

The Lowitja Institute

Annual Report

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the
Lowitja
Institute

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

Our Patron, Dr Lowitja O'Donoghue AC CBE DSG



Dr Lowitja O'Donoghue was born in 1932 at Indulkana, in the remote north-west corner of South Australia, to a Pitjantjatjara mother and an Irish father. When she was just two years old, she and two of her sisters were taken away from their mother by missionaries on behalf of South Australia's Aboriginal Protection Board.

Renamed 'Lois' by the missionaries, she and her sisters grew up at Colebrook Children's Home and did not see their mother again for more than 30 years. They weren't allowed to speak their own language or to ask questions about their origins or even about their parents.

Dr O'Donoghue attended Unley General Technical High School in Adelaide and set her sights on becoming a nurse. After initial training, she had to fight to be able to continue her studies, thus beginning her lifelong advocacy for Aboriginal rights. In 1954 she became the first Aboriginal trainee nurse at the Royal Adelaide Hospital where she became charge sister after graduation, staying for 10 years.

After spending time in the mid-1960s at the Baptists Overseas Mission in Assam, India, and following the 1967 Referendum, Dr O'Donoghue returned to Australia and joined the Department of Aboriginal Affairs. She accepted a position in the remote South Australian town of Coober Pedy where an aunt and uncle, noticing the family resemblance, recognised her in a local supermarket. Through this chance meeting she was finally reunited with her mother, Lily, who by this time was living in the nearby town of Oodnadatta.

From 1970–72, Dr O'Donoghue was a member of the Aboriginal Legal Rights Movement, and later became regional director of the Australian

Department of Aboriginal Affairs. In 1976, she became the first Aboriginal woman to be awarded an Order of Australia (AO), and a year later was appointed the foundation chair of the National Aboriginal Conference and chair of the Aboriginal Development Commission.

In March 1990, Dr O'Donoghue was appointed the founding Chairperson of the Aboriginal and Torres Strait Islander Commission (ATSIC); during this time she played a key role in drafting the Native Title legislation that arose from the High Court's historic Mabo decision.

When she stepped down from this role, Dr O'Donoghue became the inaugural Chair of the Cooperative Research Centre for Aboriginal and Tropical Health (1996–2003), which led to the CRC for Aboriginal Health (2003–09), the CRC for Aboriginal and Torres Strait Islander Health, and the Lowitja Institute Aboriginal and Torres Strait Islander Health CRC (2014–19). The Lowitja Institute was established in January 2010 and it currently hosts the CRC organisation.

Dr O'Donoghue has received numerous awards and accolades for her work. She was made 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 won the Advance Australia Award in 1982, was named a National Living Treasure in 1998, and awarded Companion of the Order of Australia (AC) in 1999 and Dame of the Order of St Gregory the Great (DSG), a Papal Award, in 2005.

An Honorary Fellow of both the Royal Australian College of Physicians and the Royal College of Nursing, Dr O'Donoghue also holds an Honorary Doctorate of Law from the Australian National University and Notre Dame University, and an Honorary Doctorate from Flinders University, Australian National University, University of South Australia and Queensland University of Technology. She has also been a Professorial Fellow at Flinders University since 2000.

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Who We Are



The Lowitja Institute is Australia's national institute for Aboriginal and Torres Strait Islander health research.

It is an Aboriginal and Torres Strait Islander organisation working for the health and wellbeing of Australia's First Peoples through high impact quality research, knowledge exchange, and by supporting a new generation of Aboriginal and Torres Strait Islander health researchers.

Established in January 2010, the Lowitja Institute operates on key principles of Aboriginal and Torres Strait Islander leadership, a broader understanding of health that incorporates wellbeing, and the need for the work to have a clear and positive impact.

The Lowitja Institute is a company limited by guarantee with the following membership:

Australian Indigenous Doctors' Association • Australian Institute of Aboriginal and Torres Strait Islander Studies • Central Australian Aboriginal Congress • Congress of Aboriginal and Torres Strait Islander Nurses and Midwives • Danila Dilba Health Service • Flinders University • Healing Foundation • Indigenous Allied Health Australia • Menzies School of Health Research • National Aboriginal and Torres Strait Islander Health Worker Association • QIMR Berghofer Medical Research Institute • The University of Melbourne

Our Strategic Direction

When Dr Lowitja O'Donoghue agreed to have the Lowitja Institute named after her, she entrusted in us her **spirit and energy, her values and priorities. Dr O'Donoghue told us to be a courageous organisation committed to social justice and equity for Aboriginal and Torres Strait Islander peoples, to match words to action, to achieve real, tangible and immediate outcomes. Also, to be known throughout Australia as a strong and sustainable organisation working fearlessly for change and improvement in the lives of Aboriginal and Torres Strait Islander peoples. Our strategic plan and all the work that follows will honour Dr O'Donoghue's vision.**

The Lowitja Institute Strategic Plan 2015–2018

The purpose of the Lowitja Institute is to value the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

As the national institute for Aboriginal and Torres Strait Islander health research, 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 is that the Lowitja Institute will be an authoritative and collective voice for the benefit of Aboriginal and Torres Strait Islander peoples' health and wellbeing.

The Lowitja Institute will pursue a new generation of solutions that will make a real difference to the health and wellbeing of Aboriginal and Torres Strait Islander peoples. We will facilitate work 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 ethical and intellectually rigorous.

Our aspirations

The Lowitja Institute will facilitate research and knowledge exchange that improves the health and wellbeing of Aboriginal and Torres Strait Islander peoples. We will strengthen the Lowitja Institute's ability to influence policies, programs and practices that reflect the Institute's vision while ensuring that we endure into perpetuity.

To facilitate research and knowledge exchange that makes a positive difference to Aboriginal and Torres Strait Islander peoples' health and wellbeing.

Strategies:

- Facilitate research and knowledge exchange that is world-class, culturally ethical and advances the purpose of the Institute
- Work with partners to contribute in practical ways to improve Aboriginal and Torres Strait Islander peoples' health and wellbeing.

Through our research, knowledge exchange and advocacy, to impact policies, programs and practice that will improve the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

Strategies:

- Translate research into more effective policies and programs
- Influence national agendas and priorities which impact on the Aboriginal and Torres Strait Islander peoples' health and wellbeing
- Advocate for programs that have shown positive results and/or promise.

To be a strong and sustainable organisation.

Strategies:

- Continue to develop capacity to address current and future opportunities and challenges
- Develop a plan for the Lowitja Institute to thrive into perpetuity.

Chairperson's Message



It is a great pleasure to present to you the first Lowitja Institute annual report.

This report releases the strategic plan that will guide the direction of the Institute until 2018, a direction that honours the words of Dr Lowitja O'Donoghue who told us in early 2010 that the Institute that bears her name should deliver real, tangible and immediate outcomes for the health and wellbeing of Aboriginal and Torres Strait Islander peoples. The purpose of the Lowitja Institute is to value the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

Dr O'Donoghue also told us that the Institute should be a strong and sustainable organisation and a key priority for me and my fellow Board members this year has been to ensure the new strategic plan will guide this organisation to an enduring and independent future. Also, that it will strengthen its capacity to deliver real benefits through impact and influence; that it will be a dynamic and authoritative contributor to national research priorities; and that it will develop purposeful connections, locally, nationally and internationally.

In addition to the Australian Indigenous Doctors Association, during 2014–15 we welcomed as members of the Lowitja Institute company four more national Aboriginal and Torres Strait Islander organisations: Congress of Aboriginal and Torres Strait Islander Nurses

and Midwives, the Healing Foundation, Indigenous Allied Health Australia, and the National Aboriginal and Torres Strait Islander Health Worker Association.

This year we also welcomed a new Director to the Board, Mr Brendon Douglas, and Professor Peter Buckskin was reappointed for a further three-year term. Three Directors departed the Board: Professor Lisa Jackson-Pulver and Mr Justin Mohamed resigned as Directors in November 2014 and Mr Matthew Cooke in June 2015. Messrs Cooke and Mohamed joined the Lowitja Institute Board ex officio in their capacity as Chair of NACCHO.

It was my pleasure this year to see the Lowitja Institute housed in its new offices in Melbourne, a welcoming space fitted out by Indigenous architect, Mr Jefa Greenaway who based his work on his Indigenous philosophies of placemaking centred on collaboration, communication and community. The office was formally opened in October 2014 at the same time as the launch of the new iteration of Cooperative Research Centre (CRC) we host.

The Lowitja Institute Aboriginal and Torres Strait Islander CRC will work with its valued partners around Australia—from the community controlled health sector, government, and research institutions—on a program of work that will look at the social determinants of health, the needs and opportunities for the Aboriginal and Torres Strait Islander health workforce, and broader health policy that delivers demonstrable benefits for Aboriginal and Torres Strait Islander peoples. This work will be based on our key principles of Aboriginal and Torres Strait Islander control of the research agenda, a wider understanding of health that incorporates social wellbeing, and the need for the work to have a clear and positive impact.

While our focus is firmly with our Aboriginal and Torres Strait Islander communities, the Lowitja Institute is part of a broader indigenous family across the world. This year we have partnered with The Lancet journal in the development of a global report card to describe the health and social status of a sample of indigenous and tribal peoples across the globe. We also announced The Lowitja Institute International Indigenous Health and Wellbeing Conference that will be held in November 2016 and I look forward to welcoming you in Melbourne.

Chief Executive Officer's Report



I commenced as Chief Executive Officer of the Lowitja Institute on 21 July 2014, three weeks after the establishment on 1 July of the organisation we host, the Lowitja Institute Aboriginal and Torres Strait Islander Health CRC. This coincidence not only provided stability for the Institute and our partner organisations, but also to ensure the work of the CRC continues without interruption while paying particular attention to the identity, meaning and future of the Lowitja Institute.

I have worked under guidance from the Board to manage these organisational transitions, to develop the new strategic plan, and to increase the Institute's Aboriginal and Torres Strait Islander membership base.

My specific aim has been to develop robust organisational and research governance processes that will help us deliver a demonstrable positive impact on the health and wellbeing of Aboriginal and Torres Strait Islander peoples. The establishment of Aboriginal and Torres Strait Islander program committees has been critical to this process, as have our consultative roundtables with participants who brought their research, community and policy perspectives to the conversation. An impact tool to measure the benefit of research is under development.

As part of our commitment to the next generation of Aboriginal and Torres Strait Islander researchers, we awarded 10 Masters and PhD scholarships, prepared the next round of PhD scholarships, and celebrated the completion of two PhDs by Lowitja Institute scholarship holders. At the same time, we progressed the projects of the Lowitja Institute CRC and have completed residual projects from the previous CRC (CRCATSIH) with a particular emphasis on knowledge exchange and utilisation.

