
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. I would like to thank my family and friends for their love and support.

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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 on the Future of the European Union (CHE E), which was established in 2003. The High Level Group of Experts was chaired by Jacques Delors and its members included representatives from all member states and the Commission itself. The High Level Group of Experts' 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.

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Message from the Chair

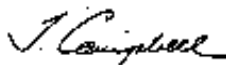


Terry Campbell

Over the past year, we have made significant progress in our efforts to improve our financial performance and to strengthen our balance sheet. In 2007, we achieved a 10% increase in revenue, and we have successfully completed a series of strategic initiatives that have positioned us for long-term growth. Our focus on operational efficiency and cost management has resulted in a 15% reduction in operating expenses, which has helped to improve our profit margins. Additionally, we have successfully completed a series of strategic acquisitions that have expanded our market presence and diversified our product offerings. These initiatives have helped to drive our revenue growth and have positioned us for long-term success. As we look ahead to 2008, we remain confident in our ability to continue to improve our financial performance and to achieve our strategic goals. We will continue to focus on operational efficiency and cost management, and we will continue to pursue strategic acquisitions that will help to drive our revenue growth. We are committed to providing our shareholders with a strong and sustainable return on their investment, and we are confident that our strategic initiatives will help to achieve this goal.

Our financial performance in 2007 was strong, with revenue increasing by 10% and operating expenses decreasing by 15%. This resulted in a 25% increase in operating income. Our net income for 2007 was \$799,000, or 42 cents per share. This compares to net income of \$600,000, or 32 cents per share, for 2006. Our earnings per share for 2007 was \$1.10, or 44 cents per share. This compares to earnings per share of \$0.80, or 32 cents per share, for 2006. Our return on equity for 2007 was 13%, compared to 10% for 2006. Our return on assets for 2007 was 5%, compared to 4% for 2006. Our operating margin for 2007 was 25%, compared to 20% for 2006. Our net margin for 2007 was 10%, compared to 8% for 2006. Our effective tax rate for 2007 was 30%, compared to 25% for 2006. Our debt to capitalization ratio for 2007 was 40%, compared to 35% for 2006. Our current ratio for 2007 was 1.5x, compared to 1.2x for 2006. Our working capital for 2007 was \$180 million, compared to \$150 million for 2006. Our cash and cash equivalents for 2007 were \$130 million, compared to \$100 million for 2006. Our accounts receivable for 2007 were \$100 million, compared to \$90 million for 2006. Our inventory for 2007 was \$50 million, compared to \$40 million for 2006. Our property, plant, and equipment for 2007 were \$200 million, compared to \$180 million for 2006. Our goodwill for 2007 was \$100 million, compared to \$80 million for 2006. Our intangible assets for 2007 were \$50 million, compared to \$40 million for 2006. Our total assets for 2007 were \$1.5 billion, compared to \$1.2 billion for 2006. Our total liabilities for 2007 were \$1.0 billion, compared to \$0.8 billion for 2006. Our total equity for 2007 was \$0.5 billion, compared to \$0.4 billion for 2006. Our book value per share for 2007 was \$10.00, compared to \$8.00 for 2006. Our market value per share for 2007 was \$15.00, compared to \$12.00 for 2006. Our price-to-book ratio for 2007 was 1.5x, compared to 1.2x for 2006. Our price-to-earnings ratio for 2007 was 15x, compared to 12x for 2006. Our price-to-cash flow ratio for 2007 was 10x, compared to 8x for 2006. Our dividend yield for 2007 was 2%, compared to 1.5% for 2006. Our dividend payout ratio for 2007 was 20%, compared to 15% for 2006. Our free cash flow for 2007 was \$100 million, compared to \$80 million for 2006. Our capital expenditures for 2007 were \$50 million, compared to \$40 million for 2006. Our net debt for 2007 was \$200 million, compared to \$150 million for 2006. Our net debt to capitalization ratio for 2007 was 40%, compared to 35% for 2006. Our net debt to operating income ratio for 2007 was 2x, compared to 1.5x for 2006. Our net debt to EBITDA ratio for 2007 was 1.5x, compared to 1.2x for 2006. Our net debt to EBITDA ratio for 2008 is expected to be 1.5x, compared to 1.2x for 2007. Our net debt to EBITDA ratio for 2009 is expected to be 1.5x, compared to 1.2x for 2008. Our net debt to EBITDA ratio for 2010 is expected to be 1.5x, compared to 1.2x for 2009. Our net debt to EBITDA ratio for 2011 is expected to be 1.5x, compared to 1.2x for 2010. Our net debt to EBITDA ratio for 2012 is expected to be 1.5x, compared to 1.2x for 2011. Our net debt to EBITDA ratio for 2013 is expected to be 1.5x, compared to 1.2x for 2012. Our net debt to EBITDA ratio for 2014 is expected to be 1.5x, compared to 1.2x for 2013. Our net debt to EBITDA ratio for 2015 is expected to be 1.5x, compared to 1.2x for 2014. Our net debt to EBITDA ratio for 2016 is expected to be 1.5x, compared to 1.2x for 2015. Our net debt to EBITDA ratio for 2017 is expected to be 1.5x, compared to 1.2x for 2016. Our net debt to EBITDA ratio for 2018 is expected to be 1.5x, compared to 1.2x for 2017. Our net debt to EBITDA ratio for 2019 is expected to be 1.5x, compared to 1.2x for 2018. Our net debt to EBITDA ratio for 2020 is expected to be 1.5x, compared to 1.2x for 2019. Our net debt to EBITDA ratio for 2021 is expected to be 1.5x, compared to 1.2x for 2020. Our net debt to EBITDA ratio for 2022 is expected to be 1.5x, compared to 1.2x for 2021. Our net debt to EBITDA ratio for 2023 is expected to be 1.5x, compared to 1.2x for 2022. Our net debt to EBITDA ratio for 2024 is expected to be 1.5x, compared to 1.2x for 2023. Our net debt to EBITDA ratio for 2025 is expected to be 1.5x, compared to 1.2x for 2024. Our net debt to EBITDA ratio for 2026 is expected to be 1.5x, compared to 1.2x for 2025. Our net debt to EBITDA ratio for 2027 is expected to be 1.5x, compared to 1.2x for 2026. Our net debt to EBITDA ratio for 2028 is expected to be 1.5x, compared to 1.2x for 2027. Our net debt to EBITDA ratio for 2029 is expected to be 1.5x, compared to 1.2x for 2028. Our net debt to EBITDA ratio for 2030 is expected to be 1.5x, compared to 1.2x for 2029.

