

**Launch of Congress Lowitja
23 March 2010**

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Firstly, I would like to acknowledge the traditional owners of this land and to thank you Aunty Norma [Norma Sims, La Perouse Land Council] for your generous welcome to country and your sobering message.

Yes, we all hope that we can indeed provide Governments with the right information so that they can make better decisions. This is proving to be more difficult than it should be and perhaps this is a research question that can be asked, to explore the gap between our knowledge base and what actually happens!

Chief Executive Officer of the Aboriginal Health and Medical Research Council, Sandra Bailey, Aunty Norma, Lowitja, distinguished guests, ladies and gentlemen, all, it gives me great pleasure to stand before you today at the start of this great event – the first ever Congress Lowitja. Welcome!

Thank you, Sandra, for hosting our first Congress Lowitja in this wonderful College. I think this is a very auspicious start to further collaboration with you.

I'd also like on behalf of the Lowitja Institute to pay our respects and honour Mr Dixon [Charles 'Chicka' Dixon, 1928-2010] for his long and influential impact in the Aboriginal struggle. I think all of us irrespective of our age at least know something about him. Some of us he influenced very directly and most of us a little bit indirectly but nevertheless he has been a powerful figure and we are sending loving kindness to his family at this time.

Congress Lowitja has been established to provide a venue for you to be involved in, and help set the direction of, our research agenda. Every two years we will come together to discuss, refine and plan for future research that will ensure better health outcomes for our people.

We want to hear your views, we want you to challenge us, and most importantly we want you to share our journey towards a future where there is no longer a health gap between Indigenous and non-Indigenous Australians. In other words, between us and them.

Congress Lowitja is an important development in our unique collaborative approach to research, where the users of our funded research – such as community controlled health services – play a key role in setting the research priorities.

This approach is very different from the traditional way research is carried out, where the researcher sets the agenda. During the many years when I worked in the community controlled health sector, I lost count of the number of times I saw research projects end with bouquets for the researchers but with little to show for it in terms of lasting benefits for the communities involved in their research. And we all remember those bad old days.

In my view, there is **no point** doing health research for Aboriginal and Torres Strait Islander people unless it involves Indigenous stakeholders at every step along the way and where their priorities are the ones that matter most.

This is the underlying philosophy that drove the research activities at our predecessor organisations the CRC for Aboriginal Health and the CRC for Aboriginal and Tropical Health, which way back in 1997 began formulating what came to be known as the Indigenous Research Reform Agenda.

I should add that the development of the Indigenous Research Reform Agenda began under the watch of my illustrious predecessor as chair, Dr Lowitja O'Donoghue, who I would like to honour once more here today. Thank you Lowitja.

A lot of the ground rules that have become principles of where we are today were forged under her very able leadership. She's been a great influence on us, both Aboriginal and non-Aboriginal, who've been involved in the CRC from those early days. Lowitja made us be sharper, be smarter, and you don't have to forget your manners!

CRC history

My involvement with the work of the two previous CRCs started when Danila Dilba, Darwin's main Aboriginal Health Service, became one of the founding core partners in the CRC for Aboriginal and Tropical Health, which had been established by an old foe and now friend, the visionary Dr John Matthews. It's been such a long journey with him and that in itself is a story that needs to be written down.

We were a largely Northern Territory-based CRC, with the other core partners being Central Australian Aboriginal Congress, Flinders University (in South Australia), the Menzies School of Health Research, Northern Territory University and Territory Health Services. Central Australian Aboriginal Congress in particular was extremely influential in providing a lot of the intellect in those early days and they have been extremely generous with their time and support through all our iterations.

At that time I was CEO of Danila Dilba and, together with Congress, I had come to the conclusion that in order to improve our health we needed to have a research base of hard evidence to show us where we could most effectively target health dollars. Lots of money was being spent on our health but things weren't improving. We were outside the fence looking in as research was conducted on us, certainly not with us or for us.

