

The empowerment model of society and health

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Abstract

Addressing the conditions that create poor health in society often means gaining greater influence and access to resources. Authorities and civil society can sometimes work together when there is a shared concern, however, it is collective empowerment that can enable people to take greater control over their lives and health. Empowerment enables individuals, groups and communities to move forward by improving their knowledge, skills and competencies to change inequitable structures in society. However, a model to explain how empowerment can work in society to improve health does not presently exist. This presents a challenge and the purpose of this commentary is to begin to clarify how empowerment can influence health in society. Firstly, we consider the relevant theory including behavioural economics and capability theory to explain when and how individual agency can grow to collective empowerment to achieve the broader socio-political changes that are necessary to address health inequalities. It is hoped that this will encourage others to undertake further research to develop a fuller model of the role of empowerment in society to improve health.

Keywords: Empowerment, civil society, capacity building, critical awareness, inequalities.

Introduction

It is not an individual's agency that changes the circumstances in which people grow, work and age. It is not individual action that will change the unjust and inequitable structures in which people live and that can cause poor health. It is through collective empowerment that people take control over their lives and health when others cannot, or will not, act on their behalf. People cannot always depend on government support to help them, especially in difficult economic times, and especially for those people that have less financial or social protection. They must work together to improve their everyday lives, a process of empowerment that can be facilitated at the different levels within civil society.

Civil society involves people in both their social and professional contexts who share a common set of interests, including voluntary civic and social organisations, Non-Governmental Organisations, faith-based organisations, self-help groups and social movements. These form the basis of a functioning civil society and enable people to participate in improving the determinants of health [1]. The determinants of health encompass the economic and social conditions that influence the health of individuals, communities and populations. These circumstances are shaped by the distribution of money, power and resources in society and which are themselves influenced by policy decisions, for example, related to working conditions, transportation, social protection and food security [2].

Empowerment is the means to attaining power and cannot be given but must be gained by the individuals and the organisations that they form. To improve health, those that have access to power, such as health organisations and governments, and those who want it, such as patients, often have to work together to create the conditions necessary to make empowerment possible. Empowerment is both a means and an end and operates at two key levels: individual and collective or community. Individual empowerment increases feelings of value and control and is a proactive approach to life that facilitates a critical understanding of the socio-political environment through an active engagement in society [3]. Collective empowerment is a synergistic interaction between individual empowerment, organisational ability and broader social and political action. It is a dynamic process involving changes in relations between different social groups and decision makers in society. Simply put, collective empowerment is a process by which disadvantaged people work together to increase control over events that influence their lives [4], often through social and political change. Social change refers to influence over values and behaviours within society, for example, as discussed in this paper in the context of female genital cutting, in managing chronic disease and medication adherence. Political change refers to influence over the actions of organisations and institutions such as through policy and legislation, for example,

as discussed in this paper in the context of the access to healthcare and medication and reducing road traffic accidents.

A key challenge is to explain how empowerment functions in society to improve health. A model to explain this does not presently exist. The purpose of this commentary is to begin to clarify how empowerment can influence health in society by considering relevant theory to explain when and how individual agency can grow to collective empowerment to achieve the broader socio-political changes that are necessary to address health inequalities.

Firstly, it is important to consider previous attempts to explain how society functions within a broader socio-political framework and, in particular, the ecological and socio-ecological models and the continuum of community empowerment. Secondly, we turn to specific theories, notably, behavioural economics and capability theory, and how these can explain the mechanism of collective action, when it both did, or did not occur.

The ecological and socio-ecological models

The ecological approach views human ecology as the interaction of culture with the environment and biosphere, which ultimately is our living planet. Health is understood in its holistic sense, so the health of the individual is at the centre of the ecosystem and has body, mind and spiritual dimensions. The approach has system levels extending outwards from the individual representing the family, the community and its built environment and the wider society and natural environment. The ecological approach does not address empowerment and its value to contemporary thinking is that it makes it clear that no single strategy that is focused on only one aspect of the determinants of health can be wholly successful [5].