We have also engaged with the policy environment in which we operate, making clear our position in respect to the direction in which, in our view, lie positive and effective outcomes for Aboriginal and Torres Strait Islander peoples. We submitted to and/or appeared before the Joint Select Committee on Constitutional Recognition of Aboriginal and Torres Strait Islander Peoples; the Senate Select Committee into Health Inquiry for Health Policy, Administration and Expenditure; and the Senate Finance and Public Administration Committee inquiry into the Commonwealth Government's Indigenous Advancement Strategy (IAS). I also chaired the National Health Leadership Forum (NHLF), a collective of national Aboriginal and Torres Strait Islander health organisations, in negotiations with the Commonwealth Government's Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan.

On March 2015, and in respect to the proposed closure of communities in Western Australia, we drew attention to the body of evidence in Australia that supports the link between land, culture and wellbeing. The continuation of cultural practice, including land management is known to be protective of good health and social and emotional wellbeing.

I thank all those who have worked with us, and the Lowitja Institute staff, for their contribution. I am excited for the job ahead of growing the Lowitja Institute into a strong and enduring organisation whose work reflects the priorities of Aboriginal and Torres Strait Islander peoples and delivers positive, measurable, and high impact benefits for the health and wellbeing of Australia's First Peoples.

Board of Directors



L–R: Mr Selwyn Button, Mr Brendon Douglas, Ms Pat Anderson AO, Mr Russell Taylor AM, Professor Greg Anderson, Mr Ali Drummond, September 2015. Not in photograph: Professor Peter Buckskin

The Lowitja Institute is governed by a Board of Directors, who are elected by members (p. 5). The Board is chaired by Ms Pat Anderson AO.

During 2014–15, Institute directors included:

- o **Professor Greg Anderson**, the head of the Iron Metabolism Laboratory and Deputy Director of the QIMR Berghofer Medical Research Institute
- o **Professor Peter Buckskin**, a Narungga man from the Yorke Peninsula and the Dean of Indigenous Scholarship, Engagement and Research at the University of South Australia
- o **Mr Selwyn Button**, a Gungarri man from South West Queensland and the Assistant Director-General Indigenous Education – State Schools with the Queensland Department of Education, Training and Employment
- o **Mr Matthew Cooke**, an Aboriginal and South Sea Islander from the Bailai (Byellee) people in Gladstone, Central Queensland and Chair of the National Aboriginal Community Controlled Health Organisation
- o **Mr Brendon Douglas**, the Director of Research and Innovation at Charles Darwin University and an Executive Council member of the International Development Contractors Group

- o **Mr Ali Drummond**, a qualified nurse of Torres Strait Islander descent and a Senior Lecturer at the School of Nursing, Queensland University of Technology
- o **Professor Lisa Jackson Pulver**, a Koori woman and the inaugural Chair of Indigenous Health and Professor of Public Health at the University of New South Wales
- o **Mr Justin Mohamed**, a Gooreng Gooreng man from Bundaberg and Chairperson of the National Aboriginal Community Controlled Health Organisation
- o **Mr Russell Taylor**, a Kamilaroi man with family connections to La Perouse in Sydney and the Principal of the Australian Institute of Aboriginal and Torres Strait Islander Studies.

Mr Cooke joined the Board as a Director in December 2014, in his capacity as Chair of the NACCHO Board and resigned in June 2015. Professor Jackson Pulver and Mr Mohamed resigned as Directors in November 2014. Mr Douglas joined the Board as a Director in December 2014 through elections at the 2014 Annual General Meeting and Professor Buckskin was reappointed for a further three-year term.

The Lowitja Institute for Aboriginal and Torres Strait Islander Health CRC



The Lowitja Institute hosts the Lowitja Institute Aboriginal and Torres Strait Islander Health CRC (The Lowitja Institute CRC) funded by the Cooperative Research Centres (CRC) Programme of the Australian Department of Industry, Innovation and Science.

The history of the Lowitja Institute CRC dates back to 1997 with the establishment of the CRC for Aboriginal and Tropical Health (CRCATH, 1997–2003), which was followed by the CRC for Aboriginal Health (CRAH, 2003–2009), and the CRC for Aboriginal and Torres Strait Islander Health (CRCATSIH, 2010–2014).

The current CRC commenced operations on 1 July 2014 and was launched formally on 3 October 2014 by the Federal Member for Higgins, the Hon Kelly O'Dwyer MP, representing the Prime Minister. Ms O'Dwyer was joined by the Hon Shayne Neumann MP, Shadow Minister for Indigenous Affairs, and the Hon Warren Snowdon MP Shadow Parliamentary Secretary for Indigenous Affairs. Also present were Aboriginal and Torres Strait Islander leaders from around Australia, the Chair of the CRC Committee Mr Neville Stephens AO and other senior representatives from the CRC Programme, the Department of Industry, Innovation and Science and other government departments, Lowitja Institute CRC Participants, community organisations, representatives from philanthropic organisations, and research and academic institutions.

Aunty Joy Wandin Murphy AO, Senior Elder of the Wurundjeri people of the Kulin Nation, conducted a traditional smoking ceremony and welcomed guests to country. A more detailed report, photos and video can be viewed at the Lowitja Institute website.

The launch coincided with the formal opening of the Lowitja Institute's new office. Indigenous architect Mr Jefa Greenaway designed the fit-out of the space, using his Indigenous philosophies of placemaking centred on collaboration, communication and community. As well as accommodating employees, the Lowitja Institute provides space for people working in Aboriginal and Torres Strait Islander health to communicate, collaborate, host roundtables and community discussions.

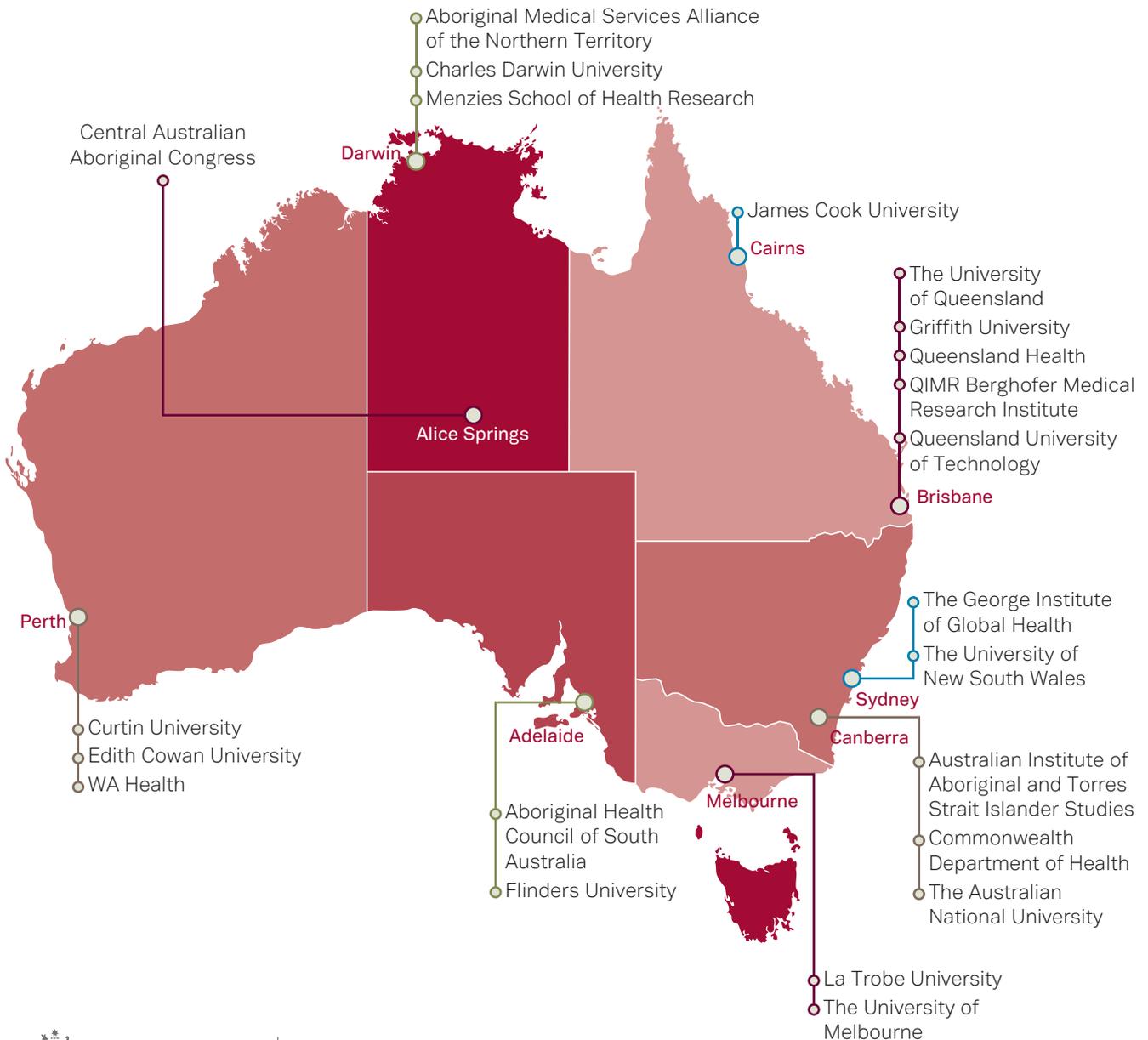


Smoking Ceremony

The Lowitja Institute for Aboriginal and Torres Strait Islander Health CRC

At present, the Lowitja Institute CRC works with 22 Participants that include Aboriginal and Torres Strait Islander health organisations, State and Australian government departments and research institutions. This group meets twice a year to discuss the current work, future activities and issues of governance and funding; this year we met in Melbourne on 27 November 2014 and 11 June 2015.

