Evidence-based Health Promotion
Elizabeth Perkins, Ina Simnett and
Linda Wright (eds)
John Wiley & Sons, Chichester, 1999
448 pp. ISBN 0 4719 7851 5

The search for evidence of effectiveness of health promotion interventions has had a relatively short and concentrated history, but at least as long as the discipline itself, and continues unabated to this day. Articles on the subject have mushroomed in recent years, in all the appropriate periodicals and, in the last 5 years or so, whole text books on the subject have emerged.

The security of the evidence remains, however, a little illusory and so it is somewhat surprising that a book of some 430 pages has been published with the seductive title of Evidence-based Health Promotion. Not, you notice, the ‘search for’, or ‘approaches to’, or ‘methods for’, but a much more categorical and emphatic title, which implies the search is over.

However, on closer inspection, the book isn’t really about the evidence base for health promotion at all. It certainly does not cover the same ground as the recently published text on the evidence of health promotion effectiveness published by the IUHPE and recently reviewed by me in this journal. It is more an attempt to provide practitioners with a conceptual basis for the evidence debate with a peppering of case study examples of how other practitioners have evaluated local interventions.

This is a laudable idea and something I am sure many practitioners welcome, but the book only achieves this objective in parts. Many of the sections and chapters reflect the aim of the book, i.e. to ‘know and understand what being an evidence-based practitioner means’, but many do not.

The book is divided into three parts or sections. Introducing all three parts is an excellent chapter by the three editors (all independent consultants) pointing out contemporary tensions within health promotion practice, but it creates a false impression of what is to come. They discuss imaginatively and analytically the possible tensions between evidence and practice, between evidence and values, and between evidence and inspiration or innovation.

The first part proper, supposedly covering theories and approaches for health promotion, kicks off with a useful summary on the role of theory in health promotion by Perkins. However, the other chapters, or sections as the Editors call them, rarely reflect this theme. Many, such as Rolls’ ‘The challenge of evidence based practice’, Warks’ ‘Improving mental health in women with breast cancer’ or Poulter’s ‘Applying the evidence to work place catering’, ignore theory altogether; other chapters such as Lawrences’ are more appropriate.

The second part looks at evidence-based work in settings, but is largely confined to descriptive studies of interventions that had an element of evaluation tagged on. Some, such as Joyce’s, whilst interesting, don’t address evaluation at all and remain too brief to critique.

The final part, which is really to my mind the core of the book, looked more promising. Here we had contributions on ‘Gathering, assessing and using evidence’. Some of the chapters lived up to this promising subtitle. MacVicar’s chapter on ‘Integrating research into nursing practice’ is a useful guide that should alleviate concerns nurses might have in relation to research and evidence-based practice. However, Perkins’s chapter on surviving literature searches remains at a fairly basic and slightly patronizing level for readers of this supposed level of book.

The quality of the contributions is therefore variable. Some like Batten’s chapter on the usefulness of ‘The trans-theoretical model; profiling smoking in pregnancy’ or Balding et al.’s chapter ‘From evidence to action using health behaviour surveys’ offer a rigorous evaluation of the evidence they have collected concerning their area of interest. Other chapters, such as Harrison’s ‘Social System intervention’ or Moon’s ‘Rationale of work in school settings’, offer a perspective on particular aspects of health promotion, but don’t really consider the arguments for and against evidence.

Whilst some of these are addressed adequately by the editors both in the opening chapters and at the beginning of each section, the themes they explore
rarely touch on some of the key issues discussed in current health promotion literature, i.e. on a suitable evidence base. Not only that, many of the chapters in each of the three parts to the book don’t necessarily pick up on or reflect the editors introductory comments.

The book has some 16 chapters with a further 35 sections within them. Some of these sections are extremely short (3–4 pages) and offer little in terms of constructing an evidence base. However, it might be that since most of the sections and chapters are written by practitioners, the book will appeal to those practising public health at the local level.

