Large scale food retail interventions and diet

Improving retail provision alone may not have a substantial impact on diet

Ensuring communities have good access to healthy affordable food is one of the government’s joined up strategies to improve public health and reduce health inequalities.\(^1\)\(^-\)\(^^3\) Policy solutions for deprived communities without good access—food deserts—have focused on improving provision of food retail as part of a wider suite of recommendations for population dietary change focused around relative affluence, and healthy lifestyle healthy eating were found to be dietary knowledge, whom the locality suffers from poor retail provision of or cannot shop outside their immediate locality and for deserts exist only for a minority of people who do not

Do these two new studies help us understand the differences between medical and nursing care? We think they usefully remind us that nursing care is not necessarily less costly and that the extra costs may be worth the benefits but that health outcomes need to be measured carefully in studies of sufficient power. It should not be assumed that the outcomes of nursing and medical care are equivalent.

The skills of healthcare professionals and their assistants are much in demand and constitute a limited resource that needs to be deployed in the most cost effective way. Although UK health policy supports the development of nursing roles, as nurses take on more duties and responsibilities we must also question what, if anything, is being lost from nursing, to whom and does it matter?

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Competing interests: KS and GR have conducted and published evaluations of nurse led intermediate care.


outcomes may be observed to change over time in the absence of any intervention.

Call for papers

A theme issue “by, for, and about” Africa

Call for papers

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2005, it seems, is the year of Africa.1,2 As world leaders gathered in Davos to discuss debt relief and pop stars re-released their poverty anthem, the world’s attention is drawn to magnificent Africa—a continent of vast cultural and regional diversity and potential but plagued by extreme poverty and disease.

The Roll Back Malaria campaign reports that of the 300 million acute cases of malaria each year around the world (which result in 1 million deaths), over 90% occur in Africa. These mostly affect children under the age of 5. A new UN report estimates that more than 80 million Africans will die of AIDS by 2025, and another 90 million—more than one in 10 people on the continent—will become infected.4 Tuberculosis, maternal mortality, domestic violence, and undernutrition pose further health challenges.

Undoubtedly, these are problems of poverty. Despite substantial growth in the global economy over the past half century, most of Africa remains poor, with living conditions not conducive to good health and without access to cheap and effective medicines. Seventy five million more Africans are in poverty than a decade ago, and the depth of that poverty is brutal and widespread. Thirty four of the world’s 49 least developed countries are in Africa. Nearly half the region’s population lives on $1 a day or less. Women are disproportionately affected.

Africa’s health challenges and solutions are complex, deeply rooted in political, socioeconomic, and cultural issues. Unfortunately, this complexity is rarely reflected in the current discourse on health. Instead, Africa is often inadequately portrayed in the broader world as a “basket case”: run by corrupt leaders, vulnerable to terrorist extremes, lacking infrastructure, unable to look after itself. Recently, efforts to help countries in the region to achieve the millennium
