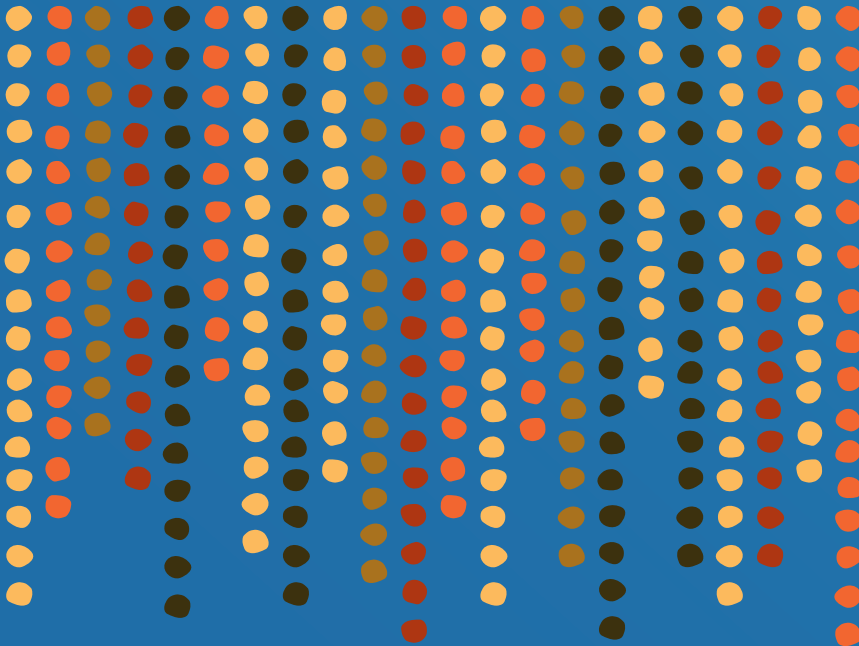
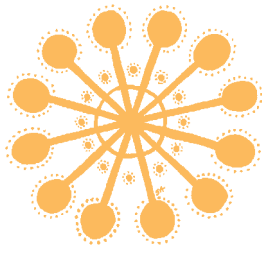


National Aboriginal and Torres Strait Islander Public Health Curriculum Framework 2nd Edition

Public Health Indigenous Leadership in Education Network

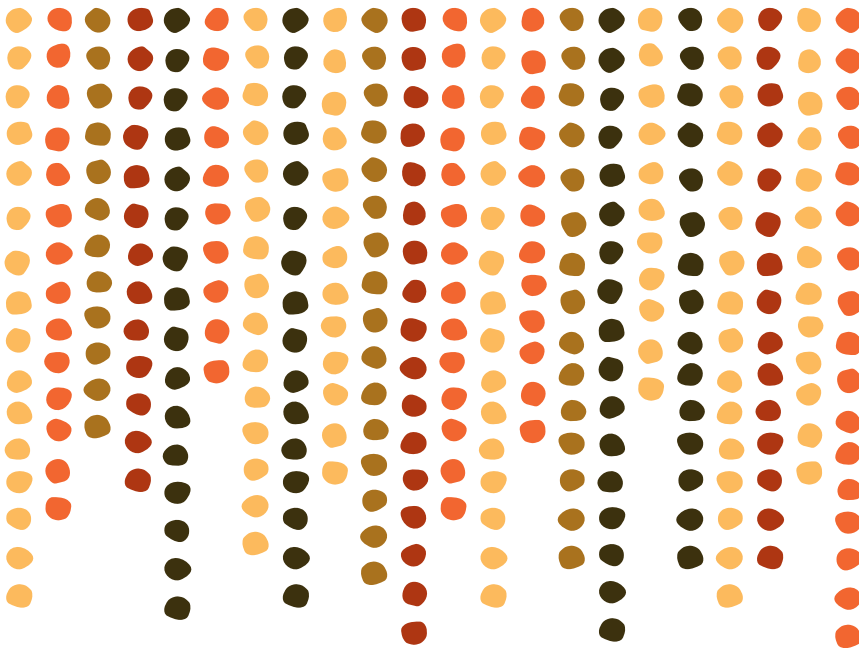


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National Aboriginal and Torres Strait Islander Public Health Curriculum Framework 2nd Edition

Public Health Indigenous Leadership in Education Network
February 2017



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Acronyms and Terminology

ANAPHI	Australian Network of Academic Public Health Institutions
CAPHIA	Council of Academic Public Health Institutions Australia
CDAMS	Committee of Deans of Australian Medical Schools
IKE	Institute of Koorie Education
MPH	Master of Public Health
PHERP	Public Health Education and Research Program
PHILE	Public Health Indigenous Leadership in Education
VET	Vocational Education and Training

Terminology: Within this report, the term 'Aboriginal and Torres Strait Islander' is used to refer to Australia's First Peoples, with 'non-Indigenous' used for other Australians. The term 'Aboriginal' is sometimes used for consistency with original sources, the term 'indigenous' is a global representation.



Preface

This second edition of the *National Aboriginal and Torres Strait Islander Public Health Curriculum Framework* builds on years of sustained focus on Aboriginal and Torres Strait Islander public health capacity development. Many within the Aboriginal and Torres Strait Islander primary health care and health policy sectors, along with academic leaders in Aboriginal and Torres Strait Islander public health education, have contributed to its development.

The hard work of those public health experts involved in the first edition of the *National Indigenous Public Health Curriculum Framework*, published in 2008 by the Public Health Capacity Development Project of the Public Health and Research Program (PHERP) administered by the Department of Health and Ageing, have made it possible for this second edition to be produced. This revised publication was developed under the auspices of the Public Health Indigenous Leadership in Education (PHILE) Network. The PHILE Network is a coalition of leading national academics and professionals in Aboriginal and Torres Strait Islander public health. To effectively achieve the objectives as set by the Department of Health and Ageing has involved input from various public health experts at universities that are listed members of the Council of Academic Public Health Institutions Australia (CAPHIA), and specifically offer an Aboriginal and Torres Strait Islander component within their Master of Public Health (MPH) program.

The Framework serves as a guide for university public health teaching and includes Aboriginal and Torres Strait Islander health content that is relevant but not limited to MPH programs. For each of the six core Aboriginal and Torres Strait Islander Public Health Core Competencies there is a suggested set of relevant teaching and learning resources, and teaching and assessment strategies. Web links to a series of reports from participating universities are also available on the PHILE Network and the CAPHIA websites.

This Framework coincides with the release of the Australian Government's *Aboriginal and Torres Strait Islander Health Curriculum Framework* (Department of Health 2014) and the second edition of the Foundation Competencies for Public Health Graduates in Australia (CAPHIA 2016). These documents aim to prepare graduates from across the health spectrum with cultural capabilities.

As many health professional graduates go on to complete an MPH, the *National Aboriginal and Torres Strait Islander Public Health Curriculum Framework* will support them to continue the life-long journey of building cultural capability, and contribute to ensuring that the workforce capacity needed to implement change is in place – a necessity for 'Closing the Gap'.

For universities, the *Aboriginal and Torres Strait Islander Public Health Curriculum Framework* provides the tools to integrate the impacts of history, social determinants and the cultural dimensions of health across and within national and international curriculums, and how they impact on contemporary Aboriginal and Torres Strait Islander health practice and research.

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Background

The first edition of the *National Indigenous Public Health Curriculum Framework* (PHERP 2008) was developed as a guide for university public health teaching programs to achieve the effective integration of Aboriginal and Torres Strait Islander health within required academic subjects in Australian Master of Public Health programs. The MPH degree builds upon a diverse range of undergraduate degrees. 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 subjects and occupations. It is thus both inevitable and appropriate that a substantial core or foundation component is included in the curriculum.

