



Book review

Scand J Work Environ Health [2002;28\(3\):208-209](#)

Promoción de la Salud: Como Construir Vida Saludable

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Key terms: [book review](#); [health promotion](#)



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Promoción de la Salud: Como Construir Vida Saludable. Edited by HE Restrepo & H Málaga. Santafé de Bogotá, DC (Colombia): Editorial Médica Panamericana, 2001:298p. ISBN 958-9181-55-4. [This book can be obtained from Editorial Médica Panamericana, telephone: +57-1-3145914, telefax: +57-1-345 0019, e-mail: info@medicapnamericana.com.co]

This is a book in Spanish on health promotion, with emphasis on Latin America and the Caribbean. In 298 pages, 21 chapters, and with 15 authors (most representing the Pan American Health Organization in Colombia and Washington, DC), it covers the history of health promotion, quality of life, decentralization, inequities and how to measure them, basic needs, local empowerment, information systems, prioritization, program design and evaluation, communal negotiation, urban and rural health promotion, violence, healthy environments, and health promotion in indigenous societies.

In the spirit of the WHO Ottawa Charter 1986, health promotion is understood as a social movement, the broad targets being the construction of healthy public policies and favorable environments, the fortification of community action, social and personal empowerment, and the reorientation of health services. As a part of the political agenda, health promotion targets underprivileged population sectors such as the excluded, urban and rural poor, ethnic minorities, unemployed, informal sector (workers not covered by insurance or proper contracts, for example, members of family enterprises, street vendors, migrant labor), children, the elderly, and the incapacitated.

A listing of some of the health promotion issues mentioned reveals the scope of the interventions considered: human welfare, basic necessities, human rights, peace, justice, dignified life, life quality, possibility to create, social acceptance, access to art and culture, absence of decapacitating states, development of personal aptitudes, healthy life-styles and habits, security, alleviation of poverty, alleviation of unemployment, tolerance, solidarity, and healthy environments. On a more concrete level, these interventions translate into innumerable matters, such as health care, nutrition, education, clean water, waste management, vector control, drainage, lodging, workplace hygiene, physical activity, absence of unhealthy substances, parks, and sports-grounds.

Granted this scope, some conceptual order and setting of priorities for interventions and their methods would seem in order. Theoretical framework is not discussed much, probably because there have been no real theoretical breakthroughs in health promotion. Health

promotion is seen as an almost all-encompassing political, ecological, and sociocultural model, in contrast to the narrower scope of primary prevention, which is seen as the minimization of health risks and risk factors. The big theoretical and operational dilemma in the health-promotion context stems from the complex hierarchical chaining of individual, hygienic, microsocial, macrosocial, and medical determinants of health, with the ensuing ethical considerations. To gain some order, it is proposed that maybe “necessities” such as nutrition, prevention of illness, response to illness, and paid work are universal, while their means of satisfaction would be situational. This situation would save us from inventing ad hoc necessities.

Operationally, it is the situational factors that health promotion addresses. Financial, managerial, regulatory, and participatory decentralization of at least health care is therefore seen as the major means if achieving better health, coupled with personal and social empowerment of those concerned. Thus concepts and programs of healthy families, communities, suburbs, cities, municipalities, worksites, schools, universities, public transport, prisons, even nightclubs are introduced.

But how far is it locally possible to proceed toward sustainable local autonomy and create and maintain necessary infrastructures that approach operational boundaries of the state, even of legislation? Brazil, with its 175 million inhabitants, 5 regions, 27 states, and over 5000 municipalities is described as it faces the dilemmas of decentralization targeted at financing and managing the most needy municipalities, which are at the same time the poorest (ie, municipalities that should be the primary target for health promotion). Although the role of the state, federal or not, is acknowledged in the book, the fact remains that local autonomy remains constrained by the state with its fixed budget, intersectoral competition for resources, and rapidly changing governments. I am afraid that the central regulation of critical matters such as the provision of water, sewage, work environments, indoor and outdoor air quality, food quality, or smoking remains somewhat muted in the book by its emphasis on decentralization.

Counterarguments to health promotion over traditional public health practices are briefly introduced. It has been proposed that promoters practice “health imperialism” or outright “fascism” by claiming moral superiority, declaring that health is the supreme value, and taking for granted that their proposed interventions promote sustainable health. They are also accused of downplaying of the role of more traditional health care and increasing competition for scarce resources. Apart from

that, some foresee commercialization of health promotion (“Why cannot one sell solidarity and rationality like one sells ham?”). This approach may indeed be viable in the days of structural adjustment programs and global market-oriented privatization that threatens occasional budding “humanist” economies in Latin America.

The book depicts a panorama of the obstacles of health in Latin America, occasionally in a somewhat superficial way, which is understandable, given the scope. Health promotion in the region is an immense and unending task, and the book certainly gives the reader an opportunity to wonder about possible means for health improvement in the region. Concrete examples such as rural and urban municipal programs in Colombia, Venezuela and Brazil, condominial housing, and wastewater treatment are provided. The North Karelian intervention program, although from another con-

continent, is cited as a model intervention that utilizes an integral approach. The next edition will hopefully include chapters also on community safety promotion and workplace health promotion, as these will obviously be further experimented with in the region.

A host of important books is published in Latin America in Spanish and Portuguese. Those in the North who have a real interest either end up learning to read the languages or wait for possible translations.

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