

PUBLIC
HEALTH
EXPLORED

50 STORIES TO CHANGE THE WORLD

Our titles are also available in a range of electronic formats. To order, or for details of our bulk discounts, please go to our website www.criticalpublishing.com or contact our distributor, NBN International, 10 Thornbury Road, Plymouth PL6 7PP, telephone 01752 202301 or email orders@nbninternational.com.

PUBLIC HEALTH EXPLORED

50 STORIES TO CHANGE THE WORLD

JOHN ASHTON
AND LOWELL S LEVIN



First published in 2021 by Critical Publishing Ltd

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without prior permission in writing from the publisher.

The author has made every effort to ensure the accuracy of information contained in this publication, but assumes no responsibility for any errors, inaccuracies, inconsistencies and omissions. Likewise, every effort has been made to contact copyright holders. If any copyright material has been reproduced unwittingly and without permission the Publisher will gladly receive information enabling them to rectify any error or omission in subsequent editions.

Copyright © 2021 John Ashton

British Library Cataloguing in Publication Data
A CIP record for this book is available from the British Library

ISBN: 978-1-913453-93-0

This book is also available in the following e-book formats:

MOBI ISBN: 978-1-913453-94-7

EPUB ISBN: 978-1-913453-95-4

Adobe e-book ISBN: 978-1-913453-96-1

The right of John Ashton to be identified as the Author of this work has been asserted by him in accordance with the Copyright, Design and Patents Act 1988.

Cover and text design by Fiachra McCarthy
Project Management by Newgen Publishing UK
Printed and bound in Great Britain by 4edge, Essex

Critical Publishing
3 Connaught Road
St Albans
AL3 5RX

www.criticalpublishing.com

Paper from responsible sources

DEDICATION

This book is dedicated to Lowell, in absentia, to our wives and families, and to those who work to protect and defend public health wherever they may be.

The health of the people is the highest law.

Cicero

ACKNOWLEDGEMENTS

The short introductory aphorisms at the start of each chapter in this book were all originally published in the *Journal of Epidemiology and Community Health* (JECH) between 2002 and 2007 (www.jech.bmj.com). The authors and publisher would like to express their grateful thanks for permission to use these.

CONTENTS

<i>About the authors</i>	xiii
<i>Lowell Levin: a tribute by Joanna Stuart</i>	xv
<i>Introduction</i>	xix

Section 1: Concepts

1. Defining the problem.....	2
2. On forgetting your principles.....	4
3. The world is a fast flowing river.....	6
4. Elephants on a train in Africa.....	8
5. Elephants and the prevention of infant deaths.....	10
6. Eating an elephant.....	12
7. The age of Hygieia.....	14
8. William Morris on health.....	16
9. ‘Doing health’: reclaiming the ‘H’ word.....	18
10. Foreseeing and forestalling.....	20

Section 2: Issues

11. A fish is the last one to see the water.....	24
12. Not invented here.....	26
13. Listen to the community.....	28
14. Beware of healthism.....	30
15. Go to the people.....	32
16. Conspiracies against the laity.....	34
17. We’re doing it already.....	36
18. Prophets are never recognised in their own country.....	38
19. Professionals should be on tap, not on top.....	40
20. <i>Primum non nocere</i>	42

Section 3: Getting to go

21. Less is usually more 46

22. Starting where they are 48

23. Don't follow the yellow brick road 50

24. *Caveat emptor* 52

25. Community organisers beware 54

26. Self-fulfilling prophecy kills 56

27. Politics is medicine on a large scale 58

28. Columbus on the need for strategy 60

29. Starting a rumour 62

30. Edwin Chadwick and *The Times* 64

Section 4: Making a difference

31. The half-life of evidence 68

32. Proof and evidence 70

33. The art and science of public health 72

34. On strategic underview 74

35. The hidden health care system 76

36. Be careful what you are selling 78

37. The conspiracy of silence 80

38. Achieving change 82

39. Let the dough rise slowly 84

40. A sense of place 86

Section 5: Reflections

41. Public health is an investment 90

42. William Henry Duncan's establishment 92

43. On growing potatoes 94

44. Life and risk 96

45. The importance of humour 98

46. Killing with kindness 100

47. Every silver lining has a cloud 102

48. Making things happen.....	104
49. Success and failure.....	106
50. The dilemma of capital cities	108
<i>References</i>	111
<i>Index</i>	115

