

Community action and reflective practice in health promotion research

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SUMMARY

While health promotion practitioners are engaging increasingly in research, there has been little examination of the practical dilemmas they may face in negotiating and collaborating with academics and community members in action research projects. This paper analyses how the practice of health promotion can interact with action research, and considers issues that arise for organizationally based health promotion practitioners and professional researchers. The first section charts types of action research along three dimensions (power, goals/values, resources). The second section examines some of the issues and practical dilemmas which arise in

negotiating and researching collaborative projects in community health promotion. The discussion includes the differing perspectives of: practitioners (managerial and frontline), community members and academic researchers. The final section outlines a hybrid model of action research, developed in our work with community members, organizationally based health promoters and academy-based researchers. It combines the reflective practice of practice-based action research with the community participation and control of participatory research. The model is called community reflective action research.

Key words: community health promotion; participatory action research; reflective practice

INTRODUCTION

The expectation that health promotion practitioners evaluate their programs and projects may lead to collaboration with researchers in defining and designing health promotion practice. Simultaneously, the enhancement of community participation in health promotion leads to research itself becoming a collaborative process and to action research emerging as a popular methodology. This growth of a collaborative approach to research in health promotion influences not only health promotion practice and our understanding

of health promotion, but contributes also to the development of research methods.

Action research, while controversial, is well-established in the field of community organizing, both drawing upon and contributing to sociology, community psychology, and anthropology. Until now, however, the health promotion and action research literature has not explicitly considered the organizational issues and dilemmas confronting health promotion practitioners who collaborate in research, particularly when they are based

in large organizations. In this paper, we analyse how the practice of action research and health promotion can interact, and we consider questions that often arise when health promotion researchers and organizationally-based practitioners collaborate. We offer a model of action research that blends reflective practice (Schon, 1983) with participatory research.

In the first section of this article, we review key models and characteristics of action research. In the second section, we outline the issues and dilemmas for the collaborators in the research. We include the perspectives of: practitioners (managerial and frontline), community members and academic researchers. In the final section, we offer a new model of participatory action research, community reflective action research, which we have found valuable in understanding organizationally based health promotion practice and research. In keeping with the principles of participatory action research, however, the substantive findings of the research upon which we are drawing belong to our collaborators, the participants themselves, and are reported elsewhere under collective authorship (Boutilier *et al.*, 1995a, b). The current discussion covers only our theoretical model of the research approach.

WHAT IS ACTION RESEARCH?

Action research is research that provides practitioners, organizations or communities with the tools to solve their problems. While action research involves collaboration, not all collaborative research is action research. Action research is rooted in practice, organizational or community issues as articulated by non-academic researchers, and addresses issues that a community, practitioner or organization actually experiences and wants to resolve. The research process is marked by collaboration with community organizations and groups in a cyclical investigation of agreed upon problems. This is summarized by Rapaport (1970) as follows:

Action research aims to contribute both to the practical concerns of people in an immediate problematic situation and to the goals of social science by joint collaboration within a mutually acceptable ethical framework. (Rapaport, 1970, p. 499)

Key differences between action research and more traditional research are found in the research process and the research product. The

process of traditional research is one of external observation of community or individual experience. Well-intentioned researchers often envision research as ‘the accumulation of social facts that can be drawn upon by practitioners when they are ready to apply them’ (Susman and Evered, 1978, p. 582). In reality, however, traditional research produces a traditional scientific product (i.e. books and articles) that is generally for other researchers’ use, i.e. ‘published research read more by producers of research than by practitioners’ (Susman and Evered, 1978, p. 582). Traditional research fosters a separation of theory from practice: the researcher often removes the analysis of the experience from practitioners and the community.

Practitioners, however, are expected to draw upon existing research in developing programs and strategies; in translating research to practice, practitioners often confront several issues. First, apart from developing local program evaluations, the particular knowledge of specific communities, organizations and issues accumulated in local practice is seldom utilized or evident in forming outcome-oriented, epidemiological research questions; second, the generalized findings of the scientific literature do not address nuance and idiosyncrasy of the local communities within which practitioners work; and, third, findings are often couched within a theoretical lexicon that is not used in everyday practice (D’Onofrio, 1992).

