



the
Lowitja
Institute

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

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Ms Lyn Beverley
Committee Secretary
Senate Finance and Public Administration Committees
PO Box 6100
Parliament House
Canberra ACT 2600

fpa.sen@aph.gov.au

The Lowitja Institute welcomes the Senate Finance and Public Administration Committee inquiry into the recent tendering processes by the Department of the Prime Minister and Cabinet, Indigenous Advancement Strategy (IAS) and the impact on service quality, efficiency and sustainability.

Rather than specific terms of reference our submission addresses the terms in a broad sense pertaining to the principles that support Aboriginal and Torres Strait Islander evidenced based policies and programs, the impact for the Lowitja Institute of being unsuccessful in the application process and the evidence available to address the program streams of the IAS.

The Lowitja Institute continues to undertake innovative work to ensure that research and its translation into practice produces tangible outcomes for Aboriginal and Torres Strait Islander people.

We welcome the opportunity to be of further assistance to the Committee, should it be required. The contact person for this work is Ms Mary Guthrie, General Manager, Policy, and she can be contacted on 03 8341 5504, or email mary.guthrie@lowitja.org.au.

Yours sincerely

Signed: *Romlie Mokak*

Romlie Mokak
Chief Executive Officer

The Lowitja Institute Submission to the Senate Finance and Public Administration Committee

The Lowitja Institute is Australia's national institute for Aboriginal and Torres Strait Islander health research, named in honour of its Patron, Dr Lowitja O'Donoghue AC CBE DSG. The Institute was established in 2010, emerging from a 14-year history of Cooperative Research Centre's funded by the Australian Government CRC Program.

The Lowitja Institute has a vision of social equality for Australia's First Peoples. We have learned over a number of decades that for the successful implementation of Aboriginal and Torres Strait Islander policy, the following overarching principles are vitally important:

- The acknowledgement of the Aboriginal and Torres Strait Islander definition and understanding of health incorporates the historical, cultural, spiritual, social, as well as the physical dimension of health;

Aboriginal health" means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their community. It is a whole-of-life view and includes the cyclical concept of life-death-life.¹

- The value of Aboriginal and Torres Strait Islander leadership;
- Human rights principles should be reflected in all work in Aboriginal and Torres Strait Islander policy;
- Genuine partnership and transparent engagement with Aboriginal and Torres Strait Islander people, organisations and communities are vital if we are to make lasting change;
- Respect for the skills and abilities of Aboriginal and Torres Strait Islander people and organisations to lead decision making;
- The role of Aboriginal and Torres Strait Islander culture and history is recognised and valued;
- Aboriginal and Torres Strait Islander communities are widely diverse. Locally tailored and targeted solutions are more likely to succeed than a 'one-size-fits-all' approach;
- Using strengths-based approach versus a 'deficit model'.

The Lowitja Institute asks that rather than the IAS program area of Safety and Wellbeing² in isolation, the Government adopt the broader frame of Aboriginal and Torres Strait Islander health. This approach is underpinned by social and economic factors that sustain healthy lives; education, employment, housing and other integrated social systems. This would also be consistent with the definitions of Aboriginal and Torres Strait Islander health and policy instruments such as National Aboriginal and Torres Strait Islander Health Plan 2013-2023 (Health Plan).³

Recommendation

1. That the committee recommend the Australian Government adopt a consistent definition of Aboriginal and Torres Strait Islander health for the IAS and its program areas.

¹ National Aboriginal Health Strategy Working Party, 1989

² The Indigenous Advancement Strategy describes this program as "ensuring that Indigenous people are healthy and enjoy the emotional and social wellbeing experienced by other Australians"

³ National Aboriginal and Torres Strait Islander Health Plan 2013-2023, Commonwealth Government of Australia, pg. 9. URL [http://www.health.gov.au/internet/main/publishing.nsf/content/B92E980680486C3BCA257BF0001BAF01/\\$File/health-plan.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/B92E980680486C3BCA257BF0001BAF01/$File/health-plan.pdf)

Aboriginal and Torres Strait Islander governance and policy development

It is paramount that the IAS reflects and supports the gains of the recent past. The establishment of the Close the Gap in Indigenous Health equality campaign, the National Health Leadership Forum (NHLF), a range of Aboriginal and Torres Strait Islander health workforce bodies and the Healing Foundation, provides Aboriginal and Torres Strait Islander expertise and wisdom, which must be valued and built upon. These are lessons in the health sector that can be applied for the IAS.

