

## Connecting the dots

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*I am enough of an artist to draw freely upon my imagination. Imagination is more important than knowledge. Knowledge is limited. Imagination encircles the world.*

**Albert Einstein**

*Community cannot for long feed on itself; it can only flourish with the coming of others from beyond, their unknown and undiscovered brothers.*

**Howard Thurman (1900–1981),  
American clergyman and activist**

*The Forum article (Bernier et al. 2006a), the commentaries (Bauer 2006; McMurray 2006; Rütten 2006; Springett 2006), and the rebuttal by Bernier and her colleagues (Bernier et al. 2006b) in this issue of the journal can and must be seen in a much wider context of knowledge production for health.*

*For the last decade or so ‘Evidence Wars’ have ravaged the public health and health promotion landscape. The debate which methodology would yield the best possible evidence of effectiveness for health interventions paid little or no attention to the ultimate presumed function of the generation of such evidence: to inform procedures (policies, interventions, organizational designs) to improve health and well-being of people.*

*The ‘Evidence Wars’ seem to have been resolved with a conclusion that particular problems merit particular theoretical and methodological operations to create knowledge on what works and what does not. However, this body of knowledge still suffers from a serious disconnect with implementation into practice. Some authors attribute this to the quality of the research itself, and a consequential feasibility to be translated into practice (Green & Glasgow 2006). Others argue*

*for increased capacity and capability to translate knowledge into policy development efforts (Bowen et al. 2005). ‘Knowledge Translation’ indeed seems to have become the new buzzword in health academe. It is defined as ‘the exchange, synthesis and ethically sound application of knowledge—within a complex system of interactions among researchers and users—to accelerate the capture of the benefits of research... through improved health, more effective services and products, and a strengthened health care system’ (Davis et al. 2003). And although most authors in this field acknowledge this complex system of interactions that exists between researchers and users, the general application of knowledge translation displays a naive downstream perspective in which researchers assume a responsibility to interpret their esoteric language and procedures into modi operandi enabling policy developers and decision makers for ready-made political action.*

*In the social and political sciences, however, there is unequivocal insight that knowledge production and application is socially constructed within complex dynamic networks. Knowledge does not require translation, it requires connection (Van Buuren & Edelenbos 2004; Latour 1999). We have elsewhere framed this connection as a need for utility-driven evidence, UDE (De Leeuw & Skovgaard 2005).*

*Cousins & Simon (1996) argue that a social constructivist perspective alone does not yield sufficient insight into this intricate relationship between research and practice. They propose a ‘revisionist’ view ‘looking with both eyes’ (positivist and constructivist) for hypothesizing the benefits of these partnerships. They particularly identify ideological and pragmatic factors as inhibiting effective partnering around research. An example of such factors is provided by Fortin et al. (1994) in their review of effectiveness of Healthy Communities initiatives in Québec: those communities starting from an environmental perspective were doing better than those*

with a health-based starting point. This raises a topic that is only marginally addressed by the authors in this volume: collaboration should ideally start from a joint recognition of a problematic issue, and not from an ideology that dictates partnerships. Once the substance of an issue is recognized tools can be mobilized to map the connections between stakeholders, including those – ideological and practice-based – factors that limit collaborations. Stakeholder (Var-

vasovszky & Brugha 2000) and subsequent social network mapping would yield information on shared, contestable, and unmovable positions among partners.

This is an exciting health research domain in which more and better connections with a wide array of other insights from praxis and academe can generate enormous health and social development.

**Evelyne de Leeuw**

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