



2022 Annual Report



Australian Government
Department of Health

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

Annual Report 2022

ABN: 70 138 780 695+



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

Who we are

Lowitja Institute is Australia's only national Aboriginal and Torres Strait Islander community controlled health research institute named in honour of its Patron, Dr Lowitja O'Donoghue AC CBE DSG. It is an Aboriginal and Torres Strait Islander community controlled organisation working for the health and wellbeing of Australia's Aboriginal and Torres Strait Islander peoples through high impact quality research, knowledge exchange, and by supporting a new generation of Aboriginal and Torres Strait Islander health researchers.



Our Patron

Dr Lowitja O'Donoghue AC CBE DSG

Dr Lowitja O'Donoghue was born in 1932 at Indulkana, in north-west corner South Australia, to a Pitjantjatjara mother and an Irish father.

At the age of two, she and two of her sisters were taken away from their mother on behalf of South Australia's Aboriginal Protection Board. Through a chance meeting, she was reunited with her mother, Lily, in the mid-1960s.

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

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

Contents

Chairperson's message	2
Chief Executive Officer's report	4
This year's highlights	6
Continuing to care for staff under COVID-19	8
Priority 1: Invest in Aboriginal and Torres Strait Islander community driven best practice health research	10
Research commissioning and Knowledge Translation Ecosystem	10
Research and policy publications	15
Influencing the national health research agenda	18
International engagement	20
Successful research grants	21
Priority 2: Mobilise research knowledge for effective translation	22
National Knowledge Translation Network	22
Climate Change and Aboriginal and Torres Strait Islander Health	22
Indigenous Nation Building	24
KT and Coffee	24
Knowledge translation into action: New products and tools	25
Influencing national policy, programs and practice	28
Priority 3: Enhance the capability of the Aboriginal and Torres Strait Islander health research workforce	30
Lowitja Institute Members Community	30
Pathways into Research Toolkit	33
Lowitja Learning Online Courses	34
National accreditation of the Certificate IV in Aboriginal and Torres Strait Islander Research Theory and Practice	34
National Network for Aboriginal and Torres Strait Islander Health Research	35
Priority 4: Promote our role and impact	36
National leadership roles	36
Lowitja Institute events	38
Lowitja Live	38
Engaging with external stakeholders	39
Speeches and presentations	40
Media and publications activity	44
Priority 5: Create a strong and sustainable future	48
Sustainability strategy	48
Governing our future	48
Lowitja Institute structure	51
Lowitja Consulting	52
Financial overview	54
Annual report for financial year ended 30 June 2022	58





Chairperson's message

It was a great honour to be appointed this year as the new Chairperson of the Lowitja Institute Board, to follow in the huge footsteps of Pat Anderson AO, Alyawarre woman and powerful advocate for the health of Aboriginal and Torres Strait Islander people.

Pat retired after nearly 20 years in the role but remains at our side, alongside our founding chair and namesake, Dr Lowitja O'Donoghue, as a Lowitja Institute patron.

Tireless work from leaders like Pat and others in communities across Australia meant 2022 has proved to be a pivotal time in Australia, with the new federal government committing to the Uluru Statement from the Heart's calls for Voice, Treaty, Truth.

Nation building will be foundational in that journey to Voice, Treaty, Truth. It is core to the work of the Lowitja Institute, as the organisation builds on its strengths as a community controlled organisation, ensuring Aboriginal and Torres Strait Islander communities are driving the research agenda and benefiting from it.

Outstanding achievements for the Board and I have been our membership growth and our increased external engagement.

Collaboration is at the heart of the Lowitja Institute's work, along with commitment to expanding the Aboriginal and Torres Strait Islander health research workforce. This year we have been a part of leading the development of a National Aboriginal and Torres Strait Islander Research Network. Its purpose is to establish a culturally safe and inclusive network of Aboriginal and Torres Strait Islander health researchers across Australia, and to build relationships with indigenous peoples across the globe.

I would like to acknowledge our new Board members and congratulate our long-standing board member, June Oscar, Bunuba woman, for her reappointment as Social Justice Commissioner for Australian Human Rights Commission.



I thank all Board members for their outstanding commitment over the past 12 months, amid the continuing disruption of the COVID-19 pandemic. As borders opened, we were pleased to be able to meet again in person and to visit communities across Australia. This included meeting as a Board on Yawuru Country (Broome) and Kaurana Country (Adelaide).

I would also like to thank Lowitja Institute CEO, Adjunct Professor Janine Mohamed, and all staff at the Lowitja Institute for their strategic vision and dedication, in yet another challenging year. The very important result of that hard work is an outstanding body of work in policy, research and resources and a growing membership. We thank everyone for their contribution.

Selwyn Button

Chairperson
Lowitja Institute



Outstanding achievements for me have been our membership growth and our external engagement beginning to increase.



Chief Executive Officer's report

This year saw the retirement of Pat Anderson AO as Lowitja Institute chairperson after nearly 20 years in the role. Pat has been a fearless advocate for justice and equity for Aboriginal and Torres Strait Islander people for decades and an outstanding leader and mentor at Lowitja Institute and beyond.

It has been a personal privilege to work closely with Pat and I know Lowitja Institute will be the stronger for having her continue to guide us in the role of patron, alongside our founding chair and patron Dr Lowitja O'Donoghue.

We welcomed our new chairperson, Mr Selwyn Button, a Gunggari man, whose deep connections to community, strong record in Aboriginal and Torres Strait Islander health and education, and exemplary governance skills had already served the Board and Lowitja Institute well over the past eight years.

After the COVID-19 disruptions of the previous year, 2021–22 was another challenging year, and our hearts were with communities hit hard by the pandemic and by flooding.

Those challenges only served to underscore the powerful NAIDOC Week message of 'Heal Country', and the knowledge that our people have been practising planetary health for tens of thousands of years, understanding that our health is inseparable from the health of Country.

Like so many organisations, our work has often been stymied by shorter-term funding cycles, so we warmly welcomed a five-year \$30.5 million commitment to



Ensuring that the knowledge from research is translated meaningfully to our mob is core to our work, with knowledge translation (KT) embedded in our grant programs.

our work from then Minister for Health and Aged Care Greg Hunt in the March Federal Budget. This gives us greater certainty as an organisation and a critical platform for building the capability and authority of the Aboriginal and Torres Strait Islander health research workforce, and asserting Indigenous ways of knowing, being and doing to expand our reach and impact.

In the lead-up to the May federal election, we published our election priorities, calling on the federal government and the Australian Parliament to prioritise the health and wellbeing of Aboriginal and Torres Strait Islander communities by:

- embedding Aboriginal and Torres Strait Islander research leadership
- implementing the social and cultural determinants of health
- investing in data governance and infrastructure
- committing to workforce development
- taking action to address climate change.

The election of the Labor federal government in May shifted the landscape, with its wholehearted embrace of the Uluru Statement from the Heart. We also warmly welcomed the growing number of Aboriginal and Torres Strait Islander MPs elected to the Australian Parliament including a number of Ministerial appointments.

Ensuring knowledge from research is translated meaningfully to our mob is core to our work, with knowledge translation (KT) embedded in our grant programs. As you read this report, you will find multiple examples of how this takes shape, including:

- our regular KT & Coffee Webinars
- toolkits and resources
- discussion papers that inform and national policy discussions.

Connecting and engaging with our community has been high on our agenda as travel became more possible. It has been wonderful to attend and hold forums in person. In doing this, a priority has been engagement with the Aboriginal community controlled health sector. We have with QAIHC, VACCHO, AMSANT, AHCWA and AH&MRC Boards to explore ways of working collectively.

Continuing to grow and engage with our membership is equally as important – we have made great strides this year. A standout achievement was building the Lowitja Institute Membership Community platform, which we look forward to utilising to its full potential.

We were very proud this year to award nine seeding grants to community organisations across Australia, ahead of an exciting new major grant round next year that will be guided by a new Continuous Quality Improvement cycle of our grant commissioning process. This is the power of the work we are now able to do as a community controlled organisation.

2022 also saw us find a new home in Collingwood (Yálla-birr-ang) on Wurundjeri Country in Naarm. It is an area of historical significance for our peoples as a place for coming together and standing up for our rights.

Finally, I want to thank our Board for its continuing support and guidance, and to all our staff members for their diligence, determination and commitment to improving the health and wellbeing of our peoples. I look forward to working with them again in the coming year.

Dr Janine Mohamed

**Adjunct Professor
Chief Executive Officer
Lowitja Institute**



This year's highlights

9

seeding grants awarded



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

4

research reports and discussion papers published



Lowitja Institute staff participate on 3

national or state research project reference groups



Lowitja Institute

is a member of five 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
5. National Network for Aboriginal and Torres Strait Islander Health Research

Lowitja Institute regularly worked on

11 national advisory or working groups

focused on Aboriginal and Torres Strait Islander health and research



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



of Lowitja Institute policy and advocacy work had a

DIRECT influence on national level policy



of Lowitja Institute policy and advocacy work had a

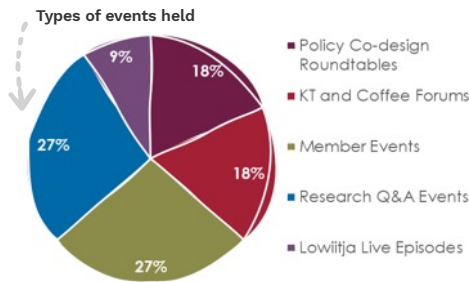
POTENTIAL influence on national level policy



11

Lowitja Institute events

Webinars, roundtables, Knowledge Translation (KT) and Coffee sessions – with **994 people reached**



125,171 website sessions

representing **87,000 unique users**

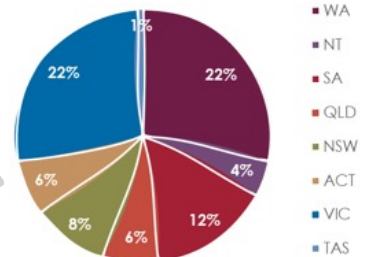


8 Lowitja Institute workforce development opportunities

Masterclasses and professional development seminars – with **197 people participating**



Where are workforce development participants based?



13 media releases



13 media articles



22 interviews with national and international media



15,348 followers on twitter a 7% increase on the previous year



1,336 mentions in national & international media

28 new video resources



25 editions of The Doris eBulletin

distributed fortnightly

20% increase in eBulletin subscribers, 5,656 by June 2022



6 new resources and online workforce development options publicly launched and available

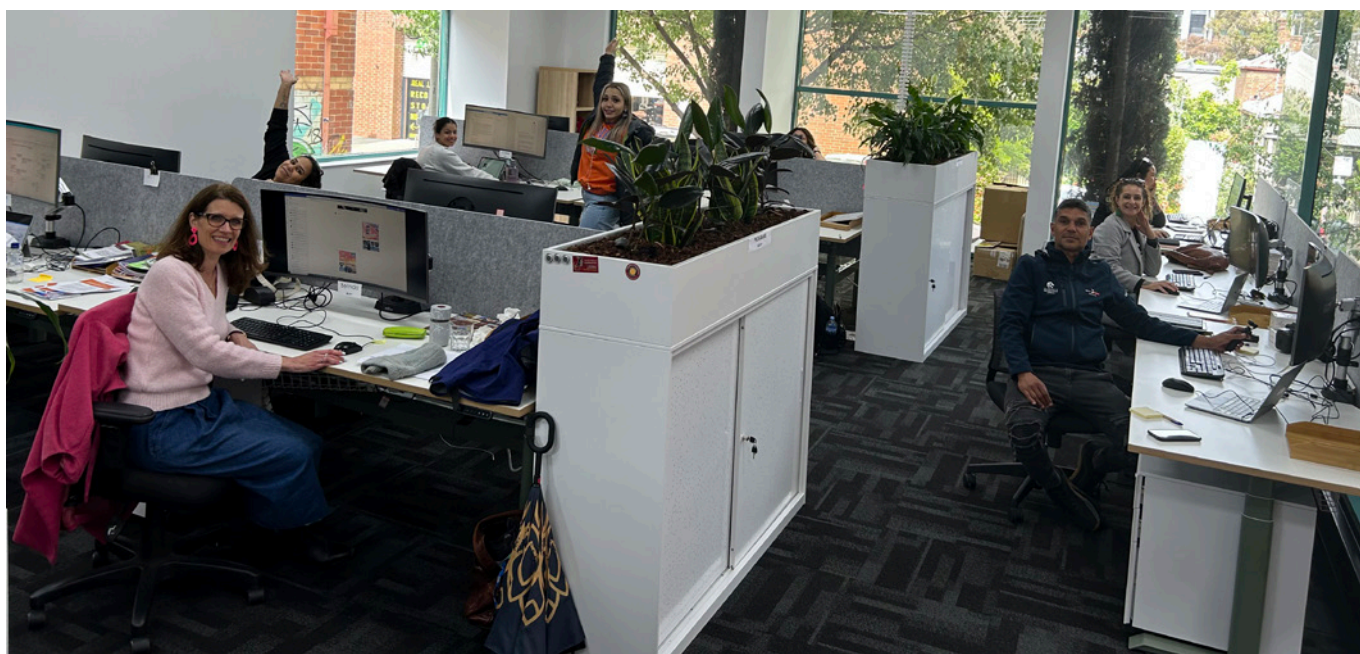


5 published peer-reviewed journal articles

Continuing to care for staff under COVID-19

As the pandemic has continued, so have our strategies for supporting staff wellbeing and positive work practices. Being conscious of the increased screen time for staff, we have maintained daily strength and conditioning hours to focus on self-care rather than work, and ensured leave is sufficient and regular. While organisational and team planning occurred online, any windows for supporting in-person staff gatherings have been taken.

We began a graduated process for moving staff back into the office environment through an interim office-sharing arrangement in the Oxfam Melbourne office in early 2022. This allowed us to reconnect with staff who had worked remotely for their entire employment with Lowitja Institute. In the latter part of the year, we prepared for our shift in July 2022 to our new office in Collingwood, Naarm (Melbourne).





PRIORITY 1:

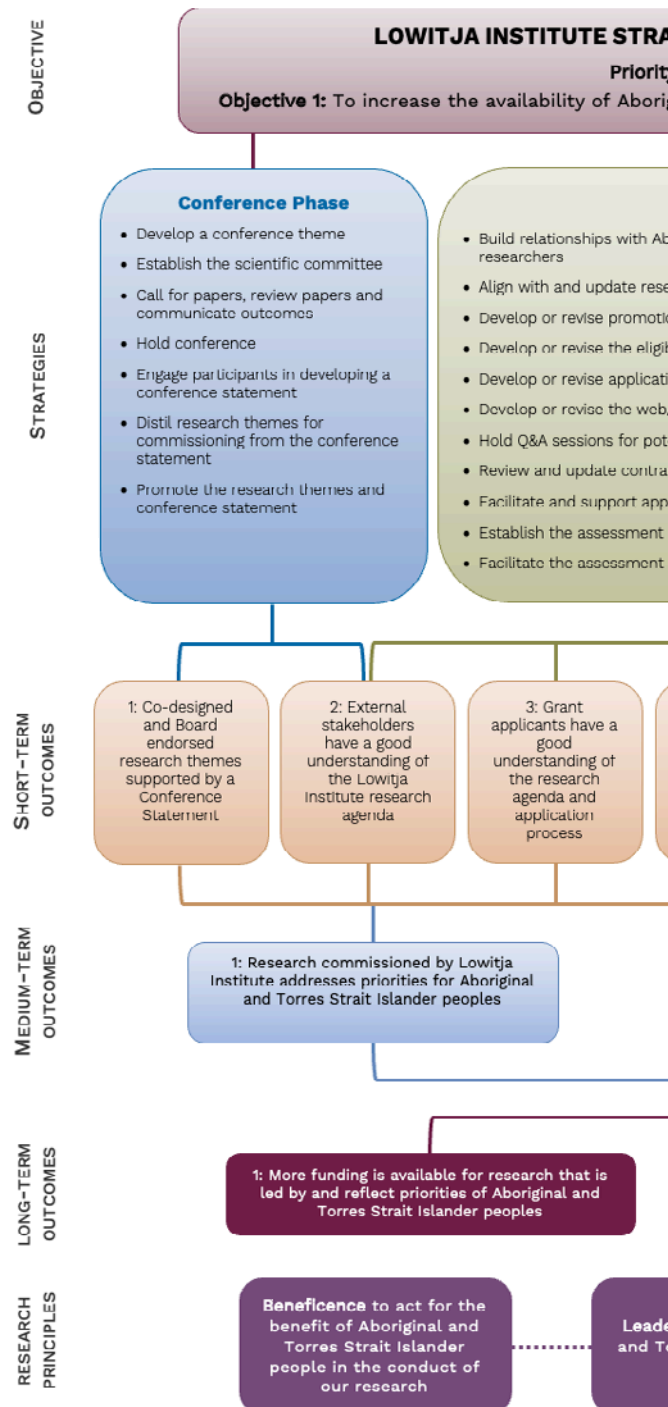
Invest in Aboriginal and Torres Strait Islander community-driven best practice health research

Research commissioning and Knowledge Translation Ecosystem

Our Knowledge Translation Ecosystem moved to full implementation over the past year, which represents the refinement and enhancement of our research commissioning approach as a lifecycle. A priority focus was developing and trialling operating and monitoring tools for integration into our new grant management software system.

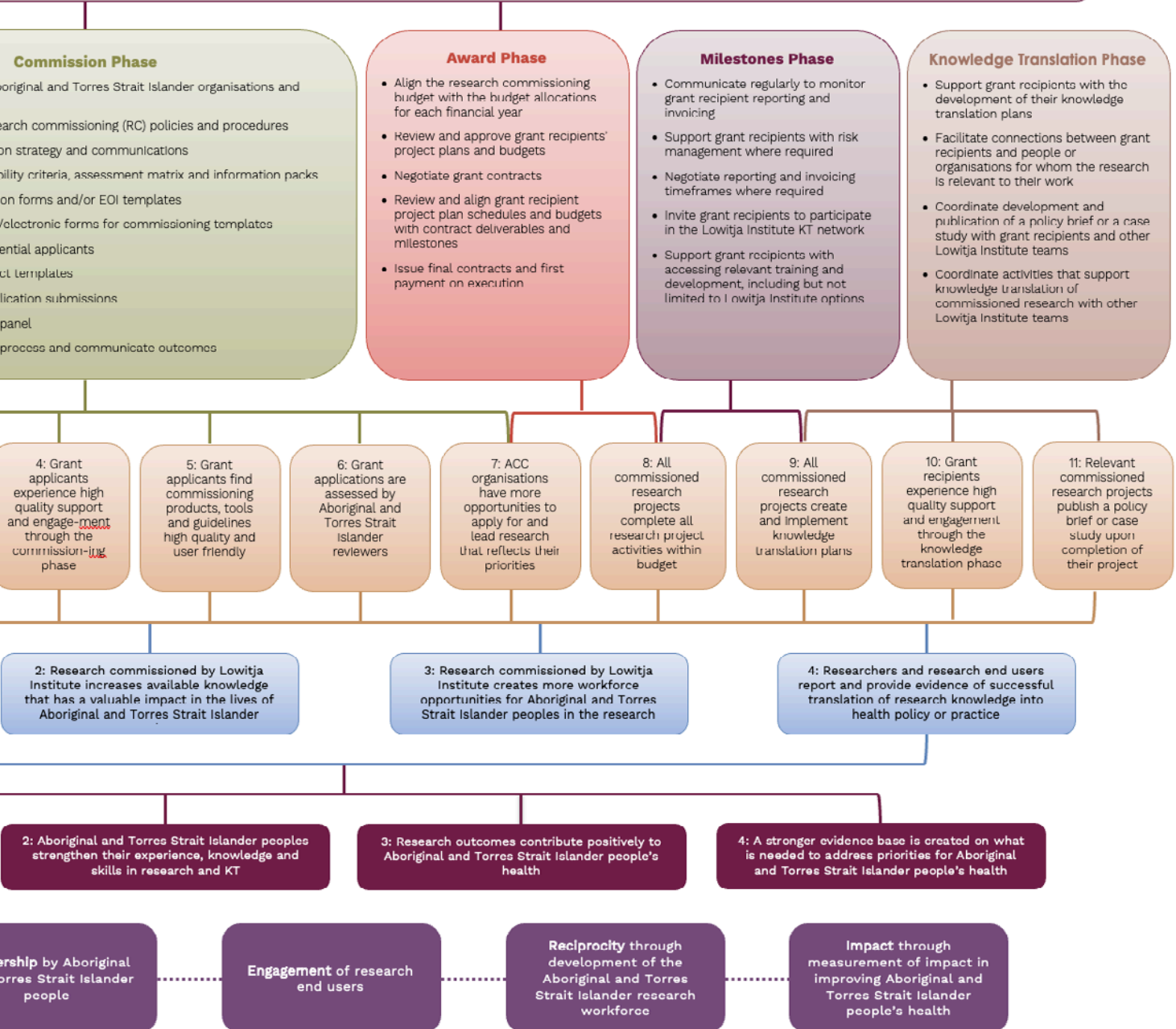
We have now created a program logic for our research commissioning, which forms the basis of an ongoing evaluation strategy to determine if our process is supporting the achievement of our desired outcomes over the short, medium and longer term. It is underpinned by our five long-standing research principles – beneficence, leadership, engagement, reciprocity and impact.

