

Transformative learning and citizenship in health promotion for Danish municipalities

Abstract: This PhD study is in its very beginning. It aims to create learning about citizenship and empowerment-orientated health promotion strategies and practices within municipalities, as well as knowledge about conditions which determine the process and structure behind the potential success of initiatives. Naestved Municipality is the primary case in this process where the study will participate and contribute in the development process including supporting community-orientated activities and broad commitment and ownership (linking top down – bottom up). Thus for a (not yet) selected specific health issue and target group in Naestved municipality and with (not yet) selected arenas in the municipal health promotion efforts. This focus will as a health challenging issue relate to social inequalities in health. With Whole System Approach (Dooris 2009) and transformative learning (Mezirow 2000) as the theoretical framework I will focus on assessment of opportunities and barriers in a development and long term anchoring process. This aims to contribute to the development of capacities in municipal and local communities in order to facilitate Naestved municipality in the (starting) process of working with action plans for empowerment-based health promotion. The study is conducted as an exploratory study and inspired by action research based on theoretically informed analysis of Naestved Municipality and by contrasting the experience and knowledge from national and international experiences and research.

Background and Introduction

The health professional starting point for this study is the social inequalities in health and is basically interested in creating knowledge of municipal strategies and practices in health promotion. The study which take its beginning in Naestved Municipality Citizenship Policy, seeks to address some of the challenges associated with social inequalities in health. Social inequalities in health are characterized by a complex causal pattern where social determinants as education, employment status, social networks and income are significant factors (WHO 2008, Diderichsen 2006). "Social inequality in health has grown in the 1990s and it requires powerful action to break this trend" (Diderichsen et al 2006). There is also lack of knowledge about health promotion methods and approaches that address social inequalities in health (Sundhedsstyrelsen 2010, Det Nationale Råd for forebyggelse 2010, Jørgensen 2008). In Denmark - wide in the field – there is a need for knowledge of and experience with the operationalization of the approaches and initiatives at the local (municipal) level, which is particularly targeted vulnerable citizens (Sundhedsstyrelsen 2010, member municipalities in cooperation forum between Center for Health Promotion Research(CSUF) and municipalities in Region Sjælland).

International research suggests that empowerment-orientated, capacity building and resource mobilization efforts are conducive to issues including the social inequalities in health (WHO 2008, Dooris 2009, Whitelaw et al 2001, Laverack 2001, Tones & Green 2006 , 2010). More specifically identifies trends that local initiatives that focus on people's resources in the environments where they live their daily lives as well as ownership of both citizens and local resource-stakeholders and public administration are essential to handle the complex

challenges that are included in social inequalities in health (WHO 2003, WHO 2008, Dooris 2009). International studies from countries such as Canada, which is longer in its development of empowerment-orientated approaches than we are in Denmark, describes the experience in working with wide capacity building in local communities in health promotion interventions (McClean et al 2005).

Empowerment

Resource Mobilization in the project is related to empowerment. In the project empowerment is defined as a critical transformative concept to create scope for action, to change the unequal conditions for health, unequal power relations, and support both collective and individual capacity of action (Andersen 2011).

In this long term process a centrally aim is to mobilize less resourceful individuals and groups. Empowerment is about creating opportunities and invite the citizens to increasingly be participating, take a more self-chosen responsibility and become more self-reliant. In this process the environment in which people live their daily lives is an essence in an empowerment perspective. In this project I will focus on environment in a context that is associated with The Settings Approach.

The Settings approach

The Settings Approach is an approach that aims to integrate health in cultures and the everyday life that are important to people (Tones & Green 2006, 2001 Whitelaw, Dooris 2009). The WHO Ottawa Charter on Health pointed out that health is created and lived by people in everyday life and in social contexts (WHO 1986). The main message for these type of strategies and initiatives are that health perspectives are moving from individuals to their environment: 'The setting of Everyday Life' (Kick Busch 2003). Settings (arenas) can be defined as places, social settings and institutional contexts of people's (near) environment. Settings can be part of the community, a geographically defined area where people have a social connection and a district or a residential area where people define themselves as being part of such (Iversen 2006, Health Protection Agency 2010). Work, school, daycare center, gymnasium, vocational school, youth environment, shelter, library, village hall, community center, natural areas and public spaces etc. are other more concrete and definite examples of settings in a municipality's neighborhood.

