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# Non-Indigenous Public Health Educators' Readiness to Engage With Aboriginal Elders and Knowledge-Holders: A Baseline Study Informing Indigenous-Led Consultation

Elizabeth Curran[1] | Rebecca Stockdale[1] | Neetu George[1] | Liz Cameron[2] | Patricia Taylor[1]

[1]Deakin University, Melbourne, Australia | [2]University of Newcastle, Newcastle, Australia

**Correspondence:** Patricia Taylor (patricia.taylor@deakin.edu.au)

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## ABSTRACT

**Introduction:** Including Indigenous perspectives in public health curricula supports the development of culturally competent practitioners, using examples of lived experience from Indigenous Australians. Existing literature demonstrates the benefits of Indigenous Elder and knowledge-holder inclusion in tertiary settings. However, there is a need for literature that focuses on the benefits of relational partnerships with Indigenous Elders and knowledge-holders in public health education.

**Methods:** This study aimed to understand how public health educators in a university setting perceive the benefits, barriers and enablers of collaboration with Elders and knowledge-holders for co-creating public health content that informs curriculum change. Naturalistic qualitative description was the selected methodology. Seventeen health educators were purposively recruited from a Victorian University's Faculty of Health. These participants provided de-identified data through an open-ended Qualtrics survey. This data underwent thematic analysis.

**Results:** Inductive findings suggested that eight of the participants currently draw on Elder knowledge in their teaching. The authentic experience of Elders was perceived as important to culturally safe education for public health students. Participants identified a lack of university-wide support as a barrier to engaging with elders.

**Conclusion:** Participants were ready to engage meaningfully when supported with or enabled by policies and practices that reflect a whole-of-university approach, that is, support and investment from the university rather than a reliance on individual engagement.

**So What?** It is now necessary to give voice to Elders and knowledge-holders to understand how they would like to be involved in this context, as this was beyond the scope of this project.

## 1 | Introduction

Australian tertiary health education is inordinately focused on the perceived shortcomings of Aboriginal and Torres Strait Islander peoples' health status [1, p. 903]. This reductive narrative discounts the strength and resilience that characterise Indigenous Australian health care approaches [2, p. 13], ostracises First Nations people, and impacts public health students from providing care that is respectful and safe for culturally diverse population groups [3, p. 3]. To dismantle this trend in health curricula, the literature indicates the need for Indigenous self-determination over the content that is communicated to future healthcare practitioners [4, p. 7; 5, p. 514].

Historically, Aboriginal Elders and knowledge-holders have held educational roles in Indigenous communities [6]. Whilst the roles of Aboriginal Elders are diverse and complex, Elders can be understood to be persons of Aboriginal background who

are recognised by their communities as senior custodians of cultural knowledge [7, p. 514]. Elders may share this cultural knowledge with other people in the community. As persons respected for their wisdom, Elders are responsible for facilitating cultural continuity through intergenerational knowledge transfer [6, 8], and it is commonly accepted best practice for Aboriginal Elders and knowledge-holders to speak on behalf of their communities when cultural advice is required [7, p. 519]. Given the need for tertiary health education that challenges negative stereotypes about Aboriginal health whilst simultaneously providing respectful and accurate knowledge about the diversity and strengths of Aboriginal communities [5, pp. 514–515], the inclusion of Elders in the development and communication of health content is highly appropriate. However, despite extensive literature indicating that Indigenous involvement in tertiary staff settings increases Indigenous student retention rates and enhances cultural safety [9, p. 23; 10, p. 927; 11, p. 41], there is a research gap regarding if and how Elders and knowledge-holders are currently given voice in relation to Indigenous perspectives and understandings in public health and health promotion curricula.

This study intended to fill this gap by investigating the research question, 'What perceptions do tertiary public health educators have about the inclusion of Aboriginal Elders and knowledge-holders in public health courses at one Victorian university?' Through this investigation, researchers aimed to understand if and how tertiary public health educators currently incorporate the perspectives and knowledge of Elders into their teaching. The researchers also aimed to understand and describe the perceived benefits of this involvement and to identify barriers and enablers for further engagement with Aboriginal Elders and knowledge-holders. As a baseline study, this research provides benefit by engendering conversations around the importance of including Elders and knowledge-holders within the tertiary public health landscape.

## 2 | Background

The need for public health curricula that represent Aboriginal lived experiences should be understood within the context of Nakata's Cultural Interface theory [12, p. 199]. Nakata proposes a theoretical Cultural Interface, wherein different realities, agendas, theories and forms of knowledge interact to establish common ground and holistic understandings of past and present [12, p. 199]. Public health policy and curricula are currently shaped by the perceived dichotomy between Indigenous and non-Indigenous health, a paradigm that idealises non-Indigenous health status [2, p. 15; 1, p. 903]. Health education at the Cultural Interface intends to abrogate the harmful idea that Indigenous health is inherently problematic by advancing equality within knowledge production [13, pp. 3–6]. In accord with this approach, foundational scholars in the area of Indigenous andragogy advocate for consultation with Aboriginal and Torres Strait Islander communities as a fundamental requirement for advancing reconciliation through decolonising and transforming the tertiary education context [14, p. 104; 15, p. 12; 16, p. 75; 3, p. 3]. This is because, as Battiste indicates, mainstream education is underpinned by a cultural imperialist narrative that excludes the lived experience of Indigenous persons [14, p. 104]. Similarly, Rose's description of inappropriate conceptual frameworks applied to Aboriginal studies [3, pp. 5–6] indicates that the cycle of ignorance around Aboriginal and Torres Strait Islander peoples' cultures can only be broken through the adequate inclusion of Indigenous communities and key knowledge-holders in curriculum development [3, p. 10].

