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Andersen, Heidi Lene

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Social Health and Sustainability - What Conceptual Framing and Common Language Can Help Move a Shared Agenda Forward?

Heidi Lene Andersen, *Department of Environmental, Social and Spatial Change, Roskilde University, Denmark.* hlenea@ruc.dk

Abstract: *This article discusses how to accomplish a transition towards healthy and sustainable futures. Despite political statements and profound theoretical developments, little has happened in the field of practice. This article presents a number of problematics in the theoretical and conceptual development within the fields of sustainability and health promotion. With this objective in mind, this article seeks to find solutions to a question raised by the WHO health and sustainability researcher, Illona Kickbusch: ‘What conceptual framing and common language can help move a shared agenda forward?’ (Kickbusch, 2011: p. 7). The empirical case study presented here describes the local planning process of a health project in a deprived community in Copenhagen, Denmark. This setting opened an opportunity for intersectional cooperation and interaction between the municipality’s Environmental and Healthcare departments. The article demonstrates that an action research approach including an Aristotelean phronetic perspective can be successful in integrating health and sustainability in research, as well as in practice. There are two main conclusions from the empirical case study. The first is that the common language in the search for a shared agenda is based in the social aspect of health and sustainability. The other conclusion is that the search for a shared agenda is in itself a strategy for achieving integration between health and the environmental, economic and social impacts, both within the field of practice and the field of research.*

Key words: *social health, sustainable development, social health, health promotion, action research, phronetic social science.*

Introduction

Internationally and in Denmark, there is a discrepancy between health promotion theory and health promotion practice (Dean & McQueen, 1996; Marmot & Bell, 2012; Patrick, Capetola, & Noy, 2011). The Ottawa Health Promotion perspective is interesting inasmuch as health promotion has a history of concern with environmental factors, for example, the social and natural environment, the

factors determining personal and economic security, and the multi-level dimensions concerned with the well-being of individuals and populations (WHO, 1986). In 1986, the WHO’s Ottawa Charter for health promotion listed a set of prerequisites for health: peace, food, shelter, education, income, a stable ecosystem, sustainable resources, social justice, and equity. These prerequisites are in accordance

with some of the prerequisites for sustainability and, therefore, they point to an intimate connection between the conceptualisations of health and sustainability. In other words, what constrains and promotes health is the same as what constrains and promotes sustainability - environmentally, economically and socially. Despite this unity, the conceptual developments of health and sustainability are embedded within different perspectives. The general theoretical development in the field of health promotion is based upon the Ottawa Charter's holistic health perspective where health promotion

... is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment (WHO, 1986: p. 2).

The Ottawa Charter advocates for interdisciplinary and intersectional collaboration and aims at creating healthy public policies by creating a '[s]upportive environment, strengthening community action, developing personal skills and reorienting health services' (WHO, 1986: p. 2).

The Ottawa Charter's health promotion perspective, including the perspective on interdisciplinary and intersectional collaboration and, especially, the connection between health and sustainability, is the focus of this article. The article problematises the theoretical and conceptual development within health and sustainability. The connection to, and the conceptualisation of sustainability will be elaborated in sections two and four.

The empirical case study presented in this article takes place in a deprived community area in Copenhagen, Denmark, and the empirical and theoretical discussion is framed by a search for an answer to the question posed by Ilona Kickbusch: 'What conceptual framing and common language can help move a shared agenda forward?' (Kickbusch, 2011: p. 7). As such, it introduces and describes the complementary and innovative research approach of phronetic action research.

This article, like the WHO approach in 'The healthy city movement' (Andersen, 2015; Bezold & Hancock, 2014a; Hancock, 1997), is based on the recognition that 'community' is the crucible for

many of the most important determinants of health. Community defines the places where we live, learn, work and play - our homes, schools, workplaces and neighbourhoods. It is the immediate physical environment and it is seen as a network of social relationships based in, but extending beyond these places into 'non-spatial' and virtual communities. Thus, as a setting, community is a fundamental basis for our physical environment and for our identity and social well-being (Hancock, 1993). The approach advocates that since so many of these determinants act at the local level, it is here that action must be taken. The health promotion researcher Trevor Hancock focuses on human development instead of today's focus on economic development, and he states:

Communities therefore — or in a political sense, municipalities — are particularly important because they are the level of government closest to people, and they contain the other settings. Thus governance for health and human development must have a strong local dimension, while recognizing the importance of supportive provincial and federal policies and programs" (Hancock, 2009: p. 14).

Despite international recognition, this approach is immature in a Danish context.

