

# Towards Evidence-based Improvements in Aboriginal Education and Health.

Summary Report of the CRCATH Indigenous Health and  
Education Research Program Systematic Review Project  
(IE0031)

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“The only chance for improving education as a social resource for  
Aboriginal people will come as a result of Aboriginal people  
deciding for themselves what it is they require of education and  
then having the means of determining how that end is to be  
achieved” (Royal Commission Into Aboriginal Deaths In  
Custody, 1991).

The ideas and opinions presented in this research report are the authors' own, and do  
not necessarily reflect the ideas and opinions of the CRCATH, its board, executive  
committee or other stakeholders.

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## Origins and objectives

The Cooperative Research Centre for Aboriginal and Tropical Health (hereafter 'the CRCATH') was launched in July 1997, with the Australian government and six 'core-partner' institutions signing an agreement which identified four priority research program areas, of which one was the Indigenous Education Research Program. The agreement stated:

Education has a vital part to play in improving the health of Indigenous Australians in four major domains, by enhancing Aboriginal access to health-related information, (by) enhancing Aboriginal access to and use of school based education, (by) enabling Aboriginal people to gain greater control over ethical and other aspects of research, (and by) improving the understanding of non-Aboriginal service-providers and researchers regarding Aboriginal cultures and societies.

The program provided a framework for addressing each of these domains under four sub-programs. This paper, written for the information of the CRCATH's Board, Executive and key stakeholders, summarises findings from a Systematic Review of those four sub-programs, undertaken over the CRCATH's first two years of operation. It explains the origins and objectives of the project, describes the methodology adopted, and summarises the principal findings and recommendations. A concluding section makes some brief evaluative comments. The Appendices contain additional information, including a list of recommended future research projects.

### Origins and objectives

The Health and Education Program Systematic Review, as it became known, was initially a 12 month project, approved in September 1997 by the CRCATH Board, then extended in November 1998 for a further 12 months. Its main objective was to assist the Board to develop a clear strategic direction in the four sub-program areas specified in the Commonwealth Agreement, summarised in the box below.

#### **Sub-program A.1: Health Priorities and Communication of Health Information**

Objective: to promote Aboriginal participation in the two-way communication of health information and setting of health service priorities in the context of Indigenous beliefs about personal and cultural well being.

#### **Sub-program A.2: Indigenous Education and Health**

Objective: in collaboration with organisations providing education and training opportunities for Aboriginal people, to evaluate existing courses for relevance to health and culture and for effectiveness, and to develop improved courses and more effective delivery strategies.

#### **Sub-program A.3: Health Ethics**

Objective: to evaluate and improve the means of Aboriginal control of ethical issues.

### **Sub-program A.4: Cross-cultural education for non-Aboriginal people**

Objective: To develop resources and procedures that will improve the understanding of Aboriginal perspectives relating to health and wellbeing among non-Aboriginal administrators and service providers.

Dr Komla Tsey, the original Program Leader, developed the project from initial consultations which identified 15 separate research 'topics' and projects, and an expressed need for more consultation on priorities (Tsey, 1999). These proposed 'projects' were included in an 'Activity Schedule' to the Commonwealth Agreement, but at that stage they were little more than ideas or concepts. Dr Tsey therefore advised the Board that their value should first be assessed in the light of what was already known, noting that little research had been carried out in Australia in some of these areas, in others the research undertaken had not had an explicit health focus, and some past research and development activities had never been published. The Board's brief stated that

the focus of the first 12 months of the Indigenous Education Research Program will involve a systematic review of both published and unpublished material relevant to the four sub-programs (and) include a critical review of the relationship between education and health as applied to Indigenous Australians.<sup>1</sup>

The Review would "inform the Board, health professionals and other relevant stakeholders about possible short and long term strategies for improving education for Indigenous people". The brief also directed the Review to include assessment of all the above-mentioned project proposals and ideas, and two more developed proposals received to date.<sup>2</sup> The Review outcomes, which were to provide the basis for developing the longer term strategy of the program, were to include:

- a two day workshop for relevant CRCATH Board members, program leaders and participants as well as other invited stakeholders to enhance inter-sectoral understanding of strategies to improve Indigenous education outcomes, and the role that the health sector might play in the process;
- an edited collection bringing together existing information on different aspects of Indigenous education and health;
- several fully developed research and development protocols to be funded by either the CRCATH or other funding agencies including competitive sources; and
- a number of conference presentations and refereed publications.

When the Board extended the project in November 1998, some additional outcomes were anticipated, including development of the CRCATH's web pages to publicise findings, and further development of collaborative relationships with organisations and agencies in the fields of health and education.

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<sup>1</sup> The brief is contained in a CRCATH Board Paper, *Indigenous Education Research Program. Revised Research Plan For Year 1 (October 1997- September 1998)*, 25-26 September 1997, from which this and subsequent quotes are taken.

<sup>2</sup> Of these, one had appeared in the original list.

## Methodology

The project methodology the Board approved called for the employment of a full-time Research Fellow (hereafter RF) to work under the direction of the Program Leader. In late November 1998, two RFs were employed, Dr Anne Lowell working part-time in the Top End and Dr Bob Boughton working full-time in the Centre. In August 1998, Dr Lowell transferred to another Project<sup>3</sup>, and in November 1998 Dr Boughton's contract was extended for a further twelve months. The brief identified eight tasks for the research team:

- conduct literature and other searches relevant to the four sub-program areas
- locate individuals and agencies with information relating to the four sub-program areas
- identify and collect the relevant information including published and unpublished reports, articles, discussion papers, academic dissertations as well as verbal information from key informants
- systematically analyse the information
- produce a series of draft discussion papers incorporating the findings of the review
- convene a strategic workshop in the tenth month of the project
- prepare a six-year research strategy for the program, including a number of fully developed research and development protocols, to be submitted to the CRCATH Board for their consideration in about the eleventh month.
- publish papers from the review by the twelfth month

The three researchers took responsibility for different aspects of these tasks at different times, and there was considerable variation in the way they were approached. Their methodologies are described below.

