Translating aspirational ideas from academia to practice: The example of working 'upstream' to reduce health inequalities

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Introduction

Dominant discourses since the late 1970s have dramatically reshaped how the problem of health inequalities is understood, and have thus had important implications for the nature of action taken to reduce them. In particular these discourses have directed attention away from root causes of health inequalities (i.e. the inequitable distribution of power, wealth, and resources), to instead target the symptoms of the problem (e.g. individual behaviour). To counter this "tinkering" around the edges (McKinlay, 1979, p. 583), a number of 'counter-discourses' have emerged in recent years. In this study, I examined one of these counter-discourses, the upstream parable, to explore how the idea of working 'upstream' is articulated in the academic literature, and how it is interpreted by a sample of people working to reduce health inequalities. The aim of the study was to bring to light both how the upstream parable is intended to operate to shape thinking and action to reduce health inequalities, and how it unfolds in practice.

Method

I employed an approach to discourse analysis underpinned by the work of French historian and philosopher Michel Foucault. I collated two data sets to which I applied the steps of Foucauldian Discourse Analysis (FDA): a sample of 32 peer-reviewed journal articles which employed the upstream parable to articulate actions to reduce health inequalities, and a sample of 18 interviews with researchers, practitioners, and public advisors who were actively involved in actions to reduce health inequalities. The steps of FDA involved identifying how 'health inequalities' and working 'upstream' were problematised across the data sets, and the wider discourses within which these problematisations were situated. Additionally, the analysis aimed to bring to light how different ways of framing the problem operated to open up or close down different courses of action.

Results

Applying the steps of FDA to both data sets, I found that there were multiple different ways in which people problematised health inequalities. These underpinning problematisations had important implications for how people interpreted the upstream parable. While in the academic account, a number of authors highlighted the potential for the upstream parable to operate to reframe the problem of health inequalities itself in terms of political and power imbalances, in practice the parable tended to be interpreted in light of peoples' existing perspectives, and the ways in which

they encountered health inequalities in their day-to-day work (e.g. inequitable uptake of health services).

Conclusion

The upstream parable, as it appears in the academic literature, represents a radical critique of the status quo and calls for new ways of working to address fundamental imbalances in power and resources in society. However, due to its ambiguity and consequential malleability, rather than representing a blueprint for *new* ways of working, the parable tends to be interpreted in light of, and subsumed with, existing perspectives. If counter-discourses in this field are to gain further traction and achieve their ambitions of reorienting practice, further work is needed to understand the transformations that they undergo when moving from academic ideals and practice realities.

References

McKinlay, J. (1979). A case for refocusing upstream: the political economy of illness. In J. Gartly (Ed.), *Patients, Physicians, and Illness.* (3rd ed., pp. 9-25). New York: Free Press.

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Author biographies

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Naoimh McMahon is a chartered physiotherapist by background and in 2010 she completed a Masters in Health Promotion at the National University of Ireland, Galway. Before coming to work in the United Kingdom, she worked clinically as a physiotherapist in the Health Service Executive in Ireland. She has also worked at University College Cork both as part of the BEd in Physical Education and Sport Studies teaching team and in the Department of Epidemiology & Public Health. She spent three years working as a Research Physiotherapist in the UCLan Stroke Research Team prior to commencing her doctoral degree funded through an NIHR CLAHRC NWC Doctoral Studentship.

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Mark Gabbay is Professor of General Practice at the University of Liverpool, and Head of Department of Health Services Research. He is Director of the CLAHRC NWC. His research interests include studying complex interventions in primary care, health inequalities, work and health, mental health and substance misuse. He is a GP at Brownlow Health in Liverpool, and holds a number of senior regional NIHR appointments including the research design service, primary care, mental health and comprehensive research networks. He has over 90 peer-reviewed publications and as PI or Co-I over £60M research grants during his academic career.

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Dame Caroline Watkins is Professor of Stroke and Older People's Care, School of Health Director of Research and Director of Lancashire Clinical Trials Unit at the University of Central Lancashire. She is also Director of Capacity and Implementation, Collaborations for Leadership in Applied Health Research and Care (CLAHRCs). Caroline leads a multidisciplinary team of researchers with a large portfolio of clinically relevant research, and contributes to stroke service development at a local, national and international level. She is a Fellow of the European Stroke Organisation and World Stroke Organisation. She is a member of the UK's HTA Commissioning Board and the Stroke Association Research Awards Committee.