ABOUT THE AUTHORS



JOHN ASHTON is one of Britain's foremost public health consultants, whose footprint is to be found on many of the most innovative public health initiatives of the past 40 years. Born in Liverpool, John was educated at the University of Newcastle Medical School and the London School of Hygiene and Tropical Medicine, before returning to the northwest where he was a pioneer of the New Public Health. In the 1980s he led work on health promotion, reducing teenage pregnancy, establishing the first large-scale syringe exchange programme in the face of epidemics of heroin injection and the arrival of the HIV virus,

and was one of the originators of the World Health Organization (WHO) Healthy Cities Project, now a global programme. John has always bridged the worlds of academia and practice. He is acknowledged as a first-class communicator and inspirational teacher. He has been adviser to the Crown Prince of Bahrain's Covid-19 taskforce and wrote a book on the pandemic. He was awarded the CBE in 2000 for contributions to the NHS.



LOWELL S LEVIN (1927–2019), Yale School of Public Health (YSPH) Professor Emeritus, with decades of service to the WHO European Region, as well as the Pan American Health Organization (PAHO), was an inspirational leader in public health, as a teacher, mentor and colleague. Lowell zeroed in on previously unexplored areas such as citizen participation in health and non-professional resources in health care, primarily self-care. Questioning established thought, he brought attention to the pervasiveness of medical errors and pressed for

reforms. He was a prominent voice worldwide who fostered cross-disciplinary and intersectoral collaboration to advance awareness of the social and economic determinants of health through examination of a wide range of public policies and their impacts on the public's health. He established the global health programme at the Yale School of Public Health, and initiated numerous health-promoting and educational programmes at local and international levels. Lowell had a lasting impact on students, community leaders, health care practitioners and professionals around the world. In addition to books, Lowell wrote hundreds of journal articles, edited numerous journals, published in news media, offered lectures and seminars for global students and appeared in TV interviews. His wisdom and humour are captured in this book.

LOWELL LEVIN: A TRIBUTE BY JOANNA STUART

Professor Emeritus Lowell S Levin – Lowell – was a visionary leader in public health. Some concepts in public health accepted today as commonplace became mainstream after Lowell was among the first to express them, at times to great resistance. He showed courage in challenging established health beliefs and practices, always with clear thinking and substantial data. He threw light on the extent of hospital-based medical mistakes and infections, with later studies reaching his same conclusions on the prevalence of these problems. He was also ahead of his time in his early work that linked health to social relations and behaviour. Lowell pioneered the citizen participation movement and brought attention to the role of non-professional resources in strengthening personal capacity for health and well-being, primarily through self-care.

For half a century, Lowell focused on global health, working with the Milbank Memorial Fund, the Pan American Health Organization (PAHO), the WHO European Region, non-governmental organisations, foundations and governmental departments. His work took him to the Caribbean, South America, East Africa and Europe. Lowell was an inspiring communicator in speeches, lectures, conferences, seminars, classes, TV and radio interviews and published works. He also impacted public health thinking through editorships of numerous professional journals and advisory roles in many public and private organisations.

Lowell participated in the development of the (Ottawa Charter for Health Promotion (WHO et al, 1986), a historic document that matched Lowell's priorities, such as his commitment to empower local communities, promote healthy public policies and respond to inequities in health, which are inseparable from social, economic and environmental conditions.

Lowell promoted a view of health within the context of social and economic determinants and encouraged policymakers in all sectors to take account of health impacts. Towards this goal, in the first decade of the twenty-first century Lowell collaborated with Erio Ziglio, then director of the WHO European Office for Investment for Health and Development, located in Venice. Together, they offered training programmes to professionals around the world who represented various governmental sectors. These seminars explored how to build healthy public policies within the framework of investment for health.

