Editorial

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All articles in the current issue of the Journal of Public Health address broadly diversified, acute and interdisciplinary public health-related topics. All of them contribute to the still sparking debate of Geoffrey Rose's 1985 article "Sick individuals and sick populations" (Rose 1985). One challenge to Rose's strategy is the nowadays improved accuracy of the identification of high-risk individuals. A second challenge is the suggestion that population strategies of prevention may inadvertently worsen social inequalities in health. Both challenges are addressed in the articles introduced below, starting with the balance between efficiency and costs of health systems.

Availability of modern diagnostic tools for the diagnosis of ischemic heart disease (IHD) may decrease avoidable death by IHD. Modernization of the health sector or, more precisely, investments into the setup and maintenance of diagnostic facilities have to balance the quality and the years of life of the relevant population (Schwierz and Wübker 2010).

According to Penner, Pinheiro and Krämer, ischemic heart disease is one of the leading causes of burden of disease to premature death in North Rhine-Westphalia (West Germany), together with lung cancer and cerebrovascular diseases as measured by standard expected years of life lost (Penner et al. 2010). These findings are consistent with the WHO global burden of disease estimates (Lopez et al. 2006) for high-income countries

and deliver herewith a strong argument for the modernization of the health care sector.

On the other hand, costs have to be weighed against the efficiency of health systems in times of tight budgets; hence, Reinhold et al. discuss the most common international methods for generating health economic analyses using data from multinational studies (Reinhold et al. 2010). In their value efficiency analysis of international health systems, Gonzalez et al. state that countries with governments showing deeper commitment to the development and financing of the health care systems also use their resources more efficiently in the improvement of relevant health outcomes (Gonzalez et al. 2010).

Gruber and Kiesel contrast the existence of significant differences in the extent of specialist consultation between socioeconomic groups and different health insurance schemes in Germany (Gruber and Kiesel 2010). Here, the type of health insurance, sociodemography, employment status, region of residence and current health status were of major interest. They raise the question of whether horizontal inequity is a sign for either overprovision or underprovision of German ambulant health care.

Another German epidemiological study reviews ambulant health care focusing on quality of life for patients suffering from herpes zoster (HZ) and post-herpetic neuralgia. Patients with HZ suffer from high levels of pain that effect not only daily activities such as work, but also sleep and mood: a substantial proportion of patients receive medication for depression, anxiety and sleep disturbances (Weinke et al. 2010).

The actual need of modern social and public health systems was also addressed by Mendoza, stating that structural prevention strategies help avoid inequalities in health. The experience with the illegal organ trade in Columbia offers a challenge for governments to improve

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social and public health aspects, like including better renal care programs instead of being limited to legal action.

A Finnish article delves into opportunities for collaborations between animal health and public health authorities on the regional North European level, the Finnish national level and the EU level (Koskinen 2010). Koskinen urges the health authorities to fight jointly against animal-borne diseases, some of which are potentially dangerous for human beings.

Let me bring to mind the recent example of the swine flu pandemic. Analysis of the H1N1 virus suggests that this new strain had been circulating in pigs for almost a decade and probably jumped to humans months before it was detected in Mexico; hence, it was spotted fairly late. Public and animal health authorities (governments and scientists) need to increase surveillance for emerging diseases with pandemic potential.

Three epidemiological studies investigated health education and health behavior of children and adolescents. The authors discuss the development of intervention programs and national recommendations, contributing to the discussion of whether prevention strategies should be more structural or more agentic in nature. We, Hebestreit (Hebestreit et al. 2010) and the IDEFICS consortium (Ahrens et al. 2006), consider parent-child communication as one key element of health education. Parents' high degree of information on healthy eating habits and physical activity (PA) due to diverse intervention programs and easy media access confirm that the used strategies and channels (Internet, flyers, information evenings for parents, magazines) work well for the dissemination of health messages in adults. Since those strategies are less suitable for children, intervention programs should support parents with educational methods and communication channels for children-specific health education.

In contrast, health promotion programs for adolescents should address them directly, but must be sensitive to developmental changes during this rebellious and experimental age (Lotrean et al. 2010). For accurate identification of factors of health risk behavior and of effective prevention, intervention programs should consider interrelationships between different health risk behaviors in young people.

Promotion of PA in adolescents has often used a context-free PA behavior instead of a specific PA behavior. Bucksch and Fuhrmann revealed some preliminary indications that correlates of PA vary between specific recommendations in 14–16-year-old boys and girls: either health-enhancing PA through moderate intensity or enhancing cardiovascular

fitness through vigorously intense PA (Bucksch and Fuhrmann 2010).

All the presented articles contribute to a better knowledge of health care systems and (high) risk populations. We need to increase our understanding of both in order to be in a good position to meet demands of the populations and to enhance cost-effectiveness.

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