EMERGING THEORIES IN HEALTH PROMOTION PRACTICE AND RESEARCH

Strategies for Improving Public Health

Ralph J. DiClemente
Richard A. Crosby
Michelle C. Kegler
Editors

Foreword by Lawrence W. Green

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What emerges as interesting theory in any particular era to health promotion practitioners usually reflects the most compelling demands on them by governmental imperatives, economic and epidemiological pressures, technological opportunities, and community or public expectations. Behavioral theories in the 1950s, for example, addressed why people seek diagnostic examinations and immunizations (see for example Hochbaum, 1956), as these were the compelling epidemiological issues and the technological opportunities presented by new diagnostic tests and new vaccines. In the 1960s, theories of mass media (Griffiths & Knutsen, 1960) and social change (Steuart, 1965) responded to technological advances in communications, especially television, and legislative initiatives. In the United States, the legislative initiatives came with the New Frontier of President John F. Kennedy and the New Society of President Lyndon Johnson, culminating with Medicare and Medicaid laws in 1966. The escalating costs of medical care that followed these initiatives produced an emphasis on cost containment and self-care in the late 1960s and early 1970s (Green, 1974; Levin, Katz, & Holst, 1976).

From then, beginning with the 1974 Lalonde Report in Canada and Public Law 94-317 in the United States (the Health Information and Health Promotion Act in 1975), the remaining decades of the twentieth century have seen more specific policy initiatives defining and supporting health promotion. The policies, then, have driven the demand for specific types of theoretical guidance of health
promotion practice. The 1979 *Healthy People* initiatives in the United States, for example, and the 1986 Ottawa Charter from the First International Conference on Health Promotion have set broad expectations on practitioners for theories that address health behavior and social change as interacting systems of reciprocal causation. These in turn have produced more ecological models of practice, forcing the use of theories in tandem or in combination to encompass the range of causal factors requiring intervention on multiple levels.

Practitioners’ interests in theories also tend to gravitate to the biases of their former professors and what leaders in the field seem to be recommending. Because health promotion, as the editors of this book describe it, is transdisciplinary, the biases of practitioners tend to follow the disciplines from which they joined the field. Some lean toward application of psychological theories, some toward sociological, some toward communications theories that blend these two disciplines with technological considerations and the experience of other fields in applying communications in marketing, political campaigning, or advocacy. Similarly, community organization theories emerge from the blending of psychological, sociological, and political theories with the experience of community workers in social welfare, labor organizing, urban development, rural extension, and political mobilization.

When a book such as this steps out ahead of the demand side of practitioner needs, its authors and editors must offer as “emerging theories” for practice and research those that meet additional criteria. They must blend and balance those same practical imperatives, pressures, and demands with their own scholarly judgment and wisdom on several considerations.

The most obvious consideration is whether the bodies of theoretical literature that are competing for attention and application hold promise for the immediate problem-solving guidance of the field. A second is whether a given theoretical front should be considered a fad or a durable response to genuine trends; whether it is more than a flash in the academic pan, with real potential for contributing to the development of the field. These two criteria require the use of bifocal lenses, one viewing proximal needs for problem solving, the other taking a longer view of changing and projected needs.

The health promotion theorists in the new generation represented in this book are grounded in research and practice, more so than most of those in earlier generations of social and behavioral science who brought their theories to public health. The latter-day emerging theories are better informed by a range of social and behavioral science theories and constructs, not just those of the single disciplines from which the earlier generation of theorists graduated. This group of authors comes largely from applied sociobehavioral, health education, and health promotion programs in schools of public health and other professional schools. In such incubators, they were required to start with problems and look to theory to
solve them, rather than starting with theories and looking for problems on which to test them.

Sharp contrasts and false dichotomies of old debates in health education and health promotion have given way in this representation of emerging theories to more subtle, more nuanced, more balanced understanding of the necessary duality, complementarity, and reciprocal determinism of forces in health behavior and social change. Nevertheless, the chapters of this book compete with each other in ways that should enliven and enrich old debates and stimulate new ones. For example, Petty, Barden, and Wheeler, in Chapter Four, offer two types of information processing and attitude change that would seem to suggest that the notions of social marketing (Kennedy and Crosby, Chapter Ten) might tend to lead to the less enduring, more superficial type of change.

Some of the “emerging theories” reflected here attempt to give a twenty-first-century theoretical reality test to complex interpretations of community cohesion, to “unpack the complexities” of community trust and cooperations (Kreuter and Lezin, Chapter Nine). Some seek “to step back from the practice of building coalitions and forge a comprehensive theory of community coalitions” (Butterfoss and Kegler, Chapter Seven). These efforts to recapitulate and to theorize notions that have ascended from practice, rather than the earlier generations of theory applied from the disciplines to prescribe or proscribe practice, suggest that practitioners have a greater role to play in theory building. They open the way for more participatory research in which practitioners can be coresearchers rather than merely subjects or intermediaries in theory building for health promotion.

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References

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