1. The Danish Context

Most of the theoretical development and empirical evaluation within community health and empowerment has taken place in Anglo-Saxon countries (Kretzman & McKnight, 1993; Laverack, 2006; South, White & Gramsu, 2012; Woodall et al, 2010) Therefore, the theoretical framework needs to be translated into a Danish context. On the one hand, Denmark is special inasmuch as it is grounded in a social democratic welfare system (Esping-Andersen, 1990) which implies a focus on universalism and equity. On the other hand, the national health strategies are governed by a neo-liberal perspective (Fosse, 2011; Vallgård, 2008, 2011), which implies that the responsibility for health is primarily placed with the individual and the individual's choice of lifestyle (Diderichsen et al, 2011; Reinbacher & Verwohlt, 2009; Vallgård & Krasnik, 2002). Sweden and Norway, two other social democratic welfare systems, focus to a larger degree on the social conditions affecting the everyday life of their citizens and both countries

have better health than Denmark¹ - measured as life-expectancy (Fosse, 2011; Vallgård, 2011). Although the universal access to medical care is clearly one of the social determinants of health, the biomedical health perspective does not address the root causes of health and the needs of those who are affected by social, environmental or economic conditions - conditions that make people ill in the first place and leave them in need of medical treatment (Dybbroe, Land & Baagøe, 2012; Kickbusch & Gleicher, 2012; Marmot & Wilkinson, 2006).

Marmot and Wilkinson get to the heart of this in their book, *Social determinants of Health*, where they were requested to consider the importance of new discoveries on the human genome:

The new discoveries on the human genome are exciting in the promise they hold for advances in the understanding and treatment of specific diseases. But however important individual genetic susceptibilities to diseases may be, the common causes of the ill health that affects populations are environmental; they come and go far more quickly than the slow pace of genetic change because they reflect the change in the way we live. This is why life expectancy has improved so dramatically over the recent generations; it is also why some European countries have improved their health while others have not, and it is why health difference between different social groups have widened or narrowed as social and economic conditions have changed (Marmot & Wilkinson, 2006: p. 7).

This statement, focusing on the social and environmental causes of health, is not reflected in the Danish national health documents. Despite alternative approaches (of which this empirical study is an example) the field of health care practice in Denmark is based on an individual and a physical health care perspective (Diderichsen, Andersen & Manuel, 2011). The health care institutions and the health departments in the municipalities are mostly governed from a narrow single-sector perspective, and public health issues are primarily conceptualised as tame problems grounded in a biomedical perspective with a focus on the individual's behavioural change and lacking a social perspective (Fosse, 2011; Vallgård, 2010). This situation contributes to the discrepancy between theory and practice within the field of health promotion.

2. The Social Dimension in Health and Sustainability

The conceptual discussion within the sustainability agenda seems 'to be a focus on economic and ecological disciplines concentrating most of the attention between "weak" and "strong" sustainability which relates to the "constant capital" rule and to differing judgment about the limits to capital substitution' (Parra, 2013: p. 142). The Dutch researcher in social sustainability, Constance Parra, also points to the insufficient efforts to properly conceptualise the social dimension of sustainable development and she points at the narrow definition of the social as being a matter of equity in the distribution and access to resources. She describes a somewhat problematic conceptual development:

Rather than referring to the 'relational' content of the social and to the role of society and governance in dealing with the difficult interaction between the socio-economic and ecological dimensions of sustainable development, attention was directed to the material conditions of inter- and intra-generational equity, matching in this way the global macroeconomic standpoint from which sustainability was addressed in its early years (Parra, 2013: p. 143).

Thus, both health, from a public health or biomedical perspective, and sustainability are conceptualised in a somewhat narrow perspective.

With this in mind, this article aims to find a solution to Illona Kickbusch's question, 'What conceptual framing and common language can help move a shared agenda forward?' (Kickbusch, 2011: p. 7). Her question requires theoretical, conceptual and practical methodological development. In the search for answers, and with the aim of bridging theoretical and practical developments, it is important to search for the underlying reason why and to take a close look at the practical implications.

In the following, the search for a shared agenda is described through a case study using an action research approach and with inspiration from an Aristotelean phronetic perspective (Eikeland, 2008).

3. The Case Study

The empirical case study is based on a research-practice collaboration within the planning process of

a health project, 'Equal access to health' in a deprived community in Copenhagen, Denmark. 'Equal access to health' is a pilot project partly focusing on developing new methods within an innovative community perspective and partly on new knowledge development aimed at reducing the existing gaps within the fields of practice and research.

Due to a growing inequality in health, the city of Copenhagen has developed a health policy, *Live long Copenhagen* (Thomsen, 2014), and a *Policy for disadvantaged areas of Copenhagen* (Jensen et al, 2013) which is implemented in different deprived areas in Copenhagen. One of these areas is Bispebjerg, located in the northwest area of Copenhagen where this empirical case study takes place. The area renewal plan (Baykal, 2013) contains 15 projects, which combines different issues such as environmental issues, city gardens, crime, employment and health². The health project 'Equal access to health' is one of the 15 projects. This is a pilot-project based in a local secretariat that functions as an 'extended municipality administration unit' placed in the local area. This particular setting opened an opportunity for intersectional collaboration and interaction between the municipality's Environmental and Healthcare departments and it provided an opportunity for a multi-sectorial and interdisciplinary approach to health and sustainability.