Aboriginal and Torres Strait Islander peoples represent a smaller percentage of all Australian academic university staff, compared with non-Indigenous Australians; however, there has been a modest increase in the past 5 years [17], despite representing approximately 3.8% of the total population of Australia [18]. According to Universities Australia, Indigenous academics commonly experience an inequitable workload and are often required to provide cultural support in addition to their regular duties [17, p. 59]. Additionally, Wolfe et al. [19, p. 655] identify a critical lack of knowledge amongst non-Indigenous educators regarding how to teach Indigenous health content. This indicates the possibility for greater respectful collaboration with local community members who could support Indigenous and non-Indigenous academics in this domain. Whilst the formal inclusion of Indigenous content and consultation with Aboriginal peoples in Australian Master of Public Health degrees has been appraised in past literature [20, pp. 143–148; 4, p. 3], there remains a need for an assessment of public health education at all tertiary levels that allows researchers to capture both the formal and informal inclusion of Indigenous perspectives and knowledges in university health courses.

Within the context of 21st-century Australian society, Aboriginal Elders remain influential figures who have a significant role in maintaining community wellbeing [7, pp. 513–524]. The success of working alongside Aboriginal Elders in the general tertiary education context has been established in both Australian and international literature [21, p. 41; 10, p. 927; 22, p. 667]. Whilst there is a current lack of research around collaboration with Elders specifically for tertiary public health education, the proven benefits of Elder participation in health promotion for community engagement and intergenerational support [23, p. 28; 24, p. 174; 25, p. 155; 26, p. 7] denote the significance and potential of this topic.

The Behrendt Review of Higher Education Access and Outcomes for Aboriginal and Torres Strait Islander People suggests that the involvement of Indigenous Elders in university affairs is best practice for strengthening the relationship between Indigenous and non-Indigenous persons in a tertiary setting [27, p. 223]. However, as mentioned, there is a lack of identified literature or university policy that reflects this recommendation. The following research, therefore, considers the inclusion of Indigenous Elders and knowledge-holders in public health education in the context of this recommendation from the Behrendt Review, initiating a conversation around how tertiary institutions can reorient their public health courses to be more culturally inclusive.

## 3 | Study Aims

This study was guided by the following aims:

1. To assess the current level of involvement that Aboriginal Elders and knowledge-holders have in tertiary public health education, within a single university setting.

2. To understand staff attitudes towards the benefit of Elder and knowledge-holder involvement in university health education.

3. To identify potential barriers in Elder and knowledge-holder inclusion and collaboration in tertiary health content development and delivery.

## 4 | Methods

The chosen research approach was underpinned by the principles of qualitative description design. An exploratory qualitative descriptive approach focuses on providing a rich and factual description of an experience directly from participants [28, p. 336]. This methodology was selected for use in this context due to its suitability for developing a baseline description of an under-researched topic [29, p. 1].

### 4.1 | Sample

Participants were purposively recruited from a large Victorian university's health faculty. All teaching staff were invited to undertake the data collection process. Prospective participants were sent two group emails over a two-week recruitment period, asking them to participate in the study. Both emails included an information sheet stating the requirements of the study.

About 17 out of a potential 147 staff members completed the survey. The sample was made up of eight public health educators, three occupational therapy educators, two health science educators, one health and society educator, one social work educator and one health economics educator. Only 1 out of the 17 participants identified as Indigenous.

### 4.2 | Instrument and Procedure

This study utilised an open-ended online structured survey. This was an original research instrument developed by the research team for this study. The survey was pilot tested before the commencement of data collection to ensure that it would elicit a rich description of the emic perspectives of participants.

The survey comprised seven questions. Participants first had the option of answering two demographic questions (relating to the subject they taught and whether they identified as being of Aboriginal and/or Torres Strait Islander background). They were then prompted to answer five open-ended questions which related to their experiences including Elders and knowledge-holders in their current and past teaching, the barriers and enablers that impacted the participants' behaviours in this area, and their perceived benefits of this inclusion. Questions included:

> In your opinion, how might the inclusion of Aboriginal Elders and knowledge-holders in tertiary public health education benefit staff and students?

> What resources would you require to facilitate greater involvement of Elders and knowledge-holders throughout your educational content?

Participants provided de-identified data within their natural setting.

### 4.3 | Data Analysis

Thematic analysis was undertaken to understand the common themes arising from participants' perspectives. This process, informed by Braun and Clarke's six-step framework for thematic analysis [30, p. 87], allowed the key themes to be effectively managed and summarised.

