

Nutrition and an Active Life: From Knowledge to Action

Edited by Wilma B. Freire. Published by Pan American Health Organization, Washington DC, 2005. Paperback, 247 pages. ISBN: 92 75 11612 1.

Reviewed by Colin Bell

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If you have missed the exciting initiatives promoting nutrition and active lifestyles in Latin America, then *Nutrition and an Active Life* is a must read. Calling on a long history of well-designed and evaluated nutrition intervention programs and more recent experiences aimed at boosting physical activity levels, the book is an enlightening and honest summary of programs that have shaped and are shaping international public health policy. It succeeds in allowing the reader to see knowledge translated into action and in keeping their interest.

The editor, Wilma Freire, introduces the book as a record of the programs and policies that have helped to improve overall health across Latin America by reducing the high prevalence rates of nutritional disorders and promoting healthy lifestyles. She expresses the hope that the experiences may serve as examples to be replicated in other communities and nations both in and outside of the Americas.

Action on nutrition supplementation and the promotion of breastfeeding are areas where Latin American countries have excelled. In the first chapter, Martorell sets the style and tone of the book by describing the effects of a longitudinal study by the Institute of Nutrition of Central America and Panama (INCAP). During the 1970s, protein deficiency was considered to be the major cause of childhood malnutrition. INCAP's solution was a high-quality protein mix (atole) that included vitamins and minerals. The impact of atole was compared with that of fresco, a drink containing sugar, vitamins and minerals but devoid of protein, in intervention and control villages in eastern Guatemala. Uniquely, the effects of atole and fresco are described not only in the children from the villages but also in their children and, from surveys in 2002-04, in these children as adults. Dietary, growth and mental development outcomes are described along with programs and policy that grew out of the study. Cesar Victora and colleagues pick up the breastfeeding story, describing the central role studies from Latin America played in the development of World Health Organization policies on breastfeeding.

The knowledge-to-action theme is then carried through a series of chapters on interventions designed to correct micronutrient deficiencies. The complex and, at times, heated interactions between industry, government and public health professionals in Guatemala, Nicaragua and Chile resulting from efforts to fortify sugar with vitamin A and flour with folic acid make fascinating reading. Other tasty nutrition morsels in the book include a chapter describing the slow but steady spread of breastfeeding policies in Brazil and a chapter describing Peru's 'Best Buy' project. The latter

is a novel and culturally thoughtful approach to addressing food insecurity that could easily be picked up by other countries.

Building on their proud track record of nutrition interventions, Latin American countries are now leading the way in physical activity promotion in an effort to stop the advancing obesity epidemic. The Brazilian state of São Paulo (population 34 million) is bigger than most countries, so it is no small task to try to reduce a high prevalence (70-80%) of physical inactivity. Agita São Paulo is the wide-reaching and enormously popular initiative that has taken on this challenge and it is comprehensively described by Matsudo and Matsudo. Their chapter describes the implementation and impact of Agita across São Paulo, how it has been adapted and taken up by other Latin American countries, and how it is now aiming to create international momentum for active lifestyles. Montezuma's chapter on promoting active lifestyles and healthy urban spaces is not to be missed. Having just visited Colombia, it was wonderful to read about the changes in culture and urban design that have created the active-transport-friendly city (see also Jacoby's chapter) that Bogotá is today. It would be hard to find a more intriguing story of how political courage and innovation can lead to more active urban lifestyles.

Some of the reading is a little dry. Mora and colleagues have a fascination with acronyms that wreaks havoc with your memory and you have to get through a large entrée of theory before the main points of Rivera's chapter on improving nutrition in Mexico. The book's section divisions are not particularly helpful, tables and figures could have replaced text, and some errors were evident. Read the book's title from the front cover not the spine, and note that the mean folic acid intake per day described on page 99 should be milligrams, not grams.

In summary, this is a worthwhile book from a wonderful part of the world that will enhance your knowledge of public health in the areas of nutrition and physical activity.

The Dictionary of Health Economics

By Anthony J. Culyer. Published by Edward Elgar Publishing Ltd, UK, September 2005. Hardback, 390 pages with index. ISBN: 1 84376 208 0.