The Lowitja Institute CRC Participants



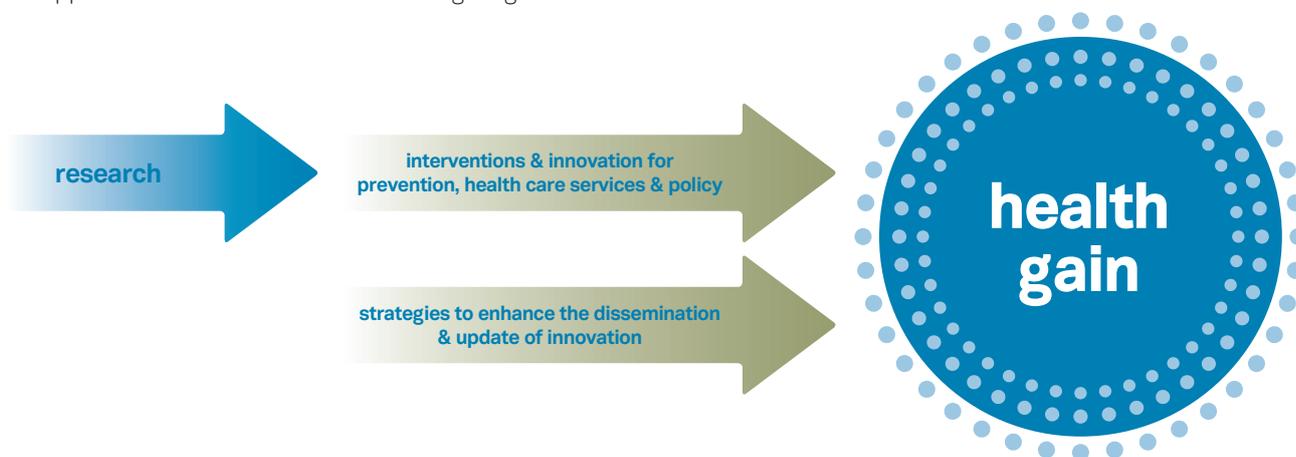


1. L-R: The Hon Shayne Neumann, Ms Pat Anderson, the Hon Kelly O'Dwyer
2. Ms Pat Anderson, Mr Romlie Mokak in the background
3. Mr Romlie Mokak, CEO, The Lowitja Institute
4. Participants meeting, 27 November 2014
5. Aunty Joy Wandin Murphy, Welcome to Country
6. Aunty Joy Wandin Murphy conducting the smoking ceremony at the office opening, 3 October 2014
7. Mr Jefa Greenaway (centre) and Aunty Joy Wandin Murphy, Professor Marcia Langton
8. Participants meeting, 11 June 2015

High Impact Research

Our overarching strategy is to undertake research that produces the knowledge, tools and resources that will have a positive impact on the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

This approach is articulated in the following diagram:



To guide this effort the Lowitja Institute has identified five key principles that underpin our approach to research:

- 1. Beneficence – to act for the benefit of Aboriginal and Torres Strait Islander peoples in the conduct of our research**
- 2. Leadership by Aboriginal and Torres Strait Islander peoples**
- 3. Engagement of research end users (Aboriginal and Torres Strait Islander organisations and communities, policymakers, other potential research users)**
- 4. Development of the Aboriginal and Torres Strait Islander research workforce**
- 5. Measurement of impact in improving Aboriginal and Torres Strait Islander peoples' health.**



At present, the work is conducted under the Lowitja Institute CRC, which has identified three research programs:

Program 1: Community capability and the social determinants of health

will deepen our understanding of how individuals, children, families and communities can mitigate the negative impacts of the social determinants of health, and maximise the effectiveness of positive cultural, social, economic and environmental influences.

Program 2 – Needs and opportunities for the Aboriginal and Torres Strait Islander health workforce

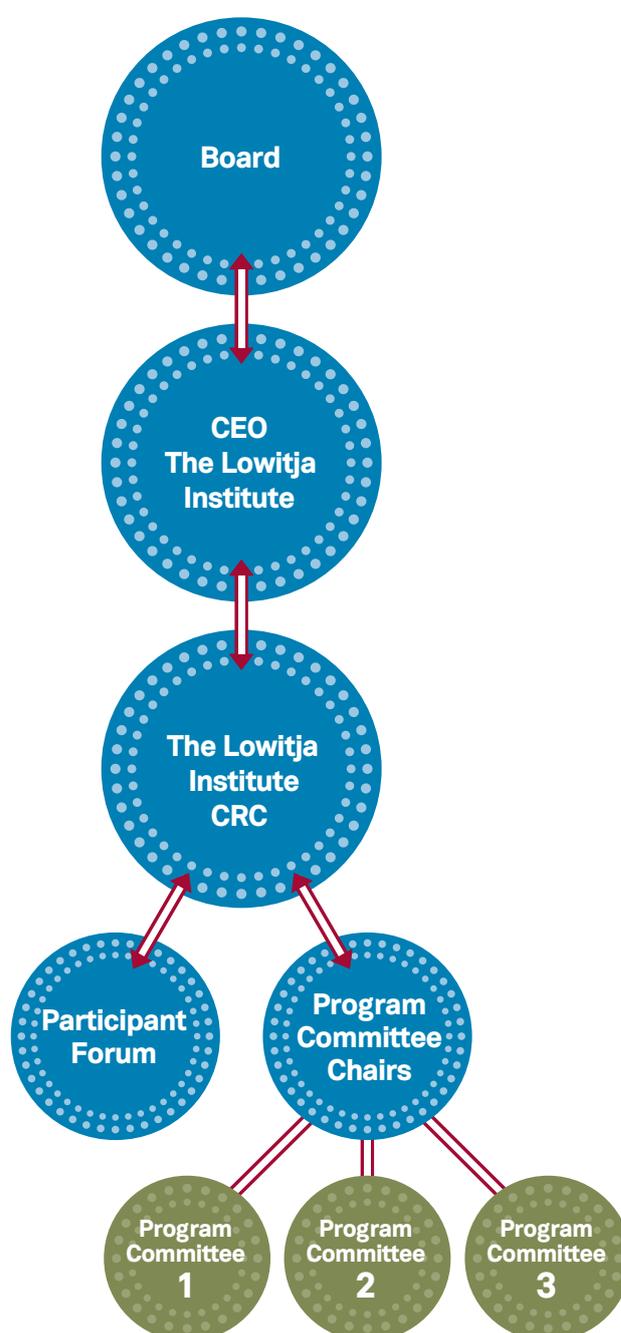
is driven by the need to know how to better grow and sustain a health workforce to address Aboriginal and Torres Strait Islander health needs in all health services and systems.

Program 3 – Health policy and systems

will provide evidence on the broader health policy and system settings that are most effective in supporting improvements in Aboriginal and Torres Strait Islander health.

The Lowitja Institute has also established a research governance system that includes, as a critical component, Program Committees to ensure the Institute has high-level advice from individuals with significant expertise in each program area.

A senior Aboriginal and/or Torres Strait Islander researcher chairs each committee and the members are also Aboriginal and/or Torres Strait Islander persons with specific expertise in research and policy.



Roundtables

This reporting period, we conducted three roundtables attended by invited participants with research, policy and community perspectives. These consultations were tasked with identifying key research priorities to inform a first round of project funding conducted in April 2015.

Aboriginal and Torres Strait Islander early childhood health roundtable

Early childhood is seen increasingly as a critical 'window of opportunity' to improve the long-term health and wellbeing outcomes of Aboriginal and Torres Strait Islander children. There is now strong evidence that what happens in the early years of life will have a significant impact on adult health. As a result, there is now an increased focus on programs or services to support child development in the early years, including parenting, education, and health and wellbeing programs. The roundtable held on 10 November 2014, in Melbourne, was attended by Aboriginal and Torres Strait Islander and mainstream service providers, peak bodies, government departments of health and education and researchers.

Cultural determinants of Aboriginal and Torres Strait Islander health roundtable

Identifying and addressing the social determinants of health have long been recognised as central to improving Aboriginal and Torres Strait Islander health outcomes. Yet clarifying and defining the specific nature of the cultural determinants of health in Australia, and how these can be implemented in various domains, are critical pieces of work yet to be completed. Overarching themes identified by the roundtable included the need to learn to work with Aboriginal and Torres Strait Islander peoples and nations to rebuild their resilience and cultural sustainability. It identified the need to strengthen languages, relationships, cultures, identity, place and networks. Aboriginal and Torres Strait Islander leaders from across the country convened in Melbourne for the roundtable on 26 November 2014.

Cultural competence of mainstream health services and systems roundtable

The purpose of this roundtable was to identify priorities for collaborative research to develop the evidence base on how to build workplaces, service delivery, and health systems that provide optimal care for Aboriginal and Torres Strait Islander peoples. The roundtable was held over two days on 20 and 21 November 2014, in Melbourne. Participants included representatives from the Aboriginal community controlled health sector, health service providers, professional health bodies, government agencies and research organisations.

1. *Participants at the Cultural Determinants roundtable*
2. *Mr Denis Padilla, Deputy Director, community controlled Makewe Hospital in Temuco, Chile with Professor Gail Garvey at the Cultural Competence roundtable*
3. *Early Childhood roundtable*
4. *Professor Cindy Shannon, facilitator, Cultural Competence roundtable*



2014–15 Highlights

The Lowitja Institute CRC supports, funds or part-funds research conducted by partners around Australia. Listed below are some highlights of those partnerships and full details of the research teams are available from the Lowitja Institute website, as are all the publications mentioned: www.lowitja.org.au

A better health system for Aboriginal and Torres Strait Islander peoples

There is clear evidence that policies and programs in Aboriginal and Torres Strait Islander health in Australia could be much more effective. Problems include the complexity of Commonwealth and State/Territory government responsibilities; lack of trust and respect in working relationships among Aboriginal and Torres Strait Islander peoples and non-Indigenous people and organisations; inadequate and complex funding; competing priorities and fundamental tensions among the many stakeholders regarding policy goals and program methods; and, finally, commitment to policy timelines that are incompatible with the nature of the task.

During the reporting period three CRCATSIH projects were completed: *Managing Two Worlds Together: Improving Aboriginal*



Dr Kim O'Donnell, Mr Romlie Mokak, Professor Judith Dwyer, Uncle Lewis Yerloburka O'Brien, Dr Janet Kelly and Ms Pat Anderson at the MTWT launch in Adelaide, 2 June 2015

Patient Journeys, Stage 3 (MTWT), Funding, Accountability and Results for Aboriginal Health Services (FAR), and Planning, Implementation and Effectiveness in Indigenous Health Reform (PIE).

MTWT investigated what works well and what needs improvement in the health system for Aboriginal people who travel for hospital

and specialist care from rural and remote areas of South Australia and the Northern Territory to city hospitals. Stage 3 involved an expanded research team and staff participants working together in a range of health care and education settings. The aim was to modify, adapt and test the tools developed in Stages 1 and 2. Careful consideration was given as to how the information that emerged from the use of the tools could improve communication, coordination and collaboration within and between different health care providers and patients and their families, so as to inform the design of effective strategies for improvement. These were compared and combined with existing policies, practice and protocols. Seven publications are available, including project report, workbook and case studies.



“Grandma was a really good person and I’m glad to see that at the end of her time she helped to improve the health system with her contribution, and hopefully what she gave to the project will improve Aboriginal health and deliver those [good results].”

