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Health Promotion Practice and the Road Ahead: Addressing Enduring Gaps and Encouraging Greater Practice-to-Research Translation

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Circle of Research and Practice

Health Promotion Practice and the Road Ahead: Addressing Enduring Gaps and Encouraging Greater Practice-to-Research Translation

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A decade ago, Lancaster and Roe described four critical gaps (i.e., communications, accessibility, credibility, and expectations) between research and practice in health education and health promotion that formed the framework for this department. Despite considerable attention and some progress, these gaps persist and are barriers to interaction and translation between health promotion and health education research and practice. Looking to the next several years as the new Associate Editors for this department, we renew the department's commitment toward addressing these enduring gaps around which we frame new questions and invite continued dialogue.

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> We have a vision of the links between health education and health promotion practice and research as a circle depicting the continuous relationship between these two key areas of our profession with neither practice or research taking priority over the other. This department is committed to the principle that practice and research are best understood as a partnership, learning from and informing each other.
>
> (Lancaster & Roe, 2000)

This vision was articulated in the inaugural article of the Circle of Research and Practice department of *Health Promotion Practice* in January 2000, written by Brick Lancaster and Kathleen Roe, the associate editors who launched the department. We now have the exciting—and daunting—privilege to be the new leaders of the department. We embrace this vision and are eager to continue the fine work of our predecessors by using this department to foster both critical analysis and discussion of research–practice processes and partnerships and help disseminate models and examples of the circle in action.

Lancaster and Roe (2000) described four critical gaps between research and practice in health education and health promotion that formed the framework for this department:

Authors' Note: *The findings and conclusions in this article are those of the author(s) and do not necessarily represent the official position of the Centers for Disease Control and Prevention.*

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1. Communications Gap: lack of routine, structured interactions between researchers, practitioners, and policy makers;
2. Accessibility Gap: centralization of resources, training, and support for research in academic institutions;
3. Credibility Gap: researchers and practitioners lacking appreciation of one another's expertise; and
4. Expectations Gap: lack of an overall sense of clarity and harmony between researchers and practitioners regarding what is expected and rewarded in their respective domains.

Through this department and others, *Health Promotion Practice* authors over the past decade have enriched the dialogue around these key issues.

Despite considerable attention and some progress, these gaps persist as barriers to interaction and translation between health promotion and health education research and practice (Glasgow, 2003; Glasgow & Emmons, 2007; Graham et al., 2006; Green, Ottoson, Garcia, & Hiatt, 2009; Kerner, 2008). We therefore renew this department's commitment to closing the gaps, and propose to do so with a two-pronged approach: examining the paradigms and processes by which research and practice inform one another and continuing to probe the specific gaps described above and efforts to remediate them. The discussion below provides details on the types of questions and issues within this broad approach that we intend to address in the pages of this department over the next several years. However, in the spirit of embracing contributions of partners whose perspectives and skills are different from ours, we also invite submissions that take alternate approaches to strengthening the circle of practice and research.

MULTIPLE PATHWAYS FOR LINKING PRACTICE AND RESEARCH

Often, translation and dissemination of research, as well as formulation of research questions and priorities, are conceptualized as unidirectional processes—that is, *from* research *to* practice. Under this paradigm, researchers typically formulate questions, execute studies, and address the practical implications of their research, conveying findings to practitioners who in turn are encouraged to change their practices accordingly. Minimal attention is given to practitioner feedback, practitioner-initiated investigations, or researchers' responsiveness to practice needs or evidence. For example, as noted by King and colleagues more than a decade ago (King, Hawe, & Wise, 1998), studies of dissemination frequently report the characteristics of practitioners that dispose them to adopt new practices based on research. However, few studies have examined which characteristics of researchers and their practices are most associated with their translation and dissemination effectiveness. For example, researchers who have worked in applied settings such as a state or local health department or clinic, may have different translation-related strengths than those whose context has been primarily that of an academic institution or federal agency. We propose that expanding the focus on underexplored interaction and translation mechanisms and processes, including those that flow from practice to research, can help strengthen the circle.

In health promotion, we face many of the same behavioral and systems issues over time and across health priority areas and populations. Health behaviors such as tobacco use, diet, physical activity, sexual behaviors, and alcohol use are consistently implicated as major causes of morbidity and mortality in industrialized nations. With decades of research, we have made major strides in developing interventions to address these behaviors, yet the problems still persist. Why are our research-based practices not more effective? Surely there are many reasons. For example, the role of practitioners in framing studies has historically been more limited than that of researchers and this, in turn, may foster research processes that perpetuate this limitation. What if practitioners were more engaged and empowered to generate, influence, or expand research ideas for both etiological and intervention studies? How might our understanding of health behaviors or systems be enhanced? What promising new research questions, studies, and interventions might develop?