### *i) Program Reference Group*

Prior to appointment of the RFs, the PL convened a small group, including three senior Aboriginal staff from the CRCATH partners, (of whom two were Board members, and one was Deputy Program Leader<sup>4</sup>), to advise him on the project brief and staff selection. During the project, this group took on the role of a Program Reference Group (hereafter, PRG), meeting regularly to hear reports from the RFs, to discuss the overall strategic focus, and to consider project proposals. The PRG contributed substantially to the achievement of this projects' outcomes, and the Commonwealth's Second Year Review Team recommended it as a model for other CRCATH program areas.

### *ii) Literature and other searches*

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<sup>3</sup> IE 004. Indigenous health & education: Exploring the connections. See Lowell(1999), for an interim report.

<sup>4</sup> Professor Paul Hughes (FUSA), Ms Donna Ah Chee (IAD) and Professor Marcia Langton (NTU).

As the four sub-programs ranged across a broad field crossing several disciplines, exhaustive literature surveys were not possible. In relation to sub-program two, and in particular to the proposed “critical review of the relationship between education and health as applied to Indigenous Australians”, for example, an inevitably selective examination was made of the vast body of international literature known as ‘health transitions’ research, as well as more general research on the social determinants of health. All three researchers summarised elements of this work in papers (Boughton, 1999b; Devitt, Hall, & Tsey, 1999; Lowell & Katona, 1999).

Vast amounts of published literature both on Aboriginal education and on Aboriginal health was also relevant, and different members of the review team identified and collected different selections of this work, through searches of journal indexes and web-based databases. Through contacts in core partner institutions, and the Northern Territory (NT) and South Australia (SA) Education Departments, we identified substantial amounts of unpublished or ‘grey’ research. Dr. Boughton also examined historical records of Aboriginal health and education research and policy,<sup>5</sup> to assist the CRCATH to avoid any ‘re-inventing of the wheel’ in its research program. The project has collected over six hundred relevant articles, theses, reports, policy documents and monographs, now catalogued on an Endnote database. In the final stage of the project, work began with the CRCATH’s webmaster to make this research database available more generally to researchers in this Program via the CRCATH’s intranet.<sup>6</sup>

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<sup>5</sup> We wish to acknowledge the library staff at the Australian Institute for Aboriginal and Torres Strait Islander Studies for their assistance with this work.

<sup>6</sup> In April 1998, a separate ‘Clearinghouse’ project was proposed, and a detailed submission referred to the CRCATH Communication and Information Program, which is still under consideration. See Appendix 3.

*iii) Locating individuals and agencies with relevant information*

This work was divided regionally and by sub-program area until Dr Lowell left the project in August 1998. Due to resource constraints, including travel costs, it was done more opportunistically than systematically, the researchers making contact with a wide range of individuals and agencies on specific issues where our involvement was sought, or on other issues to do with the program more generally. For example, Dr. Lowell's involvement with the issue of interpreter services, which fell within Sub-program one, became the subject of a discussion paper based in part on the information she had obtained through "discussions with Aboriginal and non-Aboriginal health staff employed by THS, community controlled health services and Menzies School of Health Research, Aboriginal interpreters and linguists, and Aboriginal users of health services, predominantly in the Darwin, Alice Springs and East Arnhem regions of the Northern Territory" (Lowell, 1998b, p.2). Likewise, Dr. Boughton involved himself regularly in forums discussing Aboriginal education issues, chiefly in Central Australia, but elsewhere as possible, developing contacts within the NT Education Department head office, regional office and schools, the SA Education Department, the Indigenous Education Council of the NT, Aboriginal community-controlled education providers, universities and other government and non-government agencies. People contacted this way regularly provided information orally and in copies of reports, minutes of meetings, reports, and unpublished papers. Dr Boughton recorded the contacts and the information collected electronically in a running diary/journal, then transferred contact details for organisations and individuals to a simple database, and document details to the Endnote database.

*iv) Identifying and collecting the relevant information*

In addition to the work described above, at the suggestion of the Deputy Program Leader, Dr Boughton undertook to access detailed statistical information in relation to Aboriginal education levels, which is of particular importance to any attempt to measure quantitatively the relationship between education levels and health status. Initially, data was obtained through the Department of Education and Training and Youth Affairs (DETYA) and the Australian Bureau of Statistics (ABS), but more recently limited access was negotiated to the NT Education Department's own school enrolment and other data. It is still to be decided how best to store and analyse this information, so far used only in preliminary analyses for specific presentations and submissions to government inquiries (Boughton, 1998c; Boughton, 1999). All information collected to date is stored in the two project 'sites', MSHR Darwin and Alice Springs.

*v) Systematic Analysis*

The analysis of the information collected throughout the review was done via individual reflection, regular staff meetings and discussions, Program Reference Group (PRG) meetings, and two 'strategic workshops'. It was presented in briefing notes, internal reports, public presentations and submissions, discussion papers and research project proposals. Each of the researchers adopted their own methods of analysis, reported in more detail in the papers they produced for the review<sup>7</sup>. In addition, in the course of the review, Dr Alan Gray was hired as an external consultant to assist with preliminary analysis of the relationship between education and health called for in the Project Brief.