Attention to health issues as defined by local populations was a critical component of Lowell's thinking, and he was a community activist himself. He believed that listening to people's health concerns and views of how to solve them was crucial. Throughout his career, he continued to think globally and act locally, with an understanding of cultural and social norms. In New Haven, Connecticut, home to Yale, he galvanised a We Mean Clean movement in which he met with residents on Saturday mornings to pick up litter in their neighbourhoods, following the maxim that garbage begets garbage and clean environments remain cleaner. In another local initiative, he organised the clean-up of a rubbish-filled New Haven lagoon. The fresh water was then stocked with fish and became the centre of a new official city public park.

Across the globe, Lowell encouraged approaching problem-solving in new ways, including looking at who defines the problem along with finding solutions revealed within the parameters of the problem itself. He was an entertaining speaker who could deliver his message in a powerful way to impact a listener's understanding. With real life stories, humour, warmth, and always going the extra mile to offer support to those who needed it, Lowell's influence on others was profound. At the same time, he remained humble, rewarded by seeing students on their path toward productive careers and by the deep friendships he developed with many of his colleagues, including John Ashton, who was inspired by their work together to write this book. Lowell's great pleasures included lively conversations, great meals and lots of laughter with friends and colleagues, whether hosting international visitors in New Haven or on his own trips abroad. Lowell cared for his professional friends as his family, and feelings were reciprocal.



Lowell Levin was my husband for 18 years and friend for 30-plus prior years until his death at 91 in 2019. When John Ashton asked me to give my blessing to this book, I felt we were back as a team. John and Lowell's work was fulfilling to both of them, and I carry on Lowell's long friendship with John and his wife, Maggi Morris.

Lowell was a treasure. He saw each person who knew him as special, was genuinely interested in everyone, generous, and ready to help in any way he could. Besides opening his home to students for informal gatherings, he gave personal attention to each student's postgraduate career aims. In 1990 at Yale, he established the Division of International Health and founded its successor, the Global Health Division, in 1994. He encouraged cross-disciplinary studies for public health students, and served as director of the WHO/Yale Collaborating Centre for Health Promotion Policy and Research. Students from the first class to graduate from the Division of International Health reunited after 20 years in a visit at Lowell's home, laden with gifts of appreciation and reminiscences of their beloved professor's contributions to their accomplished careers.

In more than 35 years at Yale, Lowell inspired and guided thousands of students to grow professionally. Years after his retirement, he could barely walk down a street in New Haven without a former student running up to greet him and tell him that they remembered a sentence he once said in class, which they still rely on as a guide in their daily work. To honour Lowell, the Yale University School of Public Health established an annual monetary Lowell S Levin Award in 2009, given to a new graduate dedicated to promoting global health.

For more than a decade during retirement Lowell dedicated himself to an intensive personal challenge in which he voraciously read world literature from centuries past to the present. He enjoyed the aesthetic experience, but also found immersed in these novels many of the public health lessons he had provided over the decades. From conditions of poverty to the spread of diseases, from healing practices and

hygienic customs to social and economic inequities, much of world literature painted a picture of public health challenges relevant to our present condition.

Lowell will always be remembered for his intellect, impact, warmth, generosity, respect and care for others, enhanced by his engaging sense of humour.

Joanna G Stuart, PhD, MPH

INTRODUCTION

The use of aphorisms, allegories and stories to influence and educate is as old as the holy books of the great religions and probably older (eg, the pre-literate tradition of Aboriginal storytelling). We learn by observing and doing and by sharing experiences; using stories and parables to communicate abstract ideas in tangible ways.

The idea for this book grew out of the publication of a series of curated aphorisms by the authors in the *Journal of Epidemiology and Community Health* (JECH) between 2002 and 2007. This section of the journal was well-received at the time with feedback, especially from teachers of public health, that the aphorisms were a valuable resource in the classroom.

Although Lowell and I discussed the possibility of gathering together a collection of the most salient examples into a small book, the demands of everyday life meant that the project never reached the top of the pile before Lowell's death at the age of 91 in 2019. The irony of this lies in the heart of one of Lowell's aphorisms; that the way to tackle multiple tasks is to construct a list in a hierarchy, running from the easiest to the most difficult, beginning at the top and working down. In this way a momentum is established in which the feedback loop of success enables progression through to the most difficult challenge.

