
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 my colleagues at the University of ... for their help and support during my time there. I would like to thank my family and friends for their love and support.

I would like to thank the ... (...) for their support and guidance throughout this project. I would like to thank my family and friends for their love and support.

I would like to thank the ... (...) for their support and guidance throughout this project. I would like to thank my family and friends for their love and support.

I would like to thank the ... (...) for their support and guidance throughout this project. I would like to thank my family and friends for their love and support.

I would like to thank the ... (...) for their support and guidance throughout this project. I would like to thank my family and friends for their love and support.

Contents

2	A	η	η	η
5	B	υ	η	
6	M	η	η	η
7	M	η	η	C
9	M	η	η	C
11	M	η	η	E
13				
29	η	η	A	η
33	η	η	A	fi
35				
38	F	η	η	η
39	υ	η	η	
46	C	η	η	

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 Independent Experts (HLG) on the Future of the European Union, which was established in 2003. The HLG's report, published in July 2004, set out a series of recommendations for the future of the European Union. These recommendations were also 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 Independent Experts (HLG) on the Future of the European Union, which was established in 2003. The HLG's report, published in July 2004, set out a series of recommendations for the future of the European Union. These recommendations were also adopted by the European Council in December 2004 and formed the basis for the negotiations on the Treaty of Lisbon.

Management and Advisory Committees

Management Committee

Voting Members	
C (C)	A D F M
M H	E D , C H C E
A/ D	C E fi , C H C E
A/	H , H C M
B	D , C F C , F B E
I	D , C
D A	D , C AH
Non-Voting Members	
M F ()	F M , C H C E

The agenda table is 18th August 2007.

Advisory Committee

Voting Members:	
E (C)	H C M
M A	D H - F B H
D A D	C E fi , D
M E	D C H , (00 159.24 0

Message from the Chair



Terry Campbell

Over the course of 2007, the Board of Directors of C HCE has focused on the company's long-term growth and value creation. In February 2007, the Board approved a new strategic plan that emphasizes the company's commitment to innovation, operational excellence, and financial performance. This plan is designed to position C HCE for sustained growth and profitability over the next several years.

In addition, the Board has overseen the company's financial performance, which has remained strong despite the challenges of the current economic environment. The company's revenue has increased by 15% over the past year, and its operating margins have improved significantly. This performance is a testament to the hard work and dedication of the company's employees and the sound financial management of the Board.

The Board has also focused on strengthening the company's financial position. In May 2007, the Board approved a new capital structure that includes the issuance of new debt and the repurchase of common stock. This structure is designed to provide the company with the financial flexibility it needs to execute its strategic plan and invest in growth opportunities.

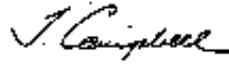
Finally, the Board has overseen the company's compliance with applicable laws and regulations. The Board has established a robust compliance program that includes regular training, monitoring, and reporting. This program is designed to ensure that the company operates in a transparent and ethical manner, and to minimize the risk of legal and regulatory penalties.

As we move forward into 2008, the Board remains committed to the company's long-term success and to the interests of its shareholders. We will continue to work closely with management to execute our strategic plan and to drive the company's performance to new heights. We are confident that the company is well-positioned to meet the challenges of the future and to create long-term value for our shareholders.

At the 2007 Annual Meeting of the Board of Directors, the Board approved the following resolutions:

- Resolution 1: To approve the appointment of Terry Campbell as Chairman of the Board.
- Resolution 2: To approve the appointment of John Smith as Vice Chairman of the Board.
- Resolution 3: To approve the appointment of Jane Doe as a Director of the Board.
- Resolution 4: To approve the appointment of Mr. X as a Director of the Board.
- Resolution 5: To approve the appointment of Mrs. Y as a Director of the Board.
- Resolution 6: To approve the appointment of Mr. Z as a Director of the Board.
- Resolution 7: To approve the appointment of Mr. A as a Director of the Board.
- Resolution 8: To approve the appointment of Mr. B as a Director of the Board.
- Resolution 9: To approve the appointment of Mr. C as a Director of the Board.
- Resolution 10: To approve the appointment of Mr. D as a Director of the Board.
- Resolution 11: To approve the appointment of Mr. E as a Director of the Board.
- Resolution 12: To approve the appointment of Mr. F as a Director of the Board.
- Resolution 13: To approve the appointment of Mr. G as a Director of the Board.
- Resolution 14: To approve the appointment of Mr. H as a Director of the Board.
- Resolution 15: To approve the appointment of Mr. I as a Director of the Board.
- Resolution 16: To approve the appointment of Mr. J as a Director of the Board.
- Resolution 17: To approve the appointment of Mr. K as a Director of the Board.
- Resolution 18: To approve the appointment of Mr. L as a Director of the Board.
- Resolution 19: To approve the appointment of Mr. M as a Director of the Board.
- Resolution 20: To approve the appointment of Mr. N as a Director of the Board.
- Resolution 21: To approve the appointment of Mr. O as a Director of the Board.
- Resolution 22: To approve the appointment of Mr. P as a Director of the Board.
- Resolution 23: To approve the appointment of Mr. Q as a Director of the Board.
- Resolution 24: To approve the appointment of Mr. R as a Director of the Board.
- Resolution 25: To approve the appointment of Mr. S as a Director of the Board.
- Resolution 26: To approve the appointment of Mr. T as a Director of the Board.
- Resolution 27: To approve the appointment of Mr. U as a Director of the Board.
- Resolution 28: To approve the appointment of Mr. V as a Director of the Board.
- Resolution 29: To approve the appointment of Mr. W as a Director of the Board.
- Resolution 30: To approve the appointment of Mr. X as a Director of the Board.
- Resolution 31: To approve the appointment of Mr. Y as a Director of the Board.
- Resolution 32: To approve the appointment of Mr. Z as a Director of the Board.
- Resolution 33: To approve the appointment of Mr. A as a Director of the Board.
- Resolution 34: To approve the appointment of Mr. B as a Director of the Board.
- Resolution 35: To approve the appointment of Mr. C as a Director of the Board.
- Resolution 36: To approve the appointment of Mr. D as a Director of the Board.
- Resolution 37: To approve the appointment of Mr. E as a Director of the Board.
- Resolution 38: To approve the appointment of Mr. F as a Director of the Board.
- Resolution 39: To approve the appointment of Mr. G as a Director of the Board.
- Resolution 40: To approve the appointment of Mr. H as a Director of the Board.
- Resolution 41: To approve the appointment of Mr. I as a Director of the Board.
- Resolution 42: To approve the appointment of Mr. J as a Director of the Board.
- Resolution 43: To approve the appointment of Mr. K as a Director of the Board.
- Resolution 44: To approve the appointment of Mr. L as a Director of the Board.
- Resolution 45: To approve the appointment of Mr. M as a Director of the Board.
- Resolution 46: To approve the appointment of Mr. N as a Director of the Board.
- Resolution 47: To approve the appointment of Mr. O as a Director of the Board.
- Resolution 48: To approve the appointment of Mr. P as a Director of the Board.
- Resolution 49: To approve the appointment of Mr. Q as a Director of the Board.
- Resolution 50: To approve the appointment of Mr. R as a Director of the Board.
- Resolution 51: To approve the appointment of Mr. S as a Director of the Board.
- Resolution 52: To approve the appointment of Mr. T as a Director of the Board.
- Resolution 53: To approve the appointment of Mr. U as a Director of the Board.
- Resolution 54: To approve the appointment of Mr. V as a Director of the Board.
- Resolution 55: To approve the appointment of Mr. W as a Director of the Board.
- Resolution 56: To approve the appointment of Mr. X as a Director of the Board.
- Resolution 57: To approve the appointment of Mr. Y as a Director of the Board.
- Resolution 58: To approve the appointment of Mr. Z as a Director of the Board.
- Resolution 59: To approve the appointment of Mr. A as a Director of the Board.
- Resolution 60: To approve the appointment of Mr. B as a Director of the Board.
- Resolution 61: To approve the appointment of Mr. C as a Director of the Board.
- Resolution 62: To approve the appointment of Mr. D as a Director of the Board.
- Resolution 63: To approve the appointment of Mr. E as a Director of the Board.
- Resolution 64: To approve the appointment of Mr. F as a Director of the Board.
- Resolution 65: To approve the appointment of Mr. G as a Director of the Board.
- Resolution 66: To approve the appointment of Mr. H as a Director of the Board.
- Resolution 67: To approve the appointment of Mr. I as a Director of the Board.
- Resolution 68: To approve the appointment of Mr. J as a Director of the Board.
- Resolution 69: To approve the appointment of Mr. K as a Director of the Board.
- Resolution 70: To approve the appointment of Mr. L as a Director of the Board.
- Resolution 71: To approve the appointment of Mr. M as a Director of the Board.
- Resolution 72: To approve the appointment of Mr. N as a Director of the Board.
- Resolution 73: To approve the appointment of Mr. O as a Director of the Board.
- Resolution 74: To approve the appointment of Mr. P as a Director of the Board.
- Resolution 75: To approve the appointment of Mr. Q as a Director of the Board.
- Resolution 76: To approve the appointment of Mr. R as a Director of the Board.
- Resolution 77: To approve the appointment of Mr. S as a Director of the Board.
- Resolution 78: To approve the appointment of Mr. T as a Director of the Board.
- Resolution 79: To approve the appointment of Mr. U as a Director of the Board.
- Resolution 80: To approve the appointment of Mr. V as a Director of the Board.
- Resolution 81: To approve the appointment of Mr. W as a Director of the Board.
- Resolution 82: To approve the appointment of Mr. X as a Director of the Board.
- Resolution 83: To approve the appointment of Mr. Y as a Director of the Board.
- Resolution 84: To approve the appointment of Mr. Z as a Director of the Board.
- Resolution 85: To approve the appointment of Mr. A as a Director of the Board.
- Resolution 86: To approve the appointment of Mr. B as a Director of the Board.
- Resolution 87: To approve the appointment of Mr. C as a Director of the Board.
- Resolution 88: To approve the appointment of Mr. D as a Director of the Board.
- Resolution 89: To approve the appointment of Mr. E as a Director of the Board.
- Resolution 90: To approve the appointment of Mr. F as a Director of the Board.
- Resolution 91: To approve the appointment of Mr. G as a Director of the Board.
- Resolution 92: To approve the appointment of Mr. H as a Director of the Board.
- Resolution 93: To approve the appointment of Mr. I as a Director of the Board.
- Resolution 94: To approve the appointment of Mr. J as a Director of the Board.
- Resolution 95: To approve the appointment of Mr. K as a Director of the Board.
- Resolution 96: To approve the appointment of Mr. L as a Director of the Board.
- Resolution 97: To approve the appointment of Mr. M as a Director of the Board.
- Resolution 98: To approve the appointment of Mr. N as a Director of the Board.
- Resolution 99: To approve the appointment of Mr. O as a Director of the Board.
- Resolution 100: To approve the appointment of Mr. P as a Director of the Board.