Dahlgren & Whitehead discuss the layers of influence on health and the relationship between the individual, their environment and disease [6]. The socio-ecological model provides an adaptation of earlier models that analyse the different spheres of influence that determine the choice of an individual's behaviour. The socio-ecological model offers value by identifying distinct levels of interaction in society within an overall framework:

1. Policy - Local, state, national, and international;
2. Organisational factors — Social institutions with organisational features;
3. The broader environment and community— Relationships among organisations;
4. Interpersonal processes and primary groups — Formal and informal social networks and social support systems, including family, colleagues and friends.

Additional attempts to describe the ways in which elements of the social, economic, and physical environments interact with individuals to shape health status also offer some insight into the conceptualisation of a multi-layered framework. Evans and Stoddart [7], for example, offered an intellectual framework of the interaction between the determinants of health with the goal of understanding population health beyond the health care system. They constructed an analytic framework to highlight the ways in which different types of factors can interact to bear on the different conceptualizations of health. Keating and Hertzman [8] further discussed the effects of the social environment upon human development to best support the health and well-being of infants and children in an era of rapid economic and technological change.

The continuum of community empowerment

The continuum of community empowerment is based on the community development continuum [9] that was developed in Australia with health and social service workers. The continuum has been adapted in the context of health using the following key elements (see figure 1): 1. Personal action; 2. The development of small groups; 3. Community organisations; 4. Partnerships; and 5. Social and political action. The continuum articulates the various levels of empowerment from personal, to organisational through collective (community) action. Each point on the continuum can be viewed as a progression toward the goal of social and political action. The potential of civil society is maximised as action progresses from the individual to the collective. However, if not achieved the continuum reaches stasis or can even move back to the preceding point and groups and organisations that arise may flourish for a time then fade away for reasons as much to do with changes in people as with a lack of broader political and financial support [10] and lack of representing that which is collectively valued [11]. What is important is that although the adaptations of the continuum of community empowerment have used slightly different terminology, they essentially hold the same meaning and represent the same conceptual design: the potential of people to progress from the individual to the collective along a dynamic continuum to achieve goals that will improve their lives and health.

Mechanisms for change, or no change

In order to understand how empowerment can lead to collective action for change, or not at all, it is useful to consider the key mechanisms highlighted in the theory on cognitive psychology and behavioural economics regarding human decision making, in which two systems of thinking and reasoning are identified [12]. The first system of thinking is based on everyday observation and repetition, that does not require deliberate reflection or reasoning [13]. The system covers all human behaviour that is intuitive and based on the reproduction of previously seen or learned actions. The second system of thinking involves deliberate

reasoning and critical reflection. It is the first system that enables us to act rapidly and reproduce that which is expected of us in a particular context. The second system helps us think “outside of the box” and to formulate ideas that may lead to meaningful change. Engaging in system 2-type critical reflection on “why things are the way they are” is key in the pathway to empowerment and can lead to innovative insights and actions.

A second important theoretical concept relating to the mechanism of empowerment is Amartya Sen’s capability approach that considers agency and freedom. Sen defines capabilities, which can be translated through taking directed action (agency) towards a certain desired goal [14]. Capabilities describe all the opportunities and abilities an individual or collective may act on to achieve a meaningful outcome or “functionings”, which Sen defines as “beings and doings”. The capability approach combined with the dual process theory of thinking is meaningful to the study of empowerment because it helps explain when an individual as well as the collective have reason to value a new outcome and how this process occurs. It is engaging in critical reflection that enables individuals to expand their capabilities, and through the process of empowerment, namely using one’s freedoms and agency to achieve an outcome, the newly valued outcome may, or may not, then be achieved. Moving from one level of empowerment such as from the individual to the collective necessitates both 1) an engagement of critical reflection and 2) an expression of a functioning or outcome that the collective has reason to value.