The participants in the planning group consisted of stakeholders from the municipality's central healthcare administration, frontline workers from the technical and environmental department, frontline workers and the leader from the local health care center, frontline workers from 'The bridging unit' (which has a focus on networking between civil society and the municipality), the local political secretariat, and myself as a researcher.

From the start of the project the municipality had a traditional biomedical health perspective (Vallgård, 2003) focusing on the individual's lifestyle and behavioural change (Vallgård, 2010) and they had extensive epidemiological evidence concerning health status in the community (Brønnum-Hansen & Diderichsen, 2013). From the epidemiological perspective, it is stressed that there is a difference of seven years in life expectancy between different areas in the city of Copenhagen. The health status in the northwest area is the lowest in the city and

is at the same level as Serbia (Brønnum-Hansen & Diderichsen, 2013).

The city of Copenhagen's political statement to reduce the inequality in health is similar to other national policies and statements in that it is mostly governed by targeted single sector interventions, for example, aimed at stop-smoking assessment and reduction of alcohol intake (individual behavioural change). The local health care centre has been successful in these interventions but needs, as the health policy advocates, an extended contact to more vulnerable citizens in the community. This development creates a dilemma. On the one hand, the detailed epidemiological evidence (Brønnum-Hansen, 2013; Davidsen, 2013) produces a discourse stating, 'we already know what the problem is — stop smoking'. On the other hand, it appeared from the research process and from the interviews in the local community that the health needs of vulnerable citizens were not addressed by the life style courses in the health care centre, courses that did not include a social perspective on health.

In interviews, a question such as 'who will take care of you if you are ill', revealed that some citizens have very small social networks, sometimes only involving one other person, sometimes none. The social networks among the most vulnerable citizens were often described as weak or superficial, and often the participants are united in drinking, smoking and gambling. The citizens pointed to an absence of meaning in life as a health problem. Some citizens pointed to their own use, or misuse, of different kinds of medicine as a health problem: 'we do not die of smoking; we die of normal diseases because for every little symptom or ache - we eat some more pills'. In the planning group, findings like these led to discussions about the conceptualisation of accessibility to health, the conceptualisation of social health, and the lack of opportunities and capacities to live a healthy life.

4. Uniting Health and Sustainability in the Field of Practice

In a workshop³ with the participants from the planning group, I pointed to the need to develop participatory methods in a community context. This initiated a discussion. The health care personnel agreed with this perspective. They described a

dilemma: as a health care center, they have successfully focused on the individuals' behavioural change by setting reducing of the risk factors to health as their institutional goal. However, the growing inequality in health had created a need for extended access to the vulnerable citizens in the community. The personnel working in the Technical and Environmental Department strongly disagreed since they worked every day with the participation of street level citizens, for example, in establishing city gardens. They described another dilemma: on the one hand, they have a lot of experience in the field of community participatory methods. On the other hand, the municipality's administration described their participatory work as 'noise' or 'disturbing' since it is not regarded as part of the 'core task' of the work of the Department - not even if it is part of the 'area renewal plan'.

In a theoretical conceptual perspective, it is interesting to note that the Technical and Environmental Department does not focus on the single actor but focuses on community participation. Conversely, the health care department does not focus on community participation but only on the single actor or the individual's behavioural change. This indicates a path dependency within these two sectors that reflects the narrow conceptualisation of health and of environmental sustainability, as described by Parra (2013).

The discussions in the workshop improved the intersectional collaboration both in terms of their daily work and in improving the rationale and strengthening the political process that was trying to get the project, 'Equal access to health', accepted by the municipality administration. Most important, the stakeholders achieved a shared agenda. This was an agenda based on agreement and on a common formulation of 'the success parameters' and goals for the project. Finally, yet importantly, the stakeholders agreed that they needed a better understanding of the theoretical and practical implication of the conceptualisation of social health. On the one hand, they were all involved in a lot of social work and thereby improving health and sustainability; on the other hand, they realised the need to coordinate this work and they requested solid rationale and links between the daily work and sustainable health benefits for the local community.

5. The Theoretical and Conceptual Framing

Health and sustainable development can be understood as interconnected concepts developed from different perspectives (Almlund & Holm, 2014; Bezold & Hancock, 2014; Hancock, 1996; Kickbusch, 2011, 2013; Kjærgård, Land & Pedersen, 2014; McQueen, Kickbusch & Potvin, 2007). Theoretically, the social aspects are implicit in the conceptualisation of both health and sustainability, within health expressed by the social determinants of health and in sustainability in the three pillars of sustainability (environmental, economic, and social). The Danish researchers, Kjærgård, Land and Pedersen were inspired by Giddens and his duality of actor and structure in their article, *Health and sustainability*. They advocate that,

... by understanding health and sustainability as a duality, health both creates conditions and is conditioned by sustainability, understood as economic, social and environmental sustainability, while on the other hand sustainability creates and is conditioned by human health (Kjærgård, Land & Pedersen, 2014: p. 563).

