities within such a program might be shared;
  - o clarity regarding financial and resource implications, in particular arrangements regarding Commonwealth Supported Places;
  - o arrangements to ensure pre-approval of cross-institutional enrolments among partners;
  - o industry support and buy-in, possibly with guaranteed uptake from government departments; and
  - o provision for regular face-to-face meetings between collaborating institutions;
- evidence of **potential benefits** for participating institutions including:
  - o increased enrolments;
  - o ease of integration into existing program;
  - o research collaboration opportunities; and
  - o community engagement and knowledge exchange opportunities;
- evidence of **quality assurance**, such as:
  - o a clear course logic regarding how course outcomes are related to course objectives and related student pathways and prerequisite subjects;
  - o clearly stated criteria and indictors regarding quality of potential cross-listed subjects;
  - o appropriate high quality teaching and learning evaluation mechanisms;

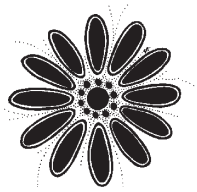
- formally designated processes regarding the development of new content;
- requirements regarding qualifications of teaching staff; and
- endorsement by ANAPHI, the Office for Aboriginal and Torres Strait Islander Health, Aboriginal Community Controlled Health Organisations and State government health departments.

Issues and risks identified for a national collaboration

Participants in the study were asked to identify potential risks involved with a national collaboration around Indigenous public health.

Key risks identified included:

- difficulties for institutions coming to agreement on both the governance and the program structure within such a collaboration;
- inability of institutions to waive cross-enrolment quotas to enable students to access subjects;
- protracted negotiations due to the multiple academic stakeholders and the range of Indigenous stakeholders including Indigenous academics, policy-makers, primary health care providers and community representatives;
- costs associated with the development of new subjects;
- inability of students to attract travel funding to access the program, in particular Indigenous scholarships; and
- adequate selection criteria to ensure student success.



Discussion

A nationally accessible MPH program specialising in Indigenous health responds to a need for professionally qualified 'judgment safe' public health practitioners with capacity to work effectively in Indigenous settings. Although the traditional MPH program provides practitioners with a generic range of public health skills and knowledge, a required capacity for analysis of historical, cultural and social factors shaping Indigenous health outcomes adds significant complexity to the public health effort in this context.

MPH program managers and the coordinators of Indigenous MPH subjects were tempered regarding the proposal for a stand-alone nationally accessible MPH program specialising in Indigenous health, particularly in regard to securing adequate funding for such a program. Although there is widespread recognition of the need and benefit to provide specialist public health training in Indigenous health, there are also significant concerns regarding the structure and management of such a course, student uptake, the status and recognition of the award, impact upon existing MPH courses and the sustainability of the program.

The collaboration necessary to support a nationally accessible specialist postgraduate program potentially gathers together Indigenous public health specialists and critical academic mass around a specialist curriculum with further potential to leverage related research and knowledge transfer activities. Strong partnerships with government, industry and research organisations would ensure that course content reflected practical problems and addressed industry needs.

Optimal structure for a collaboration on a nationally accessible MPH specialising in Indigenous health

Within this feasibility study, two distinct collaborative models for a nationally accessible MPH specialising in Indigenous health were discussed. First, a centralised stand-alone program similar to the BCA and, second, a collaboration focused upon a specialist MPH stream in Indigenous health that MPH students can access as part of the mainstream MPH at their home institutions, similar to the APHNAC.

Viability of a centralised, stand-alone program

Participants suggested that a highly visible, well-funded formal approach, focused on excellence and similar to the BCA model, would give a nationally accessible MPH specialising in Indigenous health the status and recognition necessary both in the academic arena and within industry at the national level. The strength of the BCA model lies in the fact that it is jointly owned, is set upon the basis of a formal agreement, and negotiates with providers as a corporate body with significant standing and status. Such an approach was seen as the best way to maintain integrity and ongoing quality within a national collaborative program. Nevertheless, the response of MPH program managers and the coordinators of Indigenous MPH subjects to such a proposal was extremely cautious, particularly in regard to securing adequate funding for such a program.

On the basis of the scarcity and vagaries of adequate funding, doubt was expressed about the ongoing management of content in a stand-alone MPH in Indigenous health and its sustainability. Questions were asked about what would happen after the typical three-year development grant in the absence of a clear commitment to ongoing funding. If the course is not part of a program that has an ongoing life and is not a part of a department's core ongoing commitment,

questions remain about ongoing quality control. In contrast, it was noted that teaching integrated into the MPH within a department as core business can be constantly upgraded without additional resources being required.

Also of concern was the viability of such a program. Although anecdotal reports suggest that there is a demand for such a program, particularly in rural and remote settings where access to a university campus is restricted, a number of participants emphasised the risk and importance of a study to determine the potential uptake of such a program. The risk of a stand-alone program reducing the viability of other existing MPH courses by reducing student numbers was noted, particularly in smaller universities with only a small pool of potential candidates.

Another concern expressed was about the status of a MPH in Indigenous health award and how it would be regarded in the industry and more broadly. One participant suggested that students could end up at a relative disadvantage in the public health field if their qualification was a MPH in Indigenous health instead of a straight, generic MPH. Indigenous academics participating in this study, with experience regarding 'special' Indigenous courses catering for Indigenous students, advocated for Indigenous students to undertake regular mainstream courses. It was also suggested that the development of a MPH in Indigenous health may provide a rationale for mainstream MPH programs to reduce their Indigenous content on the basis that students interested in Indigenous content could go and study Indigenous public health in the MPH in Indigenous health.

Viability of a collaboration focused upon a specialist MPH stream

Financial benefit is the major advantage of a model of national collaboration focused upon a specialist MPH stream where students complete the core subjects of their home institution's MPH and undertake core and electives of a specialist stream through easily accessible programs offered by other institutions. There is potential increase in funding from higher subject enrolments for participating institutions and minimal ongoing funding costs for the Indigenous specialist subjects, as all curriculum offerings would form part of an existing MPH program. There is also reduced need for external funding to upgrade subjects where they are integral to a specific ongoing MPH program.

