WELCOME to the very first edition of eISAC, our new quarterly eNewsletter.

It’s intended to be a way to highlight some of the most noteworthy activities of ISAC and report back on progress and promote communication. This way we will also promote the common purpose of ISAC, inform all involved of research and other opportunities. The newsletter will also keep us all on top of what is happening and promote our various activities.

eISAC will not only be distributed to all Chief Investigators (CIs), Associate Investigators (AIs) and collaborators but to others that might have an interest in ISAC, to Aboriginal community controlled health organisations, policy advisors and service providers. Deans, heads of departments and other managers with academic institutions and community organisations might also find it interesting to keep up to date with ISAC activities.

ISAC meeting: Darwin 12 March

Within six weeks of appointing ISAC’s first staff members: Dr Kimberley McAuley and Estelle Dawes, a high level meeting took place in Darwin to map the way forward for our exciting new venture.

Despite a 12 hour power outage in Darwin from 3 am to about 3 pm on the day of the meeting, 33 academics, health experts and policy makers from across Australia gathered at the Mantra Hotel in Darwin to contemplate how this new Centre for Research Excellence (CRE) could be most useful in the current Australian policy environment. Literally sweating through many hours of discussions, an impressive list of key themes and outputs for the ISAC were assembled.

Although the main aims of the meeting were to share ideas about what is working well and what could be improved in health services for Aboriginal and Torres Strait Islander children, there was also great value in the networking that happened over cups of tea during the breaks.

Overall aim of ISAC
To improve health and developmental outcomes in Aboriginal and Torres Strait Islander children in Australia through improvements in health services

ISAC objectives
- Generate new knowledge that leads to improved health and developmental outcomes in Aboriginal children
- Ensure effective transfer of research outcomes into health policy and practice
- Develop the health and medical research workforce by providing opportunities to advance the training of new researchers
- Facilitate collaboration across ISAC and national and international networks
- Work across primary, secondary and tertiary level health services but have a specific focus on improving pathways within primary community care
SESSION 1: SETTING THE SCENE
The day was kicked off by Dan McAullay explaining “the road to a successful CRE”, with an historical overview of how the NHMRC arrived at this point of rewarding research excellence. Dan also highlighted the scheme objectives. Dan explained that NHMRC funding provides support for teams of researchers to pursue collaborative research and develop capacity in clinical, population health and health services research. Funding supports three streams: clinical research; population health research; and health services research. Dan explained that health services research is an interdisciplinary field that studies how social factors, financial systems, organisational structures and processes, health technologies, and personal behaviours affect access to health care, and its quality, cost and outcomes. It provides data, evidence and tools to make health care affordable, safe, effective, equitable, accessible and patient-centred. He also explained that ISAC has been funded in the health services stream so our mission is to focus on quality, cost, outcomes and access to services.

SESSION 2: AIMS AND OBJECTIVES FOR ISAC
Karen Edmond next set out the aims of the meeting, and also reminded the attendees of the aims, objectives and themes of ISAC. These are summarised in the box on the first page.

SESSION 3: INTRODUCTIONS AND IMPORTANT PROJECTS TO IMPROVE HEALTH SERVICES FOR ABORIGINAL CHILDREN
Every attendee was given an opportunity to introduce themselves, give a brief update of current or prospective projects which could fit in with the ISAC objectives. Attendees were asked what is working well and what can be improved on. Summaries are provided in this newsletter in the boxes. The notes that were taken on the day are also available for those who are interested – please contact Kimberley at Kimberley.Mcauley@uwa.edu.au.

An issue that was raised several times was how health services could improve the social determinants of health. The importance of providing clinical governance to improve quality of health services and the importance of focusing on the most disadvantaged and hard to reach children was also discussed. The point was also made that community control was now increasing, but that “stop start” funding is a serious concern.

There was also a clear message that ISAC should have tangible outcomes and stay focused.

SESSION 4: EXAMPLES OF RESEARCH CENTRES
This session focused on the examples from other research centres again with the focus on what works well and what doesn’t work well – with input from Fiona Stanley, Glenn Pearson, Alan Cass, Ross Bailie and Jonathan Carapetis. The session was devoted to examples of other recent research centres and what advice could be obtained from the operation of these – see the messages in the box on page 6:

This was followed by Lunch which was a bit of a “cold affair” since the power had not yet been restored, however the conversations were robust and several attempts had to be made to get everyone back into the meeting room.
Common themes crystallised quickly. Attendees felt the following areas were important:

- Clinical governance in health services
- Quality improvement tools
- Communication between services and between Aboriginal and non-Aboriginal staff and clients
- Understanding how future health professionals in health delivery can work together most effectively
- Cultural training and education resources for service providers
- Multidisciplinary team based service models
- Assistance in analysing their own routinely collected data
- Embedding research/researchers in health services
- Involving Aboriginal people in the research process
- Attraction and retention of staff in services
- Finding out how evidence is used in services
- Ensuring strong organisational systems that that are not dependant on individual staff members
- Including community perspectives and having a family-centred approach
- Having robust, high-quality local research data
- Harnessing advocacy to influence policy at all levels
- Ensuring sustainability of funding - impacts on being able to focus on clinical work
- Educating the general population about causal pathways (colonisation, racism, marginalisation, stolen generation)
- Developing better information technology systems
- Improving services for the most disadvantaged children who have less access to healthcare

**SESSION 5: CAPACITY BUILDING**

The first session after lunch focused on the capacity building theme – with input from Rhonda Marriott, Jonathan Carapetis, David Paul, and Paula Edgill. Discussions were lively and stimulating despite the increasing humidity. Clear advice was given about the importance of mentorship, supervision and cultural competence. Examples were provided from the Centre for Aboriginal Medical and Dental Health, Kimberley Aboriginal Medical Services Council, Murdoch University, Menzies and Telethon Institute for Child Health Research. Strategies for building the health workforce and the research workforce were provided.

The ISAC training pathways approach was presented by David Atkinson. Funds have been allocated in four training pathways (professional development, undergraduate, Masters and PhD). Expressions of interest will be sent out for applications for each pathway. Applications will be assessed by the CI team using predefined criteria. There will be an ISAC Mentor for each ‘student’, and mentorship guidelines will be developed. Students will be encouraged to apply for scholarships and CRE funds will be used for top up of scholarships to a ‘living wage’ equivalent to a research assistant salary. David explained that we have a list of potential scholarships but would welcome feedback about other opportunities.

**SESSION 6: EVIDENCE SYNTHESIS**

During the evidence synthesis session Peter McCormack, Janet Struber, Andrew White and David Atkinson provided very thought provoking presentations about the development of clinical practice guidelines and their use by primary care providers in remote and rural Aboriginal communities. Karen Gardner also challenged the group by describing the importance of implementation science and mixed methods approaches when assessing the effectiveness of guidelines and other health service tools. The approaches taken by the Central Australian Rural Practitioners Association (CARPA), Queensland Health (Primary Clinical Care Manual and Chronic Disease Guidelines) and Kimberley Aboriginal Medical Services Council were discussed including similarities and differences.
**SESSION 6: EVIDENCE SYNTHESIS continued**

It was felt that ISAC could assist in synthesising the evidence base for preventative and acute care guideline development. ISAC could identify gaps in the current reviews, assist in producing systematic reviews and formulate recommendations. ISAC could also assist in improving the methodology used in clinical guideline development and mixed method approaches. By the end of the session power was restored, but we decided to continue the meeting without the power point presentations – as we coped so well all day and wanted to finish the day technology free!

**SESSION 7: ISAC STRUCTURE AND COMMUNICATIONS**

After the afternoon tea, we spent a brief session looking at the proposed model for governance, the approved budget for ISAC for five years and had a brief look at the communication plan, which included ideas and plans for an ISAC website, intranet, regular enewsletter and information brochure.

The idea of having ISAC specific branding was also raised, but will require further development and input. Karen also presented the targets for ISAC at two and four years. These are available in the revised ISAC information document, which will be circulated shortly.

**A clear message from the attendees for ISAC implementation!**

- Have a clear focus from the start, with documented milestones and timelines
- Have elements that interest CIs to foster ownership, and provide value to each partner
- Create cohesion - keep people informed
- Face to face communication is essential at least once a year
- Governance is crucial
- Find a way to leverage further funds
- Have clear communication channels
- Encourage international visitors – for mentoring, use to lobby government, harness media
- Encourage champions/leaders who will advocate
- Find a way to bring different research groups and centres together
- Nurture a strong student base – mentoring, knowledge sharing, workshops, capacity building, develop future leaders
- One model does not fit all!

**SESSION 8: FEEDBACK, SUMMARY AND NEXT STEPS**

The last hour of the day was devoted to the report back from the rapporteurs: Kimberley McAuley and Georgia Werner. It is summarised in this newsletter in the boxes below. It focused on what the attendees felt should be improved, and what the three key outputs from ISAC should be by the end of five years.

Karen Edmond then thanked all the meeting attendees and summarised the next steps as follows:

- Report of the meeting as the first eISAC newsletter by the end of March;
- ISAC strategic plan developed which will incorporate the feedback and advice provided at the meeting;
- The ISAC communications plan will be finalised and
- The teleconference and knowledge project schedule will be developed.

Overall ISAC will focus on knowledge projects and training and capacity building in the first year. ISAC will have yearly meetings to coincide with a high profile scientific meeting. The date and venue of the next meeting will be circulated as soon as possible.

