

Directions for Health: The Leeds Declaration

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Is epidemiology able to unravel the complexities of the 'new public health'?

About ten years ago a number of articles appeared in Radical Community Medicine (1981, 1982) raising questions over the adequacy of epidemiology. The debate is still ongoing. For instance, advocates of the new public health (see Martin and McQueen 1989; Badura and Kickbusch 1991) have questioned the adequacy of epidemiological methods of disease causation to provide an understanding and explanation of the multi-causal determinants of health and the effect of the total environment on health. The associated emphasis on quantitative research methods and epistemologies have also been seen as restricting.

The 'problems of epidemiology' in the context of the new public health formed the backdrop to an international three day workshop - the brainchild of Dr Alex Scott-Samuel, Consultant in Public Health, Liverpool Health Authority - convened in Leeds in the summer of 1993, with invited participants from a range of disciplines, including epidemiology, sociology, anthropology, political science, public health medicine and social policy. The workshop was organised by the Nuffield Institute for Health (University of Leeds) in collaboration with the World Health Organisation's Regional Office for Europe and was sponsored by Yorkshire Regional Health Authority.

A range of problems were identified with epidemiology relating to the three areas of its underlying paradigm, methods and purpose. However, it was questioned whether the deficiencies identified with epidemiology were any greater than possible deficiencies with other disciplines such as sociology or social policy. Thus, rather than redrawing the discipline of epidemiology - from 'old' to 'new' - for the new public health, the task should be to address the problems that exist with the current scientific basis, policy and practice of public health, and to identify ways forward. The key question became: what is an appropriate knowledge base for public health action?

A range of actions points were agreed, most importantly that a **Leeds Declaration** be drawn up and widely disseminated. The Declaration (Box 1) outlines a common statement about the challenges facing public health and proposed principles to guide research to inform public health action. Five main areas are addressed.

1. The Underlying Paradigm

In contrast to 'traditional' epidemiology's reliance on a clinical paradigm, leading to biomedical reductionism, causes of ill-health being seen as lying predominantly within

individuals, and associated victim blaming (compare the CMO's New Year Health (of the Nation) challenge), public health must re-focus on the underlying causes of ill-health (Principle No.1) - 'upstream' (Brown 1985) - and to examine seriously how some people remain healthy despite living in the most adverse circumstances (Principle No.2) - pursuing a salutogenic orientation (Antonovsky 1980).

2. Appropriate Methods

The almost total reliance of 'traditional' epidemiology on quantitative methods and 'available' data (an emphasis on the (easily) measurable) must be challenged. Research and practice of public health requires a plurality of methods, appropriate to the problem (McKinlay 1993). The range of methods must be broadened to include qualitative and participatory research methods. Well designed and carefully conducted qualitative studies are needed to complement traditional quantitative approaches, and to fill in gaps in understanding (Principles Nos. 4-7).

3. The Importance of Lay Knowledge

Experts clearly do not have all the answers nor an awareness of all the problems (for example, the case of the Camelford water poisoning). Lay persons' attempts to make sense of the causes of ill-health from their experiences of its impact must be explored - adding to the questions of 'how and why?' the questions of 'why me? and why now?' Exploring lay beliefs raises the role of lay knowledge, as a challenge to the credibility, legitimacy and priority of medico-scientific knowledge as the basis for policies and action, and the (quantitative) research method used within epidemiology (Principle No. 3).

4. Dialogue between Disciplines

It is necessary to create the conditions and environment for collaboration between disciplines within public health. At present, there is insufficient dialogue - too much shouting at, and not listening to, each other. The social scientist must listen to the clinician and the epidemiologist, and vice versa to acknowledge and recognise the strengths and complementarities in each other's discipline and methodologies (Principle No. 8).

5. Research for Public Health Action

Research into public health must be action oriented. Its aim is to influence and/or to change policy and practice. Public health researchers and practitioners must take up this challenge and be committed to apply research findings (Principle No. 9).

Conclusion

Public health has the potential to reform practice and it needs to accept this challenge. The future direction must be towards the development of a new, enlarged, more politically aware and active **public health** - service, movement and family - to provide the knowledge and action base to improve the public health.

The **Leeds Declaration** provides another opportunity to attempt to challenge the sole legitimacy of traditional scientific knowledge, and to challenge public health - medicine in particular - to adopt its true role as reforming practice, as an agent of social change and as an architect of social policy, addressing political, social and economic, as well as scientific questions. The key action question is: how can we take on board the principles espoused in the Leeds Declaration? The unanimous perception in the workshop was one of 'let us not miss the chance again' (looking back to the 1987 Ottawa Charter on Health Promotion).

So what can you do?

References and Further Reading

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***THE LEEDS DECLARATION
PRINCIPLES FOR ACTION***

- There is an urgent need to re-focus upstream, to move away from focusing predominantly upon individual risks towards the social structures and processes within which ill-health originates.
- Research is needed to explore the factors which keep some people healthy despite their living in the most adverse circumstances.
- Lay people are experts and experts are lay people - lay knowledge about health needs, health service priorities and health outcomes should be central to public health research.
- The experimental model is an inadequate gold standard for guiding research into public health problems.
- A plurality of methods is required to address the multiple dimensions of public health problems.
- Not all health data can be represented in numbers - qualitative data have an important role to play in public health research.
- There is nothing inherently 'soft' about qualitative methods or 'hard' about quantitative methods - both require rigorous application in appropriate contexts and hard thinking about difficult problems.
- An openness to the value of different methods means an openness to the contribution of a variety of disciplines.
- Public health problems will only be solved through a commitment to the application of research findings to policy and practice.
- Research funding should address the new directions that follow from these principles.