Although the major establishment costs of a stand-alone program are avoided, there is also less of a problem regarding competition for students. A collaboration around a specialist Indigenous health stream offers greater flexibility in terms of choices of electives for both students and for program managers as capacity need shifts. Students also receive their MPH awards from an established nationally recognised program associated with their home institutions.

Such a collaboration ensures that Indigenous public health is an integral part of the mainstream MPH; it stays in focus and gains a higher profile rather than being something separate to mainstream public health. In this way, there is greater potential for new initiatives, innovations, research and knowledge transfer in Indigenous public health though strategic partnerships and leveraged funding.

On the basis of the available evidence (in particular, considerations concerning cost, status of the award, incentives for participant institutions and student uptake), a collaboration focused upon a specialist MPH stream nationally accessible through cross-institutional enrolments into Indigenous public health subjects delivered through flexible means is favoured.

The nationally accessible MPH for an Indigenous cohort at the Institute of Koorie Education

Most respondents in the feasibility study stressed the need for Indigenous students to study in a culturally safe learning environment and the benefits of specific pedagogical strategies. Three specific suggestions included, first, a need to facilitate clear pathways into study, including systematic processes for the recognition of prior learning and provision of appropriate bridging courses; second, appropriate support structures including block learning intensives to enable Indigenous students to meet family and community responsibilities, studying with a cohort of other Indigenous students, provision of individual tutors and an obviously Indigenous, positive learning environment (including Indigenous teaching and support staff); and, third, relevant Indigenous content including the opportunity to contrast and analyse Indigenous and professional/academic perceptions

of Indigenous public health issues and how particular intervention might impact the community.

All the pedagogical issues relevant to Indigenous students are structured into the existing MPH tailored for an Indigenous cohort offered by IKE at Deakin University in associated with the Victorian Consortium for Public Health. Although it is important to offer Indigenous students equal access to mainstream MPH courses, where students prefer to engage in an educational program with the support and structures to support Indigenous learning styles, the Institute of Koorie Education program is exemplary. It has both the track record and the infrastructure to make it integral to any proposal regarding a culturally appropriate, nationally accessible program in Indigenous public health.

Vision

The vision for a nationally accessible MPH specialising in Indigenous health is to develop 'Judgement safe Indigenous public health practitioners working with Indigenous communities' (Durham & Plant 2005:43). According to the CRCAH, it is for 'the development of a broader health research workforce carrying out high quality, high impact, culturally appropriate research in Aboriginal health' (CRCAH 2006).

The National Indigenous Public Health Curriculum Workshop and Audit Report (Anderson *et al*. 2004) suggested that central to a public health professional's practice within Aboriginal health is foundational knowledge, including:

- Aboriginal conceptions of health;
- a comprehensive primary health care approach;
- Aboriginal community control;
- social justice and Australia's human rights obligations; and
- recognition of Aboriginal knowledge.

The core Indigenous competencies for public health practice (PHERP Indigenous Public Health Capacity Development Project Reference Group 2008) go some way towards ensuring every MPH graduate has these capacities. A 'judgment-safe Indigenous public health practitioner not only has a capacity to carry out 'high quality, high impact' public health programs and projects in an Indigenous context, but also to undertake them in a 'culturally appropriate' manner. A judgment-safe Indigenous public health practitioner has the technical set of core public health competencies and is also able to work within a decolonising framework alongside Indigenous individuals, families and communities in their struggle to overcome massive health inequities in a highly contested field of practice.

Judgment-safe Indigenous public health practitioners have a shared vision with Indigenous Australians of self-determination and a set of complementary values and principles that guides their practice; in particular, they have cultural respect including respect for Indigenous standpoints and ways of working. Such a practitioner has a capacity to practice in accordance with these values towards a set of objectives that align with those of the Indigenous Australians intended to benefit from these activities.

Matching the capacity to work in a culturally appropriate way with Indigenous partners, a judgement-safe Indigenous public health practitioner has achieved competence in all the core competencies of public health practice (Human Capital Alliance 2007) including:

- health monitoring and surveillance;
- disease prevention and control;
- health protection;
- health promotion; and
- health policy, planning and management.

These are underpinned by:

- research and evaluation methods; and
- professional practice (Human Capital Alliance 2007).

Management and governance of a MPH specialist stream in Indigenous health

The findings of this feasibility study suggest that institutions leading this collaboration should demonstrate the following:

- responsiveness to Indigenous leadership;
- mentoring of Indigenous teaching staff;
- partnerships with Indigenous organisations and the industry;
- Indigenous student recruitment and support; and
- Indigenous public health subjects available through flexible delivery, preferably short-course intensives supported by online or traditional distance packages.

Currently, four PHERP MPH programs have the requisite capacity. These institutions are:

- The University of Melbourne
- Deakin University
- James Cook University
- The University of Queensland

Potentially, these four institutions can offer leadership in setting up a nationally accessible MPH specialist stream in Indigenous health.

A need for one university to champion the proposed collaboration was identified, at least initially, to take responsibility for brokering the collaboration with participating institutions. This institution also requires the capacity and linkages to respond to the emphasis participants gave to the crucial involvement of industry in the program. Together these findings suggest that the national collaboration should be led by an Indigenous academic as director, with the support of an advisory board that has a majority of Indigenous academics experienced in the field of public health. It also suggests the director be situated within an Indigenous public health academic program that responds to the above criteria. Potentially, the University of Melbourne and Deakin University together have the existing linkages, capacity and experience to undertake this role.

