Promoting equity, environmental sustainability and health: frameworks for action and advocacy

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Abstract

The Boon Wurrung people, custodians of the land where this study began, urge us not to harm the land or the people. Yet locally, and globally, we face urgent challenges of environmental degradation and increasing inequity. This thesis argues that these trends can be addressed together, and that the health and community sector can play a key part in doing this.

The study was a community-based participatory action research project in three Primary Care Partnerships in Victoria, Australia. Primary Care Partnerships are alliances of local health and community services, covering several municipalities. The project aim was to strengthen the focus on equity and environmental sustainability in health promotion and the broader health and community sector, in practice, and through theory development, particularly the development of health promotion frameworks. The study followed the action research model of planning, action and observation, and reflection. In stage one, participants developed a local framework for promoting health, equity and environmental sustainability. Stage two was an investigation of practice. In stage three, participants reflected on findings and explored implications.

The study found that the local framework reflects a socioecological health promotion discourse, based on care for others and environment. However, it was developed against a perceived mainstream discourse that normalises inequality and environmental degradation. Investigation of practice showed potential benefits (potential because this study was not an evaluation) for environmental sustainability, equity and health. Environmental themes of caring for local environment, sustainability of the food system, and Indigenous knowledge, were associated with equity and health benefits from increased healthy eating, food security, access to nature, and cultural safety. Environmental sustainability of housing was associated with increased thermal comfort and reduced energy costs. Sustainability of transport was associated with improved access to services, reduced transport costs and increased physical activity. Factors identified as helpful to the work included local knowledge, supportive policy, relevance to partners and participants, and effective communication. Challenges included unsupportive managers and organisational culture, politicisation, engaging 'hard-to-reach' people, and narrow or 'siloed' understandings of health. Observation showed gendered patterns, although participants did not discuss these. As paid work, the work in this study was largely done by women; as voluntary work, by both women and men. This appears to reflect broader systems of gendered work and hierarchy in society.

I used critical discourse analysis to analyse these findings, paying particular attention to the historical and socioecological context. This indicated that challenges to participants' work are particularly related to a mainstream 'economistic' discourse, which normalises inequality, hierarchy and competition. Ecofeminist analysis shows that this discourse reflects the legacy of patriarchal hierarchy, imperialism and capitalism. Health promotion frameworks accord well with the positive principles and helpful factors in this study, but do not address the challenges posed by mainstream discourse.

The practice and socioecological health promotion discourse of participants in this study offers a capacity for transformative social change, starting from local levels. However, to achieve this capacity requires advocacy to support the work, and address the political and discursive challenges.

Declaration

This thesis contains no material which has been accepted for the award of any other degree or diploma at any university or equivalent institution and that, to the best of my knowledge and belief, this thesis contains no material previously published or written by another person, except where due reference is made in the text of the thesis.

Signature: 

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Date: 24 April 2018

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I acknowledge the custodians of this land, particularly the Boon Wurrung, Gunditjamara, Jardwadjali, Dja Dja Wurrung, Wergaia, Wotjobaluk, Jaadwa, and Jupagulk peoples, whose ancestors have lived for thousands of years on the country where this research was conducted. I pay my respect to Elders past and present. I give particular thanks to Elders, past and present, who supported or participated in this research.

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Dr Charles Livingstone has been my main supervisor throughout the project. We have discussed social theory and the politics of climate change and inequality at hundreds of meetings, sometimes ruefully or despairingly. As well as providing expert supervision in public health research, Charles has always provided good humour and encouragement, which were much appreciated in addressing the challenges of this project. Dr Rebecca Jones' interests in farming sustainability and qualitative research were stimulating during the time she was my associate supervisor. I was subsequently fortunate to find Dr Cecily Maller, who has been my external associate supervisor since Rebecca was unable to continue. Cecily's work on social practices and sustainability, and the high quality of her supervision, have been very valuable to me. I have greatly enjoyed our conversations and the opportunity to participate in the social practice reading group at the Royal Melbourne Institute of Technology. Finally, as my awareness of ecofeminist theory grew, I was fortunate that Margaret Alston, Professor of Social Work and leader of the Gender, Leadership and Social Sustainability research group at Monash, was able to provide specialist supervision on ecofeminist theory. My good fortune in finding supervisors seems serendipitous. I would also like to acknowledge my former MA supervisor, Emeritus Professor Marian Quartly, who met with me during the study to advise me on recent developments in Australian feminist history. Any mistakes in my knowledge or application of the various fields of theory are, of course, my own responsibility.

I acknowledge the support given by the former Inner South East Partnership in Community and Health (ISEPICH) for stage one of this research, including the payment of honorariums for community members participating in the research, and payment for translations and interpreters. My thanks also to former colleagues at ISEPICH, including former Executive Officer, Anne Jungwirth, Business Support Officer, Kathryn Ryan, Chair of the Health Promotion Steering Committee, Sandy Joffe, and Chair of the ISEPICH Executive Committee, Robbi Chaplin. Thank you also to Professor Helen Keleher and Associate Professor Rae Walker for their support with the ISEPICH forums. I also wish to acknowledge the late Professor Gavin Mooney for his work as facilitator of the forums.

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Contents

List of figures and tables

Definitions and acronyms

Definitions of key terms

This thesis is concerned with health promotion addressing equity and environmental sustainability. Definitions as used in this thesis are below. I believe these definitions reflect understandings shared by research participants, but acknowledge that they may not be entirely shared, as the study found some uncertainty about meanings. Meanings are discussed further in the thesis, particularly in chapters two and six. The definitions below provide a starting point, while recognising that the process of definition is part of theory development.

The World Health Organisation (WHO) in 2015 defined health promotion as:

> *the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions* (WHO, 2015)

Health promotion in this thesis means theory or practice that aims to promote health through addressing social and environmental determinants of health. It may also address individual behaviour, but not individual behaviour alone (see e.g. Kickbusch, 1986 for distinction between health education and health promotion).

Health promotion addressing equity in this thesis means health promotion that aims to reduce social and health inequities by addressing the inequitable distribution of power, money and resources. This is based on two definitions by the Commission on the Social Determinants of Health (CSDH): firstly, of "health inequities" as "avoidable health inequalities"; and secondly, of the determinants of health inequities as "the inequitable distribution of power, money and resources" (CSDH, 2008, pp. 1-2). There is in practice uncertainty in health promotion about the meaning of equity and how to promote equity, for example whether we should challenge hierarchies of power and wealth or ameliorate them (see e.g. Tobias, 2017). These uncertainties are discussed in the thesis, but this definition deliberately leaves these questions open at present.

Health promotion addressing environmental sustainability in this thesis means health promotion that aims to promote human health and wellbeing, while also promoting, or at least protecting, the health of other species and ecosystems. *Environmental sustainability* is defined in this thesis as meeting the needs of current and future human generations without compromising the health of other species and ecosystems (adapted from Morelli, 2011, as discussed in chapter two). In reviewing literature, I have found this definition excludes much health promotion addressing environmental determinants. Unlike the definition of health promotion addressing equity, however, where I deliberately allow for uncertainty, I use a more restrictive definition in this case because it expresses an ethical principle: that the ecosystem and other species do not exist 'for' humans (for further discussion see e.g. Patrick, Noy, & Henderson-Wilson, 2015).

Environmental degradation in this thesis refers to damage caused to environments and ecosystems by human activity, and includes climate change.

Other important terms

Aboriginal or *Indigenous peoples* – in this thesis these terms usually refer to people of Aboriginal and Torres Strait Islander identity in Australia, however I also use 'Indigenous' when talking about

Indigenous peoples from other countries. I use Aboriginal or Indigenous depending which seems appropriate in context. In Victoria, Aboriginal is now mainly used as the official term (Victoria DoH, 2017). When writing about Indigenous or Aboriginal people from a particular area I try to use the correct language name if possible. I apologise for any mistakes or wrong usages.

Community development in this thesis is defined as a process through which communities "identify and address their own needs" (Neighbourhood Houses Victoria, 2017). Community development in Victoria is often associated with health promotion, particularly in local government, and some participants in this project are community development officers. Other research participants who work voluntarily in community groups may describe their work as community development, community action or similar.

Disadvantaged groups in this thesis means population groups who are under-represented in governance, discriminated against or disadvantaged because they have low incomes or because they are women, Indigenous people, Lesbian, Gay, Bisexual, Trans-sexual, Queer or Intersex (LGBTQI) people, people living with disability or illness, homeless people, or for other reasons. I try to specify particular groups where possible, but also use 'disadvantaged' as a general term. I use the term *vulnerable groups* at times, particularly when referring to people who are vulnerable because of factors such as age or illness. However, I try to avoid it when referring to people who are marginalised or disadvantaged by inequitable power structures, because it may appear to locate the problem in these groups rather than in social systems. This issue is discussed further in the thesis, particularly in chapters four and nine. I recognise that 'disadvantaged' can also be seen as stigmatising, however I use it in the sense of 'put at a disadvantage' by social systems of power, inequality and exclusion.

Discussion groups in this thesis is used as a general term to include focus groups of mixed participants (staff members and community members), focus groups of homogeneous participants (staff members only) and group interviews (discussion groups in stage two of the research usually began with group interview questions, followed by a focus group discussion). More detail is provided in chapter four on method.

Governance is broadly defined as "method or system of government or management" (Macquarie Dictionary, 2017). Two broad types are distinguished in the thesis:

- *Hierarchical*, which refers to 'pyramid' type organisations where both decision making power and pay increase as one goes 'up'. Examples are kingdoms, in earlier eras, or most corporations and bureaucracies today.
- *Egalitarian*, which refers to 'flat' organisations, where authority is democratically conferred and income is not related to position in the organisation. Cooperatives or community groups often have this type of organisation, although they may allow different income levels amongst paid staff (see e.g. Mondragon, 2017)

Neoliberalism – I use the definition by David Harvey (2007, p. 22):

> *a theory of political economic practices proposing that human well-being can best be advanced by the maximization of entrepreneurial freedoms within an institutional*

framework characterized by private property rights, individual liberty, unencumbered markets, and free trade.

Primary Care Partnerships (PCPs) are alliances of health and community support agencies. The PCP strategy is a Victorian state government strategy that began in 2000-01 with aim of enabling local primary health and community support agencies to work together more effectively (Victoria DHS, 2004). Most PCPs originally covered two to three local municipalities, or shires in regional Victoria. Some PCPs subsequently amalgamated into larger partnerships covering up to five municipalities.

Types of work

The definitions below are relevant to arguments made later in the thesis, particularly in chapter eight:

- *Caring work* in this thesis means work that is "nurturing" (Macquarie Dictionary, 2017), and protects or promotes the health, or 'flourishing', of people, other species and ecosystems. This usage differs from that of Egon Guba and Yvonna Lincoln (2005), who refer to "human flourishing" in their discussion of paradigms (2005, pp. 195-6) and of Nancy Folbre (2006), who includes only care for people in her schema of caring work. There are questions about whether and how far some forms of land use, such as farming, include caring work, and this uncertainty is acknowledged in the thesis.
- *Subsistence work* in this thesis means work that contributes directly to the continuing existence or "livelihood" (Macquarie Dictionary, 2017) of an individual, family or community, through providing food, care and other goods and services for direct use.
- *Paid work* in this thesis means the work of producing goods and services to be traded and paid for with money. This is the form of work recognised as 'production' in mainstream economics (EC, IMF, OECD, UN, & World Bank, 2009; Waring, 2009).

Acronyms and abbreviations

Many of the following acronyms and abbreviations are used only in citations or appendixes.

ABC – Australian Broadcasting Commission

ABS – Australian Bureau of Statistics

ACOSS – Australian Council on Social Service

ACCHO - Aboriginal Community Controlled Health Organisation

AEC - Australian Electoral Commission

AIHW – Australian Institute of Health and Welfare

ATO – Australian Tax Office

BOM – Bureau of Meteorology (Australia)

BZE – Beyond Zero Emissions

CALD – Culturally and Linguistically Diverse

CBPAR – Community-Based Participant Action Research (PAR – participant action research)

CoGE – City of Glen Eira

CoPP – City of Port Phillip

CoS – City of Stonnington

CSDH – Commission on the Social Determinants of Health (World Health Organisation)

CSIRO – Commonwealth Scientific and Industrial Research Organisation (Australia)

DHS - Department of Human Services

DEE - Department of Environment and Energy

DEEWR - Department of Education, Employment and Workplace Relations

DHHS - Department of Health and Human Services

DoH – Department of Health

DPC – Department of Premier and Cabinet

DSE – Department of Sustainability and Environment

DTF – Department of Treasury and Finance

EC – European Commission

ECCV – Ethnic Communities Council of Victoria

FAO – Food and Agriculture Organisation (UN)

GEEG – Glen Eira Environment Group

HREOC – Human Rights and Equal Opportunity Commission, Australia

HPSC - Health Promotion Steering Committee (ISEPICH)

HREC – Human Research Ethics Committee

IHP – Integrated Health Promotion

IHP Kit – Integrated Health Promotion Resource Kit (the guidelines for health promotion in PCPs during the time of this study)

IMF - International Monetary Fund (UN sponsored organisation of 189 countries)

IPA – Institute of Public Affairs

IPCC – International Panel on Climate Change (set up under the United Nations' Framework Convention on Climate Change)

ISEPICH – the Inner South East Partnership in Community and Health (the Primary Care Partnership for the municipalities of Port Phillip, Stonington and Glen Eira in the inner south east Melbourne metropolitan area, from 2001 to 2013)

ISCH, ISCHS – Inner South Community Health, Inner South Community Health Service

ITPS – Intergovernmental Technical Panel on Soils (UN)

LGBTQI – people who identify as Lesbian, Gay, Bisexual, Trans-sexual, Queer or Intersex

LNC – Liberal Party and National Party Coalition (the major conservative parties in Australia)

NDIA – National Disability Insurance Agency

NH&MRC – National Health and Medical Research Council, Australia

OC – Ottawa Charter (for Health Promotion)

OECD – Organisation for Economic Cooperation and Development

PHAA – Public Health Association of Australia

PHACS – Primary Health and Community Support

PCP – Primary Care Partnership

SDoH, SDOH – Social Determinants of Health

SGGPCP – Southern Grampians and Glenelg Primary Care Partnership (the PCP for the Shires of Southern Grampians and Glenelg, in south western Victoria)

UK – United Kingdom

UN – United Nations Organisation

UNEP – United National Environment Programme

UNFCC – United Nations Framework Convention on Climate Change

USGRCP – United States Global Change Research Program

VACL – Victorian Aboriginal Corporation for Languages

VEC – Victorian Electoral Commission

VEOHRC – Victorian Human Rights and Equal Opportunity Commission

VLGA – Victorian Local Governance Association

UNEP – United Nations Environment Programme

USA – United States of America

VicHealth – Victorian Health Promotion Foundation

WHO – World Health Organisation

WWF – World Wildlife Fund

Chapter 1. Introduction and overview

Bunjil taught the Boon Wurrung to always welcome guests, but he always required the Boon Wurrung to ask all visitors to make two promises: to obey the laws of Bunjil and not to harm the children or the land of Bunjil

Carolyn Briggs, Boon Wurrung Arweet (Elder), Wominjeka (Welcome to Country), ISEPICH Forum, St Kilda Town Hall, 22 February 2012

In Australia, and globally, we face enormous challenges of increasing inequity and environmental degradation. In the words of the Boon Wurrung people, custodians of the land on which I write, we are causing harm to the land, and through this to the people, particularly future generations. Social systems that have become dominant in the modern historical era, particularly over the last 150 years, are damaging our environment and ecosystem (Ceballosa, Ehrlich, & Dirzob, 2017; McMichael, Woodward, & Cameron, 2017; K. R. Smith et al., 2014). While there is still some hope that we may be able to confine global warming to 2^{o}C or less, environmental damage has already passed crisis level on some ecological indicators, such as biodiversity (FAO & ITPS, 2015; Rockstrom et al., 2009; WWF, 2016). At the same time, the world's financial wealth, and associated power, is becoming concentrated in the hands of fewer and fewer people (ACOSS, 2015; Hardoon, 2017; Piketty, 2015). This thesis argues that these trends are interconnected, that they can be addressed together, and that the health sector can play a key part in doing this.