The CRCATH was a truly pioneering organisation, re-writing the rulebook on Aboriginal health research and recognising the need for research in areas beyond the purely clinical to build up knowledge about the underlying social and psychological determinants of Aboriginal poor health.

That rolls off the tongue very easily now but 13 years ago this was a very tense area. We had lots of very heated debates with researchers at the time and a lot left us, but that's OK, some stayed for the journey and are still with us today. But it was a very difficult situation at the time, it was either winning or losing, and we figured the stakes were so high that we stood our ground.

This didn't please everyone, but it's obvious that attempting to improve population health when that population remains in overcrowded housing with poor infrastructure, poor educational opportunities and poor nutrition is going to be very difficult.

We also recognised that, in order to embed our new approach to health research, we needed to build up the capacity of the Indigenous research workforce and – by extension – Aboriginal and Torres Strait Islander health professionals. If Australia's Indigenous peoples were to improve their health, they needed to take charge of the agenda rather than let others continue with the established and, let it be said, **tired old ways** of doing things.

In other words, we had worked out – along with many others – that a simple rights agenda was not working for us and Aboriginal and Torres Strait Islander peoples needed to be much more proactive and practical in their quest for improved health outcomes. As with any movement for change, we had a few false starts along the way but the mood for change was undeniable.

With this momentum behind us, we morphed into the CRC for Aboriginal Health in 2003 and expanded our links beyond the Northern Territory with a host of new **core partners** coming on board, including:

- the Queensland Institute of Medical Research
- the University of Queensland
- the Australian Institute for Aboriginal and Torres Strait Islander Studies (AIATSIS)
- the Commonwealth Department of Health and Ageing
- La Trobe University
- and the University of Melbourne.

We were also joined by new **supporting partner organisations**:

- Batchelor Institute of Indigenous Tertiary Education
- the NT Department of Employment, Education and Training
- Telethon Institute for Child Health Research in Perth
- and the Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs

We focused our research activities in five program areas and refined our research philosophy into what we began to call the **facilitated development approach**. Put simply, this means placing a high value on stakeholder involvement at every stage of the research, including:

- Priority setting
- Developing research proposals
- Conducting research, and

- Implementing the findings.

Over the past six years the research flowing from this new approach has played a major role in influencing policy and practice at both a local and national level, and when I look back there is much to be proud of.

During the remainder of today you will hear presentations from several of the CRCAN's project teams about their research findings and how those findings have been translated into practical applications. Without wishing to steal their thunder, I will give just a few examples here. As we said in the very beginning, we only wanted to do research that was useful and relevant.

The **Audit and Best Practice in Chronic Disease** (or ABCD) project supported the implementation of quality improvement processes in more than 120 Aboriginal and Torres Strait Islander primary health care services across Australia, with demonstrable improvements in quality of care and health outcomes as a result.

The project ended last year, but its work supporting Aboriginal and Torres Strait Islander health centres will continue under the auspices of the new Brisbane-based One21seventy Centre, which has been set up to ensure the spread of continuous quality improvement practices in health care services catering to Aboriginal and Torres Strait Islander peoples throughout Australia.

Meanwhile in the Northern Territory, the **Healthy Skin** project has tackled the high incidence of skin infections among Aboriginal people living in remote communities, particularly those caused by the scabies mite in young children.

These skin infections are linked with serious diseases later in life, including acute and chronic kidney and heart diseases, for which – to our shame – Aboriginal Australians have the highest reported rates in the world. The Healthy Skin team's work has resulted in significant cuts in the number of children afflicted by skin infections in communities participating in the project, in some cases by a factor of six.

Late last year, in an Australian first, the Healthy Skin team won approval to trial a new scabies oral treatment using a 1-to-2 dose ivermectin tablet, which – if successful – will largely replace

the existing and very unpleasant current treatment (which involves smearing the entire body with cream) and significantly improve the likelihood of treatment courses being undertaken and completed.

