



UNSW
SYDNEY

Annual Report 2020



**Centre for
Primary Health Care
and Equity, UNSW**

CONTENTS

●	2	ACKNOWLEDGMENT & BACKGROUND	<hr/>
●	4	MANAGEMENT	<hr/>
●	8	RESEARCH	<hr/>
●	18	TEACHING	<hr/>
●	22	KNOWLEDGE EXCHANGE & CAPACITY BUILDING	<hr/>
●	24	FINANCIAL	<hr/>
●	25	CONTACT US	<hr/>

ACKNOWLEDGMENT & BACKGROUND

The Centre for Primary Health Care and Equity acknowledges the Traditional Custodians of the land on which we work and live, and recognises their continuing connection to land, water and community. We pay respect to Elders past, present and emerging.

We would like to thank our long-standing collaborators and supporters, some of whom have been with us since our origins, in 1996. CPHCE began operating as a UNSW Research Centre within the Faculty of Medicine since 2005. Our mission, shared by UNSW, is to create “better, fairer health and health care in the community” by conducting research, evaluation and development that strengthens primary health care and by designing local, place-based interventions to prevent and reduce harm rising from inequities in health.

We choose to work in places and communities that have been historically disadvantaged. Our research, assisted by the NSW Ministry of Health Priority Research Support Program, UNSW infrastructure support and research grant income varies from locally based projects to international collaborations. This enables us to compare across settings, while remaining well-grounded in our local communities.

Our main collaborators, listed throughout this report, are Local Health Districts, the Ministry of Health Pillars, Primary Health Networks and Community Organisations.

We support our collaborators by translating results of our research into practice. Much of this work is achieved through our collaborative research Hubs in three highly socioeconomically and culturally diverse Local Health Districts:

- The South Western Sydney Local Health District: The Centre for Health Equity Training Research and Evaluation (CHETRE)
- The Sydney Local Health District: Health Equity Research and Development Unit (HERDU), and
- The South East Sydney Local Health District: South Eastern Research Centre (SEaRCH).

The Primary and Integrated Care Unit (PaICU) in South Western Sydney Local Health District (formerly Department of General Practice) is also affiliated with our Centre and contributes to our research. CPHCE is itself affiliated with the UNSW School of Population Health and provides teaching and supervision in its undergraduate and postgraduate programs.

ACHIEVEMENTS

CPHCE Achievements 2020 - we acknowledge the invaluable infrastructure financial support received from NSW Health Priority Research Support Program assisting in the development and translation of our work.

1	Our colorectal cancer shared e-care follow up plan to improve communication between consumers, specialists and GPs is now being extended from patients with breast cancer to those with lung cancer and is also being employed in the Mental Health for Clozapine Management project at South-Eastern Sydney Local Health District (SESLHD) and the Improving the Physical Health of People experiencing Severe Mental Illness project at Sydney Local Health District (LHD).
2	Our project on Innovative Models Promoting Access-to-Care Transformation (IMPACT) in Southwest Sydney based on consultations with local stakeholders and health services and partnerships between several PHNs and general practices led to: (i) development of a nurse-led model of diabetes self-management in disadvantaged populations, and; (ii) a web-based platform for clinicians to provide patients with information and referrals to community-based programs and provide health staff with telephone coaching. Patient impacts included improved health seeking behaviors, better engagement with self-care, and a reduction in emergency department visits.
3	We are taking the lead in the development and implementation of the SWS LHD equity framework; the population health research strategy, and the health environment strategy, – recognising equity considerations in Our NSW Cancer Institute funded collaboration with SESLHD on the “Shisha no thanks” project won the Business Campaign of the Year award at the NSW Premier’s Multicultural Communications Awards and the ‘Keeping People Healthy’ category of the SESLHD Health Awards.
4	Our Cancer Institute NSW funded and SESLHD collaboration on the “Shisha no thanks” project won the Business Campaign of the Year award at the NSW Premier’s Multicultural Communications Awards today and the Keeping People Healthy category of in the SESLHD Health Awards.
5	Through our <i>health and housing partnership</i> between FACS and NSW Health we used an equity focused perspective to make an impact in changes in procedures for social housing bedsit environments to improve conditions of vulnerable residents.
6	Our research on the use of translation apps in health care settings (“Can technology speak my language”) presented at the Research to Practice Forum jointly organised between CPHCE and SESLHD Multicultural Health informed changes to NSW Health policy directives on the use of interpreters.
7	People with severe mental illness and health equity: From an initial seeding grant for qualitative research in 2019, we now have four research projects from competitive funding (Mindgardens, Translational Research Grants Scheme, Mental Health Commission of NSW and UNSW). We are building capacity with a Scientia PhD candidate, a Master of Health Data Science student (completed) and employment of multiple lived experience researchers. Our projects are building stronger partnerships with LHDs and PHNs and meeting their needs.
8	HERDU provides ongoing support to Sydney Local Health District’s response to the COVID-19 pandemic. We developed plans, rapid reviews, activities, equity-checks, spatial mapping, and guided the consideration of equity-related impacts in relation to vulnerable population groups, including the implementation of the Covid-19 Vaccine roll out. These equity-focussed resources have since helped to inform local health policies, procedures and protocol
9	HERDU is part of a research team commissioned by NSW Health to develop the <i>NSW Active Transport Health Model</i> best practice method of valuing the health benefits of active transport in NSW. When implemented, the model will change the way health is considered in major infrastructure projects across NSW.
10	Twelve out of 23 projects in 2019/20 had NSW health staff as collaborators. In 2020 we published 93 peer reviewed papers (a third co-authored with NSW Health colleagues), cited 124 times, six book chapters and 11 reports. We led teaching in four Masters of Public Health courses for the UNSW School of Population Health.

MANAGEMENT

CPHCE STEERING COMMITTEE

Oversees the work of the Centre, ensuring that it is accountable and financially sound. The committee met three times on 25th February, 22th July, 7th October 2020.

CHAIR

Professor John Watson, UNSW Sydney

MEMBERS

Professor Mark Harris, UNSW Sydney
Professor Rebecca Ivers, UNSW Sydney
Professor Ilan Katz, UNSW Sydney
A/ Professor Freddy Sitas, UNSW Sydney
Professor Bill Randolph, UNSW Sydney
Dr Teresa Anderson, Sydney Local Health District
Tobi Wilson, South Eastern Sydney Local Health District
Sue Colley, South Western Sydney Local Health District
Dr Marianne Gale, South Eastern District Local Health District

CPHCE ADVISORY GROUP

Provides strategic advice to the Centre on its research program. The group met on 1st April and 12th November 2020.

