HEALTH PROMOTION PRACTICE AND RESEARCH

EDITORS

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Second Edition

EMERGING THEORIES IN

HEALTH PROMOTION PRACTICE AND RESEARCH

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In the world of theory there strode three giants: Albert Bandura, Martin Fishbein, Everett Rogers

Many have stood on their broad shoulders and benefited from their seminal research. To them the field owes a great debt of gratitude.

EMERGING THEORIES IN HEALTH PROMOTION PRACTICE AND RESEARCH

Second Edition

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For Sahara—you are my heart, my soul, and my inspiration—all my love.

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FOREWORD

As illustrated in this volume, we are learning more about the important role of existing and new theories in promoting health. A theory is a set of interrelated concepts, definitions, and propositions that presents a systematic view of events by specifying relations among variables to explain and predict the events. Theories help to explain behavior and suggest ways to achieve behavior change, and are created after observation and testing. They are designed to rationally and clearly explain a phenomenon. As noted by Bandura, $\frac{1}{2}$ in some scientific disciplines (for instance, mathematics), theories integrate laws, whereas in newer fields (for example, public health, behavioral science), theories describe or specify the determinants governing the phenomena of interest. Moreover, when planning programs, theory can point to important intervention and evaluation strategies. For example, if perceptions are considered important in maintaining behavior, then it will be crucial to include some strategies to alter perceptions, whereas if skills are considered important to change behavior, then some strategy to alter skills must be included in the intervention. Does theory matter when developing and implementing interventions to improve public health? The verdict is in on this question, and the answer is a resounding "Yes." It is now established that the effectiveness of public health interventions can be enhanced by use of theorybased planning frameworks such as those described in the second edition of *Emerging Theories in Health Promotion* Practice and Research.

In theory there is no difference between theory and practice. In practice there is.

Knowing the importance of theory, we are beginning to of theory in behavior-change the use interventions, thus identifying gaps needing attention. Painter and colleagues recently reviewed articles in ten leading public health, medicine, and psychology journals. 2 They found that 36 percent of studies mentioned theory. The most commonly used theories were those focusing on either individual-level behavior change (for example, the health belief model) or at the interpersonal level (for example, the social cognitive theory). Articles using theory most often were informed by theory (68 percent), whereas a smaller proportion sought to build theory (9 percent) or tested theory (4 percent). This suggests a significant gap the literature that is filled by this volume—that is, the development and testing of theories for specific populations, settings, and approaches to intervention. The chapters in Emerging Theories in Health Promotion lie at the nexus between what we have learned from past theory-driven research, the challenges that we face in continuing to build the evidence base, and the application of theory in "realworld" settings. As theories have evolved, it is likely that the earliest individually focused theories were developed in less complex systems compared to many of the theories described in this volume, which are applied in complex and systems and often to underserved multidisciplinary populations. Three particularly important themes are woven through various chapters in the current volume: a priority on eliminating health disparities, the need for an "upstream" focus, and an improved understanding of how to apply theory in practice settings.

Theory can play a crucial role in addressing health disparities. The elimination of health disparities is one of the

two overarching goals of the Healthy People 2010 national health agenda. Recent data show large and growing differences in disease burden and health outcomes between high- and low-income groups. The health disparities also persist in other population subgroups, such as African Americans, Hispanic/Mexican Americans, and American Indians/Alaskan Natives. As noted in several chapters in this book, health disparities are often associated with poverty and social fragmentation. Theory-based approaches show promise in addressing these health disparities. For example, diverse community coalitions with active participation can lead to more effective intermediate outcomes. Much of the evidence on the use and effectiveness of theory has developed in Western, European-American settings. This book makes an important contribution by exploring how theory can be applied in other cultures. Often these are populations with significant health disparities.

While interventions are often organized around ecological frameworks, the existing health behavior change literature has lacked sufficient focus on "upstream" intervention levels of such frameworks. The upstream, sociopolitical public health actions (for example, raising the price of tobacco) are likely to be more cost-effective and save more lives than interventions (for downstream example, conducting smoking cessation classes). $\frac{4}{}$ Thus, we know that public health policy, in the form of laws, guidelines, and regulations, can have a profound effect on health status. In a review of behavioral research articles, $\frac{2}{3}$ only 2 percent of studies were policy-focused. Policy, in the form of laws, regulations, and organizational guidelines, has a profound effect on our daily lives and health status. Policy interventions have the potential equalize to environment in a way that may significantly reduce the growing disparities. However, upstream approaches can be subject to the "inverse evidence" law, in which there is less evidence on social and policy determinants of health than on individual-level interventions, due in part to the difficulty in studying these issues with "gold standard" research designs (for example, randomized trials). 5 Therefore, we often have the right answers to the wrong questions.

As noted in this volume, the challenges in putting theory to work in public health practice are not trivial. It is very likely that the capacity of an organization has a direct ability to implement theory-driven bearing on its interventions. The lack of trained staff, facilities, and external funding, along with a lack of appropriate infrastructure for adoption, can often inhibit implementation and maintenance of even the most effective interventions. Implementation research seeks to understand the processes and factors that are associated with successful integration of evidence-based interventions within a particular setting (for example, a worksite or school). Implementation of theory-based programs often results in a tension between fidelity (maintaining the original program design) and reinvention (changes needed for replication in a new setting). As noted in this text, participatory processes are increasingly being used with evidence-based efforts to understand local context while maintaining some degree of fidelity. In addition, when practice settings seek out appropriate and adequate resources (for example, training, technical assistance), the likelihood of success in adopting and maintaining theory-driven interventions is increased.

This timely and well-conceived second edition of *Emerging Theories in Health Promotion* covers these issues and a wide range of others, forging new ground on numerous topics. This text will become treasured reading for researchers or practitioners interested in having the most up-to-date set of tools in their health promotion toolbox.

REFERENCES

- <u>1</u> Bandura A. *Social foundations of thought and action: A social cognitive theory*. Englewood Cliffs, NJ: Prentice Hall, 1986.
- 2 Painter, J. E., Borba, C. P., Hynes, M., Mays, D., and Glanz, K. (2008). The use of theory in health behavior research from 2000 to 2005: A systematic review. *Annals of Behavioral Medicine*.
- <u>3</u> Ezzati, M., Friedman, A. B., Kulkarni, S. C., and Murray, C. J. (2008). The reversal of fortunes: Trends in county mortality and cross-county mortality disparities in the United States. *PLoS Medicine*, *5*(4), e66.
- 4 McKinlay, J. B., and Marceau, L. D. (2000). Upstream healthy public policy: Lessons from the battle of tobacco. *International Journal of Health Services*, *30*(1), 49-69.
- <u>5</u> Nutbeam, D. (2003). How does evidence influence public health policy? Tackling health inequalities in England. *Health Promotion Journal of Australia*, *14*, 154-158.
- 6 Rabin, B. A., Brownson, R. C., Haire-Joshu, D., Kreuter, M. W., and Weaver, N. L. (2008). A glossary for dissemination and implementation research in health. *Journal of Public Health Management Practice*, 14(2), 117-123.

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