Mr Mervyn Watson whose great-grandmother, Mrs Riley, from Coober Pedy and Umoona Aged Care resident, shared her patient journey experience in the MTWT study

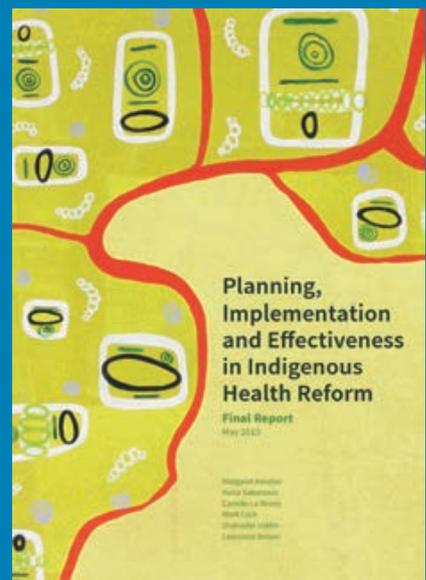
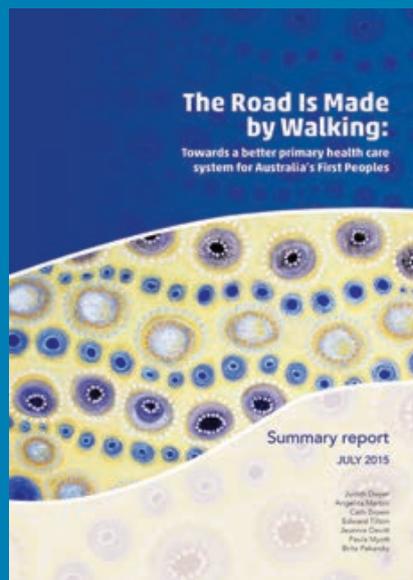
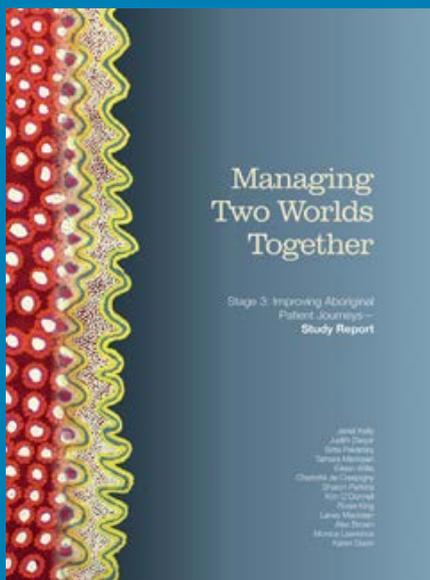
2014–15 Highlights

The FAR project is a study of reforms in primary health care (PHC) for Aboriginal and Torres Strait Islander communities in the Northern Territory (between 2009 and 2014) and Cape York, Queensland (between 2006 and 2014). In both places, the intention of the reforms was twofold: to establish a regional system of PHC provision with reliable access to care for all Aboriginal and Torres Strait Islander communities in the regions, and to increase community control of health care by transferring some or most of the responsibility for providing PHC from government health authorities to regional Aboriginal Community Controlled Health Organisations (ACCHOs). These were bold plans with long histories of development in both jurisdictions. The study aimed to contribute two kinds of knowledge: how to implement health policy and health system reforms effectively, and the substance of the reforms needed to achieve the policy goal.

The PIE project arose from concerns by Aboriginal and Torres Strait Islander people that despite the importance of participation and investment in collaborative governance, little research focused on capturing current practice and identifying best practice

is being done. The advent of the National Indigenous Reform Agreement (NIRA) and the Indigenous Health National Partnership Agreements (IHNPAs) has led to further development/application of collaborative approaches to governance through committees and forums at national, State and regional levels. The activities associated with these committees and forums are referred to throughout this report as collaborative governance. This report focuses on building the evidence base around best practice based on case studies of collaborative governance in relation to the NIRA.

In addition, work on the update of Aboriginal and Torres Strait Islander Patient Quality Improvement Framework Toolkit for Hospital Staff (AQIFTHS) and website continued and this resource has been redrafted and is being implemented in several hospitals. St Vincent's Hospital in Melbourne hosts AQIFTHS, an online quality improvement resource created as a result of a national research project Improving the Culture of Hospitals Project completed in 2010, funded by the CRCAH. Since that time the toolkit has been referenced in the EQUIP National Standards (Standard 12).



Stewardship Dialogues for Aboriginal and Torres Strait Islander Health

The Dialogues were established to test if an open exploration of underlying barriers to better progress in Aboriginal and Torres Strait Islander health policy and programs can generate new ways to approach some of the 'wicked problems' of policy and implementation. The project engaged senior representatives from the Aboriginal and Torres Strait Islander health field (drawn from policy, practice, community and academic sectors) in what might be considered 'dangerous conversations.'

Dialogue participants identified that education and early years interventions, implemented in collaboration with Aboriginal and Torres Strait Islander communities and properly adapted to their settings, held the potential to produce significant long-term effects on health and wellbeing. However, as always, poor implementation without collaboration is unlikely to realise these benefits.

A focus on the early years does not mean there should be a reduced focus on the later years of childhood, as what happens in these years also makes a difference in future life chances. Engagement, retention and achievement in education are also important, as is support during times of life transitions.

A compendium of papers has been prepared for publication in 2015. The first two papers were written to inform the discussion during the Dialogues. The third paper was written after the Dialogues to address an identified need for decision makers to have access to a more systematic review of the evidence about the effectiveness of different interventions.

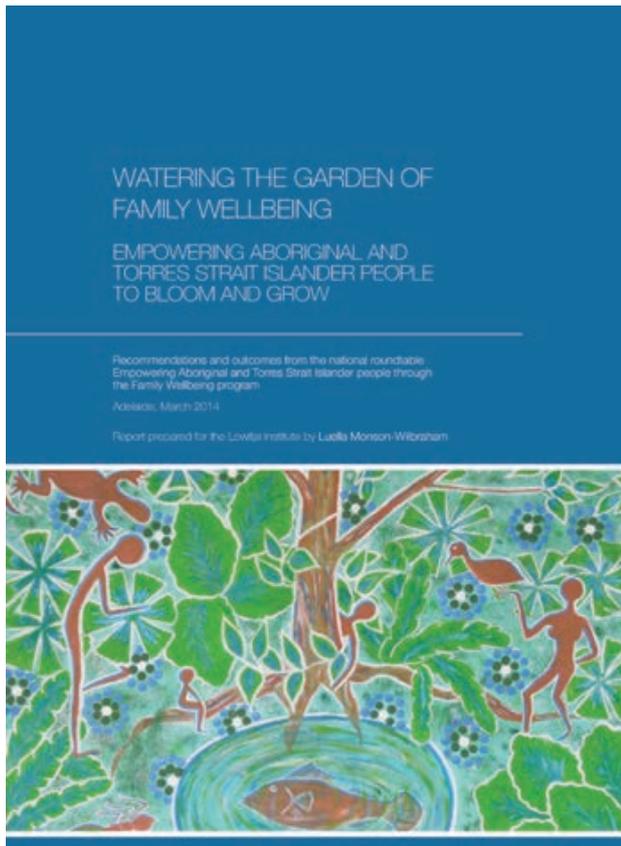
Evaluation of Baby Basket Program

A comprehensive evaluation of the Baby Basket program was undertaken to improve the evidence base around what contributes to successful outcomes in Aboriginal and Torres Strait Islander maternal and child health. The Baby Basket program was introduced by Apunipima Cape York Health Council in 2009 aiming to engage Aboriginal and Torres Strait Islander women with the health system by encouraging early and frequent clinic attendance during the antenatal period and regular postnatal check-ups. Engagement is facilitated by the delivery of three Baby Baskets, including five food vouchers, to mothers. Potential impact of the program includes better maternal health, reduced complications during and after pregnancy, an increase in normal weight babies and thriving infants.

Family Wellbeing Program

The Family Wellbeing Program (FWB) is an effective social and emotional wellbeing program originally developed and delivered by and for Aboriginal and Torres Strait Islander peoples. The central objective of FWB is to develop people's skills and capacity to move from a position of disempowerment to empowerment; to empower people with a way to control and change their lives.

The program was originally developed by 1993 by the Aboriginal Employment Development Branch of the South Australian Department of Education, Training and Employment. Over the last 21 years, the FWB program has continued and spread with little formal support and is now nationally active across most States and Territories. It has been implemented in 56 sites across Australia and has also been delivered in some locations in Canada and Papua New Guinea. Recently, FWB was piloted with first year social work students as a strategy to enhance student wellbeing and university engagement so successfully that the program has been integrated into the first year curriculum.



An ongoing commitment to continuous quality improvement

There has been a substantial increase in interest in continuous quality improvement (CQI) efforts in the Australian primary health care arena over the past several years, including in the Aboriginal and Torres Strait Islander primary health care sector. Since 2002 we have supported projects, such as the Audit and Best Practice for Chronic Disease (ABCD) that have demonstrated a CQI model can be effective in supporting Aboriginal and Torres Strait Islander primary health care centres to use evidence-based good practice in chronic illness care. The ABCD project has also influenced national, State and Territory policy and programs in relation to Aboriginal and Torres Strait Islander primary health care.

In 2014–15, we continued to support CQI projects that complement the larger ABCD National Research Partnership, as well as a doctoral research project. For example, the implementation of a set of tools designed to assess what Aboriginal consumers think about the quality of chronic disease care provided by a health service. We also supported a knowledge exchange project that produced plain language fact sheets on the key research findings and messages for action from the ABCD National Research Partnership, for targeted audiences.

In addition, the Lowitja Institute has led a major collaboration including the National Aboriginal Community Controlled Health Organisation, State and Territory peak Aboriginal and Torres Strait Islander health bodies and three Participant Organisations (Menzies School of Health Research, Flinders University and University of Melbourne) in the development of a National Framework for Continuous Quality Improvement in Aboriginal and Torres Strait Islander Primary Health Care. This is work commissioned by the Australian Government Department of Health. The Framework will guide a major investment by the Australian Government over coming years in improving the quality of primary health care for Aboriginal and Torres Strait Islander people across Aboriginal and Torres Strait Islander community controlled health services, mainstream general practice, and State/Territory health services.



We support cancer research

Cancer is the second leading cause of death (19%) among Aboriginal and Torres Strait Islander people and from its inception the Lowitja Institute has championed a stronger research focus in this area. Our support for a core group of researchers and organisations has helped secure more resources for this important work, and led directly to the establishment of the Centre for Research Excellence (CRE) in Discovering Indigenous Strategies to Improve Cancer Outcomes via Engagement, Research Translation and Training (DISCOVER-TT). A related project, the National Indigenous Cancer Network (NICaN), ensures that what is known about cancer in Indigenous Australia is available for use by, and to benefit, people with cancer, their families, practitioners, policy makers and researchers.

As a partner of NICaN, the Lowitja Institute welcomed on 27 August 2014 the National Indigenous Breast Cancer Research Roundtable, a NICaN and Menzies School of Health research initiative, with funding provided by the National Breast Cancer Foundation. The roundtable aimed to identify research gaps and priorities and opportunities for collaboration in the area of breast cancer and Indigenous Australians. It brought together a wide range of key stakeholders to provide input in identifying and prioritising breast cancer research among Aboriginal and Torres Strait Islander Australians. Two primary themes were discussed: early detection, risk management and screening; and treatment, care, and survivorship.