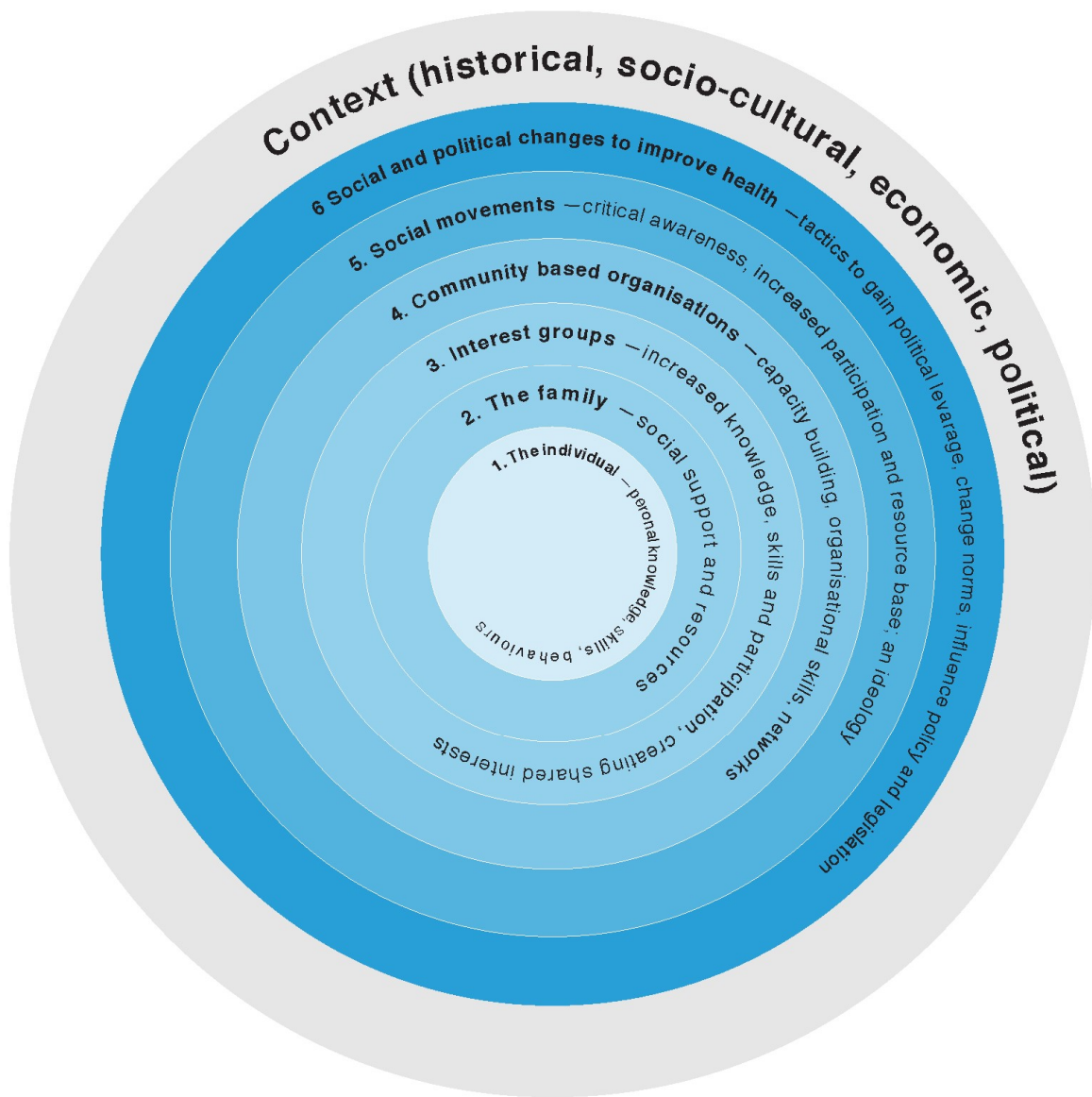
The empowerment model of society and health

The empowerment model of society and health (the empowerment model) builds on the earlier work of the socio-ecological models, the continuum of community empowerment and the theory of the capability approach and the systems of thinking. Figure 1 provides a visual representation of the different stages in the empowerment model: 1. The individual; 2. The family; 3. Interest groups; 4. Community-based organisations; 5. Social movements; 6. Social and political changes to improve health. Although the theoretical basis is grounded in the westernised literature the experience of the authors strongly suggests that this model can be applied across socio-cultural contexts. However, the reader must always be sensitive to the need to adapt any model when it is applied in different socio-cultural and political contexts.

