

Book Reviews

Health Behavior and Health Education: Theory, Research, and Practice (3rd edn.)

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(Editors)

Jossey-Bass, San Francisco (2002)

583 pp., ISBN 0-7879-5715-1 (hardcover)

This book is informative and insightful, and for those interested in the study of human behavior, is a lot of fun to read. There are good descriptions and multiple, real-world examples of some of the most widely used models and theories in the fields of health education and health behavior today. It would be a great choice as the main textbook for many graduate and professional-level courses, and could be modified for an ambitious, upper-level, undergraduate course as well. It is clearly written and divided into several chapters and sections, so that it could be modified to fit into any academic semester or spread out over two semesters.

As an academic text, it would be most useful as part of a problem-oriented program, because each chapter demonstrates the practical value of theory. The material does not remain in the theoretical clouds, but descends to be firmly grounded in the practical. Instead of presenting theory and practice as if they were a separate dichotomy, the focus is on integrating similarities and continuities of each. The heuristic is that of a connected continuum, whereby, in the ideal, theory and practice become seamless. While there are still obvious gaps between theory and practice, the spirit of the presentation is one of a symbiotic relationship, whereby, theory informs practice and practice informs theory.

The book covers a gamut of theoretical approaches to behavior modification, including individual-level, interpersonal-level, and macro-level models. Each theory is sufficiently described and explained, along with real world examples, which allow the reader to visualize theories-in-action. There are additional chapters that explore many interesting topics such as social marketing, emerging communication technologies, ecological models, as well as research with culturally diverse and unique populations. The latter topic includes the approaches of targeting and tailoring as well, which allow for customization of interventions, based on group or individual-level variables. Some examples combine parts of different theories, which encourage the reader to think and relate to the material in a unique and creative way. Instead of simply learning each theory sequentially and separately, parts of each theory become a potential piece to the larger puzzle of human behavior. It's an orientation to the content, that encourages experimentation. The reader is prompted to begin to mix and match parts of theories into new and interesting structures, allowing many possibilities to begin to unfold.

Although this book would make a nice course textbook, its greatest utility might be as a reference source for the health practitioner. It could be used as a basis for developing, implementing, and evaluating theory-driven health promotions/interventions. While this is not a how-to book per se, it is a methodological guide for those that are trying to address any one of a myriad of health behavior challenges/problems. It will certainly spur readers to consider new possibilities and kindle insights in the application of theory into practice. The text re-introduces the classic notion, that theory guides practice. It is the classic, logical-positivistic approach to research, where the practitioner primarily uses theory and deduction. Inductive or constructivist approaches, although not specifically articulated, probably can't be ruled out, given that a connected continuum can flow both ways.

The main thesis of this text is that programs/interventions that influence health behavior, are most likely to benefit participants and communities when they are guided by a theory of health behavior (as opposed to ones that are atheoretical and guided by precedent, tradition, intuition, or by general principles). Many times, our approaches to solving real-world problems become driven by non-theoretical forces. This book forces us to recalibrate our notions back to theory as the driver again. It is theory that identifies targets for change. It is theory that informs the evaluation of change efforts by helping to identify the outcomes to be measured, as well as the timing and methods of study to be used. Methodologically speaking, this means that the better job one does in conceptualization, the easier and clearer the task is of operationalization. Good theory leads to good research, which leads to advancing good science and good practice.

One of the greatest challenges to public health professionals is in learning to develop, analyze, and evaluate the "fit" that a theory or model has with the problems of those with whom they are working. When that "fit" becomes optimized, there is a reasonable chance to extend what is learned, to provide help and/or benefits to improve overall health. The editors openly aspire to provide readers with the information and skills needed to optimize that fit. Readers learn how to ask critical questions, to think and plan with more precision and conceptual clarity, and to stretch their thinking beyond the usual formulaic strategies to improve health/health care. The real gains will be made in the innovative combinations of theory that the reader can imagine. This book will help readers develop those capabilities.

For the practitioners on the front lines trying to address/solve very resistant problems and for the academicians who are training the next generation of professionals – this book will stimulate your mind and act as a catalyst in getting your creative juices flowing.

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Interprofessional Collaboration: From Policy to Practice in Health and Social Care

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Brunner-Routledge, Hove and New York (2003)

350 pp., ISBN: 1-58391-176-6 (paperback)

Most would agree that professionals should collaborate to provide care that meets the needs of users. To this end, the UK has promulgated policies that attempt to change and re-engineer how professionals work. The 24 chapters in this volume explore the transition from policy to practice, but unfortunately the case for mandated collaboration is ambiguous at best. The authors then rationalize the difference between their findings and experiences on the one hand and their policy agendas and human values on the other. Some claim that a concerted and continuous effort will eventually result in the merger or amalgamation of organizations and professions, thereby eliminating differences and unifying the delivery of care (see Chapter 7). This makes for challenging but not comfortable reading.

The policies, however, present a golden opportunity for health educators to have a role in training and facilitating interprofessional collaboration at the individual, professional and organizational levels based on theories of collaborative advantage and the learning organization (see Chapter 9).

This volume raises more questions than it answers. Just focusing on education and training issues: Should interprofessional training take place at the undergraduate or graduate school level or should it occur at the workplace? Should it involve all professionals, professionals who will have reasonable contacts and interactions with each other or just those who will interact with the keyworker or gatekeeper? Should health and social service agency managers and administrators be included? Should such training be ongoing, and if so, how often and in what forms: conferences, workshops, group exercises or on-line?

Of most interest to health educators would be Part III: Learning Together which covers the role of university based training for collaboration. Chapter 19 presents seven expectations of education that would ultimately support integrated health care: modifying attitudes, establishing common values, knowledge and skills, building teams, solving problems, responding to community needs, changing practice, and changing the professions. Each expectation features a brief programmatic example from the UK followed by both positive and negative commentary. Chapter 21 covers a variety of training models in Norway. One study concluded that students valued shared working over shared learning while in another study students became more skeptical in their attitudes towards group work, interprofessional cooperation and the benefits of knowledge about other professions. Chapters 20 from Canada and 22 from Hong Kong report on the creation of educational programs along with curriculum and course descriptions. Both chapters conclude that evidence for interprofessional learning is lacking. The Canadians call for better theory while

Hong Kong continues support for the policy agenda calling for educational innovations and exploring alternatives by challenging the individual and professional norms along with institutional values.

Part II contains a set of case studies in the UK covering different professions, sectors such as mental health, child abuse, family support services, the elderly, etc. and agencies including hospitals, service umbrella organizations and voluntary groups of users and carers. Each chapter places its topic in the historical policy context mandating collaboration and is much easier to follow than the extensive policy history and discussion presented in the introduction and Chapter 2 Policy Overview. Chapters 9, 12, 15 and 16 specifically mention training and development efforts. The few evaluations suggest that attitudes may be slowly changed over time but many expected obstacles remain. Full collaboration occurs in only a small number of instances and the impact on seamless service delivery and quality of care is negligible.

Interesting overviews of interprofessional policy issues are explored in Chapter 5 on ethics, Chapter 17 on users and carers and Chapter 18 on master and servant. These explicitly challenge the ongoing policy rhetoric and centrifugal pull of the NHS. Chapter 4 reports on the Australian experience with collaboration under policies of economic rationalism and organizational restructuring. In Australia the professions reasserted their distinctive natures as separate professions as the basis for collaboration.

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