

The Bunya Project

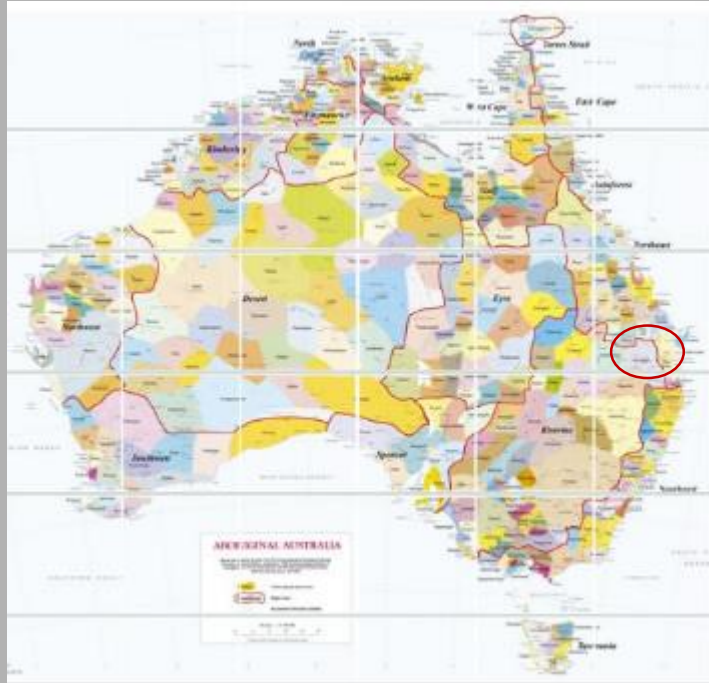
Development and evaluation of
Indigenous allied health curriculum



Acknowledgement of Country



We are Barungam mob



AIATSIS Map
(Horton, 1996)



Sandon Point, Illawarra

Presentation overview

- The Significance of the Bunya Project
- Background
- Literature Review
- Research Design
- Analysis
- Sharing Our Stories



Great Ocean Road

Comprehensive literature review shows;

- Need innovative solutions
- Aboriginal and Torres Strait Islander low access to primary healthcare
- Culture as a social determinant of health and wellness
- Burden of disease 2.3 times higher for Indigenous people
- Over one third of the overall disease burden experienced by Indigenous Australians could be prevented by removing exposure to risk factors (AIHW, 2016)
- Lack of culturally appropriate services



Journey Tree, Bulahdelah

Strategic research positioning

- Education can improve some of these factors, especially in post-graduate education and the Indigenous Graduate Attribute
- Aligns with GSH Learning and Teaching Strategic Plan which states;
“each Discipline is required to demonstrate achievement in maximising authentic materials available to reflect the Indigenous view of health and wellbeing”.
- UTS 2027 states;
“We are committed to setting a new benchmark for excellence in Indigenous higher education, research, employment and community engagement. We are an inclusive university. We celebrate diversity and diversity of thought. We exist to benefit society”.



The Block, Redfern

Further literature review

- Aboriginal Community Controlled Health Services (ACCHS) leaders in healthcare (AIHW, 2016) – 461 500 clients; 3.9 million episodes per annum!
- Allied health workforce one quarter of total workforce
 - Psychology
 - Pharmacy
 - Physiotherapy
- Expenditure through the Medicare Expenditure Scheme for specialised services were 43% lower for Indigenous Australians.
- Why is this when there are accreditation requirements?