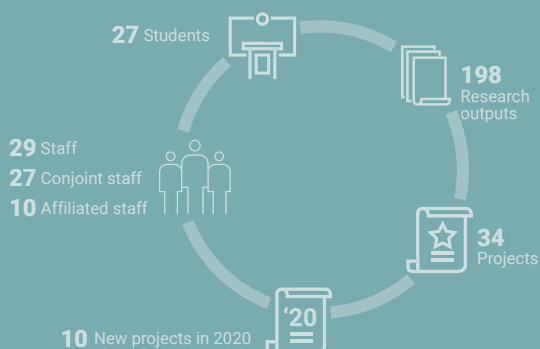
CHAIR

Dr Greg Stewart

MEMBERS

A/ Professor Fiona Haigh, UNSW Sydney
Natalie Cook, Sydney North Primary Health Network
Professor Evelyne de Leeuw, UNSW Sydney
Dr Brett Biles, UNSW Sydney
Tish Bruce, NSW Ministry of Health
Professor Mark Harris, UNSW Sydney
A/ Professor Ben Harris-Roxas, UNSW Sydney
Tony Jackson, South Eastern Sydney Local Health District
Professor Siaw-Teng Liaw, UNSW Sydney
Miranda Shaw, Sydney Local Health District
Dr Stephen Conaty, South Western Sydney Local Health District
A/ Professor Freddy Sitas, UNSW Sydney
Professor Bill Bellew, University of Sydney
Dr Christine Walker, Chronic Illness Alliance
Louise Riley, Department of Health and Ageing
Regina Osten, NSW Agency for Clinical Innovation
Dr Michael Moore, Central and Eastern Sydney Primary Health Networks

CPHCE IN 2020



CPHCE EXECUTIVE



EXECUTIVE DIRECTOR

Professor Mark Harris, Executive Director

Leader of Prevention and Management of Long Term Conditions Stream

Research Area: *Primary Health Care, Preventative Medicine, Diabetes & Cardiovascular Disease, Health Inequalities, Health Systems & Services*

DIRECTORS

Professor Evelyne de Leeuw

*Director of CHETRE, South Western Sydney Local Health District, Ingham Institute for Applied Medical Research
Leader of Health Environment Stream*

Research Area: *Health Promotion, Urban Health, Health Equity, Social Determinants of Health and Health Political Science*



A/Professor Ben Harris-Roxas

*Director of SEaRCH, South Eastern Sydney Local Health District
Leader of Health System Integration and Primary Health Care Development Stream*

Research Area: *Primary Health Care, Health Service Planning, Integrated Care, Health Equity and Health Impact Assessment.*

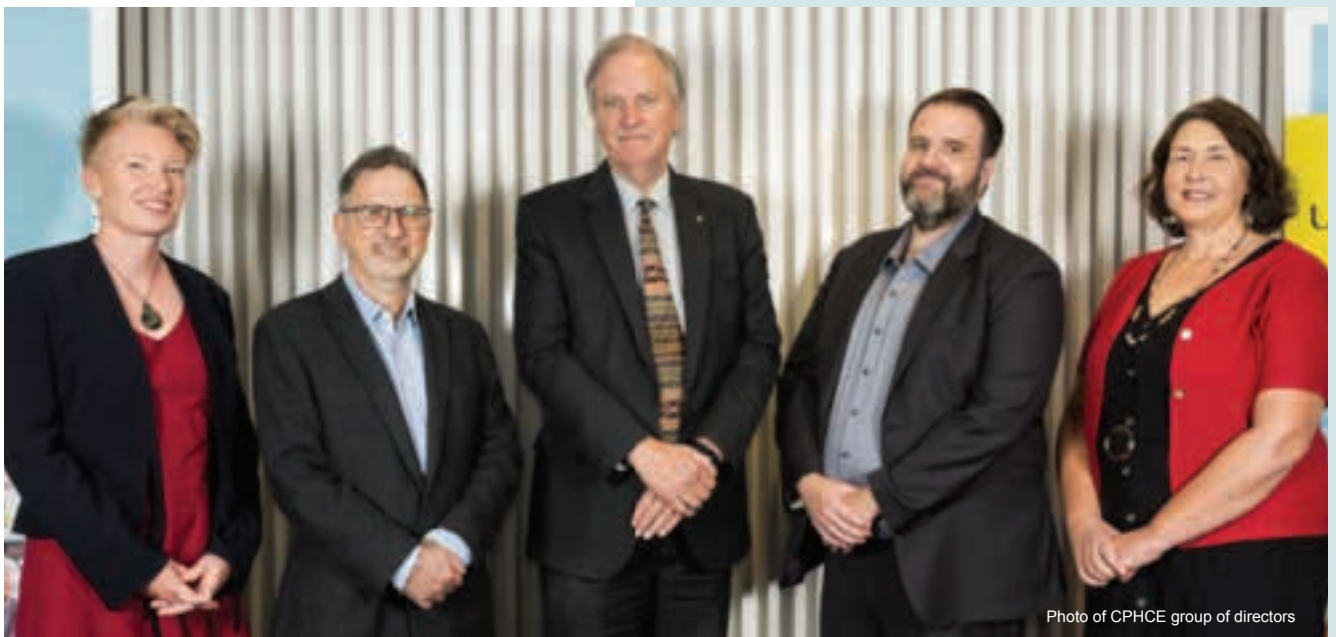


Photo of CPHCE group of directors



A/Professor Fiona Haigh

*Director of HERDU, Sydney Local Health District
Leader of Health Equity Stream*

Research Area: *Health Equity, Health Impact Assessment, Health and Human Rights, Social Determinants of Health, Knowledge Creation and Decision Making.*



Dr Andrew Knight

*Acting Director of Primary and Integrated Care Unit (PaICU),
South Western Sydney Local Health District*

Research Area: *Quality Improvement and Integration of Primary Care.*



A/Prof Margo Barr

Research Area: *Healthy Ageing, Risk Factor Surveillance, Primary Health Care Service, Epidemiology, Longitudinal Data Analysis, Health Behaviour, Health and Welfare Equity, Cohort and Survey Methodology*



Professor John Hall, School of Population Health

Research Area: *Primary Health Care, International Health, Global Health, Health Policy & Services*



Professor Siaw-Teng Liaw, School of Population Health

Leader of Health Informatics Stream

Research Area: *Medical Informatics, Primary Health Care, Clinical Research, Cross-cultural Health, Indigenous Health, Population Health*



A/Professor Freddy Sitas, Director

Operations and research on: *Tobacco, infections and cancer morbidity, mortality outcomes*

MESSAGE FROM THE EXECUTIVE DIRECTOR



Of course, during 2020 CPHCE, like everyone else, was impacted by the COVID-19 pandemic. For much of the year from May, many staff were forced and/or elected to work from home. We became adept at online meetings, including by the end, hybrid meetings with some people in the room and some online. These meetings included research interviews and workshops but also attempts to keep the staff and our collaborators in touch with each other and feeling less socially isolated. It was a particularly tough year for some of our overseas post-graduate students who otherwise would have returned home for holidays or to see sick relatives.

