

concepts and present issues that are in the centre of the debate in scientific literature.

In summary, it is a highly recommended book for those not psychometric experts but users or developers of questionnaires in the area of health sciences. It is an essential reading for those who start working in this area. I am sure that it will be as successful as the previous two editions.

Luis Rajmil

### Community-based health research. Issues and methods

Edited by Daniel S Blumenthal, Ralph J Di Clemente. Springer Publishing, 2003, \$39.95 (USA), \$44.80 (other countries), pp 218. ISBN 0-8261-2025-3

This book is a very interesting referent document for those who work in the public health research field. In fact it is more appropriate for researchers with some experiences in doing public health research rather than junior students. The readers can find some actual examples with in depth analysis on each case, which is very useful for them. However these examples and illustrations are more focused on American and African countries, so that it weakens the global and international application of the book.

**Strengths:** one of the strengths of this book is to identify and synthesise the key issues and principles for working with communities. It can be used as a theoretical frame for training courses on community based research. The contribution of this book is to emphasise the importance of community based research, which sometimes is forgotten by traditional epidemiological study. It also brings the sight and attention to the involvement of the community to research, change their role from target group to co-researcher, and from positive to active involvement.

**Weaknesses:** the authors tried to prepare a comprehensive document on community based research, which included all the issues like introduction, principles, methods, and examples/experiences. But the readers, after looking at the title of the book, are more interested in learning more specific issues and methods for community based research, and in how to distinguish it from public health research in general. It would have been more interesting if the authors had clarified more clearly the differences in methodology applications in epidemiological and community based research.

Dao Lan Huong

**Table 5** (corrected) Association of disease severity, standardised for age and sex, with socioeconomic position using individual and area level measures

Socioeconomic position	Social class		Educational attainment		Income category		ED level Townsend score quantile	
	n	mean (SE)	n	mean (SE)	n	mean (SE)	n	mean (SE)
1 (most deprived)	42	15.6 (2.5)	430	16.5 (2.8)	177	17.0 (3.1)	190	16.0 (3.0)
2	175	16.0 (3.0)	69	17.5 (2.8)	268	17.2 (2.5)	191	16.2 (3.0)
3	436	16.2 (2.9)	90	14.7 (5.6)	212	15.9 (2.8)	190	15.9 (2.8)
4	261	15.8 (2.9)	177	15.6 (2.7)	115	15.0 (2.6)	189	16.1 (2.8)
5 (most affluent)	40	15.7 (2.7)	188	15.3 (2.9)	182	14.0 (2.2)	194	15.8 (2.8)
Correlation coefficient† (p value)	-0.10 (<0.01)		-0.07 (0.03)		-0.09 (<0.01)		0.07 (0.03)	
SII	5.63 (2.23 to 9.04)		3.79 (0.41 to 7.18)		5.05 (1.78 to 8.32)		4.04 (-0.04 to 8.13)	
test for trend p value	<0.01		0.03		<0.01		0.05	

\* p<0.05; \*\*p<0.01. †Spearman's rank correlation.

## CORRECTIONS

There were two author errors (one terminological and one relating to data ) in this paper by Dr Eachus and others (1999;53:603-11). Firstly, the authors referred to the index relating socioeconomic position to New Zealand score of severity of hip disease as the relative index of inequality, whereas the statistic presented is actually the slope index of inequality. Secondly, a programming error led to miscalculation of the correlation coefficients and slope indices of inequality presented in table 5. A corrected table is presented here. The direction of associations is the same as for the incorrect results presented in the original paper, but the effect sizes and significance level are both substantially greater when the correct data are seen, in particular for the associations of social class and Townsend deprivation score with hip disease severity. In the light of the correct data the discussion that was included on why the social class association was weak is no longer applicable.

doi: 10.1136/jech.2003.014613corr1

The authors would like to clarify some points in this paper (2004;58:982-7). The results and conclusions presented in the box on page 985 are preliminary and based on earlier published reports in Dutch.[1-3] This information is merely intended to illustrate the information needs of healthcare providers after a disaster. Details of the health problems of the affected groups and their use of health care will be published in other papers.

1. **RIVM Project Team.** *Firework disaster Enschede: components in blood and urine (Dutch report)*. Bilthoven, Netherlands: National Institute of Public Health and the Environment (report no 630930003), 2001.
2. **van Kamp I,** van der Velden PG. *Vuurwerkkramp Enschede: Lichamelijke en geestelijke gezondheid en ervaringen met de ramp; rapportage van het gezondheidsonderzoek [Physical and mental health and experiences of the disaster]*. Bilthoven, Netherlands: National Institute of Public Health and the Environment (RIVM) and Institute for Psychotrauma (IVP), (report no RIVM 630930002/ IVP 9920012), 2001.
3. **van der Velden PG,** Grievink L, Dusseldorp, *et al.* *Gezondheid Getroffenen Vuurwerkkramp Enschede; rapportage gezondheidsonderzoek 18 maanden na de ramp. [Health (status) of the victims of the Enschede firework disaster 18 months after the disaster]*. Zaltbommel, Netherlands: Institute for Psychotrauma (IVP) and National Institute of Public Health and the Environment (RIVM), (report no RIVM 630930004/ IVP 9920023), 2002.

doi: 10.1136/jech.2004.022871corr1

There were two author errors in this letter by I D K Dimoliatis (2004;58:1054-5). The unit of measurement in the title should be in lower case (qy) [not (QY)]. Also, in line three of the second paragraph it should read (80y-50y) [not 80y-30y].