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# Global Handbook on Noncommunicable Diseases and Health Promotion



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David V. McQueen  
Editor

Global Handbook  
on Noncommunicable  
Diseases and Health  
Promotion

 Springer

*Editor*

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## Introduction to the Book

It is a daunting task to prepare, edit, and contribute to a global handbook on such broad topics as noncommunicable diseases and health promotion. First and foremost one recognizes the enormity of the subject areas and realizes that it could easily be an encyclopedia. Each of the critical words in the title (global, handbook, noncommunicable diseases, health promotion) is subject to discussion and elaboration.

The word “global” itself has many possible meanings beyond simple geography. Often the word “international” is used; however that usage implies a nation-based perspective. Such a perspective drives one to think in terms of countries. The word “global” implies a broader, less narrow political, view. The subtle distinction between international and global will become apparent throughout the book and specifically in the chapters where authors take a country-based perspective while others think more about borderless issues in public health. Authors were not instructed to take one view or another with regard to the meaning of global and it remains for the reader to sort out the individual author’s perspective. As the editor I chose the word “global” because of its broader meaning and because I believe it is more relevant for today’s public health.

Defining a “handbook” is equally challenging. In reviewing numerous “handbooks” on a number of topics both related and unrelated to public health it became clear that the term is loosely applied to any number of monographs. In general one thinks of a handbook as a type of reference document where a student or a researcher in the field can go for a definitive understanding or documentation of the key components, issues, and challenges in the field. That is part of the underlying conceptualization of this work. Nonetheless, it will be clear to any expert in the field of public health that not all issues and challenges can be represented in a single monograph that is produced even by a representative sample of the experts in the field. At best it can only be a well-chosen representative sample.

The term “noncommunicable diseases” is a conscious choice. It is a clumsy and in many ways an unfortunate term. Many of those working in public health have struggled over and debated this terminology. It is unfortunate that we are left with a procrustean situation. It is not the point to debate the merits of the term here; it will be taken up in other venues and in some chapters. There is not even agreement globally about whether the appropriate term is noncommunicable diseases or the hyphenated non-communicable diseases and quite

often simply NCDs. The spelling of the term is not even the fundamental problem with the term. The real problem is that the term has the concept of disease etiology built into it. It implies that diseases that have an infectious origin are not within the term's domain. Unfortunately many diseases commonly placed in the NCD category, e.g., cancer, heart disease, and many others, often have an infection-related etiology. In many places, e.g., the CDC (Atlanta), the term "chronic diseases" is used to represent many of the NCDs. My workplace for 20 years was the CDC National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). But the "chronic disease" term is not without its handicaps in defining the field of work. Institutions and researchers across the globe freely use the various forms of the term. In short, no NCD terminology seems to totally capture the dimensions that are the topics of this handbook. Furthermore, no terminological wizardry will really make it clear to the lay public.

The term "health promotion" also rests uncomfortably in its procrustean bed. Since its origins in the latter part of the twentieth century those in the field of health promotion have struggled over its definition and, in particular, over its content area. Lacking a core discipline has meant a proliferation of topics and roles that are salient for the field. Nevertheless, there are two chief characteristics about health promotion that define it. The first is that its primary focus is on health rather than disease. The second is that it is an area of action in contrast to description. As with the other terms, the components and subtleties of this area of work will be discussed in considerable detail in chapters throughout this handbook.

Why assemble a global handbook on noncommunicable diseases and health promotion? The salient answer is because both of these hard-to-define areas have particular problems that can be solved, in part, by the necessary unification of the two fields of work. The CDC in its wisdom saw the virtue a quarter century ago of combining chronic disease prevention and health promotion into one large and effective center of work (the NCCDPHP). Still, many topical areas in NCDs were not included. One problem that haunts NCDs and health promotion is, despite the efforts to point out with alarm the enormous global burden of NCDs and the need for health-promoting actions, there has been a marked inability to create a sense of urgency about the need to address this burden and take up the needed actions. In short, the "burden" argument does not have a certain *je ne sais quoi* that translates to people. This is unfortunate because unlike many areas of global public health concern such as AIDS, malaria, and tuberculosis, NCDs have not generated the same level of concern. That lack of concern is manifested in a lack of global resources dedicated to NCDs and the global lack of capacity to deal with NCDs and the lack of sustainable programs to create an appropriate public health infrastructure. These problems are most critical in lower and middle-income countries (LMICs).

