

Four Steps Towards Equity: A Tool for Health Promotion Practice

By Equity Project Team, Health Promotion Service, South East Health, New South Wales, 2003. Reviewed by Gavin Turrell

As a social epidemiologist (and not a health promotion professional), I saw this document as being important and timely. It is fundamentally directed at bringing about institutional change within the health promotion enterprise in New South Wales (NSW) by reorienting organisational philosophy, perspective, principles, and practice, with a view to reducing health inequities between social groups. And for this, it should be congratulated. Socio-economic differences in health and other manifestations of health inequity, such as those between men and women, urban and rural areas, Indigenous and non-Indigenous peoples, and ethnic groups, represent some of the main public health challenges facing contemporary developed societies such as Australia. Health promotion has a role to play in helping redress these types of inequities, and this tool goes some way towards making this happen.

The tool has been compiled as a series of four interrelated steps, each of which raises issues, questions and challenges designed to stimulate thinking about health equity, and each presents information that might assist health promotion managers and practitioners to integrate equity principles and practices into their core business. The tool is quickly read (comprising only 14 pages in total, including a glossary and references), the material is presented in a simple and easy-to-read style, and its broad coverage of issues pertaining to health (in)equity is comprehensive and up-to-date.

Step 1 provides a general introduction to the equity concept, a rationale for why it is important to reduce health inequities, an overview of the main determinants of health, a discussion of ways in which prevention programs can address health equity, and guidelines about health promotion strategies and approaches that are consistent with equity principles. For me, a particular strength of this first step was the critical self-reflection that underpinned and infused much of the material. Specifically, that equity is not yet a core value within health promotion in NSW; that some health promotion efforts have inadvertently widened health differences between social groups; that health promotion has often focused on changing individual behaviour and has paid less attention to the broader environmental and social determinants of health; and that health promotion has tended to take a conservative, low-risk approach to practice and has often targeted easy-to-reach (middle class) groups. These are clearly difficult and confronting issues, both for managers and practitioners: if however, we accept that health equity is a worthwhile goal, and that inequities should be reduced, then these challenges require a response and health

promotion practice will need to undergo some changes.

Step 2 again raises questions and encourages critique: this time about whether and to what extent the reader's own organisation and its broader working environment are oriented towards and supportive of equity principles and practices. Issues covered include: equity support from existing State and local-level initiatives and agendas; support, leadership, and advocacy from management; collaboration and partnerships between organisations and the community; values and ethics; and professional development. Health promotion managers and practitioners might find this step useful in terms of assessing the political and organisational climate and their own personal readiness to adopt and work within an equity framework.

Step 3 challenges us to carefully consider how equity principles and practices can be integrated into each stage of health promotion interventions; from their conception and planning, through to their implementation, evaluation, communication and dissemination. This step has both an educative (informing) and a practical (how-to) focus, and I found that it served to prime and sensitise my thinking about the myriad ways that health promotion can be oriented towards minimising the impact of its practice on perpetuating health inequities and maximising its potential to reduce them.

Step 4 consists of a website that provides further information (e.g. case studies, reports, references) and links to other materials and tools that focus on health equity issues. The website was included as an additional resource to support and build on the material provided as part of steps 1-3.

I suspect that this document will receive mixed reactions from health promotion professionals (at all levels). Some will view it positively. Others, however, will respond with ambivalence and resistance for a range of reasons: that it means additional work; that it fails to adequately consider broader political realities and priorities; that health promotion should take a whole-of-population (majority) approach rather than a subgroup (minority) focus; that health promotion has a limited capacity to address all health problems, especially the health needs of the disadvantaged; or simply because it represents change. These are important and real issues, and the tool should have given explicit consideration to these at the outset as a way of providing assurances and allaying concerns and ultimately facilitating the changes the tool's developers hope to bring about. Any negative response would have also been dampened somewhat by the use of a more interactive and suggestive communication style. Important in this respect will be the tool's evaluation: ideally, users should be given the opportunity to provide feedback on whether (or why not) the tool was accepted, supported, integrated, and implemented.

