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# UNSW research centre for primary health care and equity

2007 annual report



## Acknowledgments

I would like to thank my advisor, Dr. M. C. ... and my committee members, Dr. D. ... and Dr. E. ... for their support and guidance throughout this project.

I also thank the Center for ... at ... for providing me with the resources and facilities needed to complete this work. I am particularly grateful to Dr. H. ... and Dr. M. ... for their helpful discussions.

Finally, I would like to thank my family and friends for their love and support. I am especially indebted to my parents, Dr. A. H. ... and Dr. D. ... for their unwavering encouragement and belief in me. I also thank my friends, Dr. C. ... and Dr. H. ... for their companionship and support.

This work was supported by the Center for ... at ... in 2007.

I would like to thank Dr. C. ... and Dr. B. ... for their helpful discussions and for providing me with the resources and facilities needed to complete this work.

Finally, I would like to thank Dr. C. H. ... for his helpful discussions and for providing me with the resources and facilities needed to complete this work.

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## Background

The Commission on the Future of the European Union (C HCE) was established in 2002, following the decision of the European Council in December 2001. The Commission was chaired by Jacques Delors and its members included representatives from all member states and the Commission itself. The Commission's mandate was to examine the future of the European Union and to propose a way forward for the Union in the light of the challenges it faced.

The Commission's work was organized into three main areas: A) Institutional reform, B) Economic and social cohesion, and C) External relations. The Commission's final report, published in July 2004, set out a series of recommendations for the future of the European Union. These recommendations were adopted by the European Council in December 2004 and formed the basis for the negotiations on the Treaty of Lisbon.

The Commission's work was also influenced by the work of the High Level Group of Experts (HLGE) on the future of the European Union, which was established in 2003. The HLGE's report, published in 2004, set out a series of recommendations for the future of the European Union, which were also adopted by the European Council in December 2004.

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## Management and Advisory Committees

### Management Committee

| Voting Members     |                                     |
|--------------------|-------------------------------------|
| C (C )             | η A D η F η M η ,                   |
| M H                | E η D , C η H C η E η .             |
| A/ η D             | C E η η η fi , C η H C η E η .      |
| A/ η               | H , η η H η C η M η                 |
| B η                | D η , C η F η C η , F η B η E η η η |
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| Non-Voting Members |                                     |
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The agenda table is 18 #A ! ad 23 d August 2007.

### Advisory Committee

| Voting Members:  |  |
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## Message from the Chair

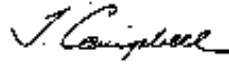


Terry Campbell

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Dr J. Campbell, CHCE  
2008.



E CAM BE—AM  
Se A c t e Dea , Faculty f Med c e, UNSW



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## Message from the Chair of the Advisory Committee

As the Chair of the Advisory Committee, I am pleased to present the 2023-24 Annual Report. This report provides a comprehensive overview of the committee's activities and achievements over the past year. The committee has focused on several key areas, including the development of new programs, the improvement of existing ones, and the promotion of research and innovation. We have also worked closely with the faculty and staff to ensure that our programs are of the highest quality and meet the needs of our students and the community. The report details the progress made in these areas and the challenges we have faced. It also outlines the committee's plans for the future, including the development of new programs and the improvement of existing ones. We are confident that our efforts will continue to make a significant impact on the university and the community.

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## Message from the Executive Director

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**Looking Forward**

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## Research

### Fellowships and Scholarships

## Prevention and Management of Chronic Disease

**Improving the quality of care for chronic disease**

**Rebecca Teasdale** : **Jeremy Bunker**, **Debra** **Harman**, **Michelle** **Zimmerman** (Australia), **Christine** **Daly** (Australia)

## Improving quality of care for chronic disease

**Improving the quality of care for chronic disease**

**Rebecca Teasdale** : **Jeremy Bunker**, **Debra** **Harman**, **Michelle** **Zimmerman** (Australia), **Christine** **Daly** (Australia)

## A cluster randomised control trial of nurse and general practitioner partnership for care of chronic obstructive pulmonary disease (COPD) (NHMRC)

**Rebecca Teasdale** : **Nicholas Zwar**, **Debra** **Harman**, **Michelle** **Zimmerman** (Australia), **Christine** **Daly** (Australia)