Health is a product of many different but closely related issues including housing, transport, employment and social support. Health is also a product of national policies, the historical context of a country, the culture and of the global market that increasingly cross cuts national as well as organisational boundaries. What this means is that the broader context of a

country can create social injustice and inequalities that have a direct effect on people's lives and health. The context therefore provides the broader setting in which the empowerment model may, or may not, be stimulated and develop and a fuller discussion on this issue can be accessed elsewhere [15]. Massive unemployment in Argentina, for example, caused by an unfair political context, created social action manifested in a series of roadblocks known as *piquetes* (pickets) and those who participated were *piqueteros* (picketers), about 65% of whom were women. The picket movements shaped themselves into organizations which developed into a complex network of groups linking with political parties and trade-unions. They helped to create additional pressure on the government to improve policy to address unemployment and social welfare [16]. Epidemiological studies have also shown an association between poor housing and health [17]. The Tenderloin Seniors Organising Project in the USA started in one hostel to organise a core group of elderly people who met regularly to discuss their problems of loneliness, crime and rent increases. Over time several groups were established and linked with one-another to work on shared problems. The groups were then collectively able to organise a protest against rent increases, to lobby landlords for changes in eviction policy, for improvements in the design of bathrooms to accommodate disabled people and to establish security of tenure [18]. This highlights the importance of a critical reflection of salient issues leading to a re-evaluation of what is an outcome that people have reason to value.

Figure 1. The empowerment model of society and health



Within the broader context in society, the different aspects of individual and collective empowerment occur at each stage of the model. This begins with an individual taking action that can be 'triggered' by a preventable or unjust experience such as experiencing an accident or an injury. This experience could motivate the individual to critically reflect on the underlying causes, inequities and power dynamics that may have contributed to the event. Through first engaging in critical thinking and identifying an outcome that the individual has reason to value, she or he may act to improve or to rectify the situation. The family provides a unit within society that is capable of helping the individual to gain more control in their lives by providing resources and social support. Both critical reflection and the formulation of family goals may be at the centre of the empowerment process. Without a shared perception of valued goals, change and empowerment may not take place, or even halt at this level. The next stage of the model, interest groups, give the individual an opportunity to participate collectively, to clarify their needs, to strengthen their skills and to develop wider social support. Interest groups can develop into community-based organisations and allow people to become better organised and mobilised around shared goals they have reason to value. Social movements further expand the participant and resource base and provide an ideology upon which the purpose of collective empowerment can continue beyond any organisational structures or individual concerns. Finally, collective action under the empowerment model may lead to social and political changes to improve health through a range of indirect and direct tactics organised around shared goals.

1. The individual

The empowerment model of society and health begins with the individual. A personal action to improve health can begin when individuals feel motivated to improve their situation through identifying a goal they have reason to value, or through critical reflection identifying mechanisms, policies or societal norms they feel the desire to rectify, what they perceive as an unjust situation, or want to take action in response to an unjust or preventable experience in their lives.

Being motivated to take action might involve an unjust experience that 'triggers' an individual to critically reflect on and examine the underlying power structures that led to an undesirable outcome, such as experiencing an illness or a workplace injury. While engaging in critical reflection, an individual is open to a dialogue based on evidence, which may in turn play an important role in helping people to better critically reflect and understand the underlying processes that have contributed to the issue. This has traditionally been delivered through a variety of communication channels including person to person interaction, the mass and

social media. The interaction with a 'significant other' such as a family member or health worker is also important to help people to come to terms with an event in their lives and to start to work towards changing their personal circumstances. Health coaching, for example, has been shown to be effective in managing chronic disease as well as leading to a marked improvement in medication adherence [19]. Successful health coaching involves defining valued outcomes for the participant, and engaging in a critical reflection in order to understand what is needed to achieve such a valued goal. Another intervention in the USA used brief motivational interviews to reduce alcohol-related consequences among adolescents (aged 18-19 years) treated in an emergency room following an alcohol-related event. Follow-up assessments showed that they had a significantly lower incidence of drinking and driving, traffic violations, alcohol-related injuries and alcohol-related problems than patients who only received the standard care at the emergency room [20]. Motivational questionnaires may have contributed to the individual's re-assessment of what is needed (moderation of alcohol intake) to achieve a valuable outcome (good health). At the individual level of the empowerment model, facilitating a dialogue, which may be triggered by information and skills training are useful approaches to help motivate people towards taking action towards achieving a personal goal.