Potential partners in delivery

In addition to the institutions above, the review of nationally accessible Indigenous public health content nationally (see further below) suggests the participation of other key institutional partners. These institutions already offer significant Indigenous public health content through flexible delivery that is national accessible. Alongside the existing offerings of the proposed governing institutions, potentially the following institutions can offer proposed core and elective subjects in the Indigenous stream through flexible delivery:

- Menzies School of Health Research, Darwin
- The University of Sydney
- Centre for Remote Health, Alice Springs

Curriculum quality control

A national collaboration on a specialist MPH stream in Indigenous public health will require a structure such that participating institutions formally cross-accredit the Indigenous public health subjects available from other institutions. It may require that they adjust their regulations regarding the number of cross-institutional enrolments available so that subjects within the stream are easily accessible to all students without restriction.

The structure of the specialist stream in Indigenous public health should articulate formal pathways to assist both the tracking of students and staff who advise students. These pathways should include sequenced sets of subjects with particular pre-requisites and monitoring to ensure content is not repeated across the stream. Where institutions deliver their own Indigenous health and history subject, a formal process to ensure common objectives for this foundational subject in the stream will be required.

Institutional imprimatur

In order for the specialist stream to be operationalised, the auspice of the participating institutions is required at a high level to eliminate any existing barriers to the necessary cross-enrolments for a coherent stream to be nationally accessible.

Industry and community reference groups

Findings from the study suggest that the national collaboration should be advised by both an industry reference group and an Indigenous community reference group. Alternatively, given the burden placed on Indigenous communities for these services, it was suggested that sufficient highly qualified Indigenous public health academics are available, such that an advisory board with a majority of Indigenous academics may suffice.

Structure of a MPH program specialising in Indigenous health: Required and elective subjects

This study suggests that all students taking the nationally accessible stream in Indigenous public health should meet the existing requirements of their home institution's MPH program regarding core subjects. Taking the common duration of a MPH subject as three semesters, with the equivalent of twelve units of full-time equivalent study, here the possibilities for a nationally accessible Indigenous stream are examined.

As indicated in Table 1 (page 19), nearly all participants in the feasibility study supported the requirement of all MPH programs nationally that students undertake:

- Epidemiology
- Biostatistics

Other mainstream MPH subjects nominated highly (with an emphasis on Indigenous examples) included:

- Health Systems (policy and economics)
- Health Promotion
- Qualitative Research
- Social Determinants of Health
- Public Health Management and Leadership

In addition, also highly nominated was:

- Indigenous Health and History

This subject suggests itself as the core subject of the Indigenous stream.

Findings from the study also suggest that the uptake into a Master-level program in Indigenous public health will comprise practitioners aspiring to work in policy/ management, health promotion or research. This suggests that within the Indigenous stream a required elective be chosen from:

- Indigenous Health Policy, or
- Indigenous Health Promotion, or
- Research in Indigenous Contexts

Nationally, MPH programs with elective streams require students to undertake three to six core subjects (including Epidemiology and Biostatistics) and between two and four required subjects within the specialist stream. The research or practicum generally accounts for the equivalent of two subjects. Every MPH program has the capacity to permit a student to take at least four subjects in a specialist stream (including specialist core). On this basis, it is recommended that the Indigenous specialist stream comprise four subjects, the two core subjects, Indigenous health and history and onechosen from those above, and two electives chosen from,

- Indigenous Social and Emotional Wellbeing
- Environmental Health in Indigenous Contexts
- Alcohol and Drug Issues in Indigenous Contexts
- Indigenous Maternal and Child health

In addition, given the emphasis on both face-to-face and an Indigenous health practice component, it is proposed that students undertaking the specialist stream in Indigenous health have the option of either undertaking a research project with a small fieldwork component or a practicum in Indigenous primary health care context, which is worth the equivalent of two subjects:

- Indigenous health practice project, or
- Indigenous fieldwork research project

Both the core subject Indigenous Health and History and the Indigenous health practice or field-work research project should stress the theoretical and practical applications of:

- Indigenous comprehensive primary health care (which was given particular emphasis in the findings).

According to the findings above, the structure of an Indigenous stream of a MPH specialising in Indigenous public health could be as shown in Table 2 overleaf.

Table 2: Proposed structure of a specialist stream in Indigenous public health

Indigenous stream	Policy	Health Promotion	Research
Core 1 10 credit points of a 120-credit point program	Indigenous History and Health (including Indigenous model of comprehensive primary health care)	Indigenous History and Health (including Indigenous model of comprehensive primary health care)	Indigenous History and Health (including Indigenous model of comprehensive primary health care)
Core 2 10 credit points of a 120-credit point program	Indigenous Health Policy	Indigenous Health Promotion	Research with Indigenous Populations
Two Indigenous health electives 20 credit points of a 120-credit point program	*Any two of:* • Research with Indigenous Populations • Indigenous Health Promotion • Indigenous Social and Emotional Wellbeing • Alcohol and Drug Issues in Indigenous Contexts • Environmental Health in Indigenous Contexts • International Indigenous Health • Indigenous Maternal and Child Health	*Any two of:* • Indigenous Health Policy • Research with Indigenous Populations • Indigenous Social and Emotional Wellbeing • Alcohol and Drug Issues in Indigenous Contexts • Environmental Health in Indigenous Contexts • International Indigenous Health • Indigenous Maternal and Child Health	*Any two of:* • Indigenous Health Policy • Indigenous Health Promotion • Indigenous Social and Emotional Wellbeing • Alcohol and Drug Issues in Indigenous Contexts • Environmental Health in Indigenous Contexts • International Indigenous Health • Indigenous Maternal and Child Health
Practicum 20 credit points of a 120-credit point program	Public Health Practice in Indigenous Contexts (including Indigenous comprehensive primary health care practice)	Public Health Practice in Indigenous Contexts (including Indigenous comprehensive primary health care practice)	Health Research Practice in Indigenous Contexts (including Indigenous comprehensive primary health care practice)

Existing Indigenous MPH subjects available nationally through flexible delivery from institutions affiliated with ANAPHI are listed in Appendix 1.

