
Book review

Community-based Prevention: Reducing the Risk of Cancer and Chronic Disease

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The escalating impact of cancer and chronic disease on morbidity and mortality affect quality of life, and their impact on health care expenditures highlight the need for long-term and sustainable solutions. In “Community-based Prevention: Reducing the Risk of Cancer and Chronic Disease,” the authors explore health promotion-based programs as a solution for individual- and population-level improvements in health. Using as a template the community-based prevention educator (CPE)-led program delivered by the British Columbia Cancer Agency (BCCA), the authors analyze and compare six programs identified as having community engagement, professional leadership, regional deployment and a generalist prevention agenda at their foundation.

To convince public health policy planners to consider a prevention strategy similar to the CPE program, the authors discuss the need for upstream investments in the context of current chronic disease management requirements in Part A of the book. They then explain BCCA’s CPE-led program so that readers can understand the concepts that guided its development and implementation. Following a review of the program’s vision and purpose, organizational structure, key roles and responsibilities and approach towards

secondary prevention and special populations, the authors show how this CPE program fosters supportive environments to help individuals and populations make healthy life choices. While this bottom-up program was designed with the goal of preventing cancer, the authors recognize that cancer prevention efforts correspond with those required for broader chronic disease by virtue of their similar modifiable risk factors.

To consider which components of the BCCA program have contributed to its success and to gain insight from the achievements of similar models globally, the authors undertake case study research in Part B of their book. They analyzed six programs from five jurisdictions—two European countries, two American states and one Canadian province—starting with Finland’s North Karelia project, which was ahead of its time when implemented in the 1970s. Poverty, social and political issues, and an unhealthy diet all contributed to the region having one of the highest coronary heart disease mortality rates in the world. This robust project achieved great success and has since served as an important example for health planners.

The Health Promotion Officers from Northern Ireland’s Action Cancer charity

is the next CPE-type program the authors describe in their book. In addition to early detection initiatives and mobile screening activities, this private charity has the freedom to endorse and fundraise for initiatives, opportunities that may not always be available to public organizations.

Kentucky’s Health Education through Extension Leadership (HEEL) program and the Kentucky Cancer Program both profited from a close collaboration with the University of Kentucky. The authors observe that this allowed for two-way communication about up-to-date knowledge and evidence-informed interventions between researchers and community workers. The HEEL program’s acknowledgment of the roles that social determinants of health and sustained community ownership play in health promotion underscores the socioecological underpinnings of many health promotion programs as well as the application of diffusion and innovations theory to achieve positive outcomes. This commitment to action on the social determinants of health is paralleled in North Carolina’s Community Health Ambassador Program (CHAP), which was developed to eliminate health disparities. By recruiting community leaders to serve as health ambassadors, the program’s message is shared through

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established and trusted relationships within the community. The authors lastly discuss Health Promotion Co-ordinators from Manitoba's Chronic Disease Prevention Initiative. Given the geopolitical barriers in this province, this project was a testament to the value of teamwork between regional health authorities and communities to, for example, provide locally adapted risk factor prevention support for First Nations communities.

Throughout Parts A and B of the book, the authors draw readers in to make them feel connected with the message of health promotion and how it can be applied in various contexts. Part B specifically focuses on the parallels and contrasts of each case study with BCCA's program and highlights any insights that may be gained. Part C then expands upon these lessons to further encourage the reader to consider the value of each insight. This section also offers a synopsis of various lessons learned and serves as a powerful resource for health planners seeking to be comprehensive in the design of their health promotion efforts. The importance of local knowledge and connections, intensive staff-to-population ratios, scalability, primary and secondary prevention efforts, university affiliation, and more are all discussed in compelling detail.

This book may have a much wider audience than the public health planners the authors identify. The book's message is relevant to public health practitioners, primary care physicians, policy experts, social workers and others. This book reinforces many of the lessons taught in population health, reinforcing the scientific foundations in an appealing format. For example, the book is very clear about the value of theory and conceptual frameworks in helping organize thinking about programs so that they may be developed in a systematic way. On the other end of the program cycle is the role of evaluation and dissemination, which are also both discussed in great detail. The authors advise for ongoing evaluation and collection of both qualitative and quantitative metrics so as to guide program delivery and assess their outcomes. The utility of evaluation in assessing efficacy, as well as in considering possible confounding

effects of secular trends, are all discussed in substantial detail.

"Community-based Prevention: Reducing the Risk of Cancer and Chronic Disease" is persuasive in its argument for CPE-type programs and provides the reader with ample opportunity to learn from various insights and extrapolate to their own planning. While the authors do present several alternate routes a planner might take, they reinforce the benefits of their approach by illustrating how disease latency and the slow onset of chronic disease make CPE-type programs a long-term investment that can leverage often modest health promotion budgets to effect far-reaching success.