Knowledge Translation Ecosystem



Research Commissioning Program Logic

STRATEGIC PLAN PRIORITY AND OBJECTIVE THAT FRAMES THE DIRECTION OF RESEARCH COMMISSIONING
Priority 1: Invest in Aboriginal and Torres Strait Islander Community driven best practice health research
 Commissioning of Aboriginal and Torres Strait Islander health research that reflects the priority needs of Aboriginal and Torres Strait Islander peoples (Objective 1)



2022 Lowitja Institute Seeding Grants

Seeding grants were promoted in early 2022, with 25 applications received. Through a \$35,000 Lowitja Institute Seeding Grant, Aboriginal and Torres Strait Islander organisations can explore a research idea that has direct implications for their work and the communities they support, and build the research capabilities and capacities of their workforce.

This initial research may lead organisations to apply for further research funding, whether through Lowitja Institute or other research commissioning institutions. Successful seeding grant recipients are always invited to apply for Lowitja Institute’s major grant round, which occurs every two years.

Core eligibility requirements are that a host organisation must be Aboriginal and Torres Strait Islander community controlled and projects must:

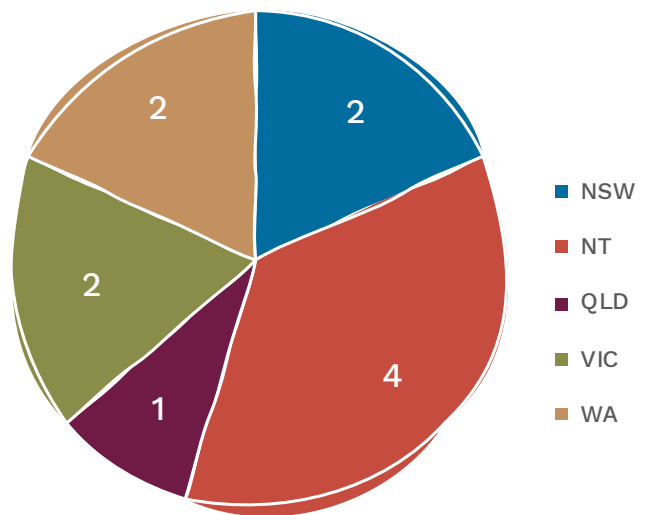
- ensure leadership by Aboriginal and Torres Strait Islander people
- develop the Aboriginal and Torres Strait Islander workforce
- engage research end-users in the process to maximise the impact of the research
- be consistent with Lowitja Institute’s current research themes.

As shown in the pie chart, grants were awarded to nine organisations across the country in June 2022, who will continue their projects over the next few months.

Figure 3: Research agenda themes 2020



Successful major grant recipients



“ Aboriginal and Torres Strait Islander organisations and businesses continually support the health and wellbeing of our people and communities.

Lowitja Institute’s Seeding Grants program provides an opportunity for organisations to transform their ideas by putting research back into community hands.

Adjunct Professor Janine Mohamed, CEO

Successful major grant recipients 2020

Organisation	Project Title
Congress of Aboriginal and Torres Strait Islander Nurses and Midwives	Co-designing an impact evaluation framework for Indigenous student engagement initiatives
Jawoyn Association Aboriginal Corporation	Scoping an evaluation of the impact of COVID-19 on the BSWG cultural healing activities
Kimberley Aboriginal Medical Service	Creation of a Kimberley program to build emotional intelligence and improve social and emotional wellbeing
Laynhapuy Homelands Aboriginal Corporation	'Keeping our gurrutu strong': Improving East Arnhem Yolŋu wellbeing when there is Covid
NIYEC Indigenous Corporation	NIYEC Youth Research Project
Thirrili Ltd	Boorai Dreaming Women's Collective
Victorian Aboriginal Community Controlled Health Organisation	Victorian Aboriginal Ethics Committee: determining resourcing requirements
We AL-Li Ltd	Pathways to Healing: Mapping outcomes of First Nations' culturally informed and trauma-integrated training and practice in diverse settings
Ngambaga Bindarry Girrwa Community Services	Footprints on Country (My story)

Tracking Our Research Impact

Lowitja Institute is committed to tracking the impact of our research commissioning for each grant round and identifying the combined impact over time. Here is some early stage workforce data for the 2022 Seeding Grants program.

\$52,234.40

funding across
10 projects on Aboriginal
and Torres Strait
Islander determined
priorities

100%

of projects are led
by an Aboriginal
and/or Torres Strait
Islander person

36

people are
directly employed
across the
10 projects

Aboriginal and Torres Strait Islander staff roles

- project lead
- project support
- community researcher
- support worker
- administration support
- care coordinator
- translation officer
- advisor



2022 ADRIA Seeding Grants

Lowitja Institute is the commissioning agency for the Alcohol and Drug Research Innovation Agenda (ADRIA). We administer the ADRIA grants, which fund Victorian Aboriginal and Torres Strait Islander community controlled organisations to undertake research about Alcohol and Other Drugs (AOD). Research outcomes can inform program design, service excellence and policy development. The intention is to drive improvement in social and health outcomes of Aboriginal and Torres Strait Islander peoples living in Victoria. We modelled the ADRIA grants on the Lowitja Institute grant structure – offering smaller seeding grants followed by a major grant funding round.

A literature review led by Professor Marcia Langton, University of Melbourne, was commissioned in 2021 to determine the priority themes and criteria for funding rounds. It identified six areas requiring further

exploration and generation of evidence to drive improved program design, service excellence and policy innovation:

1. evaluation of Aboriginal and Torres Strait Islander AOD programs and services examining effectiveness, appropriateness and accessibility.
2. benefits of community-led AOD services and programs
3. family-centric AOD services and programs
4. investigations of the impact of intersectionality for AOD programs and services accessibility
5. cultural appropriateness of AOD programs and services
6. more research focusing on multi-systemic approaches to AOD treatment for Aboriginal and Torres Strait Islander people.

Three key themes were generated and subsequently endorsed as the ADRIA grant research agenda following a roundtable that Lowitja Institute hosted in November 2021.

The 23 people attending represented Victorian Aboriginal community controlled organisations within the AOD sector and researchers with AOD expertise.

The first round of ADRIA Seeding Grants were advertised in 2022, with one seeding grant awarded to date. Feedback from eligible organisations indicated that current capacity to engage in research is reduced, so the timeframes for further grant rounds will be reset.

Refreshing the Research Advisory Committee

As part of our transition to an Aboriginal community controlled organisation, we have revisited the focus and structure of the Lowitja Institute Research Advisory Committee (RAC).

The RAC is now a formal sub-committee to the Lowitja Institute Board and will provide research expertise, advice and support on four areas:

- strategic research programs, such as the Lowitja Institute research agenda, research commissioning and research scholarship programs
- continuous quality improvement of Lowitja Institute Research and Knowledge Translation systems and processes
- knowledge translation of Lowitja Institute products and services
- international conference, including appointment of the Scientific Committee.

ADRIA Theme 1

Evaluation

ADRIA Theme 2

Aboriginal ways of holistic practice, knowledge and service delivery

ADRIA Theme 3

Understanding the impact of COVID-19

Climate Change and Aboriginal and Torres Strait Islander Health – Discussion Paper

Published by Lowitja Institute

Prepared for Lowitja Institute and the National Health Leadership Forum by Healthy Environments and Lives (HEAL) Network & Centre for Research Excellence in Strengthening Systems for Indigenous Health Care Equity (CRE-STRIDE) November 2021

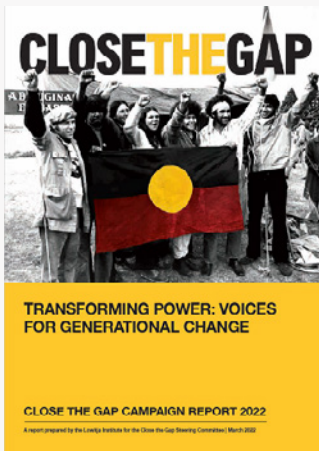
Lowitja Institute commissioned this discussion paper based on the need to address the health and wellbeing impacts of climate change identified by the National Health Leadership Forum – a collective partnership of national Aboriginal and Torres Strait Islander health and wellbeing organisations.

It was in response to the release of the sixth assessment report from the Intergovernmental Panel on Climate Change (IPCC 2021) and the United Nations Convention on Climate Change (COP26) in October 2021. Lowitja Institute participated in the COP26 Australia and NZ Health Ministries Roundtable side event. This was delivered online by our CEO.

This discussion paper describes climate change in Australia and its impact on the health and wellbeing of Aboriginal and Torres Strait Islander people. It highlights Aboriginal and Torres Strait Islander-led initiatives in climate change adaptation and mitigation that strengthens wellbeing and benefits the global community.

Its findings present the direct and indirect impacts of climate change on Aboriginal and Torres Strait Islander health and wellbeing; and explores strategies that Aboriginal and Torres Strait Islander and other indigenous communities are using for mitigation and adaptation.





Transforming Power: Voices for Generational Change – Close the Gap Campaign Report 2022

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

The 13th annual Close the Gap Campaign report highlights how Aboriginal and Torres Strait Islander peoples are leading the way in transforming health and community services, policies and programs, with foundations of culture and Country at the centre.

Produced by Lowitja Institute on behalf of the Close the Gap Campaign Steering Committee, the report showcases the strength of Aboriginal-led decision-making despite unprecedented health challenges from the ongoing COVID-19 pandemic.

It focuses on themes of Aboriginal and Torres Strait Islander-led transformation, gender justice and equity, and allyship – highlighting the need for trust and accountability in partnerships to enable transformative change.

Among its key recommendations are calls for action on gender and climate justice, a national housing framework, and full implementation of the Uluru Statement from the Heart. This campaign continues to advocate for policy reform at a national, state and territory level.



We need transformation of minds to have transformation of systems.

Ms June Oscar AO, Aboriginal and Torres Strait Islander Social Justice Commissioner, Co-Chair – Close the Gap Campaign Steering Committee.



Cultural Bias Indigenous Kidney Care and Kidney Transplantation Report and Policy Brief

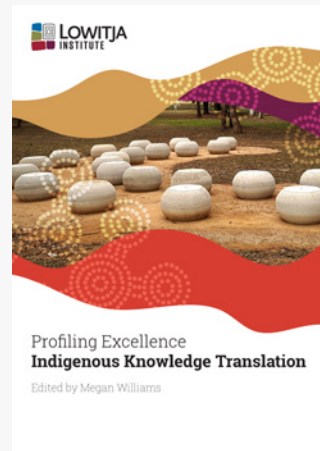
Published by Lowitja Institute

Prepared by Lowitja Institute and the University of Adelaide for the National Indigenous Kidney Transplantation Taskforce

The National Indigenous Kidney Transplantation Taskforce (NIKTT) was established in 2019 to improve access to, and post-transplant outcomes from, kidney transplantation for Aboriginal and Torres Strait Islander people. A report and policy brief were released on World Kidney Day – 10 March 2022 – to demonstrate how kidney disease is a serious and increasing health problem among Aboriginal and Torres Strait Islander people.

The report outlined that Aboriginal and Torres Strait Islander people are more likely to experience kidney failure compared to other Australians, be diagnosed





at an earlier age, and have a higher prevalence of other health conditions. Despite this, Aboriginal and Torres Strait Islander people are four times less likely to receive a kidney transplant when they need it. The report was the first step under the NIKTT to identify, understand and address underlying reasons for the gap in transplantation rates related to cultural bias and identify effective initiatives for future improvements.

Cultural Bias Initiatives to Improve Kidney Transplantation for Aboriginal and Torres Strait Islander People summarises the issue and project led by NIKTT that aims to review existing health service cultural bias initiatives. It also makes recommendations to inform future activities that can address cultural bias in service delivery for kidney transplantations for Aboriginal and Torres Strait Islander Australians.

Profiling Excellence in Indigenous Knowledge Translation

Published by Lowitja Institute

Edited by Megan Williams

Lowitja Institute has long championed knowledge translation through its research projects.

Aboriginal and Torres Strait Islander peoples are the experts in knowledge translation. Research, evaluation and communication – these actions have been part of our cultures for countless generations. Intergenerational transfer of knowledge for survival and flourishing – we honour it, we plan for it, and we continue to develop strategies for it.

Profiling Excellence in Indigenous Knowledge Translation is a series of four articles bound together in an e-publication, produced in partnership with Croakey Health Media. Promoted as the #LowitjaKT series, it includes examples of Indigenous knowledge translation in practice.



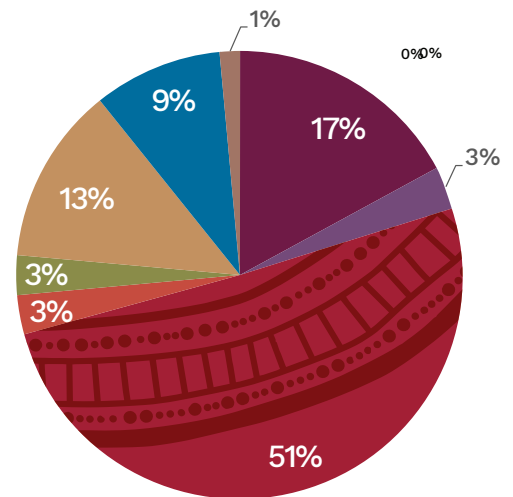
Influencing the national health research agenda

A core focus for Lowitja Institute's policy team is influencing both the national health research agenda, and health policy, programs and practice across the social and cultural determinants of health. As shown in the pie chart, our policy team continued a high level of engagement with national Aboriginal and Torres Strait Islander organisations, followed by the Australian Government, higher education and non-government organisations.

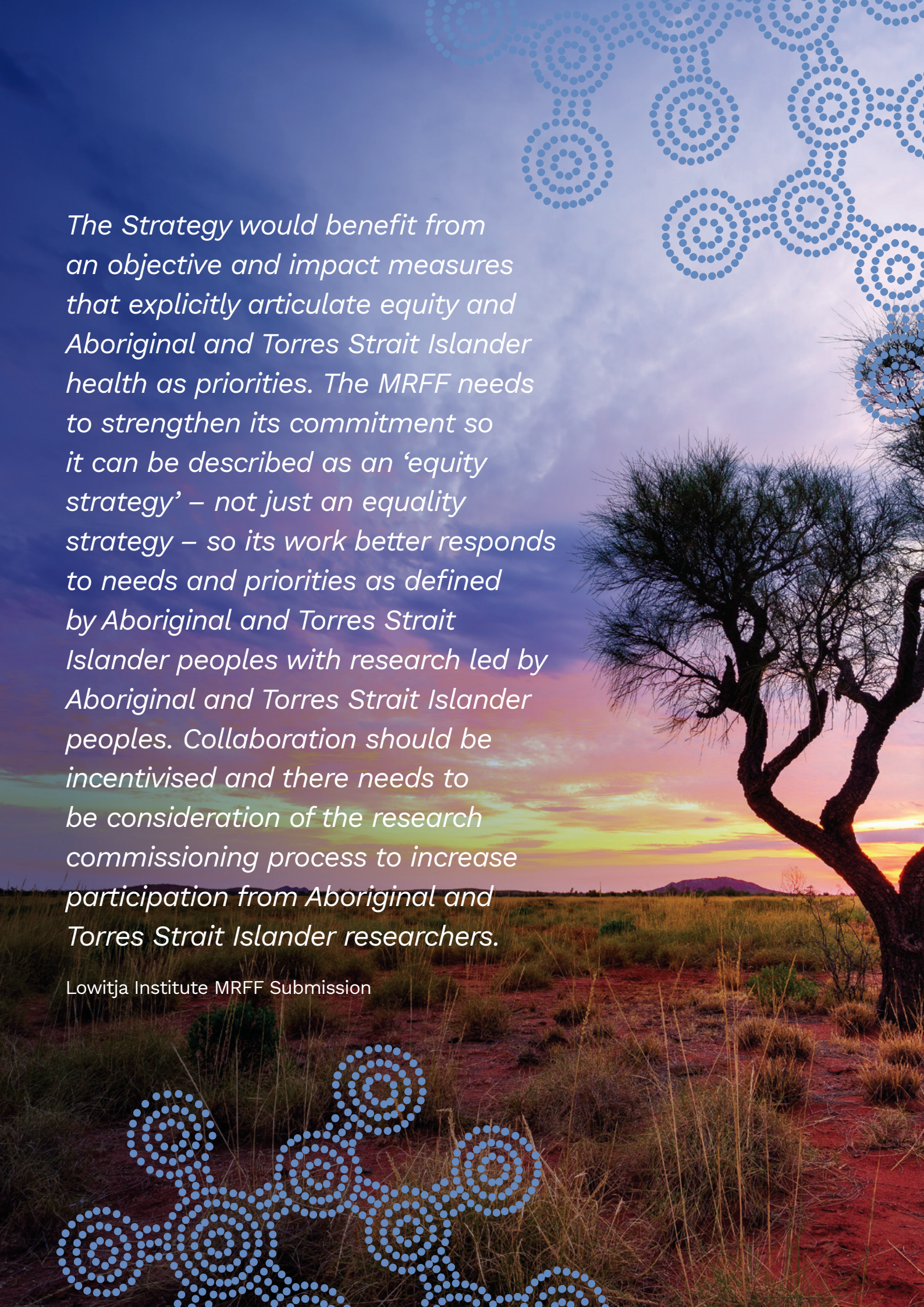
Of this policy engagement and advocacy work, we estimate that 33% had a direct influence and 32% had a potential influence on national-level health and/or research policy products. Here are examples of direct influence on the national health research agenda:

- Advising on approaches to data collection for the Australian Human Rights Commission's new National Anti-Racism Framework.
- Partnered with the Climate and Health Alliance, the National Health Leadership forum and the Healthy Environments and Lives Network to advocate on action for climate change to reduce impacts of climate change of Aboriginal and Torres Strait Islander health.
- Through membership of the Coalition of Peaks Data and Reporting Working Group, shaping what data development is required to assess progress against the priority reforms and socio-economic targets of the National Agreement on Closing the Gap and ensuring that Indigenous data sovereignty principles are embedded.
- Advising on how the revised objectives and impact measures for the Medical Research Future Fund can better reflect equity and Aboriginal and Torres Strait Islander health research priorities.