Dr J. Campbell, CHCE
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Message from the Chair of the Advisory Committee

As the Chair of the Advisory Committee, I am pleased to share with you the findings of the Committee's work over the past year. The Committee has focused on the key areas of the organization's strategy, and we have identified several opportunities for improvement. We will continue to work closely with the organization's leadership to ensure that we are meeting our goals and providing the best possible service to our customers.

The Committee has also conducted a thorough review of the organization's financial performance. We have identified several areas where we can improve our financial efficiency and reduce costs. We will continue to monitor these areas closely and report back to you on our progress.

In addition, the Committee has reviewed the organization's human resources practices. We have identified several areas where we can improve our recruitment and retention processes. We will continue to work with the organization's HR department to ensure that we are attracting and retaining the best talent.

Finally, the Committee has reviewed the organization's risk management practices. We have identified several areas where we can improve our risk management framework. We will continue to work with the organization's risk management department to ensure that we are effectively managing our risks.

I am confident that the organization is well-positioned to meet its goals and provide the best possible service to our customers. We will continue to work closely with the organization's leadership to ensure that we are meeting our goals and providing the best possible service to our customers.

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Understanding and Intervening to Reduce Health Inequalities

Elizabeth Harris, Associate Professor, Health Equity and Community Engagement, Curtin University

Understanding and intervening to reduce health inequalities is a complex task that requires a multi-disciplinary approach. It involves identifying the social, economic, and environmental factors that contribute to health disparities and developing strategies to address these factors. This includes working with communities to understand their needs and experiences, and implementing interventions that are culturally appropriate and sustainable.

Health inequalities are a major public health problem, and they are preventable. They are the result of social, economic, and environmental factors that create unequal opportunities for good health. Addressing these inequalities requires a focus on the social determinants of health, such as income, education, and housing. By addressing these factors, we can create a more equitable society where everyone has the opportunity to live a healthy and fulfilling life.