Overall, I would recommend *Four Steps Towards Equity* to health promotion directors, managers and practitioners, especially the

former groups as the extent to which the tool is integrated into practice will be largely dependent on managerial support, leadership, and advocacy. If possible, it should be made available to other health professionals and more widely than NSW. Reducing health inequities is a formidable and complex challenge and our efforts need to be broad and encompassing rather than narrow and exclusive.

Author

Gavin Turrell, School of Public Health, Queensland University of Technology, Queensland

Community Practices in Australia

Edited by Wendy Weeks, Lesley Hoatson and Jane Dixon.

Published by Pearson Education Australia, Sydney, 2003.

160 pages, RRP \$38.95. ISBN1 74091 033 8.

Reviewed by Pete Whitecross

This collection of 15 case studies and related practitioner theory adds to the body of knowledge in the area of community practice and resonates with contemporary best practice in community-based health promotion. The editors neatly side-step terminological debates, such as whether community capacity building is the new community development, by combining the various community-based strategies under the one rubric of community practice. This loose conceptual formation allows for the inclusion of a range of strategies that overlap in actual practice and which share interrelated goals.

There are several themes running through this collection. The editors highlight how community practice and theory is evolving in response to the challenges to everyday quality of life posed by the growth of the globalised market economy and the neoliberal social (including health) policies that go with it. While such a global perspective may sound abstract, ideological and academic, the stories are familiar and concrete. They include actions to prevent child sexual exploitation; creating community pride; urban regeneration; local actions to promote reconciliation; campaigning for asylum seekers; and local community capacity building. All of the case studies are examples of health promotion in the broadest sense of the term; however, only a minority of them would find a place in a mainstream health promotion journal. This is one of the strengths of the book, in that it provides us with an opportunity to reflect on many health promotion practices from a range of different perspectives.

Civil society organisations are responding to changing conditions within the state in several ways. The editors identify five broad types of response: transnational alliances to respond to particular issues; local efforts to reclaim democracy, building social capital

and promoting meaningful participation; partnerships with government and business; campaigns to challenge the power of the state and the market; and alternative social structures to address emerging deficits in existing institutional frameworks. This is so similar to the rhetoric of the Sundsvall Statement (WHO 1991), calling for social action to be strengthened; the difference is that this is real, contemporary and Australian.

While the values and principles of this book will be familiar to health promotion practitioners, many of the perspectives will be fresh, taken as they are from the related fields of public administration, industrial relations, housing action and human rights. For example, I am quite familiar with the health promotion literature on partnerships and collaboration, yet had not encountered the competencies of 'boundary spanning' or 'mistrust management'.

The case studies and the theoretical chapters by the editors throw into high relief many current practice issues for health promotion. The increasing popularity of partnerships and collaboration, for example, implies that as health promotion practitioners we are questioning modernist models of governance. Despite this implicit and emergent 'policy', there is very little debate in the health promotion literature as what should our role be in a remodeled deliberative democracy. Are we part of civil society or are we part of the state? This collection illustrates the many and varied solutions available to community practitioners when working towards more compassionate and health-promoting responses to neoliberal social policies.

In the introduction to the book, the editors note that it is intended for practitioners, students and academics and I believe that it contributes significantly to the field at all these levels. It is not a tidy book where the theory drives the content, rather a dynamic interaction where theory attempts to illuminate the themes embedded in the practice. Anyone who has engaged in community practice to any degree would not expect a book on this subject to be neat and complete. As the commentary indicates, these are times when community practice is undergoing significant changes and the text reflects that. The bibliography is generous and provides the interested health promotion worker with many useful leads into related and relevant bodies of practitioner theory.

I recommend this book in its own right as a good example of the genre and because at present there appears to be no health promotion-specific text covering the same territory. It is an article of faith (albeit an evidence-based one) within health promotion that in diversity there is strength, and this collection of case studies from related fields of social action has many useful lessons for us.

