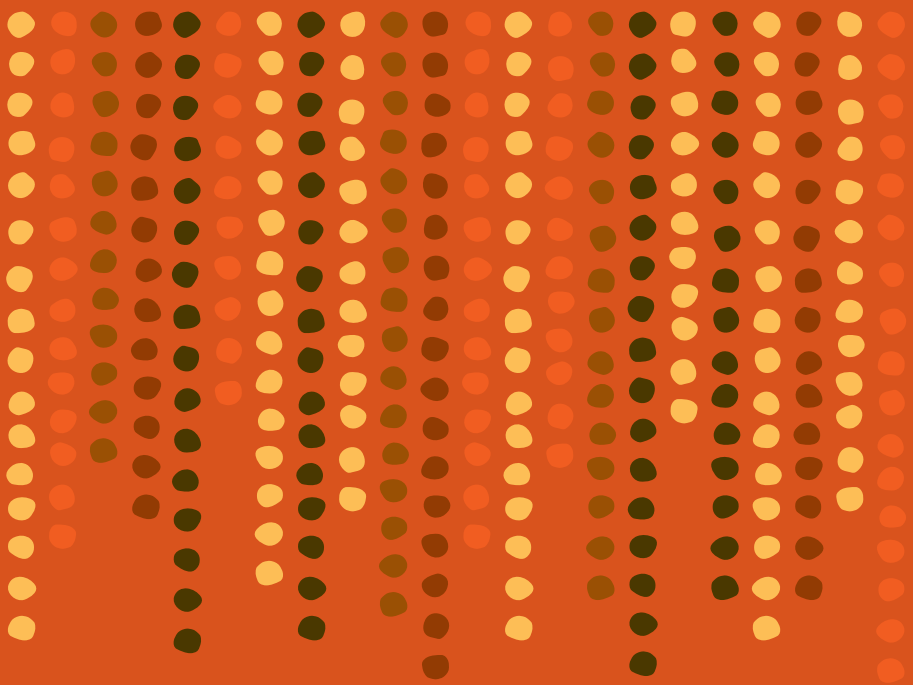
National Indigenous Public Health Curriculum Framework

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

June 2008



This Curriculum Framework 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

THE UNIVERSITY OF MELBOURNE
MELBOURNE SCHOOL OF POPULATION HEALTH
Onemda VicHealth Koori Health Unit
DEAKIN UNIVERSITY
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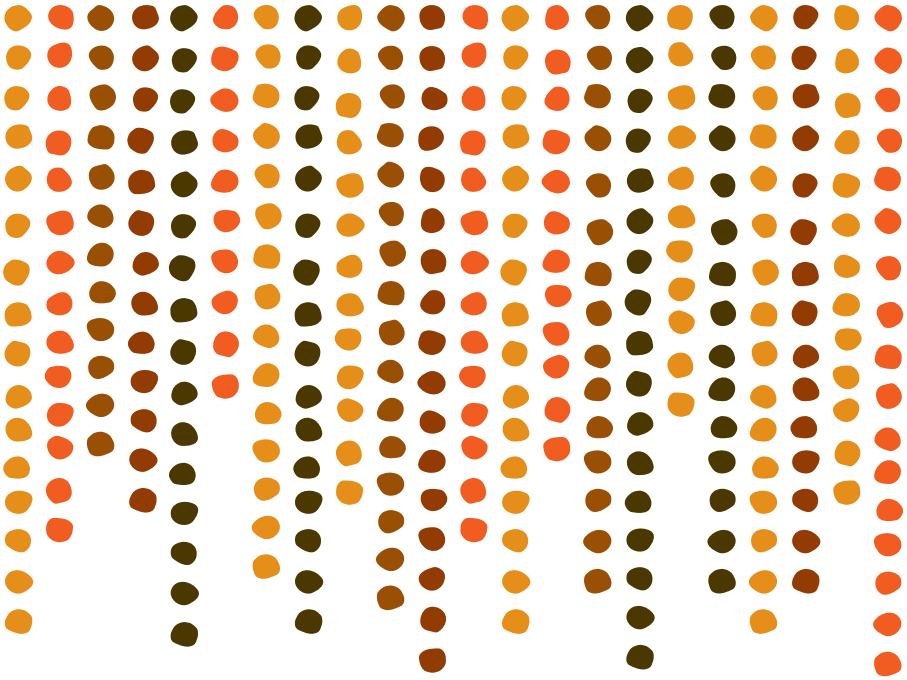

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Definition:
Within this report, the term 'Indigenous' is used to refer to both Aboriginal and Torres Strait Islander peoples.

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Acknowledgments

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Key Organisational Partners

PHERP	Public Health Education and Research Program of the Australian Government Department of Health and Ageing—Project funder.
OATSIH	Office of Aboriginal and Torres Strait Islander Health, Australian Government Department of Health and Ageing—Travel support for workshop participants.
PHAA	Public Health Association of Australia—Inclusion of the National Workshop in the 2006 Annual PHAA Conference Program.
ANAPHI	Australian Network of Academic Public Health Institutions—Advice in the development of the Curriculum Framework.
Indigenous Public Health Curriculum Network	Including participants at the 2006 Indigenous Health Curriculum Workshop held in Sydney, in particular those who joined the Reference Group for the development of the core competencies in Indigenous Public Health. Also, collaborators from the Aboriginal community-controlled health care sector, community health sector, academic public health programs nationally, and government Indigenous health policy sector.

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Preamble

The *National Indigenous Public Health Curriculum Framework* is an outcome of five years of sustained focus on Indigenous public health capacity development. Many people within the Indigenous primary health care sector, the Indigenous health policy sector and academic public health teaching programs have contributed to its development. This document will serve as a guide for university public health teaching programs to include key Indigenous health content into their Master of Public Health (MPH) programs. For each of the six core Indigenous public health competencies there is a suggested set of relevant teaching and learning resources, teaching and learning strategies, and assessment strategies. To further support the implementation, we have made available web-based resources through a link on the Australian Network of Academic Public Health Institutions (ANAPHI) website <http://www.anaphi.org.au/>. This material will be available by the end of July 2008. The *National Indigenous Public Health Curriculum Framework* forms one part of the Australian Government's Public Health Education and Research Program National Quality Framework.

The launch of this curriculum framework is very timely. The recent change of government at the federal level provides a new policy context and a host of new opportunities for progress regarding Indigenous health as witnessed by the Federal Government's 'Closing the Gap' campaign and related initiatives and pledges. The implementation of the *National Indigenous Public Health Curriculum Framework* is one step towards ensuring there is the capacity to implement change, in particular, a public health workforce that is well informed and has an understanding of the impacts of history, social determinants and the cultural dimensions of health and how they impact on contemporary Aboriginal health practice and research.

