

PostScript

BOOK REVIEWS

La utilización de las evidencias en las decisiones de política sanitaria (The use of the evidence in health policy decisions)

Edited by E Regidor. Alicante: Alicante University, 2003, pp 270. ISBN 84-688-1893-3

This book is the result of a seminar held in April 2003 by the University of Alicante (Spain). The publisher and entire support team have made every effort to give the articles written by different authors a homogeneity rare in works of a similar origin.

For some years, the health system, both the professionals working in it and the users and those responsible for its management, have been debating whether the decisions taken have a scientific basis.

However, some fields seem to be outside this movement causing some perplexity in the observer. One of these fields is public health and, precisely, health management. As discussed in the first chapter of this book, it is a field in which the evidence is scarce and contradictory and, in that framework, little can be done by those with the task of decision taking to give support to evidence that, very often, is no such thing.

The book has 10 chapters, with the first one dedicated to giving the reader a general view of the matter in question—the use of evidence applied to public health measures. The other nine contributions consider different examples of public health problems with their characteristics and—why not say so?—with their contradictions.

We are given interesting material for a debate as the decisions in this field are influenced not only by the scientific evidence, in many cases arguable as mentioned previously, but also by other factors of a social, cultural, and economic nature that cannot be forgotten

Antonio Cueto Espinar

When food kills: BSE, *E coli* and disaster science

Edited by T H Pennington. Oxford: Oxford University Press, 2003, £25.00, pp 226. ISBN 0-198-52517-6

Pennington delivers serious messages in this discursive, thought provoking book by sharing his insight into the failings of food safety (and other) inspectorates. Few have forgotten the hysteria associated with the *Escherichia coli* 0157 outbreak in central Scotland (linked to Barr's butchers) or the salmonella in eggs scare when Edwina Currie was Parliamentary Under-Secretary for Health. The situations leading to these and other food poisoning and public health scares are eloquently described throughout, alongside a narrative on the apparent failures of government officials to learn from history

through subsequent presentation of new health scares. It is proposed that vCJD cases in humans and BSE cases in animals are a result of these failures. Details regarding the scientific uncertainties over cause, transmission, and scope of these diseases are discussed prior to the UK government's early assumption that BSE was not likely to be of risk to human health, the future risks to human health from vCJD, and the conclusions of the Phillips inquiry into methods used so far to eradicate BSE and vCJD.

The title indicates that food related incidents will be the principal subject of discussion; however this is not the case. Inferences are drawn throughout from events including the Aberfan tip mining disaster, the Piper Alpha North Sea oil disaster, and even the conditions within lunatic asylums since 1815. Repeated and detailed references to non-food disasters with catastrophic potential through high morbidity and mortality levels, as compared with the innocuous/unknown long term health problems associated with food scares like BSE somewhat trivialises the importance to public health of food safety scares, and renders the title misleading. Essentially, this is a non-technical book that describes (with reference to *E coli*, BSE, and other disasters) the history, the science, the politics, and most significantly, what went wrong. It may leave the reader concerned by the inspectorates' shortcomings in the mitigation of public health incidents, but delivers an important message: inclusiveness and openness are essential to help avert wide scale disasters in the future.

Claire E Robertson

Health and community design: the impact of the built environment on physical activity

Edited by L Frank, P Engelke, T Schmid. Washington, DC: 2003, \$30.00, pp 253. ISBN 1-55963-917-2

Sedentary behaviour is a major cause of poor health worldwide both through the direct effects of inactivity on health and indirectly via its contribution to obesity. *Health and Community Design* describes the role of the built environment as a potential contributor to physical inactivity and suggests ways in which communities could be structured to encourage or require physical activity, particularly walking and bicycling.

The "built environment" is defined broadly as "...the form and character of communities" encompassing land use patterns, urban design characteristics, and transportation systems. Frank *et al* emphasise the influence of the built environment on physical activity and they effectively describe its potential role as a determinant of obesity. However, obesity is likely to be influenced by factors in addition to physical activity, particularly diet. This book highlights the need for a comprehensive assessment of how the built environment influences diverse determinants

of energy balance, including diet, and other health behaviours. Occasionally, the authors neglect potential trade offs associated with choices concerning community design. For example, cul de sacs may decrease walking by adults but increase outdoor play of children. Understanding such trade offs is critical to improve planning and prioritisation among design choices.

All in all, we strongly recommend this book as an introduction to connections between urban planning and sedentary behaviour. The authors have done an outstanding job presenting arguments that can be made linking the built environment and physical activity and these arguments should be of great interest to public health, transportation and urban design researchers and planning professionals. The text is also accessible enough for community activists interested in understanding potential consequences of planning decisions and its maps and illustrations are particularly novel and effective for a public health audience.

Brooke Fischer, Sarah Dash, David Berrigan

Health measurement scales. A practical guide to their development and use, 3rd ed

Edited by David L Streiner, Geoffrey R Norman. Oxford: Oxford University Press, 2003, £26.50, pp 283. ISBN 0-19852-947-7

This is the third edition of a successful book whose previous two editions were published in 1989, and 1994. It is a practical guide about health measurement scales called as well "latent outcomes", such as cognitive abilities, attitudes, quality of life, etc, addressed to clinicians, users, and developers of health measurement scales.

In this third edition the authors have updated most of the chapters, mainly those related to cognitive requirements in answering questions, and include a more in depth chapter on item response theory.

The general content of the book follows the process of development and evaluation of health measurement scales. Chapters are devoted to the process of scale development, which includes basic concepts, how to devise and select items, and building scales. Chapters addressed to analyse attributes of the measures include reliability and validity, as well as measuring change. The chapter about ethical issues that researchers should take into account in their own fieldwork is also of valuable interest. Most chapters are accompanied by practical examples and a considerable number of tables and figures that make easy to understand and to interpret what authors want to explain. Appendices include commented bibliography and recommended reading, sources of developed scales, and a short introduction to exploratory and confirmatory factor analysis.