Reviewed by Alan Shiell

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This is a book that you can put down. Indeed, this is precisely what the author wishes you to do – to dip in (and out) of the book when necessary. This is the first dictionary of health economics – a mark of the maturity of the discipline. There have been glossaries, but none have the depth or breadth of coverage that this volume has. Its intended audience is economists new to health and health professionals (researchers, practitioners and policy makers) new to economics, and it serves both groups equally well. Thus, the reader will find definitions not only of economic terms such as utility, price elasticity and opportunity cost, but also definitions of important terms in health research such as confounding, effect modification, and types of bias.

As a dictionary, the author contends this is about increasing knowledge, not understanding. Most of the entries are therefore restricted to basic but well written definitions. The reader will have to supply the context to make sense of these definitions. The definition of the Edgeworth box, for example, is a conventional economic one. It adds nothing to what the economist ought to already understand and will do little to help the non-health/non-economist apply the concept. One must look elsewhere for this understanding, but there are few examples or references to allow the reader to follow-up issues that are not answered by the definition alone. A few entries are expanded, however, and here the dictionary borders on an encyclopedia. There are two pages on hospital economics, for example, containing a relatively lengthy discussion of the shortcomings of the relevant economic theory. Similarly, moral hazard and extra-welfarism get relatively lengthy discussion. The coverage is comprehensive – try finding a term that is not included – and authoritative.

But a good dictionary should also be about clarification. It should, for example, distinguish between the different meanings attached to some words and provide the reader with some insight into how to tell when a particular meaning applies. Professor Culyer chooses not to take this route and instead lays a little light-hearted scorn on those who have tried to clarify the meaning of cost-effectiveness, for example, or who try to distinguish cost-effectiveness analysis from cost-utility analysis. The purpose is well intentioned – to avoid being “po-faced” – but to the reader new to health economics it will be difficult to tell when the opinions being offered are appropriately sharp or tongue-in-cheek, or whether they are shared among health economists or are those of Professor Culyer alone. This is a pity. In my mind, the misuse of the term cost-effectiveness is important, and here was an opportunity to help put an end to the problem. If, as one of the reviewers cited on the back cover suggests, it is true that what turns non-economists away from health economics is “the undergrowth of jargon”, then a dictionary as authoritative as this ought to help the reader cut a clear path through the confusion rather than add to it. Or perhaps I am just being po-faced in expressing this wish. I would also have preferred it if Professor Culyer had not continued to equate extra-welfarism with quality-adjusted life years (QALY) maximisation – the former inclusive of a wide range of sources of value, the latter exclusive of all but health improvement.

There is much that the public health researcher and policy maker will find useful in this volume, although what constitutes public health in Professor Culyer’s eyes is quite narrow. Public health is equated to public health medicine, which is defined as the same as social medicine, and both share community medicine as their underlying discipline. Population health does not get a mention even though it was two Canadian health economists (Evans and Stoddard) who (re)invigorated the term. Related concepts such as the production function, investment and depreciation are defined, but their relevance to health is not described. Depreciation, for example, is defined solely in terms of the decline in the value of a capital asset over time. The fact that health economists often conceive of the body as a capital asset, that one’s health stock

depreciates over time although the rate of depreciation can be moderated by investment in health-promoting activities, is absent.

It was Joan Robinson who suggested that non-economists should understand economics to avoid having the wool pulled over their eyes. This important and valuable work of reference will help do that. Health researchers, be they economist or epidemiologist, will find much that is useful here. The book will be dipped into frequently; it will be picked up and put down again a lot. It is an essential item in any health institution’s library and a useful item in the personal library of anyone whose exposure to health economics is high enough to warrant the investment.

Aboriginal Suicide is Different: a portrait of life and self-destruction

By Colin Tatz. Published by Aboriginal Studies Press, 2005. Paperback, 220 pages. RRP \$34.95. ISBN: 0 85575498 2.

Reviewed by Emma Kowal

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This is the second edition of political scientist Colin Tatz’s polemical book on suicide in Indigenous communities, first published in 2001. The main argument of the book is that suicide among Aboriginal people is not, for the most part, caused by depression, but by social and cultural malaise resulting from colonisation that can only be remedied through culturally based programs conducted entirely outside the realm of biomedicine. Its main audience is those outside the health field, in education, criminal justice, welfare and politics (xxiv). The text of this new edition is unchanged from the first, but includes a new introduction, an expanded bibliography and an index.

The book created quite a stir when first published, gaining significant media coverage. In the medical journals, Tatz was attacked for his dismissal of the medicalisation of suicide, and with it all the potential benefits that medicine can offer. In his introduction, Tatz unapologetically addresses his critics, suggesting that they reject his ideas because the interventions he espouses exclude their expertise (xvii).

