

# 2021 Annual Report



**Australian Government**  
**Department of Health**

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

### **Annual Report 2021**

**ABN:** 70 138 780 695+

### **Cover artwork and landscape photography:**

Artwork by Lowell Hunter, Nyul Nyul Saltwater Man and Creative Director of Salty One. Lowell is strongly connected to the ocean, and the stories he carves in the sand are from the heart and speak to the world that is, and what it can become.

### **Staff and Board photography:**

James Henry Photography



## **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.



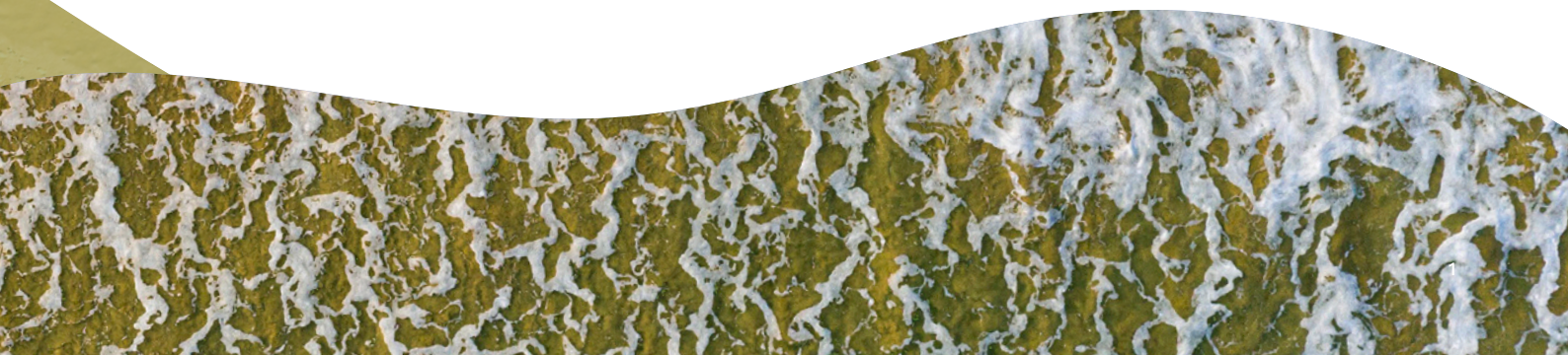
Australia's National Institute for Aboriginal and Torres Strait Islander Health Research

## **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.

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# Chairperson's message

**Our first full year as an Aboriginal Community Controlled organisation, 2020-2021 was an auspicious year for Lowitja Institute. We are delighted with the response we have gained across the country as individuals and organisations – both well-known and new to us – are signing up as Members.**

Alongside this wonderful development, Lowitja Institute has also felt and responded to the impact of the COVID-19 pandemic. With most of our people based in Melbourne, we have directly experienced the effect of extended and repeat lockdowns on our work practices and wellbeing. Our report highlights how we have supported our staff to stay strong, focused and positive throughout this period.

Like many others, we have pivoted to remote-based technologies to continue our connections with colleagues, members, funders and allies through meetings, roundtables, webinars and new initiatives, such as Lowitja Live. Critically, we have collaborated with Aboriginal and Torres Strait Islander organisations and academics, and non-Indigenous allies to support Aboriginal and Torres Strait Islander peoples and organisations across the country with clear information and strategies to respond effectively and support all of our mob.



Collaboration has been a dominant theme for us this year. The Lowitja Institute Board and team has worked consistently as a key partner with Menzies School of Health Research, the South Australian Health and Medical Research Institute and Curtin University to finalise a joint submission to the National Health and Medical Research Council (NHMRC) for a National Aboriginal and Torres Strait Islander Research Network.

Collaboration was also central to a co-authored letter from Lowitja Institute and six other Aboriginal and Torres Strait Islander and non-Indigenous national and state organisations to the Endeavour Group, about their response to the Gilbert Review. The review included a focus on opening a Dan Murphy mega-store in Darwin. We are very pleased that proposal is not going ahead.

As her story is inspirational for all of us, it was a very proud moment for everyone at Lowitja Institute to support, promote and co-launch the official biography of our Patron, Dr Lowitja O'Donoghue in July 2020. We are also honoured to recognise Dr O'Donoghue through a stunning mural that we unveiled in June 2021 and adorns the entrance to Lowitja Institute's offices.

Dr O'Donoghue has long been involved in selecting the speaker for the annual Don Dunstan Foundation, Lowitja O'Donoghue oration that is delivered in Adelaide during Reconciliation Week. It was a privilege to give the 2021 oration on 'Continuing the story of resolving the issues that won't go away'.

Our advocacy for truth-telling, healing and recognition of Aboriginal and Torres Strait Islander rights, leadership and sovereignty continues. We need non-Indigenous allies taking up their part and supporting the change that is long overdue. I was personally involved with the Makarrata Project that drives towards this goal. Through this, I was offered the opportunity to provide a voiceover on the new Midnight Oil album encouraging us all to be activists in constitutional recognition for Aboriginal and Torres Strait Islander Peoples.



*Quite unexpectedly, I learned I was nominated as the 2021 ACT Senior Australian of the Year. I was humbled and honoured to win this award, which I celebrated with Lowitja Institute as an organisation.*

As part of our shift to being Aboriginal and Torres Strait Islander community controlled, we have looked at our governance structures and roles with fresh eyes. This has resulted in refining the role of the Chairperson and welcoming two new Board Members: Dr Suzanne Andrews, CEO of Gurriny Yealamucka Health Service, and Robert Skeen, CEO of the Aboriginal Health and Medical Research Council (AH&MRC) of NSW.

We look forward to the next year together with confidence and hope that we will start moving beyond the challenges of the last year. Lowitja Institute's achievements, outlined in this report, provide us with a strong foundation on which to pursue a strong and healthy future.

**Pat Anderson AO**

**Chairperson  
Lowitja Institute**



# Chief Executive Officer's report

**This was a year of contrasts ranging from significant challenges to proud achievements. Like many other organisations across the country, especially the east coast, we have navigated the challenges of COVID-19 impacts on our staff, projects and events. Our primary focus of serving and supporting Aboriginal and Torres Strait Islander communities, and supporting our staff and Board has kept us focused.**

As staff, we found ourselves feeling very fortunate working for Lowitja Institute – we felt the care and support from our Board through what has been such a testing time. Many of our staff are in Melbourne, with most others in Sydney and Canberra as locations that have all been significantly impacted by lockdowns and restrictions.



*Our 2020 major grants rounds resulted in twice as many eligible submissions than we could fund, indicating the enthusiasm and possibility of high quality and needed research in Aboriginal and Torres Strait Islander health.*

Despite these challenges, there are many achievements that we are proud to share for the last year. Lowitja Institute completed its final year under the Cooperative Research Centre program. This has produced an exciting range of resources, professional development programs, tools and products to share with our members, supporters and the wider research and health community over the coming year.

We were proud to support the 'Rapid Reviews' project led by NACCHO, which resulted in 136 rapid reviews being completed and distributed across the Aboriginal community controlled health sector to support Aboriginal community controlled health services in preventing and/or managing COVID-19 infections and impacts.

Across the year we held three extremely successful and well attended webinars focusing on key themes including cultural determinants of health, Close the Gap campaign and report findings, racism and justice in health. The latter involved the Partnership for Justice in Health that I have the honour of co-chairing with the National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners CEO, Karl Briscoe. Each webinar is available on YouTube, as ongoing resources in the health and research fields.

Policy has been a strong area of focus, with significant work contributed to the soon to emerge Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan, the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework Implementation Plan, as well as submissions on a range of other critical topics such as genomics, preventative health, climate change, evaluation and Indigenous data sovereignty.

Our 2020 major grants rounds resulted in twice as many eligible submissions than we could fund, indicating the enthusiasm and possibility of high quality and needed research in Aboriginal and Torres Strait Islander health. We were delighted to award 20 grants to a diverse range of Aboriginal and Torres Strait Islander organisations on topics related to our research agenda of culturally safe and respectful systems, sovereignty, empowerment and connectedness.



We expect this demand will continue to grow with the advent of the NHMRC funded National Aboriginal and Torres Strait Islander Health Researcher's Network. We look forward to it coming to fruition in 2022.

Every year, Lowitja Institute refines its vision and new identify further, thanks to the conversations, input and support from our Board, Members and partners. We are excited to move into the new year as we reveal the knowledge translation outcomes we have incubated and brought to life and work toward being able to hold our next international conference in 2023.

I want to thank our staff for their commitment and persistence throughout the year, and their contribution to the many achievements outlined in the Annual Report; they were fundamental to this occurring.

**Dr Janine Mohamed**

**Chief Executive Officer  
Lowitja Institute**

# This year's highlights

15



research projects completed

5



research reports and discussion papers published

5

policy briefs and infographics published

20 major grants approved

100% with Aboriginal and Torres Strait Islander organisations and Aboriginal and Torres Strait Islander lead researchers

15 scholarships awarded



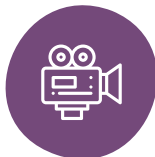
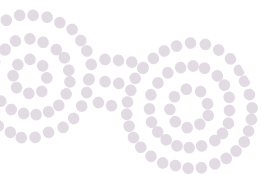
two Certificates  
five Graduate Certificates and  
eight postgraduate studies (two Master's' and six PhD's)

Lowitja Institute



is a member of four National Aboriginal and Torres Strait Islander coalitions:

1. Coalition of Peaks
2. National Health Leadership Forum
3. Closing the Gap Campaign
4. Partnership for Justice in Health.



4 Lowitja Live episodes with 1,571 views

Lowitja Institute regularly works on

9 national advisory or working groups

focused on Aboriginal and Torres Strait Islander health and research

Lowitja Institute staff participate in 3



national or state research project reference groups



38% of Lowitja Institute policy and advocacy work had a

**DIRECT** influence on national level policy

Lowitja Institute staff are members of three Boards in Aboriginal and Torres Strait Islander health



21% of Lowitja Institute policy and advocacy work had a

**POTENTIAL** influence on national level policy



19

Lowitja Institute events Webinars, roundtables, Knowledge Translation (KT) and Coffee sessions with 3,358 people reached





# 27

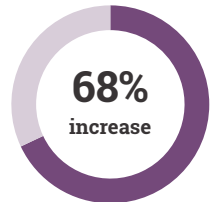
new video resources



# 184

**video resources available**

**viewed over 59,100 times** in total, a 68% increase on the previous year



# 127,000

 website sessions

representing **87,000 unique users**



**Reports and resources downloaded** from the website over

# 32,000 times

a 22% increase on the previous year



# 23

media releases



# 9

published media articles



# 15

interviews with national and international media



# 14,306

**twitter followers**

**12% increase** on the previous year



# 997

**mentions**

in national and international media, **a 400% increase on the previous year**

# 29

**eBulletin editions**

distributed fortnightly

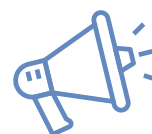


**21% increase** in eBulletin subscribers, 4,600 by June 2021



# 31

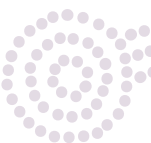
**new resources & tools developed**



# 8,680

**total media mentions**

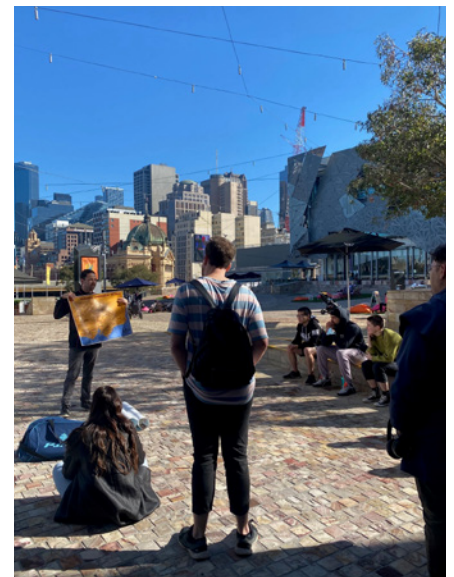
**including social media**



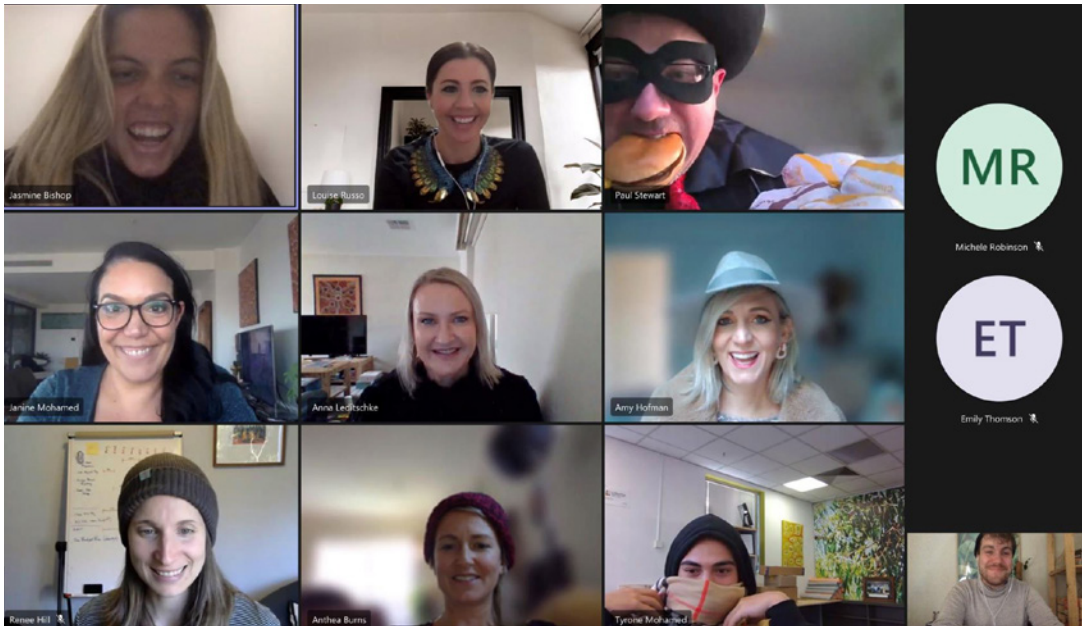
# Caring for staff under COVID-19

**Lowitja Institute has been very conscious of supporting our staff throughout this period.**

We instituted daily strength and conditioning hours during which staff focused on self-care rather than work, provided two periods of company leave, bolstered our employee assistance program and held a range of online events that strengthen wellbeing, generate fun, and celebrate culture and identity. Fortunately, we had two small windows of time to bring our staff together from across the country for team planning sessions, and later for organisational team building on Wurundjeri country.



Lowitja Institute staff enjoy a tour with Koori Heritage Trust to significant sites in Melbourne as part of staff wellbeing activities in 2021.



Lowitja Institute Staff participating in team building activities via zoom during Covid-19 lockdowns, in 2021.



Lowitja Institute staff enjoy their time together during staff wellbeing and team building activities in 2021.

**PRIORITY 1:**

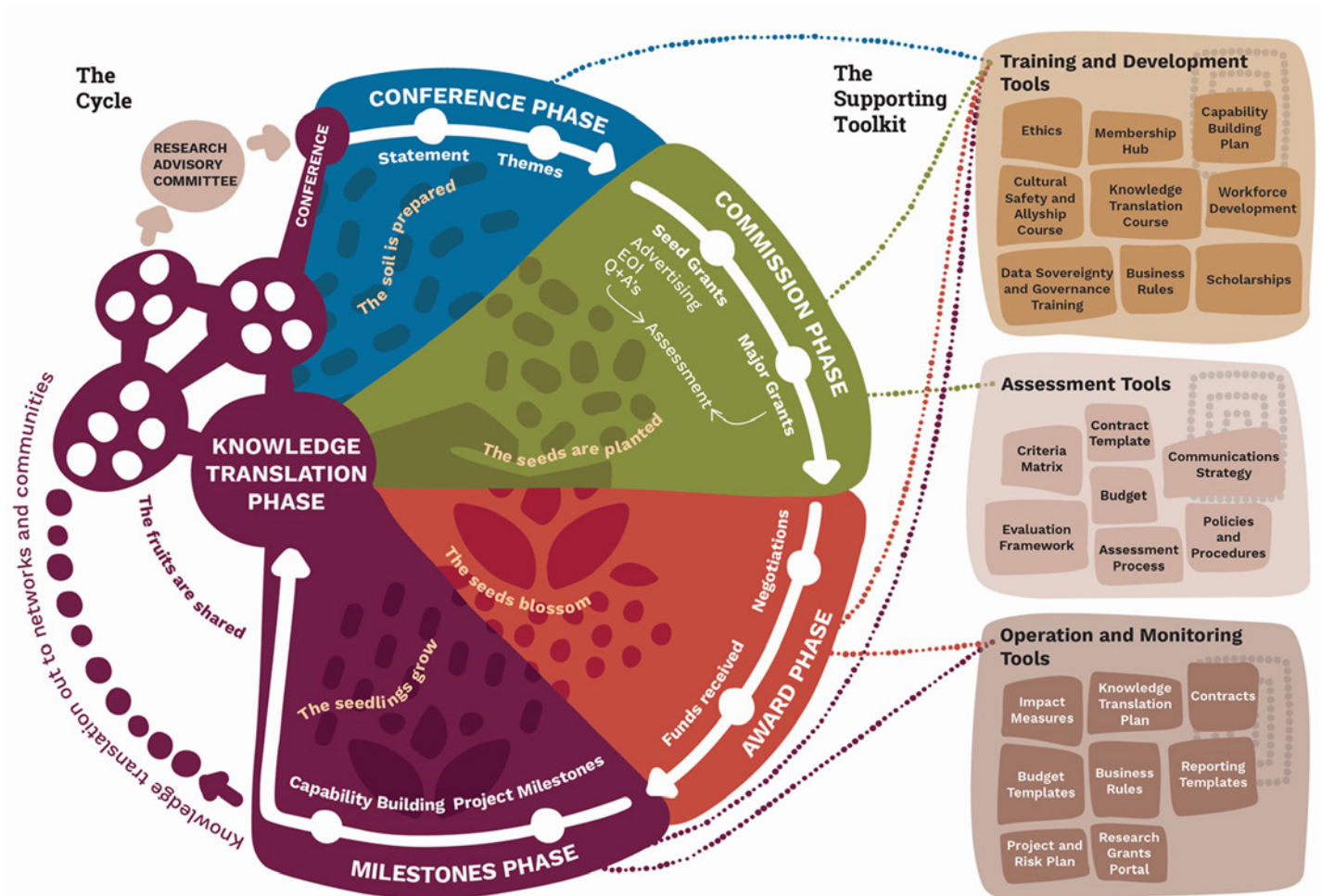
# Invest in Aboriginal and Torres Strait Islander Community driven best practice health research

## Research commissioning

Lowitja Institute has a distinctive approach to research commissioning that places the aspirations, knowledges and skills of Aboriginal and Torres Strait Islander peoples at the core of its approach.

The re-imagining of the research commissioning process has been a journey over many years. During 2020-2021, we further refined and enhanced our approach as a lifecycle that regenerates on each iteration. This is captured in our 'Knowledge Translation Ecosystem' diagram.

Knowledge Translation Ecosystem





**Our refined approach integrates the first three priorities of our Strategic Plan:**

- 1.** Investing in Aboriginal and Torres Strait Islander community identified priorities for research and assessing the impact, as grant recipients report against specific impact measures.
- 2.** Mobilising the outcomes through knowledge translation – we are the only commissioning agency that provides grant funds for knowledge translation within the research grant.
- 3.** Recognising, supporting and enhancing the capabilities of the Aboriginal and Torres Strait Islander health research workforce, especially through the ‘training and development tools’.

## Seeding Grants

Seeding Grants enable Aboriginal and Torres Strait Islander community organisations the opportunity to develop their research agenda and go on to attract research funding, whether through Lowitja Institute or other research commissioning institutions. Of the 15 organisations who received Seeding Grants in June 2020, 87 per cent went on to apply for a Lowitja Institute Major Grant and 47 per cent were successful.

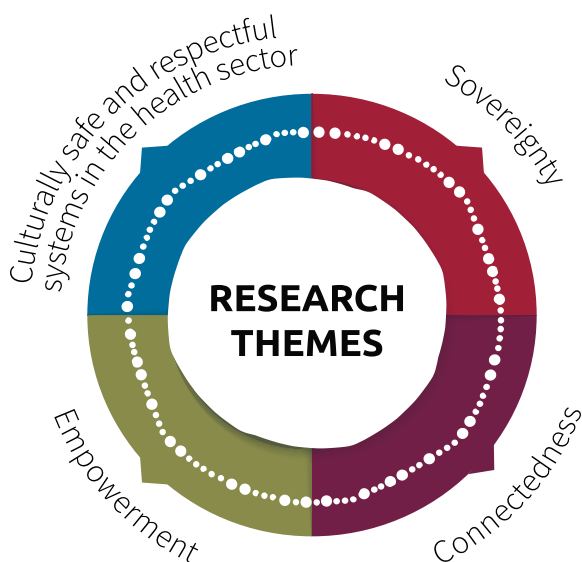
## Major Grants

Following on from the Seeding Grants released in June 2020, we promoted our Major Grants round. Once again, the core requirement was that a host organisation must be an Aboriginal and Torres Strait Islander community controlled or Aboriginal and Torres Strait Islander organisation. The primary eligibility criteria were that applicants must be able to demonstrate how the project will:

- ensure leadership by Aboriginal and Torres Strait Islander people
- develop the Aboriginal and Torres Strait Islander workforce, and
- engage research end-users in the process to maximise the impact of the research.

We received an overwhelming number of applications: 50 in total. Grants were awarded in late 2020 to 20 successful applicants from six jurisdictions (see chart, next page). Project topics reflected all four themes in Lowitja Institute's research agenda.

