



# Smokescreen – the smoking cessation program for use in general practice



Professor Robyn Richmond has been conducting research in general practice to reduce smoking prevalence for over a quarter of a century. Robyn explains: “I commenced research in this area for my PhD and from then it has blossomed into many research projects, policy development and training and teaching.”

“The majority of my research projects have been randomised research trials (RCTs) in which we compare an intervention with a control group or placebo condition. In our studies we pilot test the research methods, measures and multicomponent interventions. During the many years of conducting clinical trials we have incorporated evidence based components into our interventions. These include: the stage of readiness to change smoking behaviour, various doses of cognitive behavioural therapy, pharmacotherapies used to aid smoking cessation, booklets for distribution to smokers, and other services such as Quitline. In the development phase we train doctors and practice nurses in

smoking cessation techniques as they are the deliverers of the interventions.”

The major funding sources for these studies in general practice are: NHMRC, National Heart Foundation of Australia, NSW Department of Health, Commonwealth Department of Health, and pharmaceutical companies which provide the nicotine replacement products such as GlaxoSmithKline.

The RCTs carried out usually take between five and eight years to complete. Consequently, it is necessary to screen large numbers of patients in general practice to derive samples with eligible characteristics. This inevitably means that large numbers of subjects are managed in trials and large databases are developed with data collected for each individual at baseline, and at three, six and twelve months.

Robyn says: “Over my research career my studies have recruited more than 3000 patients in general practice, which has meant we have had to screen more than 22,000 patients to derive the study sample; over 600 general practitioners and 31 practice nurses have participated, and more than 2000 medical schools worldwide have been screened three times over 10 years.”

Critical to the success and longevity of any research program is the development of effective research teams who will sustain through many of the issues and problems of clinical trials and collaborate in further studies. Since mid 1980s the Smokescreen group has trained more than 8,500 GPs and over 2000 pharmacists in smoking cessation methods. Apart from

Professor Richmond, the training group has comprised Dr Phillip Georgouras, Dr Colin Mendelsohn, Dr Steven Faux, and Professor Nicholas Zwar. The smoking cessation resources for GPs have been translated into other languages such as Vietnamese, Arabic, Japanese, Malaysian and French. Training workshops in the Smokescreen program have been conducted in New Zealand since 1986, in Mainz, Germany in 1994, in Laos in 1995, in Istanbul, Turkey in 1996, at the World Conference in Tobacco or Health in Beijing in 1997, in specific training workshops in Beijing, Shanghai, Changchun and Wuhan, China in 1997 and 1998, in Bangkok in 1998, Cambodia in 1998, France in 1999 and Spain in 2007.

“When I commenced research in 1981 in smoking cessation the smoking rates were 41% for males and 31% for females. By 2008 these rates have reduced to 18% and 15%, respectively. This downturn in smoking rates is due to the multipronged approach by many individuals, organisations

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## ▶ Smokescreen

and governments. Our research in general practice has played its small part in this significant change. When I commenced research in general practice, GPs did not engage in preventive activities. Research has shown the important role that the GP can take in reducing smoking prevalence and has been substantially supported by the range of pharmacotherapies to aid cessation," says Robyn.

The Smokescreen program forms the basis of the smoking cessation intervention in the *Guidelines for Smoking Cessation for Australian General Practice* which were developed by an expert panel comprising Zwar, Richmond, Borland, Stillman, Cunningham and Litt and funded by the Commonwealth Department of Health and Ageing. The Guidelines were launched to 23,000 GPs in Australia in 2004. Evaluation found that 81% of GPs had adopted the Guidelines and were using them, three months after receiving them. Taking a conservative estimate, there would be more than two million patients who were advised by their GPs to quit. With an average quit rate of 17% at one year, then 351,900 smokers in Australia were assisted to quit.

In the Canterbury region of New Zealand, the Smokescreen program was implemented into 40 general practices and also has been adapted for implementation in France.

Studies in general practice for smokers have also led to other research among smokers. These include studies among: indigenous smokers (two completed PhD candidates), prisoners (current NHMRC funded study), those with a mental illness (former and present NHMRC funded studies), general practice with the practice nurse providing the smoking cessation intervention (recent NHMRC funded study with Nick Zwar), smokers in hospital, workplace (police, and Australia Post), and education of medical students on smoking cessation.

