EDITORIAL

Health Promotion International – maintaining our vision for the future

The editors and publishers of Health Promotion International recently met to discuss the progress of the journal and the future directions for it. During the course of the meeting it struck me that readers would also benefit from reading some of the challenges facing us as we decide on future focus and how to best serve our readership.

HPI has been described as the ‘thought journal’ for health promotion at an international level (de Leeuw 2014). In that same presentation, our Editor in Chief also used the metaphor of juggling to represent the challenge that health promoters face in dealing with complexity. Complexity is a reality in health promotion. There is no recipe for effective health promotion that can be applied across contexts without giving consideration to a host of contextual factors. Human beings are complex creatures living within complex social, political and economic structures that operate within a larger, even more complex ecosystem. Attempting to enable those people to have more control of the determinants of their health is anything but straightforward. Understanding complexity and attempting to successfully promote health within that understanding is critical to health promotion success (McQueen 2007, Sparks 2013, Tremblay and Richard 2014).

If that were not enough to grapple with, health promotion as an emerging discipline is facing fractured definitions, disparate foci and a lack of agreement about what constitutes ‘good health promotion’. Observations of the types of health promotion that are proffered to the journal for publication include those with a health education focus; risk-factor projects (often bio-medically focused); community-based interventions; social movements; policy-focused interventions; and those that try to achieve integration of two or more of the five Ottawa Charter Action Areas.

Let me address each of these.

Health Education – in parts of the world the term health education is more dominant than health promotion. The main focus in health education is changing health behaviours. Individually-focused behaviour change is still the dominant scope for this work, although community and settings-based activities are now also included under this umbrella. This work tends to consider individual behaviour change as the central aim of activity. While health education was once quite limited in terms of trying to provide information and skills development to enable individuals to change health behaviour, in recent years it has evolved to embrace concepts that many would identify as standard health promotion. Such concepts include empowerment, capacity building, advocacy, and, in some cases, more population-focused activities.

Risk-factor projects – interventions that aim to modify epidemiologically defined ‘risk’ are common activities readily labelled as health promotion. Manuscripts with a risk-factor approach often are either very much focused on individual behaviour change or else are embedded in a biomedical understanding of the world in which patients, self-management and treatment are the central focus. These papers often do not give appropriate consideration to a range of complex contextual factors or else reduce success to unproven behavioural markers such as recall of a message or (untested) intent to engage with or avoid certain behaviours.

Community based – this type of health promotion activity places community change, often through empowerment, as a central objective of the work. It builds on traditional community development practices and is often as focused on process as it is on outcomes. This type of work takes considerable investment of time as well as financial and human resources. It also relies on
the goodwill of the community and the development of effective working relationships there. Often manuscripts submitted under this theme are not well evaluated, have little theoretical underpinning or else seem so idiosyncratic as to be of little applicability outside the specific community in which they were undertaken. Setting-based articles also fall into this category with most recent settings-based articles merely replicating activity from one setting in another quite similar one. The challenge with these is the presentation or consideration of something new, something that advances the field or something that demonstrates a breakthrough in learning. In particular it would be good to receive articles that go beyond first order learning, learning from critical reflection on an activity to improve the activity or its grounding; to second order learning in which the learning transcends the particular and is applied to more general systems parameters. This capacity to apply learning from the particular to broader systems is rarely demonstrated in submissions to our journal. A greater capacity for authors of this type article to engage in discussion of the ‘so what’ of the findings would strengthen such submissions.

Social Movement – there are dynamic parts of the world in which broad activity is undertaken to achieve change in health circumstances, policies and environments through the mobilisation of society in a social movement. There have been resounding successes in places like India, Thailand and Latin America (Crowell 2003; Wasi 2000; Biekart 2001; Phongpaichit 2002). This seems to reflect the nature of these societies and their willingness and capacity to engage in advocacy, demand health rights and engage in supportive activities in solidarity with other groups with similar goals. These social movements demonstrate a political drive for positive health change and can be inspiring. The difficulty with articles about social movements is in their transferability across contexts. Many parts of the world seem to have populations disinclined to engage in such movements. In the health promotion realm, the political, economic, and even cultural drivers of social movements are not as well documented or understood as they could be, in spite of the availability of a powerful theoretical toolbox (Morris & Mueller, 1992). Sustainability of social movement activity and long-term follow-up of the impacts of social movements is also sadly scarce. We often end up with submissions that tell us that something remarkable happened, without a statement of meaning or impact on health and wellbeing.

