Prescriptive Kinetics for Chronic Killers: Data-Based Health Interventions

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Abstract
Originally published in Contemporary Psychology: APA Review of Books, 1989, Vol 34(9), 862–863. Reviews the book, Epidemiology, Behavior Change, and Intervention in Chronic Disease edited by Linda K. Hall and G. Curt Meyer (see record 1988-97348-000). Hall and Meyer have done an excellent job of describing the natural history of several chronic diseases, particularly heart and lung disease as well as diabetes. In the first portion of their new book, chapters bring contemporary research literature in organized, concise, and well-written fashion to bear on this natural history, complete with some of the more important longitudinal studies of our day and striking cross-sectional health data. Phase II of the book moves into specific exercise and education prescriptions, along with evaluation and testing to precede it. The first portion of the book reads like an excellent doctoral dissertation literature review on selected chronic diseases, their natural history, related research, likely prevention, and intervention strategies. The second portion brings together a series of reasonable interventions supported by the literature. (PsycINFO Database Record (c) 2006 APA, all rights reserved)

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Fund collaborative research: The Global Alliance for Chronic Diseases (GACD) aims to coordinate research on chronic diseases at a global level in order to enhance knowledge exchange across individual projects, and to better understand the impact of socio-economic, cultural, geopolitical and policy on research findings, so as to appropriately adapt interventions and scale-up to. Scaling-up interventions to large populations is not a straightforward task. In practice, translation from a pragmatic trial to the real-life commissioning and continuous delivery of an intervention across a health system is a huge political and economic challenge. Without intentional, guided efforts to scale-up, a new evidence-based intervention might not be broadly implemented. Scope. Routine monitoring data were anonymised, extracted and analysed to examine health and wellbeing outcomes for clients (n = 1201 at post-intervention). Service costs were provided by the WFL manager and entered, along with activity and outcome data, into an established ready reckoner to estimate overall value for money. Results. Improvements in all variables observed at the post-intervention stage were maintained, to some extent, at six and 12 months. Background: Community-based health workers (CBHWs) are frontline public health workers who are trusted members of the community they serve. Recently, considerable attention has been drawn to CBHWs in promoting healthy behaviors and health outcomes among vulnerable populations who often face health inequities. Data Collection And Analysis: Four trained research assistants extracted data by using a standardized data extraction form developed by the authors. Subsequently, an independent research assistant reviewed extracted data to check accuracy. Discrepancies were resolved through discussions among the study team members. Each study was evaluated for its quality by 2 research assistants who extracted relevant study information.