## MAJOR SUCCESSSES IN NHMRC GRANTS

The School and its Centres have had major successes in the latest NHMRC Project Grants:

### **QUIT IN GENERAL PRACTICE**

*\$1,076,950*

School of Public Health and Community Medicine

Prof Nicholas A Zwar, Prof Robyn L Richmond, Dr Elizabeth J Halcomb, Dr John S Furler, Dr Julie P Smith

### **IMPROVING THE LIFESTYLE OF PEOPLE WITH PSYCHOTIC ILLNESSES**

*\$773,000*

University of Newcastle

A/Prof Amanda L Baker, Prof Robyn L Richmond, Prof Castle David, Prof Jayashri Kulkarnie, A/Prof Jill M Williams, Dr Frances J Kay-Lambkin

### **ANGER AND VIOLENCE IN TIMOR LESTE**

*\$540,125*

School of Psychiatry

Prof Derrick Silove, Prof Anthony Zwi, Zachary Steel, Dr Robert Brooks, Dr Susan Rees

### **CAN BETTER CLINICAL PRACTICE LOWER THE RATES OF SEXUALLY TRANSMITTED INFECTIONS IN REMOTE ABORIGINAL COMMUNITIES?**

*\$1,746,788*

National Centre in HIV Epidemiology and Clinical Research

Prof John M Kaldor, James S Ward, Dr Alice R Rumbold, Rebecca J Guy, Prof Robyn A McDermott, A/Prof Lisa Maher

### **RCT COMPARING THE EFFECTS OF TAP WATER VERSUS NORMAL SALINE ON THE INFECTION AND HEALING RATES OF WOUNDS**

*\$583,250*

University of Western Sydney

Prof Rhonda Griffiths AM, Dr Ritin Fernandez, A/Prof Mary-Louise McLaws, Dr Jeff Rowland, Assoc Investigator: Prof Patricia Davidson

### **PATIENT SAFETY: ENABLING AND SUPPORTING CHANGE FOR A SAFER AND MORE EFFECTIVE HEALTH SYSTEM**

*Recommended Budget \$8,400,000*

University of New South Wales

Prof Jeffrey Braithwaite, Prof Johanna Westbrook, Prof Enrico W Coiera, Prof William B Runciman, Prof Richard Day



**Chinthaka Balasooriya was awarded the Faculty Award for Teaching Excellence for his outstanding undergraduate teaching. Well done Chinthaka!**

# Public health: A medical student's perspective



Kieran Owens is sitting on the right, next to him is Lachlan Donaldson (the other Co-Chair of MSAP) and on the left of the photo is Paolo Polimeni (works in the development sector and helps to provide oversight and monitoring/evaluation frameworks for the project). The photo was taken by Lucy Hobgood-Brown, the main collaborator from HandUp Congo.

## Kieran Owens shares his views with Sophie di Corpo

The undergraduate medicine program (UMP) has a strong public/population health focus, introducing students to important public health issues - particularly in the first four years of their six year program. SPHCM plays an important role in ensuring this focus remains integral and supported in the program. Kieran Owens is a student in his third year of study in the undergraduate medical program. He recently completed the course Society and Health 3 (S&H3) which has given him a greater insight into the role public health plays in the overall health system and how it may apply to his practice as a doctor in the future.

Kieran identified three main lessons he learnt from S&H 3, these are that:

- health can, and arguably should, be conceptualised within a socio-political framework which extends the traditional biomedical model;
- that preventative health care programs are important features of a healthcare system and, when well designed/implemented, may yield important cost savings for resource-constrained systems; and

- individual practitioners do not simply work in isolation, but exist as part of a system whose coordination is important if the overall health of the population is to be improved.

Kieran says: "I enjoyed being encouraged to view health from a number of different perspectives - ethical, economic, epidemiological, cultural, etc. Such thought experiments are stimulating and can yield useful tools for approaching health issues."

"I feel that the course is very successful at both making a strong argument for the importance of preventive medicine and equipping students with the tools required to evaluate prevention programs. The course looks beyond the biomedical model to the socio-cultural determinants of health, which is important when trying to understand health more broadly. However I did feel that the relevant political and historical forces were under-addressed, though I do realise that they are only partly of academic interest given that they offer less tangible targets for practical intervention."

S&H 3 uses practice-based learning strategies which are defined around

weekly topics and characterised by activities in community settings and supported by on-campus activities concluding with a case method tutorial at the end of the week. Kieran's experiences with this approach were both positive and negative. Negative insofar as the practice-based learning sessions were very participant dependent.