This can lead to problems for the practitioner, the community and the researcher. The practitioner attempts to apply findings that are scientifically valid within the ‘controlled’ setting or analysis necessitated by traditional research design and methods. However, the research may not address important local social or political realities within which practice takes place. For example, while research may point to the logic of developing programs and policy to reduce passive smoking through such strategies as reducing smoking in restaurants, it seldom prepares health promotion practitioners for the resistance of local restaurant owners who rely on smoker patronage and who may counter health promotion strategies with ‘freedom of choice’ campaigns. Thus from the scientific literature, the practitioner may understand the interaction of salient health outcome variables (second-hand smoke and cancer, for example), but often, in order to be effective within the local community, he or she must apply these findings within a time-

consuming trial and error approach to strategy and programs.

For their part, the community *may* find experimental strategies based upon scientifically and professionally recognized health priorities to be meaningful and rewarding. On the other hand, health promoters may translate scientifically recognized health issues into community programs that are only marginal to local issues. Such programs may then be met with a response that moves from initial interest and enthusiasm to dwindling attendance, to apathy, to polite scepticism of the next program proposal.

The traditional research agenda is based upon health priorities recognized by researchers and funding bodies. When asked, community members are often happy to contribute to the generation of knowledge that they hope will eventually improve overall health, such as participating in health surveys or clinical trials. They may be left, however, feeling that their own community has participated with no discernible benefit. In other words, having provided researchers with valuable information (i.e. data), their own community issues and priorities remain unaddressed and unrecognized. This can lead to a problem for researchers: community distrust and even resentment of researchers and research in general. Where such feelings exist, researchers may be unaware of them because: (i) principal investigators do not always personally engage in data gathering and do not personally encounter hostile refusals to participate; and (ii) investigations into reasons for refusal rarely include questions about feelings of resentment or exploitation by research.

Action research is an attempt to address these problems by fostering meaningful participation in the research process. In doing so, it can be a means of bridging the differences between the traditional academic and non-academic world-views.

Action research projects generally go through cycles which involve the following steps:

Cycle 1

- (1) Assessment of a situation, or recognition of a problem or issue. Steering groups or planning committees are often involved at this phase, and throughout the process.
- (2) Planning for research and action/intervention (often involving focus groups and/or community surveys).
- (3) Implementation of the plan (which may

include community or network meetings, working with residents).

- (4) Evaluation of the implementation (researchers working with participants).
- (5) Report and re-assessment (initial reports on process and findings); this assessment becomes the initial step in Cycle 2.

Cycle 2

- (6) Planning future action, and so on again through implementation, reporting and re-assessment (Deagle and McWilliam, 1992).

In the research literature, different labels refer to largely similar approaches: participatory action research (Whyte *et al.*, 1989); participatory research (Brown and Tandon, 1983; Maguire, 1987; Corcega, 1992; Park *et al.*, 1993); action research (Hart and Bond, 1995); community action research (Boutilier *et al.*, 1994); action science (Argyris *et al.*, 1985; Argyris and Schon, 1989); collaborative action research (Titchen and Binnie, 1993); and participatory evaluation (Feurstein, 1988). The distinctions among these definitions are often both vague and contradictory.

Building upon the work of Grundy (1982), Hall (1993) and Elden and Chisholm (1993), we found three major 'ideal types', or models of research: technical, practice-based, and participatory (Table 1.) Our delineation organizes these models along three dimensions which illustrate the orientation and intent of most action research projects, regardless of their own labelling. The three dimensions are: (i) power, (ii) values and goals, and (iii) resources.

These three dimensions can be explored by posing the following questions within action research projects. Along the dimension of power, issues of knowledge and decision-making arise, leading to the questions:

- Whose knowledge has legitimacy in defining the research questions?
- Who owns the project?

Implicit in the values and goals dimension, the questions are:

- Why do the research?
- Who benefits from the research?

The resources dimension raises the questions:

- What is valued as a resource?
- Who has access to the valued resources?

