

## Practice Makes Perfect: But Can I Get It Published?

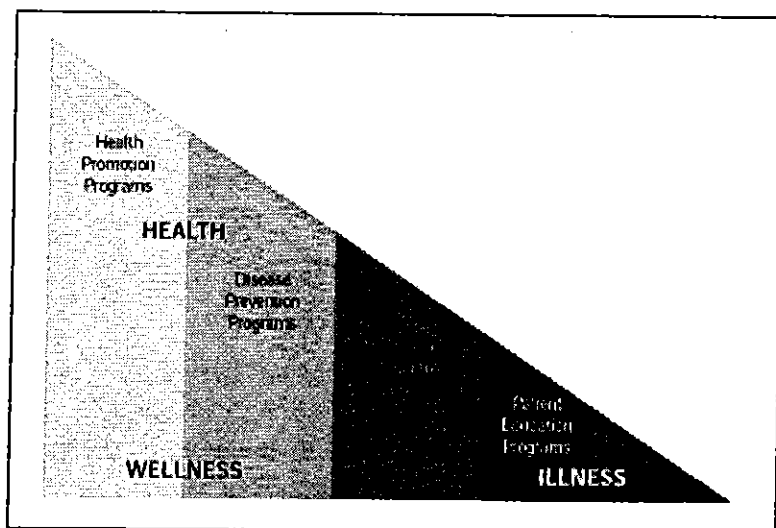
John B Lowe

### The need for evidence

Health promotion has been defined as any combination of health education and related organisational, political and economic intervention designed to facilitate behavioural and environmental adaptation that will improve health. [1] While there are newer definitions, this one demonstrates the broad dimensions of health promotion, the expanding use of the term health promotion and the vastness of the areas we work in.

Figure 1 presents a spectrum of programs, all of which have been referred to in the literature as 'health promotion' programs. The shading represents the degree of evidence we have that these types of programs are effective in improving health—the darker the shading, the more evidence of success.

**FIGURE 1.** The focus of health promotion



Evidence-based health promotion will continue to be crucial when seeking funding. We need to publish the results of programs, policies and other activities—those that work and those that do not—to add to the knowledge base of evidence for health promotion. Program cuts will continue and we thus need to develop solid evidence of what works. While evidence alone does not guarantee funding, funding will certainly not go to any activity which has not demonstrated and published its effectiveness.

### Presenting the evidence

## Format

Most journal articles follow the IMRaD format: Introduction, Methods, Results and Discussion, where the discussion gives the authors an opportunity to talk about the results, compare them with other similar work and, most importantly, make recommendations based on their experience. [2] While this format is generally acceptable and follows a relatively straightforward process, it may be limiting our scope to publish practice (rather than research) results.

This model assumes that authors have something innovative or different to present. As manuscripts have moved to describing programs based on sound planning models, finding that new aspect has become more challenging. Health promotion is by definition practical and applied, and only about 20% of the work being conducted represents an addition to the scientific literature. This may be what authors, editors and the readers want, but is it decreasing our access to the breadth of knowledge in the field?

Dissemination to practitioners of knowledge and information about the other 80% of work conducted in health promotion is also important. One barrier to health promoters writing up their work is the difficulty of demonstrating the newness of their material. Now that this journal has been operating for 10 years, it may be time to begin a second, non-peer-reviewed journal, available on the website of the Australian Health Promotion Association, that would be an information-transferring mechanism for quick reporting of what practitioners did and what happened, not only for what is new.

## Style

Writers of health promotion manuscripts will continue to need to be concerned with their length, where they are published and how they communicate. In the field of public health, and specifically in health promotion, we are in information overload. Articles will need to be short, sweet and to the point. The format of journals such as the *BMJ* will become the model. Today's brief report of 1200-1400 words will in future be regarded as a long article, and most information will be transmitted at the 600-word level. A communication style suited to busy professionals, who are faced with the need to keep up with the literature, will have to be rich but brief, with options to access additional information.

## Positioning

Where to publish is not always self-evident. *The Health Promotion Journal of Australia* provides an important platform for the dissemination of knowledge to practitioners, but an article in the *Sydney Morning Herald* will reach more readers than any article in a professional journal and may even be read by politicians and policymakers (not, unfortunately, regular readers of the Journal).

The *Sydney Morning Herald* would not be interested in an article like this but many articles presenting the results of health promotion work are read by nobody—or, at best, only by our colleagues. Where should we set the balance between publishing an article for the popular press (and possibly influencing health policy) or publishing in a scientific journal (and adding to the evidence-base of health promotion)? Obviously, we need to do both.

Yet writing an article for a newspaper is a very different skill to writing for a scientific

journal. All health promoters need to master the skill of adapting the same material for different readerships. Academic programs need to train health promoters to write for many audiences.

Most of us write not to be understood. This is not done on purpose—we write in code. Words and concepts are used which only those in the field understand. This is a form of health literacy. Health literacy is the ability to read, understand and act on health care and health promotion information. Health literacy relates not only to those patients who have poor reading skills but also to professionals and other health promoters who do not understand the jargon we use in health promotion. In this article there have been more than a dozen words and phrases that most would take for granted but which may or may not be interpreted correctly. Anyone who has travelled to countries where English is a second language understands how, in the field of health promotion, we use a significant number of code words and phrases. This is not to be critical of our discipline—we do not come close to the number of code words used in the medical, legal and business professions.

In this millennium, health promotion practitioners will need both to work on publishing articles in journals such as this one and to shift their focus to the dissemination of results through the popular press. The shift may include using newspapers, Internet sites and other places in the community where health promoters and consumers acquire information.

## Challenges for the Future

The challenges that face health promotion publishing in the new millennium will be the same as the those of last millennium—finding the time for, and making a commitment to, writing. In relation to our students and young colleagues, the challenge will be training them to be able to write in different styles competently. For many of us, the challenge will be adapting our style and format to meet the new demands of short, quick and pure communication.

## References

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## Author

John B Lowe  
Professor and Head  
Department of Community and Behavioral Health  
College of Public Health  
University of Iowa  
2936 Steindler Bldg  
Iowa City, Iowa 52242-1008  
Phone: 319 335-9831  
Fax: 319 335-9200  
Email: [john-low@uiowa.edu](mailto:john-low@uiowa.edu)

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For enquiries related to web site contact Chris Borthwick — [cborthwick@vichealth.vic.gov.au](mailto:cborthwick@vichealth.vic.gov.au)

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