"In my experience, an engaged group generally translated into a productive session, whereas a more disinterested, apathetic group tended to make sessions less effective. My suspicion is that student engagement was largely a function of the quality of the lecturer and the perceived relevance of the material by the students. The positive side is that the practice-based learning style helped me to develop skills relevant to later pursuits", he says.

Kieran has already applied some of the skills that S&H 3 helped him develop. "As the 2008 co-chair of the UNSW-based Medical Students' Aid Project (MSAP) I successfully applied for a grant for a collaborative project set in the Democratic Republic of Congo. The collaborators were the group HandUp Congo and a Congolese womens' NGO called Foundation Lucie Otaenga (FLO). In the development of this project I have participated in brainstorming sessions similar to those found in the S&H 3 practice-based learning sessions. This helped me devise a questionnaire to deliver to members of the local population which will help guide the project," Kieran explained.

From mid-December Kieran will be the Australian Medical Students Association (AMSA) executive representative for global health which will involve promoting opportunities in global health, both practical and educational, to medical students.

"I am sure that the contribution that S&H-3 made to my skill set will benefit me in these areas", he says.

# Welcome to Muru Marri

The Muru Marri Indigenous Health Unit works to develop culturally and contextually-appropriate curricula, partly by fostering links between medicine, students and Indigenous communities. The Unit was jointly founded four years ago by Dennis McDermott and Lisa Jackson Pulver and is a visible, active contributor to health and well-being of Aboriginal and Torres Strait Islander peoples through research, service, teaching, publication, representation on peak national bodies and public advocacy throughout Australia

Lisa Jackson Pulver says: "Muru Marri means many paths to health in the local Eora language and has an associated meaning of an expansion of being well. This is in keeping with the proper definition of health for the people of this continent."

To Aboriginal people, ill-health is more than physical illness and health is much more than the absence of disease. Health does not just mean the physical well-being of the individual but refers to the social, emotional, spiritual and cultural well-being of the whole community. This is a whole of life view and includes the cyclical concept of life-death-life. (1990: the National Aboriginal Health Strategy (NAHS))

Ill health can be a manifestation of many other things, including spiritual and emotional alienation from Land and Country, family and culture. Aboriginal people have a spiritual link with Land and Country which provides a sense of identity, and which lies at the centre of peoples' spiritual beliefs.

Much of this relationship was touched on in the recent Welcome to Country - a traditional welcome to country by Indigenous Elders - held



*Photo of the lawn outside of Parliament*

on 12 February 2008 in the Federal Parliament of Australia for the first time, ahead of the Parliamentary Apology to the Stolen Generations. In this sacred ceremony, the Parliament – as representatives of all Australians - were welcomed to Country by Ngambri elder Aunty Matilda House Williams.

Lisa says: "In this ceremony, not only was the Parliament of Australia welcomed – formally – for the first time in the history of Australia, but non-Indigenous Australians, according to an old wise Aunt of mine - through their acceptance of the Welcome, became obligated to looking after Country, learning about Country, being responsible on Country – and finally about being able to belong. This is something that few have thought about, and it is something that people will slowly realise as time passes."

Yet many people really only think of the opening of Parliament in terms of the Parliamentary Apology. That in itself was huge, and long overdue. But 80,000 days since the original boats sailed into Sydney Cove, and only 80 days into the term of Prime Minister Rudd, the long missing part of protocol was finally allowed to settle into place – the Welcome to Country – the exchange of protocols, the permission to be here and the responsibilities of all those who now – formally - belong.



*Photo depicting part of the ceremony in the Members Hall*

Muru Murri and her staff have been intimately involved in the work around advocating for an Apology and the proper recognition of the profound effect of forced removal of Aboriginal and Torres Strait Islander children from their families, their homes and their Country since its inception.

"Few of us have a strong sense of how the Welcome to Country and the Apology will fan out over the next few years, and how that will be quantified and measured," says Lisa.

The Muru Marri Indigenous Health Unit also assists and advises a special entry program into Medicine. This program is conducted by the Nura Gili and the Rural Clinical School and is designed to enable more Aboriginal and Torres Strait Islander people to study medicine.

Lisa says: "We will be there, as a specialised academic unit, continuing to do this work. And we know that you are there, with us, helping us move things in the right direction."

Photos from:  
<http://www.abc.net.au/news/stories/2008/02/12/2160117.htm?site=canberra>

## MORE RESEARCH SUCCESSES

**A team of researchers from the School was recently awarded over a million dollars to help develop new ways to help smokers give up the habit.**



“The Quit in General Practice intervention is a flexible approach which involves teamwork between the general practice nurse, the patient’s GP and the Quitline,” says the team leader, Professor of General Practice Nick Zwar from the School of Public Health and Community Medicine.