Consideration of these three dimensions highlights the different perspectives and interpre-

Table 1: Types of action research

| | TECHNICAL | PRACTICE-BASED | PARTICIPATORY |
|---|---|--|--|
| POWER Whose knowledge has legitimacy? Who makes decisions? | <ul style="list-style-type: none"> ○ guided by the ideas of outside experts ○ consent obtained at organizational level, not necessarily from all members of project | <ul style="list-style-type: none"> ○ facilitator works with group to illuminate what is known in practice; ○ decision-making lies with group but action usually within individuals | <ul style="list-style-type: none"> ○ participants involved in entire process including identification of issues and strategies ○ decision-making rests with participants |
| GOALS / VALUES Why do the research? Who benefits? | <ul style="list-style-type: none"> ○ enhanced organizational functioning | <ul style="list-style-type: none"> ○ improvement of practice application of participants' personal wisdom | <ul style="list-style-type: none"> ○ direct and positive benefit for the community ○ provides a system, model or skills for community to resolve future issues themselves |
| RESOURCES What is valued as a resource? Who has access to resources? | <ul style="list-style-type: none"> ○ participants as instruments rather agents of change ○ scientific expertise in generalized knowledge produced in the past | <ul style="list-style-type: none"> ○ participants' insight into own current practice | <ul style="list-style-type: none"> ○ community and group insights into current problems ○ expanded to broad social analysis and effecting change ○ researcher as resource |
| EXAMPLES | Hugentobler <i>et al.</i> 1992; Whyte <i>et al.</i> 1989 | Gove and Kennedy-Calloway, 1992; Kemmis, 1988 | Maguire, 1987; Horton, 1993 |

tations inherent in the collaborative process of action research.

In our schema, 'technical action research' is guided by the ideas of outside experts who are brought in to resolve internal organizational problems and enhance organizational functioning. Although the problem may be defined by leaders within the organization, problem resolution depends upon the experts' knowledge and influence. Full participation of less influential members, for example those on the production line in a manufacturing organization, is not required and may in fact be limited.

'Practice-based action research' recognizes the knowledge and accumulated wisdom of the participants regarding their own practice. Practice-based action research is often found in educational settings, focusing on teaching practice. Intended to improve practice through considered reflection and personal insight, the process may or may not be facilitated by a researcher. The resultant changes occur within individual practitioners, rather than at the organizational level.

'Participatory research' has four characteristics: community participation, education, research and social action (Institute of Health Promotion Research and BC Consortium for Health Promotion Research, 1995). Identification

of the problem and ownership of the project by community members, rather than by outside experts, is fundamental to the process. The participants' own knowledge is valued and essential to the resolution of their problem. The professional researcher (if and when there is one) serves as a resource to the group. Final decision-making rests with group members.

ISSUES AND DILEMMAS IN PRACTICE

In the everyday world of practice and research, there is fluidity among the types of action research. The theoretical 'ideal types' of action research reviewed here, become compromised in practice. Organizational, personal and political issues emerge, based on the differing perspectives of practitioners (managerial and frontline), community members and academic researchers. Initial intentions to work within theoretical types of action research can soon lead to ambiguity, confusion and/or frustration. Initial enthusiasm for collectively researching and solving a real-life problem can evaporate into a vague sense of direction in light of stakeholders' differing perspectives, interpretations, definitions, and levels of commitment and resources within the project. A number of issues may be subject to repeated dis-

cussion and negotiation, including strategies for action, expansion of project objectives, new members, or shifts in responsibility (Mason and Boutilier, forthcoming; Boutilier *et al.*, 1996). This feature of action research not only complicates the relationships of collaborators, but also influences the pace and focus of the research. In the following section we will outline some of these issues and dilemmas both in initiating and in implementing a research project.

Entering the community

Clearly, the type of collaboration which is negotiated upon entry into the community influences the nature of the resulting research and health promotion practice. Community organizations have differing mandates, structures and internal dynamics that influence their collaborative potential. Collaboration with an organization that is equipped and/or willing to collaborate solely on pre-identified and/or internal issues limits the potential for: (i) enhancing participation; (ii) viewing the issue or problem at hand as part of a broader context; and (iii) addressing its resolution as an ongoing process.

As noted earlier, the literature on previous models of action research suggests static 'ideal types'. In real practice, the researcher/health promoter encounters significant ambiguity as organizations bring their particular mandates, their own funded projects, and their limited resources to the relationship. The academy-based researchers face the restrictions of their organizational positions and bring the particular perspective of their disciplines into the collaboration.

Adding further complexity to the process, participation by community residents can also set up 'insider/outsider' dichotomies within the project itself. This 'insider/outsider' status has complex implications throughout the research process. As Cruikshank (1994) found, for example, community development projects in Canadian communities have set up new power relationships and interest groups, creating community changes that were not intended by original grant proposals and that were perhaps invisible to 'outsider' researchers parachuted in for the duration of the projects. Further complications stemming from 'insider/outsider' dichotomies include differences in: identification of problems, counsel offered on actions and problem resolution, and retrospective analysis of the process. In addition, the commitment to a long research process may not be the same for the community resident researcher and

the university-based researcher who participates for the duration of a grant.