Strep and influenza vaccine trial and uptake in Aboriginal and Torres Strait Islander communities

Phase 1 clinical trial of a vaccine for group A streptococcus

This QIMR Berghofer project is conducting human clinical trials of Group A Streptococcus vaccines. Group A Streptococcus (*Streptococcus pyogenes*) is a serious human pathogen responsible for a number of diseases, ranging from streptococcal pharyngitis and pyoderma, to serious invasive diseases such as necrotizing fasciitis. However, the post-infectious diseases of rheumatic fever and rheumatic heart disease are of most concern to the indigenous populations of developed and less-developed countries, where overcrowding and poor access to health care are contributing factors. Aboriginal and Torres Strait Islander people suffer the highest reported rates of streptococcal diseases worldwide.

Uptake of influenza vaccination in pregnancy among Aboriginal and Torres Strait Islander women: a mixed methods study

This Menzies School of Health Research pilot study examined the uptake of influenza vaccine during pregnancy among Aboriginal and Torres Strait Islander women from two urban/inner regional communities in South East Queensland. The mixed method study approach comprised three components: analysis of data, community-based cross-sectional surveys, and yarning circles.

Both projects completed the CRCATSIH-supported components of the work.

Focus on the mental health impacts of racism

There has been significant interest in and uptake of the 2013 *Mental Health Impacts of Racial Discrimination in Victorian Aboriginal Communities* report and the anti-discrimination tools developed by the overarching Understanding and Addressing Racism against Aboriginal and Torres Strait Islander Australians through the Localities Embracing and Accepting Diversity (LEAD) Program. The results and tools developed by this program are informing the National Anti-racism Strategy being conducted by the Australian Human Rights Commission; for example, individual Victorian government departments and other organisations have many copies of this report. It is believed that this work will continue to show benefit over the coming years.

Alternatives to imprisonment

Prisoner populations endure some of the worst health outcomes in the community in terms of mental illness, chronic disease, excess mortality and exposure to communicable diseases; with engagement in injecting drug use and tobacco smoking also very common. Mental illness and alcohol misuse particularly have been shown to affect imprisonment rates.

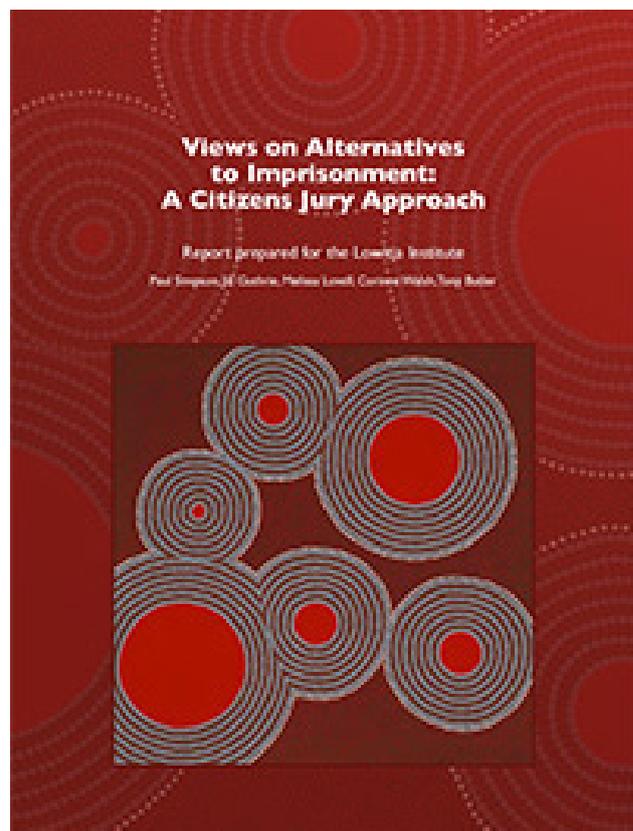
Considering the 27 per cent Aboriginal and Torres Strait Islander adult prison population in Australia (80% in the Northern Territory) there is clearly an Australian imperative to redress this social policy failing. However, there is an impression of little sympathy for offenders among the general public, a situation often exploited by politicians to perpetuate punitive penal policies. There is therefore a need for better information about public attitudes towards justice as well as a better understanding of the effect of public views on policy decision-making and innovation in this context.

This study, by a team of Aboriginal and non-Indigenous researchers, used the Citizens Jury methodology—which explores the views of a critically informed public—

towards incarceration and alternatives to incarceration. It also extended the Citizens Jury approach by examining whether policymakers are influenced by the opinions of critically informed citizens.

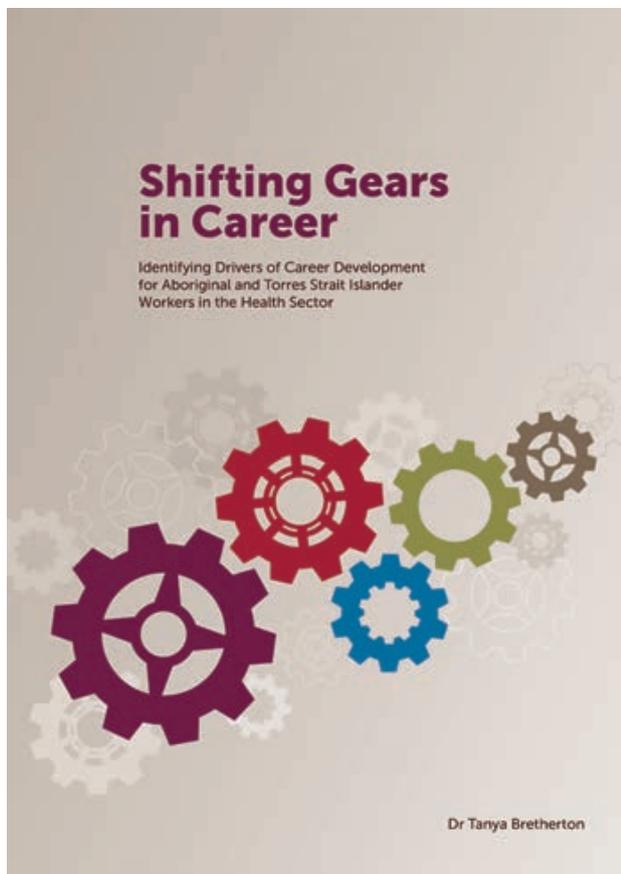
The research focused on a range of non-punitive approaches to justice, including one known as Justice Reinvestment that has been gaining recent attention and is touted as a possible solution to Aboriginal and Torres Strait Islander over-representation in Australia's criminal justice system. The approach aims to divert funds intended to be spent on criminal justice matters back into local communities to fund services (e.g. mental health, drug and alcohol, employment initiatives, housing) that address the underlying factors associated with crime, thus reducing the likelihood of people entering the criminal justice system.

The report *Views on Alternatives to Imprisonment: A Citizens Jury Approach* was published in February 2015.



Flexible career pathways for Aboriginal health workforce sector

This project contributes to the research and policy debate regarding Aboriginal and Torres Strait Islander health workforce development. The main outcome, a discussion paper titled *Shifting Gears in Career: Identifying drivers of career development for Aboriginal and Torres Strait Islander workers in the health sector*, offers a new perspective, examining the factors that shape the workplace (the 'demand side' of workforce), as well as skills and career development for Aboriginal and Torres Strait Islander students and workers (the 'supply side' concerns that are more often the focus of policy).



The discussion paper explores how the Australian health sector could improve opportunities for career development for Aboriginal and Torres Strait Islander workers. It considers the current evidence surrounding career development in the health sector, along with Aboriginal and Torres Strait Islander worker experiences, to develop a usable conceptual framework for change.

Aboriginal Adult Literacy Program

The Lowitja Institute is continuing to support the Aboriginal Adult Literacy Program run by the Literacy For Life Foundation through in-kind activities including the Lowitja Institute Chairperson, Ms Pat Anderson AO, being a member of the Foundation Board.

The Aboriginal Adult Literacy Program, which resulted from a pilot program funded by the Institute, uses the Cuban developed Yes, I Can model. The model has three main phases:

- Socialisation and mobilisation phase. This phase is essential to assess the appropriateness of the campaign in the community, popularise the idea, and gain support from local leadership, organisations and individuals necessary for the campaign to work.
- Classes run for 13 weeks (2-3 x 2 hr classes a week), and are conducted by the local Aboriginal facilitators.
- Post Literacy. It is well known that if you do not use literacy then it tends to get lost. This phase is to help graduates participate in community life in ways that utilise their new literacy skills, such as vocational literacy programs or reading to kids in school.

Seven intakes of students have completed the three phases: three in Wilcannia, three in Bourke, and one in Enngonia; with an overall participant completion rate of 70 per cent. In late 2014 the Bourke intake led to 81 people graduating from the pilot program; showing that the model can work in Aboriginal communities and how the campaign can be made more appropriate to the local context. Research is now planned to look

longitudinally at what impact the campaign has on other indicators of community health and wellbeing, including school attendance, incarceration rates, violence, health indicators and employment.

A global report card on the health and wellbeing of indigenous and tribal peoples

The Lowitja Institute is currently partnering with *The Lancet* in the development of a global report card to describe the health and social status of a sample of indigenous and tribal peoples across the globe relative to benchmark populations. More than 20 indigenous populations have been identified worldwide to be included in the report card. Data is being collated against eight key themes. These include measures of:

- Population
- Life expectancy
- Infant mortality
- Birth weight
- Maternal mortality
- Relative educational attainment
- Relative poverty
- Relative nutritional status

The report will be launched in early 2016, in Australia.

Centre of Research Excellence Collaborations

The Lowitja Institute has partnered with two successful National Health and Medical Research Council (NHMRC) Centre of Research Excellence applications, which align well with our social determinants of health and policy and systems research programs.

- Centre of Research Excellence on Social Determinants of Health Equity: Policy research on the social determinants of health equity whose goal is to improve Aboriginal and Torres Strait Islander health outcomes by accelerating and strengthening large-scale primary health care quality improvement efforts. The CRE will carry out a program of policy research to provide evidence on how Australian political and policy processes can work more effectively to address the social determinants of health, so as to improve health and reduce health inequities.
- The vision for the CRE for Integrated Quality Improvement (CRE-IQI) is to improve Aboriginal and Torres Strait Islander health outcomes by accelerating and strengthening large-scale primary health care (PHC) quality improvement efforts. Effective Integrated Quality Improvement (IQI), emphasising system-wide Quality Improvement (QI) approaches, can lead to enhanced PHC quality and improved health outcomes. The CRE will deliver collaborative and applied research in IQI. To achieve this, the CRE will draw on international experience on Innovation Platforms (IPs). IPs are recognised as a collaborative mechanism to bring together different stakeholders to identify solutions to common problems.