Much could be gained by enhancing the opportunities for practice to inform, or even drive, health promotion research. It would help ensure the relevance of programs and tools that are disseminated to practitioners. It would help enhance the external validity of interventions whose efficacy has previously only been assessed in highly controlled contexts (Green et al., 2009). It would also help researchers develop a more practical understanding of the changing social, economic, and cultural landscapes and their effects in the communities for which particular interventions are designed.

Perhaps the research and practice relationships might be even better represented by a sphere, with multiple circles originating in both research and practice, following a variety of trajectories that allow for transmission and influence either within or between practice or research domains in a dynamic and recursive fashion. We recognize there are a range of ways such a model of translation might be operationalized (e.g., Graham et al., 2006; Green et al., 2009; Sussman, Valente, Rohrbach, Skara, & Pentz, 2006). We envision this department as a venue for manuscripts that explore these trajectories and strengthen the research–practice connections through critical commentaries, case studies, field reports, conversations, interviews, methods reports, and other relevant formats.

RECURRING AND EMERGING GAPS IN UNDERSTANDING

Although we celebrate the progress made with regard to the gaps put forth by Lancaster and Roe (2000), we are acutely aware that these gaps remain pressing. We renew our predecessors' commitment to addressing and reducing these gaps and highlight below some issues related to each of the gaps that we place high on our agenda for this department.

Enhancing Communications by Promoting Interdisciplinary Approaches

An avenue advocated for improving research–practice communication is to encourage academic and practice partnerships that are interdisciplinary (Reinhardt & Keller, 2009; Sussman et al., 2006). Such partnerships can encourage stakeholders across research, practice and policy sectors (Kerner, 2008) and across disciplines to engage in conversations that foster discovery and clarification of their respective roles within larger public health systems. This process can help bridge the communication gap between research and practice. Although challenging, the process is facilitated to the extent that such partnerships are required for grant funding and other mutually beneficial outcomes. The development of competencies related to translation and dissemination can further encourage collaboration, as can a sense of shared ownership of the research process across all stages from conceptualization through design, implementation, application, and dissemination (McAneney, McCann, Prior, Wilde, & Kee, 2010). Moreover, we believe that learning about collaborations including additional influential stakeholders such as funders, and drawing from multiple countries and continents, has tremendous value toward closing the communication gap. Manuscripts describing "conversations" among practitioners and researchers, identifying facilitators, barriers, and specific outcomes, are therefore invited.

Enhancing Access by Identifying and Developing Competencies

A challenge described in the literature with regard to increasing access to health promotion resources that support movement between research and practice is how best to determine which resources should be made more accessible to whom and for what purposes. Multiple frameworks have been offered to describe the processes essential for moving public health research into practice. For example, Scharff, Rabin, Cook, Wray, and Brownson (2008) describe a very broad process that involves discovery, translation, dissemination, and ultimately change in health through long-term behavioral, organizational, and environmental change as well as program and policy adoption. However, the unidirectional emphasis in the literature conveys greater perceived importance of competencies associated with translation from research to practice than those for effective translation from practice to research. Glasgow (2003) argues for more attention to the need for the intentional design of programs to fit multiple settings and populations and that they be more capable of delivery at low cost and with low levels of training. There is generally broad agreement that public health professional training does not adequately prepare trainees in all the research activities and competencies necessary for effective translation, but there are differences of opinion regarding what constitutes the primary framework for translation. This, in turn, may have implications for consistency across translation and dissemination training efforts and the specific areas of competency addressed.

We ask whether a broader focus is needed on the training of researchers and practitioners (Brownson, Fielding, & Maylahn, 2009; Scharff et al., 2008) and how training could be crafted to provide different research-related skill levels for different kinds of researchers and practitioners. For example, both researchers and practitioners may deliver and evaluate the effectiveness of interventions as part of their

professional activities. But they may differ considerably in their data needs, responsibilities related to program implementation, securing funding (e.g., writing small grants), and so on, as well as their access to resources for these activities. In light of this, many questions arise concerning the types of evidence required and evaluation approaches used. What is useful, feasible, valuable, or credible for each constituency? What is negotiable and what is not?

We invite examples from the field of efforts to train researchers and practitioners and to address the questions and challenges that have arisen in the process. We encourage articles that explore and challenge the fit between a "best" practice and the identified needs of its potential adopters, the skills required to act on information being disseminated, and the requirements for sustainability. We invite examples of interventions and approaches used to achieve these and other goals related to strengthening practitioner and researcher translation- and dissemination-related competencies.