“The support for quitting will be primarily provided by the practice nurse but can be adapted to meet the patient’s needs and other commitments. The nurse will provide counselling and follow up and assist the patient with information about medicines to assist quitting.”

Professor Zwar says that currently patients trying to quit commonly do not access professional help from their doctor, pharmacist or the Quitline but try quitting ‘cold turkey’, but that many subsequently relapse.

**The following School staff and colleagues were successful in the ARC Funding Rounds for 2009 (Discovery and Linkage):**

SA Nathan; Dr CW Evers; A/Prof LR Jackson Pulver; Dr CS Duncan; Dr R Henley and Anne Bunde-Birouste, Social Cohesion through Football, \$341,000 over 3 years. ARC Linkage.

*This project will help strengthen Australia’s social and economic fabric, one of the priority goals aimed at promoting and maintaining good health for all Australians. The proposed inter-disciplinary study will provide new evidence on how sports programs can foster community building, social inclusion and social cohesion, helping families and individuals to live healthy, productive, and fulfilling lives. The proposed study will provide critically needed guidance on best-practice for governments and communities to develop and evaluate sport-based and related programs to address social cohesion and social inclusion. The result will enable humanitarian refugees to overcome barriers that hinder their participation in Australian communities.*

Prof D Silove; Dr SJ Rees; Prof AB Zwi ; Prof RM Thorpe, Understanding anger and its consequences amongst women in conflict-affected Timor-Leste: Implications for enhancing sustainable development, \$634,220 over 5 years. ARC Discovery.

*Australia has made a massive investment in the stabilisation of East Timor and other post-conflict countries including aid for women’s organisations. Yet there is a notable gap in the empirical base for designing programs for women. The proposed study will focus on women’s anger and has the potential to ground psychosocial programming for women on a firm empirical base. The results may be transferable to other traumatised and disadvantaged communities.*



Prof J Braithwaite; Prof JI Westbrook, Evaluating communities of practice and social-professional networks: the development, design, testing, refinement, simulation and application of an evaluation framework, \$1.58 million over 5 years. ARC Discovery.

*Multiple national benefits are realised by this research, including addressing National Research Priority number 3 - Promoting and maintaining good health. This project aims to understand more clearly the types of behaviours and attitudes that lead to, or inhibit, communities and networks, which means that strategies can be developed to improve these outcomes. Team based workplaces can be more productive, socially satisfying and professionally rewarding. Educational programs will benefit from the results and organisations can improve the way they work and treat staff, customers and other stakeholders. These results will be transferable to other industries, Australia’s trading partners and the international community.*

# Timor-Leste health and development research forum

Global Health @ UNSW held the first Timor-Leste Health and Development Research Forum on Friday 24 October 2008. Over 40 people from academic institutions and organisations across Australia participated in the event. Fourteen papers were presented and lively discussion took place over the course of the day. The Forum was enhanced by the presence of Timorese members of a team working with SPHCM on the Timor-Leste Health Care Seeking Behaviour Study as well as numerous Timorese currently working, studying or pursuing research opportunities in Australia.

The School's involvement with Timor-Leste has a long history. Shortly after the 1999 referendum which led to massive violence and disruption, members of the then School of Health Services Management led a management training initiative with emerging health leaders. When Professor Anthony Zwi joined the School in 2002 with a strong interest in health system development and policy in post-conflict settings, a range of longer-term research and capacity building linkages with Timorese health professionals and the Timorese Ministry of Health was established. One recent initiative has been around the Timor-Leste Health Care Seeking Behaviour Study, a research initiative with strong policy and practice implications.

The theme of the Timor-Leste Health and Development Research Forum was 'Culture and Health'. This was addressed through a range of presentations, providing insights of relevance to women's health, child health, maternal health and HIV/AIDS, amongst others. All offered thoughtful ideas, experience and research evidence on current health and social challenges facing Timor-Leste. Presenters and participants came from a wide array of disciplinary backgrounds, with expertise in anthropology, nutrition, sociology, public health, psychology, human geography, political studies, economics, education, statistics and cultural studies.



The Forum theme recognises that in order to meet today's global health care challenges, it is crucial to understand people's beliefs, social structures and behaviours and their relation to health and health care seeking. The 'resuscitation' of primary health care, taking place this year alongside the 30th Anniversary of the Alma Ata Declaration, provides a fitting backdrop for emphasising the importance of community engagement and participation in health issues. Drawing on socio-cultural research evidence to inform national policy, planning and decision making has enormous potential to help solve problems confronting resource-constrained health services in countries in the Asia-Pacific and throughout the world.

