**In this number**

**The public know best**

"Lay epidemiology" describes the rediscovered importance of the people's own views about their health. As well as a paper on this topic, this number includes an editorial about the need for appropriate information to support the new public health.

**Environmental health and communicable disease**

Two papers—one from Scotland and one from the North of England—cover topics which relate to detrimental effects which the environment can have on the quality of life of whole communities as well as on cancer incidence. Another paper, from Burkina Faso, describes very basic hygiene measures which are of great importance for health in any community. However, sometimes environmental health measures can themselves have subtle deleterious effects: a comment on Smoking and health promotion in Nazi Germany lays some blame for Germany's current reluctance to give up the weed on the Führer's anti-smoking measure of 50 years ago.

**Short reports**

The flow of these is increasing and among the three we are publishing this month is a report on the relationship between the phases of the moon and the out of hours work load of GPs. Prospective authors and readers should note that short reports are refereed in the normal way but can be published much more quickly than full length papers.

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**Editorial**

**Creating a new knowledge base for the new public health**

Fundamental changes in thinking about research and education are emerging from the challenges faced in the field of public health. Over 15 years of work to revitalise public health policy and practice has lead to a growing recognition that new approaches to understanding public health problems are needed.

A governmental resolution accepted at the 1977 World Health Assembly that by the year 2000 all citizens of the world would attain a level of health permitting them to live socially and economically productive lives was a major imperus for a process of renewal in the field of public health. A progression of official health policy documents and publications outlining the dimensions of a new public health appeared. Nearly all member states of the European Region of WHO have now developed Health for all by the Year 2000 (HFA) policies and strategies.

The recently updated version of the WHO European HFA targets summarises achievements. The concepts and strategies in the HFA policy are widely accepted. Monitoring and evaluation exercises are in place. Declarations and action plans confirm the relevance of HFA principles. Average life expectancy for the region as a whole continues to increase, largely as a result of reductions in infant mortality. Even with these achievements, however, little progress has been made against many of the most serious problems. Inequalities in health status between and within nations remain, and in some cases have increased. Cancer mortality is still increasing. Violence in all forms remains high and is increasing in many places. Economic and social conditions that directly or indirectly affect health are growing worse in many countries, endangering the health and wellbeing of broader segments of the population. There is an increasing danger that health inequalities both within and between countries will expand. Little progress has been made in achieving intersectoral cooperation for health protection in society.

The insufficient progress made in many countries is highlighted by the decreasing health returns and satisfaction with health services relative to constantly escalating costs as the target date grows nearer. The international economic crisis is a major barrier to progress. The range of new problems which must be tackled counteracts many achievements, reflected by "the inability of most societies to promote and protect their populations' health to the degree made necessary by historical circumstances." The origins of the movement for a new public health have been traced to the insatiable financial appetite of medical care systems throughout the world, paralleled by high levels of premature death, avoidable disability, and social inequalities. The problems are now well articulated and new approaches to public health work are already well established in some countries. This is a major reason for the wide ranging initiatives now being organised around the perception that new types of skills and knowledge are needed to redirect priorities and implement the policy changes needed in the new public health.

A series of initiatives by the Pan American Health Organization of WHO in collaboration with the Association of Schools of Public Health of the United States and the Latin American and Caribbean Association for Education in Public Health starting in the mid-1980s resulted in a sustained effort to improve the quality of public health education, especially at the graduate level. Work in these projects repeatedly documented the need to change "what one sees" by broadening the subjects of analysis and "the way of seeing" by including more comprehensive analytic approaches. Epidemiological research, it is concluded, has not achieved the development needed. Too limited to isolated projects, too orientated toward clinical and laboratory areas, population studies and the complexity of the forces creating and maintaining health have been neglected.

Public health education has not kept pace with today's rapid social, economic, and political changes and transformations, which are