



***FROM THE DIRECTOR***



**Associate Professor Rod Pope is the new Director of CIH**

Welcome to this **inaugural issue** of *Inland Intel*, the newsletter of the Centre for Inland Health!

The year got off to a **flying start**, with news the Centre received accreditation as a new designated research centre of Charles Sturt University, and with the flurry of activity that necessarily followed to establish the Centre. It is hard to believe we are already at July!

As you will see from this newsletter, none of the centre's members or staff have been standing still, and **much has already been achieved** – funding applications and successes, research underway and completed, research publications, new appointments, and strategic action to enhance the Centre's profile and performance. All good news for our researchers and the communities we serve!

We have been lucky to appoint Annette Jarvis as our new Manager Business & Partnerships. Annette brings with her qualifications and extensive experience in both Business Management and Public Health and is a great asset. Welcome Annette! My thanks also to Amanda Shepherd in our office, who has worked tirelessly to help establish the new centre.

Grab a glass of wine and enjoy browsing this issue, which reflects well the breadth and depth of activity occurring across the Centre.

**Best wishes, Rod Pope.**

***FROM THE DVC***

My congratulations to Rod on his appointment as Centre Director and to those involved in the production of the inaugural issue of the Centre's newsletter.

The university and sector in general face a number of challenges relating to research not the least of which is ERA. I am confident that the Centre will make significant contributions to the on-going development of a vibrant research culture at CSU.

**Kindest regards**

**Kevin Robards.**

**LATEST NEWS**

CIH key researchers successful in obtaining \$700,000 to undertake a project with GSAHS pg 4

Feature Story—CIH Research Centre Fellow Deborah Burton—pg 3

Appointment of Annette Jarvis as CIH Manager Business & Partnerships

CIH research grouping—pg 5



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## CIH RESEARCH THEMES & EVENTS



OUR CENTRE WILL  
'REACH FOR THE  
STARS'

**Vision of CIH**—*Improving health in inland Australia and the world through research.*

**Mission of CIH**—*Conduct strategic and applied health and social research, in its areas of research strength, which is nationally and internationally recognized and provides new knowledge that can underpin the development of viable and effective approaches to enhancing the health of people from inland Australia and the world.*

**Critical Research Questions Addressed by CIH**—

1. How can the health and human services labor force and models of service delivery be optimized to support the health of people from inland and other communities?
2. What are the key social, biological and environmental determinants of well-being in inland and other communities and how should they be managed?

### *Events*

"IMPROVING  
HEALTH IN  
INLAND  
AUSTRALIA AND  
THE WORLD  
THROUGH  
RESEARCH"

- ◆ Board of Management Meetings **3rd July; 7th August; 4th September**
- ◆ CSU Competitive Grants Round 2 close\* **30 June**
- ◆ Meeting with NSW Office of Science & Medical Research **2nd July**
- ◆ Presentation at Faculty of Science Postgraduate Symposium **16 July**
- ◆ CSU ARC Linkage Grant Development Funding close\* **25 Sept**
- ◆ CSU Writing Up Awards close\* **20 Nov**
- ◆ CSU Research Infrastructure Block Grants close\* **4 Dec**
- ◆ Inaugural meeting of CIH Advisory Committee **Dec 09**
- ◆ CIH Annual Member Event **Dec 09**

\* See <http://www.csu.edu.au/research/funding/internal/index.htm>



ARE YOU ON TOP OF  
YOUR RESEARCH?

### *Successful 2009 CSU Competitive Grants*

- M Cahill** Structures of the Protein PGRMC1 in complex with its Ligands Heme and Progesterone. Value: \$15,000. Completion: December 2010
- E Dietsch** The experience of being a Traditional Midwife (TM) and the impact of AusAID funded resources on TM practice. Value: \$12,193. Completion: July 2010
- K Linden** Is nitric Oxide a central regulator in contraction mediated glucose uptake? Value: \$15,000. Completion: March 2010
- J Allan, P Ball & Dunn** A pilot project to develop and trial a tool for improving community information, assessment of needs and provision of services. Value: \$14,769. Completion: February 2010
- D Boxall** The nature of neighborhoods: links between biodiversity, human wellbeing and our connection to the environment. Value: \$13,651. Completion: Dec 2009.
- G Smythe** Not all muscles are equal: understanding why some muscles are spared in muscular dystrophy. Value: \$15,000. Completion: July 2010.
- D Burton** The Burden of Obs. Value: \$13,863. Completion: June 2010.



## *CIH Research Centre Fellow Dr Deborah Burton*

Deborah is a member of the CIH **Cardiovascular Research Group**. Deborah will complete her Fellowship in July 2009 having worked on two major projects focused on respiratory health in inland Australia, each of which involves external collaboration and will result in high quality publications and community benefit.