<sup>7</sup> See Appendix 1, for a complete listing.

vi) *Draft Discussion papers*

In preparation for the first strategic workshop (see below), the PL, the RF's, and several researchers in core partner institutions prepared eleven draft papers of relevance to aspects of the four sub-programs. In response to feedback at this workshop, and at subsequent Reference Group meetings, and in the context of an evolving CRCATH Board policy on 'official' CRCATH publications, the PL and two RF's developed their work into more detailed and rigorous discussion papers. This option was not offered to the authors of the other draft papers, a decision which subsequently raised criticism from some core partner staff<sup>8</sup>. Drafts of these more detailed papers were considered to some extent at Program Reference Group Meetings.<sup>9</sup>

vii) *Strategic Workshops*

For various reasons, including a time-limited Commonwealth offer of additional funding for a specific project to come from this program, the PRG held its first strategic workshop in June 1998 (seven rather than ten months into the project). It was attended by PRG members and invited core partner staff and key stakeholders, and professionally facilitated and recorded. Although it took place three months early, every effort had been made to prepare and solicit short discussion papers to inform the deliberations, including contributions from researchers working in related areas in core partner institutions (see Draft Papers, above, and Appendix 1). The RFs also reported on the considerable consultations undertaken up to that point, and the Program Leader tabled for consideration six detailed project proposals already developed. Notably, no paper directly relevant to sub-program three (Health Research Ethics) was presented.<sup>10</sup>

The workshop made no final decisions on the overall program direction, or on the 17 projects and project concepts in the original schedule. Instead, it decided that the most strategic approach was to start with the 'health transitions' area, which, if proved relevant, would command leverage to pursue funding for other areas. It agreed with Dr Lowell that more investigation was needed to develop community input to review, especially in Arnhem land, and that the Top End qualitative research project proposal she had helped develop should be funded with the OATSIS allocation, to investigate & clarify community views regarding the education-health connection.<sup>11</sup> It also recommended that three project proposals from IAD should be supported<sup>12</sup>; and that Dr Boughton should be employed till the end of 1999 to complete his part of review; to assist IAD to develop its projects in Central Australia; and to develop a proposal for a quantitative study of the health transitions hypothesis.<sup>13</sup>

Following this workshop, the program took a significant change of direction. The impact of this move on the original Agreement with the Commonwealth became clear only in hindsight, some twelve months later.

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<sup>8</sup> *Notes from Indigenous Health and Education Workshop, September 21st - 22nd, 1999.* At this workshop, the new PL undertook to rectify this.

<sup>9</sup> PMG meetings were also provided with regular Project Reports and occasional briefing papers, which also went to Board meetings as attachments to the Program Leader Reports.

<sup>10</sup> In discussion several project suggestions were made by Board member, Ms Pat Anderson, namely to document the history of the Aboriginal ethics subcommittee; to collate a ready reference of the do's and don'ts for researchers; and to prepare a small booklet to educate Aboriginal people on ethics-related issues.

<sup>11</sup> The workshop also recommended that Dr Lowell should continue working half-time, completing her review papers, and half-time on this project until end 1999, but this did not eventuate.

<sup>12</sup> Of these, two actually proceeded, IE 019 & IE 020. See Appendix 3.

<sup>13</sup> Minutes of CRCATH Indigenous Education Program Reference Group Workshop, 10th June 1998, MSHR, Darwin



Dr Lowell went to work on developing a new Commonwealth-funded research project for the Board's consideration, and in August, when this project began, Dr Boughton became responsible with the PL for the whole review process, as well as assisting IAD to develop its project proposal. In August 1999, the Reference Group also decided that, in addition to reviewing the literature and developing that project, efforts should also be made to develop a quantitative project which would balance the more qualitative work being proposed in the two afore mentioned projects. The same meeting adopted new criteria for project selection, which stated that:

in prioritising projects under (this program), preference will be given to proposals which seek to extend and deepen understanding about the relationships between education and health, particularly as applied to Indigenous Australia.

Projects which met any one of the four sub-program objectives would, however, be considered. On the basis of these criteria, the PRG recommended the Board not proceed with one of the two fully-developed project submissions on the original Schedule<sup>14</sup>.

An unintended but significant consequence of these new directions was that the sub-program areas previously the Top End RF's responsibility, as well as the consultations she had undertaken, were not pursued further in any detail for the remaining life of the project.<sup>15</sup>

A second workshop was planned for October 1998, the principle focus of which was to be the development of the quantitative project (Boughton, 1998a). At the last minute, it was cancelled, due to an accident in the family of the two key consultants with expertise in health transitions research, Jack and Pat Caldwell, who had agreed to help scope the study. However, Program Reference Group meetings held in November, February, May and August continued to function in effect as planning workshops, including considering project 'concept proposals' and regularly discussing the overall direction of the program. The final two-day workshop was held in September 1999, with the Director, Deputy Director, Program Leader, project staff, and some members of the Program Reference Group. Presentations included summaries by each of the Research Fellows of the findings of their work; input on the new CRCATH Strategic Plan (see below); on two of the other research projects being conducted within the program and the third now being proposed; and on the preliminary findings from the first stage of the Commonwealth's Second Year Review of the CRCATH. The 'findings' section of this paper and the Appendices summarise the conclusions of those discussions.

viii) *The six-year research strategy, including research and development protocols*

Following the June 1998 Workshop, more detailed project protocols were prepared for the two qualitative projects, with the Top End qualitative project commencing in August 1998. In February 1999, the second qualitative project finally began, following protracted negotiation between its proponents and the Program Reference Group and Board. With the cancellation of the second workshop, responsibility for developing the quantitative project passed to the RF and PL.

<sup>14</sup>Minutes of the Cross-cultural Education and Research Reference Group Meeting, MSHR, Darwin 13/8/98. Attachment, CRCATH Education and Health Program Report to the Board, November, 1998.

<sup>15</sup> While this has since been criticised by some CRCATH core-partner staff, there is no record of any formal objections being raised at this or subsequent Reference Group meetings or to the Program Leader.

In February 1999, discussions were initiated with Dr Alan Gray, following which the PRG approved our proposal to undertake, from within the review budget, an initial examination of an available data set, preliminary to developing a more detailed protocol in this important area of quantitative analysis. This study was completed in June (Gray, 1999). By this stage, further reports were becoming available to the Program to assist this planning process, including results from another small-scale study (White, 1999), preliminary reports from the two qualitative projects (Lowell & Katona, 1999; Maidment, White, Wright, & Lochowiak, 1999), and reports from two other projects, on which the PL had been working as in-kind contributions (Devitt et al., 1999; Tsey & Every, 1999). Finally, there were a number of project protocols at the 'concept proposal' stage, and work had begun on the detailed development of a specific project,<sup>16</sup> which would build on the network and capacity-building work the Review Project had begun.<sup>17</sup> The project was thus in a position, from July onwards, to begin finalising the six year strategy, on the basis of the work completed. Several events intervened, however, which complicated this process.

