

IN THIS ISSUE

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WORK ON EQUITY AND HEALTH COMES OF AGE

In this issue we mark the coming of age of work on equity and health with the publication of a set of papers from the first meeting of the International Society for Equity in Health held in Havana, Cuba in June 2000. A working definition of equity in health as “the absence of systematic and potentially remediable differences in one or more aspects of health across population groups defined socially, economically, demographically, or geographically” provides the basis for contributions that range from theory and methods (pages 485, 488) through specific research reports (see page 556) to papers with a clear focus on policy and

practice (pages 497, 506, 517). As Starfield puts it in the overview “it is our hope that the formation of the International Society for Equity in Health can move the research and policy agenda further and faster than has been the case in the most recent two decades in which equity has received increasing attention”.

The *JECH* gallery from Glasgow this month throws the spotlight on meeting places and social cohesion and we make no apologies for reproducing from *Tobacco Control* an article that underlines the importance of tobacco control advocates maintaining their vigilance if tobacco control policies are to deliver the prized health dividend that beckons.

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Increasing interest is now being shown in the effects of climate on health presumably prompted by the growing concern over global warming. A contribution from Italy reinforces the significance of bioclimatic fluctuations on summer mortality, a finding that may carry equal significance for planetary management as for town planning.

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And in an increasingly important area in a progressively obese developed world Alberti and his group found a non-linear relation between alcohol intake and the risk of type II diabetes. Serum insulin and HDL-cholesterol explained a small amount of the reduction in the risk of type II diabetes associated with moderate drinking while the adverse effect of heavy drinking seemed to be partially mediated through its effect on body weight.

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Finally, an important research finding from Alabama on the protective effect against STD/HIV infection among African-American female teenagers who belonged to black organisations provides another perspective on community cohesion—social connectedness may well turn out to be as significant a public health objective for the 21st century as safe water and adequate diet has been until now.

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APHORISM OF THE MONTH

“Not invented here”

When you come up with all those wonderful ideas for a changing world you will first be told “it won’t work”. When you ask why and say it has worked in Amsterdam, New York, and Gateshead they will tell you “yes, but it won’t work here”. If you ask whether it has been tried here they will say “no, but it won’t work here” and when you ask for an explanation you will be told that to understand that it will require a detailed knowledge of the local culture and history and that this will take some time. At the root of this frustrating encounter will be that “it wasn’t invented here”.

It drives politicians mad that good practice and innovation that is to be found in one place will not be replicated elsewhere. Finding ways into breaking this vicious circle of adherence to often dysfunctional practice requires all the tools of change management (for example and paradoxically, see Change management: prophets and travellers, last month’s aphorism).

However, the bottom line is ownership. Whatever approaches are used, communities and communities of interest need to own processes of change and innovation if they are to work and be sustainable—see next month.

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