They conclude that in order to

... be truly integrative, a strategy should take into consideration sustainability in a health perspective and health in a sustainability perspective, and address both perspectives in the formulated policy strategies and the concrete development initiatives (Kjærgård, Land & Pedersen, 2014: p. 566).

This perspective is recognisable in the theoretical development and in the political statements concerning health promotion and environmentally sustainable development (Bezold & Hancock, 2014; Hancock, 1997; Kickbusch, 2012; Local Agenda 21 UN, 1992; McQueen, Kickbusch & Potvin, 2007; Rio Declaration UN, 1992; WHO, 1986). The duality perspective proposed by Kjærgård, Land and Pedersen reflects Parra's integrative perspective, but Parra brings the development a step further by advocating for a focus on governance. The governance perspective is not to be understood as a supplement or a fourth pillar but as the fundamental engine of the sustainability system (Parra, 2013). Parra has a two steps agenda: (1) to widen the meaning of the social, and (2) to bring the social perspective back to sustainable development analysis and policy im-

plementation by reinforcing the social sustainability pillar with social innovative theory. To widen the meaning of the social, Parra suggest that we need to reinforce the meaning of the social. In both health and sustainability the social is implicit but, as described earlier, in both concepts it is reduced to a narrow understanding of its conceptualisation. She advocates for a wider definition of social sustainability 'or we risk reducing the sustainability debate to a rivalry between economic and ecological logics' (Parra, 2013: p. 143).

However, the innovative perspective is not new. As stated in the Ottawa Charter (WHO, 1986) and in Local Agenda 21 (Local Agenda 21 UN, 1992), both perspectives embrace a concern for developing holistic visions and strategic approaches to local governance that integrate environmental, economic and social considerations, and both have a focus on local action within the context of a global strategy that advocates for implementation at the international, national and local level (Bezold & Hancock, 2014). Still we have not been successful in transitioning towards an integrative and a shared agenda.

In their article, *Futures of healthy cities and community movement*, Bezold and Hancock state that,

[T]he Healthy cities and Communities movement needs to take a long, hard, realistic look at the future challenges we face, then create a vision- remembering that 'vision is values projected into the future' - and work, along with others whose values and visions are aligned, to create more sustainable, more just, and healthier communities (Bezold & Hancock, 2014: p. 69).

Besides focusing on united visions or shared agendas, this statement has two important key words *visions* and *aligned*. It is important to open the horizon by taking a critical view of the meaning of *aligned*. Enhancement entails new knowledge production and this often requires interaction between *different* voices and perspectives. As shown in the case study, the different perspectives from research and practice and stakeholders from different sectors resulted in new method development and a shared agenda.

Before elaborating on a phronetic perspective on visions and values it is necessary to elaborate on the ideas of *how* to make action in a complex society. As indicated in Kickbusch's question

concerning shared agendas, development requires a methodology with a focus on integration and complementarity.

6. Complementarity and Innovation in an Action Research Perspective

The future development requires different approaches than those of merely addressing politically and theoretically defined change. In the search for a common language and a shared agenda, as Kickbusch advocates, it is necessary to have an integrative research approach. The action researchers Eikeland and Nicolini, suggest a 'turn to practice' and an 'epistemological turn' (Eikeland & Nicolini, 2009). Action research cannot be described by one particular methodological approach; more often it is described as a research perspective where the research supports collective action and social innovation in parallel with the production of new knowledge (Coghlan & Brydon-Miller, 2014; Reason & Bradbury, 2008). The action researchers Reason and Bradbury, also advocate that, '[W]e must take an "epistemological turn" and think of community ties and critical awareness, as well as objective understanding of reality, as forms of knowledge' (Reason & Bradbury, 2001: p.9).

A conceptualisation of research as *action* contradicts the positivistic conceptualisation of science, where research is based on observing, contemplating, analysing, abstracting from a 'neutral' position etc. Action research is based on participation and the element of action adds another layer and transforms more traditional methods used in research, including some parts of social research.

Action research consists of a family of research methodologies that pursue action and research outcomes at the same time. The Norwegian philosopher and action researcher Olav Eikeland suggests that we need to (1) take an epistemological turn and (2) focus on new knowledge production - phronesis - through cooperation between research and practice (Eikeland, 2006b). The field of practice today is doing what the research profession has been doing all along: analysing their own activity experientially and as 'natives'⁴ from within in order to improve it. The researcher's role in action research is collaborative and, at the same time, is a 'critical friend'. In the case study the action research role did not entail doing daily work but entailed active participation

in discussions with a theoretical perspective on the current practical problems.

