Review of Deakin University Master of Public Health Program

National Curricula Review of Core Indigenous Public Health Competencies Integration into Master of Public Health Programs

Public Health Indigenous Leadership in Education Network

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This national review is a component of the Indigenous Public Health Capacity Building Project funded by the Australian Government Department of Health

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Onemda VicHealth Group
Indigenous Health Equity Unit
Centre for Health Equity
Melbourne School of Population and Global Health
Level 4, 207 Bouverie Street
The University of Melbourne
Victoria, 3010 AUSTRALIA

T: +61 3 8344 0813
F: +61 3 8344 0824
W: www.onemda.unimelb.edu.au

Authors: Ray Mahoney and Leanne Coombe
IPHCB Project Manager: Lynnell (Nell) Angus
Managing Editor: Jane Yule @ Brevity Comms
Design and Printing: Inprint Design
Artwork: Shawana Andrews

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

PHILENetwork
Public Health Indigenous Leadership in Education

Sharing knowledge – a community learning circle around the campfire

Table of Contents

Tables and Figures

Acknowledgments

Review Team

Mr Ray Mahoney	Queensland University of Technology
Ms Leanne Coombe	Onemda VicHealth Group, The University of Melbourne

Deakin University

Associate Dean Bernie Marshall
Professor Catherine Bennett
Professor Ann Taket
Associate Professor Chris Stevenson
Dr Matt Dunn
Dr Georgia Babatsikos
Ms Hayley McKenzie

Project Reference Group (at time of the review, 2013)

Professor Wendy Brabham	Director, Institute of Koorie Education, Deakin University
Associate Professor Shaun Ewen	Project Leader, Onemda VicHealth Group, The University of Melbourne
Ms Janice Jessen	Project Co-Manager, Institute of Koorie Education, Deakin University
Ms Leanne Coombe	Project Co-Manager, Onemda VicHealth Group, The University of Melbourne
Ms Tara Sklar	Project Co-Manager, Onemda VicHealth Group, The University of Melbourne
Ms Wendy Anders	Project Co-Manager, Institute of Koorie Education, Deakin University

PHILE Network Leadership

The PHILE Network Executive Group (at the time of the review) includes:

Ms Heather D'Antoine [Chair]	Menzies School of Health Research, Charles Darwin University
Professor Dennis McDermott	Flinders University
Professor Jenny Baker	Deakin University
Associate Professor Geoff Marks	University of Queensland
Assistant Professor Craig Allen	The University of Western Australia
Dr David Paul	The University of Western Australia
Dr Hassan Vally	La Trobe University
Dr Priscilla Robinson	La Trobe University
Mr David Sjoberg	Flinders University
Ms Janice Jessen	Institute of Koorie Education, Deakin University
Ms Leanne Coombe	The University of Melbourne
Ms Melody Muscat	James Cook University
Mr Paul Stewart	University of Melbourne
Mr Ray Mahoney	Queensland University of Technology
Ms Tara Sklar	The University of Melbourne
Ms Vanessa Lee	University of Sydney
Ms Wendy Anders	Institute of Koorie Education, Deakin University

Foreword

The timing of this review for Deakin University (hereafter Deakin) was both opportune and challenging. We had a high amount of turnover in our Master of Public Health (MPH) leadership and teaching team, we were still early on in talks with our Institute for Koorie Education (IKE) on ways to enrich the Deakin MPH and its delivery for both Indigenous and non-Indigenous students, and we had just commenced a period of massive curriculum development across our university. With so many changes, staff were struggling to understand the existing program as it rapidly evolved.

This review highlights for us the opportunities we have, and some we have not yet fully realised. While the School of Health & Social Development, which offers the MPH, has a strong commitment to human rights, social justice and social inclusion, it was interesting to see that the commitment and lens that we bring to all our teaching did not translate to some of the critically important summary documentation, such as unit outlines, that communicates our content to the wider world.

At the time of the review, the MPH was going through the university-wide course enhancement process, which was the major focus of curriculum development. The course enhancement process has now been completed and is no longer a key part of course development. However, since this review we have also embarked on a further major rebuild of the MPH program in light of the Australian Qualification Framework (AQF) requirements.

The review has thus fed into that process and into our longer term plans to leverage our partnership with IKE to bring truly innovative Indigenous health content and shared learning opportunities to all our students. Our relationship with our IKE colleagues continues to evolve as we both develop our understanding of how best to provide opportunities for the two student cohorts to learn from each other, and to value add to the Indigenous content in the curriculum.

A key thing to recognise here is that the MPH, as taught at IKE and at our Burwood campus, is not made up of two separate programs but rather two different ways of delivering the same Deakin MPH. Thus, our focus is not on integrating separate curricula but rather on developing high-quality Indigenous health content for the Deakin MPH for both IKE and Burwood students – recognising that at least some of our Indigenous students choose to study as part of the Burwood cohort rather than the IKE cohort.

Professor Catherine Bennett

Head of School, Health & Social Development
Deakin University
December 2015

Glossary

ANAPHI	Australian Network of Academic Public Health Institutions
AQF	Australian Qualifications Framework
HREC	Human Research Ethics Committee
IKE	Institute of Koorie Education
IPHCB	Indigenous Public Health Capacity Building Project
MPH	Master of Public Health
PHERP	Public Health Education and Research Program
PHILE Network	Public Health Indigenous Leadership in Education Network

1. Executive Summary

The Indigenous public health competencies are a core component of the Foundational Competencies for MPH Graduates in Australia (ANAPHI 2009), a curriculum framework that integrates the six core competencies in Indigenous public health expected of every Australian MPH graduate. The aim of this review is to investigate the integration of the core Indigenous public health competencies into the curriculum of MPH programs nationally in order to document and disseminate examples of best practice and to find ways of strengthening the delivery of this content. This report, one in a series, relates to the curriculum review conducted at Deakin University's Burwood campus, Melbourne in April 2013.

The review was based on a qualitative design although some quantitative data, which focused on a series of interviews with staff from Deakin, were also collected. All interviews were recorded and transcribed for two types of qualitative analysis: a conceptual analysis using Leximancer text analytics software and a thematic analysis conducted by the researchers.

This review was limited to the MPH program provided through Deakin's School of Health & Social Development at the Burwood campus. A community-based MPH program designed exclusively for Indigenous students is delivered separately through the Institute of Koorie Education at Deakin's Waurn Ponds campus near Geelong. This report focuses solely on the mainstream program delivered through the Burwood campus, as it also provides MPH curriculum to IKE.

Deakin is commencing the course enhancement process to incorporate new university-wide graduate attributes to all degrees, including its postgraduate programs. These include reference to diversity of cultural contexts as illustrated in the following two attribute statements:

- Understanding of the professional, social, economic and cultural contexts of the discipline and related fields.
- Awareness of ethical issues, social responsibility and cultural diversity.

While these generic attributes are deliberately broad, and Indigenous populations may be considered within this cultural diversity, there is no explicit statement referring to Australia's First Nation peoples.

Initially when the documentation obtained from the Burwood program was assessed, it revealed limited Indigenous content formalised within the curriculum. However, it became clear through the interview process that Indigenous content existed across several units and is integrated within the assessment and learning objectives. This reflects a horizontal model of integration, although the level of integration across the units is inconsistent.

Hence, staff recognised there was a need to map the curriculum content against expected graduate competencies and to develop an integrated approach to curriculum reform. In addition, this review identified that strengthening the relationship between the MPH program taught at Burwood and the IKE program at Waurn Ponds would assist in building a more coherent integrated curriculum approach. It would also address the Indigenous core competencies by drawing on the skill of IKE staff who are experts in the area of Indigenous health, without the need to draw on external resources. However, it is important that this process is closely managed to ensure that associated workloads are fairly distributed and/or compensated.