Dr J. Campbell, CHCE
2008.



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

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. The report highlights the significant achievements of the University of the South Pacific (USP) in the past year, particularly in the areas of research, teaching, and community engagement. The University has continued to uphold its commitment to excellence and innovation, and has made significant progress in addressing the challenges of the 21st century.

The report also provides a detailed overview of the University's financial performance, including a breakdown of income and expenses. The University's financial position remains strong, and we are confident that the University will continue to achieve its strategic goals in the coming year.

I would like to thank the members of the Advisory Committee for their support and guidance throughout the year. I would also like to thank the staff and students of USP for their dedication and hard work. Finally, I would like to thank the donors and supporters of the University for their generous contributions.

The University of the South Pacific
Chair of the Advisory Committee

(1) H. B. - 9

A C C M H
M

J. Wilson

IA EB E A

C... D... C... M... ;
 H... M... ; C... H...
 E... A... M... ; D... F...
 M... C... H...
 C... M... C...
 A... H... A... C...
 (HIA 2007) (// 2007). M... 180
 C... 13... A... fi...
 , A... C CHE'
 H... fi... A -
 fi... H... F...
 HIA... A... fi HIA...
 340... 15... A... fi...
 A... C... D... -M...
 A... A... C...
 D... C... M...
 50...
 H... A...
 H... M... C... A...
 C HCE...
 B... B... A...
 H... H... C...
 D... C... M...

Looking Forward

2008... :
 ...
 ...
 ... C... fi...
 ... C...
 ... fi...
 ...
 ...
 ...
 ...



FE MA HA I
 E ective D ed , UNSW Re ea c e t e f P a y Hea t e Ca e & E u ty

Research

Fellowships and Scholarships

Prevention and Management of Chronic Disease

Improving the quality of care for chronic disease

Researcher: **Dr. [Name]**, [Affiliation]

Abstract: This study aims to improve the quality of care for chronic disease through a series of interventions. The research involves a cluster randomised control trial of nurse and general practitioner partnership for care of chronic obstructive pulmonary disease (COPD) (NHMRC).

Improving quality of care for chronic disease

Researcher: **Dr. [Name]**, [Affiliation]

Abstract: This study aims to improve the quality of care for chronic disease through a series of interventions. The research involves a cluster randomised control trial of nurse and general practitioner partnership for care of chronic obstructive pulmonary disease (COPD) (NHMRC).

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

Researcher: **Nicholas Zwar**, [Affiliation]

Abstract: This study aims to improve the quality of care for chronic disease through a series of interventions. The research involves a cluster randomised control trial of nurse and general practitioner partnership for care of chronic obstructive pulmonary disease (COPD) (NHMRC).

Researcher: **Dr. [Name]**, [Affiliation]

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)

Researcher: **Jeremy Bunker**, [Affiliation]

Abstract: This study aims to assess the effectiveness and feasibility of case finding of chronic obstructive pulmonary disease (COPD) by practice nurses in General Practice. The research involves a project funded by the UNSW Faculty of Medicine Research Grant.

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

Researcher: **Mark Harris**, [Affiliation]

Abstract: This study aims to analyze patterns of diabetes care and their outcomes from Division registers. The research involves a project funded by the Department of Health and Ageing.

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

Researcher: **Melina Gattellari**, [Affiliation]

Abstract: This study aims to deliver stroke prevention for atrial fibrillation (AF) by assisting evidence-based choice in primary care. The research involves a project funded by the NHMRC.

A... (... A ...)
... C ... H ...
A H ...
...
...
...

Evaluation of Lifescripts implementation in Demonstration Divisions

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

... 2004. Au ...
... (-) ...
...
...
Du ... 2007-2008, ... D ... H ...
... A ... fi ... D ...
... D ... D ...
...
... D ...
...
...

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

Research Team: **Mark Harris**, M ... F ...
C ... A ... , ... D ... (... H ...) ,
H ... (... C ... H ...) ,
D ... - (B ... H ... D H , ...) ,
... M ... M ... (...
... D H , ...) ,
D ... , ... C ... (-
C ... , F ... M ...) ,

...
...
...

Lifestyle risk factor management in 45-49 year health check in general practice (APCHRI)

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

A ... A ... - ,
D ... , Z ... M ... , A ...
...
... 45 ... 49 ...
...
...
... E ...
E ... C ... D ...
...
...
...

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

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

C ... (F ... Z ... M ...) ,
...
...
A ...
... A
...
...

Primary Health Care System Development

2007-2012

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

Researcher: **Julie McDonald**

Primary Health Care Policy Development

2007-2012

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, led a team of researchers from the University of Western Australia to investigate the impact of a home visiting program on the health and well-being of low-income families in Perth, Western Australia. The program, known as the Home Visiting Program, was designed to provide support and resources to families with young children who were at risk of poor health outcomes. The researchers found that the program had a positive impact on the health and well-being of these families, particularly in terms of reducing the risk of child abuse and neglect, and improving the mental health of parents.