The Aboriginal and Torres Strait Islander Public Health Core Competencies' relationship to MPH areas of practice informs the *National Aboriginal and Torres Strait Islander Public Health Curriculum Framework*. These Competencies ensure that both public health, and the more specific Aboriginal and Torres Strait Islander public health practice, cross-fertilise knowledge.

The six Aboriginal and Torres Strait Islander Public Health Core Competencies are:

- Analyse key **comparative health indicators** for Aboriginal and Torres Strait Islander people
- Describe Aboriginal and Torres Strait Islander health in **historical context** and analyse the impact of colonial processes on health outcomes.
- Analyse key comparative indicators regarding the **determinants of health** for Aboriginal and Torres Strait Islander people.
- Critically evaluate Aboriginal and Torres Strait Islander **public health policy or programs**.
- 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.
- Demonstrate a **reflexive public health practice** for Aboriginal and Torres Strait Islander health contexts.

The second edition of *Foundation Competencies for Public Health Graduates in Australia* (CAPHIA 2016), a key document used by Australian universities to design their MPH programs, affirms six areas of public health practice.

Table 1 (below and overleaf) maps these six areas with the Aboriginal and Torres Strait Islander Public Health Core Competencies and suggests specific inclusions for an Aboriginal and Torres Strait Islander specialisation focus.

Table 1: The six areas of public health practice

MPH areas of practice	Aboriginal and Torres Strait Islander Public Health Core Competencies
Monitoring and Surveillance	<ul style="list-style-type: none"> • Analyse key comparative health indicators for Aboriginal and Torres Strait Islander people. • Analyse key comparative indicators regarding the social determinants of health for Aboriginal and Torres Strait Islander people.
Specific inclusions: social, cultural and political determinants, colonisation and trans-generational trauma, and individual, community, social, emotional wellbeing	



Table 1 cont...

Disease Prevention and Control	<ul style="list-style-type: none">Analyse key comparative indicators regarding the social determinants of health for Aboriginal and Torres Strait Islander people.Describe Aboriginal and Torres Strait Islander health in historical context and analyse the impact of colonial processes on health outcomes. <p>Specific inclusions: Aboriginal and Torres Strait Islander screening, immunisation, population-based disease prevention/control strategy, interventions for public health emergencies, community engagement, community management plan to respond to biological, chemical or radiation exposure, natural disasters or terrorist attacks</p>
Health Protection	<ul style="list-style-type: none">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.Describe Aboriginal and Torres Strait Islander health in historical context and analyse the impact of colonial processes on health outcomes. <p>Specific inclusions: environmental health, climate change and ecological sustainability, environmental health intervention, Aboriginal and Torres Strait Islander connection to country, land and sea rights, community engagement, legislative and ethical issues relating to environmental health, land and sea rights protection</p>
Health Promotion	<ul style="list-style-type: none">Describe Aboriginal and Torres Strait Islander health in historical context and analyse the impact of colonial processes on health outcomes.Critically evaluate Indigenous public health policy or programs. <p>Specific inclusions: practices, models, ethics, cultural safety, ways of working, inter-sectorial collaboration, capacity building, governance and sustainability</p>
Health Policy, Planning and Management	<ul style="list-style-type: none">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. <p>Specific inclusions: Aboriginal and Torres Strait Islander policy history, institutions, equity, human rights, governance, accountability, Indigenous public health policy financing, analysis and strategy</p>
Evidence-based Professional Population Health Practice	<ul style="list-style-type: none">Demonstrate a reflexive public health practice for Aboriginal and Torres Strait Islander health contexts.Demonstrate a reflexive public health practice for Aboriginal and Torres Strait Islander health contexts. <p>Specific inclusions: Aboriginal and Torres Strait Islander comprehensive primary health care, models of community control, community engagement across non-government organisations and across sectors, decolonising practice in Aboriginal and Torres Strait Islander public health</p>

Source: CAPHIA 2016

2

Aboriginal and Torres Strait Islander models of health encompass determinants that range beyond those considered within a biomedical model of health. The National Aboriginal Health Strategy (NAHS Working Party 1989) was a landmark document in Aboriginal and Torres Strait Islander health policy, and its underpinning principles are still relevant today. The 1989 Strategy states:

Health to Aboriginal [and Torres Strait Islander] people is a matter of determining all aspects of their life, including control over their physical environments, 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 diseases and incapacity. (NAHS Working Party 1989)

This definition calls for a holistic approach to Aboriginal and Torres Strait Islander health – that by addressing the physical, social, emotional and cultural wellbeing of the whole community individuals can achieve their full potential. This is a whole-of-life view that supports the total wellbeing of the community.

Policy connection

Since 2008 and the apology to the Stolen Generations by the then Prime Minister Kevin Rudd, the Australian Government's 'Closing the Gap on Indigenous Disadvantage' (Australian Government 2009) has been the main strategy to reduce inequities experienced by Aboriginal and Torres Strait Islander communities.

In the recent *Close the Gap – Progress and Priorities Report* (CTG Campaign Steering Committee 2016), workforce reform has been identified as key to this.

The PHILE Network is a national coalition of leading academics and professionals working in Aboriginal and Torres Strait Islander public health higher education dedicated to workforce development. It was originally formed from the National Indigenous Public Health Curriculum Network, which was established in 2003 as a forum to exchange ideas, and to develop policies, resources and programs relevant to teaching and learning in Aboriginal and Torres Strait Islander public health. The Network came under the umbrella of a broader Indigenous Public Health Capacity Development project funded by the Australian Government Department of Health.

The development of the first edition of the *National Indigenous Public Health Curriculum Framework* (PHERP 2008) was the outcome of five years of sustained focus on Aboriginal and Torres Strait Islander public health capacity development within the PHERP program. The PHILE Network works towards strengthening Aboriginal and Torres Strait Islander curriculum components within MPH programs nationally, and this second edition builds on the Aboriginal and Torres Strait Islander public health learnings and research in the last eight years as well as the recent reviews.

Implementation review

Between 2011 and 2015, the PHILE Network undertook seven Australian university reviews to investigate the integration of the Aboriginal and Torres Strait Islander Public Health Core Competencies into the curriculum of MPH programs. These reviews enabled a better understanding of the strengths and weaknesses of integration in a number of different university settings, and allowed the documentation of examples of best practice. The learnings from these reviews have informed much of this second edition of the *National Aboriginal and Torres Strait Islander Public Health Curriculum Framework*. All seven published reports of the reviews can be found at www.phile.net.au/publications.

How to use this document

This updated Framework provides strategies, tools and resources to ensure that public health teaching staff are appropriately resourced and equipped to deliver MPH students with comprehensive and appropriate opportunities to attain the six Aboriginal and Torres

Strait Islander Public Health Core Competencies during their public health programs. As MPH programs are not uniformly structured, this Framework serves only as a guide. Where possible, best practice examples are provided to demonstrate how the Core Competencies might be integrated into MPH subjects and programs. Although this Framework is designed for MPH programs within Australia, the strategies, tools and resources may provide a basis for other national and international disciplines and international postgraduate programs.

People who may find this Framework useful fall into three broad categories:

- Curriculum Planners – any higher education staff, consultants and stakeholders who are involved in planning and developing public health education programs. Examples of curriculum planners include Aboriginal and/or Torres Strait Islander or non-Indigenous university administrators, program and subject coordinators, learning designers, teaching and learning project managers and officers, public health agencies, non-government and government workforce development agencies, and the community controlled health sector.
- Educators – people who implement public health curriculum through teaching and learning practices. The modes of delivery could be face-to-face, tele or video conferencing and/or through e-learning. Educators could be lecturers, tutors, moderators, course coordinators, Elders, guest educators, public health agencies, government and NGO workforce development agencies, and the community controlled health sector.
- Learners – those who build Aboriginal and Torres Strait Islander public health knowledge and skills, at all levels, through interacting with the curriculum. Learning achievers are not limited to students enrolled in an academic program; they may also include Curriculum Planners and Educators.

