

IN THIS ISSUE

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Joint Editors

DIVERSITY FOR MIDSUMMER

In this issue, we offer a diversity of contributions on public health policy and practice and research. Since starting the section on Policy and Practice, the conceptual gap between public health “research” and “policy and practice” has been coming into a sharper focus, at least for the editors. Many university based researchers seem to have difficulty in going the next step from presenting research findings to what could or should be the consequences of their work, other than the old chestnut of “more research is needed”. We are beginning to carry examples of what this can mean in practice, for example in the paper this month on “walk to work” the links are made across the evidence base about how to make it happen, and in another paper on falls from bunk beds practical prevention suggestions are made.

See pages 407, 413

A paper from the London School of Hygiene and Tropical Medicine reopens an old discussion about gender effects on admission to intensive care, an important topic with huge resource implications that impacts as much on cultural issues of gender role as it does on technical issues of pathways of care; and drilling down into inequalities of health care access, there are valuable insights into how variations in cancer treatment rates affect survival from one of the British Cancer Registries.

See pages 418, 424

The public presentation of risk is now a major challenge for public health, as it is for governments, and its manifestation in relation to coronary artery bypass surgery gets an airing from Frankel *et al* from Bristol, where recent events have made such questions particularly poignant.

See page 430

Turning to our Research Reports, the contributions range from the ever topical question of exposure to magnetic fields (in Spain) to acculturation status and hypertension among Asian immigrations to Canada; obesity and levels of education attainment (again from Spain); hysterectomy and socioeconomic position in Rome (surprise, surprise more affluent women seem to have access to less invasive treatments); and fracture rates in rural compared with urban communities in Geelong, Australia.

See pages 432, 455, 457, 461, 466

Continuing our contributions to the literature on inequalities in health, as usual we have valuable insights from Davey Smith and colleagues in the UK, and further evidence on income inequality and self related health from Weich *et al* in London, together with the latest chapter in the Whitehall II study, this time on the effects of chronic job insecurity and changes in job security on health. There is a linked editorial by Benach and colleagues from Barcelona with the self explanatory title “The consequences of flexible work for health: are we looking at the right place?” For once the contributions are not entirely from Britain, and we have new data on health inequalities and income from Finland, and a report on a related area of research on changing life expectancy in Romania after the Communist transition.

See pages 434, 436, 450, 405, 442, 444

Our editorials this month include one by MacIntyre commenting on an article originally published in *Heart* on the secular trends in heart disease in British men—probably good news, but a complicated and tantalising picture. There is correspondence on the relative risk of colorectal cancer in families with a history of diabetes mellitus, a Speaker’s corner contribution on the developing field of public health surveillance (keep them coming), and a timely reminder of the power of quite simple environmental measures to improve public health—Chagas disease and improved low cost housing in Bolivia complete our midsummer (in Liverpool and Alicante) issue.

See pages 404, 479, 402, 403

APHORISM OF THE MONTH

Change management: prophets and travellers

“Prophets are never recognised in their own country; an expert is someone who travels a long distance and brings their own slides.”

The process of achieving change is complex and often local institutions and key players are resistant to ideas generated locally. The creative use of facilitation by visitors from abroad can sometimes do the trick, however see the “not invented here” syndrome (forthcoming aphorism).

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