2. The Family

The family provides a unit within society that is capable of helping the individual to gain more control in their lives, for example, by providing resources and social support. Public health programs are often targeted at the individual to change behaviour or to increase knowledge and personal skills [21]. However, in some societies the emphasis is placed on the well-being of the family rather than on any one individual. The danger is that by focussing on the individual, the program can inappropriately superimpose an approach that is less effective because it may not resonate with the cultural perception and context. When the family is the core unit of society, stimulating critical reflection and identifying shared goals is crucial to enable individuals to gain more control over their lives and to address their concerns. For example, traditional beliefs and practices can be reinforced and perpetuated through the family such as female genital cutting (FGC). FGC interventions tend to work best when the family and community are questioning the practice as a result of critical reflection. Through providing safe places for discussion, such as in peer groups, diverging perceptions can help to stimulate the collective to question what they have always automatically done [22]. This helps to negotiate new alternative outcomes, which the collective may have reason to value, for example, not cutting their daughters and safer births. This approach can be facilitated by the education for uncut girls and their families, alternative rituals and working with faith leaders (who can confirm there is no religious basis for FGC).

Interventions are more effective when they empower individuals and communities using a broader approach in which they facilitate the formulation of new outcomes that communities have reason to value such as addressing the economic and social challenges that they face [23].

3. Interest groups

The participation in an interest group is often the start of the individual becoming involved in collective action. By participating in groups, individuals can better define, analyse and then, through the support of others, act on their shared concerns towards shared goals they have reason to value. Good examples are smoking cessation groups and Women's groups for improvements in the health of newborn infants, children and mothers [24]. This locale provides an opportunity for the individual to gain new skills and to develop wider social support that can spread positive health behaviours because people's perceptions of their own risk of illness depend on the people around them [25]. Moreover, the collective settings allow for the formulation of shared goals and engages participants to question their thinking, which may lead to new shared and valued goals. Interest groups can be organised around specific and localised issues such as improving facilities for the disabled, poor housing or anti-social behaviour, and are sometimes assisted by government funding or by an appointed community worker. Community Cooperatives in Italy, for example, have been a new form of cooperation for the implementation of services for local communities. Community Cooperatives establish relationships with local stakeholders such as businesses, local councils and the civil society to work in partnership to provide a wider view of the social, economic and political conditions in a neighbourhood [26].

The role of the group setting at this point of the empowerment model is to bring people together and to help them to identify and to focus on the issues which they feel are important or can reasonably be valued. Needs assessment is an important skill that enables the group members to identify common needs, solutions and actions. Successful groups often share key characteristics including a membership of elected representatives, meetings on a regular basis, an agreed structure, are able to identify and resolve conflicts quickly and to identify the resources available to the group. When these characteristics do not exist or are weak they can be strengthened, for example, by providing training. These characteristics help to build the organisational capacity of the interest group so that it can progress in the empowerment process and along the lines of the empowerment model to become a community-based organisation.

4. Community-based organisations

Interest groups generally focus inwards on the needs of their members, however, community-based organisations focus outwards to the environment that creates those needs in the first place. Community-based organisations include committees, co-operatives and pressure groups. These are the organisational elements in which people come together in order to socialize but also to take action to address both individual or local needs and broader concerns. A women's pressure group in the UK, for example, successfully campaigned to persuade the government to provide more funding for the use of Herceptin® to treat breast cancer because the minimum cost to pay for the treatment was well beyond the means of most women with tumours [27]. Community-based organisations are not only larger than interest groups but they also have an established structure, more functional leadership and the ability to create social networks. A social network is a structure of relationships, both personal and professional, through which emotional support, resources, services and information for the improvement of health can be shared. Active participation within social networks builds the trust and cohesiveness between individuals and organisations and are important to mobilise the resources necessary to support collective action [28].