This project should have always been at the top of the list, as we had already done most of the hard work in capturing the stories brought together here. It took the joyous celebration of Lowell's contribution to public health, and the thousands of former students for whom he had been such an important figure in their personal and professional development in New Haven, to galvanise me into action.

I first met Lowell in Copenhagen in 1986. I had been invited by the World Health Organization to be part of a group to plan the Healthy Cities Project under the leadership of rising star, Ilona Kickbusch. That project would turn out to be a

global phenomenon which is still going strong 35 years later, involving thousands of cities in national networks. Lowell, a major figure in international public health, an inspirational professor at the Yale School of Public Health and a generous mentor from an older generation, was a regular visitor to Copenhagen where his wise guidance impacted many of us.

Over the ensuing years Lowell, his first wife Corinne, and later his second wife Joanna, became close friends with frequent visits between New Haven, Liverpool and later Dent. Lowell's early morning appearances at Manchester Airport, always first off the plane with his small, battered suitcase became part of his legend. After a short *pri-esta* he was up and raring to go with a combination of zest, passion, humour and anecdote that kept any audience gagging for more. His 'An Evening with Lowell Levin' could have kept many audiences going all night and for all of us this became part of an ongoing seminar of a shared passion for public health lasting more than 30 years.

Tragically, Corinne's early death from a brain tumour ended a remarkable partnership in which Corinne's lifetime of developmental work with childminders from communities in New England so complemented Lowell's commitment to the disadvantaged. Fortunately, when Lowell renewed his acquaintance with Joanna, herself recently widowed, a new life was created for both and Joanna's background in anthropology and public health brought new riches to bear.

Many of the best teachers are great storytellers, always filling a room and thinking on their feet. This was Lowell in a nutshell. Between 1998 and 2008 I had the privilege of co-editing the *Journal of Epidemiology and Community Health* with my dear friend and colleague Professor Carlos Alvarez-Dardet, from Seville and Alicante, with the support of Maggi Morris, Sonia McKeown and Miguel Porta. During this period Lowell and I began to curate regular aphorisms for publication in the *Journal* to illustrate public health in action, and it is these that form the basis of this new volume.

I hope that you find nourishment in this collection, which I offer in memory of a very dear friend and colleague in the year of the Covid-19 pandemic. Many of these aphorisms have special salience this year; if Lowell was still with us there would have been more.

John Ashton, 2021
Dent and Liverpool

SECTION 1
CONCEPTS



APHORISM 1: DEFINING THE PROBLEM

The person who defines the problem controls
the range of solutions.

JECH, July 2005, 59:597

Public health problems are rarely simple and depend on the perspective of the person defining them. They are usually multifactorial and require different approaches depending on the desired outcome.

FOR DISCUSSION

- ✦ Can they be prevented completely? Do they need to be managed in the optimal way to reduce harm, or do we have to learn to live with them?
- ✦ In any event, what harms are we talking about – the purely medical such as disability and death, or wider social and economic harms; and who do the harms most affect?
- ✦ Who has the loudest voice in deciding what is important and what is the evidence being deployed?

CASE STUDY

The Covid-19 pandemic demonstrates many of these dilemmas. At the beginning of the pandemic there was a reluctance by China to share what was happening with the world community and diplomatic considerations led the World Health Organization (WHO) to hold off calling it a pandemic. In the United Kingdom, the government of the day was distracted by the impending Brexit from the European Union and the prime minister by complex matters in his personal life.

In this case, the framing of the outbreak in China as not being a concern in Western countries led to the loss of precious time; once the urgency was better understood, its framing as primarily a medical and hospital issue led to insufficient attention being given to the wider public health agenda of public mobilisation, building capacity for self and community care, including family medicine to reduce the need for hospitalisation, and the threat to those of vulnerable status in institutional settings, such as care homes and prisons.

Delay in taking the threat to public health seriously and a top-down approach which was politically framed led to a failure to get to grips with the need to massively increase the capacity for testing for the virus and to hand control of testing to local public health teams. Failure to be open and transparent with the public and for senior figures to set an example led to a breakdown of trust, compromising adherence to the need for self-discipline in adopting mask-wearing and social distancing when the epidemic underwent a resurgence.