There is uncertainty in the health and environmental sectors about whether inequity and environmental degradation can be addressed together, or whether they form competing agendas (Quiggin, 2017; Steffen & Smith, 2013; Tait, McMichael, & Hanna, 2014a). This thesis, drawing on a study of health promotion and community action in three areas of Victoria, Australia, shows that equity and environmental sustainability can be addressed together, but this work currently faces major political and discursive challenges. Using ecofeminist historical analysis, I show that these challenges, and the causes of environmental degradation and inequity, share common origins in the legacy of patriarchal hierarchy, capitalism and colonialism. The thesis calls for these origins to be acknowledged in health promotion frameworks, and for the health sector to advocate for an alternative vision based on an ethic of care.

The study was a community-based participatory action research project in three Primary Care Partnerships in Victoria, Australia. Primary Care Partnerships (PCPs) are alliances of local health and community services, usually covering two to three municipalities. As participatory action research, this study is part of an continuing process with two aims: to improve practice and to develop theory, specifically in health promotion, but also in other sectors where learning from this project is relevant. The over-arching research question in terms of practice is: can we integrate a focus on both equity and environmental sustainability into our work? The over-arching question in terms of theory development is: how can health promotion frameworks support this goal? Specific questions for each stage of the action research are set out in chapter four. The original focus of the study was particularly on improving local practice, although it was always intended as research from which others could learn. The course of the study has reinforced that the local and global are interconnected. While we can work at local level for more equitable and environmentally sustainable communities, local work needs support at state, national and global level.

'Think globally, act locally' is not a new idea. However, this study suggests a slightly different version: 'act locally, advocate globally'. This thesis explores how health promotion frameworks can support local action, and how they can support advocacy at state, national and international level. Health promoters and community members in this study demonstrated an ethic of care, caring for both human and ecosystem health. I argue that an ethic of care provides a better basis for addressing the challenges of inequity and environmental degradation than the dominant economistic discourse of our current polity.

The health sector can make a valuable contribution to addressing complex, global issues, both by showing their relevance to people's everyday lives, and because health workers are trusted (Maibach, Nisbet, Baldwin, Akerlof, & Diao, 2010; E. K. van Beurden et al., 2011). Health promotion has played a significant role in showing how the health sector can engage with social and political issues, particularly through the development of frameworks such as the Ottawa Charter (Kickbusch, 2007b). Public health workers are advocating on climate change, for example through the Lancet Commission on Health and Climate Change (Watts et al., 2015), and, in Australia, through the Framework for a National Strategy on Climate Change and Health (Horsburgh, Armstrong, & Mulvenna, 2017). Similarly, public health workers advocate for equity and social justice through the Commission on the Social Determinants of Health (CSDH, 2008), and, in Australia, through the Social Determinants of Health Alliance (SDoHA, 2017). These efforts, however, sometimes seem to be pulling in different directions (Tait, McMichael, & Hanna, 2014b). By exploring what they have in common, this project aims to contribute to a more integrated and effective approach.

The study had three stages, following the action research model of planning, action and observation, and reflection. In the first stage, 2009-12, participants in the Inner South East Partnership in Community and Health (ISEPICH) developed a draft framework for promoting health, equity and environmental sustainability. In the second stage, in 2012-14, I (the researcher) investigated practice in promoting health, equity and environmental sustainability in ISEPICH, Southern Grampians and Glenelg PCP (SGGPCP) and Wimmera PCP. In the third stage, 2014-2017, I wrote up key findings from the first two stages, and their potential implications for health promotion frameworks, in a report for research participants. I then met with participants to present on the findings, check their validity and explore their implications, before completing the thesis. In the first stage, I was participating in an 'insider', participant-researcher role, while working as health promotion coordinator for ISEPICH. In the second and third stages I was based in a university and working more in an 'outsider' researcher role, although I shared a strong base of experience with participants in the study.

This study is not intended to evaluate the effectiveness of participants' work in promoting equity and environmental sustainability. The research looks at the principles that guide their work, the kind of work they do, the factors that help or challenge them in doing it and the implications for health promotion frameworks and the broader health and community sector. Promoting equity and environmental sustainability, particularly as integrated priorities, is a relatively new area for health promotion. Evaluation of effectiveness is an important step, but in new areas of work, practice must necessarily precede evaluation.

The thesis is organised so that chapters two to five discuss theory, method and context, and chapters six to nine present findings. Chapter two includes an overview of the study and discussion of relevant literature, concepts and social theory. Chapter three explores Indigenous and feminist

perspectives, including a discussion of ecofeminist theory, which emerged during the study as an over-arching theoretical explanatory framework for the findings of this study.

Chapter four describes research methods and relationship with theory. The key method was community-based participatory action research, but the research also drew on case study and critical observation methods, particularly in the second stage. Key methods of analysis were thematic and critical discourse analysis, the latter drawing on historical and socioecological evidence. Fifty-two research participants, plus myself as participant-researcher, took part through surveys, forums, discussion groups, interviews and consultations. There was also a larger group of people who provided de-identified information through participation in forums, discussions with me in person or by email, or comments on the project blog.

Chapter five describes the political context, evidence available to health promoters, and responses by health promoters and community members, at the beginning of the study. It also provides information about the three PCPs, including a socioecological history of their local areas.

Chapter six presents findings from stage one, the development of a draft framework for promoting health, equity and environmental sustainability in ISEPICH. Key findings are that the principles of the framework reflect an ethic of care, care for others and the environment, but were developed in relation to a perceived mainstream discourse in which inequality, competition and hierarchy are normalised. Participants identified a lack of clarity about the meaning of equity in health promotion.

Chapter seven explores what participants in the three PCPs were doing in practice. From information provided by participants, I identified thirty-two projects with potential benefits for environmental sustainability, health and equity ('potential' benefits because this research was not an evaluation, as discussed). Thematic analysis of potential benefits for environmental sustainability, and associated benefits for equity and health, showed three main clusters around the following themes:

1. Caring for local environment, and environmental sustainability of the food system, associated with Indigenous knowledge, participation and cultural safety, and with healthy eating, food security and access to nature, particularly for low income and disadvantaged groups.
2. Environmental sustainability of housing, and other buildings, associated with increased thermal comfort and reduced energy costs, particularly for low income and disadvantaged groups.
3. Environmental sustainability of transport, associated with improved access to services, reduced transport costs and increased physical activity, particularly for low income and disadvantaged groups.

Analysis of these clusters suggests multiple potential cumulative impacts and synergies.

Chapter eight presents participants' reflections on the factors that helped or challenged them in their work, and further analysis of some unspoken factors affecting the work. I used thematic analysis to identify key themes in participants' reflections, and grouped these in topic areas, which are:

1. 'What gets to the table': knowledge, evidence, policy and power.
2. 'Walk in their shoes': engaging people and building relationships.

3. ‘That’s a point of view’: ideas, values and communication.
4. ‘Funding is always an issue [but] money isn’t everything’: practical factors.

The topic names are phrases used by participants, as discussed further in chapter eight. Key themes about helpful factors included knowledge of the local area, supportive government policy, relevance to partners and project participants, partnerships and collaboration, and effective communication. Key themes about challenges included unsupportive managers or organisational culture, politicisation, difficulty in engaging ‘hard-to-reach’ people, and narrow or ‘siloed’ understandings of health or the role of health and community services. Practical factors, such as funding, time and resources, were mentioned, although not as frequently as other themes. Funding is closely related to government policy, so may be partly subsumed under that theme. I used content and discourse analysis to show how the significance of particular themes varied between PCPs, or between community members and staff, and how themes may reflect particular political and socioecological circumstances.

Observation showed that gender was a significant factor in the project, even though it was almost never mentioned by participants. Key observations are that research participants employed in hierarchical organisations were almost all female (39 of 40 participants) but participants from community groups were equally likely to be male or female (six of 12). Participants were neither recruited nor selected on the basis of sex. These findings appear to reflect an interaction of two factors: the kind of work participants did, but also whether they were: (i) working for pay in a hierarchical organisation, or: (ii) working voluntarily in a non-hierarchical organisation. Analysing the relationship between these observations, findings about discourse from stage one, and participants’ reflections on practice in stage two, was a key task for the final stage.

Chapter nine presents participants’ final reflections and implications for health promotion frameworks. Analysis of health promotion frameworks shows that they accord well with the positive principles manifested in practice, but do not clearly address the challenges. The challenges reflect the historical legacy of patriarchal hierarchy, capitalism and colonialism, and the discourse of “economism” (Hanlon & Carlisle, 2008, p. 357) associated with this. Health promotion frameworks have tended to focus on vulnerability, identifying people who have low incomes or are not adult white males as vulnerable, but not addressing the political and discursive factors that create this situation. Participants’ reflections illustrate how discursive and political factors play out in practice, looking at current policy directions in health and community programs.

Chapter nine also looks at the issue of commonalities, particularly whether there are theoretical and empirical justifications for promoting equity and environmental sustainability together. This study indicates empirically that equity, environmental sustainability and health can be addressed together at local level. However, the value of this work is not necessarily recognised at policy-making levels. The chapter looks at different approaches to the issue of ‘transformation’ or ‘transition’ to a more sustainable society. Overall, I argue there is a need for more understanding of the ‘causes of the causes’, that is, the historical and socioecological factors that cause inequity and environmental degradation, and how they are related. This thesis addresses some of this gap in our knowledge, using intersectional ecofeminist analysis.

Chapter ten discusses strengths and limitations of the research and explores broader implications. Limitations of the research particularly relate to the challenge of investigating local practice while

also taking account of ‘big picture’ issues. A major conclusion of the thesis is that supporting local work and addressing challenges requires advocacy at local, state, national and global levels. One implication is that health promoters need to look more closely at what we mean by equity, and how we can achieve it. Another is that we need to advocate for the use of better measures of health and wellbeing, including the health and wellbeing of other species and ecosystems, rather than the current priority given to monetary measures such as Gross Domestic Product as measures of national wellbeing. The socioecological health promotion discourse of participants in this study offers a capacity for transformative social change, although there are many challenges. There is more detailed discussion of implications and challenges in chapter ten.

Chapter 2. Reviewing literature on health promotion, equity and environmental sustainability

This chapter discusses definitions and theories of health promotion and how equity and environmental sustainability have been understood in health promotion. It also introduces some critical perspectives on health promotion. This is a praxis-based chapter which aims to convey the "dynamism" of participatory action research (Glassman & Erdem, 2014, p. 210), and how theory develops through action.

Research aim and study overview

The overall aim of this research project is to strengthen the focus on equity and environmental sustainability in health promotion and the broader health sector, particularly through contributing to the development of health promotion frameworks. The project began when I was working as Health Promotion Coordinator for the Inner South East Partnership in Community and Health (ISEPICH) in 2009. ISEPICH was the Primary Care Partnership (PCP) for the municipalities of Port Phillip, Stonnington and Glen Eira in the inner south east Melbourne metropolitan area, from 2001 to 2013. There is more information about the PCPs and the PCP program in chapter five. ISEPICH had a long-standing interest in health inequalities, and had begun to address the issue of environmental sustainability in 2009 (ISEPICH, 2009a).

The study began in ISEPICH and was subsequently broadened to encompass research in two other PCPs, Southern Grampians and Glenelg PCP (SGGPCP) and Wimmera PCP. The project was conducted in three stages, following the action research cycle of planning (stage one), action and observation (stage two), and reflection (stage three). The specific questions for each stage of the research are presented in chapter four, which discusses research method.

Reviewing the literature

The Ottawa Charter for Health Promotion, which called for a "socioecological approach" (First International Conference on Health Promotion, 1986, p. 2), the Sustainable Development program (Brundtland & World Commission on Environment and Development, 1987), and the Healthy Cities and Communities movement (Tsouros, 1995) all began in the late 1980s. In different ways, all provide a basis for integrating work on promoting health, equity and environmental sustainability. In practice this integration is proceeding slowly, as this thesis will show.

When this study began in 2009, the participants, including me as participant-researcher, largely saw the project as bringing together two areas of practice: health promotion addressing equity, on which we had previously done a considerable amount of work; and health promotion addressing environmental sustainability, which was a new area of work for us. The literature review at the beginning of the study considered these as separate areas, and forms the basis for the theoretical discussion in the next section of this chapter. This discussion is in the form of a conceptual narrative review, which explores key concepts and theories relevant to the research. This review draws on a wide variety of sources, identified through searches of library resources, electronic databases, websites of key organisations, internet search engines, follow up of relevant citations and personal contacts with people in the field. I also conducted two specific, more systematic reviews to investigate particular topics: i) commonalities in promoting equity, environmental sustainability and

health; and ii) ecofeminist theory and health promotion. These specific reviews originally included only articles in peer-reviewed health and medical journals, as these are the sources normally considered as evidence for formal health policy development (Masood, Kothari, & Regan, 2018). For the second review, however, I subsequently conducted a further search using broader topic terms and including a wider range of sources, because the original search produced so few items. The first specific review is discussed below, and the second is discussed in the section on ecofeminism in chapter three.

Review of literature on health promotion, equity and environmental sustainability

Following consultations with participants during the final stage of the research (discussed in chapter nine), I undertook a review of literature to explore commonalities in promoting equity, environmental sustainability and health. This was completed in June 2017. The review identified peer-reviewed articles concerned with health promotion addressing both equity and environmental sustainability, as defined in the praxis-based definitions in this thesis (shown at the beginning of the thesis). Twenty-eight articles met the review criteria. Details of the review process are in Appendix one.

One finding of the review process was that there were many articles concerned with the environmental determinants of human health, but not with environmental sustainability, as defined in this thesis. They were therefore excluded. The majority of these considered the environmental determinants of human health but did not give explicit consideration to the health of ecosystems or other species. Another way of expressing this is to say they did not have an ecological approach (for discussion see e.g. Bentley, 2014; Patrick & Kingsley, 2016; Patrick et al., 2015). Literature relating to the 'environmental justice' (Lee, 2002) movement was largely excluded, because articles from this perspective generally considered environmental factors primarily in terms of their inequitable impact on human health. The environmental justice movement is nevertheless relevant to this study, and is discussed further in the section on ecofeminism in chapter three, and in chapter nine.

The review covers the period from the beginning of 1998 to June 2017. Seven articles were published prior to 2009, when this study began, and 21 subsequently. During this time, an ecological approach appears to have become more common. For example, a few years prior to this study, Anthony McMichael and Colin Butler (2006) published an article suggesting that environmental objectives had been treated as "ends in themselves", but their real value lay in "being the foundations" for human health (2006, p. 16). In 2011, these authors published another article positioning ecological sustainability as a goal in its own right, along with human health (McMichael & Butler, 2011). The first, while understandable as a way of encouraging the public health sector to engage with climate change, nevertheless posits ecosystems as existing 'for' humans. The second posits the health of humans and ecosystems as inter-connected, with both being important. Accordingly, the first was not included in this review but the second was. This development of an ecological approach is similar to the process of praxis-based definition in this study.