The first, implementation of the **Pharmacy Asthma Management Service**, funded by the Australian Department of Health & Ageing (\$177,000) will be conducted in collaboration with the University of Sydney, University of Queensland and Monash University. Debbie will supervise the rural arm of the project and provide critical expertise. The impact of this implementation project on asthma health service provision in Australia through pharmacies will be important for inland communities, where general practitioners are scarce.

The second project, **Burden of Obstructive Lung Disease (BOLD)** is an international project with five Australian sites. CSU participation to bring a rural arm into this international project was invited, based on Debbie's previous research achievements. Successful completion of this project provides potential to develop further collaborative research with the Woolcock Institute, which is a key Australian respiratory research centre with frequent NHMRC funding and a strong international reputation. Additionally, there is great opportunity for external funding arising from the CSU arm of the project, due to the paucity of information about the prevalence and characteristics of chronic obstructive pulmonary disease in Australia. Debbie had drawn five other CSU academics into the project, in order to further build our research capacity in this area.

## *Accomplishments and outputs from Dr Burton*

The Pharmacy Asthma Management Service project is progressing well with pharmacist training and participant recruitment phases of the project complete. The CSU site achieved the highest recruitment rate of any of the four sites with 120 participants enrolled. Focus groups with pharmacists and participants have been completed with very positive comments on the rewarding interaction which has already seen improvements in participants management of asthma and resulting quality of life. "I would like to thank you because it has changed my life. I would have a huge problem if my asthma was let go...I could see things happening and still not realising it was to do with my asthma and thought it was an ageing progress".

Randomly selected participants in the BOLD cross-sectional population study of respiratory health of people 40-80years in inland NSW are currently being invited to participate in the study. The study teams on both the Orange and Wagga campuses have completed training and accreditation to standardise testing procedures across this national and international project. The first of a target of 600 patients will be tested by the end of June for lung function, skin prick allergic response, general fitness and respiratory health and wellbeing questionnaire.

These two projects will continue throughout 2009 with analysis and journal article submission by early 2010. Two journal articles from the pilot projects are currently being finalised for submission before the end of my RCF period in August 2009.

## *Other 2009 CIH Research Centre Fellows*

**Congratulations** to the following four RCF who are expected to commence their fellowships with CIH in the 2nd half of 2009.

- ⇒ **Robert Duffield** Physical Activity & Fatigue grouping
- ⇒ **Jade Forwood** Cell biology, genetics & immunology grouping
- ⇒ **Elaine Dietsch** Community well-being, Human Services and Clinical Care grouping
- ⇒ **Judith Crockett** Addressing CIH cross-cutting themes.



**Pharmacists in the PAMS project learning how to perform spirometry**

*"I would like to thank you because it has changed my life. I would have a huge problem if my asthma was let go.."*



**Dr Debbie Burton performing skin prick responsiveness Test in BOLD study**

## CIH PUBLICATIONS IN CRO 2009



RESEARCH  
PROJECT  
DOCUMENTATION!!

“CIH WILL  
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STRATEGIC &  
APPLIED HEALTH  
AND SOCIAL  
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RECOGNIZED ”

Alston, M., **Dietsch, E.**, Davies, C., Shackleton, P., & McLeod, M. (2009). The Bush, Birthing and the Baby Bonus. *Just Policy: A Journal of Australian Social Policy*, (pp. 9-15).

Murray, M., **Moriarty, H.**, & McKenzie, G. (2009). Multiskilling or deskilling? Workplace influences on the quality of multidisciplinary scientists. *Australian Journal of Medical Science*, 30(1), 8-16.

Micalos, P. S., **Drinkwater, E. J.**, Cannon, J., Arendt-Nielsen, L., & **Marino, F. E.** (2009). Reliability of the nociceptive flexor reflex (RIII) threshold and association with pain threshold. *European Journal of Applied Physiology*, 105(1), 55-62.

**Cahill, M. A.** (2009). 54cm Serial Immobilized pH Gradient Isoelectric Focussing Over pH 4-9. *Protein Protocols Handbook*. Chp 30.

Cao, Y., Wang, Y., Liu, C., **Wang, L.**, & Wang, C. (2009). Comparison of pharmacokinetics of L-carnitine, Acety-L-carnitine and Propionyl-Lcarnitine after single oral administration of L-carnitine in healthy volunteers. *Clinical and Investigative Medicine*. 32(1), E13-E19.

Hickey, J. G., Myers, S. M., Tian, X., Zhu, S. J., Shaw, J. L., **Scott, A.**, Richardson, D. S., Bretschneider, J., & Mulligan, L. M. (2009). RET mediated gene expression pattern is affected by isoform but not oncogenic mutation. *Genes Chromosomes and Cancer*. 48(5), 429-440.

