Health Promotion Knowledge Base: Research and IUHPE Global Working Groups

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INTRODUCTION

Effective health promotion depends on good knowledge base, adaption of evidence to context, and sound implementation. This requires not only research and program evaluation but also effective processes for knowledge synthesis and knowledge exchange. These are all concerns in the scientific affairs portfolio of the International Union for Health Promotion and Education (IUHPE).

This paper gives an overview of the key interests and activities within the scientific affairs portfolio of the IUHPE. Examples of projects and key outputs from the workshop of the Global Working Groups (GWGs) are reviewed. Based on concerns about the state of health promotion research globally, a new GWG on health promotion research has been established and its brief is described. The paper concludes with consideration of IUHPE activities to promote research and knowledge exchange.

IUHPE SCIENTIFIC AFFAIRS: How GWGs and projects contribute to knowledge synthesis and translation

The scientific affairs arm of the IUHPE is concerned with advancing the knowledge base of health promotion and its translation into practice and policy. As a professional organisation based on volunteer contributions, the IUHPE has established Global Working Groups in relation to its strategic priorities to mobilise membership participation and contribution to the global knowledge base.

The four strategic priorities of IUHPE are: Social Determinants of Health (SDH), Climate Change and Health (CCH), Non-communicable diseases (NCDs), and Health Promotion Systems (HPS). GWGs have been established for SDH, CCH and the broad umbrella of HPS: Surveillance, Competencies and Workforce Developments, Health Impact Assessment (HIA), Salutogenesis, Health Literacy, and Research. All GWGs are relatively small, comprising members and partner working in the area, with a 3-year work program. Examples of the key activities or planned outputs from GWGs include:

- Surveillance GWG – an environmental scan on the state of the art
- Health Impact Assessment – develop a guide to HIA (joint with International Association for Impact Assessment)
• Health Literacy – maintain database on regional activities, develop resources for the IUHPE journal Global Health Promotion, and develop research priorities

• Social Determinants of Health – produce a book chapter for the Global Handbook on non-communicable diseases (NCDs), research on how health equity and social determinants is mainstreamed into the policy agenda

In addition to the GWGs, the IUHPE is engaged in a number of projects, in conjunction with funding organisations, other partners, and the membership (including GWGs). As part of the IUHPE’s commitment to improving the evidence base and effectiveness of health promotion, two books have been published on evidence on health promotion effectiveness, one (ie McQueen and Jones) was released at the 2007 World Conference in Vancouver and the second one, focused on Africa, was launched at the 2009 WHO Global Conference on Health Promotion in Nairobi. Two more monographs in this series are currently underway. However, in many countries dominated by an oral culture, rather than a tradition of writing, it is a challenge to get proper documentation of health promotion projects. To this end, the IUHPE has worked with WHO (EMRO) to review case study templates developed for various purposes, and proposed a template for health promotion practitioners to document their community-based programs. IUHPE is also cooperating with the US CDC in supporting the development of program evaluation frameworks for the Global Helmet Vaccine Initiative, an injury prevention intervention in several Southeast Asian and Eastern African countries.

From a knowledge synthesis perspective, IUHPE has been working with the Cochrane Collaboration on two systematic review projects – one to examine effectiveness of communication strategies for increasing immunisation uptake, and the other to look at effectiveness of community coalitions in reducing health disparities. From a knowledge translation perspective, IUHPW has cooperated with the WHO is developing guidance for pandemic management in such settings as schools, workplaces, and cities, and with the US CDC in capacity development workshops on NCDs and on physical activity in low and middle income countries. A new monograph on intersectoral governance for Health in All Policies, as a collaboration between the European Observatory on Health Systems and Policies and IUHPE, will provide evidence on the relationship between governance structures and governance actions, and serve as a basis for policy advocacy and policy dialogues.

A KEY CONCERN: how good is the health promotion knowledge base?

In drawing together knowledge for the purpose of synthesis and translation, it becomes obvious that there are many gaps in the health promotion knowledge base. One problem, alluded to above, is that much of health promotion practice has not been documented in a systematic manner, let alone monitored and evaluated.

There are many reasons for this state of affairs. One is the nature of short-term and small-scale funding – the consequence of which are: 1) all the efforts are focused on implementation, rather than any allocation of resources for evaluation, and 2) there is often insufficient time to
demonstrate population level effects. To understand larger-scale and longer-term intervention trials require substantially more resources, which are not easy to obtain either because health promotion has to compete with health care delivery for resources, or health promotion research has to compete with biomedical, clinical, and epidemiological research for funding support. Because effective health promotion necessitates the deployment of multi-level, multi-strategy interventions, there are also many methodological challenges in evaluating complex interventions, which makes obtaining competitive research funding a challenge as well.

Despite the strength of health promotion research presence in the developed countries, research funding for health promotion remains relatively limited. In most developed countries, biomedical and clinical research receives the majority of medical and health research funding, with public health a poor cousin. Competitive research funding is typically judged on methodological rigour, which generally reflects a well-developed and well accepted biomedical paradigm – and these conditions are difficult to meet in community-based health promotion research (Koelen, Vaandrager and Colomer 2001) even if they were appropriate.

The consequence of these interrelated factors means that the field of health promotion is not seen as having a strong research base.

WHAT IS HEALTH PROMOTION RESEARCH?