Table 3: Optimal overall structure of a MPH specialising in Indigenous health

	Policy	Health Promotion	Research
MPH mainstream core and electives 60 points of a 120-credit point program	Epidemiology Biostatistics *And at least two of:* • Health Systems (policy) • Health Promotion • Health Sociology • Public Health Management and Leadership • Qualitative Research *plus two electives*	Epidemiology Biostatistics *And at least two of:* • Health Systems (policy) • Health Promotion • Health Sociology • Public Health Management and Leadership • Qualitative Research *plus two electives*	Epidemiology Biostatistics *And at least two of:* • Health Systems (policy) • Health Promotion • Health Sociology • Public Health Management and Leadership • Qualitative Research *plus two electives*
Indigenous Public Health Core 1 10 credit points of a 120-credit point program	Indigenous History and Health (including Indigenous model of comprehensive primary health care)	Indigenous History and Health (including Indigenous model of comprehensive primary health care)	Indigenous History and Health (including Indigenous model of comprehensive primary health care)
Core 2 10 credit points of a 120-credit point program	Indigenous Health Policy	Indigenous Health Promotion	Research with Indigenous Populations
Two Indigenous health electives 20 credit points of a 120-credit point program	*Any two of:* • Research with Indigenous Populations • Indigenous Health Promotion • Indigenous Social and Emotional Wellbeing • Alcohol and Drug Issues in Indigenous Contexts • Environmental Health in Indigenous Contexts • International Indigenous Health • Indigenous Maternal and Child Health	*Any two of:* • Indigenous Health Policy • Research with Indigenous Populations • Indigenous Social and Emotional Wellbeing • Alcohol and Drug Issues in Indigenous Contexts • Environmental Health in Indigenous Contexts • International Indigenous Health • Indigenous Maternal and Child Health	*Any two of:* • Indigenous Health Policy • Indigenous Health Promotion • Indigenous Social and Emotional Wellbeing • Alcohol and Drug Issues in Indigenous Contexts • Environmental Health in Indigenous Contexts • International Indigenous Health • Indigenous Maternal and Child Health
Practicum 20 credit points of a 120-credit point program	Public Health Practice in Indigenous Contexts (including Indigenous comprehensive primary health care practice)	Public Health Practice in Indigenous Contexts (including Indigenous comprehensive primary health care practice)	Health Research Practice in Indigenous Contexts (including Indigenous comprehensive primary health care practice)

The proposed structure provides students with the scope for all students to meet the requirements of between three and six core subjects within public health programs and would enable the suggested mainstream subjects above to be recommended by course advisors.

Indigenous specialist stream subjects available nationally

It is clear that the creation of a nationally accessible MPH stream in Indigenous health with a structure such as that set out above is both achievable and viable. Most of the subjects are available either solely through flexible delivery or in combination of both local on-campus delivery and flexible delivery.

In Table 3 (page 29), the proposed teaching subjects within the Indigenous public health stream are matched with the institutions where they are currently available through flexible delivery incorporating face-to-face teaching intensives. Where existing curriculum gaps exist, they are noted. However, this brief review is only a cursory glance at the possibilities. The development of a quality program will require detailed analysis of content to ensure no overlaps, further consideration of the sequencing of subjects and possible requirements regarding prerequisites. Here some obvious issues are considered briefly.

A case exists for the proposed core subject within the Indigenous health specialist stream, Indigenous History and Health, to be taken as an on-campus option where it is accessible to potential students. Many institutions teach foundational subjects in Aboriginal health that include history. Likewise, it may be that other core and elective Indigenous MPH specialist subjects are available locally on campus, which would be appropriate for students to take where they are accessible. For instance, at the University of Melbourne, students might potentially take the following combination of subjects for the Indigenous policy stream within the MPH:

- Aboriginal Health: Past to Present (on campus)
- Policy Processes in Aboriginal Health (intensive)
- Critical Debates in Aboriginal Health (on campus)
- Comparative International Indigenous Health (distance)

Where students are located in regional or remote Australia, access to on-campus, semester-long subjects is not possible. Nevertheless, Menzies School of Health Research in Darwin and the Centre for Remote Health in Alice Springs also offer an array of potential core and elective subjects focusing on Indigenous public health in remote Australia. In some instances both these institutions offer Indigenous-focused subjects that are not available elsewhere, such as the health management subjects offered by the Centre for Remote Health. Although these are obviously useful to public health professionals working in remote contexts, the fact that 40 per cent of Aboriginal people live in rural and regional Australia and another 30 per cent live in the city suggests that the remote emphasis will not always be useful to Indigenous public health students. It is important that subjects more relevant to urban and regional contexts are developed.

Table 4: Indigenous specialist stream subjects available nationally

Indigenous public health subject	Institutions where available through flexible delivery incorporating intensive face-to-face delivery
Indigenous History and Health (note that Aboriginal health including history is available as an on-campus subject within the MPH program in every State and is cross-accredited within PHERP consortia in these locations—see Appendix 1)	School of Medical Education, University of New South Wales **Indigenous Health in Australia** Existing delivery mode: 2-day intensive plus traditional printed distance package Credit points: 0.125 EFTSL (Equivalent Full-time Study Load) Anton Breinl Centre for Public Health and Tropical Medicine, James Cook University **Aboriginal and Torres Strait Islander Health** Existing delivery mode: 10-day intensive plus online learning with printed materials Credit points: 0.125 EFTSL Monash University, Burnett Institute and Victorian Aboriginal Community Controlled Health Organisation **Aboriginal Health** Existing delivery mode: 5-day intensive short course plus associated assignments Credit points: 0.125 EFTSL School of Population Health, The University of Western Australia **Aboriginal Health** Existing delivery mode: 5-day intensive short course plus associated assignments Credit points: 0.125 EFTSL Centre for Remote Health, Alice Springs **Context of Remote Health** Existing delivery mode: 8-day intensive plus online, teleconferences, printed materials Credit points: 0.125 EFTSL Menzies School of Health Research and Charles Darwin University **Indigenous Society and Health in North Australia** Existing delivery mode: 1-day intensive plus online learning with printed materials Credit points: 0.125 EFTSL
Indigenous Health Policy	School of Population Health, The University of Queensland **Indigenous Health Policy** Existing delivery mode: 5-day intensive plus online learning with printed materials Credit points: 0.125 EFTSL School of Population Health, The University of Melbourne **Policy Processes in Aboriginal health** Existing delivery mode: 4-day intensive short courses plus associated assignments Credit points: 0.125 EFTSL