Finally, we would like to thank all of those who have participated in this project to date. These contributions have been invaluable to the development of this document and indeed the whole project around capacity development in Indigenous health. We would also like to acknowledge the support and funding contributed by the Australian Government Department of Health and Ageing – Public Health Education and Research Program (PHERP).

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Background

The National Indigenous Public Health Curriculum Framework is a guide for university public health teaching programs to achieve the effective integration of Indigenous health within required subjects or units of Master of Public Health (MPH) programs. The framework guides the incorporation of six core Indigenous public health competencies integral to the Competency Standards for Public Health Practice (Human Capital Alliance 2007) that describe requisite graduate outcomes from Australian universities offering generalist MPH programs. The competency standards, in turn, inform the Australian Government Department of Health and Ageing Public Health Education and Research Program's (PHERP) National Quality Framework for public health education in Australia, which was developed in association with the Australian Network of Academic Public Health Institutions (ANAPHI). While at publication the structure of the competencies within the National Quality Framework is still to be finalised, the Indigenous core competencies are integral.

The MPH degree is recognised by the health industry generally 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 thus both inevitable and appropriate that a substantial core or foundation component is included in the curriculum.

It is widely accepted that the MPH award should provide a generic range of core skills and knowledge.

Currently across Australia, core disciplinary areas (compulsory subjects or units) included within MPH programs include:[1]

- Epidemiology
- Biostatistics
- Foundations of Public Health
- Social Determinants of Health
- Public Health Research
- Health Systems (including policy)
- Health Services Management (including evaluation)
- Health Promotion

The recent *Competency Standards for Public Health Practice* (Human Capital Alliance 2007) affirmed five main areas of public health practice and two underpinning, previously identified by the National Public Health Partnership (2003), as the basis of public health competency standards. These practice areas are:

- Health Monitoring and Surveillance
- Disease Prevention and Control
- Health Protection
- Health Promotion
- Health Policy, Planning and Management

underpinned by:

- Research and evaluation methods
- Professional practice (Human Capital Alliance 2007).

This *National Indigenous Public Health Curriculum Framework* guides the integration of Indigenous health into public health curriculum referencing both the above disciplinary areas and areas of practice.

[1]The subjects or units listed (or their equivalent) are those required by at least three MPH programs nationally.

Public health practice is particularly important to Indigenous health. Similarly to public health, Indigenous Australian models of health encompass determinants that range beyond those considered within a biomedical model of health. The *National Strategic Framework in Aboriginal and Torres Strait Islander Health* (NATSIHC 2003) builds on the landmark 1989 *National Aboriginal Health Strategy* (NAHSWP 1989) and incorporates both an Indigenous model of health:

Health to Aboriginal peoples is a matter of determining all aspects of their life, including control over their physical environment, of dignity, of community self-esteem, and of justice. It is not merely a matter of the provision of doctors, hospitals, medicines or the absence of disease and incapacity (NATSIHC 2003:3);

and an emphasis on comprehensive primary health care:

International evidence suggests that, as part of a multi-pronged approach, the delivery of comprehensive primary health care for a sustained period of time is essential if Aboriginal and Torres Strait Islander health outcomes are to be improved (NATSIHC 2003:21).

It is public health training that provides an understanding of a range of health models, the theoretical and methodological assumptions that underpin these models, the analytical frameworks with which to examine health determinants, risks, exposures and outcomes, and related policy and practice implications.

Policy context

The development of an Indigenous Public Health Curriculum Framework is the outcome of five years of sustained focus on Indigenous public health capacity development within the PHERP program. This agenda responds to strategic goals within the *Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework* (SCATSIH 2002). Objective Three of this Strategic Framework committed the Commonwealth to:

Address the role and development needs of other health workforce groups contributing to Aboriginal and Torres Strait Islander health (p. 11).

This strategy focused specifically on building the capacity of public health professionals through Strategy #25:

A review of existing Masters of Public Health (MPH) qualifications to improve the Aboriginal and Torres Strait Islander health content (p. 12).

In response to the above policy goals, PHERP supported specific workforce development projects in Indigenous public health. The PHERP Innovations Project—Innovations in the Design and Delivery of Curricula on Indigenous Australian Public Health for: (i) Existing PHERP programs; and (ii) Indigenous Australian student cohorts' (2003–2005)—had two key aims:

- to increase the number of Indigenous public health graduates by teaching public health using a community-based pedagogical model; and
- to both identify critical gaps and broad level principles for Indigenous health curricula within MPH programs and to respond with innovative curricula.

Key outcomes of the PHERP Innovations project on Indigenous public health curriculum development were:

1. A significant increase in the rate of Indigenous graduates nationally awarded a MPH through delivery by way of a unique community-based pedagogical model to an Indigenous student cohort at the Institute of Koorie Education (IKE) at Deakin University (eleven Indigenous MPH graduates in three years from the IKE program compared admirably with a yield of seventeen Indigenous MPH graduates nationally between 1998 and 2002).
2. A national audit of Indigenous components of MPH programs, review of the audit at the 2003 National Indigenous Public Health Curriculum Workshop and dissemination of the findings (Anderson *et al.* 2004) including a call for:
    - o enhanced status for Indigenous Health within MPH programs nationally;
    - o increased offering of Indigenous health content in programs across the country;
    - o integration of Indigenous content in all required MPH subjects nationally; and
    - o a minimal set of foundational content in Indigenous health for all MPH graduates.

3. Development of a social science stream in Indigenous public health at The University of Melbourne.
4. Establishment of a national network of Indigenous public health professionals focused on Indigenous health curriculum within public health education.

During 2006–2007, ANAPHI in partnership with the Department of Health and Ageing and other key stakeholders developed a set of core competencies required by every MPH graduate. Within this project, a specific emphasis was the identification of core Indigenous public health competencies. A national consultative workshop and subsequent consultation formed a key component of the work in identifying the Indigenous competencies.

At the 2006 National Indigenous Public Health Curricula Workshop held in Sydney, fifty participants including public health academics, workers from the national Aboriginal community-controlled primary health care sector, and government primary health care agencies and policy units reviewed Indigenous components of MPH programs. One aim of the workshop was to identify a set of Indigenous public health competencies to integrate with the generic core public health competencies central to the PHERP National Quality Framework. Following the session, a reference group from the workshop reviewed the analysis of the raw data generated at the workshop, canvassed further comment and produced the six core Indigenous public health competencies that are now integrated into the PHERP National Quality Framework and the focus of this *National Indigenous Public Health Curriculum Framework*.