Data immersion occurred over 7 days. During this stage, the primary researcher made note of initial observations but did not actively attempt to search for patterns in the data. This allowed the researcher to stay close to the data and prevent meanings from being imposed onto participant statements [30, p. 87]. A total of 50 codes were then inductively identified by the researcher. Elements such as relevance to the research question and common denominators were then considered, allowing two overarching latent themes to emerge. These latent themes were shared with the research team, and their confirmability was discussed. This use of researcher triangulation aimed to ensure that the themes were a fair representation of participant perspectives [31, p. 657]. Allowing these themes to emerge inductively ensured that a credible representation of the data was provided [30, p. 83].

### 4.4 | Ethics

This project was granted ethical approval in the higher-than-low-risk category. Actions to uphold ethical principles in the study included anonymising survey data, making demographic questions optional for participants and considering the contexts, identities and experiences of researchers [32, pp. 9–10].

## 5 | Results

Two main themes emerged through the process of analysis. These results predominantly spoke to educators' perceived benefits of including the perspectives of Elders and knowledge-holders in teaching, and the factors that impede and enable this inclusion. However, data also provided initial insight into the current nature and extent of efforts to include these perspectives.

### 5.1 | Elders and Knowledge-Holder Engagement as a Whole-of-University Issue

Current practices around Elder and knowledge-holder engagement within this university appear to be at the discretion of the individual educator. This understanding comes through responses to the question 'How do you draw on their [Elders and knowledge-holders] knowledge in your teaching? E.g., how is their culture, knowledge and understanding incorporated into

teaching and curriculum?' Eight out of the 17 participants indicated that they do involve Elders in their teaching. However, there did not appear to be a standardised approach to this involvement. Answers included:

> National Indigenous Knowledges Education Research Innovation (NIKERI) staff
>
> (Participant 1).

> Others in the units I teach have used interviews with such people
>
> (Participant 5).

> I have done this in face-to-face settings with Aboriginal Elders present and have found it very rewarding in classroom activity
>
> (Participant 9).

This individual responsibility appeared to underpin a range of barriers experienced by educators who were willing to be more inclusive of Indigenous perspectives but faced logistical difficulties. To expand, participants expressed concern about contributing to the well-documented overburden experienced by Indigenous academics and communities in the research context [33, p. 403]. Participant 13, for instance, stated:

> I worry that the demands we will place on a small group of people will be overwhelming
>
> (Participant 13).

Similarly, Participant 8 questioned:

> But I wonder how these people can meet all the demands asked of them?
>
> (Participant 8).

The lack of university-wide policy and practice in this area appeared to make respondents hesitant to take action to contact Elders and knowledge-holders. Participant 3, in response to the question, 'What resources would you require to facilitate greater involvement of Elders and knowledge-holders throughout your educational content?' proposed the idea of a university-wide program that facilitates connections between educators and Elders as 'This would help to ensure that Elders and knowledge-holders were not overburdened by contact from huge numbers of staff members'. This desire recurred within the data set, signifying that whole-of-university support to accessing Elder knowledge is perceived as an enabler for increased engagement with Aboriginal Elders and knowledge-holders. Participant 3 also suggested,

> I think it would be helpful to have a program that was able to introduce staff to Elders and knowledge-holders who are willing to contribute to knowledge content
>
> (Participant 3).

This opinion is reiterated by Participants 4 and 12:

> There should be a dedicated Indigenous position in every discipline with access to the appropriate Elders and Knowledge Holders within Community
>
> (Participant 4).

> It needs to be wider than individual units—it would need to be a discussion with course directors to ensure a streamlined approach for all units
>
> (Participant 12).

Clearly, a systematic approach to contacting Elders was perceived as desirable by participants. Furthermore, a lack of funding was also identified by participants as a barrier to greater collaboration:

> It would also be good to be able to acknowledge their contributions—we used to be able to pay guest speakers, so it would be nice to be able to do this again.
>
> (Participant 3)

Similarly, Participant 6 said they would require:

> Funding to acknowledge their 'Elder and knowledge-holder' time and expertise
>
> (Participant 6).

Again, increased university-wide support (such as providing educators with funding to respectfully engage Elders and knowledge-holders as guest speakers) would be welcomed by participants. As Participant 1 stated, the university 'must invest in and support Aboriginal Elders and knowledge holders to guide us'.

### 5.2 | The Lived Experience of Elders and Knowledge-Holders as an Integral Part of Teaching Indigenous Studies

Responses to the question 'In your opinion, how might the inclusion of Aboriginal Elders and knowledge-holders in tertiary public health education benefit staff and students?' demonstrated a consensus amongst participants that greater inclusion of Elders and knowledge-holders would benefit both staff and students. Whilst this opinion was expressed in diverse ways, the authentic experiences of Elders and knowledge-holders underpinned the range of perceived benefits of engaging members from Aboriginal and Torres Strait Islander communities.