Topics considered most frequently in the literature were place-based or settings-based approaches, such as Healthy Cities (Donchin, Shemesh, Horowitz, & Daoud, 2006; M. Grant, 2015; Green, Jackisch, & Zamaro, 2015), Transition Towns (Poland, Dooris, & Haluza-Delay, 2011; Richardson, Nichols, & Henry, 2012), or interdisciplinary urban planning and similar approaches (Patrick et al., 2015; Poland & Dooris, 2010; Rice & Hancock, 2016). One article summarised four overviews of

systematic reviews of Sustainable Development projects (Galvao et al., 2016). Other articles focused particularly on transport (Edwards et al., 2013; Giles-Corti et al., 2016; Goodman, Panter, Sharp, & Ogilvie, 2013; Mees, 2000), food (Kaiser, 2013; Wahlqvist, 2009, 2016), and water (Hanjra, Blackwell, Carr, Zhang, & Jackson, 2012). Topics included environmental degradation generally, including climate change, and public health (Banken, 1999; Chuk, 2008; S. Gould & Rudolph, 2015; Hanlon & Carlisle, 2008; Lundgren, 2009). Several concerned disadvantaged groups or vulnerability, including the impact of environmental degradation and climate change on low income countries (Jobin, 2003) and on children (Hosking, Jones, Percival, Turner, & Ameratunga, 2011); Indigenous health and connection to place (Demaio, Drysdale, & Courten, 2012); and the concept of environmental footprint and vulnerable groups (McMichael & Butler, 2011). One article looked at health promoting schools (Parsons, 2004). Another discussed climate change, zoonotic disease and inequality (Grace, Gilbert, Randolph, & Kang'ethe, 2012).

I analysed the articles to look at commonalities from the following perspectives:

1. Causation: are there suggested common causes of environmental degradation and inequity?
2. Practice: are there empirical findings from evaluation and research on practice in addressing equity, environmental sustainability and health together?
3. Recommendations: what do researchers in both theoretical and practice research recommend as the best way to approach this work?

As apparent in these questions, the review included both empirical findings and researchers' (expert) opinion as valid forms of evidence. I used thematic analysis and narrative synthesis (Masood et al., 2018) to group articles under themes for each question (details are shown in Appendix one). As this literature review was conducted at the end of the study, information from the review is not discussed further here, but is used as a basis for comparison to inform the findings of this study. Information from research on practice, and from recommendations, is particularly used in chapters six to eight, and information about suggested causation particularly in chapter nine.

The next sections of this chapter focus on theories of, and in, health promotion, and how equity and environmental sustainability have been theorised in health promotion. This thesis is written from the perspective that all knowledge is particular and situated (Harding, 1997). Accordingly, I generally follow the practice of naming the authors of particular ideas in the following discussion, rather than providing citation only after discussing ideas. I usually also give the first name when first mentioning an author. There is research in some disciplines showing male authors are more likely to be cited than female (Healy, 2015; Maliniak, Powers, & Walter, 2013; Vincent, Chaoqun, Yves, Blaise, & Cassidy, 2013). Giving first names cannot ensure transparency around gender but it does provide some indication. Moreover, it is possible that male and female authors have different perspectives on some issues. While it is beyond the scope of this thesis to investigate this issue, providing first names does again provide some indicative information.

Theoretical perspectives

Origins and theories of health promotion

The Declaration of Alma-Ata (International Conference on Primary Health Care, 1978) marked an international move towards promoting health through working in partnership with communities and other sectors, including "agriculture, animal husbandry, food, industry, education, housing, public

works, communications and other" (1978, p. 2). This move was also expressed in Australia through the Community Health Program, formally instituted by the Whitlam Labor government in 1972 (DeVoe, 2003).

The World Health Organization (WHO) launched its "Health Promotion Programme" in 1988 (Parish, 1995, p. 13). Ilona Kickbusch, one of the originators, said that:

> *… health educators became aware of the need for positive approaches ... rather than focusing on disease prevention ...* [and] *that health education could only develop its full potential if it was supported by structural measures (legal, environmental, regulatory, etc)* (Kickbusch, 1986, p. 322)

Subsequently, the First International Conference on Health Promotion (1986) produced the *Ottawa Charter for Health Promotion* (the Ottawa Charter), the foundation document of health promotion as professional practice. Health promotion was defined as "the process of enabling people to increase control over, and to improve, their health" (1986, p. 1). The Ottawa Charter also says:

> *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* (1986, p. 1).

This draws on the definition of health that the WHO had adopted at its inception:

> *Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity* (International Health Conference, 1948, p. 1).

The Ottawa Charter defined the "prerequisites for health" as:

> *peace,*
> *shelter,*
> *education,*
> *food,*
> *income,*
> *a stable eco-system,*
> *sustainable resources,*
> *social justice, and equity* (First International Conference on Health Promotion, 1986, p. 1).

The creators of the Ottawa Charter called on health promoters to work for "political, economic, cultural [and] environmental" conditions to promote health, as well as addressing "behavioural and biological" factors (First International Conference on Health Promotion, 1986, p. 1). They identified key actions of health promotion as being to "advocate … enable [and] mediate" (1986, p. 5). Similarly to the Alma-Ata Declaration, the Ottawa Charter called for inter-sectoral action, and also called on governments and industry to act.

While profoundly aspirational, the Ottawa Charter shows theoretical tensions. A social component is recognised through the words 'individual or group' in the definition of health, but the construction of health being drawn on is that of individuals who can exercise some control over factors affecting their health. This creates a tension with the Charter's strong focus on social determinants as

'prerequisites', since the question arises: how much are people individually responsible for acting to ensure their own health, and how much are societies collectively responsible for creating the conditions in which they can do so?

The WHO now defines health promotion as:

> *… the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions* (WHO, 2015).

Clearly, the additional sentence is intended to emphasise that health promotion focuses on social and environmental determinants rather than (only) on individual behaviour. Health promotion as practised in Victoria when this project began had a strong focus on social determinants, thus the 2015 WHO definition is used in this thesis. Nevertheless, some unresolved individual/social, agency/structure tension remains in this definition (see also Veenstra & Burnett, 2016).

In a summary of health promotion theory, Don Nutbeam (2010) distinguishes theories of individuals and theories of communities and social action. Theories of individuals assume individuals have agency to change their behaviour. They include theories of 'reasoned action and planned behaviour', 'stages of change', and 'social cognitive theory' (for discussion see Nutbeam, 2010). Theories of individuals are not entirely commensurable with current definitions of health promotion, since they do not (at least in their most limited form) take into account the social determinants of health. Nutbeam (2010), however, argues that social cognitive theory provides a bridge between theories of individuals who act, and of social conditions that shape action. Social cognitive theory, based on the work of Bandura (1989) in developmental psychology, posits an interactive relationship in which individuals both shape and are shaped by their social and cultural environments.

Theories of communities and social action include community building (Nutbeam, 2010). This developed from earlier, top-down models of community organisation, to include the idea of empowerment, defined by Minkler and Wallerstein (1998) as a:

> *… social action process in which individuals, communities and organisations gain mastery over their lives in the context of changing their social and political environment* (1998, p. 40).

Nutbeam (2010) suggests that community building provides a useful framework for thinking about health promotion, but has risks in practice. The risks include a perception that it is up to communities to solve all problems, thus shifting responsibility from states and corporations.

Other theories of, or in, health promotion include theories of communication and of organisational change (Nutbeam, 2010). Theories of communication relate to health literacy and public education campaigns, and to social marketing, which uses techniques of commercial advertising redirected towards population health goals. Social marketing thus has a primary focus on individual behaviour and has been criticised as neoliberal (Carter, 2015), although it can support community action and policy change, if used in conjunction with other approaches. Nutbeam (2010) suggests social marketing is popular with governments and funding agencies because it is easy to understand and invest in.

Theories of organisational change are concerned with how organisations can support health promotion and work together. Some organisational theory suggests organisations can be 'nudged' towards health promotion, particularly if it assists them to "pursue core business more effectively" (Nutbeam, 2010, p. 55). Dimitri Batras and colleagues (2016) in a recent discussion, similarly suggest that the fit of health promotion with existing organisational goals is important.

The final area of theory identified by Nutbeam (2010) relates to healthy public policy, which is generally recognised as a "political activity", of which "[r]esearch-derived evidence … is only one component" (Nutbeam, 2010, p. 62). Research evidence, or the stated need for evidence, can be used in a variety of ways, ideally to inform policy, but also selectively, to support existing positions, or tactically, to delay decisions. Nutbeam suggests health impact assessments and the 'Health in All Policies' approach (Kickbusch, McCann, & Sherbon, 2008) show it is possible to "introduce an evidence based approach" to policy making (Nutbeam, 2010, p. 72). However, in an analysis of policy-making in Victoria, Claire Tobin (2013) cautions that narrow definitions of evidence-based policy can themselves be a form of "ideology" (2013, p. 144), associated with an elitist approach to policy making. This analysis opens post-positivist questions about different forms of knowledge, such as experiential knowledge or expert knowledge. Diverse forms of knowledge are discussed further in this thesis, particularly in the sections on feminist theory.

Nutbeam's (2010) summary of health promotion theory does not fully resolve the tension between individual agency and social determinants, but fits with the approach in the *Integrated Health Promotion Resource Kit* (the IHP Kit*)* (Victoria DHS, 2008a), the guideline document for health promotion in Victoria during the period of this study. The IHP Kit assumes that individual interventions, such as screening and health education, can be combined with social marketing, community action and organisational or policy responses, to form a health promotion continuum. There are questions about how commensurable these approaches are in practice. For example, if health promotion at community and policy levels appears more difficult than individualised approaches, this may create an impetus towards the simpler approaches of health education and social marketing. A related discursive issue is that when health promotion is funded by governments drawing on a mainstream economic model of individual utility (Stretton, 1999), there will be pressure to move towards health promotion approaches commensurate with that discourse.

Numerous scholars have identified that health promotion operates within different and potentially conflicting discourses, variously described as prevention of illness or promotion of health, epidemiology or social theory, social or medical models of health, and reductionism or complexity (Czeresnia, 1999; McQueen, 2007; Solar & Irwin, 2006; Eric K. van Beurden, Kia, Zask, Dietrich, & Rose, 2013). Discursive differences between preventing illness and promoting health have been analysed by Dina Czeresnia (1999), who suggests prevention aims to reduce risks while promotion aims to increase wellbeing. 'Wellbeing' cannot be abstracted from social circumstances. Health promotion thus needs to be attentive to 'stories' of lived experience as well as risk factors. In an example of discursive difference, Stephanie Alexander and colleagues (2014) suggest that contemporary understanding of children's play is influenced by two epidemiological concepts: the risk of obesity due to lack of physical activity, and the risk of injury. This can lead to a narrow view of play as primarily organised, safe, physical activity, neglecting its social, imaginative and affective aspects.

Orielle Solar and Alec Irwin (2006) assert that public health in recent decades has:

> *… oscillated between a social vision of health and a more individualistic, technological and medicalised model* (2006, p. 181).

Drawing on the Latin American social medicine tradition, Solar and Irwin conceptualise "health/illness [as] … collectively constructed" (2006, p. 182), and as requiring political action to create the conditions for health. This approach involves interrogation of ideologies to understand how they reflect power, and draws on the concept of "praxis … consciously uniting reflection and action for political change" (Solar & Irwin, 2006, p. 183).

Several theorists have criticised reductionist approaches in health promotion and called for complex systems approaches. David McQueen (2007) identifies complexity, contextualism and reflexivity as challenges for health promotion, because "[s]implicity is easier to argue than complexity", contextualism makes it difficult to build general theory, and as a "field of action", health promotion tends to lack reflexivity (2007, pp. 31-33). Eric van Beurden, Annie Kia and colleagues (2013) suggest that in recent years, health promotion has come to equate an "evidence based" approach with:

> *… meticulous application of reductionist science to quantify links between causes or strategies and clearly definable health outcomes* (2013, p. 73).

van Beurden and colleagues argue that this approach is only suitable in simple cause and effect situations, and that "complex adaptive systems" (2013, p. 74), such as human communities or ecosystems, cannot be understood through studying single agents. An alliance of health and community services in South Australia found a complex systems approach useful in planning to address social determinants of health in an urban area (Fisher, Milosi, Baum, & Friel, 2016).

This thesis argues that recognising the complexity of socioecological systems is necessary but not sufficient. To address inequity and environmental degradation, we also need to have an understanding of why they exist: 'the causes of the causes'. In the following discussion, I outline how equity and environmental sustainability have been theorised in health promotion, and then examine several critiques and social theories relevant to causation.

Theorising equity in health promotion

Social theorists have known for centuries that health and illness are associated with socioeconomic conditions such as poverty (see e.g. Engels, 1969, first published in 1845). In the 1960s and 70s, epidemiological studies (Marmot et al., 1991; G. D. Smith, Bartley, & Blane, 1990), found that health inequalities in the UK were associated with a socioeconomic gradient, based on occupational status or employment grade. Subsequently, Ronald Labonté (1997) discussed research which suggested heart disease was related to race, until income and other social conditions were controlled for: the moral being that black people are not "high risk groups", rather poverty and racism are "high risk conditions" (1997, p. 24). This distinction, between the factors associated with health inequalities and the causes of health inequalities, continues to be an important theoretical issue in health promotion.

Activists such as the People's Health Movement campaigned for better understanding of health inequalities and action on social determinants of health (Narayan, 2006). In 2003, the WHO

published *The Social Determinants of Health: the solid facts* (Wilkinson & Marmot, 2003), which asserted that:

> *Even in the most affluent countries, people who are less well-off have substantially shorter life expectancies and more illnesses than the rich* (2003, p. 7).

The authors theorised that the social gradient affected health through both material and psycho-social conditions, including stressful living conditions and "social exclusion" (2003, p. 16). They identify forms of social exclusion, such as relative poverty, racism, discrimination, stigmatisation, hostility and unemployment. Workplace stress and lack of control, lack of social support, and lack of access to healthy food, secure housing and transport are also identified as causative factors.

The WHO set up the Commission on the Social Determinants of Health (CSDH) in 2005. The CSDH produced a report, *Closing the Gap in a Generation* (CSDH, 2008), advocating for measures to reduce health inequities. The report clearly signifies that health inequity is related to power as well as material conditions. The summary recommendations are:

- *Improve Daily Living Conditions*
- *Tackle the Inequitable Distribution of Power, Money, and Resources*
- *Measure and Understand the Problem and Assess the Impact of Action* (CSDH, 2008, p. 2).

The CSDH report provides a conceptual and theoretical base for thinking about health equity and inequity, which has been influential in Australia and internationally. As this thesis will show, however, there is still a lack of clarity in health promotion about equity.

In 2009, Richard Wilkinson and Kate Pickett produced *The Spirit Level*, showing that countries with greater income inequality had worse outcomes on a range of health and social indicators, across all socioeconomic levels (Wilkinson & Pickett, 2009, 2010). This added a new dimension to theory on equity. It was no longer only position on the 'social gradient' that was seen to affect health, but also the degree of inequality within societies. Critics have argued that by focusing on income inequality, Wilkinson and Pickett obscure the complex range of personal, social and cultural factors that affect health (Crammond, 2014). However, Wilkinson and Pickett argue that measures of income inequality represent the degree of social hierarchy in a society (2009, pp. 26-28). The impact of social hierarchy on individuals can be mediated by personal and cultural factors, but its impact will be seen on a population basis. It is also possible that relative income equality is a marker for social solidarity or a similar phenomenon. Social solidarity has been defined by Wilde (2007), building on the original work of Durkheim (1984 [originally published 1893]), as:

> *the feeling of reciprocal sympathy and responsibility among members of a group which promotes mutual support* (Wilde, 2007, p. 171).

It is evident that countries of comparable wealth can have very different rates of income inequality, for example the Scandinavian countries and Japan have much lower rates of income inequality than the UK or the USA (Wilkinson & Pickett, 2009, p. 20). In so far as factors such as social solidarity influence the degree to which income inequality develops in a society, they can be seen as underlying causative factors.

