

the
Lowitja
INSTITUTE

Australia's National Institute
for Aboriginal and Torres Strait
Islander Health Research



Australian governments, health service providers and Indigenous community-based stakeholders have recently come together to address the health gap between Indigenous and non-Indigenous Australians. In this context, there is a need for a permanent national body devoted to Aboriginal and Torres Strait Islander health research over the long term:

The Lowitja Institute.

In the Lowitja Institute, Australia has for the first time an organisation dedicated to producing the know-how needed to close the health gap. It will do this by:

- Working with Australia's leading health research institutions, policymakers and community organisations to ensure world-class health research is targeted at areas where it can have the most impact in improving the health and lives of Australia's Indigenous peoples.
- Ensuring that research outcomes are disseminated widely through knowledge exchange, and that promising innovations identified by research are implemented and evaluated.
- Collaborating with Australian educational/ training organisations to support the expansion of a professional Indigenous health – and health research – workforce.

The Institute is named after Dr Lowitja O'Donoghue AC CBE DSG, respected champion of Aboriginal rights. Dr O'Donoghue was the Chair of the Cooperative Research Centre for Aboriginal and Tropical Health (CRCATH) from 1996 to 2003 and Patron of its successor organisation the CRC for Aboriginal Health (CRCAH).

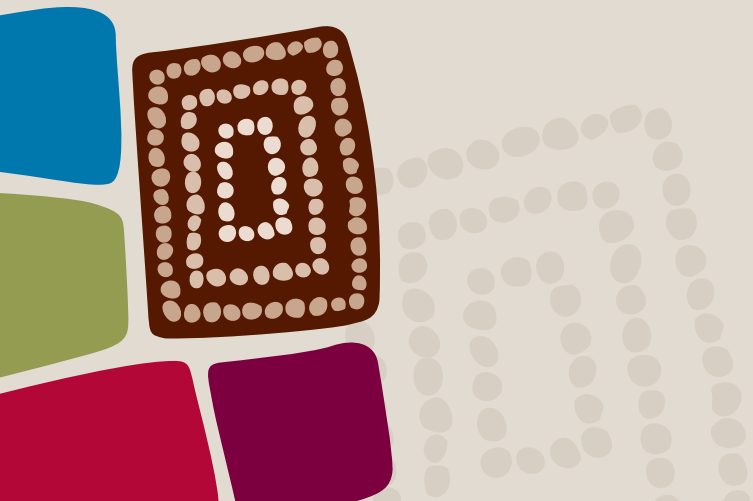
Maintaining the momentum

The Lowitja Institute was developed by the Partners of the CRC for Aboriginal Health to continue its pioneering work and that of its predecessor, the CRCATH. The Institute now hosts the CRCAH's successor organisation, the CRC for Aboriginal and Torres Strait Islander Health (CRCATSIH).

CRCATSIH started in January 2010 following the CRCAH's success in winning an extension of funding to June 2014 under the Australian Government's Cooperative Research Centres Program. Over the next five years, the Lowitja Institute will broaden its research focus to address priority issues outside the scope of the previous CRCAH program.

Beyond 2014 the Lowitja Institute will continue to undertake Indigenous health research while maintaining the underlying philosophy guiding the work done by the three CRCs: that knowledge development is best accomplished through working partnerships between researchers, government and Indigenous-led health service providers; and that research priorities should be set by the Indigenous end-users of that research.

The Lowitja Institute will also continue the CRCs' work of coordinating, networking, building capacity and providing an evidence base for Aboriginal and Torres Strait Islander health policy and practice.



What we already know

Despite some substantial health gains for Aboriginal and Torres Strait Islander people in recent decades, significant health disparities remain.

However, we know that where Aboriginal and Torres Strait Islander people have had decisive input into the design and delivery of health services, positive health outcomes are being achieved, and with increasing success.

Through the research undertaken by the two previous CRCs, we have also identified practical innovations – such as programs to reduce smoking and the redesign of health systems – that have the potential to lead to significant improvements in the health of Aboriginal and Torres Strait Islander people. Our challenge now is to understand better how to enable these innovations to be taken up more systematically.

The Institute structure

The Lowitja Institute is independent of established health and policy administration. It has been established as a not-for-profit company limited by guarantee and structured as a public benevolent institution.

The architecture for the new organisation will be built around the CRCATSIH's Facilitated Development Approach (FDA) to research development, which relies on the end-users of research – Indigenous communities, health service providers and policymakers – identifying priorities for research.

The Institute has signed the Commonwealth Agreement to take on the legal obligation and role of running the CRCATSIH over the next four and a half years. During this period the Institute will build up its organisational capacity so that, when the CRCATSIH winds up in June 2014, it will be in a position to take on and continue research consistent with the objectives of the CRCATSIH.