The researchers also found that the program had a positive impact on the social and emotional well-being of children, and on the overall health and well-being of the family. These findings suggest that home visiting programs can be an effective way to reduce health inequalities and improve the health and well-being of low-income families. The researchers are currently working on a larger study to evaluate the long-term impact of the program.

Early Childhood

The researchers also found that the program had a positive impact on the social and emotional well-being of children, and on the overall health and well-being of the family. These findings suggest that home visiting programs can be an effective way to reduce health inequalities and improve the health and well-being of low-income families. The researchers are currently working on a larger study to evaluate the long-term impact of the program.

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

Research Team: Elizabeth Harris, Associate Professor, Health Equity and Community Engagement, and Alison Munn, Associate Professor, Health Equity and Community Engagement, led a team of researchers from the University of Western Australia to investigate the impact of a home visiting program on the health and well-being of low-income families in Perth, Western Australia. The program, known as the Home Visiting Program, was designed to provide support and resources to families with young children who were at risk of poor health outcomes. The researchers found that the program had a positive impact on the health and well-being of these families, particularly in terms of reducing the risk of child abuse and neglect, and improving the mental health of parents.

The researchers also found that the program had a positive impact on the social and emotional well-being of children, and on the overall health and well-being of the family. These findings suggest that home visiting programs can be an effective way to reduce health inequalities and improve the health and well-being of low-income families. The researchers are currently working on a larger study to evaluate the long-term impact of the program.

Evaluation of midwifery group practice (SSWAHS)*

Research Team: Lynn Kemp, Associate Professor, Health Equity and Community Engagement, and Alison Munn, Associate Professor, Health Equity and Community Engagement, led a team of researchers from the University of Western Australia to investigate the impact of a midwifery group practice on the health and well-being of women and their babies in Perth, Western Australia. The program, known as the Midwifery Group Practice, was designed to provide support and resources to women during pregnancy and childbirth. The researchers found that the program had a positive impact on the health and well-being of these women, particularly in terms of reducing the risk of complications during pregnancy and childbirth, and improving the mental health of women. The researchers also found that the program had a positive impact on the health and well-being of the babies, and on the overall health and well-being of the family. These findings suggest that midwifery group practices can be an effective way to reduce health inequalities and improve the health and well-being of women and their babies. The researchers are currently working on a larger study to evaluate the long-term impact of the program.

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

Research team: **Elizabeth Comino**, **Christine Anderson**, **Anna D'Almeida** (AH), **Elizabeth Haines**, **Melissa Haines**, **Helen Cullen** (AH), **Christine Haines**, **Michelle Munn**, **Bonnie Anderson** (AH), **Bonnie Anderson** (AH), **Doreen McDermott**, **Melissa McDermott** (AH), **Doreen McDermott** (AH), **Doreen McDermott** (AH).

159
 A 2005 M 2007.
 12
 2-3
 A 12
 fi

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

Research team: **Elizabeth Comino**, **Christine Anderson**, **Anna D'Almeida** (AH), **Elizabeth Haines**, **Melissa Haines**, **Helen Cullen** (AH), **Christine Haines**, **Michelle Munn**, **Bonnie Anderson** (AH), **Bonnie Anderson** (AH), **Doreen McDermott** (AH), **Melissa McDermott** (AH), **Doreen McDermott** (AH).

2007
 fi
 A
 fi

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

Research Team: **Katrina Kardamanidis**, **Christine Haines**, **Melissa Haines**, **Helen Cullen** (AH), **Christine Haines**, **Michelle Munn**, **Bonnie Anderson** (AH), **Bonnie Anderson** (AH), **Doreen McDermott** (AH), **Melissa McDermott** (AH), **Doreen McDermott** (AH).

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 Haines**, **Christine Anderson** (AH), **Helen Cullen** (AH), **Christine Haines**, **Michelle Munn** (M), **Bonnie Anderson** (AH), **Doreen McDermott** (AH), **Melissa McDermott** (AH), **Doreen McDermott** (AH).

9(-2(0 10 33) D(EH D -18(,15

Family Health Services (FHS) and Family Health Services (FHS) are both part of the NSW Health system. FHS provides a range of services to families, including health promotion, primary care, and specialist services. FHS is a key provider of services to families in NSW, and is committed to providing high-quality care to all families. FHS is a key provider of services to families in NSW, and is committed to providing high-quality care to all families.

Transitions of care between midwifery and child and family health services (NSW Nurse and Midwives Board)*

Research Team: **Caroline Homer** (NSW Nurse and Midwives Board), **Christine Burt** (NSW Nurse and Midwives Board), **Michelle Smith** (NSW Nurse and Midwives Board), **Michelle Smith** (NSW Nurse and Midwives Board).

Executive Summary: This research project aimed to explore the experiences of midwives and child and family health services (CFHS) staff involved in transitions of care between midwifery and CFHS. The study identified several key factors that influence the success of these transitions, including communication, collaboration, and shared decision-making. The findings highlight the importance of ongoing communication and collaboration between midwives and CFHS staff to ensure the best possible outcomes for families.

AH...
 A... M...
 A... H...
 2... fi...
 fi...
 l...
 u...
 u...
 u...