Early Childhood

Early childhood is a critical period for brain development and the formation of lifelong habits. It is a time when children are most vulnerable to environmental influences, and it is also a time when interventions can have the greatest impact. Addressing health inequalities in early childhood is essential for breaking the cycle of disadvantage and promoting a healthier future for all children. This requires a focus on providing high-quality early childhood education and care, and ensuring that all children have access to these services. It also involves addressing the social and economic factors that affect children's health, such as poverty and housing insecurity.

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, Curtin University; Anna Hurrell, Associate Professor, Health Equity and Community Engagement, Curtin University; Catherine M. M. (Maggie) M. (Maggie), Associate Professor, Health Equity and Community Engagement, Curtin University; Beth (Beth), Associate Professor, Health Equity and Community Engagement, Curtin University.

The research team conducted a study on the outcomes of early childhood sustained home visiting. The study found that home visiting programs can have a positive impact on children's health and development, particularly for children from disadvantaged backgrounds. Home visiting programs provide parents with the support and resources they need to create a healthy and stimulating environment for their children. This includes providing information on child development, parenting skills, and access to community services. The study also found that home visiting programs can help reduce health inequalities by providing targeted support to children and families who are most at risk of poor health outcomes.

Evaluation of midwifery group practice (SSWAHS)*

Research Team: Lynn Kemp, Associate Professor, Health Equity and Community Engagement, Curtin University; Beth (Beth), Associate Professor, Health Equity and Community Engagement, Curtin University.

The research team conducted an evaluation of midwifery group practice in the South West Australian Health Service (SSWAHS). The study found that midwifery group practice can provide a more holistic and patient-centered approach to care, and it can help reduce health inequalities. Midwifery group practice involves a team of midwives working together to provide care to women and their babies. This approach allows midwives to share their knowledge and skills, and it provides women with a more continuous and coordinated experience. The study also found that midwifery group practice can help reduce health inequalities by providing targeted support to women and babies who are most at risk of poor health outcomes.

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).

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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).

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

Research Team: **Katrina Kardamanidis**, **Christine Haines**, **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).

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), **Anna D'Almeida** (AH), **Michelle Munn** (M), **Bonnie Anderson** (AH), **Doreen McDermott** (AH), **Melissa McDermott** (AH), **Doreen McDermott** (AH).

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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

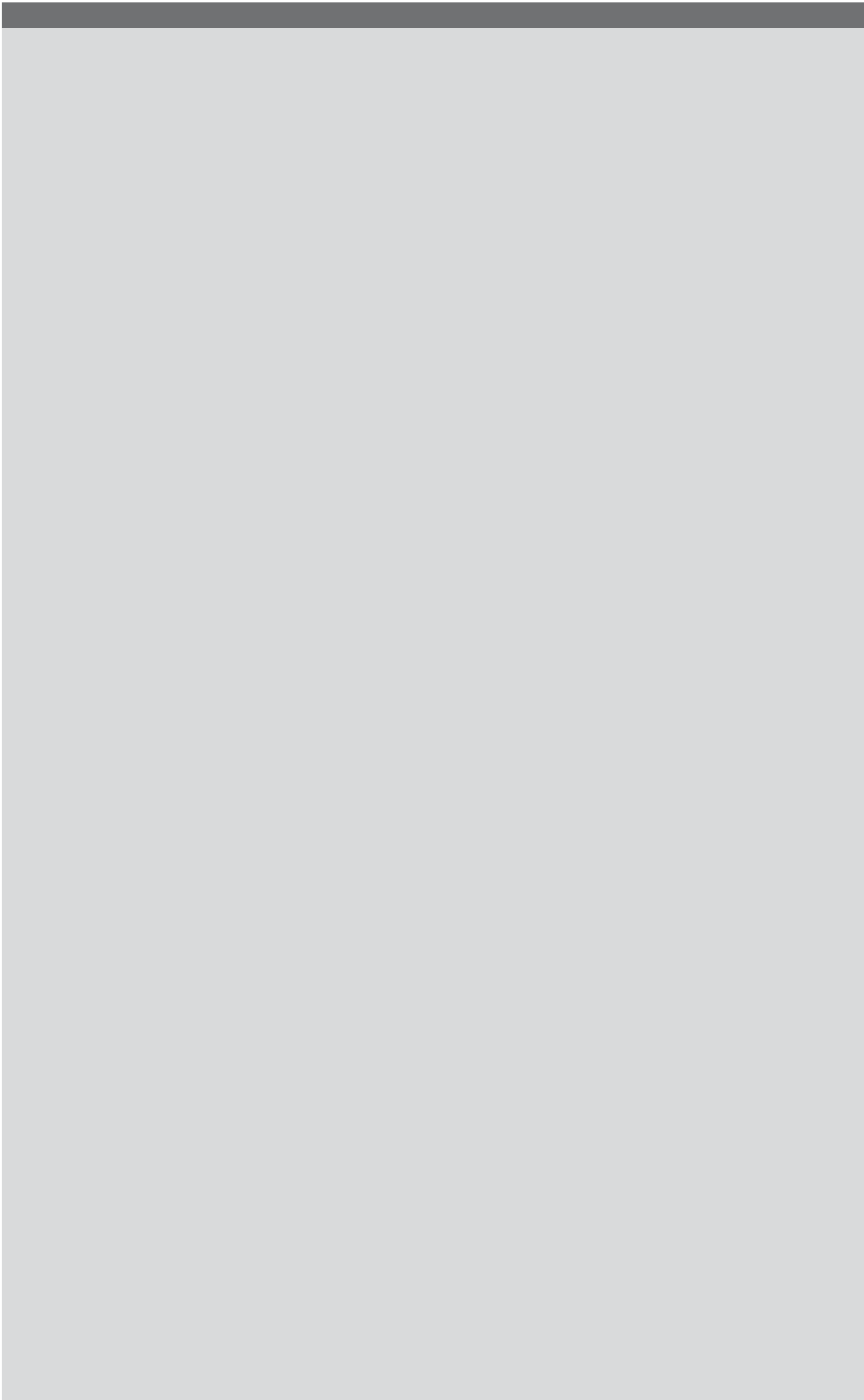
Briefing - 10:00 (10:00 - 10:30)