The Lowitja Institute has three main organisational parts:


- **THE BOARD** – Governance. The Board's role is to oversee governance of the organisation. It sets the strategic direction of the organisation, monitors the performance of the management of the company, and oversees the financial and compliance obligations of the company. The Board is made up of members with a mix of health, business, research and education skills. It will have an Aboriginal and Torres Strait Islander majority, retaining the principle of Indigenous leadership of Indigenous research.
- **THE COMPANY** – Operational. The role of the company is to run the Lowitja Institute in accordance with the objectives in its

constitution, the terms and conditions of the by-laws and the strategic direction of the Board. Existing CRCATSIH essential participants (Partners) are the foundation members of the company, and they have approved the company's constitution. The company will also own all intellectual property (IP) developed through CRCATSIH activities.

- **THE CONGRESS** – Stakeholder Membership. This body has been established to consolidate and expand relationships with research end-users, a significant proportion of which are small-to-medium enterprises (SMEs). To date, the CRCATSIH and its predecessor CRCs have involved more than 175 SMEs across Australia through the FDA process. Organisations will not need to be core participants of the CRCATSIH to join the Congress but, as members, they will have the opportunity to engage in CRCATSIH activities and get information, feedback and timely access to our work. Congress members will meet every two years to review the research activities and make recommendations to the Board.

Foundation members of the Lowitja Institute are:

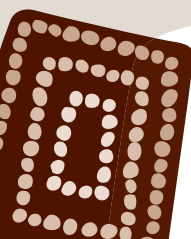
- **END-USER PARTICIPANTS** – Central Australian Aboriginal Congress, Danila Dilba Biluru Butji Binnilultlum Health Service Aboriginal Corporation.
- **RESEARCH PARTICIPANTS** – Australian Institute of Aboriginal and Torres Strait Islander Studies, Charles Darwin University, Flinders University, La Trobe University, Menzies School of Health Research, Queensland Institute of Medical Research, The University of Melbourne, The University of Queensland.
- **GOVERNMENT PARTICIPANTS** – Department of Health and Ageing (Australian Government), Department of Health and Family (Northern Territory Government)



The need for an enduring Institute

A national institute will bring together Aboriginal organisations, research institutions and government agencies to facilitate evidence-based research into Aboriginal and Torres Strait Islander health. It will:

- Maintain a focus on nationally identified research priorities for Aboriginal and Torres Strait Islander health as articulated by the policy sector and research bodies.
- Extend capacity-building processes that ensure Aboriginal and Torres Strait Islander people are better able to participate in research at all levels.
- End the need for relatively short-term funding cycles for research and the creation of new partnership structures and programs with each cycle.
- Allow a more flexible, responsive approach to emerging issues within the Aboriginal and Torres Strait Islander health spectrum.
- Enable investment in research initiatives, such as longitudinal studies, that extend beyond the relatively short lifecycle of the CRC program.
- Provide a gateway for all Australians to access Aboriginal and Torres Strait Islander health data, with all research findings generated to be publicly available.



For more information about The Lowitja Institute please go to our website at:

[<www.lowitja.org.au>](http://www.lowitja.org.au)

How the Institute will be funded

The Lowitja Institute will be funded through the establishment of a core fund or endowment, largely drawn from initial government and private sector investment and supplemented by membership fees. Similar mechanisms have been used successfully overseas to fund environmental organisations and other social development activities.

The research agenda to June 2014

The Lowitja Institute will support the CRCATSIH's research agenda, which is focused in three areas:

- 1 HEALTHY START, HEALTHY LIFE:** Research focused on reducing the chronic illness risk across the life-course, and improving early intervention and chronic illness management.
- 2 HEALTHY COMMUNITIES AND SETTINGS:** Research focused on the capacity of local communities and organisations to develop interventions that address the determinants of health across a range of local sectors and settings.
- 3 ENABLING POLICY AND SYSTEMS:** Research enabling the reform of policy and programs, workforce development, and whole-of-government approaches to Indigenous health.

This programmatic approach is designed to enable a greater focus on implementation research – in other words, developing the necessary knowhow to embed and scale up interventions with demonstrated efficacy.

The research agenda beyond June 2014

Current research priorities are framed by the burden of Indigenous illness and injury, but as we begin to close the health gap the priorities for research will shift. The Lowitja Institute will:

- Build on the achievements of the CRCATSIH and its predecessor CRCs in strengthening the Australian Aboriginal and Torres Strait Islander health research sector through an extensive network of research and industry partners.
- Continue to build the evidence base for improvements in Aboriginal and Torres Strait Islander health.
- Increase the focus on prevention, early intervention and addressing those determinants of health that are amenable to intervention.
- Continue evaluating the implementation of interventions and identifying barriers to their successful systematic uptake.
- Develop methodological capacity in the challenging context of Aboriginal and Torres Strait Islander health, which will further enhance the research capacity of collaborating research partners.