Advancing the Population Health Agenda

Encouraging the Integration of Social Theory into Population Health Research and Practice

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Historically, population health researchers have privileged methodological considerations in their research and practice. With the entry of researchers from varied social science disciplines into the field, and the growing recognition of the impact of social phenomena such as class, gender, and ethnicity on the health of populations, questions of social theory are poised to take on a greater salience in population health inquiry.

This paper invites a dialogue focussed on the use of social theory in population health research and practice. We critique two common orientations to social theory found in the population health literature: the inexplicit and post hoc uses of social theory. We then propose three forms of engagement with social theory – to frame research, interpret emerging data and critique results. In our view, opening up a dialogue on social theory is an important step toward improving the explanatory potential and policy relevance of population health activities.

Background

This paper emerges out of discussions during two workshops on population health and social theory held in 2002 and 2003. Funded by the Institute for Public and Population Health, the workshops brought together 11 researchers from across North America (California, British Columbia, Alberta, Ontario, Quebec and Nova Scotia), with training in geography, sociology, history, anthropology, epidemiology and public health. Our objectives were to: 1) discuss social inequalities in health from diverse theoretical perspectives, 2) make recommendations to the research community on the role of social theory in population health, and 3) initiate an interdisciplinary, population health research

La traduction du résumé se trouve à la fin de l'article.

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group comprised of junior-level North American researchers.

In calling for a more overt presence for social theory in population health research, we extend an argument currently made about social epidemiology.* Since at least the early 1990s, researchers have lamented the methodological orthodoxy of epidemiology, while encouraging a more focussed effort on generating theoretical explanations about changing patterns of health.¹⁻⁷

Just as social theory may help develop a more robust social epidemiological practice, so too may it contribute to the development of population health research and practice. The phenomena of interest to population health – population-level patterns of health – are not naturally occurring or "random" events, but are inexorably tied to how societies are organized. Gender, income, ethnicity and other "determinants" of health both reflect and, at their core, constitute complex social processes. To better research and address population health problems, we require social theories that help frame questions, interpret data, and explain social phenomena.

In preparation for this manuscript, we surveyed articles published in the *Canadian Journal of Public Health* from March/April 1997 (Vol. 88, Issue 2) through July/August 2003 (Vol. 94, Issue 4), including supplements, using the truncated descriptor "theor" as a keyword search term. Restriction of our search to the CJPH was intentional: As the primary vehicle for dissemination of Canadian public and population health research, our aim was to assess the representation of theory use in Canada. Our search identified only three articles that had any explicit reference to theory in their title.⁸⁻¹⁰ While title searches of this sort are admittedly limited, our results point to a well-acknowledged observation: explicit theory use and development in Canadian population health research are rare.

A critique of the inexplicit uses of social theory in population health research

One striking example of the inexplicit use of social theory in population health

* We define social theory as: a general, systematic organization of concepts providing an understanding of a particular subject matter in relation to social aspects of life.

research can be found in how researchers orient to the theoretical frameworks and concepts they draw on in their research.

Concepts are the most basic devices we use to organize our interpretation of the world. They provide the intellectual “containers” into which we can parse up an otherwise confusing *mélange* of phenomena. The way we seek to measure a concept reflects what aspects of reality the concept is theoretically oriented to capture. For example, biomedical theory construes “sex” as fixed, physiologically defined and inherent in an individual. Feminist theories, by contrast, interpret “gender” as performative and relational, dependent upon historical processes that specify what types of gender are possible in particular societies. Both the concepts of sex and gender are thus inherently theoretical.

In population health research, the theoretical bases of concepts are often unexamined or left unmentioned. The burgeoning literature on social capital^{11–13} provides a compelling example. Many current studies that operationalize social capital, for example, seem somewhat unaware of the theoretical origins of this concept in the varied work of Emile Durkheim¹⁴, Alexis de Tocqueville¹⁵ and Pierre Bourdieu.^{16,17}

When population health researchers speak of social capital, they carry forward theoretical traditions with distinct epistemologies and political bents. While not explicitly referenced as such by the authors, Kawachi et al.’s work on social capital is distinctly Durkheimian. It commits thought and action to a functionalist view of society; a view that privileges questions of solidarity and that views social capital as generating social cohesion. A Bourdieusian perspective on social capital begins in a different place, one that extends Marx’s economic analysis of class relations to consider the symbolic and other resources that determine people’s fate in the world. Bourdieu’s work on social capital is more explicitly tied to questions of power and inequality. Social capital is a potential source of both social cohesion and social conflict. The policy ramification of these two varied views should be obvious: a Durkheimian would seek to augment solidarity in society while a Bourdieusian perspective would focus on decreasing societal inequality.

Debates about the conceptual heritage of the term “social capital” are widespread in

the social sciences.^{18,19} A more focussed internal discussion within population health about the theoretical origins and implications of the use of social capital in understanding health outcomes is needed. Without such a discussion, the field’s characteristic emphasis on operationalization and use of concepts for measurement remains premature, as it is essential to know exactly what we are measuring before we do so.

A critique of post-hoc uses of theory in population health research

A second limited form of engagement with social theory in the population health literature comes in the form of post-hoc theoretical speculation. As it would appear in common practice, theory explicitly enters the research process after data have been collected and registers in published work in the “Results” or “Conclusion” sections, where authors consider different theories that might explain their findings. While such attempts at theoretical reflection are laudable, they do not necessarily amount to theoretically rigorous research.

