Health Promotion Theory


Reviewed by Ross James

This is one of a series of 20 books designed for self-directed learning in public health. Twelve authors contribute 15 chapters assigned to four sections: philosophy and theory of health promotion; epidemiology, politics and ethics; public policy; and implementing health promotion.

A page-one promise attracted my attention as I began reading this book in the departure terminal at the Islamabad international airport in Pakistan. Traumatised earthquake victims were fresh in my mind as I read: “Is (sic) important to recognize that most of the ideas and concepts, while originating in high income countries, are equally relevant when considering health promotion initiatives in low and middle income countries.”

But it misses the mark. Examples are drawn only from western Europe, Canada, New Zealand and Australia, where high investment in health care and government responses to regulate costs are a feature of high-income countries. Missing is a discussion on the role of health promotion in the WHO Millenium Development Goals (MDG) agenda, which increasingly drive policy and bilateral programs in low and middle-income countries and, with program-specific targets, appear to be at odds with health promotion, which is equity-driven.

Another glaring omission is any engagement with the Bangkok 6th Global Conference on Health Promotion, held in 2005. The omission is more notable given the following passing — yet powerful — sentences devoted to the Bangkok Charter: “More recently WHO, through the Bangkok Charter (2005) has reviewed the strategies for health promotion in a globalised world as the context for health promotion has changed markedly since the Ottawa Charter. In particular, increasing health inequalities, environmental degradation, new patterns of consumption and communication, and increasing urbanization” (p.20,21). If there has been such a marked change since Ottawa, it is all the more remarkable that the Ottawa Charter and health promotion advances in the 1980s are cited to support arguments throughout the text. It’s a missed opportunity to maximise the relevance of this book by framing contemporary health promotion practice with the Bangkok Charter.

Chapters 3 and 4, changing behaviour in individuals and communities, were excellent, but the relevance of the book was compromised by a lack of material on the increasingly dominant issue of behaviour change communication, an activity that preoccupies the efforts of health promoters working at the coalface.

It has a reasonably easy style. Key terms are explained at the beginning of each chapter. Self-directed activities with a feedback section, frequently spaced throughout the work, are useful to consolidate learning. Yet, even then, it was somewhat uneven. One example: although the book is titled Health Promotion Theory, some confusion emerges when we are told (p.38) that the theory guiding practice in health promotion is not yet well developed. Another: several chapters, such as chapter 6 (political and ethical considerations) are philosophically dense and out of balance with much of the book, which was comparatively lighter in flow and terminology.

Two big errors (and irritating spelling and punctuation mistakes) escaped the editors. On page 85 a half-page figure (Fig. 7.2), critical for illustrating substantial differences within a population group, was completely absent from my review copy and from a second copy, selected at random and sent by the Australian distributor at my request to determine if the figure was missing in the entire print run. An extended paragraph on page 87 is incomprehensible, largely because the key sentence lacks an object and is therefore incomplete.

In my opinion, health promoters would be better advised to invest the $52.95 RRP in more relevant and practical contributions to health promotion, such as Egger, Sparks and Donovan’s Health Promotion Strategies and Methods, or Haider’s Global Public Health Communication (both reviewed in the Journal’s last issue). And we ought not overlook the exceptional Theory in a nutshell: A practical guide to health promotion theories co-authored by Don Nutbeam (who, incidentally wrote the best chapters in the book under review) and Liz Harris.

Reviewer

Ross James, Combined Universities Centre for Rural Health, Western Australia
Health Promotion and Education Research Methods
– Using the Five-Chapter Thesis/Dissertation Model


Reviewed by Eric van Beurden

If you teach research methods or are planning to do a post-graduate degree in public health then you will find this book very useful. Cottrell and McKenzie (and Brown) have designed this text specifically for health promoters and graduate students in the field. They take a novel approach by integrating the learning of research methods with the writing of a thesis. They do this in a refreshing and user-friendly way that replaces the often-daunting process of ‘learning-via-osmosis’, and use clearly written sections on the vital components. The style and language is non-threatening and gives the book a mentoring quality. The content is relevant, accurate and mostly up-to-date and is presented in brief, well-titled sections that link with the book’s contents and index.

The book helps students through the formative stages of choosing a research topic and gives an overview of key health education theories using an excellent summary table of common constructs with snapshot examples. It explains research questions, purpose statements, hypotheses, limitations, delimitations, assumptions and operational definitions within the context of writing the introductory chapter of a thesis. It also unpacks the main ethical issues in health promotion research.

Moving on to methodology, it focuses on research design, how to select research participants, and then explains key aspects of both quantitative and qualitative research methods necessary to fully understand the research process and to write a ‘Methods’ chapter.

The book then explains how to discuss findings, compare them to the literature, make appropriate recommendations related to professional practice, improve research, and recommend future study needed on the chosen topic. It also presents information on how to share the findings from a thesis or dissertation with other health and health education professionals.

Each chapter has clear learning objectives and an upfront list of key terms. Topics are mostly well covered with good examples, all from the field of health promotion. Text boxes are used strategically to highlight case studies, to exemplify protocols or to summarise important issues or processes. The tables and graphs are simple and clear.

At the end of each chapter there is a set of review questions that assist the reader to reflect on their own learning, but they could also be used for course assessments or as a basis for tutorial topics. The references are up-to-date and provide good links to other books for further in-depth study.

