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## Review Paper

# History in health: health promotion's underexplored tool for change



Wendy Madsen

CQUniversity, Yaamba Road, Rockhampton, Queensland, 4700, Australia

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## ABSTRACT

**Objectives:** This paper outlined an argument as to why history and historians should be included in a healthy settings approach.

**Study design:** Qualitative descriptive study.

**Methods:** A narrative review of the literature across a broad cross-section of history, health promotion and public health disciplines was undertaken.

**Results:** Three reasons for including history were identified relating to the social role of history as a means of analysing social memory, of changing social narratives and by raising social consciousness. This allowed for a distinction between history in health and history of health. Precedents of this social role can be found in the fields of feminist and postcolonial histories, oral history and museums in health.

**Conclusion:** Reasons for why historians and health promotion practitioners and researchers have not previously had working relationships were explored, as were some of the factors that would need to be considered for such relationships to work well, including the need to recognise different languages, different understandings of the role of history, and a potential lack of awareness of the health implications of historical work.

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## Introduction

Change is a fundamental tenet of health promotion and is at the heart of the Ottawa Charter's key action areas of developing healthy public policy, creation of supportive environments, strengthening community action, development of personal skills and reorientation of health services.<sup>1</sup> While health promotion practitioners and researchers have drawn on multiple disciplines and sectors in their quest to implement personal and societal change towards health and well-being, there is one discipline that has rarely been called

upon. History. In this paper, I examine the literature to outline why and how history has been underutilised in health promotion and consider the possibilities history presents. I draw on Sheard's<sup>2</sup> phrase, history in health, and on various precedents and practices to argue history that deeply analyses the sociopolitical structures and processes and which challenges the myths of our inherited wisdoms and narratives, can be a useful tool for health promotion. There are some caveats to this argument that I will explore throughout, in particular in regards to notions that history is never value-free and thus, needs to be used carefully and thoughtfully.

E-mail address: [w.madsen@cqu.edu.au](mailto:w.madsen@cqu.edu.au).  
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First a word on terminology. History is a discipline with which historians identify. Most historians would also recognise ‘history’ as meaning a product or story as told by a historian, drawn from systematically analysing and interpreting events and documents from the past to provide meaning.<sup>3</sup> Traditional historical research is undertaken through a rigorous process of identifying authentic and relevant primary sources (data produced at the time of past events) and analysing these to identify points of agreement/disagreement from which to construct a meaningful narrative.<sup>3</sup> However, common usage of the word ‘history’ conflates the story with the past itself. Throughout this paper, I use ‘history’ to: 1) describe the discipline and practice of undertaking historical research; as well as 2) the interpretations of past events and factors as found in a historical product, such as a book. As such, I recognise that ‘history’ incorporates multiple stories and is rarely singular or uncontested. I also recognise ‘health promotion’ has had various meanings, theoretically and in practice.<sup>4</sup> Throughout this paper, I refer to health promotion as detailed in the Ottawa Charter.<sup>1</sup>

Finally, I wish to declare my own position. I have undertaken historical research for some 20 years as well as worked as a health practitioner and academic. Recently I have become increasingly interested in more practical uses of history as an intervention for health promotion. This paper places that interest in the context of the health promotion literature, specifically the settings approach which is appropriate for exploring history both as contributing to understanding contexts, and as a tool or intervention. Thus, this paper is a narrative review of the literature that has sought to identify how history has been used in health promotion settings approaches, and how it could be used.

### Acknowledged but omitted

The settings approach for health promotion is an attempt to operationalise the Ottawa Charter and shift the focus away from a deficit model of disease to one that capitalises on the inherent strengths of place.<sup>5</sup> Poland, Krupa and McCall<sup>6</sup> argue that the settings approach means addressing the contexts in which people live, work and play and a detailed analysis of the context should include: who is there; how they think or operate; implicit social norms; hierarchies of power; accountability mechanisms; local moral, political and organisational culture; physical and psychosocial environment; and broader sociopolitical and economic contexts. One of the questions they recommend is, ‘what is the history of health promotion in the setting?’. While this is a useful question, it misses a more important influence—that of the history of the setting itself. Poland, Krupa and McCall<sup>6</sup> imply historical influences will become apparent through understanding the present context, but this assumes a level of historical consciousness few communities would have; that is, that they are aware of the influence of their own past.

It is this implication, but rare explicit detailing, of historical context that characterises much the healthy settings approach. The six principles of sustainable healthy settings approach outlined by Poland and Dooris<sup>7</sup> include: adopting an ecological ‘whole systems’ perspective; starting where the

people are; rooting practice in place; deepening the sociopolitical analysis; taking an asset-based/appreciative inquiry approach; and building resilience. Most of these imply an understanding of historical influences. For example, an ecological ‘whole systems’ approach—that is, understanding the interdependence of all factors within a social, economic and environmental context—necessarily includes acknowledging past influences; and a sociopolitical analysis should uncover how past power differences and patterns have become entrenched in our current social structures and processes. In understanding practice rooted in place, Poland and Dooris<sup>7</sup> acknowledge the unique confluence of culture, structure and history as communicated through policies, agendas and biographies related to a particular setting. However, the literature is not clear about how these past influences are made overt or analysed to contribute to health promotion strategies in a settings approach. There is an acknowledgement of history, but little in the practical uses of history to contribute to change.

There are three ways that history can contribute to change within a healthy settings approach: analysing social memory; changing social narratives; and raising social consciousness. Social memory refers to understanding the embedded power structures within institutions and communities that work to reinforce and re-produce the status quo. Feminist and post-colonial histories have focused on revealing such power structures, including patriarchal, capitalist and nationalist ideologies. These have sought to give voice to constituencies who have had little place in the historical record.<sup>3</sup> This process of writing marginalised and disenfranchised voices back into the past contributes to changing the social narrative; of recognising the experiences, knowledge and contributions of non-elites.<sup>8</sup> Dooris<sup>9</sup> acknowledges the importance of ‘bottom-up’ developments in health promotion, in creating a groundswell leading to political action and draws on Freire’s<sup>10</sup> conceptualisation of raising social consciousness, a mediating process involving development of critical consciousness through social analysis of conditions and people’s roles in bringing about transformational change.<sup>11</sup> Such analysis needs to be historical because the social institutions and processes that determine those conditions emerged from the past. The social memories and social narratives reflect and reinforce the dominant and privileged such that those who are oppressed or marginalised may not realise their own status.<sup>10</sup> Thus, my argument throughout this paper is that historical research can peel back the layers of social memories to reveal the mechanisms that directly influence social conditions; that historical processes and products can be used to change social narratives and social consciousness and that these work as feedback loops to influence social memory. This, of course, necessitates understanding history as part of ‘whole systems’ thinking, which is consistent with healthy settings approaches in health promotion.

Historians have always thought in ‘whole systems’ that are used to deal with complexity and how the past determines the present.<sup>3,12</sup> Unfortunately, there has been a gap between historians and health researchers and practitioners.<sup>13</sup> This has been partly due to many historians taking a ‘history for history’s sake’ attitude that distances historical research from social and political needs.<sup>3</sup> Histories produced from this

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