Health Promotion: A Challenge to Define “Completeness”

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into our discussion of intergenerational differences. Certainly something more sophisticated in the way of explanation might be forthcoming, and the conceptual armamentarium would only be strengthened.

Adult Intergenerational Relations: Effects of Societal Change provides some basic background information and empirical assessments of intergenerational relationships, ranging from the continuity found among rural lowans dealing with economic displacement (Elder, Rudkin, & Conger), to teenagers with children in the African American community (Burton), to cross-cultural perspectives on kinship, individuation (Fry), and perceived family environments (Schaie & Willis). Worthy as they are, these discussions leave this reviewer with a taste for more of the drama that actually colors interactions of one generation with another. Too frequently, the whole process is seen from the confines of an antechamber and much of the palpable challenge. In the ideal, it is an inherently multifac-
adequately capture the full picture of health promotion as it applies to older adulthood and aging?" Health promotion addresses the domain of what “might be” achievable, rather than dealing with descriptions of what presently "is." The task undertaken by Dr. Kennie and Dr. Haber is indeed daunting.

Issues of Professional and Client Focus

The reader will find that the two texts are more different than similar in content and approach to the topics of health promotion. This undoubtedly reflects expected differences between any two authors, but it also reflects the diversity that can exist in the approaches taken to the concept. One important similarity, however, is that both texts have an orientation to the health care provider as an agent of health promotion. Dr. Kennie’s text indicates this orientation by using the term “preventive care” in its title. Although the themes of Preventive Care for Elderly People go beyond medical care, the delivery channel for health promotion centers around the activities of health professionals. Dr. Haber’s text presents its orientation on page 20, with a “fundamental assertion” that collaboration between clients and health professionals is preferable to the clients either adopting a compliant (passive) stance or engaging in health-promoting activities on their own.

Some readers may not care for the professional orientation of these two texts, despite the fact that each of them does, in fact, define health promotion in terms that extend beyond clinical issues. The role of health care professionals is undeniably important, but it is equally true that the broad objectives of health promotion can be (and are) pursued outside of the client-provider relationship. A reader’s disagreement with the focus on health professionals is understandable. It is possible to agree on the objectives of health promotion, while differing on the channels by which those objectives should be achieved. For this review, it is sufficient to note that neither text covers in detail a broader range of channels through which health promotion activities can be conducted (e.g., churches, self-help groups, and senior centers). Health Promotion and Aging does the better job of the two in this regard, and this is a major difference between the two books. Haber’s text reads as having a stronger focus on community and patient education. In line with a question posed earlier, however, it may be unrealistic to expect that any single text could treat this focus in depth.

Academic and Practical Orientations

Health promotion has an academic side and a practical side. On one extreme, health promotion can be a rather abstract academic pursuit, where emphasis is placed on research to refine the measurement of theoretical constructs and to identify intervention strategies that work in controlled experimental trials. In contrast, health promotion can also be a very practical endeavor, with emphasis on presenting an inventory of potential interventions, even if any particular intervention applies to only a small segment of the population. Both the Kennie and the Haber texts have an objective of facilitating the delivery or implementation of health-promoting services. Research data are reviewed more often with the purpose of providing advice for action rather than to refine theoretical constructs. Neither text devotes excessive time to discussing minute conceptual distinctions of health promotion terminology, nor does either volume present elaborate spider web diagrams of numerous elements connected with bidirectional arrows. Both books discuss several elements which contribute to comprehensive health promotion, but each book also seems to presume that the reader will recognize the network of connections that exist among those elements.

The absence of multicomponent diagrams does not limit the books. Complex diagrams that simply show almost everything being related to almost everything else run the risk of failing to provide recommendations for action. Both volumes avoid this trap. Yet, the reader may feel a need for greater direction or structure as the chapters unfold. Potential users of these texts should note that the conceptual structure of each book comes from the organization of its chapters, rather than from pictorial diagrams of health-promotion models and visual representations of the interaction of their elements.

For example, Health Promotion and Aging verbally outlines a health-promotion model (pp. 20–22), that consists of seven basic themes (client-professional collaboration, health assessment, health education, social support, behavioral/psychological management, community health education, and geriatric advocacy). Subsequent chapters are set up to address each of these elements in turn. However, this reader never quite saw how the model was being developed in later chapters, perhaps because linkages among the elements were not discussed.

Preventive Care for Elderly People presents its approach to health and aging in Chapter 2—“What is Health in Old Age?” Three elements are highlighted: the absence of disease, optimal functional status, and an adequate system of social support. Several succeeding chapters are organized around these main themes. As with Haber’s book, however, the integration of the underlying model is probably not emphasized as strongly as it might be. Interestingly, both books select social support as a key feature for promoting health, although a reader might ask why social support is an element of Kennie’s definition of health, but aspects of psychological well-being are not included.