The course enhancement process upon which Deakin is embarking, and which it was hoped this review would inform, is an ideal opportunity for this to occur. Deakin should be commended for recognising the currently limited level of integration of the Indigenous health competencies and its commitment to addressing this through a systematic reform process.

Much of the teaching of Indigenous health content in the Burwood-based MPH program is framed around a human rights perspective. By framing Indigenous health content within a discourse that privileges the notions of rights and health equity, it shapes responsibility for improving health outcomes within a context of partnership-based, shared-responsibility approaches that are systems focused and require reflective practice. This is an approach that resonates with public health practice, which no longer takes a deficit model approach that results in victim-blaming discourses.

It also contextualises Indigenous health internationally by promoting a universal culture of human rights through education. Deakin's MPH curriculum needs to reflect the university's diverse student populations, and move away from delivering content largely focused on mainstream society population and place contexts. It was also noted that levels of informal content are enhanced as students working specifically in the area of Indigenous health can choose to bring their projects and research to class discussions and assessments.

Based on the above findings and analysis, the review team proposes the following recommendations to strengthen Deakin's integration of the Indigenous public health core competencies:

- Continue building the relationship between the MPH streams taught at Burwood and at IKE to assist in developing a more coherent integrated curriculum approach and provide opportunities for the two student cohorts to learn from each other and to value add to the Indigenous content in the curriculum.
- Increase the opportunities for teaching staff based at Burwood to teach to the Indigenous student cohort at IKE so that they gain experience and develop the necessary skills to educate for a range of learning styles.
- Review enrolment data to track the number of Indigenous students enrolled at the Burwood campus.
- Prioritise and support the Indigenous core competencies and their adoption at the Burwood campus to support the integration of Indigenous health content in the MPH program during the course enhancement process.

The team also commends Deakin for:

- A commitment to incorporating Indigenous health competencies in the program as part of the course enhancement process using an integrated program approach.
- The goodwill that exists at the Burwood campus and the willingness of staff to build a stronger productive relationship with the IKE program to strengthen the curriculum for the benefit of all students.
- The integration of Indigenous health content driven by a health equity and human rights approach to public health.
- The use of guest lecturers with Indigenous health experience as a mechanism to ensure Indigenous content is provided to Burwood MPH students.

2. Introduction

2.1 Public Health Indigenous Leadership in Education (PHILE) Network

Indigenous health workforce reform is a foundation plank of current policy initiatives to 'Close the Gap' in Indigenous health. The PHILE Network is a coalition of leading national academics and professionals in Indigenous public health formed from the National Indigenous Public Health Curriculum Network. This network was established in 2003 in response to an identifiable need to provide a forum to exchange resources, ideas and develop policies and programs of relevance to teaching and learning activities in Indigenous public health. The strengthening of Indigenous curriculum components within MPH programs nationally is a key focus of the PHILE Network.

2.2 Indigenous public health core competencies

The Indigenous public health competencies are a core component of the Foundational Competencies for MPH Graduates in Australia (ANAPHI 2009), a curriculum framework which integrates six core competencies in Indigenous public health that are expected of every MPH graduate nationally. The core Indigenous health competencies expected of graduating students are the ability to:

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

The development of these core competencies, and the framework to guide their integration within MPH programs (Genat 2008), constituted the first step of a major institutional reform in national public health curriculum.

2.3 National review of competencies integration into MPH curricula

The aim of this review is to investigate the integration of the core Indigenous public health competencies into the curriculum of MPH programs nationally in order to document and disseminate examples of best practice and to find ways to strengthen the delivery of this content.

Specifically, the research questions for the review are:

- How have MPH programs integrated the six core Indigenous public health competencies within their curricula?
- What examples of best practice and innovations have emerged within MPH programs to integrate the Indigenous core competencies within their programs?
- How can the integration of the six core Indigenous health competencies be improved?
- What numbers of Indigenous student MPH enrolments and graduations have been recorded in the past five years?

3. Review Methodology

3.1. Ethics application

The ethics application for the national review was submitted and approved by the Human Research Ethics Committee (HREC) at the University of Melbourne in October 2010: Ethics ID# 1034186. An amendment was approved in April 2011: Ethics ID# 1034186.2 to reflect changes to the principal researcher and other members of the research team that occurred at the end of 2010.

As other changes arose to the PHILE Network membership in late 2011, additional amendments were needed. After further consultation with PHILE Network members and the Chair of the HREC, it was agreed that PHILE members should be registered as independent contractors. A further amendment was approved accordingly in February 2012: Ethics ID# 1034186.3. Therefore, as new members came on board no further amendments were required and the reviews could continue for the duration of the project.

3.2. Participant recruitment timeline

Table 1 outlines the process and timeline for recruitment of participants in the review.

It should be noted that the staff interviewed included new staff who had just stepped into the leadership/teaching roles and were still familiarising themselves with the MPH as well as Deakin University more generally. It is, therefore, acknowledged that this

Table 1: Participant recruitment timeline

Date	Action
January – June 2010	Call for Expressions of Interest (see Attachment 8.1) sent to institutions that deliver an MPH program.
December 2010	Received 13 inquiries about review participation.
May 2011	Letter of Introduction (see Attachment 8.2) sent to the 13 institutions.
September 2011	Pilot review conducted.
December 2011	Pilot process and outcomes reviewed and modified.
End of 2011	Recruitment process to all interested institutions began, which included dissemination of a Plain Language Statement (see Attachment 8.3) and an informed written Consent Form (see Attachment 8.4) that was collected at the focus groups and interviews.
February 2012	MPH reviews commenced.

The review of the MPH at Deakin University occurred during April 2013.

may have affected the results of this review. Nevertheless, the Deakin leadership were keen to proceed with this review, partly to assist in the course enhancement process that was underway, and partly as an awareness-raising exercise for staff.

3.3. Review design

The curriculum review was essentially based on a qualitative design, although some quantitative data was also collected. The review comprised the following activities.

3.3.1. Quantitative data collection

Questionnaires were distributed to the MPH Coordinator (Attachment 8.5) and Unit Coordinators (Attachment 8.6).

3.3.2. Qualitative data collection

Participation in the review involved completion of a 45-minute semi-structured interview.

3.4. Data analysis

All semi-structured interviews were recorded and subsequently transcribed. Transcripts were then cleaned and all information relating to the interviewees was removed. For this reason, quotes used in this report have had their cataloguing identifiers removed. However, it should also be noted that respondents were informed that, due to the small sample size, individuals may be able to be identified from respondent comments.

Two types of qualitative analysis were used. The first was a conceptual analysis using Leximancer qualitative content data analytical software tool, which is designed to minimise the effect of predetermined perceptions of researchers on interpretation by assessing the semantic and relational dimensions of text (Smith & Humphreys 2006). The Leximancer tool therefore draws out the key themes and concepts.

The cleaned transcripts were uploaded into the Leximancer software. All material relating to facilitator comments was eliminated from the analysis, as were nouns and adjectives such as 'because', 'yeah', etc., while similar words (e.g. 'Aboriginal' and 'Indigenous') were combined.

