National Review of Core Indigenous Public Health Competencies Integration into MPH Curricula:

How do we stack up?
Acknowledgement

We would like to acknowledge the Wurundjeri people of the Kulin Nation as traditional owners of this land on which we meet, and their elders past and present.
PHILE Network

Coalition of leading national academics and professionals in Indigenous public health, established in 2003 to provide a forum to exchange resources, ideas and develop policies and programs of relevance to teaching and learning activities in Indigenous public health
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*Representative
Program

- Project Background
  - Feasibility Study
  - Indigenous Core Competencies
  - MPH Review
- Consolidated Results
  - Emerging Themes
  - Academic Content
  - Competencies Coverage
Project Background

2004    National Indigenous Public Health Curriculum Audit
2004–6  National Indigenous Public Health Curriculum Workshops
2008    Feasibility Study for a Nationally Accessible Master of Public Health Program Specialising in Indigenous Health
         (Genat, 2008)
         (PHERP Project Reference Group, 2008)
2009    Foundational Competencies for MPH Graduates in Australia
         (ANAPHI, 2009)
2011-13 National Review of Core Indigenous Public Health Competencies Integration into MPH Curricula
         (www.phile.net.au)
Curriculum Audit Findings

- Concentration of Qld and NT MPH programs with Indigenous health content
- Indigenous health subjects tend to have broad generic content or focus on specific diseases (e.g. mental health) and risks (e.g. alcohol)
- Minimal application of social science theory and cultural analysis
- Need to foster ethical and self-reflexive practice
Feasibility Study Findings

Recommended subject areas and structure for an Indigenous specialisation in the MPH

CORE subjects:
- Indigenous Health & History +
- Indigenous Health Policy OR Indigenous Health Promotion OR Research in Indigenous Contexts

PLUS 2 electives from:
- Indigenous Social & Emotional Wellbeing
- Environmental Health in Indigenous Contexts
- Alcohol & Drug Issues in Indigenous Health Contexts
- Indigenous Maternal & Child Health

PLUS Capstone Experience:
- Practice OR Research Projects
Indigenous Core Competencies

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 of the allocation of resources relative to need.
6. Demonstrate a reflexive public health practice for Aboriginal and Torres Strait Islander health contexts.
MPH Review Methods

- Mixed methods design (questionnaires and interviews/focus groups)

- Process
  - Document analysis (NIPHC Framework & ANAPHI Competencies)
  - Ethics gained from Melbourne HREC (1034186.3)
  - EOI sent in 2010 (13 institutions responded)
  - Pilot conducted at UNSW in 2011
  - Reviews conducted at 7 institutions in 2012-3
  - Participants include MPH academic coordinators, subject coordinators, guest lecturers as identified by each institution

- Data Analysis
  - Leximancer software conceptual analysis
  - Researcher conducted thematic analysis
  - Descriptive analysis of questionnaire (quantitative) data
1. How have MPH programs integrated the six core Indigenous Public Health Competencies within their curricula?

2. What examples of best practice and innovations have emerged within MPH programs to integrate the Indigenous Public Health Competencies within their programs?

3. How can the integration of the six core Indigenous Public Health Competencies be improved?

4. What numbers of Aboriginal and Torres Strait Islander student MPH enrolments and graduations have been recorded in the past five years?
## MPH Review Sites

<table>
<thead>
<tr>
<th>Institution</th>
<th>Date of Review</th>
<th>Status of Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of NSW</td>
<td>Pilot in 2011</td>
<td>Informed Process</td>
</tr>
<tr>
<td>University of Adelaide</td>
<td>February 2012</td>
<td>Published</td>
</tr>
<tr>
<td>Flinders University</td>
<td>February 2012</td>
<td>Published</td>
</tr>
<tr>
<td>Menzies School of Health Research</td>
<td>May 2012</td>
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</tr>
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<td>University of Melbourne</td>
<td>June 2012</td>
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</tr>
<tr>
<td>La Trobe University</td>
<td>July 2012</td>
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<tr>
<td>University of Western Australia</td>
<td>January 2013</td>
<td>Approved</td>
</tr>
<tr>
<td>Deakin University</td>
<td>April 2013</td>
<td>Feedback</td>
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Results

• Competencies Coverage
• Dedicated Subject Areas
• Academic Content
  – Context & Theory
  – Issues
  – Practice
• Emerging Themes
  – External influences
  – Internal factors
  – Content specific issues
• Achievements
• Ongoing Challenges
• Workshop Questions
## Competencies Covered

