What has happened since the previous newsletter...

ISAC has had its first 2 Governance Committee meetings (scheduled for every 3rd Thursday on the month). This committee is made up of all the ISAC Ci’s and ISAC Staff (epidemiologist and business manager) with an option for CI to name a proxy (who is an AI) to attend meetings in his/her stead. The committee uses a standard agenda that includes discussions and updates of ISAC Key Knowledge projects (see page 2 for a list), staffing, Training and Capacity building (see page 2 for an update), communication, conferences and networking opportunities.

The ISAC team visited Broome in early May 2014, where the first meeting of the Training and Capacity Building committee was held. Members of the committee are David Atkinson, Rhonda Marriott, Karen Edmond and Kimberley McAuley and the committee will also meet regularly on the 2nd Thursday of each month. The Training and Capacity Building strategy of ISAC is discussed later in this newsletter.

While in Broome, Karen and Kimberley had very fruitful meetings with officials at the Broome Regional Aboriginal Medical Service (BRAMS), Kimberley Aboriginal Medical Services Council (KAMSC), the Rural Clinical School of WA, the Broome District Hospital and staff at WA Health.

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

Also in this edition...
- Current key projects (page 2)
- Opportunities for Researchers – ISAC’s Plans (page 2)
- Women’s & Newborn’s Health Network Symposium (page 3)
- Mentoring @ ISAC (page 4)
- New publications (page 4)
- Federal budget 2014 (page 4)
- Conferences 2014/2015 (page 5)
- ISAC Ci’s (page 6)
Two NHMRC funding applications were submitted:
- Improving access to primary care for Aboriginal babies in WA (Dan McAullay) and
- Improving primary care for Aboriginal mothers in the Kimberley region of WA; a population and region cluster randomised trial driven by local health service providers (David Atkinson).

Related applications were also submitted to Telethon-Perth Children’s Hospital Research Fund. At the date of publication, no feedback regarding applications have been received.

The ISAC SharePoint/intranet (iISAC) set-up is now completed and all CI’s and AI’s have access. Listed in the iISAC site are documents (flyers, newsletters, meeting documentation, the ISAC Strategic Plan, a calendar of events, links to resources, conference information, scholarship information as well as contact information for CI’s and AI’s.

As part of the ISAC communication strategy, an information flyer as well as an ISAC Plan-on-a-Page were developed. These documents are valuable as hand-outs when meeting interested parties, other researchers and possible funders. A draft ISAC Strategic Plan was developed and circulated. This will be a dynamic document, and it is expected that it will evolve over time.

Please contact Estelle.dawes@uwa.edu.au for digital copies. These are also available from the ISAC SharePoint (iISAC) site.

CURRENT KEY RESEARCH PROJECTS:

A. Effectiveness of Current Strategies
1. ABCD - Audit and Best Practice for Chronic Disease (ABCD) project
2. Data linkage & AEDI
3. Routinely Collected Data – improving analysis
4. Preterm infants

B. In-depth Qualitative Research
None at this stage

C. Economic Framework and Evaluation
None at this stage

D. New Health Service Models Focused on Delivery and Specific Services
1. Improving Access to Primary care for Aboriginal babies in Western Australia.
2. KIM – Improving primary care for Aboriginal mothers in the Kimberley region of WA: A population and region based cluster randomised trial driven by local health service providers
3. CCI - AHCWA Continuous Care Improvement
4. AACC - Aboriginal Ambulatory Care Coordination
5. GDM - Developing algorithms to improve predicting the development of and screening for gestational diabetes mellitus in rural communities
6. General Movements Assessment
7. Home Visiting and Care for Development
8. Social and Emotional Wellbeing
9. Feed the Little Children
10. Smoking Cessation
11. PATCHES Evaluation

E. Evidence Synthesis
1. Evidence Synthesis Project

Opportunities for Researchers - ISAC’s plans for building capacity and assist in training of researchers

ISAC is committed to helping build the capacity and size of the Aboriginal research workforce as well as to improving the training of Aboriginal and non-Aboriginal researchers in health services research. We want to develop independent researchers with excellent qualitative, quantitative research, written/oral communication and project management skills by the end of the five years.

ISAC will improve access to existing resources by using existing institutional training structures. The peak bodies including Aboriginal community controlled health services (ACCHSs), Menzies School of Health Research, the University of Western Australia and James Cook University are amongst the leaders in Aboriginal research, training and support. We will assess the current support available at these organisations and compile a detailed inventory of support that these institutions can offer.

In addition, we will assess the utility of peer led networks including student circles and early career researcher networks. We will also search for additional opportunities. Lists of available scholarships, training opportunities, conferences, funding and support will be produced and updated regularly. They will be available on the ISAC SharePoint and website and in the quarterly ISAC newsletters.

ISAC will provide funding for training gaps in four training pathways (professional development, undergraduate, Masters, PhD). Calls for expressions of interest (EoI’s) for applications into each pathway will be sent out yearly. Applications will be assessed by a training committee using predefined criteria. Trainees will be encouraged to apply for external scholarships while ISAC funds will be used for top up of scholarships to a ‘living wage’ equivalent to a research assistant salary.

Professional development training funds for each state and territory will be targeted particularly to Aboriginal Health Workers who wish to achieve the entry criteria for undergraduate and post graduate degrees. Professional
Development funds can also be used for short term courses including improving skills in qualitative and quantitative methods, Aboriginal research methods, oral and written communication.

ISAC will also provide mentorship and assist in developing dedicated training pathways for ISAC AIs, students, and recipients of training funds. Each “trainee” will develop an individualised training pathway with their mentor. Mentorship guidelines have been developed and mentors will assist with the development of learning goals, gaps, needs, timelines and leadership. This will also include practical skills such as paper writing, writing research grants, and formally presenting data (both oral and written) at a standard acceptable for international peer review.