From April onwards, significant changes had been occurring in the management of MSHR, the CRCATH and of this program, culminating in the eventual departure of the CRCATH Director in June and the Program Leader in July.<sup>18</sup> A new Deputy Director, Director, and Program Leader were appointed, in that order. With a Commonwealth Second Year Review of the CRCATH looming, management initiated a new process to refocus the overall strategic direction of the CRCATH, including an internal review, followed by a 'Retreat' for Board and Executive members. However, major findings to date from this Systematic Review, expressed through the Discussion Papers produced by the RF's, and in Dr Gray's Report, were not considered by the CRCATH Board and Executive as part of these planning processes. Records of the 'Retreat', for example, foreground the findings and implications from the two research projects the PL had undertaken as in-kind CRCATH contributions (see above), but not those in the RF's Discussion Papers. This left the project with the complex task of re-incorporating our Systematic Review findings with new strategic priorities determined by the Board and Executive, as well as the recommendations from the Second Year Review. In August, the PRG elected to convene a final workshop to seek to do this, and that workshop directed Dr Boughton to produce this paper to bring the whole project to completion, prior to incorporating the proposed new program plan and priority projects in a revised agreement with the Commonwealth.

#### *ix) Publication of papers from the review*

In November 1998, both Research Fellows submitted draft papers summarising their findings to the Program Leader, and a concept proposal went to the Board, regarding publication of these and other papers in a CRCATH Discussion Paper Series. In the event, the two papers by Dr Boughton were considered at the February meeting of the PRG, but those by Dr Lowell were deferred to the May meeting, where they received only cursory consideration. Meanwhile, the discussion papers prepared for the June

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<sup>16</sup> Following discussions with the PL and Assistant Director, the RF prepared a 'concept proposal' for the Boards consideration in May 1999.

<sup>17</sup> A complete list of concept proposals and developed project submissions prepared during the Review, indicating their current status within the CRCATH, is attached at Appendix 1.

<sup>18</sup> Because the Foundation CRCATH Director was also the MSHR Director, and the PL the MSHR Unit Head in Alice Springs, where the Project was located, this created major problems in MSHR's capacity to manage the project, leading to considerable administrative confusion, exacerbated by the pressures of preparations for an impending Commonwealth Second Year Review.

1998 Workshop (see above) remained 'in limbo', partly because of the change in leadership within the CRCATH and the Program, and partly because the processes developed over the previous 18 months for dealing with such material had become very complex. The new management has now resolved these issues, with the adoption of a policy on CRCATH Publications. In line with this policy, the Executive considered Dr. Boughton's two papers in June, and put them out for peer review, a process yet to be completed, though one paper is now being finalised. This process should now also happen with Dr Lowell's papers. It is noteworthy, however, that no paper from the Project has yet been formally presented to the Board, nearly twelve months after they first came to the PRG.

Work is also underway to prepare a paper for publication based on Dr Gray's report, and a further one detailing the networking and capacity-building work of the Project.<sup>19</sup> Finally, researchers on the project regularly gave presentations summarising aspects of their work to conferences, seminars, core partner institutions and other bodies within the Aboriginal health and education 'industries', as well as providing evidence and submissions to three government inquiries into areas relevant to this program. A full list of all papers and presentations produced during the Project is attached at Appendix 1. The PMG is yet to consider whether or not some or all of these should be published also as an edited collection, as originally proposed in the Project Brief.

### **Principal findings of the review**

Detailed findings and analysis from this review, together with suggestions for future research, are contained within the Discussion Papers prepared for publication by the Research Fellows, along with the records of the two workshops in June 1998 and September 1999, and of meetings of the Program Reference Group. From these, the following summary has been extracted, divided for convenience into each of the sub-program areas specified in the original agreement with the Commonwealth.

#### *i) Sub-program A.1: Health Priorities and Communication of Health Information*

The bulk of work in this area was completed in the first nine months of the review by Dr Lowell. In the time available, it was not possible to address the question of Aboriginal involvement in the setting of health service priorities in the context of Indigenous beliefs about personal and cultural well being"; rather, work was confined to an examination of the literature of communication and communication difficulties in Aboriginal health care, and interviews and discussions with a range of stakeholders. This work overlapped, necessarily, with the work she did on sub-program A.4. Dr Lowell's overview paper concluded that, while effective communication of health information is essential to enable people to understand the factors influencing their health and to take appropriate action to address their health needs, "current practices in Aboriginal health care do little to address communication problems which are widely acknowledged to be pervasive" (Lowell, 1998a). The literature and consultations identified a number of potentially serious consequences, including

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<sup>19</sup> In addition to the proposed CRCATH publications, Dr Boughton has, with assistance from the CRCATH and the PL's approval, continued a longstanding collaboration with the Federation of Independent Aboriginal Education Providers (FIAEP), a national Indigenous organisation representing community-controlled Aboriginal adult education colleges, which has resulted in two research publications in association with the National Centre for Vocational Education Research (NCVER) (Boughton, 1998b; Durnan & Boughton, 1999).

misdiagnosis, procedures carried out without genuinely informed consent, poor adherence to treatment, persistent health-damaging behaviours and irrelevant and inappropriate health promotion strategies.

