Making public health history usable: the launch of a new series in *JECH*

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The launch of a new series in *JECH*

Public health is a historically conscious subject, and the *Journal of Epidemiology and Community Health* has always published papers that deal with historical topics. In 2004, an editorial appeared which announced the launch of a new series, "Public health past and present".¹ Since then, I have been encouraging historians to present the results of their work to this non-historical audience. After refereeing and reviewing, we are now ready to start the series and the first paper appears in this issue.

The aim is to present the best new historical work to a public health audience, and, in doing so, to bring historical perspectives to bear on current issues, to open up new perspectives on events in the past and thereby to suggest possible avenues for the future.

Public health is already far from history-free. It is common for its leadership to refer to the past in order to provide context or inspiration for the present. Angela Mawle, the UK Public Health Association chief executive, referred to the inspiration provided by Chadwick and the sanitary phase of public health in the 19th century for those battling environmental degradation today, in her introduction to this year's annual public health forum.² This is a common way of using history in the public health field: key figures, usually from the 19th century, are evoked as role models for the present. Everyone knows of Chadwick or of Florence Nightingale, and the epidemiologists celebrate a lineage that goes back to John Snow and the Broad Street pump.

The use of historical statistics is also common—for example the decline in mortality since the 19th century—and the utilisation of historical artefacts or material that can be analysed using today's technology. This has been used recently to help us understand the likely spread of bird flu through analysis of the 1918 flu epidemic, and patterns of malaria incidence have fed into understanding the spread of the disease today.³

Such historical input into public health discussion mostly does not use the new

research that historians are carrying out, nor does it draw on their conclusions and interpretations. History is a matter of debate, but little of this filters across into the public health field. For example, I have yet to hear a public health leader refer to the American historian Chris Hamlin's challenging re-interpretation of Chadwick and public health. Hamlin has argued that Chadwick's sanitarianism was in fact a narrowing of options, which effectively excluded a broader analysis of social ills based on poverty, which was also being made by other writers at that time in the 1840s. Public health, as often, adopted the technical fix rather than the more difficult path of social reform.⁴

Historical research such as that can offer challenges to dearly held beliefs, but also act as a springboard for further debate. The first paper in our current series, by John Welshman,⁵ takes issue with the historical interpretation of human motivation and agency, which has underpinned the work of Julian Le Grand, one of the main architects of 'choice' in public policy in the UK (see page 95). He has argued that the bundle of assumptions that characterised the democratic socialist welfare state was one designed to be financed and operated by knights for the benefit of pawns (knights being public servants and professionals and pawns the recipients of welfare). Using the debate about transmitted deprivation in Britain between 1972 and 1982, Welshman raises serious questions about the utility of the model for analysing policy development.

Further papers planned in the series will look at illicit drugs and tobacco, at the role of oophorectomy as a public health (preventive) strategy and at the genesis of the Canadian Lalonde report. Papers from Norway, France and elsewhere are under consideration. Historical research has a range and breadth that is often unknown in the public health field, and the aim is to bring some of these insights more effectively into that arena. Such interpretations, based on research, can open up options and analyses for the present.

Historical research is a cooperative enterprise. Public health and historians are working together. In the past year, two witness seminars have been held on the recent history of public health, which shows how the field is becoming conscious of a history that is wider than simply the evocation of the 19th-century pioneers. A witness seminar at the University of the West of England, Bristol, UK dealt with the rise of multidisciplinary public health (MDPH) and has just been published.⁶ Another seminar, held at the Wellcome Trust, dealt with the recent history of public health in the 1980s and 1990s. This seminar looked at the period after the reorganisation of the 1970s and consequent demoralisation. It examined the revival of public health after the Acheson Report, the expansion of health services research and evidence-based medicine, international influences from the World Health Organization and the health promotion/new public health movement, and also touched on the rise of multidisciplinary public health. The seminar is available in published form and online. One of the editors of the Journal, John Ashton, participated in the seminar, and his memories of the Healthy Cities movement are part of the historical discussion.⁷

Through events such as these, both sides can work together. There is also research going on into public health at the local level, which uses the expertise of historians and draws on public health interests. In recent months we have heard of local public health history in the Isle of Wight, historians involved in teaching public health professionals in the north-west, and others involved with water industry professionals and consumer groups in looking at the effect of drought.

I have recently completed a study of the use made by policy makers of historical perspectives in forming policy. It concludes that history is quite widely used, but often not in a way which accords with the conclusions of historical research. There are many reasons for this: sometimes it is just because historians and policy makers speak a different language. However, my research underlined the fact that public health personnel and social scientists in policy advisory positions have a key role as 'knowledge brokers', bringing history into policy. This new series, bringing historians and their work closer to those circles, can only improve the use of public health history.

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SPEAKER'S CORNER.....

Is it time to abandon colour categories for ethnic groups?

The recently published questionnaire for the major test ahead of the 2011 population census for England and Wales disclosed new questions on national identity and languages, religion as asked in 2001, and minimal change to the ethnic group question: the movement of "Chinese" into the "Asian or Asian British" set, and the arrival of categories for "Arab" and "Gypsy/Romany/Irish Traveller".¹ By contrast, Scotland's April 2006 census test broke with tradition in abandoning the colour terms used in 1991 and 2001, with "European" replacing "White" and "African or Caribbean" replacing the label "Black, Black Scottish or Black British".²

Among the benefits for Scotland are "Ethnic background or culture" categories for all four UK home countries under "European" (against just one in England and Wales); three options for "Arab" ("Middle East", "North African" and a free text "Other"); and five options for "African" ("North...", "East...", "Southern...", "West..." and "Central African"), "Caribbean", and a free text "Other", all under the "African or Caribbean" banner. Whilst the substantial diversity of the sub-Saharan African origin population in England and Wales (numbering 480 000 in 2001) continues to be catered for by the single category "Black or Black British: African", Scotland—with around just 5120 "Black Africans" in 2001—affords multiple categories for this population. The 2011 census categories will serve the government till 2021, by which time "Black Africans" in Britain are projected to double their 2001 count.

Terms like "White" and "Black" had their origins in the census field trials of the 1980s, when the census agency took the view that to measure discrimination and disadvantage among groups who "were clearly distinguishable from the indigenous population by the colour of their skins... it is most desirable that reliable information be obtained about Blacks

and Asians".³ That such colour labels should continue to describe ethnic categories when the basis for these has shifted to prevailing self-understandings merits critical scrutiny. In Britain, there has been no exploratory research among large population-based samples of preferred ethnic/racial terminology of the kind undertaken in the US through the Current Population Survey (CPS).⁴ The CPS and other surveys shows that "Black" outperforms or competes equally with "African American". Here, web-based measures of opinion provide indicative evidence that "African British" has greater saliency than terms incorporating "Black".⁵ The privileging of cultural differences in the Scottish question invites debate and highlights the need for a more sustained investigation of what shapes the lines of identification for those captured by the "Black" and "White" pan-ethnicities.

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