Typical statements relating to each of the conceptual links (based on lexical collocation, or concepts that are frequently linked together in the text) were identified by the Leximancer software and subsequently examined using a second thematic analysis. A continued hermeneutic reading (Patton 2002) of the data was conducted to:

- draw out the essential meaning of the themes and concepts identified in the conceptual analysis, informed by knowledge of the specific subject matter of the study; and
- identify any important learning from the text that was not identified, e.g. the key themes and concepts, and was hence overlooked by the Leximancer analysis.

3.5. Report structure

A brief outline of the program offered by Deakin is provided below. The Results section commences with summaries of the data collected through the questionnaires. This is followed by a section outlining the discussion threads (or pathways) that form the content of the Leximancer-generated conceptual pathways. Additional them es identified through the manual thematic analysis are also discussed under the respective discussion thread sections that directly relate to these conceptual links.

The Findings section then draws out the learning from the results that directly relates to the three research questions which have informed the curricula review.

4. MPH Program Overview

4.1. Structure

The MPH program at Deakin University is structured as follows:

- 1.5 years full-time or three years part-time study.
- Students must take the 4 core units, and can then choose a minimum of two from 5 selective units plus up to 4 electives depending on whether they take the minor or major capstone project.

4.2. Delivery mode

Most subjects are delivered as mixed mode with students able to choose between internal and external delivery options.

In addition to the MPH delivered on the Burwood campus, a program exclusively for Indigenous students is delivered using a community-based model through IKE at the Waurn Ponds campus. This report focuses on Burwood's program, as it also provides the curriculum for the program at IKE.

4.3. Enrolments

1.2.1. MPH enrolments

The number of enrolments in the MPH, over the last five years, is set out in Table 2 below.

Table 2: MPH enrolments

Year	MPH enrolments
2010	77
2011	79
2012	95
2013	95

1.2.2. Indigenous student enrolments

Interviewees were not aware of any students who had identified as Aboriginal or Torres Strait Islander in the program offered on the Burwood campus. There was an expressed assumption that these students would be enrolled in the program taught at IKE.

4.4. Indigenous staff

The School of Health & Social Development on Deakin's Burwood campus had no Aboriginal and Torres Strait Islander academic members on staff at the time of this review.

5. Results

5.1. Mapping of integration of core competencies

Deakin University is in the process of incorporating new university-wide graduate attributes to all degrees, including its postgraduate programs. These include reference to diversity of cultural contexts as illustrated in the following two attribute statements:

- Understanding of the professional, social, economic and cultural contexts of the discipline and related fields.
- Awareness of ethical issues, social responsibility and cultural diversity.

While these generic attributes are deliberately broad, and Indigenous populations may be considered within this cultural diversity, there is no explicit statement referring to Australia's First Nation peoples.

A review of the objectives and outlines of the four core and five selective units for explicit documentation of Indigenous health content and associated learning outcomes that can be mapped against the competencies was undertaken. This examination revealed that there is limited Indigenous content formalised within the curriculum. The results of this mapping of the competencies in the nine units are summarised in Table 3 below.

The unit outlines indicate that the areas of Indigenous health content covered include:

- Health of Indigenous Australians
- The Northern Territory Intervention
- Critical appraisal of Indigenous health research
- The Stolen Generation
- Indigenous public health nutrition.

The interviews with staff revealed that there is significantly more content covered in the curriculum, but it is not reflected in the formal unit summary documentation, as the following sections of the review will illustrate.

Table 3: Indigenous health core competencies covered in courses

	Integrated Indigenous health core competencies	No. of Courses	
		Yes	No
1.	Analyse key comparative health indicators for Aboriginal and Torres Strait Islander people.	2	7
2.	Analyse key comparative indicators regarding the social determinants of health for Aboriginal and Torres Strait Islander people.	2	7
3.	Describe Aboriginal and Torres Strait Islander health in historical context and analyse the impact of colonial processes on health outcomes.	2	7
4.	Critically evaluate Indigenous public health policy or programs.	3	6
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.	1	8
6.	Demonstrate a reflexive public health practice for Aboriginal and Torres Strait Islander health contexts.	1	8

5.2. Analysis of interview content

As shown in Figure 1 below, the Leximancer conceptual analysis drew out nine key themes in order of frequency, with 'Indigenous' as the most frequent and 'rights' as the least. Within the 'Indigenous' theme, Indigenous' and 'health' are the most frequent key words contained in this concept.

Taking the key words most frequently occurring within the Leximancer conceptual analysis, and those most relevant to the research objectives, the following four conceptual pathways were created and subthemes drawn out through the hermeneutic reading under each of these pathways:

- Indigenous to students
- Indigenous to course
- Indigenous to projects
- Indigenous to rights.

5.2.1 Indigenous to students

The first identified conceptual pathway consisted of the two most frequent key words in the two most prominent themes. It relates directly to teaching the MPH program to different student cohorts, with a particular focus on the Indigenous student cohort.

5.2.1.1 Separate student cohorts at IKE and Burwood

The relationship between Burwood's MPH and that delivered by IKE at Waurn Ponds was raised by a number of participants. The sense that the Indigenous and non-Indigenous student cohorts were quite separate was expressed by staff.

> *My only [Indigenous] students are through IKE and they're down at Waurn Ponds. They **don't have any contact** with... the rest of the students in their course, except for the Indigenous students down there.*

The missed opportunity for the two cohorts to learn from each other, and for the IKE staff and students to value add to the Indigenous content in the curriculum by contributing their experience, was articulated by interviewees.

> *The **weakness** is that we don't have an **Indigenous voice** in the class, by and large. That's problematic... Having IKE is both a strength and a weakness in that whole context, because it separates people 70 kilometres away and in a whole **different program**... whereas if we had Indigenous students, as [is the case] in some other universities, who are in and out of the same classes – it's a different context.*

