HEALTH LITERACY AND ABORIGINAL EDUCATION:
CANADIAN COMPARISONS AND THEIR IMPLICATIONS FOR AUSTRALIAN TEACHER EDUCATION.

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Acknowledgement

• We meet on the traditional and unceded territories of the Kaurna
The Work of Schools is the Work of the Nation And tells us Where the Nation is Heading
Multiple and conflicting Health “truths”

• Wellness is rooted in the responsible Individual

• Schools curricula targets individual wellness to educate individual to enact their wellness in the community
We are not individuals but a community

Education= individual and community needs
We have learned that people with reading problems have more health problems. We need to learn how to make it easier for people who don’t read well to be healthy.
Education as a layered complexity

- State/Province - policy
- Community
- Classroom
- School
- University teacher education
Immediate National Responses

- *Australian Council for Indigenous Education* (ACIE).
- Address Indigenous teacher shortage
- Indigenous health in teacher education courses
- More Indigenous researchers
- Crossing boundary Focus
HEALTH LITERACY AND ABORIGINAL EDUCATION: CANADIAN COMPARISONS AND THEIR IMPLICATIONS FOR AUSTRALIAN TEACHER EDUCATION.”

- Six week, NHMRC Short Term Exchange/Study Funding University of British Columbia, Vancouver, Canada (project ID: 426787), 2007.

- Conducted during a 12 month Visiting Research Fellowship in 2007 at University of British Columbia, Vancouver, Canada.
Objectives

1. Investigate and review current Canadian research on new field of literacy and health in an Aboriginal context and implications for teacher education - and identify priorities for research on this topic in Australia.

2. Identify current and proposed initiatives in literacy and health in Canada and their relevance to Australia

3. Identify resources and opportunities for further collaborative research in literacy and health between Canada and Australia
What’s the Research Problem?

- A crisis in Australian Aboriginal education & health
- Teacher Preparation programs to be responsive health in Aboriginal communities
- New theoretical field Health literacy emerging in Canada offers scientific potential.
- Numerous Studies indicate health and literacy linked
- Considerable research on how higher education attainment correlated to improved health
- Little research into how literacy attainment affects health outcomes in Indigenous Australian populations
- Over past decade new body of knowledge emerging on Health Literacy. Canada is considered a leader in this area
Research Questions

• What teacher training methods of health literacy in schooling are proven to work with Aboriginal students?
• Does best practice teacher training preparation in health literacy intervention involve inclusive approaches?
• What are promising Canadian Projects related to Literacy and Health?
Method

• Review of Literature: Literacy and Health
• Review models of Teacher Education Best Practice within UBC
• Investigate Provincial and Federal interventions
• Investigate promising Canadian Projects related to Literacy and Health
Review of Literature: Milestones

- 1986 Literacy Declared National Priority
- 1987 Southam Survey of 2398 Canadians
- 1989 Statistics Canada LSUDA Survey –9455 Canadians
  OPHA Frontier College Literacy and Health Project,
  Phase One, Burt Perrin et al.
- 1990 WHO International Year for Literacy
- 1993 OPHA publishes “Partners in Practice: The Literacy & Health Project, Phase Two” Mary J. Breen, et. al.
Review of Literature: Milestones

- 1994 National Literacy and Health Program (NLHP) Canadian Public Health Association (CPHA) with funding from National Literacy Secretariat

- 1994 Fall - **International Adult Literacy Survey (IALS)** – 5660 Canadians surveyed. Seven other countries participated. Data now available on over 30 countries.

- 1998 Pfizer U.S. holds first annual conference on health literacy
  - Publication of: “How does literacy affect the health of Canadians? A profile paper by Burt Perrin
  - “A Socio-economic Analysis of Health & Literacy Among Seniors” by Paul Roberts and Gail Fawcetts.
  - “Promoting Literacy, Improving Health” a paper by Mary J. Breen.
Three Influential Papers in the Field


National Literacy and Health Research Program Needs Assessment and Environmental scan

- Irving Rootman, Deborah Gordon-El-Bihbety, Jim Frankish, Heather Hemming, Margot Kaszap, Lisa Langille, Darryl Quantz, Barbara Ronson

- [http://www.nlhp.cpha.ca/clhrp/needs_e/needs_e.pdf](http://www.nlhp.cpha.ca/clhrp/needs_e/needs_e.pdf)
THE LEGACY OF THE PAST: LITERACY AND HEALTH

‘The history of Aboriginal literacy and health is a Controversial one’
Controversial

- ‘Civilization vs Nature’
- Alexander Schramm 1850
- 1814-1864
- Low intellect fixed and unalterable that effect health education capacity
- Cultural Deficit ideology
Controversial

- ‘King George Sound Albany, WA’
- Louis Auguste de Sainson (1801-1887)
- Published Paris 1833
- Better health involved being educationally assimilated
Controversial

- Truggerananana’
- Thomas Brock
- 1790-1855
- Incapable of adhering to laws of hygiene
- Extinction inevitable
How Do We Share Space In An Unequal Society?