I would like to thank all the members of the CPHCE executive Freddy Sitas, Margo Barr, Evelyne de Leeuw, Ben Harris-Roxas, Siaw-Teng Liaw, Andrew Knight and John Hall for steering CPHCE during this challenging year. John Hall and Teng Liaw retired in late 2020 and have stepped down as members of the CPHCE Executive.

Our three research hubs CHETRE, HERDU and SEaRCH continue to work closely with their three local health districts (South Western, Sydney and South Eastern Sydney). With the departure of Jane Lloyd during 2019, Fiona Haigh moved from her position as deputy director of CHETRE to Director of HERDU. Fiona has quickly established her leadership of the Unit and a strong relationship with Sydney Local Health District within which HERDU is situated. Later in the year Patrick Harris was appointed as deputy Director of CHETRE.

Our research hubs exemplify our approach to research through partnership with our local health districts. We have also increased our collaborations with Primary Health Networks and other local health districts in NSW. Within UNSW we are closely aligned with the School of Population Health which is led by Rebecca Ivers (who also chairs CPHCE's steering committee).

Throughout 2020, CPHCE made contributions to health system efforts to address COVID-19. These included work on the public health control measures, advice on guidelines and policy, research on the response to and impact of the pandemic both within Australia and overseas. Despite the constraints we published 93 papers on our work, of which 4 specifically focused on some aspect of the pandemic. These have already had impacts including translation into policy and practice.

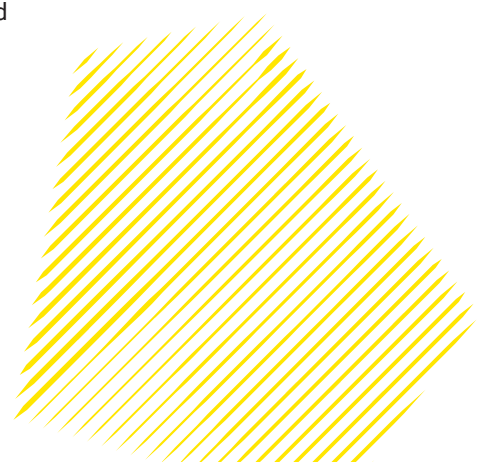
We continued to develop our programs of research on the physical health of patients with severe mental illness, community health workers in the Australian health system especially in health care navigation, refugee and immigrant health, urban and environmental health.

Of course, like all of University Sector, we were impacted by the pandemic. However, the strong commitment and teamwork of the Centre's staff and leadership and the strength of our partnerships have helped us to not only survive but find a renewed sense of purpose.

A handwritten signature in blue ink, appearing to read 'Mark Harris', written in a cursive style.

PROFESSOR MARK HARRIS AO

Scientia Professor and Executive Director, Centre for Primary Health Care & Equity, UNSW Sydney



RESEARCH

RESEARCH STREAMS

We focus our research on comprehensive primary health care in communities and choose to work in areas that have some of the highest proportions of people of low socioeconomic, refugee and migrant status and people of Aboriginal and Torres Strait Island origin. We are supported through the organisations

that we work with or through external grants or funding programs. To address these challenges our research streams are:

- Prevention and Management of Long-term Conditions
- Health Care System Integration and Primary Health Care Development
- Action for Equity
- Informatics and eHealth
- Health Environment

PREVENTION AND MANAGEMENT OF LONG-TERM CONDITIONS STREAM

HeLP-GP: Preventing chronic disease in patients with low health literacy using eHealth and teamwork in primary healthcare.

The HeLP-GP study builds on previous work conducted by CPHCE including the "Better Management of Weight in General Practice" and "Preventive Evidence into Practice" studies. HeLP-GP is a cluster randomised trial was conducted in practices in low socioeconomic areas in Sydney and Adelaide, Australia. Patients aged 40-70 years with a BMI ≥ 28 were enrolled. In intervention practices patients were invited to attend a health check visit with a practice nurse based on the 5As framework (assess, advise, agree, assist and arrange), provided with a purpose-built patient-facing app, my snapp, and referred for telephone coaching. The primary outcomes included change in health literacy, diet and physical activity behaviours collected from patient surveys; body weight, blood pressure and cholesterol levels collected from GP software. 22 practices and 250 patients were recruited, randomised and completed the study. The findings are now being analysed and the lessons from the study will inform the implementation of preventive measures in general practice.

Cancer shared follow-up care using a web-based e-care plan

Our previous research has shown that shared follow-up care is acceptable to patients, GPs and specialist cancer providers as long as there are defined roles, protocols and information sharing and flexible care plans which are tailored to the individual needs of patients. This study evaluates the feasibility and utility of a system of shared care involving use of a web-based care plan. This uses a platform that integrates well with GPs systems allowing the uploading of data from the GPs electronic medical record into a care plan which dynamically defines the each of the tasks required in shared care, who is responsible and when it needs to be completed. It can be viewed by the patient and edited by the cancer services. After defining the specifications, a pilot study commenced in partnership with the St George Cancer Service for patients who have completed acute treatment of colorectal cancer. The study is ongoing, is being extended to breast cancer and has informed mental health shared care programs.



HEALTH CARE SYSTEM INTEGRATION AND PRIMARY HEALTH CARE DEVELOPMENT STREAM

The Health System Integration and Primary Health Care Development stream is led by Ben Harris-Roxas and Margo Barr. It focuses on the role of primary health care in improving health and social care integration, with the objectives of improving health and wellbeing, service user experience, and health system effectiveness. The Stream has three areas of work. PHC Development within the Stream is concerned with the development of a strong primary health care system, including Local Health Districts and Primary Health Networks. The Stream's research on Improving Integration is concerned with the way that different parts of the health system work together to provide comprehensive and coordinated primary health care. This includes integration between primary health care, community health, and hospital care. The third area of work, Access to Primary Health Care, researches ways of enhancing access to quality primary health care, including access for culturally and linguistically diverse communities, refugees and asylum seekers, and other disadvantaged groups.

Project: IMPACT Study

Innovative Models Promoting Access-to-Care Transformation (IMPACT) is a five-year research program spanning three Canadian provinces and three Australian states through which PHC innovations were designed, implemented, and evaluated. The focus was on improving access to appropriate primary health care for vulnerable populations. In each region, decision makers, researchers, clinicians and, in some contexts, community members, formed Local Innovation Partnerships (LIPs) to support design and implementation of the intervention and guide local research activities. The local site in NSW was in south-west Sydney where a partnership involving UNSW, SWSPHN and SWSLHD worked together to improve access to community and allied health services for people with type 2 diabetes in general practices in disadvantaged communities. Levesque et al.'s conceptual framework of access to health care informed the design, implementation and evaluation.



Photo of Health System Integration and Primary Health Care Development stream team.