The six core competencies are:

1. Analyse key comparative health indicators for Aboriginal and Torres Strait Islander peoples.
2. Analyse key comparative indicators regarding the social determinants of health for Aboriginal and Torres Strait Islander peoples.
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.
6. Demonstrate a reflexive public health practice for Aboriginal and Torres Strait Islander health contexts.

This *National Indigenous Public Health Curriculum Framework* guides the integration of Indigenous health into required MPH units within the national curriculum.

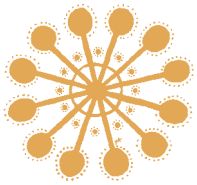
Consultation

This framework was developed after consultation with the national network of Indigenous public health academics, practitioners and policymakers subsequent to the dissemination of a briefing paper (Genat 2007). The briefing paper was disseminated immediately prior to the Public Health Association of Australia (PHAA) national conference at the end of September 2007. Consultations regarding the curriculum framework occurred as a component of the 2007 ANAPHI Teaching and Learning Forum that immediately followed the PHAA conference. Further feedback came from the Indigenous MPH student cohort undertaking the Victorian Consortium of Public Health program at the Institute of Koorie Education, Deakin University. A draft of the curriculum framework was also disseminated to the national network of Indigenous public health academics, practitioners and policymakers for comment between December 2007 and January 2008.

Scope

The six core Indigenous public health competencies at the focus of this document are those required of every MPH graduate. This curriculum guide provides suggestions about the integration of these competencies across both disciplinary and practice areas of public health rather than as a component of a specific Indigenous public health subject. A specific rationale for curriculum integration is set out below

An underlying assumption of this framework is that coordinators of specialist Indigenous public health streams or subjects can safely assume that students will acquire the six core competencies and their underpinning knowledge from the required public health subjects or units in their MPH program.



Curriculum Integration

This curriculum framework provides guidelines for the integration of the six core Indigenous public health competencies within required disciplinary areas (subjects and units) and areas of practice within public health (Human Capital Alliance 2007). Previous Indigenous health curriculum research (Rasmussen 2001; Shannon 2004; Phillips 2004) advocates the integration of Indigenous health within subjects across the whole teaching program in health courses. Not only does integration enable the application of public health concepts, theories and methods to Indigenous health, but it also enables case studies from Indigenous health to inform theory building in public health, thereby further strengthening existing public health conceptual frameworks and practices.

Rasmussen's (2001) research into Aboriginal health within the medical curriculum demonstrates that the way Indigenous health is structured within the curriculum is crucial. She reports there is a negative outcome when cultural, social, historical and political determinants of health are not studied fully and 'centrally incorporated' into the curriculum. Generally, within public health teaching programs the integration of the social determinants of health is not a problem. Nevertheless, rarely has Indigenous health been integrated across the MPH curriculum. Rasmussen found that where the social determinants of health are not integrated across the curriculum, medical students perceive them as side issues rather than real health issues.

Rasmussen also reports that minimal contact with Indigenous people and reliance on fleeting media impressions by non-Indigenous medical students resulted in their:

- use of cultural stereotypes;
- distinguishing 'real' (traditional) from contemporary Aboriginal culture;
- lack of awareness about where Aboriginal people lived; and
- misconceptions about resource allocation in Aboriginal health.

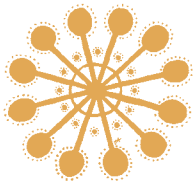
In order to change student perceptions of these distinctions, she makes five recommendations:

- a carefully planned, integrated, inter-disciplinary approach within the curriculum;
- broader student selection and staff recruitment processes to encourage diversity;
- bringing Aboriginal perspectives into the program;
- gaining program advice on the basis of local partnerships with Aboriginal organisations; and
- staff encouraging a notion of responsibility toward minorities.

Similar recommendations are applicable to public health.

Of particular importance regarding the incorporation of Indigenous health into public health curriculum, is avoidance of the 'parachute' lecture phenomenon: a single, one-off, one or two-hour lecture. A single parachute lecture within a whole postgraduate program can demean the importance of Aboriginal health in the eyes of students, may entrench the popular prejudice often found in non-Indigenous students and may cultivate further ignorance by assigning Indigenous health issues as unimportant.

The persisting reproduction of social disadvantage and its effects on Indigenous health is complex. It is further complicated by the difficulty of engaging students influenced deeply by negative media stereotypes. For this reason, Indigenous health requires strategic integration across the public health curriculum.



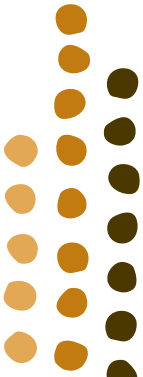
Underpinning Principles

The ongoing reproduction of social disadvantage among Indigenous Australians is well known. Nevertheless, specific linkages between the social determinants of Indigenous health, the resultant contemporary health status of Indigenous Australians and implications for the development of appropriate public health interventions are less well appreciated. This curriculum framework recognises that Indigenous health encompasses several specific characteristics uncommon among other population groups within Australia. These features include:

- a set of health determinants specific to the history of Indigenous people;
- a particular Indigenous framing and response to health disadvantage;
- an established, Indigenous-led primary health care industry sector; and
- an administrative response in some sectors lacking recognition of Indigenous agency and leadership.

These specific features and the underlying principles of current national policy in Indigenous health (NATSIHC 2003) constitute the basis for the following set of foundational principles to guide the delivery of Indigenous public health curriculum as set out within this document. The principles are:

- *cultural respect:* engaging with the diversity of Indigenous views, values and expectations; promoting culturally safe and competent health practice;
- *holistic approach:* addressing physical, spiritual, cultural, emotional and social wellbeing; acknowledging the importance of an ongoing connection to the land;
- *decolonisation:* partnering with Indigenous-led responses to health disadvantage; enhancing Indigenous rights in line with the 2007 United Nations Declaration on the Rights of Indigenous Peoples;
- *self-determination:* strengthening community decision-making, participation and control of health services; acknowledging resilience; building Indigenous linkages and capacity; and
- *comprehensive primary health care:* partnering the Indigenous community within a multi-sectorial approach to Indigenous public health.