The search for an appropriate and relevant evidence base for health promotion continues to occupy the minds of both practitioners and academics, and of course is of central importance to policy makers. Policy makers expect to be able to plan and develop programmes on the basis of sound and irrefutable evidence, but we all know this is rarely to be found, especially in health promotion. The evidence base for health promotion can be coloured by the values of those seeking it, and inevitably it will always be open to interpretation and judgement. This book offers a view of the evidence base that will be of use to practitioners, but it needs to be read in conjunction with other texts and articles to get a more rounded view on the whole debate in this vital area.

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An Ethic for Health Promotion: Rethinking the Sources of Human Well-Being
Professor David Buchanan
Oxford University Press, New York, 2000
232 pp. ISBN 019 513057X (hb)

In An Ethic for Health Promotion: Rethinking the Sources of Human Well-Being, Professor David Buchanan provides readers with a far-reaching, highly stimulating philosophical critique of our approach to addressing public health problems. This is not a book to read quickly. Rather, it raises many deep questions about commonly employed public health strategies and tactics, and thus is best read slowly, deliberately and with an open mind. Throughout the book, we found ourselves pondering single sentences for several minutes (and occasionally for several hours). Kudos to Buchanan for writing a book that stops you in your tracks. Even if you disagree with his perspective, you can’t dismiss the insightful analysis and thought-provoking theses that leap from nearly every page. Buchanan does not shy away from attacking the philosophical pillars of public health. Here’s an example of his unabashed perspective:

Thinking in the field of health promotion is currently framed by the scientific terminology of morbidity and mortality rates, risk factors, randomized control trials, independent and dependent variables, null hypotheses, cost–benefit analyses, and effective behavior change techniques. This book recommends a new direction marked by the concepts of well-being, integrity, virtues, autonomy, responsibility, civility, caring, and solidarity. (p. 3)

While the field of health promotion and health education has increasingly embraced theories of empowerment, social learning and behavior analysis, Buchanan challenges the usefulness of paradigms such as these that include power, mastery and control as key underlying constructs. In critiquing empowerment theory, for example, Buchanan asks:

Why has empowerment assumed such prominence in the field these days? Of all the different candidates that could possibly be contemplated, why has the interest in power become so predominant? Why not caring, or compassion, or dignity, or love, morality, respect, harmony, responsibility, or some other significant human aspiration? Why has the pursuit of power captured so much attention? (p. 81)

While health education has focused much attention on the science of changing unhealthy behavior, Buchanan suggests that “the scientific method undermines the most fundamental understanding
of ethical human relationships’ (p. 4). He argues that health promotion should focus substantially more attention on the validity of values, the visions of a good life and the ideals that drive the way that we live. At the book’s essence is the notion that the effectiveness of scientific and technological interventions is compromised by the lack of attention to the political and moral context in which science and technology exists. He’s not the first to raise such criticism. In fact, some proponents of empowerment theory (a theory Buchanan criticizes) write about how empowerment can be used to promote social, political and structural change. In an aptly titled first chapter, ‘Disquietudes’, Buchanan attacks mainstream public health with intellectual spears that are sharp and unrelenting. We believe that some of these spears are on target, while others miss the mark.

Our dependence on the scientific method, Buchanan asserts, comes from our dependence on instrumental reason, which is defined as ‘the kind of rationality we draw on when we calculate the most economical applications of a means to a given end’ (p. 10). In contrast, Buchanan argues for practical reason, defined as ‘centrally concerned with clarifying goals and deciding which goals are most worthwhile’ (p. 88). From his perspective, the field’s emphasis on instrumental means (rather than on reflection about the end result of actions), combined with the emergence of the empirical experimental sciences, has resulted in a problem-solving paradigm that is problematic on a number of fronts. Buchanan suggests that this approach to problem solving was effective when the primary public health concern was communicable disease. However, he posits that this paradigm is not particularly effective in dealing with people’s behavior, which is the primary source of many contemporary health problems: ‘My contention is that scientific knowledge offers little help for health promotion specialists to do their jobs well. On the contrary, almost all their actions require the exercise of practical reason’ (pp. 93–94). His criticism has broad implications for how we approach modern systems such as managed care: the field of health promotion is becoming further caught up in a system of thought, a way of looking at the world, that stresses a calculative and instrumental stance toward others. The rise of managed care presses toward developing more effective and more powerful techniques in the way people live, with few and precarious safeguards restraining their application. (p. 44)