Figure 3: Research agenda themes 2020

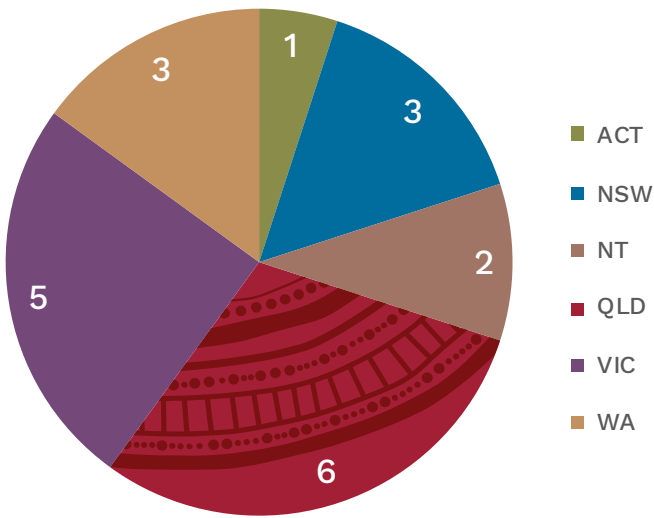


15  
Seeding  
Grants

13  
applied for a  
Major Grant

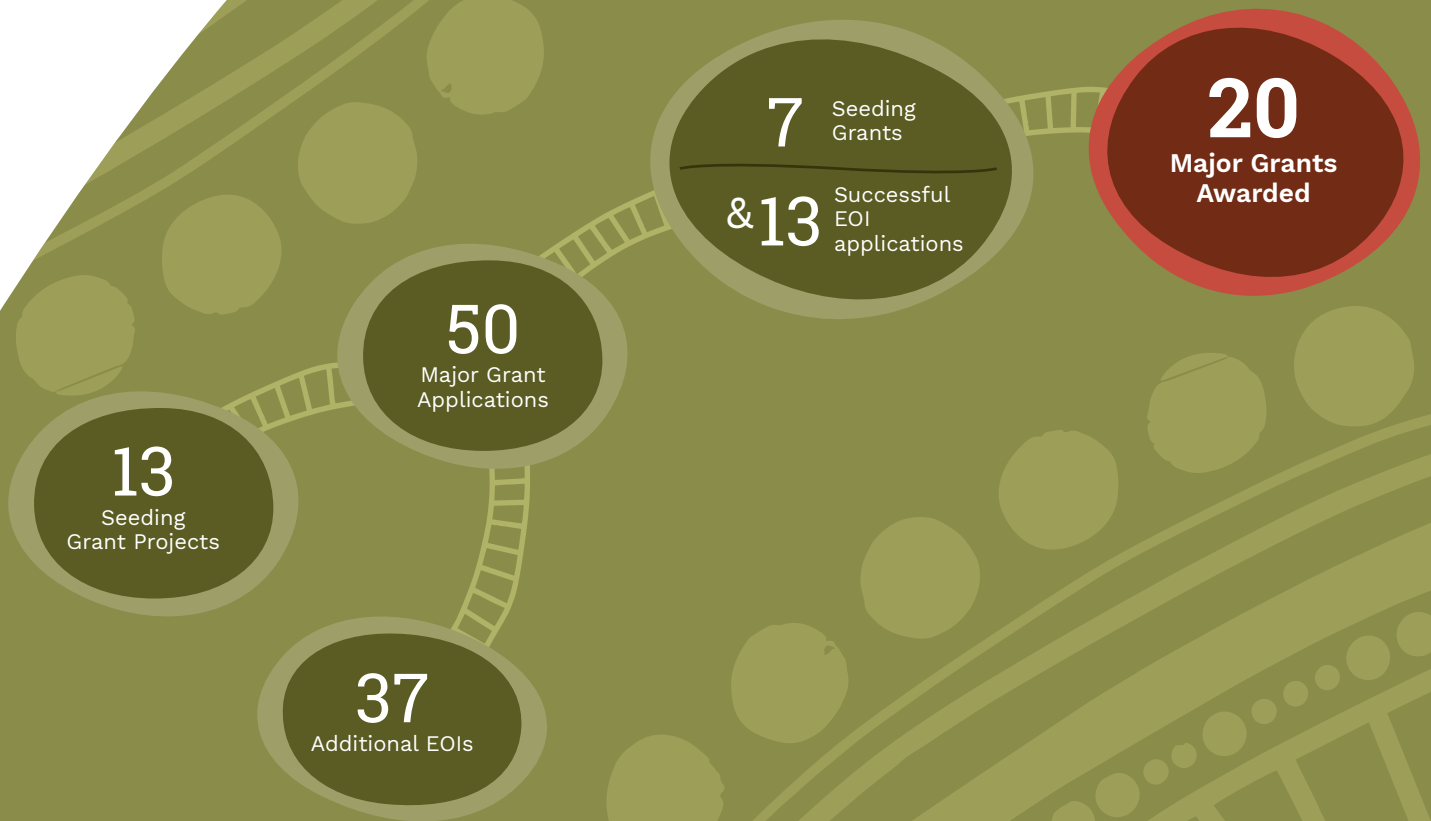
7  
were  
successful

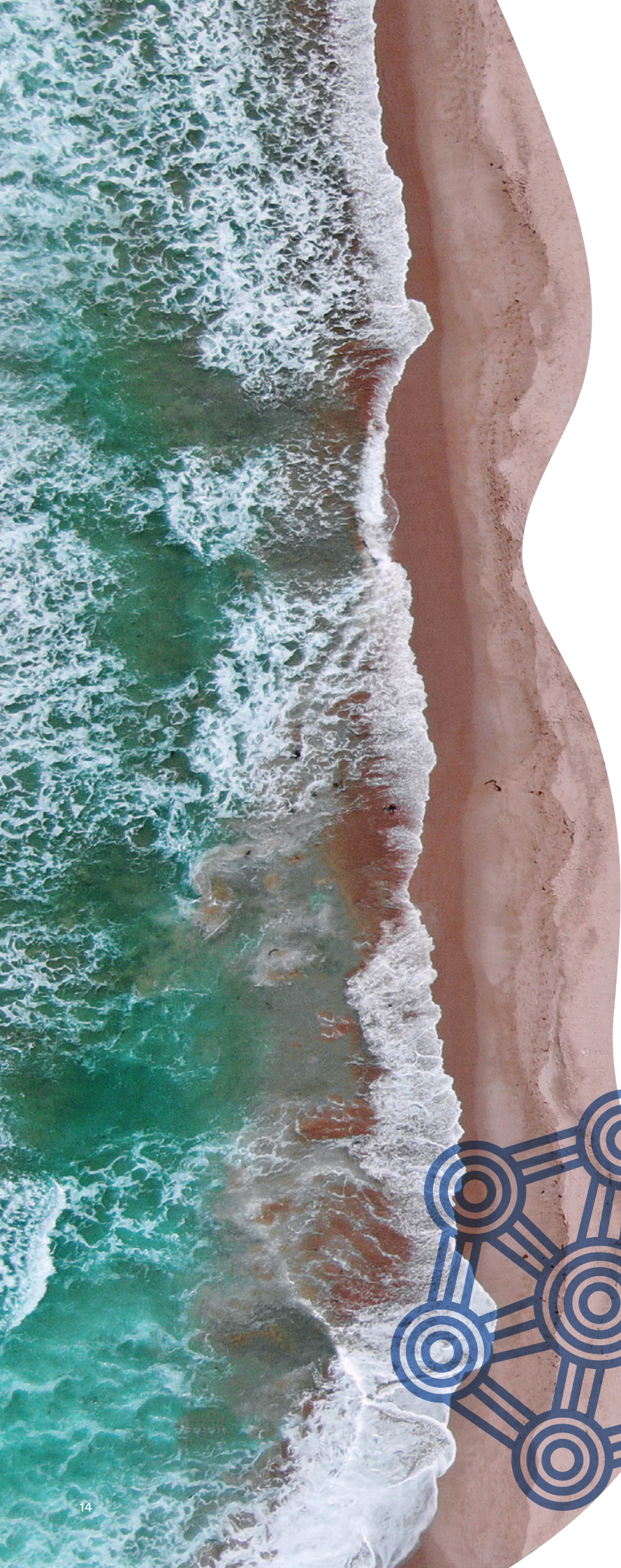
Successful major grant recipients



“ The program funds research that is not only diverse geographically but across age groups and the social and cultural determinants of health, and it has important systems reform on the agenda, including through health care delivery and data.

Dr Janine Mohamed





The 2021-2024 Lowitja Institute research projects range from the world acclaimed Melbourne-based Short Black Opera, to a focus on aged care in the Torres Strait and on children at the Marinwarntikura Women's Resource Centre in Fitzroy Crossing. Projects will also explore the health impacts of out-of-home care and Indigenous community radio, and map Rainbow Mob cultures, knowledges, and experiences. A full list of grantee organisations and associated projects are included on the next page.

**“** *Being community controlled allows us to privilege our mob when it comes to allocating research funds. It means we can ensure Aboriginal and Torres Strait Islander people drive our research agenda and that we do the research our people want and need.*

Dr Janine Mohamed





## Successful Major Grant recipients 2020

Organisation	Project Title
Abcare	Bimiirr Darrundaygu
Boonwurrung Foundation	Mapping the histories of Rainbow Mob (Aboriginal LGBTQ+) cultures, knowledges and experiences in Victoria
Brisbane Indigenous Media Association	Indigenous Media and community listening: Harnessing the power of the spoken word for urban and regional Indigenous communities
Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSiNaM)	Indigenist Health and Cultural Safety Education Research Consortium: Decolonising Nursing and Midwifery
Cullunghutti Aboriginal Child and Family Centre	Koori Kids Culture Club
Gurriny Yealamucka	Strengthening the evidence for Family Wellbeing
Kimberly Aboriginal Medical Services	Towards a culturally secure telehealth model for the Kimberley
LeadershipFIT	Future proofing tomorrow's leadership champions
Literacy for Life	'Yes, I Can' in remote EAL/D Aboriginal communities
Marninwarntikura Women's Resource Centre	Longitudinal study of remote Aboriginal children: The Bigiswun Kid Project
Miwatj Health Aboriginal Corporation	Miwatj Health Literacy Tool
Murri Watch	Development of a Service Delivery Model for Supported Youth Accommodation
Nyamba Buru Yawuru	Community-driven empowerment through mabu liyan – closing the data and knowledge gap
Radarborg	Appraising Accreditation Standards for Aboriginal Health Services
Short Black Opera	Empowering Ensemble Dutala
SNAICC	Building an effective support system for sustainable and effective Aboriginal and Torres Strait Islander early childhood services – the evidence base
Tangentyere Council	Wellness Project and Priority Setting
Torres Strait Aged Care Association	Feeling Informed, Connected, Supported and Heart: Advocacy for aged care in the Torres Strait
VACCA	Cultural common elements: creating and sharing culturally-appropriate therapeutic practice guides
VACL	Victoria Aboriginal Language Health Check



## ADRIA Grants

Lowitja Institute was approached by the Victorian Alcohol and Drug Association and the Department of Human Services, Victoria, to be the commissioning agency for the Alcohol and Drug Research Innovation Agenda or ADRIA grants.

These grants will provide funding to Victorian Aboriginal and Torres Strait Islander community controlled organisations to undertake alcohol and other drugs research that informs program design, service excellence and policy development and thereby improves social and health outcomes of Aboriginal and Torres Strait Islander peoples living in Victoria. This is a two year partnership, and we look forward to promoting and supporting successful applicants over their research journey.



## Good practice in Aboriginal and Torres Strait Islander ethics

There have been two notable developments in our work to support good practice in Aboriginal and Torres Strait Islander ethics.

Our 'Ethics Hub' on the Lowitja Institute website was revised, restructured and extended. We believe it is more user-friendly and informative, with links to updated resources and developments in Aboriginal and Torres Strait Islander research ethics.

*An Introduction to Aboriginal and Torres Strait Islander Health Research Ethics* module was developed and piloted. Later this year it will be available to complete as a self-paced experience on our learning management system.

### The module has the following learning outcomes:

- To increase awareness of best practice in ethics for Aboriginal and Torres Strait Islander Peoples.
- To increase awareness of the need for research that focuses on Aboriginal and Torres Strait Islander People's needs and priorities.
- To increase awareness of key factors for conducting ethical high quality, and culturally safe research in Aboriginal and Torres Strait Islander contexts.



# Research and policy publications

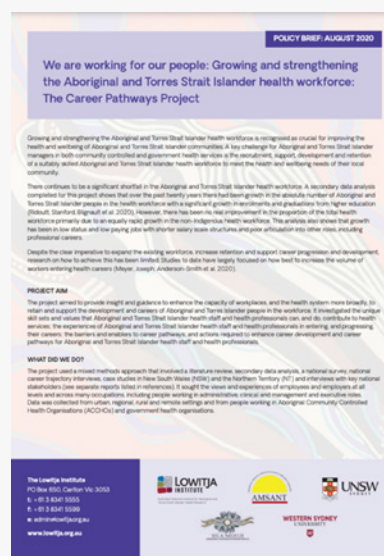
## Career Pathways Project - We Are Working for Our People Report, Policy Brief & Infographic

Published by the Lowitja Institute

Prepared by the Career Pathways Project Team: J. Bailey, I. Blignault, C. Carriage, K. Demasi, T. Joseph, K. Kelleher, E. Lew Fatt, L. Meyer, P. Naden, S. Nathan, J. Newman, P. Renata, L. Ridoutt, D. Stanford & M. Williams 2020

Expanding and strengthening the Aboriginal and Torres Strait Islander health professional workforce is recognised as crucial for improving the health and wellbeing of Aboriginal and Torres Strait Islander communities. The Career Pathways Project took a national perspective and aimed to provide insights and guidance to enhance the capacity of the health system to retain and support the development and careers of Aboriginal and Torres Strait Islander people in the health workforce.

Funded by the Lowitja Institute CRC, this project merged two separate but highly complementary proposals bringing together multiple organisations and jurisdictions from community controlled health services and tertiary education sectors. In addition to the report infographic and policy brief, a series of seven component reports were also published.





## Aboriginal Participatory Action Research: An Indigenous Research Methodology Strengthening Decolonisation and Social and Emotional Wellbeing. Discussion Paper and Literature Review.

Published by Lowitja Institute

Prepared by P. Dudgeon, A. Bray, D. Barlaston-Jones & R. Walker 2020

Focusing on key Indigenous wellbeing paradigms, discourses, and disciplines this discussion paper presents a distinctive Aboriginal Participatory Action Research (APAR) approach as a transformative Indigenous Research Methodology.

It also explores Indigenous Standpoint Theory, Indigenous Knowledge Systems, Indigenous Research Methods and Methodologies as key elements in decolonising research, building self-determination in communities, and contributing to Indigenous social and emotional wellbeing (SEWB) and Indigenous Psychology.

Drawing on three community projects — the Kimberley Empowerment, Healing and Leadership Program, the National Empowerment Project and the Cultural, Social and Emotional Wellbeing Program — this paper demonstrates how APAR contributes to Indigenous SEWB and Indigenous Psychology. Finally, it examines the interrelationship of core components of APAR articulating an Indigenous epistemology, ontology, axiology (Indigenous ways of knowing, being and doing) and methodology covering Indigenous specific methods, guiding principles, research protocols and ethical guidelines.



## Close the Gap - Leadership and Legacy Through Crises: Keeping our Mob safe Report & Policy Brief

Published and prepared by the Lowitja Institute for the Close the Gap Campaign Steering Committee

The 12th Annual Close the Gap report – *Leadership and Legacy Through Crises: Keeping our Mob safe* – is a wakeup call to Australian governments that Aboriginal and Torres Strait Islander people have the solutions to health inequity in our grasp.

This year’s report was produced by the Lowitja Institute, Australia’s community controlled national institute for Aboriginal and Torres Strait Islander health research, on behalf of the Close the Gap Steering Committee.

The report showcases the resilience, strengths and leadership of Aboriginal and Torres Strait Islander peoples, communities and organisations throughout critical health crises in 2020: devastating bushfires and climate change, the coronavirus pandemic and the mental health emergency facing First Australians.



## Culture Is Key: Towards Cultural Determinants-Driven Health Policy Report and Policy Brief

Published and prepared by the Lowitja Institute

The Lowitja Institute has a long history of championing the importance of the cultural determinants of health and wellbeing outcomes for Aboriginal and Torres Strait Islander people. This has included the commissioning of landmark pieces of research, bringing together of key thinkers, and policy advocacy. This report has been developed as a continuation of this work, to look at how the Institute's existing body of work can inform the implementation of the cultural determinants of health in policy.

This report has been developed to look at how the cultural determinants of Aboriginal and Torres Strait Islander health and wellbeing can be implemented in current and emerging policy frameworks. To develop the report, a selected body of research on the cultural determinants of health was analysed and key thinkers were brought together at a roundtable to test existing concepts and propose ways towards cultural determinants-driven health policy.

## Partnership for Justice in Health: Scoping Paper on Race, Racism and the Australian Health System

Published by Lowitja Institute

Prepared by C. Watego, D. Singh & A. Macoun 2020

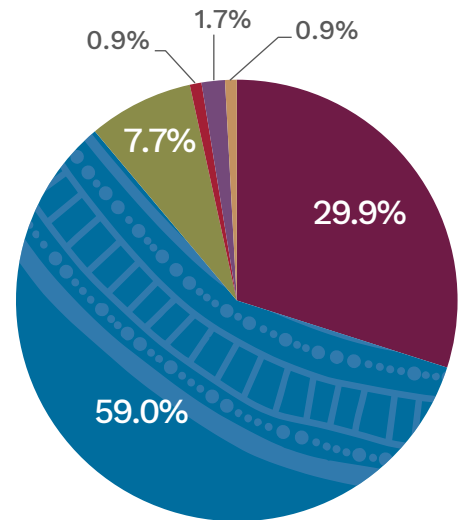
The Partnership for Justice in Health (P4JH) is an alliance of self-determining Aboriginal and Torres Strait Islander academics, legal experts, and national peak health and justice organisations committed to working together to eliminate the impacts of racism on Aboriginal and Torres Strait Islander health and wellbeing. It was formed in 2017 in response to the ongoing impacts of racism in the Australian health system following the death of Wiradjuri woman Naomi Williams and her unborn child at Tumut Hospital in NSW. Since this time, we have worked and grown together, building a shared understanding of race and racism, how these constructs function and the violence they inflict.

This discussion paper was first prepared as a scoping paper designed to assist the Partnership for Justice in Health (P4JH) consider what is offered by existing scholarship about race and racism in the health system, and in particular, to identify a research approach to support the Australian Government's National Aboriginal and Torres Strait Islander Health Plan's (NATSIHP) vision of 'a health system free of racism' (2013).

## Indigenous Wellbeing Index

Together with PWC Indigenous Consulting (PIC), Lowitja Institute has been seeking support to progress the Indigenous Wellbeing Index. PIC finalised the proof of concept for the Index in late 2020, which we have socialised with a broad range of interested parties. This includes Aboriginal and Torres Strait Islander experts in data and Indigenous Data Sovereignty such as Assoc. Professor Ray Lovett, Professor Maggie Walter, and Dr Kalinda Griffith. Also, relevant Australian Government Ministers and their advisors, and a range of government agencies such as the Australian Institute of Health and Welfare, the Australian Bureau of Statistics, and the Digital Health Agency. We are continuing to pursue funding to progress to the development and implementation stage.

Stakeholder groups contributing to the Indigenous Wellbeing Index



- Australian Government
- Aboriginal health peak bodies and professional associations
- Health peak bodies and professional associations
- Higher education
- Non-government organisations
- International organisations

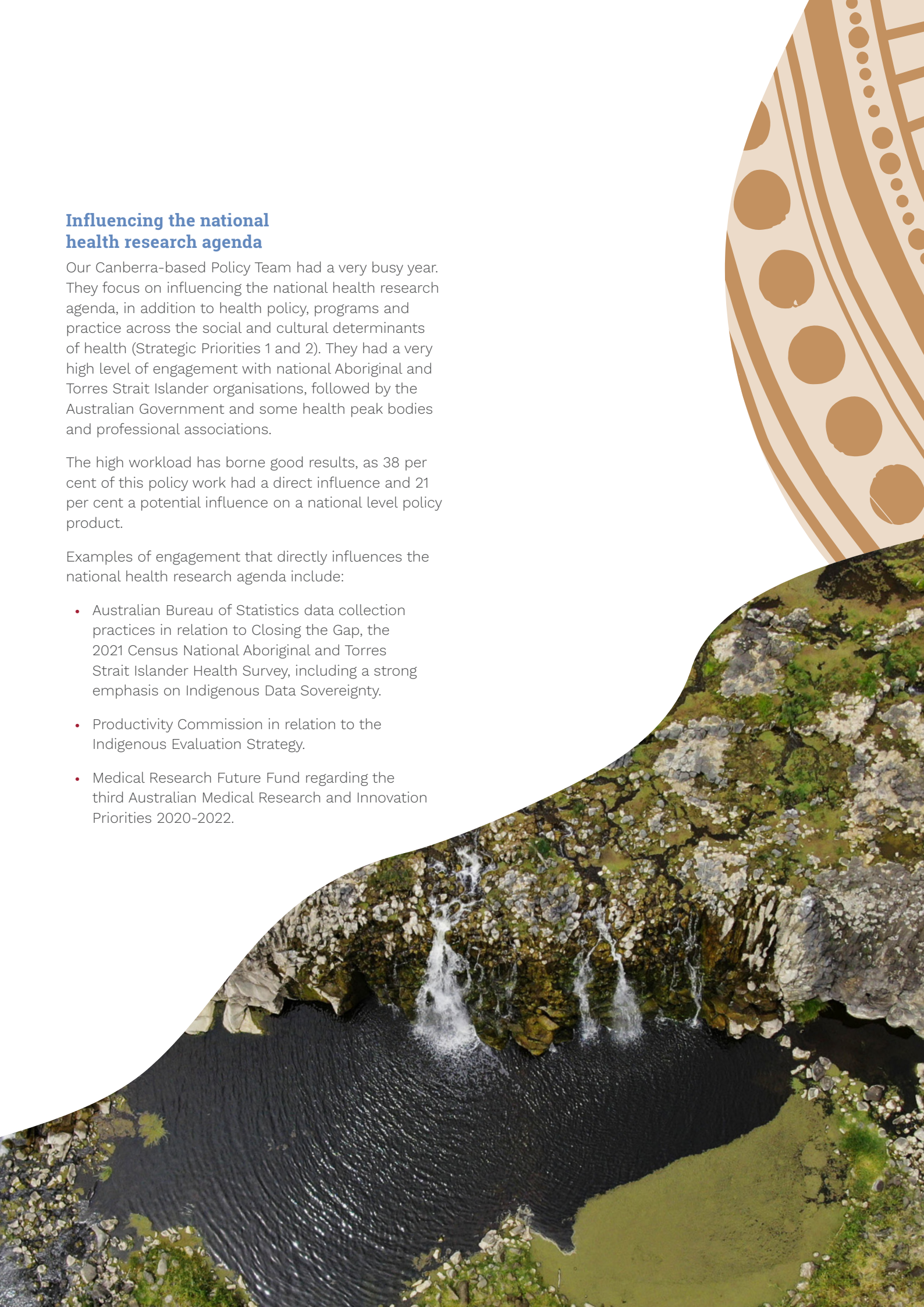
## Influencing the national health research agenda


Our Canberra-based Policy Team had a very busy year. They focus on influencing the national health research agenda, in addition to health policy, programs and practice across the social and cultural determinants of health (Strategic Priorities 1 and 2). They had a very high level of engagement with national Aboriginal and Torres Strait Islander organisations, followed by the Australian Government and some health peak bodies and professional associations.