Prime Minister Rudd's Apology to the Stolen Generations in 2008 was a profound national event that established new-found trust between Aboriginal and Torres Strait Islander peoples, governments and the wider community. The ensuing Statement of Intent⁴ by the then Prime Minister paved the way for bipartisan and cross-professional commitment that continues to be demonstrated. Those commitments have been manifested at the political and policy level through the COAG framework. Aboriginal and Torres Strait Islander Community Controlled Health Services (ACCHSs) are central to this Statement, providing critical frontline primary health services and integrated care and well known to be more culturally appropriate and accessible for Aboriginal and Torres Strait Islander people when compared with mainstream health services and general practice.⁵ We are at a point in the history of Aboriginal and Torres Strait Islander policy where important, long-sought and hard-fought gains have been made. We must continue with what works well and ensure there is a shared vision if we are to improve the lives and the health of Australia's First Peoples.

Policymakers must therefore acknowledge the importance of genuine partnership with Aboriginal and Torres Strait Islander leaders and support multi-level governance processes, with consideration to the broad reform that the IAS has undertaken.^{6 7} The Aboriginal and Torres Strait Islander Social Justice Commissioner in his Social Justice and Native Title Report 2014 outlines established and relevant mechanisms to achieve good Aboriginal and Torres Strait Islander governance and partnerships. The report highlights the importance of Aboriginal and Torres Strait Islander leadership for meaningful engagement and creating long-term change at the local and national level.⁸

We would draw particular attention of the committee to the model for Aboriginal and Torres Strait Islander policy development for the Health Plan,⁹ developed with the NHLF and after extensive nationwide consultation with Aboriginal and Torres Strait Islander communities and health organisations.

The NHLF is a coalition of Aboriginal and Torres Strait Islander health organisations across Australia. The NHLF brings together an invaluable source of Aboriginal and Torres Strait Islander experience and expertise, providing advice on matters relating to Aboriginal and Torres Strait Islander health, the health system itself and the social and cultural determinants.^{10 11} The process of government working with the

⁴ Close the Gap Progress and Priorities Report 2015, Close the Gap Campaign Steering Committee, 2015, pg. 4.

URL <https://www.humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/publications/close-gap-progress-and-0>

⁵ Panaretto K, Wenitong M, Button S and Ring I, 'Aboriginal community controlled health services: leading the way in primary care' (2014) Medical Journal of Australia, 200 (11) 649.

⁶ Close the Gap Progress and Priorities Report 2015, Close the Gap Campaign Steering Committee, 2015, pg. 5. URL

<https://www.humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/publications/close-gap-progress-and-0>

⁷ Indigenous Advancement Strategy, 2014, Commonwealth of Australia, URL http://www.dpmc.gov.au/indigenous_affairs/ias/index.cfm

⁸ Gooda M, 2014, Social Justice and Native Title report 2014, pg. 154-155, Australian Human Rights Commission, URL

<https://www.humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/publications/social-justice-and-nati-0>

⁹ National Aboriginal and Torres Strait Islander Health Plan 2013-2023, Commonwealth Government of Australia, URL

[http://www.health.gov.au/internet/main/publishing.nsf/content/B92E980680486C3BCA257BF0001BAF01/\\$File/health-plan.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/B92E980680486C3BCA257BF0001BAF01/$File/health-plan.pdf)

¹⁰ UN Declaration on the Rights of Indigenous Peoples, United Nations, 2008 (adopted 2007 by General Assembly), URL

http://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf

NHLF has continued to the development of an Implementation Plan of the Health Plan. This has demonstrated a bipartisan approach that has been incrementally built upon continuous engagement over a long period of time, with a range of Aboriginal and Torres Strait Islander leaders.

The Health Plan itself identifies that it is essential that governments work together across all building blocks that relate to health, an important acknowledgement of a need for policy and program integration. With this in mind, the IAS reform and subsequent policy and program development, by comparison is operating in a time limited environment, rather than establishing the essential relationships and foundations to ensure the Aboriginal and Torres Strait Islander community outcomes are the ones that matter the most. The competitive tendering process is known to have caused great anxiety for Aboriginal and Torres Strait Islander organisations in relation to program continuation and survival, and have been potentially disadvantaged in their capacity to develop funding submissions.

