Public health as a discipline in the face of violence, injuries and inequalities

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It is well known that health inequalities do occur in highly developed countries, as well as in lesser-developed ones. Moreover, there is evidence that not only economic, but also social, cultural and lifestyle factors are fundamental issues in determining health outcomes in different parts of the population (Hurrelmann et al. 2011; Marinacci et al. 2009; Eberle et al. 2010). Injuries and violence represent a significant cause of mortality and physical disability all over the world (Nasrullah 2010), and as such are considered to be an overlooked problem; thus, necessitating the implementation of effective policies, especially in the prevention of unintentional injuries (Vlachantoni et al. 2013). A possible solution to these population problems lies within the scope of public health, considered as the science of promoting health (Gatseva and Argirova 2011). This issue of the *Journal of Public Health* (Springer) covers a broad range of both new and well-established concepts in public health, including violence, injuries, inequalities, tobacco smoking, as well as health technology assessment.

Concerning the impact of socioeconomic status on health outcomes, in this issue **Auger et al.** evaluated the differences in ages and causes of death contributing to life expectancy. They performed a comparison of the economically advantaged and disadvantaged Francophones and Anglophones of Montréal, a Canadian metropolitan centre. Life expectancy was lower for disadvantaged Francophones and Anglophones by 5 years in men and 1.6 years in women compared to advantaged people. Socioeconomic inequalities in mortality increased for Francophones and decreased for Anglophones, due to greater mortality from tobacco-related diseases; thus,

the authors suggest a substantial investment to discourage tobacco use in this population.

One of the most important public health problems among preventable causes of mortality in the general population is attempted suicides. **Simsek et al.** show that strengthening of surveillance and emergency healthcare systems, enhancement of mental health literacy, and inter-sector collaboration for development of community empowerment programmes are essential for prevention of suicide in a southeastern province in Turkey. Another public health goal should also be to reduce intimate partner violence, considering that is a common experience among Nigerian rural women, as shown by **Balogun et al.**

Regarding some Muslim traditions, other avoidable lesions are sacrification injuries that occurred during the Feast of Holy Sacrifice, especially in the first day, providing preliminary arrangements with medical staff and equipment support because these injuries such as tendon cuts and bone fractures, can be serious (**Deniz et al.**). **Rawlins et al.** showed that the majority (84.7 %) of the medical students had prepared themselves for their first visit to a health centre and hoped to be able to interact with patients and communicate effectively with them.

Olenik and Lehr, considering the teleconsultation a possible solution for rural areas of northern Germany between GPs and specialists, found that the primary barriers to its use were: high time consumption, physicians' personality and the financing possibilities of such solutions; while the success factors were: easy usability of the system, good training opportunities, voluntary participation, the existence of a model region, and a reasonable financing plan.

The assessment in public health has often been considered as an important tool. **Tuccori et al.** designed and validated an algorithm for the multidimensional evaluation of the quality of adverse drug reaction (ADR) case reports (QADRA), as a reliable and complete tool for assessing the quality of ADR reports. In QADRA, the following quality criteria have been used: causality, notoriety, clinical relevance and completeness.

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This algorithm was highly predictive of the quality of ADR reports; thus, potential use of this tool should be investigated in the future.

Finally, health technology assessment (HTA), a new instrument to be used as a support in public health choices, could represent a valid tool because it is a multidisciplinary approach characterized by the contextual examination of epidemiological, clinical, economic, social, ethical and organizational implications of health technologies. In such a definition, as underlined by **La Torre et al.** a broader approach needs to be implemented, including not only drugs, surgical interventions, as well as medical devices, but also vaccines, prevention interventions, organizational framework.

Another growing public health concern among program and policy-makers is teenage childbearing, regarded as a potential cause of maternal and child morbidity and mortality. **Kumar Rai et al.** proposed, in this regard, a bi-model approach of preventing early marriage and postponing childbearing in girls married at an early age to encounter this issue.

As we are facing a global financial crisis, the introduction of austerity measures in many industrialized countries has become a matter of fact (Quaglio and Olesen 2011). In hard times, as underlined by **Laverack**, the current fiscal climate encourages individualism over a community approach to

public health. The author suggests that public health can play an even stronger role to address the causes of social injustice and health inequities in society and recommend not to continue conveniently shifting responsibility for health onto the individual.

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