Dr Lowell divided her conclusions into three areas for future research and development. Firstly, further research should document and analyse the nature and extent of miscommunication occurring between non-Aboriginal staff and their Aboriginal clients and co-workers and its consequences, something which appeared not to have been done before in a health context. The information from this research should then be used to increase the awareness of service providers about the nature and extent of the problem. Secondly, in relation to the way current practices continue to require Aboriginal people to accommodate the communication needs of the service providers, she proposed a formal requirement that services implement strategies to accommodate the needs of their Aboriginal clients, including integration of 'cultural safety' considerations into work practices and training. Finally, in response to the ineffectiveness of current strategies used in communication, she proposed interpreter training for health workers who wish to take on this specialised role; improved cultural education (see sub-program A.4, below); improved availability of adequately trained interpreters; training of service providers in how to work with interpreters; and increased staff accountability related to communication including a requirement to utilise available strategies such as interpreters. In particular, she proposed a trial of a clinic-based interpreter service in a remote community health centre, to develop a model for community-based and controlled interpreter services and training strategies. (Lowell, 1998a; see also Lowell, 1998b).

ii) *Sub-program A.2: Indigenous Education and Health*

This sub-program received the bulk of the attention during the review. This was consistent with the emphasis in the Agreement with the Commonwealth and the initial brief, re-stated at the June 1998 workshop and August 1998 PRG meeting, but was reinforced by the fact that the education system's impact on Aboriginal health was a major research interest of the Program Leader, who had originally scoped the whole program area (Tsey, 1997), and of the second RF, whose qualifications and experience were as an educationalist.

The relevance of the international research was canvassed at length in one of Dr Boughton's Discussion Papers (Boughton, 1999b), in the introduction to Dr Gray's pilot study of the NATSIS data (Gray, 1999) and, from slightly different standpoints, in Dr Christie's paper to the June 1998 workshop (Christie, 1998), and the project submissions and interim reports of the two qualitative studies (Lowell & Katona, 1999; Maidment et al., 1999; White, 1999). All refer to the overwhelming international evidence that suggests improved education levels can be a major factor in better population health, and in particular that rising education levels among women are associated with better health outcomes in their children. Nevertheless, this research is not nearly so conclusive about the causal pathways underlying this effect, and overseas studies have examined an enormous range of 'intervening' variables, from the effect of individual literacy on understanding of health 'messages' to the effects of major social and political factors such as the existence of a women's rights movement or a socialist government. Australia has been a major centre for this

research, through the Health Transitions Centre (HTC) at the Australian National University, but almost no work of a similar nature has been conducted in Indigenous communities, apart from one relatively inconclusive study of 1986 census data<sup>20</sup> (Gray, 1988). As reported above, the initial decision, in June 1998, was to develop a major study in this area, with assistance from internationally-renown researchers including Professor Jack Caldwell, Foundation Director of the HTC, but when this proved impossible, the decision was taken to ask the author of the only previous study to undertake a small pilot study with existing data available from NATSIS. Dr Gray's study<sup>21</sup> showed some systematic relationship between rising education levels and the health-seeking behaviour of Indigenous parents in relation to their children, but it also showed that this is not a simple linear relationship as would have been predicted from the international work (Gray, 1999). In their forthcoming paper, Dr Gray and Dr Boughton recommend that these findings should now be pursued through community studies which combine survey and ethnographic type methodology.<sup>22</sup>

The second focus the review of this sub-program took was to examine research and policy development in Aboriginal education, and current and historical data on Aboriginal education participation and outcomes. In the paper reporting his findings, Dr Boughton argued that major improvements had occurred in the post-war period in the relationship between Aboriginal communities and the education system as a result of the activities of the campaigns of the Aboriginal rights movement. The successes of this movement had led since the 1960s to Aboriginal education becoming an expanding and increasingly complex field for research and professional practice, associated with a similarly complex field of Aboriginal education policy and administration. Over the last three decades, and particularly since the National Aboriginal Education Policy was adopted in 1989, absolute levels of participation and achievement by Indigenous people in education have risen significantly. But these improvements have been uneven across different states, territories and regions, and absolute education levels among Aboriginal people in the rural and remote regions and in northern and central Australia are generally not nearly so high as they are in the more 'settled' and urbanised areas of the southern and south eastern regions. Moreover, the improvements are not so significant when comparisons are made with non-Aboriginal Australians, whose education levels have also been rising dramatically over the same period. The most recent research indicates that *relative inequality* in education between Indigenous and non-Indigenous people, far from declining, may in some areas be on the increase, a conclusion with serious health implications if inequality is accepted as a major determinant of health status. The paper concluded that the wealth of relevant Aboriginal education research focused on the micro-level of classroom practice, curriculum and pedagogy was not matched by research which could assist Aboriginal people to take greater control over the education of themselves and their children, either at the school/community level or the system level, despite this being the most important and consistent

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<sup>20</sup> Gray examined 1986 Census data on child survival and found that there was a clear relationship between the level of education of indigenous women and the survival of their children. The lowest survival(or highest mortality) was for the children of the least educated mothers. However, it was also found that survival was somewhat low for children of the most educated mothers as well. The speculative conclusion was that the response to the census questions was better from the most educated women, creating a misleading impression that their children were at greater risk of death.

<sup>21</sup> Dr Gray did this work under contract to the CRCATH. He is currently working for the Institute for Population and Social Research at Mahidol University in Thailand, and he is also an Associate of the Centre for Aboriginal Economic Policy Research at the Australian National University.

<sup>22</sup> In early 1999, the opportunity also arose through a survey already underway with one of the CRCATH core partners to examine the effects of education on health in a central Australian community, but the results of this work were, at the time of writing, still to be analysed. This project, which has now been approved as an 'in-kind' CRCATH project may provide the foundation for such a community study.

recommendation of almost every inquiry conducted into Aboriginal education over the last twenty five years. In contrast to the Aboriginal health sector, where the Aboriginal community-controlled health services are recognised as major sources of innovation and improvement in policy and practice, the Aboriginal education sector remains dominated by theories and models which originate within large education bureaucracies and systems where Aboriginal community organisations still have very little representation or power (Boughton, 1999a).

The work in both areas highlighted the major ethical, theoretical, political and practical problems involved in undertaking more detailed examination of the nature of the education-health link in Indigenous communities. The two qualitative projects now underway will assist the CRCATH to tease out some of these issues, which relate ultimately to questions of *Aboriginal community control*, both over the research process itself, and also over the design and implementation of educational interventions intended to impact positively on community health. These questions come together practically, as the Second Year Review Team pointed out, under the heading of *community capacity building*. The main finding under this sub-program is therefore that while opportunities should be taken as they present themselves to undertake more in-depth quantitative and qualitative study of the education health link, the most useful intervention the CRCATH can make at this stage is to use action-research methodology to work collaboratively with communities to develop models by which Aboriginal people and their organisations can take greater control over education planning and resource allocation. The focus should be on regionally-based models, such as those now being developed in the health sector, and advocated in the growing literature on Indigenous governance. Discussions at the May and August meetings of the PMG and the final Strategic Workshop in September have helped develop, on the basis of this finding, a detailed submission for such a project to go to the Board in November 1999.