<table>
<thead>
<tr>
<th>Competency Area</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>comparative health indicators</td>
<td>30 (41)</td>
<td>43 (59)</td>
<td>73</td>
</tr>
<tr>
<td>social determinants</td>
<td>26 (36)</td>
<td>47 (64)</td>
<td>73</td>
</tr>
<tr>
<td>historical context &amp; impact of colonial processes</td>
<td>27 (37)</td>
<td>46 (63)</td>
<td>73</td>
</tr>
<tr>
<td>public health policy or programs</td>
<td>30 (41)</td>
<td>43 (59)</td>
<td>73</td>
</tr>
<tr>
<td>economic evaluation</td>
<td>13 (18)</td>
<td>59 (82)</td>
<td>72</td>
</tr>
<tr>
<td>reflexive public health practice</td>
<td>24 (33)</td>
<td>48 (67)</td>
<td>72</td>
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## Dedicated Subject Areas

### Recommended Subject Areas

<table>
<thead>
<tr>
<th>Subject Area</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indigenous Health &amp; History</td>
<td>5</td>
</tr>
<tr>
<td>Indigenous Health Policy</td>
<td>1#</td>
</tr>
<tr>
<td>Indigenous Health Promotion</td>
<td>1</td>
</tr>
<tr>
<td>Research in Indigenous Contexts</td>
<td>2</td>
</tr>
<tr>
<td>Indigenous Social &amp; Emotional Wellbeing</td>
<td>-</td>
</tr>
<tr>
<td>Environmental Health in Indigenous Contexts</td>
<td>-</td>
</tr>
<tr>
<td>Alcohol &amp; Drug Issues in Indigenous Health Contexts</td>
<td>1#</td>
</tr>
<tr>
<td>Indigenous Maternal &amp; Child Health</td>
<td>-</td>
</tr>
<tr>
<td>Public Health Practice (capstone)*</td>
<td>1</td>
</tr>
<tr>
<td>Research Projects (capstone)*</td>
<td>2</td>
</tr>
</tbody>
</table>

### Other Subject Areas

- Indigenous Health Sector Management                  | 1   |
- Anthropology                                         | 1   |

* = linked to IH specialisation; # = offered through cross-institutional enrolment
## Content Areas (1)

<table>
<thead>
<tr>
<th>Context &amp; Theory</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indigenous history and impact of colonisation</td>
<td>****</td>
</tr>
<tr>
<td>Indigenous culture, knowledge and concepts of health</td>
<td>*****</td>
</tr>
<tr>
<td>Social determinants of Indigenous health</td>
<td>*****</td>
</tr>
<tr>
<td>Indigenous people and the justice system</td>
<td>*</td>
</tr>
<tr>
<td>Indigenous health politics and policy</td>
<td>*****</td>
</tr>
<tr>
<td>Resource allocation to Indigenous health services</td>
<td>***</td>
</tr>
<tr>
<td>Indigenous management, leadership and governance</td>
<td>**</td>
</tr>
</tbody>
</table>
### Content Areas (2)

<table>
<thead>
<tr>
<th>Issues</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indigenous peoples and health comparisons</td>
<td>*****</td>
</tr>
<tr>
<td>Current health status of Indigenous people i.e. mortality /morbidity rates, non-communicable diseases, chronic diseases and notifiable diseases</td>
<td>*****</td>
</tr>
<tr>
<td>Indigenous mental health and social-emotional wellbeing</td>
<td>***</td>
</tr>
<tr>
<td>Alcohol and other drugs in Indigenous communities</td>
<td>***</td>
</tr>
<tr>
<td>Access to services</td>
<td>**</td>
</tr>
<tr>
<td>Indigenous men’s and youth health</td>
<td>*</td>
</tr>
<tr>
<td>Indigenous women’s and children’s health</td>
<td>*</td>
</tr>
<tr>
<td>Impact of environmental health and climate change</td>
<td>*</td>
</tr>
<tr>
<td>Nutrition in Indigenous communities</td>
<td>**</td>
</tr>
</tbody>
</table>
## Content Areas (3)

