

## 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.

## 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, refine the research and ensure that findings are put into practice.

This approach has earned us a reputation as **leaders in knowledge exchange**. For us this is a two-way process between Aboriginal and Torres Strait Islander people, researchers and the end-users of research, in which research can be used to influence policy and planning, as well as practice and systems.

Our research, now spanning **more than 15 years**, provides many examples of our track record of best practice in knowledge exchange. Overleaf we have set out one such knowledge exchange case study, mapping its journey from research concept through to implementing and communicating the findings of that research. For others, visit our website at: [www.lowitja.org.au/case-stories-researchers](http://www.lowitja.org.au/case-stories-researchers).

## 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 will:

- 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.

## Contact Us

**Melbourne (Head Office)**  
179 Grattan 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](mailto:admin@lowitja.org.au)

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

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



*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



*Incorporating the Cooperative Research Centre for Aboriginal and Torres Strait Islander Health*



# Overcoming governance, regulatory and performance burdens in ACCHSs

Aboriginal Community Controlled Health Services (ACCHSs) are among the main providers of comprehensive primary health care for Aboriginal and Torres Strait Islander people around Australia, especially in regional and remote areas.

They are also the only sector of the Australian health system that both provides an essential comprehensive primary health care service and does so from a base of fragmented funding contracts. The Lowitja Institute and its predecessors have supported a broad research effort spanning more than a decade to improve the governance, regulation and performance of these key health service providers.

The Overburden project, which began in 2006, represents the most comprehensive attempt to date to document the effect of government regulatory burdens on the operation of ACCHSs. The project has played a major role in bringing about positive change to this sector since its main findings were released in 2009.



Incorporating the Cooperative Research Centre for Aboriginal and Torres Strait Islander Health



## March to June 2006

Overburden emerges from CRAH project development process

The Overburden project (originally named 'Frameworks for best practice in funding and regulation of Aboriginal and Torres Strait Islander health care') is among the first four projects to be approved under the CRC for Aboriginal Health's new Facilitated Development Approach (FDA) for project development. Following a thorough Quality Assurance process, the Flinders University-based project team begins work under Project Leader Professor Judith Dwyer. It adopts the mining industry term 'overburden' to describe its research focus, being a suitable analogy for the crushing burden of regulation that must be removed in order to improve health service provision.

## August 2009 to July 2010

CRAH publishes findings

The CRC for Aboriginal Health publishes the 89-page *The Overburden Report: Contracting for Indigenous Health Services* in August 2009, followed by a four-page summary brochure and a two-page policy brief. The findings reveal that a medium-sized ACCHS with a turnover of \$2 million receives funding from an average of 22 different sources, with this funding composed almost entirely of short- to medium-term contracts. This fragmented funding environment acts as a barrier to the delivery of integrated primary health care (PHC) by diverting resources away from key services.

## 2011 onwards

Lowitja Institute commences follow-up projects

As part of its new Commonwealth Agreement the Lowitja Institute continues its research focus on funding and accountability in Aboriginal and Torres Strait Islander PHC. This body of work seeks to address problems in policy and public administration and includes 'Funding, Accountability and Results in Aboriginal health services' (the FAR project); 'Planning, Implementation and Effectiveness in Aboriginal and Torres Strait Islander health policy reform' (the PIE project); and 'Stewardship Dialogues', which aim to generate new options and approaches to addressing implementation failure and cumbersome policy processes in programs and systems for Aboriginal and Torres Strait Islander health and health care.

## April 2007 to July 2009

Main research study period

The research team investigates the impact of Federal and State funding programs on ACCHSs in terms of administrative complexity, the burden of conditions and reporting and accounting requirements, the effect on the comprehensiveness of service provision, and the effect on workforce (recruitment, retention and skill mix). It does this in two ways: by compiling a policy and funding 'map' across Australian jurisdictions, and by undertaking a study of the financial and activity reports of a sample of 21 ACCHSs for the 2006/07 financial year.

## 2010 to 2012

Findings lead to policy change

The Australian Government's *Strategic Review of Indigenous Expenditure* (2010) highlights the findings of the Overburden project and recommends that the Department of Health and Ageing (DoHA) should 'reduce the administrative burden for Indigenous health services' and 'lead discussions with State and Territory health funders on a coherent performance and reporting framework for all government services'. DoHA's main Indigenous health agency, the Office of Aboriginal and Torres Strait Islander Health (OATSIH), subsequently reforms funding and reporting requirements for ACCHSs. The Australian National Audit Office later describes the Overburden Report as a 'significant report' in its *Audit Report No. 26, 2011-12*.

Knowledge Exchange and Translation into Practice

## The Overburden recommendations

- Long-term contracting for core primary health care should be the basis for the funder-provider relationship
- Core funding should allow flexibility for local priority setting in accordance with agreed plans
- Data collection and monitoring should be simplified based on sound performance and health outcome indicators
- Transaction costs can be reduced and complexity managed through a single prime long-term contract and good contract management
- A risk assessment approach can enhance the quality of both sides of the program relationship

## The OATSIH reforms

- A single reporting system introduced
- National Key Performance Indicators developed
- A web-based reporting tool introduced
- Unnecessary reporting requirements removed
- Continuous Quality Improvement (CQI) indicators introduced to support service providers
- Reporting back to service providers and peak bodies improved
- Support and training for service providers upgraded
- Patient information recall systems improved
- A national data custodian established