The high workload has borne good results, as 38 per cent of this policy work had a direct influence and 21 per cent a potential influence on a national level policy product.

Examples of engagement that directly influences the national health research agenda include:

- Australian Bureau of Statistics data collection practices in relation to Closing the Gap, the 2021 Census National Aboriginal and Torres Strait Islander Health Survey, including a strong emphasis on Indigenous Data Sovereignty.
- Productivity Commission in relation to the Indigenous Evaluation Strategy.
- Medical Research Future Fund regarding the third Australian Medical Research and Innovation Priorities 2020-2022.



A sunset over a rocky coastline. The sky is filled with vibrant orange, yellow, and pink clouds. The sun is low on the horizon, casting a warm glow over the water and rocks. In the foreground, dark, jagged rocks are partially submerged in the water. A decorative graphic of pink dots in the top left corner forms a stylized, abstract shape.

*Our advocacy for truth-telling,  
healing and recognition of Aboriginal  
and Torres Strait Islander rights,  
leadership and sovereignty continues.  
We need non-Indigenous allies taking  
up their part and supporting the  
change that is long overdue.*

Pat Anderson AO

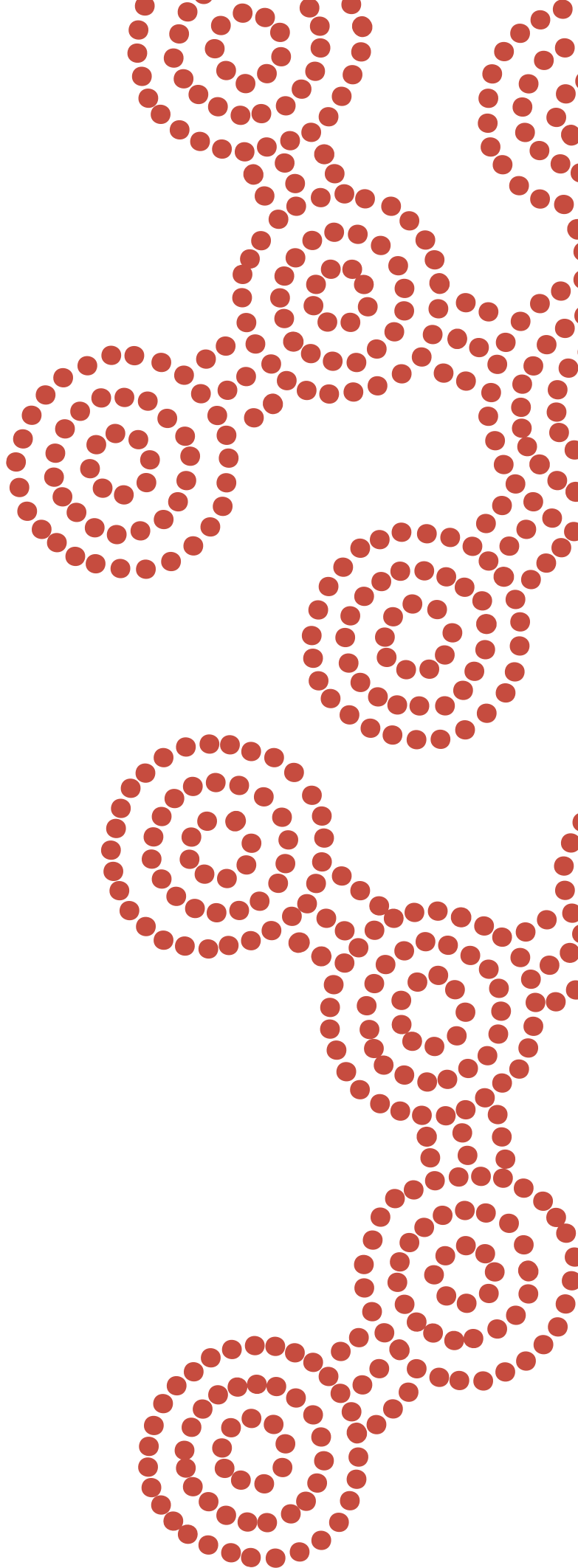


## International engagement

We have maintained our engagement with researchers across the globe who are interested in or can inform our work. Several examples include:

- a podcast by Dr Janine Mohamed with Kirti Ranchod, a South African academic, on the cultural determinants of health and links with brain health
- meetings with editorial team members from international Indigenous journals in preparation for developing a Lowitja Institute First Nations international journal
- a webinar by Dr Janine Mohamed for the 'Inspiring Stories' series for the Knowledge Network, Pollination Foundation
- collaboration with ENRICH/PIC meeting re Indigenous data tagging
- a webinar on 'Empowering Indigenous women' for The Nature Conservancy Worldwide Office
- media interviews with the BBC World Service on the Close the Gap campaign report, both the UK and Singapore outlets
- joint podcast with the Fred Hollows Foundation for the International Agency for the Prevention of Blindness web series on Indigenous-led research, priorities and practices.

Further, a significant opportunity was to be in the feature on Indigenous health funding and community-controlled organisations called 'Critical Care: America vs. the World', a *PBS NewsHour* special.



## PRIORITY 2:

# Mobilise research knowledge for effective translation

**Knowledge translation (KT) is the complex series of interactions between knowledge holders, knowledge producers and knowledge users, with the goal of achieving research impact, which we define as positive and sustainable long-term benefit for Aboriginal and Torres Strait Islander peoples, beyond the realm of academia.**

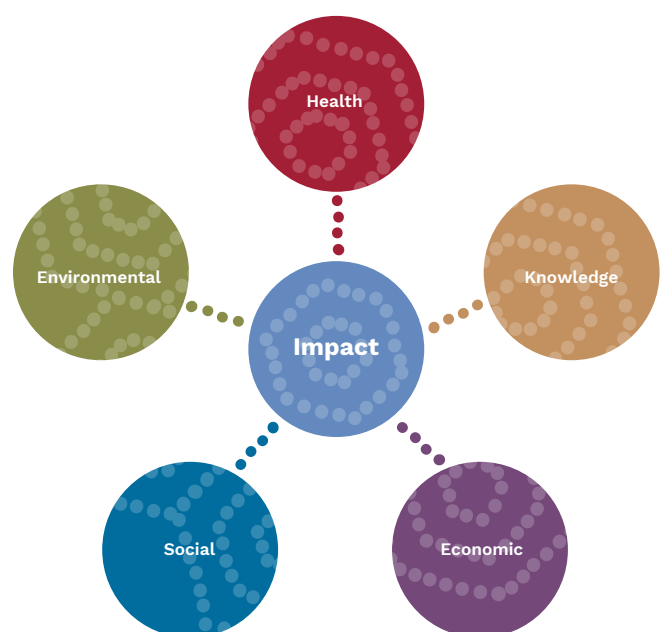
This reciprocal process of combining experiential wisdom with academic research underpins the Lowitja Institute's approach to KT and research impact. KT is not only the dissemination of research findings, but also the process of setting research priorities and developing research questions, selecting methodologies, and the collection and analysis of data.

Effective KT must centre Aboriginal and Torres Strait Islander communities and their wisdoms throughout in order to achieve maximum research impact and be implemented through a carefully designed process that minimises power dynamics and privileges Aboriginal and Torres Strait Islander perspectives.

## Our policy position on knowledge translation

Our Knowledge Translation to Research Impact for Empowerment policy was released this year. This approach is the first of its kind as it incorporates Aboriginal and Torres Strait Islander health research principles together with KT and research impact. It aims to achieve positive health outcomes and wellbeing for Australia's First Peoples by creating 'impact literate' individuals and research culture. It is underpinned by the philosophy that effective health research requires a process that reflects community priorities and earns trust and community engagement.

The five different types of impact may be evident over the short, medium or longer-term. All five are reflected in our assessment of our impact over the last decade:





## Knowledge translation for COVID-19

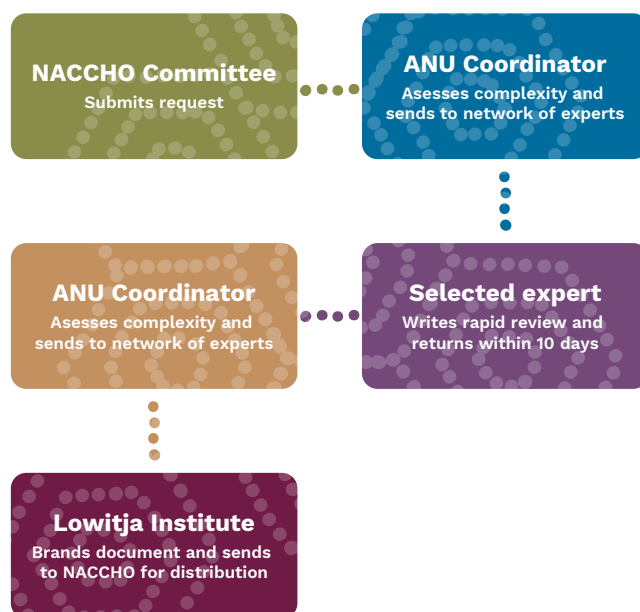
### Rapid Reviews project

As part of the collective efforts to support Aboriginal and Torres Strait Islander organisations respond to the challenges of the COVID-19 pandemic, Lowitja Institute played a key role in the Rapid Reviews project. This collaboration involved the National Aboriginal Community Controlled Health Organisation (NACCHO), the National Centre for Epidemiology and Population Health, Australian National University (ANU) and the Royal Australian College of General Practitioners (RACGP) each in different roles.

The 'Rapid Reviews' project provided high quality and timely responses to COVID-19 related policy and practice issues raised by Aboriginal community controlled health services.

This supported services to implement good practice in preventing and managing COVID-19 infections, and ensure that policy implications were recognised at local, jurisdictional and national levels.

Over the course of the project, 136 rapid reviews were completed and distributed across the Aboriginal community controlled health sector.



**NACCHO**

Manager of the  
Technical Committee  
identifying questions



**Lowitja Institute**

Funder, branding  
and publishing



**ANU**

Coordinator of  
rapid reviews



**RACGP**

Partner

## Expert Register

The Expert Register is a National Health Leadership Forum (NHLF) initiative that is managed by the Lowitja Institute. It was initiated to meet repeated calls for a register of volunteers who could outline skills they have to offer Aboriginal communities. People could then be matched to the types of skills that Aboriginal community controlled health services were seeking as they supported communities in preventing and managing COVID-19 infections.

The Expert Register is hosted on our website and expert registrations have grown to 20. Lowitja Institute hosts the register but does not match experts with organisations. Aboriginal community controlled health organisations search and contact experts with skills and availability that match their needs.

## 2021 National Cultural Safety Training and Quality Standards

In 2020, Lowitja Institute gained NACCHO's permission to lead a project to review and update the original National Cultural Safety Training (CST) Standards (NACCHO 2011), which involved four people from the original NACCHO Working Group. The purpose was to reflect developments over the past 10 years regarding cultural training, especially cultural safety training, evaluation of training outcomes, training standards and online cultural training, including:

- growth in awareness of cultural safety and cultural safety training, as distinct from other forms of cultural training
- more literature being available on the development, delivery and/or evaluation of cultural safety training, and
- greater recognition of the importance of cultural safety within key national documents, particularly within the health sector.

While the five core areas in the original standards were retained – structure, process, delivery, content and facilitation – several standards were revised or refined, and new standards were included.

## Learning from our impact

We have continued to examine our research impact, focusing particularly on the 2010-2019 period that we engaged Deloitte Economics to evaluate. Here is the final representation of our research impact across five areas: capability building, new ways of thinking, informing decision-making, advancing knowledge and better health outcomes.



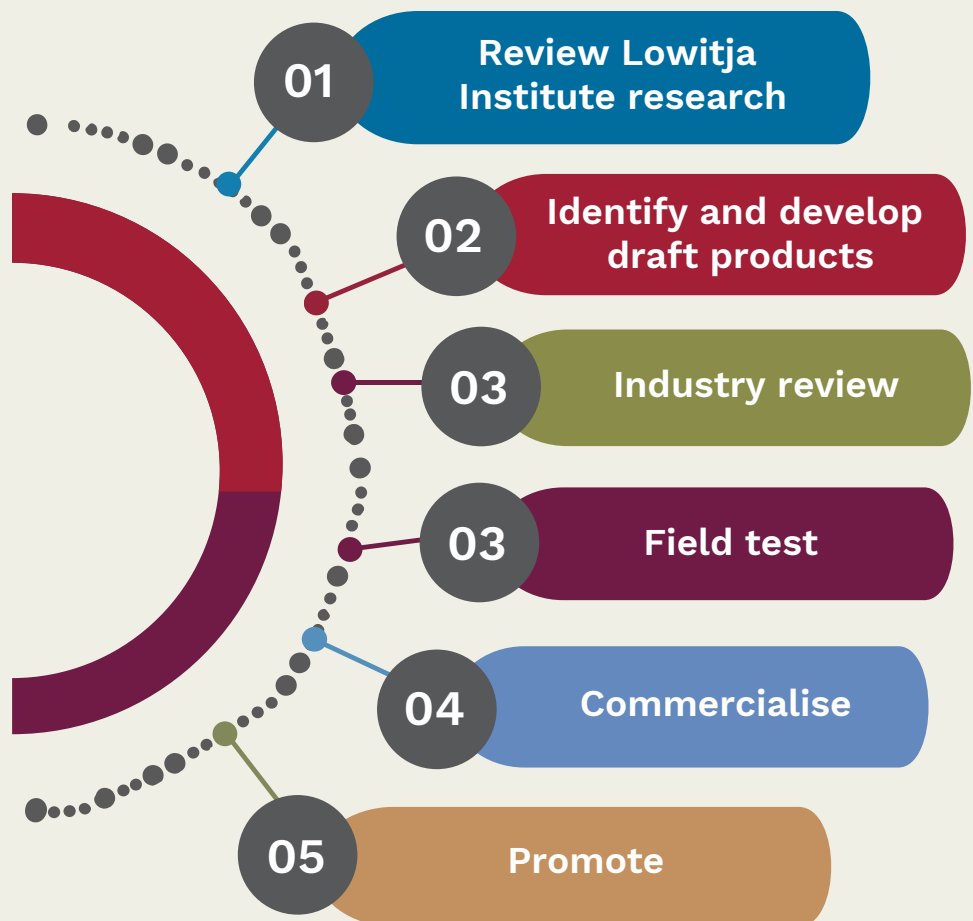
## Knowledge translation in action: New products and tools

As the final stage in our life as a Cooperative Research Centre (CRC), a high priority was to complete the knowledge translation of the two decades of research that took place under the CRC structure.

This has resulted in the creation of eight products and tools across five different themes.

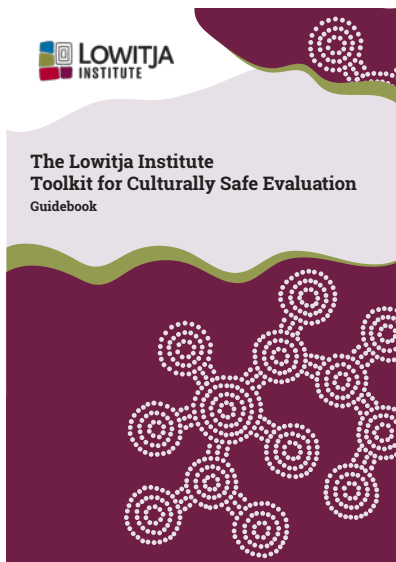
## New 2021 Products

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



## Evaluation

The *Toolkit for Culturally Safe Evaluation* consists of practical guides, tools and templates for both evaluators and commissioners who want to change their practices and work in a more culturally safe manner. It includes a Guidebook and seven discrete tools to be used to eliminate racism and foster cultural safety in evaluation, and a self-reflection tool to ensure that evaluation practitioners continue their learning journey with each evaluation completed. Aboriginal and Torres Strait Islander and non-Indigenous evaluators, commissioners and evaluation end-users contributed to the co-design and review process.



### How will I use this toolkit?

Each of the tools has a section within this guidebook. Each section starts with a large introductory page.

The introductory page for each tool is followed by a detailed breakdown.

Why is this tool included?  
An introduction to each tool is included in the toolkit, with an explanation of its purpose.

What is this tool?  
An overview of the structure of the tool.

How do I use this tool?  
A detailed set of instructions for using the tool.

Using the toolkit in a way that works for you  
This toolkit is designed to be as flexible as the evaluation process. We recommend how and when to use each tool in this guidebook, but these are only suggestions. Start through each tool before you begin. We encourage you to:

- Experiment with using the tools in different ways
- Consider how each tool could be used differently at each stage of an evaluation
- Change the order that you use the tools
- Adapt the tools to better suit the needs of the communities you are working with
- Adapt the language features in the tools to your community context
- Bring your own stories and case studies to support making the activities and tools more effective and relevant to your community

### Tool #1 The Lowitja Institute's Principles of Culturally Safe Evaluation

Principles cards  
The second format of the principles is a deck of cards. Each principle is displayed on the front of the card with a definition and additional information about each principle. On the back of each card there is a series of questions relevant to each principle.

Card front

State of each principle

Definition of each principle

Card back

Questions for each principle to ask yourself throughout an evaluation

The principle cards can be used at every stage of the evaluation process and in combination with every other tool within this toolkit. You should refer to them when using the *Understanding Your Culture as an Evaluator* tool to inform the commitments you make to cultural safety. You should use them throughout the *Evaluation Planning* tool to help guide your approaches to being culturally safe. Take every opportunity to discuss them with your colleagues, your evaluation partners, and anyone else involved with an evaluation.

Large principles poster  
The third format of the principles are presented in a large poster. This can be displayed in your workspace where easy to refer to and a constant reminder of the principles.

The poster brings all information and questions presented together on one page.

The most important part of using this tool is that you continue to revisit the principles as you continue your learning journey. In referring back and reflecting on them, you will continue to bring the questions and considerations for each principle to the surface your work.

### Tool #4 Planning cultural safety in evaluation

Start here if you are involved in commissioning an evaluation

Start here if the evaluation has already been commissioned but is still in the planning stage

Tasks for planning evaluation

Tasks for designing evaluation

Tasks for reporting and transitioning evaluation findings

Tasks for conducting the evaluation

Toolkit tools to be used throughout the entire evaluation

That this tool will work

## In honour of Margaret Kelaher

Lowitja Institute acknowledges the unexpected and tragic loss of Professor Margaret Kelaher in March 2021. Margaret had a long and valued relationship with Lowitja Institute and her team's work underpinned elements of the Evaluation Toolkit.

## Cultural safety

Three cultural safety products were developed and refined through industry review and piloting with Aboriginal and Torres Strait Islander and non-Indigenous organisations.

The *Cultural Safety Initiative Planning and Evaluation Strategy Template* for Cultural Safety Initiatives is a set of customisable documents across four elements of the planning and evaluation cycle:

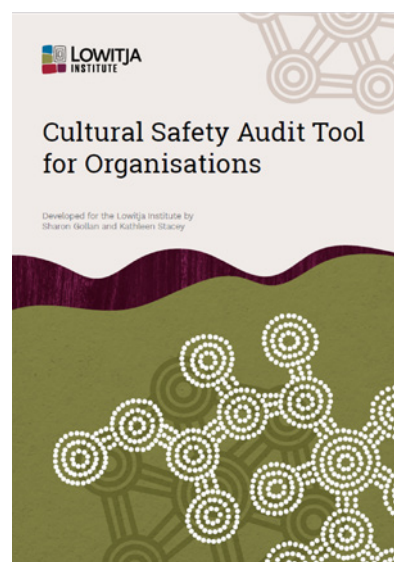
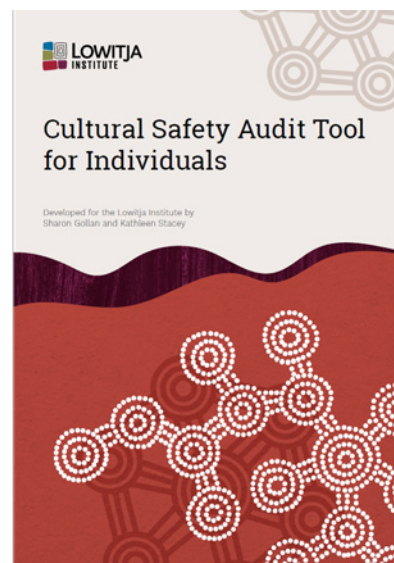
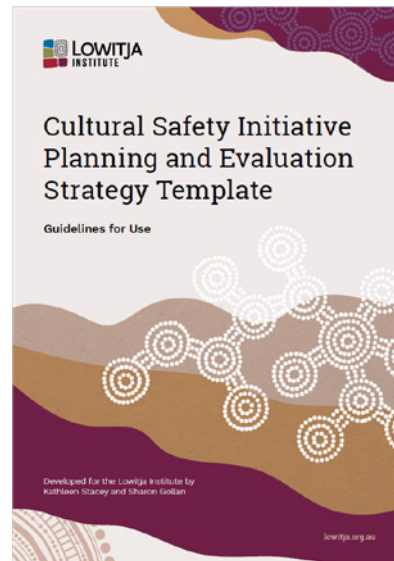
- provide direction on what to include in an organisational cultural safety initiative
- streamline an organisation's work in planning an organisational cultural safety initiative
- guide how to evaluate progress and achievements over time.

It includes guidance and templates for creating a Cultural Safety Initiative Plan, including a program logic, an Evaluation Strategy, as well as customised evaluation tools.

Two cultural safety audit tools were developed – one each for individuals and organisations.

The *Cultural Safety Audit Tool for Individuals* assesses an individual's level of development in understanding critical elements of cultural safety and working towards creating culturally safe experiences for Aboriginal and Torres Strait Islander peoples.

The *Cultural Safety Audit Tool for Organisations* assesses an organisation's current commitment to and level of development in embedding cultural safety according to focus areas that are relevant to most health, research, education, human services or policy contexts, whether they are non-Indigenous or Aboriginal and Torres Strait Islander organisations.