Table 4 *Continued*

Indigenous Health Promotion	Department of Public Health and Community Medicine, The University of Sydney **Indigenous Health Promotion** Existing delivery mode: Intensive 2-day workshop supplemented by seven onsite lectures Credit points: 0.042 EFTSL *Further curriculum development required for flexible delivery and broader content and coverage* Menzies School of Health Research and Charles Darwin University **Promoting Aboriginal and Torres Strait Islander Health** Existing delivery mode: 3-day intensive plus online learning with printed materials Credit points: 0.125 EFTSL Centre for Remote Health, Alice Springs **Health Promotion** Existing delivery mode: 2-day intensive plus online, teleconferences, printed materials Credit points: 0.167 EFTSL
Research with Indigenous Populations	Melbourne School of Population Health, The University of Melbourne **Ethical Research Practice in Aboriginal Health** Existing delivery mode: 2-day intensive short course plus associated assignments Credit points: 0.0625 EFTSL *Expanded curricula to cover appropriate methodologies in Indigenous contexts may be required* Centre for Remote Health, Alice Springs **Introduction to Research and Evidence-based Decision-making** Existing delivery mode: 2.5-day intensive plus online, teleconferences, printed materials Credit points: 0.125 EFTSL
Indigenous Social and Emotional Wellbeing	Melbourne School of Population Health, The University of Melbourne **Aboriginal Social and Emotional Wellbeing** Existing delivery mode: (subject to revision) Credit points: 0.0625 EFTSL *Further curriculum development possibly required for broader content and coverage*

Table 4 *Continued*

Alcohol and Drug Issues in Indigenous Contexts	Department of Public Health and Community Medicine, The University of Sydney **Non-dependent Alcohol Use Disorders** **Alcohol Dependence and Withdrawal** **Cannabis, Tobacco and Depression** **Opioids and Injecting Drug Use** Existing delivery mode: each is a 5-day intensive short course plus associated assignments Credit points: 0.125 EFTSL *Above subjects form part of a Graduate Diploma in Substance Abuse that has a mentoring program for students* Menzies School of Health Research and Charles Darwin University **Alcohol and Other Drug Issues Among Indigenous Australians** Existing delivery mode: 1-day intensive plus online learning with printed materials Credit points: 0.125 EFTSL
Environmental Health in Indigenous Contexts	*No subject currently available*
International Indigenous Health	Melbourne School of Population Health, The University of Melbourne **International Comparative Indigenous Health** Existing delivery mode: distance online learning Credit points: 0.125 EFTSL *Subject currently in development*
Indigenous Maternal and Child Health	Menzies School of Health Research and Charles Darwin University **Improving Aboriginal Child Health—What Works and What's New** Existing delivery mode: 2-day intensive plus online learning with printed materials Credit points: 0.125 EFTSL
Indigenous Health Practicum	School of Population Health, The University of Queensland **Indigenous Health Practice** Existing delivery mode: practicum plus seminars, online discussion and supervision. Credit points: 0.125 EFTSL Centre for Remote Health, Alice Springs **Ethics, Power and Practice** Existing delivery mode: 2-day intensive plus online, teleconferences, printed materials Credit points: 0.167 EFTSL

Implementation: Consolidating a coherent Indigenous health stream

With some further curriculum development, it appears that offering a nationally accessible MPH stream in Indigenous health is highly feasible. Subject to a more detailed examination of particular subjects, it appears that the overall core subject, Indigenous History and Health or its equivalent is available on campus in each state and also by intensive delivery through a range of providers.

Of the other three optional core subjects, Indigenous Health Policy is already available, as is Indigenous Health Promotion with a specific emphasis on remote contexts. However, the Indigenous Health Promotion subject offered at the University of Sydney, while partially offered as an intensive, also requires consistent attendance at on-campus seminars. Whether this subject can be further developed as wholly an intensive or whether a complete new subject requires development is yet to be determined. Similarly, Research with Indigenous Populations with an emphasis on remote contexts appears to be available; however, the Ethical Research in Aboriginal Health subject offered by the University of Melbourne appears to be in need of further development to become a complete subject available through flexible delivery.

With regard to the recommended electives within the Aboriginal health stream, subject to a more a detailed examination of current offerings, it appears that:

- Aboriginal Social and Emotional Wellbeing currently available at the University of Melbourne as the equivalent of a 0.0625 EFTSL subject for psychiatry registrars requires substantial redevelopment to adapt it and ensure its relevance and accessibility through flexible delivery to MPH students;
- Alcohol and Drug Issues in Indigenous Contexts, which is available with an emphasis on remote contexts at Menzies School of Health Research, is not clearly available at the University of Sydney in the form of a broader subject; it is obvious, however, that this department has considerable expertise to offer. A whole subject would require further development;
- Environmental Health in Indigenous Contexts appears to be unavailable at this time and would require full development as an elective; and
- Indigenous Maternal and Child Health is available with an emphasis on remote contexts. Subject to further analysis, it is possible this subject may have sufficient relevance to regional and urban contexts. Nevertheless, significant curriculum development in this area may also be required.

The proposed choice of an Indigenous health fieldwork research project or an Indigenous health practicum within this MPH program is envisioned as a capstone subject to consolidate and integrate the totality of learning in the MPH Indigenous health stream. The four proposed governing institutions—The University of Melbourne, Deakin University, James Cook University and The University of Queensland—each have the capacity, leadership and partnerships to offer supervision and fieldwork placements for an Indigenous health fieldwork research project. Subject to further investigation, it is likely the proposed partnering institutions also have this capacity; that is, Menzies School of Health Research, the University of Sydney and the Centre for Remote Health in Alice Springs.

