



Annual Report

2020



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



Australian Government
Department of Health

Lowitja Institute receives funding from the Australian Government Department of Health.

Annual Report 2020

ABN: 70 138 780 695

Artwork:

Our special thanks to Elizabeth Close, a Pitjantjatjara and Yankunytjatjara woman from the Anangu Pitjantjatjara Yankunytjatjara Lands in Central Australia, whose artwork is featured through this report.

Who we are

Lowitja Institute is Australia's national institute for Aboriginal and Torres Strait Islander health research. It is a community controlled Aboriginal and Torres Strait Islander organisation working for the health and wellbeing of Australia's First Peoples through high impact quality research, knowledge translation, and by supporting a new generation of Aboriginal and Torres Strait Islander health researchers.

Our Patron: Dr Lowitja O'Donoghue AC CBE DSG

Dr Lowitja O'Donoghue was born in 1932 at Indulkana, in north-west corner South Australia, to a Pitjantjatjara mother and an Irish father. At the age of two, she and two of her sisters were taken away from their mother on behalf of South Australia's Aboriginal Protection Board. Through a chance meeting, she was reunited with her mother, Lily, in the mid-1960s.



In 1954, Dr O'Donoghue became the first Aboriginal trainee nurse at the Royal Adelaide Hospital where she became charge sister. Following a period in India in the mid-1960s, she returned to Australia and resumed what became a distinguished career of advocacy and achievement for the rights of Australia's First Peoples. Among her many awards, she was the first Aboriginal woman to be awarded an Order of Australia (AO) in 1976, was made a Companion of the Order of Australia (AC) in 1999, a Commander of the Order of the British Empire (CBE) in 1983, and Australian of the Year in 1984, during which time she became the first Aboriginal person to address the United Nations General Assembly. She was named a National Living Treasure in 1998.

Dr O'Donoghue holds a number of honorary fellowships and doctorates and a professorial fellowship. She was the inaugural Chair of the Cooperative Research Centre for Aboriginal and Tropical Health (1996–2003). In 2010, she gifted her name to the Lowitja Institute.

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Chairperson's Message

This past year has been a period like no other in the life of Lowitja Institute – in fact, in Australia and the world. It has reinforced why the work that Lowitja Institute leads, facilitates or promotes remains essential in contributing to the health and well-being of Aboriginal and Torres Strait Islander peoples.

The bushfire season arrived early in New South Wales, with devastating impacts, soon followed by some of the worst bushfires ever experienced by South Australia, Victoria, Queensland, the ACT, and Western Australia. Amid this, Canberra experienced a destructive hailstorm and spent weeks shrouded in smoke from the surrounding bushfires.

This was a collective reminder of the ongoing impact of climate change and the role we all have in contributing positively to protecting our environment, Mother Earth. The 2020 Close the Gap Campaign report, prepared by Lowitja Institute, highlighted the urgent existential threats posed by climate change — not just to Aboriginal and Torres Strait Islander communities, but to all. Importantly, it also highlighted how we First Nations people have the knowledges and practices that can help heal Country and halt its destruction.

Within a few weeks of the bushfires being controlled, a new challenge entered Australia in the form of COVID-19. Our daily life suddenly transformed in ways none of us had imagined. Lowitja Institute quickly became involved in supporting Aboriginal and Torres Strait Islander people and communities through evidence-based reviews, advice, and collaboration.

Like other organisations, Lowitja Institute also had to pivot quickly, finding new ways to deliver on our intentions. We cancelled our planned Research Ceremony, which was designed to help potential research grant recipients understand and develop projects for our new Research Agenda. This was transformed into a Seed Funding Grants program, where research ideas could be developed and tested prior to accessing larger grants, including our 2020 Project Grants.

Amidst these events, the Black Lives Matter campaign was renewed, for tragic reasons. We have had a Black Lives Matter campaign for decades in Australia, just by other names. That little action has come in response, despite the Royal Commission into Aboriginal Deaths in Custody in the early 1990s, is an ongoing source of pain and grief for our peoples. We continue to campaign for justice, in partnership with many others, for families and communities who never should have lost their loved ones through cruel and racist treatment. And we know the risk of this being repeated remains.

In this space, Lowitja Institute is pleased to play a leading role in the Partnership for Justice and Health, a strategic alliance of health and legal organisations that is working towards action and accountability on the impacts of racism in the Australian health system on Aboriginal and Torres Strait Islander people. Our current Research Agenda provides opportunities for further research and knowledge translation in areas that will support this work.

A major task for the Lowitja Institute Board was to oversee the constitutional change required to transform us from being a Cooperative Research Centre focused organisation to becoming an Aboriginal and Torres Strait Islander community-controlled organisation.

We achieved strong support at our June 2020 Special General Meeting to endorse our revised constitution. This gives us a sound basis to forge ahead under our new structure and continue implementing the priorities of our 2019-2023 Strategic Plan:

Priority 1: Invest in Aboriginal and Torres Strait Islander community-driven best practice health research

Priority 2: Mobilise research knowledge for effective translation

Priority 3: Enhance the capability of the Aboriginal and Torres Strait Islander health research workforce

Priority 4: Promote our role and impact

Priority 5: Create a strong and sustainable future

This report is structured around those five priorities and highlights what we have achieved to date. We have made a solid start in our refreshed directions and I am confident that Lowitja Institute has a strong future.

Pat Anderson AO
Chairperson
Lowitja Institute



Chief Executive Officer's Report

For Lowitja Institute, 2019-2020 was a 'year of transition' as we launched into our new 2019-2023 Strategic Plan, wound up the Cooperative Research Centre and restructured as an Aboriginal Community Controlled Organisation with a new constitution, new logo and redefined membership structure.

We engaged with our broad range of stakeholders to orient them to the critical changes for Lowitja Institute and how they related to the new membership structure. By year's end, it was clear that interest in being part of the Lowitja Institute community is strong, with membership applications flowing in. In 2021, Members will benefit from the Lowitja Institute Members program that is currently under development.

At an internal level, the year has involved dedicated work to review and redesign systems and processes across all areas of the organisation that will enhance our operations. This included refreshed stakeholder engagement and communication strategies, a new membership portal and new research commissioning portal.

The 2020 Conference Statement that focused on First Nations solutions for global change set the foundation for determining our 2020-2023 Research Agenda. It also influenced how we approach research commissioning. In the Seed Funding Grants and the larger 2020 Project Grants, we are promoting wider access to Aboriginal and Torres Strait Islander organisations and researchers than ever before.

The impact of COVID-19 across Australia changed the way we approached planned events, with several rescheduled or redirected to support Aboriginal and Torres Strait Islander organisations and communities to manage their response to COVID-19 at the local level. This resulted in two key initiatives.

We co-funded the 'Rapid Reviews' project, working with NACCHO, RACGP and Australian National University to provide high quality and timely responses to COVID-19 policy and practice issues raised by Aboriginal community controlled health services. We initiated and continue to manage the 'Volunteers Register Project'. This matches volunteers, such as academics and health professionals, to Aboriginal community controlled health organisations based on their needs, and volunteer skills and availability.

A major event that did occur was our well-attended Board Dinner in December 2019, where we launched our new Strategic Plan and announced the new Lowitja Institute Member Community. We were also able to hold our high-impact event at Parliament House in February 2020 to present our new research and policy directions, both of which were positively received by a diverse range of politicians, policymakers and other VIPs in attendance.

For the second year in a row, the Close the Gap Campaign engaged Lowitja Institute to prepare the annual Close the Gap Report, identifying how nurturing the cultural determinants of health and addressing the social determinants of health will lead to positive change in Aboriginal and Torres Strait Islander people's health and support our aspirations.

Finally, my thanks to all the staff at Lowitja Institute for their hard work and dedication, in a difficult and different year, and to the Board for its ongoing support and advice.

Dr Janine Mohamed
Chief Executive Officer
Lowitja Institute



This Year's Highlights

12 Seed Funding grants approved

11 Scholarships Awarded

1 Certificate IV

8 Graduate Certificates

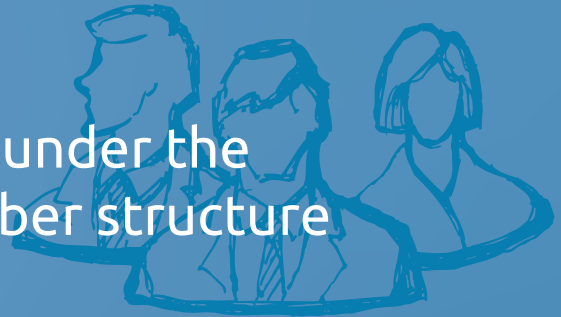
2 Post-Graduate studies



19 high-profile speeches and presentations with national coverage

51

Members under the new member structure



11% of Lowitja Institute policy and advocacy work had a **DIRECT** influence on national level policy




Website traffic growth
73,975

26,169 downloads of reports and other resources



Lowitja Institute is a member of 4 National Aboriginal and Torres Strait Islander coalitions:

- Coalition of Peaks
- National Health Leadership Forum,
- Close the Gap Campaign
- Partnership for Justice in Health

 31 video resources viewed **more than 35,100 times**



Nearly **200** mentions in national and international media

Lowitja Institute worked on **12** national advisory or working groups

Aboriginal and Torres Strait Islander Advisory Group for Health Genomics

Coalition of Peaks

PARTNERSHIP FOR JUSTICE IN HEALTH

National Aboriginal and Torres Strait

IAHP Evaluation Health Sector

Islander Health Plan

Co-design Group

MRFF Indigenous Health Research Fund

GOOD MEDICINE BETTER HEALTH ADVISORY GROUP

National Aboriginal and Torres Strait Islander

Health Plan Implementation

Plan Advisory Group

Geonomics Advisory Group

7th Rural and Remote Health Symposium Conference Organising Committee

Close the Gap Steering Committee Indigenous

National Health Leadership Forum

Leadership Group

31% of Lowitja Institute policy and advocacy work has a **POTENTIAL** influence on a policy product

12,800 followers on Twitter

(16% increase)



Highlights for Lowitja Institute Staff and Members



Doctor of Laws bestowed on our Chairperson

In December 2019, the University of Melbourne admitted Lowitja Institute chairperson Pat Anderson AO to the degree of Doctor of Laws honoris causa. It was an honour bestowed in recognition of her exemplary, inclusive leadership, her forthright advocacy for the advancement and recognition of Indigenous communities and voices, and her highly distinguished contributions to health research that benefit not just Aboriginal and Torres Strait Islander Peoples but the nation at large.



Honoured for dedication to Aboriginal and Torres Strait Islander health

Lowitja Institute CEO Dr Janine Mohamed was awarded a Doctor of Nursing honoris causa from Edith Cowan University in Perth on Sunday 2 February 2020. The degree is in recognition of Janine's dedication to the Aboriginal and Torres Strait Islander health sector through roles in nursing, management, policy and research for over two decades.

Throughout her career, including as former CEO of the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSiNaM), she developed strong national and international networks of Indigenous nurses and midwives, and energetically promoted the recruitment and retention of Aboriginal and Torres Strait Islander nurses and midwives in the workforce.



International Women's Day 2020: The women inspiring Indigenous leadership

Lowitja Institute CEO Dr Janine Mohamed was invited by Trinity College at the University of Melbourne to be part of panel of inspiring Aboriginal and Torres Strait Islander women to speak about their experiences as leaders across a range of fields: academia, health, education and social change. Each woman offered her perspectives on the way her leadership had impacted on herself and the community at large.

L-R Dr Shireen Morris, Ms Rona Glynn McDonald, Dr Sana Nakata, Dr Janine Mohamed, Ms Belinda Duarte & Trinity College Warden Ken Hinchcliff.



A new Deputy CEO

We were extremely pleased to welcome our new Deputy Chief Executive Officer, Mr Paul Stewart, a proud Taungurung man from central Victoria. Paul brought to us his 20 years' experience in Aboriginal and Torres Strait Islander health research, and extensive management experience, more recently at Rail Projects Victoria and Cricket Australia.



NATSIHWA Lifetime Achievement Awards

Congratulations to our CEO Dr Janine Mohamed and to Dr Chelsea Bond from the University of Queensland who were both awarded NATSIHWA Lifetime Achievement Awards at the 2019 NATSIHWA National Conference.

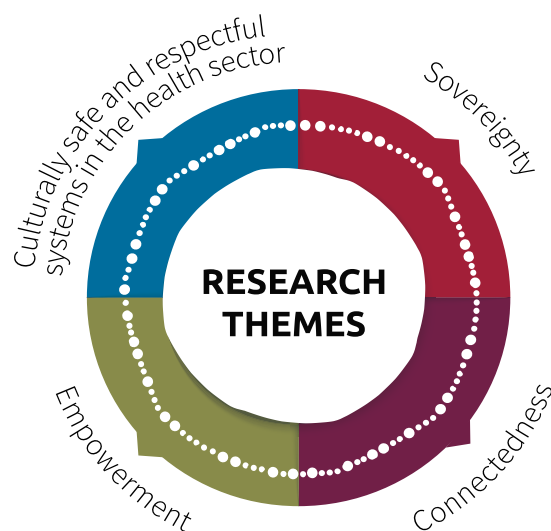
PRIORITY 1: Invest in Aboriginal and Torres Strait Islander community driven best practice health research



2020-2023 Research and Knowledge Translation Agenda

In early 2020, we announced the new Lowitja Institute Research and Knowledge Translation Agenda. The agenda grew out of in-depth discussion at the 2019 Lowitja Institute International Conference, with the 2019 Conference Statement being the blueprint for the agenda. A strong message from the conference audience was to ensure we privileged Aboriginal and Torres Strait Islander organisations and researchers in our research commissioning.

The four themes of empowerment, sovereignty, connectedness and culturally safe and respectful systems in the health system will frame all research we commission over 2020-2023.



Seeding Grants

Due to the coronavirus pandemic, we replaced our planned 'Research Ceremony' – a national gathering to explore priority research activities aligned with our Research Agenda – with an inaugural round of Seeding Grants, each of up to \$40,000. Their purpose was to empower Aboriginal and Torres Strait Islander organisations to transform their ideas and aspirations into concepts that:

- could be researched
- meet the needs of Aboriginal and Torres Strait Islander peoples, and
- result in improvements in health and wellbeing outcomes within a generation.

Seeding Grants were awarded to applicants in the Northern Territory, New South Wales, Victoria, and Queensland, addressing all four Lowitja Institute Research Agenda themes. We had great interest from the outset, from research institutes and universities and, equally, from Aboriginal and Torres Strait Islander community controlled organisations, who participated in our popular Q&A Zoom sessions, with many going on to lodge applications.

Recipients can use their grant as a springboard to apply for larger grants, either through Lowitja Institute or other research funding sources. The 12 grants confirmed for the round are listed in the following table.

"As the national institute for Aboriginal and Torres Islander health and wellbeing research a significant responsibility rests with us to provide leadership on work that will drive better outcomes for our peoples. Those better outcomes will support us, the First Peoples of this country, to take our rightful place in this, our country."

Pat Anderson, Annual Board Dinner, 9 December 2019

Organisation	Project Title
Central Land Council	Responding to the COVID-19 pandemic: Developing a research evaluation of the role and contribution of Central Australia's Aboriginal Community Controlled organisations
Kaurareg Aboriginal Land Trust	Uka Pilamin: Coming Together As One, Kaiwalagal (Torres Strait) Renal Health Care Model
LeadershipFIT	Re-imagining community leadership programs for Aboriginal and Torres Strait Islander young people
Literacy for Life Foundation	Developing an Aboriginal-led evaluation framework
Mallee District Aboriginal Services	Community wellbeing through empowerment
Murri Watch Aboriginal and Torres Strait Islander Corporation	Supported Youth Accommodation Program
SNAICC – National Voice for our Children	Building sustainable and effective Aboriginal and Torres Strait Islander early childhood services
Torres Strait Aged Care Association Inc	A feasibility study for a Torres Strait Information and Advocacy Hub
South Coast Women's Health & Welfare Aboriginal Corporation (Waminda)	Walking the talk: how our ways of knowing, being and seeing drive program design, delivery and innovation
Victorian Aboriginal Corporation for Languages	Victorian Language Health Check
Tranby National Indigenous Adult Education & Training	Exploring educational empowerment for Mob
Yalu Marnggithinyaraw Indigenous Corporation	Nhaltjan limurr dhu djäka miyalkku galja-ŋonungu limurrungiyinal wäŋaŋur- Thinking and talking about future aspirations for a community Yolŋu Birthing Space

The Ethics Project

Over the last year we turned our attention to research ethics again, exploring the role that Lowitja Institute can play on a national basis to support best practice in Aboriginal and Torres Strait Islander health research ethics. This resulted in a decision for Lowitja Institute to develop and offer the three support functions depicted in the diagram.