Global models of best practice in education and healthcare

- Including authentic voices and Indigenous perspectives in mainstream education and professional accreditation (Universities Australia, 2011;2017; Page et al, 2018; Durey et al, 2017; Baird, 2014)
- **WHY** Cultural safety is important is substantially reported (Page et al, 2018; Power et al, 2018; Goerke and Kickett, 2014; Sherwood, 2013)
- Very limited research and resources for allied health regarding cultural safety
- UNDRIP Article 23 – strategies, priorities, programs
 - Self-determination is a basic human right (Hogarth, 2018; Hunt, 2017; Bretag, 2013; Wiessner, 2009).
- **HOW** to approach embedding Indigenous perspectives in mainstream allied healthcare education is minimal



Sydney Uluru Statement
Treaty March

Significance of The Bunya Project

- Our ways are not lost; we know our communities
 - Promoting and valuing Indigenous models of healthcare as equal to western bio-medical models
- Indigenous leadership and expertise (Brigg, 2016)
- Building capacity in research and education
- Strengthening relationships
 - with six Indigenous community organisations
- Upholds basic human rights: Self- determination in healthcare and healthcare education
- Holds us accountable to communities we serve
- Indigenous approaches benefit all people



Image by BossLady Designs

Indigenous Graduate Attribute

Graduates are culturally competent professionals, able to reflect on and explain their own cultural perspectives, accommodate cultural difference and achieve optimal outcomes through the adoption of a consultative approach to healthcare with Indigenous Australians and other cultural groups (GSH, 2018).



Josh Sly Designs

RESEARCH DESIGN



Terry Manton, Survival 9s tournament

Meet the Mob



Ms Danielle Montgomery



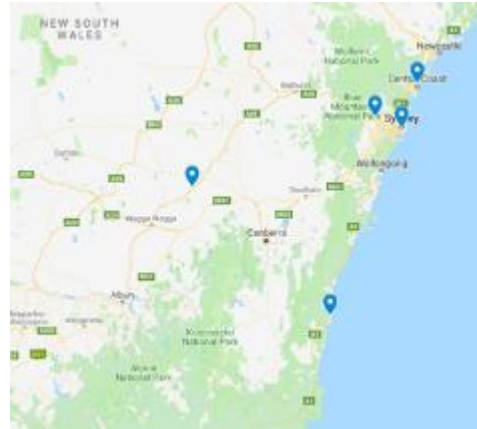
Dr. Megan Williams



Prof. Andrew Hayden



Mr Terry Manton



In collaboration with:



multi-disciplinary expert Working Party, with a representative from:

- Pharmacy
- Clinical Psychology
- Physiotherapy
- Genetic Counselling
- Genetic Counselling
- Orthoptics
- Speech Pathology



Bunya Nuts, GSH Working Party

Aim

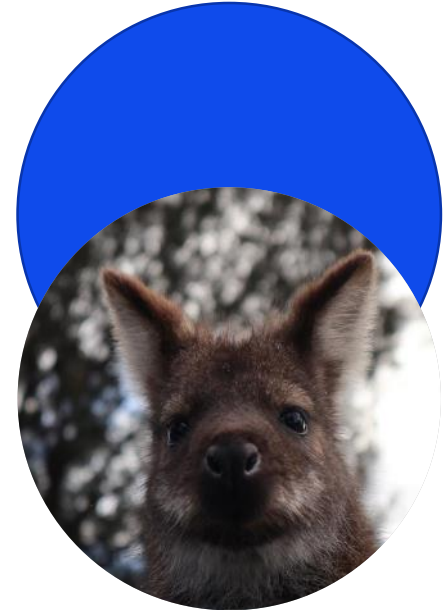
- From 2018 to 2021, in collaboration with Indigenous healthcare community organisations, develop, trial and evaluate teaching resources in the allied health tertiary education context.
- To embed the Indigenous Graduate Attribute and improve staff and student's knowledge and awareness of their role in improving health equity between Indigenous and non-Indigenous people.