Projects: Central and Eastern Sydney Primary and Community Health Cohort Resource (CES-P&CH)

Ongoing funding and ethics approval for the CES-P&CH Cohort/Resource has recently been secured for a further 3 years (up to June 2024) including funding for a research translation officer. The funding will be used to undertake current partner-led studies, developed through the annual research priorities fora, including ways primary health services could reduce potentially preventable hospitalisations and emergency visits, weight and ageing, use of telehealth, transition from hospital to the home and diabetes and CVD (usage patterns and predictors of use).

The project which began in 2016 is a collaboration between Central and Eastern Sydney Primary Health Network, South Eastern Sydney Local Health District, Sydney Local Health District, and the UNSW Centre for Primary Health Care and Equity. It answers health service relevant questions based on data from 30.6K people living in Central and Eastern Sydney (266.5K in NSW), from 2006 to date (currently 2020). The Resource brings together 12 NSW and national datasets and 215.6 million health records. Some recent studies completed using the resource include predictors of health service use amongst older people, understanding the relationship between social isolation, health service use and health outcomes and the health of carers. The Resource has also led to competitive research grant applications and Early Career and PhD student projects.

Practice Nurse and Clinical Nurse Consultant Peer Led Collaborative Group: Challenges and Opportunities

Practice Nurses (PNs) are at the interface between primary care and hospital services, yet their capacity to improve integrated care has not been fully explored. The Peer Led Collaborative (PLC) group brought together PNs and Clinical Nurse Consultants (CNCs) in the St George locality for small group learning sessions from July to December 2019. It was a project within the NSW Health Integrated Care Strategy aiming to deliver seamless care in the health system.

PLC group objectives

- strengthen networks between PNs and CNCs and
- improve effective management and referral pathways for patients with chronic conditions

Topics of six small group learning sessions

- Set learning objectives
- Accessing Health Pathways information portal
- Transferring care from primary care to the hospital
- Communication between hospital and primary care
- Referring patients to Extended Community Care
- Future directions

"I am now aware that we are not working in isolation... hospital staff are willing and interested in working together". PN

Learning objectives

Increase hospital and general practice connectivity	83%
Understand how to access Health Pathways	100%
Understand how PNs refer patients to the hospital	50%
Understand roles of hospital and primary care services	83%

Legend: Not Met Partially Met Entirely Met

Implications and challenges

Small group learning can enhance seamless care. However the broad scope of practice and various learning needs of PNs place constraints on their ability to deliver services. Self sustaining learning sessions were therefore difficult. Future initiatives could include clinical clustered mentoring and continue networking / le

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 1 Centre for Primary Health Care and Equity, University of New South Wales, Australia
 2 South Eastern Sydney Local Health District (SESLHD), Australia
 Acknowledgements: Jan Sadler (CEPHN), Anna McGuire (Health Pathways), Graciela McDonough (Integrated Care, SESLHD), Sandy Johnston (Integrated Care, CNS, SESLHD), Australian Practice Nurse Association (APNA)
 Project design: Cathy O'Callaghan and Vireni Chivangavan

[The PLC has helped me [to understand] the importance of building relationships with general practice'. CNC

Cathy

Cathy O'Callaghan presented at the AAAPC Conference 14-15 August 2020 on "Practice Nurse and Clinical Nurse Consultant Peer Led Collaborative: Challenges and opportunities", which was undertaken with SESLHD Integrated Care and practice nurses in the St George region.



Shisha No Thanks' project won the Premier's Multicultural Communications Award for Business Campaign of 2020. The project was a collaboration between SESLHD Priority Populations Unit, NSW Multicultural Health Communication Service and is funded by Cancer Institute NSW.



HEALTH ENVIRONMENT STREAM

The *Health Environment* research stream has been thriving in 2020, in spite of the challenges and limitations that the COVID-19 pandemic created.

Health Environment work embraces the physical, social, cultural, natural, community and political environments that create, sustain and/or challenge health equity in the places we serve. In all three Local Health Districts research and development work has been undertaken to support this stream. In some cases, this has generated closer collaboration between HERDU, SEARCH and CHETRE hubs. For instance, the Maridulu Budyari Gumal *Healthy Urban Environments (HUE) Collaboratory* awarded a team led by CPHCE, with representation from all hubs a research grant to produce a rapid systematic review on the design parameters of pandemic-prepared and resilient urban environments. The project team included healthy places representation from Local Health Districts and other universities. The review is now under consideration with a top-tiered international peer reviewed journal.

Work on the interface between health and housing continued at a steady pace as well. In the area of Waterloo, CPHCE teams look at the longer term health dimensions of significant redevelopment. We took a long look back (into the 1940s) to frame the longer term health and housing development responses required for the Waterloo Redevelopment Precinct. In South Western Sydney, CHETRE assists in exploring a mapping health (in)equities in social housing owned bedsit complexes, and in locationally disadvantaged communities such as Miller. Although community engagement and a repeat of a ten year old community survey and capacity building exercise had to be put on hold, networking and partnering continue apace through new connections.

A number of other projects were developed, scoped and supported by CPHCE hubs. CHETRE is part of a walkability assessment project that looks at social and environmental change in pedestrian mobility patterns. HERDU continues work on climate change resilience and active transport.

The Stream grew the number and scope of PhD students to include the governance of urban farming on street nature strips, bibliometric analyses of urban health paradigms, a systems perspective on urban planning politics, the physical and mental effects of urban form on human wellbeing, and healthy airports.

ACTION FOR EQUITY STREAM

Project: Can Get Health in Canterbury (CGHiC)

CGHiC was established in 2014 as a collaboration between Sydney Local Health District (SLHD), Central and Eastern Sydney Primary Health Network (CESPHN) and the UNSW Centre for Primary Health Care and Equity. CGHiC is a place-based intervention designed to improve access of marginalised Culturally and Linguistically Diverse (CALD) populations in the Canterbury region to comprehensive primary health care services. HERDU led a 2020 evaluation of the program, which highlighted the effectiveness of CGHiC in achieving its priority outcomes: improved health of communities and individuals; improved organisational capacity of communities to participate in planning services and programs; enhanced capacity of service providers to meet health needs of CALD communities; contributing positively to the strategic directions and objectives of SLHD and CESPHN, and to health research and innovation. The Sydney Local Health District Population Health Unit is currently integrating the ongoing service delivery of the CGHiC program.

Project: Equity Focussed Health Impact Assessment of Covid-19 in Sydney Local Health District

An Equity Focussed Health Impact Assessment (EFHIA) of the Covid-19 pandemic and associated response in Sydney Local Health District, led by HERDU, commenced in 2020. The EFHIA aims to inform SLHD's Covid-19 recovery plans and future epidemic and pandemic responses. The priority outcomes of the EFHIA in assisting SLHD are: to systematically identify potential health equity impacts of Covid-19 and associated responses, and to identify evidence of effective actions to reduce the likelihood of inequity; to work with stakeholders to embed positive, evidence-based actions in the current and strategies being developed and implemented by the SLHD; to identify evidence of systemic actions that can be taken by the health sector to protect vulnerable populations from pandemics and ongoing threats to their health into the future.