**Improving the quality of care for chronic disease**

**Rebecca Teasdale** : **Jeremy Bunker**, **Debra** **Harman**, **Michelle** **Zimmerman** (Australia), **Christine** **Daly** (Australia)

## A project to assess the effectiveness and feasibility of case finding of chronic obstructive pulmonary disease (COPD) by practice nurses in General Practice (UNSW Faculty of Medicine Research Grant)

**Rebecca Teasdale** : **Jeremy Bunker**, **Debra** **Harman**, **Michelle** **Zimmerman** (Australia), **Christine** **Daly** (Australia)

## Analysis of patterns of diabetes care and their outcomes from Division registers (The Department of Health and Ageing)\*

**Rebecca Teasdale** : **Mark Harris**, **Debra** **Harman**, **Michelle** **Zimmerman** (Australia), **Christine** **Daly** (Australia)

## DESPATCH: Delivering stroke prevention for atrial fibrillation: assisting evidence-based choice in primary care (NHMRC)

**Rebecca Teasdale** : **Melina Gattellari**, **Debra** **Harman**, **Michelle** **Zimmerman** (Australia), **Christine** **Daly** (Australia)



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**Evaluation of Lifescrrips implementation in Demonstration Divisions**

*Research Team :* **Gawaine Powell Davies,** A ...

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**Health Improvement and Prevention Study (vascular prevention in general practice) (NHMRC)**

*Research Team :* **Mark Harris,** M ... F ...  
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**Lifestyle risk factor management in 45-49 year health check in general practice (APCHRI)**

*Research Team :* **Mark Harris,** C ... A ...

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**Shared absolute cardiovascular risk assessment in general practice (APA Scholarship, UNSW Faculty of Medicine Research Grant)**

*Research Team :* **Mark Harris,** ...

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## Primary Health Care System Development

1. *Health Care System* (HCS) is a system of health care services that is designed to meet the health care needs of a population. It is a system that is designed to be efficient, effective, and equitable. It is a system that is designed to be responsive to the needs of the population and to be able to adapt to changes in the population's needs over time. The HCS is a complex system that involves many different actors, including government, health care providers, and the community. It is a system that is designed to be able to deliver high quality health care services to all members of the population.

2. The HCS is a system that is designed to be able to deliver high quality health care services to all members of the population. It is a system that is designed to be able to adapt to changes in the population's needs over time. The HCS is a complex system that involves many different actors, including government, health care providers, and the community. It is a system that is designed to be able to deliver high quality health care services to all members of the population.

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## Developing performance indicators for primary and community health services (NSW Health)\*

Responsible: **Julie McDonald**

Developing performance indicators for primary and community health services (NSW Health)\*

1. The purpose of this document is to provide a framework for developing performance indicators for primary and community health services. The indicators should be able to measure the quality of care, the efficiency of the system, and the equity of access to services. The indicators should also be able to identify areas for improvement and to monitor progress over time.

2. The indicators should be based on the following principles:

- They should be measurable and quantifiable.
- They should be relevant to the services being provided.
- They should be able to be compared across different services and over time.
- They should be able to identify areas for improvement.

3. The indicators should be developed in consultation with the relevant stakeholders, including health care providers, patients, and the community. The indicators should be able to capture the views and experiences of all these groups.

4. The indicators should be able to be used to monitor progress over time and to identify areas for improvement. The indicators should be able to be used to inform decision making and to guide the development of services.

5. The indicators should be able to be used to evaluate the impact of services on the health and well-being of the population. The indicators should be able to be used to identify areas where services are having a positive impact and to identify areas where services are not having the desired impact.

## Primary Health Care Policy Development

1. The purpose of this document is to provide a framework for developing primary health care policy. The policy should be able to address the health care needs of the population and to be able to adapt to changes in the population's needs over time. The policy should also be able to identify areas for improvement and to monitor progress over time.

2. The policy should be based on the following principles:

- It should be evidence-based.
- It should be able to address the health care needs of the population.
- It should be able to be implemented in a way that is efficient, effective, and equitable.
- It should be able to identify areas for improvement.

3. The policy should be developed in consultation with the relevant stakeholders, including health care providers, patients, and the community. The policy should be able to capture the views and experiences of all these groups.

4. The policy should be able to be used to guide the development of services and to inform decision making. The policy should be able to be used to identify areas where services are having a positive impact and to identify areas where services are not having the desired impact.