A recurrent strand of the book is an attack on biomedicine and the scientific method, as opposed to the brand of qualitative anthropological inquiry that Tatz argues is more useful in understanding suicide because it is a ‘social’ problem and not a ‘medical’ one. He goes to great lengths to argue that Indigenous people who commit suicide are not mentally ill, and virtually equates medical research into suicide with genetic determinism (p. 145). In creating an opposing framework, he draws all behaviours that could be seen as ‘self-destructive’ into the category of chronic suicide (p. 71). These dichotomies between biomedicine and anthropology, mental illness and social problems are overstated by both Tatz and some of his critics to the detriment of the task of understanding Indigenous social and emotional well-being, a point well made in Reser’s recent extensive critique.¹

The statistically informed reader will find much to criticise in the book. There are many examples of lax statistical method, such as arbitrarily shortening his 2.5-year study period in order to maximise his calculated rate of youth suicide (p. 64), and his method of estimating the numbers of stolen children by extrapolating from a sample of major sporting stars he included in a previous book (p. 26). While Tatz argues in the introduction and elsewhere that statistics are an inherently limited mode of understanding Indigenous suicide, both in an empirical and conceptual sense, this is not an excuse for methodological errors where he does choose to use them.

If one can get beyond the simmering debate between the hard and social sciences, there is much interesting data in the book. Tatz and his wife interviewed 396 people (including 208 Indigenous people) in 55 communities in NSW and the ACT in 1997/98 and generated a wealth of rich data, some of which is presented in chapters 5-7. His typology of Indigenous violence in chapter 6 is very interesting, although I would have appreciated more integration with the large contemporary anthropological literature on violence and self-harm, rather than reliance on older sociological frameworks.

Tatz's basic argument is that decolonisation, rather than colonisation, is the cause of the epidemic of suicide and self-harm among Indigenous communities. While the State exercised paternalistic and sometimes brutal control over Indigenous lives, the internal structures of Indigenous societies such as kinship, a rigid moral code and respect for elders remained strong. Since the 1960s, various governments have attempted to grant Indigenous people the rights they were previously denied. However, because governments remain "unwilling to commit Australia to equality and to an acceptance of our native peoples" (p. 6), any efforts to address inequality, disadvantage and racism are hampered with "ambiguity", which Indigenous people experience as frustration and a sense of alienation from mainstream Australian society (p. 16). This alienation leads to a breakdown of the internal social cohesion of Indigenous societies themselves and to violence, including suicide and self-harm. He offers various explanations for youth suicide; summarising, suicide is an expression of the "meaninglessness of life" termed broadly *existential suicide* (p. 72), and/or it is an act of resistance against cruelty, injustice and disrespect (particularly in the case of hanging (p. 65)), encompassed in Tatz's categories of *political suicide* and *respect suicide* (p. 83).

This treatise is compelling, but raises further questions. If Indigenous social cohesion was able to remain strong throughout the dark days of protection and assimilation, why should it crumble at the moment of self-determination? If, as Tatz hints, the "external agenda" that self-determination has forced on to Indigenous people is to blame for their internal breakdown (p. 16), what then is the future of Indigenous society?

Suicide and self-harm remain critical issues in Aboriginal and Torres Strait Islander communities. Social research such as Tatz's study are crucial to the task of unravelling the causes and looking for effective solutions. Tatz's emphasis on disciplinary

divides and his sometimes careless use of statistics may make it a frustrating read for some in the public health audience, but others will appreciate the rich anthropological data and interesting social theories contained in the book.

Reference

1. Reser J. What does it mean to say that Aboriginal suicide is different? Differing cultures, accounts and idioms of distress in the context of Indigenous youth suicide. *Aust Aboriginal Studies*. 2004(2):34-53.

Environmental Health: Ecological Perspectives

By Kathryn Hilgenkamp. Published by Jones and Bartlett Publishers, Massachusetts, 2006. Paperback, 382 pages with index. ISBN: 0763723770.

Reviewed by Valerie A. Brown

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In his 1974 book *Man's Responsibility for Nature*, the eminent Australian philosopher John Passmore makes a useful distinction between ecological problems and problems in ecology. He is marking the difference between disruptions of ecological systems that affect the whole of the society, and those that can be resolved within the specialist discipline. With the current disruption of global life-support systems and its increased risks to health, this distinction has become increasingly important. We have ecological problems for environmental health practitioners, and ecological problems that require action by the whole society. *Environmental Health: Ecological Perspectives* needs to be considered in this context.

