IS EPIDEMIOLOGY POPULAR ENOUGH?

In this issue, we have a number of editorial and linked paper contributions that, in one way or another, touch on the ownership of the public health enterprise. Gareth Morgan, arguing from a Welsh perspective, describes the tension between scientific, professionally led, and evidence based public health, and a popular epidemiology developed from the grassroots with small scale local concerns that impact on health and wellbeing. He argues that we need a parallel legacy in popular epidemiology to that which Archie Cochrane has bequeathed us with the evidence based movement. Meanwhile, in Evidence Based Policy and Practice, Crowley and Hunter argue for the need to get the public back into public health if we are to achieve the fully engaged scenario advocated by Sir Derek Wanless in his public health reports to the British government.

See pages 254, 265

The vexed issue of individual consent for the use of health related data is discussed by Barrett and Peacock, in an Editorial that explores some of the issues raised in a paper from Finland on the impact of non-responders on the conclusions to be drawn in health surveys. Based on the insight that, even with an aggregate response rate of over 80%, findings may still be subject to substantial bias, the argument is put for greater latitude in obtaining access to health records for research purposes. In another paper, by Harris and colleagues from London, consent in older people is a subject of inquiry for primary care records. My response to this debate is to make the point that if we had a genuine meeting of minds between popular epidemiology and the evidence based approach, the public would feel ownership of the questions that affect their health and might be more inclined to give consent. Bernard Choi, in Speaker’s Corner, helps this discussion with six innovative ideas for timely and effective public health information dissemination, which would have just that effect of fully engaging the public.

See pages 257, 336, 259

In an another Editorial, linked to a paper on spatial variation in common mental disorders, Scott Weich poses a number of really important questions on this neglected area, such as: are we studying the wrong scale, the wrong exposures, the wrong outcomes, and are we asking the wrong questions? I suspect that the answer to most of these questions is yes.

See pages 254, 322

Levi Tafari turns his attention to “Litter” this month (another example of popular epidemiology), and Gallery focuses on the evils of drink and the temperance pioneers. Mowafi and Khawaja offer a Glossary on poverty, and Mackenbach raises a set of issues about genetics and health inequalities.

See pages 258, 302, 260, 268

Key findings from research papers this month include:

- The residents of mountainous areas have lower total and coronary mortality in comparison with residents of lowland areas. It is suggested that this might be due to the higher levels of physical activity.
- Socioeconomic position or other fixed maternal characteristics do not seem to explain the positive association between intrauterine growth and childhood intelligence.
- There is no support for the hypothesis that miscarriage or induced abortion represent substantive risk factors for the future development of breast cancer.
- There was no evidence of impact on primary outcomes of a culturally diverse population with the intervention of support health visitors.
- As measures of cultural identity, integrated friendship choices—overall and specifically for boys and Bangladeshi pupils—are associated with lower levels of adolescent mental health problems.
- Social capital exerts strong protective effects on alcohol misuse and harm in college, including among high risk students.
- Financial strain associated with non-employment does not explain the increased prevalence of health problems among children in families affected by non-employment in Denmark and Sweden.
- The impact of socioeconomic status on mortality differed between ethnic groups living in the Netherlands. The authors argue that maintaining small socioeconomic inequalities in mortality among Turkish and Moroccan men and women and among Antillean/Aruban women could prevent future increases in overall mortality in these groups.

See pages 274, 279, 283, 288, 296, 303, 316, 329

Continuing debate on the sex ratio of male gasoline filling station workers and the sex ratio in men exposed to electromagnetic fields is to be found in our Letters column; and details from the United States of the impact of cars and falls on elderly men can be found in Hygieia.

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Carlos Alvarez-Dardet and John R Ashton

*J Epidemiol Community Health* 2005 59: 253

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