Working with practice in an action research perspective has earlier been viewed as a collaborating work-division of labour where each part is doing their own work alongside the other and not working in an integrative perspective. As a concept of complementary this work is also described as a producer-receiver model where one part is producing knowledge for the other (receiver) (Eikeland, 2012). The division of labour into silo thinking is one of the difficulties with many governance models of organisations and societies because it can become the basis of reductive thinking. The complementary producer-receiver model can reproduce the existing barriers without challenging them. Instead, Eikeland suggests comparing the collaboration to a master-apprentice relationship in which there is no privileged point of view. It is a dynamic dialogical learning relationship where master and apprentices share common standards for their work. In such a liberated apprenticeship, everyone's prejudices are on trial all the time. By exposing inner insufficiencies, tensions and contradictions, an immanent critique occurs (Eikeland, 2007, 2012). This critique from within can be viewed as the engine of shared knowledge production and transformation.

What turns critical research into action research is its insistence on thinking through the personal practices of both researchers and practitioners, searching for patterns and inconsistencies within things said and done. In the search for facilitating new knowledge production and shared agendas, new habitus occurs on both sides (Eikeland, 2006b). The researcher often 'does not analyze its own nativeness, i.e. the prejudices, etc. of its own habitus. But nativeness cannot be eliminated from research. Research must go through native experience' (Eikeland, 2006b: p. 209). Using a critical perspective and asking *if* and *how* our interpretation is understood, leads in Eikeland's, perspective to a process of research validity.

An action research process as described above is not an intervention or an implementation of already known knowledge but a process of collective self-reflection. In action research, change efforts are at least sometimes open ended or oriented towards 'shared visions'. It is when we start cooperating and inquiring into other practices, through critique, that

transformation occurs and the possibility of shared values, goals and visions occurs.

7. Visions and Values - a Phronetic Perspective

Phronesis is a term originating from the Greek philosopher Aristotle meaning wisdom or intelligence. Aristotle distinguished *phronesis* from the two other intellectual virtues of *epistemé* and *techné*. Phronesis exceeds both analytical, scientific knowledge (*epistemé*) and technical knowledge or know-how (*techné*) since it involves critical reflection, judgments and action. (Aristoteles, 2000; Eikeland, 2006a; Flyvbjerg, 2001). Phronesis involves a perspective on knowledge that involves experience and know-how; also described as practical knowledge and thereby this perspective can unite the fields of research and practice. Adding a phronetic approach to social science is not an attempt to reduce theoretical thinking to practice knowledge or experience but to contribute in facilitating critical thinking and reflection.

As described earlier in this article, the conceptualisation of health and sustainability includes a value orientation with emphasis on what is good and bad for human health and for the environment. In the policies within both health and sustainability there is an explicit vision and a value orientation (Local Agenda 21 UN, 1992; WHO, 1986), but this is inadequately reflected in the field of practice. The absence of an explicit value based perspective on health and sustainability fails to provide an alternate vision of development, and it can reduce the possibility for critical reflection and change.

An Aristotelian phronetic approach involves three fundamental value rational questions: (1) *Where are we going?* (2) *Is this desirable?* (3) *What should we do about it?* (Aristoteles, 2000; Flyvbjerg, 2001:75). In the case study, these questions were raised early in the research process, and they contributed to reflections such as, what is the success and aims of the project? What are we missing/not doing in today's practice? When these questions were asked in plenum to the participants in the planning process, they contributed to a common understanding and definition of a problem and, thereby, this led to possible alternative solutions and actions in relation to a current situation.

In general, research involving these visionary and value based questions contributes to critical reflection as it is similar to holding a mirror. It processes a picture of the possibilities but also the problems and barriers for social action. Most important it generates immanent critique, development and transformation by exposing inner insufficiencies, tensions, and contradictions. The phronetic perspective tries to create spaces for thought, speech, and action into a mutual accord and, if successful, into a shared agenda.

8. Discussion and Concluding Remarks

In the search for a common language and a shared agenda, this article has focused on interdisciplinary and intersectional collaboration. We need to ask why the development within health and sustainability has not been more successful in integrating this approach. As illustrated through the case study the separated theoretical development affects the field of practice. However, in society in general, there is silo thinking, often based on an economic rhetoric of cost reduction and complexity reduction in governance; but has this silo thinking gone too far? Do we need to take an epistemological turn and focus on interdisciplinary knowledge production? Based on the empirical case study the answer is yes.

The empirical work presented in this article points to interdisciplinary participation in implementing health promotion assessment as an opportunity for transforming the traditional way of approaching health and sustainability assessments in the community perspective. It is, as Hancock advocates, important to coordinate work towards a shared agenda but the process of critical thinking is missing if we only work with people within our own 'silo' thinking or practice. To be able to change the current situation and the existing gap between the policy/theoretical level and the practice level we need new strategies transitioning toward healthy and sustainable futures.

