

Orientation to health promotion for public health professionals

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I. Health promotion is a public health nutcracker. It is especially useful to tackle the two vital public health tasks in bold italics:

1. Monitor and report health trends
 - Conduct descriptive epidemiological studies
2. Diagnose & investigate health problems
 - Conduct investigative epidemiological studies
3. Test the effectiveness of intervention programmes
 - Conduct evaluation studies
4. Assist decision makers to develop public health policy
 - Prepare, present and discuss reports and briefing documents
5. Help enforce public health rules, regulations and laws
 - Monitor and report compliance
6. Assure a competent public health workforce
 - Engage in continuing education for public health professionals
- 7. *Inform, educate, empower the public***
 - ***Apply health promotion methods***
- 8. *Mobilize community partnerships for health***
 - ***Apply health promotion methods***
9. Engage in basic and applied research to support all the above functions



All the tasks above are needed to achieve better health equity. However, working effectively to empower and mobilise the public has a key add-on effect: the workforce for public health expands to include the entire community. With community engagement, public health can accomplish much more than when professionals try to carry the burden alone.

Research and experience shows that the best way to accomplish tasks 7 & 8 is to use the 'nutcracker'

method – see the figure¹. Health promotion can be defined very simply: it is the skilful application of the nutcracker method! Table 1 shows which strategies to apply using the nutcracker method.

Table 1. Health promotion strategies. From Jackson SF, Perkins F, Khandor E, Cordwell L, Hamann S, Buasai S. Integrated health promotion strategies: a contribution to tackling current and future health challenges. Health Promotion International. 2006 Dec 1;21(suppl 1):75-83.

Levels	Structural		Social/group		Personal behaviour	
Health promotion strategies	Building healthy public policies	Creating structural environments to support health	Strengthening community action	Creating social environments to support health	Developing personal skills	Creating environments to support healthy personal decisions
Key cross-cutting actions	Intersectoral collaboration and interorganizational partnerships Participation and engagement in planning and decision-making Healthy settings (e.g. healthy schools, healthy workplaces and healthy municipalities) Political commitment, funding and infrastructure for social policies Multiple strategies at multiple levels across multiple sectors Awareness of socio-environmental context					

A complete health promotion approach includes all the levels in Table 1. Therefore, this table is a template for planning and implementing health promotion. Of course, health promotion alone cannot accomplish better public health – all the task listed above are vital. But health promotion is essential. Without public support and engagement, top-down policy does not work well enough.

In the list of public health tasks above, task 9 calls for research to support all the other tasks. This is important for tasks 7 and 8. Health promotion strategies must be applied with skill and effectiveness, and health promotion research is needed to create and test ever-better strategies.

Health promotion research is part of the overall research activity in public health. It has special requirements. You cannot empower people and forge partnerships for health using top-down and expert-driven research methods. Therefore health promotion research has to have a bottom-up approach. This means that in addition to meeting all usual the standards for good research, health promotion research has additional standards to meet.

II. Quality criteria for health promotion research have been developed, in a national research project conducted in Finland.² The project was organized by the Finnish Centre for Health Promotion Research, involving Finnish and other European health promotion experts. The Scientific Advisory Committee of the Finnish Centre for Health Promotion Research

¹ From Baum F. Cracking the nut of health equity: top down and bottom up pressure for action on the social determinants of health. *Promotion & Education*. 2007 Jun;14(2):90-5.

² Lahtinen E, Koskinen-Ollonqvist P, Rouvinen-Wilenius P, Tuominen P, Mittelmark MB. The development of quality criteria for research: a Finnish approach. *Health promotion international*. 2005 Sep 1;20(3):306-15.

participated in the project, as did the Netherlands Institute for Health Promotion and Disease Prevention.

Fourteen quality criteria for health promotion research were developed. The quality criteria are a guide to:

- Funding agencies in the design of calls for health promotion research proposals, and calls for tenders
- Researchers who respond to calls for health promotion research proposals and/or calls for tenders
- Evaluators and proposal review groups
- Reviewers and auditors of research progress
- Reviewers of completed research projects
- Evaluators of research programmes consisting of a series of completed research projects

The quality criteria are as follows, cited verbatim from the Finnish report:

Health promotion relevance

The rationale for the research addresses explicitly individual, social or societal level priorities for health promotion research as set forth by relevant policy documents, calls for proposals and calls for tenders, and/or the state-of-science in the relevant health promotion research arena.

Health promotion values

The research methodology addresses explicitly how health promotion values are incorporated in the research, including especially the values on citizen participation, partnership, fully authorized participation, open communication, sustainability, and empowerment.

Health promotion innovation

The research is innovative and distinctive, addressing explicitly its intentions to clarify and/or strengthen an important aspect of health promotion practice.

Health promotion discourse

The study question(s) are framed in a manner consistent with, and flowing from, clearly stated theory/ model/ rationale with a high degree of relevance to health promotion discourse.

Health promotion practice

The research has practical relevance for health promotion activities, and makes explicit reference to the arena(s) of practice to which it applies.

Health promotion action

The research addresses explicitly action for health promotion, including action for change, and/or action to create opportunities for choice, and/or action for maintenance of change/choice already achieved, at any level or combination of levels from the individual to the societal.

Health promotion context

The research demonstrates appreciation for the manner and degree to which it is embedded in a larger health promotion context, by reference to critical aspects of the problem that are not objects of study, e.g. systems, ecologies and/or processes of which the object of study is a part.