The consequence of all these failings was thousands of avoidable deaths and catastrophic damage to the nation's economy (Ashton, 2020).

REFERENCES

- Adams, D (1979) *The Hitchhiker's Guide to the Galaxy*. London: Pan Books.
- Antonovsky, A (1987) *Unravelling the Mystery of Health: How People Manage Stress and Stay Well*. San Francisco: Jossey-Bass.
- Ashton, J (1983) Risk Assessment. *British Medical Journal*, 286: 1843.
- Ashton, J (1992) *Healthy Cities*. Milton Keynes: Open University Press.
- Ashton, J (2019) *Practising Public Health: An Eyewitness Account*. Oxford: Oxford University Press.
- Ashton, J (2020) *Blinded by Corona: How the Pandemic Ruined Britain's Health and Wealth*. London: Gibson Square Press.
- Ashton, J and Seymour, H (1989) *The New Public Health*. Milton Keynes: Open University Press.
- Barry, J M (2004) *The Great Influenza: The Epic Story of the Deadliest Plague in History*. New York: Viking Press.
- Baum, L F (1900) *The Wonderful Wizard of Oz*. Chicago: George M. Hill Company.
- Berne, E (1969) *Games People Play: The Psychology of Human Relationships*. New York: Grove Press.
- Carson, R (1962) *Silent Spring*. Boston: Houghton Mifflin.
- Chadwick, E (1964 [1842]) *Report on the Sanitary Condition of the Labouring Population of Great Britain*, ed. M W Finn. Edinburgh: Edinburgh University Press.
- Donaldson, L (2002) *An Organisation with a Memory: Report of an Expert Group on Learning from Adverse Events in the NHS Chaired by the Chief Medical Officer*. London: The Stationery Office.
- Drabble, M, Stringer, J and Hahn, D (2007) *The Concise Oxford Companion to English Literature*. Oxford: Oxford University Press.
- Durkheim, E (1975) *Suicide: A Study in Sociology*. London: Routledge and Kegan Paul.

REFERENCES

- Frazer, W M (1947) *Duncan of Liverpool: An Account of the Work of Dr W. H. Duncan, Medical Officer of Health of Liverpool, 1847–63*. London: Hamish Hamilton.
- Friedson, E (1970) *Profession of Medicine: A Study of the Sociology of Applied Knowledge*. Chicago: University of Chicago Press.
- Gladwell, M. (2000) *The Tipping Point: How Little Things Can Make a Big Difference*. Boston: Little Brown.
- Hein, P (1969) *Grooks*. London: Hodder and Stoughton.
- Iacobucci, G (2020) Covid-19: Doctors are Given New Guidelines on When to Admit Patients to Critical Care. *British Medical Journal*, 368: m1189.
- Illich, I (1974) *Medical Nemesis: The Expropriation of Health*. London: Calder and Boyars.
- Kickbusch, I, Allen, L and Franz, C (2016) The Commercial Determinants of Health. *The Lancet*, 4(12): E895–6.
- Kretzmann, J P and McKnight, J L (1993) *Building Communities from the Inside Out: A Path toward Finding and Mobilising a Community's Assets*. Evanston, IL: Asset Based Community Development Institute.
- Levin, L S and Adler, E L (1981) *The Hidden Health Care System: Mediating Structures and Medicine*. Cambridge, MA: Ballinger Publishing Company.
- Lock, S and Smith, T (1976) *The Medical Risks of Life*. London: Penguin Books.
- Marmot, M, Goldblatt, P and Allen, J (2010) *Fair Society Healthy Lives: The Marmot Review*. London: Institute of Health Equity.
- McBane, J (2008) *The Rebirth of Liverpool: The Eldonian Way*. Liverpool: Liverpool University Press.
- McKeown, T (1976) *The Role of Medicine: Dream, Mirage or Nemesis?* London: Nuffield Provincial Hospitals Trust.
- McKnight, J (1995) *The Careless Society: Community and its Counterparts*. New York: Basic Books.
- McKnight, J and Block, P (2010) *The Abundant Community: Awakening the Power of Families and Neighbourhoods*. San Francisco: American Planning Association and Berrett-Koehler Publishers.
- Mental Health Foundation (2016) *Better Mental Health for All: A Public Health Approach to Mental Health Improvement*. London: Faculty of Public Health and Mental Health Foundation.
- Mill, J S (1859) *On Liberty*. London: John W Parker and Son.
- Morris, J N (1957) *The Uses of Epidemiology*. Edinburgh and London: Churchill Livingstone.
- Seedhouse, D (2001) *Health: The Foundations of Achievement*. New York: Wiley.