In today's modern society, it is not a question of implementation or delivering knowledge, but rather of finding a way through the information. We need to know how the policies and the theoretical knowledge are applicable in practice and how the knowledge is transitioned, assessed and evaluated. As researchers we cannot find this way by ourselves; we need to gain more knowledge - from practice

- on how society works and how we can work in the same direction to achieve a shared agenda and to integrate on different levels and between different perspectives. Our theoretical thinking and the separation between theory and practice knowledge restricts our thinking *about*, and our relationships *to* the practice field.

Both the research and the practice field are subject to institutionalised interpretations of knowledge and methodology. We are all in silo thinking. The challenge is to make fundamental knowledge and experience conscious and visible and then to integrate it into practice and theory. Immanent critical thinking on all levels of society can contribute to theoretical and methodological transition. Part of the integration process must simply be that each side gets to know each other better and to work in an interdisciplinary manner toward a shared agenda.

This article claims that the concept of social health can unite the concepts of health and sustainability. Social health contains the potential to become an important concept for sustainable development but this requires reinforcement of the meaning of social, and it requires a social innovative approach with sufficient governance towards sustainable and healthy futures.

As a concept, health is intersubjective and context specific and it includes the social determinants of health but, as Parra (2013) advocates, further development of the meaning of the social and development on how to integrate a social innovative perspective in practice is needed. The empirical case study shows that the social aspects of health and sustainability can become the common language that can bridge between the fields of health and environmental sustainability. An important point here is that a further theoretical development of a conceptual frame of social health should be developed in collaboration with practice. Most important of all, as researchers, we need to think differently. We need to make an epistemological turn 'and think of community ties and critical awareness, as well as objective understanding of reality, as forms of knowledge' (Reason & Bradbury, 2001: p. 9)

A search for solutions to the above mentioned question of transitioning, as raised by Kickbusch, requires different approaches from merely promoting politi-

cally or theoretically defined change; it implies that new knowledge - phronesis - must be produced. The process of working toward healthy and sustainable futures is affected by certain conditions, such as governance, well-developed collaboration and overall participation. These conditions require, to begin with, a shared picture of the task or a shared definition of the problems. It also requires exploring alternative scenarios of possible futures and visions that can guide shared visions and collaboration. The empirical case study has shown that, in itself, the search for a shared agenda was an effective methodology, and the open-ended planning process provided an opportunity for cooperation and visions for a better future within a health and sustainability agenda.

Notes

- 1 In the national health documents, Norway, which has the highest measure of life expectancy in the Nordic countries, stresses that a targeted approach to the poor population does not in itself solve the problem of inequality in health. Complementary is necessary, with health strategies targeted at the whole population since there is a social gradient in health and inequality (Fosse, 2011).
- 2 This case study does not illustrate how public health, to a greater degree, interacts with the environmental issues concerning architecture and city planning. This will possibly be the focus of some of the other 15 projects in the renewal plan.
- 3 I used an action research methodology called 'The future workshop' (Jungk & Müllert, 1984), which consist of three phases: criticism, vision/dream, and realisation phase. This methodology was used in order to (1) be based on people's everyday lives and health perspectives, (2) provide an opportunity for stakeholders to reflect on their experiences and methodology, (3) on the basis that concrete utopias create a common vision for future work, and (4) I added an integrated focus on alternative evaluation and measurement for the work performed.
- 4 Eikeland uses the term natives for the researched subject, meaning the (un-known) known. The researchers are also natives in their own practice but they are not natural natives in the practice the study (Eikeland, 2009).

References

- Almlund, P., & Holm, J. (2015). Post Rio Communication Styles for Deliberation - between individualization and collective action TES- *The Journal of Transdisciplinary Environmental Studies - TES* vol 14.
- Andersen, H. L. (2015). *Community Health - Sundhedsfremmestrategier og planlægning i lokalsamfund*. Roskilde Universitets Forlag, Roskilde, Denmark. ISBN 978-87-7349-925-2
- Aristoteles. (2000). *Etikken*. (S. Porsborg, Ed.) (5. oplag). Frederiksberg, Denmark: Det lille Forlag.
- Baykal, A. (2013). Udkast Kvarterløft plan, Bispebjerg 2013 – 2018. *Omådeformyelsen, Fuglekvarteret*, 53. Published by the Municipality of Copenhagen, Copenhagen, Denmark.
- Bezold, C., & Hancock, T. (2014). The Futures of the Healthy Cities and Communities Movement. *National Civic Review*, 103(1), 66–70.
- Brønnum-Hansen, H., & Diderichsen, F. et. a. (2013). Flere sunde leveår på Nørrebro og i Bispebjerg: Hvilke udfordringer er der? *Københavns Universitet. Det Sundhedsvidenskabelige Fakultet*, 1.
- Coghlan, D., & Brydon-Miller, M. (2014). *The Sage Encyclopedia of Action Research 1-2*. Los Angeles, London, New Dehli, Singapore, Washington DC: Sage Publications.
- Davidson, M., Juel, K., Pedersen, P.V., Curtis, T. (2013). Dødelighed blandt socialt udsatte i Danmark 2007-2012. *Rådet for Socialt Udsatte. Statens Institut for Folkesundhed. Syddansk Universitet*, 1. Copenhagen, Denmark.
- Dean, K., & McQueen, D. (1996). Theory in Health Promotion Introduction. *Health Promotion International*, 11(1), 7–10.
- Diderichsen, F., Andersen, I., & Manuel, C. (2011). *Ulighed i sundhed: årsager og indsatser: udarbejdet for Sundhedsstyrelsen af Finn Diderichsen, Ingelise Andersen og Celie Manuel*. Kbh.: Sundhedsstyrelsen. ISBN: 9788771041965 8771041966 p 1-192.
- Dybbroe, B., Land, B., & Baagøe, S. (2012). *Sundhedsfremme: Et kritisk perspektiv*. Frederiksberg: Samfundslitteratur.
- Eikeland, O. (2006a). Phronêsis, Aristotle, and Action Research. *International Journal of Action Research*, 2(1), 5.
- Eikeland, O. (2006b). The validity of Action Research - Validity in Action Research. In L. Nielsen, K. Aagaard and Svensson (Ed.), *Action and Interactive Research - Beyond Theory and Practice* (pp. 193–240). Maastricht and Aachen: Shaker Publishing.