An Indigenous health practicum is currently offered by the University of Queensland, while the Centre for Remote Health in Alice Springs offers a Ethics, Power and Practice subject, with an intensive component supplemented by online support in the workplace. Subject to further examination of how these institutions manage these subjects, it appears quite feasible for some of the other institutions mentioned above to develop similar subjects and partnerships with industry organisations.

A phased approach

Given sufficient resources to address the existing curriculum gaps outlined above (subject to further detailed examination and consultation with providers), a nationally accessible MPH stream specialising in Indigenous health can be fully implemented through a phased approach through the academic years 2009–10.

Initially in the 2009 academic year, subject to consultation and negotiation of cross-accreditation arrangements, it appears that the Aboriginal health

policy option of the specialist MPH stream in Indigenous health could be offered. Students could take the core Indigenous History and Health subject at one of a number of institutions, the Indigenous Health Policy subject at either the University of Melbourne or the University of Queensland, and two elective Indigenous MPH subjects of their choice (subject to detailed examination of content and subsequent approval from the nationally accessible Indigenous MPH stream coordinator in consultation with the MPH program coordinator of the home institution). The research fieldwork or practicum component for the initial students would be undertaken in the first half of the 2010 academic year, providing sufficient lead time to further organise and determine appropriate supervision for this practical capstone (25 credit point) component of the program.

Throughout the second half of 2008 and through the whole of 2009, the detailed examination, curriculum development and alignment of subjects in both the health promotion option and the research option of the nationally accessible MPH specialist stream in Indigenous health can be undertaken. The brokerage of the necessary negotiations for cross-institutional enrolments and cross-accreditation of subjects at the participating institutions throughout the remainder of 2008 should ensure that the necessary institutional course and subject approval processes are well in hand through the period December 2008 to April 2009, during which new course approvals are required to be submitted.

The next immediate steps required for the implementation of a nationally accessible MPH specialist stream in Indigenous health include:

1. Secure commitment and endorsement of the proposed MPH specialist stream in Indigenous health from proposed governing bodies of the MPH specialist stream in Indigenous health (The University of Melbourne, The University of Queensland, James Cook University and Deakin University);
2. Secure commitment and endorsement of the proposed MPH specialist stream in Indigenous health from proposed partnering institutions of the MPH specialist stream in Indigenous health (Menzies School of Health Research, The University of Sydney, Centre for Remote Health);
3. Develop draft proposal regarding curriculum structure and content: graduate attributes, learning objectives, learning outcomes, prerequisites and the integration logic of core subjects (Indigenous Health and History, Indigenous Health Promotion, Indigenous Health Policy, Research with Indigenous Populations, Indigenous Health Practicum) and proposed electives; and
4. Discuss draft proposal regarding curriculum structure at a national workshop with governing bodies, partners of the MPH specialist stream in Indigenous health and industry representatives in order to endorse curriculum content, consider accreditation deadlines and formulate an ongoing work program.

Resource implications

Consolidation of this project throughout the second half of 2008 will be undertaken as an existing component of the current Indigenous Public Health Capacity Development Project funded by PHERP and managed by Onemda VicHealth Koori Health Unit at the University of Melbourne and the Institute of Koorie Education at Deakin University. During this period, potentially, detailed examination of existing potential Indigenous core and elective subjects and a review of detailed requirements to fill existing curriculum gaps for the nationally accessible MPH specialist stream in Indigenous health can be completed. Likewise, negotiation of cross-institutional accreditation for existing and proposed Indigenous stream subjects can be negotiated with providers, including strategies to meet associated timelines for completion of institutional requirements for course and subject approvals.

Potentially, curriculum development to ensure all options are available to potential students within the Indigenous stream can be undertaken through 2009. It appears that resources to fund partial or whole curriculum development of the following subjects in order to make them available and nationally accessible from their host institutions are necessary:

- Indigenous Health Promotion, The University of Sydney: further curriculum development required for flexible delivery and broader content and coverage;

- Ethical Research Practice in Aboriginal Health, The University of Melbourne: expanded curricula to cover appropriate methodologies in Indigenous contexts may be required;
- Aboriginal Social and Emotional Wellbeing, The University of Melbourne: further curriculum development possibly required for broader content and coverage;
- Alcohol and Drug Issues in Indigenous Contexts, The University of Sydney: current specialised subjects form part of a Graduate Diploma in Substance Abuse; these may require consolidation;
- Environmental Health in Indigenous Contexts;
- Indigenous Maternal and Child Health; and
- Indigenous Health Practicum.

Potentially, it is envisaged that the position of the nationally accessible Indigenous MPH stream coordinator can be incorporated into an ongoing national capacity development project in Indigenous public health managed by *Onemda* at the University of Melbourne and IKE at Deakin University. It is estimated that this position would require a 0.3 EFT (equivalent full-time) level-C position plus on-costs (0.3) during the establishment phase 2009–11. Subsequently, this would reduce to 0.1 EFT level-C plus on-costs (0.3) for 2011 onwards.

In addition to the curriculum development and coordination activities, the project would require an ongoing:

- initial establishment marketing budget over at least the first three years of implementation until integrated within partnering institutions' ongoing marketing plans;
- administrative budget to track student progress in order to establish administrative systems regarding academic policy and protocols in relation to the agreement frameworks for participating institutions—initially 0.3 EFT Higher Education Worker (HEW) plus on-costs during the establishment phase 2009–11; subsequently this would reduce to 0.1 EFT HEW plus on-costs (0.3) for 2011 onwards; and
- governance budget to ensure that the governing and participating institutions maintain regular contact. Initially this would be substantial in the establishment phase, reducing thereafter.

Conclusion

This study of the feasibility of a nationally accessible MPH specialising in Indigenous health responds to an identified need across Australia to develop 'judgement safe Indigenous public health practitioners working with Indigenous communities' (Durham & Plant 2005:43). The aim of the study was to determine the feasibility of accrediting and delivering a nationally accessible MPH program specialising in Indigenous health. Two specific models of delivery were examined: the development of a collaborative stand-alone national MPH program specialising in Indigenous health, and the development of a nationally accessible MPH specialist stream in Indigenous health comprising subjects cross-accredited by institutional partners building on their existing core MPH programs. Data collection consisted of interviews with MPH program managers and Indigenous public health subject coordinators at fourteen member institutions of ANAPHI that already offer Indigenous public health teaching, supplemented by an online survey of existing program structures and a literature review.