He suggests further that an ethical pitfall of our current approach is ‘in terms of trying to figure out how to get others to do what we want them to do, rather than in terms of trying to reach common understandings about the good life for human beings’ (p. 62). Continuing a few pages later, ‘...the presumption is that we know what is in people’s best interests better than they do themselves’ (p. 69). In discussing the different implications of instrumental versus practical reasoning, Buchanan raises questions that cause one to pause and reflect and for which he notes that there is no correct answer. What is well-being? How does one square biological fitness with social well-being? What are the values that should guide our lives? What are the individual and societal costs of encouraging people to comply with health provider recommendations? What impact do our interventions have on individual autonomy, dignity and personal responsibility? He also issues well-conceived calls for revising the curricula of our training programs so as to expose students to ethical decision making, moral reasoning, philosophy, justice and politics.

At times, Buchanan falls into the trap of throwing the baby out with the bathwater. Behavioral theory is alleged to have little explanatory power. In a statement that he admits is heretical, he writes:

I do not think that lowering heart disease rates is the most important goal of health promotion. On the contrary, I think most people are drawn to the field because they want to be part of forging social and political conditions in which we all can live together decently. Nonsmoking, a strict diet, and regular exercise are really rather trivial parts of any broad understanding of social well being, but that is where all of the field’s resources are now directed. (pp. 14–15)
Although it is hard to object to the importance of social well-being and the promotion of positive social and political conditions, try telling one of the nearly 61 million Americans with active cardiovascular disease (CVD) or one of the nearly 1 million Americans who die each year from CVD that reducing CVD risk factors should not be a primary focus of public health. We suspect that few people dying of heart disease want to hear us talk about the social and political conditions that contributed to their ill health. Rather, they want to know what medicines they can take, what behaviors they can engage in and what cognitive/spiritual directions they can adopt to increase their quality of life. Likewise, try telling researchers and practitioners in the tobacco control movement, many of whom are trained in health education and promotion, that their efforts to change the landscape of tobacco prevention and control through environmental/advocacy work is not forging new social and political conditions.

Buchanan suggests that individuals who engage in what we deem unhealthy behaviors (e.g. smoking, eating a high fat diet, failing to exercise, etc.) do so because they do not share the same values as public health professionals. Second, he worries that our efforts to modify risk factors will seriously threaten individual autonomy, dignity and social responsibility. Third, he wants the field to focus attention on values (e.g. which ones are important to us and why). Buchanan believes that our health goals will only be met when moral, ethical and political factors are front and center. We agree that clarifying and pursuing values would help advance the field. However, the argument carries less weight when presented as a dichotomous choice: risk factor modification versus tackling ethical and political questions. The problems are large enough and the field big enough to employ multiple perspectives. We agree that instrumental reasoning is more commonly embraced than practical reasoning, and that a more balanced allocation of resources and effort would yield important dividends. Let’s be careful, however, not to promise a panacea. Frankly, it’s uncertain whether, at the end of the day, practical reasoning will move our field forward, improve health (however health is defined), and clarify political and ethical dilemmas.

Throwing the baby out with the bathwater is also evident in Buchanan’s selective review of the effectiveness of health education interventions: ‘...it is simply an indisputable fact that studies of behavioral health problems have not been able to produce results even remotely comparable to those found in biomedical research’ (p. 8). One wonders what biomedical literature Buchanan reads. Certainly it’s not the Institute of Medicine report estimating that between 44 000 and 98 000 deaths are caused each year by medical errors (ironically, Chapter 4 of the book is titled, ‘Iatrogenesis in health promotion’, and presents the case that social learning, social marketing and empowerment theories promote harmful ideology). It can’t be the literature on the thousands of deaths among individuals participating in clinical trials, and it probably isn’t the large literature documenting failed or largely ineffective surgical and medical interventions. On the other side of the coin, while there is no question that behavioral health interventions could be more effective, to conclude that these interventions are ineffective is hyperbole.

