

IN THIS ISSUE

John R Ashton, CBE, Carlos Alvarez-Dardet
Joint Editors

RESEARCH FOR PRACTICAL PUBLIC HEALTH

In this issue there is a predominantly research flavour, but it is one that increasingly is drawing us to look at what we can really do about inequalities in health. We have long believed that if the adage that “it’s the demography, stupid!” is one of the imperatives of public health, shelter and housing runs a close second. An editorial from New Zealand, linked to a paper from Canada, explores housing and inequalities in health from a broad sociological perspective. If housing provides shelter from the storm and a nest egg and a castle and a refuge, as well as being a purely physical environment, what does it really mean in the continuing argument over inequalities and health when the dice are so stacked that people in one form of habitat have greatly reduced access to education, work, social networks, recreation, culture, fresh air? Biological reductionism has driven us into a corner on this subject in the past, with its preoccupation with damp and mould, overlooking those other resources for health that Richard Titmuss so powerfully identified. Some of this may seem blindingly obvious, but common sense remains the least common sense.

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Our glossary for health inequalities this month comes from no less a stable than Harvard School of Public Health but, to paraphrase the authors, the burgeoning field of health inequalities research has given rise to many questions and debates. In our view, we need the academics to come down from the planet Zog and help mere mortals to identify practical policies and measures that will make a difference.

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Turning to the vexed question of the contribution of the pharmaceutical industry to public health, we carry a report on evidence-based educational outreach visits to primary care. It is over 20 years since Brian Abel-Smith pointed out that the promotional budget of the pharmaceutical industry was sufficient to resource a pharmaceutical advisor in every GP surgery for two or three days a week to replace the propaganda that is currently provided. We don’t seem to be much further forward in understanding how to provide practitioners with the knowledge to optimise their prescribing practices and resist the pressures of an industry whose main concern is with the bottom line.

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From Finland, a rational if chilly country where teenage sexuality seems to be accepted more appropriately than in many other Western developed countries, comes a report on sociodemographic difference in teenage pregnancy that indicates that even in advanced social democracies there remain differences in the life chances of young women from different social groups in this most fundamental area; and from New Zealand, an important short paper draws attention to the hazards of area-based initiatives in overlooking small but significant deprived groups.

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In this age of aging and increasing preoccupation with chronic, non-communicable degenerative disease, the attention given to infectious diseases often lacks the sophistication that we give to other public health problems. A fascinating contribution from Spain puts the spotlight on the toll of infectious disease deaths that is to be found with poor levels of educational achievement, and will surely stimulate further inquiry. Worrying, too, is a paper from England showing that South Asian babies born in the United Kingdom continue to suffer from low birth weight despite the theoretical opportunities available to women and their families in an advanced welfare state. And continuing the theme of inequalities in health and death, we carry a paper from Sweden that underlines the correlation of violent death in Swedish children with the socioeconomic status of their parents.

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Again from Finland, Virtanen and his group explore the relations between job security, satisfaction, behavioural risk, and health; and a short report from Scotland vividly brings out the gender differences in weight related worries of adolescents.

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Penultimately, from Copenhagen, further evidence that even light smoking increases the risk of heart attack and early death; and evidence from Spain about how mortality rates from myocardial infarction for patients with diabetes may be improved.

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Finally, we carry in this issue, in our Speaker’s Corner, manifesto statements from the candidates for the post of Director of the Pan-American Health Organization (PAHO). Readers may indicate their preference on our web site (www.jech.com)—our own preference is that all of them should write more plain English (or Spanish).

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