The study identified a unique set of parameters important to the development, governance and delivery of a teaching collaboration around Indigenous public health. They included Indigenous leadership, Indigenous teaching staff, partnerships with both the Indigenous community and Indigenous primary health care providers, and specific Indigenous student recruitment and retention strategies. With respect to the teaching of a MPH program specialising in Indigenous health, specific emphasis was given to face-to-face teaching with Indigenous community input, well-supported placements in Indigenous contexts and content including positive Indigenous community success stories.

With respect to all the criteria considered within the study, a nationally accessible MPH specialist stream in Indigenous health available to existing MPH programs nationally through cross-institutional enrolments emerges as the favoured option.

With regard to Indigenous students, emphasis was placed on flexible delivery with clear entry criteria, negotiable entry and exit points, relevant course content and solid student support mechanisms, including opportunities to study in intensive short-course mode, with an Indigenous cohort, in a culturally safe environment, and with systematic tutoring and support structures. The study results suggest that where Indigenous students choose to undertake mainstream programs, a need exists for systematic policies and procedures within departments to address these parameters. Where Indigenous students prefer to study with an Indigenous cohort, the existing nationally accessible MPH program for an Indigenous cohort offered by the Institute of Koorie Education at Deakin University provides an exemplary learning environment that already has the above attributes.

Regarding the content of a nationally accessible MPH specialising in Indigenous health, the findings indicate it should provide traditional MPH content meeting the core competencies within the Competency Standards for Public Health Practice (Human Capital Alliance 2007), with Indigenous public health content supplementing core knowledge. The findings suggest three options within a MPH specialist stream in Indigenous public health built upon a comprehensive understanding of Indigenous history and health. The options would include specialising in Indigenous public health policy, Indigenous health promotion and Indigenous public health research. In addition to two core subjects in the Indigenous public health stream, it is suggested students undertake another two elective subjects.

The proposed nationally accessible MPH specialist stream in Indigenous health with the necessary governance structures outlined above was found to be feasible for a consortium led jointly by the University of Melbourne and Deakin University, with the University of Queensland and James Cook University and partnering institutions Menzies School of Health Research, the University of Sydney and the Centre for Remote

Health. These institutions also appear to have the necessary capacity and specific resources to provide an appropriate learning environment for Indigenous students. Within this consortium, a phased approach beginning in 2009 with a MPH specialist stream in Indigenous health policy appears feasible, with further curriculum development through 2009 ensuring a nationally accessible stream with all options available during 2010.

A national collaboration offering a nationally accessible MPH specialist stream in Indigenous health, as outlined above, promises a high-quality, cost-effective solution to create a higher profile for Indigenous public health within the national MPH program, the graduation of greater numbers of 'judgment safe' Indigenous public health professionals, an opportunity to strengthen linkages between Indigenous public health academics and industry nationally, and potential to leverage opportunities within the collaboration to further Indigenous public health research nationally.

Appendix 1

Existing Indigenous MPH subjects offered through distance mode nationally

Epidemiology

(with an emphasis on Indigenous content)

National Centre for Epidemiology and Population Health, The Australian National University

Indigenous epidemiology

Existing delivery mode: 3-day intensive short course

Credit points: 0.125 EFTSL

Edith Cowan University

Aboriginal and Torres Strait Islander Health Status

Existing delivery mode: traditional printed distance education package

Credit points: 0.167 EFTSL

Biostatistics

(with an emphasis on Indigenous content)

Nil

Health Promotion

(with an emphasis on Indigenous content)

Department of Public Health and Community Medicine, The University of Sydney

Indigenous Health Promotion

Existing delivery mode: intensive 2-day workshop supplemented by seven onsite lectures

Credit points: 0.042 EFTSL—*curriculum development required for greater accessibility*

Menzies School of Health Research and Charles Darwin University

Promoting Aboriginal and Torres Strait Islander Health

Existing delivery mode: 3-day intensive plus online learning with printed materials

Credit points: 0.125 EFTSL

Faculty of Health and Behavioural Science, University of Wollongong

Community Resource Planning

Existing delivery mode: distance learning—CD–ROM, online, printed materials

Credit points: 0.125 EFTSL

Centre for Remote Health, Alice Springs

Health Promotion

Existing delivery mode: 2-day intensive plus online, teleconferences, printed materials

Credit points: 0.167 EFTSL

Health Policy

(with an emphasis on Indigenous content)

School of Population Health, The University of Queensland

Indigenous Health Policy

Existing delivery mode: 5-day intensive plus online learning with printed materials

Credit points: 0.125 EFTSL

School of Population Health, The University of Melbourne

Policy Processes in Aboriginal health

Existing delivery mode: 4-day intensive short courses plus associated assignments

Credit points: 0.125 EFTSL

Edith Cowan University

Aboriginal and Torres Strait Islander Health: Context and Policy

Existing delivery mode: traditional printed distance education package

Credit points: 0.167 EFTSL

Centre for Remote Health, Alice Springs

Remote Health Management: Policy and Leadership

Existing delivery mode: 2.5-day intensive plus online, teleconferences, printed materials

Credit points: 0.167 EFTSL

Indigenous History and Health

School of Medical Education, University of New South Wales

Indigenous Health in Australia

Existing delivery mode: 2-day intensive plus traditional printed distance package

Credit points: 0.125 EFTSL

Department of Public Health, School of Medicine, Flinders University

Social Determinants of Indigenous Health

Existing delivery mode: distance package—online learning with printed materials

Credit points: 0.167 EFTSL

Anton Breinl Centre for Public Health and Tropical Medicine, James Cook University