Capacity building

Capacity building can be broadly defined as a balance of top-down and bottom-up perspectives (Laverack & Labonte 2000, Bangkok Charter 2005, Green & Tones 2006, Andersen 2005). Meaning that the municipality (Naestved) and local communities are involved and are given opportunities to influence on this multi-level capacity. This should contribute to a development which could potentially create greater coherence between inter-

personal dimensions (individual control, social capital and social networks) and contextual dimensions (political, socio-cultural and economic circumstances) in municipal health promotion (Laverack 2001). According to the Canadian project: 'Building Health Promotion Capacity - action for learning, learning from action' a term capacity building is a process, which develop the qualities and characteristics of the stakeholders and slowly shape the organization and the social environment in which stakeholders act (McClean et al 2005).

Problem area

Health promotion in Denmark has generally so far been dominated by short-term ad hoc projects. Demanded from local and governmental political stakeholders there is a need for local and national strategies and goals to build up a common language, concepts and methods, especially in relation to social inequalities in health (Det Nationale Råd for Forebyggelse 2010, AFK 2010, Sundhedsstyrelsen 2010, Mandag Morgen 2009).

In this project it will be interesting to examine how Naestved Municipality can and will take ownership in the development of empowerment and the citizenship perspective in health promotion practice. In Naestved Municipality the Citizenship Policy formulates vision and intentions of citizenship, but how will the policy formulations be put into practice?

Citizens who do not participate in the conventional health prevention programs including several courses focusing on individual risk factors and lifestyles (e.g. smoking, diet, alcohol and physical activity) are difficult for the municipality to address in the health promotion work. Trends from my current research (Lau 2010) suggest that collective resource mobilization which involves citizens and the community's different possibilities and scope for action are productive in relation to target a specific action for citizens who want and need this. Collective resource mobilization should be viewed as a parallel to capacity building. In a collective resource-perspective the main point and also the challenge is that health practices should be seen in an everyday life perspective, and that health in a broad context is about the good life more than it is about good health. Health promotion initiatives are grounded in social environments, contexts and local arenas where different citizens live and care about in their daily lives (Lau, Holm Andersen and Dybbroe 2011). Generally, the Danish experience points out, that e.g. principles from Community Centers and other initiatives implemented in the social settings and contexts, where people actually are in their daily lives, in a broad sense promotes health by providing contact and dialogue with vulnerable citizens. One criterion for success here is to create mutual trust between citizens and community stakeholders to support resource mobilization and responses of citizens and broadly in the community.

Similar community assessing intentions are in Naestved Municipality Citizenship Policy, where it will be interesting to examine, for example how the municipality's so called

Ambassador Corps of Citizenship supports implementation of interventions and how coherence between local community arenas and municipal action is ensured to promote citizenship in Health.

Case Study in Naestved Municipality

The PhD project is preformed in the next three years through a development-oriented cooperation with Naestved Municipality. The municipality provides the central case study for analysis and conclusions, and the municipality is the primary partner in the project.

Based on Naestved Municipality Citizenship Policy (Næstved Kommune 2009), the study will support the local development of a framework for action across the municipality and the local community with the fundamental aim to prevent social exclusion and create citizenship in health. Based on the literature on setting-based health promotion and empowerment perspectives I will in cooperation with Næstved Municipality relate to specific health challenges in Naestved and select the target group for the study focus.

A relevant citizen group for the focus of the study could be people on the edge of the labor market where health challenges are characterized by a complex causal pattern. Another target could be young people over 18, who drop out of a secondary education or who do not start an education at all. In Center for Health Promotion's (CSUF) Cooperation Network with the municipalities in Region Zealand several municipalities expresses, that young people are a difficult target for the council to reach. Firstly, because the local contact with the young people is extremely sparse. Secondly, because the municipal organizational structure are inappropriate in terms of reaching young people. The municipalities point out loneliness among the young as one of the major problems.