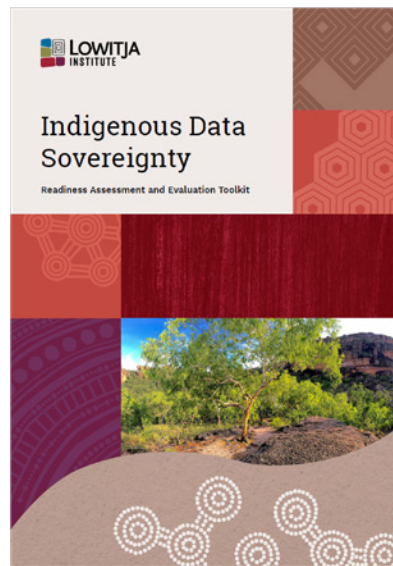


## Indigenous Data Sovereignty

The *Indigenous Data Sovereignty (ID-SOV) Readiness Assessment and Evaluation Toolkit* was developed to evaluate ID-SOV principles and practices in action within research and academic organisations, and as a resource for Aboriginal and Torres Strait Islander communities and organisations to identify ID-SOV in practice. The goal is to improve the capabilities and processes of individuals through a whole-of-organisation approach to embedding ID-SOV in practice. It was pilot-tested by industry representatives working across health research, government, and workforce development.

The ID-SOV Toolkit covers the assessment of the fundamental principles of ID-SOV in practice within the research sector. Specifically, it assesses and evaluates how Aboriginal and Torres Strait Islander People’s and communities’ priorities, values and practices are incorporated in the processes that control, develop, use, maintain and protect the data that pertains to Aboriginal and Torres Strait Islander Peoples.

In addition, with Associate Professor Ray Lovett at the Australian National University, we commenced developing options that bring their community data literacy and capability building course to a wider audience, which we will pilot in 2022.



## Continuous Quality Improvement

The *Aboriginal Health Journey Mapping Toolkit* is designed to facilitate culturally safe journeys through the health system. The health journey mapping tools and resources were further developed, tested, and refined, with a range of health care professionals in renal care sites involved, including clinical nurses, nurse managers, doctors, Aboriginal Health Practitioners, peer navigators, and allied health professionals. The Toolkit assists health professionals, managers and teams to recognise Aboriginal and Torres Strait Islander patient and family needs, identify strengths and gaps in health systems, develop responsive strategies and evaluate effectiveness, whilst also meeting accreditation standards.

Type the different stages of the journey. Some example focuses are already included. You can use these examples or write your own.

Include the date, location, and who is doing the mapping for each stage

A dropdown menu will appear including the different stages of the journey which you typed into the "Look & Listen" section. Please select the stage you wish to explore in this row.



## Knowledge translation and research impact

The work on this theme resulted in two different products: templates and a professional development workshop.

The *Lowitja Institute Research Commissioning Templates* are designed to support the Lowitja Institute approach to commissioning the research we fund, which will be instructive for others who follow our lead in taking an Aboriginal and Torres Strait Islander-led approach to research and research commissioning.

*Pathways to Knowledge Translation and Research Impact in Aboriginal and Torres Strait Islander Health Research* is a two-day workshop that was piloted in both Cairns and Melbourne.

The course aims to enhance knowledge, skills and understanding and increase the effective uptake of research findings and the translation of research into real tangible outcomes for improved Aboriginal and Torres Strait Islander health and wellbeing. It is designed to enable a new approach to KT and research impact and combines both theoretical and practical components in an applied adult learning approach. We will also create a short on-line version as an introduction to knowledge translation and research impact.



“ The course has broadened my thinking about KT from believing it is not just something we ‘should’ do, to understanding it is VITAL to make a positive impact.

Participant Suzanne Watkin of LeadershipFIT about Lowitja Institute's Allyship and Cultural Safety Training Pilot with JCU



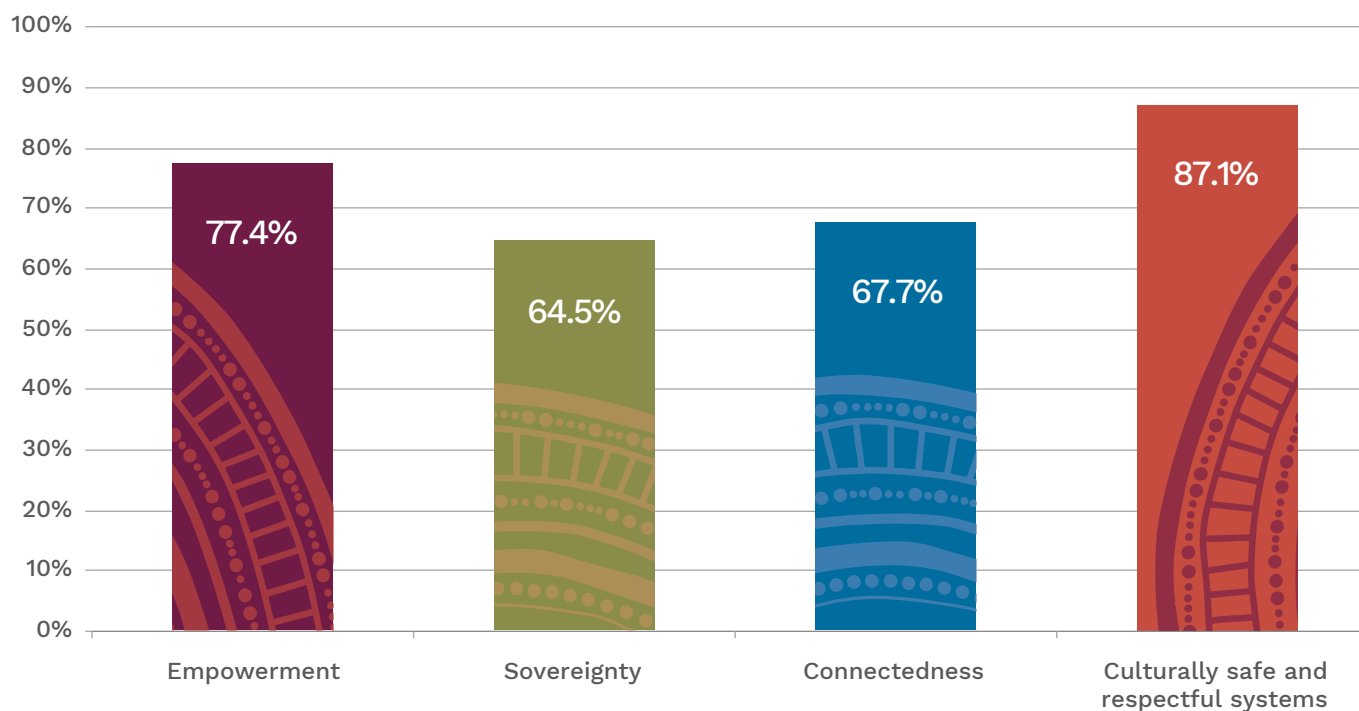
Participants in the *Pathways to Knowledge Translation and Impact in Aboriginal and Torres Strait Islander Health Research* course pilot in Cairns, April 2021.

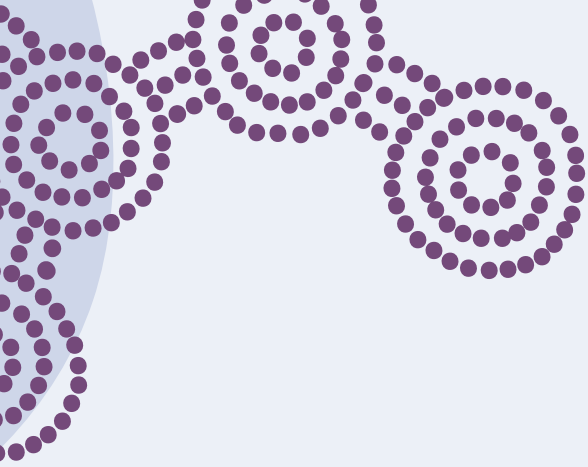
## Influencing national policy, programs and practice

We keep track of how our work to influence national policy, programs and practices relates to our research agenda priorities. This ensures we address and reflect the priorities and aspirations of Aboriginal and Torres Strait Islander peoples in our policy work. While this year saw a strong swing to promoting culturally safe and respectful systems, this was closely followed by empowerment, with both connectedness and sovereignty regularly addressed.



2020-21 Policy work and research agenda priorities





### **How we influenced highly significant policy areas this year:**

- Invested in Aboriginal and Torres Strait Islander community identified priorities for research and assessing the impact, as grant recipients report against specific impact measures.
- Co-developed the next iteration of the National Aboriginal and Torres Strait Islander Health Plan and Implementation Plan with other members of the National Health Leadership Forum.
- Contributed to development of the next iteration of the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and the first ever Implementation Plan.
- Led the work to knowledge translate recent research on the Cultural Determinants of Health.
- Participated in the National Preventative Health Strategy consultations and written submissions process.
- Advised on the 'Undisclosed child removals at birth' SNAICC position statement.
- Contributed to the National Approach to Genomic Information Management Blueprint through the Aboriginal and Torres Strait Islander Advisory Group on Health Genomics.
- Worked on the Foundation for Alcohol Research and Education (FARE) campaign to successfully advocate for alcohol pregnancy health warnings in Australia and New Zealand.
- Supported and contributed to the Raise the Age campaign on increasing the age of criminal responsibility.

**PRIORITY 3:**

# Enhance the capability of the Aboriginal and Torres Strait Islander health research workforce

## Strengthening capability through scholarships

We were excited to award 15 scholarships in our 2021 Scholarships Program across a broad range of topics, designed to enhance the capabilities of the Aboriginal and Torres Strait Islander health research workforce. Scholarship recipients and their projects are listed on the next page.



**2020 Scholarship recipients:**  
Top L-R: Cameron Raw, David Aanundsen, Sian Graham, Jodie Mottram.  
Bottom L-R: Kylie Sullivan, Shannon Kilmartin-Lynch, Duean White, Lauren Poulos, Margaret Harvey

## Scholarship high priority areas



### Graduate Certificate and Certificate IV

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Research administration/  
research management

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Project management

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Governance

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Leadership

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Policy

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Knowledge translation

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### Postgraduate

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Science

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Technology

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Engineering

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Mathematics

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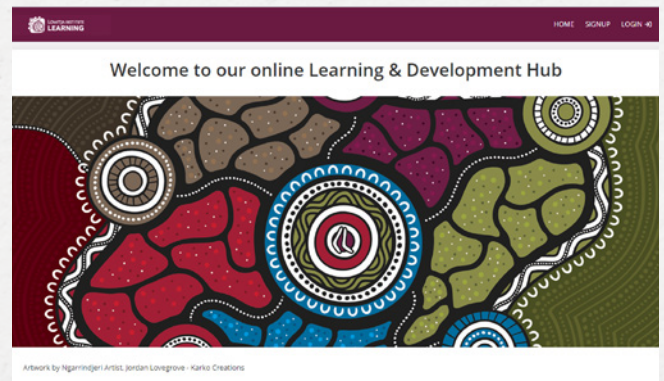


**We awarded scholarships to the following recipients:**

<b>Vanessa Farrally</b>	Indigenous Perspectives (Language) Masters by Research, Batchelor Institute
<b>Kirsty Nichols</b>	Applied Epidemiology Masters by Research, ANU
<b>Lauren Tynan</b>	Traditional Fire Management - Relationships with Country through the teachings of fire. PHD, Macquarie University
<b>Luke Williams</b>	Evaluating Dietary Safety of Australian Bush foods. PHD, RMIT
<b>Tamara Riley</b>	The research seeks to address animal health care accessibility issues in community settings using a One Health approach. PHD, ANU
<b>Michael Charlton</b>	The research will focus on the power imbalance in access to land negotiations and agreement-making between Traditional Owners and mining companies. PHD, University of WA
<b>Kyar Wilkey</b>	Investigation into mental health clinicians' attitudes and beliefs about the cultural responsiveness of Motivational Interviewing (MI) as an intervention for use with Indigenous clients. PHD, Western Sydney University
<b>Vinnetta Mosby</b>	Exploring play in pre-school aged children and the social and emotional benefits associated with positive peer interactions. PHD, James Cook University - Starlight Scholarship
<b>Troy Walker</b>	Graduate Certificate in Diabetes Education DEAKIN
<b>Alyce Merritt</b>	Graduate Certificate in Policy Analysis Griffith University
<b>Melissa Browning</b>	Graduate Certificate in Research Management DEAKIN
<b>Sacha Andrew</b>	Graduate Certificate in Digital Health RMIT
<b>Danielle Headland</b>	Graduate Certificate in Population Health University of WA
<b>Tyler Cubby</b>	Certificate IV Aboriginal & Torres Strait Islander Health Care Practice VACCHO
<b>Rebecca Hayes</b>	Certificate IV Project Management MCI

## Learning and Development Hub

An exciting new development was establishment of the Lowitja Institute Learning Management System (LMS), an online learning and development platform: <https://learning.lowitja.org.au/index>. This is an important development to support the Members Community program, as well as extend our capacity to deliver a range of professional development programs in an accessible manner. We have piloted the *Allyship and Cultural Safety Training* program on the LMS so far. The *Introduction to Aboriginal and Torres Strait Islander Health Research Ethics* course will become available later this year.



## Bursaries to INORMS

Bursaries were offered to Aboriginal and Torres Strait Islander people involved in Lowitja Institute commissioned projects under the previous CRC to attend the International Network of Research Management Societies (INORMS) May 2021 Conference in Japan.

As international travel was not possible, the option for online attendance was provided, with bursary recipients who did attend online reporting a positive experience, despite drawbacks associated with the online environment.

### The main themes of the INORMS Conference were:



Global collaboration



Partnerships and innovation beyond academia



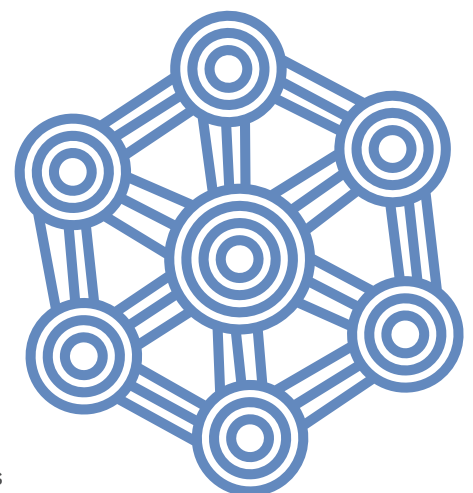
Research evaluation and impact



Professional development of researchers and research managers



Research integrity and responsible conduct of research



## Supporting non-traditional pathways into research

Aboriginal and Torres Strait Islander people may step into research from a variety of different pathways. One of our projects this year was to support this to happen through non-traditional pathways. A multimedia toolkit was created that includes:

- seven information sheets
- six videos and seven podcasts
- a decision making guide
- a 'pathways into health research' conceptual map
- two short animations.



## Teaching and learning resources for a Certificate IV in Aboriginal and Torres Strait Islander Research Theory and Practice

Lowitja Institute began work on teaching and learning resources for a future Certificate IV in Aboriginal and Torres Strait Islander Research Theory and Practice, which should be completed by December 2021. While there was a previous Certificate IV in Indigenous Research Capacity Building, the accreditation and currency of the course and associated units has lapsed for some time.

Development was informed by a three member Cultural Reference Group who had both research and wider Aboriginal and Torres Strait Islander health industry experience. The resources are designed to reflect the learning, development and growth in Aboriginal and Torres Strait Islander health research over the past 15 years, and align with contemporary understandings of Aboriginal and Torres Strait Islander leadership, co-design, knowledge translation and research impact.

The course provides and/or supports an accessible pathway into research for Aboriginal and Torres Strait Islander people while gaining a relevant qualification.

## National accreditation of the Certificate IV in Aboriginal and Torres Strait Islander Research Theory and Practice

In early 2021, we began the task of achieving national accreditation for this much needed Certificate IV course. Following achievement of the first stage approval we established a Course Advisory Group of Aboriginal and Torres Strait Islander health RTOs to work towards the second stage and final approval for the course. We anticipate this approval will come through in late 2021, which may make it possible for Aboriginal and Torres Strait Islander RTOs to get the course on scope and start delivery next year.

## In honour of Robert Dann

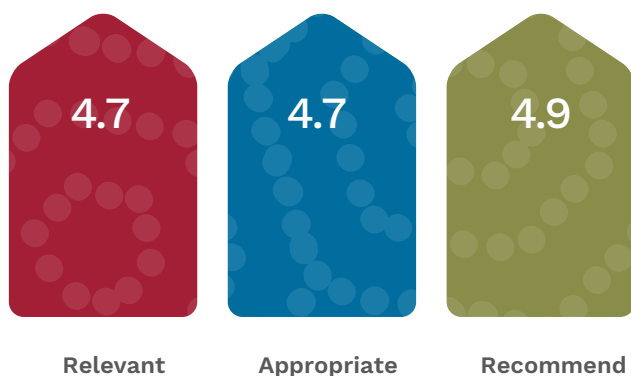
Lowitja Institute acknowledges the unexpected and tragic loss of Robert Dann in April 2021. A highly valued and respected member of the Certificate IV Cultural Reference Group.

## Allyship Cultural Safety Training Program

This year saw the advent of Lowitja Institute's first cultural safety training program designed for non-Indigenous people involved in research. It was delivered as a connected learning experience through combining self-paced learning on the Lowitja Institute LMS with a series of co-facilitated Zoom sessions involving Dr Janine Mohamed, our CEO. The learning outcomes were to:

- examine how racism is a social determinant of health for Aboriginal and Torres Strait Islander peoples
- explore the cultural determinants of health and how they apply to health research
- recognise the importance of historical truth-telling and acceptance, and the historical and ongoing impact of colonisation on Aboriginal and Torres Strait Islander people's lives
- examine the historical and current role of health research, and its impact in Aboriginal and Torres Strait Islander people's lives
- develop your understanding of privilege, power, allyship and cultural safety
- identify how you can strengthen your role as an ally, individually and systemically, as part of a lifelong journey.

We piloted the course and evaluated the outcomes. Two months after the training, participants reported the program was highly relevant and appropriate (score = 4.7 out of 5), they were extremely satisfied with their learning experience (score = 4.7) and would recommend it to others (score = 4.9).



Lowitja Institute staff, participants and trainers in a session of the 10 week Allyship and Cultural Safety Training course, run in April/May 2021

## Feedback from participants of the National Allyship and Cultural Safety Training Pilot

*“ The course was extremely effectively broken down and showed you clear as day where these harmful inequalities came from and how they persist.*

*“ It's changed everything for me about my outlook on the world, particularly in existing in Australia at the moment. I felt like we were allowed to go through a transformation and that was really important....I felt so supported [by the facilitators] in allowing us to grow and not judging us along the way.*

*“ This course has helped me in my overall work. Not any particular concept or idea we learnt about, but since March the way I approach my work has changed and I am listening instead of talking and holding back what I have to say if it doesn't add anything to what's already been said.*

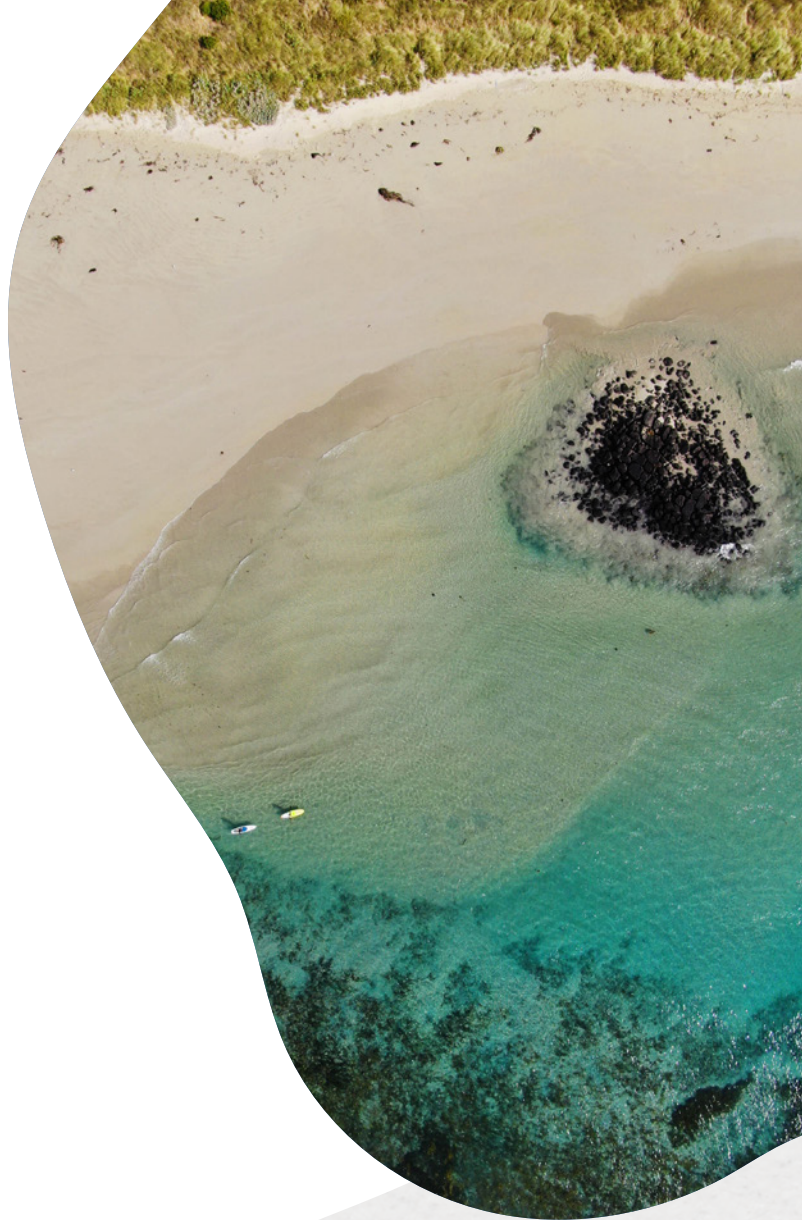


## National Network for Aboriginal and Torres Strait Islander Health Researchers

Throughout the year, we have continued our collaborative work with Menzies School of Health Research, Wardliparingga Aboriginal Health Equity, SAHMRI and Curtin University to establish a National Network for Aboriginal and Torres Strait Islander Health Researchers. The Network aims to:

- Bring together Aboriginal and Torres Strait Islander health research groups and their support networks.
- Create a structure that builds capacity and capability of Aboriginal and Torres Strait Islander health researchers.
- Provides a voice for Indigenous health researchers, empowering communities and nurturing national and international collaborations to improve Indigenous health.

This has required a high level of sustained effort, with the hope there will be a formal start in early 2022 with the NHMRC funding provided to support it for five years.