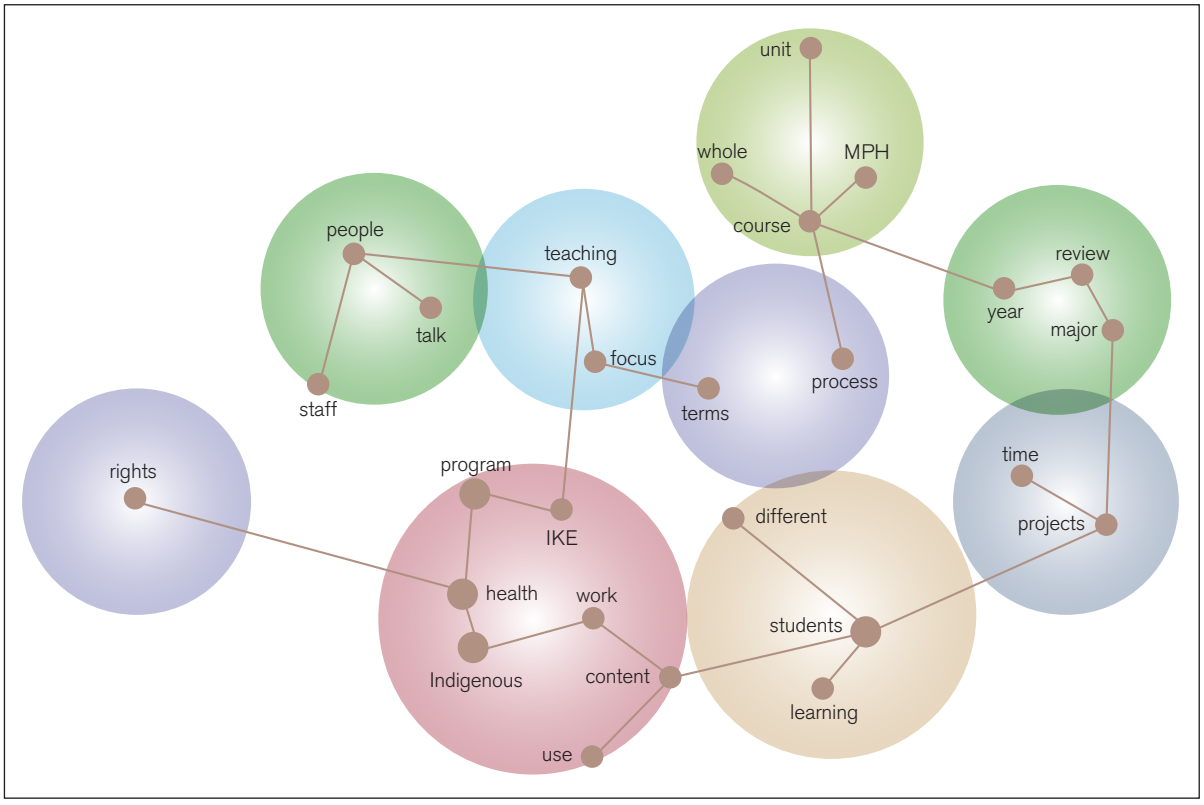

Figure 1: Concept map showing themes from interviews at Deakin University

*Now maybe there'll be [Indigenous content] that they'd only want their students to have access to, but there might be other things that they'd be **willing to share**, which might be **Indigenous commentary** on something. Whether it's an Indigenous study or not, it might just be relating it back to an Indigenous health issue. I think that's where it gets more interesting because we're **not strictly dividing** between what is Indigenous content... versus a health issue that's of interest to the Aboriginal community – and we should think about it in that context.*

The divide between the programs is also apparent between some of the teaching staff, which is viewed as problematic by staff at Burwood.

*Probably **greater discussions** between the people that teach the Indigenous students and those of us that don't... There seems to be very much a **divide** between [staff] at Burwood and [staff] down at IKE, which... I don't agree with at all to be honest.*

However, participants also reflected on the goodwill that exists at the Burwood campus and the willingness of staff to build a stronger productive relationship with the IKE program so as to strengthen the curriculum at Deakin for the benefit of all students.

*Traditionally, the partnership with IKE has helped us build a very strong [public health] program here. Our **academic staff engage** in a way that is about making sure we can have a community-based program that delivers a **quality training experience** for the Indigenous students, and that we can actually take content developed in the **mainstream program** for our Indigenous students, and that we're engaged in the assessment and evaluation of how that's rolled out to ensure **standards.***

*We need to refresh this; we need to be looking at current, valid studies that we want the students to actually critically analyse; to actually understand how public health works... To work in **partnership with IKE**, for example to come up with some very **good Indigenous studies**, that could be the focus... So that we use that as a way of **building the capacity** of our staff to be involved in our **teaching**.*

5.2.1.2 Challenges associated with teaching diverse student cohorts

One of the key challenges identified by interviewees was a lack of experience and/or confidence among Burwood staff in teaching Indigenous students.

*So part of it is building [the] understanding of staff themselves, and then actually knowing enough about Indigenous health to do it. Then there's the other way, about **how do I teach Indigenous students**?*

Whether this lack of confidence was unfounded or not was also broached, but it is a barrier for some staff nonetheless.

*I'm just conscious, talking to people like [him] who I think has probably taught more **Indigenous students** and he didn't realise this... there is that **confidence** thing that makes people probably pull back and do less than they otherwise might.*

As the following quote illustrates, the lack of confidence that staff have in teaching Indigenous students may be partly due to perceptions about different teaching and learning styles.

*When I first started teaching [classes] five years ago with **all Indigenous students** there, I taught exactly the same way and it went really well... I'm not a **normal lecturer** in that I don't sit there and lecture all the time; I make it quite interactive.*

Conversely, challenges were also identified in relation to teaching non-Indigenous students about Indigenous health, and the need to teach the content in an effective way. This can be a challenge for staff who have limited or no experience in this field, as one of the above quotes inferred but is expressed explicitly in the following quote.

*Then how do I teach **non-Indigenous students** about Indigenous health in a really **effective manner**?*

5.2.1.3 Identification of Indigenous students

A lack of awareness and acknowledgment that Indigenous students may be enrolled in the MPH program at Burwood highlighted further evidence of the division between the two programs. Some participants indicated they were unsure if they even taught Indigenous students at the Burwood campus.

*I don't know if any of my current students are **Indigenous students**.*

In part, this is because information routinely collected at enrolments is not usually passed on to staff, although aggregate data on numbers of students by Indigenous status is available on request. This lack of awareness may also be due to students choosing not to identify when they enrol in the MPH delivered at Burwood.

*The local students... none of them have identified themselves as **Indigenous students** and I don't think it's appropriate for me to be going and looking them up and saying 'Who are you? Where do you come from.'*

5.2.1.4 Impact of international students

International students are a growing cohort within many MPH programs across Australia, a trend Deakin is also experiencing. Responding to international student needs by internationalising the curriculum, but not at the expense of Indigenous content in the MPH program, is a challenge for staff who may not fully understand and/or appreciate Indigenous history and context.

*I think it's possible to incorporate things like an **Indigenous focus** or an **international focus** because that's the other thing I think I need to do. Not just because I have international students, but because we live in a region not just a country and I think public health has to have that broader focus. I think too, speaking as someone with absolutely **no expertise** in the area... that we live in a region where a **lot of countries** have an **Indigenous population** and a larger population. So, I... think there's a benefit to looking at it broadly rather than just thinking, okay we'll have this separate little bit for **Australian Indigenous people** and then it's the rest of the stuff over here. I think that's something that we could do with our **regional focus** and with the large number of **international students.***

5.2.2 Indigenous to course

This conceptual pathway linked a series of words together: 'Indigenous', 'people', 'teaching' and 'course'. The key statements from the Leximancer discussion thread relate to organisational and personnel changes that are impacting and influencing the integration of Indigenous health content in Deakin's MPH program.

5.2.2.1 Structural barriers to adopting competencies

Participants identified potential structural/organisational barriers/challenges to integrating Indigenous competencies. These primarily concerned organisational priorities, including a major university-wide, course-enhancement process that had been launched shortly before this review.

*The reason I haven't is… [because of] this **course enhancement process**... All the units have to be reviewed; their assessment has to be tied to the course learning outcomes; and… **move** as much as we can **online**… It takes a **huge amount of time.***

5.2.2.2 Impact of organisational changes

Participants also expressed views about recent program and staff changes and their impact on the development and delivery of the MPH at Burwood – including the incorporation of Indigenous competencies. On the one hand, the changes presented significant opportunities for strengthening the program in relation to integrating the Indigenous health competencies, especially as some of the newer staff are experienced in this field.

*The **course materials** were given to me a month before I took the unit – and I have a philosophy of teaching what's been taught before and then changing it, rather than trying to change it beforehand. So this year I am **going to change it** based on student feedback and what the two course leaders have said in Public Health and Health Promotion. So there may be **ways to integrate** this.*

*I think, with the **change in staff**... – we have both a **new course coordinator** and we have **new unit chairs** – [and] in the content areas... that's good because it brings us a **fresh look** and... they're people with **experience**. I think there's **great potential** to do some really innovative work around **Indigenous content**.*

On the other hand, this means creating a change in thinking for staff, and significant change management coordination for the program.