Participants suggested that when Indigenous Elders and knowledge-holders are meaningfully engaged, their cultural authority could shape Indigenous health content to be culturally respectful and relationally accountable:

> I engage Elders or knowledge holders as speakers. I seek advice from them to ensure my content is

> suitable and reflects the community's culture and knowledge
>
> (Participant 14).

> It would certainly benefit to ensure the teaching is culturally appropriate
>
> (Participant 8).

Similarly, other participants suggested that staff would benefit from this inclusion, as having a community member review the appropriateness of their content would enhance the confidence of educators when delivering Indigenous health curricula:

> It's 'Elder and knowledge-holder inclusion' a great idea and I love it, boost people's confidence to teach it would be ideal, reduce their level of anxiety and fear
>
> (Participant 12).

> I think the inclusion of Aboriginal Elders in curriculum is important across the board. Cultural training and confidence-building [are] important
>
> (Participant 9).

Such responses speak to awareness amongst participants that only Aboriginal Torres Strait Islander peoples hold authentic cultural knowledge and experiences. This approach was perceived by respondents as a desirable way to teach Indigenous matters in a culturally sensitive manner. Participant 3 exemplified this perception through their statement:

> Having access to lived experiences is far more useful than generalised experiences outlined in the literature
>
> (Participant 3).

Additionally, participants considered how the authentic understanding of Indigenous knowledge systems could challenge Western educational paradigms by presenting alternative viewpoints. Participant 2, for instance, stated that Elder knowledge could be of benefit:

> By potentially providing counterpoints to dominant orthodoxies and ways of thinking in society at large and within the academy
>
> (Participant 2).

Participant 14 similarly critiqued existing Western educational systems:

> It is important to engage local Aboriginal Elders and knowledge-holders as they provide knowledge that should already be taught in the education system
>
> (Participant 14).

While Participant 2 did not explore the reasoning behind the importance of providing counterpoints to dominant orthodoxies, the literature suggests that integrating Indigenous ways of knowing, doing and being into education enables a strength-based approach as practitioners develop a deep appreciation of the value of Indigenous knowledge systems [34, pp. 102–105]. Again, this is a benefit of drawing on Elders' lived experiences.

In addition to the more general comments outlined above, three participants explicitly linked the importance of Elder and knowledge-holder input with public health outcomes. Participant 14, for instance, indicated that the capability of future health professionals would be enhanced through learning from Elders and knowledge-holders:

> It creates future public health professionals who are able to practice cultural sensitivity and safety while delivering health services to Aboriginal communities
>
> (Participant 14).

Participant 16 noted that the inclusion of Elder and knowledge-holder perspectives in tertiary public health education '[reflects] the principles of health promotion to promote social justice and equity'. This quote succinctly links the specific values of public health with the practice of collaborating with Elders and knowledge-holders, suggesting that several participants understood the specific importance of the lived experience.

## 6 | Discussion

This study has obtained initial insight into the topic of non-Indigenous educator perceptions and behaviours around collaborating with Aboriginal and Torres Strait Islander Elders and knowledge-holders for inclusive public health tertiary education. Whilst the small sample size prevented meaningful conclusions from being drawn about the proportion of public health educators who currently draw on Elders' knowledge in their teaching, a rich level of data was obtained regarding the benefits, barriers and enablers to this collaboration. The main ideas that participants proposed demonstrated that many educators have had a similar experience of feeling unable to act on their willingness to include more Indigenous perspectives in their teaching due to systemic and institutional challenges. These congruent ideas allowed the researchers to effectively contextualise and describe reasons for current behaviours around collaboration with Elders in this context. Furthermore, they allow the researchers to provide recommendations for institutional actions that will enhance this collaboration in the future, starting with Indigenous-led consultation.

As previously established, there is a dearth of literature regarding the specific benefits of including Elders and knowledge-holders in tertiary public health education. This, when taken in conjunction with a lack of identified university policy in this area, makes the extent to which participants indicated that they do currently involve Elders and knowledge-holders in their teaching significant. Just under half of the participants (47%) indicated that they do draw on the knowledge of Elders and knowledge-holders in the units they teach. As established, there is little uniformity in the way participants access this knowledge. Nevertheless, this is a significant finding, as it subverts

expectations and demonstrates a willingness from educators to recognise the expertise of Elders and knowledge-holders and include their perspectives in teaching when possible. Willingness is, according to Wilson et al. [35], one of the four elements that influence the ability of non-Indigenous health professionals to work within the domain of Indigenous health [35, p. 11]. The demonstrated willingness to work alongside Elders and knowledge-holders is therefore a positive reflection of staff preparedness to engage productively in this space.