Health promotion as a field has its own burdens. Similar to the NCD area it lacks resources globally; it has a decidedly undeveloped global capacity and infrastructure. If, as one can argue, the NCD area is marginally represented in the public health infrastructure of most LMICs, then one should recognize, by comparison, that the field of health promotion is even less part

of such infrastructure. In many places health promotion is marginalized as an area in public health. Yet, it is the area of public health that is most concerned with addressing the broad health issues and focusing public health away from a concern with treating rather than preventing disease, particularly in the area of NCDs where, as we shall see argued in many of the chapters, many of the causes and solutions lie outside the area of clinical medicine. Health promotion with its emphasis on social action would seem to be the logical partner to the disease-oriented specialists. One reason for this handbook is to show how, synergistically, these two areas are in need of both perspectives. In the long run both those working in NCDs and in health promotion recognize a common concern with some key underlying values that relate to health and disease globally, principally issues of poverty, equity, and social justice.

The saying, “all models are wrong, some are useful,” can characterize some of the dilemmas found in NCDs and health promotion work. The NCD world operates essentially out of a biomedical model of public health. Through recent elaborations of this model by epidemiologist and in particular social epidemiologists, this model has been extended to cover areas that seem to go well beyond a biomedical model. However these extensions are fraught with difficulties both methodological and theoretical. Much of this discussion will be found in this monograph. In a similar fashion health promotion suffers from a proliferation of models, many of which not well supported by traditional empirical findings. The problem with modeling in both fields of work is that there are too many variables, often ill defined, and in search for empirically defined relationships. Nonetheless, the literature and in particular the policy and strategic areas for work in NCDs and health promotion, whether in the academic or the institutional literature, are profligate with models. The models that are lacking and could be useful are those that link the empirical base of the NCD burden to the action areas of health promotion at the population level. To the extent that models are related to the relevant academic disciplines that underpin the NCDs and health promotion, they represent a continuum from biology through biomedicine, public health, and epidemiology on to the social sciences of psychology, social psychology, sociology, anthropology, and political science. Each of these areas and disciplines has its own theoretical and methodological paradigm. The challenge for the area of NCDs and health promotion is that these multiple paradigms provide multiple approaches to understanding the complexity of the real world, but they remain at best as useful approaches to guide the researcher and practitioner. Many chapters in this monograph address these issues and provide, in many cases, new and unique insights into these conceptual problems.

There are many ways to design the organization and content of a global handbook on NCDs and health promotion. Several obvious choices presented themselves. It could take a straightforward disease orientation with chapters focused on each of the noncommunicable diseases. Alternatively, it could take an international approach, looking at NCDs and health promotion in country after country. It could approach the area from the causes perspective, from behavioral and social factors to the so-called causes of the causes. It could consider only those action areas where there are biomedical health promotion interventions taking place. Or, it could describe how international,

national, and local agencies are addressing NCDs and health promotion. In the end the decision was made to define four sections that would try to encompass the critical aspects of the research and practice related to NCDs and health promotion that need to be known and examined by present-day researchers and practitioners. Section I is on theoretical and methodological issues arising with both NCDs and health promotion. This section is seen as critical because these fields still struggle to define their theoretical bases and therefore also struggle with what are the appropriate methodologies. Section II is called “lenses for understanding NCDs.” This section addresses mainly the descriptive work of epidemiologists, social scientists, and health promoters to try and understand noncommunicable diseases. Section III focuses on approaches to try and change the burden of NCDs using perspectives ranging from treatment to policy. Finally Section IV looks at institutions and organizations that have NCDs and health promotion in their remit. These are the agencies and organizations whose work deals with NCDs and health promotion on a daily basis. These four sections provide a distinctive, if not totally comprehensive, insight into present-day research and practice in NCDs and health promotion.

Tucker, GA, USA

David V. McQueen

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