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.

Title of Research:
Indigenous participation in health sciences education: Recent trends in the higher education sector

Research Publication:

Name of Researcher(s):
R.G. Schwab and I. Anderson

Time period:
1994–1997

Geographic location:
Australia-wide

Methodology:
This research involved analysis of higher education data compiled annually by the Commonwealth department responsible for higher education. Analysis of patterns of Indigenous participation in higher education health training was undertaken. The key variables used in this analysis were: field of study; State/Territory; level of course; and gender and enrolment type. Analyses in terms of commencing students and student completions are presented in the paper.

Aims:
The purpose of this paper was to identify trends in Indigenous health education in higher education that would assist policy makers in shaping workforce development efforts in the various health fields.

Selected findings and insights:
The paper provides numbers and trends in commencing students and course completions in health education at Australian higher education institutions over the period 1994–1997. These data provide useful baseline information upon which to benchmark more recent student enrolment information to identify the extent to which the need for Indigenous health workers is being addressed.

Commencing Indigenous students in health education
In 1997, there were 351 Indigenous higher education students who commenced studies in the field of health, a decline from the previous two years. Of these 351 commencing students:

- 50% were enrolled in health support activities such as health administration, counselling, environmental health and occupational health and safety and 35% in health sciences/technologies, mostly in nursing.
- 42% were enrolled at the diploma level and 40% at the bachelor degree level; and
- females comprised 73% of commencing enrolments and 75% of all commencing students were enrolled full-time.
Indigenous student course completions in health education

In 1996 there were 158 course completions in health education, of which:

- 45% were in health support activities, mainly at a lower qualification level;
- 42% were in health sciences/technologies, mostly nursing; and
- overall some 53% of completions were at the bachelor degree level.

In terms of all higher education course completions in health education, Indigenous students were far more likely to have completed lower level (pre-bachelor) courses in health education in 1996 than other Australians (34% versus 1%, respectively), and Indigenous students were much less likely to have completed higher level (post-bachelor) courses than other Australians (2.5% and 13%, respectively).

The paper identified a range of policy and planning implications arising from this study, which included:

- the need for a stronger inter-sectoral relationship between government agencies at Commonwealth and State levels to develop a national strategy for Indigenous health worker education and training;
- targeted recruiting of Indigenous young people to undertake studies in health sub-fields relevant to specific Indigenous health problems (eg. nutrition, health counselling and podiatry);
- the relatively low levels of enrolments in degree and post-graduate degree courses limits the development of a sufficiently large strong group of Indigenous public health and health sciences leaders and policy makers to address critical Indigenous health issues;
- with the predominance of female Indigenous students in health education, there is a need to increase the numbers of male students so that the high level of health care required by Indigenous males can be addressed in a culturally appropriate way;
- greater support may be required to ensure that full-time Indigenous students continue their studies full-time rather than continue on a part-time basis.

Educational implications:

The major educational implications are identified in the paper and described above. Briefly these centre around two major Indigenous health education issues:

- the development of a workforce planning and training strategy for Indigenous health so that Indigenous health workers are targeted to those health issues most in need of attention; and

- the importance of monitoring workforce education and training needs, availability of and access to health courses, and the types and extent of training and education being undertaken by Indigenous people.

The articulation between VET health education and training courses and the higher education sector is critical to developing pathways for Indigenous health workers to further develop their skills and areas of expertise to meet the high demand which is currently being placed upon health workers in Indigenous communities, both in urban and remote localities.
Relevance:

Introductory Topic: The Health of Indigenous Australians

Domain 5: Pathways to training, employment and higher education

Participation, retention and achievement in post-compulsory schooling, training and higher education

Related papers:
