Viewpoints

Working in Six Dimensions

A Critique of Martin Bloom’s Paper
“A Working Definition of Primary Prevention Related to Social Concerns”

Bloom’s paper is one of those tightly packed pieces of work which has fewer paragraphs than it has references. He looks at primary prevention in terms of six dimensions and proposes a working definition which he modestly explains in his opening paragraph is “not a final statement.” What I mean to do is to comment briefly on each of Bloom’s dimensions, suggest a seventh which he mentions only in passing, and conclude by attempting to decide to what extent the proposed working definition is indeed workable.

The first dimension Bloom examines has to do with models of causation. Having briefly described the three contenders for the main place in the causative hierarchy Bloom very wisely suggests that a compromise should be offered between disease models, public health models, and learning theory models since none of them really seems to offer a truly comprehensive prospective. What he proposes therefore is a “social systems model” which he says will ensure that “the essential task becomes an empirical one determining which ingredients are causal and what organizational efforts are most effective in their control.” Certainly it has always seemed to me that the dividing line between pragmatism and opportunism was a thin one but it is unusual to see this stated quite so crisply. Indeed, so refreshing is Bloom’s candor that I wonder why he did not take the final step of altogether throwing out the word “model” which often seems to me to imply an ability to systematize problems which is not necessarily replicated in the real world. I was heartened to notice that this word does not appear in Bloom’s final working definition.

Time is the second dimension which Bloom examines. He nearly exposes some of the extraordinary semantic tangles in which we have become enmeshed through our persistent use of the concepts of primary, secondary and tertiary prevention. Surely we have reached a scientific and bureaucratic theatre of the absurd when we have to swallow statements such as “secondary prevention is the only real form of primary prevention?” With his customary pragmatism Bloom suggests a neat method of dealing with this sort of confusion. He also reminds us that we have not finished the process of prevention when the undesirable outcome has been obviated. The reluctance to take a long term view of what happens after the event must surely lie at the root of much of the public’s distrust of preventive effort as it does at the root
of many professionals' incompetence in carrying out coherent preventive programs.

I cannot help feeling that Bloom deals with his third dimension—that of target audience—in a rather cavalier fashion. We are presented with a simple dichotomy between the individual end and the collective end of the continuum. Certainly he suggests that it is likely to be wisest to opt for the middle range and to identify specific populations at risk in specific places in given communities. This is still so vague that it can be taken to include everything from two individuals (i.e. more than one) to the entire population of the world minus one individual (i.e. not collective). I think we do have to try to be more precise about what we mean by risk, about how we identify it before it occurs or at its earliest possible manifestation, and about the way in which this information feeds into the process that we call primary prevention.

The next dimension Bloom looks at is outcome. He devotes some time to the growth of interest in activities which have to do with health promotion rather than disease prevention and indicates that he expects this trend to gather pace. He also describes the relationship between anticipated and unanticipated outcomes of preventive programs. This is certainly an issue which is likely to attract more attention in the years to come since we know that a number of preventive programs (for example, in the field of drug education) may well have extremely confused outcomes in the sense that there is a mixture of positive and negative results. Some kind of flexible arithmetic is going to have to be devised to enable us to decide how many positives are needed to compensate for a negative or how many negatives are going to devalue a positive.

Bloom uses the debate about active versus passive strategies which he describes in dealing with his fifth dimension as the lead into a reminder that we are essentially involved in a question to do with ethical values. He counsels us to face this particular dilemma directly: "It is a delicate political issue to balance out effectiveness and social sensitivity," he says; "the ethical issues are present whether we invite them or not." What fascinates me about this is the way in which ethics and politics are used almost interchangeably. Perhaps I am viewing this with the cynicism of a European but I cannot help feeling that it is at best over generous and over optimistic to assume that there is much of a connection between two aspects of human activity. Yet prevention is clearly involved in both fields. I would have liked to have seen a clearer distinction drawn between the ethical dilemmas posed by preventive activity and the political dilemmas.

The final dimension Bloom considers is evaluation. It is here also in his last paragraph, that he tags on a reference to the need to be specific about the goals of our activities. It is here that I think he would have done well to have introduced a seventh dimension. Specific goals are not just handy things which enable us to evaluate our activities more easily and more accurately. They are also in themselves curcial components in program design and program delivery. It can be demonstrated in a number of areas that programs which have relatively narrow but specific goals tend to be more effective than