At some point, people recognize that there is the need to gain access to political leverage and to better resources in order to have an influence at a broader level. This moves them forward in the empowerment process and within the proposed empowerment model of society and health to build their capacity through systematically strengthening knowledge, skills and competencies at the organisational level. Building community capacity is not isolated to a single outcome because the competencies that are developed can be transferable to address other issues. A key function of community-based organisations at this point of the empowerment model is to use strategic planning, focussing on a pre-identified concern or set of valued goals, to enable people to engage in critical thinking and then to act [29]. In particular, the 'domains approach' is an internationally recognised tool to build capacity through strategic planning. It uses nine domains namely: Participation; Problem assessment capacities; Local leadership; Organisational structures; Resource mobilization; Links to other organisations and people; Ability to 'ask why' (critical awareness); Community control over programme management; and an equitable relationship with outside agents [30]. Building capacity in each domain leads to a robust community-based organisation that is capable of gaining greater control over the concerns it has identified to improve the lives and health of its members. However, if community organizations are unable to increase their capacities they can lose their ability to facilitate the empowerment process among their members and may not move forward to the next stage in the model.

Exceptional local leaders can also be important to motivate others to become involved in community-based organisations and to create partnerships based on identifying shared goals and values. Partnerships demonstrate the ability to develop relationships with other organizations, to collaborate and to co-operate through an exchange of services, resources and expertise. The purpose is to create a stronger organisational base that will allow the members of the partnership to achieve their shared goal [31]. The ‘Altogether better’ project in the UK, for example, was a five year regional-local initiative designed to deliver innovative techniques to empower communities to improve their health and well-being. The project focuses on exceptional local volunteers who were identified as leaders to provide a focal point around which partnerships could develop. Other participants were then drawn into the process and with increased confidence and capacity they became advocates for their own communities [32]. The purpose at this point in the empowerment model is to allow community-based organisations to grow, to take a stronger position focused on the shared needs that brings the members together, and to create a movement that can have broader political leverage.

5. Social movements

Social movements provide an important way forward in the empowerment model for people to achieve broader social and political change in society. Social movements represent a sustained and organised effort that is often based on an ideology representing goals people have reason to value that goes beyond any organisational structures or individual concerns, for example, on human rights. People have discovered that collectively they can apply significant pressure to influence policy that affects their lives [33] through social movements to critically engage with and challenge state and institutional forms of authority and to give the public more of a ‘voice’ often around an identity based on shared goals that connect all its members. In Italy, for example, the issue of the ‘right to water’ became politicized and networks of local communities, civil society groups, and citizens’ associations joined together to form the ‘Italian Water Movement’ in support for the public management of water resources. This was a large-scale collective movement that through critical engagement with underlying factors and power structures successfully campaigned that ‘Water is not for sale’ and focussed on the purpose of supporting legal action to ensure the right to water for everyone [34].

Health Social Movements are an important point of social interaction concerning the rights of people to access health services, personal experiences of illness, disease and disability and health inequality based on race, class, gender and sexuality. For example, the experiences of women in the San Francisco Bay Area with breast cancer who endured isolation and

inequalities structured around the health system led to the creation of the environmental breast cancer movement. The movement was created to identify with those at risk from or affected by breast cancer and provided many women with the emotional support they needed to be able to move forward collectively to address a personal issue. The movement was able to press for expanded clinical trials, compassionate access to new drugs and greater government funding. This led to a new regime of breast cancer management in which women had access to user friendly cancer centres, patient education workshops, support groups, a choice of medical alternatives and a role as part of the health care team that delivered the cancer treatment. Essentially, the social movement was able to challenge the “status quo” and to politicize breast cancer around shared concerns and to reframe it as a feminist issue [35].

