Chapter 2
Mapping Health Promotion Research: Organizing the Diversity of Research Practices

Louise Potvin and Didier Jourdan

As evidenced by the amount of scientific activity, and by the strong response to our call for contributions, there is a significant number of researchers who identify as health promotion researchers. The venues in which they publish and those from which they nurture their own research are diverse and cover a wide range of disciplinary perspectives (Gagné et al., 2018). The overarching goal of this handbook is to propose a framework to structure the field based on researchers' practices. The objective of this first volume is to map the field, while ensuring that we would capture the broadest possible range of research practices. To organize this diversity, we took the object of the research, i.e. what exactly is the research producing knowledge about, as the entry point.

2.1 Health Promotion as a Social Practice

The knowledge produced by health promotion research is about ordinary activities of individuals and populations, policies and interventions implemented with the aim to promote health. In an effort to determine a set of core concepts to define health promotion 20 years ago, Rootman and collaborators (2001) identified up to 11 different definitions that roughly cover 2 decades around the time the Ottawa Charter

L. Potvin (✉)
School of Public Health, University of Montreal, Montreal, QC, Canada

Centre de recherche en santé publique (CReSP), Université of Montreal and CIUSSS du Centre-Sud-de-l'Île-de-Montréal, Montréal, QC, Canada
e-mail: louise.potvin@umontreal.ca

D. Jourdan
UNESCO Chair and WHO Collaborating Centre in Global Health & Education, University of Clermont Auvergne, Clermont-Ferrand, France

L. Potvin, D. Jourdan (eds.), *Global Handbook of Health Promotion Research, Vol. 1*,
https://doi.org/10.1007/978-3-030-97212-7_2

was elaborated (from 1974 to 1992). The number of definitions is still growing (Rootman & O'Neill, 2017). They found some commonalities in all these definitions. They all propose a positive orientation for health and are all action-oriented, involving a large spectrum of primary actors, from individuals to organizations, to the community up to the state and global actors. These actions address a broad range of determinants of health rooted in everyday life going well beyond individual risk factors (Breslow, 1999). So, health promotion is about the practices (what people do in context) of individuals and of various social actors that contribute to promoting health. Doing health promotion research is thus producing knowledge about the practices of a variety of social actors that have the potential to improve the health of individuals and groups.

Putting the social practices of health promotion actors at the core of health promotion research requires defining what is meant by practice. In general, practices, as blocks of activities, meanings, competences and things, are a heuristic entry point to understand the social world (Latour, 2006). In the context of evaluation research, which he argues is concerned with practice, Schwandt (2005) defines social practice "not as an object or thing-like entity or system but as an event (or a series of events) that is always developing, unfolding and being accomplished. Hence, practice is concerned primarily with activities and relationships, with the manners in which people change and develop, and the ways they continually interact with others" (Schwandt, 2005, p. 100). Practice is a way to conceive of the recursive relationships between human action and its context. While practice is both enabled and constrained by contextual conditions, it also produces and reproduces context (Frohlich et al., 2001; Poland et al., 2008).

An example of this context–practice recursive relationship can be found in tobacco-control efforts. In most Western countries, legislators were able to roll out a series of increasingly severe tobacco restrictions to the extent that a growing number of citizens were stopping smoking and the norm for a smoke-free environment was strengthening. Conversely, it has been shown that stopping smoking (or not taking up the habit) is facilitated by tobacco-control legislations, albeit not for all citizens (Cummings, 2002). There are contexts and conditions (e.g. low-paying jobs, low education) that enable and support smoking habits and make it more difficult for people to stay away from tobacco (Marmot, 2015).

Health promotion as a social practice involves focusing on what actors do in context to affect their own health in the case of individuals' practices or that of groups or entire populations in the cases of actors whose role is to intervene to change the conditions that affect health. Thus, researching health promotion is to create knowledge about social practices, understood as what people do in relation to others and to structural constraints to achieve health goals for themselves or for groups of people.

2.2 Four Practices of Health Promotion

We identify four types of practices (what people actually do) as fundamental to, and distinctive of, health promotion (Charlot, 2008; Jourdan, 2019). They are defined as a function of the categories of actors they relate to and the type of goals pursued.

