

Health Studies

Progress Report on 2007 Learning & Teaching Goals

Introduction

The Health Studies Program provides interdisciplinary health-related education, research, collaboration, and community engagement directed towards the better understanding and improvement of the health status of populations in Australia and internationally. The program includes a broad array of teaching and research: primarily in the field of population and community health (social determinants of health, disease prevention, health policy, and health promotion), but also including aspects of the basic health sciences (e.g. anatomy and physiology of ageing).

The Health Studies program currently comprises:

- Three undergraduate degrees: Bachelor of Health (Community Health and International Health strands); the BA/BSc-Psychology Bachelor of Health double degree; and the Bachelor of Health (Honours) program
- The Postgraduate Program in Ageing & Health: comprising a Postgraduate Certificate, Postgraduate Diploma, and Master of Ageing & Health
- An active program of individual and collaborative research spanning the social determinants of health, health policy, tobacco control, ageing and health, and health care service delivery
- An extensive program of activities designed to foster linkages and collaborations, both within the University (especially across disciplinary boundaries), and externally, i.e. with government, industry and community-based organisations in the health sector.

L&T Goals for 2007

- 1. To boost enrolments in the Postgraduate Ageing & Health program to a sustainable level via the development and implementation of a multi-faceted marketing/promotion strategy, the design of which commenced in November 2006.**

Progress Report:

In late 2006 Dr Elizabeth Latimer Hill was employed to assist plan and conduct a marketing campaign with the objective of increasing enrolments in the Postgraduate Ageing & Health (A&H) program. This campaign comprised:

- web-based marketing including via Ageing Research Online and Postgrad&Beyond,
- program inserts at relevant ageing industry conferences,
- inclusion of program entry in the Australian Association of Gerontology (AAG) Education Guide,
- direct mail-out of program information to over 200 organisations active in the aged care sector,

- design and delivery of an integrated advertising and promotion campaign in the metropolitan press and selected industry journals/conferences in April-June 2007,
- improving the research profile of the Ageing & Health program (e.g. through participation in Research and Aged Care Collaborations and presentations at Conferences), and
- developing strategic relationships with organisations involved in the development and delivery of policy, programs and services in the health and aged care sector (e.g. Alzheimer's Association, ACS(NSW), ARC Research Network, CERA, AFP, NGOs and various community care organisations)
- Further, there has been Outreach activity involving the appointment of a research assistant to develop a research project with DET. This has provided another opportunity to promote Health Studies at Macquarie University at a National level through conference attendance.

These efforts built on established strategies to market the program, including via the International Office (enhanced by the 2007 conversion of the Master's degree from a 1½ to a 1 year program of study), and to encourage students in other relevant MQ programs to enrol in individual HLTH8XX units as electives (e.g. students in the MPASR, MA Human Geography, and MA Anthropology programs).

We are pleased to report that new enrolments for 2007 were up significantly on previous years. That said, the number of students enrolled in the program is still relatively low, and a significant boost to enrolments is required if the program is to be viable in the medium to longer term (see data below).

Postgraduate Certificate/Diploma/Master in Ageing & Health

Enrolments in Overall Program	2005	2006	2007	2008 (FHFYR intake only)
NEW Enrolments	5	2	12	8
TOTAL Enrolments	5	5	18	16

Enrolments in Individual Units	2005	2006	2007	2008 (FHFYR intake only)
HLTH800 Legal & Ethical	1	6	2	7
HLTH801 Soc Med Geog	5	4	13	11
HLTH802 Struct & Phys	3	3	6	12
HLTH803 Care Delivery	5	3	9	5 (10)*
HLTH804 Hlth Promotion	6	-	13	7 (11)*
HLTH805 Research Proj	-	1	5	5

* Some continuing students have not yet enrolled for Semester 2 offerings. The first figure in this column is thus the *actual* enrolments as at 27 March; the figure in brackets is the estimated enrolment (i.e. assuming current students do enrol in units they need to take to continue with the program). Note that the latter estimates do not include any new enrolments from the mid-year intake.

