



Centre for Aboriginal Economic Policy Research
The Australian National University

Education, Training and Indigenous Futures
CAEPR Policy Research: 1990-2007

Research Summaries

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Reference No. 23

Summarising: Biddle (2006), *Health benefits of education in Australia: Indigenous/non-Indigenous comparisons*

Responsibility for the preparation of this research summary rests with the authors of the MCEETYA report *Education, Training and Indigenous Futures: CAEPR Policy Research 1990-2007* and not the original author(s) of the summarised material.

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Title of Research:

Health benefits of education in Australia: Indigenous/non-Indigenous comparisons

Research Publication: Journal Article

The Economic and Labour Relations Review Vol. 17, No.1 2006

Name of Researcher(s):

N. Biddle

Time period:

2001

Geographic location:

The analysis is undertaken at the national level.

Methodology:

This is a detailed statistical analysis of the 2001 ABS National Health Survey, which includes Indigenous and non-Indigenous Australians. For the purposes of this analysis, there were 1,123 Australians surveyed who were aged between 20 and 64 years identified as being Indigenous.

Aims:

This paper examines the health conditions of Indigenous Australians compared to non-Indigenous Australians and explores the relationship between health and educational attainment.

Selected findings and insights:

Indigenous Australians were more likely than non-Indigenous Australians to report that their **general health** is either 'fair' or 'poor' and this difference increased with age. For example:

- A 25 year old Indigenous Australian was about 1.7 times more likely to report having low health than a non-Indigenous Australian. This increased to almost 2.5 times more likely for those who were 55 years old.

Indigenous Australians were also more likely than non-Indigenous Australians to report having **specific health issues** such as chronic disease, unhealthy weight, low exercise and smoking. Differences in alcohol consumption were not consistent across age groups between Indigenous and non-Indigenous Australians.

Indigenous Australians who **did not complete high school** were more likely to report their health as either 'fair' or 'poor' compared to those who did complete high school. A similar relationship existed for non-Indigenous Australians. In addition, **income** had a significant effect on the reporting of health and health-related issues, with higher income being associated with a lower probability of reporting.

The paper also examines the relationships between health, age, high school completion and income level and found that:

- **Indigenous status and age** had a significant effect on general health and the specific health-related issues - after controlling for education and income;

- **Completion of high school** had a significant effect on general health and the specific health-related issues (apart from alcohol consumption) – after controlling for income. However the effect of high school completion differed significantly across age for alcohol consumption and smoking behaviour but not in terms of the other health variables.

Educational implications:

This research suggests that there is sufficient empirical evidence to support at least some positive influence of education upon improved health status among Indigenous people. Further survey research could establish the extent to which such educational effects directly or indirectly influence Indigenous health. [health]

Direct benefits can be gained through increasing an Indigenous person's knowledge about health issues, how to access health information and how to use that information effectively to deal with health problems or to limit the extent to which potential problems may arise. This suggests:

- Specific interventions within the school curriculum for school age children and adolescents which are designed to promote hygiene as well as providing opportunities for adult and community health education as part of the role of the school within the community;
- Including Indigenous health within teacher and teacher aide training programs; and
- In the development of training and higher education health courses ensuring maintenance of cultural identity by recognising the importance of both western medicine and traditional medicinal practices. [curriculum] [training]

Less direct benefits might accrue through improved employment and income prospects leading to an improved quality of life, with its associated health benefits.

Relevance:

Introductory Topic: The Health of Indigenous Australians

Related papers:

R. Ross, 'Health', in *Assessing the evidence on Indigenous socioeconomic outcomes: A focus on the 2002 NATSISS*, B.H. Hunter (ed.), CAEPR Research Monograph No. 26, 2006.

<http://epress.anu.edu.au/caepr_series/no_26/pdf_instructions.html>