The Lowitja Institute's *Overburden Report* states:

*Heightened political sensitivity, and the related need to demonstrate strong accountability, tends to reinforce burdensome reporting requirements that seem to have limited utility.*¹²

Noting the IAS is aiming to achieve streamlined processes of funding and regulation, and effectiveness and accountability, this Report outlines good practice in particular for ACCHS's.¹³ The committee and Australian Government must consider and prioritise a resolve of the known approaches for bettering the funding arrangements for ACCHS's and other Aboriginal and Torres Strait Islander organisations that are best positioned to lead and deliver the IAS program.

With consideration to rationalisation and policy development, there is much to be learned for the IAS from an approach working to reduce health and social inequalities, South Australia's 'Health in All Policies' (HiAP). Since 2007 this initiative employs an expert Thinker-in-Residence program to ensure evidence informed practice and a joined-up government approach.¹⁴ When HiAP has been compared internationally, collaborative pooled funding approaches developed in Sweden, and ongoing human resource requirements for facilitation in South Australia provided by Department of Health, are key contributors to the implementation process.¹⁵

In a recent report on Addressing Entrenched Disadvantage in Australia,¹⁶ recommendations broadly included developing life course and long term policies to minimise entrenched disadvantage and reported specifically on the Aboriginal and Torres Strait Islander experience of disadvantage.

The report contrasts with the Forrest Review¹⁷ which promotes parity in education for Aboriginal and Torres Strait Islander people with non-Indigenous Australians as being the key consideration for

¹¹ Marmot M, 2010, Fair society, Health Lives: The Marmot Review, Department of Health London, URL <http://www.ucl.ac.uk/whitehallIII/pdf/FairSocietyHealthyLives.pdf>

¹² Dwyer J, et al. 2009, The Overburden Report: Contracting for Indigenous Health Services, Cooperative Research Centre for Aboriginal Health, Darwin. pg. 3, URL <https://www.lowitja.org.au/sites/default/files/docs/Overburden%20update%20FINAL.pdf>

¹³ Ibid. pg. 58-60

¹⁴ South Australian Government, South Australian Health in all Policies Case Study, 2013, pg. 2, URL <http://www.sahealth.sa.gov.au/wps/wcm/connect/f31235004fe12f72b7def7f2d1e85ff8/SA+HiAP+Initiative+Case+Study-PH%26CS-HiAP-20130604.pdf?MOD=AJPERES&CACHEID=f31235004fe12f72b7def7f2d1e85ff8>

¹⁵ Pinto, A et al, 2015, Economic considerations and health in all policies initiatives: evidence from interviews with key informants in Sweden, Quebec and South Australia, BMC Public Health 15:171, pg. 3.

¹⁶ Committee of Economic Development Australia (CEDA), Addressing Entrenched Disadvantage in Australia, 2015, URL http://www.ceda.com.au/research-and-policy/policy-priorities/disadvantage?utm_source=web_edlaunch&utm_medium=webpage&utm_content=disad&utm_campaign=ed2015

¹⁷ The Forrest Review, 2014, Commonwealth of Australia. URL <https://indigenousjobsandtrainingreview.dpmc.gov.au/forrest-review>

employment outcomes. This understanding has not considered the difference in probability for employment due to human capital, discrimination, health and cultural factors.¹⁸

Recommendations

1. That the committee recommend the Australian Government strengthens known governance processes for Aboriginal and Torres Strait Islander people at local, state and national levels.
2. That the committee recommend the Australian Government continue to acknowledge the importance of the ongoing relationships with a range of Aboriginal and Torres Strait Islander leaders for policy and program development.
3. That the committee recommend the Australian Government develop an appropriate and effective model for a whole of government response for the IAS.

Program tendering process

The Lowitja Institute attended an information session in Melbourne, Victoria on Thursday 28th August 2014 on the IAS, delivered by the State Prime Minister and Cabinet (PM&C) Director of the Indigenous Affairs Network. This session provided high-level information for the sector on the policy direction and very few specific program details. It was evident at this time that PM&C had limited clarity around policy development, direction, funding and implementation. As a result the information session was inundated with questions related to organisation and program survival, along with the concerns in relation to the Corporations (Aboriginal and Torres Strait Islander) Act 2006.

Following this session the Lowitja Institute sought all further information relating to tendering online due to the tight timeframes provided for funding submissions. This was problematic for comprehensive program understanding. On 4th March 2015 received notification by email that an application for funds had been unsuccessful.