## Using games to promote high quality research

We have adopted a new approach for supporting Aboriginal and Torres Strait Islander and non-Indigenous researchers to design and undertake ethical, high quality and culturally safe research.

Four interactive games were designed to be played in person with the following audiences in mind: higher degree research students, emerging researchers, and Aboriginal and Torres Strait Islander community researchers. Each game is based on a scenario and has a rules booklet, video to orient players to the game, components for up to 16 players and a process for debriefing to ascertain what players learned.

Four interactive games were developed on:

### Planning research

'New in town'

### Designing research grants

'Grant rush'

### Implementing research projects

'Complete guide'

### Translating project findings

'Research journey'

## PRIORITY 4:

# Promote our role and impact

### National leadership roles

We are prominently represented in leadership roles across Aboriginal and Torres Strait Islander health and research, frequently by our CEO or senior staff:



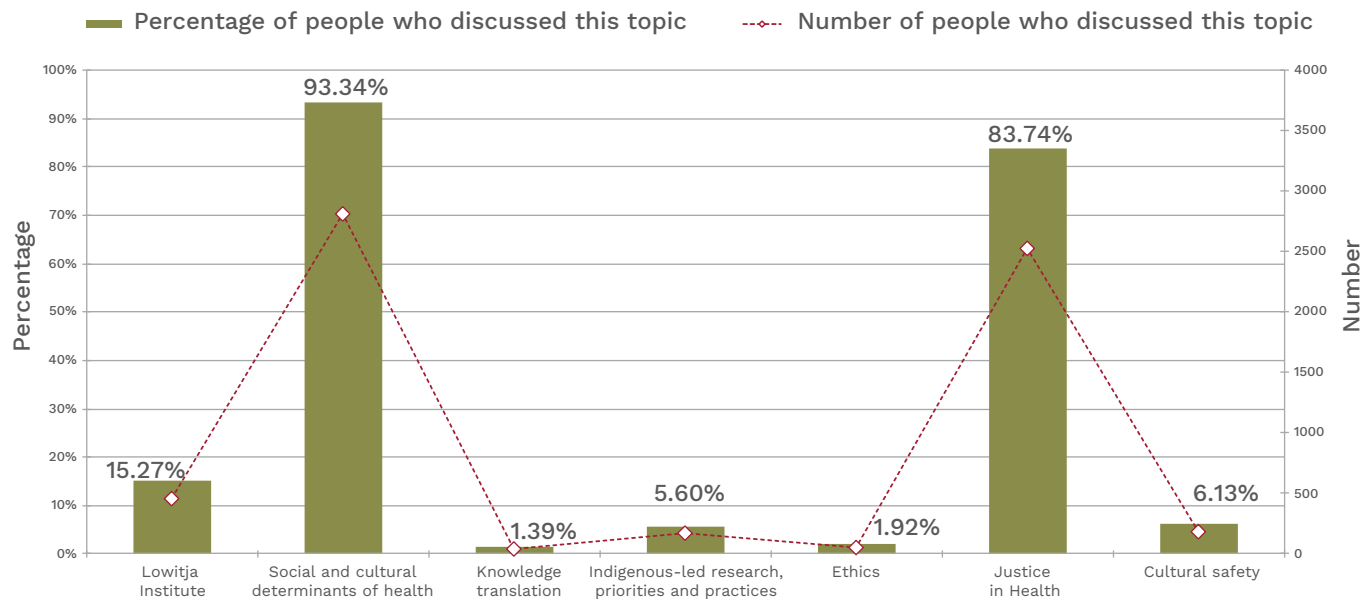
- Member, National Health Leadership Forum, comprised of leaders from Australia's Aboriginal and Torres Strait Islander health sector.
- Member, Coalition of Peaks, comprised of a range of Aboriginal and Torres Strait Islander community controlled organisations who work on collective advocacy.
- Member, 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, providing advice to the Australian Government on the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan.
- Member, Project Reference Group, providing advice to the Australian Government on the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan.
- Member, Health Sector Co-design Group for the Indigenous Australians' Health Program (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 IAHP.

- 
- 
- Member VACCHO's Victorian Aboriginal Research Accord Reference Group.
  - Member, National First Nations Research Network.
  - Member, Genomics Advisory Group, Australian Government Department of Health.
  - Member, Medical Research Future Fund: Indigenous Health.
  - Member, Good Medicine Better Health Advisory Group.
  - Member, Murdoch Children's Research Institute Aboriginal Reference Group.
  - Chief Investigator, Healing the Past by Nurturing the Future: Developing a culturally responsive trauma-informed public health emergency response framework for First Nations families and communities during COVID-19.
  - Member, Decolonising Practice in Aboriginal and Torres Strait Islander Primary Health Care Project Advisory Committee, Flinders University.
  - Organisational partner, Human Health and Environmental Change: Healthy Environments and Lives.
  - Member, Aboriginal and Torres Strait Islander Health Survey Advisory Group, Australian Bureau of Statistics.
  - Member, Intergenerational Health and Mental Health Study Surveys Reference Group.

## Lowitja Institute events

We pivoted to a range of online events over the last year, hosting or co-hosting 19 in total on topics ranging from the social and cultural determinants of health to justice in health, cultural safety and Indigenous leadership, priorities and practices in research.

### Number of people attending and the topics they explored



## The new look Lowitja Institute

As part of our transition to being an Aboriginal community controlled organisation we have reimagined our branding, which is evident throughout this report. Following a logo refresh last year, we have added a complementary range of patterns, textures, colours, icons, typography and associated guidelines to characterise Lowitja Institute's unique brand identity.



Our new Communications Strategy is now in full implementation, guided by annual implementation plans.

New Lowitja Institute sub-brands and their associated logos have also emerged to characterise different aspects of our work, including Lowitja Learning and Lowitja Live.

## Lowitja Live

Lowitja Live was a new initiative this year, designed to profile the work of Lowitja Institute and the amazing leaders and thinkers in Aboriginal and Torres Strait Islander research with whom we collaborate, while reaching a broad audience in a novel manner.



We have produced five episodes so far, covering topics such as Aboriginal and Torres Strait Islander leadership, priorities and practices in research, ethics, and the social and cultural determinants of health, featuring:

- Pat Anderson, AO, Lowitja Institute Chairperson
- Professor Ian Anderson AO, Australian National University Deputy Vice-Chancellor
- Craig Ritchie, CEO, AIATSIS
- Associate Professor Lisa Whop, Australian National University
- Associate Professor Ray Lovett, Australian National University
- Romlie Mokak, Productivity Commission.

## Engaging with external stakeholders

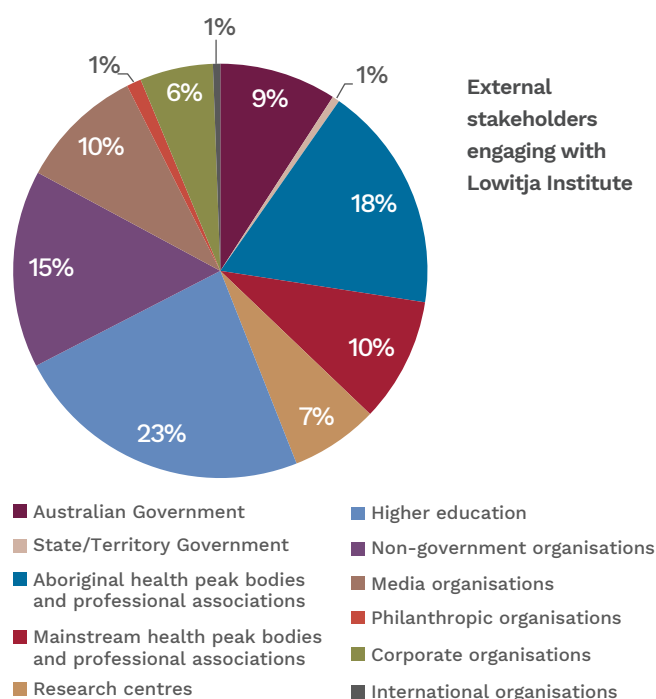
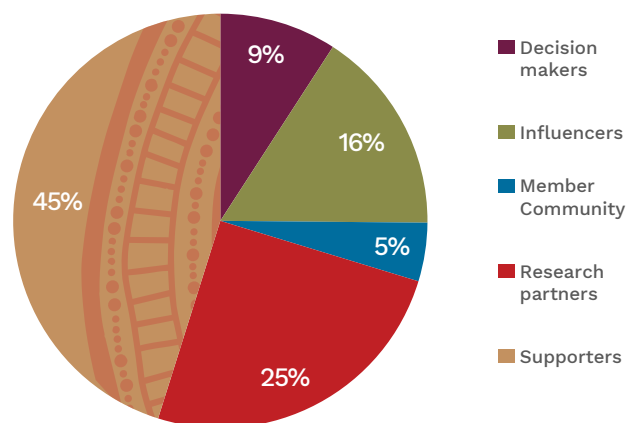
Lowitja Institute seeks to interact with six main types of stakeholders. There were **175 engagements** this year with stakeholders from five categories. Similar to last year, the most frequent were **supporters** (45%), this time followed by an increased engagement with **research partners** (25%) and some with **influencers** (16%).

A broad range of organisations were represented. Engagement remained frequent with the **higher education** sector (23%) and occurred regularly with Aboriginal health peak bodies and professional associations (18%). Engagement increased with non-government organisations from 5% last year to 15% this year. There was also a notable increase in media engagement, from 2% to 10%.

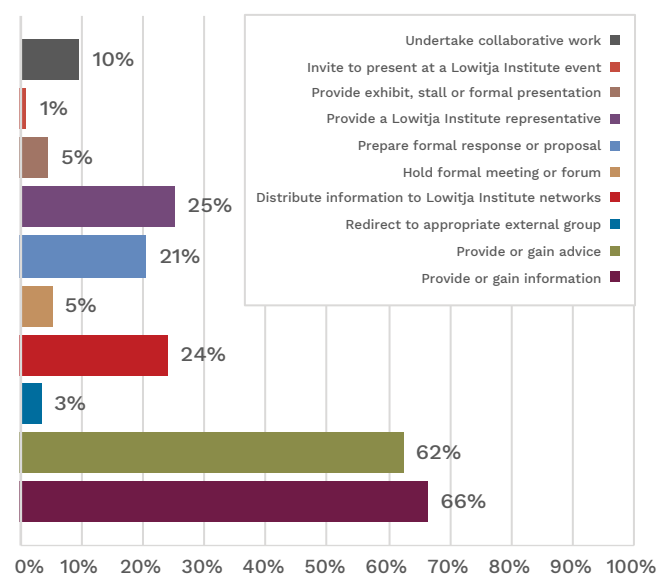
More than 88 per cent of these engagements were initiated by external stakeholders who approached Lowitja Institute, up from 73 per cent last year. This suggests that the Lowitja Institute is increasingly perceived as a trusted 'go to' organisation, with knowledge and expertise across a range of matters related to health research. The requests ranged in size and nature, with Lowitja Institute's most frequent responses being to provide or gain information or advice. We also commonly provide representatives for external events or reference groups, distribute information to our networks, prepare formal proposals and undertake collaborative projects.

This engagement can lead to specific outcomes. External stakeholders understand our role, activities and priorities. This level of understanding of Lowitja Institute's role by stakeholders is directly correlated with the number of repeat engagements, indicating a stronger relationship. Other notable outcomes included gaining information for our Members (26%), stakeholders becoming Lowitja Institute Members, formalising joint projects (6%) and undertaking Lowitja Consulting projects (6%).

Stakeholder engagement by category



Lowitja Institute responses to engagement with external stakeholders



## Speeches and presentations

The year's challenges did not hold back our leadership team from delivering a broad range of speeches and presentations to audiences small and large – 42 in total, over double the 18 delivered in the previous year. We reached over 6,350 people, exploring topics from Aboriginal and Torres Strait Islander leadership through to cultural safety, cultural determinants of health, social determinants of health, Aboriginal and Torres Strait Islander research priorities and, of course, Lowitja Institute as an organisation and what we strive to achieve.

During the May 2021 Lowitja O'Donoghue Oration, our Chairperson Pat Anderson AO, honoured our Patron, Dr Lowitja O'Donoghue:

*“She has never stopped campaigning for justice for us. And she has done this with characteristic toughness, humour and grace.”*

In the ongoing campaign for justice, in which Pat Anderson plays a leading role, she invited us to engage in deep critical self-reflection:

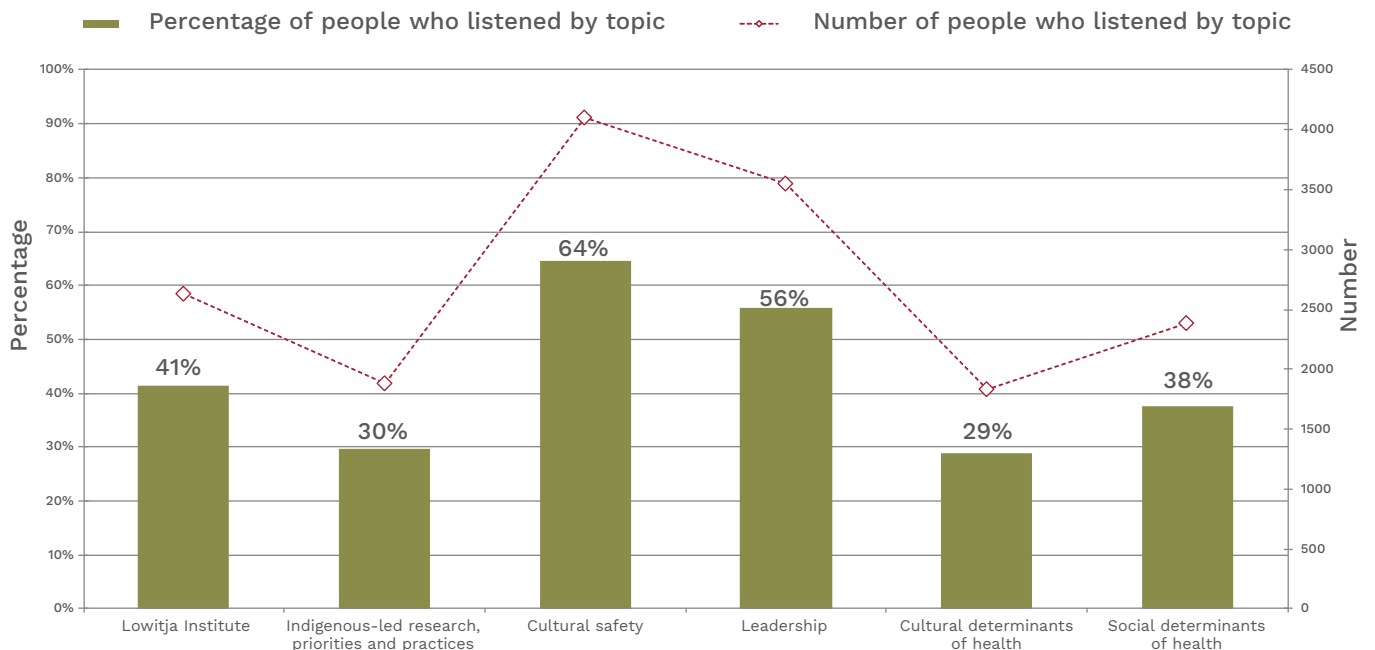
*“What is being offered by the Uluru Statement from the Heart is transformative...but it also demands of us that we ask these questions of ourselves: What are my values? What kind of country do I want to live in?”*



Pat Anderson AO speaking at Lowitja O'Donoghue's Oration in May 2021

Pat Anderson also spoke at the People's Health Movement webinar, October 2020, emphasising how Indigenous leadership and ways of knowing, being and doing need to be centred in the work to address climate change:

*“We have lived here for a very, very long time and in that time, we have learnt how to live sustainably and safely in this beautiful but ancient and now fragile land. We have developed an extraordinary depth of knowledge about this place.”*



In her address to the online Desmond Tutu Reconciliation Fellowship Awards Ceremony in December 2020, Ms Anderson focused on the leadership role and strength of women:

“ *Violence against women is a human rights issue affecting women around the globe, wherever we may live. Despite this – or perhaps because of it – everywhere on this planet, in every society, we find women at the centre of the struggle for equality and justice.*”

Dr Janine Mohamed addressed the Public Health Association of Australia, 17th National Immunisation Conference in June 2021 and examined the impact of racism and what is required to enable cultural safety:

“ *The take-home message of course is that you can work towards great policies, but if there is racism in the delivery, if the practice is not culturally safe, all that good work can be undone.*”

“ *To bring about culturally safe systems and practice, we have to examine power at a structural level, and how it is built into systems and institutions as part of the scaffolding and fabric of our society.*”

As a member of the ‘Children’s Rights and Health Care’ panel in November 2020, Royal Melbourne Children’s Hospital Grand Round, Dr Mohamed explored themes related to trust, historical truth-telling and cultural safety and their implications for health professionals:

“ *Deep listening occurs when there are respectful and reciprocal relationships built on trust, and we will only ever travel at the speed of trust. It is also built upon respect for country -- knowing whose country you are visiting, whose country you live and work upon.*”

“ *As we tell our stories, we invite you to reflect upon how they resonate with your own sense of history - of what history you have been told, who was telling it and what your own professional experience tells you?*”

When addressing Cancer Australia, at their November 2020 NAIDOC event, Dr Mohamed emphasised how historical truth-telling is necessary as part of drawing on the power of the cultural determinants of health, and how this must be combined with Indigenous leadership and ways of knowing, being and doing to drive towards meaningful change:

“ *This year’s NAIDOC Week theme — Always Was, Always Will Be — reminds us of the importance of culture as a protective factor for our health, and that historical truth-telling can be a powerful health intervention.*”

“ *Governance at all levels must privilege Indigenous leadership – and not just putting one Aboriginal person on a reference group to tick a box. We need authentic involvement and knowledge transfer.*”

DONDUNSTAN FOUNDATION PRESENTS  
THE 2021  
**LOWITJA O'DONOGHUE**  
ORATION

PAT ANDERSON AO

**CONTINUING THE STORY:  
RESOLVING THE ISSUES THAT  
WON'T GO AWAY**

Today we continue that story through the Uluru Statement from the Heart



Tuesday 1st June, 6:30pm, Bonython Hall.  
General Admission \$20, Concession \$10, Livestream \$20

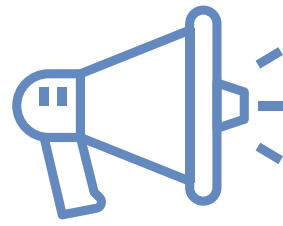
Bookings:  
<https://events.humanitix.com/lowitja-o-donoghue-oration-2021>

Logos: origin, BHP, Reconciliation South Australia, Government of South Australia, Department of the Premier and Cabinet

## Media and publications activity

We have had an active year in the media, at both a national and international level in both the mainstream and Aboriginal and Torres Strait Islander media. Mentions of Lowitja Institute and/or our CEO Dr Janine Mohamed in international, national and local media rose to **997** in total, according to Meltwater Media Monitoring. This represents a 400 per cent increase on the previous year. When combined with social media, we achieved **8,680** total media mentions, as reported by Meltwater Media Monitoring.

Over the year, we distributed 23 media releases, published nine media articles or opinion pieces, and had 15 interviews go to air via TV or radio broadcast.



**8,680**  
**total media**  
**mentions**

## Published articles and opinion pieces

- Co-author of article, 'A unified call to action from Australian nursing and midwifery leaders: ensuring that Black lives matter', *Contemporary Nurse*, 2020, 14 Sep 2020.
- Co-author of article, 'Dismantling structural racism: Nursing must not be caught on the wrong side of history', Editorial, *Journal of Advanced Nursing*, July 2020.
- Co-author of article, 'Talking about the 'r' word: a right to a health system that is free of racism', *Public Health Research and Practice*, 10 March 2021.
- Co-author of article, 'Working for health and justice for Aboriginal and Torres Strait Islander people', *Croakey*, 16 June 2021

## Examples of media interviews

- ABC Radio Canberra and then Blackchat Koori Radio in Sydney on Lowitja Institute's research impact and Dr Lowitja O'Donoghue's biography
- ABC News, ABC Radio, NITV The Point, BBC UK and BBC Singapore on the Closing the Gap Report
- 'Critical Care: America vs. the World', a *PBS NewsHour* special
- ABC Alice Springs Morning program and NIRS National Talkblack on the *Career Pathways Report* (see page 19)
- The Age and Sydney Morning Herald on cultural safety in football vaccination programs



Lowitja Institute CEO, Dr Janine Mohamed being interviewed live on BBC World News in 2021.



**23**  
media releases



**9**  
published media articles



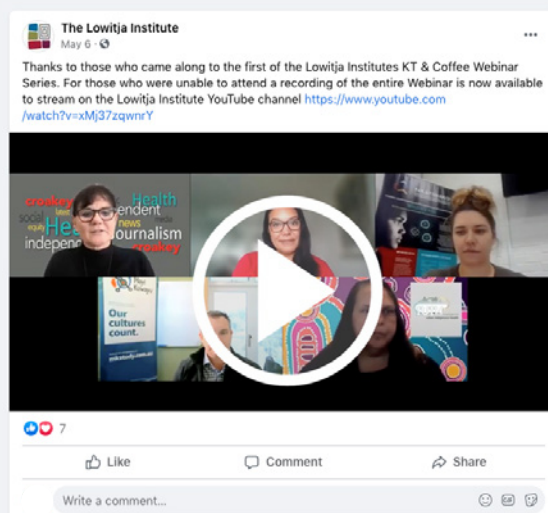
**15**  
interviews with national and international media





Our social media presence has grown with an increasingly engaged online community across all social platforms, including 14,306 followers on Twitter, a 12 per cent increase on last year, in addition to 2,530 Facebook followers, 1,500 Instagram followers and 1,900 LinkedIn followers. Through these platforms we have promoted our own work and that of aligned organisations and individuals, supporting good practice in Aboriginal and Torres Strait Islander health and health research. For example our launch of the Career Pathways Project Report on Twitter, to mark United Nations International Day of the World's Indigenous Peoples, achieved 1.26 million impressions, with 88 participants sharing the report.

We have also been actively involved in supporting critical campaigns such as the #RaiseTheAge campaign on increasing the age of criminal responsibility, the #BlackLivesMatter anti-racism campaign, NAIDOC Week 2020 'Always was, always will be' campaign, Reconciliation Week's #NRW2021 #MoreThanAWord campaign and the #JusticeCOVID Twitter Festival Launch.