We have just left an era when all environmental health issues were considered to be matters for environmental health officers. During the 20th century, the discipline of environmental health became the early warning and policing system of public health, with its own departments in local government and specialised training courses in universities.

In the centuries before and after the 20th, major changes in the interaction between people and their environment meant that ecological problems were the concern of everyone. In the 19th century, mass movement to cities and the resultant health problems affected whole populations. The solution was labelled the hygiene revolution. In the 21st century, the massive increase in population, resource use, and loss of biodiversity has affected the entire planet. The 21st century solution is being called sustainable development – the human capacity to arrange affairs so that the global life-support systems can continue.

As a result, we now have two streams of environmental health practice. There is the continuation of the 20th century specialised focus. At the same time, there is the broader approach that treats environmental health issues as symptoms of wider social and environmental disruption. This book recognises the emergence

of the broader approach in its introduction. The book's content, however, maintains a narrower focus on the traditional interests of environmental health practice.

The book could be called a sanitised version of sustainable development (which receives only three mentions in nearly 400 pages). Global warming is addressed in two paragraphs. Health effects of globalisation arising from the movements of people, resource flows and the developed and developing countries are not addressed at all. The book contains advice on personal responses to the classic environment health issues. It does not refer in any depth to community, industry or government action on environmental issues.

Within these boundaries, the book is thorough in its treatment of the classic environmental health issues of clean water, clean air, and fertile soil. There are substantial sections on these and on occupational health, food safety and waste management. It adds to these the global issues of energy use, radiation risk and biodiversity loss. The treatment is from the viewpoint of individual action, either by professionals or the individual citizen.

Overall, this book could act as a resource for schools teaching environment issues, or a first-year program in environmental science as a companion to a more general social discussion of the issues. Its use as a reference book in the Australian context is limited, however, since all its reference materials and examples are based in the United States.

Sustainability and Health — Supporting global ecological integrity in public health

Edited by V. A. Brown, J. Grootjans, J. Ritchie, M. Townsend and G. Verrinder. Allen & Unwin, NSW, January 2005. Paperback, 360 pages. ISBN: 184407173.

Reviewed by Pierre Horwitz

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The spheres of sustainability and health have developed almost independently of one another, despite the best intentions of each to address issues of common concern such as poverty, inequality, loss of biodiversity and climate change. In fact, McMichael¹ called for "... a wide appreciation of the ecological significance of population health, viewed over decadal time ... to enrich the prevailing, usually superficial, shorter-sighted discourse on sustainable development". With this comes a significant challenge facing Western societies: to address the emergence of strong hierarchical bureaucracies, where fragmentation has resulted in governance 'silos'. We all seem to be aware of these paradigmatic constraints, yet few have addressed them explicitly and even fewer have made their explicit audience the public health collective. The contributing authors to this textbook have sought to bridge these boundaries and overcome conceptual barriers.

The book highlights the importance of adult learning (or

perhaps relearning is more apt) as an approach to these concerns and this challenge. Drawing from pedagogical theory and praxis, the book is built on the twin frameworks of experiential inquiry-based learning principles and place-based co-operation (for local sustainability).

The titles of chapters (and an interpretation) give the reader a flavour: *Living* (and life on the planet); *Listening* (to other major discipline areas); *Grounding* (our frameworks); *Knowing* (de- and re-constructing how (we think) we know); *Scoping* (designing, monitoring and adapting); *Acting* (social action); *Innovating* (cross sectoral action and other higher-level practice as change for sustainability); and *Managing* (organisational approaches and governance).

Each chapter is preceded by a summary, key words, learning outcomes, outline, learning activities, and key readings. The glossary at the front of the book is testament to the authors' dedication to overcoming language barriers that plague cross-sectoral practice. The book itself is true to non-hierarchical and non-linear ways of learning, being almost network-like; indeed, the iterative and collaborative process used by the authors, described in the acknowledgements, mirrors this structure.

One of the strengths of the book is the access given to the principles of international conventions relevant to the dual sectors of environment and health. The learning activities emphasise participation and group involvement, reminiscent of, but building on, Pretty et al.'s particularly useful manual.² The references given for each chapter are, in the main, carefully chosen, although they include personal communications that will be of little use to the student. Websites are used as locations for authoritative resource material, extra activities, or as examples of practices. Together, these features provide substance: it is broad but not shallow, thereby overcoming a complaint of previous attempts to deal with sustainability in texts.