Over a number of years, the Lowitja Institute has developed a methodology for its own research, which embraces an ethical and culturally appropriate approach for working with Aboriginal and Torres Strait Islander individuals and communities. The proposal for IAS funding for health research ethics training would have addressed a wide range of issues that impact organisational capacity, program outcomes and ultimately the health and wellbeing of Aboriginal and Torres Strait Islander people. The project would ensure the promotion and practical application of Aboriginal and Torres Strait Islander health research ethics principles, working with a range of national stakeholders.

The evidence base

It is important that policy and program development for Aboriginal and Torres Strait Islander people be approached in a rigorous and consultative manner. Existing program evaluations should be utilised and future program evaluations must be well resourced. Health, Environmental or Social Impact Assessments or Statements, as a predictive, evidence-based approach to policy development could be

¹⁸ Committee of Economic Development Australia (CEDA), Addressing Entrenched Disadvantage in Australia, 2015, pg. 70, URL http://www.ceda.com.au/research-and-policy/policy-priorities/disadvantage?utm_source=web_edlaunch&utm_medium=webpage&utm_content=disad&utm_campaign=ed2015

considered by the committee, government departments and agencies in consultation with key stakeholders for all areas of Aboriginal and Torres Strait Islander reform, including the IAS.¹⁹

Impact Assessments are used to predict the positive, negative and/or unintended consequences, with a combination of evidence and from a variety of sources, for policy and programs at a population level. This would assist in achieving the utmost transparency in all areas of future development in the IAS. As examples, state health jurisdictions in NSW, WA and SA have existing Aboriginal Health Impact Statement processes and guidelines.^{20 21 22} A Health Impact Assessment was published in response to the Northern Territory Emergency Response in 2007.²³

Recommendations

1. That the committee and Australian Government consider the evidence-base for policy and program development for Aboriginal and Torres Strait Islander people.
2. That the committee recommend the Australian Government adopt an approach of predicting and measuring impact with Health, Environmental or Social Impact Assessments prior to rationalisation and large reform, such as the IAS.

Empowerment and Family Wellbeing

Empowerment has been said to be the ‘missing determinant’ in terms of Aboriginal and Torres Strait Islander health.²⁴ In her foreword to the publication Promoting Aboriginal Health – The Family Wellbeing Empowerment Approach,²⁵ Ms Pat Anderson, Lowitja Institute Chairperson states

The Family Wellbeing Program facilitates a process of empowerment and agency in people’s lives. As Aboriginal people, we need to have a sense of agency in our lives, that we are not stray leaves blowing about in the wind.

The Family Wellbeing (FWB) program is an accredited six month Certificate II training program delivered through the Australian vocational education and training sector. It is also provided in flexible delivery mode to small groups. It was developed in 1993, by and for Aboriginal and Torres Strait Islander people.

The FWB program aims to empower Aboriginal and Torres Strait Islander individuals, families, organisations and communities to take greater control over their lives, to participate fully in education and employment, and improve health and wellbeing.²⁶

¹⁹ Close the Gap Progress and Priorities Report 2015, Close the Gap Campaign Steering Committee, 2015, pg.41. URL

<https://www.humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/publications/close-gap-progress-and-0>

²⁰ New South Wales Government, URL http://www0.health.nsw.gov.au/policies/pd/2007/PD2007_082.html

²¹ South Australian Government, URL

<http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/about+sa+health/aboriginal+health/aboriginal+health+impact+statement+policy+directive>

²² Western Australia Department of Health: Aboriginal Health, Aboriginal Health Impact Statement and Declaration for WA Health (2014), pg. 9-11. URL www.aboriginal.health.wa.gov.au/docs/AboriginalHealthImpactStatementandDeclarationforWAHealth.pdf

²³ Australian Indigenous Doctors’ Association and Centre for Health Equity Training, Research and Evaluation, UNSW. 2010, Health Impact Assessment of the Northern Territory Emergency Response. Canberra: Australian Indigenous Doctors Association, URL https://www.aida.org.au/pdf/HIA/AIDA_HIA.pdf

²⁴ Anderson P, - The Eberhard Wenzel Oration presented at the 22nd Australian Health Promotion Conference 5 September 2014, pg. 3, URL <https://www.lowitja.org.au/speeches>

²⁵ Whiteside M, et al. 2014, Promoting Aboriginal Health – The Family Wellbeing Empowerment Approach, Springer Briefs in Public Health, Springer Press

²⁶ The Family Wellbeing Program: Empowerment research, 2014, the Lowitja Institute, URL <http://www.lowitja.org.au/family-wellbeing-program-empowerment-research>

These considerations are integral to inform the approaches of the IAS across all program areas, particularly Children and Schooling, Safety and Wellbeing and Remote Australia. Government collaboration across Ministerial portfolios is an urgent priority, particularly in relation to health, justice, human services, early childhood education and education and training to ensure an integrated approach to achieve the priorities of the IAS as well as Closing the Gap targets, currently not being met.²⁷

Recommendation

1. That the committee recommend the Australian Government acknowledge the existing evidence-base for programs of benefit to Aboriginal and Torres Strait Islander children, families and communities.