Integration of the Competencies: Teaching and Learning Approach

In this section, each core Indigenous public health competency and its underpinning knowledge is detailed. Relevant teaching resources including helpful research reports and case studies from the literature, specific teaching and learning strategies that may assist delivery of the content, and useful assessment strategies are included. Innovative pedagogical strategies for working with Indigenous student cohorts conclude this section.

The following six Indigenous public health core competencies are those required of every MPH graduate. In this section, each Indigenous health competency is equated with both traditional disciplinary areas (subjects or units) within public health and with the more contemporary curriculum concept of areas of practice. Both are referenced in order to assist university public health programs in transition from curricula structured around traditional disciplinary areas to curricula structured around areas of public health practice in accordance with the PHERP National Quality Framework mentioned earlier in this document.

Most MPH programs designate that students are required to take between four and six core public health subjects or units in specific disciplinary areas. The following guide suggests three or four relevant disciplinary areas within which each of the core Indigenous Public Health competencies can be delivered in line with those currently offered nationally (see p. 3). The integration of the six competencies within a particular MPH teaching program requires the analysis of a matrix of content across required MPH subjects. This will assist in mapping how each competency is integrated within an MPH course depending on the program's designation of required subjects. Within some programs, the competencies may already be integrated into the existing teaching of particular public health disciplinary areas.

Many of the relevant teaching and learning resources listed under each of the competencies are available on the ANAPHI website: <http://www.anaphi.org.au/>.

Core Competency 1

Analyse key comparative health indicators for Aboriginal and Torres Strait Islander peoples.

Related disciplinary areas

Epidemiology

Foundations of Public Health

Social Determinants of Health

Health Promotion

Related practice area

Health Monitoring and Surveillance

Underpinning knowledge

Indigenous and Australian population health status indicators regarding:

- chronic diseases including mental health
- infectious diseases
- maternal and child health indicators

Data quality: Indigenous health information systems

Ethical considerations regarding data collection

Teaching and learning suggestions

Relevant teaching resources

Australian Bureau of Statistics (ABS) 2007, *Australian Social Trends 2007: Australia's Babies*, ABS cat. no. 4102.0, ABS, Canberra. Available at: <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4102.0?OpenDocument>.

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Teaching and learning strategies

It is important for students to:

- compare health status indicators of Indigenous people in urban, rural and remote contexts;
- understand the reliability of the statistics from different jurisdictions; and
- understand issues regarding the use of Aboriginal and Torres Strait Islander identifiers on hospital intake forms and other administrative documents used by health agencies.

Possible assessment strategies

In order to demonstrate this competency, students need to be able to:

- demonstrate an understanding of the ethical issues related to data collection regarding Indigenous Australians;
- demonstrate an understanding of the limitations of data sets used in Indigenous health; and
- demonstrate an understanding of key indicators regarding Indigenous health status compared with the whole of the Australian population.

Core Competency 2

Analyse key comparative indicators regarding the social determinants of health for Aboriginal and Torres Strait Islander peoples.

Related disciplinary areas

Epidemiology
Foundations of Public Health
Social Determinants of Health
Health Promotion

Related practice area

Health Monitoring and Surveillance

Underpinning knowledge

Key social determinants of Aboriginal and Torres Strait Islander Health based on demographic data regarding:

- population structure
- housing
- education
- employment
- income
- access to health care

Teaching and learning suggestions

Relevant teaching resources

Anderson, I., Baum, F. & Bentley, M. (eds), 2007, *Beyond Bandaids: Exploring the Underlying Social Determinants of Aboriginal Health, Papers from the Social Determinants of Aboriginal Health Workshop, Adelaide, July 2004*, Cooperative Research Centre for Aboriginal Health, Darwin. Available at: <http://www.crcah.org.au/publications/beyond_bandaids.html>.

Australian Bureau of Statistics (ABS) & Australian Institute of Health and Welfare (AIHW) 2008, *The Health and Wellbeing of Australia's Aboriginal and Torres Strait Islander Peoples 2008*, ABS cat. no. 4704.0, AIHW cat. no. IHW 21, ABS, Canberra. Available at: <http://www.aihw.gov.au/publications/index.cfm/title/10583>.

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Zubrick, S. R., Silburn, S. R., Lawrence, D. M., Mitrou, F. G., Dalby, R. B., Blair, E. M., Griffin, J., Milroy, H., De Maio, J. A., Cox, A. & Li, J. 2005, *The Western Australian Aboriginal Child Health Survey: The Social and Emotional Wellbeing of Aboriginal Children and Young People*, Curtin University of Technology & Telethon Institute for Child Health Research, Perth. Available at: <http://www.ichr.uwa.edu.au/waachs/>.

Teaching and learning strategies

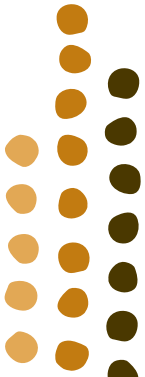
It is important for students to:

- compare indicators regarding the social determinants of Indigenous health in urban, rural and remote contexts;
- understand the reliability of statistics from different jurisdictions;
- understand issues regarding the use of Aboriginal and Torres Strait Islander identifier on administrative data collection tools; and
- understand a range of interventions applicable to the social determinants of Aboriginal and Torres Strait Islander Health.

Possible assessment strategies

In order to demonstrate this competency, students need to be able to:

- demonstrate an understanding of the limitations of the data sets about the Indigenous population; and
- demonstrate an understanding of key indicators regarding social determinants of Indigenous health status compared with the Australian population.



Core Competency 3

Describe Aboriginal and Torres Strait Islander health in historical context and analyse the impact of colonial processes on health outcomes.

Related disciplinary areas

Health Promotion

Social Determinants of Health

Health Systems (including policy)

Foundations of Public Health

Related practice area

Health Promotion

Underpinning knowledge

The reproduction of Indigenous disadvantage:

- Indigenous responses to government policy and administrative regimes
- social determinants of Indigenous health in historical context

Indigenous initiatives in health:

- maintaining connection to the land
- Aboriginal community-controlled health service delivery
- Aboriginal and Torres Strait Islander health workers
- Indigenous models of health
- decolonising practices

Key institutional structures relevant to Indigenous health, in particular:

- Constitution and 1967 referendum amendments
- Indigenous health policy structures

Administrative discourses and their effects:

- self-determination
- mutual obligation
- human rights

Political economy of Indigenous health:

- Indigenous health, economics and equity
- globalisation, economic participation, land rights and Indigenous health
- comparative Indigenous health in the international context

Teaching and learning suggestions

Relevant teaching resources

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Broome, R. 2001, *Aboriginal Australians: Black Responses to White Dominance 1788–2001*, 3rd ed., Allen & Unwin, Sydney.