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

Research Students

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

B ... B	... - ...
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Staff employed by Sydney South West Area Health Service

B...	... C ...
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Staff Membership of External Committees

Committee	Name
Academic Affairs Committee	M H
Charity Commission ()	D
Charity Commission	-
Charity Commission	M H
Charity Commission	Z
Charity Commission	Z
Charity Commission	D
Charity Commission	Z
Charity Commission	B H
Charity Commission	-
Charity Commission	M H
Charity Commission	M H
Charity Commission	M H
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Charity Commission	Z
Charity Commission	M H
Charity Commission	M H
Charity Commission	Z
Charity Commission	D
Charity Commission	D
Charity Commission	-

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 accuracy of a self-reported history of a stroke. 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 accuracy of a self-reported history of a stroke. BMC Medical Research Methodology*. 2007 Aug 13;7:46.
3. **Booth B**, **M B**. *Effect of the use of a mobile phone on the accuracy of a self-reported history of a stroke. BMC Medical Research Methodology*. 2007 Aug 13;7:46.
4. **Booth B**, *et al*. *Effect of the use of a mobile phone on the accuracy of a self-reported history of a stroke. 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 accuracy of a self-reported history of a stroke. 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 accuracy of a self-reported history of a stroke. 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 accuracy of a self-reported history of a stroke. BMC Medical Research Methodology*. 2007 Aug 13;7:46.
8. **Dennis SM**, **Zwar N**, **Hasan I**, **Harris MF**. *Effect of the use of a mobile phone on the accuracy of a self-reported history of a stroke. BMC Medical Research Methodology*. 2007 Aug 13;7:46.
9. **F**, **Booth B**. *Effect of the use of a mobile phone on the accuracy of a self-reported history of a stroke. BMC Medical Research Methodology*. 2007 Aug 13;7:46.
10. **F**, **Harris E**, **Harris MF**. *Effect of the use of a mobile phone on the accuracy of a self-reported history of a stroke. BMC Medical Research Methodology*. 2007 Aug 13;7:46.
11. **M**, *et al*, **Zwar N**, **M**. *Effect of the use of a mobile phone on the accuracy of a self-reported history of a stroke. BMC Medical Research Methodology*. 2007 Aug 13;7:46.
12. **Harris E**, **Rose V**, **Kemp L**, **C**. *Effect of the use of a mobile phone on the accuracy of a self-reported history of a stroke. 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 the use of a mobile phone on the accuracy of a self-reported history of a stroke. 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. *Family Practice*. 2007;36(1/2):12-14.

37. Comino E. *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. *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.