Knowledge Exchange

The Lowitja Institute considers it is vitally important that our investment in research results in lasting positive impact on the health and wellbeing of Aboriginal and Torres Strait Islander people. To ensure that impact, we use knowledge exchange, the process of mutual two-way learning between the research team and those engaged in the research project, and research translation to identify and facilitate policy and/or practice outcomes based on the evidence generated through the research.

The Institute supports research project teams to meet knowledge exchange and research translation requirements and also require that research teams participate in any relevant knowledge exchange activities identified by the Institute.

Knowledge exchange highlights:

Recognise Health

Recognise Health is an initiative that promotes understanding of the important link between health and wellbeing and constitutional recognition of Aboriginal and Torres Strait Islander people. The initiative has brought together a coalition of non-government organisations across the Australian health system. With their particular perspective of health, these organisations have signed a statement in support of constitutional change. Recognise Health was launched at Parliament House in Canberra on 5 March 2015, with an initial number of 117 signatories; the number of signatories continues to grow.

This initiative is closely linked to the recommendations of the Legally Invisible – Options for enduring government responsibility for Aboriginal health project completed in 2011.





EthicsHub

On 19 March 2015, Close the Gap Day, the Lowitja Institute launched EthicsHub — an online resource to support people and organisations working in Aboriginal and Torres Strait Islander health research in relation to ethics. This resource builds on previous work undertaken by the Lowitja Institute, and aims to provide guidance for researchers, the Aboriginal and Torres Strait Islander community, supervisors and students, ethics committees — indeed anyone involved in Aboriginal and Torres Strait Islander health research.



As part of EthicsHub development, the Lowitja Institute hosted, in November 2014, a workshop attended by Aboriginal and Torres Strait Islander people with expertise in health research ethics. The workshop discussed ethics processes across jurisdictions for Aboriginal and Torres Strait Islander health research, a range of relevant ethics documents, case studies of good practice, and other related resources.



1. Archie Roach performing in Parliament House at the Recognise Health launch
2. Ms Charlee-Sue Frail MC at Recognise Health launch
3. Mr Romlie Mokak, Senator the Hon Fiona Nash, Ms Pat Anderson, the Hon Bill Shorten MP
4. Recognise Health signatories and VIPs at the Parliament House launch
5. Recognise Health signatories and VIPs at the Parliament House launch
6. Mr Justin Mohammed and Mr Mick Gooda in the audience
7. Mr Tim Gartrell, Dr Kim O'Donnell, Ms Tanya Hosch, Ms Pat Anderson

Ethics Award

Together with the EthicsHub launch, the Lowitja Institute celebrated its inaugural award that recognises and upholds respectful ethical practice in relation to Aboriginal and Torres Strait Islander health:

Tarrn doon nonin *Aboriginal and Torres Strait Islander* *Health Research Ethics Award*

Doing ethical health research in Aboriginal and Torres Strait Islander settings means doing research in ways that are culturally safe and ethically acceptable for all involved—research participants, communities/ organisations and other interested community members, as well as the research team. It involves Aboriginal and Torres Strait Islander people and communities influencing what, why, how and when research is done, as well as how it is used.

The winning project was *Next Steps for Aboriginal Health Research: How research can improve the health and wellbeing of Aboriginal people in South Australia*, Mr John Singer and Dr Rosie King of the Aboriginal Health Council of South Australia (AHCSA) and Ms Janet Stajic of the South Australian Health and Medical Research Institute (formerly of AHCSA).



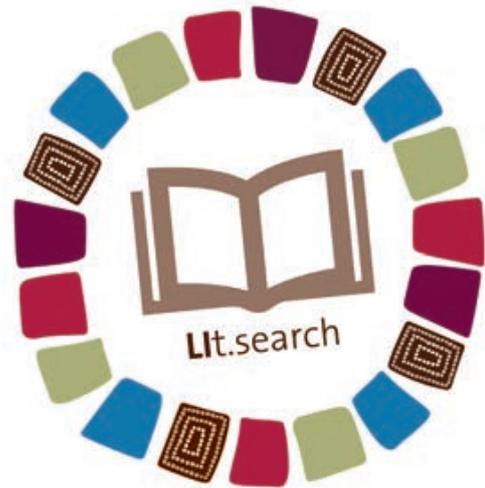
Tarrn doon nonin is the Woiwurrung language term for ‘trust’.

1. Ethics Award winner: Ms Janet Stajic of the South Australian Health and Medical Research Institute (formerly of AHCSA), Mr John Singer and Dr Rosie King from AHCSA, Ms Pat Anderson and Mr Romlie Mokak
2. EthicsHub consultation workshop participants, 13 November 2014
3. Aunty Di Walker (centre), Ms Belinda Duarte (back) and Ms Lily Graham and Ms Tamara Kennedy Harris at EthicsHub launch



Lit.search

Lit.search is an online search tool, launched in 2013, that makes it very easy to search PubMed for literature on Aboriginal and Torres Strait Islander health. This continues to be a popular resource with 3642 users during the reporting period. Lit.search users can choose to look at all literature or one of 27 predetermined topics, and can refine each choice with keywords, publication dates, and a full text or citation option. PubMed is a global database with more than 24 million citations for biomedical literature from MEDLINE, life science journals, and online books.



The Next Generation of Aboriginal and Torres Strait Islander Health Researchers

A common theme that has emanated from many of our engagement activities is that there must be a significant investment in research skills development for Aboriginal and Torres Strait Islander people wanting a career in research. In our predecessor organisations, workforce development has occurred across all programs of research. In the Lowitja Institute CRC, the importance of having a strong, well-educated Aboriginal and Torres Strait Islander health workforce has been identified as a program in its own right. Not only does the Lowitja Institute have a PhD scholarship program, but it is also looking at research skills development opportunities from engagement with secondary school students through to undertaking research in the general health workforce that will contribute to improvements in the health outcomes for Aboriginal and Torres Strait Islander people.

In the reporting period the major workforce activities were still being developed but several discrete workforce activities were commenced or continued.

Science and young minds – youth engagement in skin health

The Institute provided funding for QIMR Berghofer's Science and Young Minds project, to help inspire the scientists and medical professionals of tomorrow and promote science and research as possible career pathways for young Aboriginal and Torres Strait Islander people living in remote locations. The project delivered science workshops to senior high school students in northwest Queensland. In addition, two cohorts of four students and accompanying teachers travelled to Brisbane and completed a work experience program

at QIMR Berghofer. They were introduced to laboratory work in a one-day course and then carried out 'hands-on' experiments over several days in the hosting scabies laboratory. The activity increased student and community awareness of local skin related health issues, and the role of medical research and health professions in solving these health problems. It also helped students understand the effects of behavioural and environmental factors on health, the role of research in understanding disease, and the associated ethical issues.





Certificate IV in Indigenous Research Capacity Building

The nationally accredited Certificate IV in Indigenous Research Capacity Building course is run by AHCSA and part-funded by the Lowitja Institute. It covers basic research and evaluation skills and offers significant advantages both in building career paths for Aboriginal and Torres Strait Islander students and enhancing their opportunities in existing workplaces. Students learn how to do research by carrying out a group project from beginning to end. The course began in 2008 and to date more than 80 Aboriginal students have graduated from the program. There were two graduations during the reporting period, with a total of 13 graduates.

Aboriginal research skills development

Skills development activities for Aboriginal and Torres Strait Islander researchers employed with our community based end users was enhanced with the introduction of an activity to assist with the development of research skills for their employees. The Central Australian Aboriginal Congress and the Aboriginal Medical Services Alliance of the Northern Territory each received a small research skills development grant. These grants assisted them to send Aboriginal research staff to a course delivered by Australian Consortium for Social and Political Research Incorporated at the University of Western Australia; a course delivered by Centre for Human Resource Management, University of South Australia; to obtain external mentoring in research methodology; and to work with experts in evaluation methodology to develop an evaluation framework for the organisation's research activities.

Lowitja Institute Scholarships

The Lowitja Institute awarded ten scholarships for early career Aboriginal and Torres Strait Islander health researchers in 2014–15. Scholarship recipients' work

covers areas such as early childhood, the health system, workforce, cultural competence, and social determinants of health; all of which tie in with the Lowitja Institute's current research priorities.

The scholarships are a cornerstone of the Institute's commitment to grow and sustain a workforce to address Aboriginal and Torres Strait Islander needs across the health system.

Mr Scott Avery

Scholarship winner Scott Avery, a University of New South Wales PhD scholar, is exploring Aboriginal and Torres Strait Islander people's understanding of disability. "The perspectives of people with disability is understated in disability policy, none more so than in Indigenous policy where research and evidence are negligible. My research attempts to address this gap in knowledge by collecting and analysing the narratives of Aboriginal and Torres Strait Islander people with lived experiences of disability, and to inform the direction of future Indigenous disability research and policy reform," Scott said. He added: "The Lowitja Institute scholarship enables me to dedicate myself to my research, it facilitates the collection of data, and it supports the sharing of the work through conference papers and presentations, which will provide a platform for the funding of future projects that flow from this research."



PhD Completions

Dr Kim O'Donnell – Aboriginal Community Controlled Health Organisations and government funders: Accountability to whom and for what

Kim O'Donnell graduated Doctor of Public Health from Flinders University on 17 April 2015. Kim is a Malyankapa/Barkindji woman, a custodian of the Mutawintji Lands (Western New South Wales), a mother, academic and public health researcher with a life-long commitment to improving the health and wellbeing of our people and country. At the time of her graduation, Kim was teaching the Certificate IV Indigenous Research Capacity Building course at AHCSA and works in the Department of Health Care Management at Flinders University.

In 2011, Kim received a Lowitja Institute scholarship and, until December 2014, she was a member of the Institute's Research Leadership. Her research, ***Split Three Atoms and Report Tomorrow***, highlights the problems of fragmentation, complexity and the burden of excessive detailed reporting requirements in the funding of Aboriginal community controlled health organisations by government departments. The research found that mutual lack of trust coexisted with goodwill on both sides. This pattern mirrors the national relations between Aboriginal and Torres Strait Islander people and other Australians.



Dr Kim O'Donnell on her graduation day with her mother, Ms Mary Ann Hausia

Distrust is maintained when there is a lack of agreed understanding about purpose and function of Aboriginal community controlled health organisations – arising from history, effects of colonisation, systemic racism and Commonwealth bureaucratic restrictions.

Kim's study argues for an alternative way of contracting with Aboriginal community controlled health organisations based on relational contracting and a shared purpose to achieve better health outcomes for Aboriginal and Torres Strait Islander peoples.

