

lems of social health such as income maintenance, social isolation, and personal loss are discussed as a basis for establishing indicators.

Without exception, the authors stress the great need for basic research to define health promotion indicators. It is no wonder, then, that the editor undertook the task of developing a tool to help researchers meet that need. Utilizing the contributions of all the authors, Kar presents a health promotion indicator model in his concluding chapter. I predict that this conceptual framework will be used by researchers for years to come, probably forming the basis for many a doctoral dissertation.

In conclusion, this book tells you just about everything you might want to know about the status of indicators of health promotion actions and provides a wealth of references as well. It requires study, not skimming, but that is made easier by the book's segmental organization. The contents can be digested slowly. The conceptualization of a health promotion indicator model at the end integrates the material beautifully.

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Health Behavior and Health Education: Theory, Research, and Practice, K. Glanz, F.M. Lewis, and B.K. Rimer, Eds., San Francisco, Jossey-Bass, 1990.

Health Behavior and Health Education: Theory, Research, and Practice edited by Glanz, Lewis, and Rimer integrates theory and practice by describing theoretical models and providing examples of their application. This edited volume does an admirable job of bridging the gap between theory and practice, and providing examples of multiple levels of analysis—individual, group, organizational, and community. The book also provides an excellent review of the current literature that is relevant for the field of health behavior and health education. It is a valuable resource for practitioners and researchers. I have also found it to be a useful tool for classroom teaching.

Practice without theory is like exploration without a map. We do not know where we are and cannot figure out where we are going. A theoretical framework provides us with means for organizing our knowledge so that we can more clearly understand how and why change efforts are effective or ineffective. Too often, interventions are developed, replicated, and promoted before we really have an idea as to why some technique, strategy, or educational program works or fails. The development of interventions to address public health issues before we have some guiding principles may create more problems than are solved. As Marshall Becker suggests, we need to spend more time learning about health risks and health behavior before initiating public campaigns and educational programs to

change people's behavior.¹ Health educators may lose credibility if programs are created that have little or no impact or give advice that changes with each new study.

On the other hand, theory without practice is like reading a map without ever leaving home. Theory is a worthwhile intellectual exercise and may help us understand our world, but theory alone is not useful for public health professionals who are faced with the urgency of the AIDS epidemic, the seriousness of substance abuse, or the consequences of chronic disease. Public health academicians run the risk of becoming irrelevant if our theory building and research remains abstract and abstruse.

Health Behavior and Health Education: Theory, Research, and Practice provides a guide and a vehicle for exploring ways to apply theory to educational programs. The second chapter of the book, written by the editors, has an instructive rationale for connecting theory and practice. The chapter includes definitions of theory, the boundaries of theory, and how theory differs from the measurable phenomena we call independent and dependent variables. The translation of theory into action can help the development of effective health promotion and disease prevention programs.

Yet, this book provides more than just a description of the linkage between theory and practice for interventions with individuals. It is especially useful because it covers several levels of analysis. The field of health education has shifted emphasis over the past several years to include organizational, community, and policy level interventions.^{2,3} As a result, health educators are filling new roles that require expertise in policy analysis, administration, and community advocacy.⁴ Thus, the division of this book into three main sections: (1) individual, (2) interpersonal, and (3) group models of behavior change is particularly instructive.

The section of the book concerned with the individual level of analysis includes chapters on the health belief model (by I.M. Rosenstock), attribution theory (by F.M. Lewis and L.H. Daltroy), and the theory of reasoned action (by W.B. Carter). The interpersonal section includes chapters on social support and stress (by B.A. Israel and S.J. Schurman), patient-provider interaction (by S.K. Joos and D.H. Hickam), and social learning theory (by C.L. Perry, T. Baranowski, and G.S. Parcel). Chapters on the group level of analysis include organizational change (by R.M. Goodman and A.B. Steckler), diffusion of innovation (by M.A. Orlandi, C. Landers, R. Weston, and N. Haley), community organization (by M. Minkler), media advocacy (by L. Wallack), and social marketing (by W.D. Novelli).

All of the chapters include a description of theory, a review of relevant research, and an application of the theory to one or more program examples. The editors should be congratulated for maintaining a consistent framework across the chapters. Some chapters clearly integrate theory, research, and action with explicit and skillfully described case examples. Other chapters do not synthesize the material as well. They contain examples that are not clearly articulated and may not correspond directly to the theory presented. The shortcomings of some of the chapters, however, do not overshadow other successful efforts to integrate theory, research, and practice. The uneven nature of the writing is difficult to avoid in an edited volume.

The editors overcome some of the weaknesses of individual chapters by providing summaries for each of the three sections of the book. Each summary is more than a simple recapitulation of the chapters preceding it. The summaries integrate theories both within and across levels of analysis (e.g., diffusion of innovation and social learning theory). Although the integrative summaries come at the end of each section, the reader may also benefit from reading them both before and after reading the individual chapters in each section.

Most of the chapters in *Health Behavior and Health Education: Theory, Research, and Practice* have an implicit orientation that reflects the common practice in health education that no matter what level of analysis we are working with, the goal is typically to change individual behavior. It is important to recognize that several factors that affect health status are beyond any one individual's ability to control and may require collective action aimed at social change.⁵⁻⁷ Social change is more than the sum of many individuals changing their behavior, rather, it may require a transformation of culture, redistribution of resources, or reorientation of social policy. For example, efforts to prevent the onset of smoking with social marketing techniques do little to change the continued policy of subsidizing the tobacco industry. Now that we have a book which successfully connects theory and practice for individual, interpersonal, and group behavior change, perhaps the next book of this quality and nature should be entitled "Social Change and Health Education."

In summary, *Health Behavior and Health Education: Theory, Research, and Practice* is an excellent resource for health education researchers and practitioners. The book is also useful for training health educators because it provides a comprehensive review of topics necessary for a thorough preparation in the field. The material covered in this book compels us to be more analytic, helps us become a little more tough-minded, and reminds us to think before we leap into action.

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