5. The policy should be able to be used to evaluate the impact of services on the health and well-being of the population. The policy should be able to be used to identify areas where services are having a positive impact and to identify areas where services are not having the desired impact.





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## Understanding and Intervening to Reduce Health Inequalities

Elizabeth Harris, Associate Professor, Health Equity and Community Engagement, and Alison Munn, Associate Professor, Health Equity and Community Engagement, are the lead authors of the report. The report is a collaborative effort between the University of Queensland and the Queensland Health Department. The report is a collaborative effort between the University of Queensland and the Queensland Health Department.

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### Early Childhood

The report is a collaborative effort between the University of Queensland and the Queensland Health Department. The report is a collaborative effort between the University of Queensland and the Queensland Health Department. The report is a collaborative effort between the University of Queensland and the Queensland Health Department.

## Early childhood sustained home visiting: outcomes at 4 years and the transition to school (ARC)

Rebecca Teare: Elizabeth Harris, Associate Professor, Health Equity and Community Engagement, and Alison Munn, Associate Professor, Health Equity and Community Engagement, are the lead authors of the report. The report is a collaborative effort between the University of Queensland and the Queensland Health Department. The report is a collaborative effort between the University of Queensland and the Queensland Health Department.

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### Evaluation of midwifery group practice (SSWAHS)\*

Rebecca Teare: Lynn Kemp, Associate Professor, Health Equity and Community Engagement, is the lead author of the report. The report is a collaborative effort between the University of Queensland and the Queensland Health Department. The report is a collaborative effort between the University of Queensland and the Queensland Health Department.

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**Health and development of Aboriginal infants in an urban environment (Gudaga I) (NHMRC)**

*Research team:* Elizabeth Comino, Catherine Anderson, Catherine Adams, David (AH), Elizabeth H., M. H., H. (C. H.), - (H.), B. (AH), D. M. D. (AH), D. A. C.

159  
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**Health and development of Aboriginal infants in an urban environment (Gudaga II) (NHMRC)**

*Research team:* Elizabeth Comino, Catherine Anderson, Catherine Adams, David (AH), Elizabeth H., M. H., H. (C. H.), - (H.), B. (AH), - (F. M. D. (AH), D. A. C.

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**Maternal psychosocial risk factors: improving identification of risk (NSW Health)\***

*Research Team:* Katina Kardamanidis, -

**Randomised control trial of early childhood sustained home visiting (MECSH project) (ARC, The NSW Department of Community Services, SSWAHS, The Department of Health and Aging)**

*Research team:* Lynn Kemp, Elizabeth H., A. (AH), H. A., A. M. M. (M.), M. (AH), - (H.), - (H.), - (H.).  
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**Mentoring and supervision:**

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**Three Day HIA Training for NSW Health Staff**

Briefing - 10:00 (10:00 - 10:30)  
Registration - 10:30 (10:30 - 11:00)