## KT & Coffee Webinar Series

**Culture is key:**  
towards cultural determinants-driven health policy

**Thursday, 29 April 2021**  
11am - 12pm AEST



**Dr Raymond Lovett**  
Program Leader, Aboriginal and Torres Strait Islander Health, National Centre for Epidemiology and Population Health

**Kirriaa Johnstone**  
Policy Officer, National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners

**Renee Brown**  
Project Lead in Organisational Development, Institute for Urban Indigenous Health

This event will be MC'd by health journalist **Melissa Sweet**



"We are sending our strength to those families and friends whose grief and trauma is compounded by that continued failure of Australian governments to act with resolve and commitment"

- P4JH co-chairs **Dr Janine Mohamed** and **Karl Briscoe**



**Partnership for JUSTICE IN HEALTH**

**Partnership for JUSTICE IN HEALTH**

**In Conversation with the P4JH**

**Tuesday 18 May, 2:30-3:30PM**



**Chelsea Watego**  
Principal Researcher, The University of Queensland

**Apryl Day**  
Founder of the Dhadjowa Foundation

**George Newhouse**  
Director & Principal Solicitor, National Justice Project

This webinar will be MC'd by **Rach Hocking**.  
Other speakers: P4JH Co-Chairs **Janine Mohamed** and **Karl Briscoe**.

**The Partnership for Justice in Health** stands in solidarity with the grieving families and communities of loved ones who have died in custody due to a failure of governments to effectively implement the clear and comprehensive recommendations outlined in the Royal Commission into Aboriginal Deaths in Custody report, handed down 30 years ago today.




**Partnership for JUSTICE IN HEALTH**

**NATIONAL DAY OF ACTION**

**STOP ABORIGINAL DEATHS IN CUSTODY**

**BLACK LIVES MATTER**

30 YEARS SINCE THE ROYAL COMMISSION...  
...STILL NO JUSTICE

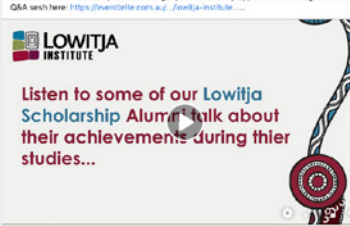


**Melbourne protest + march**

**SATURDAY 10 APRIL**

**LOWITJA INSTITUTE**

Listen to some of our **Lowitja Scholarship Alumni** talk about their achievements during their studies...



**LOWITJA INSTITUTE**

"The course has broadened my thinking about KT from believing it is not just something we 'should' do, to understanding it is VITAL to make a positive impact" - **Suzanne Walker** of Leadership4IT about Lowitja Institute's Allyship and Cultural Safety Training Pilgrimage with JCU James Cook University, Australia



**The Lowitja Institute is at Naarm.**

April 10 - Melbourne, VIC

Strong calls for justice at #StopAboriginalDeathsInCustody rally in Naarm. This coming week marks the 30th Anniversary of the #RCADIC & failure by governments to fully implement its recommendations. We urge them to now take leadership from our mob.

#stopaboriginaldeathsincustody #blacklivesmatter #rcadic30yrs



**28.09.1983**  
**JOHN PAT ILE**  
ASSAULTED BY 15 DRINKING POLICE  
KILLED, TAKEN TO POLICE STATION

**'AUSTRALIA IS A CRIME SCENE'**

## PRIORITY 5:

# Create a strong and sustainable future

### Sustainability strategy

Sustainability is a vital consideration for Lowitja Institute so we can maintain and expand our activities and support all our other priority areas. We established and are implementing a sustainability strategy that will enable us to develop diverse funding options for our work over the next four to five years. To support this work, we have redeveloped organisational documents, including a prospectus and our research impact infographic.

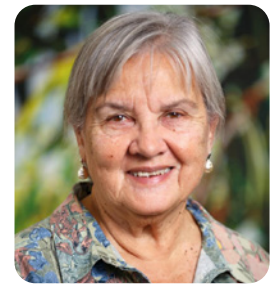


### Governing our future

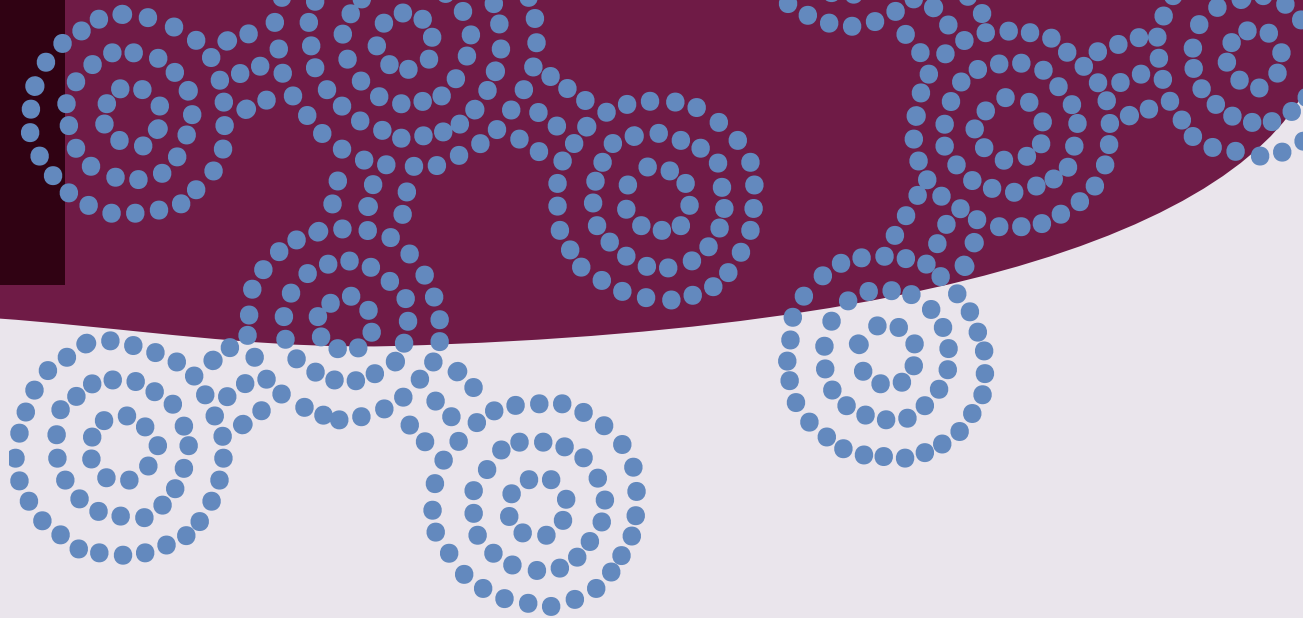
The Lowitja Institute is governed by a skills-based and representative Board of Directors. With the shift to being an Aboriginal Community-Controlled organisation, there were several changes to the Board. Our new Board has made a solid start to their work and recently completed ethical training with the Cranlana Centre for Ethical Leadership.

### 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 is 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 and the University of New South Wales awarded Ms Anderson an honorary Law doctorate in recognition of her advocacy of social justice and lasting change for Australia's First Peoples.



Lowitja Institute Directors (left to right) Peter Buckskin, June Oscar, Pat Anderson (Chairperson), Selwyn Button and Ali Drummond



## 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.



**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, is the Chief Executive Officer of the Australian Institute for Aboriginal and Torres Strait Islander Studies.



**Ms Deborah Butler**

A Jawoyn woman born and raised in Katherine, NT, is the Director System Performance, Financial Support Services, NT Department of Health.



**Dr Suzanne Andrews**

An Aboriginal woman from the Jaru, Bunuba people of Western Australia's North Kimberley region, is Chief Executive of Gurriny Yealamucka Health Service.



**Robert Skeen**

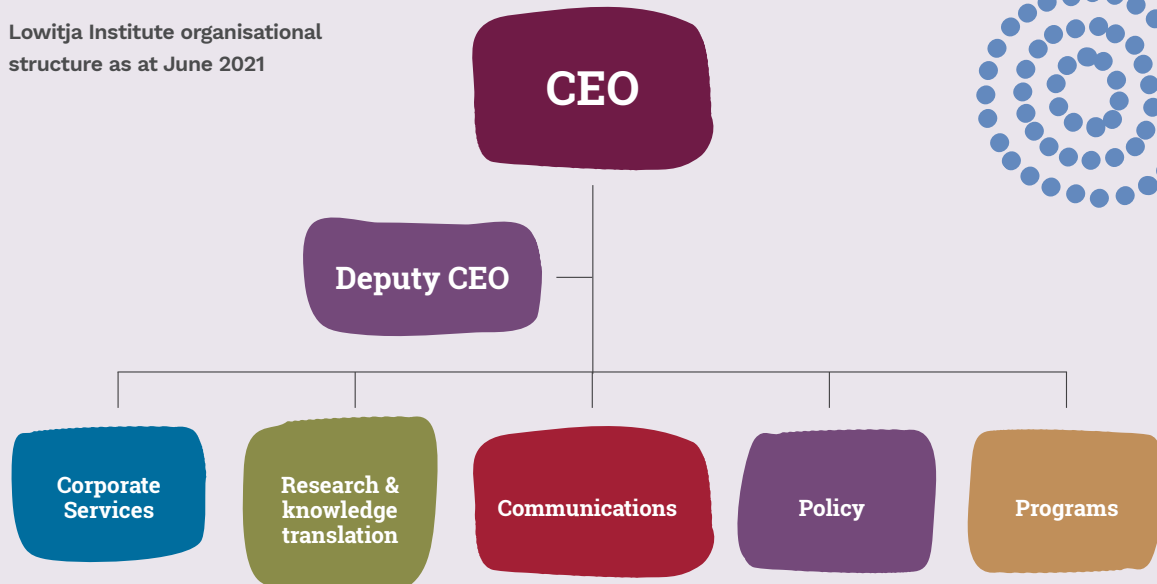
Has traditional ties to the Gubbi Gubbi of the Queensland Sunshine Coast, Mununjarli of South East Queensland, and Waanyi of North West Queensland, and is CEO of the Aboriginal Health and Medical Research Council (AH&MRC) of NSW.



### Lowitja Institute staff team

As we prepare for our next year, we have adjusted the organisational structure and staff team to support the significant work achieved under Priority 2 and 3 with the development of a broad range of resources, tools and professional development programs by creating a 'Programs' team.

Lowitja Institute organisational structure as at June 2021





## Lowitja Consulting projects

Over 2020-2021 we have worked on five consulting projects through our consulting arm, Lowitja Consulting.

## Close the Gap report and policy brief

For the third year, Lowitja Institute prepared the 2021 Close the Gap Report for the Close the Gap Campaign. The campaign 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.

The 2021 report continues the new practice of focusing on Aboriginal and Torres Strait Islander voices and success, not a shadow report on government progress in Closing the Gap. Given the ongoing impacts of COVID-19 in Aboriginal and Torres Strait Islander communities, the report was aptly titled: *Leadership and Legacy through Crises: Keeping our Mob Safe*.



## Cultural determinants of health

We concluded this project in April 2021, having developed a background report, a public report and a policy brief. We have socialised the outcomes through roundtables and a webinar that remains accessible via YouTube. The report and policy brief are profiled in the 'Research and policy publications' section of Priority 1.





## National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework Implementation Plan

In the later stages of developing the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework (NATSIHWSF) and Implementation Plan, the Department of Health engaged Lowitja Institute to help finalise the Implementation Plan. This involved refining the outcomes statements, creating program logics for each of the six strategic priorities, renegotiating the placement of existing and inclusion of new strategies, and revising indicators and measures. We worked with the Project Reference Group (PRG) to discuss and endorse this work.

## National Aboriginal and Torres Strait Islander Health Plan Implementation Plan

We were also engaged to assist the Department of Health and work with the Implementation Plan Advisory Group (IPAG) to develop the high level Monitoring and Accountability Framework that will be used as the basis for creating a detailed Monitoring and Accountability Strategy for the Implementation Plan of the refreshed National Aboriginal and Torres Strait Islander Health Plan (NATSIHP).

## 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. We completed a scoping review and policy brief on health service cultural bias initiatives for Aboriginal and Torres Strait Islander people in December 2020. This is part of the larger project to bring understanding to the term cultural bias, how it is founded in racism and colonisation, and how racism occurs across the Australian healthcare system.



# Financial overview

The Lowitja Institute completed the 2020-21 financial year with a \$11,085 surplus compared to \$47,170 for the previous year. The result represents untied income of \$132k earned on donations, interest on investments and consulting, offset by \$120k as an investment into the Indigenous Wellbeing Index. All other income reported was contracted and matched against expenditure in line with revenue recognition standards.

## Income

### Totaled \$7.84m.

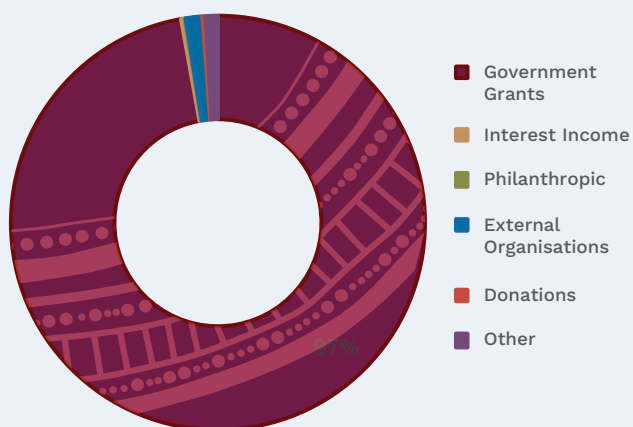
\$5.82m towards the Indigenous Australian's Health Program (IAHP) and the Indigenous Health Medical Research program (IHMR) funded by the Commonwealth Department of Health, \$1.65m towards final year and commercialisation of the Lowitja CRC with the balance from philanthropic, external organisations, consulting, donations and interest sources. \$50k was received from Treasury in response to COVID-19 stimulus.

## Expenditure

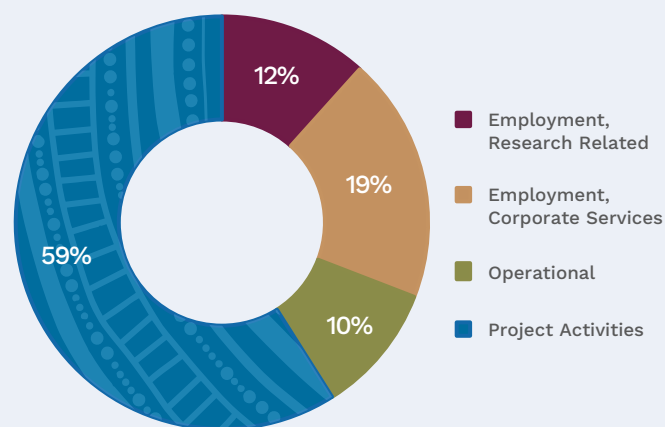
### Totaled \$7.83m.

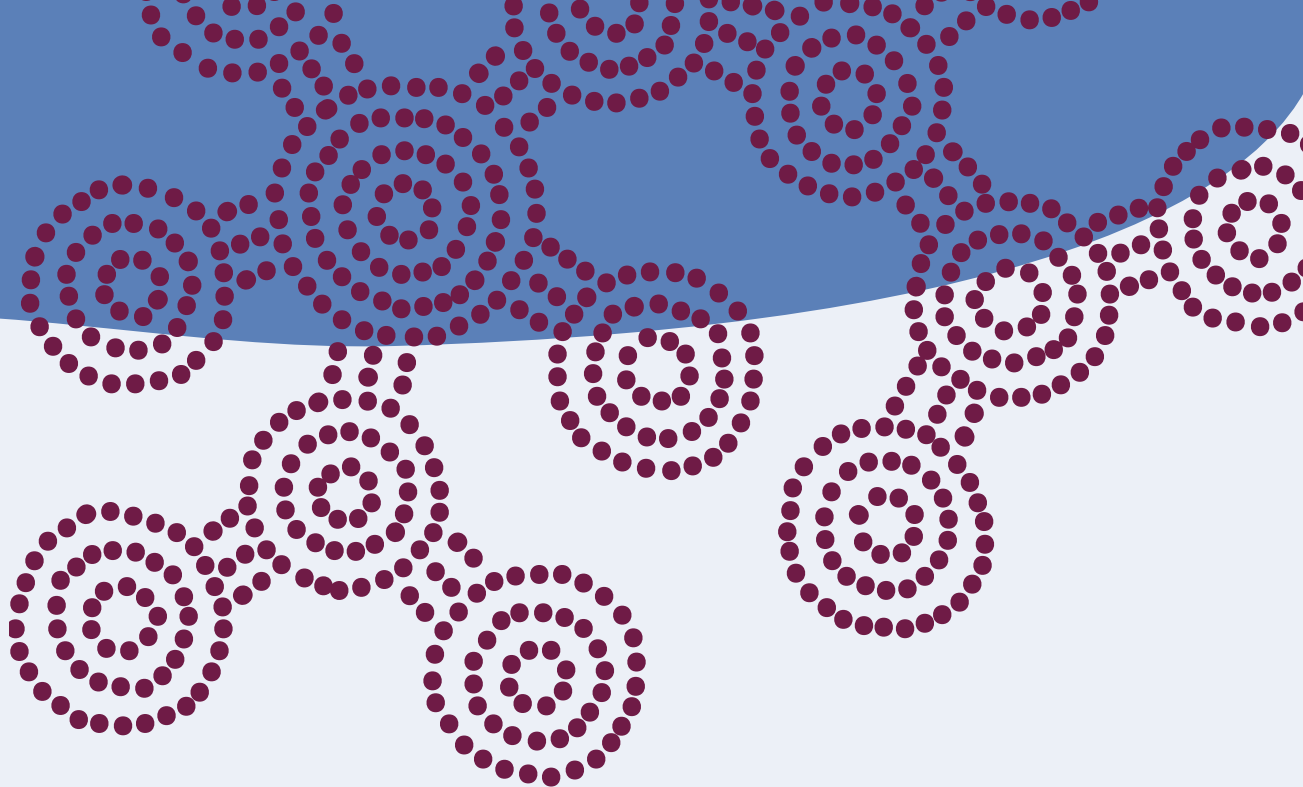
Research related activities represented 71 per cent of expenditure and corporate services 29 per cent. Project activity expenditure totalled \$4.62m, \$2.38m related to Research Project Grants & Scholarships, \$1.65m towards the commercialisation of the CRC with the remaining across projects to progress the Institute's research agenda. \$2.42m was spent on human capital and operational expenditure was \$0.79m.

The Lowitja Institute 2020-21 Income



The Lowitja Institute 2020-21 Expenditure





## Assets

### Totaled \$5.81m.

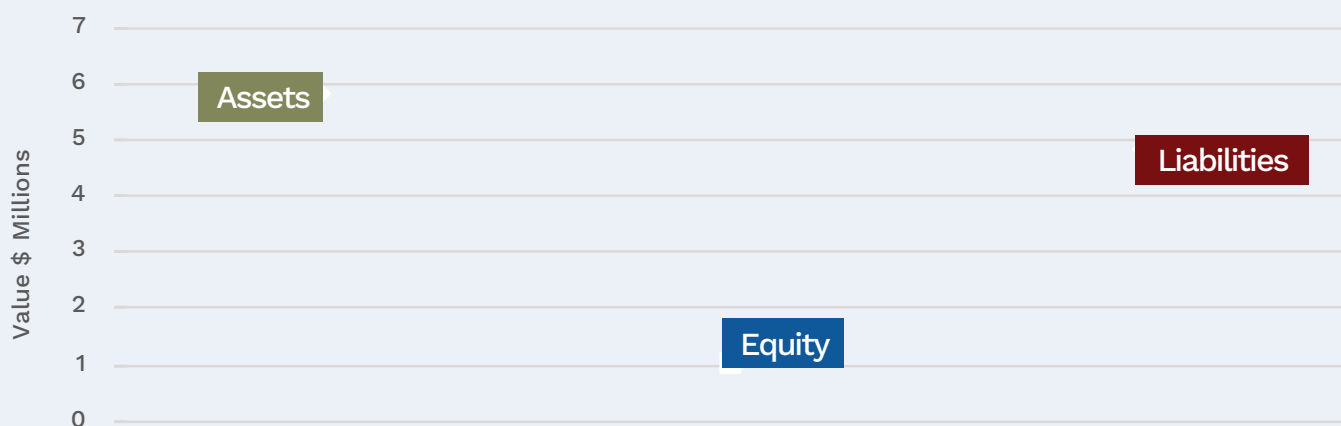
Cash and cash held on term deposit of \$5.67m, \$107k fixed assets and \$27k in receivables. Right of Use assets reduced by \$0.35m during the period due to changes in the Institute's leasing obligations in accordance with AASB16 – Accounting for Leases.

## Liabilities

### Totaled \$4.84m.

Income held in advance \$3.03m, trade and other current liabilities \$1.62m, employee entitlement provisions \$0.17m; lease liabilities of \$0.01m and a respective decrease in lease liabilities by \$0.35m year on year due to respective changes in the Institute's leasing obligations.