*We need to move from **unit focus** to a **course focus** and at the moment I don't quite see how I could build in an Indigenous health focus to the course because each of the units would have to do it. Whereas once I get more of a course focus… once the **unit chairs** are **thinking** in terms of – 'I'm part of the course', not 'I'm teaching my unit' – that might be something that's easier to do...*

*Traditionally people have had their own little **focus** and so it's a bit hard to say: 'We will work on putting these competencies in the course', because... it's hard to do that sort of course level change. But if we have to under AQF and under the [university-wide course enhancement program], we have to look at course level outcomes, and I've got to demonstrate assessments matched to course level outcomes and teaching matched to assessment. Then I think it's possible to **incorporate** things like an Indigenous focus.*

5.2.2.3 Support for comprehensive integration of Indigenous core competencies

A number of the interviewees recognised, and were able to articulate, the need for a process to integrate the Indigenous health core competencies comprehensively across the program and units.

> *They did a **review** of the MPH before I started here... [but] that didn't highlight, for example, the lack of **Indigenous content** as a specific part of it... It wasn't actually looked at as part of it, because people weren't assessing it against course level outcomes and... what we were trying to achieve in relation to the **national competency statements**. But we've got that **opportunity** now.*

They also recognised the specific opportunity of the impending course enhancement process to undertake this work.

> *I think the **course enhancement process**, tying all their assessment to graduate outcomes and the AQF process where we have to, as a course, demonstrate that we teach certain things, will be part of moving a unit chair's focus [on] to a course [and away] from being just a unit.*

Additionally, it provides an opportunity to undertake the development of content and incorporation of Indigenous competencies through an integrated program approach.

> *We're probably in a different position, we're not about saying: 'Yes, we've used three references so they have an **Indigenous content**'. We're actually trying to build the platforms now to do it in a slightly **different way**... The way we're moving, is to have **Indigenous case studies** that are actually looking at [the issues] through **multiple lenses**... rather than saying [that] every subject will have an Indigenous paper they look at. If they're all looking at something different, it doesn't actually bring [students] back to... an understanding of what it is to be a public health practitioner – which is saying, 'Actually I look at the same piece of work from a **different perspective** each time I look at this from a **different subject**. But, equally, it gives you a much more sophisticated understanding of the subject because you're starting to tie all that thinking together. So I guess that's where we're moving towards... an **integrated approach** rather than being bolt-on case studies, or exemplars or whatever.*

5.2.2.4 Capacity to teach Indigenous health content

Capacity to teach Indigenous content was again raised, this time as an individual level barrier to adopting the Indigenous core competencies. Concerns included a lack of content knowledge, and the availability of guest lecturers with specialised areas of expertise and/or Indigenous lecturers.

> *Now the downside of that is I haven't had a chance to look at [the case studies] yet and I don't know how competent I'll be to teach them. So the other thing I've got to do is **identify people**... who can **support** me in teaching these Indigenous case studies because I don't know anything about them... So whether it would be someone who would actually… deliver it or someone who I could work with to help me deliver it I don't know. That will depend on the availability of people, not just Indigenous people, but anyone **competent in teaching epidemiology** is a bit rare on the ground. So it would be a matter of finding who I can get to support me and then figure out how to get them to do that.*

> *I think I would have to **find someone** to work with me to do it because **I don't have experience** at Indigenous health myself; nor do I really have anyone identified here that's Indigenous.*

Given some key staff were very new at the time of interview, a lack of awareness about supervisors' experience and capacity to supervise students undertaking a thesis, especially those with an Indigenous health focus, was also identified as an issue.

> *I know we had a staff member who has done some Indigenous health work... It hasn't been an issue when I've been [coordinating] the projects so I haven't really gone through the process of talking to our available supervisors, which we will be doing now. Yes, it's hard to make a comment on whether someone would (a) be capable and (b) willing... but I'm not sure if they're ever lead researchers or not.*

5.2.3 Indigenous to projects

This conceptual pathway linked a series of words together: 'Indigenous', 'health', 'work', 'content', 'different', 'time' and 'projects'. The key statements from the Leximancer discussion thread relate to the ways in which project work is incorporated or informs the curriculum content, and also how content and the core competencies are used to prepare students for working in the field of Indigenous health.

5.2.3.1 Experience of teaching staff

The limited expertise in Indigenous health among the teaching staff at Burwood, as discussed above, has prompted many of them to seek out guest lecturers who are better placed to deliver Indigenous health content because of their experience in the field.

> *For [one of my guest lecturers] it's a really personal thing, because she's **worked in the NT** for a number of years, she's really committed to **Indigenous health**... So that's been fantastic and that does work really well.*

As the following quotes illustrate, having guest lecturers experienced in the Indigenous health sector was seen as an appropriate, if not ideal, alternative to having Indigenous guest lecturers delivering this content.

> *We've been able to link into people who've got a lot of **experience** in Indigenous health [even though they] are **not Indigenous.** That's been really important, I think, because otherwise you just tend to end up with a series of data with the statistics. So if I can't have somebody who is Indigenous talking about Indigenous health, it's better to have somebody who **works** in Indigenous health.*

Engaging Indigenous guest lecturers to deliver the content was a key challenge discussed by interviewees, hence the need for non-Indigenous practitioners working in Indigenous health to fill this gap.

5.2.3.2 Content in student projects

The examples of Indigenous health content given by interviewees demonstrate that the core competencies have been integrated into the curriculum by staff, often through projects and assessments. The following quote referred to a specific assessment task given to students.

> *You need to understand the **history of colonisation**... if you're going to work in public health. So your task is to look at that history, and then to talk about what the implications of that history are, or the way these operate in public health.*

While some of the Indigenous health assessment topics are set, others are optional or students may choose to adapt a topic to focus on a specific issue or case study.

> *That's the only absolutely dedicated specific **content on Indigenous health**. Although the other topics we use – and particularly the pieces of assessed work they do – a lot of them choose to take an Indigenous health focus for some of that. So, for example, the **final assessment** in this unit they conduct a human rights analysis of a particular policy or program... So a lot of students... have **chosen** to take the **Northern Territory Intervention** as an example of that.*

5.2.3.3 Experience of students

The work experience and interests of students was also identified as a factor that influences the integration of Indigenous health content in the curriculum.

> *Also, at the same time, **students** are working on their interests. So we have quite a few students that are **interested in Indigenous issues**.*

This informs the choices that students make in terms of subjects undertaken or assessment topics as indicated above.

> *I think it's different for the different cohorts, i.e. ...whether they're doing social work, health promotion or public health. I think for health promotion and social work, these are often individuals who are already required **in their jobs** to think about **Indigenous health**, or **wellbeing** if they're social workers [as they] don't like using the term health ... So, many of them **choose** to think about something that connects to their **working life**.*

It also influences the case study examples that staff incorporate into the curriculum.

> *So when we're looking at all of those statistics and we're looking at **examples**... we often bring in **Indigenous health** and diabetes prevention. A lot of students are interested in diabetes and obesity prevention, alcohol prevention in Indigenous communities.*

5.2.3.4 Preparation of students

There was discussion about how the competencies have been designed to prepare students for future work in Indigenous health by linking them to the generic graduate competencies.

> *I like the way we did it with ANAPHI [Australian Network of Academic Public Health Institutions], that we had a commitment to the Indigenous [competencies] but you still had all the mainstream ones – [and] recognising how much of that crossed over. Then it was how they were **applied to the Indigenous health issues** in the **ANAPHI competencies**. I*

*think that's the right kind of model so that we can have our generic course learning objectives. There is a commitment, not just that we have graduates who can **work anywhere** in the world, but [that we have] graduates who are aware of the Indigenous health issues in Australia and can work in that context as well.*

The commitment to ensuring that students both understood the need and were equipped to address Indigenous health issues on graduation was expressed by several interviewees, as exemplified in the following quotes.