Apart from the public health target, the book naturally resists disciplinary pigeon-holing, attending to the first law of sustainability. The book will be of immediate value to tertiary students (particularly more senior ones) and I am tempted to say 'mandatory' for professionals in the fields of planning, architecture, environmental management, all forms of natural resource management, and public health (of course!). Each serious reader will encounter patches of familiarity, intrigue, challenge, utility and discomfort. Reflecting on their quest, perhaps the authors would regard this as a successful outcome?

References

1. McMichael AJ. The biosphere, health and "sustainability". *Science*. 2005;297(5584):1093.
2. Pretty JN, Guijt I, Thompson J, Scoones I. *Participatory learning and action. A trainer's guide*. IIED Participatory Methodology Series. Sustainable Agriculture Programme. International Institute for Environment and Development, London, UK, 1995.

Cinematic Prophylaxis: Globalisation and contagion in the discourse of world health

By Kirsten Ostherr. Published by Duke University Press, Durham, 2005. Paperback, 275 pages with index. ISBN: 0 8223 3648 0.

Reviewed by Priscilla Robinson

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This is a unique book whose author, a professor of English rather than of a health science, traces two histories. The first is that of public health films from their original place alongside regular entertainment to their relegation to non-profit venues. The second is the deliberate use of exotic, foreign peoples and places as sources of contagion. Both histories are fascinating, and the author uses this book to demonstrate how, woven together as co-histories, our contemporary understanding and reaction to new and resurgent communicable diseases is threatening 21st century international security.

The book has five chapters, each taking a collection of films that explicitly or implicitly carry a public health message. These are preceded by a useful introduction to 'Cinema and hygiene', which introduces and balances early 20th century ideas about eugenics, behavioural and moral purity and personal hygiene, bad habits and invisible contagions, 'dirty' money and consumerism. Early relevant films portrayed public health as a personal responsibility, the implication being that if you cannot behave properly you put your family and nation at risk (such as women who were more interested in going out to work than protecting their family's health). The chapters build on these ideas but also add evidence that cinemas themselves became viewed as 'sin-bins' and a danger to moral values.

The five chapter titles, 'Public Sphere as Petri Dish', 'Noninfected but Infectable', 'From Inner to Outer Space', 'Conspiracy and Cartography' and 'Indexical Digital', provide the flavour of the topics covered. One of the joys of reading this book is the way the author has dipped into contemporary and well-known films as well as historically less well-known films to illustrate her research. I did not know, for example, as the relevant films were made before even I was born, that there was

a view that desperate refugees, arriving as stowaways, would try to enter a port town by shinning the anchor ropes while the ships were docked – the problem being the rat guards, there to prevent vermin from landing. Or that public health films used to be a part of mainstream cinema but were edged out by way of the regulation of the film industry via an entertainment/education divide. I really enjoyed the section on space films and the way real events and real organisations such as the WHO, major advances in medicine and so on are juxtaposed with imaginary events, usually involving the world being taken over by aliens. Or sometimes protected from them – did you know that Martians are likely to be highly vulnerable to our microscopic pathogens?

I had not thought before about a concept that the author refers to as "boundaries of visibility", but I think it is a useful one. Of course, the big problem with communicable diseases is that you cannot see them being transmitted, so filmmakers have used various devices, crude and sophisticated, to illustrate this process. This has ranged from superimposed stars and sparkles jumping about on to people's hands, into their lungs, etc (a recent version of which was used in the outrageously entertaining television series *Disease Detectives*) to transmogrification of people into monsters and space aliens. It's all the same – things you cannot see can hurt you a lot.

Some of these ideas have now become part of Western distrust of anyone non-Christian European in origin. Communism, for example, was portrayed as highly contagious, much as today we are presented with people dressed in flowing robes that substantially hide the wearer and his true intentions towards 'us'; just as germs can escape and hurt many people, so can hidden bombs.

The book comes with many wonderful if small (photographic) illustrations and excellent explanatory chapter notes as well as a large bibliography and a filmography, and it is well indexed. I think this book would be a relevant addition to academic texts about the history of public health, the framing of communicable diseases as personal and state problems, and of the sociology of stigma attached to 'others'. It would be a useful – and enjoyable – addition to many foundation postgraduate public health courses, including public health principles and practice, health promotion, policy, and communicable diseases. Highly recommended! Read it at once! It might save your life.