Engaged scholarship for health innovation

Tinashe E. M. Mutsvangwa

Division of Biomedical Engineering, Department of Human Biology, University of Cape Town, Cape Town, South Africa

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Globally, an expectation has emerged for innovation to assist in addressing the health challenges of our time. Health innovation achieved through interaction between users and producers of knowledge within the health system (Lundvall, 2015) can be harnessed for improving health and promoting healthcare service delivery in developing settings (Mayosi et al., 2009, Mayosi et al., 2012). Innovation is required that moves beyond mere technological progression, which often fails to consider the needs of the marginalised, while occasionally serving to increase inequalities (Papaioannou, 2018).

For health innovators, it becomes essential to develop partnerships with intended beneficiaries in order to evaluate the contextual suitability of innovations; that is, to innovate for local needs, acceptable to both patient and health-care personnel, while being mindful of the resources available to that group. This also applies to health innovation taking place in academic institutions. The past two and half decades have witnessed a growing movement in the academy to bridge the gap between universities and civil society (Beaulieu, Breton & Brousselle, 2018). Popularised under the term 'engaged scholarship', this movement seeks to apply institutional resources to address and solve challenges facing civil society through collaboration with communities (Jordan, 2007).

Since we desire health innovations to be impactful, a critical understanding of the social determinants of health, socioeconomic factors, and inequalities must be included in the innovation process. Specifically, the leveraging of tacit knowledge reported by or observed in communities, enables development of community-centred innovations and simplifies innovation diffusion and uptake by the same communities. Engaged scholarship is distinct from other university-civil society relations such as outreach, which in general means dissemination of information or services to public audiences (Jordan, 2007). Engaged scholarship provides a platform that gives due consideration to the target group's peculiar environments and concerns. This deviates from the traditional approach of 'one-size fits all' solutions, towards context-specific ones; it emphasizes a shift in the understanding of the sources of knowledge, and of how knowledge creation, distribution and use link to social improvement (Warren et al., 2014). Engagement suggests "a partnership and a two-way exchange of information, ideas, and expertise as well as shared decision-making" (Jordan, 2007).

At the core of engaged scholarship are two values identified by Beaulieu, Breton & Brousselle (2018) in their scoping review of two decades worth of community engagement literature, namely social justice and citizenship. Social justice asks the academic to seek complementarity between their scholarly achievement and the public good, while citizenship compels them to "integrate their role as expert with their role as citizen" (Beaulieu, Breton & Brousselle, 2018). Adopting these two values - social justice and citizenship - encourages academic health innovation practitioners to extend Robert K. Merton's 'communality' norm of science, which emphasizes that science outputs belong to the public (Weingart, 2015), also to innovation. To achieve impactful health innovation, particularly for developing settings, we need to advocate for the democratization of innovation outputs, integrate our own expertise with other forms of knowledge including lay perspectives, and consider ourselves innovators with, rather than innovators for, the groups we wish to impact. Engaged scholarship provides a principled way to achieve this.

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*Corresponding author: tinashe.mutsvangwa@uct.ac.za
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