FOSTERING CREDIBILITY THROUGH IDENTIFICATION OF EXTERNALLY VALID APPROACHES

One consequence of primarily assuming a one-way flow from research to practice is that it increases the likelihood that practitioners are blamed if interventions fail to achieve their desired outcomes. Type III error, in which we fail to detect a significant intervention effect due to improper implementation, can be one example of this phenomenon. Practitioners may also be unwilling to change their practices to adopt evidence-based intervention programs. Yet recently, Green et al. (2009) and others have proposed that it is important to consider that practitioners may have valid reasons for not adopting these programs. Understanding practitioner experiences with an intervention can help to ensure its success. Lack of uptake of an efficacious intervention might indicate that the evidence supporting the intervention's effectiveness for the priority populations served—or aspects of the intervention itself—are not seen as credible for the priority population(s). Or the adaptation of an intervention—described as a lack of fidelity—may instead represent a well-informed practitioner's attempt to bring the intervention more in line with the population's needs.

Bridging the gap between intervention efficacy as demonstrated in controlled settings, and intervention effectiveness in a broad array of settings, is a critical challenge for public health scientists. This gap is exemplified by the challenges of practitioners who struggle to adopt interventions that were evaluated in highly controlled settings conducive to high internal validity and implement them in varying contexts with more real-world challenges and less control (Green et al., 2009). Although internal validity is vitally important, it must also be balanced with external validity, the extent to which study findings can be generalized. Glasgow's RE-AIM model (Glasgow, 2003) has been identified as one approach that proposes a stronger emphasis on the external validity of interventions. More broadly, it may help significantly if researchers place greater emphasis on systematically engaging practitioners as collaborators throughout the entire process of developing and evaluating interventions. Examples include requesting practitioner input for estimating a problem's magnitude, identifying gaps in care, describing competing priorities, and defining what would be seen as credible evidence that the intervention fits with the needs and characteristics of the priority populations. Practitioners also can provide input regarding likely barriers and those interventions *already* shown to be effective within the local context (Graham et al., 2006).

We invite the readership to share manuscripts describing such struggles to balance internal and external validity, key challenges encountered, how they were addressed, and questions left unanswered. We also welcome manuscripts exploring the ways that evidence is generated and evaluated in order to promote adoption and implementation of interventions with fidelity. We envision this department as a venue for building an evidence base for the interconnections of research and practice, especially as it helps to inform the development of intervention strategies that are seen as credible to those implementing and receiving them and especially interventions designed to address health disparities and health inequities. Toward this end, we ask what aspects of research and practice might be more consistently documented and reported in the literature to foster greater external validity of disseminated interventions and approaches. What aspects of research and practice are associated with more timely intervention adoption? Which are most associated with interventions that have informed subsequent research efforts?

Meeting Expectations by Building a Common Agenda

Researchers and practitioners—though the roles are not always mutually exclusive—are professionally evaluated on disparate criteria and have divergent responsibilities. Practitioners grapple with a wide range of practical decisions, including setting priorities, allocating resources, managing staff, and providing and improving services. Researchers consider these issues but may lack experience anticipating or reporting the information most useful for practitioners. Space constraints for research publications may prevent the presentation and dissemination of such information even when collected.

How can we help researchers and practitioners develop a common agenda to maximize utilization of research findings? Arrington et al. (2008) addressed this challenge through concept mapping to support a collaborative local action planning process among researchers and practitioners. Information gathered from both stakeholder groups guided the planning process and built commitment to move forward together. Another approach that can support collective action between practitioners and researchers is network analysis (McAneney et al., 2010). This approach makes explicit the contexts and group dynamics that influence health practices and outcomes, and when applied to understanding policy and systems it can help facilitate the discovery of shared agendas and the development of shared decision making. Not surprisingly, the use of this and other "systems thinking" approaches has been identified as a key public health leadership skill (Wright et al., 2003). Systems thinking is especially helpful for understanding the unique and valuable contributions of both researchers and practitioners toward effective translation of research findings within public health systems (McAneney et al., 2010; Sussman et al., 2006). We encourage the readership to share manuscripts describing these or other tools and approaches found to be effective for building a shared agenda as a means of making agreements and expectations between practice and research transparent, with special emphases on approaches for encouraging interactions in a practice-to-research direction.

SUMMARY

The vision put forth a decade ago for the Circle of Research and Practice department still rings true, strengthened by the many voices who have chimed in through the pages of *Health Promotion Practice*. The enduring nature of the key gaps in the circle of research and practice speaks to the care with which they were chosen as the foundation of the department and around which we invite your continued dialogue.

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