Gus Worby and Lester-Irabinna Rigney
Aboriginal housing at Gordon Downs, Western Australia, a few hundred metres from the Manager’s residence.
Station manager’s residence at Gordon Downs, Western Australia.
'Western education cannot and should not preserve Aboriginal culture. The moment a child walks into a classroom they change, so the idea of preserving something that the child brings to the school is a forlorn hope. Moreover, the task of passing on “culture” properly rests with Aboriginal people. If they are unable to do so, the state has no business in taking its place. Too often, educators continue to defer to Aboriginal culture, without recognising that Aboriginal culture is the problem. Can a culture that is pre-literate and pre-numerate survive in an education system that is meant to make children literate and numerate? Can a (welfare) culture that has no work ethic be in a position to prepare its children for school? ‘

Develop or migrate? Jenny Macklin faces two Aboriginal futures

‘Economic development on Aboriginal land where there are no real economic drivers is the same false god as preserving culture and the sanctity of land rights---it stops people from developing.’

The Australian, 6 December 2007
NHMRC Project

Literacy and Health  
Not Health and Literacy

Canada and Australia
Global Demographic/Population

Canada

Australia

Source: Health Canada 2003:17
Source: ABS 2005:4
## Life Expectancy

Table 2: Comparing life expectancy (LE) – Indigenous and Non-Indigenous peoples.
(Source: Oxfam Australia 2007:6)

<table>
<thead>
<tr>
<th></th>
<th>Australia*</th>
<th>New Zealand*</th>
<th>Canada*</th>
<th>USA*</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Aboriginal and Torres Strait Islander</td>
<td>Māori (All)</td>
<td>First Nation (All)</td>
<td>American Indians/Alaskan natives (All)</td>
</tr>
<tr>
<td>LE (years)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>56 (76.6)</td>
<td>69.0 (76.3)</td>
<td>68.9 (76.3)</td>
<td>67.4 (74.1)</td>
</tr>
<tr>
<td>Females</td>
<td>63 (82.0)</td>
<td>73.2 (81.1)</td>
<td>76.6 (81.8)</td>
<td>74.2 (79.5)</td>
</tr>
<tr>
<td>Median age</td>
<td>21 (35)</td>
<td>22.0 (33.9)</td>
<td>24.7 (37.7)</td>
<td>27.8 (35.8)</td>
</tr>
<tr>
<td>Infant mortality (per 1000 live births)</td>
<td>14.3 (4.7)</td>
<td>8.9 (5.7)</td>
<td>6.4 (5.3)</td>
<td>9.8 (6.8)</td>
</tr>
<tr>
<td>Low birth weight (proportion of LBW)</td>
<td>13% (6%)</td>
<td>8% (6%)</td>
<td>5% (6%)</td>
<td>6% (8%)</td>
</tr>
</tbody>
</table>

*Aboriginal compared with (all non-Aboriginal)
The Gap begins in year 10: Transition from 8-9 & 10-11

Canadian Transitions Only
The Gap Widens & continues: provincial exams result

Suicide

- Since 1980, First Nations suicide rates increased by 45% among children aged 14 and under, an age group for whom suicide is virtually unrecorded among non-Aboriginal Canadians.

- National First Nations suicide rates have remained constant since 1980.

- Suicide rates differ between First Nations and non-First Nations more than any other cause of death. Differences most extreme in younger age groups, and decline sharply in older age.

- By age 60+ no significant difference. However, as we have noted, there are few First Nations people in this older age group.
Mortality

Trends in annual directly standardised all-cause mortality rates for indigenous peoples in Australia the United States New Zealand and for all Australians

- Australian indigenous
- Maoris
- Native Americans
- All Australian
What is Health Literacy?

Definitions
1990 World Health Organisation

• Health literacy represents the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health.

• Health literacy means more than being able to read pamphlets and make appointments. By improving people’s access to health information, and their capacity to use it effectively, health literacy is critical to empowerment.

Dominant of Definitions of Literacy

Kinds of Literacy Measured in the International Adult Literacy Survey

Prose literacy: Reading and understanding text in sentences and paragraphs.