Curriculum Planners may find the Framework useful for identifying and agreeing on where the Core Competencies fit within the structure of an academic program and for embedding the individual Competencies within the learning outcomes for each subject. For those who have already embedded the Core Competencies, we hope you find the updated resources and tools useful for developing or refreshing your pedagogical approach and activities.





Underpinning Principles

The Aboriginal and Torres Strait Islander culture, in Australia, is the oldest living continuous culture in the world. However, the history of dispossession and dispersal since colonisation has resulted in a health crisis among a diminishing Aboriginal and Torres Strait Islander population – with 50 per cent of the population under the age of 22 (Paradies, Harris & Anderson 2008; Couzos & Murray 2008; Aboriginal and Torres Strait Islander Social Justice Commissioner 2005; Jackson Pulver, Haswell & Ring 2010; AIHW 2015).

The post effects of colonisation are still evident throughout Australian society. For a lot of Aboriginal and Torres Strait Islander people these circumstances are the result of failing policies to address their social determinants of health (Baum 2008; Jackson Pulver et al. 2005; Marmot 2011). This inability to address the determinants of health effectively further exemplifies the gap in health inequalities between Aboriginal and Torres Strait Islander and non-Indigenous Australians, and denies them the basic human right of social equality (Venkatapuram, Bell & Marmot 2010).

The vision statement of the Australian Government's *Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023* (Department of Health 2015:8) states that:

The Australian health system is free of racism and inequality and all Aboriginal and Torres Strait Islander people have access to health services that are effective, high quality, appropriate and affordable. Together with strategies to address social inequalities and determinants of health, this provides the necessary platform to realise health equality by 2031.

This statement also identifies the need to address institutional racism in the Australian health system to achieve health equality. The limited success that Aboriginal and Torres Strait Islander people currently have with access to health services is due partly to the historical shaping of the Australian health system, including centralisation of health services, poor linkages between services, financial barriers to provision of either private and/or community-based health, and a health workforce that is largely non-Indigenous and insufficiently trained to address the issues relevant to Aboriginal and Torres Strait Islander people, families and communities (NATSIHC 2003; AHMAC 2008).

Without understanding the underlying principles that have negatively contributed to the health and wellbeing of Aboriginal and Torres Strait Islander people, it is difficult for health professionals and the health system to address the inequalities they experience effectively.

The Government's Implementation Plan outlines the foundational principles to guide the delivery of Aboriginal and Torres Strait Islander public health curriculum as set out within this document. These principles are:

- Health equality and a rights approach
- Aboriginal and Torres Strait Islander community control and engagement
- Partnership
- Accountability.

Due to the ongoing inequalities experienced by Aboriginal and Torres Strait Islander people there is a need, from a human rights perspective, to develop curriculum that will adequately address the specific inequities that are uncommon among other population groups within Australia. This Framework is designed to address the underlying causes of Aboriginal and Torres Strait Islander health disparities to ensure culturally appropriate public health practices.

The characteristics to consider include:

- Health determinants resulting from a colonial history of inequitable policies experienced by Aboriginal and Torres Strait Islander people
- Aboriginal and Torres Strait Islander cultural framing and response to health
- Aboriginal and Torres Strait Islander people establishing their own primary health care service delivery sector
- A lack of knowledge and understanding of Aboriginal and Torres Strait Islander agency and leadership in administrative responses across all sectors.

It is notable that these underpinning principles for developing a culturally capable workforce build on and complement those in both the *Aboriginal and Torres Strait Islander Health Curriculum Framework* (Department of Health 2014) and in the *Committee of Deans of Australian Medical Schools Indigenous Health Curriculum Framework* (Phillips 2004).



Integration of the Core Competencies: Teaching and Learning Approach

This section details each Aboriginal and Torres Strait Islander Public Health Core Competency and its underpinning knowledge. Relevant teaching resources – including helpful research reports and case studies from the literature, specific teaching and learning strategies that may assist with delivery of the content, and useful assessment strategies – are included. Innovative pedagogical strategies for working with Aboriginal and Torres Strait Islander student cohorts conclude this section.

The six Aboriginal and Torres Strait Islander Public Health Core Competencies are those required of every MPH graduate. In this section, each Core Competency is set in traditional disciplinary areas within public health, and within the more contemporary curriculum concept of areas of practice. Both are referenced in order to assist universities to modify their current curricula so as to embed the Aboriginal and Torres Strait Islander Public Health Core Competencies in accordance with the *Foundation Competencies for Master of Public Health Graduates in Australia* (ANAPHI 2009).

Most MPH programs stipulate that students are required to take between four and six core public health subjects or units in specific disciplinary areas. For each Core Competency, three or four relevant disciplinary areas are suggested. The integration of the six Competencies within any MPH program requires development and an analysis of a matrix of content contained in each of the required subjects.

This will assist in assigning the most appropriate Competencies to the respective content areas according to the disciplinary lens being applied.

Within some MPH programs, the Competencies may already be integrated into the existing teaching of particular public health subjects. This mapping provides a basis to identify gaps and opportunities for strengthening the curriculum as well as scaffolding learning across and within subjects.

To effect positive change in the health and wellbeing of Aboriginal and Torres Strait Islander people requires MPH programs to implement the combination of Core Competencies in a variety of creative ways. A staged and creative approach to teaching within and across subjects enables students to deepen their learning and to reflect on their own approach to Aboriginal and Torres Strait Islander public health practice.

This deep learning requires teaching beyond the presentation of facts and figures. Engaging MPH Curriculum Planners, Educators and Learners in comprehensive curricula reform enables this process of deep learning about Aboriginal and Torres Strait Islander issues and knowledge (Coombe, Lee & Robinson 2016). As Nakata (2007) so aptly argues, we need to savage the discipline in order to discipline the savages.

Note: The reference for the above section is at the very end of this document. For the next section the references after each core competence example is related to that core competency.



Core Competency: Comparative Health Indicators

Analyse key comparative health indicators for Aboriginal and Torres Strait Islander people

Related disciplinary areas

- Epidemiology
- Foundations of Public Health
- Determinants of Health
- Health Promotion
- Health Systems
- Public Health Research
- Program Development and Evaluation
- Biostatistics

Related practice area

- Health Monitoring and Surveillance

Underpinning knowledge

Aboriginal and Torres Strait Islander and Australian population health status indicators regarding:

- Burden and prevalence of chronic disease including infectious disease
- Social and emotional wellbeing and mental health
- Maternal and child health
- National key performance indicators
- Aboriginal and Torres Strait Islander identification
- Substance use

Data quality: Aboriginal and Torres Strait Islander health information systems

Ethical considerations regarding data collection

Relevant teaching resources

Reports (general)

Australian Bureau of Statistics (ABS) provides a selection of data using the key words 'Statistics' and 'Aboriginal and Torres Strait Islander Peoples'. Available at: www.abs.gov.au.

Australian Institute for Health and Welfare (AIHW) has reports and statistics that can be found under 'Subjects' and 'Indigenous Australians'. Available at: www.aihw.gov.au.

Australian Indigenous HealthInfoNet releases annual overview of Aboriginal and Torres Strait Islander Health Status. Available at: www.healthinfonet.ecu.edu.au.

Reports (specific)

Australian Health Ministers' Advisory Council 2015, *Aboriginal and Torres Strait Islander Health Performance Framework Report 2014*, AHMAC, Canberra. Available at: [www.dpmc.gov.au/sites/default/files/publications/ Aboriginal%20and%20Torres%20Strait%20Islander%20HPF%202014%20-%20edited%2014%20Oct%202015.pdf](http://www.dpmc.gov.au/sites/default/files/publications/Aboriginal%20and%20Torres%20Strait%20Islander%20HPF%202014%20-%20edited%2014%20Oct%202015.pdf).