Currently Naestved Municipality is already working with resource mobilization initiatives in various municipal institutions. This happens for example in RevaCenter North, where there in generally is a resource-perspective in the dialog with citizens. In the center work is currently in the implementation of new methods and approaches in dealing with vulnerable citizens. Specifically, the center is working with the research method 'the motivational interviewing' where both employees and managers are trained to apply this inclusive approach in meeting with people in vulnerable situations. The motivational interview is a method primarily focusing on the citizen's individual resources and discretion. The point here is that lessons from such motivational talks can be used in this study to produce knowledge that can complement and further develop Naestved Municipality's existing knowledge and experience.

Research Questions

The study will reflect on the different types of health promotion initiatives in Naestved

Municipality. Partly in relation to the types of learning that takes place and partly on the basis of citizenship arrangements. Subsequently, the study needs to choose more concrete platforms and arenas (eg, residential social health interventions, health center, library, Volunteer Centre, North RevaCenter or educational institutions) and management fields, including business partners to execute the study.

On an overall development plan the study seeks to answer: What opportunities and challenges may be in the institutionalization of empowerment-orientated health promotion in a Danish municipality? Further the study will be interested in how local policy, strategy and planning can push to action in practice in handle empowerment perspectives in health promotion efforts.

More specifically, the study aims to discover: how can Naestved Municipality initiate transformative learning processes in municipal health promotion, which creates ownership of empowerment in the municipal, among professionals and in the community and push the citizenship perspective in promoting health? And how can these perspectives and aims cover - long term - support the reduction for social inequalities in health?

Objectives and results

The project aims to add specific learning, development and operational knowledge for selected arenas and stakeholders in Naestved Municipality. The aim is - through exchange of experience and knowledge - to support learning for selected decision-makers, government officials, practitioners and professionals as well as stakeholders in the local community that are relevant to the (not yet)selected prevention and health promotion work.

Furthermore, the study will generate new knowledge on methods and strategies in local health promotion in Denmark. Knowledge that can support greater coherence between top-down and bottom-up perspectives in local health promotion initiatives. In this process the project must create knowledge about preconditions for institutionalization and transformation of resource-mobilizing strategies and initiatives at the municipal level. The project - based on specific community arenas and social contexts that people participate and live in - analyze and generate knowledge about conditions and processes for long-term development of empowerment-orientated health promotion including supporting the development of cross-sectoral initiatives.

Theoretical Framework

The theoretical approach is based on an understanding of health and society from Illona Kickbusch, where the essence is that today we are living in the Health Society, which is characteristic of the constant expansion of the health territory and increased reflexivity on

health (Kickbusch 2009). Health is in this perspective 'liquid' and ubiquitous and involves a wide range of policy areas, sectors and actors in public administration (Kickbusch 2009). Health promotion = health education x healthy public policy (Tones & Green 2004) is in this manner a basic condition for the study. It is the intension that the study will reflect on the interaction, or lack thereof, between different levels, interests and perspectives, including municipal health policy and strategic elements in the context of local action plans and initiatives, including how management handles this and how health promotion is put into practice and encounters with citizens.

Participatory case study

The key theoretical perspectives in the study are Whole System Approach (Dooris 2009) and Transformative Learning (Mezirow 2000).

Whole System Approach

In the development-oriented specification and the analysis I will apply and reflect the on 'Whole System Approach' (WSA) (Dooris 2009). WSA is based on the settings approach. The intention with WSA is to try to embed health into the culture and everyday life routines in the given setting and institutional context. Three statements are highlighted, which I will reflect on:

- Combining organizational development with highly visible projects.
- Balancing top-down commitment with bottom-up involvement.
- Ensure that responses are driven by both empowerment and core service / institutional agendas (Dooris 2009).

In previous studies of health promotion interventions in municipalities I see indications that this theoretical framework is useful for developing and supporting the empowerment and setting-based initiatives in municipal organizations (Lau 2010).

Transformative Learning

Transformative learning is another key perspective in the project. Jack Mezirow created transformative learning processes when personally experienced dilemmas creates disorientation in humans. That we in intractable situations of choice are forced to reflect on our own routines, prejudices and experiences which may lead us to look for new ways to understand both the situation and our own role in it. So we change our patterns of action and life perspectives (Mezirow 2000).