Ma, Z., Ma, S., Dong, M., Wang, J., & **Wang, L.** (2009). Effect of captopril on pulmonary arterial pressure following corrective surgery for tetralogy of Fallot. *Journal of Cardiac Surgery*.

**Allan, J., Ball, P.**, & Alston, M. (2009). Following the policy pathway: the impact of policy processes on children's access to healthcare in rural Australia. *International Journal of Child Health and Human Development*. 2(2).

Reupert, A., & **Mayberry, D.** (2009). Working with families affected by parental mental illness. *Case Management for community practice: A textbook for students and practitioners*. Chp 15.

**Cahill, M.** (2009). Different ProteoTope radioactive quantification of protein abundance ratios. *Protein Protocols Handbook*. Chp.

\*\* If your publications are not listed here they have not yet been finalized on CRO\*\*



SHOW ME THE MONEY!!

## Successful External Grants

Congratulations to our members who have recently received grants to undertake the following research.

**Greater Southern Allied Health Supervision and Support Scheme Project.** Funded by GSAHS. Total \$714,000. Key researchers: Julia Coyle, Rod Pope, Anna Moran (Community Health). Period: July 09-Dec 11. *This action research project will see the use of collaborative partnership between participants from GSAHS, CSU and UK academics to establish a rural allied health supervision and support framework, including locum support.*

**Improving health of neonatal piglets and weaners by injecting immunoglobulins.** Funded by Pork CRC. Total \$30,000. Key researchers : Thiru Vanniasinkam. Period: July 09-July 11.



## Research Groupings

### CARDIOVASCULAR RESEARCH GROUPING

The cardiovascular research group is a university-designated multidisciplinary research unit. It is one of the four major research groups in the Centre for Inland Health, a university strategic research centre. The cardiovascular research group is comprised of academic staff members from several Schools at Charles Sturt University (CSU), and a number of specialist physicians from eight Australian and overseas hospitals. The members of this group are currently working collaboratively on a range of research projects, from diagnosis to novel therapies for cardiovascular and respiratory diseases.

Members of the group have adopted a trans-disciplinary approach to conceptualise, design and conduct high quality research projects. Within the group there is a wide range of expertise in cardiovascular medicine, clinical pharmacology, and nuclear medicine, and medical science. The extensive research and clinical skills enable the group to investigate major cardiovascular and respiratory diseases from biomedical and clinical perspectives.

### CELL BIOLOGY, GENETICS AND IMMUNOLOGY IN HEALTH AND DISEASE

This research grouping seeks to answer the overarching question of what we need to know about cell biology, genetics and immunology in order to design effective approaches to preventing, detecting (early) and managing disease and to maintaining good health, particularly in inland contexts. The research of this grouping is currently focused on a range of research topics in the areas of cell biology, biochemistry, molecular biology, genetics and immunology, reflecting the specific interests of individual researchers and community drivers for this research. Current topics of research within this grouping include molecular bases of human genetic diseases (with a particular focus on muscular dystrophy and development of related therapeutics), cancer biology, fatty acid metabolism, inflammation, neuroendocrinology of reproduction and appetite regulation, neural control of the cardiovascular system during stress, glucose transporter signalling, and food properties and health.

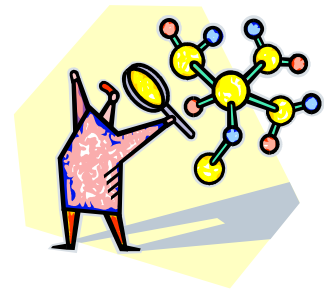
### PHYSICAL ACTIVITY AND FATIGUE IN HEALTH, DISEASE AND OCCUPATIONS

This research grouping seeks to answer the overarching question of how we can optimise access and participation in physical activity and manage fatigue, particularly in inland contexts. The research of this grouping is currently focused on the physiological mechanisms that influence perceptions of fatigue that occur during physical activity (in a wide range of occupations), in the presence of disease, or in anticipation of irreversible cellular damage from physical activity. From this base, it has a further focus on developing and trialling approaches to manage fatigue, enhance exercise tolerance and participation, develop and maintain muscle tissue, and improve performance - in physical activity generally and in athletic activities.

### COMMUNITY WELL-BEING, COMMUNITY SERVICES AND CLINICAL CARE

The work of this research grouping is about where 'the rubber hits the road' – seeking to answer the overarching, practical question of how we can make public, clinical and community health services and other human services and community development strategies work, sustainably and effectively, to enhance the health, or well-being, of communities - particularly inland communities. This research is critical to closing the gap in health status between inland communities and their city- and coast-based counterparts.