Aboriginal and Torres Strait islander Health

Existing delivery mode: 10-day intensive plus online learning with printed materials

Credit points: 0.125 EFTSL

School of Population Health, The University of Queensland

Issues in Aboriginal and Torres Strait Islander Health

Existing delivery mode: distance online learning with printed materials

Credit points: 0.125 EFTSL

Monash University, Burnett Institute and Victorian Aboriginal Community Controlled Health Organisation

Aboriginal Health

Existing delivery mode: 5-day intensive short course plus associated assignments

Credit points: 0.125 EFTSL

School of Population Health, The University of Western Australia

Aboriginal Health

Existing delivery mode: 5-day intensive short course plus associated assignments

Credit points: 0.125 EFTSL

Faculty of Health and Behavioural Science, University of Wollongong

Aboriginal Health Issues

Indigenous Health Patterns

Existing delivery mode: distance learning—CD–ROM, online, printed materials

Credit points: 0.125 EFTSL

Centre for Remote Health, Alice Springs

Context of Remote Health

Existing delivery mode: 8-day intensive plus online, teleconferences, printed materials

Credit Points: 0.125 EFTSL

Health Sociology
(with an emphasis on Indigenous content)

Menzies School of Health Research and Charles Darwin University

Health Sociology

Existing delivery mode: 1-day intensive plus online learning with printed materials

Credit points: 0.125 EFTSL

Indigenous Comprehensive Primary Health Care

Centre for Remote Health, Alice Springs

Remote Primary Health Care

Existing delivery mode: 2.5-day intensive plus online, teleconferences, printed materials

Credit points: 0.125 EFTSL

Public Health Practice in Indigenous Contexts

School of Population Health, The University of Queensland

Indigenous Health Practice

Existing delivery mode: practicum plus seminars, online discussion and supervision.

Credit points: 0.125 EFTSL

Centre for Remote Health, Alice Springs

Ethics, Power and Practice

Existing delivery mode: 2-day intensive plus online, teleconferences, printed materials

Credit points: 0.167 EFTSL

Indigenous Social and Emotional Wellbeing
(currently under development)

Melbourne School of Population Health, The University of Melbourne

Aboriginal Social and Emotional Wellbeing

Existing delivery mode: distance online learning

Credit points: 0.0625 EFTSL

Tobacco Control and Other Drug Issues (with an emphasis on Indigenous content)

School of Population Health, The University of Queensland

Substance Use and Misuse Among Indigenous People

Existing delivery mode: distance online learning with printed materials

Credit points: 0.125 EFTSL

Department of Public Health and Community Medicine, The University of Sydney

Non-dependent Alcohol Use Disorders

Alcohol Dependence and Withdrawal

Cannabis, Tobacco and Depression

Opioids and Injecting Drug Use

Existing delivery mode: each is a 5-day intensive short course plus associated assignments

Credit points: 0.125 EFTSL

Menzies School of Health Research and Charles Darwin University

Alcohol and Other Drug Issues Among Indigenous Australians

Existing delivery mode: 1-day intensive plus online learning with printed materials

Credit points: 0.125 EFTSL

Research with Indigenous Populations

Melbourne School of Population Health, The University of Melbourne

Ethical Research Practice in Aboriginal Health

Existing delivery mode: 2-day intensive short course plus associated assignments

Credit points: 0.067 EFTSL

Centre for Remote Health, Alice Springs

Introduction to Research and Evidence-based Decision-making

Existing delivery mode: 2.5-day intensive plus online, teleconferences, printed materials

Credit points: 0.125 EFTSL

International Indigenous health

Melbourne School of Population Health, The University of Melbourne

International Comparative Indigenous Health

Existing delivery mode: distance online learning

Credit points: 0.125 EFTSL

Other

Faculty of Health and Behavioural Science, University of Wollongong

Indigenous Family Studies

Health and Human Ecology

Existing delivery mode: distance learning—CD–ROM, online, printed materials

Credit points: 0.125 EFTSL

Menzies School of Health Research and Charles Darwin University

Community Development and Public Health

Chronic Disease Epidemiology and Control

Race, Culture and Indigeneity and the Politics of Public Health

Existing delivery mode: 3-day intensive plus online learning with printed materials

Credit points: 0.125 EFTSL

Menzies School of Health Research and Charles Darwin University

Tradition, Law and Healing Among Aboriginal Peoples of Northern Australia

Nutrition in Aboriginal and Torres Strait Islander People

Indigenous Society and Health in North Australia

Existing delivery mode: 1-day intensive plus online learning with printed materials

Credit points: 0.125 EFTSL

Centre for Remote Health, Alice Springs

Remote Health Management: People, Planning, Money

Remote Health Services: Organisation, Resources, Workforce

Existing delivery mode: 2.5-day intensive plus online, teleconferences, printed materials

Credit points: 0.125 EFTSL

Centre for Remote Health, Alice Springs

Community-based Rehabilitation

Existing delivery mode: 6-day intensive plus online, teleconferences, printed materials

Credit points: 0.167 EFTSL

Centre for Remote Health, Alice Springs

Health Economics

Existing delivery mode: distance learning—online, teleconferences, printed materials

Credit points: 0.167 EFTSL

Principles and Practices of Public Health

Centre for Remote Health, Alice Springs

Public Health Principles and Practice

Existing delivery mode: 2.5-day intensive plus online, teleconferences, printed materials

Credit points: 0.167 EFTSL

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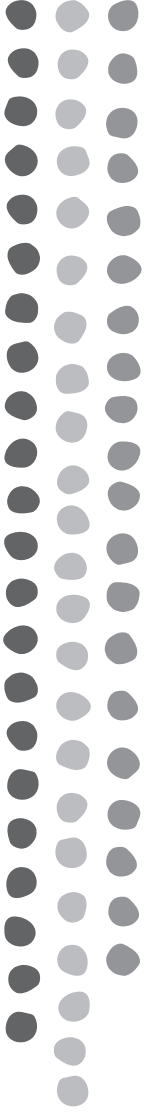

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