Through the whole book, authors also try to clarify their point of view on controversial

concepts and present issues that are in the centre of the debate in scientific literature.

In summary, it is a highly recommended book for those not psychometric experts but users or developers of questionnaires in the area of health sciences. It is an essential reading for those who start working in this area. I am sure that it will be as successful as the previous two editions.

Luis Rajmil

Community-based health research. Issues and methods

Edited by Daniel S Blumenthal, Ralph J Di Clemente. Springer Publishing, 2003, \$39.95 (USA), \$44.80 (other countries), pp 218. ISBN 0-8261-2025-3

This book is a very interesting referent document for those who work in the public health research field. In fact it is more appropriate for researchers with some experiences in doing public health research rather than junior students. The readers can find some actual examples with in depth analysis on each case, which is very useful for them. However these examples and illustrations are more focused on American and African countries, so that it weakens the global and international application of the book.

Strengths: one of the strengths of this book is to identify and synthesise the key issues and principles for working with communities. It can be used as a theoretical frame for training courses on community based research. The contribution of this book is to emphasise the importance of community based research, which sometimes is forgotten by traditional epidemiological study. It also brings the sight and attention to the involvement of the community to research, change their role from target group to co-researcher, and from positive to active involvement.

Weaknesses: the authors tried to prepare a comprehensive document on community based research, which included all the issues like introduction, principles, methods, and examples/experiences. But the readers, after looking at the title of the book, are more interested in learning more specific issues and methods for community based research, and in how to distinguish it from public health research in general. It would have been more interesting if the authors had clarified more clearly the differences in methodology applications in epidemiological and community based research.

Dao Lan Huong

Table 5 (corrected) Association of disease severity, standardised for age and sex, with socioeconomic position using individual and area level measures

Socioeconomic position	Social class		Educational attainment		Income category		ED level Townsend score quantile	
	n	mean (SE)	n	mean (SE)	n	mean (SE)	n	mean (SE)
1 (most deprived)	42	15.6 (2.5)	430	16.5 (2.8)	177	17.0 (3.1)	190	16.0 (3.0)
2	175	16.0 (3.0)	69	17.5 (2.8)	268	17.2 (2.5)	191	16.2 (3.0)
3	436	16.2 (2.9)	90	14.7 (5.6)	212	15.9 (2.8)	190	15.9 (2.8)
4	261	15.8 (2.9)	177	15.6 (2.7)	115	15.0 (2.6)	189	16.1 (2.8)
5 (most affluent)	40	15.7 (2.7)	188	15.3 (2.9)	182	14.0 (2.2)	194	15.8 (2.8)
Correlation coefficient† (p value)	-0.10 (<0.01)		-0.07 (0.03)		-0.09 (<0.01)		0.07 (0.03)	
SII	5.63 (2.23 to 9.04)		3.79 (0.41 to 7.18)		5.05 (1.78 to 8.32)		4.04 (-0.04 to 8.13)	
test for trend p value	<0.01		0.03		<0.01		0.05	

* p<0.05; **p<0.01. †Spearman's rank correlation.

CORRECTIONS

There were two author errors (one terminological and one relating to data) in this paper by Dr Eachus and others (1999;53:603–11). Firstly, the authors referred to the index relating socioeconomic position to New Zealand score of severity of hip disease as the relative index of inequality, whereas the statistic presented is actually the slope index of inequality. Secondly, a programming error led to miscalculation of the correlation coefficients and slope indices of inequality presented in table 5. A corrected table is presented here. The direction of associations is the same as for the incorrect results presented in the original paper, but the effect sizes and significance level are both substantially greater when the correct data are seen, in particular for the associations of social class and Townsend deprivation score with hip disease severity. In the light of the correct data the discussion that was included on why the social class association was weak is no longer applicable.

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The authors would like to clarify some points in this paper (2004;58:982–7). The results and conclusions presented in the box on page 985 are preliminary and based on earlier published reports in Dutch.[1–3] This information is merely intended to illustrate the information needs of healthcare providers after a disaster. Details of the health problems of the affected groups and their use of health care will be published in other papers.

1. **RIVM Project Team.** *Firework disaster Enschede: components in blood and urine (Dutch report)*. Bilthoven, Netherlands: National Institute of Public Health and the Environment (report no 630930003), 2001.
2. **van Kamp I, van der Velden PG.** *Vuurwerkkramp Enschede: Lichamelijke en geestelijke gezondheid en ervaringen met de ramp; rapportage van het gezondheidsonderzoek [Physical and mental health and experiences of the disaster]*. Bilthoven, Netherlands: National Institute of Public Health and the Environment (RIVM) and Institute for Psychotrauma (IVP), (report no RIVM 630930002/ IVP 9920012), 2001.
3. **van der Velden PG, Grievink L, Dusseldorp, et al.** *Gezondheid Getroffenen Vuurwerkkramp Enschede; rapportage gezondheidsonderzoek 18 maanden na de ramp. [Health (status) of the victims of the Enschede firework disaster 18 months after the disaster]*. Zaltbommel, Netherlands: Institute for Psychotrauma (IVP) and National Institute of Public Health and the Environment (RIVM), (report no RIVM 630930004/ IVP 9920023), 2002.

doi: 10.1136/jech.2004.022871corr1

There were two author errors in this letter by I D K Dimoliatis (2004;58:1054–5). The unit of measurement in the title should be in lower case (qy) [not (QY)]. Also, in line three of the second paragraph it should read (80y–50y) [not 80y–30y].