



On neighbourhoods, communities and inequalities, and something on sexually transmitted infections

Carlos Alvarez-Dardet and John R Ashton

J. Epidemiol. Community Health 2004;58;161-

Updated information and services can be found at:

<http://jech.bmjournals.com/cgi/content/full/58/3/161>

These include:

Rapid responses

You can respond to this article at:

<http://jech.bmjournals.com/cgi/eletter-submit/58/3/161>

Email alerting service

Receive free email alerts when new articles cite this article - sign up in the box at the top right corner of the article

Notes

To order reprints of this article go to:

<http://www.bmjournals.com/cgi/reprintform>

To subscribe to *Journal of Epidemiology and Community Health* go to:

<http://www.bmjournals.com/subscriptions/>



IN THIS ISSUE

Carlos Alvarez-Dardet, John R Ashton
Joint Editors

ON NEIGHBOURHOODS, COMMUNITIES AND INEQUALITIES, AND SOMETHING ON SEXUALLY TRANSMITTED INFECTIONS

In this issue we bring together various contributions that are informed one way or another by a focus on neighbourhood and community.

Health Impact Assessment is now becoming a mainstream tool for public health practitioners, and in this issue we carry a paper from London that describes its use in the Mayor of London's transport policy aimed at making London a more liveable city. From North America, evidence from all the central cities with populations greater than 100 000 that inequality in income is the only social variable to be significantly associated with preventable or immediate death rates, but that that relation is very strong. And from Hong Kong and Japan, we have more pieces of the SARS jigsaw—this time throwing light on the tardiness of some general practitioners in applying quarantine to themselves and the role of precautionary measures and effective quarantine in interrupting this new disease in its tracks.

See pages 169, 175, 180, 186

Interest in housing standards has come round again after some time in the shadows, and our Glossary, in Continuing Professional Education, gives more body to this subject than has been the case for a long time. As Winston

Churchill put it, "we give shape to our buildings and they in turn shape us".
See page 162

A strong set of Research Reports has relevant findings to underpin the public health mission:

- perception of neighbourhood in Canada was found to be an important determinant of health in addition to factors such as low income, lifestyle, and age;
- evidence from Italy of the importance of living in deprived neighbourhoods on mortality from heart and respiratory disease;
- some support for the notion that living in a socioeconomically advantaged area was associated with a tendency to buy healthier food;
- from Germany, home ownership is significantly associated with self rated health;
- from the United States, that both individual and neighbourhood risk factors are involved in race/ethnic disparities in murder rates;
- and that where you live affects your opportunity to buy illegal drugs, while drinking patterns are not only dependent on overall alcohol consumption but also on cultural behaviour.

See pages 192, 199, 208, 216, 223, 231, 238

Methodologies that are fit for purpose are becoming more important as serious efforts are being made to tackle inequalities in health, and this month we have one paper that explores those methodologies that are available and robust for small area life expectancy estimation, while another paper from Jordan and colleagues subjects the Index of Multiple Deprivation 2000 to scrutiny in relation to access to services.

See pages 243, 250

In our Letters column, I M Godin argues for more interest to be taken by public health in bullying in the workplace. Our Gallery has several vignettes on slum dwelling, inequalities and community, and our featured influential woman in occupational health is Eula Bingham from the United States, whose work on empowerment of workers merits our attention.

See pages 258, 168, 185, 222, 230

And so to Hygieia and sexually transmitted infection: HIV infected individuals are more likely to be infected by pneumocystis pneumonia in the cold winter months; improvements in genitourinary medicine are urgently required in Manchester (and elsewhere) if the return of syphilis is to be halted; and more attention needs to be paid to community aspects of risk analysis in public health programmes for sexually transmitted infection.

See page 260