Bunya Pine and nuts

Objectives

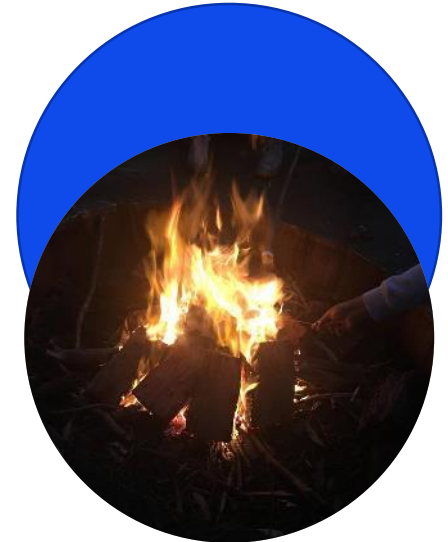
1. Develop relationships with Aboriginal community services to support the project
2. Conduct interviews and collect digital stories from Aboriginal and Torres Strait Islander peoples, to reveal Aboriginal and Torres Strait Islander experiences, perspectives, knowledges and aspirations for their own health and wellbeing
3. Assess impact of resources on students and staff
4. Culturally explicit and implicit teaching and learning strategies.



Wallaby, Wineglass Bay

Research questions

1. What are the healthcare needs, experiences, knowledges and aspirations for Aboriginal and Torres Strait Islander people in relation to allied healthcare?
2. What do Aboriginal and Torres Strait Islander community members and service providers recommend for tertiary education in the allied healthcare context to improve health equity?
3. How do the new teaching resources impact on embedding the Indigenous Graduate Attribute?
4. How do the new teaching resources impact on the knowledge and awareness of students and staff?



Methodology

The Bunya research has been strongly influenced by Indigenous Australian ways of knowing, being and doing understanding Indigenous knowledges are relational, to be shared and discovered (Wilson, 2008)

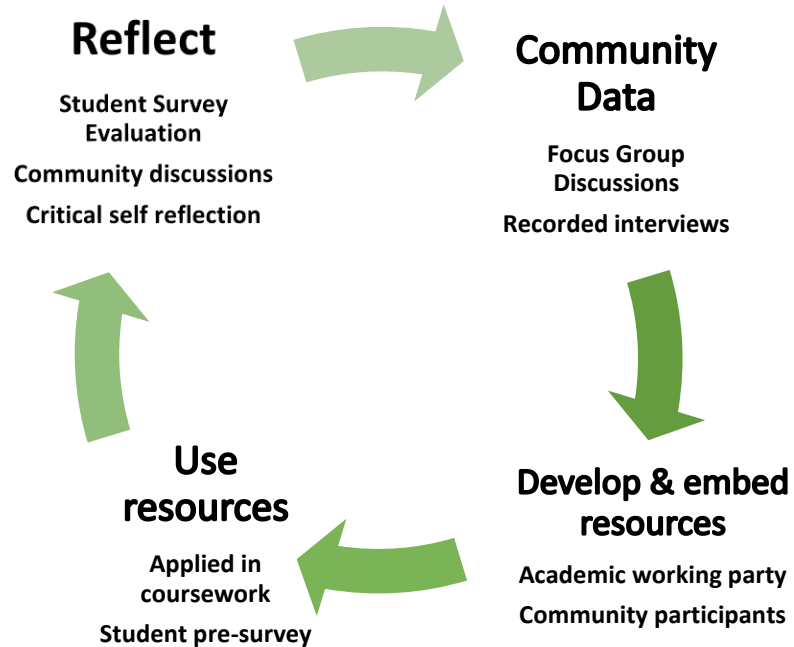
- **Participatory Action Research**
(Creswell and Creswell, 2017; Crane et al, 2010)
- **Yarning, Kapatı Time**
(Fredericks et al, 2011; Ober, 2017)
- **Girra Maa teaching pedagogical framework**
(Yunkaporta, 2009)



Kapatı Time, GSH

Project overview

The Bunya Project is comprised of 4 phase cycle;



Bimbadeen, Cootamundra

Figure 1 above, Bunya Project research cycle

Mixed-methods data collection

1. Qualitative data through focus groups and interviews
2. Quantitative data collection from GSH students and staff surveys.