01

Provide professional development in Aboriginal and Torres Strait Islander health research ethics

02

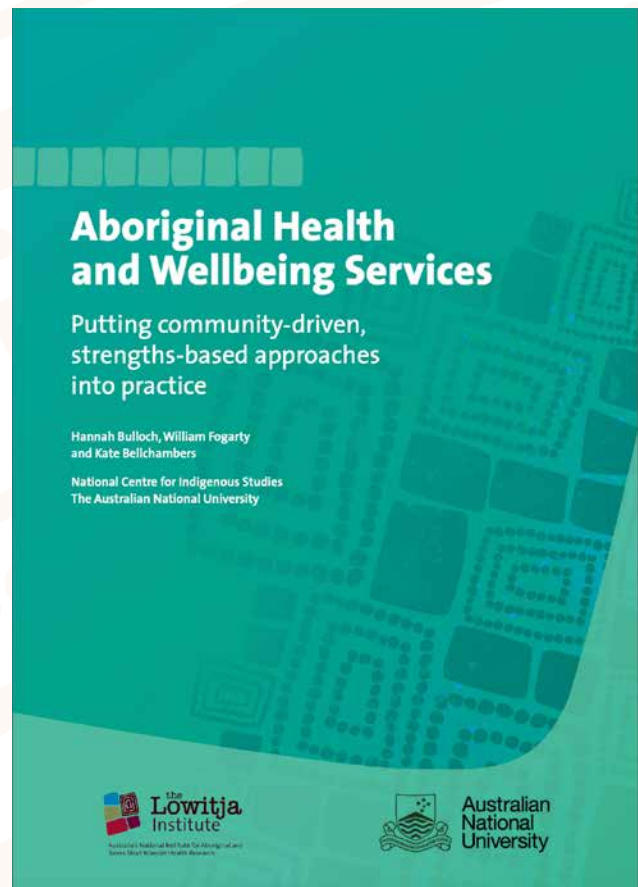
Promote awareness of best practice in Aboriginal and Torres Strait Islander health research ethics

03

Mobilise evidence about best practice in Aboriginal and Torres Strait Islander health research ethics

Lowitja Institute
Ethics Support
Program

Research publications

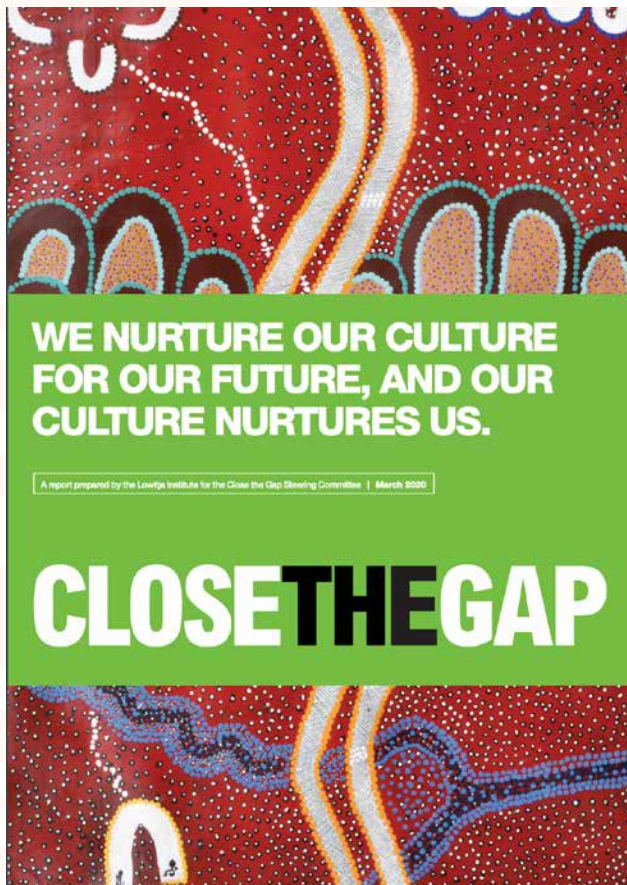


Aboriginal Health and Wellbeing Services – Putting community-driven, strengths-based approaches into practice

H Bulloch, W Fogarty & K Bellchambers



This report investigates perceptions and practices of community-driven, strengths-based approaches to Aboriginal health and wellbeing services. It particularly considers what success looks like to organisations providing these services, how they go about achieving it, and how policy environments (especially funding structures) can better enable their work. The report is part of a series of three discussion papers examining strengths-based approaches and deficit discourse in the field of Aboriginal and Torres Strait Islander health and wellbeing.



We nurture our culture for our future, and our culture nurtures us: 2020 Close The Gap Report

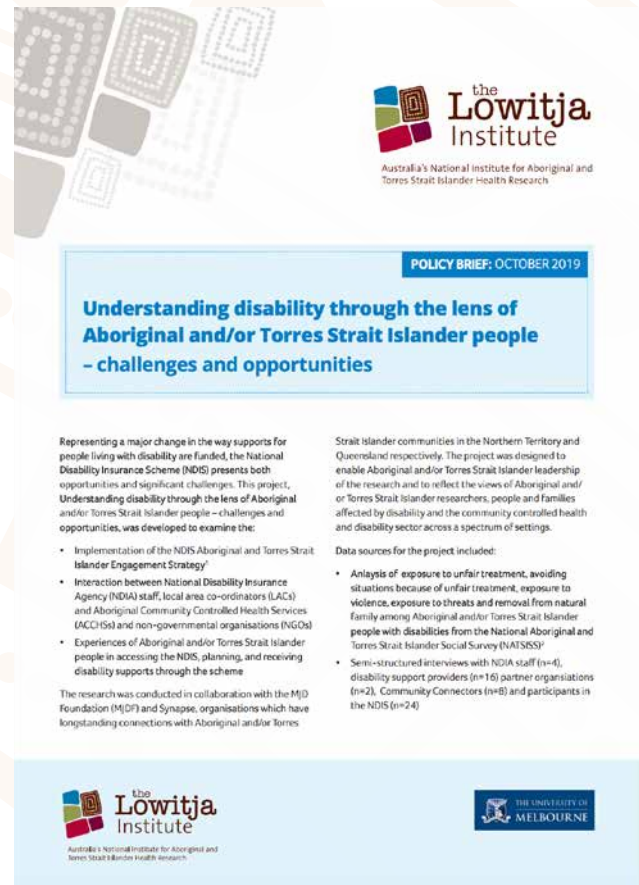
Lowitja Institute



Prepared by Lowitja Institute for the Close the Gap Campaign, the report sought to reflect the reciprocal and cyclical relationship between culture and wellbeing, whereby nurturing culture keeps us, and our future generations, healthy and strong.

At the heart of the report is the recognition of Aboriginal and Torres Strait Islander empowerment as vital to wellbeing. The featured case studies were selected to highlight Aboriginal and Torres Strait Islander-driven approaches to health policy and program reform across four domains of the cultural determinants: Self-determination and leadership, Indigenous beliefs and knowledge, Cultural expression and continuity, and connection to Country.

The report relied on the narratives of Aboriginal and Torres Strait Islander people to provide a strengths-based analysis of Aboriginal and Torres Strait Islander health and wellbeing. However, this did not overlook the relationship of power and inequality on health outcomes and the responsibility of governments in leading systems reform.



Understanding disability through the lens of Aboriginal and/or Torres Strait Islander people - challenges and opportunities: policy brief

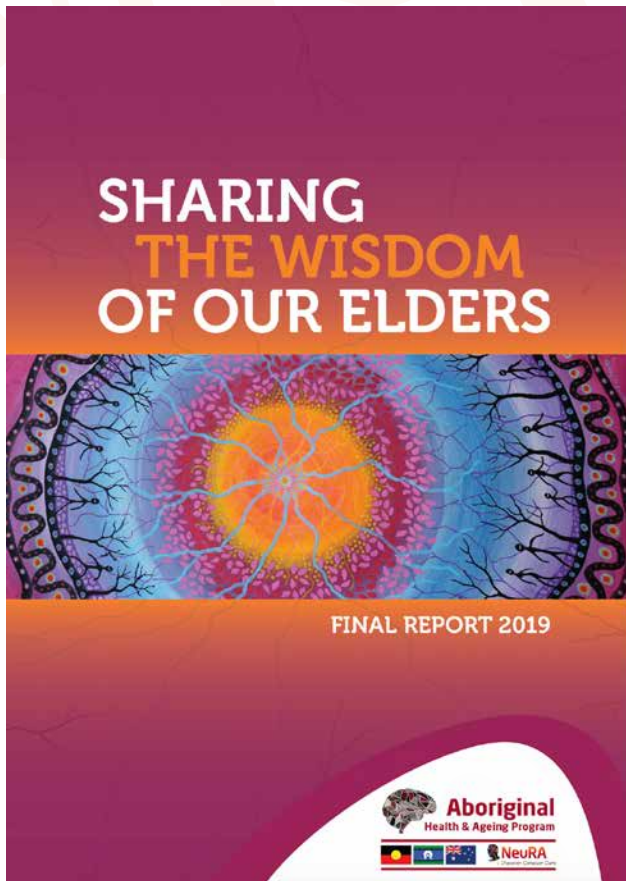
Lowitja Institute



Representing a major change in the way supports for people living with disability are funded, the National Disability Insurance Scheme (NDIS) presents both opportunities and significant challenges. This project was developed to examine the:

- implementation of the NDIS Aboriginal and Torres Strait Islander Engagement Strategy
- interaction between National Disability Insurance Agency (NDIA) staff, local area co-ordinators (LACs) and Aboriginal Community Controlled Health Services (ACCHSs) and non-governmental organisations (NGOs)
- experiences of Aboriginal and/or Torres Strait Islander people in accessing the NDIS, planning, and receiving disability supports through the scheme.

The research was conducted in collaboration with the MJD Foundation (MJDF) and Synapse, organisations which have longstanding connections with Aboriginal and/or Torres Strait Islander communities in the Northern Territory and Queensland respectively.



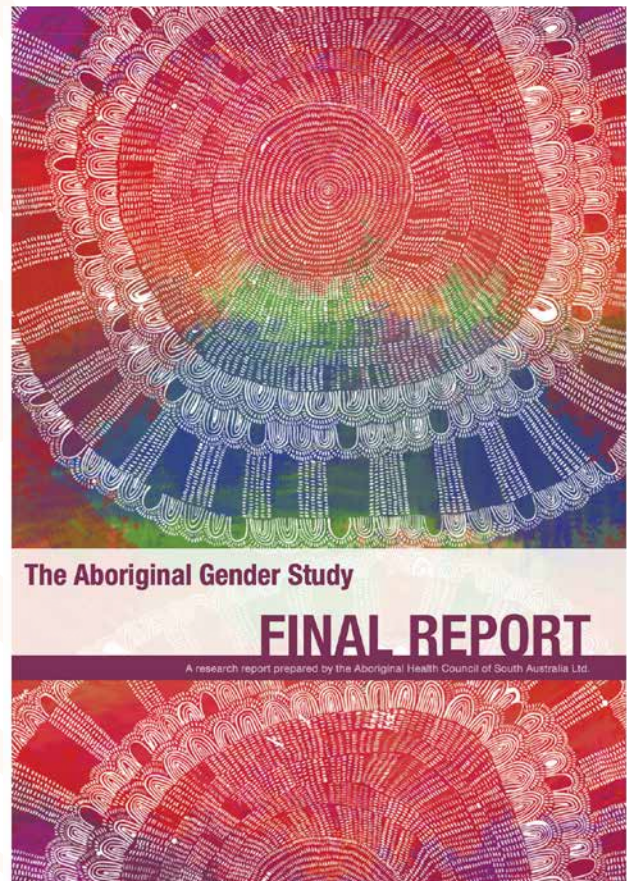
Sharing the Wisdom of Our Elders: Final Report – published by Neuroscience Research Australia

K Radford, W Allan, T Donovan, K Delbaere, G Garvey, GA Broe, G Daylight, M Anderson, A Timbery, K Sullivan, M Nichols & L Lavrencic



Sharing the Wisdom of Our Elders, funded by Lowitja Institute, is an outcome of the **Koori Growing Old Well Study**, a longitudinal cohort study conducted by Neuroscience Research Australia (NeuRA) which aims to identify risk and protective factors for dementia and other age-related chronic conditions, as well as promote ageing well with Aboriginal and Torres Strait Islander Australians from urban and regional communities.

It highlights five overarching and intersecting themes of primary importance to Elders for growing old well: Culture, Sacred Grounds, Spirituality, Dreamtime, and Sharing the Wisdom of Our Elders.

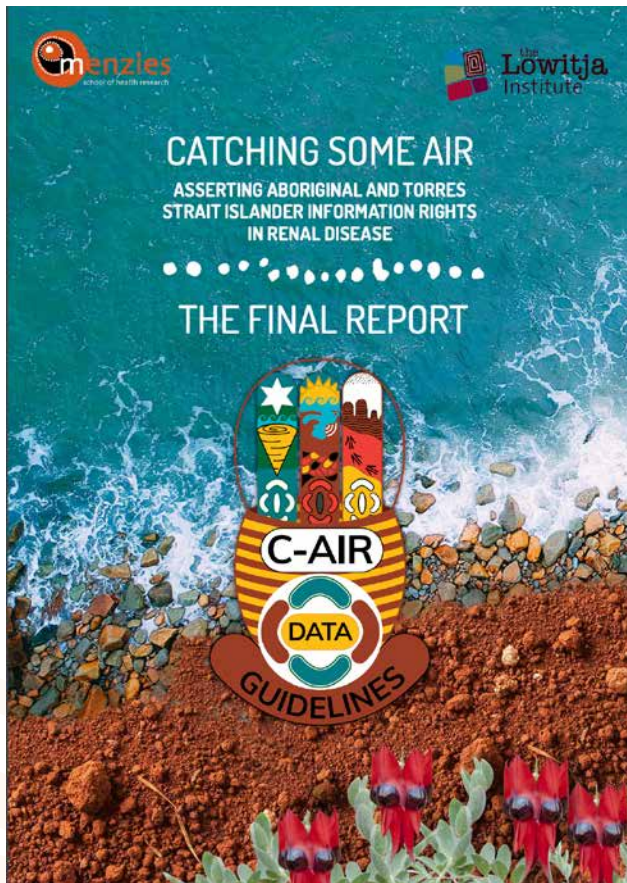


The Aboriginal Gender Study: Final Report – published by Aboriginal Health Council of South Australia

A Mitchell, A Rumbold, G Zizzo, D Guerrera, C Hammond, O Pearson, K Glover, G Ayturk & V Moore



The Aboriginal Gender Study was a collaborative study undertaken by the Aboriginal Health Council of South Australia, partnering with the University of Adelaide and the South Australia Health and Medical Research Institute. The study aimed to explore, from a strengths-based perspective, the diversity of contemporary perspectives of gender, gender roles and gender equity in South Australian Aboriginal communities.

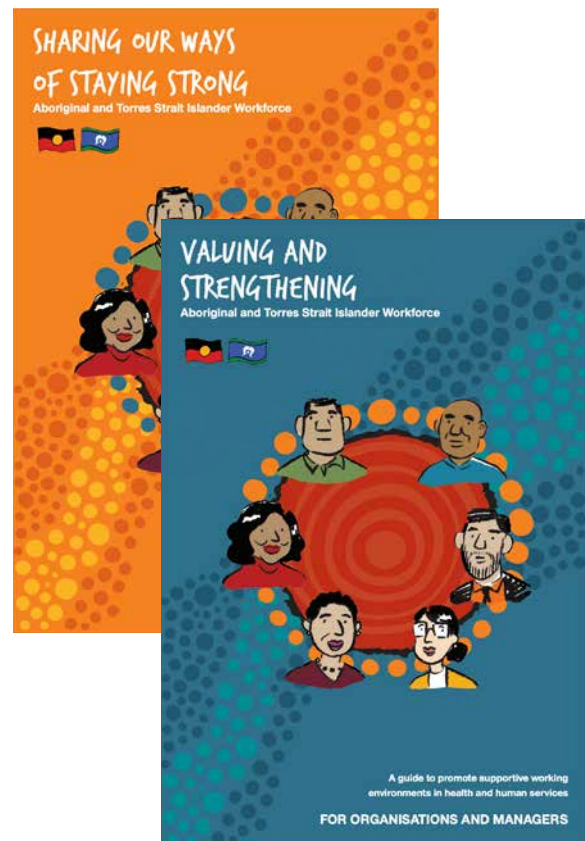


Catching Some Air - Asserting Aboriginal and Torres Strait Islander Information Rights in Renal Disease
Project: The Final Report – published with the Menzies Centre for Health Policy

L Mick-Ramsamy, J Kelly, D Duff, A Cass, L Ross, D Croker, H Hall, P Mills, JT Hughes



The Catching Some Air project was authorised and endorsed by Australia and New Zealand Dialysis and Transplant Registry (ANZDATA) and Kidney Health Australia – Caring for Australasians with Renal Impairment (KHA-CARI) Guidelines to seek community-informed recommendations for these guidelines for best practice from Aboriginal and Torres Strait Islander communities in Darwin, Thursday Island and Alice Springs.



Understanding Stress and Staying Strong - a
 Lowitja Institute funded partnership between the Aboriginal Health Council of South Australia and the Wardliparingga Aboriginal Health Research Theme at SAHMRI.

Aboriginal Health Council of South Australia



The project explored challenges faced by health and human services' workforce and the individual and collective ways people stay strong in the presence of stressful working conditions.

The project was Aboriginal-led and guided by a national governance panel of Aboriginal and Torres Strait Islander workforce representatives, and findings were interpreted and confirmed through expert roundtable discussions. Understanding the key challenges and strengths of workforce informed the development of guidelines and recommendations for workers, managers and policy makers to drive improvements in the working lives of Aboriginal and Torres Strait Islander workforce and communities more broadly.

Research Advisory Committee



The Research Advisory Committee (RAC) provides expert advice and support to the Lowitja Institute through the Institute's Research and Knowledge Translation team.

We sincerely thank all members of the RAC for their ongoing commitment and support, especially as we moved quickly to develop alternative approaches to key planned activities with the impact of COVID-19. In particular, we acknowledge the contributions of Professor Kerry Arabena as the outgoing chairperson. Lowitja Institute has valued her experience, advice and dedication in her leadership of the RAC over the past two years.

Current members of the Research Advisory Committee are:

- Mr John Paterson
- Professor Roianne West
- Dr Heather D'Antoine
- Dr Scott Avery
- Associate Professor Felicia Watkin-Lui

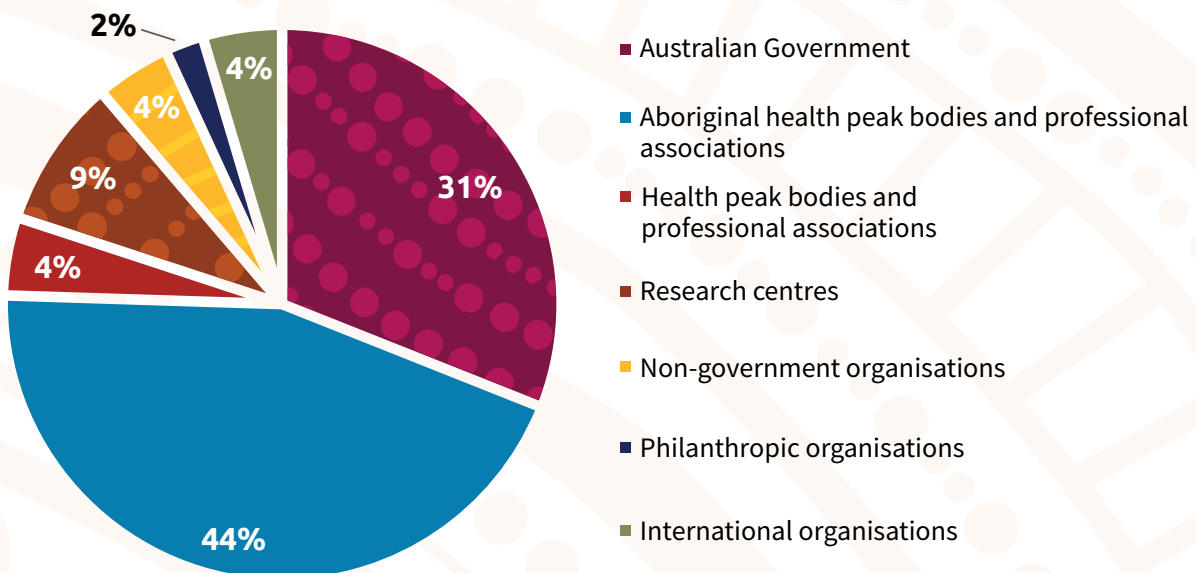
Back row L-R: Mr John Paterson – AMSANT; Professor Kerry Arabena – Karabena Consulting; Dr Scott Avery – First Peoples Disability Network; Dr Janine Mohamed – CEO Lowitja Institute; Assoc. Prof. Felicia Watkin Lui – James Cook University; Alex Zurawski – Lowitja Institute Senior Project Officer – Knowledge Translation.