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National Health and Medical Research Council (NHMRC) 2003, *Values and Ethic Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research*, Commonwealth of Australia, Canberra.

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Purdie, N., Dudgeon, P. & Walker, R. (eds) 2010, *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*, Commonwealth of Australia, Canberra.

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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 and Telethon Institute for Child Health Research, Perth. Available at: <http://aboriginal.telethonkids.org.au/kulunga-research-network/waachs/>.

Teaching and learning strategies

It is important for students to:

- compare health status indicators of Aboriginal and Torres Strait Islander people in urban, rural and remote contexts;
- understand the diversity of culture among Aboriginal and Torres Strait Islander groups
- understand the challenges around data collection and the limitations of data
- understand the reliability of the Aboriginal and Torres Strait Islander-specific health statistics across different jurisdictions
- understand the issues regarding the use of Aboriginal and Torres Strait Islander identifiers on hospital intake forms and other administrative documents used by health agencies.

Assessment outcomes

This competency will provide students with the capacity to demonstrate an understanding of:

- the ethical issues related to data collection with Aboriginal and Torres Strait Islander Australians
- the strengths and limitations of datasets used in Aboriginal and Torres Strait Islander health
- the key indicators regarding Aboriginal and Torres Strait Islander health status compared with the whole of the Australian population.



Core Competency: Historical Context

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
- Determinants of Health
- Health Systems
- Foundations of Public Health
- Health Policy
- Social and Cultural Perspectives in Public Health
- Environmental Health

Related practice area

- Health Promotion

Underpinning knowledge

The reproduction of Aboriginal and Torres Strait Islander disadvantage:

- Aboriginal and Torres Strait Islander responses to government policy and administrative regimes
- Social determinants of Aboriginal and Torres Strait Islander health in historical context

Aboriginal and Torres Strait Islander initiatives in health:

- Maintaining connection to Country
- Aboriginal community controlled health service delivery
- Aboriginal and Torres Strait Islander health workers
- Aboriginal and Torres Strait Islander models of health
- Decolonising practices

Key institutional structures relevant to Aboriginal and Torres Strait Islander health, in particular:

- Constitution and 1967 referendum amendments
- Aboriginal and Torres Strait Islander health policy structures

Administrative discourses and their effects:

- Self-determination
- Mutual obligation
- Human rights

Political economy of Aboriginal and Torres Strait Islander health:

- Aboriginal and Torres Strait Islander health, economics and equity
- Globalisation, economic participation, land rights and Aboriginal and Torres Strait Islander health
- Comparative Aboriginal and Torres Strait Islander health in the international context

Relevant teaching resources

Reports

Human Rights & Equal Opportunity Commission (HREOC) 1997, *Bringing Them Home: National Inquiry into the Separation of Aboriginal & Torres Strait Islander Children from Their Families*, Commonwealth of Australia, Canberra. Available at: www.humanrights.gov.au/publications/bringing-them-home-report-1997.

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

Renzaho, A. M. N., Romios, P., Crock, C. & Sønderlund, A. L. 2013, 'The effectiveness of cultural competence programs in ethnic minority patient-centered health care – A systematic review of the literature', *International Journal for Quality in Health Care*, 25(3):261–9.

Robinson, P., Lee, V. & D'Antoine, H. 2016, "A foot in each world, a heart in none" – Whose responsibility is cultural competence?', *Australian and New Zealand Journal of Public Health*, 40(4): 303.

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

Multimedia

Australian Museum has a comprehensive set of resources introducing various aspects of Indigenous culture. Available at: <http://australianmuseum.net.au/indigenous-australia>.

Melbourne Museum Bunjilaka has an interactive introduction to Aboriginal and Torres Strait Islander heritage. Available at: Museumvictoria.com.au/bunjilaka.

Share our Pride – Reconciliation Australia has some good resources to send website visitors on a virtual journey to start the process of understanding. Available at: www.shareourpride.org.au.

'Spear' – a film that explores the meaning of inheriting ancient traditions in a modern world. A news commentary from Stephen Page, Hunter Page-Lochard, Daniel Riley and other members of the extended Bangarra family is available on DVD from the ABC and at: www.abc.net.au/news/2015-10-16/spear-bangarra-dance-theatre-reimagined-as-film/6861532.

Special Broadcasting Service 2012, 'First Australians'. Available (on demand) at: www.sbs.com.au/ondemand/program/first-australians.

Teaching and learning strategies

Best practice for teaching and learning is through hearing Aboriginal and Torres Strait Islander people's personal histories and experiences.

It is important for students to:

- engage with local Aboriginal and Torres Strait Islander people to gain an understanding of:
- the impacts of history and government legislation on their families and community
- their shared histories and gain perspective on how history and knowledge exists in Aboriginal and Torres Strait Islander culture through trans-generational histories
- local community initiatives regarding wellbeing
- reflect on how the broader context, media stereotypes and popular representations of Aboriginal and Torres Strait Islander people have shaped their own understanding of, and attitudes toward, Aboriginal and Torres Strait Islander people.

Cultural immersion programs taught through art, cultural activities, exhibitions in museums and galleries, and visits to organisations are other useful ways of immersing students in Aboriginal and Torres Strait Islander history.

Assessment outcomes

This Competency will provide students with the capacity to demonstrate an understanding of how:

- historical events continue to affect the health and wellbeing of Aboriginal and Torres Strait Islander individuals, families and communities
- one's own knowledge of, and attitudes toward, Aboriginal and Torres Strait Islander people have been shaped by the broader Australian social context.

Assessment strategies

These outcomes could be demonstrated through:

- traditional essay format
- before and after reflections regarding the student's own knowledge of why the current status of Aboriginal and Torres Strait Islander health is so poor
- individual oral presentations about specific historical factors that have contributed to the emergence of a particular health issue in a specific Aboriginal and Torres Strait Islander context.



Core Competency: Determinants of Aboriginal and Torres Strait Islander Health

Analyse key comparative indicators regarding the determinants of health for Aboriginal and Torres Strait Islander people

Related disciplinary areas

- Social Epidemiology
- Foundations of Public Health
- Determinants of Health
- Health Promotion
- Law and Ethics
- Health Policy

Related practice area

- Health Monitoring and Surveillance

Underpinning knowledge

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

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

Relevant teaching resources

Reports

Anderson, I., Baum, F. & Bentley, M. (eds) 2007, *Beyond Band-aids: 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 (CRAH), Darwin. Available at: www.lowitja.org.au/lowitja-publishing/C022.

Australian Institute of Health and Welfare (AIHW) 2016, 'Closing the Gap Clearing House'. Available at: www.aihw.gov.au/closingthegap.

Australian Institute of Health and Welfare 2015, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2015*, cat. no. IHW 147, AIHW, Canberra. Available at: www.aihw.gov.au/publication-detail/?id=60129550168.

Australian Law Reform Commission 2015, *Connection to Country: Review of the Native Title Act 1993: Final Report*, Australian Law Reform Commission, Melbourne. Accessed on 4 May 2016 at: <http://apo.org.au/node/55338>.

MacDougall, C., Riggs, E. & Lee, V. 2014, 'Writing a new story for Australia's children', *Australian and New Zealand Journal of Public Health*, 38(3):203–04.

Institute for Urban Indigenous Health in Queensland. Available at: www.iuih.org.au.

McInnes, J. R. & Devlin, M. 2002, *Assessing Learning in Australian Universities*, Centre for the Study of Higher Education, The University of Melbourne, Melbourne & The Australian Universities Teaching Committee, Canberra.

Productivity Commission 2003–16, 'Overcoming Indigenous Disadvantage', Australian Government, Canberra. Reports from various years available at: www.pc.gov.au/research/ongoing/overcoming-indigenous-disadvantage.