1. Qualitative Questions	2. Quantitative Questions
What are the healthcare needs, experiences, knowledges and aspirations for Aboriginal and Torres Strait Islander people in relation to allied healthcare?	How do the new teaching resources impact on embedding the Indigenous Graduate Attribute?
What do Aboriginal and Torres Strait Islander community members and service providers recommend for tertiary education in the allied healthcare context to improve health equity?	How do the new teaching resources impact on the knowledge and awareness of students and staff?



The Glen Dancers, Chittaway Bay

Qualitative data collection

The Bunya data collection is based the traditional methods of yarning (Fredericks, 2011) and sharing a cup of tea (Ober, 2017)

Focus group discussions (FGD)

- Semi structured, with guiding questions developed by the GSH Working Party
- N= 36 participants (in groups of 6)
- Will produce six guiding questions for interviews

Interviews

- Semi structured, with guiding questions developed from the FGD
- N= 36 participants
- To be video recorded (with pre and post production consent)
- Recorded interviews will be produced into teaching and learning resources



Quantitative data collection

Sample

Allied Health Post Graduate students at UTS in the Graduate School of Health (2019 n=300, 2020 n=X)

Recruitment

All GSH students will be invited to participate, participation is voluntary (75% - high target; GSH support – optimistic).

Strategy

A questionnaire comprising of 5 sections;

- Knowledge
- Critical reflectivity
- Indigenous voice
- Indigenous community engagement
- Applied Indigenous knowledges.

Administration of survey

1. Survey distributed to consenting students 2019 and repeated in 2020
2. Subject Coordinator/ tutor will facilitate distribution of survey via Blackboard or Canvas
3. Student survey responses remain anonymous.



Figure 1. IGA Assessment Frame
Gawaian Bodkin-Andrews, Susan Page, Michelle Trudgett

ANALYSIS



Cathedral Rocks, Kiama

Qualitative analysis

Focus group discussions (FGD)

- To be transcribed and entered into NVIVO

Interviews

- To be transcribed and entered into NVIVO

Analysis

- Themes arising from the data
- Codes will be compared, condensed and organised into higher level themes to be written up
- Collaboration with Community participants as well as the GSH Bunya Working Party



Gamarada, Redfern

Quantitative analysis

- UTS-wide instrument; analysis will occur with specific guidance from Centre for the Advancement of Indigenous Knowledges (CAIK), given they have experience using the survey.
- Cleaned, with frequencies conducted using SPSS to identify overall patterns including across the five overarching themes
- Basic descriptive statistical analysis
 - averages, frequencies, correlations, mean and standard deviation.
- Following the analysis the comparative data collected in 2019 and 2020 will be presented in a two-way table



Sharing Our Stories



Bouddi National Park

Ethical considerations



Excerpt from *Keeping Research on Track II* (NHMRC, 2018. p.8)



Redfern Community Centre

Community Voices



Mount Druitt, NSW



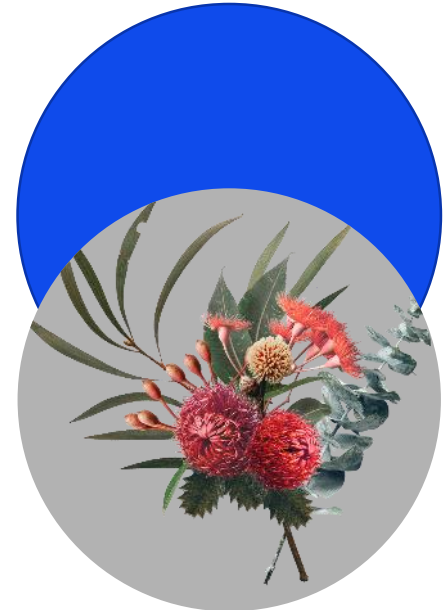
Cootamundra, NSW



Gamarada Group, Redfern

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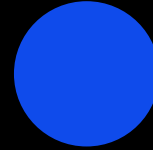


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QUESTIONS?





Thank you

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