**One Day HIA Training for NSW Public Health Officer Trainees**

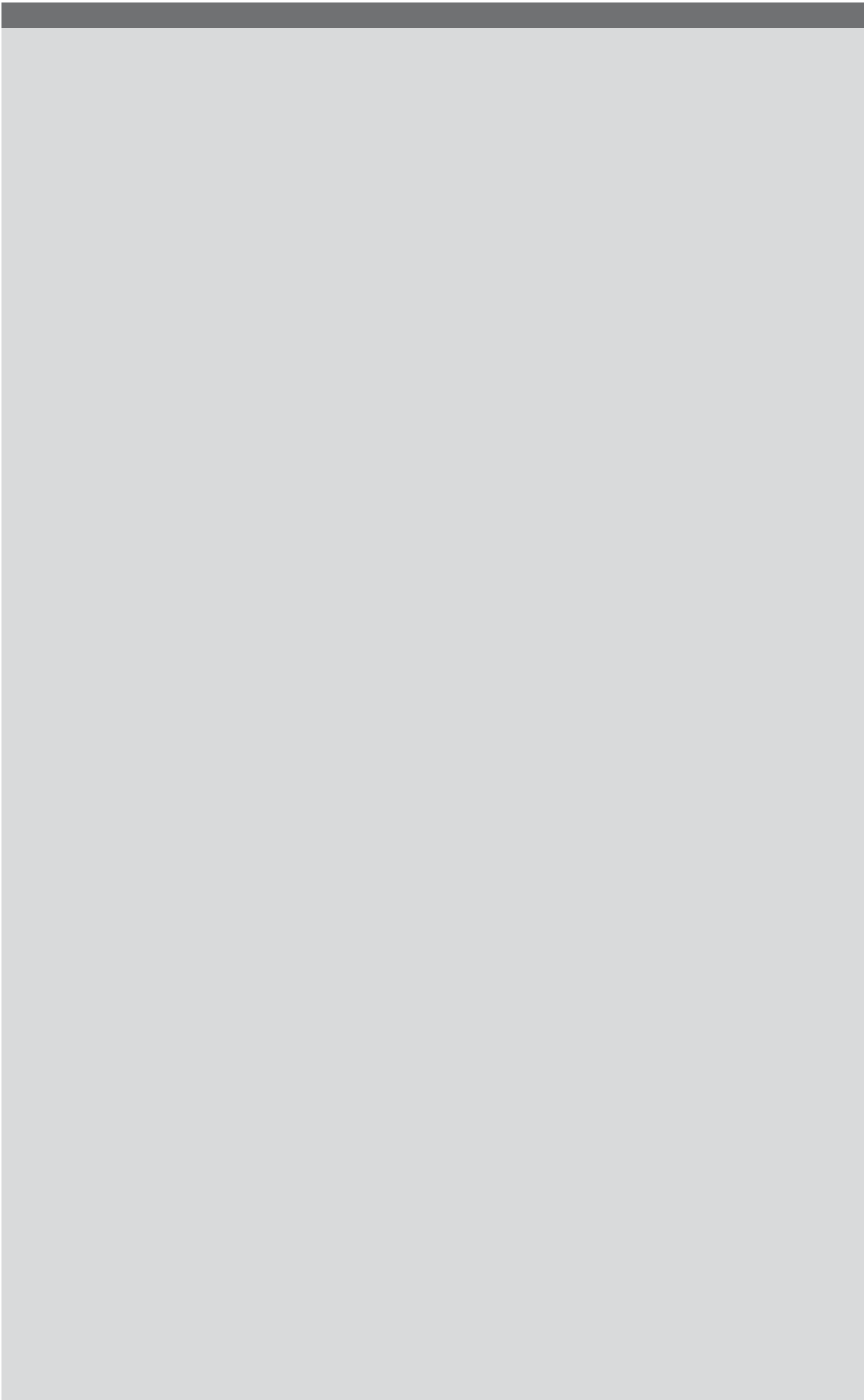
Briefing - 10:00 (10:00 - 10:30)

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**Research Students**

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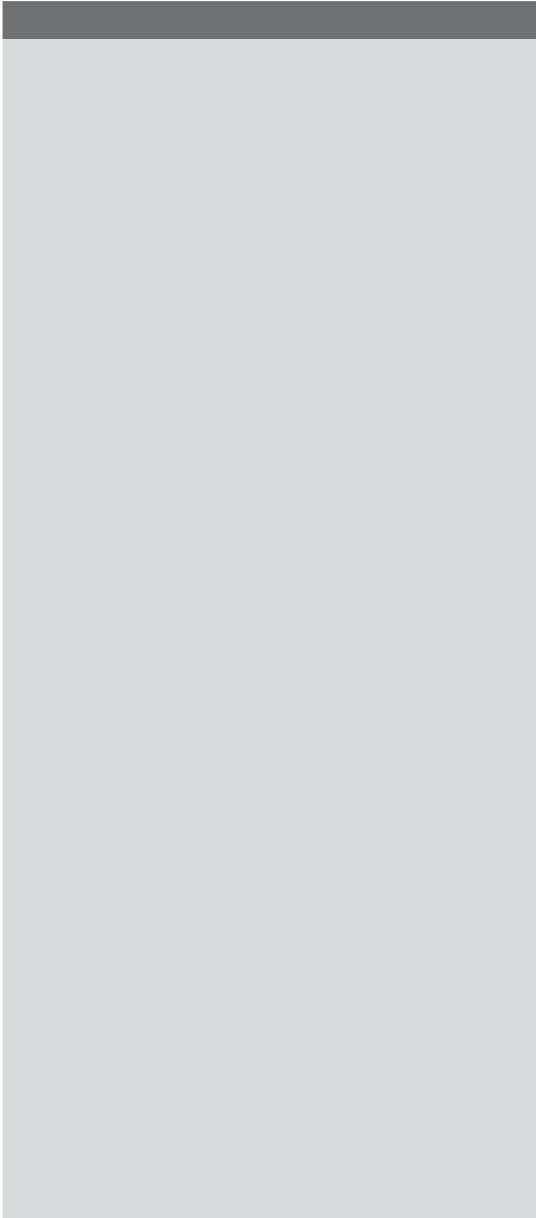
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## Staff