In summary, it appears widely accepted in health promotion that health inequities are related to social and economic inequalities that can be modified. There does not, however, appear to be a consensus on how such inequalities should be addressed. This was illustrated recently by Martin Tobias (2017), in *The Lancet*, who emphasised that "social rank" is associated with health inequalities, but went on to say:

> *Yet are not all modern societies hierarchical? Undoubtedly so, but good evidence suggests that the social gradient can vary in steepness, and its impact on health can be ameliorated, at least in part* (2017, p. 1173).

This statement appears to assume that we cannot rid society of hierarchies. However, some critiques suggest this is not a consensus. Several such critiques are discussed later in this chapter and in chapter three.

Theorising environmental sustainability in health promotion

Defining environmental sustainability

Early definitions of environmental sustainability arose in the context of international development. The 1987 report from the UN World Commission on Environment and Development, *Our common future*, also known as the Brundtland Report (1987), was particularly concerned with the impact of human development on the environment. Development was conceptualised as both the growth of human populations and, more particularly, the associated increases in industrialisation and resource use. Sustainable development was defined thus:

> *Humanity has the ability to make development sustainable to ensure that it meets the needs of the present without compromising the ability of future generations to meet their own needs* (1987, part 1 para 27).

Within this context, environmental sustainability was seen as being about protecting the environment from human activity, but also about forms of "economic growth" that can "sustain and expand the environmental resource base" (1987, part 1 para 3). The UN Millennium Project Taskforce on Environmental Sustainability (2005) defined environmental sustainability as:

> *… meeting current human needs without undermining the capacity of the environment to provide for those needs over the long term* (2005, p. 1).

The UN Environment Program (UNEP) does not offer a clear definition of environmental sustainability but draws on James Lovelock's (2003) concept of the earth as a complex living organism, suggesting sustainability involves "planetary boundaries" that must not be crossed (UNEP, 2012, p. 401).

John Morelli (2011) surveyed various definitions and suggested a definition of environmental sustainability as:

> *… meeting the resource and services needs of current and future generations without compromising the health of the ecosystems that provide them,*
>
> *…and more specifically,*

> *as a condition of balance, resilience, and interconnectedness that allows human society to satisfy its needs while neither exceeding the capacity of its supporting ecosystems to continue to regenerate the services necessary to meet those needs nor by our actions diminishing biological diversity* (2011, p. 5).

Several different concepts are involved in these various definitions: 'development', which is mainly about human societies flourishing; 'environmental sustainability', which is about protecting and maintaining an environment in which life forms (specifically human in most definitions) can survive and flourish; and 'ecological sustainability', which is about ensuring the survival of the whole earth system and all life forms. Sustainability also involves resilience, which has been defined as:

> *'the capacity of a system to absorb disturbance; to undergo change and still retain essentially the same function, structure and feedbacks'* (from Walker and Salt, 2006, p. 32 cited in Bentley, 2014, p. 532)

Within health promotion, resilience, or building resilience, is often conceptualised in terms of the capacity and preparedness of communities and organisations to respond to climate change (Patrick & Capetola, 2011; E. K. van Beurden et al., 2011; R. Walker & South East Healthy Communities Partnership, 2009).

A major question that arises in relation to environmental sustainability is whether we as humans wish to preserve the environment for the sake of humanity, particularly future humanity, or whether we also value the environment, other species and ecosystems in their own right. In practice we are compelled to think 'as humans' but can also try to think "like a planet" (Seager, 1993, p. 21), recognising that ecosystems, and non-human life forms within ecosystems, also exist in their own right. Joni Seager defined "thinking-like-a-planet" as understanding "how ecosystems work" and "how quickly they can come apart" (1993, p. 21). It is evident in Seager's discussion that 'thinking like a planet' involves understanding people as part of ecosystems, and understanding how people's actions can contribute to ecosystems 'coming apart' (degrading).

Life forms can compete, as recognised by the ecofeminist philosopher Val Plumwood in 1985, when she was taken by a crocodile. Plumwood later wrote of her profound existential shock at experiencing herself as part of the food chain, "a small, edible animal" (2012, p. 13). Interestingly, Plumwood's near-death encounter with a crocodile reflects that measures had been put in place in northern Australia to preserve crocodiles, who had earlier been threatened with extinction by people using modern technology such as guns. The lesson Plumwood took from her experience, however, was not that crocodiles should be destroyed, but that even she, an environmental philosopher, had failed to comprehend entirely before that encounter that humans are part of the natural world, not "apart" from it (2012, p. 14). There can always be questions about how far particular life forms can flourish when in competition, and thus, environmental sustainability is always a matter of judgement. One way of further defining it might be to say that where human activities are putting other species at risk of extinction, we are breaching environmental sustainability. In practice, humans have already caused the loss of many species. However, preventing further loss of species may be a goal to aspire to. Morelli's definition, by valuing "biological diversity" (2011, p. 5) as important in its own right, goes some way towards the aim of thinking like a planet.

For this thesis, I have adapted Morelli's (2011) definition of environmental sustainability, above, to: 'meeting the needs of current and future human generations without compromising the health of other species and ecosystems'. This removes the reference to environments 'providing' resources and services to humans, which implicitly appears to draw on an economic concept of 'utility' (discussed further in chapter nine), privileging humans over other species and ecosystems. 'Promoting environmental sustainability' in this thesis means promoting, or at least protecting, the health of other species and ecosystems, while promoting human health.

There are numerous ways that human activities can threaten the health and survival of other species, including through agriculture, land clearing, urbanisation and mining, as well as over-fishing or over-hunting. The greatest recognised threat to the ecology at present, however, is climate change due the increasing level of greenhouse gases, particularly carbon dioxide, in the atmosphere. The rising level of greenhouse gases results particularly from fossil fuel use and is exacerbated by deforestation (IPCC, 2018). Climate change is recognised as a threat to the survival of other species and also as a threat to the health, and potentially the survival, of humans (McMichael, Woodruff, & Hales, 2006).

Environmental sustainability and health promotion

The Ottawa Charter specifically mentions "a stable eco-system", and "sustainable resources" (First International Conference on Health Promotion, 1986, p. 1) as two of the eight prerequisites for health. The Charter also states that:

> *The overall guiding principle for the world, nations, regions and communities alike, is the need to encourage reciprocal maintenance - to take care of each other, our communities and our natural environment* (1986, p. 2).

By the 1990s, however, critics were suggesting that health promotion was not addressing environmental sustainability (Nettleton & Bunton, 1995). Subsequently, Trevor Hancock (2000) published an article entitled 'Healthy communities must be sustainable communities'. Hancock used the concept of ecological footprint, and noted that while public health practitioners had long been aware of the impact of environments (built and natural) on health, there had been a recent shift in understanding, with:

> *… the realization the environment was not something 'out there,' something separate and apart from humans, but rather that we are but one species in the web of life, a part of the ecosystem* (2000, p. 152).

The article focused particularly on suburban sprawl and transport, looking at the impacts of resource use, car use, built road surfaces and pollution. Hancock (2000) argued that more sustainable urban systems would reduce air pollution and climate change and contribute in other ways to health, for example through encouraging people to walk or cycle. Benefits to health from promoting environmental sustainability were later referred to as 'co-benefits'.

In following years, the focus on environmental sustainability tended to narrow towards a focus specifically on climate change, particularly with the publication of successive reports by the UN International Panel on Climate Change (IPCC). Howard Frumkin and Tony McMichael (2008) called for long-term thinking about climate change and health. They said that much knowledge from

"Western science" had been achieved through the "classic method of reductionism and experimentation", but this is not sufficient for understanding complex systems such as "combined human-natural systems" (2008, p. 404). They further argued that health professionals should show leadership to facilitate "an attitude of constructive engagement" (2008, p. 404), rather than despair, about climate change. Frumkin and McMichael highlight the importance of co-benefits to health from both mitigation and adaptation activities such as planting trees, eating less meat, reducing pollution and "smart growth", or sustainable urban and land use planning (2008, p. 407).

Another relevant area of theory concerns 'contact with nature' as a determinant of health (Hansen-Ketchum & Halpenny, 2011; Maller, Townsend, Pryor, Brown, & St Leger, 2006). Cecily Maller, Mardie Townsend and colleagues, in a review of evidence, found multiple health benefits from observing nature and "being in" nature (2006, p. 47). Nature is defined as:

> *… an organic environment where the majority of ecosystem processes are present (e.g. birth, death, reproduction, relationships between species) …* [including] *the spectrum of habitats from wilderness areas to farms and gardens* (2006, p. 46).

There have been extended debates about the term 'nature' (see e.g. N. l. Sturgeon, 2009, p. 11-12), some of which are explored further in the section on ecofeminism in the next chapter. However, for the purposes of 'access to nature' or 'being-in-nature' as concepts used in health promotion, the above definition is functional. The similar concept of 'green space' is used in urban planning, and access to green space is similarly associated with multiple health benefits (Jennings, Larson, & Yun, 2016). Maller and colleagues theorised contact with nature and being-in-nature as a basis for a "socio-ecological approach" to health (2006, pp. 46-47, 49).

Some health promoters have recently suggested that emphasis on the social determinants of health has "eclipsed" the "more fundamental" issue of environmental sustainability (Tait et al., 2014a, p. 106). The apparent tension in health promotion between addressing social determinants and addressing environmental sustainability is one of the practice issues this study addresses.

The Ecohealth movement is one response to the perceived need for more focus on ecology. Colin Butler and Phillip Weinstein (2011) argue that while "[s]ome public health workers" recognise "dire" risks to the ecosystem (2011, p. 253), the overall public health response is inadequate, hence the need for the Ecohealth movement. The authors suggest public health workers are aware of ecological risks for disadvantaged groups, but are nevertheless unlikely to shift "their primarily social focus" to "an eco-social one" (2011, p. 254). Johanne Saint-Charles and colleagues (2014) analysed Ecohealth as a field at a workshop in 2012. They found that Ecohealth is transdisciplinary, drawing on theories of complexity and "post-normal science", and its approach is "often congruent with and related to indigenous worldviews" (2014, p. 301). People at the Ecohealth workshop came from different movements including Conservation Medicine, Social Medicine, One Health and Environmental Health. In general they saw local conditions and participation as important, and there was concern about equity, although this did not emerge as strongly as some other themes in the analysis (Saint-Charles et al., 2014).

Rebecca Patrick and Jonathon Kingsley (2016) conducted research with health promoters in Australia, using an ecohealth perspective. They found that study participants were at different stages in linking health and environment. Healthy and sustainable food and active transport were

key areas of work, while energy efficiency, contact with nature and capacity building were emerging areas (2016). The authors suggest that in engaging with environmental issues, health promoters have begun to address complexity, but have not yet achieved “ecosystem approaches to health” (2016, p. 36).

Michael Bentley (2014) discusses an “ecological public health approach”, stating that such an approach acknowledges humans as “part of the ecosystem, not separate from it, though not central to it” (2014, p. 534). Kickbusch (1989) proposed the concepts of conviviality, equity, sustainability and global responsibility as the basis for an ecological approach. Bentley (2014) explores these concepts, suggesting conviviality includes living harmoniously with human and non-human beings, and acknowledging 'more-than-human' agency, while equity requires recognising that non-human beings also have rights.

Ecohealth and ecological public health are similar approaches, but Bentley’s (2014) description suggests ecological public health more clearly addresses equity. Recently, the Rockefeller Foundation-Lancet Commission have suggested the concept of “planetary health” defined as “the health of human civilisation and the state of the natural systems on which it depends” (Whitmee et al., 2015, p.1978). This is based on the ecological public health approach but appears to locate human health as central.

In the next section, I discuss critiques of health promotion, and some social theories that do, or could, inform health promotion in addressing equity and environmental sustainability. This discussion also begins to address the question of causality, considering the social causes of inequality and environmental degradation.

Sociological and political perspectives on health promotion

Critiques and social theory

Early critiques of health promotion suggested it was individualist and victim blaming, for example that emphasis on individual responsibility to stop smoking effectively exempted tobacco companies from responsibility (Nettleton & Bunton, 1995). Critics questioned the concept of community empowerment because there were limitations to what local communities could do (Nettleton & Bunton, 1995). Similar criticisms were made of ‘Healthy Cities’, suggesting that health promotion discourse represented neoliberal and new public management theory through the devolution of responsibility to communities and individuals (Larsen & Manderson, 2009).

Other critiques drew on Foucauldian notions of surveillance, suggesting health promotion was creating a health promoting self, through techniques of population profiling, risk and social regulation (Nettleton & Bunton, 1995, pp. 46-48 citing Foucault 1978). Some drew on theories of consumption, for example that the use of social marketing techniques led to the idea of the health professional as a strategist in the "creation and marketisation of a certain way of living” (Nettleton & Bunton, 1995, p. 49).

Much critique has concerned political developments in the late twentieth century, particularly neoliberalism (Wills, Evans, & Samuel, 2008). Neoliberalism is defined by David Harvey (2007) as:

> *… a theory of political economic practices proposing that human well-being can best be advanced by the maximization of entrepreneurial freedoms within an institutional*

> *framework characterized by private property rights, individual liberty, unencumbered markets, and free trade* (2007, p. 22).

Neoliberalism has been characterised by governments restricting welfare benefits and introducing 'private' (competitive/market) sector principles to publicly funded services. Examples include changing governance structures from direct government provision to government-owned but arm's-length corporations; funding non-government organisations to provide services; or selling publicly owned organisations to for-profit corporations (privatisation). This has also been described in Australia as economic rationalism (Pusey, 1991), or as a neo-classical economic approach (Stretton, 1999).

The move towards neoliberalism is usually seen as beginning in the late 1970s and early 1980s, particularly under Prime Minister Thatcher in the UK and President Reagan in the USA. In Australia it largely began under federal Labor governments in the 1980s (Pusey, 1991), and was instituted particularly through competition policy (Hilmer, Rayner, & Taperell, 1993). Neoliberalism possibly reached its apogee in Victoria under the Liberal National Coalition (LNC) government of 1992 to 1999, which privatised a range of public services, including some health services. Neoliberalism continues to have a significant impact in Australia, even though some of its positions, such as privatising public health services, are widely contested (Duckett, 2016; Productivity Commission, 2016). An extreme form of neoliberalism in Australia is represented by the Institute of Public Affairs (IPA) who advocate strongly for free markets, deregulation and 'small' government (2016). The IPA and its media supporters are hostile towards health promotion, which they frequently criticise as 'nanny state' measures (Berg, 2016; Bolt, 2008; IPA, n.d.; Roskam, Paterson, & Berg, 2012).

Arne Ruckert and Ronald Labonté (2013) analyse the impact of neoliberal economic policies on health, including the impact of Structural Adjustment Packages, imposed by the International Monetary Fund (IMF) on low income countries in Africa during the 1990s. These approaches led to declines in some key areas such as child health (see also Baum, 2008). Ruckert and Labonté note that, following the consequences of Structural Adjustment Packages, the IMF in theory reduced the conditionality of financial assistance, but there was limited change in practice. The authors went on to say the "biggest concern" might be that:

> *… overall support of the IMF for neoliberal and monetarist macroeconomic policies … has not been greatly diminished by the global financial crisis* (Ruckert & Labonté, 2013, p. 363).

Ruckert and Labonté (2013) discuss the recent example of Greece, where fiscal austerity led to declining health care access. Labonté (2012) suggests the 2007 financial crisis should have led to the abandonment of neoliberal policies, but in practice neoliberalism was reasserted. He argues that while the crisis had a long-term effect on middle and working class people, the very wealthy suffered only short-term decline, followed by a rapid increase in wealth, exacerbating the long-term trend towards greater inequality. Recent policy trends include "dispossession of public goods" under austerity programs, and " 'land-grabbing' by corporations and sovereign wealth funds" in low-income countries (Labonté, 2012, p. 260).

One response to neoliberalism has been calls for stronger activism in health promotion. Dennis Raphael and colleagues (2006) argued it was time for health promotion to " 'get political' " (2006, p.