Equity and Healthy Public Policy (including Health Impact Assessment) (HIA)

H... u...
 ...
 ...
 ...
 ...
 HIA... H...
 (HIA)...
 ...
 ...

NSW HIA capacity building project (NSW Health)

Re ea crtea : Elizabeth Harris, ...
 H... B... H...
 HIA...
 (HIA)...
 22 HIA...
 ...
 M... HIA;
 HIA;
 HIA...
 HIA...

Rapid Equity focussed HIA – Australian Better Health Initiatives (NSW Health)

Re ea crtea : Elizabeth Harris, ...
 B... H...
 C... HCE...
 ...
 A... B... H...
 ...
 ...

Human health and wellbeing in environmental assessments in NSW (UNSW Faculty of Medicine Research Grant)

Re ea crtea : Patrick Harris, ...
 B... H...
 (F... B... E...)...
 ...
 A... M... A...
 ...
 D...
 31...
 2006... D... 2007... F...
 ...
 ...

The development of a conceptual framework for evaluating the impact and effectiveness of Health Impact Assessment (UNSW Faculty of Medicine Research Grant)*

Re ea cr Tea : Ben Harris Roxas, ...
 ...
 ...
 HIA...
 ...
 HIA...
 ...
 HIA...
 ...
 C...
 ...

Mentoring and supervision:

1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9 10 10

Three Day HIA Training for NSW Health Staff

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

One Day HIA Training for NSW Public Health Officer Trainees

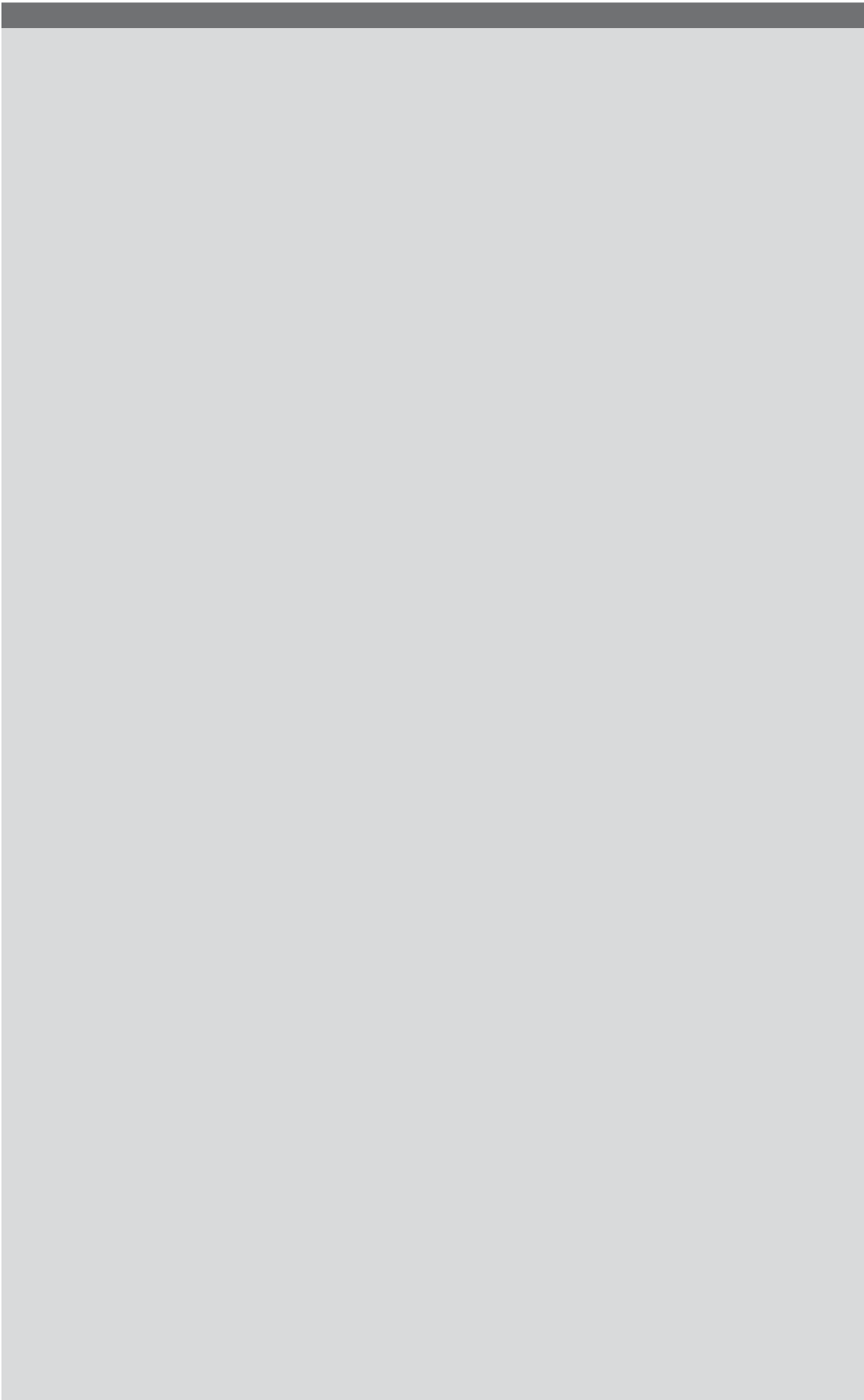
Briefing - 10:00 (10:00 - 10:30)