Front row L-R: Dr Leisa McCarthy – Menzies School of Health Research; Phoebe Dent – Lowitja Institute Senior Policy Officer; Halima Akanbi – Lowitja Institute Project Officer; Dr Sanchia Shibasaki – Lowitja Institute Director of Research; Leonie Williamson – Lowitja Institute Senior Policy Advisor; Aishah Jameel – Lowitja Institute Senior Project Officer – Research Commissioning and Knowledge Translation; Emma Somerville – Lowitja Institute Senior Project Officer – Workforce Development.

Influencing the national health research agenda

Lowitja Institute established a dedicated policy and advocacy team this year, based in Canberra. While its work touches on all five priorities, the team is mainly involved with influencing the national health research agenda, in addition to policy, programs and practice across the social and cultural determinants of health (Priorities 2 and 3).

There were 45 direct policy and advocacy engagements over 2019-2020 with a diverse range of organisations, as shown. Most of this work involves engaging with the Australian Government, and Aboriginal and Torres Strait Islander peak bodies and professional organisations. However, it extends to research centres, mainstream health peak bodies and professional organisations, non-government organisations, international organisations and occasionally to philanthropic organisations. Through this work, the Policy and Advocacy team also play a key role in knowledge translation of research.



Aboriginal and Torres Strait Islander
 Workforce Data health planning Sugar/Diabetes
 Sovereignty Primary health care
 CANCER CULTURE Research
 Reconciliation Closing the Gap Disability
 HOMELESSNESS Knowledge Translation
 Indigenous-led Self-determination
 Evaluation GENOMICS

Lowitja Consulting research projects

We have worked on two research projects through our consulting arm, Lowitja Consulting, over 2019-2020.

Improving the experience of emergency care services

In 2019, the Australasian College for Emergency Medicine (ACEM) commissioned Lowitja Institute to develop a national implementation plan to improve emergency care delivery and experiences for Aboriginal and Torres Strait Islander People. We undertook extensive work over many months towards ethics approval in multiple jurisdictions, however the bushfires in New South Wales and the COVID-19 pandemic significantly delayed the project. Further work is occurring on this project.

Cultural bias in kidney care

The National Indigenous Kidney Transplantation Taskforce (NIKTT) was established in July 2019 to find ways to improve access to the kidney transplant waiting list and better post-transplant outcomes for Aboriginal and Torres Strait Islander People. It commissioned the Lowitja Institute to conduct a scoping review of health service cultural bias initiatives for Aboriginal and Torres Strait Islander people, to inform the design of future initiatives to address cultural bias in services for Aboriginal and Torres Strait Islander people with kidney disease. The review will be completed next financial year.





PRIORITY 2: Mobilise research knowledge for effective translation



Towards a Lowitja Institute Knowledge Translation and Research Impact Framework

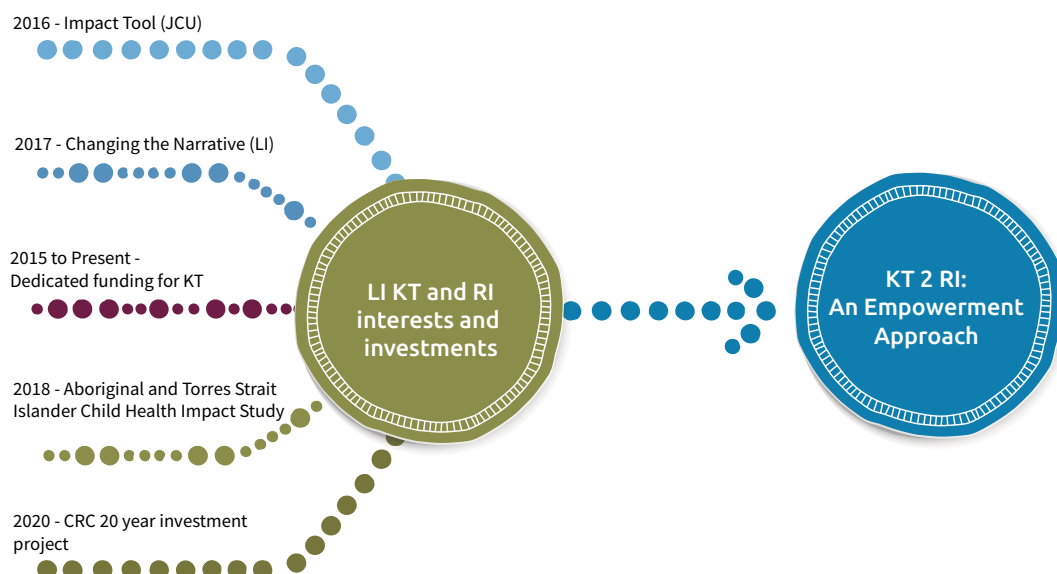
Lowitja Institute recognises that knowledge translation and research impact go hand in hand. To achieve impact in real life – beyond academia – research findings need to be translated, disseminated, implemented and taken up by the intended target audience through carefully tailored strategies.

Lowitja Institute has developed a definition of knowledge translation and research impact that specifically reflects the Aboriginal and Torres Strait Islander health context:

Knowledge translation is the complex series of interactions between knowledge holders, knowledge producers and knowledge users, with the goal of research impact, which is the positive and sustainable long-term benefit for Aboriginal and Torres Strait Islander peoples, beyond the realms of academia.

We believe effective knowledge translation must centre Aboriginal and Torres Strait Islander communities and their wisdoms throughout to achieve maximum research impact. To that end, Lowitja Institute advocates for, demonstrates, and invests in knowledge translation and research impacts. Figure 1 (below) outlines this work from 2014 to date and the products developed which have formed the Lowitja Institute *Knowledge Translation to Research Impact: An Empowerment Approach*.

Lowitja Institute has developed a set of KT and research impact measures, drawing on a variety of resources, which incorporate Aboriginal and Torres Strait Islander health research principles. During 2020 we worked with James Cook University to further develop two related documents - the *Lowitja Institute Knowledge Translation and Research Impact Framework* and *Lowitja Institute Knowledge Translation and Research Impact Measures*.



The impact of Lowitja Institute's work as a Cooperative Research Centre

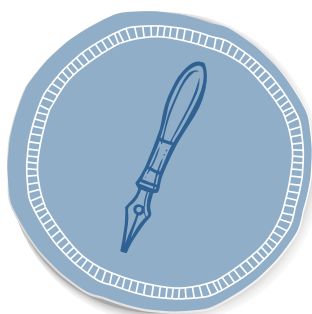
As we moved into our life as an Aboriginal and Torres Strait Islander Community Controlled Organisation, it was timely to reflect on what we had achieved through our time as a Cooperative Research Centre (LI CRC). We engaged Deloitte Economics to identify our research impact, utilising the *Lowitja Institute Knowledge Translation and Research Impact Measures*. Their impact assessment focused on 2010-2019.

Deloitte Economics identified that our impact relative to costs over the past ten years occurred in five areas: advancing knowledge, capability building, informing decision-making, health, and economic, social and environmental. A report on this work will be published in 2020-21.



Costs

- Invested \$55.6 million in 148 research projects
- Represents 69% of Institute CRC spending directly to research and KT activities
- Represents 0.1% of total Australian expenditure on health research
- Represents approximately 5.4% of total Australian spending on Aboriginal and Torres Strait Islander-specific health research



Advancing knowledge

- Of the 41 projects supported by LI CRC – 25% of project investigators received further grants from NHMRC and ARC
- Output included 70 peer-reviewed articles and over 130 other materials including reports, factsheets, and videos
- LI CRC acts as a professional community for health researchers



Economic, social, and environmental impacts

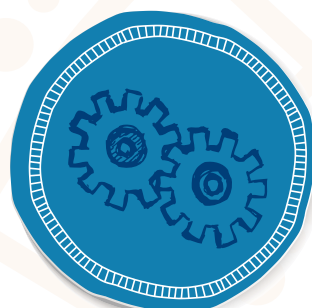
- Projects contributed to building long-standing relationships between the communities and government services such as the National Disability Insurance Scheme (NDIS)
- Projects have sought to increase the cultural safety and understanding of Aboriginal and Torres Strait Islander culture in health service delivery
- The impact of such projects often extended beyond healthcare and influenced approaches to service provision in education, housing, and justice



Health impacts

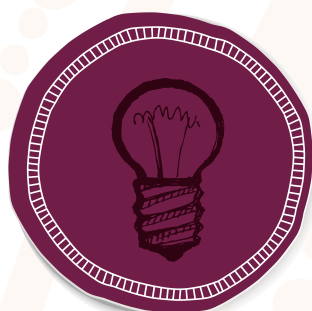
- Of the 148 research projects, 28% focused on social determinants of health
- Total value of impact on health attributable to the Institute's activity between 2010 and 2019 is likely to amount to \$49.9 million (with sensitivity analysis providing a range between \$29.9 million and \$69.8 million)

Note: result should be considered in the context of significant methodological limitations, including fundamental difficulties with establishing attribution.



Capability building

- Funded 28 scholarships for Master and Doctoral degrees, and co-funded further 11 scholarships. 67% (n=19) Aboriginal or Torres Strait Islander recipients
- Total value of the lifetime earnings premium accrued by all individuals who received the scholarship is estimated at \$1.5 million
- Public benefits to the Australian economy generated (associated with postgraduate degrees) supported by Lowitja Institute are estimated at a further \$1.4 million
- All 41 projects funded by LI CRC between 2014 and 2019 featured Aboriginal and/or Torres Strait Islander researchers and staff
- 68% (2014 to 2019) LI CRC funded projects led by Aboriginal and Torres Strait Islander researchers. Between 2010 and 2016, of the total NHMRC funded projects on Aboriginal and Torres Strait Islander health issues (546 projects), less than 10% (50 grants) were allocated to projects led by an Aboriginal or Torres Strait Islander researcher



Informed decision-making

- Research outcomes have shaped Aboriginal and Torres Strait Islander health policy decision-making through contributing to the public discourse on health issues, such as through public advocacy and lectures
- Community engagement evident in all stages of the research process
- Many projects were in partnership with Aboriginal Community Controlled Health Services (ACCHSs)
- Evidence of innovation with the establishment of new groups and/or communities of practice

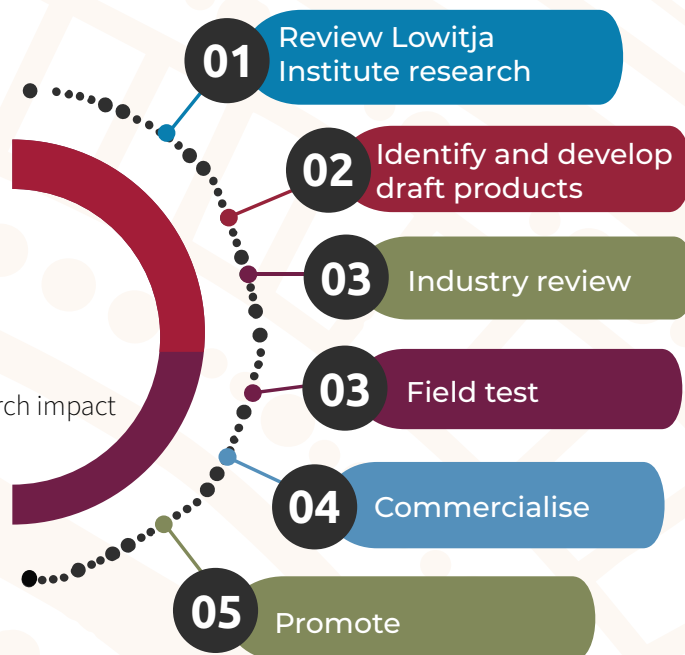
Ongoing Knowledge Translation of CRC Lowitja Institute research

Examining the extent and depth of research under the Cooperative Research Centre highlighted the opportunity for further knowledge translation. In May 2020 we initiated projects on five topics to identify what products - tools, services or resources - we can create that will be of benefit in creating better Aboriginal and Torres Strait Islander health outcomes. The topics are evaluation, cultural safety, data sovereignty, continuous quality improvement, and knowledge translation and research impact.

We look forward to developing, reviewing and field testing these products over 2020-2021, and notifying our Members and stakeholders about the outcomes.

NEW 2021 PRODUCTS

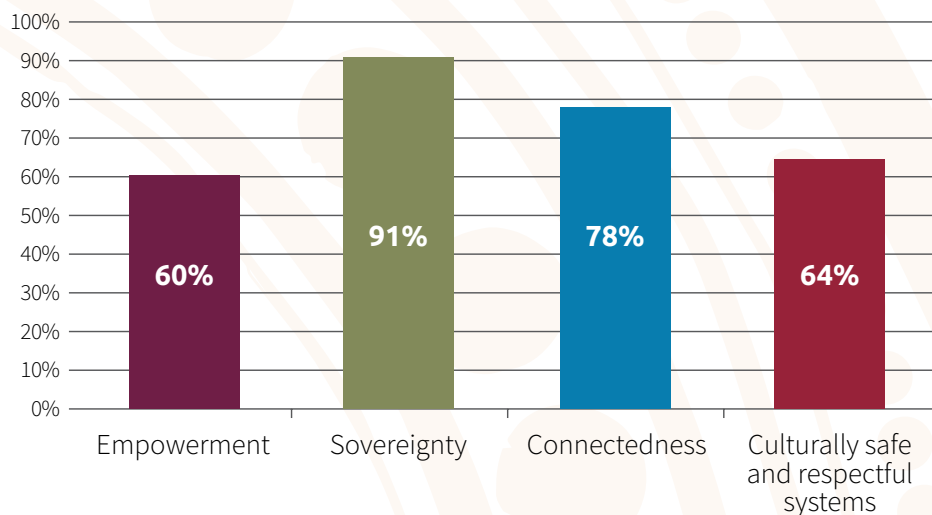
Evaluation
Cultural safety
Data Sovereignty
Continuous quality improvement
Knowledge translation and research impact



Influencing national policy, programs and practice

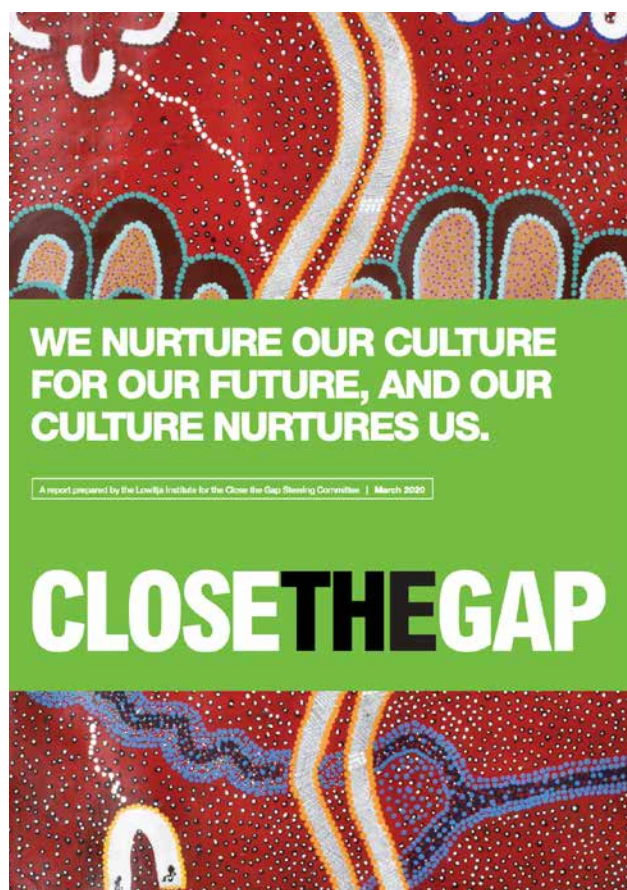
We undertake policy and advocacy work that is aligned with our research agenda, as we seek to influence how national policy, programs and practices address and reflect the needs and aspirations of Aboriginal and Torres Strait Islander peoples.

We found ourselves emphasising the importance of sovereignty most frequently over the past year, as well as the value that Aboriginal and Torres Strait Islander peoples place on connectedness. Continued emphasis is required on promoting culturally safe and respectful systems and empowerment.



Close The Gap Report

“Nurture our culture and our culture nurtures us”



The annual Close the Gap Report is a key feature of the Close the Gap Campaign's advocacy. It is supported by over 40 non-government health peak bodies (both Indigenous and non-Indigenous), over 200,000 pledges of support and a National Day that is celebrated in schools, health services and other organisations annually.

In recent years the report has been focused on Aboriginal and Torres Strait Islander voices and success, rather than framed as a shadow report on government progress in Closing the Gap.

As we did in 2019, Lowitja Institute prepared the 2020 Close the Gap Campaign report, presenting a blueprint for change to protect Aboriginal and Torres Strait Islander health, wellbeing, culture and Country, titled: *We nurture our culture for our future, and our culture nurtures us.*

The 2020 report showcased efforts across Australia that seek to achieve a vision of health and wellbeing for Aboriginal and Torres Strait Islander people that is built upon a foundation of culture. It was published ahead of the final negotiations on the new National Agreement on Closing the Gap between Australian governments and the Coalition of Peaks.

As Close the Gap Campaign co-chairs Social Justice Commissioner June Oscar AO and National Aboriginal and Torres Strait Islander Health Workers Association CEO Karl Briscoe said in the report:

“Now more than ever is the time to listen to Aboriginal and Torres Strait Islander ways of knowing, being, doing. As our Countries burned during the 2019-20 summer, more than a billion animals perished and sacred sites were destroyed.

Never before has such devastating impact of the neglect of Country been witnessed by all Australians.

Going forward we must heed the wisdom of Aboriginal and Torres Strait Islander peoples. Our knowledge and cultures must be viewed as integral to improving not only the health and wellbeing of our people but of our nation.

No Australian can afford further repetition of the mistakes of the past.”

We thank the many individuals and organisations who shared their work and dedication with us for the report.

The report features the stunning Tracks on the Sand artwork by Wudjal Wudjal man Brendan Ball, from the NuunaRon group for Aboriginal and Torres Strait Islander artists living with disabilities. Queensland-based Nuunaron was one of the featured case studies in the report which had, at its heart, the recognition of Aboriginal and Torres Strait Islander empowerment as vital to health and wellbeing.

Implementing the Cultural Determinants of Health

Lowitja Institute undertook a significant project, funded by the Federal Department of Health, that explored how the implementation of the cultural determinants of Aboriginal and Torres Strait Islander health could occur within Australian health policy and programs.

That included commissioning and undertaking research and literature reviews, and hosting discussions, in order to connect existing knowledge on the cultural determinants of health with current systems reform and policy and program development for policy makers and influencers.

The work was guided by the understanding that, to enable further systems reform, a shared language and understanding of the cultural determinants of health, and their application to new and existing health policies and programs, is needed.

Supporting Knowledge Translation through program expansions

Using the remaining funds from a philanthropic donation from last year, Lowitja Institute invested in conducting a scoping review and developing a proposal for the implementation of a *Literacy for Life* program in the Northern Territory. This project is due to be completed in late September 2020.