The project also summarised seven general quality criteria are as follows:

Scientific quality

Within a specified disciplinary or multidisciplinary framework, the research is scientifically justified, the approach is sound, and there is coherence between the research problem(s), research question(s) and research methodology.

Defined scope

All key elements of the research are defined and delimited so that the scope of the phenomena under study are explicit [discipline(s), theory(ies), model(s), methods, analyses, interpretations].

Anticipated outcomes

The long-term consequences of the research are considered/ estimated, including possible consequences related to health, welfare, social, economic, scientific and technical spheres, and including unexpected outcomes.

Operationalization

There is evidence of careful consideration of the approach to the research, the research strategy is operationalized, and rationales are presented for decisions involving choices among alternative approaches and alternative operationalization's.

Feasibility

Completion of the research is feasible within the limits of the time and resources described, and within the limits of the training and experience of the responsible researcher(s).

Process evaluation

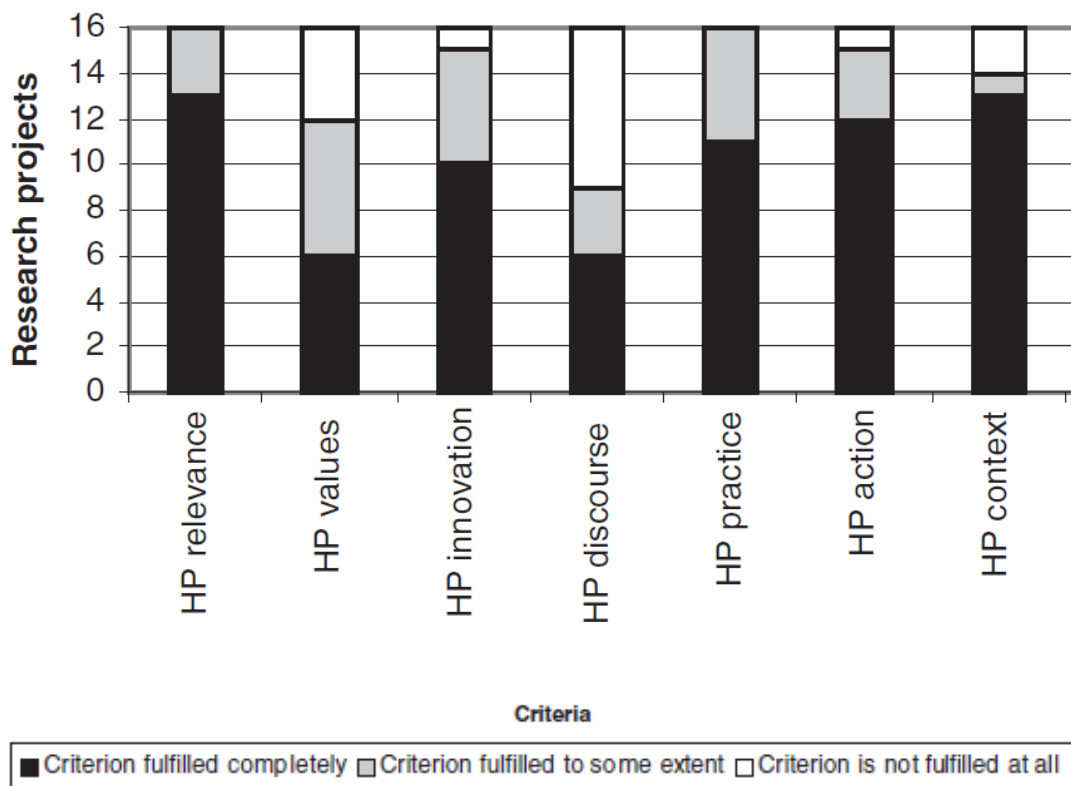
There is a feasible and adequate plan for the regular monitoring, recording and analysis of research processes and activities, sufficient to permit open/independent inspection of the course of the research.

Documentation and dissemination

For completed research, the work and impacts/outcomes/ outputs are thoroughly documented, the record of this is conserved and readily available for inspection and the work is disseminated via normal scholarly channels including written and oral communications.

As part of the Finnish project, the utility of the criteria were tested by using them to evaluate 16 research projects (a mix of proposals and final reports) administered by the Finnish Ministry of Social Affairs and Health. For each criterion, each project was rated on a four-point scale: criterion is not fulfilled at all; criterion is fulfilled to some extent; criterion is fulfilled completely; criterion cannot be assessed. The last rating was used when the report contained no reference at all to the subject of a criterion.

Figure 2. Realization of criteria for health promotion research.



The Finnish project demonstrates the feasibility of agreeing on quality criteria for health promotion research. Using such criteria to evaluation research programmes

and research projects is a way to ensure that research that is meant to be health promotion research really is health promotion research. Such criteria could also be applied to the work and projects of national public health agencies outside Finland. The team that developed the Finnish criteria had participants from across Europe, and there was consensus that the quality criteria were equally applicable beyond the Finnish border.

This brief paper has tried to explain health promotion in a straightforward way that has relevance to public health policy, practice and research. This is a departure from more academic approaches to understanding health promotion history and systems. Missing from this brief is a discussion of the ethics and values underlying health promotion. A more complete exposition of health promotion by the author is available elsewhere.³

³ Mittelmark MB, Kickbusch I, Rootman R, Scriven A. Health Promotion (2016). Health promotion. In: S Quah (Ed.) International Encyclopedia of Public Health, 2nd Edition. Academic Press.