236). Glenn Laverack (2013) also called for political activism, to challenge "greedy corporations and complacent governments" (2013, p. 49).

Another response to neoliberalism was identified by Sarah Lovell and colleagues (2014), who suggested that health promoters in New Zealand attempted to "mitigate" the impacts through "collaboration with communities" (2014, p. 318), noting that:

> … [health promoters'] *position* vis a vis *the state and the communities they work with is inherently ambiguous and inflected with power relations* (2014, p. 318).

In Canada, however, where neoliberalism was particularly influential under a conservative government from 2006 to 2015, Penny Hawe (2009) suggested health promoters needed to talk in language that neoliberal politicians could accept. Hawe argued that:

> *When high-level policy-makers in this country* [Canada] *remark that the WHO SDOH* [Social Determinants of Health] *report reads like 'ideology with evidence attached' … then we need to uncover ways of communicating the Report's science and recommendations … that are less coloured and less likely to provoke opposition* (2009, p. 292).

In terms of the Ottawa Charter, differences between the suggestions of Raphael and Laverack (get political) and Hawe (talk in a way neoliberal politicians can accept) can be seen as a tension between 'advocating' for a particular political stance and 'mediating' between different political views. Similar tensions are apparent in the Bangkok Charter for Health Promotion in a Globalized World (the Bangkok Charter) (The 6th Global Conference on Health Promotion, 2005). The Bangkok Charter was developed in draft form by a working group of the WHO and accepted at the 6th Global Conference on Health Promotion in Thailand (2005). It was intended to build on the Ottawa Charter and respond to major social and economic changes since the Ottawa Charter was first developed. Evelyne de Leeuw and colleagues (2006), in an editorial in the *Health Promotion Journal of Australia*, described the "remit" of the Charter as "to manage the challenges and opportunities of globalization" (2006, p. 2), asserting that:

> *… collaboration and engagement of all sectors are required to ensure that the benefits for health from globalization are maximized and equitable, and the negative effects are minimized and mitigated* (2006, p. 2).

The editors commended the Bangkok Charter as providing "leadership and directions for the health promotion community worldwide" (de Leeuw et al., 2006, p. 3).

In contrast, Maurice Mittelmark (2008, p. 78) says that the Bangkok Charter sparked "lively" debate in health promotion. Supporters of the Bangkok Charter ascribed to "globalization" (de Leeuw et al., 2006, p. 2) problems that others saw as caused by neoliberalism (Mittelmark, 2008). The Bangkok Charter noted that governments had a key responsibility in health, and included calls for some regulation of private industry. However, it also included recommendations for health promotion to partner with private industry to promote corporate self-regulation and "good corporate practices", and for civil society to "exercise its power in the market place" for the same end (The 6th Global Conference on Health Promotion, 2005, p. 5).

The authors of the Bangkok Charter were adopting the discourse of what may be called left neoliberalism or third way politics. In the 1980s and 1990s, parties of the broad left, such as the Democratic Party in the USA, Labour in the UK and Labor in Australia, moved towards an accommodation with capitalism in which corporate self-regulation was seen as preferable to government regulation. The role of government was seen as ensuring that companies competed fairly within the market. These 'left neoliberals' expected that a broad framework of government regulation, and the power of consumer choice, would be sufficient to ensure effective corporate self-regulation.

The People's Health Movement criticised the Bangkok Charter, asserting that it:

> *'… omit*[s] *any reference to the negative social and health impacts of neo-liberal public policy, or the exploitation of natural and human resources by the corporate sector and the wealthy global minority or to the rapidly increasing concentration of wealth'* (in Mittelmark, 2008, p. 81).

The Public Health Association of Australia (2012) pointed to the Charter's failure to engage with problems in global economic governance, privatisation and environmental impacts.

Christine Porter (2007) in a discourse analysis of the Bangkok Charter, found it had shifted to an accommodation of new capitalism (Porter's concept of new capitalism seems similar to neoliberalism as defined in this thesis) rather than a commitment to address inequities and promote well-being, as in the Ottawa Charter. The author acknowledged this might partly be a result of pragmatism, since the Bangkok conference included developing countries while the Ottawa conference had included only developed countries, and some aspiration in the Ottawa Charter (for example, that work should be enjoyable as well as safe) might have appeared unrealistic in that context. She argued, however, that the Bangkok Charter obscured responsibility for social conditions, substituted a technocratic language for the human language of the Ottawa Charter, obscured diversity and retreated towards an individualistic, medical model rather than a health promoting model. Overall, Porter suggested the Bangkok Charter limited health promotion's role to "cleaning up the messes" (2007, p. 77) created by capitalism, rather than acting to build a better world. Porter draws on feminist theory in her analysis, but does not advance an overall feminist critique.

In 2013, Frances Baum and Ronald Labonté (2014) made similar criticisms of the 8th Global Conference on Health Promotion in Helsinki. They argued the Conference was marked by "healthwash" (similar to 'green wash') (2014, p. 141), as for-profit corporations attempted to portray themselves as partners in health promotion. Baum and Labonté saw this as conflicting with the opening address by the WHO Director-General Dr Margaret Chan, who had condemned the "destructive health impact of large industries" (2014, p. 141), such as the food, tobacco, soda (soft-drink) and alcohol industries. Baum and Labonté suggest the acceptance of for-profit corporations as partners in health promotion indicates that "hegemonic capitalism [has] well and truly come to pass" (2014, p. 141).

Such critiques come broadly from a 'political economy' approach, drawing on Marxist or neo-Marxist analyses of power and inequality (Laclau, 1985). The Marxist approach identifies material conditions, such as ownership and control of capital (land, resources and money), as the basis of power and

inequality. The history of politics is understood as a struggle between the “exploiting” class, those who own and control the means of “economic production”, and those who are exploited by them (Marx & Engels, 1848, p. 6). Karl Marx (see e.g. 1944) suggested in the 19th century that the development of capitalism and industry had led to a moment in history when the class struggle could be resolved by the proletariat (working class) taking control of the means of production and thus ending oppressive class relations. The Communist Manifesto (Marx & Engels, 1848) was an early call to action. Although there were subsequently a number of revolutions and actions to establish communist states in the 20th century, particularly in Russia and China, a general shift to communism has not occurred. Adherents of Marxist thought assert that inequality is maintained by ideology, through which unequal power and economic inequality are legitimised and reproduced. The Marxist concept of ideology explicitly takes ideology to reflect power, class and material ‘interests’ (Connell, 1977). Marxist theory was further developed in the early 20th century, particularly by Gramsci, through the concept of hegemony (Gramsci & Hayward, 2007). The concept of hegemony asserts that effective political rule by any given class requires not only coercion but also consent, manifested particularly through the cultural realm (Boothman, 2008). Hegemony in Gramsci’s terms can be progressive or regressive (Swanson, 2009), liberating or exploitative, the hegemony of the working class or the hegemony of the capitalist class. In the sense in which Baum and Labonté (2014) use it above, as hegemonic capitalism, it is the successful imposition of an overarching culture of capitalist exploitation and profit-taking.

Other social theorists have moved towards a more detailed analysis of culture (Reckwitz, 2002). This is not to suggest they reject Marxist insights but rather they focus more strongly on knowledge, meaning and social life. Foucault’s (1994) concept of discourse extended the concept of ideology by proposing that there is no clear distinction between ideology and knowledge, that ideology is not the opposite of “something else that is supposed to count as truth” (1994, p. 119). Discourses are regimes within which knowledge is produced and legitimised. They are historical rather than timeless, and are expressed not only through language and texts but also through signs and arrays, or arrangements, of objects. Individual subjectivities are created within discourse, although Foucault does not deny that agency and resistance can also exist.

Another field of theory within the broad “cultural turn” (Reckwitz, 2002, p. 244) is theories of practice (Schatzki, Cetina, & von Savigny, 2001). Pierre Bourdieu, whose background was in anthropology, was particularly influential in this area. Bourdieu’s concepts of ‘habitus’ and ‘disposition’ particularly explore how culture, and relations of power, are expressed through social relationships and everyday practice (Bourdieu, 1977). Disposition is expressed through bodies, for example through posture and dress. Children learn from the bodies of adults, not only from rules and instructions, how to behave. This embodying is also reflected in the ordering of objects and space. Bourdieu describes habitus as "systems of durable, transposable *dispositions*" [italics in original] (1977, p. 72) and as "history turned into nature" (1977, p. 78).

Andreas Reckwitz (2002) analyses practices as composed of elements, including the material world of ‘things’; knowledge, ideas and meanings; and bodily capacities. Theories of social practice are a field of theory that considers social practices, as distinct from individual practice or behaviour. Practices become the objects of study, rather than actions by individuals or groups (Shove, 2003). Theories of culture and practice are relevant to understanding the inertia of inequity and environmental degradation, and how they are embedded in practice and everyday life, even when

people ostensibly want change (Judson & Maller, 2014; Norgaard, 2006). Again, theories of social practice do not rule out agency, but by focusing on practices, including both the human and non-human elements of practice, they avoid dichotomising agency/structure or individual/social context. In Reckwitz's (2002) schema, non-human elements appear as material things, which could include the natural or built environment or tools and technology, for example. Reckwitz does not appear in this discussion to consider non-humans as active beings, however others have considered this. For example Yolande Strengers, Larissa Nicholls and Cecily Maller (2016, p. 762), in a study of energy use in households, include "babies, pets, pests and pool pumps" as "actants" affecting energy practices in households.

As will be shown in later chapters, participants in this study sometimes drew on ideas about capitalism and corporations, and on ideas about culture and practice, when discussing inequity and environmental degradation. I argue, however, that these fields of theory can only partially illuminate the social causes of inequity and environmental degradation. This is partly because they analyse social realities from the late Modern era (the period following the Renaissance, Enlightenment and Enclosures in the 16th to 18th centuries) to contemporary times, in which private ownership of land and associated resources, and capital accumulation, as well as hierarchical inequality, are established aspects of life (Merchant, 1989). To understand ourselves as social beings, involved in relationships of power and inequality, and simultaneously as part of the broader ecosystem, it is valuable to draw on perspectives that explore relationships with the material world, including body, land, 'nature' and ecosystem, in a broader comparative frame, including historical eras and societies where hierarchical inequality, private ownership and capitalism are not normal aspects of life.

Additionally, much social theory has been developed 'from above'. Many theorists discussed above were, or are, white men from professional backgrounds, the 'fathers' of social theory. While some, such as Bourdieu, came from somewhat less privileged backgrounds than their academic peers (R. Jenkins, 1992, p. 5), they were not generally from historically subordinated groups such as women and colonised or dispossessed peoples. In the next chapter, I explore Indigenous or First Nations' perspectives, and feminist perspectives. Finally, I present the ecofeminist perspective, which I propose as a unifying field of theory that can bring together insights from political economy and from Indigenous and feminist perspectives (G. Gaard, 2011; Salleh, 2009). These perspectives show how gender, race and class interact.

Chapter 3. Indigenous, feminist and ecofeminist perspectives

Indigenous or First Nations perspectives

The Indigenous perspective provides a different way of understanding the relationship of people and ecology, providing an alternative to the perspective of Modern Europe, whence much contemporary scholarship derives, as discussed in the previous chapter. Indigenous peoples have lived in this country for over 60,000 years, in societies that were more equitable and more sustainable than the societies of Modern Europe or contemporary Australian society. Thus, they provide a perspective from which contemporary scholars and health promoters can learn. Additionally, contemporary Victoria is the consequence of a British invasion beginning in the early 19th century, at a particular historical moment that meant its impact was particularly devastating for both people and ecosystems. Evidence suggests a population of 60,000 or more Indigenous people was reduced to about 2,000 in the first half of the 19th century (Barwick, 1984). There was also major ecosystem damage. Plants and animals used by Indigenous people were destroyed by the introduction of cloven hooved animals, exotic pastures and plants (Cahir, 2012; Clark, 1998b). The extent of ecosystem damage is illustrated by the loss of about two thirds of the forests of Victoria (Bradshaw, 2012), mostly in the 19th century. The destruction of people and country/ecosystem was a concomitant process. The consequences of this process remain formally unresolved, without a comprehensive treaty or settlement between Indigenous and non-Indigenous peoples to date. These issues are explored further in later chapters, because of their significance for equity and environmental sustainability.

The killing of human beings was not officially condoned by British authorities (Boyce, 2011). However, the destruction of people and country was the result of the particular historical moment, a nexus of patriarchal hierarchy, scientific rationality and the emergence of large-scale capitalism and industrialisation in Britain. The invading British argued that they were justified in taking over the land, and in meeting any resistance with violence, because they knew how to 'improve' the land and make use of it. The violence of this dispossession was not a secret at the time, and has long been known amongst Indigenous peoples. As the Australian historian Henry Reynolds (1999) has shown, it became a secret in respectable white society from later in the 19th century, and has only recently begun to be fully acknowledged, in the face of considerable and continuing resistance.

In other places, such as Britain and Europe generally, industrialised systems of manufacturing and agriculture have also led to environmental degradation and increased emissions rates, as they have in Australia. However, in those places, such systems developed more gradually in societies where the 'natural' or ecological conditions were reasonably well understood. In Australia, systems of commodity production and industrialisation were rapidly imposed by people who had almost no understanding of local ecological conditions and did not learn from the Indigenous peoples (Massy, 2017). This has contributed to Australia having extremely high rates of biodiversity loss (Bradshaw, 2012; Hobbs & Mooney, 1998; Woinarski, Burbidge, & Harrison, 2015) and higher emission rates than other countries with comparable economic and political systems (World Bank, 2015). The history is also manifested in racialized inequities in Australia, particularly in the health gap between Indigenous peoples and the rest of the population (Anderson, Crengle, Kamaka, & Tai-Ho, 2006). Understanding this history is important in addressing these inequities.

Below, I discuss the Indigenous perspective and relationship with country, drawing on the views of Indigenous peoples where possible. I generally use the term Indigenous, but acknowledge that some Indigenous scholars and activists prefer the term First Nations. I also briefly explain the historically racialised nature of inequity in Australia. What this history has meant in practice, in the local areas considered in this study, is discussed particularly in chapter five. The nature of the historical moment in Britain is explored in the later section on ecofeminism in this chapter.

Indigenous peoples in Australia saw themselves as responsible for caring for the natural environment (Evans, Grimshaw, & Standish, 2003; Gammage, 2011; Kavanagh & Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council, 1990). There were different names for the system of law but they were interconnected across the continent. For example, the Anangu people of the central region have the Tjukurpa, sometimes referred to in English as The Dreaming, but meaning more:

> *Tjurkupa is existence itself, in the past, the present and future. It is also the explanation of existence. And it is the law which governs behaviour.* (Kavanagh & Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council, 1990, p. 35)

Tjunmutja Watson of the Nganyinytja (current central Western Australia region) spoke at a women's meeting in 1980:

> *Tjukuritja tjuta nyanga paluru tjana tjukuritja dreaming ngangatja tjukuritja tjutamalu. [Sacred place, all over our Aboriginal land was sacred]* (1990, p. 37)

Indigenous peoples lived in a complex network of responsibilities to the land, which enabled them to live sustainably with it for many thousands of years, although they also changed it. They also lived in societies in which land 'ownership' was communal and resources were shared equitably. Indigenous perspectives provide an alternative understanding of human and ecosystem relationships to that expressed in mainstream European social theories of the Modern era.