2. To continue to develop, and demonstrate the ongoing viability of, the Undergraduate Bachelor of Health program, with the aim of achieving longer-term reaccreditation of the program when the Senate conducts its review in July 2007¹.

New enrolments in the undergraduate Health and Psychology-Health degrees have shown continued growth since the programs were established in 2002 and 2005 respectively. This growth in student enrolments has had flow-on effects for a number of ELS units which are core components of the Health degrees, i.e. BIOL108, GEOS111, GEOS219, GEOS322, HLTH200 and HLTH300. HLTH200 in particular has seen strong growth, attracting students from across the university and also a significant number of exchange students. The figures in the table below suggest that enrolments in the undergraduate Health program are growing at a level sufficient to ensure its ongoing viability.

Bachelor of Health and Psychology-Health double degree

Enrolments in Overall Program	2005	2006	2007	2008 (FHFYR intake only)
NEW Enrolments	38	42	58	49
TOTAL Enrolments	57	86	127	147

Enrolments in Individual Units	2005	2006	2007	2008
HLTH200 Contemp Issues	28	48	89	92 [#]
HLTH300 Hlth Placement	5	9	13	26
HLTH302 Leg & Ethical	9	8	14	10
HLTH495 Hlth Hons	1	-	1	1

TEDS Feedback and Staff Responses to it

Student feedback/unit evaluation data is currently collected on (at least) an annual basis from all HLTH units in the Health Studies program, at both undergraduate and postgraduate level. TEDS is generally used as the primary student feedback mechanism for units with large enrolments (e.g. HLTH200), while custom-designed evaluations are undertaken in the units with smaller enrolments (e.g. HLTH800-805, HLTH300, and HLTH302).

Unit convenors are encouraged to (1) reflect on the feedback, (2) incorporate student ideas (wherever feasible) in the annual unit review process, and (3) explain to the following year's cohort of students in that unit how prior student feedback has been incorporated. For example, in HLTH200, the 2007 assessment structure was modified

¹ NB. The anticipated Senate review did not proceed in 2007.

[#] Does not yet include EXCH student enrolments, which have historically been substantial (e.g. 20 students, or 22% of total unit enrolment in 2007).

in response to feedback from students in 2006 (a tutorial participation component was introduced; the number and weighting of assignments was rationalised; and the contribution of the final exam reduced to 30%). In response to feedback from HLTH200 students in 2007, the 2008 offering of this unit will *inter alia* make much greater use of the discussion facility in Blackboard CE6.

Other relevant stakeholders are also appraised of student feedback. For example, in the HLTH300 internship program, all workplace supervisors receive individual feedback about the student's placement experience. In 2007 a summary report of student feedback on placement experiences was also prepared for the Northern Sydney Central Coast Area Health Service, a key partner organisation in this program. This resulted in a favourable mention for the program in the *CEO's Newsletter* for NSCCAHS (December 2007).

Reflection on TEDS results is done on an individual basis by unit convenors, but also (periodically) on a collective basis. For example, in December 2007 a collective curriculum mini-review was conducted for the Postgraduate Ageing & Health program where all unit convenors were asked to report *inter alia* on student feedback on their units, and this feedback assisted in a review of some aspects of the program, e.g.

- assessment methods (to ensure greater comparability between units)
- class times/hours (to ensure consistency and equity between units)
- identifying areas where the curriculum could be broadened to include topics of emerging importance (e.g. a module on elder abuse in one of the units)
- making the most of synergies in the curriculum to emphasise key themes (e.g. students will acquire a multi-dimensional understanding of dementia as this topic will be addressed from different perspectives in each of the core units comprising the program),
- embracing the new Blackboard Online learning system with a view to possible external offering of units in the future, etc.

This briefly summarises the review process for Health Studies with all Units undergoing consistent re-evaluation and reflective peer review of Learning and Teaching goals. In late 2008, another review of Units and will be warranted to set targets for future L&T Goals.

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