- *The practices of individuals and populations to promote their own health.* It encompasses what people do as individuals and groups in relation to their health. Health promotion proposes that these practices, like all practices, are shaped by the conditions in which people and groups live, the so-called determinants of health. These practices are anchored in different cultures, knowledge and social contexts.
- *The practices of the professionals from the health and other sectors* who intervene in health promotion/health education/prevention to improve the health of individuals or that of populations. This group also includes activists, associations, forums and communities engaged in social change. These practices are most often in the form of programmes or interventions targeting health determinants.
- *The practices of politicians and institutions' decision-makers* to change norms and the distribution of resources in various contexts. These practices often take the form of the implementation and advocacy of policies at the national, regional and local levels, not only in the health sector but also in all sectors that influence the determinants of health.
- *The practices of researchers and innovators* who study health promotion practices and share research findings or systematically experiment new ways of doing health promotion. These actors comprise a network of scholars and international agencies through which a continued investment in research and the production of evidence-based guidelines are made.

We make a distinction between ordinary practices and programmes or policies. The former refers to what people and communities do in their everyday life to influence the determinants of their health. The latter are deliberate, planned actions operated by people holding a legitimate mandate to change social and/or material conditions for other peoples' lives. This also includes the practice of professionals in relation to their clients.

2.3 Describing Research Practices as Configurations

Research is an intellectual activity aimed at producing new and cumulative knowledge using scientifically recognized methods within a social and political context. It introduces intelligibility and rationality into complex practical–ethical discussions

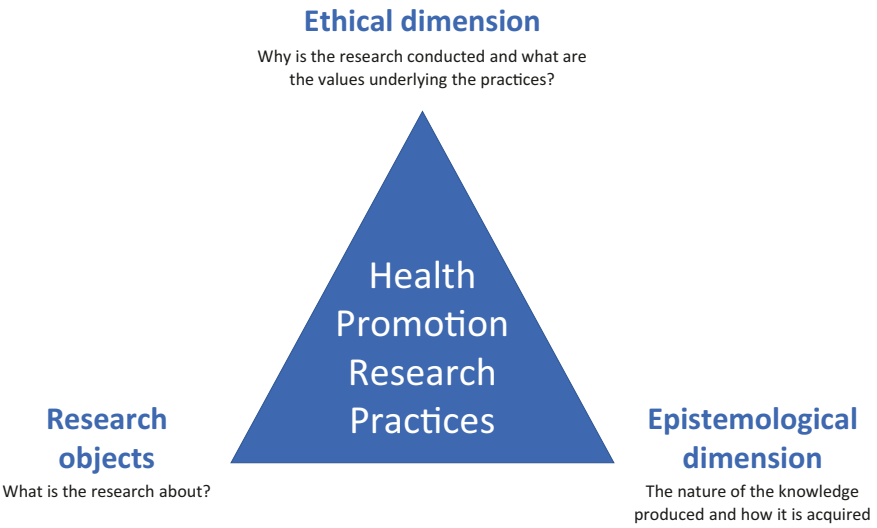

Fig. 2.1 Three structuring dimensions for the field of health promotion research

such as those that characterize the field of health promotion (Tannahill, 2008). We also conceive of research as a social practice. It is the "doing" of researchers as social actors, operating through a series of constraints and enablers in the pursuit of a knowledge creation-related goal.

As a social practice, research takes different forms to compose unique research fields. These fields are associated with distinct bodies of knowledge, paradigms and rules of methods. Valid knowledge in sociology, for example, is not about the same phenomenon as valid knowledge in physics. It is not produced with the same tools nor does it serve the same purposes. To define a research field, three structuring dimensions must be considered (see Fig. 2.1).

- The objects of research. It relates to the question: What is the research about?
- The epistemological dimension is about the nature of knowledge and the ways in which it is generated. It relates to the question: What is knowledge and how is it acquired?
- The ethical dimension is about the values, aims and purpose of the research. It relates to the question: Why is the research conducted and what are the values involved?

Although often important to the identity of a research field, we do not include strategies of inquiry and methods as a structuring dimension. Valid methodological research options are largely derived from these three structuring dimensions.

Because health promotion research practices are linked to a wide range of objects and rooted in different disciplinary backgrounds, it is not appropriate to rest the structuration of the field on a single theory. Instead, our approach is to look for markers to characterize the field. In fact, it is like placing a few fixed buoys on the

sea while being aware that these buoys' positions will not tell all there is to say about the oceanic immensity. It simply enables navigators to know their own position. It marks safe channels and other important reference points and isolated dangers and other areas of special significance. Therefore, within these three dimensions, we will look for markers to characterize research practices that are described in the chapters composing this volume.