Public Health Association of Australia (PHAA) 2015, *Supplementary Submission to the Senate Select Committee on Health – Specifically Focusing on Indigenous Health Issues*, PHAA, Canberra. Available at: www.phaa.net.au/documents/item/352.

Peer-reviewed papers and books

Black, A. 2007, *Evidence of Effective Interventions to Improve the Social and Environmental Factors Impacting on Health: Informing the Development of Indigenous Community Agreements*, Department of Health, Australian Government, Canberra. Available at: [www.health.gov.au/internet/main/publishing.nsf/content/BEC831EE70AE71E7CA257BF0001E8C31/\\$File/social-enviro-report.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/BEC831EE70AE71E7CA257BF0001E8C31/$File/social-enviro-report.pdf).

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

Fredericks, B., Lee, V., Adams, M. & Mahoney, R. 2015, 'Chapter 15: Aboriginal and Torres Strait Islander health', in M. L. Fleming & E. Parker, *Introduction to Public Health*, 3rd edn, Elsevier, Sydney.

Paradies, Y. 2006, 'Race, racism, stress and Indigenous health', PhD Thesis, Centre for Health and Society, The University of Melbourne, Melbourne.

Paradies, Y., Harris, R. & Anderson, I. 2008, *The Impact of Racism on Indigenous Health in Australia and Aotearoa: Towards a Research Agenda*, Discussion Paper No. 4, CRCAH, Darwin.

Rowley, K. G., O'Dea, K., Anderson, I., McDermott, R., Saraswati, K., Tilmouth, R., Roberts, I., Fitz, J., Wang, Zaimin, Jenkins, A., Best, J. D., Wang, Zhiqiang & Brown, A. 2008, 'Lower than expected morbidity and mortality for an Australian Aboriginal population: 10-year follow-up in a decentralised community', *Medical Journal of Australia*, 188(5):283–7.

Torzillo, P. J., Pholeros, P., Rainow, S., Barker, G., Sowerbutts, T., Short, T. & Irvine, A. 2008, 'The state of health hardware in Aboriginal communities in rural and remote Australia', *Australian and New Zealand Journal of Public Health*, 32(1):7–11.

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: www.ichr.uwa.edu.au/waachs.

Multimedia

Implicit Association Test – an online tool that allows each of us to discover hidden cognitive biases – can be done within an Australian context and is available at: <https://implicit.harvard.edu/implicit/>

The Lowitja Institute – Australia's National Institute for Aboriginal and Torres Strait Islander Health Research has research publications and other resources. Available at: www.lowitja.org.au.

Reconciliation Australia. Available at: www.reconciliationaustralia.org.au.

Share our Pride (part of Reconciliation Australia) is a free, online cultural respect program. Available at: www.shareourpride.org.au.

Teaching and learning strategies

It is important for students to:

- compare indicators regarding the determinants of Aboriginal and Torres Strait Islander 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 identifiers on administrative data collection tools
- understand a range of interventions applicable to the determinants of Aboriginal and Torres Strait Islander health.

Assessment outcomes

In order to demonstrate this Core Competency, students need to be able to show an understanding of:

- the limitations of datasets about Aboriginal and Torres Strait Islander populations
- the key indicators regarding the determinants of Aboriginal and Torres Strait Islander health status compared with the rest of the Australian population.

A particularly innovative approach to assessment – in a context of widespread ignorance about Aboriginal and Torres Strait Islander culture in the broader population – may be a group research project about particular factors affecting the health status of local Aboriginal and Torres Strait Islander communities. This should incorporate assessment of both the individual student's work and 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 Aboriginal and Torres Strait Islander people and cultures.



Core Competency: Public Health Policy or Programs

Critically evaluate Aboriginal and Torres Strait Islander public health policy or programs

Related disciplinary areas

- Health Promotion
- Determinants of Health
- Health Systems
- Health Policy
- Health Services Management
- Program Development and Evaluation
- Law and Ethics

Related practice area

- Health Promotion

Underpinning knowledge

Key additional understandings necessary to evaluate Aboriginal and Torres Strait Islander health policies and programs include:

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

- Aboriginal and Torres Strait Islander initiatives and approaches to health:
 - » Aboriginal and Torres Strait Islander models of health and wellbeing
 - » comprehensive primary health care and its application in Aboriginal and Torres Strait Islander contexts
 - » Aboriginal community control of health services
 - » Aboriginal and Torres Strait Islander health workers and their roles

Relevant teaching resources

Reports

Aboriginal and Torres Strait Islander Social Justice Commissioner 2005, 'Achieving Aboriginal and Torres Strait Islander health equality within a generation', in *Social Justice Report 2005*, Human Rights and Equal Opportunity Commission, Sydney.

Australian Government 2009, *Closing the Gap on Indigenous Disadvantage: The Challenge for Australia*, Australian Government, Canberra.

Australian Health Ministers' Advisory Council (AHMAC) 2015, *Aboriginal and Torres Strait Islander Health Performance Framework 2014 Report*, AHMAC, Canberra.

Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse 2007, *Ampe Akelyernemane Meke Mekarle: Little Children Are Sacred Report*, Northern Territory Government, Darwin. Available at: www.inquiry.aac.nt.gov.au/pdf/bipacsa_final_report.pdf.

Calma, T. 2007, *Social Justice Report 2007*, Human Rights and Equal Opportunity Commission, Sydney. Available at: www.humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/publications/social-justice-report-2.

Dwyer, J., O'Donnell, K., Laviolle, J., Marlina, U. & Sullivan, P. 2009, *The Overburden Report: Contracting for Indigenous Health Services*, Flinders University and CRCAH, Darwin, p. viii.

Gooda, M. 2015, *Social Justice and Native Title Report 2015*, Australian Human Rights Commission, Sydney. Available at: www.humanrights.gov.au/sites/default/files/document/publication/SJRNTR2015.pdf.

Public Health Association of Australia (PHAA) 2011, 'Submission on Stronger Futures in the Northern Territory Bill 2011, *Social Security Legislation Amendment Act 2011* and the related bill.

Sydney Centre of Aboriginal and Torres Strait Islander Statistics (SCATSIS). Available at: www.sydney.edu.au/health-sciences/scatsis.

United Nations (UN) 2007, *United Nations Declaration on the Rights of Indigenous Peoples*, UN, New York. Available at: www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf.

UN International Children's Fund & World Health Organization (WHO) 1978, *Final Report on the International Conference on Primary Health Care (Declaration of Alma-Ata)*, WHO, Geneva.

Peer-reviewed papers and books

Anderson, I. & Loff, B. 2004, 'Voices lost: Indigenous health and human rights in Australia', *The Lancet*, 364:1281–2.

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, Australian Government, Canberra.

Anderson, I., Baum, F. & Bentley, M. (eds) 2007, *Beyond Band-aids: Exploring the Underlying Social Determinants of Aboriginal Health, Papers from the Social Determinants of Aboriginal Health Workshop, Adelaide, July 2004*, CRCIAH, Darwin. Available at: www.lowitja.org.au/lowitja-publishing/C022.

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

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.

Dodson, M. 2009, 'Speech at the National Press Club, Canberra, 17 February'. Available at https://ncis.anu.edu.au/_lib/doc/MD_Press_Club_170209.pdf.

Haebich, A. 2007, 'Retro-assimilation', *Griffith Law Review*, 15:1-11.

King, M., Smith, A. & Gracey, M. 2009, 'Indigenous health part 2: The underlying causes of the health gap', *Lancet*, 374(9683):76–85.

Lancaster, K. & Ritter, A. 2014, 'Examining the construction and representation of drugs as a policy problem in Australia's National Drug Strategy documents 1985–2010', *International Journal of Drug Policy*, 25(1):81–7.