Buchanan also criticizes current population-based health promotion efforts by the fact that they require manipulation of the behavior of others. This action, says Buchanan, violates the personal autonomy of the recipients of these actions, by removing their individual choice. He claims that the focus on involuntary participation has much potential for coercion. Buchanan also raises the concern of the potential for misuse of the behavioral sciences by managed care—to identify and target those with undesirable behaviors likely to result in excessive health care expenditures. However, the reader needs to keep in mind that protecting personal decision-making autonomy may actually be harmful if we unquestionably honor people’s preferences. And although we should certainly be careful that information about behavior not be used to exclude people from health insurance coverage, striving for distributive justice often requires limits on personal choice. It
does not seem unreasonable for an HMO provider to try to change a behavior (e.g. smoking) that has costly health consequences. Although Buchanan presents his thesis as an ‘ethic’ for health promotion, he fails to consider the fact that many (maybe most) public policies require a balancing act in which we have to determine how much autonomy we are willing to trade in order to achieve fairness or better health for our citizens. While we agree with Buchanan that ‘Science cannot tell us which goals are more worthwhile than others, which ways of living more valuable. It cannot tell us how we should live’ (p. 168), we also believe that science can help seed dialogue about these issues.

Buchanan criticizes the instrumental approach as being tied into economic thinking. He states that health promotion is not being done because it is a good and right thing to do, but because it is cost-effective. Economics seems to have become a dirty word in health care, especially now as politicians and newspapers take swipes at managed care, as Congress takes on the challenge of creating a Patient’s Bill of Rights. We need to come to grips with the fact that our seemingly infinite demand for health care services cannot be met with the limited resources that are available to us. We also need to face the fact that access to health care is not fair and that some effort needs to be made to re-distribute resources in a more equitable manner. Cost-effectiveness analysis is not just a technique for determining the cheapest way to provide health care. Rather, it is a technique for showing us how to maximize the benefits to patients, given the resources that are currently available. The promise of economic analysis is that it can help us identify inefficient resource use, and permit us to redistribute those resources in a more efficient and more equitable manner. Buchanan might respond that economic analysis is of limited value to a society that has not clearly articulated what it values or how such resources should be distributed. We would agree with this observation. The fact that 43 million Americans have limited access to health care due to lack of insurance is a national shame. That the US spends more on health care than any developed country, but ranks quite low on many measures of public health demonstrates a need to rethink our approach to health. Policies regarding resource allocation would be enriched by efforts to develop consensus regarding these and other issues. However, this does not preclude economic analysis from being used to help us choose between competing demands. As long as health care must be paid for and health care resources are limited, economic considerations must be addressed.

Finally, Buchanan’s thesis mirrors the meta-ethical debate of deontologism versus teleologism. According to the deontologic perspective, we should evaluate the ethical validity of an act in terms of the nature of the act itself. (Was the act itself something that we would consider to be ethically justifiable?) The teleological perspective, on the other hand, claims that we should evaluate the ethical validity of acts in terms of their consequences. (An act can be justified based upon the good that it produces.) Buchanan’s practical reasoning approach is deontologic by nature, in that it stresses the importance of means rather than ends in promoting health. He points to the importance of such principles as justice, caring, civility, trust and responsibility in our attempts to promote individual and community well-being. Although he does not deny the importance of outcomes, he criticizes the instrumental reasoning (teleological) approach as focusing too much on the achievement of established health goals, cost-effectiveness concerns and the use of means that discourage the application of these deontologic principles. The reader can identify deontologic–teleologic debates in just about any clinical ethics case book. Consider the current controversy regarding cloning technology—the key ethical dilemma being whether the tremendous potential of the technology justifies the necessary destruction of human embryos. In health promotion, as in most clinical ethics cases, it is evident that both perspectives must be considered. Otherwise, we can do the right thing and end-up with terrible consequences or we can trample what we value in our attempt to achieve good ends.
As evidenced by our comments, we found Buchanen’s analysis to be highly engaging, educational and thought provoking. This book would be a valuable addition to the bookshelves of researchers, practitioners and students alike. Indeed, the book should be required reading for all graduate students in health education/health promotion. While we take exception to some of Buchanan’s conclusions and the occasional selective review of the literature, there is no question that this is one of the more important health promotion books published in recent memory.