*I think it's something that's important because a huge amount of the health dollars and the burden of disease disproportionately falls on the Indigenous community. I think it's something that, if I'm going to **equip students** to **work in public health**, they need to know about.*

We'd have a ***commitment*** to having the working examples that we're using to bring the students to that level of competency, including ***Indigenous content***. So that they're not only ***building the skills***, but then in the process they're learning about the indicators that are used to define the gap, or approaches that need to be applied when looking specifically at Indigenous policy analysis, for example.

5.2.4 Indigenous to rights

This conceptual pathway linked three key words together: 'Indigenous', 'health' and 'rights'. As would be expected, the key statements from the Leximancer discussion thread relate to the teaching of Indigenous public health content within a human rights framework.

5.2.4.1 Adopting a human rights approach to teaching Indigenous content

The commitment to incorporation of the Indigenous health competencies in the curriculum by those interviewed has been driven by a health equity and human rights approach to public health.

*My view was that to teach a unit that is so concerned with **health equity and human rights**, you could not do that without looking at **Indigenous health**.*

The content, therefore, launches a discussion around human rights and how this impacts on the health of those populations whose rights are not acknowledged, or are given less priority or even restricted. It was noted that this approach was used across several subjects, as indicated by the following quotes.

*So in here I've used quite a lot of examples from Australia – two in particular in relation to **Indigenous health**... The Indigenous examples I use are examples of where, like many countries, Australia has not taken on board many of the recommendations from the **UN** regional bodies and [others] – even from its own **Health and Human Rights Commission** – with regard to Indigenous health.*

I [say to the students, 'I] want you to pick up the human rights frameworks that we've covered in this and start to say, how does an understanding of our obligations under these human rights declarations, how does an understanding of the Siracusa Principles for public health interventions, help you to critique the [NT] Intervention?'

6. Findings, Commendations and Recommendations

This next section will discuss the integration of Indigenous content according to the research questions that have guided this review.

6.1 Integration of the Indigenous competencies

This review was limited to the part of the MPH program based at Deakin University's Burwood campus. Initially, when the documentation obtained from the Burwood program was assessed, it identified limited Indigenous content. However, it became clear through the interview process that Indigenous content existed across several units and is integrated within the assessment and learning objectives of those MPH units as demonstrated in Section 5.1. More of this informal content needs to be formalised in curriculum documentation in recognition of the content and competencies that are integrated within the program.

It was also noted that levels of informal content are enhanced as students working in the area of Indigenous health bring additional content to class discussion as a result of their interests, and that these students have the opportunity to tailor assessment pieces around Indigenous health issues should they choose to do so.

This integration reflects a horizontal model of integration. However, due to the inconsistent level of integration of the competencies across the units, it also reflects the sprinkling of unconnected content described by Kai, et al. (1999). To be a fully horizontal model of integration, the content needs to be strategically linked (Vidic & Weitlauf 2002).

Hence the recognised need to map the curriculum content against the expected graduate competencies, and to develop an integrated approach to curriculum reform as discussed by interviewees and outlined in Section 5.2.2.3. The course enhancement process on which Deakin is embarking, and which it was hoped this review would inform, is an ideal opportunity for this to occur. Deakin should be commended for recognising the currently limited level of integration of the Indigenous health competencies, and for its commitment to addressing this through a systematic reform process.

6.2 Innovations to integrate the Indigenous competencies

As noted in Section 5.2.4.1, much of the teaching of Indigenous health content in the Burwood-based MPH program is framed around a human rights perspective. This approach answers the call from Hunter, et al. (2012) to respond to Indigenous health issues using holistic approaches to health and human rights frameworks. By framing Indigenous health content within a discourse that privileges the notions of rights and health equity, it shapes responsibility for improving health outcomes within a context of partnership-based, shared-responsibility approaches that are systems focused and require reflective practice.

Such an approach resonates with public health practice (Keleher & MacDougall 2009) instead of taking a deficit model approach that results in victim-blaming discourses. It also contextualises Indigenous health in an international context, promoting a universal culture of human rights through human rights education as recommended by Sajan (2010). In addition, it addresses the increasing pressures to internationalise the curriculum, as discussed in Section 5.2.1.4. Building on this approach as part of the course enhancement process would appear to be not only logical but also in line with best practice approaches.

6.3 Improving integration of the Indigenous competencies

Through this review process, it was noted that Deakin's MPH curriculum reflects the university's different target student populations. That is, the program at Burwood delivers content largely focused on mainstream society population and place contexts, while the MPH program at IKE, delivered at the Waurn Ponds campus, caters specifically for Indigenous students and provides a modified version of the curriculum that relates content to Indigenous settings. On the one hand, it is commendable that Deakin tailors the delivery of the MPH curriculum with specific contextualising examples to reflect the backgrounds of differing student cohorts. However, it also raises concerns as to whether this provides sufficient opportunities to challenge students to apply learning outcomes across various cultural and societal settings.

As interviewees also discussed, this separation of cohorts on different campuses prevents opportunities for students to maximise the learning outcomes that could be gained from bringing together the participants in the two programs – particularly regarding the value added to Indigenous content in the curriculum by Indigenous students contributing their own diverse experience and knowledge. Although it is understood that students in the IKE program have different learning and cultural needs that must be met, the total segregation of the two programs seemingly limits everyone's learning potential. This segregation could also be a reason for, or barrier to, Indigenous students identifying when enrolling in the Burwood program as they may not want to be segregated from the mainstream program.

Staff at Deakin's Burwood campus consistently expressed their willingness to address and incorporate Indigenous content and competencies into the MPH curriculum. It was pleasing to see that some academics had already made significant progress in doing this at the time of the review. However, individual academics' capacity and confidence to develop and teach Indigenous content, and to teach Indigenous students, were consistently raised as issues at Burwood.

To address these concerns, training and educational opportunities could be provided for academics to become skilled in teaching both Indigenous health content (including the historical context) and Indigenous students. Similarly, supporting the use of guest lecturers with specialised areas of expertise, particularly Indigenous lecturers or practising experts in Indigenous health, is recommended. These experts could also be engaged to supervise students during their thesis research projects as discussed in Section 5.2.2.4.

However, as several interviewees acknowledged, strengthening the relationship between the MPH taught at Burwood and the IKE program at Waurn Ponds would also assist in building a more coherent integrated curriculum approach. In addition, it would address the Indigenous core competencies by drawing on the skill of IKE staff who are experts in the area of Indigenous health, without the need to draw on external resources. Ongoing attempts by staff to overcome historically generated structural and political barriers between the two campuses are commended, and their continuing support from university management recommended.

Increasing the opportunities for teaching staff based at Burwood to teach the Indigenous student cohort at IKE would also provide them with an opportunity to strengthen their skills and experience in Indigenous health and education. In addition, their exposure to teaching Indigenous students would enable them to gain experience and develop skills in educating for a range of learning styles.

No doubt this would lead to an exchange of information and expertise from which staff in the IKE program would also benefit, as well as assisting in creating efficiencies within the two programs if managed well. However, it is important that this is closely managed to ensure that the associated workloads are fairly distributed and/or compensated. In addition, the cultural safety and learning needs of the students in the IKE program would have to be carefully monitored.