Opportunity for grants, presentations and publications at national and international levels. “Trainees” will be offered research opportunities within existing and new ISAC projects. They will also be provided with opportunities to present in a formal but supportive environment through seminar series held at each institution and at annual “showcase” presentations hosted by ISAC.

ISAC also have access to international training programs, scholarships, conferences and collaborations through the London School of Hygiene and Tropical Medicine (LSHTM) and the World Health Organisation (WHO). International CIs and AIs will assist ISAC members to apply and interview for these opportunities, as well as to develop links with WHO, LSHTM and other research sites in Ghana and Canada.

A defined training committee, made up of Prof David Atkinson, Prof Rhonda Marriot, Prof Karen Edmond and Dr Kimberley McAuley, will be responsible for these activities and processes. Funds are limited and grants will be allocated equitably according to minimum amounts required for the training activity.

The overarching criteria for funding will be that activities and/or training support the objectives of ISAC. Allocations will be equitable across all the participating States/Territories and Aboriginal persons will be given preference.

Only in exceptional circumstances will funds be allocated to the same person twice and monies can only be provided up to the end of the ISAC funding cycle (Feb 2019). External funding sources are needed to supplement and leverage ISAC funds and all attempts should be made to access external funds to supplement the application.

Funding is available for two areas:

- **Formal study activities** such as university fees for undergraduate, masters and PhD pathways, top-up scholarships and fellowships, assistance with living stipends or perhaps assistance with research projects.

- **Professional development** such as short term courses or conferences that will assist with practical skills such as writing journal articles, writing research grant applications, formally presenting research (both oral and written) at a standard acceptable for international peer review, statistics courses, qualitative and quantitative research methods and leadership development. Funds might also be made available for courses which assist Aboriginal Health Workers achieve entry criteria for undergraduate and graduate degrees.

The approval process, criteria, application forms (Expression of Interest form) and other guidelines are available from ISAC business manager at **Estelle.dawes@uwa.edu.au**.

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**Women’s and Newborns Health Network Symposium – held on 9 May 2014**

The 2014 Symposium was the 4th symposium and included 2 international speakers: Professor Sally Kendall, professor of Nursing at the University of Hertfordshire and Dr Angela Bowen, College of Nursing at the University of Saskatchewan. The symposium gave those involved in maternal and child health in WA a forum to share information on innovative practices and research. The symposium focused on 4 themes: perinatal mental health, Aboriginal maternal health, safer parenting and models of care.

The Aboriginal maternal health session included the following:

- Improving outcomes in Aboriginal maternal and child health (Denese Griffin, Heather Woods and Alex Wilkins)
- Boodjari Yorga antenatal booklet (Jemima Higgins, Sharlene Abbott)
- Young Aboriginal women’s voices on pregnancy care (Llinos Chapman)
- Providing the evidence on Aboriginal maternal and child health (Jane Burns)

These presentations as well as those for all the other sessions are available on the ISAC SharePoint under the “ISAC Resources” under Shared Documents on the left: [https://teams.uwa.edu.au/sites/fmdhs/ISAC/ISAC%20Resources/Forms/AllItems.aspx?View=099EE307-C19F-4A52-822A-E20638A06B3B](https://teams.uwa.edu.au/sites/fmdhs/ISAC/ISAC%20Resources/Forms/AllItems.aspx?View=099EE307-C19F-4A52-822A-E20638A06B3B)
The ISAC Mentoring scheme is open to all ISAC AIs, collaborators, students, and recipients of capacity building funds, and involves an individualised capacity building plan aimed at developing core knowledge, cultural awareness, learning strategies, practical research skills and leadership skills.

The key principles of the ISAC mentoring philosophy are:

- **Supportive learning environment** – mentees will be provided with a supportive framework that will guide them through a defined learning pathway.
- **Mentee-centred, mentee-led approach** – mentors aim to foster a learning culture which allows mentees to tailor their learning experiences to meet their individual needs.
- **Reflective practice** – through enquiry and personal reflection, mentees will develop skills for reflective practice necessary for continuous learning and professional practice.

At the completion of the mentoring plan, a mentee may expect to gain experience in the following broad themes general professional practice, leadership, cultural competency, information, research & evaluation, research communication, policy as well as health sector advocacy, development, & management.

Mentees are expected to be familiar with the objectives of ISAC, identify their learning needs, set learning objectives and discuss these objectives with their mentor. They should initiate meetings with their mentor to regularly discuss and receive feedback on their progress, attend teaching opportunities, study groups and presentations and actively seek feedback and respond appropriately to feedback on their performance and achievements. They are also expected to reflect on their performance, development as a learner, leadership and professionalism.

A mentor must be an ISAC CI, AI or collaborator and who has agreed to dedicate time to their mentee, who can provide oversight of the mentee’s progress as they target goals outlined in their individualised capacity building plan. The mentor is expected to be in a position to provide independent guidance on any matters relating to training, mentee wellbeing and all aspects of career development. Ideally, the mentor is a person who is already acquainted with the applicant’s career to date and their career aspirations, and bears this in mind when they advise the mentee on the plan and content of their capacity building plan. Mentors serve as the mentee's adviser and role model.

**New publications:**


**Federal budget 2014**

Below is a link to comments by Fiona Stanley, linked to the proposed research future fund:

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eISAC is 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 CI’s

Prof Karen Edmond
Dr Daniel McAullay
Prof David Atkinson
Prof Rhonda Marriott
Prof Ross Bailie
A/Prof Alan Ruben
A/Prof Mark Wenitong
Prof Victor Nossar
Prof Betty Kirkwood
Prof Fiona Stanley

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

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