What makes health promotion research distinct?

Abstract
There have been concerns about the decline of health promotion as a practice and discipline and alongside this, calls for a clearer articulation of health promotion research and what, if anything, makes it distinct. This discussion paper, based on a review of the literature; the authors' own experiences in the field; and a workshop delivered by two of the authors at the 8th Nordic Health Promotion Conference, seeks to state the reasons why health promotion research is distinctive. While by no means exhaustive, the paper suggests four distinctive features. The paper hopes to be a catalyst to enable health promotion researchers to be explicit in their practice and to begin the process of developing an agreed set of research principles.

Keywords: health promotion, health promotion research, research, participation, values

There are concerns about the perceived decline of health promotion as a discipline and practice across several parts of the world [1]. Commentators have argued that there is a crisis in health promotion delivery, especially in the UK and other parts of Western Europe, and moreover that the policy climate is now unconducive to health promotion's philosophical basis [2]. While empirical analysis of this situation is lacking, this has not inhibited a 'call to action' for academics, researchers and practitioners to galvanise the discipline. The aim of action is to return health promotion back to the halcyon period between the late 1980s and mid 1990s [2] given that the discipline has so much to offer in managing global health threats. Advocates argue that it is time, some three decades after the Ottawa Charter on health promotion, to revive health promotion as a movement and a force for social change [1]. In parallel to these discussions, there have been similar concerns about the state of health promotion research. Useful guidance on the importance of sound evaluation processes in health promotion have been produced [3], but research itself is fundamental to the progression and development of any discipline and it is undeniable that health promotion requires a strong, research-informed, evidence-base [4]. However, it has been argued that the current lack of clarity about what health promotion research is and what, if anything, makes it distinct represents a concern and challenge for the field [5].

This discussion paper suggests a position that health promotion research is distinctive and sets out four reasons why this is the case. We feel that such a contribution will aid greater clarity as others have suggested that there is much to be gained from 'deep consideration of the principles and foundations of health promotion research' [6, p314]. We do not feel that such reflection on the distinctiveness of health promotion research is mere 'naval-gazing', on the contrary we hope that such discussion helps to consolidate health promotion research efforts and ensure others are aware of, and potentially continue to enact, the principles of health promotion research to ensure its future sustainability. The paper draws on a mix of sources, including a review of the current and previous literature relating to health promotion research philosophy; and the authors' experiences as academics and active researchers working in the field of health promotion. Ideas within the paper were also discussed and shared in a workshop delivered by two of the authors (JW and LW-B) titled 'What makes health promotion distinct?' at the 8th Nordic Health Promotion Conference [7]. This process allowed our views to be refined and challenged by workshop participants.

The paper discusses four key areas of distinctiveness which we anticipate will act as a starting-point and catalyst for the development of a sophisticated, well-thought through and agreed set of health promotion research principles. That said, we are aware of global developments spearheaded by IUHPE to develop a global network of health promotion researchers [8] but since this was launched in 2011 there has arguably been limited impact with few of the work plan priorities completed and limited global representation. It seems that more regionalised approaches that bring together like-

minded health promotion researchers and institutions have proved more successful as demonstrated in the Nordic countries [9]. Despite strategies and approaches to health promotion and tackling inequalities varying across Nordic countries [10], a coherent research network has been formed

Application to real-world contexts

The first element of distinctiveness is that health promotion research should be on the development of practice and on developing appropriate strategies for action on health [6,11]. While not a truly unique characteristic, as other disciplines would hold this attribute, this understanding that health promotion research should be applied to real-world contexts and inform action is a widely held principle. In short, 'blue sky' research [12] in health promotion that does not have direct application to understanding health or tackling health determinants is relatively rare. Whitehead et al. [13] have suggested how the tenets of action research, i.e. research designed explicitly to feed into and inform practice, resonates strongly with health promotion research. The community-driven, rather than expert-driven, nature of action research and its focus on participatory learning are some of the features that align with health promotion:

> *"…researchers in the field of health promotion need to conduct studies that are relevant and useful to the communities involved. This necessarily requires some degree of community participation, in identifying research problems and questions and in helping to articulate the implications and application of the research."* [14, p.339]

The focus on developing practice through health promotion research has, however, been problematic and some have argued that health promotion research has not fully embraced action research principles:

> *"Most health promotion research employs conventional approaches in which the subjects of research function principally as sources of data. This role neither contributes directly to the subjects' empowerment nor encourages action by those experiencing the problems studied."* [15, p.189]

Perhaps more significantly, commentators have suggested a gulf between those practicing and those researching health promotion [16]. Some have noted difficulties in practitioners physically accessing peer-reviewed research literature [17], but we anticipate that such challenges becoming historical given the rise of open-access publications. Notwithstanding this, practitioners have noted how much health promotion research is difficult to apply in practice and fails to adequately inform the strategies to tackle health issues in communities [16]. Glasgow et al. have attempted to outline in detail why such a research-practice gap exists and why there has been a "slow and uneven translation of research findings into practice" [18, p.1266] – this includes a lack of consideration on the part of the research community to explore issues of generalizability of findings from one context to another, thus inhibiting substantial theory generation. So, while in principle the notion of research leading to action is a distinctive feature, it is apparent that much is to be done to ensure this happens. The growth of academic and practice research collaborations and initiatives within health promotion, including research–practice partnerships and mentoring is, however, a promising development [17,19].

Research values

The second area of distinction is in the application of health promotion values to the research process. Health promotion's value-base, derived from the Ottawa Charter [20], is clear in espousing ways of working that are enabling and empowering and which support individuals and communities to gain control over their own health. Some claim that health promotion research should reflect this and have an emphasis on control-enhancing action with 'values related to inclusion and participation' explicitly woven into the research design [6]. Community participation, as an example, is regarded as a basic principle of health promotion and, by extension, should be of health

promotion research [14]. Practitioners of health promotion too have challenged the research community to ensure that their design and method takes care to "to ensure that there is an adequate fit with health promotion principles and practice" [21, p12-13]. There is a clear tension, for example, when programmes aimed to enable and empower are evaluated or deploy research methods that are antithetical or undermining to such principles [22].

A closer recognition of power in the research endeavour is perhaps in sharper focus in health promotion research, given the broader goals to reduce health inequalities and frequently because health promotion research engages with marginalised groups in society [23]. Indeed, "the power imbalance between researcher and researched is inescapable" [24, p.8] and is perhaps exemplified by experimental approaches which are often predicated on the researchers having complete control of all aspects of the design, implementation and dissemination of the study. Commentary by Eakin et al. [25] outlines how power is a salient issue for health promotion research, with the inclusivity and participation of individuals and the community in health promotion research processes as important. Indeed, this philosophy of research with, not on, communities has been suggested to have contributed to the generation of new data, more sensitive and knowledgeable stakeholders, increased advocacy, and more meaningful, sustainable policy change [23]. From our own research practice, the use of storyboards, as a creative research method, was used to neutralise power relations. The storyboard approach was used in this case with young, vulnerable women to understand their social context and to reflect on their engagement with a service designed to support their health and social needs. The approach was contingent on building rapport and relationships with the young women in order to increase trust and eradicate any perceived power relationships. Participants were supported to develop a storyboard of their lives before and during their engagement with the service and to envisage what life may be like in the future. Participants were encouraged to use creative and artistic ways to do this and this formed the basis of further discussion – such an approach was designed to put participants at ease. While not without challenges, the participatory approach used was concluded to have provided rich data, promoted engagement and empowerment and enabled individuals to have more power over the research process [24]. This example usefully demonstrates how values of equality and respect can mitigate uneven power imbalances within the research process.

Relinquishing professional control

The process of health promotion researchers as "co-researchers with the participants in the co-production of knowledge" [24, p.9] is a distinctive feature of health promotion research. Such participatory approaches in health promotion research and the evidence that they derive, asks people to adopt different epistemological attitudes to knowledge production and to reject traditional models of evidence or evidence hierarchy [13]. Indeed, relinquishing professional control over the research process through the participation of individuals and communities does pose questions over the 'scientific' rigour of health promotion research carried out in this way. MacDonald [26] observes that health promotion researchers frequently find themselves balancing research processes that resonate with health promotion's intrinsic values of participation and empowerment and ensuring that these are acceptable to academics and funders. We would support comments by others [14, p.338] who have noted that "a participative model does result in less control available to the researcher over the content and process of research" but this does not necessarily equate to a loss of rigour. Indeed, non-participative research strategies do not in themselves guarantee scientific rigour. As noted previously, participatory approaches do often increase the quality and richness of data and the ultimate utility of it to affect practice and policy.

Health promotion research has shown that it can be empowering and emancipatory for individuals and communities and in itself the process can produce positive, even transformative, effects when professional researchers relinquish control and enable others to be involved in the research

endeavour. To what extent though *should* health promotion research be transformative for individuals and communities? Authors have encouraged the research community to be clearer about this and, of course, pragmatic requirements such as time and funding constraints can, and often do, determine this [27]. As a further illustrative example from our research practice, we were involved in the training of lay people as peer researchers – in this case, individuals experiencing severe and multiple levels of deprivation were trained to interview others in similar situations [28]. As health promotion researchers, our rationale for such a research design was twofold. First, evidence consistently demonstrates that such an approach often provides richer and detailed data about lived experience. People who understand and share common experiences, coupled with being trained in research skills and competencies potentially offers a much more viable way of really understanding people's views and thoughts [29]. Second, training people with lived experience of multiple needs proved empowering for those involved and provided opportunities for confidence building, raising self-esteem as well as acquiring skills that can be transferred to other contexts (like applying for employment etc.). The peer research process derived rich and meaningful data that, arguably, would be inaccessible to obtain from 'outsiders' or professional researchers. Moreover, those trained as researchers derived practical as well as emotional benefits from their engagement and participation in the process [28].

Expansive methodological toolkit
The fourth area of distinctiveness is the expansive methodological toolkit that health promotion researchers can and should draw upon in their practice. Inherently interdisciplinary and not dogmatically tied to research paradigms, views or perspectives, health promotion research should be flexible and diverse to address the issue being explored or investigated. It is our view that such a position is upheld, especially given the range and types of work carried out under the health promotion banner. Ecological models of health promotion, for example, operate on the premise that health and determinants of health are produced by intrapersonal factors, interpersonal processes and primary groups, institutional factors, community factors and public policy [30]. To reflect this, Watson and Platt [21] suggest that health promotion research must reflect this broad-ranging approach. That said, we hope that the research 'paradigm war' debate that frequently overshadowed health promotion research and which often pitted positivism against interpretivism in a very stark way is behind the discipline of health promotion [23]. In its place, we are thankfully seeing the proliferation of more pluralistic and synthesising approaches which are demonstrated to be both feasible and desirable [21]. The continued challenge, it seems, is to develop pluralistic frameworks of health promotion research that bridge tensions, but accommodate epistemological difference.

The future of health promotion research
Our final thoughts on health promotion research is one of optimism. Health promotion research in many respects is in good health, with the volume of published research rising steadily [6]. A number of academic journals dedicated to showcasing international research and expertise in health promotion is one indicator of this success [8]. Flag-ship journals for those researching within health promotion, for example, report that they receive a considerable volume of manuscripts each year from around the world [8,31]. Moreover, health promotion journals' impact factors are increasing year on year which is a crude measure of the usefulness and utility of the research being produced. Other evidence suggesting the prosperity of health promotion research includes the evolution of a vibrant health promotion research community – recognised most tangibly by the formation and sustainability of academic health promotion research centres and the growth of individuals studying health promotion at PhD level supervised by Academic chairs devoted to the discipline [8]. This paper afforded us the opportunity to lay out how we conceptualise and practice health promotion research which we would encourage others to do. Acknowledging that other views on this topic exist, we hope that this acts as a way to ignite further debate. Health promotion as a field of

practice is still in its infancy and therefore it is perhaps unsurprising that discussions on health promotion research have lagged behind. We recognise that we have only 'scratched the surface' but hope that subsequent discussions continue on the nature of health promotion research to ensure its future sustainability.

Conclusion

This paper set out to clarify and stimulate debate on health promotion research and to state why health promotion research is distinctive. Our experience of running a workshop on the topic at the 8th Nordic Health Promotion Conference suggests that practitioners and researchers are enthusiastic in engaging in this debate and do believe that health promotion research has something distinct to offer. The paper suggests four areas that make health promotion research distinct. This includes the notion that health promotion research should have real-world application; the distinct value base of health promotion research which encompasses respect and participation; relinquishing professional control to support the co-production of knowledge; and finally, the expansive methodological toolkit that health promotion researchers can draw upon.

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