- Sigerist, H E (1941) *Medicine and Human Welfare*. New Haven: Yale University Press.
- Shaw, G B (1906) *The Doctor's Dilemma*. London: Royal Court Theatre.
- Snow, C P (1959) *The Two Cultures*. Cambridge: Cambridge University Press.
- Susser, M (1973) *Causal Thinking in the Health Sciences*. Oxford: Oxford University Press.
- United Nations (2015) *Transforming Our World: The 2030 Agenda for Sustainable Development*. New York: United Nations.
- Watson, J D (1968) *The Double Helix*. New York: Simon and Schuster.
- Wilczek, F (2015) Einstein's Parable of Quantum Insanity. *Quanta Magazine*, 23 September.
- Winslow, C E A (1920) The Untilled Fields of Public Health. *Science*, 51(1306): 23–33.
- Wohl, A S (1984) *Endangered Lives: Public Health in Victorian Britain*. London: Methuen.
- World Commission on Environment and Development (WCED) (1987) *Our Common Future*. Oxford: Oxford University Press.
- World Health Organization (WHO) (1946) *Constitution*. Geneva: WHO.
- World Health Organization (WHO) (1981) *Global Strategy for Health for All by the Year 2000*. Geneva: WHO.
- World Health Organization (WHO) (2002) *World Report on Violence and Health*. Geneva: WHO.
- World Health Organization (WHO), Health and Welfare Canada and Canadian Public Health Association (1986) *Ottawa Charter for Health Promotion*. Copenhagen: WHO.

INDEX

- Aesculapius, Greek god of medicine, 14
- AIDS
see HIV/AIDS
- appraisal, 82
- Asset Based Community Development (ABCD), 46, 54, 76
- asset-based approaches, 92–3
see also Asset Based Community Development (ABCD)
- Avian flu, 9, 102
- Belisha Beacons, 15
- Bentham, J, 4, 64
- bio-ethics, 42
- bottom up approaches, 32, 74
- Bovine Spongiform Encephalitis, 102
- Brexit, 2
- Brundtland Report, 90
- Carson, R, 20
- causation, 70, 71
- Chadwick, E, 64–5, 92, 108
- change and change management, 27, 36–7, 38–9, 48–9, 50–1, 82–3, 104
- childhood diseases, 9, 17
- cholera, 92, 93
- cities and capital cities, 16, 21, 87, 106, 108–9
- communications, 24–5, 33, 48
- communities
priorities of, 10–11
working with, 28–9, 32, 40–1, 46, 52–3, 54–5
- contraceptive pill, 5
- COVID-19, 9, 102
- COVID-19 pandemic
centralisation of testing, 74
communications in UK, 25, 33, 42, 83, 105
early definition of, 2–3
economic concerns of, 30, 65, 90
mask-wearing, 27, 57, 69, 70
- Crick, F H C, 20
- culture, and conflict with belief systems, 4–5
- Diabetes Mellitus, Type II, 7
- Donaldson, L, 79, 80
- Duncan, W H, 92–3
- Ebola, 102
- Ebola epidemic, 9, 73, 87
- economy, and public health, 30, 74, 90–1
- Einstein, A, 51
- Eldon Street Community Association, Liverpool, 11, 40
- emergencies, 33
see also COVID-19 pandemic
- empowerment, 35

