# Public health disciplinary excellence

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As a mature and productive discipline, public health needs three things. The first two requirements of public health excellence are familiar to us. First, we need access to the public health field so that we can, from experience, identify the problems that need to be resolved, and we need to maintain our access to the field so that we can gather our data. Second, we need skills in appropriate research methods so that we can turn the data gathered in the field into scientific analysis. If we stop there, we can produce highly polished research addressing important issues in public health. A steady stream of articles submitted to the Journal show this polish. We want to argue that this is not enough.

Highly polished research articles that focus on narrow disciplinary concerns or that represent the interests of one institution are common. We know that they are a fact of life in a bureaucratic structure that sets one institution in competition with another doing very similar work. We also have a system that rewards detailed study of a limited range of phenomena. The problem is that we do not serve the discipline well if we publish articles, however professionally conducted, that address research questions that seem to have little relevance to public health in general but appear very important to one specific group or institution. If we follow this direction we run the risk of the Tower of Babel: public health researchers and practitioners who locate themselves in one or another highly constructed and refined tower can lose the capacity to communicate with those in other equally polished edifices. If we are to retain our capacity for communication despite the circumscribed conditions in which we work, we need the third requirement for a mature and productive discipline: a means of linking towers, recognising common threads that bind us to each other and to the discipline. We see the Journal as one such means of communication but it can only function in this way if the authors submitting to the Journal meet us half way.

How can we make links between towers? A prime mechanism is through the literature. However segregated we may be in our locations, modern databases make it easy to locate a particular study not just in its immediate disciplinary literature but in the health literature in general. Let us take an example. If we want to evaluate a program to encourage the frail elderly to wear hip protectors, then we certainly need to engage with the literature on hip protectors and also with evidence about why they are not more widely acceptable. But there is a much larger literature addressing non-compliance in other health promotion programs and with other medical interventions. The failure of many interventions designed to improve compliance, irrespective of context, is immediately relevant to the study of hip protectors. It is, of course, relevant when we are planning our hip protector intervention but this literature should certainly be considered when we submit the report of the study for publication. In this way the authors can contribute to an understanding of compliance with hip protectors. By also contributing to the debate about the troublesome issue of non-compliance, the article gains additional interest and significance.

Unfortunately, with a burgeoning literature in every public health discipline, a computer search can deliver dross as well as gems of wisdom. In order to tell the difference between the two, we need keen skills of critical appraisal. These skills are not easily acquired and many a student who submits to us an article from a postgraduate thesis or project has not managed to make the necessary distinction. The role of the supervisor, especially where the supervisor is a co-author, is to ensure that the links are made between the database the student is using and the public health significance of the analysis the student is asked to conduct, as it relates to that which is valuable in the literature. Again, the issue is that a study should be presented in a broader disciplinary context.

Last, and perhaps most important, links between towers are constructed when we explicitly recognise the common commitments that we have to the public health field. Rather abstract concepts like social justice help to spin the threads that give us a common commitment. So, for example, a study that addresses the health status of a severely disadvantaged group in Australia can draw on our understanding of structural disadvantage, sharing that perception with a study addressing the international effects of violence against women. It is when these abstract public health conceptions are ignored that articles, however relevant, lose their power to persuade.

## In this issue

The papers in this issue satisfy all three requirements for building a mature public health discipline. They present arguments that refer to broad public health concepts, issues that are relevant to us all whatever our discipline.

Glenda Koutroulis's Point of View is a reflection on the detention of asylum seekers, from her reference point as a psychiatric nurse and as a sociologist working at the Woomera Detention Centre for six weeks in 2002. This Centre is now closed but what she describes as 'a perverse social experiment' continues elsewhere. The detention policy raises issues of social justice that could well do with more critical analysis from a public health perspective.

Half of this issue is about infection. No-one nowadays would be surprised to hear that, but in 1986 a Ministerial Review of Health Education and Promotion in Victoria[1] limited the discussion of infection to a chapter on sexually transmitted diseases, fertility and infertility: there was more discussion of food additives than of food and water-borne infection. The one suggestion in the Review that the authors recognised the *potential* importance of infection was the statement (p. 3): "Identification of the acquired immune-deficiency syndrome (AIDS) has rocked our post-antibiotic complacency about having got infectious diseases

firmly under control, a complacency which probably contributes to less than ideal levels of immunisation". If we were to go back another decade we reach 'The Year of the Salmonella Seekers', a classic thriller with all the key elements – danger, threat, race, quest and misdirection – told here, for the first time, by the key players, from their original sources. This is history. The industry reforms that resulted and the changes to laboratory surveillance continue to be crucial aspects of health protection.