Author

Pete Whitecross, North Sydney Health, New South Wales

Emerging Theories in Health Promotion Practice and Research: Strategies for improving public health

Edited by R.J. DiClemente, R.A. Crosby and M.C. Kegler. Published by Jossey-Boss, San Francisco, 2002. 414 pages, RRP \$112. ISBN 0 7879 5566 3. Reviewed by Mathew Dick

This is an important book for practitioners, researchers and students wishing to learn more about developments in theoretical approaches to solving problems encountered in health promotion research and practice. Applying theory to research and practice is a central concern for the health promotion field and therefore disseminating the results of new research is an important task, aptly taken up by the editors of this book. They position it as related to the description of behavioural theories used in health promotion presented by Glanz and colleagues in *Health Behaviour and Health Education: Theory, Research and Practice*.¹ It is not a substitute to this work, but rather complements it by describing more recently evolved theories developed through the application, testing and refining of approaches to health promotion research and practice.

Theories are presented from the individual (Precaution Adoption Process Model, Information-Motivation-Behavioral Skills Model, Elaboration Likelihood Model of Persuasion), interpersonal (Authoritative Parenting Model, Natural Helper Models) and community levels (Community Capacity, Behavioural Ecology, Social Capital, Theory of Gender and Power, and Community Coalitions). Some are not new at all, but have been developed sufficiently through research to now form a credible body of work. For instance, natural helper models first emerged in South Africa in the 1950s and have continued to be researched and developed in North America from the 1960s onwards.

The strength of this book is a clear and concise description of each theory that most readers would find interesting and easy to understand. Figures and tables are well used to clarify the information being presented. Case studies used to illustrate each theory come mainly from a North American context, most dealing with issues similar to the Australian context, such as tailoring health messages based on beliefs, motives and perceived barriers and improving maternal and infant nutrition by linking disadvantaged groups to primary health care services. A section in each chapter is included where authors critique the theories presented or outline future directions for improvement. However, this discussion would have been more interesting if comments from others in the field were included. References are included with each chapter and provide a comprehensive list of papers covering the development, application and evaluation of the theories.

The theories discussed in this book have emerged during the practice of health promotion. They have been developed by people working in health promotion to solve problems arising

in practice, and may therefore be an extension or improvement on theories developed from other disciplines and applied to health promotion. Two examples are given here to illustrate. The Precaution Adoption Process (PAP) model is a stage-theory approach to changing health behaviours and therefore shares many similarities with the trans-theoretical model. However, the PAP model addresses a situation that sometimes arises in practice, where a disease or threat is so new that individuals are not aware of it or they have insufficient information to perceive themselves as susceptible to the threat. PAP therefore gives greater focus to individuals in this pre-awareness stage in order to target interventions appropriately. It provides another approach for diseases or epidemics in their early stages, such as the situation with HIV/AIDS in the early 1980s, and behaviours that have proved difficult to change using existing approaches, such as sustained weight loss and condom use.

The practice of developing community coalitions for health has been enthusiastically embraced by health promotion practitioners and researchers as an inclusive approach to addressing complex health issues. Butterfoss and Kegler, prominent researchers in this area, argue in their chapter that the time has come to now step back from the practice of building coalitions and to develop a theory of community coalitions. After reviewing the available evidence a Community Coalition Action Theory is described, which gives practitioners and researchers a concise summary and clearer guide to using this approach.

Health promotion researchers will likely find this book more useful than practitioners because of the strong focus on clarifying current understandings, defining concepts, and outlining future research directions. The inclusion of guidelines on applying theory to practice would have improved the overall appeal of the book. As it is, practitioners with an interest in theory will find the reading fascinating, but will find a need to read widely from the cited literature in order to apply these theories to practice.

I would have liked the editors to mention theories that were not selected and why. We are not told if emerging theories were chosen at random or selected for specific reasons, only that they were included to convey a cross-section of approaches. Are the theories not included appreciably different from those presented, and what issues are they addressing? As it is, the book raises hopes of new approaches to old problems before they are sufficiently developed to be widely useful. What is really needed are well disseminated, concise guides to using new theories that practitioners can easily apply.

Reference

1. Glanz K, Lewis FM, Rimer BK. *Health Behavior and Health Education: Theory, Research, and Practice* (second edition). San Francisco: Jossey-Boss, 1997.

Author

Mathew Dick, Health Promotion Unit, Central Sydney Area
Health Service, New South Wales