The research of this grouping is currently focused on social and community development strategies and human services that will enhance health and well-being, and on design and delivery of effective (and cost-effective) population (or 'public') health and community health services and clinical care, within a comprehensive primary health care framework. The researchers associated with this research grouping are largely health and human services practitioner themselves, and work closely with inland service providers across various sectors to conceptualise, design, trial and evaluate new and potentially better interventions and approaches. Of note, finding answers to these critical questions requires strong engagement with communities, with government agencies, with non-government organisations and with people at the community level, by means that are acceptable and sensitive to them. It necessarily involves action research, qualitative research approaches and evaluation research as core tools for engagement and for development of viable and acceptable tailored solutions, involving community development.



**IMPROVING HEALTH  
FOR ALL PEOPLE OF  
INLAND AUSTRALIA AND  
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RESEARCH**

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# Centre for Inland Health

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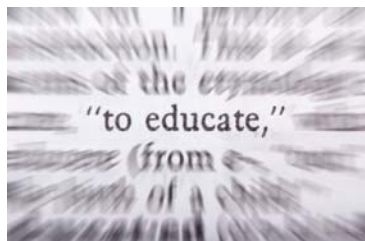
**WWW.CSU.EDU  
.AU/SPECIAL/  
INLAND-  
HEALTH**

- **Cardiovascular disease** – cardiovascular disease is the leading cause of ‘excess’ deaths in inland communities relative to city populations and more effective approaches to its prevention and management in inland contexts are crucial.
- **Cell biology, genetics & immunology in health & disease** – generating critical underpinning knowledge for design of effective diagnostic, preventive and clinical approaches.
- **Physical activity & fatigue in health, disease & occupations** – physical activity is the mainstay of a healthy and productive lifestyle, and fatigue limits participation.
- **Community well-being, human services & clinical care**—social and community development approaches must accompany and in many cases characterise clinical and other health care, if individual and community well being are to be achieved.

## ABOUT CIH

The health of people from inland communities of Australia is generally poorer than that of their [city- or coastal-based](#) counterparts. Targeted research and development, in partnership with inland communities, are needed to identify or design solutions that will effectively address the causes of the health gap. Charles Sturt University, as a national inland university, has the proximity and contextual understanding that are vital to addressing the health concerns of inland communities as well as other around the world. Building on the University’s strengths and existing expertise, the Centre for Inland Health (CIH) has been established to support research for this purpose.

The CIH is designed to focus on well-being rather than just disease, and to address social and environmental as well as biological determinants of health, within a framework of comprehensive primary health care (PHC), as advocated by the World Health Organisation. The research areas of the CIH reflect this range of concerns as well as CSU research strengths.



**CIH: GROWTH  
IN NEW  
KNOWLEDGE**

## Outside Professional Activity POLICY

CIH role is to provide support and advice to our members, whilst Centre for Research and Graduate Training (CRGT) provide a risk management role for researchers and the University. **Processes need to be undertaken at both the CIH and CRGT level prior to funding sub-**

**missions being sent to the funding body.** The University’s **OPA Policy**, under which CRGT is tasked with managing the University’s research portfolio, was designed to ensure the University is in a position to support and carry out all its research and consultancy commitments, so we urge you to work with us to work with CRGT to ensure your research is fully supported from start to finish and beyond. If this policy is not followed, it is unlikely the university will support your project to proceed. The policy can be found at: <http://www.csu.edu.au/research/forms/opa.htm>. *Please contact Annette Jarvis whenever you need support.*

## *Steps to secure EXTERNAL Research funding*

1. **Understand and Clarify Guidelines** - if a competitive process.
2. **Obtain Letter of Invitation** to submit a proposal from funding body if not a competitive process.
3. **Enlist support** - contact the CIH Business Manager or CRGT Research Grants Officer to discuss your project’s eligibility, clarify the Funding Guidelines and discuss due dates.
4. **Discuss workload with Head of School** – advise the Head of School and CIH Director of your intentions and workload issues (ie: time away from work; potential for time release).
5. **Organize support letters and other required support documentation** – organize at the outset as this generally takes some time.
6. **Draft your application and budget** – develop full application with costing.
7. **Seek Advice** - contact the CIH Business Manager for advice on putting together a **budget**, particularly in relation to the Competitive Neutrality Levy, on-costs & GST, and ensuring all elements of the submission have been met; also contact your colleagues for advice on the **content** of your draft application.
8. **Send draft** to the CIH Business Manager for proof-reading and review (optional).
9. **Review your draft** – use all your feedback to review your application.
10. **Complete Notice to Submit Form (NTS)** – get the required signatures and send to the Grants Officer at CRGT. Please use the guidelines on how to fill in the form and contact the CIH Business Manager or Grants Officer for help if required.
11. **Submit completed Application with Support Letters to the Grants Officer 10 working days prior to the application due date** - This allows time for CRGT to process the application, resolve any issues with you, get a signature from the DVC (Research) if necessary and make sure it gets into the post in time.
12. **When successful**, complete the Budget Approval Form (**BAF**) to allow an account to be created for your project and forward to the CRGT Research Grants Officer.