The only apparent shortcomings are minor and certainly do not negate my high recommendation. First, the approach to form and content of a dissertation is rather narrow and prescriptive at times (e.g. “Chapter IV should begin as previous chapters with a brief introduction that restates the purpose of the study exactly as it was written in Chapter I”). This approach may compromise the otherwise general appeal of the text. In other cases the narrowly prescribed process may not match the requirements of every Australian university (e.g. a proposal hearing or presentation is not always necessary). The authors do briefly acknowledge potential variation in requirements, but then proceed with one formula that probably represents the most common in their own context.

While the chapter on qualitative research describes most approaches used in health promotion, it does not cover participative action research methodologies. Furthermore, qualitative data is hardly mentioned in the chapter covering ‘analysis’, other than to say it was covered in the chapter on ‘qualitative research’ (which describes approaches rather than analysis). In fact, integration of qualitative approaches into other chapters is minimal. The analysis section is rather basic and does little or nothing to address the issues of univariate and multivariate analysis, adjustment for confounding, and dealing with clustering or bias.

Finally, although the references are relevant and useful such a book could benefit by inclusion of references to some of the many Internet links to excellent sources of more in-depth information.

These few shortcomings aside, Health Promotion and Education Research Methods – Using the Five-Chapter Thesis/Dissertation Model certainly deserves a place in all health promotion research libraries and I recommend it highly to all who teach research methods in public health or are planning to do a postgraduate degree in the field.

Reviewer

Eric van Beurden, Health Promotion Unit, Population Health, Planning and Performance Management Directorate, North Coast Area Health Service, New South Wales
Our goal

The Health Promotion Journal of Australia aims to facilitate communication between researchers, practitioners and policymakers involved in health promotion activities. Preference is given to practical examples of policies, theories, strategies and programs that utilise educational, organisational, economic and/or environmental approaches to health promotion and their evaluation. We welcome papers or brief reports on programs, professional viewpoints, guidelines for practice or evaluation methodologies.

Articles

Papers should be 2,000-3,500 words in length (including the Abstract, but not the references) preferably with no more than six tables and/or illustrations and 40 references.

Brief reports

Brief reports are intended to expedite dissemination of information about the development and implementation of health promotion projects. This includes projects in the process of implementation or evaluation, ongoing or completed health promotion projects and smaller pilot demonstrations projects. It includes reports on local implementation of national strategies where particular problems or need for modification have arisen. Word count: 1,200 words, 2 tables and/or illustrations, and 20 references.

Letters to the editor

Letters to the editor provide an opportunity for discussion of journal articles and for comment on matters of immediate public interest. They should be no more than 400 words, 1 table and 10 references.

Submissions

Authors should submit one (1) printed copy and an electronic disc version of both the manuscript and the covering letter in a Word-compatible, PC format. The disc should be labelled with the title, authors, date, word processing package. The printed copy should be double-spaced on one side of A4 paper, with at least 2.5 cm margins on all sides. The accompanying cover letter should include a brief description of the project and its relevance to health promotion. The printed letter must be signed by all authors. It should state that the contents are the authors' original work and that the paper has not been submitted for publication to another journal. Please provide postal and e-mail addresses and telephone and fax numbers for all the authors. While initial submissions are to be posted subsequent correspondence and re-submission may be via e-mail.

Abstract

A 200-250 word structured abstract should be presented under five headings: Issue addressed (why you conducted the project or program); Methods (what you did or, for brief reports, an outline of the project); Results (what happened); Conclusions (what you learnt from conducting the program or project); and So what (the relevance of your findings to health promotion).

The style of the text should be consistent with the style guidelines in the AusInfo Style Manual for Editors and Printers, 5th edn, Canberra: Australian Government Publishing Service; 1998. Spelling should comply with British conventions and the Macquarie Dictionary. Do not use acronyms unless defined. Double quotation marks should be used on quotations from speech or published works and any quotations exceeding 30 words should be set as a separate paragraph. Use single quotation marks for colloquial terms, slang or words not in general usage and italic (not underline) for emphasis.

References

Cite references by number in the text and list in order according to the Vancouver system. For example: 1. Author's name and initial. Title of article. Health Promotion Journal of Australia 1997;(7):22-5.

For further guidelines see the AusInfo Style Manual for Editors and Printers (5th edn 1998), pages 170-171. If there are any more than six authors, list the first six and use et al. to denote others. Journal titles are required in full. Do not use automatic footnote, referencing or numbering systems, including findnote or within Word.

Tables and figures

Tables and figures should be referenced in the text and included on separate sheets at the end of the article. Indicate in the text the desired position for placement of tables and figures. Please take particular care with submission of electronic graphics to ensure that they are of an appropriate format. Figures usually can be used from within a Word file; photographs and other illustrations must be supplied as high resolution files in their native format (e.g. TIF, EPS, JPG). If in doubt about the suitability of a format, contact the Journal administration office. As submissions are e-mailed to reviewers, please keep file sizes to a minimum.

Financial disclosure

The Journal requires that authors identify such interests. Authors who have been funded to carry out any aspects of the intervention they are writing about (e.g. to do an evaluation or conduct a survey) must specify this in the acknowledgements section of the article.

Acknowledgements

Participation other than that of the authors may be acknowledged, but should be kept to a minimum. Please place these just before the references.

Review process

Manuscripts submitted to the journal should consist of original work not published previously and not currently submitted elsewhere. Each manuscript received will be acknowledged. Review comments will be sent to the nominated corresponding author. Accepted manuscripts will be sub-edited to conform to journal style and space constraints. Authors will be required to sign a copyright agreement. A PDF of the
Mission

The mission of the Australian Health Promotion Association is to provide knowledge, resources and perspectives needed to improve health promotion research and practice.

Membership benefits

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