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What is This?
Stimulating innovative research in health promotion
Annie Larouche¹,² and Louise Potvin¹,²

Abstract: The Global Working Group on Health Promotion Research (GWG HPR) of the International Union for Health Promotion and Education (IUHPE) presents a collection of four articles illustrating innovative avenues for health promotion research. This commentary synthesizes the contributions of these articles while attempting to define the contours of research in health promotion. We propose that innovation in research involves the adoption of a reflexive approach wherein consideration of context plays different roles. The reflexive process consists of questioning what is taken for granted in the conceptualization and operationalization of research. It involves linking research findings and its theoretical foundations to characteristics and goals of the field and observed realities, while orienting reflection on specific objects. The reflexive nature of the research activity is of paramount importance for innovation in health promotion. With the publication of this series, the GWG HPR wishes to strengthen health promotion research capacity at the global level and reaffirm health promotion as a specific research domain. (Global Health Promotion, 2013; 20(2): 64–69)

Keywords: health promotion, research, innovation, reflexivity, context

With this collection of articles, the IUHPE Global Working Group on Health Promotion Research (GWG HPR) is consolidating a set of activities to promote innovative research in health promotion. This is in line with the IUHPE’s work plan and consistent with the conclusions of the special issue of Global Health Promotion on evidence in health promotion (1).

Stimulating innovative research in health promotion obviously raises the question of what constitutes innovative research. The purpose of research activity is to advance knowledge, so the contribution of new perspectives is more or less inherent to research. What does the ability to actually innovate depend on? And what exactly constitutes ‘innovative’ research in health promotion?

Innovative research in health promotion

To innovate means ‘introducing something new’, ‘to avoid imitating past forms’ (2). Innovative research implies a change in the way research is conceived and operationalized. According to some, innovative research and reflexivity are closely linked (3). Continued change requires a critical consciousness of preconceptions that influence the way we conduct our business and constrain our understanding of the world and the development of knowledge (4). Critical thinking allows for the consideration of innovative research practices to better meet the needs and aims of health promotion. Without being necessarily the explicit object of reflection, more fundamental ontological and epistemological issues are at the heart of a reflexive process on research practices and the genesis of innovative avenues of research.

As mentioned in the call for abstracts for this series, the Ottawa Charter (5) defines health promotion as the process by which populations acquire the means of ensuring control over their health and its determinants. Values and principles of equity, participation, empowerment, contextualism and intersectorality are at the heart of the Charter. What characterizes health promotion is also an explicit goal of reducing social

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health inequalities (6) by taking into account the complex systems in which health is produced in daily life, upstream of the problems. Among others, the field thus requires studies on interventions to reduce social health inequalities. Beyond establishing causality between interventions and their observed effects, designing innovative research in health promotion involves the exploration and support of the innovative potential of professional practices (7) and the development of knowledge regarding intervention. The role of discourse, values and intentions – in short, ideology – is important in health promotion whereas that of theoretical and empirical propositions is less clear (8). Innovation also implies research practices that enable health promotion to build its own foundations, in accordance with the values and principles promoted by the Ottawa Charter, by taking into account a variety of relevant theoretical perspectives (9) in sociology, politics, economics, theories of justice, etc.

Any research activity, theoretical or empirical, which falls within these perspectives, whether by its theme, research question or production methods and knowledge sharing, has the potential to contribute to the creation of a corpus of innovative knowledge useful for the field and its researchers, practitioners and policy makers. The congruence of research activities with the purpose, principles and values of health promotion is likely to significantly enrich the field.

The four research articles presented in this collection consist respectively of a critical discourse analysis, a theoretical construction, a scoping review, and an empirical study. The themes developed in these studies relate to: the Ottawa Charter; the concept of health; the settings approaches; and the reorientation of health services. Whereas these issues are not particularly innovative in themselves, the way in which they are addressed in those papers is innovative given the questions asked, the methods used, and the focus on knowledge sharing. In these studies, the reflexive dimensions take many forms. Each author brings, in their own way, new perspectives on a topic relevant to health promotion and sheds new light on the object. These articles illustrate in part the diversity of forms and contents of innovative research in health promotion. They also establish certain milestones that help better define the contours of what research in health promotion is about.

**Contribution of research articles for health promotion**

Firstly, McPhail-Bell, Fredericks and Brough (10) propose a critical reflection on a historical moment of considerable importance to the field of health promotion: the production of the Ottawa Charter. The analysis of some of the documents and processes that led to the adoption of the Charter, that is to say the first international conference of the World Health Organization (WHO) on health promotion and the texts on which its foundations were established, raises the question whether the principles of social justice, participation and empowerment put forward in the Charter also governed its development. From a post-colonial theoretical perspective and a methodology of explicit and implicit critical discourse analysis, the authors underscore the colonial foundations of dominant Western discourse against that of non-Western populations. They identify certain tactics of standardization and exclusion that question the universal scope of the document and whether there was a genuine willingness to reconsider the power relations at the origin of health inequalities within and between nations.

This study sheds new light on the foundations of the field of health promotion by means of a systematic critical analysis of the production context of its flagship document, the objectives of universality and inclusion being rarely questioned in literature on the subject. This paper notes the absence of marginal voices in the process that led to the Ottawa Charter. Transcending debates whether this absence was attributable to appearance of conscious and deliberate imposition of a dominant Western voice which allegedly knows and saves, or a candid Western-centrist desire to bring back certain post-structuralist ideals of the 1960s and 1970s (11), it highlights some of the processes that may have contributed to the prominence of a Western-characteristic worldview to the detriment of less powerful voices that might have contributed significantly to the fight against health inequalities. Without essential reflexivity and the ability to recognize and meet the challenges of health promotion’s colonial foundations, the reification of these traditional relationships of domination seems inevitable. Coherently, the values promoted by the Charter should be reflected both in the processes adopted by the instigators of its development, and
in the actions taken in the name of health promotion. This article therefore opens the debate on a possible ‘decolonization’ of the field of health promotion which, by the acceptance of multiple perspectives rather than an artificial normalizing consensus, could restore people’s control over their own health.

The second article, by Mittelmark and Bull (12), directly addresses the issue of the conceptualization of health in Aaron Antonovsky’s salutogenic model. The authors present a critical discussion of the model and of the proposed concept of health, and suggest a positive reorientation of this concept to move away from health promotion prospects based on the pathogenesis and the biomedical model and to actually embrace the paradigm shift promoted by salutogenesis. This reorientation, which is centered on the concept of well-being, raises thorny ontological and epistemological questions: a positive approach to health clearly reveals its subjective and normative nature. The issue of the role of normativity arises once more. From a pragmatic perspective, the authors propose the acceptance of multiple conceptual and operational definitions of health. They list useful resources concerned with the measurement of well-being. In proposing the intensification of research practices involving a positive concept of health, and providing avenues for its operationalization, this theoretical study reflects some of the broader epistemological and methodological debates that prevail in the field of health promotion.

The third article, by Shareck, Frohlich and Poland (13), involves a review of the literature on the theoretical bases and practical applications of the settings approaches focused on reducing social health inequalities. This scoping review, conducted in the context of a joint working group set up by the Public Health Agency of Canada, has identified four characteristics of the settings approaches focused on equity, which are: a focus on the social determinants of health and social inequities; addressing the needs of marginalized groups; attempts to change structural aspects of the environment; and the involvement of stakeholders in the assessment of needs and resources. They propose a conceptual framework, a ‘settings praxis’ that integrates both the theoretical and methodological foundations of the settings approaches, and features six guiding principles. This framework provides an account of the characteristics of initiatives and theoretical basis relevant for addressing their associated challenges.