AT THE TABLE: REPRESENTATIVES, MANDATES AND AGENDAS

In research that involves organizational collaboration, individuals represent the perspective of their organization and bring an agenda reflecting the broad organizational mandate. However, individuals also inevitably bring the perspective of their own organizational position and any personal agenda it fosters. When more than one person represents a single organization, the number of agendas in the research process increases exponentially. Related issues stemming from the different perspectives of collaborators are outlined below. In practice, the researcher/health promoter role can be filled by any individual in these positions.

Frontline practitioners

Frontline practitioners bring their own unique situations to the table and face two potential dilemmas.

The first dilemma is that, concerned with their career prospects, they may be caught in the position of having to assert how efficiently they work, how overworked they are, and how little time they therefore have to embark upon something new, potentially time consuming, and untested. If the project has originated with their manager, they may feel some pressure to support their manager's interest in the research even if personally disinterested. Indeed, in times of economic restraint, organizational restructuring and mounting service demands, frontline staff are often overworked and may be placed in the difficult political position of being invited to participate in a new process with their supervisors. (Invitation itself may be a euphemism.) It raises the question of whether the genuine sharing of power (as idealized in participatory research) can take place under such circumstances.

The second dilemma emerges when frontline practitioners are allocated to a project for a specific number of hours per week. The practitioner can work just those required hours, causing the project to move 'in fits and starts'. Alternatively, the practitioner can work the hours required by the project, becoming exploited in the process. This dilemma occurs because action research in

community health promotion can involve an unpredictable time frame.

Managers

Contemporary managers struggle to fulfil the stated organizational mandate in the face of shrinking resources. While sensitive to issues of community health and of professional practice, management representatives also view the project in terms of available resources, budget constraints, and timelines that are often unknown to front-line workers or researchers. Managers' perceptions of time therefore are more complex than that of researchers. For example, 'time' may be an organizational resource that exists on a spreadsheet, rather than attached to individual practitioners. In that case, the suggestion may be made to allocate a 'full-time-equivalent' (FTE) staff member to the project, drawn from a pool of practitioners. Further, the indeterminate time demands of many action research projects make it difficult to assign particular practitioners to the project. While this may account for the necessary number of hours put into a project, in practice increasing the practitioners involved complicates the interpersonal dynamics, such as building trusting relationships. The commitment of individuals for unspecified periods of time to an uncertain and indefinite project, however, can be difficult for a manager to justify. Further, there may be disagreement and misunderstanding among managers on the importance of the process. The nature of the organization (whether formal or informal, hierarchical or flat, participatory or not) influences how these questions are resolved and how the process is implemented.

Researchers

For traditional academic researchers, this step into collaboration is a step into the uncertain world of practice and organizational issues: 'turf' battles, restructuring, vision statements, mandates, and supporting (or non-supporting) bureaucracies and staff (at all organizational levels).

The researcher faces two dilemmas; the first is entry into the community. When entering a community of which the researcher is not a member, sponsorship is usually sought through an existing organization, political institution or community-based grassroots agency. The choice of sponsor has ramifications for both the type of collaboration and the definition of the problem. Furthermore, existing organizations have historical

relationships with communities. As a newcomer the researcher may then take on the mantle of that history by association, although it may be a history from which he or she might eventually wish to dissociate.

The second dilemma is that the protracted time involved in building community connections will often be rejected as time spent doing research. This is related to a third dilemma: that the knowledge produced by such endeavours is often not regarded as meeting the scientific criteria of generalizability. Therefore, the researcher committed to such an approach will find the projects difficult to fund, articles produced may be rejected by peer-reviewed journals, and he or she may be marginalized within the more traditional academic community. These are substantial risks not to be dismissed (Fineman, 1981).

Community members

Dilemmas faced by community members may begin with the nature of their initial involvement in a project. The first dilemma arises with the questions: are they being invited to participate in a professionally initiated project, or are they inviting professionals and their agencies to participate in their own problem-solving efforts? The former situation can lead to the dilemmas of being called upon to speak for a broader community than individuals or groups feel they can legitimately represent, or of being used as tokens. Thus, the substance of the project may be determined by the organizations who speak for communities of interest, and not for an entire geographic community. This means that the research may inadvertently exclude the underorganized, unaffiliated, or unpopular segments of the wider community.