Stakeholder groups contributing to the Indigenous Wellbeing Index



- Australian Government
- State/Territory Government
- Aboriginal health peak bodies and professional associations
- Health peak bodies and professional associations
- Research centres
- Higher education
- Non-government organisations
- International organisations



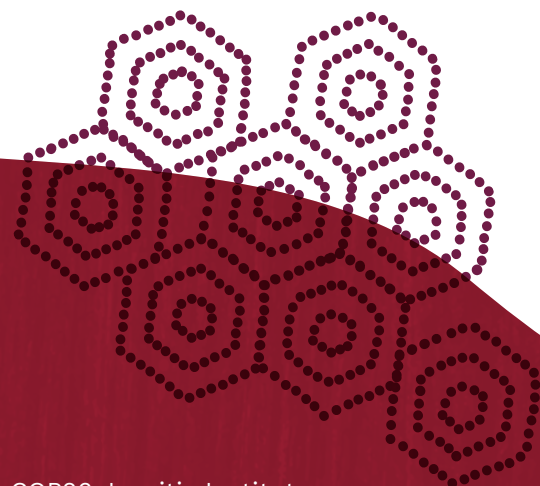
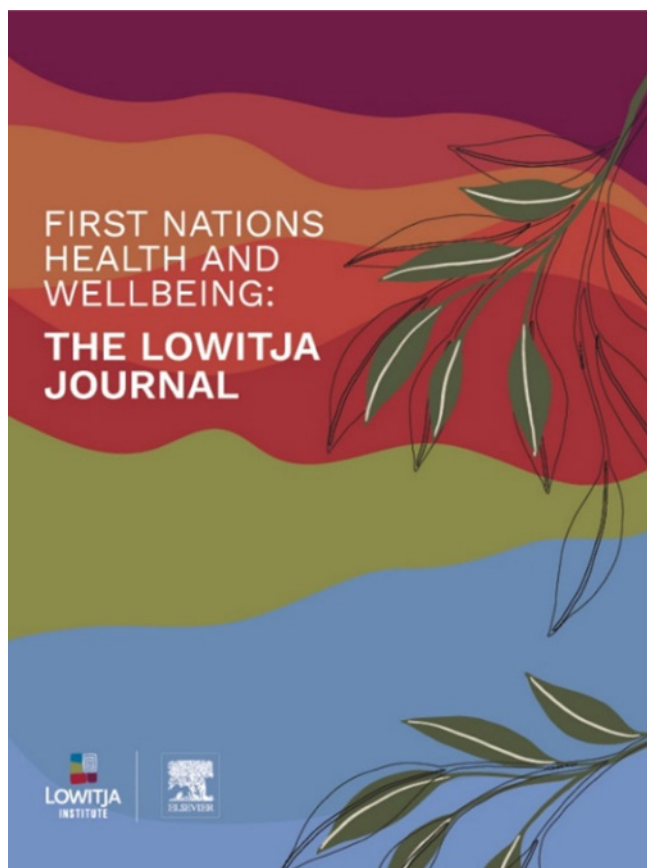
The Strategy would benefit from an objective and impact measures that explicitly articulate equity and Aboriginal and Torres Strait Islander health as priorities. The MRFF needs to strengthen its commitment so it can be described as an ‘equity strategy’ – not just an equality strategy – so its work better responds to needs and priorities as defined by Aboriginal and Torres Strait Islander peoples with research led by Aboriginal and Torres Strait Islander peoples. Collaboration should be incentivised and there needs to be consideration of the research commissioning process to increase participation from Aboriginal and Torres Strait Islander researchers.

Lowitja Institute MRFF Submission

First Nations Health and Wellbeing: The Lowitja Journal

Through the dedicated and sustained work of our staff over the past year, combined with a partnership with Elsevier, we can announce the launch of *First Nations Health and Wellbeing: The Lowitja Journal* in line with Lowitja Institute's 3rd International Indigenous Health and Wellbeing Conference in June 2023. This new international journal will uphold our rights to sovereignty and self-determination within research practice.

Professor Catherine Chamberlain has accepted the appointment of editor-in-chief. Identification and appointment of an Editorial Board, including senior and associate editors and a managing editor, is the next immediate focus. This will be followed by finalising the process for submitting, assessing and e-publishing articles, and the timing of editions.



International engagement

A standout event for Lowitja Institute's international engagement this year is our involvement in the side event to COP26 in Glasgow, November 2021. COP stands for Conference of the Parties and is the global climate summit that brings together the 197 nations who agreed to a new environment pact in 1992 – the United Nations Framework Convention on Climate Change.

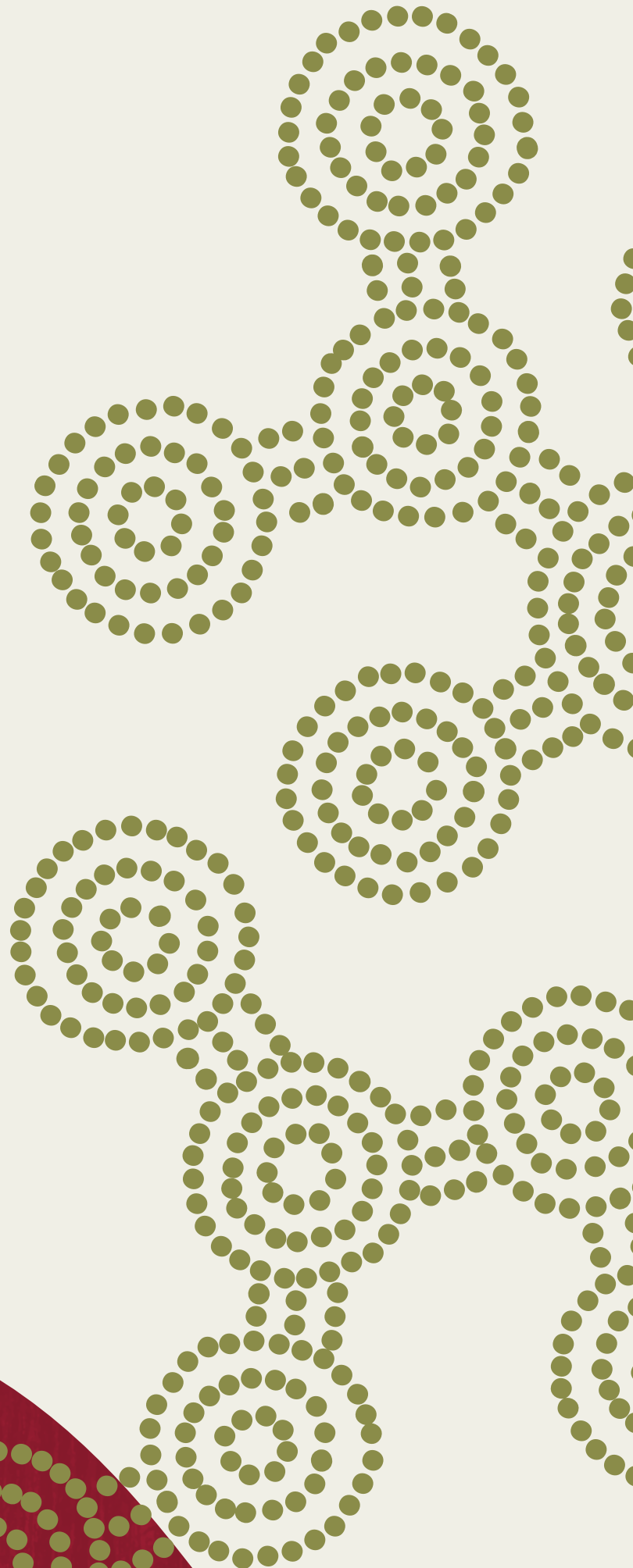
As a lead-in to COP26, Lowitja Institute participated in the COP26 Australia and NZ Health Ministries Roundtable from which we were invited to present at the COP26 side event. This was delivered online by our CEO.

We have continued to engage with researchers and health professionals across the globe who share our focus and priorities. For example, our CEO delivered a presentation on cultural safety to the Board of the International Confederation of Midwives.

Successful research grants

Lowitja Institute regularly collaborates with other Aboriginal and Torres Strait Islander researchers on research grants to relevant commissioning bodies. This year we were part of two successful consortium bids:

- ✓ The ***Healthy Environments and Lives Network***, or HEAL Network, will be established and implemented over five years. It intends to build resilience to environmental change. This was funded by an NHMRC Special Initiative focused on human health and environmental change.
- ✓ The ***Replanting the Birthing Trees to Support First Nations Parents and Babies*** is a five-year First Nations-led project funded by the Medical Research Future Fund. The project focuses on transforming ‘vicious’ compounding cycles of intergenerational trauma and harm to ‘virtuous’ positively reinforcing cycles of nurture and recovery, with priority attention on the critical life course transition of a baby’s first 2,000 days.



PRIORITY 2:

Mobilise research knowledge for effective translation

National Knowledge Translation Network

June 2022 saw the launch of a National Knowledge Translation (KT) Network as a supportive online community of practice for KT. It has commenced as a closed group for organisations who have received Lowitja Institute research grants.

The network will play a significant role in supporting research grant-funded organisations to design their KT plans, by exploring relevant and effective options for communicating and supporting implementation of their research outcomes. At this point, regular network events will occur online, although face-to-face options will be explored in the future.

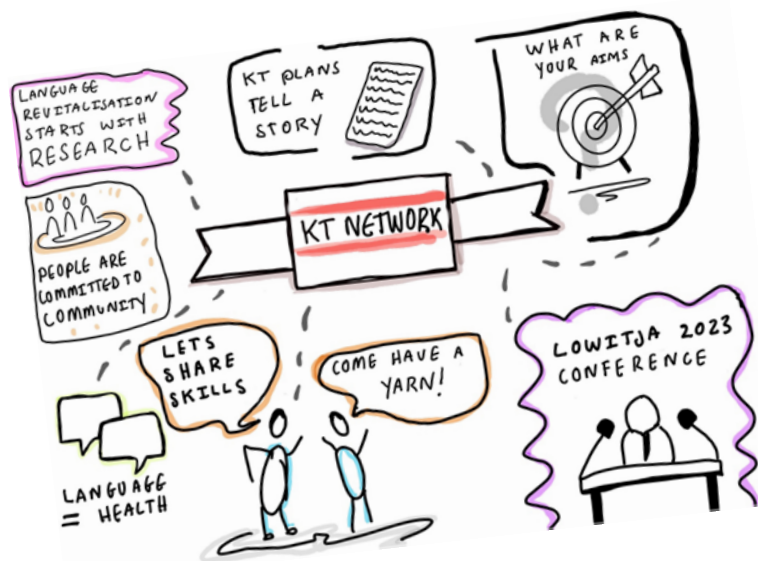


Illustration by Jazzmine Evans

Climate Change and Aboriginal and Torres Strait Islander Health

Climate change was a core policy focus this year. We commissioned a discussion paper as the lead-in to a national roundtable in October 2021 with 50 researchers, community members, young people, National Health Leadership Forum and Climate and Health Alliance members. It was authored by Dr Veronica Matthews and colleagues from the CRE-STRide and HEAL Network.

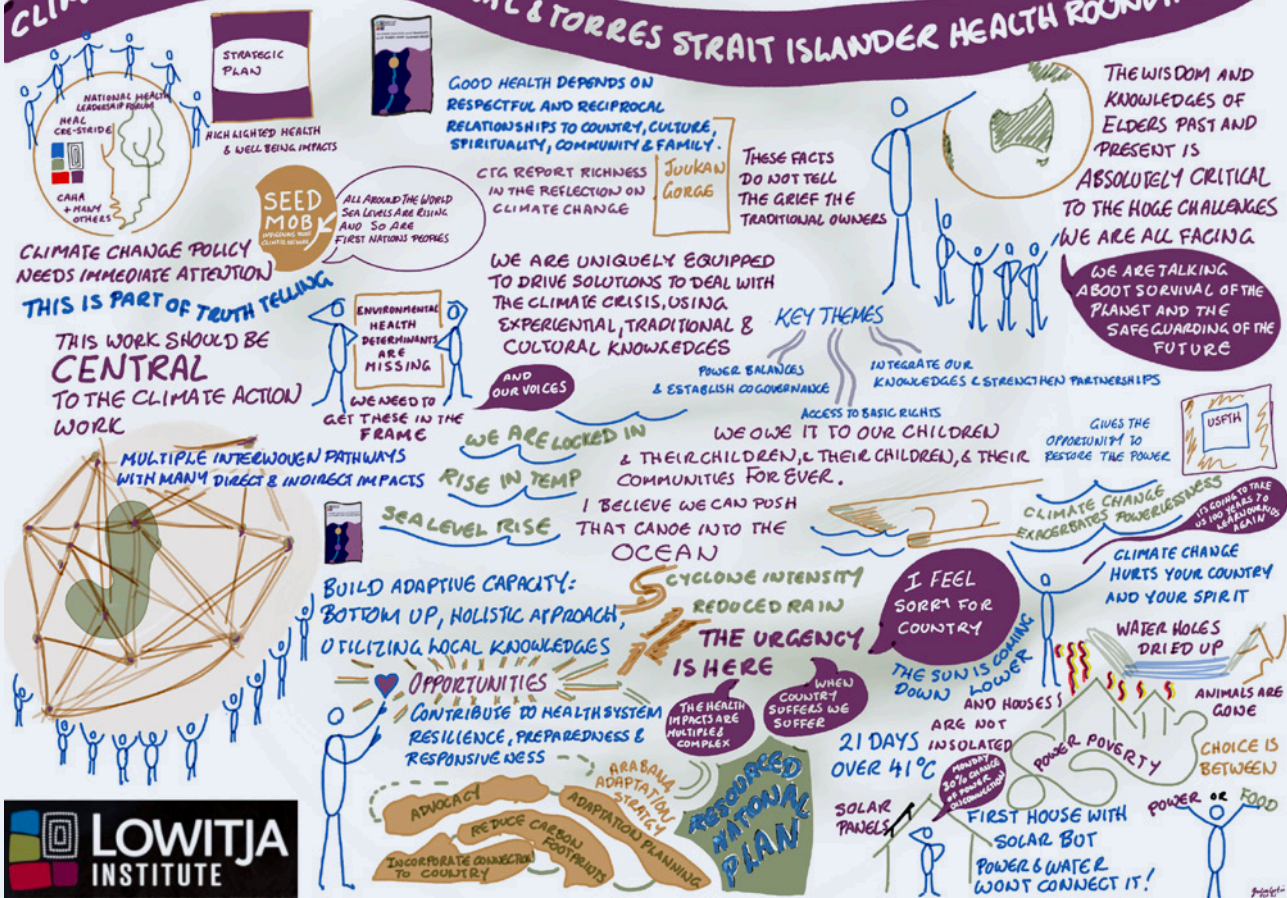


The final version of the discussion paper, which was informed by and published after the roundtable, describes climate change in Australia and its impact on the health and wellbeing of Aboriginal and Torres Strait Islander people. The paper highlights Aboriginal and Torres Strait Islander-led initiatives in climate change adaptation and mitigation that strengthens wellbeing and benefits the global community.



The discussion paper was formally launched at a side event at the UN Climate Change Conference, COP26 in Glasgow, in November 2021 by our CEO. The roundtable and discussion paper release were covered by Croakey Health Media, which led to a 51-minute podcast and several articles.

CLIMATE CHANGE & ABORIGINAL & TORRES STRAIT ISLANDER HEALTH ROUNDTABLE



CROAKEY HEALTH MEDIA

Informed, engaged communities for health

Rising up: Aboriginal and Torres Strait Islander people leading for climate justice
 Editor: Nicole MacKee Author: Nicole MacKee Wednesday, November 3, 2021

*** THIS ARTICLE WAS UPDATED AT 4.30PM, 4 NOVEMBER 2021 ***

Introduction by Croakey: Aboriginal and Torres Strait Islander communities are on the frontlines of the climate emergency, with record temperatures, drought, and loss of biodiversity compounding social and health inequities caused by more than 200 years of colonisation.

“ It is clear that to restore justice and protect the rights and interests of Aboriginal and Torres Strait Islander communities, a national framework needs to integrate their meaningful participation and leadership at all levels of planning and implementation.

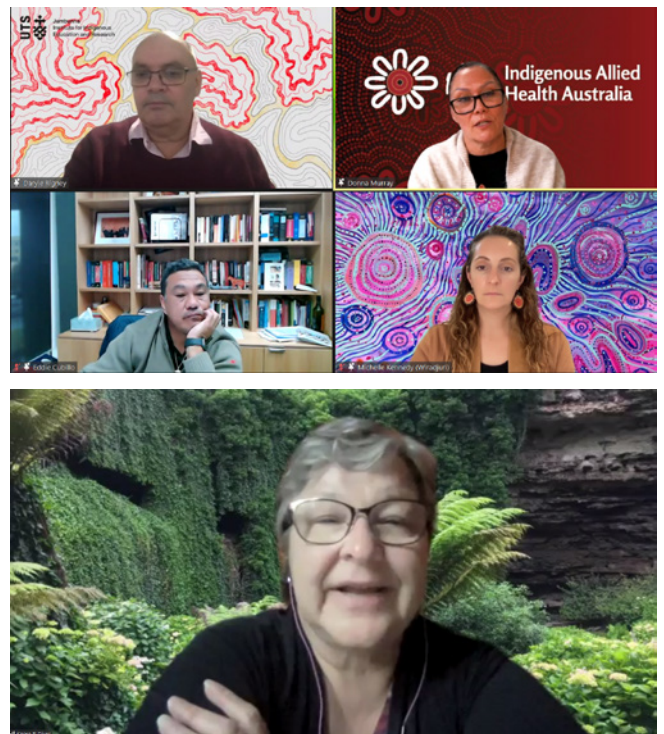
(p. 21) on climate and health action



Indigenous Nation Building

We have a new and ongoing focus on Indigenous nation building. Jumbunna Institute for Indigenous Education and Research, University of Technology Sydney, is developing a discussion paper with us, due for release in August 2022. The discussion paper will be informed by our June 2022 roundtable, **Indigenous Nation Building and the Political Determinants of Health and Wellbeing**, which was attended by 33 people with expertise and commitment to ongoing developments in this area.

It featured international speaker, Karen Diver, Senior Advisor to the President Native American Affairs at the University of Minnesota, as well as Professor Daryle Rigney from the Jumbunna Institute and Donna Murray from Indigenous Allied Health Australia.



Karen Diver, Senior Advisor to the President Native American Affairs at the University of Minnesota

KT and Coffee

Two KT and Coffee webinars were held this year.

The first topic was on **Indigenous Knowledge Translation**, held in August 2021 with 575 attendees. The guest speakers were Dr Mark Wenitong (Lowitja Institute), Uncle Mick Adams (Australia Indigenous HealthInfoNet), Dr Raglan Maddox (Australian National University) and Associate Professor Megan Williams (University of Technology Sydney and University of Sydney). The lead-in to this webinar was an article series on knowledge translation developed and published in collaboration with Croakey Health Media, called **Profiling Excellence – Indigenous Knowledge Translation**, that provided four contemporary examples of Indigenous Knowledge Translation.

The second KT and Coffee topic was **Aboriginal and Torres Strait Islander populations and COVID-19 – update and future priorities**. It was held in May 2022 and attended by 228 people with guest speakers - Dr Mark Wenitong (Lowitja Institute), Dr Jason Agostino (NACCHO), Professor James Ward (University of Queensland Poche Centre for Indigenous Health) and Dr Lucas De Toca (Department of Health, Australian Government).



KT & Coffee Webinar Series

Aboriginal and Torres Strait Islander populations and COVID-19: Updates & future priorities

25 May 2022
10am-11am AEST

Hosted by Dr Summer May Finlay in discussion with expert panellists

Dr Lucas De Toca

Dr Mark Wenitong

Dr Jason Agostino

Knowledge translation into action: New products and tools

Health Journey Mapping Toolkit

We launched the Health Journey Mapping (HJM) toolkit at an Adelaide-based HJM workshop in April 2022. The HJM project was conducted by members of the Adelaide-based Aboriginal Kidney Care Together – Improving Outcomes Now (AKction) project. This is co-led by Dr Kim O'Donnell and Associate Professor Janet Kelly from the University of Adelaide. The resulting toolkit expanded on resources created through the original Lowitja Institute-funded Managing Two Worlds Together project.