Of course, no successful meeting can be concluded without a “good feed”, and we all walked over to Char Restaurant where we continued discussions, got to know each other, and had an excellent meal.
Feedback from attendees about what needs to improve and the most important OUTPUTS from ISAC for the next five years:

## Knowledge

In urban, rural and remote environments produce rigorous evidence about the effectiveness of:

- Provision of holistic care, not one disease at a time
- Models of primary health care that focus on social and educational outcomes
- Models of supporting at-risk families and children
- Family centered approaches and the inclusion of social workers
- Referral pathways including mental health and social services
- Focusing on community-identified research priorities
- Standardised, evidence-based screening/assessment/management of neurodevelopmental delay
- Culturally safe/secure models of care and document most important characteristics - validate with cultural competency tools
- Clinical governance and targeted peer led support
- Birth notification and precall systems
- Home visiting with supervisory structures
- Maternal care incorporating epigenetic research projects
- Best practice primary health care including linkages with secondary and tertiary care
- Child centre care including the provision of transport
- Routine services with a specific focus on their key objectives
- Health services influencing and improving the effects of the social determinants of health
- Reducing barriers to mental health services
- Evidence-based approaches to developmental/behavioural difficulties in Aboriginal children
- Services for the most disadvantaged children
- Models to improve the transition from youth to adult services

## Improve methodology in the following areas:

- Systematic reviews of important Aboriginal child health interventions (preventative and acute)
- Synthesis of evidence from less rigorous study designs and the use of expert opinion
- Formulation of recommendations from systematic reviews
- Data models using mixed-method approaches (qualitative and quantitative)
- Key performance indicators for Aboriginal child health problems
- Reduction in variability, increase in equity
- Develop overarching frameworks to ensure best practice
- Define "good practice" in an Australian/Aboriginal child health context
- Include all aspects of access and quality including acceptability, costs, and cultural security

## Other:

- Produce priorities for future research
- Focus on achievable tasks that reveal barriers and enablers to effective health care provision

## Evidence Synthesis

- Be the ‘go to’ centre that provides the evidence for Aboriginal child primary care (preventative and acute) for use by all Australian states and territories
- Define the evidence base for Aboriginal child health and capacity to deliver measurable improvements
- Provide the structure, resources and methodology to improve the evidence base and systematic reviews and mixed methods approaches for primary, secondary and tertiary Aboriginal child health care (eg child health surveillance, clinical practice guidelines, clinical governance tools) preventative and acute Aboriginal child health
- Produce a series of systematic reviews / syntheses
- Produce evidence based clinical practice guidelines
- Develop collaborative standardised guidelines for "big impact" conditions
Training and Capacity Building
- Focus on both the health workforce and the research workforce
- Enrol and train Aboriginal researchers and policy makers - be specific about target numbers
- Assist AIs to become Cs on grant applications
- Promote shared learning and diversity of ideas
- Produce a cohort of successful postgraduate students
- Support educational models for staff at all levels that achieve collaboration across primary secondary tertiary healthcare
- Focus on capacity building strategies including for Aboriginal health staff
- Develop educational models for post graduate and under graduate students - learn what has worked for others
- Ingrain evidence based accountability and conscience in developing practitioners
- Provide accredited training programs for service providers in remote communities
- Improve preparedness of health care providers
- Enable ACCHOs to analyse and utilise their routinely collected data
- Develop leaders and champions within communities
- Improve health literacy among the Aboriginal population

Translation into Policy and Practice
- Produce a series of research into practice projects
- Develop meaningful resources that reflect need
- Develop clear plans for advocacy
- Interpret data appropriately and act on it - use it to inform government.
- Manage government expectations and timeframes (years, not months)
- Provide evidence of translation into policy/practice and local/state/national levels
- Create models to implement evidence-based primary care
- Develop and share a suite of educational resources for staff nationwide

Building Collaborations
- Produce a series of new collaborations
- Achieve true collaboration (Cs, AIs, institutions)
- Introduce a national collaboration of researchers and service providers at senior level
- Disseminate knowledge
- Develop leaders and champions within communities.
- Improve communication between Aboriginal and non-Aboriginal researchers and between research-communities-health care services.
- Ensure health providers/management have same vision as community (holistic approach)
- Change policy and practice with respect to communication between health services and communities and families
Coming in the next edition – news about:

- ISAC Info Brochure
- ISAC Strategic Plan
- ISAC Communications Plan
- Progress on Knowledge Projects
- Training and capacity building opportunities

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As we are still finalising the format of the newsletter, all suggestions about how to improve the newsletter are most welcome!

"We can't solve problems by using the same kind of thinking we used when we created them."
Albert Einstein