Editorial

The Faculty's 25th anniversary

The Faculty of Public Health Medicine celebrates its 25th anniversary this year, having been established in 1972. It therefore seems pertinent to reflect on the public health achievements over the past 25 years, and the challenges we may face over the next 25 years.

The Faculty recently published a leaflet entitled *Party manifestos for health – questions readers should ask*, which identified some of the most important issues affecting the health of the population today. The link between poverty and ill health was highlighted first. We are all familiar with the fact that people who live in disadvantaged circumstances have more illnesses, greater distress, more disability and shorter lives than those who are more affluent. The past 25 years have seen the publication of *The Black report* in 1980, *The health divide* in 1987 and *Tackling inequalities in health* in 1995, each of which contributed to the weight of evidence supporting this assertion. However, since 1972 the gap in disposable income between the poorest 25 per cent and the richest 25 per cent of the population has increased, and this has been matched by increasing inequalities in health. Tackling both poverty and health inequalities remains, therefore, the highest priority for the next 25 years. We welcome the increasing recognition of this public health problem among other professional colleagues, exemplified by the Royal Colleges' and the BMA's joint conference on poverty earlier this year.

The *Health of the Nation* has been one of the most important policy initiatives over the last 25 years, and we welcome its continuing prominence in government strategy. In particular, we are pleased at the proposals to establish a sixth *Health of the Nation* target, supported jointly by the Department of Health and the Department of the Environment. The damage to health caused by poor air quality and traffic emissions, pollution and contamination of drinking water, and global warming, as well as the ill effects of poor housing, and inadequate public transport are all well documented. Public health practitioners must maintain their understanding of these influences on health and work effectively with other agencies to achieve improvements.

Changes in mortality rates during the lifetime of the Faculty provide indicators for other areas of action. The group showing the least improvement over the past 25 years has been men between the ages of 20 and 39 years, mainly because of rising suicide rates, but also because of accidents and the effects of alcohol. Death rates from alcohol-related diseases have risen markedly, particularly among men. The public health agenda for the future must include action on the underlying causes of alcohol misuse in young people as well as limiting the effects. This remains, with the other familiar themes of the last 25 years, such as smoking prevention, particularly among schoolchildren, and rising obesity, as a key area for health promotion. We need not only to maintain our efforts in these areas, but perhaps also to develop new approaches. We cannot safely assume that 'more of the same' will solve these problems. At the same time, we will have to use the expanding knowledge of human genetics to improve our understanding of risk factors in disease and work with others to establish an ethical framework for prevention strategies.

We can also be sure that the next 25 years will see changes in Europe and beyond, with more travel, and more complex international economic relationships. All of these will have an impact on public health, in the United Kingdom and around the world. Our understanding and our advocacy cannot therefore be limited to the problems of this country and its health care systems.

And what of the Faculty itself? During the 25 years since its establishment, it has achieved recognition as the standard-setting body for public health medicine, and is a full and independent member of the Academy of Medical Royal Colleges and the Specialist Training Authority. Its views and support are regularly sought by Government, other professional groups and other agencies. The Faculty is reviewing its core role and functions to take account of recent changes in training and continuing education. We aim to ensure that the public health workforce is well trained and able to use the inevitable changes in the future positively and creatively in the interests of health. The Faculty hopes to improve its effectiveness in public health advocacy by developing links with other public health organizations, and working with them towards a more unified public health voice.

HRH the Princess Royal stressed, in her Queen Elizabeth the
Queen Mother lecture at the Faculty’s anniversary conference, the importance of clear messages, based on sound science, and effectively delivered. Faculty members can make major contributions to this, building on the vision of our founders, the experience of our predecessors, the energy of our younger colleagues, and creating alliances for healthy public policy and action for the future.

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References


Audit standards

For the year January–December 1996

(1) A decision was taken on 52 per cent of papers received within two months.

(2) The mean time taken to reject papers which were unsuitable for peer review was 17 days and 77 per cent were rejected within two weeks.

(3) Ninety-two per cent of all papers accepted were published within eight months.

We will prepare these figures each year and hope to improve our standards.