Lea, T. 2008, *Bureaucrats and Bleeding Hearts: Indigenous Health in Northern Australia*, UNSW Press, Sydney.

McInnes, J. R. & Devlin, M. 2002, *Assessing Learning in Australian Universities*, Centre for the Study of Higher Education, The University of Melbourne, Melbourne and The Australian Universities Teaching Committee, Canberra.

Renzaho, A. M. N., Romios, P., Crock, C. & Sønderlund, A. L. 2009, 'The effectiveness of cultural competence programs in ethnic minority patient-centered health care – A systematic review of the literature', *International Journal for Quality in Health Care*, 374(9683):76–85.


Robinson, P., Lee, V. & D'Antoine, H. 2016, "A foot in each world, a heart in none" – Whose responsibility is cultural competence?', *Australian and New Zealand Journal of Public Health*, 40(4): 303.

Vickery, J., Faulkhead, S., Adams, K. & Clarke, A. 2007, 'Indigenous insights into oral history, social determinants and decolonisation', in I. Anderson, F. Baum & M. Bentley (eds), *Beyond Band-aids: Exploring the Underlying Social Determinants of Aboriginal Health Workshop, Adelaide, July 2004*, CRCIAH, Darwin. Available at: www.lowitja.org.au/lowitja-publishing/C022.

Willis, E. 2008, 'Beyond humbug: Transforming government engagement with Indigenous Australians [Book Review]', *Australian Journal of Adult Learning*, 48(1):188–95.

World Health Organization 1986, *The Ottawa Charter for Health Promotion*, WHO, Geneva. Available at: www.who.int/healthpromotion/conferences/previous/ottawa/en/.





The next two are to be read in tandem, 2 in response to 1:

1. Whelan, S. & Wright, D. J. 2013, 'Health service use and lifestyle choices of Indigenous and non-Indigenous Australians', *Social Sciences & Medicine*, 84:1–12.
2. Reilly, R., Rowley, K., Luke, J., Doyle, J., Ritte, R., O'Shea, R. & Brown, A. 2014, 'Economic rationalisation of health behaviours: The dangers of attempting policy discussion in a vacuum', *Social Sciences & Medicine*, 114:200–03.

Teaching and learning strategies

It is important for students to:

- engage with program managers within Aboriginal and Torres Strait Islander 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
- 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*
- engage critically with research, programs and data in order to examine bias, benefits and limitations.

Assessment outcomes

This Core Competency will provide students with the capacity to:

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

Assessment strategies

A group evaluation project of a specific public health initiative may be an effective learning exercise to challenge prevalent norms in the broader population about Aboriginal and Torres Strait Islander people and cultures. 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 Aboriginal and Torres Strait Islander health, may facilitate a capacity for self-reflexivity.

Core Competency: Economic Evaluation

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
- Health Policy
- Health Services Management
- Program Development and Evaluation

Related practice area

- Health Policy, Planning and Management

Underpinning knowledge

An understanding of economic analysis of Aboriginal and Torres Strait Islander health spending with regard to:

- equity considerations regarding burden of disease in funding allocations
- community controlled health service delivery models of care
- factoring implicit costs of delivering effective and culturally safe and competent care

Relevant teaching resources

Reports

Australian Institute of Health and Welfare (AIHW), 'Aboriginal and Torres Strait Islander health expenditure publications'. Available at: www.aihw.gov.au/aboriginal-and-torres-strait-islander-health-expenditure-publications/.

AIHW 2013, *Expenditure on Health for Aboriginal and Torres Strait Islander People 2010–11*, Health and Welfare Expenditure Series No. 48, cat. no. HWE 57, AIHW, Canberra. Available at: www.aihw.gov.au/aboriginal-and-torres-strait-islander-health-expenditure/.

Dwyer, J., O'Donnell, K., Laviolle, J., Marlina, U. & Sullivan, P. 2009, *The Overburden Report: Contracting for Indigenous Health Services*, Flinders University and CRCIAH, Darwin. Available at: www.lowitja.org.au/lowitja-publishing/C026.

Peer-reviewed papers and books

Doran, C. M., Ling, R., Searles, A. & Hill, P. 2016, 'Does evidence influence policy? Resource allocation and Indigenous Burden of Disease study', *Australian Health Review*, 40:705–15.

Drummond, M., Sculpher, M. J., Klaxton, K., Stoddard, G. L. & Torrance, G. W. 2015, *Methods for the Economic Evaluation of Health Care Programmes*, 4th edn, Oxford University Press, Oxford.


Mooney, G. 2002, 'Access and service delivery issues', in Productivity Commission and Melbourne Institute of Applied Economic and Social Research, *Health Policy Roundtable*, Conference Proceedings, AUSINFO, Canberra, pp. 161–93.

Mooney, G. & Henry, B. 2004, 'Funding Aboriginal primary health care', *Australian Journal of Primary Health*, 10(3):46–53.

Ong, K. S., Carter, R., Kelaher, M. & Anderson, I. 2012, 'Differences in primary health care delivery to Australia's Indigenous population: A template for use in economic evaluations', *BMC Med Central*, 12:307.

Otim, M. E., Asante, A. D., Kelaher, M., Anderson, I. P. & Jan, S. 2016, 'Acceptability of programme budgeting and marginal analysis as a tool for routine priority setting in Indigenous health', *The International Journal of Health Planning Management*, 31(3):277–95.





Renzaho, A. M. N., Romios, P., Crock, C. & Sønderlund, A. L. 2013, 'The effectiveness of cultural competence programs in ethnic minority patient-centered health care – A systematic review of the literature', *International Journal for Quality in Health Care*, 25(2):261–9.

Multimedia

Lindsey, Elizabeth 2010, 'Curating humanity's heritage', *Tedtalks*, December. Available at: www.ted.com/talks/elizabeth_lindsey_curating_humanity_s_heritage?language=en.

Teaching and learning strategies

It is important for students to:

- engage with local Aboriginal and Torres Strait Islander community organisations regarding the way that governments fund specific health programs, how they currently use performance indicators for accountability, and possible improvements in these mechanisms

- evaluate critically State and privately run health services (e.g. General Practice) that provide health care to Aboriginal and Torres Strait Islander people in relation to Commonwealth expenditure programs, such as the Pharmaceutical Benefits Scheme and Medicare, and to the burden of disease and health equity.

Assessment outcomes

This competency will provide students with the capacity to:

- identify funding disparities between government allocations in health-related portfolios to specific population groups compared with Aboriginal and Torres Strait Islander people, with reference to the relative burden of disease.

Core Competency: Reflexive Public Health Practice

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

Related disciplinary areas

- Foundations of Public Health
- Determinants of Health
- Health Promotion
- Public Health Research
- Principles and Practice of Public Health
- Law and Ethics
- Epidemiology

Related practice area

- Professional practice
- Human rights-based approach

Underpinning knowledge

- Ethical Aboriginal and Torres Strait Islander health practice as informed by the National Health and Medical Research Council ethics and values statement for research with Aboriginal and Torres Strait Islander Australians
- Understanding factors shaping own cultural standpoint including values, perspectives, attitudes, assumptions, beliefs, behaviours regarding Aboriginal and Torres Strait Islander people and their health
- The nature of evidence and ways to access knowledge from Aboriginal and Torres Strait Islander perspectives
- Appreciating the existence of local protocols; an awareness of cultural safety; and awareness of Aboriginal and Torres Strait Islander learning styles
- Aboriginal and Torres Strait Islander identification

Defining public health practice

The strategic, organised, and interdisciplinary application of knowledge, skills, and competencies necessary to perform essential public health services and other activities to improve the population's health (PHPC 2007).

Relevant teaching resources

Peer-reviewed papers and books

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.

