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Designer's Corner

Conceiving Action, Tracking Practice, and Locating Expertise for Health Promotion Research

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Background

Health promotion is the process of enabling persons, families, neighbourhoods, communities, sectors, and societies to take action around the development and implementation of health determinants. The goal is to put health determinants in the control of individuals through programming that enhances health promotion action at many levels. The following actions are health promotional: building healthy public policy, reorienting health services, strengthening community action, creating supportive environments, and developing personal skills. A health promotion program that is based on the following principles has a good likelihood of succeeding: comprehensive cross-action programming that contextualizes efforts; participation by all stakeholders in all stages of development, implementation, and evaluation; and capacity building that includes advocacy, enabling, and mediating approaches (Stewart, 1999; Wass, 2000). In order to contribute to the health of Canadians, health promotion programming and research must take into account these actions and principles and the relationship among them.

The evaluation of health promotion programming is based on several factors. First, the model selected must facilitate the conceptualization and implementation of both health promotion action, at all levels, and health promotion principles. Second, the practices associated with health promotion must be documented rigorously at all levels of action. Third, effective means of measuring the desired outcome — enhanced control over the determinants of health — must be developed and used.

Conceptualizing Health Promotion Action

Health promotion action takes place in many ways and in many systems. For this reason the practices associated with health promotion action and

outcomes are difficult to apprehend and describe. The task is made all the more challenging by the dearth of simple but comprehensive models that capture the complexity of health promotion actions and principles. In my research program, the individuals whose health promotion is of most concern are children, and the health promotion outcome or health determinant of most interest is healthy child development.

The model that best illustrates the complex transactional nature of the supports required for healthy child development is Bronfenbrenner's (1979) ecological systems model of child development. I will use this model to offer a practical description of health promotion action and the research required to document the effects of programming on health promotion practices at various levels. The model consists of a series of nested circles that represent various influences on society's ability to put the determinants of health under the control of children and their families. Each layer has a direct influence on the health promotion action of the system immediately adjacent to it and an indirect influence, through that adjacent system, on the actions of all other systems. Table 1 summarizes the subsystems of the ecological model of child development and catalogues the health promotion action predominant in that subsystem.

Clearly, health promotion action occurs in all subsystems and health promotion researchers need to have more than one focus. For instance,

Table 1 ***Ecological Model of Human Development and Associated Health Promotion Actions***

***Ecological Systems Model* / Brief description**	**Health Promotion Action**
Microsystem The individual and her immediate setting (family, school, workplace, neighbourhood, etc.)	Developing personal skill Creating supportive environments
Mesosystem Relations among the various immediate settings of the individual	Strengthening community action
Exosystem Relations among structures/sectors/ services and policies	Reorienting health services Building healthy public policy
Macrosystem Societal values	Committing to put the determinants of health under the control of individuals

the primary focus of my research is the microsystem in which child behaviours that lead to healthy developmental outcomes are encouraged within the family environment. The interventions tested in my work are intended to enhance family support for appropriate intellectual, social, and psycho-motor development. My secondary research focus then becomes the mesosystem and perhaps the exosystem. For this reason I am interested in describing how the development and implementation of health promotion programming for children and their families influence, and are influenced by, the relationships within and among other systems such as the school, the workplace, and the social and health sectors. The reverse emphasis is equally suited to health promotion research. In this case the primary focus would be the health promotion programming used to bring about community action and reorient the health system, and the secondary focus would be the effects of that programming on child and family access to the determinants of health.

Tracking Practices Supportive of Action

My colleagues and I (Drummond, Kysela, & Weir, 2002) recently carried out a systematic review of programs that used home visitation to directly enhance the health promotion actions of children and their families, my primary research focus. Home visiting is purported to be health promotional because it embodies the principles of partnering (with parents and between parents and service providers in the community) and uses advocacy, enabling, and mediation to put healthy child development in the control of the child and family. We examined 14 evaluations of nine programs for young at-risk families using four criteria: components of the program, home visiting practices, outcomes of the program, and reliability of the evaluation.

Our analyses showed that progress is being made relative to an earlier systematic review of home visiting practices (Ciliska, et al., 1996) but that there is still room for improvement. First, home visiting programs are beginning to use theoretical models of child development in the design and planning of service delivery. However, the models being used lack sufficient specificity in the areas of early and intermediate developmental mediators of the targeted outcomes. Each model should allow for complex risk conditions and adaptation processes. More complex models would also support the measurement of short-, intermediate-, and long-term positive effects, which were largely ignored in the evaluations reviewed. Second, home visiting practices, including the what, where, with whom, and how of home visiting, were not described. In addition, there was virtually no description of practices supportive of home visit-

ing, including hiring, training, supervision, and retention. The effect of home visiting initiated within the child and family subsystem on community action, on the orientation of health services, and on healthy public policy was completely ignored. Third, measures used to assess child development in healthy children were not sensitive to the short-term developmental gains of the children in the programs. Therefore, there is a need for measures of short- and medium-term mediators of healthy child development, which is the health determinant of interest.

The findings of this review of home visiting programs illustrate the challenges facing health promotion research. Within the primary research focus there was incomplete description of practices and outcomes associated with healthy child development and the supportive family environments linked to that health determinant. The secondary research focus, the effects of home visiting programming on other health promotion levels, namely community action and reorienting of health services, was non-existent. Finally, measurement of child development and the mediators/moderators of this health determinant either were not sensitive to improvement or were not used. This problem is likely rooted in the lack of detail in the models used to conceive of the home visiting programs from the beginning.

Locating the Research Expertise

Nurses are well positioned in each of the ecological subsystems to promote the range of health promotion actions that influence control over healthy child development. Health promotion programming and its accompanying practices arise from and are influenced by all of the subsystems or action layers. The task of describing these influences is beyond the expertise of any one nurse researcher. However, a team of nurse researchers, each with methodological expertise in a given area, can meet the challenges associated with documenting the effect of programming on levels of health promotion action and on control over the determinants of health.

Summary

Table 2 details the research challenges and methodological solutions associated with health promotion programming. The health promotion actions associated with the microsystem (child development and family support), the mesosystem (strengthening of community action), and the exosystem (reorientation of health services) are used to categorize the challenges of health promotion research. Methods for examining home visitation programming are outlined.

Table 2 ***Health Promotion Challenges and Methodological Solutions Associated with Research into Home Visitation Programming***

Research Focus / **Challenge**	**Methodological Solutions**
Developing healthy child development by creating supportive family environments	
Sufficiently dense model of child development	Document review: linkages between program model and selection of specific home visiting practices and targeted outcomes and mediators/moderators of child development
Description of home visiting practice	Dose calculations (intensity and titration): number and duration of visits
	Document review: intervention manuals and protocols
	Participant observation of provider-family interactions
	Chart audits
Description of practices that support home visiting	Document review: training schedules, supervision model, human resources practices, engagement and retention approaches, case management
	Participant observation of training and supervision
	Focus groups/interviews with providers, supervisors, management
Effect on healthy child development	Pre-test/post-test design: using measures that capture short-, medium-, and long-term mediators, moderators, and outcomes associated with healthy child development
	Retention analysis: using key demographics to compare those who decline to participate, those who participate fully, and those who drop out
Strengthening community action and reorienting health services	
Appropriate service delivery model	Institutional ethnography
Description of practices that support community action and the reorientation of health services	Grounded theory Participatory action

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