And in far north Queensland, a project team led by James Cook University researchers has worked with communities to implement **Indigenous Empowerment Programs**, using a suite of effective tools including two specific programs – the Family Wellbeing Program and Men’s Groups – tackling local problems such as alcoholism and violence.

These programs have demonstrated consistent and significant success over a 10-year period for communities and individuals and have been used in the Northern Territory, South Australia, Queensland and New South Wales, in contexts ranging from prisons to local communities and, in Cape York, in the school system. Most recently, empowerment learnings have been taken up by public health researchers at the University of Papua New Guinea.

But it is not just the impact of our research that fills me with so much pride. With the CRCIAH’s emphasis on Aboriginal and Torres Strait Islander control of the research agenda, we have nurtured relationships between researchers and community organisations and created an atmosphere of trust where previously suspicion reigned supreme.

We have also helped train a new generation of Aboriginal and Torres Strait Islander and non-Indigenous researchers and health workers, who over the coming years will undoubtedly assume positions of leadership and influence in their fields, and in unprecedented numbers. Without wanting to bore you with too many statistics, I thought I’d throw in just a few:

- We have involved more than 200 organisations, mostly Aboriginal and many community-based, in our research activities since 2003.
- In 2008-09 alone, some 411 students took part in education and training activities conducted by the CRCIAH and its partners.
- Many scores of Aboriginal and non-Aboriginal students have benefited directly from CRCIAH traineeships, cadetships and scholarships, and two of our Indigenous scholarship recipients – Dr Yin Paradies and Dr Chelsea Bond – have won the NAIDOC Scholar of the Year award (in 2007 and 2009 respectively).

The future

Having worked so hard for the past 13 years to get to where we are now, we have no intention of changing what has proved to be a winning formula as we embark on the next part of our journey in our new incarnation – the CRC for Aboriginal and Torres Strait Islander Health, or CRCATSIH for short.

CRCATSIH has been funded through to June 2014 and during this time it will be hosted by the Lowitja Institute. After this the Lowitja Institute will take up the research baton in its own right, providing for the first time a permanent funding organisation for Aboriginal and Torres Strait Islander health research.

Our vision in setting up the Lowitja Institute was to escape the short-term funding cycles which so bedevil all areas of Aboriginal and Torres Strait Islander health, from primary health care centres through to research organisations like ours. When you are dealing with something as complex and deeply rooted as the causes of our ill-health, you need to be working on a timescale spanning decades rather than just a few years.

This is the opportunity we now have with the Lowitja Institute. Our goal, which we will work towards over the next four and a half years, is to have an independent, self-funded and self-sustaining Indigenous health research body run by Aboriginal and Torres Strait Islander people and working on their behalf for generations to come.

Tomorrow I will talk in more detail about Congress Lowitja and how it fits in with CRCATSIH and the Lowitja Institute.

Also tomorrow, our Research Director, Professor Ian Anderson, will introduce you to CRCATSIH's research agenda, after which our Program Leaders – Professor Ross Bailie and Mr Tom Brideson (from the Healthy Start, Healthy Life program), Dr Kevin Rowley and Ms Leisa McCarthy (from the Healthy Communities and Settings program), and Professor Judith Dwyer and Mr Alwin Chong (from the Enabling Policy and Systems program) – will lead the discussions around their program areas. That's the engine room of it all.

We are indeed very fortunate to have such a wealth of talent on board at the start of our journey together. It is an exciting time, for today really does represent a new beginning in our shared

quest to end the health inequalities experienced by Aboriginal and Torres Strait Islander Australians.

We have much to think about, much to talk about and – most importantly – much to reflect on over the next two days. Once again, I welcome each and every one of you on this great occasion and I look forward to sharing your company at this, the inaugural Congress Lowitja.

Thank you very much.

Ms Pat Anderson
Interim Chair
Lowitja Institute

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