Policy-focus – these articles usually focus on policy mechanisms or policy development processes that intend to lead to positive health outcomes for populations. Given recent global emphasis on Health in All Policies, and issues of global health governance, it is interesting to see the proliferation of these articles. What seems to be missing in much of the policy-focused writing is a systematic approach that might be replicable in a similar policy context. Tools for addressing health through policy means have been long promised and are emerging in different parts of the world. We’d like to see more of these developed, tested, and written about so that they may be more broadly utilised across a range of rich/poor, North/South, developed/developing contexts.

Integrated – the Ottawa Charter (WHO 1986) provided five Action Areas for health promotion: Build Healthy Public Policy; Create Supportive Environments; Strengthen Community Action; Develop Personal Skills; and Re-orient Health Services. The Charter also conceptualises health promotion as a “comprehensive, multi-strategy approach” that ‘applies diverse strategies and methods in an integrated manner’. Occasionally authors submit papers in which multiple strategy approaches are utilised. These are often some of the most interesting pieces because the health promotion scope tends to be more complex, as do the contextual considerations that drive choices in the activity and often in the research. The challenge in submissions of this type is coherency and grounding in multiple theoretical bases. These articles often have the most promise, but are few and far between.

There is nothing inherently ‘wrong’ in authors submitting articles in any of the abovementioned categories. Rather than being restrictive about what health promotion is, I think HPI should remain open to a broad range of types of articles, reports of research, debate topics and understandings of what constitutes health promotion in the very complex 21st Century. We publish refereed articles, reviews and debate articles on major themes and innovations from a range of sectors, agencies and networks. We have an ongoing interest in theories and concepts, research projects, policy formulation and activities that lead to organisational change and social and environmental development.

That said, what we’d like to see is more articles that are cutting edge; articles that push the
boundaries, create new thought frontiers or challenge our existing conceptions of the possible. Discussions around the table at the meeting of the editors and publishers of HPI revealed an agreement that these type articles would be refreshing and most welcomed. In particular, there was interest in:

Articles that enrich the theoretical base for health promotion – especially beyond the individual or behavioural focus - are still rare. Submissions that provide a theoretical underpinning for understanding and dealing with complexity; for working across sectors and in integrated ways; and for dealing with emerging themes would be welcomed.

Articles that represent the traditionally under-represented areas of the world would be welcomed. We acknowledged that language can be a genuine barrier to publication in English in our journal but we discussed the possibility of academic networks supporting each other to generate more publishable work from here-to-fore under-represented areas.

Research that challenges, confronts or leads to greater reflection on research and/or practice would be welcomed. Too often we seem to be comfortable within a set range of approaches and methodologies without daring to think further about what might be possible, what might be done differently, or how our processes might be improved.

Truly globally-focused perspectives would also be refreshing. Most articles submitted focus on a community, a country, or, in some rare cases, multi-country comparisons. Very few articles focus on a global level. Included in this category would be articles that take a systems-based approach to determinants of health – building on traditional thinking on social determinants of health to further investigate the determinants of health that are products of complex systems in which populations operate. These articles might focus on governance, global treaties, global systems, and/or even the role of global private organisations like multi-national corporations and the role they play or could play in the promotion of global health.

So that is our critique of what is often presented for publication and a wish list of the types of articles I’d like to see us publish. In addition, I’d like to see us continue our tradition of publishing the best, the most interesting and the most challenging ideas in health promotion. I’d like us to maintain our position as the thought journal of health promotion and I’d like more awareness of what we do in sectors outside of health. As we near the end of the third decade of modern health promotion, I would like to see Health Promotion International expand the way that we think about and write about health promotion. I would like us to learn to more smoothly juggle the complexities that health promotion research and practice present to us. Ours is a valuable vehicle for advancing the thinking and learning that health promotion research provides. Let us focus on that future, challenge ourselves to break out of narrow mindsets, and provide a greater base of evidence for the effectiveness of health promotion.

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REFERENCES