C HCE - 10:30 (10:30 - 11:00) H - 11:00 (11:00 - 11:30) 26:

Research Students

C HCE - 10:30 (10:30 - 11:00) H - 11:00 (11:00 - 11:30) 26:
M - 10:30 (10:30 - 11:00) C HCE - 11:00 (11:00 - 11:30), 17
10:30 (10:30 - 11:00) H - 11:00 (11:00 - 11:30) 26:
10:30 (10:30 - 11:00) H - 11:00 (11:00 - 11:30) 26:





Partners and Affiliates

Our partners and affiliates include:

- Australian Government Department of Health
- Australian Government Department of Education
- Australian Government Department of Social Services
- Australian Government Department of Communities, Indigenous Affairs and Northern Development
- Australian Government Department of Infrastructure, Transport, Regional Development and Postal Services
- Australian Government Department of the Environment and Energy
- Australian Government Department of Agriculture, Water and Fisheries
- Australian Government Department of Defence
- Australian Government Department of Foreign Affairs and Trade
- Australian Government Department of Industry, Science and Technology
- Australian Government Department of Justice
- Australian Government Department of Veterans Affairs
- Australian Government Department of Work and Social Security
- Australian Government Department of Regional Development, Planning and Infrastructure
- Australian Government Department of Transport, Infrastructure and Logistics
- Australian Government Department of Health Services
- Australian Government Department of Health Services (NSW)
- Australian Government Department of Health Services (VIC)
- Australian Government Department of Health Services (QLD)
- Australian Government Department of Health Services (WA)
- Australian Government Department of Health Services (SA)
- Australian Government Department of Health Services (NT)
- Australian Government Department of Health Services (ACT)
- Australian Government Department of Health Services (TAS)
- Australian Government Department of Health Services (NT)
- Australian Government Department of Health Services (ACT)
- Australian Government Department of Health Services (TAS)

UNSW

UNSW is a leading research and teaching institution in Australia. It is a member of the Australian Research Council (ARC) and the Australian Research Council (ARC) is a member of the Australian Research Council (ARC). UNSW is a member of the Australian Research Council (ARC) and the Australian Research Council (ARC) is a member of the Australian Research Council (ARC).

Health departments

Health departments are responsible for the delivery of health services to the community. They are responsible for the delivery of health services to the community. They are responsible for the delivery of health services to the community.

Area health services

Area health services are responsible for the delivery of health services to the community. They are responsible for the delivery of health services to the community. They are responsible for the delivery of health services to the community.

Other government departments

Other government departments are responsible for the delivery of health services to the community. They are responsible for the delivery of health services to the community. They are responsible for the delivery of health services to the community.

Local government

Local government is responsible for the delivery of health services to the community. They are responsible for the delivery of health services to the community. They are responsible for the delivery of health services to the community.

Australian Universities

Australian Universities are responsible for the delivery of health services to the community. They are responsible for the delivery of health services to the community. They are responsible for the delivery of health services to the community.

Divisions of General Practice

National

National divisions of general practice are responsible for the delivery of health services to the community. They are responsible for the delivery of health services to the community. They are responsible for the delivery of health services to the community.

NSW

NSW divisions of general practice are responsible for the delivery of health services to the community. They are responsible for the delivery of health services to the community. They are responsible for the delivery of health services to the community.

H... &
 ... E... D...
 E... D...
 ... H... D...
 ... D...
 ... D...
 Du... D...
 M... D...
 F... D...
 -... D...
 ... D...
 E... D...
 ... D...
 ... -

Victoria

C... H... D...
 C... B... D...
 D... D...
 ... D...
 E... D...
 ... D...
 M... D...
 ... M... D...
 ... M... D...
 ... D...

South Australia

A... H... D...

Western Australia

C... D...
 ... H... D...

Queensland

... E... A...
 C... D...

Northern Territory

-E... D...

General Practice Training Organisations

... E... (I... E)
 ... E...
 ... (I... E)
 C... C... C...
 ... -

Non government organisations

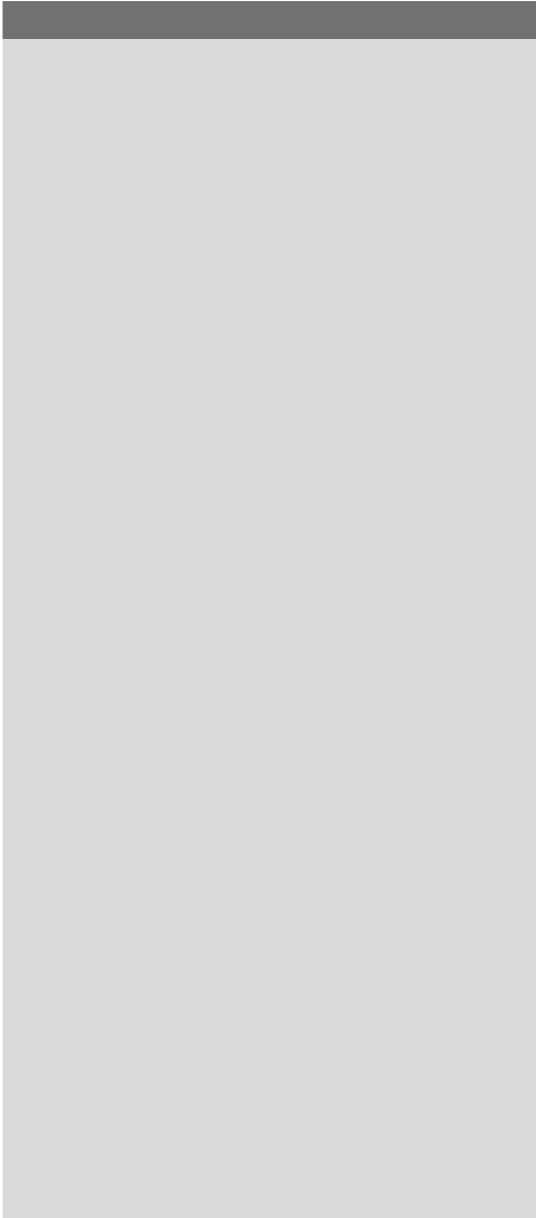
A...
 -... M... C...
 ... H... F... Au...
 ...
 ... A... C...
 C... I... A...