### 6.1 | Role in the Literature

The rationale for this study has been informed by policies relating to Indigenous inclusion in tertiary education spaces. The aforementioned Behrendt Review of Aboriginal and Torres Strait Islander Higher Education and Access Outcomes, and the University Accord for instance, propose several critical success factors for the integration of Indigenous knowledge into university settings [27, p. 223]. Based on the data collected in this study, this university setting does not appear to fulfil all these critical factors. To expand, Behrendt recommends that 'Elders are engaged in ways that respect their knowledge and the role they play in achieving education and employment outcomes' [27, p. 223]. The evidence provided by the participants of this study suggests that the inclusion of Elder knowledge may not be a priority of the School of Health and Social Development as a whole; this is reflected in both the current arbitrary ways educators currently include the perspectives of Elders and knowledge-holders and the fact that many respondents indicated that they would not know how to contact an Elder. This lack of streamlined action indicates that School leaders have not yet embedded Elder engagement into university-wide teaching policy [27, p. 223]. This study is therefore of benefit by providing initial insight into the extent to which the recommendations of the Behrendt review and The University Accord are being sustained within a university setting.

Systemic barriers to achieving such success factors for Indigenous engagement within public health curriculum appear to be prevalent across the Australian higher education landscape. Coombe et al. [20] study into the level of Indigenous content included in seven Master of Public Health Degrees reveals that cessation of Public Health and Education Research Program (PHERP) funding has negatively affected public health educators across these tertiary settings and their capacity to engage Elders and knowledge-holders. The congruency between findings from this study and findings from Coombe et al. [20] indicates that a lack of funding in this area is systemic, rather than an institutional issue. This is supported by Jones et al. [5] who indicate in their consensus statement on educating for Indigenous health equity that further institutional investment in resourcing for Indigenous health development is necessary for equity in health education. The study undertaken at a Victorian university adds to this evidence by bringing the focus back to educators' views and lived experience, as opposed to macro-level research, thus increasing its relevance to this context.

The benefits of Elders engagement in higher education spaces that have been identified by participants are also supported and exemplified by existing research. In Canada, for example, McKivett et al. [36] support the proposed idea that the inclusion of Elders' ways of knowing would allow students to consider health matters from more than one perspective. Unlike this research project, however, McKivett et al. [36, p. 218] incorporated the perspectives of First Nation Elders in Canada, specifically their proposed model of 'two-eyed seeing'. The case study discusses how this approach has allowed Canadian tertiary students to consider medical issues and paradigms from alternative viewpoints, thus assisting them in recognising solutions that could not be identified through a purely Western lens [36, p. 218]. Likewise, participants in this study have suggested that Aboriginal Elders' inclusion will allow students to question Western epistemologies and standardised approaches to health care. This congruency suggests that understanding frameworks such as 'two-eyed seeing' would assist tertiary health students to develop innovative and tailored health promotion strategies that draw upon the strengths of a specific community.

Furthermore, Anonson et al. [37, pp. 1–18], within a qualitative literature review and case study, agree with the finding that Elders can assist staff in building their confidence when delivering Indigenous health content [37, p. 10] and suggest that Elders and knowledge-holders can provide social support to students outside of an academic context [37, p. 8]. As Anonson et al. [37] have elected to focus primarily on the perspectives of university students from two Canadian institutes, these studies complement one another by confirming that two main stakeholder groups in tertiary education—teachers and students—both see the value in having Elders and knowledge-holders as mentors within higher education in the Canadian setting [37, pp. 8–10]. However, Anonson et al. [37] and McKivett et al. [36] have not considered the barriers that could prevent the effective integration of Elders' perspectives. As the research instrument used in this study addressed this topic, these studies may work in tandem to inform how universities could enable the inclusion of such frameworks proposed by Indigenous Elders in their institutes, and how this could assist educators to indigenise their health content.

### 6.2 | Workplace Implications

As previously mentioned, Wilson proposes four elements (willingness, historical knowledge, level of discomfort and sense of identity) that influence the ability of non-Indigenous health professionals to work productively within the domain of Indigenous health [35, p. 10]. Study findings can be considered in the context of these criteria to draw implications for staff preparedness to teach Indigenous health content and work alongside Aboriginal and Torres Strait Islander stakeholders. The majority of respondents, as illustrated, were willing to collaborate with Elders and knowledge-holders in their teaching and demonstrated that they understood the importance of this. Although rarely explicitly stated, a basic knowledge of the historical context (and specifically power imbalances in Indigenous health research) is reflected in the common concern amongst participants about the need to compensate Elders and knowledge-holders for their contributions. The participants' level of discomfort was not widely addressed in their responses to questions pertaining to Elders and knowledge-holders. However, the positive impact that Elders could have on the confidence of educators when teaching

Indigenous health topics was perceived as a benefit of Elders and knowledge-holder inclusion. This indicates some existing level of discomfort and a need for confidence-building amongst several educators.

The element 'sense of identity' (referring to an understanding of different cultural identities and subsequent power imbalances) [35, p. 8] was primarily absent in participant responses. The results of this study reflected an initial awareness of the racial dynamic that is present when non-Indigenous educators teach Indigenous health content (participants widely acknowledged that it would be more authentic for a person with lived Indigenous experience to teach this content). However, the data did not reflect the rigorous reflexive practice that Wilson sees as integral to culturally safe practice [35, p. 8]. This evidence denotes the importance of reflexivity training and experience for public health educators in this setting, to ensure all staff—and especially those who face barriers in including the authentic perspectives of Elders and knowledge-holders in their units—are prepared to work ethically and to give voice within the domain of teaching diverse health content [38, p. 219].