Indigenous perspectives also highlight how 'race' and inequity are intertwined in Australia, and the way that 'race' has been used as marker for subordinate groups. Because of its relatively late colonisation, Australia did not have formal race-based slavery, unlike the USA, for example. Nevertheless, British colonists used both convicts and Indigenous peoples in a similar way to slaves, with the difference that convicts had the potential to become free people with the rights of citizens, in a way that Indigenous peoples effectively did not. Australia as a nation was built on a racialized 'white' identity, which involved the subordination not only of the Indigenous peoples, but also of others such as Chinese immigrants, and indentured labourers from Pacific islands, in the 19th century. Following federation in 1901, this racialized identity was formalised, for example through the Australian national census, which did not count Indigenous people as citizens (Australian Government Solicitor, 2010), and through the White Australia policy. The White Australia policy excluded immigrants who were not classified as 'White' and gave a conditional and marginalised position to those who were not seen as entirely 'White', such as southern Europeans (D. Walker, Gothard, & Jayasuriya, 2003). The formal political shift from this racialized 'White' identity did not begin until the 1960s and is discussed further in chapter five. Immigrants who came to Australia in the post-World War II era, even after the formal end of the White Australia policy in the 1960s, still

faced significant discrimination and exploitation. Subordinated groups were used as labour while simultaneously being treated as inferiors (see e.g. Game & Pringle, 1983, p 38).

Another view 'from below' is the feminist perspective, which has been influential in health in recent decades, but seems surprisingly absent within health promotion theory, as discussed in the next section.

Feminist perspectives

There has been considerable debate about international health promotion frameworks from a political economy perspective, as previously discussed. However, there seems to have been less recognition that gender is largely missing in these frameworks (Gelb, Pederson, & Greaves, 2012; Pederson, Greaves, & Poole, 2015). This is perhaps surprising since 'second wave' feminism, which produced works such as *Our Bodies, Our Selves* (Boston Women's Health Book Collective, 1971), and the women's health program in Australia (Parliament of Australia, 1997), appears to have had a major impact in health. There are also prominent feminists in health promotion. For example, Ilona Kickbusch, a leading figure in health promotion, has written feminist analyses of gender (Kickbusch, 2007a). Nevertheless, Karen Gelb and colleagues (2012) found that gender "does not appear as a foundational consideration - nor as a lens" in international health promotion frameworks (2012, p. 450).

In the Ottawa Charter (First International Conference on Health Promotion, 1986), the only elements of feminist analysis are the following statements:

> *People cannot achieve their fullest health potential unless they are able to take control of those things which determine their health. This must apply equally to women and men* (1986, p. 1).
>
> …
>
> *Caring, holism and ecology are essential issues in developing strategies for health promotion. Therefore, those involved should take as a guiding principle that, in each phase of planning, implementation and evaluation of health promotion activities, women and men should become equal partners* (1986, p. 2).

This acknowledges gender and suggests an awareness of differential power of women and men. Kickbusch (2007) specifically wrote in later years that gender is "about power" (2007a, p. S3). Nevertheless, the Ottawa Charter contains no further analysis of gender or the power differentials between men and women. Gelb and colleagues (2012) suggest gender analysis is more likely to be found in the literature on implementation than in health promotion frameworks or theory. This appears to be the case in Victoria, where a 'gender lens' has been applied mainly at program level (Women's Health Victoria, 2011) and is generally about delivering services appropriately for women (and to some extent for men) rather than looking at power and inequity. A possible reason why feminist theory has not been more explicitly used is that it may encounter political resistance (Bennett, 2006; Frisby, Maguire, & Reid, 2009).

Some health promotion texts for undergraduates in Australia do not mention either gender or feminism in their indices (see e.g. Fleming & Parker, 2007; Jirojwong & Liamputtong, 2009). Helen

Keleher and colleagues (2007, pp. 56-58), in an undergraduate health promotion text, provide some analysis of gender, stating that:

> *Gender inequity appears where the dominant social groups are male, the subordinate groups are women and girls, and the dominant social ideology is sexism* (Keleher et al., 2007, p. 57)

The text also includes guidance for research on gender and a taxonomy of gender-related terms and definitions (Mackenzie, 2007). Keleher (2004) has advocated more broadly for the social determinants of health to include gender. Keleher and colleagues (2007), however, still appear in their undergraduate text to conceptualise gender as being mainly about women (see 2007, pp. 56-58), rather than about men and women. Patriarchy is briefly defined in the taxonomy (Mackenzie, 2007, p.109), but there appears to be little exploration of gender as a form of social organisation or power relationship in the Australian health sector and contemporary society, nor about different gender responsibilities for care of children and others.

An early feminist critique of health promotion as practice and theory was provided in the UK by Norma Daykin and Jennie Naydoo (1995). They argued that individualist health promotion caused particular concerns for women, who were assumed to be responsible for family health. Research in Canada in the 1990s by Lynn Scruby (1999) on community health nurses' role in health promotion, found the nurses faced difficulties due to workplace hierarchies and had little input to policy. Scruby (1999) suggested the caring ethos of the nurses meant their work was seen as lower order, in contrast to policy making, seen as higher order practice.

Some international analysis has focused on health promoters as voluntary or low paid community workers. Community health worker programs were widely instituted through aid programs in low-income countries or immigrant communities (Ramirez-Valles, 1998). Women were favoured because of their maternal nurturing role and because they were seen as more stable and committed. Jesus Ramirez-Valles argues that in academic literature, such women are constructed as "mother, nurturer, care giver" and victims of patriarchy (1998, p. 1751). Ramirez-Valles suggests such attributes are taken to define the community health workers in categories such as the "third world'' or "Hispanic" woman, implicitly "other" to health professionals constructed as "democratic, free, and humanitarian" (1998, p. 1751). Contemporaneous research by Scruby (1999), however, shows that Canadian 'first world' women as health professionals were also subordinated by hierarchical authority and "patriarchal bureaucracies" (1999, p. 155).

In a study of women working as community health promoters for Esparanza, a feminist health service in Peru, Katy Jenkins (2009) shows that issues of hierarchy can also arise within a feminist health organisation. The community health promoters successfully established themselves as respected in the local community, but there were limited opportunities for them within the organisation. It appears there was stronger identification between community health promoters and health professionals in the early days of Esparanza, but Jenkins (2009) suggests that with increasing size and recognition, Esparanza was influenced by neoliberalism and new management principles from government and donor organisations.

Analysis thus suggests two trends in health promotion: firstly, limited analysis of gender as a form of social organisation and power relationship, and secondly, an apparent tension between caring values and organisational hierarchies. Gender analysis has tended to focus on women and

particularly on women's health programs. Caring values have been ascribed to both health promotion and women in general, but there is an apparent tension between these values and power in hierarchies, including hierarchies in health services. A similar tension between caring grass-roots health promotion and hierarchical organisations was also evident in this research project and is one of the factors that led me to adopt ecofeminism as an overarching theoretical framework. Ecofeminist theory is discussed in the next section.

Ecofeminist perspectives

In this thesis, ecofeminism refers to a range of theories broadly arguing that the historical cause of the current situation of inequitable and ecologically unsustainable societies, is a way of understanding the world in which 'man', also associated with 'mind' and 'culture', is understood as superior to 'nature'. Nature in this sense encompasses other species and what we now call the ecosystem. Women, particularly in their role as nurturers and carers, and other subordinated groups such as Indigenous peoples, peasants and so-called 'inferior races', were associated with the sphere of nature, as that which could be controlled and used by men. 'Men' in this context, implicitly, and predominantly, refers to adult, 'white', male, able-bodied, heterosexual, educated or ruling-class human beings, although like most political categories, it is inherently ambiguous: for example, it can either include or exclude women, depending on context (Martin & Papadelos, 2017). While much ecofeminist analysis has centred on dualisms (see e.g. K. Warren, 1996b), my approach, based on empiricist and historical analysis, is more concerned with the 'centring' or normalising of the adult (and implicitly white, able-bodied and so forth) man as an active agent who is able to lead, control, make decisions on behalf of, make use of, and profit from the existence or work of, 'others', including the environment or ecosystem. Within this worldview, it was also assumed that men naturally compete with each other (see e.g. Weber, H., & Wright, 1991, p. 165), and that this leads to the establishment of pyramidal hierarchies of wealth and power, which are thus similarly normalised.

Various feminist theorists (who may not all self-describe as ecofeminists) have expressed aspects of this position. Karen Bell (2013) writes of a "conventional ontology" in which "individualism, competition, hierarchies and domination are seen as the basis of existence" (2013, p. 44) and the white male subject is treated as disembodied (mind), while female and other subjects are treated as embodied, and the ecosystem as a static resource. Donna Haraway (1984) writing of early 20th century museum culture, suggested that the educated white man was not understood as being "in nature" because he is the one who scientifically comprehends nature: "the unseen, the eye (I), the author" (1984, p. 52). Elizabeth Spelman (2006) argues there is a "centuries long tradition" in western (male) thought of "somaphobia" or disdain for the body (2006, p. 279). Spelman argues this is part of both racist and sexist thinking, which sees women and people of colour as determined by "basic bodily functions" and "attending the bodily functions of others (... doing the 'dirty work')" (2006, p. 279). Doing the dirty work, in this sense, is about humans as embodied and connected to 'dirt', earth and ecosystem. The problem, however, is not that women and people of colour were falsely seen as embodied and connected to earth and nature (ecosystem), rather that ruling class men were falsely seen as *not* connected and as superior to nature.

The philosopher Karen Warren suggested in the 1990s that "the women's movement and the ecology (environmental) movement" both aim for "the development and worldviews and practices which are not based on models of domination" (1996, p. ix). Focusing on conceptual frameworks, or

"*basic* beliefs, values, attitudes and assumptions", (1996a, p. 20, italics in original) Warren identified three significant features of oppressive conceptual frameworks: value hierarchical thinking; value dualism; and "a structure of argumentation which leads to a justification of subordination" (1996a, p. 21). This structure rests on two primary assumptions: that humans are "*morally superior*" to nonhumans; and that this superiority justifies subordination of the non-human, or natural, sphere (K. Warren, 1996a, p. 22, italics in original). The association of women with nature is then taken to justify the subordination of women to men. A similar logic of domination is suggested in subordination on "racial or ethnic, or class status" grounds (1996a, p. 24). The logic of domination has particular implications for Indigenous peoples, as this thesis will explore further in chapter five, where the impact of the British invasion on the Indigenous peoples of (current day) Australia is further discussed. The Australian philosopher Val Plumwood (1993) frequently used colonisation as a general metaphor, in her discussion of dominance and subordination.

Plumwood (1993) argued that:

> *the same conceptual structure of domination reappears* [in regard to] *… different inferiorised groups* [such as] *women, nature, 'primitive' people, slaves, animals, manual labourers, 'savages', people of colour* (1993, p. 29).

Plumwood emphasised that dualism does not simply refer to dichotomies, nor even to simple hierarchies, which may be contested. Rather it refers to "an intense, established and developed cultural expression" of hierarchical relationships (1993, p 47). In this context, inferiorised groups may see being allowed into existing structures of privilege and hierarchy as the only way of escaping their subordinate position. However, Plumwood argued this could never be a real solution (1993, pp. 27-9).

More recently, Noël Sturgeon (2009) has argued that use of dualities such as nature/culture in analysing power needs to be carefully considered. Sturgeon discusses how the 'natural' can be deployed as a conservative political trope, for example to suggest that unequal social arrangements are natural:

> *The critique of dualisms …* [if it asserts that] *nature is always relegated to a lesser status than culture, can entirely miss naturalization as a form of legitimization* (2009, p. 12).

Sturgeon's concept of naturalization appears similar to 'normalisation'. In this thesis I argue, for example, that gendered patterns of work and hierarchical work structures have been normalised in our society. This also relates to the ideas of hegemony and doxa, through which certain social arrangements become taken-for-granted, or taken as "commonsense" (N. l. Sturgeon, 2009, p 12). Sturgeon (2009) further explores how the natural can be simultaneously understood as a less 'developed' or less 'civilized' state and yet also as an idealised state, which has been lost. In my own earlier research ([under my former name of] Bundrock, 1994), I similarly found that male editorialists in early 20th century Australia sometimes portrayed violence against women as something that 'civilised' men would not do, and yet simultaneously portrayed this as an achievement women should be grateful for, because in their 'natural' state, men would 'naturally' have used their greater upper body strength to control women.

The political complexity of the natural is explored by contributors to a collection of writings on 'Queer Ecologies' (Mortimer-Sandilands & Erickson, 2010). For example, critics of American cities in the late 19th and early 20th century saw them as associated with the "queer, the immigrant and the communist, a legion of feminized men" (Mortimer-Sandilands & Erickson, 2010, p 4). The cities were seen as sites as both "racial pollution and corrupt effeminacy" (N. l. Sturgeon, 2009, p 10). Early environmental movements in the USA were thus often associated with attempts to preserve a certain type of rugged, independent, white, heterosexual masculinity, particularly 'man-as-hunter', even in the case of venerated environmental figures, such as Aldo Leopold (Kheel, 2000). Yet the contributors to *Queer Ecologies* emphasise that there is wide diversity of sexual behaviour, same-sex and heterosexual, amongst non-human species, and that people of queer or diverse sexualities and genders also have strong affiliations with natural settings and the environmental movement (Mortimer-Sandilands & Erickson, 2010, pp 1-5). Andil Gosine (2010) makes a conceptual link between those in the environmental movement who blame population growth for environmental problems (implicitly blaming non-white people in low income countries, particularly women, even though the carbon emission rates of those countries and those women are extremely low) and people who condemn same sex eroticism. Both cases involve threats to "white heteropatriarchy", and both are constructed as dangerous or "toxic" (2010, pp 149-151).

Overall, the concept of 'nature' is deployed in complex ways, and a simple dualism of culture/nature as superior/inferior does not fully capture this complexity. Nevertheless, I accept Carolyn Merchant's (1989) thesis that an association of white, ruling class or educated men with 'mind', understood as scientific rationality, developed in the early Modern period, and that this is of major historical significance, as will be discussed in more detail later in this section.

Warren (1996a) suggests that social transformation may come through an ethical approach that is based on acknowledging difference within relationships of care and love, rather than an approach based on value-hierarchy and sameness. Thus, for example, differences between men and women, or between human and non-human, may be acknowledged within an ethical approach through which they are equally respected, without hierarchies of value. This is distinct, for example, from valuing animals because they are 'like' us. The question of whether the non-human sphere can at all times be equally valued with humans is complex and situational, as suggested in the earlier discussion of Plumwood's near-death encounter with a crocodile. However, the fundamental ethic suggests that the crocodile and the human can both be valued as individuals and as parts of an ecosystem, even if in specific situations the human life might be seen as more valuable than the non-human. This is distinct from a utilitarian approach which suggests that the human should always be privileged above the non-human, and that the non-human exists for the human.

In an introductory overview to ecofeminist theory, Warren identifies nine key themes or approaches in ecofeminist thought, including historical and causal, conceptual, empirical and experiential, epistemological, symbolic, ethical, theoretical and political (praxis) approaches (K. J. Warren, 1996, pp. xi-xvi). The research project in this thesis was not originally designed within an ecofeminist theoretical framework, rather ecofeminism emerged during the course of the research as an explanatory theory for observed findings. Therefore, I have not attempted to provide an expert overview of ecofeminist theory, rather to explore it as a potentially valuable approach to health promotion theory and practice. In this sense, this thesis may be seen as located in the 'empirical and experiential' approach in Warren's terms, in that my increasing turn to ecofeminism as an

explanatory theory was related to empirical findings in the research. This is discussed further in chapter four on method, and in chapters eight and nine on findings. However, the methodological approach in this thesis draws strongly on historical evidence to place research findings in context, again discussed further in chapter four. Accordingly, the following discussion of ecofeminist theory focuses particularly on the 'historical and causal' approach in ecofeminism.

Early ecofeminist theory was influenced by historians such as Gerda Lerner (1986) and Riane Eisler (1987), and archaeologists such as Marija Gimbutas (1989). These scholars drew attention to early societies in central Asia and Southern Europe, such as Çatalhöyük and Crete, which were relatively egalitarian, and in which both male and female gods were worshipped. They suggest that from about 5000 years ago, possibly following violent invasions, a different form of society developed, in which ownership and control of land, wealth, women and children was vested in men, generally within a pyramidal system in which the ruler, with the support of a small ruling class, also had power over most other men. Such societies often had slavery. Lerner (1986) argues that subordination of women was the original form of domination, from which men learnt how to subordinate defeated men as slaves, rather than killing them all.