Carson, B., Dunbar, T., Chenhall, R. & Bailie, R. (eds), 2007, *Social Determinants of Indigenous Health*, Allen & Unwin, Sydney.

Human Rights & Equal Opportunity Commission 1997, *Bringing Them Home: National Inquiry into the Separation of Aboriginal & Torres Strait Islander Children from Their Families*, Commonwealth of Australia, Canberra. Available at: <http://www.austlii.edu.au/au/special/rsjproject/rsjlibrary/hreoc/stolen/>.

Kidd, R. 1997, *The Way We Civilise: Aboriginal Affairs—The Untold Story*, University of Queensland Press, Brisbane.

Kunitz, S. 1994, *Disease and Social Diversity: The European Impact on the Health of Non-Europeans*, Oxford University Press, New York. (See Chapter 4: Settler Capitalism and the State in Australia.)

Moreton-Robinson, A. (ed.) 2004, *Whitening Race: Essays in Social and Cultural Criticism*, Aboriginal Studies Press, Canberra.

Vickery, J., Clarke, A. & Adams, K. (eds), 2005, *Nyernila Koories Kila Degaia: Listen up to Koories Speak about Health*, Koorie Heritage Trust Inc., Melbourne.

Teaching and learning strategies

It is important for students to:

- engage with local Indigenous people about the impacts of history an government legislation on their families and community;
- engage with local Indigenous people about local community initiatives regarding wellbeing; and
- reflect on how the broader context, media stereotypes and popular representations of Indigenous people have shaped their own understanding of Indigenous people.

Possible assessment strategies

In order to demonstrate this competency, students need to be able to:

- demonstrate an understanding of how historical events continue to affect the health of Indigenous individuals and families; and
- demonstrate an understanding of how own understanding and practices toward Indigenous people have been shaped by the broader Australian social context.

This could be demonstrated through traditional essay format, through before and after reflections regarding the student's own knowledge of why the current status of Indigenous health is so poor or individual oral presentations regarding specific historical factors regarding the emergence of a particular health issue in a specific Indigenous context.

A particularly innovative approach to assessment in a context of widespread ignorance of Indigenous culture in the broader population may be a group research project regarding particular factors affecting the health status of local Indigenous people. This should incorporate individual assessment and assessment of the group's achievement (McInnes & Devlin 2002:51). Such a directed group exploration may go some way to challenging dysfunctional norms prevalent in the broader population about Indigenous people and culture.

Core Competency 4

Critically evaluate Indigenous public health policy or programs.

Related disciplinary areas

Health Promotion

Social Determinants of Health

Health Systems (including policy)

Health Services Management (including evaluation)

Related practice area

Health Promotion

Underpinning knowledge

Key additional understandings necessary to evaluate Indigenous health policies and programs include:

- human rights, self-determination and decolonising practices
- comprehensive primary health care:
  - o Alma-Ata Declaration on Primary Health Care
  - o Ottawa Charter on Health Promotion and subsequent protocols
- cultural dimensions of Indigenous health:
  - o local and regional diversity regarding the social determinants of health
  - o Indigenous spirituality and ongoing traditional healing practices
  - o kinship, group affiliations and gendered social practices
  - o community governance structures and protocols
  - o existing community initiatives, capacities and strengths
- colonisation and health:
  - o local experiences of racism, its institutional manifestations and effects
  - o colonising discourses about Indigenous people and related effects
- Indigenous initiatives and approaches to health:
  - o Indigenous models of health and wellbeing
  - o comprehensive primary health care and its application in Indigenous contexts
  - o Aboriginal community-control of health services
  - o Aboriginal and Torres Strait Islander health workers and their role

Teaching and learning suggestions

Relevant teaching resources

Anderson, I. & Wakerman, J. 2005, 'Aboriginal and Torres Strait Islander Primary Health Care and General Practice', in C. West (ed.), *General Practice in Australia 2004*, Department of Health and Ageing, Canberra. Accessed on 31 July 2006 at: <http://www.health.gov.au/internet/wcms/publishing.nsf/Content/pcd-publications-gpinoz2004>.

Australians for Native Title and Reconciliation (ANTaR) 2007, *Success Stories in Indigenous Health*, ANTaR, Canberra.

Calma, T. 2007, *Social Justice Report*, Human Rights and Equal Opportunity Commission, Melbourne.

Clapham, K., O'Dea, K. & Chenhall, R. 2007, 'Interventions and Sustainable Programs', in B. Carson, T. Dunbar, R. Chenhall, & R. Bailie (eds), *Social Determinants of Indigenous Health*, Allen & Unwin, Sydney.

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United Nations 2007, *United Nations Declaration on the Rights of Indigenous Peoples*. Accessed on 9 December 2007 at: <http://www.un.org/esa/socdev/unpfii/en/declaration.html>.

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World Health Organisation (WHO) 1986, *Ottawa Charter for Health Promotion 1986*, WHO, Geneva. Accessed on 9 December 2007 at: <http://www.euro.who.int/AboutWHO/Policy/20010827_2>.

Australian Health Ministers' Advisory Council (AHMAC) 2006, *Aboriginal and Torres Strait Islander Health Performance Framework Report 2006*, AHMAC, Canberra.

Teaching and learning strategies

It is important for students to:

- engage with program managers within Indigenous health organisations about:
    - local initiatives and programs
    - mechanisms for community input into program development
    - how local kinship structures and gender issues influence program design
    - capacity and workforce development
    - partnership arrangements for health programs
    - structures of governance
    - mechanisms for accountability of both government and non-government partners; and
- engage in discussion regarding Australia's obligations under United Nations human rights instruments, in particular the 2007 United Nations Declaration on the Rights of Indigenous Peoples.

Possible assessment strategies

In order to demonstrate this competency, students need to be able to:

- critique public health interventions with particular regard to:
    - the principles of comprehensive primary health care
    - the application of Australia's human rights obligations, and
    - affirming Indigenous cultural practices, resilience and agency regarding health.

A group evaluation project of a specific public health initiative may be an effective learning exercise to challenge norms prevalent in the broader population about Indigenous people and culture. McInnes and Devlin suggest that group work has several advantages: it motivates students; supports them to develop a sense of responsibility; and encourages teamwork skills, in particular, collaboration (2002:48). It also facilitates accountability to group norms that in the context of Indigenous health may facilitate a capacity for self-reflexivity.