Views on Alternatives to Imprisonment: A Citizens Jury Approach

It is noted that Correctional Services Departments have been funded under the IAS.²⁸

A Lowitja Institute research project, *Views on Alternatives to Imprisonment: A Citizens Jury Approach*²⁹ demonstrates that policy development in relation to incarceration issues can be approached differently. The work tests public opinion in relation to criminal justice, and how public opinion may or may not impact on policy decision-making. The research methodology involved Citizens Juries as an alternative to public opinion polls to assess the public's views. The researchers also sought the views of policymakers to assess the extent to which they were influenced by citizens who have critically informed views.

This study makes an important contribution to the policy debate faced by policymakers that need to be considered in progressing sound policy options on alternatives to incarceration. In relation to the development of the IAS, the Australian Government must further opportunities for collaboration for the Aboriginal and Torres Strait Islander community, researchers, policymakers and service agencies in Justice Reinvestment and other known approaches to address the overrepresentation of Aboriginal and Torres Strait Islander people in the justice system.

Recommendation

1. That the committee recommend the Australian Government considers the range of evidence available in relation to alternatives to imprisonment in the development of future policies.

Shifting Gears in Career – Identifying Drivers of Career Development for Aboriginal and Torres Strait Islander Workers in the Health Sector

Aboriginal Community Controlled Health Services (ACCHSs) in Australia collectively, are a significant employer of Aboriginal and Torres Strait Islander people. There are high rates of tertiary qualified employees within ACCHSs and therefore contributing to further education and employment targets for Aboriginal and Torres Strait Islander people nationally; a major focus of the IAS.

²⁷ Closing the Gap: Prime Minister's Report 2015, Commonwealth Government of Australia, p. 5.

²⁸ The Australian, *Indigenous Advancement Strategy funding revealed*, 24 March 2015

²⁹ Views on Alternatives to Imprisonment: A Citizens Jury Approach, 2014, the Lowitja Institute, URL <http://www.lowitja.org.au/views-alternatives-imprisonment-citizens-jury-approach>

The Lowitja Institute funded research *Shifting Gears in Career – Identifying Drivers of Career Development for Aboriginal and Torres Strait Islander Workers in the Health Sector* relates to the Aboriginal and Torres Strait Islander health workforce. The report explores how the Australian health sector could improve opportunities for career development for Aboriginal and Torres Strait Islander workers. It identifies the key policymakers in shaping career development for Aboriginal and Torres Strait Islander workers in the health sector. Further, it considers the workforce in terms of supply focus, i.e. provision of education and training opportunities, and the demand side response, i.e. the way in which broader health policy development can accommodate and support career development.³⁰

There is also evidence and knowledge to suggest that skills development and Aboriginal and Torres Strait Islander health pathways, particularly in ACCHSs is under resourced and often not collaboratively or strategically developed and driven by the sector.^{31 32}

A 2013 Review of Australian Government Health Workforce Programs stated;

*The most significant health workforce issue, particularly in the area of general practice medicine, is not one of total supply but one of distribution, which is to say inadequate or non-existent service provision in some rural and remote areas, and to populations of extreme disadvantage, most particularly the Aboriginal and Torres Strait Islander communities and some outer metropolitan communities.*³³

This report also presents the good news on the growth that has been achieved across health disciplines for Aboriginal and Torres Strait Islander people. Aboriginal and Torres Strait Islander nurses and midwives, doctors, psychologists, allied health workers and Aboriginal and Torres Strait Islander health workers, have developed highly effective working relationships with their stakeholder partners such as governments, health and medical schools; health faculties and medical professional bodies; and primary/secondary/tertiary education bodies.³⁴ The health sector is providing leadership in the employment of Aboriginal and Torres Strait Islander people, with models of education and training pathways, support, recruitment and retention that could be observed for the IAS.

