ability of multiple logistic regression to control for several confounders simultaneously and explaining how to incorporate interaction effects. There is clear and detailed advice on handling continuous variables, interpreting results, model building, and assessing goodness of fit. The penultimate chapter considers matched studies, again starting with ‘classical’ methods before introducing conditional logistic regression, and ending with a useful discussion of the effect of ‘breaking the match’ in the analysis and some thoughts on the pros and cons of matched designs. The final chapter briefly outlines some of the extensions and alternatives to logistic regression that have not been covered (generalized additive models, classification trees, methods for clustered and longitudinal data) before giving a slightly longer introduction to the Cox proportional hazards model. This explores the circumstances under which logistic regression gives similar estimates to the Cox model, although the author does not mention the substantial gain in precision available from the Cox model when the outcome event occurs in most subjects by the end of follow-up. Finally a short epilogue discusses the wider literature relating to three of the case studies that are used in many of the example analyses in the book.

The data sets used are available on the publisher’s website as both Excel and Stata files. Solutions to exercises are also available, although these were written by teaching assistants rather than the author and are not intended as model answers; I found I disagreed with some details. The book itself makes barely any reference to particular software packages but the solutions use Stata where appropriate.

The author clearly prefers depth to breadth in his teaching and there are many topics that could fit within the title that are not covered here. These include missing data, measurement error, standardization, meta-analysis, diagnostic tests, and sample size planning. However, the material that is covered forms the mainstay of statistical analyses in epidemiological journals and would form a solid foundation on which to build knowledge of other techniques. I would highlight chapter 8 on causal inference as giving the clearest exposition of counterfactuals and causal graphs I have encountered. Having previously struggled to get to grips with these techniques when explained by their main developers, I am grateful to the author for the clarity with which he explains their intricacies and conveys an understanding for why they work. My only slight disappointment was that these techniques are not applied more to the examples in the later chapters of the book.

As well as being an excellent Masters-level text, I would recommend this book to all who analyse observational data with binary outcomes and wish to understand how their statistical methods work.

ROGER HARBORD

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Health and Social Justice brings together a broad range of contributions from many of the fields of public health concerned with addressing health inequities. The book contains both new and reprinted material, and is organized in four parts. It is extremely comprehensive and its 27 chapters bring together the writings of some of the most incisive and well-known authors in the area. This volume is unapologetic in bringing together readings that share a similar ideological construct—that the determinants of health are more than individual behaviour and the delivery of services but are grounded in larger economic, political, social and cultural factors. No one in the field could disagree with the book’s underlying premise or motivation—a point of view this reviewer entirely shares. There is, nonetheless, an assumption of common knowledge and a common perspective evident throughout the text, and no attempt is made to convince the sceptical reader.

An introductory essay by the editor forms the basis for the book, and lays out the arguments and concepts picked up again by authors in subsequent sections. The first selection of readings is intended to bring together writings on health inequities as they are influenced by political, economic, and social forces, while the second claims to provide an exploration of some of the key ideologies and paradigms that obscure the underlying causes of these inequities and limit the potential for a co-ordinated public response. The final section asserts a focus on actions that can help to reduce or eliminate these inequities. While authors come from a number of different countries, the bulk of readings are focused on the US and Canada, even as efforts are made throughout the text to bring to light the linkages between the realities experienced in these countries and those experienced by the rest of the world, as well as to draw attention to the negative impacts on health in other parts of the world resulting from US policies. Of note in this regard are the ways in which, taken as a whole, the text manages to show how out of step current US health policies are with those of other governments, including other resource-rich countries.

The book is focused on politics and power and their influence on inequities in health as well as their ultimate import in how these inequities are addressed. The term social justice is presented as the framework for understanding how to think about health inequities as well as to define the strategies best suited to address them. The opening essay presents social justice as ‘[ ] an ongoing series of relationships that permeate everyday life,’ and frames the application of a social justice framework in opposition to inequality and support for the ‘empowerment of all social members, along with democratic and transparent structures to promote social goals’. This approach is interesting in that it goes beyond traditional definitions of the term and opens the way for attention to a range of disciplines and methods with concern for the public’s health. That being said, it is very unclear why a reader which implicitly draws so much from the human rights framework in terms of analysis, process, and approach has given no explicit space to what this framework can offer to addressing health inequities. The text names some of the foundations for health—food, shelter, safe water—all of which are recognized rights constituting in one way or another the legal obligations of every government in the world in relation to health and well-being. It focuses also on the components that are central to the application of a human rights framework to health programming: equality, participation, transparent and functioning processes, and the accountability of the institutions and structures that impact on health. Yet not a single essay concerns the contribution that a human rights framework can make to these issues, and even more perplexing is the well-intentioned statement by the editor in the
opening essay of the need for a ‘rights-based approach to public health’ one that sees health as a social and not merely an individual right’ to help address inequities in health. This statement is unfortunately presented with insufficient understanding of what this entails, where there are parallels with the approaches being put out, as well as where there are potential disagreements. This is particularly puzzling given the 15 years or so of scholarship in this area which elaborate many of the points raised in the opening essay and throughout the reader.