Another factor in this review that emerged as a potential barrier or challenge to the integration of Indigenous competencies centred on structural and/or organisational barriers, with several interviewees indicating that the university-wide course enhancement program was viewed as a priority over curriculum mapping and integration exercises. However, this organisational commitment to course renewal presents an ideal opportunity to include integration and mapping of expected graduate competencies and outcomes. Nevertheless, as interviewees acknowledged, new staff will need to be supported and empowered to undertake this work, one of the key reasons the leadership at Deakin requested this review.

6.4 Commendations

Based on the above findings and analysis, the review team commends Deakin University for:

- Commitment to incorporating Indigenous health competencies into the program as part of the course enhancement process using an integrated program approach.
- The goodwill that exists at the Burwood campus and the willingness of staff to build a stronger relationship with the IKE program so as to strengthen the curriculum at Deakin for the benefit of all students.
- Integration of Indigenous health content driven by a health equity and human rights approach to public health.
- Use of guest lecturers with Indigenous health experience as a mechanism to ensure Indigenous content is provided to Burwood MPH students.

6.5 Recommendations

The team also proposes the following recommendations to strengthen integration of the Indigenous public health core competencies:

- Continue attempts to strengthen the relationship between the MPH streams taught at Burwood and by IKE to build a more coherent integrated curriculum approach, and to provide opportunities for the two student cohorts to learn from each other and value add to the Indigenous content in the curriculum.
- Increase the opportunities for teaching staff based at Burwood to teach the Indigenous student cohort at IKE as a way to strengthen their skills and experience and to develop the necessary expertise to educate for a range of learning styles.
- Review enrolment data to track the number of Indigenous students enrolled at the Burwood campus.
- Prioritise the adoption of the Indigenous core competencies at the Burwood campus to support the integration of Indigenous health content into the MPH program during the course enhancement process.

7. References

Australian Network of Academic Public Health Institutions (ANAPHI) 2009, *Foundational Competencies for MPH Graduates in Australia*, ANAPHI, Canberra.

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Keleher, H. & MacDougall, C. 2009, *Understanding Health: A Determinants Approach*, 2nd edn, Oxford University Press, South Melbourne, Vic.

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8. Attachments

8.1. Expressions of Interest letter

Indigenous Public Health Capacity Development Project

Funded by the Department of Health and Ageing, National Public Health Program and jointly managed by Onemda, VicHealth Koori Health Unit at the University of Melbourne and the Institute for Koorie Education at Deakin University.

Call for Expressions of Interest

The strengthening of Indigenous curriculum components within Master of Public Health (MPH) programs nationally is a key element of the Commonwealth's Indigenous Public Health Capacity Development Project, Stage Three. This builds on previous work in the sector that included:

- identifying core Indigenous public health competencies for the MPH program;
- disseminating a curriculum guide for their inclusion in MPH programs, the *National Indigenous Public Health Curriculum Framework*[1]; and,
- integrating these competencies within the key national 2010 MPH curriculum guide, *Foundation Competencies for Master of Public Health Graduates in Australia*[2].

It is expected that all national MPH programs will ensure graduates meet these competencies.

In parallel with this work, the National Indigenous Public Health Curriculum Network was formed. Subsequent to Network participants' engagement and leadership in the competencies project over the past three years, Network participants have led the Indigenous stream of the annual Australian Network of Academic Public Health Institutions' (ANAPHI) Teaching and Learning Forum. The Network leadership group comprises leading national Indigenous public health academics and professionals.

The Network, in collaboration with Onemda VicHealth Koori Health and the Institute for Koorie Education, is seeking *Expressions of Interest* from MPH teaching programs nationally to partner in order to further consolidate national Indigenous public health curriculum reform.

We propose to engage MPH Programs in a collaboration to review existing Indigenous curriculum components with reference to the core MPH Indigenous health competencies, document existing program innovations in Indigenous public health, what is working well, and where appropriate, share innovations from other programs and develop further strategies for strengthening Indigenous components. Primarily, this exercise would involve both capacity development for staff and strategic curriculum reform. We hope to work alongside existing Indigenous public health academics within departments, and existing community teaching partners to consolidate Indigenous curriculum within MPH programs. We propose to record, document and co-author case studies with academics from each program about this work in order to disseminate innovative teaching and learning practices to further the reform agenda.

Indigenous health workforce reform is a foundation plank of current policy initiatives to 'Close the Gap' in Indigenous health. We invite you to partner with us and further support the effective integration of Indigenous health components within the national MPH program.

1 http://www.onemda.unimelb.edu.au/docs/PHERPFramework.pdf
2 http://www.anaphi.org.au/PDFs/Competencies/ANAPHI_MPH%20competencies.pdf

8.2. Letter of Introduction

Commencement of MPH Reviews

Indigenous health workforce reform is a foundation plank of current policy initiatives to 'Close the Gap' in Indigenous health. The Public Health Indigenous Leadership in Education Network, which is a coalition of leading national Indigenous public health academics and professionals, was formed from a clearly identifiable need to provide a forum to exchange resources, ideas and develop policies and programs of relevance to teaching and learning activities in Indigenous public health.

The strengthening of Indigenous curriculum components within Master of Public Health (MPH) programs nationally is a key element of this project. This builds on previous work from the Indigenous Public Health Capacity Building Project (IPHCBP), which is funded by the Department of Health and Ageing and jointly managed by Onemda VicHealth Koori Health Unit at the University of Melbourne and the Institute for Koorie Education at Deakin University.

Key outcomes of the previous work included:

- identifying core Indigenous public health competencies for the MPH program;
- disseminating a curriculum guide for their inclusion in MPH programs, the *National Indigenous Public Health Curriculum Framework*[3]; and
- integrating these competencies within the key national 2010 MPH curriculum guide, *Foundation Competencies for Master of Public Health Graduates in Australia*[4]. It is expected that all national MPH programs will ensure graduates meet these competencies.

In 2010, an Expression of Interest was distributed to all Australian academic institutions that provide an MPH program. The intension was to seek partners for Stage Three of the IPHCBP to be involved in the MPH program reviews during 2011–12. Your institution responded, indicating interest in participating in this project.

The Network, in collaboration with *Onemda* VicHealth Koori Health and the Institute for Koorie Education, is therefore seeking to partner with your institution to further consolidate national Indigenous public health curriculum reform.

The aim of the review is to investigate the integration of the core Indigenous public health competencies into the curriculum of MPH programs in order to document and disseminate examples of best practice and to find ways to strengthen the delivery of this content.

We propose to review existing Indigenous curriculum components with reference to the core MPH Indigenous health competencies, document existing program innovations in Indigenous public health, what is working well, and where appropriate, share innovations and develop further strategies for strengthening Indigenous components. Primarily, this exercise would involve both capacity development for staff and strategic curriculum reform.

We hope to work alongside existing Indigenous public health academics within departments, and existing community teaching partners to consolidate Indigenous curriculum within MPH programs. We propose to record, document and co-author case studies with academics from each program about this work in order to disseminate innovative teaching and learning practices to further the reform agenda.

We invite you to partner with us and further support the effective integration of Indigenous health components within the national MPH program. To this effect, you will shortly be contacted by members of the Network to discuss how such a partnership can be implemented.

Should you require additional information at any time, please do not hesitate to ask Network members, or contact the IPHCBP Coordinator: Ms Leanne Coombe at the Onemda VicHealth Koori Health Unit, The University of Melbourne by phone on 03 8344 9375 or email at lcoombe@unimelb.edu.au.