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Promoting the Health of Older People
Anthony Chiva and David Stears (eds)
Open University Press, Buckingham, 2001
151 pp. ISBN 0 335 20438 4 (pb)

There is perhaps something quite ironic about a book that continues a tradition of easy reading, in format, content and style, but has the reader (or the reviewer, in this case) reaching for a dictionary to check the second word of a title page. The contents, notes on contributors (impressive enough to whet the appetite), Series Editor’s preface (Gearing), foreword (Tones) and acknowledgements all lead towards the Editors’ opening gambit: ‘The proem to the next step in health generation’. Proem? A misprint of poem perhaps? Chambers dictionary revealed ‘...an introduction: a prelude: a preface...’.

One tiny esoteric slip, or a minor piece of pedantry (depending on one’s perspective), should not cause this book to be underestimated or undervalued. Quite probably those charged with producing this continuing series of ‘Rethinking Ageing’ textbooks could argue that by encouraging dictionary usage they are fulfilling an important part of their academic remit.

Chiva and Stears use this book to highlight the potential for holistic health promotion in the lives of older people. The first five chapters consider issues around the principles to practice. Wycherley’s discussion of life-skills (from adaptation to transcendence) is relevant to those nursing and assessing older clients, while aiming to encourage accommodation, growth and management skills. The importance of producing a life review has never been more pertinent and the value of constructing a satisfactory life history needs no further recommendation.

Nash’s chapter looks at issues of global integration and she is honest in her appraisal of the questions raised, where:

Frankl’s search for meaning in life took place amidst the Nazi death camps, and it was within that most awful of contexts that he was able to transcend the daily grind, and even help others to find a reason for life. (p. 67)

Elsewhere, Nash effectively cites Berne, Festinger and Maslow.

The concluding six chapters are devoted to the practical issues of health promotion for older people. Again the majority of writers introduce historical perspectives, as when Walker points out that the concept of retirement is a 20th century achievement. The experiences that can be brought to volunteering and the importance of life-long learning projects are also itemized, along with other tangible benefits.

It falls to Davies to consider the issues of health promotion and sexuality. Her background, as a physiologist and lecturer, provides the breadth of knowledge to write factually about subjects often steeped in feelings of alienation—and which may be sidelined or relegated in importance. That she can write about issues such as incontinence, masturbation, isolation, lack of communication and embarrassment without embarrassment makes the chapter noteworthy.

In an atmosphere where liberal expectations have opened up topics of conversation, sexual
behaviour of older people is, if not taboo, still potentially contentious. Nursing journal letters pages often return to the issue of how to advise clients about such matters. Concern still exists about how to discuss frustrations that could, in certain circumstances, possibly be perceived as encouraging prostitution, so it is important to note Davies’ point that ‘boundaries are required to define misunderstandings which could arise’ (p. 96).

The nature of nursing allows an interplay between the hypothetical and the practical, and few issues are more keenly debated than those arising from risk-taking policies. Allen moves the debate along nicely by citing the need to develop an innovative fall prevention strategy in a primary care setting. The research issues raised, along with the conclusions reached, are now being considered by our team and may well be introduced into our policy document in due course.

The importance of health promotion across the spectrum should never be undervalued or undermined by lack of knowledge or appropriate expertise. If an imbalance has existed previously in the care of older people this book goes some considerable way to rectify that failing. Any health professional working with older clients may question the perceived low profile of such a vital service within the NHS—this paperback raises topics and offers practical suggestions to go some way towards redressing the balance.

As indicated earlier, the format allows easy access to the subject of health promotion of older people. The identified target readership includes advanced undergraduate and postgraduate students of medical sociology, social work, nursing and health studies. The practicalities of health promotion are now more readily available for an increasingly professional workforce. Chiva and Stears’ writers offer encouragement and motivation by their research and commitment. Self-empowerment is integral to the promotion of health and this book shows the way forward.