Recommendation

1. That the committee recommends the IAS aligns with and observes the successful outcomes for increasing the Aboriginal and Torres Strait Islander health workforce for future policy development relating to Aboriginal and Torres Strait Islander human capital.

The Lowitja Institute

The Lowitja Institute is Australia's national institute for Aboriginal and Torres Strait Islander health research, named in honour of its Patron, Dr Lowitja O'Donoghue AC CBE DSG. The Institute was established in 2010, emerging from a 14-year history of Cooperative Research Centres (CRCs) funded by the Australian Government CRC Program.

Since 1997, the Institute (and its predecessor CRC organisations) has led a substantial reform agenda in Aboriginal and Torres Strait Islander health research by working with communities, researchers and

³⁰ Shifting Gears in Career: Identifying Drivers of Career Development for Aboriginal and Torres Strait Islander Workers in the Health Sector, 2014, the Lowitja Institute, URL <http://www.lowitja.org.au/shifting-gears-career-identifying-drivers-career-development-aboriginal-and-torres-strait-islander>

³¹ National Aboriginal Community Controlled Health Organisation, Investing in Aboriginal Community Controlled Health Makes Economic Sense, 2014, NACCHO Aboriginal Community Controlled Health Press Club, pg. 32-35, URL http://www.naccho.org.au/download/naccho_health_futures/Full%20Report%20-%20Economic%20Value%20%20Final%20Report.pdf

³² Health Workforce Australia, 2011, Growing Our Future: the Aboriginal and Torres Strait Islander Health Worker Project Final Report, pg. 11-12, URL <http://www.hwa.gov.au/sites/uploads/a-tsi-hwa-final-report-201208.pdf>

³³ Mason J, 2014, Review of Australian Government Health Workforce Programs, Commonwealth Government of Australia, pg. 6-7.

³⁴ Ibid. 49-55

policymakers, with Aboriginal and Torres Strait Islander people setting the agenda and driving the outcomes.

At present, we work in partnership with twenty-one participants around Australia, including Aboriginal and Torres Strait Islander health organisations; State and Australian government departments; and academic research institutions. Together, we aim to achieve demonstrable impact in better health outcomes for Aboriginal and Torres Strait Islander people through research, capacity building, workforce development, knowledge exchange and research

Our partners

Partnerships are our strength. Our 21 partners from around Australia; community-controlled health services; state, territory and federal government departments; and academic research institutions support the implementation of the current research agenda.

Essential Participants	Other Participants
Australian Institute for Aboriginal and Torres Strait Islander Studies	Aboriginal Health Council of South Australia
Central Australian Aboriginal Congress	Aboriginal Medical Services Alliance Northern Territory (AMSANT)
Edith Cowan University	Australian National University
Flinders University	Curtin University
James Cook University	Charles Darwin University
Menzies School of Health Research	Department of Health – Commonwealth
QIMR Berghofer Medical Research Institute	Griffith University
The University of Melbourne	La Trobe University
The University of New South Wales	Queensland University of Technology
	Queensland Health
	The George Institute of Global Health
	University Queensland

Current Lowitja Institute research programs

Community capability and the social determinants of health

The goal is to develop knowledge, tools and resources that will increase the capacity of communities and other end-users (policymakers and services) to implement cultural, empowerment and identity based programs, approaches and methodologies to improve the social determinants of health. More information about this research program can be found at: www.lowitja.org.au/community-capability

Needs and opportunities for a workforce to address Aboriginal and Torres Strait Islander health

The goal is threefold:

1. To develop knowledge, tools and resources that will enable end-users (policymakers, health services and communities) to enhance the capability of the health workforce to be effective in the delivery of all aspects of health care for Aboriginal and Torres Strait Islander people.

2. To develop knowledge, tools and resources that will enable end-users (policymakers, health services and communities) to provide culturally competent and safe working environments that facilitate entry and career pathways for Aboriginal and Torres Strait Islander people in the health and health research workforce.
3. To build and strengthen the Aboriginal and Torres Strait Islander health research workforce. More information about this research program can be found at: www.lowitja.org.au/workforce

Health policy and systems

The goal is to develop knowledge, tools and resources that enable end-users (policymakers, services and communities) to reform health and social policy and program implementation, to enhance the capability of health care and other services so that Aboriginal and Torres Strait Islander people can access timely, high quality, culturally competent care. More information about this research program can be found at: www.lowitja.org.au/health-policy-systems.