Our Vision
To achieve equity in health outcomes for Aboriginal and Torres Strait Islander peoples.

Our Dreaming
As the National Institute for Aboriginal and Torres Strait Islander Health Research, with a sole focus on the health and wellbeing of Australia’s First Peoples, we:
- Ensure that Aboriginal and Torres Strait Islander peoples have a strong voice in all activities
- Bring together Aboriginal and Torres Strait Islander communities, health services, researchers, governments and policy makers to enable high-quality, collaborative health research that makes a difference
- Continue to develop world-leading Aboriginal and Torres Strait Islander health researchers
- Build on our record as national leaders in knowledge exchange and the translation of research findings into evidence-based practice and policy
- Work at the community, regional and national levels to improve health outcomes and set the research agenda
- Work with our extensive networks to be the pre-eminent source of evidence and expertise in Aboriginal and Torres Strait Islander health research.

Implementing and Communicating our Research
We have developed a research program that promotes high-quality research through increased Aboriginal and Torres Strait Islander control of the research agenda and our key partnerships. We are also fostering a new generation of Aboriginal and Torres Strait Islander health researchers through our scholarship program and our focus on capacity development. Partnerships are our strength. By bringing together Aboriginal and Torres Strait Islander people with world-leading researchers, policy makers and experts in cutting-edge service delivery, the Institute fosters the kind of collaborative research that is making a real difference to the health and wellbeing of Australia’s First Peoples. At every stage of our research, we work with Aboriginal and Torres Strait Islander people and communities to set priorities, define the research and ensure that findings are put into practice.

Contact Us
Melbourne (Head Office)
170 Goulburn Street | Carlton | Vic. 3053
PO Box 650 | Carlton South | Vic. 3053
t: +61 3 8341 5555
f: +61 3 8341 5599
e: admin@lowitja.org.au

Knowledge Exchange and Translation into Practice

About the Lowitja Institute
The Lowitja Institute is the only research organisation in Australia with a sole focus on the health and wellbeing of Australia’s First Peoples. The voice of Aboriginal and Torres Strait Islander people informs all our activities, whether we’re conducting community-based research or setting our strategic direction.

Named in honour of our Patron, Dr Lowitja O’Donoghue AC CBE DSG, our organisation works under the direction of a skills-based Board made up of a majority of Aboriginal and Torres Strait Islander members and led by an independent Aboriginal Chairperson. The principle of strong Aboriginal and Torres Strait Islander leadership at all levels of research and innovation is central to our identity.

We are committed to maintaining the traditions of research excellence and collaborative endeavour established over many years by our two predecessor Cooperative Research Centres (1997–2009). The Institute, launched in 2010, currently hosts the CRC for Aboriginal and Torres Strait Islander Health (CRCATSIH) through to June 2014.

Our regional offices are in Darwin, Adelaide and Brisbane. For more information about the Lowitja Institute, go to: www.lowitja.org.au

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Aboriginal (and Torres Strait Islander) individuals and organisations must be fully involved – not just consulted – in the initiation, design and implementation of the research the Lowitja Institute undertakes. The institute must disseminate its research findings widely – not just to other researchers, but to health practitioners, the corporate sector, governments, politicians of all persuasions, and to the public.

Dr Lowitja O’Donoghue AC CBE DSG
The Lowitja Institute launch | February 2010
The cardiac patient journey for Aboriginal and Torres Strait Islander people

Many Aboriginal and Torres Strait Islander people, especially those in remote areas, are required to travel vast distances to hospitals for surgery, often with life-threatening conditions.

Language issues, poor inter-agency coordination, cultural misunderstandings, emotional and physical stress, travel and financial problems all play their part in making this a fraught process. Not only does it impact on the safety and wellbeing of patients, it also has implications for health system costs and efficiencies.

The Improving the Patient Journey project fits into a broader program of work aimed at lifting health system outcomes, it also has implications for the impact on the safety and wellbeing of patients, it also has implications for health system costs and efficiencies.

The project ended with the publication of the summary report ‘Improving the Patient Journey: Achieving Therapeutic Deliberation for Remote Aboriginal Cardiac Patients’ written with community industry and academic collaborators – an Asha Prize. The Australian Nursing Federation supports the publication and its recommendations, and the project fits into a broader program of work aimed at lifting health system outcomes, it also has implications for the impact on the safety and wellbeing of patients, it also has implications for health system costs and efficiencies.

Key project outcomes

- Permanent remote/clinical nursing coordinator position at FMC has delivered improved intercultural communication and coordination, better primary care and hospital settings
- Improved processes have resulted in a reduction in ‘no shows’ at FMC, a reduction in episodes of delayed and cancelled surgery, and improved patient flow for elective surgical waiting lists
- Cost savings for the health system due to a reduction in surgical work ‘down time’ at FMC and a reduction in hospital length-of-stays due to pre-travel health screening
- Improved quality and safety of patient care within FMC, including the provision of interpreters and appropriate health education material to remote area patients
- Improved discharge planning and sharing of health information across geographical boundaries, and improved follow-up in communities post-discharge
- Reduced travel costs and the incidence of unnecessary travel for Aboriginal cardiac patients and their families
- Transfer of FMC cardiac model to cardiac coordinator nursing positions at Royal Darwin Hospital, Alice Springs Hospital and Townsville Hospital
- Transfer of FMC cardiac model informs two cancer care coordinator nursing positions at the Royal Adelaide Hospital
- COAG funding for an additional cardiac position and a nursing/medsafety position at FMC
- Project research developed into case studies as teaching tools for nurses and doctors
- Pilot project 2011 – included Flinders University of SA medical students accompanying patients through their cardiac journey from diagnosis to surgery, recovery ICU through to discharge. Audit showed positive patient and student feedback.