In the project my intension is not only to link the transformative learning to individual transformation event -which is characteristic by Mezirow - but I will use the concept in a broader sense. It is crucial to consider both individual and organizational transformation. In

order to create transformative learning, it is essential that attention is given to the contradictions, conflicts and cross-pressures that are prominent in the implicating settings, institutions and among different stakeholders (Engeström 1999, Mezirow 2000). Thinking in dilemmas also opens opportunities to handle a deadlock when involving and taking account of relevant circumstances in context.

Transformative learning is seen as a machining process. In the project I want to make awareness on how experiences - made in one context - can be moved and used in other contexts. On a practical level this can be about how practical experience both internally in Naestved Municipality and experience from other local and international experience can be contrasted to the current PhD study in Naestved Municipality. On the stakeholder level it can be about the transformative processes the stakeholders involved must go through to be able to engage in close interaction in health promotion initiatives. Significant is also knowledge about the organizational transformations that are essential for the transforming processes.

Action Research

In the performance of the study I am inspired by participatory action research (Bradbury & Reason 2007). I attempt with *reverse participation* (danish: omvendt participation), described as an open and outward-directed action research method, to counter criticism that action research does not meet the usual criteria for research, which among other things included criticism and discussion of its performance and methods (Clausen, 2007). It is also relevant that in reverse participation there is an implicit goal of establishing new forms of cooperation. It is here important to point out that the project methodology will move in the tension between action research and analytical qualitative research, where the essence but also the challenge is to do research that on the one hand creates development in municipalities and on the other hand has a critical and analytical view at the empirical and theoretical perspectives (Clausen 2007).

Research Workshops

The study uses research workshops in the empirical basis as a fundamental assumption about setting a new framework for processing and exchange of experience (Clausen 2007, Ahrenkilde et al 2007, Bradbury 2001). The stakeholders the study wants to include are policymakers, decisionmakers at the level of the municipality (management and key personnel), employees who implement action plans (practitioners and professionals) as well as key individuals/stakeholders from civil and community. The workshops will focus on self-regulated learning processes (Nielsen et al 1999). That is, participants' understandings and theme-amortization of health and their ways of translating policy into practice. And also the research workshops shall lead to describe both the dilemmas and the further development of health promotion practice (Ahrenkilde et al 2007). In addition, the workshop method is

relevant to generate new ideas among the participants and possibilities for future work with empowerment-based health promotion in municipalities. The method is well suited to type the municipality or community shared experiences and understandings. It can help with both experienced common challenges, reflected common ideas and future opportunities. The work is based on problem identification and to open new horizons for a thematic categorization and re-definition of platforms that are relevant to the action more than direct solutions relevant to the action (Lindholm 2002, Svensson 2002).

Research Workshops will quite general include three different 'stages' (Andersen 2011).

1 / Mapping / Baseline: What health challenges are central in Naestved Municipality? Which potential actors/stakeholders are there? Can / will they develop together?

2 / Linking: What are the connections between the stakeholders? What dilemmas and challenges occur?

3 / Visioning: Relate the Naestved 'profile' to more specific initiatives and in this process contrasting best practice examples from Denmark and abroad to Naestved Municipality.

Methodology and empirical data

The study is a qualitative study that seeks a qualified analysis of challenges, create learning and development potentials of a municipal organization in the political, planning-oriented and practical handling of empowerment-based prevention and health promotion in a selected area in Naestved Municipality. To gain a real insight into the complex relationships in which municipal organizations forward can evolve the empirical study will include:

- 1) *Document analysis* of relevant municipal, national and international documents.
- 2) *Interviews with relevant key individuals* associated with Naestved Municipality.
- 3) *Research Workshops* in Naestved Municipality and with three to four reference communities.

The municipalities outside Naestved will be involved in a coaching network be participating in approx. three workshops in the period of the project. Research workshops with several municipalities will contribute as a knowledge and reflection forum, partly to qualify the project phases and partly with a focus on consolidation and continuation of empowerment-orientated health promotion in the municipal context.