Core Competency 5

Apply principles of economic evaluation to Aboriginal and Torres Strait Islander programs with a particular focus on the allocation of resources relative to need.

Related disciplinary areas

Health Promotion

Health Systems (including policy)

Health Services Management (including evaluation)

Related practice area

Health Policy, Planning and Management

Underpinning knowledge

An understanding of economic analysis of Indigenous health spending with particular consideration of funding equity in relation to burden of disease:

- equity considerations regarding burden of disease in funding allocations
- factoring implicit costs of delivering effective and culturally safe and competent care

Teaching and learning suggestions

Relevant teaching resources

Australian Institute of Health and Welfare (AIHW) 2005, *Expenditures on Health for Aboriginal and Torres Strait Islander Peoples, 2001–02*, AIHW cat. no. HWE 30, AIHW, Canberra.

Mooney, G. 2002, *Access and Service Delivery Issues in Productivity Commission and Melbourne Institute of Economic and Social Research*, Proceedings of the Health Policy Roundtable held in Melbourne on 7–8 March, AUSINFO, Canberra, pp. 161–93.

Mooney, G. & Henry, B. 2004, 'Funding Aboriginal Primary Health Care', *Australian Journal of Primary Health*, vol. 10, no. 3, pp. 46–53.

Teaching and learning strategies

It is important for students to:

- engage with local Indigenous community organisations regarding the way government fund specific health programs, how they currently use performance indicators for accountability and possible improvements in these mechanisms; and
- critically evaluate state and privately run health services (such as General Practice) that provide healthcare to Aboriginal and Torres Strait Islander people in relation to Commonwealth expenditure programs such as the Pharmaceutical Benefits Scheme and Medicare in relation to burden of disease and health equity.

Possible assessment strategies

In order to demonstrate this competency, students need to be able to:

- identify funding disparities between government allocations in health related portfolios to specific population groups compared with those to Indigenous Australians with reference to relative burden of disease.

Core Competency 6

Demonstrate a reflexive public health practice for Aboriginal and Torres Strait Islander health contexts.

Related disciplinary areas

- Foundations of Public Health
- Social Determinants of Health
- Health Promotion
- Public Health Research

Related practice area

- Professional practice

Underpinning knowledge

- Ethical Indigenous health practice as informed by the NHMRC ethics and values statement for research with Aboriginal and Torres Strait Islander Australians
- Reflexive public health practice for Indigenous contexts—understanding factors shaping own cultural standpoint including values, perspectives, attitudes, assumptions, beliefs, behaviours regarding Indigenous people and their health
- The nature of evidence and ways to access knowledge from an Indigenous perspective
- Effective communication with Indigenous Australians—appreciating the existence of local protocols; an awareness of cultural safety; and awareness of Indigenous learning styles

Teaching and learning suggestions

Relevant teaching resources

Anderson, I. 1996, 'Ethics and Health Research in Aboriginal Communities', in J. Daly (ed.), *Ethical Intersections: Health Research, Methods and Researcher Responsibility*, Allen & Unwin, Sydney, pp. 153–65.

National Health and Medical Research Council (NHMRC) 2003, *Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research*, NHMRC, Canberra. Accessed on 16 July 2005 at: <http://www.nhmrc.gov.au/publications/synopses/e52syn.htm>.

Walker, R., McPhee, R. & Osborne, R. 2000, 'Critical Reflections in Cross-cultural Contexts', in P. Dudgeon, D. Garvey & H. Pickett (eds), *Working with Indigenous Australians: A Handbook for Psychologists*, Gunada Press, Perth, pp. 311–23.

Teaching and learning strategies

Students discuss in pairs or small groups their own upbringing and how they became conscious of Indigenous Australians and/or their health and reflect on the positive and negative influences on their own stance as a public health practitioner.

Possible assessment strategies

Students develop a brief project proposal for working with a sub-group of the Indigenous community regarding a public health strategy and within it provide a brief outline of own standpoint and approach to Indigenous public health practice.

Pedagogical Strategies for Indigenous Public Health

Key resources worthy of consideration for teaching Indigenous public health include:

- locally relevant, workplace focused learning materials (case studies, reports, research data);
- an invitation to local Indigenous Elders to participate;
- an invitation to local Indigenous health professionals, health workers and program managers from local Indigenous health organisations;
- field trips to Indigenous cultural centres and use as learning venues;
- an invitation to Indigenous academics from non-health related disciplines; and
- inclusion of success stories from Indigenous health program delivery.

Use of placements in Indigenous community organisations as teaching sites

Ideally, placements should be project-based and aligned with primary health care gaps. Placements demand adequate resourcing of workplaces, especially incentives for student supervisors. Student preparation prior to these placements is essential, in particular a familiarity with the principles of comprehensive primary health care. The negotiation of a code of conduct for students on placement ensures clarity for collaborating organisations. An essential consideration is the load placed on small, under-resourced non-government organisations and ways to address this imposition while still facilitating learning experiences in Indigenous health. A list of potential projects that the community-controlled sector could offer to public health students is included in Appendix 1.

Barriers and incentives to learning about Indigenous health

In her research with medical students, Rasmussen (2001) found a range of barriers and incentives towards student learning about Aboriginal health. Key student factors operating as barriers to learning identified by her include a lack of previous personal contact with Aboriginal people, and reliance on second-hand (media) or fleeting impressions. Rasmussen reports that many students fell back on cultural stereotypes, failing to identify with contemporary Aboriginal and Torres Strait Islander cultures, and had difficulty understanding concepts of Aboriginal identities. Several held preconceived, inaccurate notions about where Aboriginal people lived and the levels of spending on Aboriginal health. Few understood the impact of institutional barriers. Linked to these impressions were the students' own unacknowledged personal emotional responses of anger, fear, hatred, guilt, anxiety and grief that disabled their ability to engage in the learning.

Poorly coordinated curricula and unhelpful teaching methodologies, such as a reliance on academic lecturing-based teaching constitute, according to Rasmussen, barriers to learning about Aboriginal health. Likewise, she observes that previous negative teaching experiences, particularly concerning Aboriginal health, also constitute barriers. Solutions identified by Rasmussen include: a combination of compulsory and non-compulsory curricula; immersion-style field trips; different teaching venues; informal and flexible teaching methodologies; and small group teaching and self-directed learning. Student interaction with Aboriginal people, however, requires good support.

In order to go beyond merely 'knowing about', it is necessary for learning to connect with the student's existing experience of the world and how they integrate new understandings. The student must articulate this

so that both they and others understand what it means. The imperative is to go beyond merely knowing about the subject matter to making links to related issues, and further, to engaging learners in articulating the subject matter through their experience of the world. In this way, the student's capacity for self-reflection is encouraged.