Lowitja Institute Knowledge Translation Forum 2019: Dr Sanchia Shibasaki , Alex Zurawski (Lowitja Institute), Associate Professor Felecia Watkin Lui & Ms Lynda Ah Mat (James Cook University)

PRIORITY 3: Enhance the capability of the Aboriginal and Torres Strait Islander health research workforce



Supporting the next generation of researchers

Lowitja Institute's 2020 Scholarships Program continued our commitment to enhancing the capabilities of the Aboriginal and Torres Strait Islander health research workforce.

Graduate Certificate and Certificate IV scholarships were available in the following high priority areas:

- Research administration/research management
- Project management
- Governance

- Leadership
- Policy
- Knowledge Translation

Postgraduate top-up scholarships were available in:

- Science
- Technology
- Engineering
- Mathematics

After receiving many applications, 2020 scholarships were awarded to the following recipients:

Shannon Kilmartin-Lynch	'Incorporating treated crumb rubber and recycled aggregate into concrete aided by Indigenous Methodologies' PhD Engineering, RMIT
Cameron Raw	'Effectiveness, feasibility and economics of canine deworming on prevalence and intensities of zoonotic ancylostomiasis and strongyloidiasis in Australian Indigenous communities' PhD Veterinary Science, University of Melbourne
David Aanundsen	Graduate Certificate in Research Management - Deakin University
Jodie Mottram	Graduate Certificate in Research Management - Deakin University
Kylie Sullivan	Certificate IV in Project Management - College for Adult Learning
Margaret Harvey	Certificate in Knowledge Mobilization - University of Guelph
Lauren Poulos	Graduate Certificate in Project Management - RMIT
Duean White	Graduate Certificate of Leadership and Coaching - University of Southern Queensland

Note: not all scholarship recipients are shown at their request.

"By supporting a new generation of Aboriginal and Torres Strait Islander researchers, we have contributed to the growth of a cohort with high levels of expertise that does and will deliver positive health outcomes."

Pat Anderson, Lowitja Institute Member Community launch, 9 December 2019

Lowitja Institute Cranlana Award

The Lowitja Institute celebrates Aboriginal and Torres Strait Islander research leadership throughout our work and with our annual awards.

The winner of the 2019-20 Lowitja Institute Cranlana Award for outstanding research leadership was Professor Roianne West, Foundation Professor of First Peoples Health and Foundation Director of the First Peoples Health Unit at Griffith University.

Professor West was born and raised Kalkadoon on her grandmother's ancestral lands in North West Queensland and with connections to the Djaku-nde peoples in South West Queensland.

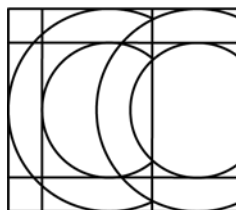
Her research and academic leadership has focused on the recruitment, education and training of Aboriginal and Torres Strait Islander peoples into health professions, and challenging the wider health workforce and system.

“Professor West is an invaluable member of the Lowitja Institute Research Advisory Committee, and her contributions in this role have shaped the direction of Aboriginal and Torres Strait Islander health research throughout Australia.” Lowitja Institute CEO Dr Janine Mohamed

The Lowitja Institute congratulates Professor West and thanks Cranlana Centre for Ethical Leadership for partnership with us on the award, which offers a fully-funded position in Cranlana's Executive Colloquium.



Photo credit: Nardoo Photography



Cranlana
Centre for
Ethical
Leadership

Expanding Lowitja Institute workforce development opportunities

In this year of review for Lowitja Institute, we reflected on what we have learned about workforce development in Aboriginal and Torres Strait Islander health research and identified how we can maintain and expand our work in this area.

Lowitja Institute's workforce development initiatives have focused on two areas. The first is capacity - growing the numbers of Aboriginal and Torres Strait Islander health researchers. The second is capability - strengthening the breadth and depth of knowledge, skills, and experience of Aboriginal and Torres Strait Islander health researchers. Our new strategic plan asks us to extend our workforce development activities to include Aboriginal and Torres Strait Islander people who are involved in health research in a range of different roles, not just as researchers.

The Deloitte Report on Lowitja Institute's research impact, along with a 2018 research project we commissioned to review and analyse the Aboriginal and Torres Strait Islander health researcher workforce, confirms that Lowitja Institute's work supports educational and workforce success in Aboriginal and Torres Strait Islander health research.



Therefore, we identified that we need to continue and/or extend our workforce development initiatives across the following seven priorities:

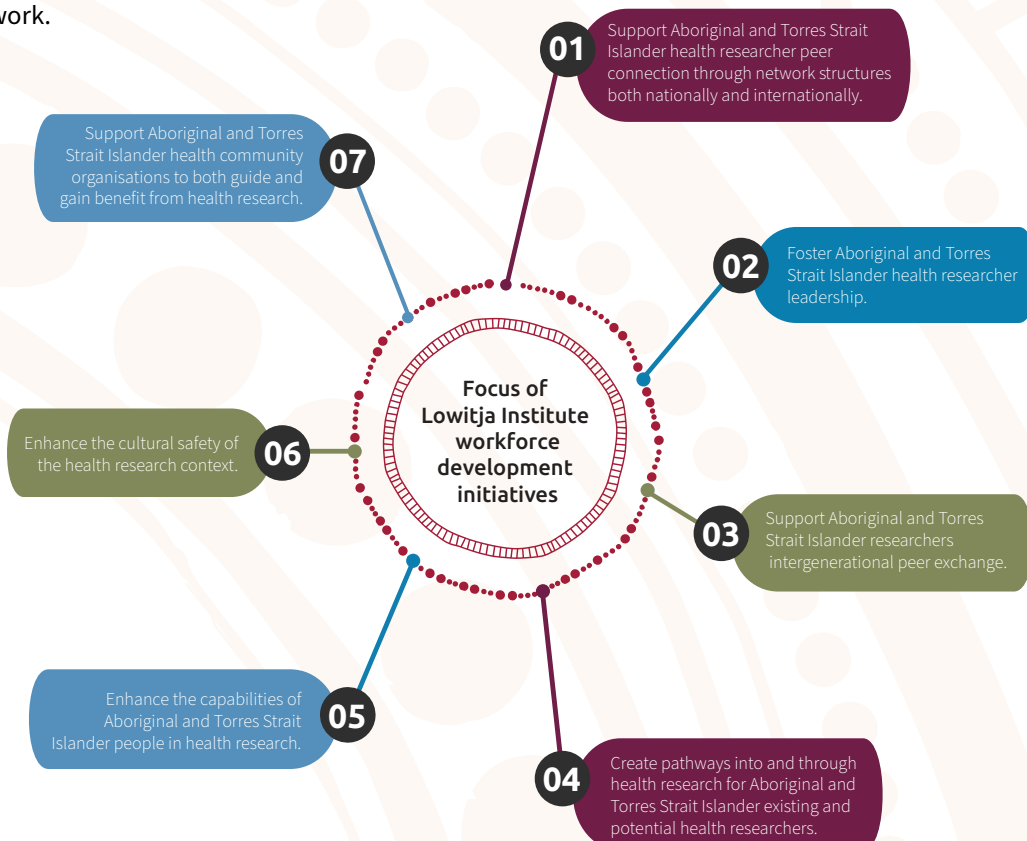
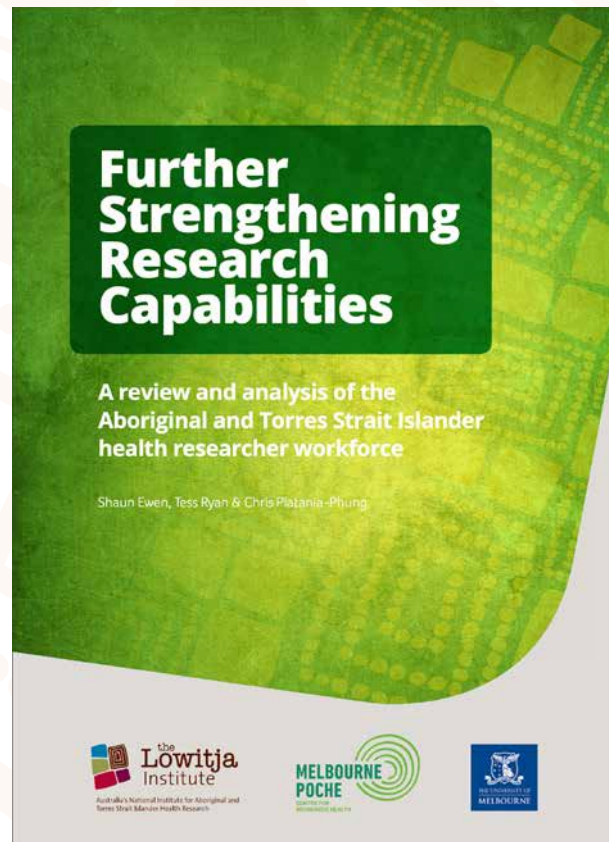
1. Support Aboriginal and Torres Strait Islander health researcher peer connection through network structures both nationally and internationally
2. Foster Aboriginal and Torres Strait Islander health researcher leadership
3. Support Aboriginal and Torres Strait Islander researchers intergenerational peer exchange
4. Create pathways into and through health research for Aboriginal and Torres Strait Islander existing and potential health researchers
5. Enhance the capabilities of Aboriginal and Torres Strait Islander people in health research
6. Enhance the cultural safety of the health research context
7. Support Aboriginal and Torres Strait Islander health community organisations to both guide and gain benefit from health research.



These priorities are characterised by what the 2018 report - *Further strengthening research capabilities: A review and analysis of the Aboriginal and Torres Strait Islander Health Researcher Workforce* - referred to as “peer generative power” and investing in “Aboriginal and Torres Strait Islander leadership”. Our ongoing activities will create pathways into research from both a community and academic context, foster reciprocity, be strengths-based approaches and grounded in cultural values and practices.

We commenced four new workforce development projects that will continue into 2020/2021 and become available on a wider scale by mid-2021:

- A professional development program on ‘*Knowledge translation and research impact*’
- A connected learning training program on ‘*Allyship and cultural safety*’ for people working in the health research sector
- A major revision and update of the *Certificate IV in Indigenous Research Capability Strengthening* (previously Capacity Building)
- The ‘*Non-traditional Pathways into Health Research*’ project for people working across the social and cultural determinants of health, but who are not in specific research roles, to participate in or lead Aboriginal and Torres Strait Islander health research work.



Updating our researcher guides

Lowitja Institute's seminal research guides - 'Supporting Aboriginal and Torres Strait Islander Researchers: A Practical Guide for Supervisors' (2009) and 'Researching Aboriginal and Torres Strait Islander Health: A Practical Guide for Researchers' (2011) -- are being reviewed, revised and combined into one comprehensive online resource. It will be published in 2020-21 and available on our website.

Encouraging mentoring and supervision

A mentoring and supervision register has been developed with 20 researchers registered to provide mentoring or supervision support to the successful candidates of our various scholarships, as well as emerging researchers in our research commissioning rounds. We thank them for helping to support the development of our next generation of Aboriginal and Torres Strait Islander health researchers and research teams.

NHMRC Grant application

In 2019, the NHMRC invited organisations to submit a bid "to create one inclusive system that brings together Aboriginal and Torres Strait Islander health research groups and their support networks to create a structure that builds the capacity and capability of Aboriginal and Torres Strait Islander health researchers". NHMRC have committed \$10 million in funding over five years to support a national network.

Over the Christmas/New Year break, we worked diligently to submit an expression of interest application in response to the call. In June 2020, we learned we were one of five organisations selected to move to a second stage to develop an agreed national approach to the network. We are very proud of this outcome, along with the skilled and experienced Chief Investigators on the EOI, and the 74 support letters we received from national and jurisdictional organisations representing all parts of the country. We look forward to the final outcome and what it can contribute to growing and supporting the Aboriginal and Torres Strait Islander health research workforce.





PRIORITY 4: Promote our role and impact



We have refreshed our logo not only to mark our 10th anniversary, but also to celebrate a new chapter in the life of Lowitja Institute as we move towards fulfilling our long-cherished ambition to become a national Aboriginal and Torres Strait community controlled health research organisation.

Annual Board Dinner

Our 2019 Annual Board Dinner, on Ngunnawal and Ngambri land in Canberra, marked the momentous launch of the Lowitja Institute Member Community - our first official steps to becoming a community controlled organisation. The December 2019 event also saw the launch of the Lowitja Institute Strategic Plan 2020-2023.

Our chairperson Pat Anderson AO outlined the journey the Lowitja Institute had taken over two decades, hosting the Cooperative Research Centres that began the change the narrative in Aboriginal and Torres Strait Islander health research.

“Guided by key principles and with the support of our many partners, we have contributed to a significant body of knowledge and have earned a place of cultural authority in the health research sector.

The Member Community will ensure that we continue to be an authoritative and collective voice for the benefit of Australia’s First Peoples. It will support Aboriginal and Torres Strait Islander priorities, collective ways of working, strength, agency, and knowledges.”

Pat thanked the Cooperative Research Centres Programme of the Australian Government Department of Innovation, Industry and Science, the source of our funding since 1997. She also expressed our gratitude and appreciation to the Aboriginal and Torres Strait Islander communities, organisations and individuals who have shared expertise, wisdom and guidance over decades.

“Each of the CRCs has built on the legacy of the preceding organisation; gathering supporters, partners and a network of researchers committed to its mission, values and methodology – that effective health research requires a process that reflects community priorities. Their vision has now been realised in the Lowitja Institute.”



Top left: Romlie Mokak, Sanchia Shibasaki, Paul Stewart **Top Right:** Luke Pearson, Ashlee Kearney **Middle:** Alex Zurawski, Joshua Power, Janine Mohamed, Lowanna Norris, Shayne Bellingham **Bottom:** Tania Kearsley, Ali Drummond, Patricia Akee

National leadership roles

Our CEO extends the influence and impact of Lowitja Institute through multiple national leadership roles:

- Co-chair, National Health Leadership Forum (NHLF), comprised of leaders from Australia's Aboriginal and Torres Strait Islander health sector providing advice direct to Government
- Member, Coalition of Peaks, comprised of a range of Aboriginal and Torres Strait Islander community-controlled organisations who work on collective advocacy
- Member, Close the Gap Campaign, involving both Aboriginal and Torres Strait Islander and non-Indigenous organisations committed to achieving health equity; we are key members of the Indigenous leadership group
- Co-chair, Partnership for Justice in Health, which seeks to redress the ongoing inequity and racism experienced by Aboriginal and Torres Strait Islander peoples in the nexus between the health and justice systems
- Member, Implementation Plan Advisory Group (IPAG), providing advice to the Australian Government on the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023
- Member, Health Sector Co-design Group for the IAHP evaluation team and the Department of Health working on the design of the evaluation of the Australian Government's investment in Aboriginal and Torres Strait Islander Primary Health Care through the Indigenous Australians' Health Programme
- Member, Genomics Advisory Group, Australian Government Department of Health
- Member, Medical Research Future Fund: Indigenous Health
- Member, Good Medicine Better Health Advisory Group
- Member, National Indigenous Kidney Transplantation Taskforce
- Member, 7th Rural and Remote Health Scientific Symposium Organising Committee



Top left: AMSANT CEO John Paterson, with Greens Senator Rachel Siewert and Pat Anderson **Top Right:** Shadow Minister for Families and Social Services, and for Indigenous Australians Linda Burney and Dr Janine Mohamed **Bottom Left:** Shadow Health Minister Chris Bowen with Pat Anderson and Shadow Assistant Minister for Indigenous Australians Warren Snowdon **Bottom Middle:** CEO Dr Janine Mohamed with Senator Patrick Dodson, Shadow Assistant Minister for Indigenous Affairs and Aboriginal and Torres Strait Islanders, and chairperson Pat Anderson **Bottom Right:** Dr Janine Mohamed with Federal Health Minister Greg Hunt

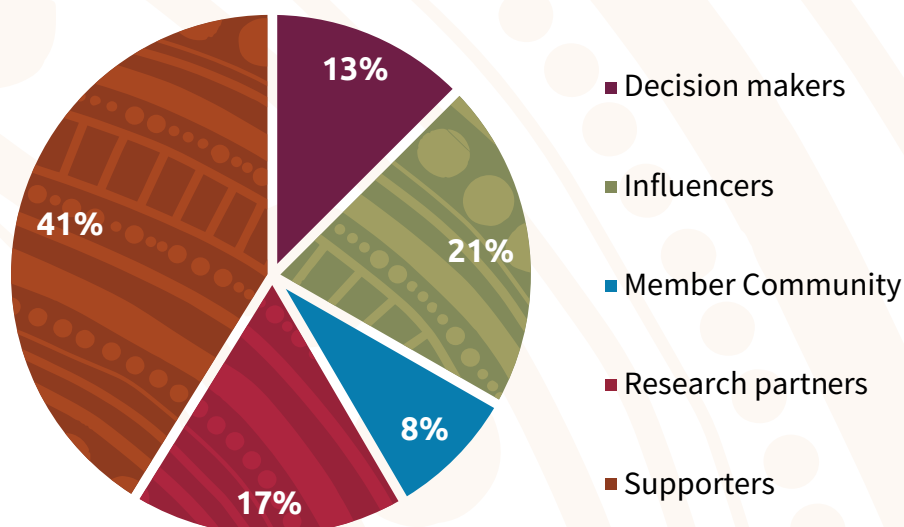
Engaging with external stakeholders

Lowitja Institute has continued to expand the broad range of external stakeholders with whom it engages to progress our strategic priorities. The new Stakeholder Engagement Strategy identifies six main types of stakeholders.