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Promoting Health in Old Age—Critical Issues in Self Health Care
Miriam Bernard
Open University Press, Buckingham, 2000

Bernard is Head of the School of Social Relations and Professor of Social Gerontology at Keele University. Those bald facts establish her suitability to produce this important volume in the Open Universities expanding Rethinking Ageing series. What makes this book particularly noteworthy is that she has produced it herself—quite a remarkable achievement.

In the Preface the point is made that this is ‘a synthesis of both practical experience and academic endeavour’ and equally pertinent is the acknowledgement of her parents’ roles in the development of the issues: some of her late father’s photographs are used here.

While the production of Promoting Health in Old Age might have been a long process, the reader is not aware of any detrimental concerns—the feeling is closer to being led gently along, as the themes evolve and are duly considered. Against the backdrop of a steadily ageing population, it is worth remembering that the majority of older people live active and healthy lifestyles. It could be argued that people are less inhibited and more adventurous as they move beyond pensionable age, and often seek to fulfil long-planned projects.

Last century the nursing press reported that a septuagenarian ‘took to the air in a motor driven glider’ and also participated in ‘abseiling and canoeing events’ (In focus news, 1997/8), and those exploits, although noteworthy, are perhaps less exceptional nowadays.

Bernard’s writing style is both adept and adroit, and her keen interest in the development of her studies is palpable. That this project has been 15 years in preparation is also a compliment to her dedication and stamina.

Against this backdrop singular comments stand out: as when ‘the recognition that there is scope for older people themselves to improve their health
has been a long time in coming’ (Introduction) and of the ‘keen interest exhibited by many older people in maintaining their own health’ (p. 71).

Perhaps understandably, one of the most indexed terms is ‘empowerment’ (with 12 references) and its importance to health care professionals is not underestimated here.

The question of why self-care issues have often been neglected when considering later life is addressed. The critical discussions are so freshly presented as to hint at extemporization—although that sense of spontaneity comes as a result of the passion for the subject, rather than through inspired improvisation at the keyboard.

The enormity of the undertaking is reflected in the overview, where literature from health education and promotion, self-help and self-care, and gerontology are synthesized to evaluate both research and developmental topics.

Chapter 4 is of particular importance to mental health nurses. By drawing on information from studies in Canada (the Century House project), issues about ‘mental fitness’ are categorized. In general, the feedback received from various participants appeared to be highly favourable. That section also draws on details from undertakings in America, England and Israel.

By developing networks where participation, accessibility and informed choice are valued options for older people, Bernard is revitalizing an integral part of health promotion. Whether this book is a response to changing circumstances or the result of an evolving concern is fairly immaterial, for the issues have needed addressing for some considerable time.

The format of this paperback shares many similarities with other highly readable Rethinking Ageing textbooks. Putting aside the questionable ethics of recommending involvement in the national lottery, one could almost agree with an unnamed Nursing Times reviewer who, risking odds of 14 million-to-one, would consider buying a full set of these books in hardback (inside cover).

Fortunately, Bernard does not suggest such an idea to the client group under consideration. I suspect that most readers will find this paperback beneficial because of its lack of preciousness. Hardbacks may be bought to treasure, or even as an investment—retail prices would seem to encourage this trend—but textbooks need to be studied, discussed and argued over.

While readily accepting that Bernard has moved the debate forward considerably, the points made here should provoke much thought from the identified target audience.

I have remarkably few reservations about recommending this to all of the students or practitioners thus categorized by the Open University marketing department: those planning and delivering services alongside gerontology, nursing, medicine, social work, social sciences and women’s studies students.

Technically, those diverse categories should emphasize the nature of this book—but its real value is that it may well become an inspiration for health care professionals. Those who aspire to higher profile professions sometimes underestimate health in Old Age. This is an important resource—not so much an introduction, more of a mission statement.

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References

In focus news (1997/8) Elderly Care, 9(6), 5.