To overcome the barriers put up by the students themselves, Rasmussen suggests that the administration, staff and curriculum should all clearly convey the importance of Aboriginal health, should stress the notion of the social responsibility of an ethical health professional, and expose students to the existing gaps in their knowledge. Administration, staff and curriculum need to also facilitate significant opportunities for students to form relationships with Aboriginal people through exposure to a wide range of Aboriginal voices. Rasmussen stresses that it is crucial to assist students to understand their pre-existing emotional responses. While it is useful to create 'fire in the belly' about the issues, it is also important to move students beyond awareness to increased motivation and capacity.

Teaching and learning strategies for Indigenous cohorts

The delivery of a MPH to a cohort of Indigenous students at the Institute of Koorie Education at Deakin University incorporates a community-based pedagogical model that grants equal respect to Indigenous knowledges and standpoints, and to mainstream theoretical models of public health practice. Key features of the community-based pedagogical model include:

- mixed-mode delivery including one-week, on-campus, face-to-face intensives followed up with community-based tutoring, teleconferences, online support and lecturer community visits. This design allows students to maintain family and community responsibilities while they study;
- a learning environment that validates an Indigenous cultural framework, affirms Indigenous knowledge systems and focuses upon theory building and practice innovation. This involves examination of existing theoretical concepts and models, and applying, revising and testing them in relation to Indigenous contexts, perspectives and approaches;
- an applied focus on issues and problems emergent in the student's Indigenous community context;
- small group, interactive learning with an emphasis on dialogue, peer mentoring and supporting a non-competitive, mutually supportive teaching and learning environment where cultural values and belief systems of both students and lecturers are respected; and
- Indigenous leadership and community ownership of the learning space and the program of study (Onemda, IKE & SHSD 2006).

Outstanding results have been achieved through this mode of delivery for Indigenous students with the graduation rate in the first three years of the program (2003–2007) almost equalling the national rate of Indigenous MPH graduations 1998–2002 (Onemda, IKE & SHSD 2006).

Curtin University researchers Walker and Humphries (1999) suggested that in order to enhance the participation of Indigenous students, course curriculum should:

- include Indigenous perspectives and topics in existing mainstream courses;
- actively encourage the involvement and input of Indigenous people in the development and review of curricula for mainstream courses;
- develop more flexibility to accommodate the specific needs and learning styles of Indigenous students;
- acknowledge the demands of personal issues on the social and emotional wellbeing and physical health of both the student and their family members, and of any financial difficulties that may affect the ability of Indigenous students to perform well and complete assignments; and
- explore options and opportunities for developing block-release and alternative mixed mode delivery models in mainstream courses to accommodate students' socio-economic and geographic realities (Walker & Humphries 1999:35).

Other pedagogical approaches reported by Walker and Humphries that enhanced Indigenous student success included:

- more flexible and extended use of tutors;
- the appointment of Indigenous liaison officers within schools;
- the establishment of monitoring or buddy systems;
- enrolling clusters of Indigenous students; and
- instituting procedures to deal with any racist language, attitudes and behaviour displayed by staff.

The study found that the majority of Indigenous students withdrew from courses due to the need to relocate because of unsatisfactory accommodation, homesickness and loneliness, and pressure from family, health or financial demands (Walker & Humphries 1999:18, 19).

Teaching staff

Indigenous led teaching of Indigenous content within the MPH curriculum is the ideal. Where this is impossible, other Indigenous public health practitioners with substantial hands on experience in Indigenous settings with adequate support and mentoring from existing program staff are a good option. Team teaching with the expertise of both an Indigenous staff member with an experienced non-Indigenous public health practitioner is another option. Where none of these options are available, teaching staff should complete an Indigenous Australian led cross-cultural training program prior to involvement in teaching Indigenous content.

A Supportive Context for Indigenous Public Health Curriculum

The effective integration of Indigenous components into the MPH curriculum will benefit from a supportive wider institutional environment at the macro level of university governance. Structural supports and partnerships at the departmental level will be crucial, particularly with regard to effective curriculum integration across the generic MPH program.

Developing a supportive institutional context

The integration of Indigenous health into the public health curriculum of a university department requires **substantial strategic planning**. While Indigenous health is an urgent priority in national policy, and has been described as a 'national disgrace' (Anderson & Loff 2004), the mainstream context presents substantial challenges. These are:

- Indigenous Australians make up a small proportion of the population;
- many urban Australians have had little direct interaction with Indigenous people; and
- the popular press maintains a focus on stereotypes and 'bad news' stories.

This context encourages some public health teaching academics and administrators unwilling to respond to the challenges of Indigenous health. They may not see Indigenous health as their concern, believe that it should be left to Indigenous staff to address, or lack the experience and confidence to engage actively in changing the status quo.

For these reasons, **clear leadership and support from the highest levels of the university and the faculty** is important. University protocols can be helpful such as those that:

- acknowledge Indigenous traditional ownership of the land;
- recognise the authority of local Elders;
- commit the institution to Reconciliation; and
- proactively support the hiring and retention of Indigenous staff.

Not only are these important demonstrations of good intent but such actions also set the tone for the whole institution and provide important leadership to all staff.

Where they do not have their own Indigenous staff to lead Indigenous public health curriculum development, it is important for university public health departments to identify recognised Indigenous leaders within their own institutions with whom they can partner to take the lead on larger institutional issues. This is most likely to be effective when addressed in partnership with the leadership of the Indigenous academic support unit on campus.

Developing a supportive departmental context

While whole-of-institution acknowledgment and engagement within Indigenous Australians is important, at the faculty and departmental level a range of **resource commitments and relationships are also crucial** to sustain the integration of Indigenous health within the curriculum. Where a commitment to Indigenous health already exists at the faculty level, optimally resources are required to support:

- targets for Indigenous staff and student recruitment (with accompanying performance measures and reflective processes towards enhancing an Indigenous supportive environment);
- career development of Indigenous academic staff within key departments such as medicine, nursing and public health, including formal mentoring relationships with senior academic staff;
- departmental support for Indigenous staff providing cultural orientation for other staff;
- the employment of Indigenous student support staff; and
- the provision of scholarships and bursaries for Indigenous students.