The toolkit is designed to facilitate culturally safe journeys through the health system. It assists health professionals, managers and teams to recognise Aboriginal and Torres Strait Islander patient and family needs and identify strengths and gaps in health systems. The desired outcome is to achieve a shift in healthcare delivery from what 'often happens' to what 'should happen' for Aboriginal and Torres Strait Islander patients, families and communities to have an optimal experience in healthcare systems.

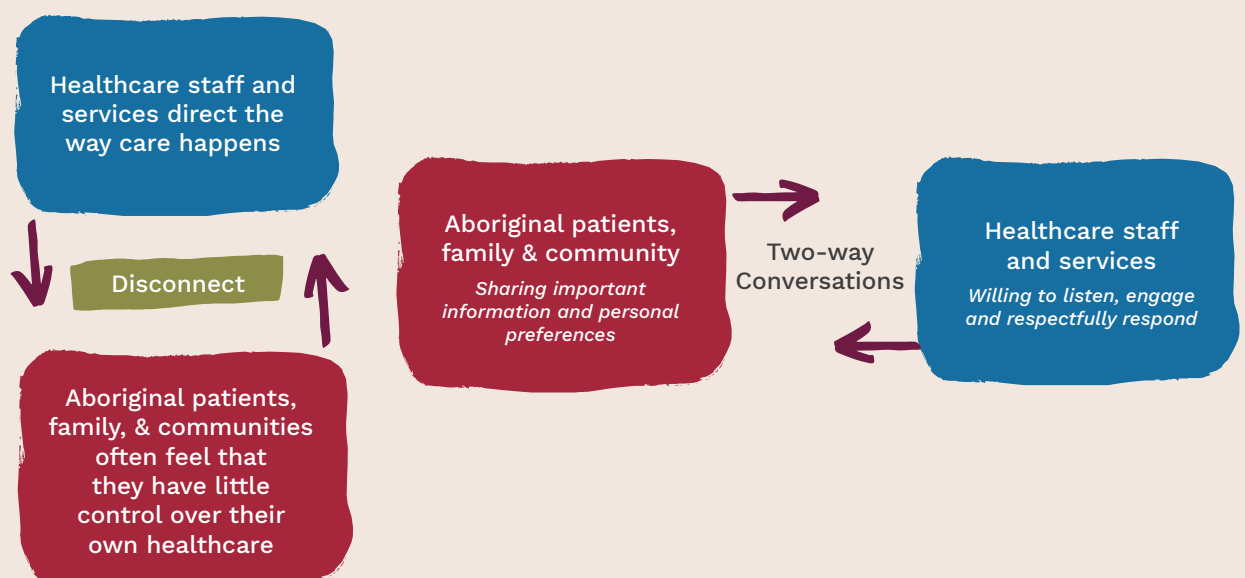


Source: Kiki Designs

“ The tools are based on underlying principles of equity, safety, and partnership, respectful two-way communication, co-design and a strengths-based approach. They provide a way for health professionals to gain a deeper understanding of Aboriginal and Torres Strait Islander peoples’ personal and cultural priorities, strengths, preferences and healthcare needs.

Associate Professor Janet Kelly

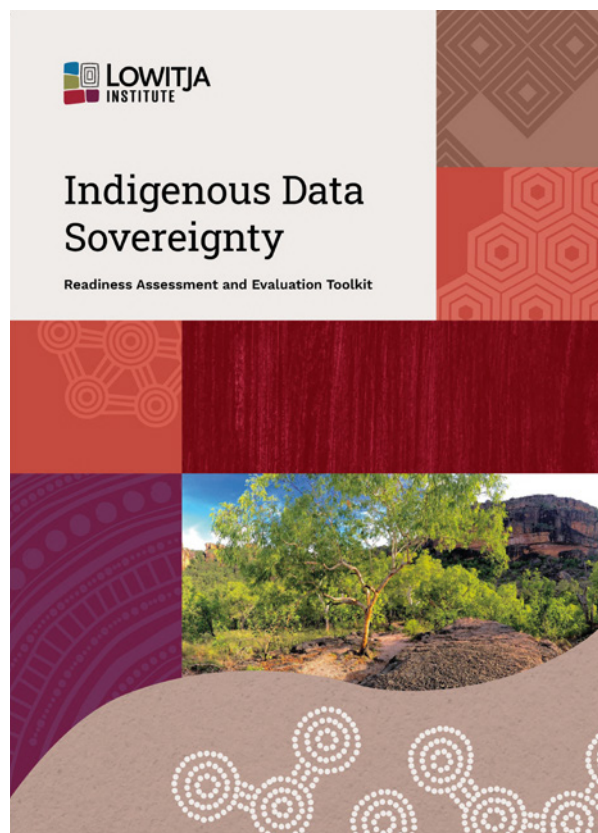
What often happens in healthcare vs what should happen for optimal healthcare



Indigenous Data Sovereignty Readiness Assessment and Evaluation Toolkit

The *Indigenous Data Sovereignty (ID-SOV) Readiness Assessment and Evaluation Toolkit* was also launched in March 2022, as part of a Lowitja Institute members' workshop on the topic. The workshop was led by Dr Kalinda Griffiths of the Centre for Big Data Research in Health at UNSW, who developed the toolkit, and Professor Ray Lovett, Director of the Mayi Kuwayu study at the National Centre for Epidemiology and Population Health, ANU.

The ID-SOV toolkit is a resource for research and academic organisations to guide them through an evaluation of whether and how ID-SOV principles and practices are evident in their work. Specifically, it assesses and evaluates how Aboriginal and Torres Strait Islander peoples' and communities' priorities, values and practices are incorporated in the processes that organisations use to control, develop, use, maintain and protect data about Aboriginal and Torres Strait Islander peoples.



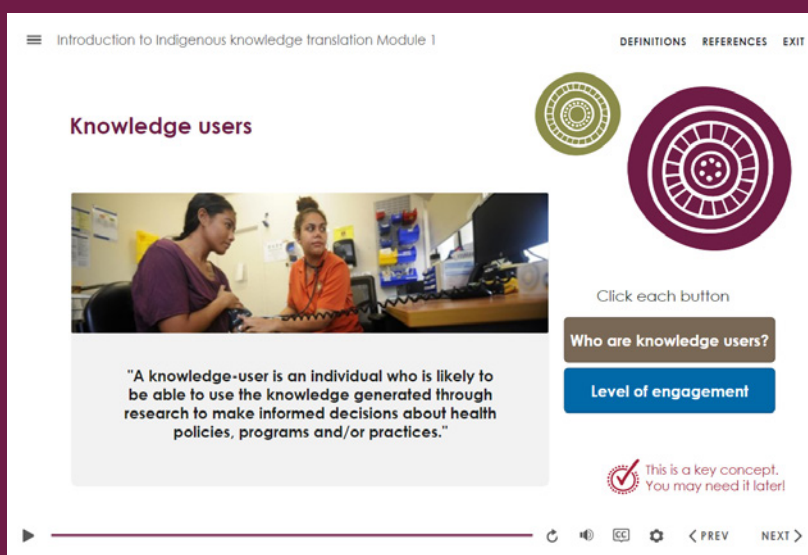
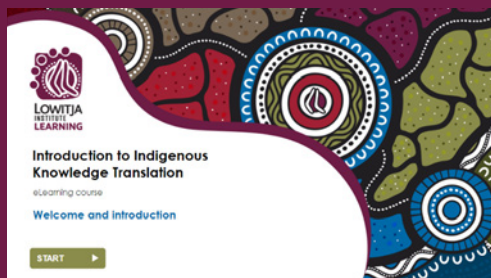
“Data is power. There has always been a push for non-Indigenous people to decide what is done with data relating to Indigenous communities and peoples, and in how data is measured. But this needs to change. Data governance plays a huge role, as well as data capacity building within the community. Once there is improved Indigenous data governance and ownership, we will likely see more timely and accurate data, which can be vital in circumstances like what we now face with COVID-19. These are complex problems and there’s no easy fix. But the needle is beginning to move.”

Dr Kalinda Griffiths

'Introduction to knowledge translation' online course

This online course is now available on Lowitja Institute's Learning and Development Hub (see Priority 3) and is accessible for both Lowitja Institute members and non-members for a small fee. It is based on the successful two-day workshop, *Pathways to Knowledge Translation and Research Impact in Aboriginal and Torres Strait Islander Health Research*, that was delivered in the previous financial year.

This short course is a valuable entry point into understanding knowledge translation. While it will be a useful resource for organisations receiving Lowitja Institute research funding, it has wide applicability across the existing and emerging Aboriginal and Torres Strait Islander health research workforce.

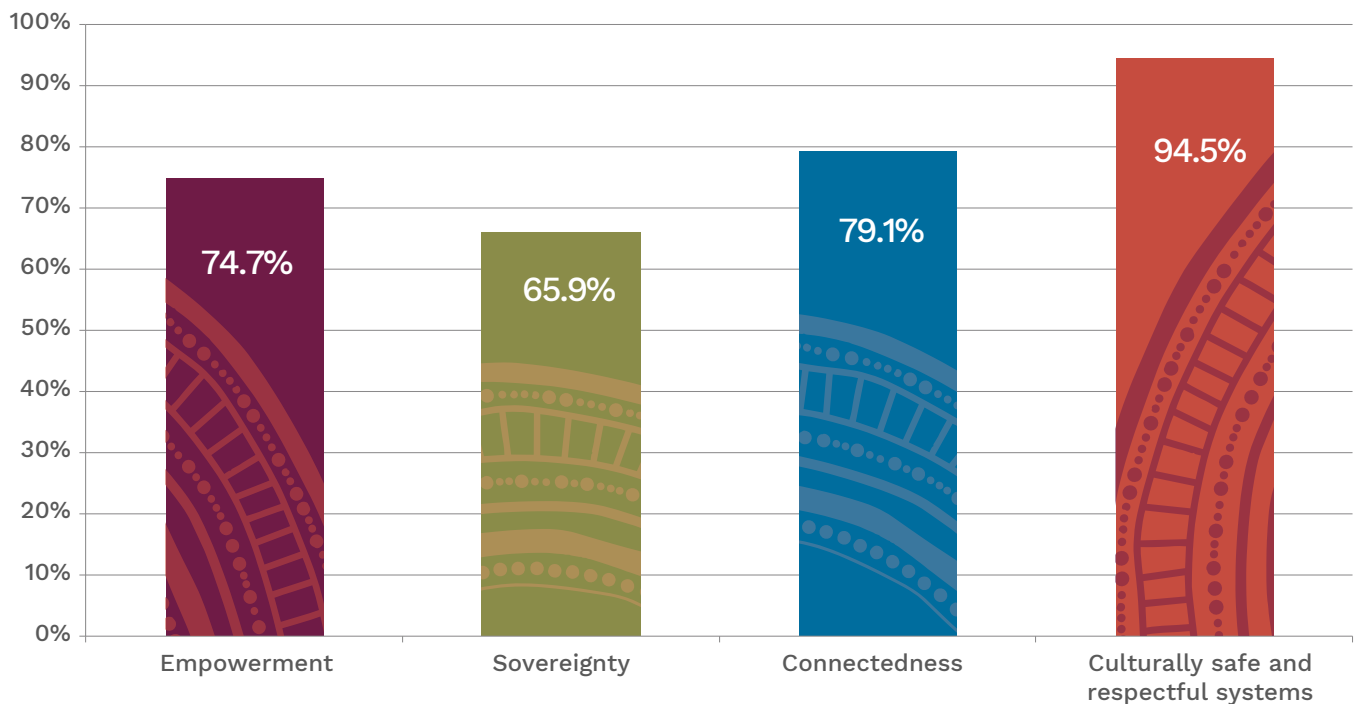


Influencing national policy, programs and practice

We monitor the relationship between our Aboriginal and Torres Strait Islander-led research agenda, and our work to influence national policy, programs and practices that link to the social and cultural determinants of health. While all four research agenda themes were strongly represented in this work, the high focus on culturally safe and respectful systems continued from the previous year.



2020-21 policy work and research agenda priorities





Here are several examples of how we influenced relevant policy areas:

- Contributed to development of the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy.
- Advised the Australian Commission of Safety and Quality in Healthcare on how they are designing and undertaking their Cultural Governance Project.
- Developed, launched and presented on the Climate Change and Aboriginal and Torres Strait Islander Health at the Glasgow COP26 side event.
- Provided advice to the Mental Health Commission on their National Stigma and Discrimination Reduction Strategy.
- Contributed to the National Health Literacy Strategy consultation.
- Provided a submission to the Indigenous Rangers Sector Strategy consultation process run by the National Indigenous Australians Agency.
- Partnered with VACCHO to explore the potential feasibility of an Aboriginal accountability body that monitors investment in programs and services designed to support Aboriginal peoples as a priority.
- Undertook advocacy work for the Close the Gap Campaign on Indigenous data sovereignty that was referenced in the 2021 State of the Environment Report, released by the Australian Government.
- Provided a submission to the Productivity Commission's National Housing and Homeless Review. This submission was referenced seven times within the final report issued in 2022.



PRIORITY 3:

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



LOWITJA INSTITUTE MEMBERS COMMUNITY

Growth in our members community

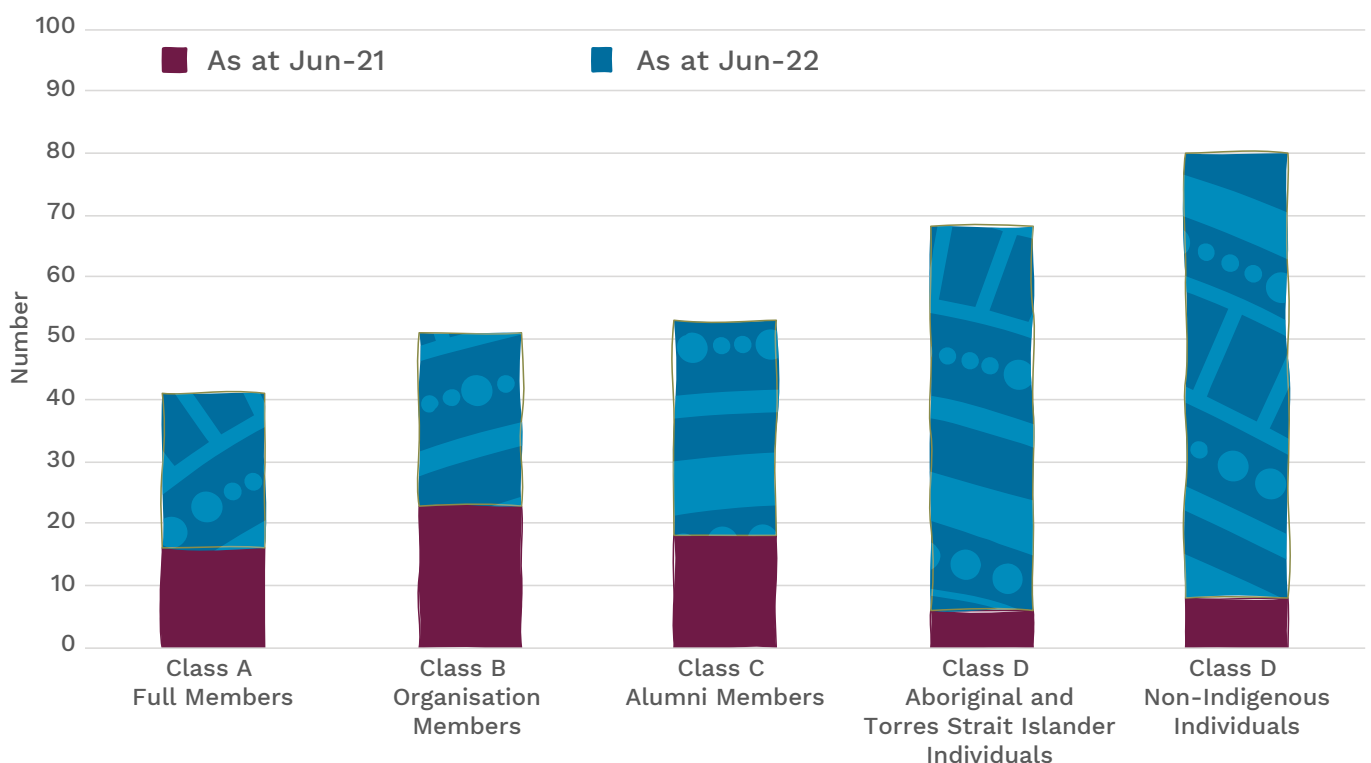
The past year has seen substantial growth in our Members Community across all classes of membership, which has options for Aboriginal and Torres Strait Islander organisation and individuals, and non-Indigenous individuals. As of end of June 2022, we had **376 members** in total, with 212 or 56% being

Aboriginal and Torres Strait Islander organisations and/or individuals. This compares with 71 in June 2021.

We are fostering connection within our Members Community through:

- *The Grapevine*, a regular Membership Community e-newsletter that is achieving open rates between 33-42%, well above market averages
- a closed and private Facebook group established to support Aboriginal and Torres Strait Islander members
- monthly yarning circles to support Aboriginal and Torres Strait Islander members
- face-to-face gatherings co-timed with other events in the Aboriginal and Torres Strait Islander health and research sector.

Lowitja Institute Members Community



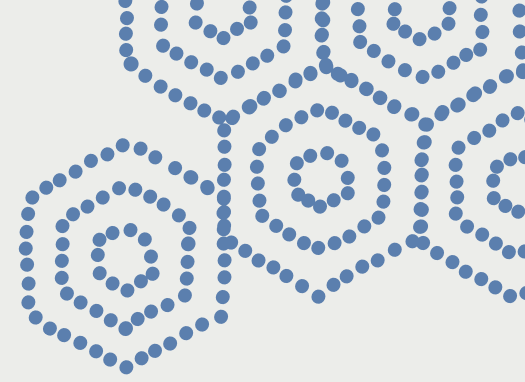
Yarning circles

Yarning circles began in May 2022 for Aboriginal and Torres Strait Islander members. These are facilitated by our executive manager of Research and Knowledge Translation and include special guests. The monthly yarning circles provide an online and intimate space for Aboriginal and Torres Strait Islander researchers and Indigenous researchers from across the globe to regularly connect, collaborate, and assist each other in various stages of their research career.



They have successfully engaged Aboriginal and Torres Strait Islander researchers from diverse backgrounds and experiences, ranging from community-based researchers to early and mid-career academics, with topics based on areas of interest identified by members.





Capability strengthening events for members

One of the benefits of being part of Lowitja Institute's Members Community is gaining access to workforce development events that offer capability strengthening in priority areas of interest.

Five major events this year were:

- **Aboriginal and Torres Strait Islander Health Research Ethics** masterclass presented by Alwin Chong, with 15 people attending in November 2021
- **Indigenous Cultural and Intellectual Property (ICIP)** masterclass led by Terri Janke & Company, who have frequently supported Lowitja Institute in ICIP matters, attended by 21 members in December 2021
- **De-colonising Research: Re-setting the re-search agenda** workshop led by Dr Michelle Kennedy (Lowitja Institute, Executive Manager Research and KT) and Professor Kelvin Kong, for 57 members in February 2022. This workshop has been repeated, including for the Kimberley Aboriginal Health Research Alliance (KAHRA). It is also available for ongoing access in our Learning and Development Hub
- **Indigenous Data Sovereignty** workshop presented by Dr Kalinda Griffiths and Professor Ray Lovett in March 2022, with 42 members attending
- **Health Journey Mapping** workshop led by Associate Professor Janet Kelly and Dr Kim O'Donnell that attracted 29 members. This has inspired development of a 'community of practice', with short follow-up networking events occurring for knowledge exchange and peer learning.



Associate Professor Janet Kelly and Dr Kim O'Donnell





Pathways into Research Toolkit

This toolkit was launched at the June 2022 AIATAIS Summit together with social medial promotion. It explores the following six topics that include video interviews, decision-making guides and information sheets.

The toolkit aims to support Aboriginal and Torres Strait Islander people to pursue pathways into research, from whatever role or experience they currently have. It is also designed to support Aboriginal and Torres Strait Islander people, organisations and communities to engage with and lead health research.