Project: Health, wellbeing and sustainable tenancies for 'Studio' clients: A place based intervention and evaluation.

The Health and Housing Partnership place-based intervention and evaluation project is a co-design project that aims to improve the health and wellbeing of tenants in a 'studio' complex in Miller, a disadvantaged area in South Western Sydney Local Health District (SWSLHD). The 'studios' are affordable small single room rental accommodations administered by Housing and are mostly tenanted by people experiencing multiple vulnerabilities and health inequities. Tenants are involved in all project stages and the intervention is implemented by Housing, with support from Health, and a concurrent impact and process evaluation conducted by CHETRE.

The Intervention is ongoing and many activities suggested by tenants have been implemented, including maintenance and property improvements, aesthetic improvements, social opportunities, and physical and emotional/mental health support. The evaluation is expected to demonstrate benefits of increased engagement and support for Housing clients living in 'studio' complexes. Learnings can be used to inform Housing's approach to supporting sustainable tenancies and enhancing health outcomes for all social housing clients.

Project: Community Health Workers (CHW) Extending Care in the Community

The Community Health Workers Extending Care in the Community project is a NHMRC partnership project to develop, implement and evaluate a co-designed model of CHW follow up and support care following hospitalisation, with consumer co-researchers and our partners, Sydney Local Health District, Central and Eastern Sydney Primary Health Network, the Agency for Clinical Innovation and Health Consumers NSW. This project aims to reduce the risk of re-hospitalisation in people with multiple long-term conditions by using community health workers to help patients navigate the transition from hospital to the community. A controlled trial to evaluate the implementation and impact of the model on health service and health outcomes is planned for late 2021.

**For more information about the stream please visit CPHCE website: <https://cphce.unsw.edu.au/action-equity-0>*





Photo of Informatics and eHealth Stream team

INFORMATICS AND eHEALTH STREAM

Margo Barr and Jane Taggart began leading the Primary Healthcare Informatics and eHealth stream in 2020. They also began a process of redefining the Centre's niche within the biomedical informatics and eHealth landscape and increasing knowledge and opportunities for staff within the Centre.

The key current research and development areas are:

Informatics: Applying clinical, administrative, routinely collected datasets and contextual information to solve problems, quality improvement and to inform decision making in clinical practice, health service development and policy development using the CES Primary and Community Cohort and other data resources.

One example is a project that examined the association between social isolation/living alone and health service use/health outcomes. Social isolation was not found to be associated with higher service use or mortality. Living alone was significantly associated with increased emergency department (ED) presentations and hospitalisations but not GP use or mortality. This work is being expanded to include loneliness and the impact of the COVID-19 response.

eHealth: The use, impact and outcomes of information and communication technologies to support the delivery of enhanced models of primary healthcare and improved wellbeing such as telehealth, use of electronic shared care plan portal and mHealth for disease prevention and management across different age groups and literacy levels.

One example is the colorectal cancer shared e-care plan project at South Eastern Sydney LHD. We are evaluating the experiences of participants in shared follow-up care using an interactive care plan to improve communication between consumers, specialists and GPs. This model is being extended to breast and lung cancers and is also being employed in mental health for clozapine management at SESLHD and improving the physical health of people experiencing severe mental illness at Sydney LHD.

RESEARCH AND DEVELOPMENT HUBS

South Eastern Sydney Research Collaboration Hub (SEaRCH)

The South Eastern Sydney Research Collaboration Hub (SEaRCH) is a partnership between the South Eastern Sydney Local Health District and the UNSW Centre for Primary Health Care and Equity. Since its foundation, SEaRCH has focused on integrating care, enhancing chronic disease management, and addressing priority populations' health service needs.

Dr Cathy O'Callaghan and Dr Nina El-Haddad continued to lead SEaRCH's integrated care and raising awareness of the harms of water pipe programs, and both areas of work expanded in 2020. SEaRCH undertook the research and evaluation component of the ShishaNoThanks project, which was led by the SESLHD Priority Populations Unit and funded by the Cancer Institute NSW. The project won the SESLHD Health Award under the Keeping People Healthy Category and the NSW Premier's Multicultural Communications Awards CommBank Business Campaign of the Year.

In 2020 SEaRCH also welcomed Dr Hester Wilson, Anna McGlynn and Anna Morrell as higher degree by research candidates who are jointly or co-supervised by SEaRCH staff, joining existing candidates Jinhee Kim, Jennifer McCrindle-Fuchs and David Lilley. SEaRCH convenes the Principles and Practice of Primary Health Care course within the School of Population Health's postgraduate coursework programs. This course was offered solely online for the first time in 2020, which enabled more frontline health workers to participate and share their experiences of the COVID-19 pandemic.

SEaRCH jointly published a report on Increasing participation of people from CALD backgrounds in research with CONCERT and the Multicultural Health Communication Service, based a workshop that was organised in March 2020. SEaRCH also jointly organised several online fora in 2020, including a workshop on extended family caregiving arrangements in families from Chinese backgrounds and developing a culturally sensitive service responses that was attended staff from three NSW Local Health Districts and other government agencies.

SEaRCH was unable to host planned visits by colleagues from the Basque country due to the COVID-19 pandemic, however, we were able to continue our collaborations with other research groups at the University of Sydney, Macquarie University, the University of Newcastle and Swinburne University. In September 2020 Ben Harris-Roxas was invited to deliver a seminar for the Flinders Medical Research Institute.





Perhaps surprisingly, CHETRE thrived during the pandemic year.

CENTRE FOR HEALTH EQUITY TRAINING, RESEARCH AND EVALUATION (CHETRE)

On the grants front, the Centre was very successful in securing two international competitive grants with Canadian collaborators, both through the Canadian Institutes of Health Research. *“Senior public health leadership during the 2019 novel coronavirus outbreak: Comparative approaches to mitigating the spread of infectious disease and its social consequences”* (coordinated by Evelyne de Leeuw, and Professor Fafard at York University and the University of Ottawa) and *“COVID-19 economic strain and effects on health and liveability”* (coordinated by Professor de Leeuw and Professor Candace Nykiforuk at the University of Alberta, Edmonton) allowed CHETRE to grow its scholarly capacities.

Other COVID-19 related research and development projects included:

- Informal, marginal, and short-term accommodation under Cov-19: housing systems risk and opportunities; and
- Urban Planning and Design for the COVID-19 era: a rapid review for policy and practice

CHETRE’s more routine commitments to and with our partners in South Western Sydney continued. Our community outreach group worked with the LHD and local councils on Health and Wellbeing and Social Infrastructure Planning in Miller. In a health and housing partnership between SWSLHD and Housing NSW, which CHETRE administers, one specific research project (Health, wellbeing and sustainable tenancies for bedsit clients: A place-based intervention and evaluation) was funded and implemented, whereas three other projects continue to develop their evidence base and, where necessary, seek new input. These include tenant relocation management, support for vulnerable social housing communities, and place-based analyses of need. The project *Evaluation of housing relocation referral pathway for clients with mental illness* is a good example of its implementation. A CHETRE led publication written with our partners about the health and housing partnership has been submitted to a respected international journal as part of a special edition.