Chilisa, B. 2011, *Indigenous Research Methodologies*, Sage, London.

Martin, K. L. & Mirraboopa, B. 2003, 'Ways of knowing, ways of being and ways of doing. A theoretical framework and methods for indigenous and indigenist re-search', *Journal of Australian Studies*, 27(76):203–14.

National Health and Medical Research Council (NHMRC) 2015, *National Statement on Ethical Conduct in Human Research (2007) (Updated May 2015)*, NHMRC, Canberra (see, in particular, 'Chapter 4.7: Aboriginal and Torres Strait Islander peoples', pp. 36–8). Document and explanatory notes accessed on 15 December 2016 at: www.nhmrc.gov.au/book/national-statement-ethical-conduct-human-research.

Smith, L. T. 2012, *Decolonizing Methodologies: Research and Indigenous Peoples*, 2nd edn, Zed Books, London and New York; or Smith, Linda, L. T. 1999, *Decolonizing Methodologies: Research and Indigenous Peoples*, University of Otago Press, Dunedin, New Zealand.

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.

Whetung, V., Kinnon, D., Graham, C., Chino, M., LaValley, J. & Sadana, R. (eds) 2010, *Indigenous Health – Australia, Canada, Aotearoa New Zealand and the United States – Laying Claim to a Future that Embraces Health for us All*, World Health Report, Background Paper, No. 33, World Health Organization, Geneva.





Multimedia

Miriam Rose Ungunmerr-Bauman for short YouTube information and tutorials. Available at: www.youtube.com/watch?v=k2YMnmrmBg8.

Summer May Finlay talking terminology for Aboriginal and Torres Strait Islander people. Available at: www.youtube.com/watch?v=zOOhNNdHOYI.

Western Desert Kidney Project, see Storytelling. Available at: <http://westerndesertkidney.org.au>.

Teaching and learning strategies

It is important for students to:

- discuss their own upbringing and how they became conscious of Aboriginal and Torres Strait Islander people and/or their health, and reflect on the positive and negative influences on their own stance as a public health practitioner
- engage in class discussions over thoughts on a particular issue and reflect on these as a class; multimedia is a useful tool for provoking discussion
- understand how history, statistics and other research is linked to real narratives and reflect on these.

Assessment outcomes

This Core Competency will provide students with opportunities to demonstrate:

- a change in student perceptions, views or understanding of Aboriginal and Torres Strait Islander health.

Assessment strategies

Students develop a brief project proposal for working with a sub-group of the Aboriginal and Torres Strait Islander community regarding a public health strategy, and within it provide an outline of their own standpoint and approach to Aboriginal and Torres Strait Islander public health practice.

Much of the remainder of this document is from the 2008 first edition of the National Indigenous Public Health Curriculum Framework. We have moved it here to make it easier for readers to access as it provides historical context to the second edition.



Teaching and Learning in Aboriginal and Torres Strait Islander Public Health

Key strategies for teaching Aboriginal and Torres Strait Islander public health include:

- an invitation to local Aboriginal and Torres Strait Islander Elders
- an invitation to local Aboriginal and Torres Strait Islander health professionals, health workers and program managers from local Aboriginal community controlled health organisations
- inclusion of strength-based stories from Aboriginal and Torres Strait Islander health program delivery
- an invitation to Aboriginal and Torres Strait Islander academics from non-health related disciplines
- locally relevant, workplace-focused learning materials (i.e. case studies, reports, research data)
- cultural immersion programs, including tours of the local area by Aboriginal and Torres Strait Islander Elders.

Barriers and incentives to learning about Aboriginal and Torres Strait Islander health

In her research with medical students, Rasmussen (2001) found a range of barriers and incentives towards student learning about Aboriginal health, including a lack of previous personal contact with Aboriginal people by students, and a 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 multiple 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 lecture-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
- small group teaching and self-directed learning.

Student interaction with Aboriginal and Torres Strait Islander people, however, requires good support. 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 also to 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 in understanding 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 a community-based pedagogical model

The delivery of a community-based pedagogical model that grants equal respect to Aboriginal and Torres Strait Islander knowledge's and standpoints needs to include mainstream theoretical models of public health practice. Key features of this model include:

- A mixed-mode delivery including one-week, on-campus, face-to-face intensives followed up by community-based tutoring, teleconferences, online support and community visits. This design allows students to maintain family and community responsibilities while they study.
- A learning environment that validates an Aboriginal and Torres Strait Islander cultural framework, affirms Aboriginal and Torres Strait Islander 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 Aboriginal and Torres Strait Islander contexts, perspectives and approaches.
- An applied focus on issues and problems emergent in the student's Aboriginal and Torres Strait Islander community context.
- Small group, interactive learning with an emphasis on dialogue, peer mentoring and supporting a non-competitive, mutually supportive teaching and learning environment in which the cultural values and belief systems of both students and lecturers are respected.
- Aboriginal and Torres Strait Islander leadership and community ownership of the learning space and the program of study (Onemda, IKE & SHSD 2006).

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

- include Aboriginal and Torres Strait Islander perspectives and topics in existing mainstream courses

- actively encourage the involvement and input of Aboriginal and Torres Strait Islander people in the development and review of curricula for mainstream courses
- develop more flexibility to accommodate the specific needs and learning styles of Aboriginal and Torres Strait Islander 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 Aboriginal and Torres Strait Islander students to perform well and complete assignments
- 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 Aboriginal and Torres Strait Islander student success included:

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

Teaching staff

Aboriginal and Torres Strait Islander-led teaching of Indigenous content within the MPH curriculum is the ideal. Where this is not possible, other Aboriginal and Torres Strait Islander public health practitioners with lived experience in Aboriginal and Torres Strait Islander settings, combined with adequate support and mentoring from existing program staff, are a good option. Team teaching with the expertise of both an Aboriginal and Torres Strait Islander staff member and an experienced non-Indigenous public health practitioner is another option. Where none of these options are available, teaching staff should complete a cross-cultural training program prior to involvement in teaching Aboriginal and Torres Strait Islander content, organise field visits, and include resources to supplement subject content.



A Supportive Context for Aboriginal and Torres Strait Islander Public Health Curriculum

The effective integration of Aboriginal and Torres Strait Islander components into the MPH curriculum have benefited from a supportive wider institutional environment at the macro level of university governance. Structural supports and partnerships at the departmental level have been crucial, particularly with regard to effective curriculum integration across the generic MPH program.

Developing a supportive institutional context

The integration of Aboriginal and Torres Strait Islander health into the public health curriculum requires substantial strategic planning. While the state of Aboriginal and Torres Strait Islander 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:

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

This context encourages unwillingness in some public health teaching academics and administrators to respond to the challenges of Aboriginal and Torres Strait Islander health. They may not see Aboriginal and Torres Strait Islander health as their concern, believing that it should be left to Aboriginal and Torres Strait Islander 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 executive of the universities, faculties, and schools

is important. University protocols can be helpful, for example those that:

- acknowledge Aboriginal and Torres Strait Islander traditional ownership of the land
- recognise the authority of local Elders
- commit the institution to Reconciliation
- proactively support the hiring and retention of Aboriginal and Torres Strait Islander staff.

These important protocols set the tone for the whole institution and provide leadership to all staff.

Where universities do not have their own Aboriginal and Torres Strait Islander staff to lead Indigenous public health curriculum development, it is important for public health departments to partner with other institutions that have Aboriginal and Torres Strait Islander leaders so as to develop capacity and share leadership.

Developing a supportive departmental context

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

- targets for Aboriginal and Torres Strait Islander staff and student recruitment (with accompanying performance measures and reflective practices towards enhancing an Aboriginal and Torres Strait Islander supportive environment)



- career development of Aboriginal and Torres Strait Islander academic staff within key departments such as medicine, nursing and public health, including formal mentoring relationships with senior academic staff
- departmental support for Aboriginal and Torres Strait Islander staff providing cultural orientation for other staff
- the employment of Aboriginal and Torres Strait Islander student support staff
- the provision of scholarships and bursaries for Aboriginal and Torres Strait Islander students.