Politicizing an issue involves a critical understanding of the root causes, the broader context, an ideology of action, and influence on policy or discourse. It involves people becoming critically aware of the underlying causes of their personal powerlessness including poor health. A dialogue approach has been developed to share experiences and to promote critical awareness by posing problems to gradually understand the underlying social, political and economic causes. Once critically aware, people can then plan more effective actions to change their circumstances by resolving the conditions that created them in the first place [36]. A practical application of this approach is photo-voice, a tool to enable people to identify, represent and enhance their community through a photographic technique. Empowerment comes from within the community, developing slowly and organically, sometimes as part of a health intervention, in which critical awareness is facilitated through discussion, reflection and action.

6. Social and political changes to improve health

The social, political and economic context in society can have a direct effect on people’s lives and health. People with the ability to control decisions at the political and economic level can condition and constrain the ability of others in civil society to exercise health choices. People can be influenced, for example, by policy and taxation on products that aim to moderate consumption towards a healthier lifestyle. Conversely, within countries, the lower an individual’s social and economic status the worse is their health and the shorter is their life expectancy [37]. Gaining more control to be able to influence the social, political and economic context will inevitably involve civil society taking direct measures to change circumstances in their favour. This is essentially a political activity involving people becoming more critically aware and building their capacities to be able to take the collective actions that

are necessary to redress health inequalities.

The empowerment model of society and health enables people to become better organised and mobilised so that they can collectively apply a range of tactics to have more influence. These tactics may or may not be successful and a fuller discussion on how health activism functions in society can be accessed elsewhere [38]. In particular, indirect and non-violent direct actions are often applied in empowerment approaches. Indirect actions often require a minimum of effort although collectively they can have a dramatic effect. Indirect actions include voting, signing a petition, taking part in on-line debates and sending an email to protest your cause. Direct actions are a form of activity that aim to have a real-time and immediate effect, such as the stopping of work at a construction site and mass protests that may have broader consequences for people in positions of authority or on future agenda setting. Non-violent direct actions include picketing, vigils, marches, rent strikes, product boycotts and publicity campaigns. Legal action in combination with media advocacy and mass protests or media stunts can have a dramatic effective on the social and political context. In South Africa, for example, a case that by-passed the courts to the country's Competition Commission and using advocacy and public protests, successfully persuaded authorities that the high prices for Antiretroviral drugs levied by drug companies violated regulations against excessive pricing and the guarantee of the 'right to life' [39].

However, improving health does not always have to be achieved by using tactics to have more influence and authorities and civil society can work closely together when there is a shared concern. For example, the Swedish health authorities worked alongside civil society organisations to reduce fatalities and to improve health outcomes. Through policing legislation, road safety measures such as speed limits, seat belt use, and random breath testing were enforced, while civil society organizations and the private sector promoted safe driving. The collaborative approach led to a fall in the numbers of fatal road crashes from 9.1 deaths per 100,000 in 1990 to 2.8 deaths per 100,000 in 2010, despite a significant increase in traffic volumes [40].

Conclusion

If individuals remained at the interest group level, the broader conditions leading to their sense of powerlessness would not be resolved. Equally, if individuals are compromised by being represented by others or by only engaging in passive actions, for example, signing a petition, their level of influence will remain limited. The empowerment model of society and health explains how different levels of influence at the individual, the group and the broader collective levels function within society and can bring about the necessary changes

to improve health.

It is when individual concerns resonate with the broader group that collective empowerment creates the necessary conditions for people to take control over their lives and health and to change inequitable structures in society in a sustainable manner. Civil society has an important role to play through collective action to influence the broader context in which they live and work. Having more influence inevitably involves using a range of indirect and direct actions to bring about the changes that will eventually benefit everyone in society, and not just a few, based on shared goals and values. The different levels of the model do overlap as people critically reflect, build their capacity and become better organised and mobilised so that they can achieve the necessary outcomes that the collective has reason to value.

It is hoped that this commentary will encourage others to undertake further research to develop a full model of the role of empowerment in society to improve health and that includes the issues of measurement and up-scaling. The research should also offer a clarification of the influences at different levels of individual and collective empowerment, the relevant theoretical foundation and how the model enables civil society to function to improve health and wellbeing.

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