Since every research is a singular, original activity, identifiable by a set of characteristics within multiple dimensions, the definition of research configurations is more relevant than typological thinking for our purpose of structuring the field. By configuration, we mean the way in which markers for the problematization of the research objects, the purpose of the research and the modalities of knowledge production are articulated. These configurations of research objects, purpose and knowledge base/production specific to health promotion research constitute the pillars on which to anchor the field.

2.4 The Organization of This Volume

As mentioned earlier, we have organized the chapters in this volume about mapping of health promotion research based on the health promotion practices that form the object of the research described in each chapter. In addition to the introduction and this description of the approach we have used, this volume consists of five parts.

Part I has six chapters, among which the first five (Chaps. 3, 4, 5, 6 and 7) present research to study a broad range of *individuals' and populations' health practices* in a variety of contexts. They were selected either because the individuals or groups of individuals whose practices are studied present challenges that researchers deliberately address through the research they describe or because there is little research about the individuals and practices studied. As examples of the former, Adam and colleagues (Chap. 6) describe a research that addresses the issue of structure and agency for people in vulnerable situations, whereas MacDougall et al. (Chap. 7) present ways for research to listen to the children's voice, which is usually discarded in the adult-oriented world of health. Studying families living with type 2 diabetes, young adults treated for rare diseases and young people experiencing homelessness are all examples of the latter. The last chapter (Chap. 8) is a composite of five capsules presenting research projects that describe how researchers adapt research methods to respond to the needs and specific characteristics of the context in which research was implemented.

Part II comprises 12 chapters that present research on the *practices of professionals*. They all propose an innovative perspective for studying professional practices. For example, the first four chapters (Chaps. 9, 10, 11 and 12) are about researching or adapting caring practices with non-Western populations for which medical care practices and research are usually designed. The next five chapters (Chaps. 13, 14, 15, 16 and 17) present studies on the practices of lay people (community health workers) or professionals deliberately engaged in health promotion in the

community setting. Altogether, these chapters make a strong case that the necessary interactions between researchers and practitioners in conducting research can be harnessed and taken advantage of to improve professional practices and ultimately population health. The final group of three chapters (Chaps. 18, 19 and 20) is about conducting research to study health promotion programmes in schools.

Part III includes 14 chapters, 13 of which reflect on research studying how social changes occur through the planned actions of various *politicians and institutions' decision-makers* within or outside of the health sector. Here, the focus is not on the practices of professionals or individuals in their health-promoting professional activity. Instead, the objects of these studies are complex systems and their transformation to improve health or health equity. The first two chapters (Chaps. 21 and 22) propose approaches to research interventions that aim at schools as whole systems, embedded in their communities. The following two chapters (Chaps. 23 and 24) propose reflections on conducting research with non-institutional organizations such as NGOs and supermarkets, whose missions, contrary to that of institutions, are not primarily concerned with the public good (Moore, 2000). The challenges of these partnerships are unique and require a different kind of work from the researchers in order to align the research objectives with those of the host organizations. The following three chapters (Chaps. 25, 26 and 27) take local communities as settings for changes through intersectoral action or local policy. The following four chapters (Chaps. 28, 29, 30 and 31) are about researching state-wide changes through scaling up of programmes. Finally, the chapter from Frohlich et al. (Chap. 32) and that from Anaf and her colleagues (Chap. 33) propose a critical reflection on context as a key issue in evaluating complex systems interventions. The last chapter (Chap. 34) comprises short descriptions of initiatives to support the use of evidence for policy changes.

Part IV has 15 chapters that propose reflections and approaches to improve various aspects in conducting *health promotion research*. Our conceptualization of the practices of health promotion researchers as contributing to the field of health promotion makes it clear that research and the knowledge it produces play a critical reflexive role in health promotion practices. It situates the research activity within the field of health promotion, in interaction with those engaged in health promotion. The chapters composing Part IV offer in-depth discussions on how the practices of researchers contribute to shaping and strengthening the field of health promotion.

Finally, in the conclusion in Part V, we propose our analysis of this material in terms of the objects of health promotion research and the epistemological and ethical dimensions of researching health promotion. Every research is a singular, original activity, identifiable by a set of characteristics within multiple dimensions. As previously stated, the definition of research configurations is more relevant than typological thinking. Although this collection is not exhaustive or even representative of all the research practices, its very diversity allows to identify potential markers (related to the objects studied, the epistemological and ethical frameworks) that characterize the specific configurations of health promotion research.

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