International

... C... D...
 C... M...
 H... M... C...
 B...
 H... C...
 ... Z...
 H... F...
 H...

Staff

December 2007, CHCE 63
January 2007 47
February 39
March 41
April 30.6
May 2006
June 2007
July
August
September
October
November
December
M
HIA, U
2007



Name	Job Title
...	... F
...	... E ... fi
...	C ... M
... *	C ...
... D	... fi
...	D ... M
...	... fi
...	... A ... CE
A...	F

Name	Job Title
------	-----------

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

B ... B	... - ...
... M - ...
Z	... , D

Staff employed by Sydney South West Area Health Service

B...	... C ...
	A
...	... C ...
Z	... fi

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

Staff Membership of External Committees

Committee	Name
Advisory Committee on External Relations	M H
CCRC - () Advisory Committee	D
CHH - Advisory Committee	-
CCM - Advisory Committee	M H
EB, Advisory Committee	Z
HFC - Advisory Committee	Z D
HEM - Advisory Committee	Z
HA - Advisory Committee	B H -
HEHC - Advisory Committee	-
DD - Advisory Committee	M H
HFC - Advisory Committee	M H
HA - Advisory Committee	M H
FF - Advisory Committee	-
HCH - Advisory Committee	-
HCA - Advisory Committee	M H
HHI - Advisory Committee	-
HH - Advisory Committee	Z D
HH - Advisory Committee	D
H - Advisory Committee	-
AD - Advisory Committee	Z D
HM (HAM)C - Advisory Committee	Z
AC - Advisory Committee	Z
AC - Advisory Committee	M H
ACBF - Advisory Committee	M H
AC - Advisory Committee	Z
AC - Advisory Committee	Z D
AC - Advisory Committee	Z D
CA - Advisory Committee	Z D
CA - Advisory Committee	Z D
CA - Advisory Committee	Z D
CAH - Advisory Committee	-

Publications

Journal Articles

1. **Amoroso C**, *et al*, **Burns P**, **Jayasinghe U**, **Harris E**, *et al*, **Burns P**, **Harris MF**. *Effect of a community-based intervention on the prevalence of acute diarrhoeal illness in a rural community in Sri Lanka. 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 a community-based intervention on the prevalence of acute diarrhoeal illness in a rural community in Sri Lanka. BMC Medical Research Methodology*. 2007 Aug 13;7:46.
3. **Booth B**, **M B**. *Effect of a community-based intervention on the prevalence of acute diarrhoeal illness in a rural community in Sri Lanka. BMC Medical Research Methodology*. 2007 Aug 13;7:46.
4. **Booth B**, *et al*. *Effect of a community-based intervention on the prevalence of acute diarrhoeal illness in a rural community in Sri Lanka. BMC Medical Research Methodology*. 2007 Aug 13;7:46.
5. **Burns P**, **Perkins D**, **Larsen K**, **D A**. *Effect of a community-based intervention on the prevalence of acute diarrhoeal illness in a rural community in Sri Lanka. BMC Medical Research Methodology*. 2007 Aug 13;7:46.
6. **Comino E**, **Titmuss A**, **Harris E**, **C**. *Effect of a community-based intervention on the prevalence of acute diarrhoeal illness in a rural community in Sri Lanka. BMC Medical Research Methodology*. 2007 Aug 13;7:46.
7. **Comino E**, **Zwar N**, **Hermiz O**. *Effect of a community-based intervention on the prevalence of acute diarrhoeal illness in a rural community in Sri Lanka. BMC Medical Research Methodology*. 2007 Aug 13;7:46.
8. **Dennis SM**, **Zwar N**, **Hasan I**, **Harris MF**. *Effect of a community-based intervention on the prevalence of acute diarrhoeal illness in a rural community in Sri Lanka. BMC Medical Research Methodology*. 2007 Aug 13;7:46.
9. **F**, **Booth B**. *Effect of a community-based intervention on the prevalence of acute diarrhoeal illness in a rural community in Sri Lanka. BMC Medical Research Methodology*. 2007 Aug 13;7:46.
10. **F**, **Harris E**, **Harris MF**. *Effect of a community-based intervention on the prevalence of acute diarrhoeal illness in a rural community in Sri Lanka. BMC Medical Research Methodology*. 2007 Aug 13;7:46.
11. **M**, *et al*, **Zwar N**, **M**. *Effect of a community-based intervention on the prevalence of acute diarrhoeal illness in a rural community in Sri Lanka. BMC Medical Research Methodology*. 2007 Aug 13;7:46.
12. **Harris E**, **Rose V**, **Kemp L**, **C**. *Effect of a community-based intervention on the prevalence of acute diarrhoeal illness in a rural community in Sri Lanka. BMC Medical Research Methodology*. 2007 Aug 13;7:46.
13. **Harris MF**, *et al*, **Jayasinghe U**, **Harris C**, **Powell Davies PG**, **Amoroso C**, **Burns P**. *Effect of a community-based intervention on the prevalence of acute diarrhoeal illness in a rural community in Sri Lanka. BMC Medical Research Methodology*. 2007 Aug 13;7:46.