Lowitja Learning Online Courses

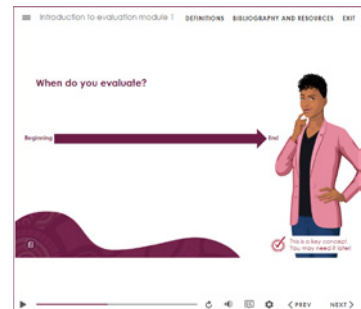
We have completed two further self-paced, online professional development options that are accessible via the Lowitja Institute Learning and Development Hub:

- **Introduction to Aboriginal and Torres Strait Islander health research**
- **Introduction to evaluation in Aboriginal and Torres Strait Islander contexts**

Like the **Introduction to Knowledge Translation course**, they are available to both Lowitja Institute members and non-members for a small fee. Each course has several modules and takes 2.5-3 hours to complete, although this can be done in smaller time slots depending on learner needs. Follow-up resources are provided for deeper learning. 'Checkpoints' are included to test knowledge retention and understanding, including some application activities.



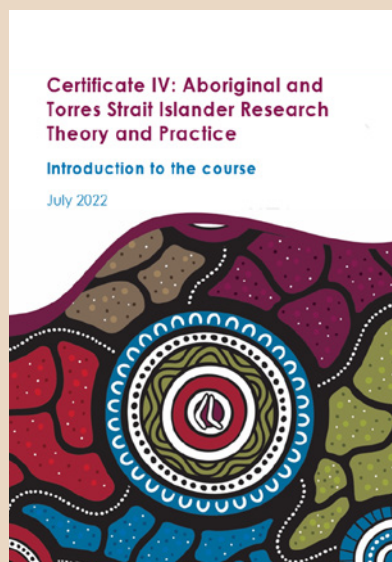
**LOWITJA
INSTITUTE
LEARNING**



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

A key achievement over the past year is achieving national accreditation for the **Certificate IV in Aboriginal and Torres Strait Islander Research Theory and Practice** in March 2022, with the support of a Course Advisory Group of Aboriginal and Torres Strait Islander health RTOs.

The registered training organisations (RTOs) are now working with us to get the course in scope, with plans to take a collaborative approach to delivery in 2023. This will enhance access to a broader range of students and a greater variety of learning opportunities throughout the course.

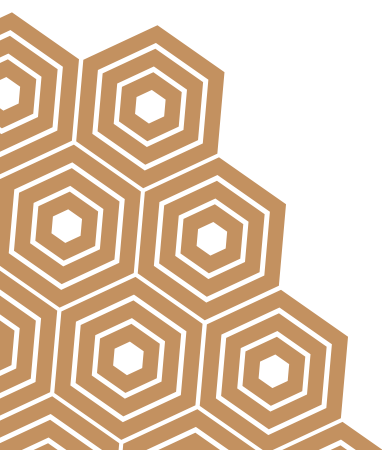
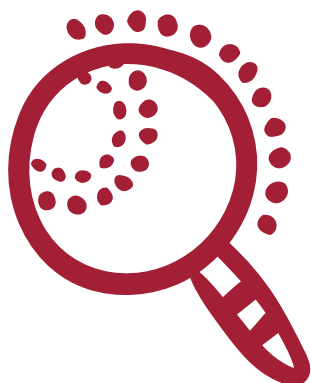


National Network for Aboriginal and Torres Strait Islander Health Research

Over the past year, the National Network for Aboriginal and Torres Strait Islander Health Research has started to take shape. It is led by Professor Gail Garvey, and involves a collaboration with Professor Alex Brown, Professor Sandra Eades and Lowitja Institute. It will provide a valuable mechanism that enhances existing resources for bringing together and supporting Aboriginal and Torres Strait Islander health researchers at different career stages and nurturing national and international collaborations to improve Aboriginal and Torres Strait Islander health.

As we step into July 2022, we are now able to appoint a dedicated position to coordinate our agreed activities for the network. This role will:

- lead the development and implementation of the network's communication strategy, annual communication plans and digital networking hub
- create a Safe Institutions task force to develop a cultural safety framework for higher education
- promote and manage scholarships to complete Certificate IV, undergraduate and higher degree research courses
- promote and manage bursaries for emerging and early career researchers to extend their knowledge and skills through a range of self-paced online courses in research, evaluation, knowledge translation, data literacy, Indigenous data sovereignty and cultural safety.



PRIORITY 4:

Promote our role and impact

National leadership roles

Lowitja Institute is consistently engaged in national leadership roles that have either a health and research policy focus or health research focus.



Leadership in health and research policy

- **Deputy Chair/Member**, National Health Leadership Forum (NHLF), 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 (IPAG), providing advice to the Australian Government on the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan
- **Member**, Close the Gap Data and Reporting Working Group
- **Member**, Health Infonet Advisory Board
- **Member**, Climate and Health Alliance
- **Board Member**, Australian Indigenous Governance Institute

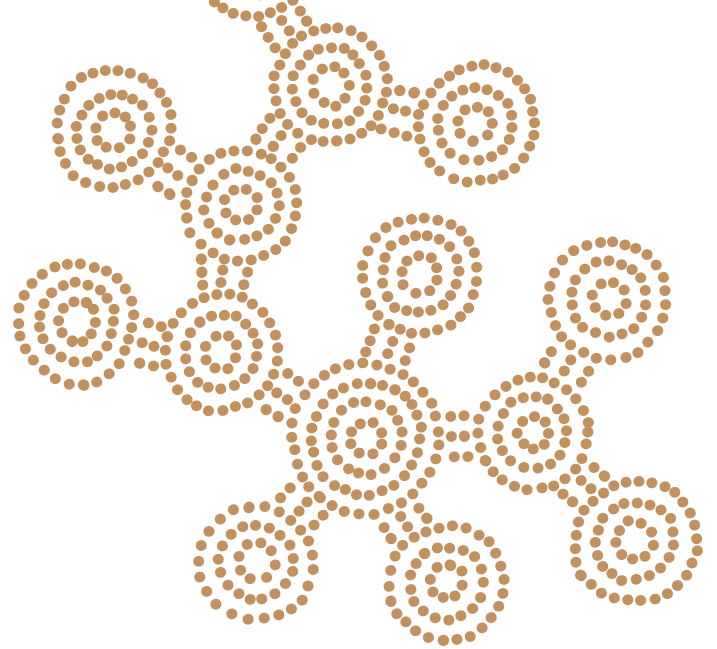


Leadership in health research

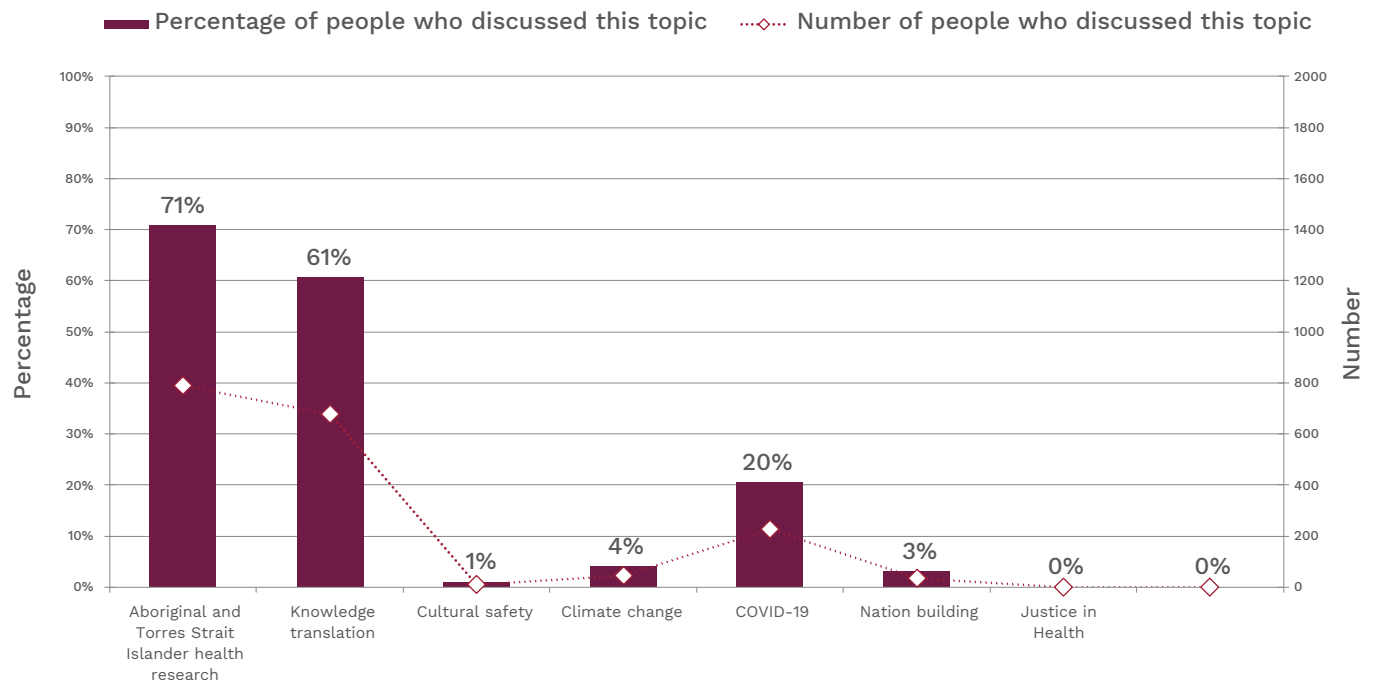
- **Member**, National Network for Aboriginal and Torres Strait Islander Health Research
- **Member**, Medical Research Future Fund: Indigenous Health Expert Advisory Committee
- **Member**, Vision 2040 (Health & Medical Research) Strategic Advisory Committee
- **Board Member**, National Centre for Indigenous Genomics
- **Member**, Targeted Translation Research Accelerator Needs Assessment, Indigenous Advisory Group
- **Member**, Genomics Advisory Group, Commonwealth Department of Health
- **Member**, VACCHO's Victorian Aboriginal Research Accord Reference Group
- **Member**, Good Medicine Better Health Advisory Group
- **Member**, Murdoch Children's Research Institute Aboriginal Reference Group
- **Member**, Rosemary Bryant Research Centre Advisory Committee
- **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
- **Organisational partner**, Human Health and Environmental Change: Healthy Environments and Lives (HEAL)
- **Member**, Aboriginal and Torres Strait Islander Health Survey Advisory Group, Australian Bureau of Statistics
- **Member**, QIMR Aboriginal and Torres Strait Islander Steering Committee for the Australian Pharmacogenomics Diversity Project
- **Member**, Intergenerational Health and Mental Health Study Surveys Reference Group

Lowitja Institute events

Eleven events were held over the last year, all run online, for members and other interested people. They ranged from roundtables to KT & Coffee webinars and Q&A forums on our grant rounds. As illustrated, topics ranged from Aboriginal and Torres Strait Islander health research to knowledge translation, COVID-19, climate change, nation building and cultural safety.



Number of people attending Lowitja Institute events and topics explored



Lowitja Live

In August 2021, we produced another Lowitja Live episode, featuring Professor Roianne West discussing Aboriginal and Torres Strait Islander health research and methodologies. It has gained 122 views to date.

Due to ongoing COVID-19 restrictions, we put further episodes on hold and are reviewing when to resume further episodes.



Engaging with external stakeholders

Engagement with external stakeholders continued at a steady pace this year, with a total of **111 engagements** that represented all six stakeholder categories in the pie chart. We maintained a high level of engagement with supporters (33%) and research partners (23%).

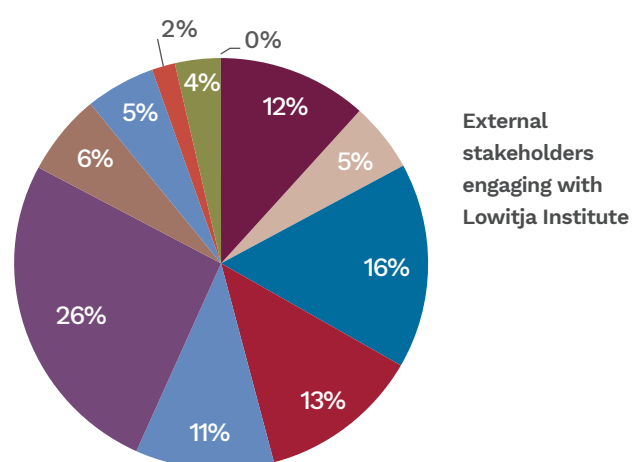
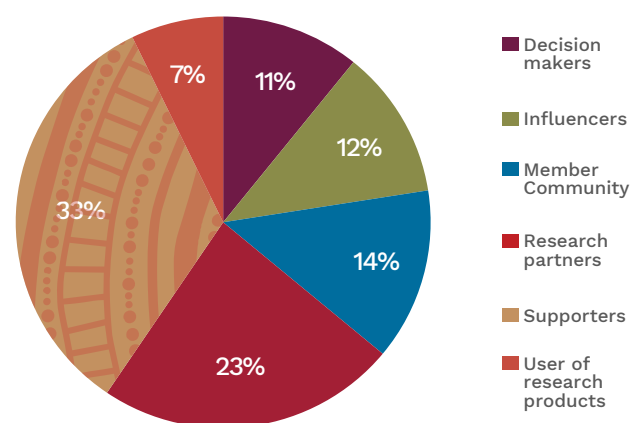
As the Members Community grows, so does our level of engagement to learn, share and collaborate beyond regular member communications and events (14%).

The types of organisations represented were diverse. We continued our frequent involvement with the higher education sector (26%), Aboriginal health peak bodies and professional associations (16%), mainstream health peak bodies and professional associations (13%), and research centres (11%).

Over 88% of these engagements were initiated by external stakeholders who approached Lowitja Institute, the same proportion as last year. This suggests that Lowitja Institute is maintaining a perception as a trusted 'go to' organisation, with knowledge and expertise across a range of matters related to health research.

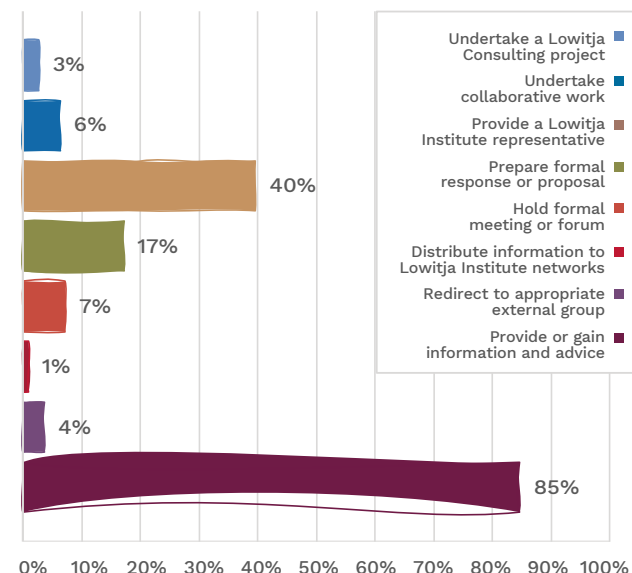
Requests ranged in size and nature. Overwhelmingly, Lowitja Institute's most frequent response is to provide, or gain, information or advice. We consistently provide Lowitja Institute representatives to present at or participate in external events and contribute to reference groups. It is also common for engagements to result in providing a formal response or proposal to external stakeholders. Other specific outcomes result from our responses, such as undertaking collaborative work (6%) and Lowitja Consulting projects (3%).

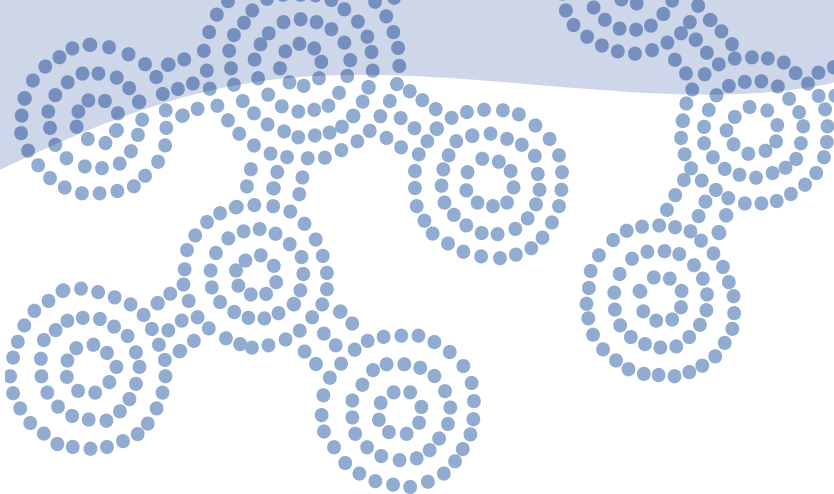
Stakeholder engagement by category



- Australian Government
- State/Territory Government
- Aboriginal health peak bodies and professional associations
- Mainstream health peak bodies and professional associations
- Research centres
- Higher education
- Non-government organisations
- Media organisations
- Philanthropic organisations
- Corporate organisations
- International organisations

Lowitja Institute responses to engagement with external stakeholders





Speeches and presentations

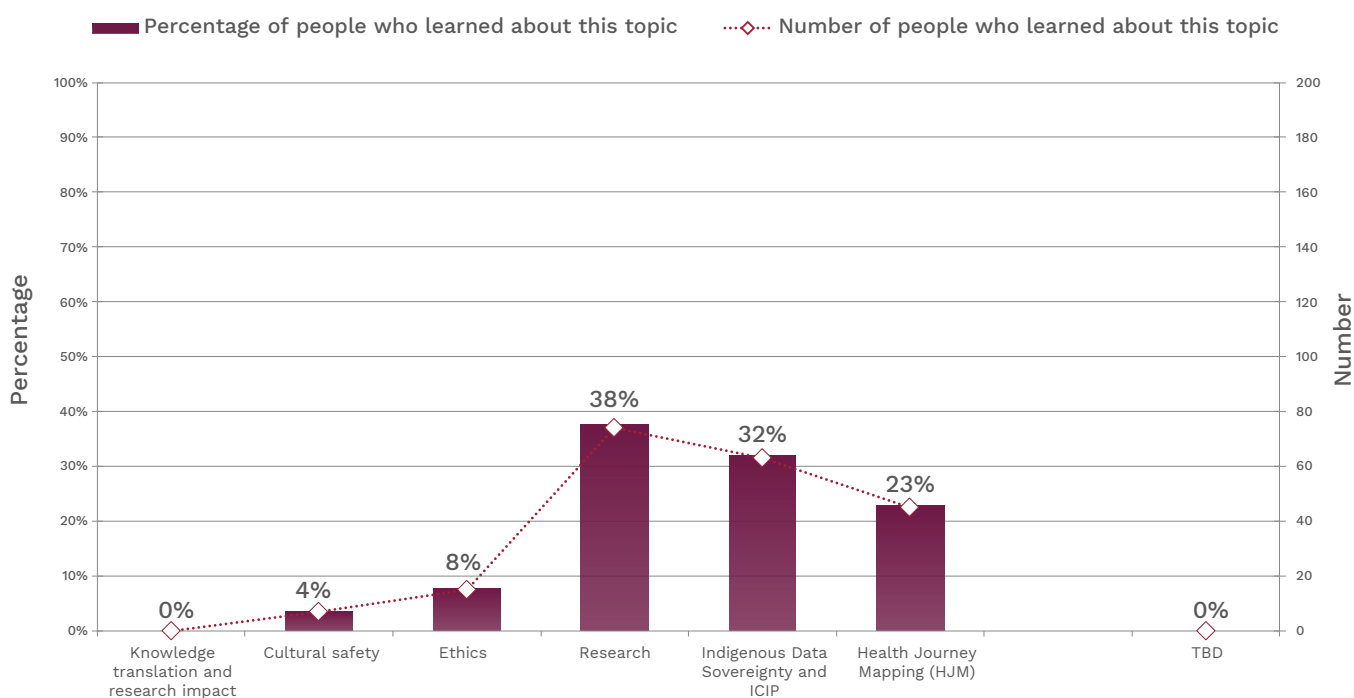
Our leadership team continued to deliver a high number of speeches and presentations to audiences small and large – **38 in total**. This year, we reached a record number of 23,717 people due to our contribution to the high profile COP26 side event in Glasgow, which alone had an audience of over 14,000. Without this event, our domestic reach was still very high at over 9,500 people.