Dr Megan Williams – Post-prison release support experienced by Aboriginal and Torres Strait Islander people in an urban setting

Megan Williams, a descendent of the Wiradjuri peoples of central NSW, is a lecturer at Muru Marri, the Aboriginal health unit in the School of Public Health and Community Medicine at UNSW. Megan received a 2011 Lowitja Institute scholarship, a writing bursary and a travel scholarship to support her PhD research. Her research was also supported by a 12 month grant from the Indigenous Offender Capacity Building Grant at the Kirby Institute's Justice Health Program.

Megan's three-phased grounded theory study, titled ***Connective services: Post-prison release support in an urban Aboriginal population***, was at the intersection of criminal justice, health and social work. It aimed to explore post-prison release social support from an urban Aboriginal perspective, and its role in preventing reincarceration. The research identified a range of connective, practical, emotional and spiritual post-prison supports, as well as the timeliness of support, and the relationships in which support occurred to reduce risks for reincarceration. The research considered implications of these various supports for criminal justice and health policy and practice.



Dr Megan Williams

During the research process, two booklets of personal and Aboriginal community services stories were produced and distributed. Insights from the research were also used in the process of justice policy formulation, and in the design of a group discussion resource to accompany the Mad Bastards feature film, in collaboration with Mibbinbah Men's Health Promotion Charity. Throughout her PhD enrolment, Megan was a link person to the Cooperative Research Centre for Aboriginal and Torres Strait Islander Health, for both the University of Queensland and UNSW.

Communications



All our activities are supported by key communications and dissemination channels.



13 project reports, 3 policy briefs and 1 summary report, various posters and promotional materials, 3 roundtable reports, plus various additional materials as required to promote the work of the Lowitja Institute CRC.



As is our practice, we source unique artwork by Aboriginal and Torres Strait Islander artists to illustrate specific publications, particularly when artist and artwork have a close connection to the research project and/or its content.



lit.search has been a great success with approximately 3600 users during the reporting period.



EthicsHub – to 30 June 2015, it was used 1133 times by 645 external users.



Recognise Health webpages and resources to support this Lowitja Institute initiative. From its launch in March to 30 June, 625 external users visited the resource 1016 times.



Dissemination



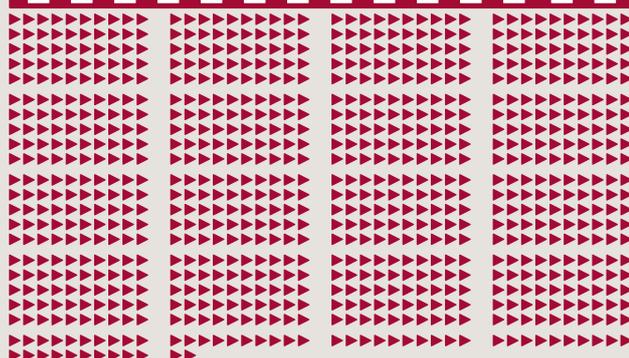
In addition to our direct dissemination, Lowitja Institute publications are available through the Australian Indigenous HealthInfoNet, Australian Policy Online, RMIT Publishing Informit Collections, the EBSCOhost international bibliographic database, as well as through the National Library of Australia, the State Library of Victoria and the library of the Australian Institute for Aboriginal and Torres Strait Islander Studies.

Database



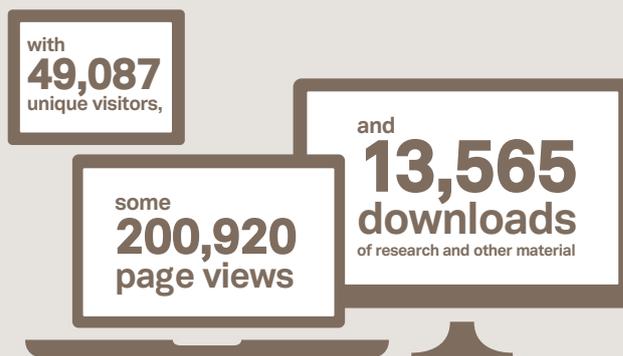
The stakeholder database **4800** grew to approximately entries during the reporting period

Digital Marketing



Website

Website use grew approximately **25%** during the reporting period,

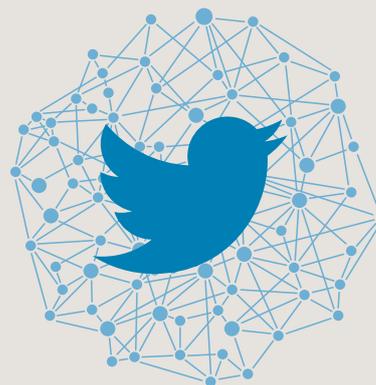


eBulletin



Social Media

Twitter grew by **32%** to **4228** followers



Media

7 media releases **40** stories in the media generated about our work



Finance

The Lowitja Institute finished the 2014–15 financial year with a \$562,000 surplus.

Income

totalled \$4.05m with \$3.23m in CRC Programme funding, \$210,000 in cash contributions from CRC Participants, \$462,000 from external contracts, \$102,000 in interest income, and \$49,000 in sundry income.

The external contracts were for work on three separate stages of a continuous quality improvement project for the Australian Government Department of Health. The Institute led a consortium of entities including Aboriginal and Torres Strait Islander medical services and peak health organisations and researchers (see page 23).

Expenditure

totalled \$3.49m, with research related activities representing 80% of expenditure and corporate services 20%. Project expenditure at \$962,000 was lower than expected as this was the first year of the Lowitja Institute CRC, with the commissioning of a first round of research activities still to be completed by financial year end.

The majority of project expenditure related to finalising residual research activities of the Cooperative Research Centre for Aboriginal and Torres Strait Islander Health, scholarship payments and for work on the external contracts with the Australian Department of Health.

Administration activities cost \$193,000, corporate related employment \$504,000, research related employment \$1.17m and operational \$660,000.

Cash reserves

increased significantly, from \$2.8m to \$5.1m, during the financial year as a result of low project activity expenditure. This is normal for the first year of a CRC. When research activity agreements have been signed off, cash at bank balances will gradually reduce in line with funding releases.

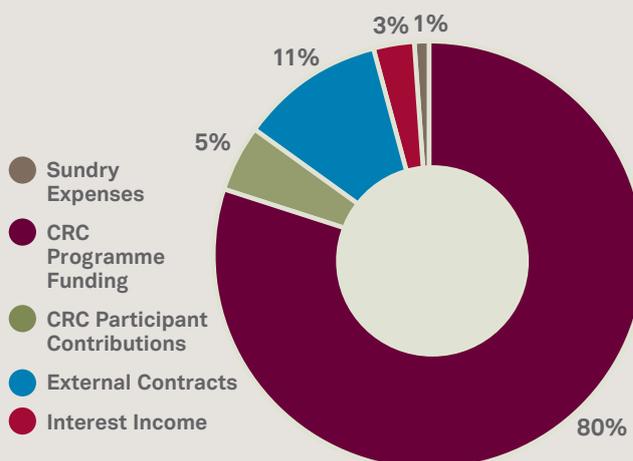
Debtors

at \$609,000 were higher than normal and related to external contract work. There was minimal movement in fixed assets, with the overall reduction in asset value due to depreciation.

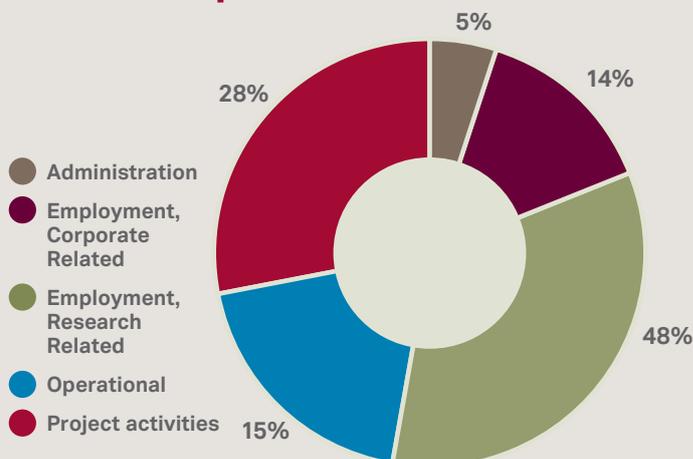
Current liabilities

at \$3.75m included \$3.3m from CRC Programme and other income in-advance, project commitments, employee accruals of \$172,000 and \$139,000 in GST payable.

The Lowitja Institute 2014–15 Income



The Lowitja Institute 2014–15 Expenditure



The Lowitja Institute Financial Position at 30 June 2015



Appendix 1: Publications List



Published by the Lowitja Institute

Bretherton T. 2014, *Shifting Gears: Identifying drivers of career development for Aboriginal and Torres Strait Islander workers in the health sector*, The Lowitja Institute, Melbourne.

Freemantle, J., Ritte, R., Smith, K., Iskandar, D., Cutler, T., Heffernan, B., Zhong, G., Mensah, F. & Read, A. 2014, *Victorian Aboriginal Child Mortality Study: Patterns, Trends and Disparities in Mortality between Aboriginal and Non-Aboriginal Infants and Children, 1999–2008*, The Lowitja Institute, Melbourne.

Kelagher, M., Sabanovic, H., La Brooy, C., Lock, M., Uddin, S. & Brown, L. 2014, *Planning, Implementation and Effectiveness in Indigenous Health Reform*, The Lowitja Institute, Melbourne.

Kelly, J., Ramage, M., Perry, D., Tinsley, J., Auckram, H., Corkhill, W., Wyatt, S. & McCabe, N. 2015, *Managing Two Worlds Together. Stage 3: Improving Aboriginal Patient Journeys—Rural and Remote Sites Case Studies*, The Lowitja Institute, Melbourne.

Kelly, J., Ramage, M., Perry, D., Tinsley, J., Auckram, H., Corkhill, W., Wyatt, S. & McCabe, N. 2015, *Managing Two Worlds Together. Stage 3: Improving Aboriginal Patient Journeys—Cardiac Case Studies*, The Lowitja Institute, Melbourne.

Kelly, J., McCabe, N., McInnes, W., Kirkbride, M., Graham, A., Rigney, D. & Nori, A. 2015, *Managing Two Worlds Together. Stage 3: Improving Aboriginal Patient Journeys—City Sites Case Studies*, The Lowitja Institute, Melbourne.

Kelly, J., Medway, P., Miller, D., Catt, L. & Lawrence, M. 2015, *Managing Two Worlds Together. Stage 3: Improving Aboriginal Patient Journeys—Maternity Case Studies*, The Lowitja Institute, Melbourne.

Kelly, J., Herman, K., Martin, G., Wilden, C., East, T., Russell, C. & Brown, S. 2015, *Managing Two Worlds Together. Stage 3: Improving Aboriginal Patient Journeys—Renal Case Studies*, The Lowitja Institute, Melbourne.