### 6.3 | Recommendations

The following recommendations outline several steps that will allow this university's Faculty of Health to not only enhance culturally responsive pedagogies and practices through streamlined and respectful engagement with Elders and knowledge-holders but also create culturally inclusive learning environments.

Aboriginal and Torres Strait Islander voices must be central to the conversation about Elders and knowledge-holder involvement in tertiary public health education. This University could therefore first begin Indigenous-led consultation processes to provide a clear understanding of what is needed from an Aboriginal and Torres Strait Islander perspective. This study has provided an academic and structural understanding; what it lacks is Aboriginal and Torres Strait Islander consultation. Gaining a rich understanding of the role that Elders and knowledge-holders desire in the public health education landscape would assist in creating respectful collaborative relationships between tertiary educators and Aboriginal community stakeholders [39, p. 705].

As established, institutional action is necessary to overcome the barriers to Aboriginal and Torres Strait Islander inclusion identified by participants. Increased top-down funding will allow faculties and educators to engage Indigenous-led consultation with Elders and knowledge-holders [5, p. 516]. On a faculty level, streamlining funding and consultation approaches by facilitating access to resources that draw on community engagement and Elders' knowledge from the top-down will decrease the individual responsibility placed on educators. This could involve collaboration across several Victorian university settings to decrease the burden placed on local Indigenous communities, but only if the local focus is not lost [40, p. 119].

Increased cultural awareness training for educators could also be of benefit within this context [38, pp. 213–219]. Vass and Adams suggest that engaging in reflexive practice is important for non-Indigenous health educators to work productively at the Cultural Interface [38, p. 13]. As noted, participants in this study did not demonstrate a deep awareness of the implications of their non-Indigenous identities. Reflexivity training could therefore assist educators to understand how to decentre themselves, as persons of non-Indigenous background, from Indigenous health content [38, p. 213]. As this University's Graduate Learning Outcome 8: Global Citizenship relates to the ability to 'engage ethically and productively' [41, p. 40] with persons of Aboriginal and Torres Strait Islander peoples, educators must have the ability to facilitate this outcome through culturally responsive and reflexive teaching practice [41, p. 40].

### 6.4 | Strengths and Limitations

This research has contributed to filling a gap in the literature and has engendered discussions around the importance of Indigenous perspectives in public health education, which could potentially facilitate greater collaboration with Aboriginal and Torres Strait Islander peoples in this context. However, it is also important to acknowledge the limitations of this study regarding design and methodology.

Data was collected in de-identified form through an online survey; this prevented researchers from clarifying statements with participants. This potentially led the researchers to make assumptions about participant meanings. This de-identification may, however, have strengthened the integrity of the statements provided by eliminating social desirability bias [42, p. 272].

Whilst the research question was specifically interested in the perspectives of public health educators, the sample did include educators who primarily teach other health disciplines. This may have limited the specificity of the research. It is of note, though, that similar studies have also sampled tertiary educators from a variety of disciplines under the umbrella term of health sciences [43, p. 274], and these disciplines do hold implications for population health.

Finally, the National Health and Medical Research Council emphasises the importance of giving voice to persons of Indigenous background through research to ensure that data is authentic and culturally appropriate [32, p. 9]. This study did not seek to collect primary data from Indigenous Elders and knowledge-holders directly; it is therefore inappropriate to assume that Elders and knowledge-holders hold the same perspectives and priorities as the respondents who engaged in this study.

## 7 | Conclusion

These findings represent non-Indigenous perspectives on Indigenous engagement and therefore cannot, and do not attempt to, speak to what Elders and knowledge-holders themselves want or need from such partnerships. When working towards equity in public health, culturally responsive curriculum in public health courses is critical. Respectful collaboration between public health educators and Indigenous Elders assists this goal through giving voice and demonstrating the strengths of Indigenous communities. As we have seen in this study,

there are barriers that health educators may experience when seeking to facilitate this engagement. Whole-of-university commitment to creating a culturally responsive and inclusive learning environment is therefore necessary in order to integrate Indigenous lived experiences into curricula. Moving forward, all public health tertiary educators must sustain the principles of equity and social justice through further efforts to collaborate with Indigenous community members such as Elders and knowledge-holders.


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### Conflicts of Interest

The authors declare no conflicts of interest.

### Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

### References


1. S. Pitama, S. Palmer, T. Huria, C. Lacey, and T. Wilkinson, "Implementation and Impact of Indigenous Health Curricula: A Systematic Review," *Medical Education* 52 (2018): 898–909, https://doi.org/10.1111/medu.13613.

2. W. Fogarty, H. Bulloch, S. McDonnell, and M. Davis, "Deficit Discourse and Indigenous Health," 2018, https://www.lowitja.org.au/content/Document/Lowitja-Publishing/deficitdiscourse.pdf.

3. M. Rose, "On the Fringe of Curriculum: Silent Apartheid as an Impediment in the Path of Reconciliation," 2007, https://catalogue.nla.gov.au/Record/4600988.