The year 2020 saw the launch of the SWSLHD Health Equity Framework for which CHETRE undertook the scoping, stakeholder interviews, strength and opportunities analyses, and authoring. In a bid to actually implement equity approaches in health service delivery, the Centre accepted a programme of work to build an Equity Toolkit. This has been developed and will be implemented across District locations and services.

CHETRE continues to play a substantive role in place-based health strategies. We are part of Wollondilly and Fairfield Health Alliances and contribute health equity insights to the Greater Western Sydney Health Partnership. This alliance work has included supporting a successful bid for funding to engage local councils in the region with the policy and planning challenge of climate change and health. In working with the District Healthy Places Team and its jointly appointed officers (with the Local Councils in our service area) we continue to move health equity ever higher on social and political agendas. The long-standing commitment of CPHCE to work with minority populations, migrants and refugees received new impetus through NSW Refugee Health funding for a programme of work around peer-supported health promotion. Dr. Zelalem Mengesha was appointed to work with Refugee Health secondments on the establishment of a larger, hub-spanning refugee and migrant health strategy.



Photo of CHETRE staff Sigi Zapart and Andrew Reid



HEALTH EQUITY RESEARCH AND DEVELOPMENT UNIT (HERDU)

The Health Equity Research and Development Unit (HERDU) was established in 2013 as a Sydney Local Health District (SLHD) service in partnership with the Centre for Primary Health Care and Equity. HERDU work in partnership with health services, organisations and communities to identify and reduce existing inequities in health, and to prevent inequities in health from arising in the future.

HERDU continue their ongoing work and engagement in core areas of research, service development and education and capacity building in Sydney Local Health District. Focus areas during 2019-2020 included COVID-19 response work as well as maintaining business as usual programs of work including health literacy programs, equity interventions, Health Impact Assessments, and championing collaborative and intersectoral agendas.

HERDU is engaged in work to support Sydney Local Health District's equity-focussed response to the COVID-19 pandemic. HERDU have developed and continue to produce plans, rapid reviews, activities, equity-checks, special mapping, and guidance on equity-related impacts in relation to current and emerging vulnerable population groups, including the implementation and facilitation of the COVID-19 Vaccine roll out. These equity-focussed resources have since helped to inform local health policies, procedures and protocols.

HERDU are also conducting a District-wide Equity Focussed Health Impact Assessment (EFHIA) to inform SLHDs COVID-19 recovery plans and future epidemic or pandemic responses, with the aims of assisting the SLHD to: identify potential health equity impacts, identify effective actions to reduce the likelihood of inequities, partner with consumer and community stakeholders to embed positive and evidence-based actions, identify evidence of systemic actions that can be taken by the health sector to protect vulnerable populations from pandemics and ongoing threats to health into the future.

HERDU are currently supporting SLHD Sydney District Nursing to develop a health literacy intervention for health service staff to communicate and engage with low health literacy clients. An implementation plan is scheduled to commence in mid-2021, including developing a series of co-designed education and training modules.

The Suburb of Waterloo faces substantial changes in the near and longer term, with the development of a new Metro Quarter and the redevelopment of the Waterloo Estate over 15-20 years. In 2020, HERDU finalised a Health Impact Assessment (HIA) focusing on the potential impacts of redevelopment on psychological distress and have progressed with the next stages of the HIA including developing a plan to action the key recommendations and conducting an assessment of the revised 2020 proposal plans.

RESEARCHER PROFILE

Kerryn Drysdale, Research Fellow, HERDU



It is a strange journey to chart how I went from being Australia's foremost authority on drag king performance cultures to my current research that brings a critical cultural lens to experiences of health and wellbeing among marginalised and vulnerable communities. Or, perhaps, it is not so strange after all! Let me explain.

My doctoral research was an in-depth ethnographic exploration of how social scenes are made to matter to their participants, using the emergence, maintenance and, ultimately, fading of a drag king scene in the inner west of Sydney, Australia, as a case study. For those not in the know, drag kinging is a cultural practice in which individuals (conventionally women but also transgender, non-binary and other gender diverse people) consciously enact forms of masculinity within the context of a performance. Unlike the historical trajectory and contemporary interest in drag queen performances, drag kings have generally not attracted mainstream interest, and are more likely to be found in more amateur, DIY performance venues that cater to lesbian and queer women. But these nights offered people so much more than just the opportunity to witness the marvellous, sexy—and sometimes startling—versions of masculinity that performers offered. These events were also places to gather, to dance, drink and socialise in ways that mirror social scenes for LGBTQ folk the world over. But unlike gay men, lesbians in Sydney have never had the stable commercial infrastructure required for these scenes to flourish. And so, social events for lesbian and queer women were more precarious, and the investments made in the scene were more immaterial – and therefore much more difficult to trace.

As befitting my training in Cultural Studies where I was encouraged to look for less obvious cultural artefacts in determining social meaning, I concluded that social scenes are sites of affective atmospheres that are never realised in the moment of their living. Instead, what is felt in those moments of being together is always retrospectively consolidated, usually by means of the more everyday processes of social exchange. It was this attention to the more mundane way that lives are lived that sparked my interest in how expressions of health and wellbeing are likewise generated through everyday engagements with people, places, and practices.

This interest led to my appointment in 2017 at the Centre for Social Research in Health, a specialist research centre within the then Faculty of Arts and Social Sciences, where I conducted research with gay and bisexual men on their experiences of combining illicit substances with sex (commonly referred to as 'chemsex'). Since then, I have worked on a number of other research projects with marginalised or vulnerable communities to distil complex, and often difficult to elucidate, socially and/or culturally-inflected meanings around health and illness. Through this research I became attracted to innovative and collaborative methodological approaches, as well as an enduring commitment to creative non-traditional ways to disseminate research findings.

And so, I now find myself here, at the Health Equity Research and Development Unit, part of the Centre for Primary Health Care and Equity, sitting within Clinical Services Integration and Population Health at Sydney Local Health District. In the newly created Community Partnerships role, I aim to ensure that those marginalised or vulnerable voices do not get lost amid the clatter of public and population-level health concerns, and that their complex—and indeed, often difficult to elucidate—health needs are meaningfully engaged in ways that benefit these communities directly. I guess what unites this somewhat odd trajectory of research is that paying attention to the more mundane aspects of health inequity before they present as the wicked problems of public health crises is crucial when we listen to what matters most to affected communities.