Document literacy: Using and understanding maps, charts, forms and other documents.

Quantitative literacy (or Numeracy): Using numbers for daily tasks such as balancing a check book, calculating a tip, completing an order form, or determining the interest on a loan.
Nutbeam 2000

• Old Wine into new bottles
• New oil into old lamps


• 1. Basic/functional: Communication of information.

• 2. Communicative/interactive: Development of personal skills.

• 3. Critical literacy: Personal and community action for empowerment.
Eileen Antone: Native literacy

“Native literacy is a tool, which empowers the spirit of Native people. Native literacy services recognize and affirm the unique culture of Native Peoples and the interconnectedness of all aspects of creation. As part of a life-long path of learning, Native literacy contributes to the development of self-knowledge and critical thinking. It is a continuum of skills that encompasses reading, writing, numeracy, speaking, good study habits, and communicating in other forms of language as needed. Based on the experience, abilities and goals of learners, Native literacy fosters and promotes achievement and a sense of purpose, which are both central to self-determination.”

NACCHO 1993 Manifesto

‘The NACCHO definition of health must underpin all deliberations on Aboriginal well-being, requiring non-Aboriginal health care providers to develop a comprehension of the political, cultural, spiritual, emotional, environmental, structural, economic and biological factors which impinge upon Aboriginal well-being.’

Promising Canadian Projects related to Aboriginal Literacy & Health?

1. Aboriginal Head Start (AHS)
2. Rainbow/Holistic Approach to Aboriginal Literacy
3. Digital Health Education Literacy
4. Emotional Competency
5. Healthy Buddies
Rainbow/Holistic Approach to Aboriginal Literacy

- Red – represents literacy in the language of origin of First Nations individuals and communities
- Orange – oral literacy (speaking and listening)
- Yellow – creative means of communicating with speakers of other languages using symbols, artwork and sign language
- Green – literacy in the languages of the European newcomers, French and English – now Canada’s official languages
- Blue – technological literacy
- Violet – dealing with spiritual and cultural literacy elements
- Indigo – the holistic base to literacy facilitating spiritual, emotional, mental and physical learning outcomes
This evidence suggests that the future of literacy in Australia may be one of multiple literacies with multiple definitions and measures.

At the moment, the official definition and measures of literacy is used by IALS: “ability to understand and employ printed information in daily activities – at home, at work – to achieve one’s goal and develop one’s knowledge and potential.”
Emotional Competency

- The ability to identify emotions (emotional awareness)
- The ability to communicate emotions (to read and express emotions accurately)
- The creation of positive values (holistic values)
- Understanding emotional feedback (managing emotions)
- Emotional skill development (techniques to emotional responsibility)
- Emotional healing (conflict resolution/talking circles)
Findings

- Health literacy not central to British Columbian university teacher education curricula. (we can speculate why this is so but need more evidence).

- Advances in definition apparent

- Since 1999 Canada & Australia have advanced in measuring (Metrics) student performance.

- We now have 5 years of historical data to track Aboriginal students

- Global attention on Health Literacy

- Several potential Research Health Literacy projects were found but in the main their results inconclusive.
  - In their infancy
  - New Metrics need to be developed
  - More rigorous testing
1 Recommendations: Directions for Future Research

• better understanding relationship between literacy and culture in Aboriginal communities

• develop new health literacy definitions and scholarly measures that take seriously Aboriginal cultural holistic learning

• preparation of teacher educators to be effective
2 Recommendations: Directions for Future Research

- cost benefit analysis of teacher education health literacy interventions
- examine health literacy techniques that foster Aboriginal aspirations of self determination and empowerment
- develop an Australian wide research agenda on literacy and health to address research gaps in literature
3 Recommendations: Directions for Future Research

- building Aboriginal capacity in health literacy for community driven transformation

- better understanding of how Aboriginal populations are disadvantaged across a range of non-school determinants

- investigate the cost of low Aboriginal literacy to society
1 Recommendations: Priorities for Government

– federal and State govts develop joint strategic initiative on health literacy priorities

– the Australian Council of Deans of Education and the Australian Vice-Chancellors Committee seek discussions on teacher education and the health literacy needs of Aboriginal peoples - development of generic principles of good practice
2 Recommendations: Priorities for Government

– Federal government fund an annual national workshop/conference on health literacy

– ARC and NHMRC fund research on examination of effectiveness of health literacy interventions

– governments to develop research and greater knowledge mobilisation to Aboriginal communities of best practice in health literacy