35. Shortus T, McKenzie S, Kemp L, Harris MF. *Medical Journal of Australia*. 2007;187(2):78-81.

36. Proudfoot J. (2007) *Family Practice*, 2007;36(1/2);12-14.

37. Comino E, Harris MF. *Medical Journal of Australia*. 2007;2(3):429-39.

38. Vagholkar S, Hermiz O, Zwar N, Shortus T, Comino E, Harris MF. *Medical Journal of Australia*. 2007;36(4):279-82.

39. Wan Q, Harris MF, Powell Davies PG, Jayasinghe U, F... *Medical Journal of Australia*.

Proffered

1. **Amoroso C, Harris MF, Powell Davies PG, McKenzie S, Zwar N, Wan Q.** *Ge e d Pat ce a d P ay Heat r Ca e Re ea cr C fee ce.* 2007.
2. **Aslam H, Kemp L.** *Aut d a A ct f Mæ d, C d a d Fa ly Heat r Nu e Be d C fee ce.* 2007.
3. **Booth B.** *Ge e d Pat ce a d P ay Heat r Ca e Re ea cr C fee ce.* 2007.
4. **McDonald J, Powell Davies PG.** *Heat r Se vce Re ea cr A ct f Aut d a a d Ne Ze d a d* 2007.
5. **Dennis S, Zwar N, Harris MF, Hasan I, Powell Davies PG.** *Ge e d Pat ce a d P ay Heat r Ca e Re ea cr C fee ce.* 2007.
6. **Dennis S, Zwar N, Harris MF, Powell Davies PG, Hasan I.** *Se vce a d P lcy Re ea cr C fee ce.* 2007.
7. **Dennis S, Zwar N, M** *TSANZ a d ANZSRS A ct Sc et g Med g. A* 2007.
8. **Fanaian M, Harris MF.** *Be d NSW PHC Re ea cr a d E v l u t C fee ce.* 2007.
9. **Harris E.** *H I A E l . S t r Eat A a a d Ocea a Reg d Heat r I at A e et C fee ce.* 2007.

10. **Harris E, Aslam H, Kemp L.** *Pub c Heat r A ct f Aut d a A ct C fee ce. A* 2007.
11. **Harris E,** *Pub c Heat r A ct f Aut d a A ct C fee ce. A* 2007.
12. **Harris MF, Amoroso C, Powell Davies PG, Zwar N.** *B F M N t r A e ca P ay Ca e Re ea cr G A ct Med g.* 2007.
13. **Harris P, Harris E, Harris-Roxas B, Kemp L.** *H A Aut d a Heat r P t A ct ' 17 r Nat d C fee ce. A* 2007.
14. **Harris P, Harris E, Harris-Roxas B, Kemp L.** *H A Aut d a Heat r P t A ct ' 17 r Nat d C fee ce. A* 2007.
15. **Harris P, Harris E, Harris-Roxas B, Kemp L.** *19 r Ite d d U Heat r P t Educa W l d C fee ce.* 2007
16. **Harris P, Harris E, Kemp L, Harris-Roxas B.** *19 r Ite d d U Heat r P t Educa W l d C fee ce.* 2007

34. Powell Davies PG, Williams A, Larsen K, Perkins D, M, Harris MF. *Confidence in the General Practice and Primary Health Care Research Conference.* 2007.

35. Powell Davies PG, Williams A, Larsen K, Perkins D, M, Harris MF. *Health Service Research and Audit of Adult and Adolescent. Australian.* 2007.

36. , Zwar N, Vagholkar S, Dennis S, B A, M. *Confidence in the General Practice and Primary Health Care Research Conference.* 2007.

Contact Us

Centre for Primary Health Care and Equity

Electron Mail: CPHCE@unsw.edu.au
D E : 2052
: +61 2 9385 0203

F : +61 2 9385 0140

E : cpnce@unsw.edu.au

CEA
D E : 2052

: +61 2 9385 1506

F : +61 2 9385 1513

E : cpnce@unsw.edu.au

Off campus research units

CHEE
D : M E z H
- M B 7103,
- BC 1871
: +61 2 9612 0779

F : +61 2 9612 0762

E : chee@unsw.edu.au

D : Z

F fi H

B 5

F fi 1860

: +61 2 9616 8520

F : +61 2 9616 8400

E : chee@unsw.edu.au

M : cpnce@unsw.edu.au +61 2 9385 1505

Full contact details for CPHCE are available on the website www.cphce.unsw.edu.au