The development of pyramidal, patriarchal societies was accompanied by the development of myths supporting male dominance and monotheistic male-dominated religions (Eisler, 1987; Gimbutas, 1988). Eisler (1987) refers to these as 'dominator' societies, as distinct from earlier 'partnership' societies they replaced. This patriarchal, pyramidal form of governance has been historically persistent and is common in contemporary corporate structures. The significance of this is explored further in chapters eight and nine.

Extant early discussions of gender and power in social theory often appear as the work of 19th century European male theorists. There were broad public debates on patriarchy in the nineteenth century, in which women participated (A. T. Allen, 1999). However, few women had access to university education and thus, while they took part in the debates, their contribution has not been widely recognised. In 1884, Friedrich Engels and Ernest Untermann (2010) explored the origins of private property, analysing these in the context of relationships between men and women. Engels stated that Marx would also have done this had he lived longer. The theory, in brief, was that originally people had lived in group relationships in which heritage was traced through the mother, and in which there was limited 'private' property, as we know it. The authors argue that in association with the domestication of animals, there was a shift to societies in which men became dominant and began to compete to accumulate property (originally as land and cattle) that they could pass on to their descendants.

Although later feminists have been critical of Engels' work (Lerner, 1986), it is clear Engels did not take private property or male dominance for granted, indeed his arguments can be seen as an early contribution to a critical public discussion about patriarchy that occurred in the late 19th and early 20th centuries (A. T. Allen, 1999). Other theorists of the time, however, such as Max Weber, saw patriarchy as superior to the group relationships suggested by Engels, which Weber argued were characterised by sexual license in which women were exploited (A. T. Allen, 1999). Weber (1991) understood the origins of social life, politics and the state as arising from natural competition between men over "women, cattle, slaves [and] scarce land" (1991, p. 165), and argued that:

> *Like all the political institutions historically preceding it, the state is a relation of men dominating men, a relation supported by means of legitimate (ie considered to be legitimate) violence* (1991, p.78).

Anne Allen (1999) says that Max Weber's wife, Marianne, participated in the public debates over patriarchy and also argued in favour of patriarchy as a preferred social order.

These debates occurred at a time when formal patriarchy was under threat. Married women in the UK gained the legal right to hold property and have guardianship of their children in the mid-19th century and the Australian colonies followed suit (Grimshaw, Lake, Mcgrath, & Quartly, 1994). Women also gained the right to vote in South Australia in 1894 and federally in 1902, although women in the UK did not gain full suffrage until considerably later. By the mid to late 20th century, women also had more voice in academic research. Feminist scholars such as Lerner (1986) historicised the development of hierarchical, patriarchal societies, rather than seeing them as simply resulting from 'natural' competition between men, as Weber (1991) had. Gimbutas (1988) wrote that archaeological evidence of earlier, more peaceful and egalitarian societies had previously been ignored because it did not fit with the "prevailing paradigm" (1988, p. 289).

It is important to recognise that the patriarchal system of power was never completely hegemonic. In Bourdieu's (1994) terms, it may be seen as orthodoxy, but there was also heterodoxy. In historical terms, there was change and continuity (Bennett, 2006). Thus, for example, a monotheistic Christian religion with a male god became the dominant religion in Europe; however, worship of a benevolent maternal figure (Mary) continued at a tolerated, unofficial level, suggesting continuities of goddess worship. Christian religious celebrations such as Christmas and Easter incorporated elements from earlier celebrations of 'nature' (winter solstice, spring), fertility and motherhood.

Australian feminist historians show that women have used their caring or maternal identity in complex political ways (Grimshaw et al., 1994; Quartly, 2004). Maternal identity could be used as an argument for, or against, suffrage. Similarly, women could use it to appeal for cross-class solidarity, for example around teetotalism, or in class solidarity with husbands. While this reflects patriarchal hegemony, it also reflects that there was room for resistance. Gender was constantly being negotiated, as it is today, for example in international negotiations over climate change. Women have often been marginalised in these processes (Alston & Whittenbury, 2013, p. 6), and have sometimes used their maternal or caring identity to gain a voice (N. Sturgeon, 2003, pp. 95, 110).

Carolyn Merchant, in *The Death of Nature: women, ecology, and the scientific revolution* (1989), traces the development of scientific knowledge in English and European societies of the early Modern Era, 1500-1700 AD. Merchant argues that although patriarchal systems of governance and religion were established prior to that time, most people still "lived in daily, immediate, organic relation with the natural order for their sustenance" (1989, p. 1). The image of earth as a nurse was popular, and in general all things were seen as "permeated by life" (1989, p. 27). There were also "normative constraints" (1989, p. 28) on what people could do to the earth, particularly mining. Over the next two centuries, this organic worldview gave way, at least at more powerful levels of society, to a mechanistic view. This was associated with land enclosures, the transfer of land from communal control to private ownership, and:

> *… the transition from peasant control of natural resources for the purpose of subsistence to capitalist control for the purpose of profit* (1989, p. 43).

At the beginning of the early Modern period, women were seen as subordinate, but were nevertheless partners within the daily, organic work of subsistence. With the development of the new scientific and capitalist order, Merchant shows that domination and control of women and nature became more intense. Rather than being partners, even if junior, in daily work, women were increasingly identified as part of the subordinate sphere of nature. Merchant notes that where mercantile capitalism was most advanced, such as Italy in the 15th century and England in the 16th century, women's role as partners in household and local production declined and women were increasingly seen as passive, including in reproduction.

By the end of the 17th century, the idea of land as common property was threatened, as demonstrated in John Locke's argument that the man who 'improves' the earth has the right to own it (Merchant, 1989, p. 78). This argument was subsequently widely used as justification for the dispossession of Indigenous peoples in Australia (Broome, 2010, p. 19; Mitchell, 2011, p. 96). Locke argued that God had commanded man to subdue the earth and in doing so had given authority for private possession (Merchant, 1989, p. 78, quoting Locke). Merchant notes that money was integral to this process, as it enabled people to store surplus value:

> … [the development of a market economy] *based on money exchanges, property rights, agricultural improvement, and the domination of the earth would thus undercut the theory as well as the practice of organic community* (1989, p. 78).

Merchant illustrates that writing on science at the time included imagery reminiscent of the Inquisition and witchcraft trials, adjuring scientists to 'hound' the natural world (1989, p. 168, quoting Francis Bacon). This language of constraint, dissection and penetration of nature (1989, p. 171) was still reflected in the contemporary (that is, late 1980s, when Merchant was writing) language of science, such as 'hard' facts and 'penetrating' minds (1989, p. 171). Merchant also describes how in Francis Bacon's 17th century utopia *New Atlantas*, and in Thomas Hobbes' *Leviathan,* women became almost invisible (1989, pp. 173, 214).

Mechanism became influential in scientific knowledge. Reflecting again that this worldview was not hegemonic, Merchant notes that mechanism as a system of thought did not gain "total ascendancy" and that debates with organicists have "continued into the present" (1989, p. 215). Nevertheless, machines became "models for western ontology and epistemology" (1989, p. 227). Merchant (1989) describes two assumptions of this knowledge as:

> *… knowledge and information can be abstracted from the natural world …* [and] *problems can be analyzed into parts that can be manipulated by mathematics* (1989, p. 228).

Such assumptions formed the basis of reductionism and suggested it was possible to achieve "objective, value-free, context-free knowledge" (1989, p. 228), the 'scientific' knowledge form of the Modern era. Merchant suggests the alternative is "holism", as demonstrated in the "new" (in the 1980s) science of ecology, in which parts take their meaning from the whole (1989, p. 295). McQueen (2007) in his analysis of health promotion theory, ascribes to modernity similar epistemological developments, but does not explore the relationship with patriarchy and capitalism.

Overall, Merchant (1989) argues that between 1500-1700, capital and the market replaced nature as the animating principle of life, at least in ruling class discourse, while:

> *… nature, women, blacks and wage labourers were set on a path towards a new status as … resources for the modern world system* (1989, p. 228).

A potential flaw of Merchant's account is that it may be interpreted as idealising the Mediaeval period as a 'golden age' for women, even though Merchant acknowledges that this period was patriarchal and that women were at best treated as junior partners. Judith Bennett (2006) cautions against the view of a 'golden age'. Bennett points out that since about the 14th century, women in England have generally received between 50-75% of the payment men receive for similar work and that this has not greatly improved in contemporary society. Bennett suggests a concept of "patriarchal equilibrium", noting that patriarchy is not a "committee of white-haired men", nor is it about individual men, but a loose and flexible system of many structures and processes (2006, pp. 54-81, 152).

Bennett's (2006) history of brewing illustrates a common pattern: when work is local and small scale, women often do it, but when it becomes more profitable and larger in scale, men tend to take over. Researchers using materialist ecofeminist analysis have found similar patterns in different times and places (Salleh, 2009). For example, Nalini Nayak (2009) analysed the 'modernisation' of coastal fishing in 20th century India. Fishing was traditionally patriarchal, but women had considerable control of money and some rights of inheritance. With modernisation, fishing became increasingly mechanised and larger in scale, governments lent money to men for capital development, and women were increasingly marginalised. Vandana Shiva (1988) has written extensively on the marginalisation of women during the so-called 'Green Revolution' in the late 20th century in India. Women historically play a key role in subsistence agriculture, using environmentally sustainable methods. The Green Revolution substituted technological methods, such as modified high yield plant varieties, and large scale mono-cropping using machinery, artificial fertilisers and intensive irrigation. The production of grains increased, at least in the short term, and in development discourse this was equated with an overall improvement. However, there were also many uncounted impacts, such as loss of other food plants, ecological degradation, and the devaluing of women's work and of women, while men, particularly the better-off peasant farmers, increasingly gained control of 'industrialised' agriculture (Shiva, 1988). Maria Mies (1998) has extensively examined the impact on women as global corporations shifted manufacturing from high income countries to low income countries, particularly in Asia, in the late 20th century. Mies analysed how this interacts with 'housewifization' (1998, see e.g. pp 16, 100-110), as women, whose primary role is seen as domestic and unpaid, are treated as cheap and exploitable labour in new manufacturing centres, while women in high income countries are increasingly subjected to advertising pressure to buy more and more of the cheap manufactured goods. The issue of gendered work and the subordination of 'women's work' is discussed in more detail in chapters eight and nine.

Notwithstanding concerns about potential idealisation of earlier historical periods, Merchant's analysis warrants examination at length because it elucidates the origins of what this thesis shows to be conflicting discourses within which health promotion uneasily tries to fit itself. These are the discourse of individualism, competition and hierarchy, which assumes that human beings compete for resources, and sees the ecosystem primarily as a source of resources; and the discourse of

cooperation and care, which sees human beings as part of a community, with a shared responsibility to care for each other and the ecosystem. Merchant incorporates both materialist theory (drawing on Marxism) and ecofeminist theory in her account, demonstrating the complex interplay of patriarchy, feudalism, capitalism and scientific (or instrumental) rationality.

Ecofeminist theories have sometimes been criticised as identifying women with nature in an essentialist understanding of gender (G. Gaard, 2011). There are some ecofeminists who suggest women have more ecological understanding than men because of women's embodied experience (G. Gaard, 2011). Some ecofeminists also assert a feminine principle. For example, Vandana Shiva, even though her analysis of women's role in subsistence agriculture is clearly materialist, nonetheless also often speaks of a "feminine principle" in agriculture (1988, e.g. pp 176-7). Overall, however, the essentialist critique represents a misunderstanding of ecofeminist theory. Ecofeminist historical scholars, in particular, are not identifying 'woman' with 'nature', rather they show how patriarchal systems of power and knowledge have ascribed both women and 'nature' (other species and the ecosystem), along with subordinate groups which include both men and women (peasants, 'inferior races', the working class), to a passive sphere, to be controlled, or, in contemporary capitalism, utilised and exploited as natural or human resources. It is important to point out that in talking about patriarchy in this thesis, I am not talking about all men having power over all women. Rather, the focus is on systems of power that have long operated such that a small number of men, generally presiding over 'kingdom' or pyramidal structures in tribes, nations, or corporations, have been able to amass wealth and power at the expense of other people and the environment.

In theory, one could ask why, if ecofeminism accepts the intersectionality of various forms of oppression, feminism is given priority as a theoretical frame and patriarchy is located as a primary form of oppression. Why, for example, could the theoretical frame not be 'ecosocialism', if it ecosocialism recognised the intersectionality of various forms of oppression? In answer to this question, I refer firstly to Lerner's (1986) view of patriarchy as the original form of dominance, on which others were modelled. I accept Lerner's authority as a historian on this question, but I also suggest that it is borne out by continuing empirical evidence. To consider this further, I suggest accepting as a first premise that there is a certain amount of 'lifework' that must go on in both human and more-than-human spheres to maintain our ecosystem, the work of growing, regenerating and caring for life. The evidence from feminist historians and archaeologists (Eisler, 1987; Gimbutas, 1989; Lerner, 1986) shows that over the course of the last 5-10 centuries, a system has developed in which patriarchal hierarchies, as kingdoms or corporations, compete to control, 'improve', use and make profit from the 'lifework' of the natural environment. Further, the empirical evidence, as discussed above (Bennett, 2006; Mies, 1998; Nayak, 2009; Salleh, 2009; Shiva, 1988), also shows that there is a continuing pattern in which everyday lifework and carework done by women has similarly been taken over and controlled, 'improved', used and organised by men in ways that create hierarchies, in which those at the 'top', predominantly white men, gain power and profit. I suggest it is these parallel patterns that most strongly support the claim that ecofeminism is the most comprehensive explanatory framework for understanding inequality and environmental degradation.

It should also be noted, however, that in the establishment of patriarchal, hierarchical societies, other entire societies and cultures were often displaced and destroyed. This is the case in Australia, where the Indigenous society was almost entirely destroyed by the British invasion in the 18th and

19th centuries. In reflection of this, while noting that ecofeminism seeks to redress all types of intersecting oppressions, including those on the basis of Indigeneity, race, ethnicity, bodily ability, and diverse sexuality or gender, I often use the term 'ecofeminist and Indigenous perspectives'. Additionally, although taking the ecofeminist perspective as intersectional, it may at times also be important to centralise the significance of other issues, for example racism and harmful treatment of refugees and asylum seekers, who are likely to become more numerous due to climate change, including in low-lying areas in the Indo-Pacific and Southern Pacific regions near Australia (IPCC, 2014).

An example of how ecofeminist and Indigenous perspectives can be used in challenging normalised assumptions is demonstrated by an Australian geographer, Louise Crabtree. Crabtree (2013) has explored how different ontological understandings of relationship with land and time, particularly Indigenous understandings, might open up the possibility of different ways of understanding property, and different forms of 'home'. Such perspectives can provide new ways of thinking to help us in addressing everyday issues of inequity, such as those around home ownership, housing insecurity and homelessness.

The claim that ecofeminism provides a comprehensive explanatory framework will be explored further in relation to the findings of this research project. However, if there is any doubt that the concept of patriarchal hierarchy is still relevant today, the 2016 list of the world's 100 richest people (Forbes, 2016) comprises 90% men, who appear to be predominantly white men. Although some individuals on the list are concerned about the environment, the list also includes prominent and powerful climate change deniers, such as the Koch brothers (Wright & Mann, 2013).