Returning to the practical orientation of the texts, each book adopts its own strategy. A very interesting dimension of Preventive Care for Elderly People is a recurring caution against the possible iatrogenic effects of health-promotion interventions, however well-intended they may be. Dr. Kennie’s book contains an extensive review of over 60 medical conditions and broader health-related problems often encountered by older persons (Chapters 6–9). The range of situations is wide, including several specific cancers and other medical diagnoses, as well as functional status and psychosocial concerns such as bereavement, substandard housing, relative poverty, and retirement stress. The discussion is structured to define the importance of the present methods to detect the problem, review methods of intervention and data (if any exist) on the effectiveness of those interventions, and give estimates (if any exist) of cost-effectiveness. The amount of work that went into this set of chapters is obvious and impressive. The frequent absence of cost-effectiveness data will be a natural source of frustration to the reader, but that absence is certainly beyond Kennie’s control.

Chapter 10 presents tables which summarize these reviews and provide suggested courses of action. However, the recommendations are stated in very general terms. Moreover, it is not always evident that health care professionals have substantial control over the activity (e.g., strategies to deal with substandard housing, tests of driving ability, and public pension reform). It is at this point that the lack of distinction between health promotion and preventive care, referred to earlier, comes back to cause the reader to wonder how these action recommendations fall into the domain of clinical professionals.

Health Promotion and Aging provides the reader with practical aids throughout the chapters. These aids include
health assessment checklists, names and phone numbers of prominent organizations, formats for behavior change "contracts," and examples of health education materials. These inclusions are very helpful and are a welcome feature, particularly in a book that has an emphasis on health promotion with professionals as major actors. Chapter 9 ("Community Health") especially benefits from this feature. In addition, discussion questions that appear at the end of each chapter provide a jumping-off point for review of content. Overall, while the Kennie text often seems targeted more to the empirically minded clinical professional, Haber's text seems more useful for the professional looking for resources and insights on techniques to use in practice.

Some Caveats

There are features of each book with which a reader may find difficulty or disagree. Health Promotion and Aging tends to refer to the elderly or older adults in a very general way — as a global population group. The reader may therefore not get a sense of diversity or special targeting for health promotion within that population. For example, page 50 states that, "Older women are least likely to have had Pap smears." Similarly, page 59 says, "Older adults may believe . . . it is too late to change or to do themselves any good." Trends in preventive behavior across specific age groups within the "older" population are not commonly presented. Also, the text seems to periodically switch its intended focus among professionals, students, and older persons themselves.

Users of Preventive Care for Elderly People may need to consider its evident, but unspoken, international grounding. Examples are drawn from several countries, but the reader had the impression that many of the action recommendations for preventive care might be more feasible within the British National Health Service than within the United States' health care system. In addition, most of the final four chapters of the book (Chapters 11-14) are rather general. Chapter 11 ("Tailoring Strategies to Individuals") does not address principles of behavioral science, where tailoring has a more specific meaning. Chapters 13 ("Practical Aspects of Implementation") and 14 ("The Costs of Preventive Care and Health Promotion") seem too global or repetitive of themes that have been written about before.

Even with the apparent professional orientation of both books, Dr. Kennie's is the more clinically directed of the two. Both texts address important health promotion topics (e.g., exercise, smoking cessation, nutrition), but Preventive Care for Elderly People devotes substantially more space to discussion of medical conditions. In contrast, Health Promotion and Aging has more content on principles of behavioral science, more direct attention to community-based resources, and more emphasis on health education techniques. Importantly, neither text embraces "health promotion" with unquestioned acceptance. Cautions and caveats are sprinkled throughout each book.

If one of the quests of health promotion is to seek a comprehensive and optimally complete perspective on both "health" and "promoting health," then neither of these two texts can be expected to stand alone. Each book could be classified as introductory level. Health Promotion and Aging probably overstates the focus of the text, while Preventive Care for Elderly People probably understates the author's intentions. Yet, that comes as no surprise. There is no limited set of goals for achieving "health promotion." Healthy People 2000 alone contains several hundred, and further goals for the year 2010 are sure to follow. In addition, there is no unique setting within which health promotion activities occur, nor is there a limited number of channels by which interventions are delivered. Finally, there are specific goals for the target of health promotion; virtually everyone is eligible. Health promotion is a moving target, as are many other concepts we study. Not only does the target move up and down, and side to side, but it also moves farther away — like the next horizon.

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GLOBAL PERSPECTIVES ON ELDER ABUSE


This summer, four books on the subject of elder abuse arrived at the editorial offices of The Gerontologist. That fact alone says something powerful about the momentum this field has achieved. While the goals and intended audiences of each book are slightly different, they each make a unique contribution to a growing body of literature that is increasingly international in its scope.

Drs. Kosberg's and Garcia's volume, Elder Abuse: International and Cross-Cultural Perspectives, stands out as the most intriguing. Here assembled in one place, for the first time, are chapters on the nature of elder abuse in nine countries, many authored by the preeminent authority from each nation. Included are chapters on Australia, Finland, Greece, Hong Kong, India, Ireland, Israel, Norway, and Poland.

Beyond the relatively structured discourses that include national demography, elder abuse prevalence (with primary data displayed where available), definitions (the holy grail of elder abuse which American researchers will find comfortingly elusive across the continents), and interventions, some chapters offer cultural insights through prose that speak louder than the statistics that accompany them. Particularly chilling was a New Delhi criminal attorney's report that financial exploitation by family members constitutes a significant percentage of crimes against older