- Eikeland, O. (2007). From epistemology to gnoseology – understanding the knowledge claims of action research. *Management Research News*, 30(5), 344–358. <http://doi.org/10.1108/01409170710746346>
- Eikeland, O. (2008). The Ways of Aristotle. Aristotelian phrónêsis, Aristotelian Philosophy of Dialogue, and Action Research Reviewed by Ole Fogh Kirkeby. *International Journal of Action Research*
- Eikeland, O. (2009). Habitus-Validity in organisational theory and research - social research and work life transformed. In B. Brøgger & O. Eikeland (Eds.), *Turning to practice with action research* (1st ed., pp. 33–66). Peter Lang internationaler Verlag der Wissenschaften.
- Eikeland, O. (2012). Action Research - Applied Research, Intervention Research, Collaborative Research, Practitioner Research, or Praxis Research? *International Journal of Action Research*, 8, 9–44.
- Eikeland, O., & Nicolini, D. (2009). Turning Practically – Broadening the horizon. *Journal of Organizational Change Management*, 24(2001), 1–13.
- Esping-Andersen, G. (1990). *The Three Worlds of Welfare Capitalism*. Princeton University Press, Princeton New Jersey.
- Flyvbjerg, B. (2001). *Making social science matter: why social inquiry fails and how it can succeed again*. Cambridge: Cambridge University Press.
- Fosse, E. (2011). Different Welfare States-Different Policies? An Analysis of the Substance of National Health Promotion Policies in Three European Countries. *International Journal of Health Services*, 41(2), 255–272.
- Hancock, T. (1993). Health, human development and the community ecosystem: tree ecological models. *Health Promotion International*, 8(1), 41–47.
- Hancock, T. (1996). Planning and creating healthy sustainable cities: the challenge for the 21 century. In C. Price & A. Tsouros (Eds.), *WHO Healthy cities, Our Cities, our Future: Politics and action plan for health and sustainable development*. (pp. 65–88). Copenhagen: WHO, Healthy Cities Project Office, Copenhagen.
- Hancock, T. (1997). Healthy Cities and Communities : Past, Present, and Future. *National Civic Review*, Jossey Bass Publisher, 86, 1–10.
- Hancock, T. (2009). Act Locally : Community-based population health promotion. *Appendix B. A Report for The Senate Sub-Committee on Population Health*, (March), 1–81. Retrieved from <http://www.parl.gc.ca/Content/SEN/Committee/402/popu/rep/appendixBjun09-e.pdf> 11.09.2015.
- Jensen, F., Baykal, A., Allerslev, P., Vang, A., Thomsen, N., Warming, M., & Allerlev, A. M. (2013). Policy for disadvantaged areas of Copenhagen. *Environmental, Technical and Administration, District Development The Municipality of Copenhagen*, 1–19.
- Jungk, R., & Müllert, N. (1984). *Håndbog i fremtidsværksteder*. København. Politisk Revy.
- Kickbusch, I. (2012). 21st Century Determinants of Health and Wellbeing: a New Challenge for Health Promotion. *Global Health Promotion*, 19(3), 5–7.
- Kickbusch, I. (2013). A Game Change in Global Health : The Best Is Yet to Come. *Public Health Reviews*, 35(1), 1–20.
- Kickbusch, I., & Gleicher, D. (2012). Governance for health in the 21st century. WHO. WHO Regional office of Europe, Copenhagen.
- Kickbusch, I. (2011). Triggering debate - White paper, The Food System. *Health Promotion Switzerland*. Retrieved from <http://www.ilonakickbusch.com/kickbusch-wAssets/docs/White-Paper---The-Food-System.pdf> 11.09.2015.
- Kjærgård, B., Land, B., & Pedersen, K. B. (2014). Health and Sustainability. *Health Promotion International*, 29(3), 558–568. ISBN 0957-4824 (Advance Access published 8 January 2013)
- Kretzmann, J. P., & McKnight, J. L. (1993). Introduction. *Building Communities from the Inside Out: A Path Toward Finding and Mobilizing a Community's Assets*, 1–11. ACTA Publications. Evanston, IL: Institute for Policy Research, USA
- Laverack, G. (2006). Improving health outcomes through community empowerment: a review of the literature. *Journal of Health, Population, and Nutrition*, 24(1), 113–20
- Local Agenda 21 UN. (1992). Local agenda 21. *Local Agenda 21*, 300. ISBN: 978-92-1-100509-7
- Marmot, M., & Bell, R. (2012). Fair society, healthy lives. *Public Health*, 126 Suppl(September), S4–10.
- Marmot, M., & Wilkinson, R. (2006). Social Determinants of Health - The solid facts. WHO, Regional office of Europe, Copenhagen, Denmark. Oxford University Press, 2.Edition, 376. Healthy city network. International center for health and society. ISBN: 9289013710

