

## The Links Between Health and Education For Indigenous Australian Children

2001

### Preamble

The inextricable link between health and education - the effect of poor health on educational attainment and the effect of poor education on health - has been highlighted in the landmark report "Learning Lessons" by the Hon Bob Collins (1999).<sup>1 2 3</sup>

The Collins report notes the deteriorating educational outcomes for Indigenous children as compared to non-Indigenous. In 1998, in the NT, for example, 14% of Indigenous students progressed from Year 8 to Year 12 compared with 80% of non-Indigenous students. In 1998, 20% of Indigenous students achieved the national reading benchmark in the NT compared to 78% of non-Indigenous students.<sup>1</sup> Failure to achieve literacy impacts on further ability to learn and to gain employment, thereby further influencing later health.

In terms of improving health and educational outcomes for Indigenous children, improvements in one area will lead to improvements in the other. Improved outcomes in health and education are also dependent on improvements in environmental health.

### Health and Education

Collins notes, in particular, the role of impaired hearing, malnutrition, poor general health, including poor eyesight, anaemia and skin diseases, and sleep deprivation in relation to the adverse effects of poor health on the educational attainment of Indigenous children. Poor nutrition and hearing loss are two critical factors.

Poor health affects both school attendance and punctuality as well as ability to concentrate and to learn. Initial disadvantage may be compounded as the child goes through school.

In the NT, the Territory Health Services reported that between 13% and 22% of Indigenous children aged five years and under are clinically underweight. Continued infection may produce permanent damage to the gut thereby lessening the ability to benefit from nutrition and to fight infection.

As well, there is a danger that poor nutrition may have affected development prior to attending school due to the danger of faltering growth affecting intellectual development and hearing abilities.<sup>1</sup>

The Strategic Results projects in the NT found that 79% of children tested had a hearing disability.<sup>1</sup> The World Health Organisation indicates that populations with rates of chronic suppurative otitis media (CSOM) of greater than 4% have significant health problems. Some Indigenous communities have rates as high as 50%. The disease can affect children's learning ability through temporary and re-occurring hearing loss, permanent hearing damage and language disorders.

### Education and Health

Caldwell and Caldwell<sup>4</sup> draw attention to the importance of level of education on health – a finding which is generally applicable to developing countries. They summarise this as follows:

"As the years of mother's education rise, child mortality falls linearly with no lower educational threshold. Mothers with some secondary education lose half as many infants and a fifth as many toddlers as do women with no education. The father's education also has some impact but often only half that of the mother's education."

The mechanisms at work appear to be firstly, that more educated mothers prevent accidents or sickness occurring initially or prevent minor health problems from becoming major; and secondly, that more educated mothers interact better with modern health services in obtaining the best outcomes.

### **AMA Position**

The AMA has a long history of advocacy in relation to Indigenous Health.

In November, 2000, the AMA Northern Territory (NT) held a conference in Darwin to address the issues contained in the report "Learning Lessons" by the Hon Bob Collins (1999) to highlight its lack of effective implementation and to advocate for more effective government action.

The AMA endorses the Collins Report and recommends that links between health services and education are built early and maintained at every stage of the child's development. Service delivery in health and education to Indigenous children should be seamless, both in theory and in practice. The school should be seen as a key setting for the delivery of health services targeting young Indigenous children.

Improvements in environmental health are also essential to improved health and educational outcomes for Indigenous children.

The AMA will continue to work with government and other bodies in relation to the above issues, offering expert advice and support, and will monitor progress.

### **The AMA:**

1. Calls on the Northern Territory Government and other relevant decision makers to implement the full set of recommendations of the "Learning Lessons" Report.
2. Urges the Commonwealth, State and Territory Departments of Health and Education to establish working parties at the highest levels, with the direct involvement of Indigenous Australians to participate in, plan, pursue and monitor inter-departmental collaboration and to report progress.
3. Urges key health and educational Indigenous Australian agencies to facilitate the formation of committees to devise practical ways of implementing the recommendations of the Collins Report;
4. Supports further consultation with Indigenous communities to recommend appropriate incentives to be put in place to encourage Indigenous children to attend school.
5. Supports the need for strategic partnerships with Indigenous Leaders, parents, health and educational professionals to develop:
  - policy advice;
  - feedback to government on service delivery;
  - program management;
  - curriculum including cross cultural induction; and
  - support services at community, regional, State and Territory and national levels.
6. Considers that the 1992 COAG Agreement, which endorsed National principles of equity and access to adequate and culturally appropriate services and national objectives including community housing and infrastructure, must be fully implemented.<sup>5</sup>

7. Urges government to provide resources for more effective, quality training, on-going training and guaranteed employment for Indigenous Australian Health Workers and Education Workers in remote and urban areas.
8. Considers it essential that there is certainty of adequate funding for on-going support of Indigenous Australians health and education.
9. Calls on government to allocate a guaranteed proportion of funds to individual communities with community control over the spending of these on health and education.

**References:**

1. Collins, Bob et al, *Learning Lessons* An independent review of Indigenous Education in the Northern Territory Northern Territory Department of Education. Darwin. 1999.
2. Legislative Assembly of the Northern Territory Public Accounts Committee Report Number 27 *Report on the Provision of School Education Services for Remote Aboriginal Communities in the Northern Territory*. 1996.
3. Senate Employment, Workplace Relations, Small Business and Education References Committee. 2000. The impact of Health on Education. The relationship between poor economic status, health and education. Chapter 8 *Katu Kalpa – Report on the inquiry into the effectiveness of education and training programs for Indigenous Australians*. Commonwealth of Australia.
4. Caldwell John C and Caldwell Pat *The Impact of Education on Health*. Conference 2000 Paper. Approaching Indigenous Health through Education. November 2000.
5. *National Commitment to Improved Outcomes in the Delivery of Programs and Services for Aboriginal Peoples and Torres Strait Islanders* Council of Australian Governments. Perth, Western Australia 7 December 1992.