The next paper about infection by Michelle Kermode and colleagues continues the themes of food and health protection, with an economic evaluation of the cost-effectiveness and cost-utility of improved Q fever vaccine uptake among meat and agricultural industry workers showing excellent value over 20 years. Karin Leder and colleagues use family health diaries to demonstrate the continuing importance of respiratory infections, in terms of symptom days, time away from school or work, and visits to doctors in families with at least two children aged one to 15. Jane Hocking and colleagues draw attention to notifications and tests for *Chlamydia trachomtis* in Victoria from 1998-2000, concluding that chlamydia infection is a substantial health problem, but drawing attention to the limitations of the study which make it impossible to be certain whether the figures "represent an increased incidence of infection or simply more testing". The paper of Caroline Watts and colleagues takes up some of the issues drawn to our attention by the salmonella seekers as it describes the monitoring of influenza-like illness in sentinel general practices, plus testing of nose and throat swabs for laboratory-confirmed influenza to describe seasonal influenza activity, with the longer-term possibility of developing an early warning system. The final paper about infection, from Glenda Lawrence and colleagues at the Australian Childhood Immunisation Register (ACIR), describes the under-reporting of measles-mumps-rubella (MMR) vaccination to the ACIR, with estimates of total coverage in five-year olds and a survey of parents to better understand under-reporting and reasons for non-uptake. Read also the first two Letters to the Editor: infection is definitely on the current public health agenda.

The papers in Methods and Concepts are all a little unsettling. In the first three, attention to detail in methodology uncovers data problems which demonstrate that some things we thought we might know, we do not. Shu Quin Li and colleagues in the Northern Territory assessed the concordance about cause of death in two national datasets, restricting participation to States that include date of birth on death certificates. Their findings were that the two systems provided differing causes of death for people with end stage renal disease and that neither provided a complete picture of the mortality caused by chronic renal disease in Australia. This precludes developing a clear picture of renal disease epidemiology or more informed policy on appropriate health services. Michael Coory analyses routine data on neonatal deaths from the Queensland Perinatal Data collection to show that the association between 'remoteness' and neonatal mortality is likely to be an artefact: the key variable is Indigenous status. Some of the common problems about differential ascertainment of Indigenous status in birth and death data do not apply here where both are collected in the same system close to the time of birth. Gavin McCormack and colleagues show that people aged 18-65 can recall consistently how often they are involved in habitual incidental physical activity, but not how long the activity lasted.

In the other four papers, the research provides a new perspective. Anthony Jorm and colleagues demonstrate that the association between anxiety, depression and lower self-esteem in women is consistent with physical ill-health playing an important role. Reducing obesity in the population is unlikely to have any direct effect on mental health or emotional well-being. Peter Butterworth uses data from the National Survey of Mental Health and Wellbeing to show that the presence of a mental disorder is a substantial barrier to work and to other forms of social participation, and is very prevalent among income support recipients; a finding with major implications for social policy and service delivery. Glenn Salkeld and colleagues used the technique of discrete choice modelling to find out the preferences of people aged 50 to 70 about colorectal cancer screening (CRC) by faecal occult blood tests. The characteristics assessed were deaths prevented by CRC (benefit), potential harm (false-positive test leading to colonoscopy) and notification policy (test result). People, we are pleased to report, came to a variety of conclusions: CRC screening will not receive unqualified public support. In the last paper, Peter Smith and Michael Polanyi used the World Values Survey data to explore one model of social capital, looking at the association between socially oriented norms and behaviours, and the effect that these factors have on the gradient between income and self-rated health across three different welfare states, without finding the expected relationships between the two dimensions of social capital. The discussion in this paper illuminates the issues and the problems.

Do read the other Letters to the Editor and sample the Book Reviews. Also, on page 463 you will find an Editorial Note discussing the editorial process for the April 2003 Journal issue on 'Sex in Australia'.

## Reference

1. Gray N, Lumley J, Powles J, Sargeant D, Stephens L. Health Education and Promotion in Victoria. Report to the Minister for Health, June 1986. Melbourne; Government Printer, 1986. p 170.

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