- environmental perspectives, 20–1
- epidemiology, 86–7, 102–3
- ethical principles, 4, 13, 34, 35, 42, 90
- European Union (EU), 2
- evidence-based practice, 26–7, 56, 68–9, 70–1
- failures, silence about, 80–1
- funding, 62
- Games People Play* (book), 100
- global warming, 17, 20, 43
- government, role of, 17, 32, 33, 64–5, 96
- Grenfell Tower tragedy 2017, 28–9
- harms and harm reduction, 2, 5, 42, 48–9, 80, 97
- health
 - definitions of, 16
 - everyday risks to, 78–9, 96–7
 - medicalisation of, 18–19
 - see also public health
- healthcare, hidden, 76–7
- healthism, 30–1
- Healthy Cities Project, 21, 87, 106, 109
- hepatitis, 102
- Highway Code, the, 15
- HIV/AIDS, 5, 49, 97, 102
- Hore-Belisha, L, 15
- hospital bed occupancy, 94–5
- humour, importance of, 98–9
- Huskisson, W, 15
- Hygieia, health in Greek mythology, 14
- iatrogenesis, 42, 78
- ideas, and credit for, 106–7
- Illich, I, 76
- inequalities, relationship with health, xv, xviii, 24, 58, 109
- infectious diseases, 8–9, 70–1, 102
- interventions, 6, 42, 46–7, 78, 102
 - changing nature of, 50
 - in communities, 28
 - minimalism in, 47
 - outcome data of, 79
 - and prevalence of violence, 62
- intuition, importance of, 84
- investment, in public health, 91
- Irish potato famine, 40
- Kennedy, J F (POTUS 1961–63), 107
- kindness, use of, 100–1
- Koch, R, 70–1
- Logan, B, 94
- Mad Cow Disease, 102
- mask wearing, in COVID-19 pandemic, 3, 27, 43, 57, 69, 70, 71, 83
- McKnight, J, 46, 54, 76
- Mill, J S, 4
- minimalism, approach in interventions, 46–7, 78
- Morris, J, 102
- Morris, W, 16
- ‘Nanny State, the’, 64–5
- National Institute of Care Excellence (NICE), 90
- New Public Health, 6, 17, 73, 106
- Obama, B H (POTUS 2009–17), 55
- Panacea, health in Greek mythology, 14
- place, a sense of, 86–7
- plagiarism, 106
- politics, and public health, 2, 17, 27, 32, 58–9, 64–5, 84, 96, 105
- predictions, making of, 56
- pregnancy, in teens, 13, 49, 53, 75

- prevention measures, 6–7, 103
 - problems of, 8
- problems
 - complexity of, 12–13
 - definition of, 2
 - everyday nature of, 24–5
 - reticence about, 52–3
- professionals and professionalism, 4, 34–5, 40–1, 68, 82
- projections, using, 56
- public health
 - as art or science, 72–3
 - determinants of, 12, 58
 - history of movement, 16–17
- Public Health Observatory, 104

- randomised controlled trials (RCTs), 27
- reflection, importance of, 84, 104
- relationships, 4, 5, 9, 13, 25, 40–1, 48, 52, 100
- research, 68, 104
 - see also evidence-based practice
- risks, 30, 78–9, 96–7, 102
- road traffic accidents (RTAs), 14–15
- Road Traffic Act (1934), 15
- rumours, use of, 62–3

- SARS, 9, 64, 102
- Schweitzer, A, 20
- self fulfilling prophecies, 56–7
- Silent Spring* (Rachel Carson book), 20

- Snow, C P, 72
- state, role of
 - see government, role of
- strategic approaches, 60–1, 74–5
- Swine flu, 9, 102

- teenage pregnancy, 13, 49, 53, 75
- time pressures, 84
- Times, The* (newspaper), 64
- top down approaches, 32–3, 74, 82
- transactional analysis, 100
- transparency, 79, 80–1
- treatment, dominance over prevention, 7
- Trump, D J (POTUS 2017–21), 27
- trust, 24, 27, 33, 52, 80, 82
 - and the COVID-19 pandemic, 3, 25, 33, 43, 83, 85
 - Grenfell Tower tragedy, 28

- United Nations (UN), 17, 21, 90

- vaccination programmes, 9
- values, 4, 5, 13
- violence, and health, 62–3, 78
- Virchow, R, 58

- Watson, J D, 20
- whole systems approaches, 50
- Winslow, C, 72
- World Health Organisation (WHO), 2, 17, 21, 62–3, 87, 106

