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Editorial

How is evidence used for planning, implementation and evaluation of health promotion? A global collection of case studies

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Like many other areas in the field of health and public health, health promotion has been influenced by the evidence-based movement. As in other fields competing for resources allocated from public funds, health promotion has embraced the ideal of scientific rationality to legitimize its claim of contributing to the betterment of society (1). Although the Ottawa Charter, and the public health strategies that were designed and implemented under its auspices, constitute a solid foundation for the dual objective of increasing population health and improving equity in health (2), it is no longer sufficient to take these strategic approaches at face value. This, combined with demands from training programmes that push the field towards increased professionalization, makes the anchoring of health promotion into scientific evidence all the more appealing. There is, however, a huge caveat that impedes health promotion’s enthusiastic embrace of the evidence-based movement, and it relates to the very core of the Ottawa Charter that identifies context as a defining principle for the field. Local relevance is paramount for health promotion, and it seems, at first glance, that there might be conflict between this principle of action and the claim to universalism that is often made in the name of scientific evidence (3).

There is no easy answer to this difficult epistemological question, and we are still waiting for a satisfactory one. Some have argued for a deeper theoretical exploration of what constitutes evidence (4), whereas others have attempted to develop evaluation approaches that take into account the complex web of context-intervention interactions that characterizes health promotion implementation (5). We thought that one piece was still missing in order to get a more complete picture of the evidence problem for health promotion: the practice of health promotion practitioners. Professionals and practitioners in the field are making decisions daily about how to intervene locally and how to use scientific evidence. In addition, the health promotion literature is increasingly reporting on participatory research projects and process evaluations that closely associate practitioners and researchers in their quests to improve interventions locally (6). We think that those practices that shape the field can help clarify the role of evidence and research for health promotion. In our opinion, this constitutes an essential component for a productive debate about how health promotion should situate itself in the evidence-based movement.

The present special issue of Global Health Promotion was designed and assembled as a first empirical contribution to this debate. Instead of approaching a group of so-called experts, we went to an alternative source, we directly asked practitioners...
and researchers from the field of health promotion what they do to integrate scientific evidence in locally relevant health promotion interventions, and to report on how they do it. The 26 case studies presented in the following pages testify to the efforts that are made around the world to integrate research results into health promotion interventions.

These examples were selected following a global call for abstracts that was launched in the summer of 2009. In November 2009, 27 proposals were chosen from among 45 abstracts received. This first selection was made with the aim of ensuring the greatest possible diversity of the collection of case studies in terms of: type of projects, type of evidence, use of evidence, region of the world and language. The 27 authors were then asked to develop a 1500-word paper with specific guidelines for improving clarity and emphasizing each case’s specificity. In the meanwhile, we recruited reviewers with a track record in health promotion intervention research, reviewers who could recognize and appreciate the transformations practitioners manoeuvre in order to adapt research results to local implementation conditions. The list of reviewers with our thanks appears at the beginning of this issue. We have received 26 case studies completed according to the guidelines that were then reviewed by two independent reviewers. In order to increase the coherence of the overall publication, each reviewer was asked to review two or three cases. The reviews were collated by the editors and specific suggestions for modification and improvement were developed for each case and returned to the author in the language of the submission. Back and forth exchanges between the editorial team and authors were conducted until each case study met our quality criteria of relevance and clarity about the intervention, the evidence, its use, and the lessons learned.

Parallel to this editorial process, we developed and submitted an abstract for a symposium to take place at the 20th IUHPE World Conference in Geneva in July 2010. During the symposium, five case studies were presented to exemplify the diversity of the field. The symposium was so well attended that we had to turn down people at the door, providing proof that evidence and its use are a topic of interest for health promotion practitioners and researchers.

Finally, as an editorial team we conclude this special issue with a cross-sectional analysis of the case-studies that compose our collection (7). This analysis proposes some suggestions on the role of the collection of these case studies in strengthening the knowledge base on the use of evidence and the effectiveness of the use of evidence. Of course, this is based on an obviously biased sample, and the conclusions of our analysis are tentative at best. We hope, however, that our attempt will initiate a dialogue among the communities of health promotion practitioners and researchers, and that this dialogue will lead to a shared understanding of the role and use of research for the advancement of the health promotion agenda, and the role of practice in the translation and adaptation of research for improvement of health promotion interventions, programmes and policy.

References