4. B. Genat, "National Indigenous Public Health Curriculum Framework," 2008, http://caphia.com.au/testsite/wp-content/uploads/2016/07/National-Indigenous-Public-HealthCurriculum.pdf.

5. R. Jones, L. Crowshoe, P. Reid, et al., "Educating for Indigenous Health Equity: An International Consensus Statement," *Academic Medicine* 94, no. 4 (2019): 512–519.

6. J. Haines, J. T. Du, G. Geursen, J. Gao, and E. Trevorrow, "Understanding Elders' Knowledge Creation to Strengthen Indigenous Ethical Knowledge Sharing," *Information Research* 22, no. 4 (2017): 1–12.

7. L. Busija, R. Cinella, M. Toombs, et al., "The Role of Elders in the Wellbeing of a Contemporary Australian Indigenous Community," *Gerontologist* 60 (2018): 1–12, https://doi.org/10.1093/geront/gny140.

8. C. Gibson, P. Dudgeon, and J. Crockett, "Listen, Look & Learn: Exploring Cultural Obligations of Elders and Older Aboriginal People," *Journal of Occupational Science* 27, no. 2 (2020): 193–203, https://doi.org/10.1080/14427591.2020.1732228.

9. S. Brascoupe and C. Waters, "Cultural Safety: Exploring the Applicability of the Concept of Cultural Safety to Aboriginal Health and Community Wellness," *Indigenous Health* 5 (2009): 6–41.

10. G. Lai, E. Taylor, M. Haigh, and S. Thompson, "Factors Affecting the Retention of Indigenous Australians in the Health Workforce: A Systematic Review," *International Journal of Environmental Research and Public Health* 15 (2018): 914–936, https://doi.org/10.3390/ijerph15050914.

11. E. Taylor, A. Lavolic, and S. Thompson, "Beyond Enrolments: A Systematic Review Exploring the Factors Affecting the Retention of Aboriginal and Torres Strait Islander Health Students in the Tertiary Education System," *International Journal for Equity in Health* 18 (2019): 1–19, https://doi.org/10.1186/s12939-019-1038-7.

12. M. Nakata, *Disciplining the Savages: Savaging the Disciplines* (Aboriginal Studies Press, 2014).

13. R. Delbridge, L. Garvey, J. Mackelprang, et al., "Working at a Cultural Interface: Co-Creating Aboriginal Health Curriculum for Health Professions," *Higher Education Research and Development* 1 (2021): 1–16, https://doi.org/10.1080/07294360.2021.1927999.

14. M. Battiste, *Decolonizing Education* (Purich Publishing Limited, 2013).

15. B. Fredericks, "Look Before You Leap: Epistemic Violence That Sometimes Hides Behind the Word "Inclusion"," *Australian Journal of Indigenous Education* 38 (2009): 10–16, https://doi.org/10.1375/S1326011100000776.

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

17. Universities Australia, "Indigenous Strategy Annual Report 2024," 2024, https://universitiesaustralia.edu.au/wp-content/uploads/2026/01/2024-Indigenous-Strategy-Report.pdf.

18. Australian Institute of Health and Welfare, "Profile of First Nations People," 2025, https://www.aihw.gov.au/reports/australias-welfare/profile-of-indigenous-australians.

19. N. Wolfe, L. Sheppard, P. Le Rossignol, and S. Somerset, "Uncomfortable Curricula? A Survey of Academic Practices and Attitudes to Delivering Indigenous Content in Health Professional Degrees," *Higher Education Research and Development* 37 (2017): 649–662, https://doi.org/10.1080/07294360.2017.1385595.

20. L. Coombe, V. Lee, and P. Robinson, "Educating for Indigenous Public Health Competence - How Do We Stack Up in Australia?," *Australian and New Zealand Journal of Public Health* 43 (2019): 143–148, https://doi.org/10.1111/1753-6405.12872.

21. V. Gifford and D. McEachern, "Reclaiming the Elders Role of Educator in Higher Education for Alaska Native Elders," *Journal of Social Work Education* 57 (2021): 40–54, https://doi.org/10.1080/10437797.2019.1661924.

22. C. Viscogliosi, H. Asselin, S. Basile, et al., "Importance of Indigenous Elders' Contributions to Individual and Community Wellness: Results From a Scoping Review on Social Participation and Intergenerational Solidarity," *Canadian Journal of Public Health* 111 (2020): 667–681, https://doi.org/10.17269/s41997-019-00292-3.

23. L. Begley and P. Harald, "Yarning for Better Health," *Australian Family Physician* 34 (2005): 27–29.

24. D. Tu, J. Dehoney, A. Browne, et al., "Partnering With Indigenous Elders in Primary Care Improves Mental Health Outcomes of Inner-City Indigenous Patients," *Canadian Family Physician* 65 (2019): 274–281, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6467659/.

25. C. Varcoe, J. Bottorf, J. Carey, D. Sullivan, and W. Williams, "Wisdom and Influence of Elders: Possibilities for Health Promotion and Decreasing Tobacco Exposure in First Nations Communities," *Canadian Journal of Public Health* 101 (2010): 154–158, 10.1007%2FBF03404363.