3 http://www.onemda.unimelb.edu.au/docs/PHERPFramework.pdf
4 http://www.anaphi.org.au/PDFs/Competencies/ANAPHI_MPH%20competencies.pdf

8.3. Plain Language Statement

Review of the Integration of Indigenous Public Health Competencies within MPH Curricula[5]

The aim of this review is to investigate the integration of the core Indigenous public health competencies into the curriculum of MPH programs in order to document and disseminate examples of best practice and to find ways to strengthen the delivery of this content. It is administered by Ms Leanne Coombe from the University of Melbourne in partnership with academics in Indigenous health from the Public Health Indigenous Leadership in Education Network and has been approved by the University of Melbourne Human Research Ethics Committee.

The Indigenous public health competencies are a core component of the 'Foundational Competencies for MPH Graduates in Australia' published by the Australian Network of Academic Public Health Institutions in early 2010[6]. We have invited you to participate as you co-ordinate or teach in a subject that delivers Indigenous content within your MPH program and we are interested in your professional experience and perspectives on the delivery of this material.

Participation in this review will involve completing either a forty-five minute interview and/or an optional one and a half hour focused group interview. The maximum time commitment will be approximately three hours. We will take notes of these interviews and also audiotape them.

We will protect your anonymity and the confidentiality of your response to the fullest possible extent. The data will be stored in a password-protected computer accessible only to the researchers. In the final report, if you wish, you will be referred to by pseudonym. We will remove any references to personal information that might allow someone else to guess your identity, however, you should note that as the number of people from each institutions involved in the research is small, it is unlikely, but possible that someone may still be able to identify you.

Once this research has been completed, the findings from your own program will be made available to you. The research results will also be presented in journal articles and at academic conferences. The original data will be kept securely in the School of Population Health for five years from the date of publication, before being destroyed.

Please be advised that your participation in this study is completely voluntary. Should you wish to withdraw at any stage, or to withdraw any data you have supplied, you are free to do so without prejudice.

If you would like to participate, please indicate that you have read and understood this information by signing the accompanying consent form.

Should you require any further information, or have any concerns, please do not hesitate to contact Ms. Leanne Coombe on +61 3 8344 9375 at the Centre for Health and Society. Should you have any concerns about the conduct of the project, you are welcome to contact the Executive Officer, Human Research Ethics, The University of Melbourne, on ph: +61 3 8344 2073, or fax: +61 3 9347 6739.

5 HREC #: 1034186.2, Version: 15 April, 2011.
6 http://www.anaphi.org.au/PDFs/Competencies/ANAPHI_MPH%20competencies.pdf

8.4. Consent Form

School Of Population Health

Consent Form

PROJECT TITLE: ***Review of the Integration of Indigenous Public Health Competencies within MPH Curricula***[7]

Name of participant:

Name of investigator(s): Prof. Wendy Brabham, Dr Shaun Ewen, Ms Leanne Coombe and Ms Wendy Anders

1. I consent to participate in this project being undertaken for research purposes, the details of which have been explained to me, and for which I have been provided with a written plain language statement.

2. I understand that my participation will involve (please check required box/s):

   (i) participation in an semi-structured interview ☐

   (ii) participation in a focus group interview ☐

   and I agree that the researchers may use the results as described in the plain language statement.

3. I acknowledge that:

   (a) I have been informed that I am free to withdraw from the project at any time without explanation or prejudice and to withdraw any unprocessed data I have provided.

   (b) I have been informed that the confidentiality of the information I provide will be safeguarded subject to any legal requirements.

   (c) I have been informed that the small sample size may have implications for protecting the identity of participants.

   (d) I have been informed that the interviews will be audio-taped and I understand that audio-tapes will be stored at the University of Melbourne and will be destroyed five years after final completion of the project.

   (e) unless I request otherwise, my name will be referred to by a pseudonym in any publications arising from the research.

   (f) the organisation with whom I'm affiliated will be identified in the findings.

   (g) I have been informed that a copy of the research findings will be forwarded to me.

   (h) Once signed and returned, this consent form will be retained by the researchers.

Signature Date

(participant)

7 HREC #: 1034186.3

8.5. MPH Coordinator questionnaire

Questionnaire for MPH Program Coordinators

Review of the Integration of Indigenous Public Health Competencies within MPH Curricula

Name of participant: _____

Email contact: _____

Department: _____

Institution: _____

1. **Please identify Coursework Awards offered in Public Health by your Department:**

2. **Please describe any formal statement included within the MPH program's vision, aims or underlying principles directed towards capacity development in Indigenous Australian public health:**

3. **Please estimate number of prescribed formal contact hours devoted to Indigenous Australian health within your MPH program:**

4. **Please number identified Indigenous Australian MPH program enrolments (previous 5 years):**

_____

5. **Please number identified Indigenous Australian MPH program completions (previous 5 years):**

_____

6. **Please number identified Indigenous Australian MPH program student withdrawals or non-re-enrolment (previous 5 years):**

_____

7. **Please number Full-Time Equivalent Indigenous academics employed in your department:**

_____

8. **Please describe any incentives/disincentives to student participation in Indigenous Australian health components:**

Key incentives for non-Indigenous students

Key dis-incentives for non-Indigenous students

Key incentives for Indigenous Australian students

Key dis-incentives for Indigenous Australian students

9. Please describe the input and status of Indigenous advisors to the Indigenous Australian health content within your MPH program:

10. Please describe current staff development strategies aimed at improving capacity in Indigenous Australian health or Indigenous learning styles:

11. Please describe key outcomes of any recent evaluation regarding Indigenous Australian health content within the MPH Program:

12. Please describe factors enhancing or detracting from the viability of substantial Indigenous Australian health content within your program:

Other comments:

Thank you for your participation

8.6. Unit Coordinator questionnaire

Questionnaire for Unit/Subject Coordinators

Review of the Integration of Indigenous Public Health Competencies within MPH Curricula

Name of participant: _____

Email contact: _____

Department: _____

Institution: _____

Subject/Unit Title: _____

1. **Total formal contact hours for unit:** _____

2. **Formal contact hours allocated specifically to Indigenous Australian health:** _____

3. **Is it possible for the researcher to review the relevant course outline in order to ascertain content (please tick relevant answer):**

   Yes No

4. **Please list subject learning objectives specifically related to Indigenous Australian health:**

5. **Please list areas of Indigenous Australian health covered by the subject/unit:**

6. Core Indigenous public health competencies covered by the subject/unit:

Content Area	Yes	No
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.		
6. Demonstrate a reflexive public health practice for Aboriginal and Torres Strait Islander health contexts		

7. Human Resources Utilised:

a) Identify direct teaching input (% of total hours) of Indigenous academics (staff, outside professionals or community members) involved in the subject/unit?

_____

b) Identify direct teaching input (% of total hours) of non-Indigenous people (staff, outside professionals or community members) involved in the subject/unit?

_____

8. Delivery Mode (please mark all relevant categories):

Format	Yes	No	N/A
Lecture (face-to-face on campus)			
Tutorial (face-to-face on campus)			
Seminar (face-to-face on campus)			
Intensive Block (face-to-face)			
Placement/Field Visits			
Online Interactive Forum (synchronous)			
Online Interactive Forum (asynchronous)			
Online Podcast/Vodcast			
Self-directed/self-paced distance module			
Teleconference (incl. Skype or similar)			
Other (please list)			

Other comments:

Thank you for your participation

Onemda VicHealth Koori Health Unit
Indigenous Health Equity Unit
Centre for Health Equity
Melbourne School of Population and Global Health
Level 4, 207 Bouverie Street
The University of Melbourne
Victoria, 3010 AUSTRALIA

T: +61 3 8344 0813
F: +61 3 8344 0824
W: www.onemda.unimelb.edu.au