Stakeholder	Description
Decision makers	Increase influence and impact for positive decisions that benefit our communities and Lowitja Institute; secure funding
Influencers	Bring people of influence to our agenda to increase our impact
Member Community	Network of people and organisations who comprise the community-control of Lowitja Institute and work with us promoting the key principles of the organisation
Research partners	Grow and support the Aboriginal and Torres Strait health research workforce and the cultural safety, respect and capabilities of non-Indigenous researchers
Supporters	Enhance our capabilities, secure backing including funding and reach wider audiences
Users of research products	Service delivery points, both organisations and individuals, who will use our tools and resources for the benefit of the health and wellbeing of Aboriginal and Torres Strait Islander peoples; universities and other centres of training delivering curriculum focused on Aboriginal and Torres Strait Islander health

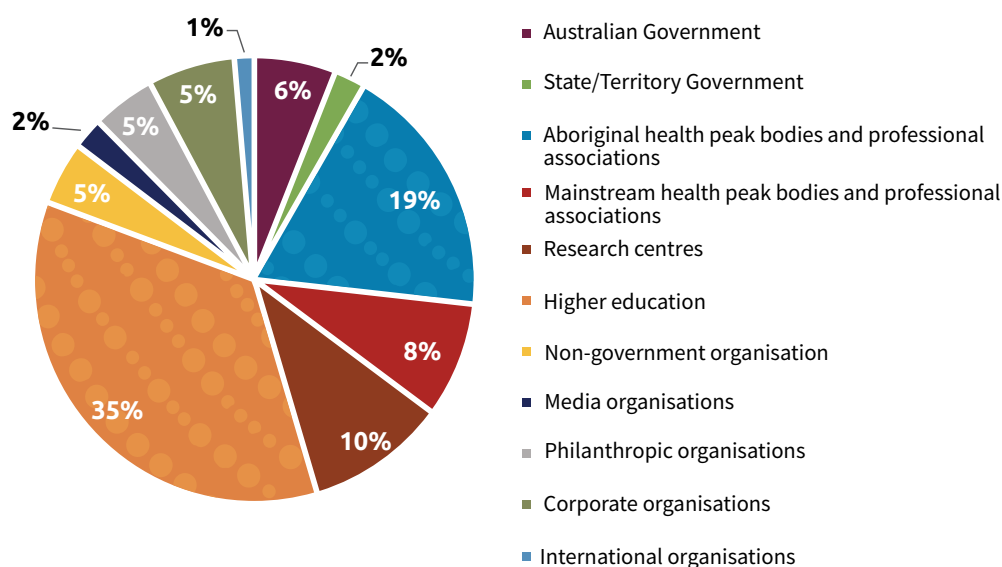
Over 2019-2020, Lowitja Institute had **209 engagements** with stakeholders from five of these categories, the most frequent being **supporters** (41%) followed by **influencers** (21%) and **research partners** (17%).

The types of organisations that these stakeholders represented were very broad, as shown in the graph below. Engagement was very frequent with the **higher education** sector (35%) and occurred regularly with Aboriginal health peak bodies and professional associations (19%).



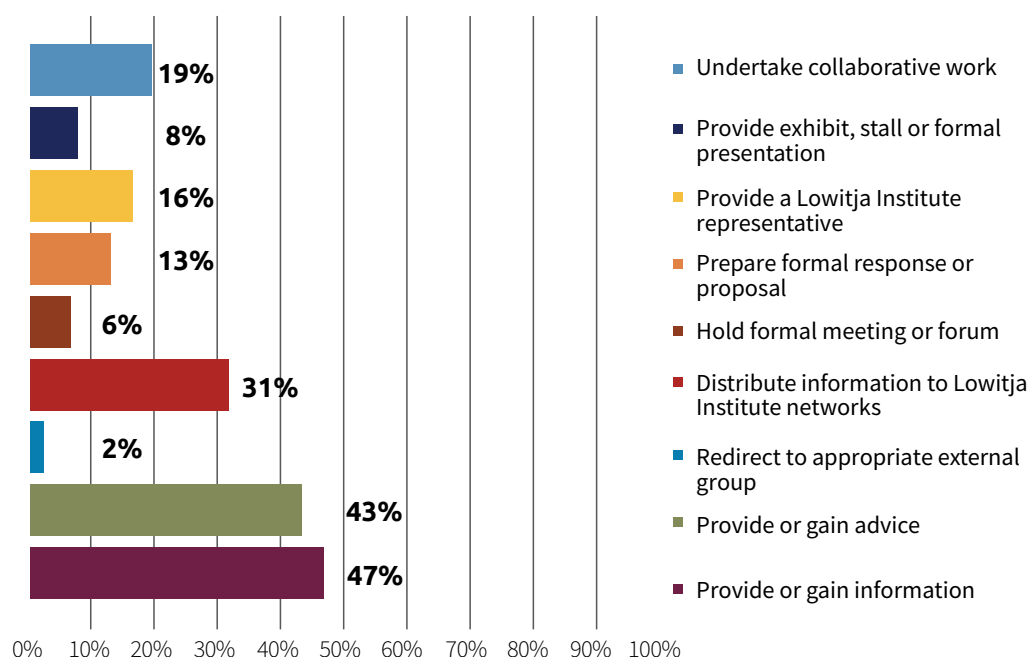
External stakeholders engaging with Lowitja Institute

Almost 73% of these engagements were initiated by external stakeholders who approached Lowitja Institute. They ranged in size and significance from straightforward requests to provide information, advice or distribute information that is relevant to our network, to requests that involved Lowitja Institute providing formal proposals, providing representatives for external events or reference groups, delivering formal presentations, collaborating on joint projects or undertaking a Lowitja Consulting project.



Lowitja Institute responses to engagement with external stakeholders

Frequently, engagement with external stakeholders led to specific outcomes for Lowitja Institute. A key desired outcome of this work for Lowitja Institute is for external stakeholders to understand our role, activities and priorities – this was evident for 70% of our engagement. Additional substantial outcomes included gaining information for our Members, stakeholders becoming Lowitja Institute Members, formalising joint projects and undertaking Lowitja Consulting projects.





Our new membership structure

This year we held many conversations with stakeholders about becoming Members under our new structure in the lead up to the constitutional changes. This is translating into a growing number of membership applications as we move into the 2020-2021 year.

There are four categories of membership for the new Lowitja Institutes membership structure – each has access to our new membership program and portal.

The new membership program, which is a major development focus for the coming year, will comprise a learning hub and a program of events. The purpose is to:

- build on place-based knowledge, and support and recognise the expertise of local leadership
- mentor our emerging thinkers, where we speak our truths and celebrate our ways of being
- offer opportunities to dismantle colonial narratives and systemic racism in health research, policy and service delivery

- protect, repatriate and rejuvenate cultural practices relating to health and wellbeing
- empower knowledge and infrastructure to collect, monitor and interpret our own health and wellbeing data.

We look forward to developing the program, involving our Members in the information and events it will involve, and hearing feedback on how it supports Members in their work.

“From the beginning, the Lowitja Institute has brought people together into a community of interest that transcends individual disciplines and silos, with Indigenous knowledges at the centre of all our activities.”

Pat Anderson, Annual Board Dinner, 9 December 2019

Full Member Organisations:

Aboriginal and Torres Strait Islander organisations

Associate Organisations:

non-Indigenous organisations

Associate Researchers as individuals

Lowitja Institute Scholarship recipients:
past and present



Key partnerships and collaborations

- Collaborated with the Murdoch Children's Research Institute to hold a consultation roundtable with Aboriginal stakeholders on their Generation Victoria (Gen V) project to advance health and wellbeing for Victorian children and families.
- Collaborated with Indigenous Allied Health Australia to fund a cross-disciplinary Research Award; this was won by Associate Professor Ray Lovett, Australian National University.
- Collaborated with the Cuban Embassy in the lead-up to a joint application to the COALAR grant rounds.
- Partnership with AIME Mentoring on their Imagination TV initiative that extends mentoring into young people's homes on a weekly basis; Lowitja Institute participated in the initiative and is facilitating access to other potential contributors.
- Our partnership with the Canada–Australia Indigenous Health and Wellness Working Group continues, initially established to progress initiatives from the 2016 Canada–Australia Roundtable on Indigenous Health and Wellness.

Speeches and presentations

The Lowitja Institute leadership team delivered 19 significant speeches and presentations across Australia in 2019-20, speaking publicly on issues affecting Aboriginal and Torres Strait Islander health, wellbeing and research through the media and other forums. Collectively, they reached an audience of over 2,200 people addressing key themes of Lowitja Institute, human rights, cultural safety, leaders and knowledge translation.

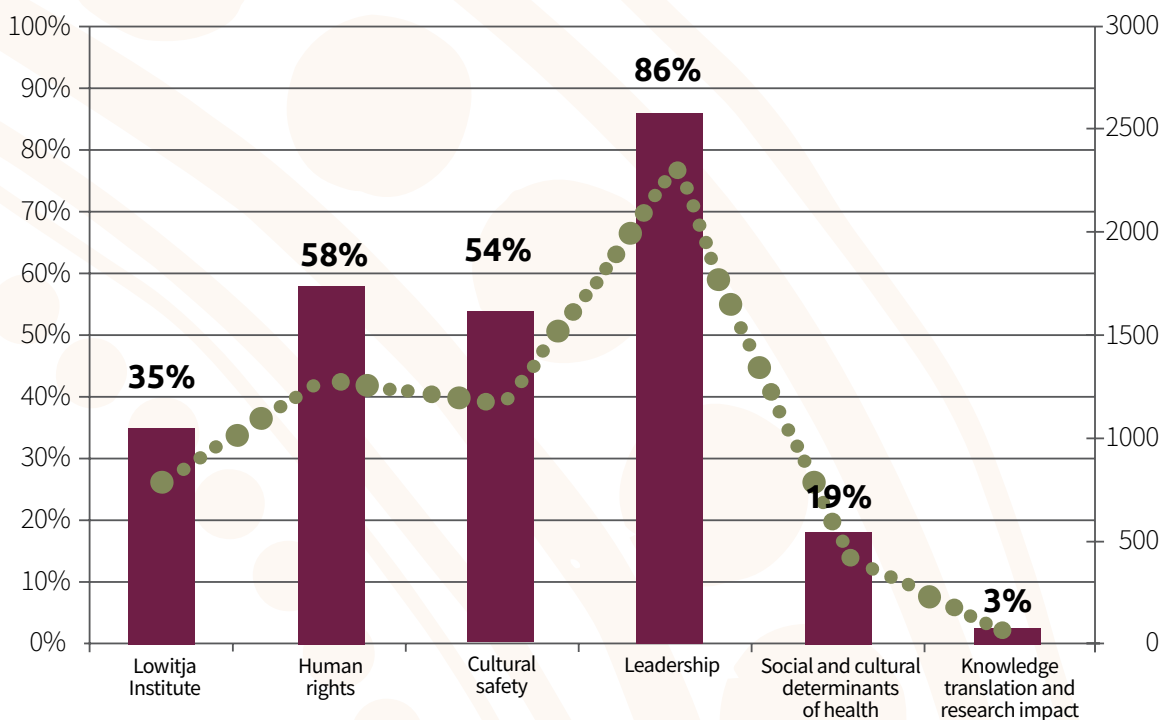
Some highlights

Our Chairperson, Pat Anderson AO, delivered the annual Gandhi Lecture hosted by the UNSW Sydney in March 2020, reflecting on the devastation of the 2019-20 bushfires and calling on Australia to learn from Indigenous knowledges and practices, developed over millennia.

"I'm not saying for a minute that we have all the answers, but I can say that as First Nations people we have accumulated 65,000 years plus or more knowledge about how to care for this land. You know, you might think after 65,000 years we might know something."

■ Percentage of people who listened to this topic

●●● Number of people who listened to this topic



Pat Anderson also addressed the 5th Annual Ngar-Wu Wanyarra Aboriginal and Torres Strait Islander Health Conference in the regional Victorian town of Shepparton, urging the respect and acknowledgement of Aboriginal and Torres Strait Islander stories that the Uluru Statement from the Heart demands of Australia.

“All too often we have been excluded from the key decisions that are made about our lives...The Voice to Parliament would address this long-standing historical inequity.”

In a keynote speech to the Close the Gap for Vision by 2020: The Gap and Beyond. National Conference 2020, hosted by Indigenous Eye Health and the Aboriginal Health Council of South Australia (AHCSA), CEO Dr Janine Mohamed urged a continuing focus on the social determinants of health:

“It is scandalous that the levels of poverty in this wealthy country mean that many people still live in circumstances that undermine their opportunity for maintaining healthy eyesight and strong vision.”

Dr Janine Mohamed was a guest panellist on a global health equity panel hosted by the Atlantic Fellows program, discussing how to tackle the root causes of racial injustice in the wake of George Floyd’s death and the Black Lives Matter movement.

She called on the Fellowship to issue a strong statement about historical and contemporary truth telling, and long term planned action with specific calls to governments, media, and powerful sectors such as the health and medical sector, businesses, universities and wider civil society.

“So many of our people have been hurt and harmed by traumatising systems. Yet it took the death of an African American man in the US to bring so many non-Indigenous Australians out onto the streets.”

Other key speeches delivered by Pat Anderson and Dr Janine Mohamed included:

- Trinity College International Women’s Day Breakfast panel presentation on ‘Inspiring Indigenous Women: Reflections on Leadership’

- AIGI Indigenous Governance Excellence Masterclass on ‘Cultural Safety: cultural integrity in governance’
- 2019 Aboriginal Chronic Conditions Network Conference
- University of Melbourne NAIDOC panel discussion on ‘Aboriginal children, health and human right: national directions and priorities’
- Keynote presentation at the NATSIHWA 10 Year National Conference: A decade of footprints, driving recognition, and a panel on systemic racism
- Keynote presentation at the AMSANT: Our Health Our Way Conference –on ‘Reflections on the history of AMSANT to today’

Engaging with the media

Lowitja Institute seeks to engage widely with the mainstream and specialist Indigenous media on Aboriginal and Torres Strait Islander health and health research issues.

Last year we recorded **nearly 200 mentions** of Lowitja Institute, Pat Anderson and Dr Janine Mohamed in international, national and local media, according to Meltwater Media Monitoring. For Dr Mohamed, they included:

- An interview with the leading US public broadcaster PBS for its flagship news program Newshour, examining universal health systems globally.
- An opinion piece published in Croakey on the release of the 2020 Close the Gap Campaign Report.
- Calling for culturally safe care for Aboriginal and Torres Strait Islander people in the pandemic, in Inside Story.
- An interview with CAAMA (Central Australian Aboriginal Media Association) about our Seeding Grants program.



PBS visits the Lowitja Institute office for the flagship news program Newshour to interview CEO Dr Janine Mohamed about universal healthcare systems

PRIORITY 5: Create a strong and sustainable future



A new Strategic Plan to guide our future

Transitioning to an Aboriginal Community Controlled Health organisation required a new strategic plan that reconsidered our vision and purpose, while maintaining the spirit and integrity of our work over the past 20 years.

The five agreed priorities for 2020-2023 have set the structure of this Annual Report. The Strategic Plan sets a clear frame for our Business Plan, Organisational Development Plan and our forthcoming Sustainability Strategy.

Mapping out our future

Lowitja Institute held a high-profile, high-impact event at Parliament House on the lands of the Ngambri Ngunnawal people (Canberra) in February 2019, to present our new strategic, research and policy directions.

“This evening marks a very important new phase in the life of our organisation.”
Pat Anderson

Our Vision:

Lowitja Institute is a trusted research institute that values Aboriginal and Torres Strait Islander people's health and wellbeing.

Our Purpose:

We invest in knowledge creation and translation by enhancing the capability of the Aboriginal and Torres Strait Islander health research workforce.



Key politicians, policymakers and VIPs joined us there, including Federal Health Minister Greg Hunt, Opposition Health spokesman Chris Bowen, Greens Senator Rachel Siewert, leading researcher Dr Kalinda Griffith, John Paterson (AMSANT), Professor Ian Anderson AO (NIAA), Jamie Lowe (National Native Title Council) and John Paul Janke (NITV), and many other MPs and staff.

The event was an opportunity for CEO Dr Janine Mohamed to discuss the impact and strength of our organisation, and its powerful contribution to growing the Aboriginal and Torres Strait Islander health research workforce.

“Since the beginning, the Lowitja Institute has built a sound reputation and national presence in health and wellbeing research.

We have changed the narrative of how research in Aboriginal and Torres Strait Islander communities is done in this country. The Lowitja Institute has become an integral component of the Australian health system.”

Outlining the Lowitja Institute’s five research priorities, Board chairperson Pat Anderson said key principles of the organisation’s work would remain constant:



Governing our future

The Lowitja Institute is governed by a skills-based and representative Board of Directors.

Chairperson: Ms Pat Anderson AO

The Board is chaired by Ms Pat Anderson AO, an Alyawarre woman who is known nationally and internationally as a powerful advocate for the health of Australia's First Peoples, with extensive experience in Aboriginal health, including community development, advocacy, policy formation and research ethics. In June 2014, Ms Anderson was appointed Officer of the Order of Australia for distinguished service to the Indigenous community as a social justice advocate, particularly through promoting improved health, educational and protection outcomes for children. She was awarded the Human Rights Medal 2016 by the Australian Human Rights Commission.

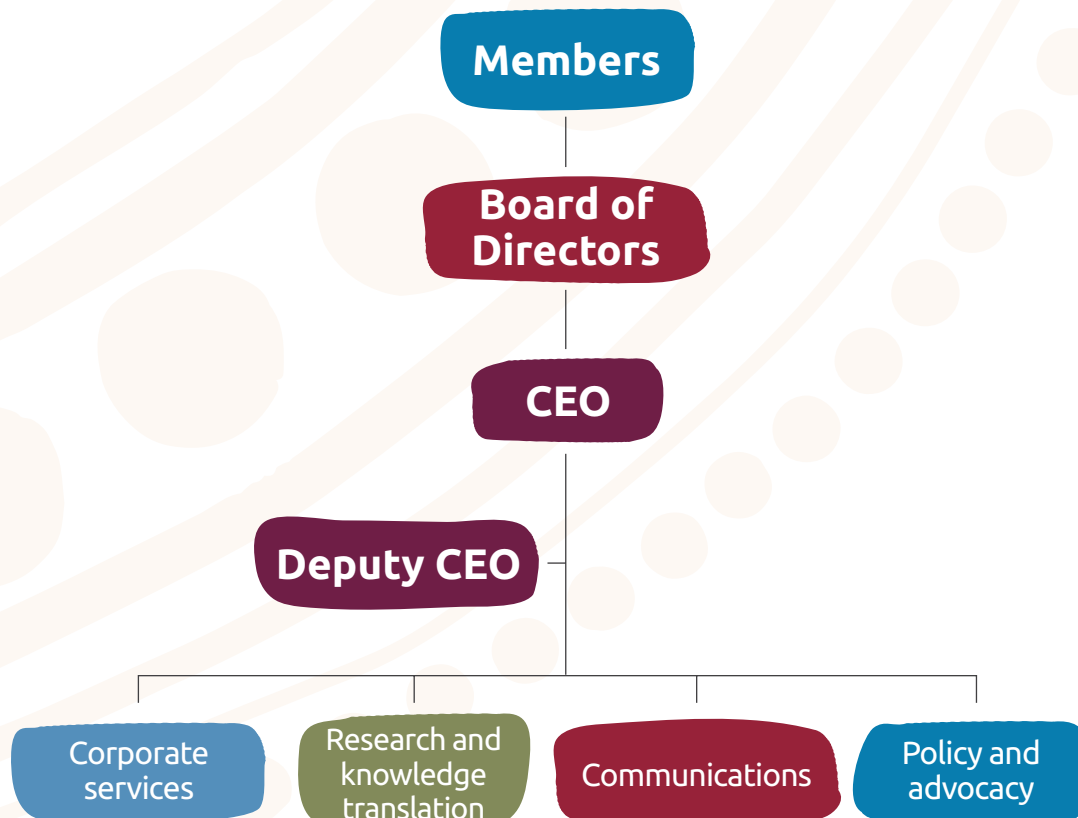
Ms Anderson completed her term as Co-Chair of the Prime Minister's Referendum Council on 30 June 2017. Ms Anderson was also appointed Chair of the Remote Area Health Corporation. In 2018-19, the national NAIDOC Committee recognised her life-long contribution with the Lifetime Achievement Award. In 2019-20 the University of Melbourne awarded Ms Anderson an honorary Law doctorate in recognition of her advocacy of social justice and lasting change for Australia's First Peoples.