### iii) Sub-program A.3: Health Ethics

Apart from the brief discussion at the June 1998 workshop, and the collection and cataloguing of relevant documents, policies and publications, this sub-program area has not been addressed, due to time constraints. However, there has been a clear request for some research into the current operation of Ethics Committees and their Aboriginal sub-committees. As a result of assistance Dr Boughton gave to a doctoral student researching education issues in Central Australia, we also received a useful discussion paper on research ethics in education (Scrimgeour, 1999). Now that the NH&MRC guidelines have been rewritten to include all research involving human subjects, there is a case for including both education and health research under such a study. There has also been several clear requests for educational work with Aboriginal organisations and communities on research ethics issues, already being undertaken by the Health Services Program and to a lesser extent by this program. Since this area applies to all CRCATH programs, there should now be a combined workshop to discuss directions for further work.

vi) Sub-program A. 4: Cross-cultural education for non-Aboriginal people

As with sub-program A.1, the work in this area was largely completed within the first nine months by Dr Lowell. While her investigations revealed that the reported benefits of good cultural education included “decreased staff turnover; reduced stress; more effective work practices;(and) improved workplace relationships between Aboriginal and non-Aboriginal staff“, she found that resources were inadequate to meet current needs. Comprehensive training in working in a cross-cultural context, rather than ‘cross-cultural awareness,’ was held to be the minimum acceptable standard for all health staff, including management, and current training was found to be inadequate in terms of depth, range, and regional and professional specificity, and in providing sufficient support in addressing practical needs. Moreover, many people reported delays in getting a place in existing programs. Training was needed particularly in how to work collaboratively, “with particular attention to cultural influences on communication and work practices”. Aboriginal staff reported a need for cultural education for themselves, to “increase their understanding of Western cultural influences in health and education services, (and to) develop their English proficiency and/or their skills and confidence in communicating in work-related contexts.” Providers, in particular, felt that non-Aboriginal staff needed more training in “cultural reflexivity”, ie. recognising the ways their own culture influences their attitudes, interpretations and practices. Existing programs, she concluded, failed to impart “the level of cultural and linguistic knowledge necessary to reduce the widespread and serious miscommunication occurring in Aboriginal health contexts” (Lowell, 1998c).

Dr Lowell proposed a number of research and development projects in response to these issues, including the development of a comprehensive database on available materials and programs; the development of easily accessible, regionally specific and workplace specific resources for self-directed learning, such as interactive multi-media materials to be made available via Inter/intranet and/or CD-ROM; an evaluation of current cultural education practice across a range of Aboriginal health services; documentation of current good cultural education practice and its consequences; and a workshop for cultural education providers to improve communication and networking in the field. However, due to the lack of formal discussion of this or her other papers by the PMG, none of these were developed to the stage of ‘concept proposals’ for consideration by the Board<sup>23</sup>.

## Conclusion

The original brief sought a number of outcomes which could form the basis for developing the longer term strategy of the Program. These included a workshop to enhance inter-sectoral understanding of strategies to improve Indigenous education outcomes, and the role that the health sector might play in the process; an edited collection bringing together existing information on different aspects of Indigenous education and health; several fully developed research and development protocols; and a number of conference presentations and publications. The original workshop,

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<sup>23</sup> Towards the end of the project, Dr Boughton was invited by the regional management of NT Education to assist in the development of anti-racism policies for schools in the region, following a brief presentation he did on this topic to the Regional Director of Education and Health’s Advisory Committee on Indigenous Secondary Education. Such policy development forms an important part of cross-cultural education and should be followed up in the proposed action research project.

we have seen, expanded into two workshops, and a series of PMG meetings. The edited collection has yet to emerge, though the Discussion Paper Series envisaged in a Concept Proposal sent to the Board may fulfil that role. In all, seven fully developed project protocols were prepared, of which three were approved, one was referred to the Communications Program, one is pending and two were not supported. There have been a total of 36 papers, presentations and reports completed as part of the Review process (See Appendix 1), of which several will most likely become CRCATH publications. The Systematic Review Project has in this way provided the PMG and the Board with sufficient information

- a) to adopt a more strategic focus to the program;
- b) to communicate the Review findings more widely through CRCATH-sanctioned Discussion Papers and presentations;
- c) to make decisions regarding the original project concepts and ideas identified in the Commonwealth Agreement; and
- d) to develop and approve further project proposals which were not identified during the original consultations.

Appendix 2 outlines recommendations regarding the projects in the original activity schedule, while Appendix 3 sets out a new Activity Schedule, including the proposals already approved during this Review.

On reflection, the project has clearly opened up a new and exciting field of research, tapping into a strong current of interest among Aboriginal communities, health and education service providers and government. Things have moved on considerably since Dr. Tsey and other speakers initiated discussion of the relationship between education and health at the 1995 Aboriginal Health Transitions Conference in Darwin (Robinson, 1995). In that time, as the CRCATH has been deepening its understanding of these issues in its research, related developments within the 'industries' of health service and education service provision in North and central Australia have made it a most opportune moment to pursue collaboration between the two sectors. In time, the perception among some health and education decision makers, and some researchers, that the two sectors only come together practically in the field of 'health education' will be seen for the anachronism that it is, as the research, administrative and policy boundaries dissolve, as they must, in more holistic and evidence-based approaches to Aboriginal health development.



# Appendix 1. Papers, presentations, and reports

## 1. Work by Dr Komla Tsey, Program Leader and Project Chief Investigator, September 1997 - July 1999.

Devitt, J., Hall, G., & Tsey, K. (in press). Underlying Causes. In J. Condon & G. Warman (Eds.), *The Health and Welfare of Territorians* .