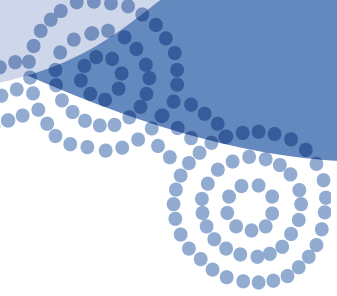
Climate change was a priority topic, linked to the release of our *Climate Change and Aboriginal and Torres Strait Islander Health* discussion paper. Other priority topics that we have a track record of focusing upon included cultural safety, cultural determinants of health, social determinants of health and Aboriginal and Torres Strait Islander leadership in health research and policy.

Speaking at the September 2021 Health Justice webinar, Adjunct Professor Janine Mohamed explained what justice in health is, with its links to the social determinants of health and cultural safety:

“Justice in health is about two things. One is people being in the justice system and not receiving appropriate care. The other is getting justice in care in the health system ... The Partnership for Justice in Health ... want to initiate a cultural shift and influence the implementation of system-focused efforts to identify and eliminate racism, and embed truth telling and cultural safety across health and justice. (Achieving this) ... lies with health and justice systems demonstrating a commitment to eliminating racism, through the reform of practices and policies, in all areas of operation.

How many people were reached by presentations and on which topics





In her keynote address at the National Press Club to the National Foundation of Australian Women in November 2021, Adjunct Professor Janine Mohamed shared her Great Australian Dreaming, where dedicated action on the cultural and social determinants of health translate into a re-imagined and culturally safe Australia:

“ I’m looking forward 20 years in time to the Australian nation in 2041, where cultural safety doesn’t begin in the health system. It begins in our homes and schools, and it’s everywhere.

“ Politicians of all persuasions, in fact people across Australia are having brave conversations about racism and understand that racism is an attack on people’s health and wellbeing, and our capacity to live productive, self-determining lives.

“ In 2041 Australia, the cultures, knowledges and practices of Indigenous peoples are central to the national narrative.



38
speeches

For the fourth time, Lowitja Institute produced the Close the Gap Campaign report on behalf of the Close the Gap Campaign Committee. In March 2022, *Transforming Power: Voices for Generational Change* was launched in Sydney, and focused on the themes: Aboriginal and Torres Strait Islander-led transformation; gender justice: equality and equity; and allyship. Adjunct Professor Janine Mohamed gave the opening address:

“ These themes explore the need for transformation of minds to have transformation of systems. To do this requires genuine and meaningful allyship and large-scale, structural transformation.

“ What does this mean? ... It means that it isn’t enough to just listen to Indigenous ways of knowing, being and doing. It means we must collectively embrace, respect and respond to those ways, if we want to truly close the gap in health outcomes for Aboriginal and Torres Strait Islander peoples.

“ The report is a beautiful and powerful collection of many stories, of Aboriginal and Torres Strait Islander-led brilliance at work, in all sorts of settings, paving the way ahead as we have done as peoples over millennia.



National Foundation for Australian Women
REAL WOMEN. VISIONARY. PARTNERSHIP.

2021 National Press Club Dinner: Keynote Speaker Dr Janine Mohamed

National Foundation for Australian Women
REAL WOMEN. VISIONARY. PARTNERSHIP.

It is also common for Lowitja Institute to support the launch of other significant initiatives that align to our research agenda. In April 2022, Adjunct Professor Janine Mohamed was a keynote speaker at the launch of the Central Adelaide Local Health Network's **Aboriginal Employment and Retention Strategy**. She emphasised the importance of non-Indigenous people stepping into leadership through 'allyship' alongside Aboriginal and Torres Strait Islander' people's leadership in health and research:

“ Recently, Lowitja Institute produced the *Close the Gap Campaign Report 2022*. Important themes were transformation and allyship. Allyship is not about leaving it up to us to do the hard work in transforming power and bringing about health equity. We must work together if we are to seek generational change for Australia, to close the gap that holds us back as a nation.



In March 2022, Adjunct Professor Janine Mohamed was also a panel member at the Arts, Creativity and Mental Wellbeing Policy Development Program for the Australian Council for the Arts. Janine referenced the Mayi Kuwayu Study led by Professor Ray Lovett, ANU in partnership with the Lowitja Institute.

“ Culture is a protective factor for Aboriginal and Torres Strait Islander health and wellbeing and it needs to be integrated and valued within health policy frameworks and programs, as well as in the arts ...

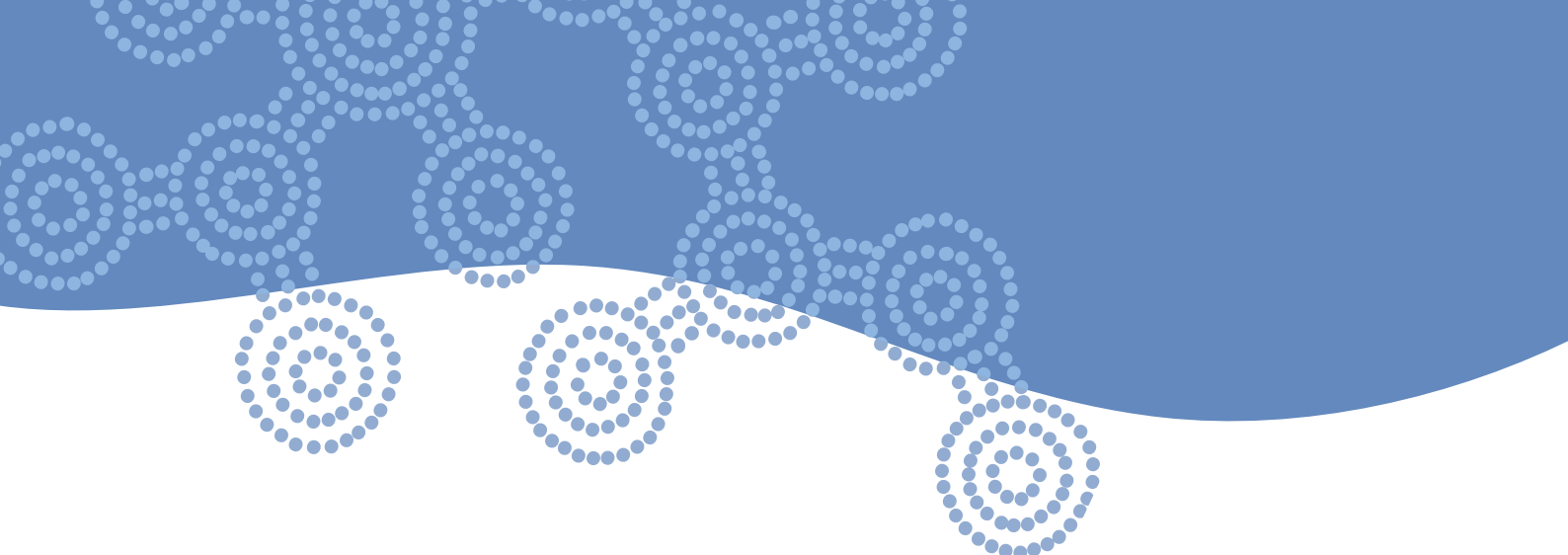
“ One of the case studies from the Mayi Kuwayu Study is the deadly Queensland-based NuunaRon – a group of Aboriginal and Torres Strait artists and emerging artists living with disability.

“ Each artist has their own powerful story that they share in artworks, mapping journeys of struggle and healing through connection, community, Country and culture.

In June 2022, CEO Adjunct Professor Janine Mohamed and Deputy CEO Paul Stewart presented at the Queensland Aboriginal and Islander Health Council (QAIHC) Members Conference 2022 'Looking forward, looking back' in Brisbane, Queensland.

“ Over the last decade, 25% of researchers who received a Lowitja Institute grant went on to receive other grant opportunities such as from the NH&MRC.

“ Through this new funding process, a range of partnerships models are emerging, for example between ACCHOs and universities and between ACCHOs and affiliates. Lowitja Institute is keen to further develop and support these partnerships within the sector.



In December 2021, our Chair Selwyn Button spoke at the Inaugural Aunty Pamela Mam Oration at the Poche Centre for Indigenous Health, University of Queensland on the topic, 'Community Control or Controlled Communities': Taking back control to improve outcomes for Aboriginal and Torres Strait Islander peoples.'

“ Of greatest concern to me is that national leadership of community controlled organisations is severely lacking, and increasingly focusing on growth and provision, as opposed to control ...

“ ... We cannot preference some voices over others. We must listen to the young and the old, the wealthy and the poor, the educated and the uneducated. No voice should be more powerful than another. Allowing this to happen will mean that all of the fights of our ancestors and trailblazers like Aunty Pam have simply led us to replace one archaic and unsuccessful approach with another.

“ One of the greatest skills that any leader or practitioner in community control can possess is the ability to listen. One of the greatest dispositions that any leader or practitioner can possess is the desire and will to turn what they hear into action – for the community, determined by the community. Leaders listen.

At the Climate Action Network Australia (CANA) Local Action Meeting to members, NHLF and CAHA (Climate and Health Alliance) in March 2022, our Executive Manager, Policy and Consulting Rosemary Smith spoke about the work of Lowitja Institute in highlighting the impacts of climate change on Aboriginal and Torres Strait Islander peoples' health, and the importance of allyship for climate action.

“ Being an ally means stepping up to the task and matching your words with actions, but also knowing when it is time to step back, and being aware of not talking for, or taking up space meant for Aboriginal and Torres Strait Islander peoples.

“ Good allyship has not only been pivotal in allowing us at Lowitja to make progress, but it was a common theme emerging from research in the climate and health. As allies, CAHA helped us to navigate systems and open doors for us that otherwise may not have opened ... like our CEO, Dr Janine Mohamed being able to participate in a side event at COP26, which was a very special and significant moment for us.

Media and publications activity

We have maintained our regular involvement with the media, both nationally and internationally. Domestically, we connected with mainstream and Aboriginal and Torres Strait Islander media. Mentions of Lowitja Institute and/or our CEO Adjunct Professor Janine Mohamed in international, national and local media rose to 1,336 in total, according to Meltwater media platform.

Throughout the year, we distributed 13 media releases, published 13 media articles or opinion pieces and five journal articles. Lowitja Institute staff and partners participated in 22 media interviews published in print, online and broadcast on TV and radio. Another key media achievement is formalising Lowitja Institute's affiliation with *The Conversation*.

Close the Gap Campaign Report 2022 media and social media coverage



The #closethegapday22 Influencers

Top 10 Influential

@closehegapOZ	100
@WePublicHealth	34
@LowitjaInstItut	31
@AustHumanRights	23
@criscoe_bard	21
@NAAT_SirHP	18
@NACCHOAustralia	15
@CroakyeNews	10
@LeilanDarwin	9
@IndigenousX	8

Prolific Tweeters

@closehegapOZ	130
@MelissaSweetDr	77
@WePublicHealth	43
@CroakyeNews	43
@LowitjaInstItut	39
@RecAustralia	38
@ANTaR_National	33
@thevalmob	29
@SummerMayFinlay	23
@mariecinmerney	22

Highest Impressions

@MelissaSweetDr	2.2M
@closehegapOZ	1.8M
@RecAustralia	1.4M
@WePublicHealth	855.4K
@LowitjaInstItut	687.8K
@CroakyeNews	478.5K
@NACCHOAustralia	309.2K
@IndigenousX	298.2K
@ANTaR_National	287.8K
@SummerMayFinlay	278.4K

The Numbers

13.046M Impressions
1,524 Tweets
643 Participants
4 Any Tweets/News
2 Any Tweets/News

Twitter data from the #closehegapday22 hashtag from Tue, March 1st 2022, 0:29PM to Thu, March 3rd, 2022, 6:29PM (Australia/Sydney) - Sympplr

SYMPPLUR

PART OF REAL CHEMISTRY



Levels of racism in the system

Paul Stewart from the Lowitja Institute, the national institute for Indigenous health research, said tragedies like this have ripple effects throughout the Aboriginal community.

"It leads to distrust of that health system, and I think it highlights levels of racism and discrimination and that needs to change," the institute's deputy chief executive said.

He called on the Health Minister to commit to the coroner's recommendations.

"It's an opportunity for the WA government to really ask themselves if these recommendations need to be rolled out across the state, so that we don't have another case of Miss T happening in another regional town," Mr Stewart said.

But he believes the recommendation of Aboriginal liaison officers is only part of the solution.

"We need to grow our Aboriginal and Torres Strait Islander workforce, but we also need to equip the broader health workforce with the right training and education to ensure that they deliver good quality care in a culturally safe manner," he said.



Paul Stewart wants to see the coroner's recommendations implemented. (Supplied: Lowitja Institute)



ABC

Human rights lawyer says health system failed Miss T, giving her family grounds to sue, ABC News, ABC Goldfields, 14 January 2022

ABC TV, Panel member for
The Drum on *Alan Tudge's
future, rise of strong
Indigenous female leaders
and trusting the expert's*,
February 2022

THE
DRUM

13



media
releases

13



published
media

22



media
interviews

5



published
journal
articles

LIVE BRISBANE

ULURU STATEMENT

forward and a big opportunity for
First Nations communities to
Leaders mark 5th anniversary of landmark statement

Tasmania's Liberal Treasurer will hand down his first state budget today

ABC NEWS

09:40 QLD

ABC News TV, 'Uluru Statement', May 2022

Examples of Lowitja Institute publications and media interviews

Published media articles

- Author, 'Closing the Gap: how can data drive the change that's promised?', *Croakey*, 4 August 2021.
- Co-author, '10 ways we can better respond to the pandemic in a trauma-informed way', *The Conversation*, 8 October 2021.
- Co-author, 'Indigenous peoples across the globe are uniquely equipped to deal with the climate crisis – so why are we being left out of these conversations?' *The Conversation*, 29 March 2022.
- Author, 'The Uluru Statement must be core to promises made by all parties in the lead-up to the federal election', *The Conversation*, 16 May 2022.



Published journal articles

- Author, 'The power of self-determination', *Law Society Journal*, 20 July 2021.
- Co-author, 'Healing the Past by Nurturing the Future: Aboriginal parents' views of what helps support recovery from complex trauma', *Primary Health Care Research & Development*, 22, 30 September 2021.
- Co-author, Letter to the Editor: "Who is speaking for us? Identifying Aboriginal and Torres Strait Islander scholarship in health research", *Medical Journal of Australia*, 215 (8), 18 October, 2021.
- Co-author, 'Supporting Aboriginal and Torres Strait Islander Families to Stay Together from the Start (SAFeST Start): Urgent call to action to address crisis in infant removals', *Australian Journal of Social Issues*, 57 (2), 26 January 2022.



Interviews

- Mama Mia podcast, 'Sacred sights and land rights: What's happened since Mabo?' July 2021.
- ABC TV News, Afternoon news program interview with Dan Bouchier, 'How COVID-19 is impacting Indigenous communities and the vaccination rollout,' September 2021.
- Blackchat Koori Radio, September 2021.
- ABC TV, Panel member for The Drum on 'Alan Tudge's future, rise of strong Indigenous female leaders and trusting the expert's', February 2022.
- NITV News, 'Close the Gap Campaign Report 2022', March 2022.
- ABC Sydney Radio, Evening show with Christine Anu, 'Uluru Statement', May 2022.
- SBS Radio, Sorry Day, May 2022.
- ABC News TV, 'Uluru Statement', May 2022.





Our social media presence and engaged online community remains solid across all social platforms, including 15,348 followers on Twitter, a 7% increase on last year, in addition to 2,357 Facebook followers, 1,781 Instagram followers and 3,732 LinkedIn followers. We utilise these platforms to promote our work and other organisations and individuals who demonstrate and/or support good practice in Aboriginal and Torres Strait Islander health and health research.

As well as the **#CloseTheGap22** campaign, we have been actively involved in supporting the **#RaiseTheAge** campaign on increasing the age of criminal responsibility, celebrating NAIDOC Week 2021 **#HealCountry** campaign, supporting National Aboriginal and Torres Strait Islander Children's Day **#MyDreamingMyFuture**, supporting National Day of Recognition for Aboriginal and Torres Strait Islander Health Workers and Health Practitioners **#NAATSIHWPHeroes**, promoting Lowitja Institute's **#ElectionPriorities** leading up to the **#AusVotes22** May 2022 federal election, Reconciliation Week's **#NRW2022** **#BeBraveMakeChange** campaign and the **#UluruStatement** and **#VoicetoParliament** campaigns. We have also supported **#EarthDay**, **#HarmonyDay** and International Women's Day **#IWD22**.

LOWITJA INSTITUTE

2022 Federal Election Priorities

In the lead-up to the 2022 Federal Election, the Lowitja Institute is calling on the incoming Australian Government and Federal Parliament to prioritise the health and wellbeing of Aboriginal and Torres Strait Islander communities.

- Priority 1** Embedding Aboriginal and Torres Strait Islander research leaderships
- Priority 2** Implementing social and cultural determinants of health
- Priority 3** Investing in data governance and infrastructure
- Priority 4** Commitment to workplace development
- Priority 5** Action to address climate change

lowitja.org.au

CLOSE THE GAP
CAMPAIGN REPORT 2022

antar.org.au/close-gap

#IWD2022

'Aboriginal and Torres Strait Islander women have long been the protectors of Country. In the words of Seed Mob, "We cannot have climate justice without First Nations justice"'

– Adjunct Professor Janine Mohamed, CEO Lowitja Institute



"We know that to improve the outcomes for Aboriginal and Torres Strait Islander peoples; large-scale systemic reform and a paradigm shift in policy design and delivery is necessary to truly empower Aboriginal and Torres Strait Islander peoples"

Close The Gap Campaign Co-Chairs
Ms June Oscar AO, Aboriginal and Torres Strait Islander Social Justice Commissioner
Mr Karl Broome, CEO – National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners, NACATSIHW

CLOSE THE GAP
CAMPAIGN REPORT 2022

antar.org.au/close-gap

LOWITJA INSTITUTE 5 of 5

2022 Federal Election Priorities

Priority 5

Action to address climate change

LOWITJA INSTITUTE

Gender justice and equity for Aboriginal and Torres Strait Islander women and girls are central to supporting strong families and communities to lead healthy lives.

BE BRAVE. MAKE CHANGE.
NATIONAL RECONCILIATION WEEK 2022

#CloseTheGap

Kelli Owen
National Community Engagement Coordinator, NICT

"We have the answer to keep us healthy and possibly culturally safe. We just need them to apply it"

LOWITJA INSTITUTE

PRIORITY 5:

Create a strong and sustainable future

Sustainability strategy

Implementation of our Sustainability Strategy for developing diverse funding options is bearing results in two main areas. One is being funded by other bodies to administer their research grant monies for Aboriginal and Torres Strait Islander health based on Lowitja Institute's approach to research commissioning. The main example here is ADRIA, profiled under Priority 1.

The second area is the growth in Lowitja Consulting over the year as we are approached to undertake consultancy work and bid independently or in partnership with like-minded colleagues for available work across the social and cultural determinants of health.

We have done substantial work over the last year in preparing several commercial products, initially developed during 2020-2021, for public launch. The associated business and implementation plans are finalised, and they will begin to be marketed throughout 2022-2023.

Governing our future

As an Aboriginal community controlled organisation, Lowitja Institute is governed by an all Aboriginal and Torres Strait Islander Board of Directors that also considers the skills, experience and connections that Board members bring to their role.