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February 39  
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**Affiliated Staff employed by the School of Public Health and Community Medicine**

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**Staff employed by Sydney South West Area Health Service**

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\* ... C HCE ... 2007 ...

## Staff Membership of External Committees

| Committee          | Name  |
|--------------------|-------|
| Alumni Association | M H   |
| CCCL - ( )         | D     |
| CHIL - C           | -     |
| CM - M             | M H   |
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| HFL - A            | Z D   |
| IEL - M            | Z     |
| IAA - A            | B H - |
| IEHC - C           | -     |
| IDD - D            | M H   |
| HFCC - C           | M H   |
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| ACC - C            | Z     |
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| ACBF - F           | M H   |
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| AC - H             | Z D   |
| CC - H             | Z D   |
| CA - C             | Z D   |
| AAH - C            | -     |

# CENTRE FOR PRIMARY HEALTH CARE & EQUITY

## Statement of Financial Performance for the Period Ending 31 December 2007

|   | 2007      | 2006      |
|---|-----------|-----------|
|   | \$        | \$        |
| <b>Income</b>                                     |           |           |
| E... ..   | 3,709,840 | 3,226,990 |
| C... .. (& )                                      | 118,750   | 80,000    |
|   | 3,828,590 | 3,306,990 |
| <b>Expenses</b>                                   |           |           |
|   | 2,796,333 | 2,419,764 |
| E... ..   | 32,790    | 70,827    |
| M... ..   | 881,321   | 915,440   |
|   | 259,798   | 238,580   |
| E... ..   | 3,644,611 | 3,644,611 |
| <b>Operating result (iii)</b>                     | -141,652  | -337,621  |
| <b>Surplus(Deficit) Bfwd from Prior Year (iv)</b> | 1,315,156 | 1,652,777 |
| <b>Accumulated Funds Surplus(Deficit)</b>         | 1,173,504 | 1,315,156 |
| E... .. (& )                                      | -632,320  | -496,193  |

### Notes to the Statement of Financial Performance

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## Publications

### Journal Articles

1. **Amoroso C**, *et al*, **Burns P**, **Jayasinghe U**, **Harris E**, *et al*, **Burns P**, **Harris MF**. *Effect of the use of a mobile phone on the use of a mobile phone in the workplace. BMC Medical Research Methodology*. 2007 Aug 13;7:46.
2. **Amoroso C**, *et al*, **Burns P**, **Harris E**, **Elliott C**, **Burns P**, **Harris MF**. *Effect of the use of a mobile phone on the use of a mobile phone in the workplace. BMC Medical Research Methodology*. 2007 Aug 13;7:46.
3. **Booth B**, **M B**. *Effect of the use of a mobile phone on the use of a mobile phone in the workplace. BMC Medical Research Methodology*. 2007 Aug 13;7:46.
4. **Booth B**, *et al*. *Effect of the use of a mobile phone on the use of a mobile phone in the workplace. BMC Medical Research Methodology*. 2007 Aug 13;7:46.
5. **Burns P**, **Perkins D**, **Larsen K**, **D A**. *Effect of the use of a mobile phone on the use of a mobile phone in the workplace. BMC Medical Research Methodology*. 2007 Aug 13;7:46.
6. **Comino E**, **Titmuss A**, **Harris E**, **C**. *Effect of the use of a mobile phone on the use of a mobile phone in the workplace. BMC Medical Research Methodology*. 2007 Aug 13;7:46.
7. **Comino E**, **Zwar N**, **Hermiz O**. *Effect of the use of a mobile phone on the use of a mobile phone in the workplace. BMC Medical Research Methodology*. 2007 Aug 13;7:46.
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