4) *Interviews and participant observations* of best practice

a) Conduct interviews with selected resource-persons from 'successful' national / local initiatives that are relevant to the project's selected focus.

b) Study of international best cases, where one of two 'models' will be realized:

1st: Four-month stay and field work in Saskatchewan, British Colombia, Canada. I will specifically examine the project Building Health Promotion Capacity (BHPC) - action for learning, learning from action. BHPC project is a 5-year (1998-2003) Training and capacity building project. The project was partly designed to raise awareness and knowledge of capacity building and partly to build capacity in Saskatchewan for practitioners and local community on health promotion areas. Or:

2nd: One month field work of BHPC and one month's fieldwork of (not yet) selected cases from the Health Promotion Research - Leeds Metropolitan University. CSUF has established an informal network with Leeds to exchange knowledge and experience in health promotion research and work.

The purpose of the investigations of national and international cases is to gain a thorough knowledge on practice where capacity building, broad ownership and empowerment-based health promotion is central. This knowledge will be contrasted to a Danish context in Naestved Municipality and the local work with capacity building in health promotion.

5) *Participant observations* of practice in concrete efforts in Naestved Municipality - depending on the needs for the study- can be preformed.

References

- Andersen**, John (forthcomming 2011) *Sundhedsstrategier set i et empowermentperspektiv i Sundhedsfremme i samfunds- og hverdagslivsperspektiv* af Dybbroe, Betina, Birgit Land og Steen Baagøe Nielsen (red.) Akademisk Forlag.
- Andersen**, John (2005) *Empowermentperspektivet: Empowermentperspektivet - vejen frem en kritisk handlingsorienteret socialforskning? /*. I: Social kritik : tidsskrift for social analyse og debat. 2005 ; nr. 101, november. s. 60-76.
- Antonovsky**, Aron (1987) *Unravelling the Mystery of Health*. San Francisco, Jossey Bass Inc.
- Ahrenkilde**, Annegrethe et al (2007) *Tillidsrepræsentanter i DSR – udfordringer og svar*. RUC.
- Bangkok Charter for Health promotion** in Health promotion International, Vol.21 No. S1, (2007).
- Bottrup**, Pernille, Christian Helms Jørgensen og Lisbeth Roepstorff (2008) *Fra transfer til transformativ læring – dilemmaer i praksisnær kompetendeudvikling*, VIA University College, Horsens.
- Bracht**, N. et. al. (1999) *Health promotion at the community level: New advances*. 2nd. edition. London: Sage
- Bradbury**, Hilary & Peter Reason (2007) (2001) *Handbook of Action Research Participative Inquiry and Practice*, London: Sage Publications.