Chairperson:

Ms Pat Anderson AO (July – December 2021)

A very significant change for the Board was the retirement of Ms Pat Anderson AO in December 2021 as the inaugural and enduring Chairperson of Lowitja



Institute, providing over two decades of service to Lowitja Institute and the former Cooperative Research Centres focused on Aboriginal and Torres Strait Islander health research.

Ms Pat Anderson AO, an Alyawarre woman, 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.

Chairperson:
Mr Selwyn Button
(January – June 2022)

Mr Selwyn Button is an experienced senior executive who has led large health, education and governance organisations across the government, private, and not-for-profit sectors.

Currently Mr Button is a partner of both PwC Australia and PwC Indigenous Consulting, Chairperson of the Lowitja Institute, and a committed member of numerous boards including the Australia Children's Education and Care Quality Authority, the Institute for Urban Indigenous Health, and Queensland Rugby.

A Gungarri man from south-west Queensland, Mr Button was raised in Cherbourg and for many years has led policy, service delivery and legislative reforms to support improved outcomes for Aboriginal and Torres Strait Islander peoples. Prior to his PwC role, Mr Button was the first ever Indigenous person to hold the role of national Registrar, Office of the Registrar of Indigenous Corporations, in which he regulated and supported more than 3,000 organisations, the top 500 of which generate around \$2 billion annually.

He has also served as Assistant Director-General for Indigenous Education in Queensland and chief executive officer of the Queensland Aboriginal and Islander Health Council. Mr Button is a former primary school teacher and Queensland police officer who holds a Master of Public Administration and a Bachelor of Education.

See our website for Mr Button's recent publications..



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.



Ms June Oscar AO

A Bunuba woman from Fitzroy Crossing and the Aboriginal and Torres Strait Islander Social Justice Commissioner.



Mr Ali Drummond

A Meriam and Wuthathi man and Lecturer and Director of Indigenous Health at the Queensland University of Technology.



Mr Craig Ritchie

A Dhunghutti/Biripi man, is the Chief Executive Officer of the Australian Institute for Aboriginal and Torres Strait Islander Studies.



Dr Suzanne Andrews

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



Mr Robert Skeen

Who 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.



Ms Deb Butler

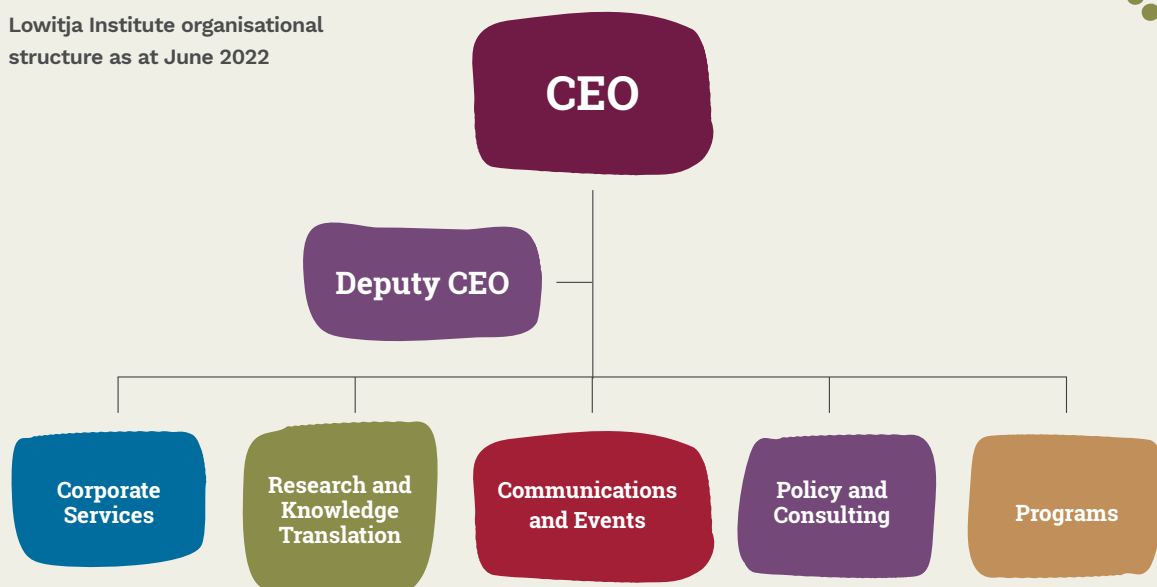
A Jawoyn woman, born and raised in Katherine Northern Territory (NT), and the Director, Ageing Policy at the Northern Territory Department of Health.



Lowitja Institute structure

Our organisational structure has continued to work well in supporting the broad range of work we undertake across our five priorities.

Lowitja Institute organisational structure as at June 2022





Lowitja Consulting projects

This year has seen notable growth in our consulting activity, with Lowitja Consulting undertaking or commencing work that ranges from small and time-limited through to larger multi-year projects. Several examples include:

First Nations Media Australia

This small consultancy focuses on data gaps in Aboriginal and Torres Strait Islander people's representation in media, and how media representation can support the National Agreement on Closing the Gap. The report that includes seven recommendations was presented to the Coalition of Peaks before being finalised in May 2022.

Medical Research Future Fund, Targeted Translation Research Accelerator (TTRA) Program (Round 3)

This initiative is delivered by MTPConnect for the MRFF. We have partnered with them to complete the needs assessment and prioritisation process for Round 3 of the Targeted Translation Research Accelerator (TTRA) Program and determine the Indigenous-specific priority areas for research into diabetes and cardiovascular disease.

National Aboriginal and Torres Strait Islander Suicide Prevention Strategy

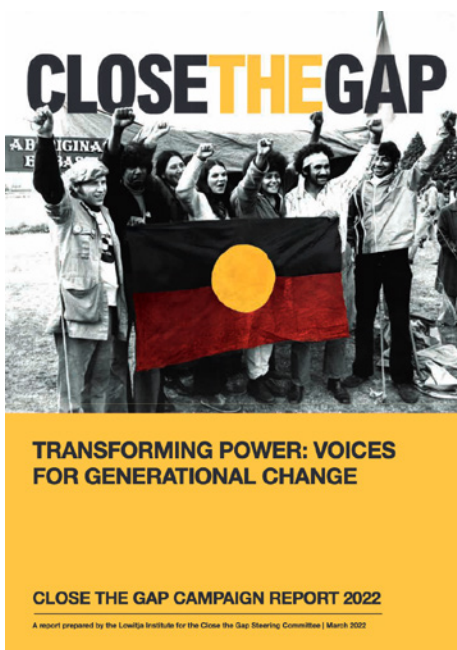
We assisted Gayaa Duwi Proud Spirit with their work to develop the final plan and program logic for the strategy.

National Indigenous Australian Agency, Indigenous Youth Connection to Culture Initiative evaluation support

We are leading this national project in partnership with beyond...(Kathleen Stacey & Associates) and Sharon Gollan & Associates. It provides funded organisations in 12 locations with targeted support that enables them to evaluate the experience and outcomes of their community-designed plans. These plans focus on strengthening young people's connection to culture and fostering their resilience as core strategies for suicide prevention.

Close the Gap Campaign, 2022 Close the Gap Report and Policy Brief

This is the fourth year we have prepared the 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 annually in schools, health services and other organisations. The theme for 2022 was *Transforming Power: Voices for Generational Change*. The publication is highlighted in 'Research and policy publications' under Priority 1.





Financial overview

Lowitja Institute completed the 2021-22 financial year with a \$32,511 surplus, compared to \$11,086 for the previous year. The result represents untied income earned on donations, interest on investments and consulting fees. All other income reported was contracted and matched against expenditure in line with applicable revenue recognition standards.

Income

Totaled \$5.51m.

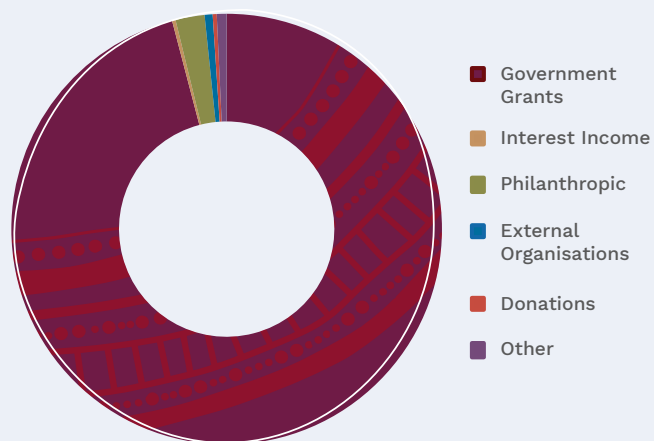
\$5.06m towards the Indigenous Australian's Health Program (IAHP) and the Indigenous Health Medical Research program (IHMR) funded by the Commonwealth Department of Health, \$98k towards the Victorian Aboriginal and Torres Strait Islander ADRIA Grants Program, \$92k to fund Scholarships, \$81k to wind-up the Lowitja CRC with the balance from philanthropic, external organisations, consulting, donations and interest income.

Expenditure

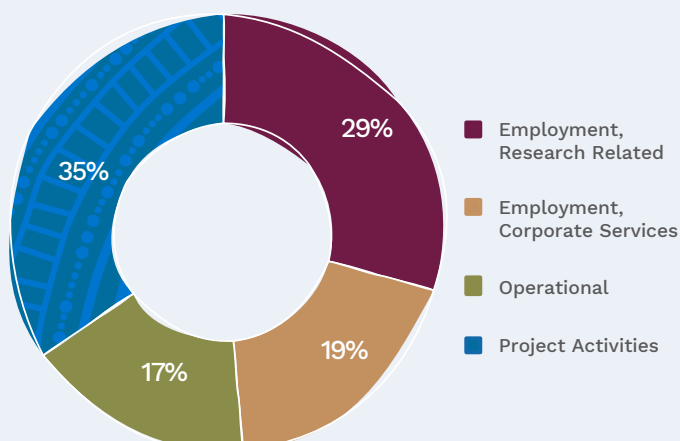
Totaled \$5.47m.

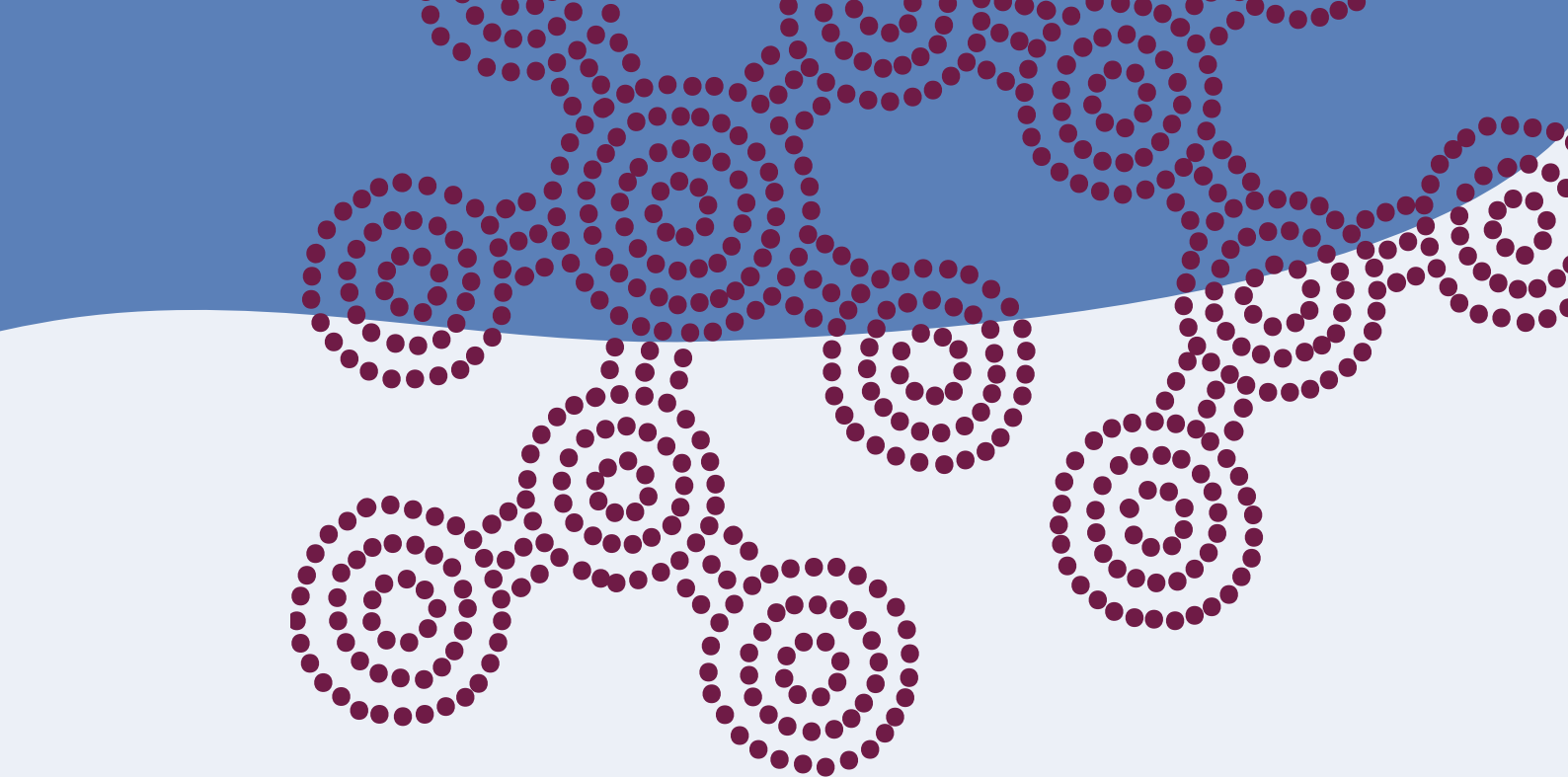
Research-related activities represented 72 per cent of expenditure and corporate services 28 per cent. Project activity expenditure totalled \$1.89m, \$1.12m directly related to Research Project Grants, Seeding Grants & Scholarships with the remaining across projects to progress the Institute's research agenda. Human capital expenditure was \$2.65m with operational expenditure being \$0.93m.

Lowitja Institute 2021-22 Income



Lowitja Institute 2021-22 Expenditure





Assets

Totalled \$6.36m.

Cash and cash equivalents of \$6.21m, which includes \$1.0m held on term, \$0.05m net written down fixed assets and \$0.07m of prepayments and accruals.

Liabilities

Totalled \$5.35m.

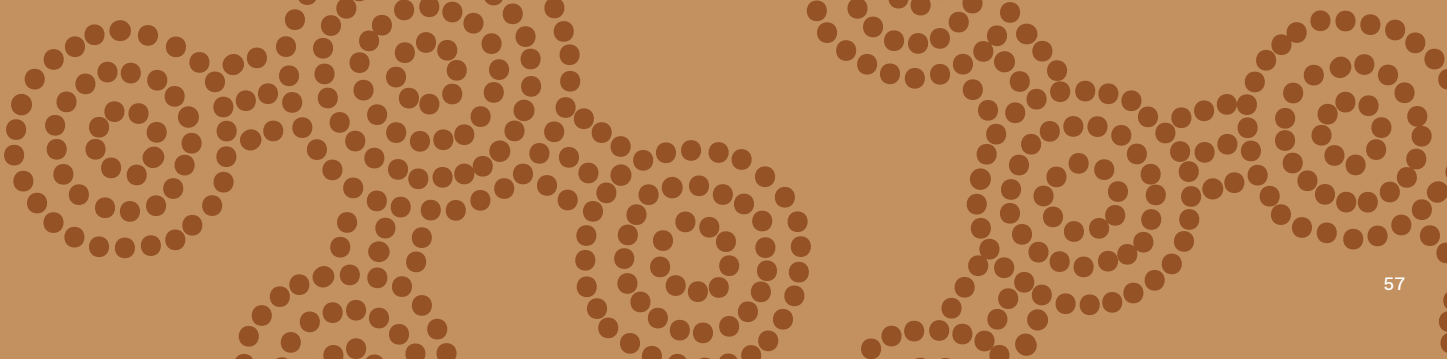
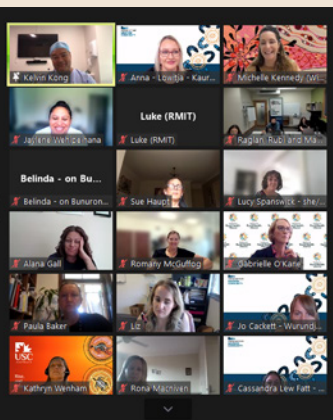
Income held in advance \$4.46m, trade and other current liabilities \$0.67m, employee entitlement provisions \$0.22m.

Financial Position at 30 June 2022



Other highlights







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 2022

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 2022.

Until stepping down at the 2021 AGM held on 2 December 2021, the Board was 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.

Following the close of the 2021 AGM, the Board elected **Mr Selwyn Button** as the new chairperson. Mr Button is a Gungarri man from south-west Queensland raised in Cherbourg with extensive experience working towards the achievement of an empowered and sustainable Aboriginal and Torres Strait Islander community controlled health sector in Queensland. Mr Button is currently a Partner for Price Waterhouse Cooper's Indigenous Consulting (PIC), and previously held the position of 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.

The name of each other 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 Ali Drummond**, a Dauareb, Meriam and Wuthathi man and is the National Director (Education & Practice) at CATSINaM.
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.
- **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.
- **Ms Suzanne 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.

- **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.

Name	Director Term	No. of Board Meetings Attended	No. of Board Meetings eligible to attend
Ms Pat Anderson AO	10 August 2009 <i>Resigned 2 December 2021</i>	3	3
Professor Peter Buckskin PSM	11 October 2010	3	6
Mr Selwyn Button	20 July 2013	5	6
Mr Ali Drummond	21 November 2012	6	6
Ms June Oscar AO [leave of absence granted 2/12/21 to 25/9/22]	3 May 2016	1	2
Mr Craig Ritchie	14 December 2018	5	6
Ms Deborah Butler	3 December 2020	4	6
Ms Suzanne Andrews	2 March 2021	5	6
Mr Robert Skeen	2 March 2021	6	6

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:

- Each Member; and
- Each person who has ceased to be a Member in the preceding year, undertakes to contribute to the property of the Institute for the:
- 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
- Adjustment of the rights of the contributories amongst themselves, such amount as may be required, not exceeding \$10.

The Lowitja Institute had 212 members at the 30th June, 2022.