A focal presentation for the day was given by the SPHCM Team (Basilio Pinto, Elias Ferreira, Nica Correia and Diana Glazebrook) on the Timor-Leste Health Care Seeking Behaviour Study. The research team is led by Anthony Zwi and Ilse Blignault from the School of Public Health and Community Medicine, funded by AusAID and managed through UNSW Global by Cynthia Grant. The goal of the mixed-methods study is to improve the health of the population of Timor-Leste through increasing the use of health services in communities. Among the issues examined in the study were factors that influence or determine health and health care seeking behaviours, decision making processes of users, and attitudes, preferences and experiences at the interface between health care providers and the community. Insights from health care providers will also inform

the Ministry of Health regarding enhanced mechanisms to support health care providers in delivering desired health care improvements. The Forum was the first opportunity the team had to present their preliminary findings to a receptive audience, and this has since been followed up by a Findings Workshop presented in Dili on 27 November.

Support of the Asia-Pacific Futures Research Network, funded by the ARC, greatly facilitated the attendance of PhD candidates from across Australia at the Forum. The funding gave these students the opportunity to present and gain valuable feedback on their papers from seasoned researchers of the country similarly committed to informing more effective responses to health and development issues in Timor-Leste. A reader-friendly publication bringing together the insights from the presentations is currently under consideration.

We were privileged to have Darian Clark from AusAID, and the Consul-General of Timor-Leste, Mr Abel Guterres, address Forum participants and give the closing remarks. Mr Guterres clearly communicated his enthusiasm for all the researchers' initiatives being ultimately aimed at helping the Timorese people to enhance their health and livelihoods.

The Forum was a unique opportunity to meet and discuss, among academics, students and professionals, their interest in Timor-Leste, and to share new research knowledge, debate implications of findings, and foster partnerships for possible future collaboration. It is hoped the Forum will stimulate the creation of new ideas and fruitful projects that will enhance and improve health and development research in Timor-Leste. Special thanks go out to all the presenters who generously gave their time and energy to enrich the Forum's offerings.

## New staff at the School



### John Hall

Associate Professor John Hall has been appointed Director, AusAID Human Resources for Health Hub, which is located at the SPHCM. John graduated from medicine at UNSW in 1979 and, on the eve of his 30th anniversary since graduation, returns to his Alma Mater after being Postgraduate Coordinator of the Masters of International Public Health at the University of Sydney. He also has a Masters of International and Tropical Health, a Fellowship of the Faculty of Public Health Medicine, a Fellowship of the Australian College

of Rural and Remote Medicine, and is in the final stages of a PhD.

John has extensive experience in public health at the international, national, district and community levels. He has demonstrated a commitment to working with, and building capacity in, local Ministries of Health, academic institutions and non-government organisations over the past 25 years.

He says: "As principal medical officer with Community Health Services in Vanuatu between 1990 and 1992 I was responsible for the day-to-day technical, financial, human resource and infrastructure needs of the public health programs for the whole country. This involved responsibility for communicable diseases (HIV/AIDS, malaria/dengue, TB/leprosy), non-communicable diseases, maternal and child health, health promotion, and health information/surveillance systems."

Over the last ten years John has undertaken consultancy work for AusAID, WHO, UNICEF, USAID, ADB and DFID in Papua New Guinea, Indonesia, Solomon Islands, Vanuatu, Kiribati, Marshall Islands, Kenya, Congo, and Zimbabwe.

He says: "In Australia, I have been the director of the Western New South Wales Public Health Unit from 1992-1994. This involved the delivery of public health programs to the population of Western NSW. This included management responsibility for environmental health, immunisation services, HIV/AIDS, health information and surveillance. I also worked on projects investigating lead poisoning in children in Broken Hill and the Aboriginal communities in Walgett, Bourke and Wilcannia."

John has been at the School of Public Health at Sydney University since 2002, where he played a major role in their flagship program, the Master of International Public Health. His contribution to the MIPH has been acknowledged with the awarding of a Faculty of Medicine (University of Sydney) Teaching Award in November 2007 for "Student life cycle support for culturally diverse cohorts".

John will work closely with the other senior academics at the Hub towards fulfilling the vision for this innovative and exciting new initiative.