Directors

- Professor Peter Buckskin PSM, a Narungga man from the Yorke Peninsula and the Dean: Aboriginal Engagement and Strategic Projects at the University of South Australia.
- Mr Selwyn Button, a Gungarri man from south-west Queensland and Registrar of the Office of the Registrar of Indigenous Corporations and the Chairperson of the Aboriginal and Torres Strait Islander Community Health Service Brisbane Limited.
- Mr Ali Drummond, a Meriam and Wuthathi man and Lecturer and Director of Indigenous Health at the Queensland University of Technology.
- Mr Brendon Douglas, Deputy Director at Menzies School of Health Research.
- Mr Michael Graham, a Wiradjuri, Dja Dja Wurrung and Waywurru man and CEO of the Victorian Aboriginal Health Service (VAHS).
- Ms June Oscar AO, a Bunuba woman from Fitzroy Crossing and the Aboriginal and Torres Strait Islander Social Justice Commissioner.
- Mr Craig Ritchie, a Dhunghutti/Biripi man and the Chief Executive Officer of the Australian Institute for Aboriginal and Torres Strait Islander Studies.

Growing the Lowitja Institute staff team

Our transition required us to reshape the organisational structure and staff team. There are four core teams: corporate services, research and knowledge translation, communications, and policy and advocacy. We appointed Paul Stewart as a Deputy CEO, and expanded the policy and advocacy team to further support our knowledge translation work.



Lowitja Institute staff retreat learning the importance of laughter and health through laughing yoga with teacher Bronwyn Roberts.

Financial Overview



The Lowitja Institute finished the 2019-20 financial year with a \$47,170 surplus.

The change vs. the 2018-19 surplus result of \$1,389,417 was due to the requirement to adopt two new accounting standards. AASB15: Recognition of Revenue and AASB16: Accounting for Leases.

Impact of Adoption of AASB15 and AASB16

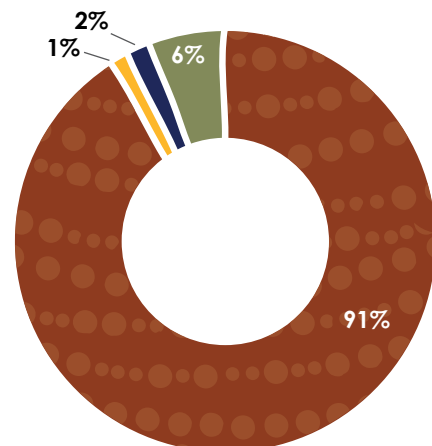
Prior to 2019-20, the Institute recognised grant and contracted income when received. However, AASB15 requires that contracted income should be recognised when earned. The impact resulted in a reduction to retained earnings of \$2.75m.

AASB16 – Accounting for Leases requires all operating and finance leases to be recognised as a right of use asset and amortised over the effective life. The impact resulted in a gross up of assets and liabilities on the balance sheet and a net reduction to retained earnings of \$22k.

Income

Totalled \$4.98m.

\$4.54m of this from Commonwealth funding including \$1.83m for the Indigenous Australians' Health Program (IAHP), \$1.25m for the Indigenous Health Medical Research (IHMR), \$0.82m to wind up the Cooperative Research Centre (CRC) funds and \$0.5m towards approved (CRC) carry forward funding. The balance from philanthropic, external organisations, consulting, donations and fundraising income. Interest earned was \$71k.

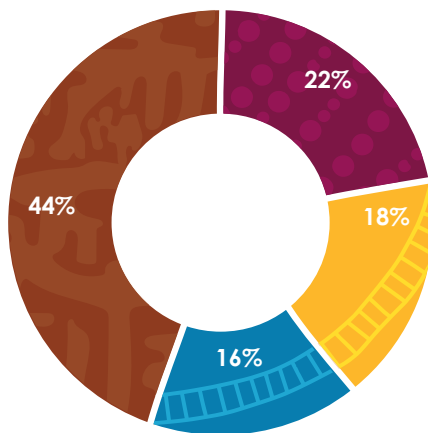


- Commonwealth Government Grants
- Interest Income
- Philanthropic
- Consulting Income

Expenditure

Totalled \$4.93m, with research related activities representing 66 per cent of expenditure and corporate related services 34 per cent.

Project activity expenditure was \$2.18m, with the majority of this related to Commonwealth funding related research activities. \$1.96m of employment expenses of which \$0.91m related to research and \$1.05 for corporate related employment. Operational expenditure was \$0.79m.



- Employment, Research Related
- Employment, Corporate Related
- Operational
- Project Activities

Assets

Totalled \$6.76m.

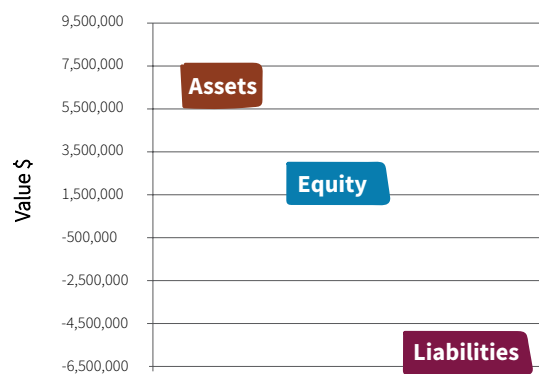
Cash \$6.09m, debtors \$16k, financial assets of \$55k and fixed assets of \$0.24m. Right of Use assets of \$0.35m added due to adoption of AASB16 – Accounting for Leases.

Liabilities

Totalled \$5.62m.

Income in advance \$4.13m; trade and other current liabilities \$0.97m, employee entitlement provisions \$0.14m; lease liabilities of \$0.38m added due to adoption of AASB16 – Accounting for Leases.

Financial Position at 30 June 2019



Other Highlights











Photo captions

1a, 1b, 1c 1d	A December night in Canberra celebrating important steps signalled in our Strategic Plan 2019-2023
2	Yarn on systemic racism with Dr Janine Mohamed and Associate Professor Chelsea Bond at the National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA) conference: A Decade of Footprints.
3	R&KT staff members visit WoSSCA (Women's Safety Services of Central Australia) in Alice Springs.
4	Pizza Olympics at the staff retreat: team building while also having a good feed.
5	Shane Houston came to speak with Lowitja Institute about the National Aboriginal and Torres Strait Islander Health and Medical Workforce Plan.
6	R&KT staff member Aishah Jameel at the Aboriginal Medical Services Alliance Northern Territory (AMSANT) conference - Our health: Our way - in Alice Springs.
7	Murri Watch visit the Lowitja Institute to tell us about their outstanding work in the community and justice system.
8	Staff lunch and farewell to beloved employee Sasa Tapelu.
9, 10	It was our great pleasure to welcome the Gen V project for their roundtable to discuss Indigenous data sovereignty, governance & community engagement.
11	Dr Kalinda Griffith speaking at the Lowitja Institute Federal Parliamentary Event in February 2020, Parliament House.
12	The Research and Knowledge Translation (R&KT) team at the 20th Australasian Research Management Society (ARMS) Conference in Adelaide.
13	Raymond Lovett Ngiyampaa/Wongaibon epidemiologist accepts his 2019 IAHA National Indigenous Allied Health Awards for Contribution to Indigenous Health Research - Funded by the Lowitja Institute.



Financial Statements

FOR THE END OF THE YEAR 30 JUNE 2020

National Institute for Aboriginal and Torres Strait Islander Health Research Limited

A Company Limited by Guarantee

ACN 138 780 695

Annual report for the financial year ended 30 June 2020

Directors' report

The directors of the National Institute for Aboriginal and Torres Strait Islander Health Research Limited (NIATSIHR) submit the annual report of the company for the financial year ended 30 June 2020.

Our Story

The Lowitja Institute, incorporated in 2009, began hosting the third iteration of a Cooperative Research Centre (CRC) in 2010 - the CRC for Aboriginal and Torres Strait Islander Health. The two previous CRCs were based in Darwin, operating from 1996 to 2003 as the CRC for Aboriginal and Tropical Health and from 2004 to 2009 as the CRC for Aboriginal Health. In 2014 it became The Lowitja Institute Aboriginal and Torres Strait Islander CRC, the fourth consecutively funded CRC.

As the national institute for Aboriginal and Torres Islander health research with a strong reputation for high quality work, a significant responsibility rests with the Lowitja Institute to provide leadership on work that will result in improvements to the health and wellbeing of Aboriginal and Torres Strait Islander peoples. To achieve this, the Lowitja Institute will embrace those who likewise share a firm commitment in valuing the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

Our work encompasses all areas that contribute to the health and wellbeing of Aboriginal and Torres Strait Islander peoples, including the social and cultural determinants of health and wellbeing. The work of the Lowitja Institute will be ambitious, rigorous and culturally safe. We will directly contribute towards our people achieving their greatest potential.

Our Vision

The Lowitja Institute will be an authoritative and collective voice for the benefit of Aboriginal and Torres Strait Islander peoples' health and wellbeing.

Our Purpose

We invest in knowledge creation and translation by enhancing the capability of the Aboriginal and Torres Strait Islander health research workforce.

The Lowitja Institute will continue its commitment to pursuing a new generation of solutions that make a real difference to the health and wellbeing of Aboriginal and Torres Strait Islander peoples. We will facilitate knowledge creation and translation that benefits Aboriginal and Torres Strait Islander peoples first and foremost.

To do this, we will support Aboriginal and Torres Strait Islander priorities and collective ways of working. We will ensure that our work recognises the strength and agency of Aboriginal and Torres Strait Islander peoples. The knowledge we provide will be culturally, ethically, and intellectually rigorous.

Review of Operations

In 2019/20 the Institute reported a net surplus of \$47,170 which compares to the total Comprehensive income for the same time last year of \$1.39m.

This majority of this variance driven by changes to the revenue recognition standard. Prior to 2019/20, the Institute recognised grant and contracted income when received. The introduction of AASB15 resulted in an adjustment to retained earnings of \$2.75m on the 1st July, 2019 to correctly reflect these changes. AASB15 requires that revenue that carries with it specific obligations is deferred and only recognised once it has been earned.

The Institute's CRC program was fully wound-up in 2019/20 at a cost of \$0.82m. The CRC approved the Institute to carry over surplus funding of \$2.06m of which \$0.5m was expensed in 2019/20. \$3.1m of a total of \$3.54m granted from the Department of Health for the new Indigenous Australians' Health Programme (IAHP) and the Indigenous Health Medical Research (IHMR) program was utilised during the year as well as \$0.39m for other funded projects.

Grant and contracted funding received up to and including 30th June, 2020 but not yet earned and to be carried forward on the balance sheet totals \$4.12m and will be expended in future reporting periods in line with relevant contracted schedules and milestones.

Our activities

Priority 1 - Invest in Aboriginal and Torres Strait Islander community driven best practice health research

Objective 1 - To increase the availability of Aboriginal and Torres Strait Islander health research that reflects the priority needs of Aboriginal and Torres Strait Islander peoples.

Priority 2 - Mobilise research knowledge for effective translation

Objective 2 - To improve understanding of researchers and research end users on how research knowledge can be translated effectively into health policy and practice.

Priority 3 - Enhance the capability of the Aboriginal & Torres Strait Islander health research workforce

Objective 3 - To enhance the capability of Aboriginal and Torres Strait Islander people involved in health research.

Priority 4 - Promote our role and impact

Objective 4 - To strengthen external stakeholder awareness of the role of Lowitja Institute and our history of collective impact.

Priority 5 - Create a strong and sustainable future

Objective 5 - To create a perpetual funding base for Lowitja Institute.

Information about the directors

Directors are limited to holding office for 2 consecutive terms (ie 6 years). All directors are non-executive directors. Two directors represent our academic members and are nominated by the academic members of the company and the Chairperson of the National Aboriginal Community Controlled Health Organisation is an ex officio appointment to the board. All directors (other than the ex officio position) are elected by the company's members. Persons eligible for nomination and appointment as a director, must be skilled in one or more of the following areas:

- a. Aboriginal and Torres Strait Islander health;
- b. corporate governance;
- c. research and development/technology transfer;
- d. education/capacity development;
- e. finance;
- f. business development/legal/marketing; and
- g. public/private investment and sectoral experience.

The Lowitja Institute is governed by skills based and representative Board of Directors. The Board is chaired by Ms Pat Anderson AO, an Alyawarre woman who is known nationally and internationally as a powerful advocate with a focus on the health of Australia's First Peoples. Ms Anderson has extensive experience in all aspects of Aboriginal health, including community development, advocacy, policy formation and research ethics. In June 2014, Ms Anderson was appointed Officer of the Order of Australia (AO) for distinguished service to the Indigenous community as a social justice advocate, particularly through promoting improved health, educational and protection outcomes for children. Ms Anderson is the Co-Chair of the Prime Minister's Referendum Council.

During the reporting period, other Institute directors included:

- **Professor Peter Buckskin PSM**, a Narungga man from the Yorke Peninsula and the Dean: Aboriginal Engagement and Strategic Projects at the University of South Australia
- **Mr Selwyn Button**, a Gungarri man from south-west Queensland and the Assistant Director-General (Indigenous Education), Department of Education, Training and Employment, Queensland
- **Mr Brendon Douglas**, the Director of Research and Innovation at Charles Darwin University and an Executive Council member of the International Development Contractors Group
- **Mr Ali Drummond**, a qualified nurse of Torres Strait Islander descent and a Lecturer in the School of Nursing, Queensland University of Technology
- **Ms June Oscar AO**, a Bunuba woman from Fitzroy Crossing and Chief Executive Officer of Marninwarntikura Women's Resource Centre
- **Mr Craig Ritchie**, an Aboriginal man of the Dhunghutti and Biripi nations and is the Chief Executive Officer at the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS)
- **Mr Michael Graham**, a proud Wiradjuri, Dja Dja Wurrung, and Waywurru man. He is currently the Chief Executive Officer of the Victorian Aboriginal Health Service.

At the Annual General Meeting in December 2019, the Financial Statements and reports were presented.

Key objectives of the Lowitja Institute Board successfully completed during the reporting period included:

- the development of a Business Plan
- implementation of the research agenda for the Lowitja Institute CRC.

Table 1 – The Lowitja Institute Board of Directors

Name	Role and Term	Key Skills	Independent / Organisation	Meeting attendance
Ms Pat Anderson	Chair from October 2010	Aboriginal and Torres Strait Islander health, corporate governance, sectoral experience (community)	Independent	6/6
Professor Peter Buckskin PSM	Director from October 2010	Education/capacity development, corporate governance, research and development, sectoral experience	Independent	5/6
Mr Selwyn Button	Director from July 2013	Education/capacity development, Aboriginal and Torres Strait Islander health	Independent	4/6
Mr Brendon Douglas	Director from December 2014	Finance, public/private investment, business development/ legal/marketing	Charles Darwin University	5/6
Mr Ali Drummond	Director from November 2012	Aboriginal and Torres Strait Islander health	Queensland University of Technology	5/6
Ms June Oscar AO	Director from May 2016	Aboriginal and Torres Strait Islander child health	Independent	2/6
Mr Craig Ritchie	Director from December 2018	CEO at the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS)	Independent	4/6
Mr Michael Graham	Director from May 2019 – (Resigned on 22 Sept 2020)	CEO of the Victorian Aboriginal Health Service	Independent	1/6

Table 2 – Lowitja Institute Board of Directors meeting dates

Lowitja Institute Board of Directors Meeting Dates	Venue
26 September 2019	Melbourne
30 October 2019	Teleconference
6 November 2019	Teleconference
10 December, 2019	Canberra
5 March, 2020	Melbourne
25 June, 2020	Videoconference

5.1.2 Committees

Finance and Audit Committee

The Finance and Audit Committee met four times during the 2019-20 financial year.

There are five members—three independents and two Directors:

- Ms Thelma Hutchinson (Independent member)
- Mr Dennis Clark (Independent member – Committee Chair)
- Dr Kerry Bodle (Independent member)
- Mr Selwyn Button, Director
- Mr Brendon Douglas, Director

The role of the Finance and Audit Committee is to advise the Board by reviewing:

- financial information that will be provided to the CRC Program, Essential Participants, Advisory Board or the public
- strategic financial plans, operating and capital budgets
- audit activities
- the system of internal controls, risk management and information
- investment management activities
- insurance coverage of significant risks and uncertainties.

Table 3 – Finance and Audit Committee membership

Name	Role and Term	Meeting Attendance
Mr Selwyn Button	Member	1/1
Mr Brendon Douglas	Member	0/1
Ms Thelma Hutchinson	Independent Member	1/1
Mr Dennis Clarke	Chair	0/1
Dr Kerry Bodle	Independent Member	0/1

Table 4 – Finance and Audit Committee meetings

Meeting Dates	Venue	Status
23 September 2019	Teleconference	Met
28 November 2019	Teleconference	Cancelled
25 February 2020	Teleconference	Cancelled
16 June 2020	Teleconference	Cancelled

5.1.3 Key Staff**Table 5 – Key Staff**

Name	Position	Time Committed
Ms Janine Mohamed	Chief Executive Officer	100% - Commencing in March 2019
Mr Paul Stewart	Deputy Chief Executive Officer	100% - Commencing in February 2020
Ms Catherine Richards	Director, Corporate Services	90% - Contract ended in January 2020

Ms Tania Kearsley held the position of company secretary of the Lowitja Institute at the end of the financial year. Ms Kearsley provides services as an independent outsourced company secretary and governance consultant to a number of organisations in the not-for-profit sector. Prior to this, Ms Kearsley was a lawyer for 20 years with a specialist practice advising clients within the research and education sector, including universities, CRCs and independent research institutes on a variety of corporate and commercial matters. Ms Kearsley is a qualified Chartered Secretary, member of Chartered Secretaries Australia, a graduate of the Australian Institute of Company Directors and Member of the Queensland Law Society and holds the following qualifications:

- Bachelor of Laws (Hons) (QUT)
- Master of Laws (QUT)
- Master of Bioethics (Monash)
- Graduate Diploma in Applied Corporate Governance

Events after the reporting period

There were no significant events occurring after the end of the reporting period.

Indemnification of officers and auditors

During the financial year, the Institute insured the directors of the company (as named above), the company secretary, Ms Tania Kearsley, and all executive officers of the Institute against a liability incurred as such a director, secretary or executive officer to the extent permitted by the Corporations Act 2001 (Cth).

The Institute has not otherwise, during or since the end of the financial year, except to the extent permitted by law, indemnified or agreed to indemnify an officer or auditor of the Institute against a liability incurred as such an officer or auditor.

Auditor's independence declaration

The Auditor's independence declaration is included on page 11 of the report.