Tsey, K. (1997). Aboriginal self-determination, education and health: towards a radical change in attitudes to education. *ANZ Journal of Public Health*, 21(1), 77-83.

Tsey, K. (1999). *THE CRCATH Cross-cultural Education and Health Research Program: Towards a Consultative Approach to Indigenous Research. CRCATH Discussion Paper*. Darwin: CRC for Aboriginal and Tropical Health.

Tsey, K., & Every, A. (1999). *An Evaluation of the Family Well-Being (FWB) Personal Development and Counselling Course*. (Draft unpublished report ). Alice Springs: MSHR.

## 2. Work by Dr Anne Lowell, Research Fellow, Systematic Review Project, November 1997 - August 1998 and Co-Chief Investigator, Education and Health: Exploring the Connections Project, August 1998 - .

Lowell, A. (1998). *Communication in Aboriginal health care: an overview* (Draft Discussion Paper ). Darwin: CRCATH.

Lowell, A. (1998). *Communication in Aboriginal health care: where are the interpreters?* (Draft Discussion Paper ). Darwin: CRCATH.

Lowell, A. (1998). *Communication of health information: the clinic, the classroom and the community*(Unpublished paper, presented to CRCATH Education Program Workshop, June 10th.). Darwin: MSHR.

Lowell, A. (1998). *Cross-cultural education for service providers in Aboriginal health care* (Draft Discussion Paper). Darwin: CRCATH.

Lowell, A., & Katona, M. (1999). *Indigenous Health and Education: Exploring the Connections. Progress Report: June 1999* (Unpublished interim report, presented to the CRCATH Commonwealth Second Year Review Team). Darwin: MSHR.

3. Work by Dr. Bob Boughton, Research Fellow, Systematic Review Project, November 1997 - November 1999.

Boughton, B. (1998). *Alternative VET Pathways to Indigenous Development*. Adelaide: N.C.V.E.R.

Durnan, D., & Boughton, B. (1998). *DETOUR Program Evaluation*. Unpublished Report to Tangentyere Council on an evaluation of their alternative secondary education program for town camp youth, Alice Springs, February 1998.

Boughton, B. (1998). Educational Inequality in the NT, and Why It Is Bad for Aboriginal Peoples' Health, *Unpublished paper delivered to the Indigenous Education Council of the NT Indigenous Parents Education Awareness Forum, 23rd September, 1998, Alice Springs*

Boughton, B. (1998). *Educational inequality: An Alice Springs Snapshot* (Unpublished paper, presented to CRCATH Education Program Workshop, June 10th. ). Alice Springs: Menzies School of Health Research.

Boughton, B. (1998). *Indigenous education, Indigenous health and 'Good Governance': the case for a new research paradigm* (Unpublished paper, presented to CRCATH Education Program Workshop, June 10th. ). Alice Springs: Menzies School of Health Research.

Boughton, B. (1998). *What is the relationship between health and education?* (Unpublished paper, presented to CRCATH Education Program Workshop, June 10th. ). Alice Springs: Menzies School of Health Research.

Boughton, B. (1998). *What is to be done? Towards some research priorities for the Indigenous Education Research Program of the CRCATH for Indigenous Health* (Unpublished paper, presented to CRCATH Education Program Workshop, June 10th. ). Alice Springs: Menzies School of Health Research.

Boughton, B. (1998). *What the Royal Commission into Aboriginal Deaths in Custody found in relation to education, with particular reference to adult education* (Unpublished paper, presented to CRCATH Education Program Workshop, June 10th. ). Alice Springs: Menzies School of Health Research.

Boughton, B. (1998). *Education, health and governance: Alternative paradigm for Aboriginal education theory, research and practice*. Presentation to the Central Australian Education Providers Combined Professional Development Seminar, Alice Springs, 30th June, 1998.

Boughton, B. (1998). *Educational Inequality in the NT, and Why It is Bad for Aboriginal People's Health*. Paper delivered to the Indigenous Education Council of the NT Indigenous Parents Education Awareness Forum, Alice Springs, September 23rd, 1998.

Boughton, B. (1998). *Aboriginal Secondary Education in Alice Springs. Policy, Funding and Practice*. Briefing Paper for Community Forum, held at Yipirinya School, Alice Springs, Dec 1st, 1998

Boughton, B. (1999). *Strategies to Overcome Institutional Racism in Education*, (Unpublished Submission to the Collins Review of Aboriginal Education in the NT, 20th April 1999)

Boughton, B. (1999). *Educational Inequality in Central Australia*. Paper presented to the NT Education Department Indigenous Education Workshop, Operations South, 21st April, 1999

Boughton, B. (1999). *What Health Transitions Research Tells Us About the Relationship Between Education and Health*. Paper presented to Institute for Aboriginal Development Staff Professional Development Workshop, July 23rd, 1999.

Boughton, B. (1999). *The 'De-Politicisation' of the Struggle for Indigenous Education Rights in Australia. An Historical Review of Developments in Aboriginal Education Theory, Policy and Practice 1945 -1998* (Unpublished Discussion Paper). Alice Springs: Cooperative Research Centre for Indigenous and Tropical Health.

Boughton, B. (1999). *What is the connection between Aboriginal education and Aboriginal health? A critical literature review* (Unpublished Discussion Paper). Alice Springs: Cooperative Research Centre for Indigenous and Tropical Health.

Boughton, B. (1999). The Communist Party of Australia's Involvement in the Struggle for Aboriginal and Torres Strait Islander Peoples' Rights 1920-1970. In R. Hood & R. Markey (Eds.), *Labour and Community. Proceedings of the Sixth National Conference of the Australian Society for the Study of Labour History* . Wollongong: ASLH Illawarra Branch, Department of Economics, University of Wollongong. pp.37-46.

Durnan, D., & Boughton, B. (1999). *Succeeding Against the Odds. The outcomes obtained by Indigenous students in Aboriginal community-controlled colleges*. Adelaide: National Centre for Vocational Education Research.