26. P. Waterworth, M. Pescud, R. Braham, J. Dimmock, and M. Rosenberg, "Factors Influencing the Health Behaviour of Indigenous

Australians: Perspectives From Support People," *PLoS* 10 (2015): 1–17, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4658065/.

27. L. Behrendt, S. Larkin, R. Griew, and P. Kelly, "Review of Higher Education Access and Outcomes for Aboriginal and Torres Strait Islander People: Final Report," 2012, https://www.dese.gov.au/aboriginal-and-torres-strait-islander-higher-education/review-higher-education-access-and-outcomes-aboriginal-and-torres-strait-islander-people.

28. M. Sandelowski, "Whatever Happened to Qualitative Description?," *Research in Nursing & Health* 23 (2000): 334–340, https://pubmed.ncbi.nlm.nih.gov/10940958/.

29. C. Bradshaw, S. Atkinson, and O. Doody, "Employing a Qualitative Description Approach in Health Care Research," *Global Qualitative Nursing Research* 4 (2017): 1–8.

30. V. Braun and V. Clarke, "Using Thematic Analysis in Psychology," *Qualitative Research in Psychology* 3 (2006): 77–101, https://doi.org/10.1191/1478088706qp063oa.

31. K. Santos, M. Ribeiro, D. Quiroga, I. Silva, and S. Ferreira, "The Use of Multiple Triangulations as a Validation Strategy in a Qualitative Study," *Ciência & Saúde Coletiva* 25 (2020): 655–664, https://pubmed.ncbi.nlm.nih.gov/32022205/.

32. National Health and Medical Research Council, "Ethical Conduct in Research With Aboriginal and Torres Strait Islander Peoples and Communities: Guidelines for Researchers and Stakeholders," 2018, https://www.nhmrc.gov.au/research-policy/ethics/ethical-guidelinesresearch-aboriginal-and-torres-strait-islander-peoples.

33. A. Thunig and T. Jones, "'Don't Make Me Play House-*****': Indigenous Academic Women Treated as 'Black Performer' Within Higher Education," *Australian Educational Researcher* 48 (2020): 397–417, https://doi.org/10.1007/s13384-020-00405-9.

34. D. Askew, K. Brady, B. Mukandi, et al., "Closing the Gap Between Rhetoric and Practice in Strengths-Based Approaches to Indigenous Health Public Health: A Qualitative Study," *Australian and New Zealand Journal of Public Health* 44 (2020): 102–105, https://doi.org/10.1111/1753-6405.12953.

35. A. Wilson, A. Magarey, M. Jones, K. O'Donnell, and J. Kelly, "Attitudes and Characteristics of Health Professionals Working in Aboriginal Health," *Rural and Remote Health* 15 (2015): 1–14, https://doi.org/10.22605/RRH2739.

36. A. McKivett, J. Hudson, D. McDermott, and D. Paul, "Two-Eyed Seeing: A Useful Gaze in Indigenous Medical Education Research," *Medical Education* 54 (2020): 217–224, https://doi.org/10.1111/medu.14026.

37. J. Anonson, S. Huard, T. Kristoff, V. Clarke-Arnault, V. Wilson, and M. Walker, "The Role of Elders in Post-Secondary Educational Institutes," *Canadian Journal of Native Studies* 34 (2014): 1–18.

38. A. Vass and K. Adams, "Educator Perceptions on Teaching Indigenous Health: Racism, Privilege and Self-Reflexivity," *Medical Education* 55 (2020): 213–221, https://doi.org/10.1111/medu.14344.

39. R. Bainbridge, K. Tsey, J. McCalman, et al., "No One's Discussing the Elephant in the Room: Contemplating Questions of Research Impact and Benefit in Aboriginal and Torres Strait Islander Australian Health Research," *BMC Public Health* 15 (2015): 696–706, https://doi.org/10.1186/s12889-015-2052-3.

40. J. Pratt, S. Matthews, B. Nairne, E. Hoult, and S. Ashenden, "Collaboration Between Universities: An Effective Way of Sustaining Community-University Partnerships?," *International Journal of Community Research and Engagement* 4 (2011): 119–135, https://doi.org/10.3316/informit.915473587617818.

41. Deakin University, "Graduate Learning Outcomes," 2021, https://www.deakin.edu.au/about-deakin/vision-and-values/teaching-and-learning/deakin-graduate-learning-outcomes.

42. A. Nederhof, "Methods of Coping With Social Desirability Bias: A Review," *European Journal of Social Psychology* 15 (1985): 263–280, https://doi.org/10.1002/ejsp.2420150303.

43. D. Kurtz, R. Janke, J. Vinek, T. Wells, P. Hutchinson, and A. Froste, "Health Sciences Cultural Safety Education in Australia, Canada, New Zealand, and the United States: A Literature Review," *International Journal of Medical Education* 9 (2018): 271–285, https://pubmed.ncbi.nlm.nih.gov/30368488/.