Membership contribution on windup

On the event that the Institute is wound up:

- (a) Each Member; and
- (b) Each person who has ceased to be a Member in the preceding year, undertakes to contribute to the property of the Institute for the:
- (c) Payment of debts and liabilities of the Institute (in relation to (b), contracted before the person ceased to be a Member) and payment of costs, charges and expenses of winding up; and
- (d) Adjustment of the rights of the contributories amongst themselves, such amount as may be required, not exceeding \$10.

This directors' report is signed in accordance with a resolution of the Board.

On behalf of the Directors



Chair
Board of Directors
Melbourne, 24th September 2020



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Audit Pty Ltd**
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**AUDITOR'S INDEPENDENCE DECLARATION
UNDER SECTION 60-40 OF THE
AUSTRALIAN CHARITIES AND NOT-FOR-PROFITS COMMISSION ACT 2012
TO THE DIRECTORS OF THE NATIONAL INSTITUTE FOR ABORIGINAL AND TORRES STRAIT
ISLANDER HEALTH RESEARCH LIMITED**

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2020 there have been:

- (i) no contraventions of the auditor independence requirements as set out in the Australian Charities and Not-for-profits Commission Act 2012 in relation to the audit; and
- (ii) no contraventions of any applicable code of professional conduct in relation to the audit.

McLean Delmo Bentleys Audit Pty Ltd

**Martin Fensome
Partner**

Hawthorn
24 September 2020



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INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE NATIONAL INSTITUTE FOR ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH RESEARCH LIMITED

Opinion

We have audited the financial report of the National Institute for Aboriginal and Torres Strait Islander Health Research Limited, which comprises the statement of financial position as at 30 June 2020, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies and other explanatory information, and the directors' declaration.

In our opinion, the financial report of the National Institute for Aboriginal and Torres Strait Islander Health Research Limited is in accordance with Division 60 of the Australian Charities and Not-for-profits Commission Act 2012, including:

- (a) giving a true and fair view of the Entity's financial position as at 30 June 2020 and of its performance for the year ended on that date; and
- (b) complying with Australian Accounting Standards – Reduced Disclosure Requirements, and Division 60 of the Australian Charities and Not-for-profits Commission Regulations 2013.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Entity in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

In conducting our audit, we have complied with the independence requirements of the Australian Charities and Not-for-profits Commission Act 2012, which has been given to the directors as at the time of this auditor's report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of the Directors for the Financial Report

The Directors of the Entity are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the Australian Charities and Not-for-profits Commission Act 2012 and for such internal control as the directors determine is necessary to enable the preparation of a financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the Entity's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the Entity or to cease operations, or has no realistic alternative but to do so.



**INDEPENDENT AUDITOR'S REPORT
TO THE MEMBERS OF THE NATIONAL INSTITUTE FOR ABORIGINAL AND TORRES STRAIT
ISLANDER HEALTH RESEARCH LIMITED (CONTINUED)**

Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial report.

As part of an audit in accordance with Australian Auditing Standards, we exercise professional judgment and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Conclude on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

McLean Delmo Bentleys Audit Pty Ltd

**Martin Fensome
Partner**

Hawthorn
25 September 2020

Board declaration

The board members declare that:

- (a) in the board members' opinion, there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable; and
- (b) in the board members' opinion, the attached financial statements and notes thereto are in accordance with the Australian Charities and Not-for-profits Commission Act 2012, including compliance with accounting standards and giving a true and fair view of the financial position and performance of the company; and

Signed in accordance with a resolution of the board members made pursuant to s.60.15 of the Australian Charities and Not-for-profits Commission Regulation 2013.

On behalf of the Board



Patricia Anderson
Chair

Melbourne, 24th September 2020

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**Statement of Profit or Loss and Other Comprehensive Income
for the year ended 30 June 2020**

	Notes	For the year ended 30 June 2020 \$	For the year ended 30 June 2019 \$
Income			
Grants	4	4,750,695	8,952,687
Donations		9,863	11,390
Fundraising		54,617	894,360
Earned Revenue		43,446	218,980
Other Income	5	121,873	219,788
Total Income		4,980,494	10,297,205
Direct Expenses			
Direct Expenses	6.1	(1,607,046)	(5,373,957)
Admin & Labour Allocation		(572,971)	-
Total Direct Expenses		(2,180,017)	(5,373,957)
Gross Profit		2,800,477	4,923,248
Expenses			
Operations			
Finance	6.2	(86,625)	(50,006)
Organisational Development Support		(272,354)	(225,491)
Governance	6.3	(105,015)	(66,482)
Office Expenses	6.4	(356,524)	(533,049)
Travel & Marketing	6.5	(221,620)	(552,955)
Administration Allocation		256,103	-
Total Operations		(786,035)	(1,427,983)
Employment			
Wages & Other Employment Expenses	6.6	(2,284,140)	(2,105,847)
Employment Allocation		316,868	-
Total Employment		(1,967,272)	(2,105,847)
Total Expenses		(2,753,307)	(3,533,830)
Net Profit		47,170	1,389,417
Income tax expense	2.6	-	-
SURPLUS FOR THE YEAR		47,170	1,389,417
OTHER COMPREHENSIVE INCOME		-	-
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		47,170	1,389,417

The accompanying notes form part of these financial statements.

**Statement of Financial Position
as at 30 June 2020**

	Notes	30 June 2020 \$	30 June 2019 \$
Assets			
Current assets			
Cash and cash equivalents	16	6,100,036	2,103,763
Trade and other Receivables	8	16,335	91,989
Financial assets	16	55,323	5,359,800
Total Current assets		6,171,694	7,555,552
Non-current assets			
Property, plant and equipment	7	240,683	216,007
Right of use assets	7.1	355,517	-
Total non-current assets		596,200	216,007
Total assets		6,767,894	7,771,559
Liabilities			
Current liabilities			
Trade and other payables	9	960,402	1,438,454
Provision for Annual Leave	10	108,522	81,595
Provision for Long Service Leave		35,207	-
Income in advance	14	4,128,461	2,300,290
Right of use assets (current)	11	127,216	-
Other liabilities	11.1	9,098	24,188
Total current liabilities		5,368,906	3,844,527
Non-current liabilities			
Provision for Long Service Leave		-	63,562
Lease liabilities	11.2	251,023	-
Total non-current liabilities		251,023	63,562
Total liabilities		5,619,929	3,908,089
Net assets		1,147,965	3,863,470
Equity			
Current year earnings		47,170	1,389,416
Retained earnings		1,100,795	2,474,054
Total equity		1,147,965	3,863,470

The accompanying notes form part of these financial statements.

**Statement of Changes in Equity
for the year ended 30 June 2020**

	Notes	Retained earnings \$
Balance as at 30 June 2018	13	2,474,053
Total comprehensive income for the 30 June 2019 year		<u>1,389,417</u>
Balance as at 30 June 2019	13	3,863,470
Total comprehensive income for the 30 June 2020 year		47,170
Movement of Retained Earnings		<u>(2,762,675)</u>
Balance as at 30 June 2020	13	<u>1,147,965</u>

The accompanying notes form part of these financial statements.

Statement of Cash Flows
for the year ended 30 June 2020

	Notes	Year ended 30 June 2020 \$	Year ended 30 June 2019 \$
Cash Flows from Operating activities			
Receipts from customers		4,105,959	8,659,452
Payments to suppliers and employees		(5,801,557)	(8,151,099)
Cash receipts from other operating activities		307,876	-
Net Cash Flows from Operating Activities		(1,387,722)	508,353
Cash Flows from Investing activities			
Proceeds from sale of property, plant & equip		62,854	1,115
Payment for property, plant and equipment		(84,127)	(40,483)
Other cash items from investing activities		(277,449)	178,571
Net Cash Flows from investing activities		(298,722)	139,203
Cash Flows from Financing activities			
Other cash items from financing activities		378,239	-
Net Cash Flows from Financing activities		378,239	-
Net (decrease)/increase in cash and cash equivalents		(1,308,205)	647,556
Cash and Cash Equivalents	16		
Cash and cash equivalents at beginning of period		7,463,563	6,816,007
Cash and cash equivalents at end of period		6,155,359	7,463,563

The accompanying notes form part of these financial statements.

Notes to the Financial Statements for the year ended 30 June 2020

1. General information

The National Institute for Aboriginal and Torres Strait Islander Health Research Limited ("the Institute") is a company limited by guarantee and incorporated in Australia. The Institute is also registered as a charity with the Australian Charities and Not-for-profit Commission.

The address of the registered office and principal place of business is:

Suite 1, Level 2
100 Drummond Street
Carlton VIC 3053

The principal activities of the Institute are described in the Director's Report.

The Institute was incorporated on 11 August 2009.

2. Significant accounting policies

The following significant accounting policies have been adopted in the preparation of the financial statements.

2.1 Statement of compliance

These financial statements are general purpose financial statements which have been prepared in accordance with the Australian Charities and Not-for-profits Commission Act 2012 and Australian Accounting Standards – Reduced Disclosure Requirements and comply with other requirements of the law. The Institute is a not-for-profit entity for financial reporting purposes under the Australian Accounting Standards.

The financial statements were authorised for issue by the directors on 24th September 2020.

2.2 Basis of preparation

The financial statements have been prepared on the basis of historical cost, except for certain financial instruments that are measured at fair values or amortised cost, as explained in the accounting policies below. Historical cost is generally based on the fair value of the consideration given in exchange for assets. All amounts are presented in Australian dollars, unless otherwise noted.

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date, regardless of whether that price is directly observable or estimated using another valuation technique. In estimating the fair value of an asset or a liability, the Institute takes into account the characteristics of the asset or liability if market participants would take those characteristics into account when pricing the asset or liability at the measurement date. Fair value for measurement and/or disclosure purposes in these consolidated financial statements is determined on such a basis, except for share-based payment transactions that are within the scope of AASB 2, leasing transactions that are within the scope of AASB 117, and measurements that have some similarities to fair value but are not fair value, such as net realisable value in AASB 102 'Inventories' or value in use in AASB 136 'Impairment of Assets'.

In addition, for financial reporting purposes, fair value measurements are categorised into Level 1, 2 or 3 based on the degree to which the inputs to the fair value measurements are observable and the significance of the inputs to the fair value measurement in its entirety, which are described as follows:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the entity can access at the measurement date;
- Level 2 inputs are inputs, other than quoted prices included within Level 1, that are observable for the asset or liability, either directly or indirectly; and
- Level 3 inputs are unobservable inputs for the asset or liability.

2.3 Revenue recognition

When the entity receives operating grant revenue, it assesses whether the contract is enforceable and has sufficiently specific performance obligations in accordance to AASB 15.

When both these conditions are satisfied, the Entity:

- identifies each performance obligation relating to the grant;
- recognises a contract liability for its obligations under the agreement; and
- recognises revenue as it satisfies its performance obligations.

Where the contract is not enforceable or does not have sufficiently specific performance obligations, the Entity:

- recognises the asset received in accordance with the recognition requirements of other applicable accounting standards (for example AASB 9, AASB 16, AASB 116 and AASB 138);
- recognises related amounts (being contributions by owners, lease liability, financial instruments, provisions, revenue or contract liability arising from a contract with a customer); and
- recognises income immediately in profit or loss as the difference between the initial carrying amount of the asset and the related amount.

If a contract liability is recognised as a related amount above, the Entity recognises income in profit or loss when or as it satisfies its obligations under the contract.

Revenue is recognised relating to rendering of services as the performance obligations are satisfied over time. The Company identifies each performance obligation relating to the service rendered, recognises a contract liability for its obligations under the agreement, and recognises revenue as it satisfies its performance obligations.

Interest income is recognised as it accrues, using the effective interest rate method, which for floating rate financial assets is the rate inherent in the instrument.

In the comparative year

Non-reciprocal grant revenue is recognised in the profit or loss when the company obtains control of the grant and it can be reliably measured.

Interest revenue is recognised on a proportional basis taking into account the interest rates applicable to the financial assets.

Revenue from the rendering of a service is recognised upon the delivery of the service to the customers.

All revenue is stated net of the amount of goods and service tax (GST).

2.4 Leasing

At inception of a contract, the Company assesses whether a contract is, or contains a lease. A contract is, or contains a lease if the contract conveys a right to control the use of an identified asset for a period of time in exchange for consideration. The Company assesses whether:

- (a) The contract involves the use of an identified asset – The asset may be explicitly or implicitly specified in the contract. A capacity portion of larger assets is considered an identified asset if the portion is physically distinct or if the portion represents substantially all of the capacity of the asset. The asset is not considered an identified asset, if the supplier has the substantive right to substitute the asset throughout the period of use.
- (b) The customer has the right to obtain substantially all of the economic benefits from the use of the asset throughout the period of use.
- (c) The customer has the right to direct the use of the asset throughout the period of use only if either:
 - (i) The customer has the right to direct how and for what purpose the identified asset is used throughout the period of use; or
 - (ii) The relevant decisions about how and for what purposes the asset is used is predetermined and the customer has the right to operate the asset, or the customer designed the asset in a way that predetermines how and for what purpose the asset will be used throughout the period of use.

Right-of-use asset

A right-of-use asset is initially measured at cost comprising the initial measurement of the lease liability adjusted for any lease payments made before the commencement date (reduced by lease incentives received), plus initial direct costs incurred in obtaining the lease and an estimate of costs to be incurred in dismantling and removing the underlying asset, restoring the site on which it is located or restoring the underlying asset to the condition required by the terms and conditions of the lease, unless those costs are incurred to produce inventories.

Lease Liability

A lease liability is initially measured at the present value of unpaid lease payments at the commencement date of the lease. To calculate the present value, the unpaid lease payments are discounted using the interest rate implicit in the lease if the rate is readily determinable. If the interest rate implicit in the lease cannot be readily determined, the incremental borrowing rate at the commencement date of the lease is used. Lease payments included in the measurement of lease liabilities comprise:

- (a) Fixed payments, including in-substance fixed payments;
- (b) Variable lease payments that depend on an index or a rate, initially measured using the index or rate as at the commencement date (e.g. payments varying on account of changes in CPI);
- (c) Amounts expected to be payable by the lessee under residual value guarantees;
- (d) The exercise price of a purchase option if the Company is reasonably certain to exercise that option; and
- (e) Payments of penalties for terminating the lease, if the lease term reflects the lessee exercising an option to terminate the lease.

Subsequently, the lease liability is measured at amortised cost using the effective interest rate method resulting in interest expense being recognised as a borrowing cost in the income statement. The lease liability is remeasured when there are changes in future lease payments arising from a change in an index or rate with a corresponding adjustment to the right-of-use asset. Other situations will lead to a remeasurement including a change in a lease term. The adjustment amount is factored into depreciation of the right-of-use asset prospectively.

2.5 Financial instruments

2.5.1 Initial recognition and measurement

Financial assets and financial liabilities are recognised when the entity becomes a party to the contractual provisions to the instrument. For financial assets, this is the date that the entity commits itself to either the purchase or sale of the asset (ie trade date accounting is adopted).

Trade receivables are initially measured at the transaction price if the trade receivables do not contain significant financing component or if the practical expedient was applied as specified in AASB 15.63.

2.5.2 Classification and subsequent measurement

Financial liabilities

Financial liabilities are subsequently measured at amortised cost using the effective interest method.

The effective interest method is a method of calculating the amortised cost of a debt instrument and of allocating interest expense in profit or loss over the relevant period.

The effective interest rate is the internal rate of return of the financial asset or liability. That is, it is the rate that exactly discounts the estimated future cash flows through the expected life of the instrument to the net carrying amount at initial recognition.

Financial assets

A financial asset is subsequently measured at amortised cost when it meets the following conditions:

- the financial asset is managed solely to collect contractual cash flows; and
- the contractual terms within the financial asset give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding on specified dates.

2.5.3 Derecognition

Derecognition refers to the removal of a previously recognised financial asset or financial liability from the statement of financial position.

Derecognition of financial liabilities

A liability is derecognised when it is extinguished (ie when the obligation in the contract is discharged, cancelled or expires). An exchange of an existing financial liability for a new one with substantially modified terms, or a substantial modification to the terms of a financial liability, is treated as an extinguishment of the existing liability and recognition of a new financial liability.

Derecognition of financial assets

A financial asset is derecognised when the holder's contractual rights to its cash flows expires, or the asset is transferred in such a way that all the risks and rewards of ownership are substantially transferred.

All of the following criteria need to be satisfied for derecognition of a financial asset:

- the right to receive cash flows from the asset has expired or been transferred;
- all risk and rewards of ownership of the asset have been substantially transferred; and
- the entity no longer controls the asset (ie it has no practical ability to make unilateral decisions to sell the asset to a third party).

On derecognition of a financial asset measured at amortised cost, the difference between the asset's carrying amount and the sum of the consideration received and receivable is recognised in profit or loss.

2.5.4 Impairment

The entity recognises a loss allowance for expected credit losses on:

- financial assets that are measured at amortised cost or fair value through other comprehensive income;
- lease receivables;
- contract assets (eg amount due from customers under construction contracts);
- loan commitments that are not measured at fair value through profit or loss; and
- financial guarantee contracts that are not measured at fair value through profit or loss.

Expected credit losses are the probability-weighted estimate of credit losses over the expected life of a financial instrument. A credit loss is the difference between all contractual cash flows that are due and all cash flows expected to be received, all discounted at the original effective interest rate of the financial instrument.

The entity used the simplified approaches to impairment, as applicable under AASB 9.

Simplified approach

The simplified approach does not require tracking of changes in credit risk in every reporting period, but instead requires the recognition of lifetime expected credit loss at all times.

This approach is applicable to:

- trade receivables or contract assets that result from transactions that are within the scope of AASB 15, that contain a significant financing component; and
- lease receivables.

In measuring the expected credit loss, a provision matrix for trade receivables was used taking into consideration various data to get to an expected credit loss (ie diversity of its customer base, appropriate groupings of its historical loss experience, etc).

2.5.5 Recognition of expected credit losses in financial statements

At each reporting date, the entity recognised the movement in the loss allowance as an impairment gain or loss in the statement of profit or loss and other comprehensive income. The carrying amount of financial assets measured at amortised cost includes the loss allowance relating to that asset.

2.6 Employee benefits

A liability is recognised for benefits accruing to employees in respect of wages and salaries, annual leave and long service leave when it is probable that settlement will be required and they are capable of being measured reliably.

Liabilities recognised in respect of short-term employee benefits, are measured at their nominal values using the remuneration rate expected to apply at the time of settlement.

Liabilities recognised in respect of long-term employee benefits are measured as the present value of the estimated future cash outflows to be made by the Institute in respect of services provided by employees up to reporting date.

Payments to defined contribution retirement benefit plans are recognised as an expense when employees have rendered service entitling them to the contributions.

Under the Lowitja Institute Collective Agreement, approved in August 2018, the Institute will make an employer superannuation contribution of 14% for all full, part time and casual employees. All other Executive employees will receive an employer superannuation contribution at 9.5% as per outline in their Employment Contracts.