#### 4. Work by other core-partner, project and consultant researchers

Christie, M. F. (1998). *Education, Health and Indigenous Australians* (Unpublished paper, presented to CRCATH Education Program Workshop, June 10th. ). Darwin: Northern Territory University Faculty of Aboriginal and Torres Strait Islander Studies.

Gray, A. (1999). *Education and Health Behaviour of Indigenous Australians: evidence from the NATSIS*. A discussion paper by Yanbali Pty Ltd. for the Cooperative Research Centre on Aboriginal and Tropical Health .

Maidment, D., White, D., Wright, W., & Lochowiak, J. (1999). *Indigenous Education and Health: An Aboriginal Framework for Practice. Project Report* (Unpublished interim report, presented to the CRCATH Commonwealth Second Year Review Team ). Alice Springs: Institute for Aboriginal Development.

Nicholls, C. (1998). *Secondary Education for the Northern Territory's Indigenous Students: The 'Missing Link' in the So-Called Lifelong Educational Process*. (Unpublished paper, presented the CRCATH Education Program Workshop, 10th June) Adelaide: Flinders University of South Australia.

Scrimgeour, M. (1999). *A Report on Ethics Approval Procedures for Field Research*. Prepared for CRCATH Education Program.

White, D. (1999). *Report of an Investigation into Health Questions at Haasts Bluff (Ikuntji) Community* (Unpublished Report to CRCATH Second Year Review, July 1999 ).

Williams, R. (1998). *Beyond basic skills - some trials and tribulations of Aboriginal health worker education. Reflections on an experiment in cross cultural curriculum development*. (Unpublished paper, presented to CRCATH Education Program Workshop, June 10th. ). Darwin: Northern Territory University Faculty of Aboriginal and Torres Strait Islander Studies.

Williams, R. (1998). *Cultural safety - what does it mean for our work practice?* (Unpublished paper, presented to CRCATH Education Program Workshop, June 10th. ). Darwin: Northern Territory University Faculty of Aboriginal and Torres Strait Islander Studies.

## Appendix 2.: Recommendation regarding original project proposals (Table A., Commonwealth Agreement)

Short Title	Recommendation	Reason/comments
Consult stakeholders	<b>Support</b>	Include as part of all current and future projects
Model school health program	Defer	Proponent (Yipirinya) not ready; could be considered within proposed action research project
Case studies of successful Indigenous people	Do not proceed	Proponent no longer involved with program, has been no further discussion
Review two-way education	Do not proceed	Covered sufficiently by existing research.
Raise community awareness re benefits of education	<b>Support</b>	Include in proposed action research project & existing qualitative projects
Review parental & student expectations	<b>Support as in-kind</b>	Project has proceeded with other funding. PL should seek in-kind appln.
Review factors affecting attendance & performance	Do not proceed	Can be covered under existing projects and previous research
Pre-school health & safety lit review	Completed	In-kind contribution; still needs Board approval?
Lit review re education & cultural identity	<b>Support</b>	Include in existing qualitative projects
Compare Indigenous education policies internationally	<b>Support</b>	Include in proposed action research project

Review information on classroom practices	Do not proceed	Covered sufficiently by existing research
Review socialisation literature	Defer	PL should seek further information from NTU FATSIS
Review Aboriginal education resource allocation	<b>Support</b>	Included in proposed action research project
Review application of compulsory attendance law	Do not proceed	Covered sufficiently by existing research
Review cultural awareness programs	<b>Support</b>	PL to seek full proposal if endorsed by proposed workshop with providers
Review literacy & numeracy	Do not proceed	Covered sufficiently by existing research

## Appendix 3. Recommended new project proposals

Title	Comments
<b>A.1: Health Priorities and Communication of Health Information</b>	
Document and analyse the nature, extent and consequences of miscommunication occurring in health services, identify strategies to overcome barriers, & develop guidelines for improved work practices	Recommended by Dr Lowell, discussed at Sep 99 PMG Workshop.  Should be developed in collaboration with Health Services Program
Trial of a clinic-based interpreter service in a remote community health centre	As above
<b>A.2: Indigenous Education and Health</b>	
Indigenous health & education: Exploring the Connections	IE 004. Qualitative study recommended by June 1998 workshop, began August 1998
Education & health. A study with a local community	IE 019. Recommended June 1998 workshop, completed July 1999.
An Aboriginal Framework of Practice	IE 020. Qualitative study recommended June 1998 workshop, began Feb 1999
Electronic clearinghouse of research relevant to Program.	Prepared April 1998. Referred to Communication & Information Program
Regional Aboriginal education leadership capacity building action research project	Recommended by Dr Boughton, discussed at Aug & Sep 1999 PMG Workshop, full project proposal to Board Nov 1999.
Further community-level investigation of 'health transitions' hypothesis using both survey and ethnographic methods.	Recommended at June 1998 & Sep 1999 PMG Workshop. Further project development should be pursued in collaboration with THS in-kind study under Public Health program
<b>A.3: Health Ethics</b>	

<p>An examination of current operation of Ethics Committees and their Aboriginal sub-committees, outcomes to include advice on how better to equip committees members for their roles</p>	<p>Recommended June 1998 workshop, revisited Sep 99. PL should develop a project in consultation with PMG and Health Services Research Fellow, and include educational research ethics issues.</p>
<p>Educational work with Aboriginal communities on ethics issues</p>	<p>Recommended June 1998workshop. PL should develop a project in consultation with all other program areas.</p>
<p><b>A. 4: Cross-cultural education</b></p>	
<p>Comprehensive database on available cross cultural education materials and programs</p>	<p>Recommendation from Dr Lowell's work on review</p>
<p>Cultural education providers workshop</p>	<p>As above</p>
<p>Develop accessible, region- &amp; workplace-specific resources for self-directed learning, eg. multi-media materials available via Inter/intranet or CD-ROM</p>	<p>As above. A developed proposal went to Board in 1998, but was deferred.</p>
<p>Teacher education program re education-health links</p>	<p>PL has developed already through NTU, could be in-kind project</p>



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