<table>
<thead>
<tr>
<th>Practice</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indigenous health research history</td>
<td>***</td>
</tr>
<tr>
<td>Indigenous research ethics, perspectives and methodologies</td>
<td>*******</td>
</tr>
<tr>
<td>Data collection and ownership</td>
<td>***</td>
</tr>
<tr>
<td>Evaluating health interventions and technologies</td>
<td>****</td>
</tr>
<tr>
<td>Community engagement and empowerment strategies</td>
<td>***</td>
</tr>
<tr>
<td>Indigenous health service delivery, ACCHO sector, CPHC services</td>
<td>******</td>
</tr>
<tr>
<td>Indigenous health promotion frameworks</td>
<td>***</td>
</tr>
<tr>
<td>Cross-cultural models of working</td>
<td>****</td>
</tr>
<tr>
<td>Evidence-informed practice and approaches</td>
<td>***</td>
</tr>
<tr>
<td>Anthropology in Indigenous settings</td>
<td>**</td>
</tr>
</tbody>
</table>
## Models of Integration

*Integration Models for Indigenous Public Health Curricula,*  
(Submitted 18/12/13) *Advances in Health Sciences Education*

<table>
<thead>
<tr>
<th>Evidence of Integrated Content (Co-located)</th>
<th>No Indigenous Health Subject/Stream</th>
<th>Indigenous Health Subject (Parallel)</th>
<th>Indigenous Health Stream (Vertical)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flinders* Deakin (Burwood)</td>
<td></td>
<td>Adelaide Flinders* UWA</td>
<td>Melbourne</td>
</tr>
<tr>
<td>Extensive Integrated Content (Horizontal)</td>
<td></td>
<td>La Trobe</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Menzies (Combination)</td>
</tr>
</tbody>
</table>

* = depending on stream
Summary

• Results present consolidated data – not all institutions cover all listed areas
• Health indicators, social determinants, public health policy, health services and programs are reasonably well covered
• Colonial processes and reflective practice are not as strongly evident in courses
• Economic evaluation and environmental health are two areas that are clearly a deficiency everywhere
• Those institutions that have Indigenous specific subjects focus on history and social determinants, and research
• Other content areas are embedded informally
• Apparent progress in integration of Indigenous health content across programs reviewed
Emerging Themes (External)

- Institution related
  - Location and context
  - Institutional priorities (e.g. open access, multimodal teaching, environmental issues etc)
  - Support for cross-institutional arrangements
  - Viability of programs (since PHERP cessation)
  - International students and globalisation

- Resource related
  - Funding sources
  - Staff recruitment and retention
  - External partnerships (e.g. community, industry)
Emerging Themes (Internal)

- **Program related**
  - Degree of institutionalisation and support of integration
  - Student quotas
  - Orientation of course (social determinants, research, epi/bio, human rights framework etc)
  - Length of course and number of core subjects
  - Indigenous health as core vs elective
  - Model of integration (vertical, horizontal or combination)
  - Timing of Indigenous health specific subjects
  - Curriculum mapping and quality improvement processes
  - Ownership/responsibility for Indigenous health teaching (School vs Indigenous Units)
  - Student interests
Emerging Themes (Internal)

• Resource related
  – Awareness of staff of competencies
  – Aboriginal academics on staff to lead curriculum development and teaching
  – Workload of Aboriginal and other teaching staff in Indigenous health program areas
  – Capacity/experience of staff to teach Indigenous health content
  – Access to and lack of pool of appropriate external guest speakers
  – Internal staff vs guest lecturers
Emerging Themes (Content)

• Specific issues
  – Tendency to use examples that reinforce the deficit model
  – Types of examples (reinforcing positive or negative perceptions of Indigenous health)
  – Access to appropriate examples (especially for teaching staff without direct experience in the field)
  – Influence of students’ existing local knowledge versus international perspectives
  – Links to community for field visits, case studies etc

• Formal vs informal content

• Question of content vs competency
Achievements

• Raised profile of Indigenous health competencies
• Identified models of curriculum integration
• Frameworks for teaching Indigenous health
• Increased level of Indigenous health content
• Cross institutional arrangements
Ongoing Challenges

- Resourcing and prioritising Indigenous health education
- Overcoming ongoing gaps in curriculum
- Appropriate content and resource development
- Required teaching support and staff development
- Staff recruitment and retention
- Workforce development needs survey
- Appropriateness of current competencies
- Documenting Indigenous health content
Workshop Questions

1. How do we know whether Indigenous health education is having a positive impact on workforce need?

2. How can research(ers) better contribute to filling identified content ‘gaps’ in curriculum?
Thankyou

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