

IN THIS ISSUE

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Joint Editors

THE KALEIDOSCOPE HAS BEEN SHAKEN, THE HURRICANE HAS STRUCK, PUBLIC SERVICES WILL NEVER AGAIN BE NEGLECTED THE WAY THEY HAVE BEEN—OR WILL THEY?

In this issue, Nancy Milio hits the editorial pages again, this time with a hard-hitting commentary on how the recent hurricanes in the Gulf of Mexico have exposed the poor public health infrastructure in the United States. Effective planning, she points out, requires clear goals and a strategy based on defined responsibilities of all major stake holders; mechanisms for decision making, coordination, and communications—and resources; money, people, supplies, expertise. It also requires the use of reliable information, preferably science based.

How many countries today can claim that they have robust public health systems, fit for purpose and immune to the vagaries of the prevailing political fashion?

Milio points to poverty, the inadequacy of emergency planning, and the deterioration of environmental regulation as the political legacy of recent administrations in the United States that left New Orleans vulnerable to a catastrophe that had been well described by scenario planners. Where will the next catastrophe be, and will

the public health system there be up to scratch?

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In another Editorial, linked to an article by Macinko, attention is paid to the effectiveness of primary health care and the claim is made that a broad based approach to improving child health, with primary health care at its core, can make considerable improvements in health outcomes.

See pages 3, 13

Sticking with the theme of evidence based policy and practice, we report on the value of needs assessment in a country with a complete breakdown of its health care system—Afghanistan; and from Switzerland, the case is argued for a “gatekeeper approach” to health care cost containment, rather than “fee for service”.

See pages 20, 24

This month’s Research Reports include the following findings:

- from Scotland, between 1980 and 2000 inequalities in perinatal outcomes decreased and then increased again;
- area based deprivation status is strongly related to the incidence of coronary events in Rome, more so among women than among men;
- in the United States, the proportion of firearm related suicides is a useful predictor of gun availability at the neighbourhood level;
- evidence from Finland that a substantial part of the relation between social class and health could be attributed to job control;
- and from the Whitehall II study, adverse changes in the psychosocial work environment may lead to increased rates of sickness absence;
- from Indonesia, an examination of time trends in socioeconomic and regional inequalities found that inequalities in under 5 mortality do not inevitably rise in times of rapid economic growth;
- in the Caerphilly cohort, the risk of an ischaemic stroke is increased in men whose sleep is frequently disturbed;
- from Spain, a finding that—for women at least—socioeconomic position had no direct effect on hypertension with respect to education, and there was only a small effect for social class.

See pages 31, 37, 44, 50, 55, 62, 69, 74

Manel Nebot takes the Speaker’s Corner to argue the case for a more sophisticated approach to health promotion evaluation; and in our Theory and Methods section, Johan Mackenbach offers a short story on “where diseases come from”. Meanwhile, the *JECH* Gallery puts the spotlight on paranormal distribution curves and the future public health leader.

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