When applied “after the fact,” theoretical frameworks or specific concepts will only partially ‘fit’ the project data. Dissonance both between theoretically-grounded concepts and empirically-generated versions, and the actual data collected and the empirical demands of the theory, are likely. Moreover, post-hoc theory use fails to recognize how research questions and data collection processes are already theory-ridden. Using theory retrospectively rather than prospectively circumvents framing and testing theory-based hypotheses.

An example of the limits of post-hoc theorizing is found in the important and growing body of research on income inequalities and health.^{11,20,21} Explanations of the perplexing linkage between income inequality and negative health outcomes have been vociferously debated in the literature. Numerous empirical articles offer “proof” that income inequalities are in some fashion related to health outcomes. But their explanations differ. Kawachi and Kennedy²² argue that the influence of income inequality on health is a consequence of disinvestment in social capital. Wilkinson goes one step further by suggesting that income inequalities affect

health through perceptions of place in the social hierarchy.²¹ Lynch et al.,²⁰ on the other hand, argue that income inequalities represent a more structural inequality of basic material conditions such as health care, education, etc. All of these explanations are plausible; all are made post hoc. These explanations have yet to be framed as testable hypotheses anchoring a theoretically-informed process of empirical inquiry. Until such time, population health research will be hampered in its ability to explain the basis of the association between income inequality and health. More importantly, intervention attempts are more likely to be based on ideological imperatives than on the results of theoretically rigorous, systematic empirical research.

Active engagement with social theory in population health research: What can we do?

Not all population health research and practice is lacking in explicit and well-tested uses of social theory. We turn now to a few examples of how social theory is and can be integrated into population health research and practice.

First, social theory can act as a broad orienting device driving questions, research and writing, and generating testable hypotheses. An example of such theory use comes from James Nazroo and Saffron Karlsen’s work on health and ethnicity.^{23–26} Their starting point is that research on ethnicity has been largely empirically driven, carries an implicit theory of fixed genetic and cultural differences, and offers explanations grounded in racialized stereotypes. To make theory more explicit in research on ethnic differences in health, they suggest that researchers turn to the role of social structure in generating inequality.²³ By social structure, they have in mind the patterned use of ideas about fixed differences to justify exclusionary practices, the effects of racism, and socio-economic disadvantage. They further underscore that ethnicity is a collective form of social identity. In their view, exploring the dynamics of identity, including who constructs, resists, benefits, and is left out of ethnic categories, can help develop a more solid theoretical background from which to explore the relationship of ethnicity to health.

Second, theory can be drawn on as an interpretive resource as the research process proceeds. An example of this use of theory can be found in Popay et al.'s recent research on the relationship between health-related social action and lay interpretations of residential spaces in Northwest England.²⁷ The study drew on a rich theoretical literature on health and place and involved surveys and individual interviews from two advantaged and two disadvantaged localities in the region. As the researchers began analyzing interview data, it became clear that additional theoretical resources were needed in order to make sense of how respondents made normative judgements about "good" or "bad" places. To more fully interpret their data, the researchers turned to a theoretical literature on social norms and identity. This iterative engagement with social theory enabled Popay and her colleagues to contribute to a more nuanced model of the complex connections between health inequalities and place.

Third, social theory can be used to critique others' arguments. Coburn and colleagues^{28,29} have launched a sustained critique of population health as developed by Evans and Stoddart.^{30,31} Working from a political economy perspective, they suggest that Evans and Stoddart's privileging of wealth generation over sources of wealth distribution expresses an implicit and inadequate pluralist theory of power. They further argue that a reliance on statistical reasoning and decontextualized variables prevents Evans and Stoddart from developing an adequate analysis of the relationship between individual agency and social structure. In place of the Evans and Stoddart's model, Coburn and associates recommend theoretical approaches that more closely attend to the socio-political and class contexts of ill health in populations.

CONCLUSION

Social theory has until now had a muted presence in population health activities. This paper has tried to redress this weakness by inviting a dialogue on potential ways that population health researchers might orient to social theory in their research and practice. Our position is admittedly "partisan". We are favourably

disposed to social theory. We view theory as a fundamental component of all empirical research and seek to encourage its explicit use in the population health literature.

Further development of social theory within population health will require dialogue on a number of questions. Researchers will need to think about what kinds of social theory are relevant to the field. Our own sense is that we require integration and development of social theories such as those that explore the relationship between individuals and the social structure, theories that elaborate on the social context, in part to help us move beyond simplistic cognitive models that explain health and health-related behaviour without attention to the social risk conditions that predispose people to "risky" ways of living. We also call for a reflexive stance toward social theory. Researchers will need to explore their epistemological assumptions and recognize the indeterminacy of theory's relationship to method. Population health researchers will need to reflect on the limits and specificity of social theory, recognizing the particular historical, cultural and political circumstances from which they emerge and for which their use is best suited. This can involve all epistemological positions, from positivism to hermeneutics, and it is not linked to any one particular method.

Drawing on existing research, this paper has suggested ways of overtly using social theory – to frame research, interpret emerging data and critique research – that might help reorient the inexplicit and post-hoc uses of social theory that are characteristic of the population health field. We do not, however, view theory as a panacea. We caution against a technical orientation to social theory, one that would treat theory as a simple "fix" for population health problems. Rather, our hope is for deeper and more policy-relevant explanations of population health phenomena that might follow from researchers being more fully aware of their own theoretical grounding and more open to engagement with social theory in all phases of their work.

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