As in any specialist research and teaching area, the **establishment of an academic mass of Indigenous staff and students** is immeasurably helpful. A cohort of Indigenous staff located in an identified Indigenous unit:

- provides leadership for the discipline;
- ensures a sustained commitment;
- offers cultural, professional and academic support;
- provides a touchstone for other academics teaching in the field; and
- provides a focus for meaningful links both to other Indigenous academics within the university and to the local Indigenous community.

Relationships with the local Indigenous community are also vital for the establishment of a vibrant teaching program. Within the Indigenous community there will be people who have many years of experience in Indigenous health research, health policy and programs, program development and primary health care service delivery. Local community members also provide an important consumer perspective. Healthy partnerships with the local community offer an important foundation for meaningful Indigenous health research and teaching and important opportunities for meaningful contact between students and community members.

Strategically, as a whole-of-organisation initiative, this will require leadership from the head of department and integration into formal course strategy with related benchmarks in order to monitor performance and meet with quality assurance criteria. Collaboration between Indigenous public health academics, subject coordinators and local Indigenous health organisations is central to the success of the integration process.

Indigenous Student Recruitment and Retention

A key focus of Indigenous health workforce strategy is Indigenous recruitment and strengthening the capacity and skills of the existing Indigenous public health workforce. The 2006 National Indigenous Public Health Curriculum Workshop in Sydney examined recruitment and retention in public health programs. Participants identified a range of key strategies concerning course promotion and the recruitment of Indigenous students.

They included suggestions that **course promotion strategies** should:

- explain the relevance of the MPH for improving health;
- highlight career pathways and employment prospects in public health;
- present testimonials from existing and previous Indigenous MPH students;
- disseminate stories of successes in Indigenous public health; and
- promote the appointment of an Indigenous community patron.

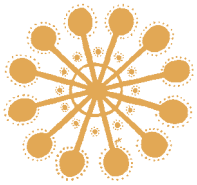
Strengthening the **relevance of the course content** was also recognised as necessary to improve recruitment by:

- assigning project topics identified as relevant by the students' community;
- providing high-level support for online units; and
- acknowledging oral history as a research methodology.

Participants also suggested a range of **improvements to recruitment practices** including:

- greater linkages between Indigenous community health agencies and universities;
- a specific focus on existing undergraduate students;
- employment of Indigenous recruitment officers to visit local organisations;
- development of user-friendly advertising material;
- explicit recognition of work experience in Indigenous health; and
- specific promotion of post-career pathways for Indigenous sportspeople.

According to Shannon (2004), appropriate marketing strategies, enhancing school–university career pathways, articulation with the Vocational Education and Training (VET) sector, and partnerships with Indigenous community organisations are key considerations for recruiting Indigenous students. She suggests it is important that 'special entry' provisions for Indigenous students are complemented with high levels of student mentoring, tutoring and support to reduce attrition rates. Shannon identifies personal, financial, cultural and social difficulties faced by students. Shannon also notes that university access for Indigenous students remains problematic in remote areas because Indigenous learning styles are not catered for by traditional distance learning approaches.



Specialist Competencies in Indigenous Public Health

While this curriculum framework provides guidelines on how to incorporate core Indigenous content within required public health subjects and units, for students wishing to specialise in Indigenous public health a range of specialist Indigenous public health subjects can add to this core content. Specific specialisations in Indigenous public health curriculum may include:

Indigenous health promotion

- practices, models, ethics, cultural safety;
- ways of working, inter-sectorial collaboration, sustainability;
- capacity building, governance, Aboriginal and Torres Strait Islander health workers;
- environmental health;
- the role of traditional healing practices; and
- reflexive collaborative practice.

Indigenous health policy

- policy history, institutions;
- equity, affirmative action and human rights;
- accountability, ethics, governance and partnerships; and
- Indigenous public health policy financing, analysis and strategy.

Indigenous research methods

- ontology, epistemology, methodology;
- decolonising research practice, evidence and interpretation; and
- participation, ethics, ownership, representation, dissemination.

Indigenous social and emotional wellbeing

- colonisation and trans-generational trauma;
- individual wellbeing and social wellbeing; and
- healing inter-generational trauma, family violence, dependency.

Indigenous health practice

- Indigenous comprehensive primary health care;
- models of community control;
- partnerships with the Indigenous community sector; and
- decolonising practice in Indigenous public health.

Career Opportunities in Indigenous Health

Specific career opportunities for MPH graduates within public health sectors focused upon Indigenous health include appointments working for:

- Area community health services
- Area maternal and child health services
- Aboriginal community-controlled health services
- Aboriginal community-controlled health organisations
- Family planning (state-based organisations)
- Non-government health organisations
- Diabetes Australia
- Heart Foundation
- Fred Hollows Foundation
- Oxfam
- World Vision
- Caritas
- Marie Stopes International
- State Government health departments
- State Government Indigenous health agencies
- State Government Indigenous affairs agencies
- State Government alcohol and drug agencies
- State Government mental health agencies
- State Government housing agencies
- State Government youth and recreation agencies
- State Government justice programs
- State Government family wellbeing programs
- State Government community development agencies
- State Government education departments
- Australian Government Department of Health and Ageing
- Office of Aboriginal and Torres Strait Islander Health
- Public Health Education and Research Program
- Australian Government Department of Families, Housing, Community Services and Indigenous Affairs
- Australian Government Department of Education, Employment and Workplace Relations
- Australian Government Productivity Commission
- Australian Institute of Aboriginal Studies
- Centre for Aboriginal Economic and Policy Research
- Telethon Institute for Child Health Research
- Cooperative Research Centre for Aboriginal Health

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Walker, R. & Humphries, R. 1999, *Quality in Practice: Aboriginal Student Participation in Mainstream Courses*, Curtin Indigenous Research Centre, Curtin University of Technology, Perth.

Appendix 1:

Examples of small MPH projects that might be completed in Aboriginal Community Controlled Health Organisations

- Undertake a formative evaluation of a small health care project that can support the continuation of funding in particular areas.
- Write practice case studies with health workers, staff and clients to support the continuation of funding and improve the quality care for Aboriginal and Torres Strait Islander peoples, possibly for publication in the *Aboriginal and Islander Health Worker Journal*.
- Undertake a policy analysis of a key funding program in terms of its potential implementation within a local Aboriginal Community Controlled Health Service.
- Work with professional staff to develop longitudinal case studies of the implementation of client care plans and how they are/are not achieved.
- Work with a specific professional group; for instance, home and community care workers, to facilitate discussion and sharing to enable documentation of Indigenous ways of working and best practice protocols.
- Work with the board of an Aboriginal Community Controlled Health Organisation to document and review governance practices to develop best practice protocols.

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