Kelly, J., Dwyer, J., Pekarsky, B., Mackean, T., Willis, E., de Crespigny, C., Perkins, S., O'Donnell, K., King, R., Mackean, L., Brown, A., Lawrence, M. & Dixon, K. 2015, *Managing Two Worlds Together. Stage 3: Improving Aboriginal Patient Journeys—Study Report*, The Lowitja Institute, Melbourne.

Kelly, J., Dwyer, J., Pekarsky, B., Mackean, T., McCabe, N., Wiseman, J., de Crespigny, C. & O'Donnell, K. 2015,

Managing Two Worlds Together. Stage 3: Improving Aboriginal Patient Journeys—Workbook (Version 1), The Lowitja Institute, Melbourne.

Monson-Wilbraham, L. 2014, *Watering the Garden of Family Wellbeing: Empowering Aboriginal and Torres Strait Islander people to bloom and grow*, The Lowitja Institute, Melbourne.

Simpson, P., Guthrie, J., Lovell, M., Walsh, C. & Butler, A. 2014, *Views on Alternatives to Imprisonment: A Citizens Jury approach*, The Lowitja Institute, Melbourne.

Shifting Gears in Career: Identifying drivers of career development for Aboriginal and Torres Strait Islander workers in the health sector (Policy brief), The Lowitja Institute

Victorian Aboriginal Child Mortality Study: Patterns, Trends and Disparities in Mortality between Aboriginal and Non-Aboriginal Infants and Children, 1999–2008 (Summary), The Lowitja Institute

Planning, Implementation and Effectiveness in Indigenous Health Reform (Policy brief), The Lowitja Institute

23 editions of the Lowitja Institute eBulletin were published in 2014–2015.

Roundtable reports

- Growing up strong and deadly: Priorities for research on Aboriginal and Torres Strait Islander Early Childhood Development Roundtable Report, 10 November 2014
- Cultural Competence of Mainstream Health Services and Systems Roundtable Report, 20–21 November 2014
- Cultural Determinants of Aboriginal and Torres Strait Islander Health Roundtable Report, 26 November 2014

Journal articles 2014–2015

Garvey, G., Thewes, B., He, V., Davis, E., Girgis, A., Valery, P., Giam, K., Hocking, A., Jackson, J., Jones, V. & Yip, D. 2014, Patient and Clinician Perceptions of the Feasibility and Utility of Routine Unmet Needs Screening for Indigenous Australians With Cancer, Poster Abstracts of the IPOS 16th World Congress, *Psycho-Oncology*, vol. 23, Suppl. 3, p. 379.

Ireland, S., Narjic, C. W., Belton, S., Saggars, S. & McGrath, A. 2015, "Jumping around": Exploring young women's behaviour and knowledge in relation to sexual health in a remote Aboriginal Australian community, *Culture, Health & Sexuality*, vol. 17, no. 1, pp. 1–16.

Appendix 1: Publications list

Malseed, C., Nelson, A., Ware, R., Lacey, I., Lander, K. 2014, Deadly Choices community health events: a health promotion initiative for urban Aboriginal and Torres Strait Islander people, *Australian Journal of Primary Health*, vol. 20, no. 4, pp. 379–83.

McCalman, J., Tsey, K., Bainbridge, R., Rowley, K., Percival, N., O'Donoghue, L., Brands, J., Whiteside, M. & Judd, J. 2014, The Characteristics, Implementation and Effects of Aboriginal and Torres Strait Islander Health Promotion Tools: A systematic literature search', *BMC Public Health*, vol. 14, p. 712, doi 10.1186/1471-2458-14-712.

O'Donoghue, L., Percival, N., Laycock, A., McCalman, J., Tsey, K. & Bailie, R. 2014, Evaluating Aboriginal and Torres Strait Islander health promotion activities: A tool for health promotion audit and feedback, *Australian Journal of Primary Health*, vol. 20, no. 4, pp. 339-44.

O'Grady, K-A., Dunbar, M, Medlin, L., Hall, K., Toombs, M., Meiklejohn, J., McHugh, L., Massey, P., Creighton, A. & Andrews, R 2015, Uptake of influenza vaccination in pregnancy amongst Australian Aboriginal and Torres Strait Islander women: a mixed-methods pilot study, *BMC Research Notes*, 8:169.

Full written conference paper – refereed proceedings

Garvey, G., Thewes, B., He, V., Davis, E., Girgis, A., Valery, P., Giam, K., Hocking, A., Jackson, J., Jones, V. & Yip, D; 2014, 'Patient and Clinician Perceptions of the Feasibility and Utility of Routine Unmet Needs Screening for Indigenous Australians with Cancer', presentation at Clinical Oncology Society of Australia (COSA) 2014 Annual Scientific Meeting, Melbourne, December 2014.

Percival, N., Mosca, D., O'Donoghue, L., Laycock, A., Armit, C. 2014, 'Tools for assessing and guiding quality improvement in health promotion – a practical workshop', Equity at the Centre: 22nd National Australian Health Promotion Association Conference & 18th Chronic Diseases Network Conference, Alice Springs, 4–5 September.

Conference presentations by research projects

Garvey, G., Thewes, B., He, V., Davis, E., Girgis, A., Valery, P., Giam, K., Hocking, A., Jackson, J., Jones, V. & Yip, D. 2015 and the Members of the SCNAT-IP Implementation Group 2015, 'Indigenous cancer patient and staff attitudes towards unmet needs screening using the SCNAT-IP', Supportive Care in Cancer, May 24.

Ireland, S. 2014, 'From "Wanhpan" to Wombs: Describing the ethno-physiology and language of female fertility and reproduction in one remote northern Australian Aboriginal Community', presented at the Emerging face of midwifery: education and research conference, Darwin, 28 November.

Ireland, S. 2014, "Niyth Niyth Watmam": The Quiet Story. Exploring the experiences of Aboriginal women who give birth in a remote community in the Northern Territory', presented at the Emerging face of midwifery: education and research conference, Darwin, 28 November 2014.

Other resources

Mura Moegi Kazil Sagulau: All Children Play (MMKS) project sample manual.

<http://ccde.menzies.edu.au/sites/default/files/MMKS.pdf>

Mura Moegi Kazil Sagulau: All Children Play (MMKS)

<http://ccde.menzies.edu.au/sites/default/files/LSTR.pdf>

Percival, N., McCalman, J., O'Donoghue, L., Devine, C., & Armit, C., 2014, 'How are health promotion tools implemented?' (poster) Equity at the Centre: 22nd National Australian Health Promotion Association Conference & 18th Chronic Diseases Network Conference. 4-5 September 2014, Alice Springs

Baby basket (Factsheet), James Cook University, Apunipima Cape York Health Council & Hunter Medical Research Institute

Beat da Binge (Factsheet), Gindaja Treatment and Healing Centre & James Cook University

A holistic approach to improving health (Policy brief), Onemda VicHealth Koori Health Unit

Family Wellbeing (Factsheet), James Cook University

Family Wellbeing: Using an empowerment approach to achieving health (Policy brief), James Cook University

Promoting Aboriginal Health: The Family Wellbeing Empowerment Approach (Summary paper), James Cook University & La Trobe University

Health Promotion Continuous Quality Improvement Program (Policy brief), Menzies School of Health Research

Evaluating the Baby Basket program in north Queensland: As delivered by Apunipima Cape York Health Council, 2009 to 2013: Qualitative and quantitative evaluation.

www.lowitja.org.au/sites/default/files/docs/Baby-Basket-evaluation.pdf

Abbreviations and Acronyms



ABCD	Audit and Best Practice in Chronic Disease	IAS	Indigenous Advancement Strategy
ACCHO	Aboriginal Community Controlled Health Organisation	IHNPA	Indigenous Health National Partnership Agreements
AHCSA	Aboriginal Health Council of South Australia	IPs	Innovation Platforms
AQIFTHS	Aboriginal and Torres Strait Islander Quality Improvement Framework and Toolkit for Hospital Staff	IQI	Integrated Quality Improvement
ATSIC	Aboriginal and Torres Strait Islander Commission	IRCB	Indigenous Research Capacity Building
CQI	Continuous Quality Improvement	LEAD	Localities Embracing and Accepting Diversity
CRC	Cooperative Research Centre	Lowitja Institute CRC	Lowitja Institute Aboriginal and Torres Strait Islander Health CRC
CRCAH	Cooperative Research Centre for Aboriginal Health	MTWT	Managing Two Worlds Together
CRCATSIH	Cooperative Research Centre for Aboriginal and Torres Strait Islander Health	NACCHO	National Aboriginal Community Controlled Health Organisation
CRE	Centre of Research Excellence	NHLF	National Health Leadership Forum
CRE-IQI	CRE for Integrated Quality Improvement	NHMRC	National Health and Medical Research Council
FAR	Funding, Accountability and Results	NICaN	National Indigenous Cancer Network
FWB	Family Wellbeing	NIRA	National Indigenous Reform Agreement
		PHC	Primary Health Care
		PIE	Planning, Implementation and Effectiveness
		QI	Quality Improvement





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1. Mr Jeff Kennett AC, former Premier of Victoria and Chairperson of beyondblue addressing the Melbourne University Indigenous Eye Health Unit workshop held at the Lowitja Institute, 8 December 2014
2. The Lowitja Institute stall at the Long Walk Day 30 May 2015, Federation Square, Melbourne
3. The Lowitja Institute visiting Woiwurrung country, 21 October 2015
4. Uncle Colin Hunter and Ms Pat Anderson at the AGM, 27 November 2014
5. The Hon Karen Andrews MP, then Parliamentary Secretary to the Minister for Industry and Science talking with CEO Mr Romlie Mokak at the CRCA showcase in Canberra, 26 May 2015
6. Uncle Lewis Yerloburka O'Brien and Mr Romlie Mokak at the MTWT launch in Adelaide, 2 June 2015
7. Ms Jacqueline Watkins, Manager Aboriginal Health Policy and Planning, Western Health, Mr Romlie Mokak, and Associate Professor Alex Cockram Chief Executive, Western Health, 21 November 2014
8. CRC Programme representatives, 3 October 2014 launch
9. Professor Warwick Anderson, former NHMRC CEO with Mr Romlie Mokak on 20 May 2015
10. Professor Fiona Stanley AC FAA visiting the Lowitja Institute on 16 February 2015, with Ms Mary Guthrie
11. Dr Lowitja O'Donoghue (centre) with Mr Romlie Mokak and Ms Pat Anderson
12. The Hon Ian McFarlane, then Minister for Industry and Science talking with CEO Mr Romlie Mokak at the CRCA showcase in Canberra, 26 May 2015
13. AMA President Associate Professor Brian Owler, Senator Rachel Siewert, Ms Pat Anderson, Mr Romlie Mokak at the Recognise Health launch, 5 March 2015
14. Mr Romlie Mokak and Professor John Matthews, member of the first Board (1997)



Thank you very much



Thank you to the photographers who are included in this annual report:



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Thank you to NICaN and Menzies School of Health research
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