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 that actually colors interactions of one generation with another. Animosity, however defined, is rare, and nary a third of the 1500 AARP respondents in 1990 had a discouraging word to say about entitlements destined for generations other than their own. Draw your own conclusions about what that portends absent fuel being added to the political fire. The likely forecast is that needs-based assessments will supplant universalistic entitlements in the service of budgetary recision or reversion. Of course that will do nothing to solve the net pool of goods and services needed, and the shortfalls will only be shuffled elsewhere. Any guesses as to where and how declines in relative earnings or discretionary income will be factored in? Let us heed Thomas Jefferson’s admonition concerning generational succession and make sure neither preceding nor succeeding generations are put to disadvantage.

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References

HEALTH PROMOTION: A CHALLENGE TO DEFINE “COMPLETENESS”

Health Promotion and Aging, by David Haber. Springer Publishing, New York, 1994, 280 pp., $39.95 (cloth).


Seemingly simple inquiries often pose the greatest challenges for explanation. For example, few questions posed by eager children provoke as much good-natured bemusement among parents as, “How high does the sky go?” “What is the highest number anyone can ever count up to?”, or, “How come no matter how fast we drive, we never reach the horizon?” With equally simple words, yet with substantially deeper implications, few questions about the progress made on major social issues threaten to reveal unspoken value judgments and political persuasions as does, “Is the glass now half empty, or is it half full?” Similarly, few questions have challenged the professional community as consistently as the seemingly simple query, “What is ‘health’?”

Although asked in very different contexts, responses to questions such as these often involve wrestling with criteria for judging what constitutes a maximum, what comprises the optimum, or for deciding that “enough” has been done to redress a social inequality. And, in fact, sometimes the answer is that regardless of how much progress has been made, more can always be done. Even a debate about whether the “glass” of a social issue is half empty or half full needs to incorporate the possibility that as soon as the glass is completely full by existing criteria, someone may place another empty glass alongside, suggesting the need for making still more progress.

Addressing the topic of health promotion shares a comparable challenge. In the ideal, it is an inherently multifactorial and integrative concept. The texts by Haber and by Kennie both recognize this feature. Haber, in Health Promotion and Aging, succinctly comments on health promotion as a dynamic process (page 11), and as a goal toward which persons move, involving regular examination of priorities and evaluation of possible courses of action. Kennie, in Preventive Care for Elderly People, acknowledges the multiple elements of health promotion (p. 5), but goes on to deemphasize the need to make fine distinctions between the terms “preventive care” and “health promotion.”

What Are the Goals?

In addition to being multifactorial and integrative, health promotion also has an unmistakable connotation of enhancement or improvement. At the level of caring for the individual patient, it could be argued that “health promotion” and “treatment” have substantial overlap. Bringing the patient back to his or her level of pre-illness function or physical integrity by means of a treatment regimen can be a satisfactory goal, and can therefore be considered health-promoting. Of course, more comprehensive perspectives than treatment of the presenting medical condition can be applied to the individual patient. However, discussion of health promotion at the level of the group, community, or population directly connotes themes of achieving goals of enhancement and improvement beyond some known baseline levels.

At the point of moving beyond the individual patient, a key question for health promotion becomes, “How does one know that the ‘good health’ of a defined population has been optimized?” What is the horizon of health promotion? Will it ever be possible to fill our glass of optimally promoted health?

And, perhaps, it is also realistic to ask another, related question. That is, “Is it possible for any one book to
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 expectable 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 agents 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. The role of health care professionals is undeniably important, but it is also 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 problem, 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...
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.

Dr. Kosberg’s and Dr. 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...