2.7 Taxation

The income of the Institute is exempt from income tax pursuant to the provisions of Subdivision 50-B of the Income Tax Assessment Act 1997. The Institute is also endorsed by the Australian Charities and Not-for-profit Commission as a public benevolent institution.

2.8 Property, plant and equipment

Property, plant and equipment are stated at cost less accumulated depreciation and accumulated impairment losses.

Depreciation is recognised so as to write off the cost or valuation of assets (other than freehold land) less their residual values over their useful lives, using the straight-line method. The estimated useful lives, residual values and depreciation method are reviewed at each year end, with the effect of any changes in estimate accounted for on a prospective basis.

An item of property, plant and equipment is derecognised upon disposal or when no future economic benefits are expected to arise from the continued use of the asset. The gain or loss arising on the disposal or retirement of an item of property, plant and equipment is determined as the difference between the sales proceeds and the carrying amount of the asset and is recognised in profit or loss.

2.9 Provisions

Provisions are recognised when the entity has a present obligation (legal or constructive) as a result of a past event, it is probable that the entity will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation.

The amount recognised as a provision is the best estimate of the consideration required to settle the present obligation at the end of the reporting period, taking into account the risks and uncertainties surrounding the obligation. When a provision is measured using the cash flows estimated to settle the present obligation, its carrying amount is the present value of those cash flows (where the effect of the time value of money is material).

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, a receivable is recognised as an asset if it is virtually certain that reimbursement will be received and the amount of the receivable can be measured reliably.

2.10 Inventories/Consumables

Stocks of consumable and administrative items purchased in the normal operations are not taken into account at close of balance date as assets but are written off at the time of purchase.

2.11 Goods and services tax

Revenue, expenses and assets are recognised net of the amount of goods and services tax (GST), except:

- i. where the amount of GST incurred is not recoverable from the taxation authority, it is recognised as part of the cost of acquisition of an asset or as part of an item of an expense; or
- ii. for receivables and payables which are recognised inclusive of GST.

The net amount of GST recoverable from, or payable to, the taxation authority is included as part of receivables or payables.

Cash flows are included in the cash flow statement on a gross basis. The GST component of cash flows arising from investing and financing activities which is recoverable from, or payable to, the taxation authority is classified within operating cash flows.

2.12 New and Amended Accounting Policies Adopted by the Entity*Initial application of AASB 16*

The Entity has adopted AASB 16 Leases retrospectively with the cumulative effect of initially applying AASB 16 recognised at 1 July 2019. In accordance with AASB 16 the comparatives for the 2019 reporting period have not been restated.

The Entity has recognised a lease liability and right-of-use asset for all leases (with the exception of short-term and low value leases) recognised as operating leases under AASB 117 Leases where the Entity is the lessee.

The lease liabilities are measured at the present value of the remaining lease payments. The Entity's incremental borrowing rate as at 1 July 2019 was used to discount the lease payments.

The right of use assets for equipment was measured at its carrying amount as if AASB 16: Leases had been applied since the commencement date, but discounted using the Entity's weighted average incremental borrowing rate on 1 July 2019.

The right of use assets for the remaining leases was measured and recognised in the statement of financial position as at 1 July 2019 by taking into consideration the lease liability, prepaid- and accrued lease payments previously recognised at 1 July 2019 (that are related to the lease).

The following practical expedients have been used by the Entity in applying AASB 16 for the first time:

- for a portfolio of leases that have reasonably similar characteristics, a single discount rate has been applied.
- leases that have remaining lease term of less than 12 months as at 1 July 2019 have been accounted for in the same way as short-term leases
- The use of hindsight to determine lease terms on contracts that have options to extend or terminate
- applying AASB 16 to leases previously identified as leases under AASB 117: Leases and Interpretation 4: Determining whether an arrangement contains a lease without reassessing whether they are, or contain, a lease at the date of initial application.
- not applying AASB 16 to leases previously not identified as containing a lease under AASB 117 and Interpretation 4.

The Institute has elected to apply the “Modified Retrospective Approach” when transitioning to the new standard. Under this approach, the Institute will not be required to restate the comparative information for its operating leases and the cumulative effect of the initial application is adjusted against opening retained earnings. The Institute has elected to measure the carrying amounts of the right of use assets as though the standard had applied from the commencement date of the leases. The opening balance adjustment to retained earnings was a reduction of \$31,924.

The following summary indicates the effects on 1 July 2019 due to implementation of AASB 16:

	As presented on 30 June 2019	Application impact of AASB 16	As at 1 July 2019
	\$	\$	\$
Statement of Financial Position			
Assets:			
Right of Use Assets	-	478,859	478,859
Liabilities:			
Lease Liabilities	-	(488,793)	(488,793)
Equity:			
Retained Earnings	-	9,934	9,934

The Institute’s weighted average incremental borrowing rate on 1 July 2019 applied to the lease liabilities was 5.0%.

Initial application of AASB 15 and AASB 1058

The Company adopted AASB 15 and AASB 1058 using the modified retrospective method of transition, with the date of initial application of 1 July 2019. In accordance with the provisions of this transition approach, the Company recognised the cumulative effect of applying these new standards as an adjustment to opening retained earnings at the date of initial application, i.e., 1 July 2019. Consequently, the comparative information presented has not been restated and continues to be reported under the previous standards on revenue and income. In addition, the Company has applied the practical expedient and elected to apply these standards retrospectively only to contracts and transactions that were not completed contracts at the date of initial application, i.e., as at 1 July 2019.

Overview of AASB 15 and AASB 1058

Under the new income recognition model applicable to not-for-profit entities, the Company shall first determine whether an enforceable agreement exists and whether the promises to transfer goods or services to the customer are ‘sufficiently specific’.

If an enforceable agreement exists and the promises are ‘sufficiently specific’ (to a transaction or part of a transaction), the Company applies the general AASB 15 principles to determine the appropriate revenue recognition. If these criteria are not met, the Company shall consider whether AASB 1058 applies.

The adoption of AASB 15 and AASB 1058 did not have a material impact on the recognition of revenue.

3 Critical accounting judgements and key sources of estimation uncertainty

In the application of the Institute's accounting policies, which are described in note 2, the directors are required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experiences and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

4 Grants

The following is an analysis of the Institute's revenue for the year from continuing operations (excluding investment revenue – see note 5).

	30 June 2020	30 June 2019
	\$	\$
Federal Government Funding	4,540,899	8,672,687
Participant contribution	-	180,000
Philanthropic Income	76,674	-
External Organisations	133,122	-
	4,750,695	8,852,687

5 Other Income

ATO Cash Flow Boost	50,000	-
Gain on Disposal Asset	850	1,115
Interest revenue	71,023	184,584
Reimbursement	-	34,089
	121,873	219,788

6 Surplus before income tax

Surplus for the year from continuing operations has been arrived at after charging:

6.1 Direct expenses

Direct Expenses/ Project Expenditure	1,548,299	4,715,944
Registration Fees/Conference	23,494	287,797
Catering/Venue Hire	35,252	370,216
Other Direct expenses	12,021	-
Admin & Labour Allocation	560,950	-
Total Direct expenses	2,180,016	5,373,957

6.2 Finance expenses

	30 June 2020	30 June 2019
	\$	\$
Accounting & Audit	14,575	17,992
Bank Fees	2,967	3,818
Legal Fees	44,592	12,203
Fringe Benefits Tax	24,491	15,993
Total Finance expenses	86,625	50,006

6.3 Governance expenses

Fees/Stipend	46,104	45,826
Governance Travel	32,577	-
Meetings	1,708	-
MV - Fuel & Operating	4,751	5,256
Other Governance	19,874	15,400
Total Governance expenses	105,014	66,482

6.4 Office expenses

Depreciation	34,788	34,554
Employee Amenities	6,168	34,272
Equipment - Minor	3,113	1,751
Insurance	16,592	20,108
Magazines & Journals	799	328
Memberships & Subscriptions	9,276	12,050
Photocopiers	1,734	-
Postage & Couriers	2,828	2,676
Stationery	3,760	30,452
Telecommunications	25,860	25,901
Computer Software	4,240	-
IT Support	15,635	139,137
General Office Expenses	14,965	12,747
Rent & Outgoings	41,642	210,938
Repairs & Maintenance	13,886	8,135
Utilities	10,558	-
ROU Asset – Depreciation	129,149	-
ROU Asset - Interest	21,531	-
Total Office expenses	356,524	533,049

6.5 Travel & Marketing expenses

	30 June 2020 \$	30 June 2019 \$
Meals Entertainment - FBT	460	5,099
Meals Entertainment - Non FBT	5,100	13,235
Travel - CEO	57,398	-
Travel - Staff	90,181	334,213
Graphic Design	11,777	-
Marketing & Communication	18,646	65,148
Multimedia & Website	8,747	28,127
Printing & Publications	7,052	67,197
Sponsorship	22,259	39,936
Total Travel & Marketing expenses	221,620	552,955

6.6 Wages & Other Employment expenses

Wages & Salaries Staff	1,950,613	1,715,830
Wages & Salaries - Casual Staff	36,485	-
Superannuation Expense	233,162	221,682
Annual Leave Accrual	26,927	137,970
Long Service Leave Accrual	(14,146)	-
Health Re-Imbursement	1,260	-
Consultants	20,915	-
Professional Development	24,645	20,970
Recruitment	905	9,395
Workcover	3,374	-
Total Wages & Other Employment expenses	2,284,140	2,105,847

7 Property, plant and equipment

	30 June 2020	30 June 2019
	\$	\$
Cost	523,385	451,899
Accumulated depreciation	(282,702)	(235,892)
	240,683	216,007

	Plant and equipment	Motor vehicles	Office Refurb.	Artwork	Total
	\$	\$	\$	\$	\$
At Cost					
Balance as at beginning of year	136,884	-	266,657	7,875	411,416
Additions	18,339	31,233	2,376	-	51,948
Disposals	(11,465)	-	-	-	(11,465)
Balance at 30 June 2019	143,758	31,233	269,033	7,875	451,899
Additions	51,229	-	10,642	17,454	79,325
Disposals	(7,839)	-	-	-	(7,839)
Balance at 30 June 2020	187,148	31,233	279,675	25,329	523,385
	Plant and equipment at cost	Motor Vehicle at cost	Office Refurb. at cost	Artwork at cost	Total
	\$	\$	\$	\$	\$
Accumulated depreciation					
Balance as at beginning of year	111,154	-	90,186	-	201,339
Disposals	-	-	-	-	-
Depreciation expense	3,149	4,677	26,728	-	34,554
Balance at 30 June 2019	114,303	4,677	116,914		235,893
Other Direct expenses	-	-	12,021	-	12,021
Depreciation expense	11,465	7,029	15,738	556	34,788
Balance at 30 June 2020	125,768	11,705	144,673	556	282,702

7. Property, Plant and Equipment cont'd

Impairment losses recognised in the year

During the year, the Institute carried out a review of the recoverable amount of its plant, equipment and motor vehicles. No impairment losses have been included as a line item in administrative expenses in the statement of comprehensive income.

The following useful lives are used in the calculation of depreciation.

Plant and equipment	3 – 5 years
Motor Vehicles	8 years
Office refurbishments	10 years
Artwork	100 years

7.1. Right of Use Assets

	30 June 2020	30 June 2019
	\$	\$
Right of Use Asset – Photocopier	5,806	-
Less Acc. Amortisation – Photocopier	(1,452)	-
Right of Use Asset – Building Lease	478,559	-
Less Acc. Amortisation – Building Lease	(127,696)	-
	355,517	-

8. Trade and other receivables

	30 June 2020	30 June 2019
	\$	\$
Accounts Receivable	3,091	27,314
Accrued Interest Receivable	90	54,792
Patents & Trademarks	1,227	-
Prepaid Expenses	11,927	9,883
	16,335	91,989

9. Trade and other payables

Corporate cards	2,735	11,907
Accounts Payable	957,943	1,392,004
PAYG Payable	-	36,860
GST Liability	(276)	(2,054)
	960,402	1,438,454

The average credit period on purchases of certain goods is one month. No interest is charged on trade payables. The Institute has financial risk management policies in place to ensure that all payables are paid within the pre-agreed credit terms.

10. Provisions

	30 June 2020	30 June 2019
	\$	\$
Provision for Annual Leave (Current Liabilities)	108,522	81,595
Provision for Long Service Leave (Current Liabilities)	35,207	-
Provision for Long Service Leave (Non-Current Liabilities)	-	63,562
	143,729	145,157

Provision for employee benefits

Provision for employee benefits represents amounts accrued for annual leave and long service leave. The current portion for this provision includes the total amount accrued for annual leave entitlements and the amounts accrued for long service leave entitlements that have vested due to employees having completed the required period of service. Based on past experience, the company does not expect the full amount of annual leave or long service leave balances classified as current liabilities to be settled within the next 12 months. However, these amounts must be classified as current liabilities since the company does not have an unconditional right to defer the settlement of these amounts in the event employees wish to use their leave entitlement.

The non-current portion for this provision includes amounts accrued for long service leave entitlements that have not yet vested in relation to those employees who have not yet completed the required period of service.

In calculating the present value of future cash flows in respect of long service leave, the probability of long service leave being taken is based upon historical data. The measurement and recognition criteria for employee benefits have been discussed in Note 2.5.

11. Lease Liability

Lease Liability (Current) - Photocopier Lease	1,414	-
Lease Liability (Current) - Rental Lease	125,802	-

11.1 Other liabilities

Funds held for other entities	9,097	24,188
	136,313	24,188

11.2 Non-Current liabilities

Lease Liability (Non-Current) - Photocopier Lease	3,047	-
Lease Liability (Non-Current) - Rental Lease	247,976	-
Total Non-Current liabilities	251,023	-

12. Income in Advance

IAHP	2,165,458	2,000,000
IHMR	292,120	-
CRC Surplus	1,555,997	300,290
Boutique Projects	114,886	-
Total Income in Advance	4,128,461	2,300,290

13. Financial Risk Management

The Institute's financial instruments consist mainly of deposits with banks, local money market instruments, short-term investments, accounts receivable and payable, and leases.

The carrying amounts for each category of financial instruments, measured in accordance with AASB 139: Financial Instruments: Recognition and Measurement as detailed in the accounting policies to these financial statements, are as follows:

	30 June 2020	30 June 2019
	\$	\$
Current Assets (Notes 8 & 16)		
Cash & Cash Equivalents	6,100,036	2,103,763
Term Deposit	-	5,304,477
Bond	55,323	55,323
Trade and other receivables	16,335	91,989
Total Current Assets	6,171,694	7,555,552
Current Liabilities (Notes 9 & 11.1)		
Trade & Other Payables	960,402	1,401,858
Other Liabilities	9,098	60,784
Total Current Liabilities	969,500	1,462,642

14. Key management personnel compensation

Details of key management personnel

The Directors and key management personnel of the Institute during the year were:

Ms Patricia Anderson AO (Chair)
 Professor Peter Buckskin (Non-executive director)
 Mr Selwyn Button (Non-executive director)
 Mr Ali Drummond (Non-executive director)
 Mr Brendon Douglas (Non-executive director)
 Ms June Oscar (Non-executive director)
 Mr Craig Richie (Non-executive director)
 Mr Michael Graham (Non-executive director)
 Ms Janine Mohamed (Chief Executive Officer)
 Mr Paul Stewart (Deputy Chief Executive Officer)
 Dr Sanchia Shibasaki (Director of Research & Knowledge Translation)
 Prof Alwin Chong (Senior Project Officer)
 Ms Cristina Lochert (Communications Manager)
 Ms Catherine Richards (Director, Corporate Services)
 Dr Shayne Bellingham (Senior Research Project Officer)
 Ms Phoebe Dent (Senior Policy Officer)
 Ms Leonie Williamson (Senior Policy Officer)

The Directors, (other than the Chairperson) do not receive any compensation.

The aggregate compensation made to key management personnel of the Institute is set out below:

	30 June 2020	30 June 2019
	\$	\$
Total employee benefits	1,035,858	910,773

Key Management personnel consist of Chief Operating Officer, Deputy Chief Operating Officer, Director of Research & Knowledge Translation, Director of Corporate Services, Communications Manager and Senior Policy Officers, Senior Research Project Officers.

15. Related party transactions

There were no related party transactions during the year ended 30 June 2020.

16. Cash and cash equivalents

For the purposes of the statement of cash flows, cash and cash equivalents include cash on hand and in banks accounts. Cash and cash equivalents at the end of the reporting period as shown in the statement of cash flows can be reconciled to the related items in the statement of financial position as follows:

	30 June 2020	30 June 2019
	\$	\$
Cash and cash equivalents	6,100,036	2,103,763
Term Deposits	55,323	5,359,800
	6,155,359	7,463,563

16.1 Reconciliation of surplus for the period to net cash flows from operating activities

Cash flows from operating activities	30 June 2020	30 June 2019
	\$	\$
Surplus for the period	47,170	1,389,417
Interest earned	-	(178,571)
Income from sale of property, plant and equipment	-	(1,115)
Depreciation of property, plant and equipment	46,989	34,554
Amortisation of intangible asset	(1,227)	-
Amortisation of ROU asset	150,497	-
	243,428	1,244,285
Movements in working capital		
Decrease in trade and other receivables	158,349	2,221,749
Increase in prepaid expenses	-	1,077
Decrease in accrued revenue	-	(6,013)
Increase in trade and other payables	(463,506)	895,769
Increase in employee liabilities	(35,971)	(38,237)
Increase in income in advance	(934,505)	(2,920,644)
Decrease in project commitments	-	(752,023)
Increase in goods and service tax payable	-	(137,590)
Increase/(decrease) in lease liabilities	(355,517)	-
	(1,631,150)	(735,932)
Cash generated from operations	(1,631,150)	(735,932)
Net cash generated by operating activities	(1,387,722)	(508,353)

17. Economic dependency

On 16th June 2014, a funding agreement, Commonwealth Agreement number 20130098, was signed between the Institute and the CRC Program of the Commonwealth of Australia. The Agreement was for a period of five years at \$5 million per annum and secured base funding which ended on the 30 June 2019. There was an approval to carry forward CRC Program funding of \$2,062,616 for 24 months from 1 July 2019 until June 2021.

In June 2018, the Lowitja Institute was successful in obtaining the Indigenous Australians' Health Program funding of \$8m over four years from July 2019 to June 2023.

In April 2019, the Lowitja Institute was announced in obtaining the Investment in Health Medical Research Program funding of \$10m over three years from November 2019 to November 2022.

18. Events after the reporting period

There were no significant events occurring after the end of the reporting period.

19. COVID-19 Note

The impacts of COVID-19 on the company's staff, operations, revenue and costs, are being monitored by the Board. The management continues to provide the Board with regular reporting and where necessary, mitigation plans, to ensure the safety and well-being of all staff, as well as the ongoing ability of the organisation to provide continuity of service for all contracts and stakeholders.



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