The review of relevant theoretical and methodological approaches and their integration into a single conceptual framework constitute an important contribution to research on equity-focused settings approaches. The authors favor the adoption of a reflexive posture in discussing the role that settings approaches may play in reducing social inequalities in health. The proposed model, which could guide research and action in health promotion, reflects a particular concern for the development and sharing of knowledge and theory building in the field.

Finally, the empirical study of Judd and Keleher (14) focuses on the reorientation of community health services in Australia’s Northern Territory. Adopting a process of participatory action research with several cycles of action and reflection, this project demonstrates that the use of knowledge that stems from practice combined with this type of research device is contributing to the reflexive processes that allows for the development of skills and the adaptation of practices for health promotion. Starting from a global model incorporating frameworks of skills development, health promotion action and participatory action research (iterative process of planning–action–reflection), the dynamic analysis of the processes allows for the observation of changes in the program’s structure and in the reflective skills and abilities of professionals. This makes it possible for the authors to elaborate a skills development model in health promotion that takes into account the different levels of leadership favoring practice reorientation.

The innovation in this study resides in its use of professional knowledge, and the mobilization and documentation of the evidence construction processes in the field of health services, a research subject too often neglected in health promotion (15,16). Mobilizing professional knowledge is essential for the advancement of health promotion, considering the principles of participation and empowerment as well as the reflexivity needed to reorient the practices. The new conceptual model, significantly informed by practitioners in a bottom-up process, is likely to fuel future research in line with the values and principles promoted in the field.

**Reflexivity and context**

Taken together, these four studies highlight the relevance of the notion of reflexivity in health
Reflexivity manifests itself in all the articles in this collection. It is primarily concerned with the ideological foundations of the field and the authenticity of its values and principles in the light of colonial history that characterizes the country of origin of the actors involved (10). It also covers concepts (12) and theories mobilized in connection with the aims of health promotion (10,13,14) and, more or less explicitly, the ontological and epistemological issues raised by their operationalization (12,13). Reflexivity also relates to methods of knowledge production (13,14), the taking into account of different forms of knowledge in doing so, and knowledge sharing (10,12–14). Finally, explicit objects of interest for both health promotion practices and research appear to be: a reflexive stance regarding intervention (13,14); a concern for innovative intervention; providing frameworks to develop innovations (13); and the development of practitioners’ reflexive skills and the role of research in this regard (14).

The notion of context is also prominent and serves different purposes as illustrated in these studies. Firstly that of revealer: with regard to implicit assumptions pervasive in the field, taking into account the context helps to better understand the origins of health promotion, its scope and its paradoxes (10). Secondly, context plays the role of justifier: the proposed adaptation of the concept of health and the associated need for research in this regard (12) is justified by the definitions and principles of the field, the aims of salutogenesis, and the operationalization of the concept in health promotion research. Finally, context is a key aspect to be taken into account locally and macro-socially in the fight against social inequalities in health in both settings approaches (13) and, more generally, in the field of health promotion (10) or reorientation of health services (14).

Conclusion

Reflexivity in health promotion takes various forms. It can be found in researchers’ conception of the field, its research paradigms, theories, concepts and methods. It is present in researchers’ desire to trigger other researchers’ interest by communicating their results. Finally, reflexivity is also present in knowledge sharing with practitioners. The reflexive
The nature of the research activity is of paramount importance for innovation in the field. In this health society to which we belong (18), reflexivity with regard to research practices involves taking into account a context, the contours of which are both more specific and more extensive than before. Innovative capacity is achieved through increased reflexivity that takes into account the limitations of research practices, the importance of context, the complexity of social realities in which health is created, and innovative opportunities that become available in the field.

The purpose of this collection of articles was to generate interest in relation to innovative research perspectives that may emerge from a reflexive approach. We hope to have stimulated the production of innovative projects, opening new avenues of research for the field. This series is the first activity of the GWG HPR on the issue of innovation in health promotion research. Through this initiative, the Global Working Group wishes to strengthen the research capacity in the field at the global level. The ultimate goal of this work is the assertion of health promotion as a specific research domain.

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Conflict of interests

None declared.

Note

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