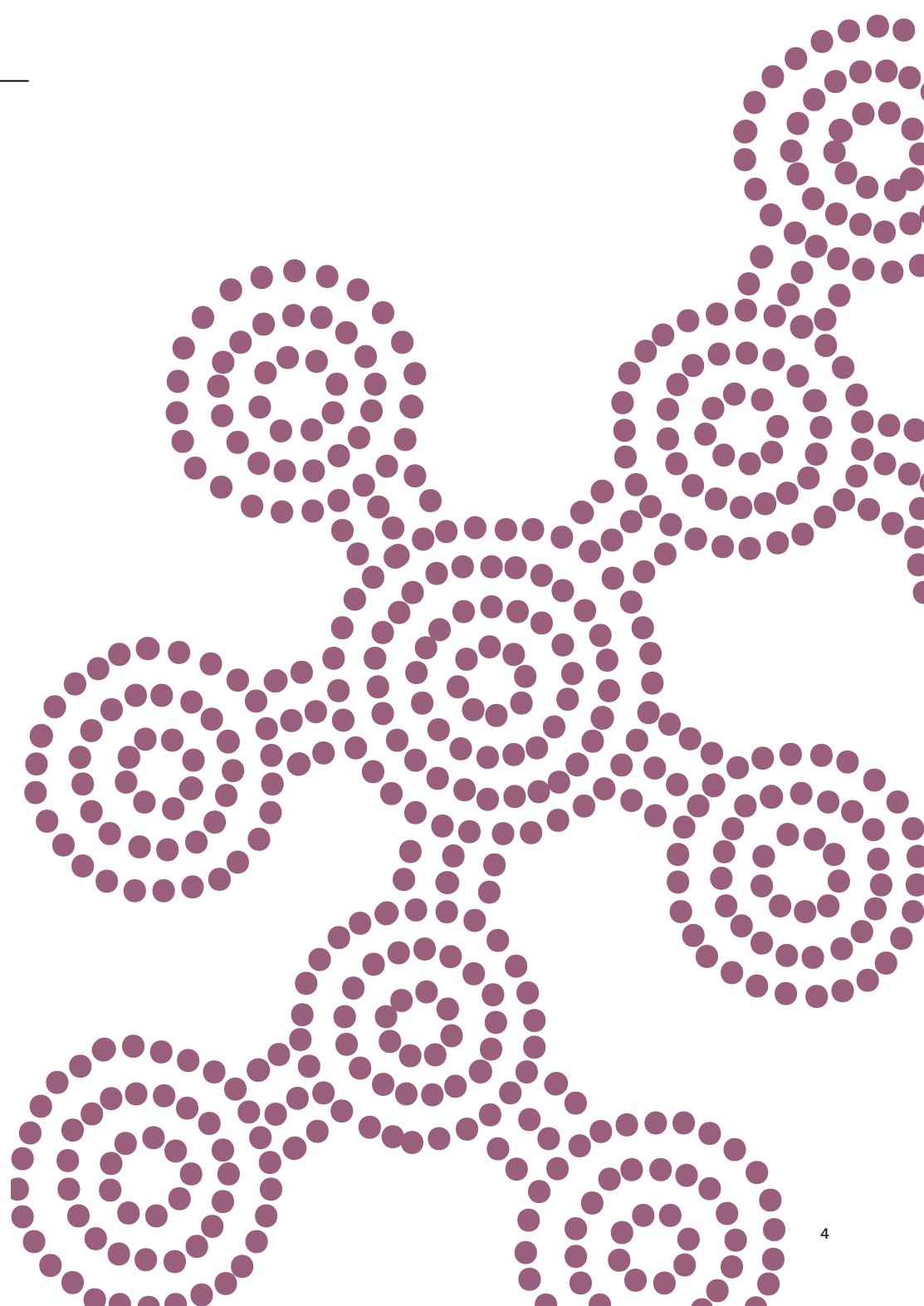
Principal Activities

The Lowitja Institute is an Aboriginal and Torres Strait Islander organisation working for the health and wellbeing of Australia's First Peoples through high impact quality research, knowledge translation, and by supporting Aboriginal and Torres Strait Islander health researchers.

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

DocuSigned by:
Selwyn Button
3CDCE2B7DDB8423...

Selwyn Button
Chair
27 October, 2022



**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 2022, 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

DocuSigned by:

2DD1F4AEBD6948E...
Kevin P Adams
Director

27 October 2022

**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 2022 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 2022 and of its performance for the year then ended; and
- o complying with Australian Accounting Standards – Simplified Disclosures, 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 – Simplified Disclosures 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

DocuSigned by:

Kevin Adams

2DD1F4AEBD6948E...

Kevin P Adams

Director

27 October 2022

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

DocuSigned by:

Selwyn Button

3CDCE2B7DDB8423...

Selwyn Button

Chair

27 October 2022



Index to the financial statements

Statement of profit or loss and other comprehensive income	10
Statement of financial position	11
Statement of changes in equity	12
Statement of cash flows	13
Notes to the financial statements	14
1. General information	14
2. Significant accounting policies	14
2.1 Statement of compliance	14
2.2 Basis of preparation	14 - 15
2.3 Revenue recognition	15
2.4 Leasing	16 - 17
2.5 Financial instruments	17
2.5.1 Initial recognition and measurement	17
2.5.2 Classification and subsequent measurement	17
2.5.3 Derecognition	17 -18
2.5.4 Impairment	18
2.5.5 Recognition of expected credit losses in financial statements	18
2.6 Employee benefits	19
2.7 Taxation	19
2.8 Property, plant and equipment	19
2.9 Provisions	19
2.10 Inventories/Consumables	20
2.11 Goods and service tax	20
3. Critical accounting judgements and key sources of estimation uncertainty	20
4. Grants	20
5. Other Income	21
6. Property, plant and equipment	21 - 22
6.1 Right of Use Assets	22
7. Trade and other receivables	22
8. Trade and other payables	22
9. Provisions	23
10. Lease liabilities	23
10.1 Other liabilities	23
10.2 Non-Current liabilities	23
11. Income in Advance	23
12. Financial Risk Management	24
13. Key management personnel compensation	24
14. Related party transactions	24
15. Cash and cash equivalents	25
16. Economic Dependency	25
17. Events after the reporting period	25
18. COVID-19 Note	25

NIATSIHR Limited
Statement of Profit or Loss and Other Comprehensive Income

**Statement of Profit or Loss and Other Comprehensive Income
for the year ended 30 June 2022**

	Notes	For the year ended 30 June 2022 \$	For the year ended 30 June 2021 \$
Income			
Grants	4	5,435,288	7,691,334
Donations		16,742	18,422
Earned Revenue		40,446	39,646
Other Income	5	14,513	96,714
Total Income		5,506,989	7,846,116
Direct Expenses			
Direct Expenses		(1,799,397)	(4,345,517)
Administration & Labour Allocation		(90,721)	(274,957)
Total Direct Expenses		(1,890,118)	(4,620,474)
Gross Profit		3,616,871	3,225,642
Expenses			
Operations			
Finance		(59,429)	(71,321)
Organisational Development Support		(111,420)	(84,003)
Governance		(181,998)	(141,945)
Office Expenses		(282,937)	(322,954)
Travel & Marketing		(249,135)	(176,158)
Loss on Disposal of asset		(41,004)	-
Total Operations		(925,923)	(796,381)
Employment			
Wages & Other Employment Expenses		(2,749,154)	(2,693,133)
Employment Allocation		90,721	274,957
Total Employment		(2,658,433)	(2,418,176)
Total Expenses		(3,584,356)	(3,214,557)
Net Surplus		32,515	11,085
Income tax expense	2.7	-	-
SURPLUS FOR THE YEAR		32,515	11,085
OTHER COMPREHENSIVE INCOME		-	-
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		32,515	11,085

The accompanying notes form part of these financial statements.

NIATSIHR Limited
Statement of Financial Position

Statement of Financial Position
as at 30 June 2022

	Notes	30 June 2022	30 June 2021
		\$	\$
Assets			
Current assets			
Cash and cash equivalents	15	6,207,080	2,879,677
Trade and other Receivables	7	105,572	27,060
Financial assets		-	2,805,323
Total Current assets		<u>6,312,652</u>	<u>5,712,060</u>
Non-current assets			
Property, plant and equipment	6	48,352	97,172
Right of use assets	6.1	1,452	2,903
Intangible assets		-	7,307
Total non-current assets		<u>49,804</u>	<u>107,382</u>
Total assets		<u>6,362,456</u> [*]	<u>5,819,442</u>
Liabilities			
Current liabilities			
Trade and other payables	8	665,623	1,629,289
Provision for Annual Leave	9	183,825	146,452
Income in advance	11	4,469,354	3,037,143
Lease liabilities	10	1,562	1,486
Other liabilities	10.1	-	49
Total current liabilities		<u>5,320,364</u>	<u>4,814,419</u>
Non-current liabilities			
Provision for Long Service Leave	9	32,103	25,987
Lease liabilities	10.2	-	1,562
Total non-current liabilities		<u>32,103</u>	<u>27,549</u>
Total liabilities		<u>5,352,467</u>	<u>4,841,968</u>
Net assets		<u>1,009,989</u>	<u>977,474</u>
Equity			
Retained earnings		<u>1,009,989</u>	<u>977,474</u>
Total equity		<u>1,009,989</u>	<u>977,474</u>

The accompanying notes form part of these financial statements.

NIATSIHR Limited
Statement of Changes in Equity

**Statement of Changes in Equity
for the year ended 30 June 2022**

	Notes	Retained earnings \$
Balance as at 1 July 2020		1,147,965
Total comprehensive income for the 30 June 2021 year		11,085
Movement of Retained Earnings		<u>(181,576)</u>
Balance as at 30 June 2021		<u>977,474</u>
Total comprehensive income for the 30 June 2022 year		<u>32,515</u>
Balance as at 30 June 2022		<u><u>1,009,989</u></u>

NIATSIHR Limited
Statement of Cash Flows

**Statement of Cash Flows
for the year ended 30 June 2022**

	Notes	Year ended 30 June 2022 \$	Year ended 30 June 2021 \$
Cash Flows from Operating activities			
Receipts from customers		5,428,477	7,492,074
Payments to suppliers and employees		(4,897,633)	(7,967,632)
Cash receipts from other operating activities		(112)	136,360
Net Cash Flows from Operating Activities		<u>530,732</u>	<u>(339,198)</u>
Cash Flows from Investing activities			
Proceeds from sale of property, plant & equipment		-	-
Payment for property, plant and equipment		(7,166)	(26,197)
Investment in/(redemption of) term deposit		2,805,323	(2,750,000)
Net Cash Flows from investing activities		<u>2,798,157</u>	<u>(2,776,197)</u>
Cash Flows from Financing activities			
Repayment of lease liabilities (principal)		(1,486)	(104,964)
Net Cash Flows from Financing activities		<u>(1,486)</u>	<u>(104,964)</u>
Net (decrease)/increase in cash and cash equivalents		<u>3,327,403</u>	<u>(3,220,359)</u>
Cash and Cash Equivalents	15		
Cash and cash equivalents at beginning of period		<u>2,879,677</u>	6,100,036
Cash and cash equivalents at end of period		<u><u>6,207,080</u></u>	<u>2,879,677</u>

The accompanying notes form part of these financial statements.

Notes to the Financial Statements for the year ended 30 June 2022

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 – Simplified 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 27 October 2022.

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’.

The accompanying notes form part of these financial statements.

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.

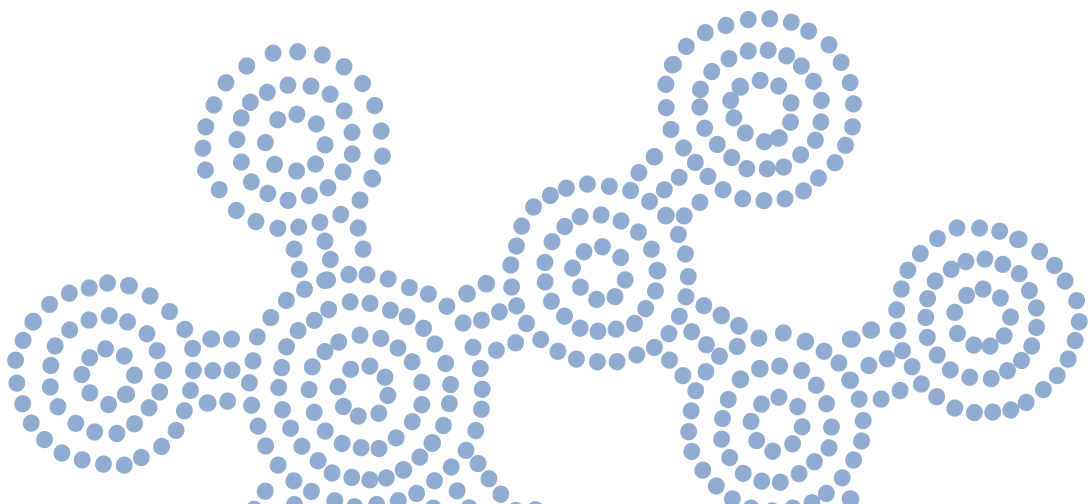
If a contract liability is recognised as a related amount above, the Entity recognises income in profit or loss when or as it satisfies its obligations under the contract.

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 (i.e. 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 (i.e. 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 (i.e. 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 (e.g. 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 (i.e. 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 in line with the legislated Superannuation Guarantee Charge as 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).

	30 June 2022	30 June 2021
	\$	\$
Federal Government Funding	5,282,288	7,622,028
Philanthropic Income	120,000	6,400
External Organisations	33,000	62,896
	5,435,288	7,691,334



5 Other Income

	30 June 2022	30 June 2021
	\$	\$
The Treasury - Covid stimulus packages	-	50,000
Gain on Disposal Asset	-	25,368
Interest revenue	14,513	21,346
	14,513	96,714

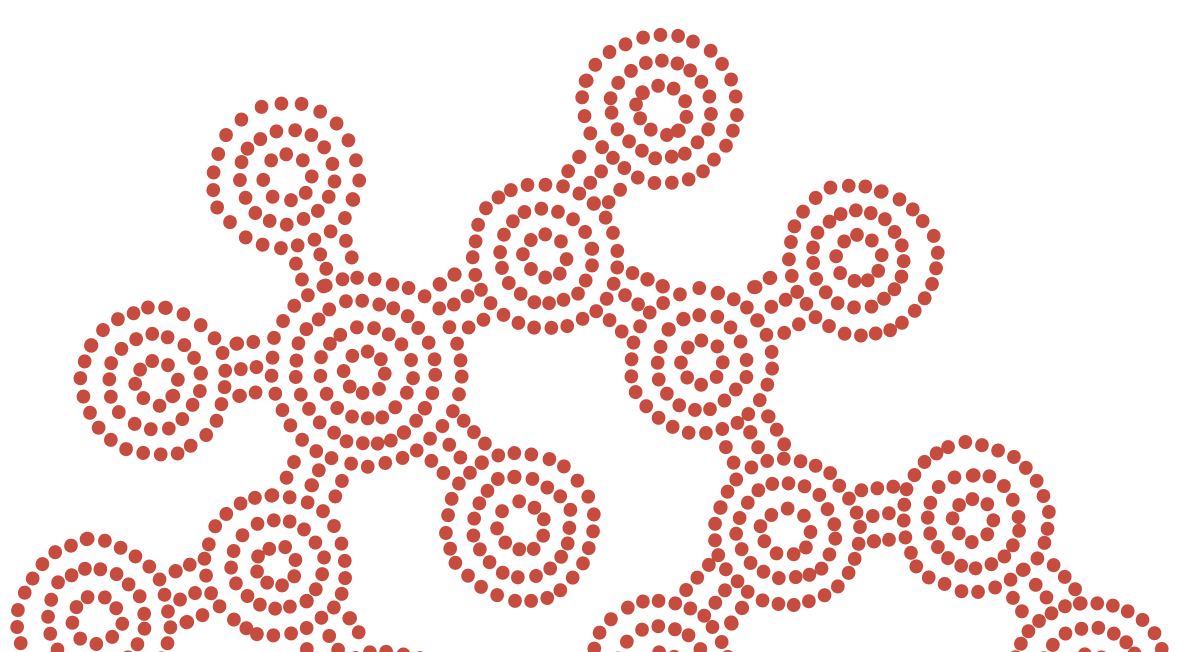
6 Property, plant and equipment

	30 June 2022	30 June 2021
	\$	\$
Cost	213,562	544,754
Accumulated depreciation	(165,210)	(447,582)
	48,352	97,172

6 Property, Plant and Equipment

	Plant and equipment	Motor Vehicles	Office Refurb.	Artwork	Total
At Cost	\$	\$	\$	\$	\$
Balance at 30 June 2021	220,624	31,233	267,568	25,329	544,754
Additions	12,365	-	-	3,727	16,092
Disposals	(48,483)	(31,233)	(267,568)	-	(347,284)
Balance at 30 June 2022	184,506	-	-	29,056	213,562

	Plant and equipment	Motor Vehicles	Office Refurb.	Artwork	Total
Accumulated depreciation	\$	\$	\$	\$	\$
Balance at 30 June 2021	161,787	10,408	149,157	809	447,582
Depreciation expense	21,958	436	-	254	22,288
Disposals	(19,238)	(10,844)	(149,157)	-	(179,239)
Balance at 30 June 2022	164,147	-	-	1,063	165,210



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 2022	30 June 2021
		\$
Right of Use Asset – Photocopier	5,806	5,806
Less Acc. Amortisation – Photocopier	(4,354)	(2,903)
Right of Use Asset – Building Lease	-	-
Less Acc. Amortisation – Building Lease	-	-
	<u>1,452</u>	<u>2,903</u>

7. Trade and other receivables

	30 June 2022	30 June 2021
	\$	\$
Accounts Receivable	-	888
Accrued Interest Receivable	1,316	994
Patents & Trademarks	6,401	-
Prepaid Expenses	97,855	25,178
	<u>105,572</u>	<u>27,060</u>

8. Trade and other payables

Accounts Payable	668,217	1,631,576
Corporate cards	(2,594)	(2,287)
GST Liability	-	-
	<u>665,623</u>	<u>1,629,289</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 2022	30 June 2021
		\$
Provision for Annual Leave (Current Liabilities)	183,825	146,452
Provision for Long Service Leave (Non-Current Liabilities)	32,103	25,987

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	1,562	1,486
Lease Liability (Current) - Rental Lease	-	-
	1,562	1,486

10.1 Other liabilities

Funds held for other entities	-	49
	-	49

10.2 Non-Current liabilities

Lease Liability (Non-Current) - Photocopier Lease	-	1,562
Lease Liability (Non-Current) - Rental Lease	-	-
Total Non-Current liabilities	-	1,562

11. Income in Advance

IAHP	2,504,762	2,266,646
IHMR	1,524,674	367,442
CRC Surplus	-	81,876
Boutique Projects	439,918	321,179
Total Income in Advance	4,469,354	3,037,143

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:

	30 June 2022	30 June 2021
	\$	\$
Financial Assets at Amortised Cost		
Cash & Cash Equivalents	6,207,080	2,879,677
Term Deposit	-	2,750,000
Bond	22,500	55,323
Trade and other receivables	105,572	1,882
Financial Liabilities at Amortised Cost		
Trade & Other Payables	665,623	1,629,289
Lease and Other Liabilities - Current	1,562	1,535
Lease and Other Liabilities – Non-Current	-	1,562

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:

	30 June 2022	30 June 2021
	\$	\$
Total employee benefits	644,392	600,567

Key Management personnel consist of Ms Patricia Anderson AO (Chair to 2 December 2021), Ms Janine Mohamed (Chief Executive Officer), Mr Paul Stewart (Deputy Chief Executive Officer) and Mr. Selwyn Button (Chair from 2 December 2021).

14. Related party transactions

During the 2020-2021 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. A total of \$159,999 of this grant has been paid to 30 June 2022. An additional \$20,000 was awarded and paid in 2021-2022 for Knowledge Translation Funding in connection with the original grant. 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.

There were no other related party transactions during the year ended 30 June 2022.



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 2022	30 June 2021
	\$	\$
Cash and cash equivalents	<u>6,207,080</u>	<u>2,879,677</u>

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 was 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.

In June 2022, the Department of Health granted the Institute funding of \$30.5m over a 5 year period from July 2022 to June 2027 to continue funding work for the health and wellbeing of Australia's First Peoples through high impact quality research, knowledge translation, and by supporting Aboriginal and Torres Strait Islander health researchers.

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.





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



CONTACT

PO Box 650, Carlton South Victoria 3053 Australia

T: +61 3 8341 5555

F: +61 3 8341 5599

E: admin@lowitja.org.au

Twitter: @LowitjaInstitute

Instagram: @lowitja_institute

Facebook: @lowitjainstitute

ABOUT LOWITJA INSTITUTE

Lowitja Institute is Australia's only national Aboriginal and Torres Strait Islander community controlled health research institute named in honour of its Patron, Dr Lowitja O'Donoghue AC CBE DSG. It is an Aboriginal and Torres Strait Islander community controlled organisation working for the health and wellbeing of Australia's Aboriginal and Torres Strait Islander peoples through high impact quality research, knowledge exchange, and by supporting a new generation of Aboriginal and Torres Strait Islander health researchers.

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

The history of the Lowitja Institute dates back to 1997 when the first Cooperative Research Centre for Aboriginal and Tropical Health was established. Since then, the Institute and the CRC organisations have led a substantial reform agenda in Aboriginal and Torres Strait Islander health research by working with communities, researchers and policymakers, with Aboriginal and Torres Strait Islander people setting the agenda and driving the outcomes.