The attention in both the opening piece and the chapters that follow to the particular impact of inequities in class, race, and gender on inequities in health is very much of its time, and is clearly and appropriately the mantra of the decade. Nonetheless, a more systematic exploration of how these forms of inequity act in synergy with each other as well as with other forms of inequity such as on the basis of age, disability, or pre-existing health status is long overdue. As many of the pieces named the importance of these linkages and their conceptualization for health, it was disappointing to see that ultimately they ended up addressing them separately. This quibble is not merely rhetorical, I fear even the best of intended public health strategies will end up with less than desired results until our multiple forms of identity and the linkages between them are adequately addressed. Systematic attention is needed as to how the combination of factors that shape a person’s life can impact not only on what services are made available to them but the constraints in their being able to access these services even when they are available. This volume presents many of the thinkers at the forefront of progressive public health approaches, and my plea is for more individual and collective attention to the need to systematically grapple with this unfortunate reality.

Despite the issues raised here, the value of this text is clear. Hofrichter is to be congratulated for assembling a reader that will be of use not only to better understanding inequities in health, but to critical thinking and approaches to better address them.

SOFIA GRUSKIN

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Iodine deficiency is the most common preventable cause of brain damage in the world today, with at least 2 billion at risk in 130 countries. This book chronicles the work of a dedicated group of scientists who have been involved in research on this and also the essential dissemination, persuasion, and evaluation of the appropriate policies for eliminating this scourge.

The International Epidemiological Association (IEA) has, since its inception, encouraged and facilitated international cooperation in research and teaching. This book is an outstanding example of what can be achieved by such co-operation. An honorary, and long-standing, member of the Association, Basil Hetzel, was the leader of this endeavor and a past-Editor of the IJE. Peter Pharaoh, an important contributor to the research. Other members of the IEA were also involved. It is an excellent example, useful for teaching, of how good epidemiological science can be used for the development and application of policies for the elimination of disease, but also of the need for this science to be linked to the persuasion of change in practice and policy of populations, policy maker and industry.

Iodine deficiency has been considered as a scourge of mankind since ancient times causing both goitre and brain damage at all ages, including the foetus during pregnancy. People live in an environment where the soil has been leached of iodine due to flooding of river valleys or in hilly and mountainous areas by high rainfall and glaciation. This leads to iodine deficiency in all forms of plant life. Thus large numbers of people, particularly in Asia, live in areas where their diet is deficient in a vital element required for the development of the thyroid hormones. In iodine deficiency the thyroid gland enlarges to form goitre. This has been recorded since 3000BC. The recognition of the relation to brain damage is of more recent origin, and the introductory chapter chronicles the clinical, animal and biochemical and epidemiological studies that have been done to demonstrate this and other forms of iodine deficiency disorder (IDD). Various estimates are given about the magnitude of the problem—ranging from 1.6 billion to 2.2 billion people at risk.

The effects, in economic terms are also described. There are also examples of anecdotal reports of the elimination of IDD in the 1970s at village level in Indonesia, China, and India.

Some epidemiologists may be disappointed, that although this volume devotes a chapter to the scientific basis of IDD and its elimination, they will need to go to other volumes and papers for details. This chapter, with about 100 references, only summarizes the methods and evidence. It is a pity that more is not made of the adventures, endeavours and innovation that some researchers experienced. The personal account of our past editor (Peter Pharaoh) of trying to persuade mothers in a very remote primitive community in the New Guinea Highlands to participate in a randomized controlled trial of iodinated oil (lipiodol) injection and following up this population for many years to determine the effectiveness, is a superb example of how such studies can and should be done—and demonstrates the power of field (shoe-leather) epidemiology.

The participants in IDD research and implementation adopted a ‘wheel’ for their work, an excellent model of what needs to be done if a disease is to be controlled. The outer ring is concerned with the population at risk, the prevalence of IDD, the salt economy, the health profession and public, community grounds swell, education and training, resource allocation and assessment of prevalence of IDD, urinary iodine and salt iodine levels as outcome. The spokes correspond to situation-assessment, communication, developing action plans, achieving political will, implementation of the programme, and finally its evaluation.

The development of the steps that were taken to mobilize global concern with IDD and its control by the involvement of the UN and its agencies, WHO and UNICEF, are fascinating. It is not often that one reads a coherent narrative of the necessary steps required to mobilize the international community to take effective action to control a preventable condition. Perhaps the only other example is the eradication of smallpox. The difference with IDD however, is that industry had to be involved, consumers persuaded and systems developed in order that people in very remote, inaccessible regions could be reached.

This volume describes the measures taken in the various countries and regions and illustrates the complexity and