- McQueen, D. V, Kickbusch, I., & Potvin, L. (2007). Health and modernity the role of theory in health promotion. Retrieved 05.08.2015 from <http://dx.doi.org/10.1007/978-0-387-37759-9>
- Olsen, L. (2013). Fuglekvarteret i tal. *Områdeformyelsen Bispebjerg, 1*, 1–17. Published by the municipality of Copenhagen, Områdeformyelsen Fuglekvarteret, Copenhagen, Denmark.
- Parra, C. (2013) Social sustainability: A competing concept to social innovation? In: Moulart, F., MacCallum, D., Mehmood, A. & Hamdouch, A. (eds.) *The international handbook on social innovation. Collective action, social learning and transdisciplinary research*. Cheltenham, UK; Northampton, MA: Edward Elgar, pp. 142–154.
- Patrick, R., Capetola, T., & Noy, S. (2011). Health promotion and sustainability: Transitioning towards healthy and sustainable futures. *Deakin University, School of Health and Social Development, Melbourne Campus, Deakin University for Sustainability Victoria*.
- Reason, P., & Bradbury, H. (2001). *Handbook of Action Research - Participatory Inquiry and Practice* (1st ed.). London: SAGE Publications Ltd.
- Reason, P. and Bradbury, H. (2008). *The Sage Handbook of action research - Inquiry and Practice* (2nd ed.). London: SAGE Publications Ltd.
- Reinbacher, G. S. og, & Verwohlt, B. (2009). Sundhed i spændingsfeltet mellem stat, marked og borger. In *Working Paper* (no. 21). Aalborg Universitet. Danish Centre for Philosophy and Science Studies. Aalborg, Denmark.
- Rio Declaration UN. (1992). United Nations Conference on Environment & Development Rio de Janeiro , Brazil , 3 to 14 June 1992. *Agenda 21*, (June).
- South, J., White, J., & Gramsu, M. (2012). *People Centred Public Health*. Leeds Metropolitan University. The Policy Press.
- Thomsen, N. (2014). Længe leve København. *Sundhedspolitik*. Published by the Municipality of Copenhagen, Copenhagen, Denmark.
- Vallgård, S. (2003). *Folkesundhed som politik : Danmark og Sverige fra 1930 til i dag*. Århus: Aarhus Universitetsforlag. ISBN: 8779340652 9788779340657
- Vallgård, S. (2008). Social inequality in health: dichotomy or gradient? A comparative study of problematizations in national public health programmes. *Health Policy (Amsterdam, Netherlands)*, 85(1), 71–82. <http://doi.org/10.1016/j.healthpol.2007.07.004>
- Vallgård, S. (2010). Tackling social inequalities in health in the Nordic countries: targeting a residuum or the whole population? *Journal of Epidemiology and Community Health*, 64(6), 495–6. <http://doi.org/10.1136/jech.2009.102459>
- Vallgård, S. (2011). Addressing individual behaviours and living conditions: four Nordic public health policies. *Scandinavian Journal of Public Health*, 39(6 Suppl), 6–10.
- Vallgård, S., & Krasnik, A. (2002). *Sundhedstjeneste og sundhedspolitik : en introduktion*. København.: Munksgaard.
- WHO. (1986). Ottawa Chartre for Health Promotion. *Ottawa Chartre for Health Promotion*, 1–5. Retrieved 09.09.2015. from <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/>
- Woodall, J., South, J., & Warwick-booth, L. (2010). *Empowerment and Health & Well-being. A Evidence Review*. Leeds Metropolitan University, Leeds, England.