**European Public Health Association**

**PRESIDENT'S COLUMN**

**Oxford 1996**

Spring arrives all too quickly signalling a quarter of a year passed. The plans for the Annual Scientific Meeting in December are progressing well, with many applications already received. Please have your abstracts in by 31 May to NIVEL, c/o Ms Ir Joke Booman, P.O. Box 1568, NL 3500 BN Utrecht, The Netherlands. The theme is 'Evidence Based Public Health Policy and Practice' and includes, of course, the 8th European Health Services Research Conference.

In the UK at the moment the relationship between scientific evidence and public health policy is particularly poignant, giving rise to all night discussions in Luxembourg as well as WHO meetings in Geneva. Hopefully by the time this issue of the Journal reaches you a sensible policy will have been implemented which will effectively prevent the increase in the number of new cases of Creutzfeldt Jakob Disease (CJD) throughout the world. As Gerard Dubois of Amiens in France said in another context (a Forum at the London School of Hygiene on diet and chronic disease) this week: "Politicians may ignore public health but public health will not ignore politicians".

So it is that to systematically interpret uncertain scientific evidence at the most optimistic end of a plausible spectrum, can be expected to lead to public health crises more often than taking a more cautious view. Thus our Government's interpretation of the evidence which might link mad cow disease to CJD has led to a crisis of beef exports in Europe and of the domestic beef industry too. Having been too optimistic once is not any reason to be optimistic again, when faced with a shift in the evidence (and its plausible limits) with ten new cases of CJD. Particularly when our European, and other, partners have no reason at all to be so optimistic and can make other choices relatively cheaply. Either our Government is in favour of free choice, based on evidence, in the market place or it is not.

Fortunately, however, other matters have been filling my time during the last several months. We had a useful discussion of the European Heart Network in Turnhout, The Netherlands, where strategies for the prevention of coronary heart disease in Europe were investigated. Hopefully with a little strategic and diligent planning we could eventually turn the policy emphasis from the treatment of coronary disease, which was the dominant theme at the Rhodes health forum in May 1994, to a more effective strategy for primary prevention. Clearly it is the premature incidence of the disease that needs to be reduced, as well as the morality.

A thorough inspection of the programme of community action on health promotion, information, education and training within the framework for action in the field of public health' (COM(94)202) is worthwhile. Here the major causes of (preventable) disease are identified as cardiovascular, cancer, accidents and suicide, where lifestyle plays an important role. The budget for research under this head is around 35 million ECU over the five years 1995 to 1999.

There was, also in early March, a very robust opening ceremony for the new European Public Health Centre of North Rhine-Westphalia held in Brussels. This is a Regional initiative joining government and policy with multidisciplinary health science, across several individual centres in Germany to achieve clear public health objectives in the Region. Commissioner Padraig Flynn gave a fascinating talk about public health initiatives of the Commission. Both ASPHER and EUPHA were represented. It is clear that the Centre and EUPHA ought to work together - both now being at an early stage in their development. Perhaps the Centre is a model for the best synergy between theory and practice in effective public health policy.

What was particularly exciting about this event was firstly the live traditional jazz and secondly a talk by Johannes Siegriest on stakeholder economies in public health and the role of public health as a challenge to both science and politics in the European context.

Finally EUPHA has applied to join the World Federation of Public Health Associations and I will be attending the meeting in May in Geneva. Also we are planning a EUPHA contribution to the American Public Health Association meeting in New York in November.

More news next time. A Happy Spring Holiday.

Kim McPherson

President

**EUPHA NEWS**

The ASPHER workshop on Research, Training and Practice in Public Health

Budapest, 16 December 1995

During the Annual EUPHA meeting an ASPHER session was held on the links between research, training and practice in public health. After a short introduction, two sub-groups were set up, dealing with the main topics concerning research and training and those concerning training and practice.

The introduction outlined the main components underlying the connection between research and training and practice. It was underlined that training has to be done for research and through research. In fact the research methodology is a tool for dealing with new problems, formulating hypotheses, being able to commission appropriate research on priority problems of the community. This approach is also coherent with the new pedagogic ideas based on an active involvement of the student in the learning process, for example through a problem-based approach. The group discussion highlighted the point that training for research of a public health professional has to do with making him able to carry out research (which in any case is one of the possible professional outcomes and therefore has to be part of the standard offer of a school) but also with building his ability to carry out 'studies' (typically small, of local interest and not necessarily likely to generate generalizable results) and the skills to explain the result of the research carried out.

Research as a tool for training can involve problem-solving courses and research projects as a part of training; it was agreed that this type of training is likely to be important in post-qualification training and continuing professional development.

Research on training is also a professional duty of the trainers; this requires