As in any specialist research and teaching area, the establishment of an academic mass of Aboriginal and Torres Strait Islander staff and students is immeasurably helpful. A cohort of Aboriginal and Torres Strait Islander staff:

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

Relationships with the local Aboriginal and Torres Strait Islander community are also vital

for the establishment of a vibrant teaching and research program. Within the community there will be Aboriginal and Torres Strait Islander people who have many years of experience in 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 community engagement of Aboriginal and Torres Strait Islander health research and teaching, as well as 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 Aboriginal and Torres Strait Islander public health academics, subject coordinators and local Aboriginal and Torres Strait Islander health organisations is central to the success of the integration process.



Aboriginal and Torres Strait Islander Student Recruitment and Graduation

Recruitment and enrolment

A key focus of Aboriginal and Torres Strait Islander health workforce strategy is, where possible, to recruit Aboriginal and Torres Strait Islander people and to strengthen the capacity and skills of the existing health workforce. The 2006 National Indigenous Public Health Curriculum Workshop in Sydney examined recruitment and retention in public health programs, and identified a range of key strategies concerning course promotion and the recruitment of Aboriginal and Torres Strait Islander students.

Workshop participants included suggestions that course promotion strategies should:

- explain the relevance of the MPH for improving Aboriginal and Torres Strait Islander health outcomes
- encourage community reciprocity by students in response to their study experiences
- highlight career pathways and employment prospects in public health
- present testimonials from existing and previous Aboriginal and Torres Strait Islander MPH students
- disseminate stories of successes in Aboriginal and Torres Strait Islander public health
- promote the appointment of an Aboriginal and Torres Strait Islander community patron and Elders in residence.

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
- promoting high-level support for online units
- ensuring academic assessment tasks are relevant to the students' workplace commitments
- acknowledging oral history as a research methodology.

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


- greater linkages between Aboriginal and Torres Strait Islander community health agencies and universities
- a specific focus on existing undergraduate students
- employment of Aboriginal and Torres Strait Islander recruitment officers to visit local organisations
- development of user-friendly advertising material
- explicit recognition of work experience in Aboriginal and Torres Strait Islander health
- specific promotion of post-career pathways for Aboriginal and Torres Strait Islander people
- expanding financial support in the form of scholarships, cadetships, internships, etc.

According to Shannon (2004), appropriate marketing strategies, enhancing school–university career pathways, articulation with the Vocational Education and Training (VET) sector, and partnerships with Aboriginal and Torres Strait Islander community organisations are key considerations for recruiting Aboriginal and Torres Strait Islander students. She suggests it is important that 'special entry' provisions for Aboriginal and Torres Strait Islander 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. She also notes that university access for Aboriginal and Torres Strait Islander students in remote areas remains problematic because Aboriginal and Torres Strait Islander learning styles are not catered for by traditional distance learning approaches.

In 2006 the Indigenous Higher Education Advisory Council identified a number of priority areas that must be addressed to ensure Aboriginal and Torres Strait





Islander progression in the higher education sector (IHEAC 2006). The priority areas to enhance access include:

- building better pathways from schools into higher education
- raising the confidence and aspirations of Aboriginal and Torres Strait Islander students to participate in higher education
- increasing the number of Indigenous staff employed at universities in both the academic and general staff
- raising the status of Indigenous knowledges and culture on campus.

More recently Pechenkina and Anderson (2011) have argued that financial hardship is a key barrier to Aboriginal and Torres Strait Islander people engaging in higher education. Also noted in this report is the need for tertiary preparation programs, and increases in the employment of Aboriginal and Torres Strait Islander staff (both academic and professional). All these factors will enhance higher education engagement.

Completion and graduation

Pechenkina, Kowal & Paradies (2011) argue that the barriers faced by Aboriginal and Torres Strait Islander students in higher education include financial hardship, racism, low levels of tertiary study readiness and health problems. Ways to enhance progression and graduation include:

- Promoting the role of Indigenous support centres to offer culturally safe and enriching environments for Aboriginal and Torres Strait Islander students and staff
- Increasing the recruitment of Aboriginal and Torres Strait Islander staff at universities (both academic and professional)
- Ensuring Indigenous knowledges and cultures are more visible on campus
- Strengthening communication and collaboration between Aboriginal and Torres Strait Islander support centres, faculties, other internal and external partners
- Streamlining transition between schools, VET sector and universities (Pechenkina & Anderson 2011).



First Edition Policy Context

The first edition Framework was a result of five years sustained focus on Indigenous public health capacity development within the PHERP program. The then agenda responded to strategic goals within the *Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework (SCATSIH 2002)*, where objective three of the then strategic framework the Commonwealth to:

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

In response to the above policy goals, the Public Health Education and Research Program supported specific workforce development projects in Aboriginal and Torres Strait Islander 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 Aboriginal and Torres Strait Islander public health graduates by teaching public health using a community-based pedagogical model
- to identify both critical gaps and broad level principles for Aboriginal and Torres Strait Islander health curricula within MPH programs and to respond with innovative curricula (PHERP 2008).

Key outcomes of the PHERP Innovations project on Aboriginal and Torres Strait Islander public health curriculum development were:

1. A significant increase in the rate of Aboriginal and Torres Strait Islander graduates nationally awarded a MPH through delivery by way of a unique community-based pedagogical model to an Aboriginal and Torres Strait Islander student cohort at the Institute of Koorie Education (IKE) at Deakin University (11 Aboriginal and Torres Strait Islander MPH graduates in three years from the IKE program compared admirably with a yield of 17 Aboriginal and Torres Strait Islander MPH graduates nationally between 1998 and 2002).
2. A national audit of Aboriginal and Torres Strait Islander components of MPH programs, a 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:

- enhanced status for Aboriginal and Torres Strait Islander Health within MPH programs nationally
- increased offering of Aboriginal and Torres Strait Islander health content in programs across the country
- integration of Aboriginal and Torres Strait Islander content in all required MPH subjects nationally
- a minimal set of foundational content in Aboriginal and Torres Strait Islander health for all MPH graduates.

3. Development of a social science stream in Aboriginal and Torres Strait Islander public health at the University of Melbourne.
4. Establishment of a national network of Aboriginal and Torres Strait Islander public health professionals focused on Aboriginal and Torres Strait Islander health curriculum within public health education.

Consultation

The original Framework was developed after consultation with the national network of Aboriginal and Torres Strait Islander public health academics, practitioners and policymakers as well as the Aboriginal and Torres Strait Islander MPH student cohort undertaking the Victorian Consortium of Public Health program at IKE, Deakin University. In 2016 the PHILE Executive Group came together to update and revise this Framework, which was then disseminated among the group and other Aboriginal and Torres Strait Islander Public Health academics for consultation.

Scope

The six Indigenous Public Health Core Competencies 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 Aboriginal and Torres Strait Islander public health subject. A specific rationale for curriculum integration is set out below.





Curriculum integration

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 Aboriginal and Torres Strait Islander health been integrated across the MPH curriculum. Rasmussen found that where the social determinants of health are not integrated across the curriculum, medical students perceived them as side issues rather than real health issues.

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

- use of cultural stereotypes
- lack of awareness about where Aboriginal people lived
- 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
- staff encouraging a notion of responsibility toward minorities.

Similar recommendations are applicable to public health. Of particular importance regarding the incorporation of Aboriginal and Torres Strait Islander 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-Aboriginal and Torres Strait Islander students and may cultivate further ignorance by assigning Aboriginal and Torres Strait Islander health issues as unimportant.


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



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