Each research project will face shifting definitions of community depending on who comes (or is invited) to the table in the initial stages. Within our work, we have found that the definition shifts over the course of the project, and thus the roles played by community members will also shift over time (Mason and Boutilier, forthcoming; Boutilier *et al.*, 1995a, b).

COMMUNITY REFLECTIVE ACTION RESEARCH

We have developed a model of action research which attempts to identify and address the dilemmas faced by organizationally based practitioners who use participatory research as a health promo-

tion strategy. Our model combines organization–community collaboration with practice-based and participatory research. We call this ‘community reflective action research’ (CRAR). CRAR engenders reflective practice in health promotion and promotes community participation. It moves between the type of action research that seeks to improve the practice of health promoters in organizations (i.e. practice-based action research), and research which values community control, education and action (i.e. participatory). Its process of collaboration is in continual flux depending upon who comes to the table and participates as we move through the cycles of action research.

The characteristics of CRAR as compared to its elder cousins, practice-based action research and participatory action research, are outlined in Table 2.

The broken lines separating CRAR from practice-based action research and participatory action research indicate the tendency to flow from one stream to another at different stages in the research project. Unlike technical action research, however, practitioners and community members are full participants in defining the research priorities and questions, thus the professional researcher abstains from the role of outside

expert and its attendant prerogative to control issue definition or access to certain resources (for example, research skills and knowledge).

CRAR emphasizes the different perspectives and issues in collaboration for the partners (community members, organizations, researchers). It expands the potential for ‘reflective practice’ to occur in a reciprocal manner among collaborators and recognizes research itself as practice that must be reflective.

Our model is primarily based on our experience in two projects (Boutilier *et al.*, 1995a, b). Each project involved three major groupings: community residents, health promotion practitioners, and researchers. Each project had a dual purpose. First, we intended to work with community residents on a participatory research project which addressed their priority issues. The community residents’ projects involved both survey and self-evaluation methods; those data and findings belong to the community groups and are not discussed here. Second, the projects sought to explore how health promotion practice and research might focus on the social determinants of health within an participatory or action research approach. Recognizing that such research is sometimes dismissed because findings

Table 2: Types of action research, including community reflective action research (CRAR)

| | PRACTICE-BASED | COMMUNITY REFLECTIVE | PARTICIPATORY |
|---|--|--|--|
| POWER Whose knowledge has legitimacy? Who makes decisions? | <ul style="list-style-type: none"> ○ facilitator works with group to illuminate what is known in practice; ○ lies with group but action usually within individuals | <ul style="list-style-type: none"> ○ participants represent organizations and grassroots ○ identify issues within practice and broad health promotion goals ○ work towards consensual decision-making ○ expertise shared according to needs of project. | <ul style="list-style-type: none"> ○ participants involved in entire process including identification of issues and strategies ○ decision-making rests with participants |
| GOALS / VALUES Why do the research? Who benefits? | <ul style="list-style-type: none"> ○ development of self-reflection in practice ○ improvement of practice through application of participants’ personal wisdom | <ul style="list-style-type: none"> ○ improvement of collaborative practice through reciprocal reflection by researchers, agencies, grassroots ○ possible production of generalizable knowledge of collaborative processes ○ provides a model or skills for community to resolve future issues themselves. | <ul style="list-style-type: none"> ○ direct and positive benefit for the community ○ provides a system, model or skills for community to resolve future issues themselves ○ long term social change |
| RESOURCES What is valued as a resource? Who has access to resources? | <ul style="list-style-type: none"> ○ participants’ insight into own current practice | <ul style="list-style-type: none"> ○ practitioners’ and/or researchers’ knowledge base and insights into practice; community insights into local health and social issues ○ access to funding is shared | <ul style="list-style-type: none"> ○ community and group members’ insights into current problems; ○ applied social analysis broadened to effect change ○ researcher as resource |
| EXAMPLES | Gove and Kennedy-Calloway (1992); Kemmis (1988) | Blackman <i>et al.</i> (1992); Boutilier, Mason, Rootman <i>et al.</i> (1995) | Maguire (1987); Horton (1993) |

are specific and local rather than 'generalizable', we participated in these projects with a view to developing a generalizable model within health promotion practice and research, rather than generalizable findings.