- Clausen**, Laura Tolnov og Hans Peter Hansen (2007): *Kap: 7: Deltagerbaseret forskning i Fuglsang Lars, Peter Hagedorn-Rasmussen og Poul Bitsch Olsen (2007): Teknikker i Samfundsvidenskaberne*, Roskilde Universitetsforlag.
- Diderichsen**, Finn, Habroe. M. og E. Nygaard (2006) *At prioritere social ulighed i sundhed*, Teknisk rapport, Københavns Kommune.
- Dooris**, Mark (2009) *Sundhedsfremmende settings: Teori, politik og praksis*, i: Carlson, M, Simovska, V. and Bruun Jensen, B.: *Sundhedspædagogik og sundhedsfremme*, Aarhus Universitetsforlag.
- Dooris**, Mark and Hunter, D. (2007) *Organisations and settings for promoting public health* in C. Lloyd, S. Handsley, J. Douglas, S. Earle & S. Spurr (Eds.) *Policy and Practice in Promoting Public Health*. London: Sage/Milton Keynes: Open University.
- Dooris**, Mark (2005) *Healthy settings: challenges to generating evidence of effectiveness* in Health Promotion International, Oxford University.
- Due**, T. W, Aarstrup, S.B, A. o and Laursen, B., (2008): *Sundhedscentre I Danmark – organiserings og samarbejdsrelationer*. Statens Institut for Folkesundhed, Syddansk Universitet.
- Engeström**, Yrjö (1999): "Activity theory and individual and social transformation"; i Engeström, Miittinen og Punamaki (eds): *Perspectives in Activity Theory*. New York: Cambridge University Press.
- Fuglsang** Lars, Peter Hagedorn-Rasmussen og Poul Bitsch Olsen (2007) *Teknikker i Samfundsvidenskaberne*, Roskilde Universitetsforlag.
- Green**, L., Poland, B., & Rootman, I. (2000) *The settings approach to Health Promotion*. In Poland, B., Green, L. & Rootman, I: *Settings for health Promotion: Linking Theory and practice*, London: Sage.
- Green**, J. and Tones, K. (2004) *Health Promotion - Planning and Strategies*, London: Sage.
- Järvinen**, M & N. Mik-Meyer (2005) *Kvalitative metoder i et interaktionistisk perspektiv*. Hans Reitzels Forlag.
- Jørgensen** Torben (2008) *Nyt om forebyggelse: Strukturel forebyggelse – et paradigmeskift*. Tidsskrift nr. 18, udgivet af Forskningscenter for Forebyggelse og Sundhed, Region Hovedstaden.
- Kickbusch**, Illona (2007) *The Health Society* in David McQuenn et.al. *Health & Modernity - the role of theory in health promotion*, Springer.
- Kickbusch**, Illona (2009) *Policy Innovation for Health*, Springer Science and Business Media.
- Kommunernes Landsforening** og Boligselskabernes landsforening (2009) *Styringsreform – det fremtidige samarbejde mellem boligorganisationer og kommune* [Regulation reform – det future cooperation between housing association and municipalities]. København: KL & BL.
- KRAM**: kram@si-folkesundhed.dk
- Kvale**, Steinar (2006) *Interview, en introduktion til det kvalitative forskningsinterview*. 1. udgave, 13. oplag. Hans Reitzels Forlag.
- Lau**, Charlotte Bech & Berit Bekhøj Hansen (2009): *Et eksplorativt studie af sundhedsfremmestrategier i de kommunale sundhedscentre*, Integreret speciale, del 1, Sundhedsfremme og sundhedsstrategier og teknologiske og samfundsvidenskabelige studier, (2010) *Forankring af sundhedsfremmeindsatser i kommunerne*, speciale, del 2, teknologi og samfundsvidenskabelige studier, RUC.

- Lau**, Charlotte Bech (forthcoming 2011) Kommunal sundhedsfremme i Birgit Land, Betina Dybbroe og Steen Baagøe Nielsen (red.) *Sundhedsfremme i samfunds og hverdagslivsperspektiv*. Akademisk Forlag.
- Lau**, Charlotte Bech, Jesper Holm, John Andersen og Betina Dybbroe (forthcoming 2011) *Kommunal sundhedsfremme og kollektive strategier* Paper in proces (2011), RUC.
- Laverack**, Glenn (2001) *Building Capable Communities – a new approach for building community capacity*. Health Communication.org.
- Laverack** and Labonte (2000) A planning framework for community empowerment goals within health promotion, in *Health Policy and planning*, volume 15, nr.3, 2000.
- Lindholm**, G (2002) *Kunnskapsverkstad som redskap I fysisk planering*, in Svensson et al.(ed): Interaktiv forskning- för utveckling av teori och praktik, Vetenskaplig skriftserie från arbetslivsinstitutet, Stockholm.
- Mandag Morgen** (2009) *Danskernes sundhed – kommunernes valg. Fremtidens forebyggelse i kommunerne*. Et debatoplæg til borgere, politikere og praktikere om forebyggelse og sundhedsfremme. Oktober 2009. København: TrykFonden og Mandag Morgen.
- McLean**, Scott, Joan Feather and David Butler-Jones (2005) *Building Health Promotion Capacity: Action for Learning, Learning from action*. The University of British Columbia, Vancouver.
- Mezirow**, Jack (2000) Learning to think like an adult. Core concepts of transformation theory”; in J. Mezirow(ed): *Learning as Transformation*. Critical Perspectives on a Theory in Progress. San Francisco, CA: Jossey-Bass.
- Mezirow**, Jack (2000/1990): ”Hvordan kritisk refleksion fører til transformativ læring”; i Knud Illeris (2000): *Tekster om læring*. Frederiksberg: Roskilde Universitetsforlag.
- Minkler**, M et al. (2007) *Community Organizing and Community Building for Health*. Rutgers University Press, New Brunswick, New Jersey, London.
- Nielsen**, Birger Steen, Kurt Aagaard Nielsen og Peter Olsén (1999) *Demokrati som læreproces – industri og Lykke: Et år med Dyndspringeren*. 1. udgave, Roskilde Universitetsforlag.
- Nutbeam**, D. (1998) *Evaluating health promotion-progress, problems and solutions*. Health Promotion International, 13, 1.
- Olsen**, Poul Bitsch og K. Pedersen (2004) *Problemorienteret projektarbejde – en værktøjsbog*. 3. udgave, 2. oplag, Roskilde Universitetsforlag.
- Pedersen** PV, Christensen AI, Hesse U, Curtis T (2007): *SUSY UDSAT - Sundhedsprofil for socialt udsatte i Danmark*. Rådet for Socialt Udsatte.
- Regeringen** 1999: *Folkesundhedsprogram 1999-2008 – et handlingsorienteret program for sundere rammer i hverdagen*. København.
- Regeringen** 2002 *Sund hele livet – Nationale målsætninger og strategier for Folkesundheden 2002-2010*. København.
- Simonsen**, MK, Christensen AI, Hesse U, Davidsen M, Bjerregaard P, Diderichsen F, Faber MT, Kristoffersen J, Curtis T (2007) *Hvad ved vi om socialt udsattes sundhed?* Rådet for Socialt Udsatte.
- Statens Institut for folkesundhed** (2009) Pedersen, Christian Hollemann m.fl. (2009) *12 skridt til fremme af sund kost og fysisk aktivitet – den gode kommunale model*. Sund By Netværket og Statens Institut for Folkesundhed.