TEACHING

POSTGRADUATE MEDICINE AT UNSW MASTER OF PUBLIC HEALTH PROGRAM

Subject	Role
Health Impact Assessment (PHCM9628)	Fiona Haigh - course convenor Ben Harris-Roxas - guest lecturer
Prevention and Management of Chronic Disease (PHCM9129)	Mark Harris - course convenor Catherine Spooner - course convenor Ben Harris-Roxas - guest lecturer Freddy Sitas - guest lecturer Margo Barr - guest lecturer John Hall - guest lecturer Elizabeth Denny Wilson - guest lecturer Sarah Dennis - guest lecturer Teng Liaw - guest lecturer
Principles and Practice of Primary Health Care Services in the Community (PHCM9615)	Ben Harris-Roxas - course convenor Mark Harris - guest lecturer
Environmental Health (PHCM9612)	Ben Harris-Roxas - guest lecturer
Global approaches to Cardiovascular Disease, Diabetes and Cancer Prevention (PHCM9786)	Freddy Sitas - guest lecturer
Digital Health - Principles, Practice and Evidence (PHCM9790)	Margo Barr - guest lecturer Vera Buss - guest lecturer
Healthy Built Environments (BENV7712)	Margo Barr - guest lecturer

UNDERGRADUATE MEDICINE AT UNSW

Subject	Role
Primary Care (MFAC3504)	Tony Bolton - tutorials, workshops, assessments, marking

SHORT COURSES AND WORKSHOPS

Subject	Role
SLHD Graduate Health Management Program Trainees 'Equity and Health'	Fiona Haigh Miriam Olliek
Royal Prince Alfred Division of Medicine Grand Rounds- 'COVID-19 and the community'	Fiona Haigh Miriam Olliek
Mental Wellbeing Impact Assessment Training for Health Promotion, SWSLHD	Karla Jacques

PHD, INDEPENDENT LEARNING PROJECT (ILP) & MASTERS RESEARCH STUDENTS

PHD, Independent Learning Project (ILP) & MASTERS RESEARCH STUDENTS

The Centre provides many opportunities for research students. In 2019 a total of 13 PhD students four ILP, one overseas aster's student and research masters student were enrolled at the Centre.

PHD RESEARCH STUDENTS

Name	Thesis Title	Supervisors	Completion Year
Alana Crimeen	Healthy Airports	Robert Freestone Evelyne de Leeuw Bill Randolph	2023
Alex Richmond	Sport for Social Change and Social Enterprise for Health	Anne Bunde- Birouste Evelyne de Leeuw	2022
Anna McGlynn	Evaluation of an integrated care multi-level model of service (Future Health Leaders DrPH Program)	Ben Harris-Roxas Siaw-Teng Liaw Marianne Gale	2022
Anna Morell	Australia's rural and remote health workforce: Geographic distribution mechanisms, retention, and harnessing the power of data to support improved policymaking	Ben Harris-Roxas Glenda Lawrence John Hall	2025
Charlotte Hespe	Translating into real world general practice, implementation of quality improvement strategies– a study of evidence-based practice in cardiovascular disease	Mark Harris Lucie Rychetnik David Peiris	2020
David Lilley	Growing Well: Renewing Sydney's housing for health, wellbeing and equity	Evelyne de Leeuw Hal Pawson Ben Harris-Roxas	2023
Hester Wilson	Shared care between general practice and specialist alcohol and other drug services	John Hall Ben Harris-Roxas Nick Lintzeris	2023
Hyun Song	Measurement and Meaningful Use of Patient Experience in Australian Primary Health Care	Mark Harris Jean-Frederic Levesque Sarah Dennis	2020
Jacqueline Pangas	Stabilised Networks	Kylie Valentine Jane Lloyd Mark Harris	2021
Jennie McCrindle-Fuchs	Air pollution, climate change and human health in Sydney	Donna Green Melissa Hart Ben Harris-Roxas	2024
Jinhee Kim	Healthy cities: health equity in Sydney's fastest growth area	Evelyne de Leeuw Ben Harris-Roxas Peter Sainsbury	2021
John Kurko	Physical and mental effects of urban form on human wellbeing	Paul Osmond Margo Barr Susan Thompson	2024
Jude Page	The role of visual communication tools (My Story Cards) in communication, reasoning and shared understanding	Evelyne de Leeuw Theo van Leeuwen Timothy Broady	2021
Kathryn Thorburn	Improving the physical health of people with severe mental illness	Mark Harris Karen Fisher Catherine Spooner	2024

PHD RESEARCH STUDENTS

Name	Thesis Title	Supervisors	Completion Year
Kristina Ulm	Urban agriculture	David Sanderson Evelyne de Leeuw Alec Thornton	2024
Peter McCue	What are the most effective ways to engage State Premiers in health policy making and direct their efforts to increase population levels of physical activity?	Evelyne de Leeuw Christopher Walker	2025
Prince Peprah	Equitable access to primary health care	Kylie Valentine Jane Lloyd Mark Harris	2025
Rashid Muhammad Ansari	Self-management of type 2 diabetes: focusing on the middle-aged population of rural area of Peshawar Pakistan	Hassan Hosseinzadeh Mark Harris	2020
Sabuj Kanti Mistry	Community health workers as navigators: improving access to preventive care	Mark Harris Elizabeth Harris	2023
Tracey Ma	Place-based policies to support health in old age	Rebecca Ivers Evelyne de Leeuw Kathleen Clapham Conrad Kobel	2022
Uday Narayan Yadav	Does a health literacy-responsive self-management intervention lead to improved self-management practices among multi-morbid COPD patients in Nepal	Rebecca Ivers Evelyne de Leeuw Kathleen Clapham Conrad Kobel	2021
Vera Buss	Development of risk profiling matrix for chronic diseases and preventive smartphone application	Margo Barr Mark Harris Marlien Varnfield	2022

INDEPENDENT LEARNING PROJECT (ILP) RESEARCH STUDENTS

Name	Thesis Title	Supervisor/ Co-supervisor	Completion
Phoebe Lee	Auslan and Access to Primary Health Care	Mark Harris Catherine Spooner	2020

RESEARCH MASTERS STUDENT

Name	Thesis Title	Supervisor/ Co-supervisor	Completion
Antony Bolton	Caring for people who regularly use methamphetamine in General Practice: barriers and enablers to the provision of structured healthcare	Mark Harris Catherine Spooner Nadine Ezard	2021

PHD STUDENT PROFILE

Kath Thorburn, PhD candidate



I first met Professor Mark Harris and Dr Catherine Spooner when I was in the process of applying for a UNSW Scientia PhD Research Scholarship. This was also when I became aware of the Centre for Primary Health Care and Equity and its work addressing health inequities in partnership with diverse communities and organisations. I was fortunate to obtain the scholarship and commence my PhD candidature in February 2020, supervised by Professor Mark Harris and Dr Catherine Spooner at the Centre for Primary Health Care and Equity, and Professor Karen Fisher at the UNSW Social Policy Research Centre, Faculty of Arts and Social Sciences.