Financial Position at 30 June 2021



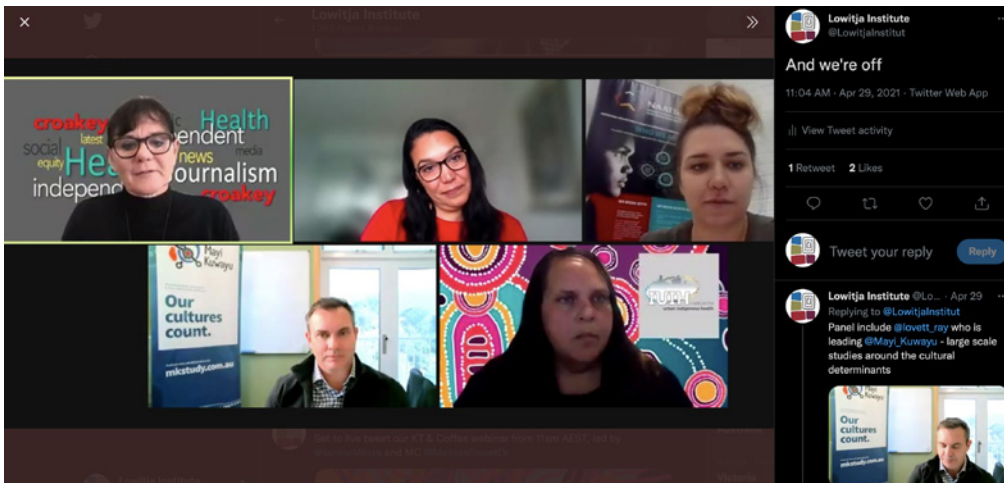
# Other highlights



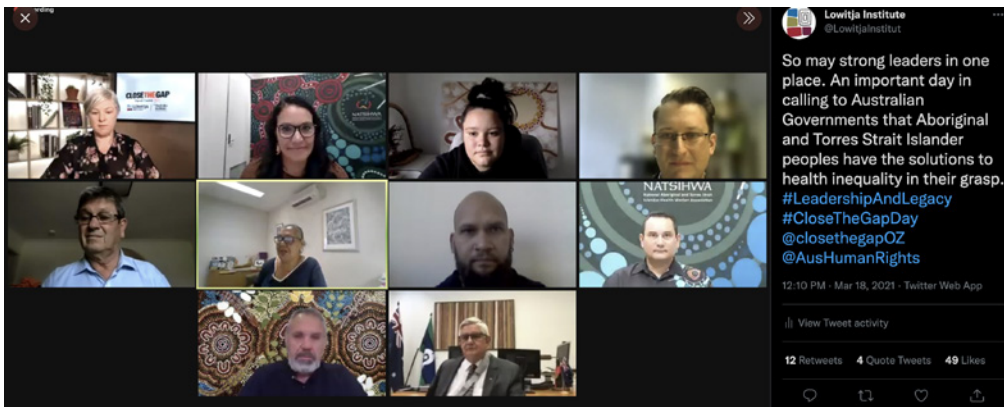
Participants in the *Pathways to Knowledge Translation and Impact in Aboriginal and Torres Strait Islander Health Research* course pilot in Melbourne, May 2021



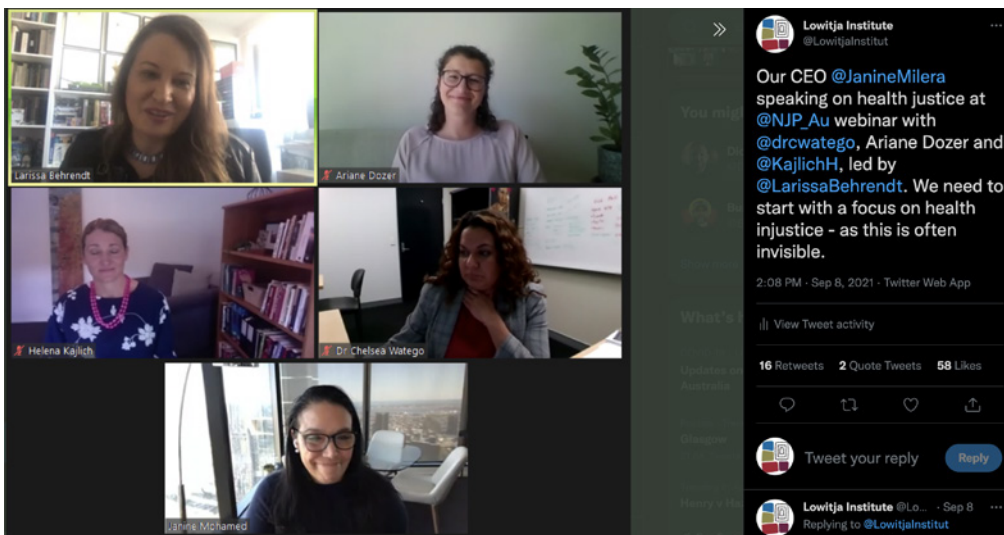
Lowitja Institute Staff farewell their long-serving colleague, Communications Manager Cristina Lochert during Covid-19 lockdown in 2020.




Presenters at the Lowitja Institute's first KT & Coffee Webinar themed 'Culture is Key: Toward Cultural Determinants-driven health policy' in April 2021



Presenters at the Close the Gap Day webinar and report launch, including Lowitja Institute's Janine Mohamed, in March 2021



Lowitja Institute Chief Executives continued collaborative discussions with VACCHO throughout 2020-21



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 2021

## RESPONSIBLE ENTITIES' REPORT

The Responsible Entities of the National Institute for Aboriginal and Torres Strait Islander Health Research Limited (NIATSIHR) trading as The Lowitja Institute present their report on the company for the year ended 30 June 2021.

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 was also the Co-Chair of the Prime Minister's Referendum Council.

The name of each person who has been a Responsible Entity is as follows. Responsible Entities have been in office since the start of the financial period to the date of this report unless otherwise stated.

- **Professor Peter Buckskin PSM**, a Narungga man from the Yorke Peninsula and before retirement was the Dean - Aboriginal Engagement and Strategic Projects at the University of South Australia.  
**Key Skills:** Education/capacity development, corporate governance, research and development, sectoral experience.
- **Mr Selwyn Button**, a Gungarri man from south-west Queensland and is the Registrar of Indigenous Corporations.  
**Key Skills:** Education/capacity development, Aboriginal and Torres Strait Islander health.
- **Mr Brendon Douglas** the Director of Research and Innovation at Charles Darwin University and an Executive Council member of the International Development Contractors Group.  
**Key Skills:** Finance, public/private investment, business development/legal/marketing.  
*Resigned 3 December 2020*
- **Mr Ali Drummond**, a Dauareb, Meriam and Wuthathi man and is a Senior Lecturer at Queensland University of Technology.  
**Key Skills:** Aboriginal and Torres Strait Islander health, research and development
- **Ms June Oscar AO**, a Bunuba woman from Fitzroy Crossing and is the Aboriginal and Torres Strait Islander Social Justice Commissioner.  
**Key Skills:** Aboriginal and Torres Strait Islander child health, community sector, capacity development  
*Leave of absence granted for the period*
- **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).  
**Key Skills:** Organisational development, education, policy reform, and Aboriginal & Torres Strait Islander Health.
- **Mr Michael Graham**, a proud Wiradjuri, Dja Wurrung, and Waywurru man. He is currently the Chief Executive Officer of the Victorian Aboriginal Health Service.  
**Key Skills:** Aboriginal and Torres Strait Islander Health.  
*Resigned 22 September 2020*
- **Ms Deborah Butler** is a Jawoyn woman born and raised in Katherine, NT and is the Director System Performance, Financial Support Services, NT Department of Health.  
**Key Skills:** Aboriginal Health and advocacy for social change, community sector.  
*Appointed 3 December 2020*
- **Ms Sue Andrews** a Jaru, Bunuba woman from Western Australia's North Kimberley region and the Chief Executive of Gurriny Yealamucka Health Service.  
**Key Skills:** Aboriginal Health and advocacy for social change, community sector.  
*Appointed 2 March 2021*
- **Mr. Robert Skeen** has traditional ties to the Gubbi Gubbi of the Queensland Sunshine Coast, Mununjarli of South East Queensland, and Waanyi of North West Queensland and is the CEO of the Aboriginal Health and Medical Research Council (AH&MRC).  
**Key Skills:** Aboriginal and Torres Strait Islander Health, community sector.  
*Appointed 2 March 2021*

Name	Director Term	No. of Board Meetings Attended	No. of Board Meetings for the Period
Ms Pat Anderson AO	10 August 2009	4	4
Professor Peter Buckskin PSM	11 October 2010	4	4
Mr Selwyn Button	20 July 2013	3	4
Mr Brendon Douglas	8 December 2014 <i>Resigned 3 December 2020</i>	2	2
Mr Ali Drummond	21 November 2012	3	4
Ms June Oscar AO	3 May 2016	0	0
Mr Craig Ritchie	14 December 2018	2	4
Mr Michael Graham	23 May 2019 <i>Resigned 22 September 2020</i>	0	0
Ms Deborah Butler	<i>Appointed 3 December 2020</i>	2	2
Ms Sue Andrews	<i>Appointed 2 March 2021</i>	1	1
Mr Robert Skeen	<i>Appointed 2 March 2021</i>	0	1

### Company Secretary

The company secretary is Ms Tania Kersley

### Chief Executive Officer

The chief executive officer is Dr. Janine Mohamed

### Events after the reporting period

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

### Membership contribution on windup

The company is incorporated under the Corporations Act 2001 and is a company limited by guarantee. 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.

The Lowitja Institute had 52 members at the 30<sup>th</sup> June, 2021.

This Responsible Entities' report is signed in accordance with a resolution of the Board. On behalf of the Directors

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Chair  
Board of Directors  
Date:



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

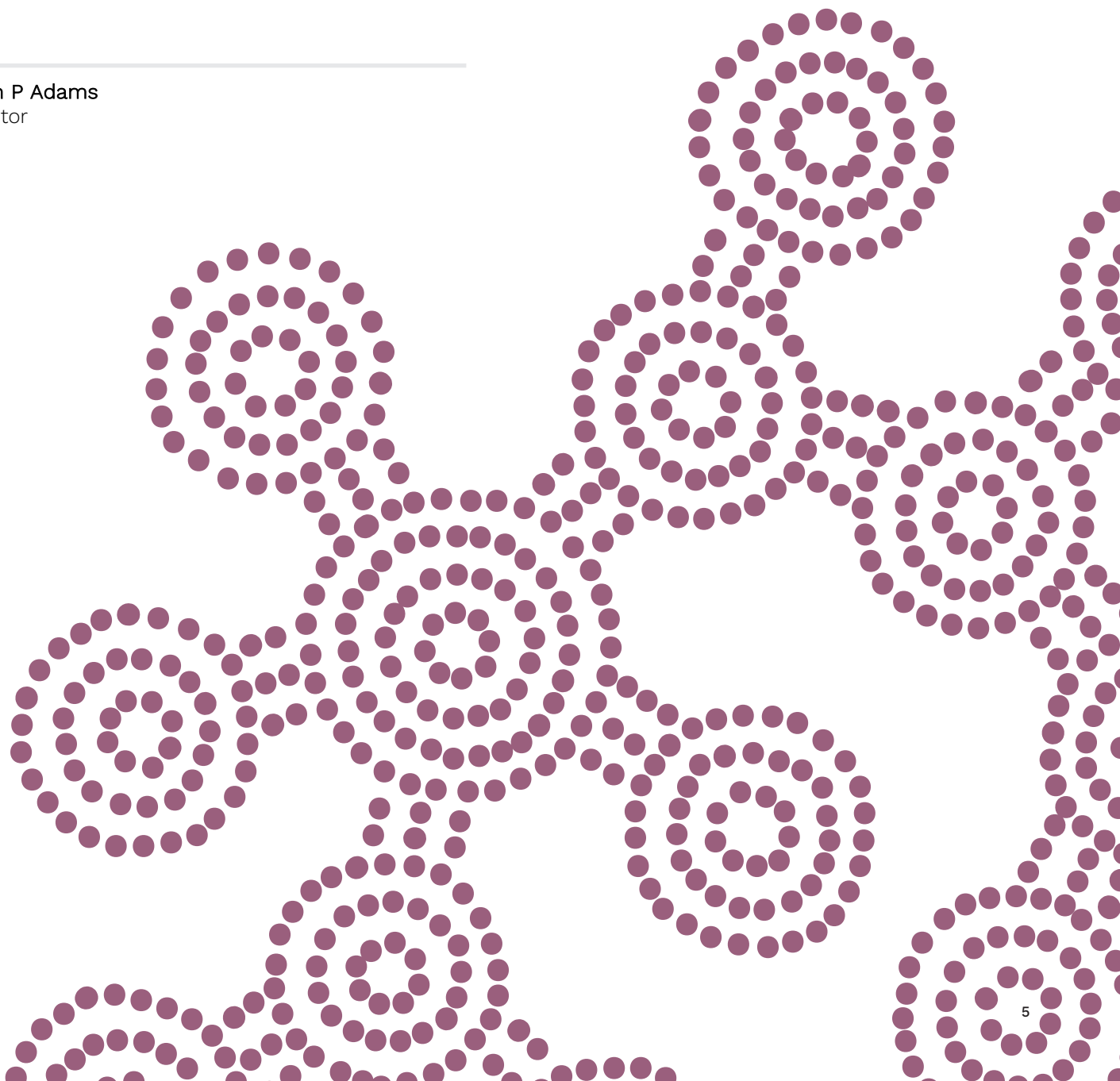
In accordance with the requirements of section 60-40 of the *Australian Charities and Not-for-profits Commission Act 2012*, as lead auditor for the audit of the financial report of National Institute for Aboriginal and Torres Strait Islander Health Research Limited for the year ended 30 June 2021, I declare that, to the best of my knowledge and belief, there have been:

- a) No contraventions of the auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and
- b) No contraventions of any applicable code of professional conduct in relation to the audit.

DFK BKM Audit Services

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Kevin P Adams  
Director  
Date:



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

**Opinion**

We have audited the financial report of National Institute for Aboriginal and Torres Strait Islander Health Research Limited (the company), which comprises the statement of financial position as at 30 June 2021 and 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 the Responsible Entities' Declaration.

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

- o giving a true and fair view of the company's financial position as at 30 June 2021 and of its performance for the year then ended; and
- o complying with Australian Accounting Standards – Reduced Disclosure Requirements, and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 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 company in accordance with the auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (including Independence Standards) (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.

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

**Responsibilities of Responsible Entities for the Financial Report**

The responsible entities of the company are responsible for the preparation and fair presentation of the financial report 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 responsible entities determine is necessary to enable the preparation of a financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the responsible entities are responsible for assessing the company'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 responsible entities either intend to liquidate the company or to cease operations, or have no realistic alternative but to do so.

The responsible entities are responsible for overseeing the company's financial reporting process.

## Auditor's Responsibilities for the Audit of the Financial Report

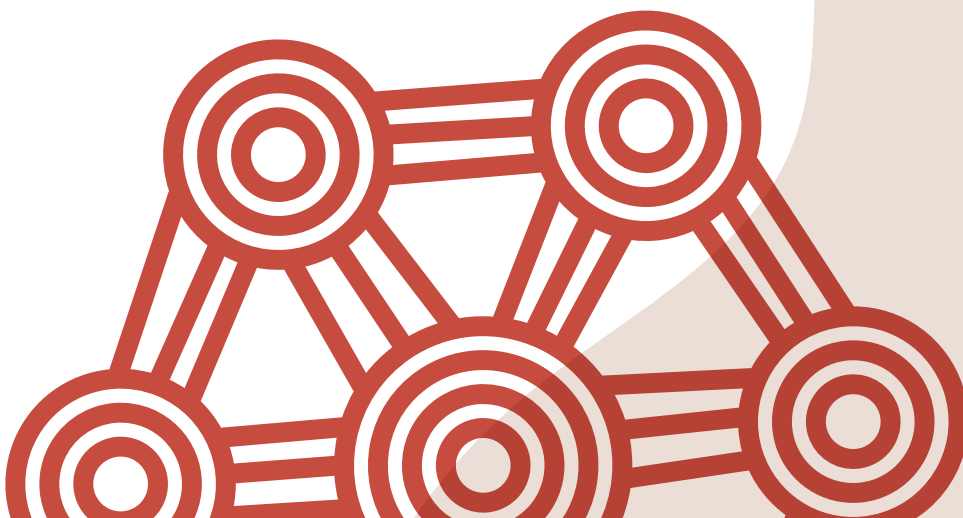
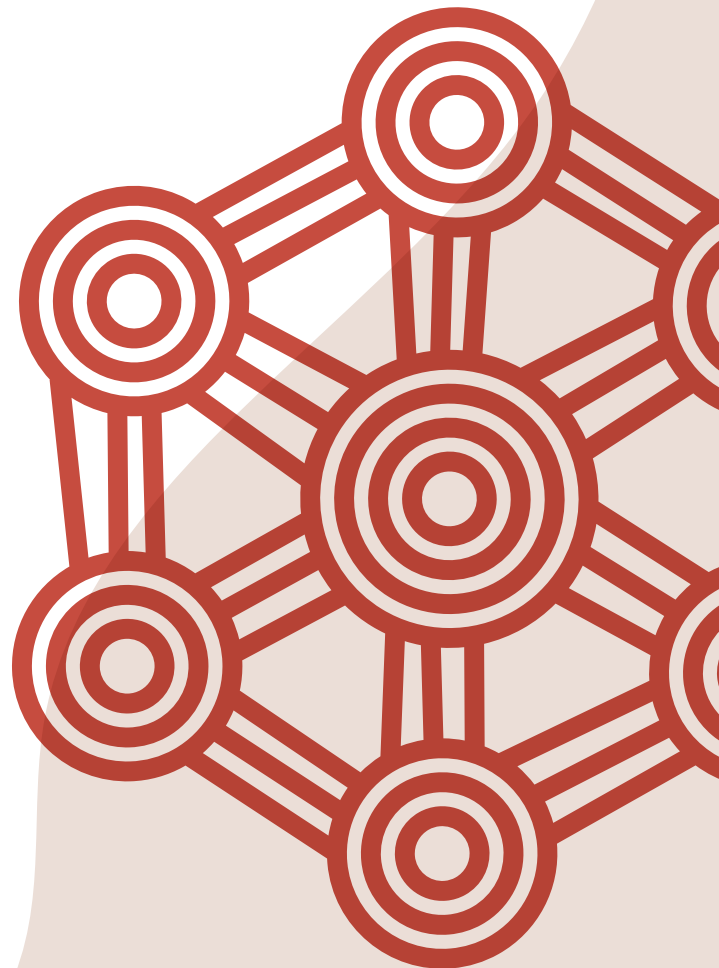
Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the 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 this financial report.

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at: <http://www.auasb.gov.au/Home.aspx>. This description forms part of our auditor's report.

## DFK BKM Audit Services

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Kevin P Adams  
Director  
Date:



## Responsible Entities' Declaration

The Responsible Entities' declare that:

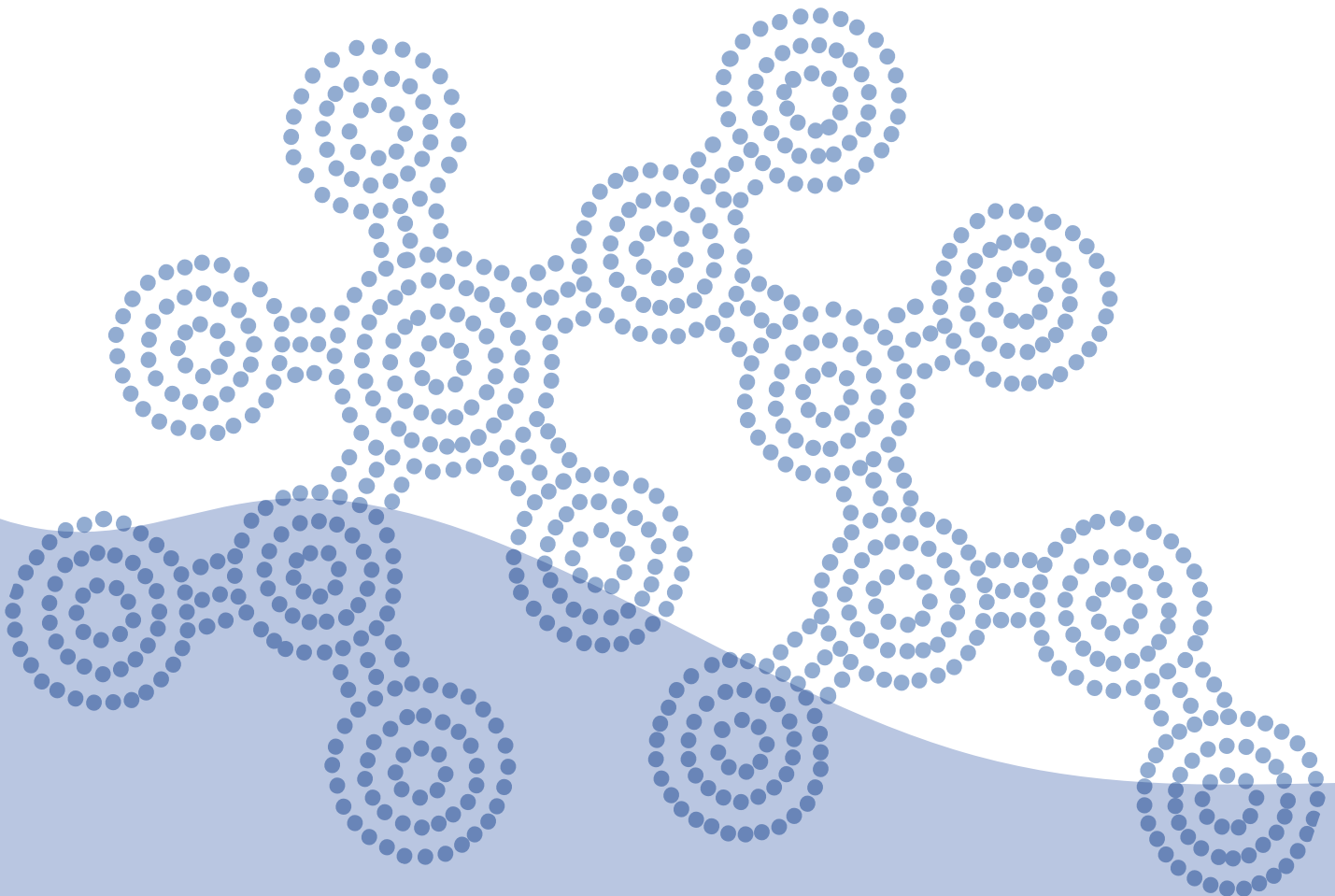
- (a) in the Responsible Entities' opinion, there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable; and
- (b) in the Responsible Entities' opinion, the attached financial statements and notes thereto are in accordance with the Australian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

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

On behalf of the Responsible Entities

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Patricia Anderson AO  
Chair  
Date:



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## Statement of Profit or Loss and Other Comprehensive Income

## Statement of Profit or Loss and Other Comprehensive Income for the year ended 30 June 2021

	Note	For the year ended 30 June 2021 \$	For the year ended 30 June 2020 \$
<b>Income</b>			
Grants	4	7,691,334	4,750,695
Donations		18,422	9,863
Fundraising		-	54,617
Earned Revenue		39,646	43,446
Other Income	5	96,714	121,873
<b>Total Income</b>		<b>7,846,116</b>	<b>4,980,494</b>
<b>Direct Expenses</b>			
Direct Expenses		(4,345,517)	(1,607,046)
Administration & Labour Allocation		(274,957)	(572,971)
<b>Total Direct Expenses</b>		<b>(4,620,474)</b>	<b>(2,180,017)</b>
<b>Gross Profit</b>		<b>3,225,642</b>	<b>2,800,477</b>
<b>Expenses</b>			
<b>Operations</b>			
Finance		(71,321)	(86,625)
Organisational Development Support		(84,003)	(272,354)
Governance		(141,945)	(105,014)
Office Expenses		(322,954)	(356,524)
Travel & Marketing		(176,158)	(221,620)
Administration Allocation		-	256,103
<b>Total Operations</b>		<b>(796,381)</b>	<b>(786,034)</b>
<b>Employment</b>			
Wages & Other Employment Expenses		(2,693,133)	(2,284,140)
Employment Allocation		274,957	316,868
<b>Total Employment</b>		<b>(2,418,176)</b>	<b>(1,967,272)</b>
<b>Total Expenses</b>		<b>(3,214,557)</b>	<b>(2,753,306)</b>
<b>Net Surplus</b>		<b>11,085</b>	<b>47,170</b>
Income tax expense	2.7	-	-
<b>SURPLUS FOR THE YEAR</b>		<b>11,085</b>	<b>47,170</b>
<b>OTHER COMPREHENSIVE INCOME</b>		<b>-</b>	<b>-</b>
<b>TOTAL COMPREHENSIVE INCOME FOR THE YEAR</b>		<b>11,085</b>	<b>47,170</b>

The accompanying notes form part of these financial statements.