- Sundhedsstyrelsen** (2008) *Kortlægning af kommunernes forebyggelses og sundhedsfremmeindsats*. Udarbejdet for Sundhedsstyrelsen af Rambøll Management.
- Sundhedsstyrelsen** (2010) *Tværgående evaluering af lighed i sundhed*, Udarbejdet af COWI.
- Svensson, L. et al.** (2002) *Innovations- och lärprocesser i den nye ekonomin*, in Svensson et al.(ed):Interaktiv forskning- för utveckling av teori och praktik, Vetenskaplig skriftserie från arbetslivsinstitutet, Stockholm.
- Vallgård, Signild og Koch, Lene** (2004) *Forskningsmetoder i folkesundhedsvidenskab, 2.* Udgave. København, Munksgård.
- Verity, Fiona** (2007) *Community Capacity Building –a review of the literature*, Government of South Australia, Department of Health.
- Whitelaw, Sandy et al** (2001) *'Settings' based health promotion: a review*, Health promotion International, Oxford University.
- WHO** (2008) *Closing the gap in a generation –health equity through action on the social determinants of health: Final report of the commission on social determinants of health.*
- WHO** (2003) (ad1) *Healthy Cities around the world*, World Health Organization.
- WHO** (2003) (ad2) *Healthy Cities networks: a powerful Force for Health and Sustainable Development in Europe*, World Health Organization.
- WHO** (2003) (ad3) *Phase IV (2003-2008) of the WHO healthy Cities Network in Europe: Goals and Requirements*, World Health Organization.
- WHO** (1986) *Ottawa Charter for Health Promotion*, First International Conference on Health Promotion. Ottawa, 21 November 1986 - WHO/HPR/HEP/95.1.

Interview and conferences

- Andersen, John** *februar 2011*: Interview with John Andersen, professor ENSPAC, Plan, By og Proces
- Anvendt Kommunal Forskning** *maj 2010*: Researcher/practitioner bridging-conference.
- Det Nationale Forebyggelsesråd** *maj 2010*: Presentation and discussion of proposals for national prevention strategy.
- Teknologisk Institut** *marts 2010*: Seminar for municipal planners and practitioners. Prevention – Synergy and Coherence in the civil action.
- Sundhedsstyrelsen** *december 2010*: Seminar for researchers, state and local health stakeholders. The healthy choice – most, best, cheapest? Seminar to prioritize health work.