The focus of my PhD research is the use of co-design with mental health consumers, general practitioners and other stakeholders to improve consumers' physical health care. Our co-design process resulted in the development of a physical health conversation guide that aims to improve the quality of interactions regarding physical health care between people diagnosed with serious mental illness and primary healthcare providers. The next stage of the research will investigate the impact of the conversation guide on interactions between mental health consumers and primary care providers.

My own experience is as a mental health clinician, educator and consultant, in public mental health services, educational organisations and currently a co-led mental health consultancy. I also have lived experience as a family member and carer. I was drawn to this PhD research because of my interest in the co-creation of innovative approaches to mental health practice, resources and services by people with lived experience, service providers and other community stakeholders, especially those that address inequity, support mutual understanding and promote agency.

Since commencing my PhD candidature with the Centre for Primary Health Care and Equity, I have been fortunate to learn from highly regarded researchers who have extensive experience across primary healthcare, chronic disease prevention, mental health, disability, social determinants and inequity. I am also appreciating the opportunity to expand my networks, and to challenge myself professionally and personally.

On a personal level, I have a background in health and fitness and enjoy most types of exercise. I love getting out in nature - bushwalking, camping or just working in the garden. I am one of those people who recently discovered a love of dogs (or at least of a dog) having adopted a rescue kelpie during the pandemic. I am constantly inspired by her curiosity, playfulness and commitment to napping.

KNOWLEDGE EXCHANGE & CAPACITY BUILDING

DISSEMINATION IN 2020

Name	Presenters	Date	Number of registrations
Building a Community Health Navigator Workforce – the Canadian Community Navigator Program	Marilyn Wise Lou-Anne Blunden Carolynn Warnet	9/01/2020	37
Practice Incentive Payments (PIP) Workshop	Kaniz Fatema	12/02/2020	15
A literature review of gender-sensitive and equity focused service delivery models	Evelyne de Leeuw	26/02/2020	15
Increasing participation of people from CALD backgrounds in cancer research (face to face event)	Lisa Woodland Ben Smith Christie Allan Tarishi Desai Lillian Leigh Ben Harris-Roxas	6/03/2020	45
Extended caregiving arrangements in families from Chinese backgrounds online workshop	Ben Harris-Roxas Cathy O'Callaghan Rachael Kearns Lisa Woodland Michelle Jubelin	15/05/2020	20
COVID-19 and Smoking – Prevention, outcomes and care	Freddy Sitas	27/05/2020	95
Does a health equity framework apply in a pandemic emergency?	Evelyne de Leeuw	2/06/2020	42
COVID-19 impact, responses and implications to urban health equity	Jinhee Kim	25/06/2020	100
Presentation on the Evaluation of the Waterloo Healthy Living Program Community to the Advisory Committee	Margo Barr Margaret Williamson	24/08/2020	15
Presentation on urban planning healthy placemaking	Patrick Harris	25/08/2020	600
2020 Research Priorities Webinar - Research Priorities for Central and Eastern Sydney	Mark Harris (chair) Margo Barr Fiona Haigh	2/09/2020	35
Forum on Equity toolkit	Karla Jaques Patrick Harris	4/09/2020	25
CPHCE 2020 Annual Forum	Dr Greg Stewart	16/09/2020	233

2020 CPHCE ANNUAL FORUM

The 2020 Forum theme was on "Health Equity". The COVID pandemic necessitated an online style live stream meeting, attended by 125 participants. We were welcomed to country by Mr. Matt Doyle.

Dr. Greg Stewart, retired South Eastern Sydney Local Health District Director of Primary, Integrated and Community Health and current Chair of the CPHCE Advisory Group, presented the Ian Webster Health for All Oration on "Health Equity, a personal journey".

This was followed by presentations by Prof Evelyn de Leeuw on a "Review of NSW Health Equity Statement", Ms Shoko Saito on a "Response to language discordance in General Practice" and an "Equity analysis of City of Sydney's cycling strategy" by Dr. Chris Standen. This was followed by a Panel commentary and discussion comprising Mr Brett Biles - Director of Indigenous Health Education, UNSW, Dr Stephen Conaty - Director of Population Health, SWSLHD and Dr Marianne Gale, Director of Population and Community Health, SESLHD.

CPHCE annual awards were announced for the following colleagues and categories:
Individual: Barbara Hawkshaw,
Health Impact Assessment: Camden Local Government,
Organisational: SESLHD Integrated Care Unit, Primary care: Camden: Dr Qing Wan and Consumer: Dr Peri O'Shea.



Annual Forum 2020

Centre for Primary Health Care & Equity, UNSW

16 September 2020 at 9am via Teams Live



FINANCIAL

Statement of Financial Performance For the Year Ended December 2020

	Notes	2020 \$000
Revenue		
Research Revenue	1	2,220,268
Donations & Bequest - Draw downs		18,492
UNSW Contributions	2	45,768
Faculty Contributions		937,232
Other Restricted Revenue	3	83,798
Commercial Activity - Fees for Service		0
Sundry Other Revenue		60,615
Total Revenue		3,366,173
Expenses		
Salaries, On costs and other staff costs		2,946,872
Scholarship Stipends		28,153
Contract & Consulting Services		87,178
Consumables		18,708
Travel		8,650
Equipment Non-Capitalised		-1,553
Entertainment		0
Marketing		528
Overheads, Internal & Miscellaneous Expenses		191,974
Total Non-People Costs		333,638
Total Expenses		3,280,510
TOTAL CONTRIBUTION - SURPLUS/(DEFICIT)		85,663
<i>Depreciation</i>		0
SURPLUS / (DEFICIT) after Depreciation		85,663
Cashflow Funded Capital Expenditure (CAPEX)		0

NOTES:

- Revenue in Advance will be noted in Creditors & Other Liabilities. Research Revenue includes income from Competitive Research grants, non-competitive grants and contracts and Payment on Behalf income
- UNSW Budget model includes other revenue items includes

<i>Teaching Revenue</i>	
<i>Block Grants</i>	
<i>Indirect Cost Recoveries</i>	
- Other Restricted Revenue relates to non-research grants

NOTES: Statements are prepared on UNSW Accounting principles – Operating & Strategic funds adjusted revenue
UNSW has central provisions in respect of payments made to employees and taxation.
Such provisions will not be reflected in this Centre's Statement of Financial Position.
Cash balance includes the GST centralised daily on Debtor and Creditor balances.
Accounts Receivable are gross value - inclusive of applicable GST.
Property Plant & Equipment is depreciated over the expected useful life of the asset.
UNSW Division of Advancement holds donated funds centrally.
Draw down of funds to the Centre is reflected in the Statement of Financial Performance.

CONTACT US

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Please direct any inquiries regarding the Annual Report to A/Prof Freddy Sitas at f.sitas@unsw.edu.au.

Further information about the Centre for Primary Health Care and Equity can be found at www.cphce.unsw.edu.au.

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