### Glenda Lawrence

Glenda Lawrence joined the School in October as an associate professor and has qualifications in general and intensive care nursing, biological sciences (BSc Hons I, UNSW), molecular virology (PhD, Cambridge University), public health (MPH Hons, Sydney) and applied epidemiology (MAppEpid, ANU). She has clinical, research, teaching and management

experience across health, academic and government organisations in NSW, WA, Victoria and overseas. Glenda has taught in nursing, science and public health, and coordinated the Vaccines in Public Health elective for the University of Sydney MPH since 2004.

Glenda says: "My primary research interests are in the prevention and control of communicable diseases through evidence-based policy and public health action. Prior to joining the School of Public Health and Community Medicine at UNSW, I worked at the National Centre for Immunisation Research and Surveillance (NCIRS) for seven years as an epidemiologist and senior research fellow focussing on research to inform national immunisation policies and monitor and evaluate immunisation programs.

"Specific areas included surveillance of adverse events following immunisation,

immunisation coverage, parent and provider attitudes to immunisation and changes in disease epidemiology over time. My teaching interests include epidemiology, applied research methods and infectious diseases."

At NCIRS Glenda developed and/or co-ordinated major projects in the surveillance of adverse events following immunisation, immunisation coverage and the accuracy of ACIR data, and parents and provider attitudes to immunisation. Other interests include the epidemiology of vaccine preventable diseases, and immunisation in adults, adolescents and occupational groups.

Glenda will continue to collaborate with NCIRS in immunisation-related research, as well as research in the epidemiology of infectious diseases, including the use of data linkage.

# Bright young minds: The 6th Annual SPHCM Postgraduate Research Student Conference

With 38 presenters, the 6th Annual SPHCM Postgraduate Research Student Conference was the largest staged thus far. Held at UNSW on 13 November, the Conference continued the School's tradition of giving our research students the opportunity to practice their presentation skills, as well as showcasing their fantastic array of projects. The ten scheduled sessions covered health attitudes and behaviour, correction centres and crime, primary health care management, alcohol and drug use, primary health care, health system and management, injury epidemiology and surveillance, mental health and Hepatitis C research, HIV and antiretroviral therapy, and economic and policy evaluation. Feedback on the presentations was excellent – with impressed audience members coming from other Schools, as well as from our own Centres and SPHCM.

Congratulations to the following presenters who were recipients of prizes:

- Steve Frost (Stream 1, best presentation) for "Timing of repeated bone mineral density measurements: Development of an absolute risk-based prognostic model".
- Ben Harris-Roxas (Stream 2, best presentation) for "Evaluating the impact and effectiveness of Equity Focused Health Impact Assessment on planning within the health sector".



- Catherine Esposito (Stream 1, first runner-up) for "HIV and mental health in Vietnam".
- Jan Gralton (Stream 2, first runner-up) for "Protecting healthcare workers from pandemic influenza: P2 or surgical masks?".
- Sanjyot Vagholkar (Stream 1, best new presenter at an SPHCM Student Conference) for "Cardiovascular absolute risk assessment in general practice and impact on prescribing".
- Heather Gidding (Stream 2, best new presenter at an SPHCM Student Conference) for "The epidemiology of Hepatitis C in Australia – a review of notifications, treatment uptake, and associated liver transplantations 1997-2006".

Thank you to everyone involved for making it such an enjoyable and interesting day, particularly those of you who came along to support the students. Special thanks go to the lecturers and conjoints who chaired the sessions; Dr James Wood, Dr Mohamud Sheikh and Associate Professor Glenda Lawrence for judging duties; Holly Seale and Tony Newall for assistance in organising the day; Christine Rousselis for her fabulous graphic design work; and Karsten Sommer for convincing the computers to work for us.

We hope to see an even larger audience next year!

There are some spare copies of the abstract booklet still available – if you are interested in receiving a booklet please email Kate at: [resdegree-SPHCM@unsw.edu.au](mailto:resdegree-SPHCM@unsw.edu.au)

## Let's hear from you

We would like to keep in touch with former staff and students of the School. Please send your contributions to the editor, Kevin Forde: [k.forde@unsw.edu.au](mailto:k.forde@unsw.edu.au)

Published by the School of Public Health and Community Medicine at the University of New South Wales.

Opinions expressed in the articles do not necessarily reflect the views of the University of New South Wales. Information was correct at the time of publication but is liable to change. Please visit the School website for the latest information: [www.sphcm.med.unsw.edu.au](http://www.sphcm.med.unsw.edu.au)

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