How might health promotion research be distinguished from other types of health research? Is health promotion research a distinctive field of research? WHO (2009) describe ‘research for health’ as including:

1. Measure the magnitude and distribution of health problems (including health risks, health inequity, obstacles to effective health system performance)
2. Understanding the diverse causes or the determinants of the problem (including biological, behaviourial, social or environmental factors)
3. Developing solutions or interventions that will help to prevent or mitigate the problem
4. Implementing or delivering solutions through policies and programmes
5. Evaluating the impact of these solutions on the level and distribution of the problem

From this perspective, while all are relevant, it is particularly the last three which is directly relevant to health promotion as the ‘science of delivery’ – ie health promotion is focused on developing interventions, implementing interventions, and evaluation interventions. Catford has called for urgent attention to applied research, especially in light of the limited documentation or analysis of numerous natural experiments in the delivery of health promotion (Catford, 2009).

If the definition of a field defines the research of a field – such that epidemiological research is research which informs or explains “the magnitude and distribution of health problems in populations” – then the Ottawa Charter also holds clues to the definition of health promotion research. Thus, if health promotion is “the process that enables people to take control of their
health”, then health promotion research is research which informs or explains how people can and do take control of their health.

WHAT IS THE STATE OF HEALTH PROMOTION RESEARCH?

There has been few bibliometric analysis of health promotion research. In an early review of articles published in leading health education and health promotion journals (Oldenburg 1999), it was found that most research focused on behaviors associated with risk for cardiovascular disease and cancer. Smoking research was most advanced in terms of proportion of intervention research, innovation development, diffusion and institutionalisation. The authors were predominantly from the US. This could be explained partly by the availability of research funding, the availability of channels for research publications, and the types of health issues of interest to research funders.

A later review (Clarke et al 2005) found an increase in European publications. It also noted a relationship between GDP and the overall number of publications by country, which probably reflects the extent to which research funding is available, along with supply of researchers and research institutions. The majority of papers were related to screening, immunisation, diet and exercise, tobacco, and cardiovascular disease reduction. Intervention studies constituted a minority of the papers, of which least focus was on policy, legal, and fiscal levels. This topical profile probably reflects the public health interests across European countries and research funding agencies.

The patterns revealed in these reviews probably reflect funding sources and funder interests, as well as publication vehicles available, including language of publication. However, there is no data available on the overall picture, whether past or current. Research funding bodies may not even be able to extract ‘health promotion’ from their funding or project databases.

Health promotion research funding may come through commissioned funding arrangements. Governments and health promotion foundations support evaluation research as part of their program delivery. They may also support research on strategic policy priorities, but these may or may not be related to intervention research. Some governments and philanthropic entities do support the development of research infrastructure or programs (such as centres for prevention research) which allow for development of community-based health promotion research capacity as well as specific research projects.

In the context of global health, although there is no ready method or database to estimate the investment in health promotion research, it can be surmised that the funding is extremely limited. Health promotion would be, yet again, a small portion of funding for investigator-driven public health research. Official development assistance (through bilateral and multilateral agencies) tends to be more focused on program delivery, and health promotion is at best a small add-on to a larger vertical program or a health system strengthening project. As such, there may be a small evaluation or operational research component related to health
promotion. The same may apply to philanthropic foundations, although there is often more interest and scope to support research capacity development. However, health promotion is seldom the focus for these donors.

From a global perspective, WHO collaborating centres in health promotion might be expected to be key producers of research. A world wide web search in 2009 found these centres to be mainly located in North America, Europe, and Australasia. This means the research undertaken would largely be interventions undertaken in those countries and settings, raising the question of the applicability of evidence and adaptability of interventions to diverse cultural and socioeconomic contexts around the world. By 2012, nearly 40 of the 103 collaborating centres listed as health education and promotion were in developing countries, but they covered such topics as nursing and midwifery development, access to pain relief, water supply and waste disposal, dental public health, clinical and laboratory genetics, traditional medicines, control of hereditary diseases, metabolic bone disorders, pharmacovigilance, orthopaedics and rehabilitation, environmental toxicology, etc. This raises the question of how many centres are actually focused on health promotion research, as defined above.

A HEALTH PROMOTION RESEARCH GWG: Moving the agenda forward

Given the challenges discussed above in relation to the health promotion knowledge base, the IUHPE has taken a leadership role by establishing a new GWG on health promotion research. Chaired by Professor Louise Potvin, of University of Montreal, the GWG’s is intending to:
- Mobilise global network to contribute to theory building for health promotion
- Build capacity and advocate for strengthening of research support
- Develop a global network of research centres
- Advocate for increased research funding

The work of this GWG complements the Global Program on Health Promotion Effectiveness in that it is about the infrastructure and capacity for generating the knowledge base for health promotion. The GWG’s first work plan will include the following activities:
- Conduct an inventory of research resources across IUHPE membership – structures, areas of interest, types of projects, collaboration, financial and human capacity, publications
- Map and analyse research funding
- Organise workshops on health promotion research at IUHPE regional and global conferences
- Develop Global Health Promotion special articles on health promotion research

This work plan will start to establish what the ‘baseline’ is in relation to health promotion research infrastructure and activities, and stimulate further thinking and action to enhance health promotion research globally.

CONCLUSION
The ‘know-do’ gap (between those who know, those who rule, and those who implement) has been cited as one of the reasons for global health inequities (Havemann 2008). That is to say, more appropriate research and more effective application of research into policy and practice can be one way of decreasing the unnecessary burden of disease.

Health promotion research is concerned about effective action to improve health. As a relatively young field, there are many theoretical and methodological issues in health promotion research that warrant development and debate. Since its inception, the field (as exemplified by its literature) has been dominated by Anglophone and high income countries perspectives. There is much scope for more intervention research, context research, translational research, and for generating evidence from practice. IUHPE is committed to closing the ‘know-do’ gap and developing a global network of health promotion research centres will be one important way forward.
REFERENCES