Following an understanding of 'reflective practice' (Schon, 1983) as a method of integrating new learning into the daily practice within the organization, we engaged in a process of self-reflection on our respective 'practices' (i.e. either research or health promotion) as we worked with the community residents (who also reflected on their experience in participatory research). We maintained confidential personal journals, and engaged in collective reviews of the process during which participants (voluntarily) drew upon insights recorded in their journals. The projects varied in the points at which the 'reflection' meetings took place *vis-à-vis* the action research cycles of the community participatory research projects. However, each included discussion of initial expectations, subsequent experience, and the context within which decisions were made, leading to insights about our respective organization and discipline-based practice (Boutilier *et al.*, 1995a, b, 1996; Mason and Boutilier, forthcoming).

Thus, each project becomes a complex intertwining of reflective practice for health promotion practitioners and researchers, while moving through the specific research agenda with community partners. Community participants reflect on their experience as researchers, their relationships with health promotion professionals, and how research influences their understanding of community issues. The collective reviews do not always include all three groupings (practitioners, researchers, and community members), as the process is not intended to limit any sharing of reflection among colleagues and community.

In answering the underlying questions outlined earlier, community reflective action research demonstrates the following characteristics.

- (1) *'Whose knowledge has legitimacy?' and 'Who owns the project?'* Research problems require the particular expertise of community members, practitioners and researchers contingent upon the stage of problem resolution. Thus, similar to participatory research, a problem may initially be identified by community residents whose expertise is in the context and nature of the problem. All stakeholders are recognized for the legitimate knowledge they
- bring to the research process, fostering egalitarian decision-making. The research maintains participatory research goals of education and the democratization of the 'esoteric' knowledge of professionals and practitioners. As in action research, however, resolution may be facilitated by the expertise of individuals, for example, the research professional's knowledge of research process, the practitioner's organizational knowledge of obstacles and support, or the community member's knowledge of informal networks and process.
- (2) *'Why do the research?' and 'Who benefits from the research?'* For community members, the main goal and primary benefit of participation in the research is the solution of an immediate problem or improvement of a problematic situation. Resolving the problem may require providing information and documentation to appropriate bodies, such as government, landlords, the police, or other community members. The research and presentation skills acquired by community members can then be applied to other problems as they arise. From the perspective of health promoters, the intention of the research is the support and empowerment of the community in its resolution of health-related problems. Additionally, the research provides individual practitioners and their organizations with the opportunity to systematically reflect upon and improve their health promotion practice.
- (3) *'What is valued as a resource?' 'Who has access to resources?'* Community members bring their valued knowledge of the community, its informal networks, and its history. They also bring energy to resolve a problem that is rooted in their actual everyday experience. Practitioners bring the ability to access supportive administrations, funding, information, personnel, and the organization's perspective on the community. Researchers bring skills and resources such as information retrieval, development of information-gathering tools, data entry and analysis.

Each of the partners makes available to the others the experience, training and resources they bring to the project. These shared resources include information, education, skill development and training. Access to these resources for all participants is a key feature of this model. While initially time-consuming, we would expect that increasing

familiarity with research skills, the cycles of action research and with local community issues on the part of practitioners and their organizations will facilitate the negotiation of organizational process and resources.

A FINAL NOTE: THE POLITICS OF MODELS AND TYPES OF ACTION RESEARCH

There is a distinct political flavour to the dimensions of our typology of action research: power, values and goals, and resources. Once in the community, collaborative and/or action research becomes a political process for both the researchers and community members involved. Participation and collaboration require negotiation at the outset on a micro-political level around issues such as: roles, administrative duties, meeting place, and so on. However, there may also be a broader political agenda (with implications for the project itself), of which one or other of the parties is unaware. For example, one partner may be interested in systemic social change, while another participates only for the improvement of service delivery.

None of these models in themselves foster research that is inherently politically progressive. Apart from value being placed on the democratization of knowledge, these models of research can be used to further either conservative or progressive political views. For example, a participatory research approach could be applied to issues of under-housing, but could also be applied towards strategies for recruitment by neo-Nazi groups. As Robertson and Minkler (1994) and Hoffman (1989) have observed, the opportunity to collaborate with the community ensures neither the enhancement of community health nor the incorporation of the underlying goals of health promotion (such as those articulated in the Ottawa Charter). The substantive issues of each research project, therefore, must be assessed by each collaborating organization and by the individual health promotion practitioners and researchers involved.

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