## Statement of Financial Position

Statement of Financial Position  
as at 30 June 2021

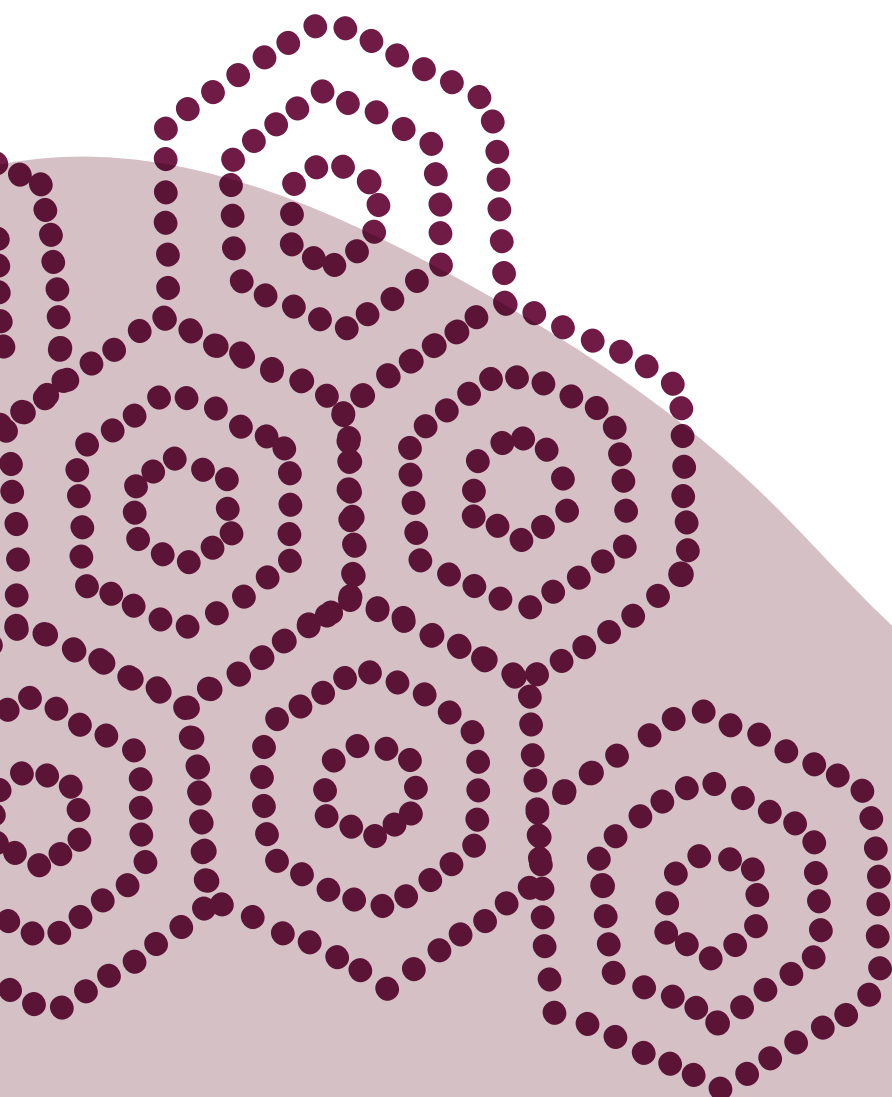
	Notes	30 June 2021 \$	30 June 2020 \$
<b>Assets</b>			
<b>Current assets</b>			
Cash and cash equivalents	15	2,879,677	6,100,036
Trade and other Receivables	7	27,060	15,108
Financial assets		2,805,323	55,323
<b>Total Current assets</b>		<u>5,712,060</u>	<u>6,170,467</u>
<b>Non-current assets</b>			
Property, plant and equipment	6	97,172	240,683
Right of use assets	6.1	2,903	355,517
Intangible assets		7,307	1,227
<b>Total non-current assets</b>		<u>107,382</u>	<u>597,427</u>
<b>Total assets</b>		<u>5,819,442</u>	<u>6,767,894</u>
<b>Liabilities</b>			
<b>Current liabilities</b>			
Trade and other payables	8	1,629,289	960,402
Provision for Annual Leave	9	146,452	108,522
Provision for Long Service Leave		-	-
Income in advance	11	3,037,143	4,310,037
Lease liabilities	10	1,486	127,216
Other liabilities	10.1	49	9,096
<b>Total current liabilities</b>		<u>4,814,419</u>	<u>5,515,273</u>
<b>Non-current liabilities</b>			
Provision for Long Service Leave	9	25,987	35,207
Lease liabilities	10	1,562	251,023
<b>Total non-current liabilities</b>	10.2	<u>27,549</u>	<u>286,230</u>
<b>Total liabilities</b>		<u>4,841,968</u>	<u>5,801,503</u>
<b>Net assets</b>		<u>977,474</u>	<u>966,389</u>
<b>Equity</b>			
Retained earnings		<u>977,474</u>	<u>966,389</u>
<b>Total equity</b>		<u>977,474</u>	<u>966,389</u>

The accompanying notes form part of these financial statements.

Statement of Changes in  
Equity

Statement of Changes in Equity  
for the year ended 30 June 2021

	Notes	Retained earnings \$
<b>Balance as at 30 June 2019</b>		919,219
Total comprehensive income for the 30 June 2020 year		<u>47,170</u>
<b>Balance as at 30 June 2020</b>		<u>966,389</u>
Total comprehensive income for the 30 June 2021 year		<u>11,085</u>
<b>Balance as at 30 June 2021</b>		<u><u>977,474</u></u>



The accompanying notes form part of these financial statements.



Statement of Cash  
FlowsStatement of Cash Flows  
for the year ended 30 June 2021

	Notes	Year ended	Year ended
		30 June	ended
		2021	30 June
		\$	2020
		\$	\$
<b>Cash Flows from Operating activities</b>			
Receipts from customers		7,492,074	4,105,959
Payments to suppliers and employees		(7,967,632)	(5,801,557)
Cash receipts from other operating activities		136,360	307,876
<b>Net Cash Flows from Operating Activities</b>		<u>(339,198)</u>	<u>(1,387,722)</u>
<b>Cash Flows from Investing activities</b>			
Proceeds from sale of property, plant & equipment		-	62,854
Payment for property, plant and equipment		(26,197)	(84,127)
Investment in term deposit		(2,750,000)	(277,449)
<b>Net Cash Flows from investing activities</b>		<u>(2,776,197)</u>	<u>(298,722)</u>
<b>Cash Flows from Financing activities</b>			
Repayment of lease liabilities (principal)		(104,964)	378,239
<b>Net Cash Flows from Financing activities</b>		<u>(104,964)</u>	<u>378,239</u>
<b>Net (decrease)/increase in cash and cash equivalents</b>		<u>(3,220,359)</u>	<u>(1,308,205)</u>
<b>Cash and Cash Equivalents</b>	15		
Cash and cash equivalents at beginning of period		6,100,036	7,408,240
Cash and cash equivalents at end of period		<u>2,879,677</u>	<u>6,100,036</u>

The accompanying notes form part of these financial statements.

## Notes to the Financial Statements for the year ended 30 June 2021

### 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.

### 2. Significant accounting policies

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

#### 2.1 Statement of compliance

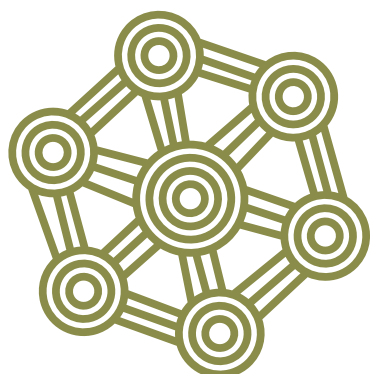
These financial statements are general purpose financial statements which have been prepared in accordance with the Australian Charities and Not-for-profits Commission Act 2012 and Australian Accounting Standards – Reduced Disclosure Requirements and comply with other requirements of the law. The Institute 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 September 2021.

#### 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 16, 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.

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 outlined 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.

## 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).

	<b>30 June 2021</b>	30 June 2020
	\$	\$
Department of Health	5,928,340	3,210,959
Department of Industry, Innovation and Science	1,655,698	1,329,940
Australian Human Rights Commission	38,000	-
Philanthropic Income	6,400	76,674
External Organisations	62,896	133,122
	<u>7,691,334</u>	<u>4,750,695</u>

## 5 Other Income

	<b>30 June 2021</b>	30 June 2020
	\$	\$
The Treasury - Covid stimulus packages	50,000	50,000
Gain on Disposal Asset	25,368	850
Interest revenue	21,346	71,023
	<u>96,714</u>	<u>121,873</u>

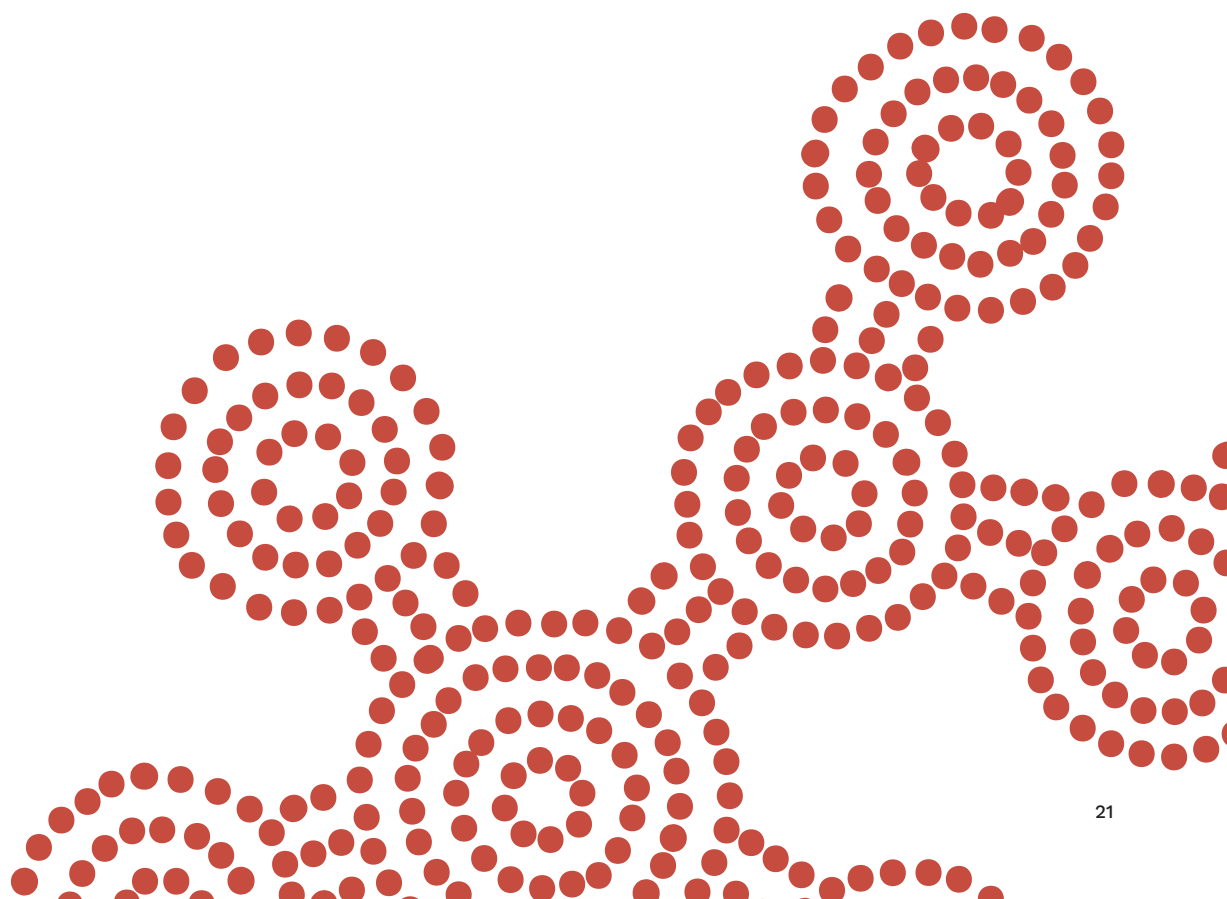


**6 Property, plant and equipment**

	30 June 2021 \$	30 June 2020 \$
Cost	544,754	523,385
Accumulated depreciation	(447,582)	(282,702)
	97,172	240,683

	Plant and equipment \$	Office Refurb. \$	Artwork \$	Total \$
<b>At Cost</b>				
<b>Balance at 30 June 2020</b>	218,471	279,675	25,329	523,385
Additions	20,634	735	-	21,369
Disposals	-	-	-	-
Reclassification	12,842	(12,842)	-	-
<b>Balance at 30 June 2021</b>	251,857	267,568	25,329	544,754

	Plant and equipme nt \$	Office Refurb. \$	Artwork \$	Total \$
<b>Accumulated depreciation</b>				
<b>Balance at 30 June 2020</b>	137,473	144,673	556	282,702
Depreciation expense	60,950	103,677	253	164,880
<b>Balance at 30 June 2021</b>	198,423	248,350	809	447,582



## 6. 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

### 6.1. Right of Use Assets

	30 June 2021	30 June 2020
	\$	\$
Right of Use Asset – Photocopier	5,806	5,806
<i>Less</i> Acc. Amortisation – Photocopier	(2,903)	(1,452)
Right of Use Asset – Building Lease	-	478,559
<i>Less</i> Acc. Amortisation – Building Lease	-	(127,696)
	<u>2,903</u>	<u>355,517</u>

The Lowitja Institute office building lease renewal to renew for a further term of 3 years in April 2021 was not renewed and a decision taken to move to a month-to-month lease. As a result, the ROU asset and respective Lease Liability was removed at this date generating the movement of this account year-on-year.

## 7. Trade and other receivables

	30 June 2021	30 June 2020
	\$	\$
Accounts Receivable	888	3,091
Accrued Interest Receivable	994	90
Prepaid Expenses	25,178	11,927
	<u>27,060</u>	<u>15,108</u>

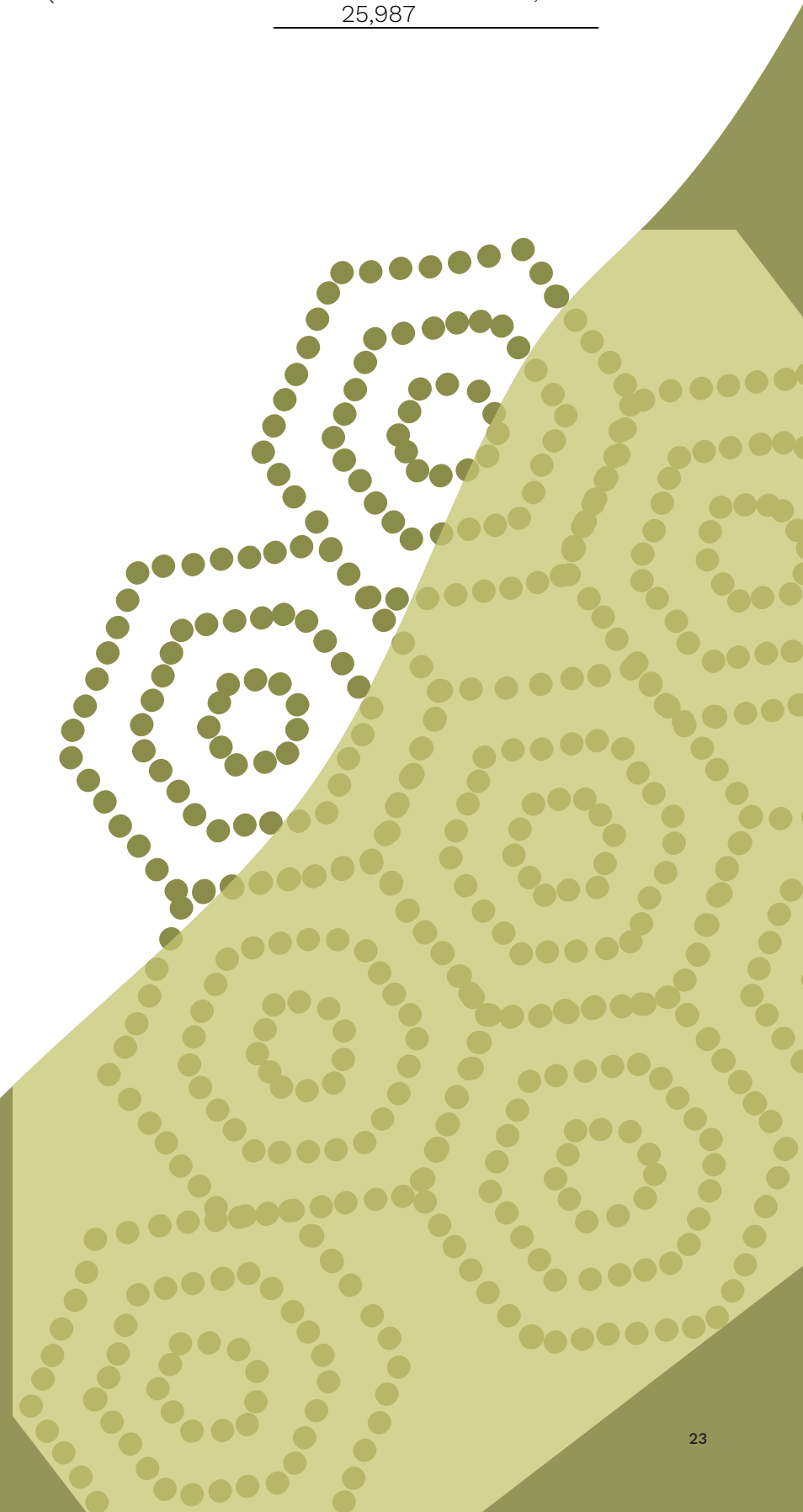
## 8. Trade and other payables

Accounts Payable	1,026,323	491,804
Sundry Creditors	605,253	466,139
Corporate cards	(2,287)	2,735
GST Liability	-	(276)
	<u>1,629,289</u>	<u>960,402</u>

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.

9. Provisions

	30 June 2021 \$	30 June 2020 \$
Provision for Annual Leave (Current Liabilities)	146,452	108,522
Provision for Long Service Leave (Non-Current Liabilities)	25,987	35,207



**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 2.6.

**10. Lease Liability**

Lease Liability (Current) - Photocopier Lease	1,486	1,414
Lease Liability (Current) - Rental Lease	-	125,802
	1,486	127,216

**10.1 Other liabilities**

Funds held for other entities	49	9,096
	1,535	136,312

**10.2 Non-Current liabilities**

Lease Liability (Non-Current) - Photocopier Lease	1,562	3,047
Lease Liability (Non-Current) - Rental Lease	-	247,976
<b>Total Non-Current liabilities</b>	1,562	251,023

**11. Income in Advance**

IAHP	2,266,646	2,165,458
IHMR	367,442	292,120
CRC Surplus	81,876	1,737,573
Boutique Projects	321,179	114,886
<b>Total Income in Advance</b>	3,037,143	4,310,037

## 12. 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 are as follows:

	<b>30 June 2021</b>	30 June 2020
	<b>\$</b>	<b>\$</b>
<b>Financial Assets at Amortised Cost</b>		
Cash & Cash Equivalents	2,879,677	6,100,036
Term Deposit	2,750,000	-
Bond	55,323	55,323
Trade and other receivables	1,882	3,181
<b>Financial Liabilities at Amortised Cost</b>		
Trade & Other Payables	1,629,289	960,678
Lease and Other Liabilities - Current	1,535	136,313
Lease and Other Liabilities – Non-Current	1,562	251,023

## 13. Key management personnel compensation

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:

	<b>30 June 2021</b>	30 June 2020
	<b>\$</b>	<b>\$</b>
Total employee benefits	600,567	409,687

Key Management personnel consist of Ms Patricia Anderson AO (Chair), Ms Janine Mohamed (Chief Executive Officer) and Mr Paul Stewart (Deputy Chief Executive Officer).

## 14. Related party transactions

During the year the Institute paid \$6,400 to support the Literacy for Life program. Ms Pat Anderson who is a board member of the Institute is also a board member of the Literacy for Life Foundation. Ms Pat Anderson had no influence in the awarding of this funding from the Institute.

During the year the Institute awarded the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives LTD (CATSINaM) a Research Commissioning Grant of \$199,997 to be spent between 2021-2023. During 2021 the amount of \$119,998 was paid to CATSINaM. Mr Ali Drummond who is a board member of the Institute is the chief investigator for this project. Mr Ali Drummond had no influence in the awarding of this funding from the Institute.

During the year the Institute received funding of \$38,000 from the Australian Human Rights Commission (AHRC) for the Closing The Gap report. Ms June Oscar AO who is a Board member of the Institute is the Social Justice Commissioner of AHRC. Ms June Oscar AO had no influence in the awarding of this funding to the Institute.

There were no other related party transactions during the year ended 30 June 2021.

## 15. 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 2021	30 June 2020
	\$	\$
Cash and cash equivalents	2,879,677	6,100,036

## 16. Economic dependency

In June 2018, the Department of Health granted the Institute funding of \$8m over a four year period from July 2019 to June 2023 for the Indigenous Australians' Health Program.

In April 2019, the Department of Health granted the Institute funding of \$10m over a three year period from June 2019 to June 2022 for the Investment in Health Medical Research.

In October 2019, the Department of Industry, Innovation and Sciences approved to carry over CRC program funding of \$2.06m for 24 months from 1st July 2019 until June 2021. This program will be fully wound up in October 2021.

In June 2021, the Victorian Department of Health granted the Institute funding of \$770k over a three year period from June 2021 to June 2023 for the Victorian Aboriginal and Torres Strait Islander ADRIA Grants Program.

## 17. Events after the reporting period

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

## 18. 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.