Ecofeminism and health promotion: review of literature

To explore whether ecofeminist theory has been used in health promotion, I conducted several searches for literature addressing ecofeminism and health promotion during the course of this study. Searches of major health databases, including Ovid Medline, Cinahl, ProQuest and Current Contents Connect, which include articles from major peer reviewed health and medical journals, on 'health promotion' and 'ecofeminis*' as subjects, produced no results. Similar searches of 'all items' available through the Monash library, which include articles, books and also other sources such as audiovisual material, theses and websites, also produced no results. In a search in June 2017, however, I found eight articles addressing related topics, suggested through the search engines in the databases (details of the search are in Appendix one). All eight articles are reviewed below.

Two authors (Chircop, 2008; Stephens, 2012) proposed ecofeminist frameworks for addressing health issues. Andrea Chircop (2008) focused on low-income mothers, living in impoverished urban settings with significant environmental hazards, and bearing responsibility for the health of children and families. This situation exemplifies the ecofeminist insight that women, caring and 'nature' are simultaneously exploited. Chircop also acknowledges a link between the exploitation of women and of immigrants and people of colour, although this is not analysed in detail in this article.

Chircop (2008) advocates for an ecofeminist conceptual framework based on the principles that we are all part of nature, that knowledge is situated and that knowledge from different standpoints should be recognised. Understanding embodiment is important. An example in this context is the way that environmental contaminants affect foetuses and are found in breastmilk. Chircop argues that addressing health problems of impoverished urban environments should include centring the

views and knowledge of low-income mothers, and emphasises the need for historical understanding of how these situations have developed.

Anne Stephens (2012) calls for feminist systems theory and learning by praxis. Stephens suggests that although systems theory is an improvement on reductionist approaches, it can still be limited and mechanistic. Stephens identifies an absence of gender and ecological justice in critical systems theory. Incorporating ecofeminist principles enables systems theory to encompass situated and diverse forms of knowledge, including hitherto marginalised knowledge, and plural goals. Drawing on four case studies from research with Indigenous people and in remote areas of Australia, Stephens illustrates five principles for feminist systems theory:

1. *Adopt a gender sensitive approach …*
2. *Value voices from the margins …*
3. *Incorporate the environment within research …*
4. *Select appropriate method/ologies …*
5. *Undertake research that promotes plurally desirable and sustainable social change…* (2012, p. 3).

Three other articles were concerned with ecofeminism and health-promoting practice in nursing and midwifery, although they did not name health promotion as a key topic. Dorothy Kleffel's (1991) discussion in the early 1990s suggested that nurses had historically been concerned with 'environmental' issues, but had not looked beyond the immediate environment of the patient. Kleffel called for nurses to advocate on environmental issues. She suggested that nursing and the environment "share a long history of domination and oppression" and ecofeminist theory offers insights "for the liberation of both" (1991, p.5). Sharon McGuire (1998) drew on the ecofeminist theory of Val Plumwood (1993) to discuss the interaction of gender, environment and colonisation in immigration, arguing that an understanding of these historical factors would improve nursing care for immigrant populations. More recently, Jeffrey Nall (2012) used ecofeminist theory to analyse the use of high-fidelity birth simulators (robots) in American obstetrics training, arguing it continued a tradition of medicalised authority over birthing women, in opposition to the active, women-centred practice of midwifery.

S. Macbride-Stewart and colleagues (2016) looked at the relationship of 'nature' and health, a significant topic in health promotion, although again health promotion was not named. The authors reviewed literature on gender, space/place and health, using a "feminist environmental" approach, described as similar to a "social ecofeminist" or a "feminist political ecological" perspective (2016, p. 280). They identified ways that gender interacts with environmental risks and benefits and argue these should be taken into account in research and urban planning.

Finally there were two studies that did not mention ecofeminism, but were concerned with the interaction of gender and ecosocial factors, one in HIV prevention (Mojola, 2011) and one in cancer prevention (Potts, 2004). Sanyu Mojola (2011) looked at fisherfolk around Lake Victoria in Kenya and analysed how ecosocial factors, including environmental degradation and consequent changes in fishing practice, combined with gendered inequalities between fishermen and the women who sell fish, to increase HIV risk. Laura Potts (2004) drew on her involvement in the "breast cancer/ environment movement" (2004, p. 551) to call for approaches that respect local, experiential and

embodied knowledge equally with scientific, expert knowledge. While neither article mentions ecofeminism, both seem compatible with ecofeminist theory.

Thus, while literature relevant to ecofeminism and health promotion is very limited, there are some apparent themes, which suggest an ecofeminist approach to health promotion should include:

- Analysing the relationship between gender and ecosocial factors.
- Acknowledging common patterns of exploitation of women, caring and natural environments, and the links with other forms of exploitation such as class, racism and colonialism.
- Recognising the importance of history in understanding these patterns.
- Including diverse voices in research and practice.
- Respecting diverse knowledge, including situated, experiential and embodied knowledge, as well as 'expert', abstracted knowledge.

Subsequent searches using a variety of terms, 'enviro*', 'intersection*', 'ecol*' and 'feminis*', in different combinations with 'health promotion', produced several further items. However, on review all but one did not express an ecological feminist perspective. (As with my earlier search on equity, environmental sustainability and health promotion, this frequently appears to reflect that some authors writing on health promotion use terms such as 'environment', and to a lesser extent, 'ecology', to mean a social environment or system only.) The only item that arguably could have met the criteria of the review was an article on health promotion for migrant sex workers in Ireland (Sweeney, 2017). The author made a strong case about the need for health promotion frameworks to respond to the particular inequities and social circumstances affecting the health of migrant sex workers, but there was little apparent consideration of ecological factors. However, it seems apparent that these women's bodies were effectively being commodified in a system of global trade and migration, similarly to the way that subsistence agriculture or fishing have been commodified. There are also conceptual links here in that women who are displaced from subsistence agriculture or fishing often have to turn to sex work (Isla, 2009; Mojola, 2011; Nayak, 2009). Workers in illegal sex work are often in insecure housing and required to move a lot, as discussed in the article, and also to work outside at night. As well as being at risk of violence, they are exposed to poor housing and inclement weather. Thus there are numerous socioecological factors involved. Conducting research with workers in illegal sex work is of course very challenging, so it may not have been possible for the researcher to explore ecological factors in depth.

To provide a broader overview, I also conducted a search in March 2018 on ecofeminism and health (rather than specifically 'health promotion') as key topics. I searched 'all items' through Monash library, in order to include materials other than articles. The search found 31 items, including ten articles, one book chapter, and twenty theses or dissertations. Two of the articles were found in the previous search (Chircop, 2008; Stephens, 2012) and have been discussed above. In one case (McKinney & Austin, 2015) I was not able to obtain the full article, but from the abstract the research appears to have similar focus to Mojola (2011), looking at the interaction of ecological degradation and gender inequity on HIV infection in women in low income countries (Mojola looked at Kenya while McKinney and Austin looked at a range of low income countries). I analysed the remaining 28 items using thematic analysis and narrative synthesis (Masood et al., 2018). Only one (Thompson, 2000) appeared to mention health promotion directly, and the conceptualisation of

health promotion appeared to be a limited form of health education (2000, see e.g. p 10), rather than health promotion addressing the social determinants of health, as discussed in this thesis. Overall, although all identified health as a subject, human health did not appear as a major focus of study in most cases. Nevertheless, the review provided interesting findings that could potentially inform health promotion theory and practice.

Most of the literature appeared to originate in North America, with 25 authors located in institutions in the USA, two in Canada and one in the UK. However, three studies focused on Korea, and one involved research in Buenos Aires as well as the USA. While there was often an interdisciplinary focus, three studies appeared to be mainly located in health or health-related disciplines, two of these looking at bioethics (G. C. Gaard, 2010; Pierce, Nelson, & Warren, 2002) and one at health communication (Thompson, 2000). There were also two psychological studies (McDermott, 2007; Neuwirth, 1996), but both looked primarily at attitudes to environment, rather than at mental health and wellbeing as such. Of the remainder, seven were in the field of ecocriticism, or cultural studies with an ecological focus, most analysing written texts, particularly literary fiction, and two analysing films. There were seven theological or religious studies, and other studies were in fields such as philosophy, law, environmental studies and environmental history. Most considered ecofeminist theory in some detail. Some of the key themes I found in this literature are discussed below. These are by no means all that could be identified and they often overlap. However, I suggest them as themes of interest for health promotion. I have broadly grouped the themes under key topics around: i) logic of dominance; ii) alternative approaches that may promote more equitable and sustainable societies, including ethical approaches; and iii) discussions of human health and health-related movements.

Authors commonly identified a parallel subordination of women and nature (ecology) as a key concept of ecofeminism. Within this broad agreement, there were different areas of focus and some qualifications. For example, Melanie Harris spoke of a

> *similar logic of domination at work in parallel oppressions suffered by women of color and the earth* (2017, p. 158).

However, Harris was discussing the "ecowomanist" movement (rather than ecofeminism) as predominantly a movement of African American women, with a strong spiritual aspect, often expressed in literature, particularly by Alice Walker. Harris implied that ecowomanists might not fully identify with (implicitly white-dominated) ecofeminism and questioned whether ecowomanism had been overlooked or forgotten by contemporary feminists.

Numerous authors identified industry, and sometimes capitalism specifically, as a key source of the dual oppression of women and nature (e.g. Battista, 2010; McLeod, 1999; Parker, 2001; Rynbrandt & Deegan, 2002; Unger, 2014). Not all named patriarchy as an oppressive social structure, but in most cases an association between capitalism/industry and male domination was evident. Numerous authors also discussed other forms of oppression, including colonisation, slavery and racism (e.g. Battista, 2010; Parker, 2001; Unger, 2014), while some focused on the domination or oppression of animals and the non-human or more-than-human (e.g. Hazelwood, 2000; Kheel, 2000; McLeod, 1999). From a slightly different perspective, Sarah Hosey (2011) analysed the female protagonists of two films (The Incredible Shrinking Woman and Safe), as being aware that contamination was affecting their environments and their bodies, while simultaneously trapped in a

consumer/housewife role that made them not only ineffective, but complicit through their use of household chemicals.

Some of the literature complicated the idea of parallel dominations. Sarah Wellman (2011), in an analysis of French pastoral texts of the early Modern period, suggests people have long used the pastoral form as a way of imagining the relationship between humans and nature, and that this might offer some insights for contemporary approaches. Wellman further suggests that even in the pastoral works of Rousseau, who used the form to justify the 'natural' status of patriarchy, there are tensions and nuances that can be read in contradictory ways. Bretani Baker (2017) criticised a strand of ecofeminism, "natural ecofeminism", the idea of a feminine principle that is sympathetic to nature. She asserted that a novel about Appalachian mineworkers (Anne Pancake *Strange As This Weather Has Been*) is effectively an oppression of men as mine-workers, by representing the men as anti-environment, while ignoring their exploitation by capitalism. Baker, however, recognised that 'natural ecofeminism' was only one strand of ecofeminism. In contrast, Robert Thompson, in his dissertation on health communication, describes ecofeminism as claiming that "women are the primary healers of the human race" (2000, p. 4). Thompson also draws on apparently biological determinist claims about masculinity and femininity, suggesting that men may have less pro-ecological attitudes than women because they have higher testosterone levels (2000, p. 15).

In relation to alternative approaches, including ethical approaches and transformative practice, there were a wide range of approaches. Some particularly looked at how ecofeminism might inform theology and religion in redressing the historical subordination of nature, women and other inferiorized groups, within religion and in society (Hazelwood, 2000; Ho, 2001; Jun, 2001; Kheel, 2000; Kim, 2011; Parker, 2001). Religion has not generally been seen as a major factor in Australian health promotion, in contrast to the strong links between churches, and African American women's involvement, in the environmental justice movement in the USA (Harris, 2017). However, potential opportunities for health promotion through engagement with churches have recently been recognised in Australia (Ayton, Manderson, Smith, & Carey, 2016). Moreover, the monotheistic religions have played a key role in legitimising patterns of domination (Eisler, 1987), thus it is significant that ecofeminist alternatives are being explored. Some alternative approaches also arose from the introduction of Asian (particularly Korean) spiritualities into ecofeminism and Christianity. One rich metaphor concerned the "interwovenness" of life (Ho, 2001).

There were two discussions of bioethics. Greta Gaard (2010) advocated a move from the language of 'choice' to the language of 'reproductive justice'. The parallel contamination of environments and bodies (Pierce et al., 2002), and the idea of the maternal body as the first environment (G. C. Gaard, 2010), were related themes. An ecofeminist bioethics would ensure that all participants are treated as equal, rather than privileging 'experts', and consider context, including the inter-relationship of gender, ecology and power. There was also a particular interest in environmental contamination and cancer (Pierce et al., 2002). In the American context, the historical parallel between physical abuse of natural environments and abuse of the bodies of African American women, and their children, is particularly strong (Battista, 2010). This is also related to the concerns of the environmental justice movement and the way that communities of colour have been disproportionately affected by environmental degradation and contamination.

New approaches, informed by ecofeminism, were proposed to redress patterns of dominance in areas including education (Laird, 2017), political action (Mellor, 1994), and law (Mallory, 2006; McLeod, 1999). Susan Laird (2017) highlighted that practices of care had been excluded from the educational curriculum and suggested that for the sake of children and ecosystem they should be included. Numerous authors critiqued existing environmental approaches, including sustainable development, ecocentrism or ecoholism, ecodevelopment and deep ecology (Ballinger, 1997; Brault, 2000; Courtenay Hall, 1995; Kheel, 2000; Parker, 2001). An ethic of care was frequently identified as a particular strength of ecofeminism, however this is not only a maternal or parental form of 'caring for', but more broadly an egalitarian form of loving care or respectful care. Sometimes, in the case of animals for example, respectful care may mean simply leaving them alone (Kheel, 2000). Respectful care recognises and accepts diversity while also seeing self and other as equal parts of a whole. In contrast, environmental sustainability and ecodevelopment approaches were seen as maintaining existing patterns of dominance, while deep ecology or ecoholism were seen as valuing the whole over the individual parts, and as compatible with a patriarchal or masculinist 'view from nowhere'.

An ethical and legal perspective that may be particularly useful for our understanding of animals, and the non-human or more-than-human, is recognising agency in the form of intention, for example as intention to continue being (G. Gaard, 2011). Lisa Hazelwood (2000) also considered the related idea of needs, suggesting that a principle to guide international action on 'sustainable development' may be to think about human needs, as distinct from wants, while also recognising more-than-human needs: for example a watershed has needs, if it is to continue as an ecosystem.

Two discussions highlighted a lack of positive future visions. Karen Hurley in an analysis of Hollywood films highlighted that:

> *dominant contemporary images of the future are bleak ones of ecological wastelands rife with violence and despair* (2010, p. 2).

Hurley noted that while some films could be considered "cautionary tales", overall the future they depict is "a Western hightech, white, heterosexual, patriarchal, militaristic, dark blandness" (2010, p. 2). Marianne Neuwirth (1996) studied children's attitudes to natural environments. Interestingly she found that girls were generally more positive towards natural environments than boys, who tended to be more fearful of nature. Overall, however, the children were pessimistic about the future of natural environments.

Another concerning, and frequent, theme in the literature is the way women's work in environmentalism (Mellor, 1994; Parker, 2001; Unger, 2014), public health and progressive causes (Rynbrandt & Deegan, 2002), agriculture (Cian, 2016; Parker, 2001), and the environmental justice movement (Harris, 2017) has been hidden from history. There have been many precursors to current feminist movements, but very often they are unrecognised. In the environmental movement, moreover, women were (and are) active, but when organisations, such as the Sierra Club (2018), became larger and more recognised, leadership was taken over by men (Unger, 2014).

Finally there were three attitudinal studies, one of which (McDermott, 2007) conducted in the USA and Brazil, provided empirical evidence that women, and lower income groups, were more likely to hold a cluster of attitudes that were pro-environment and also relatively egalitarian and anti-hierarchical. Another investigated women's household choices and environmentalism, showing the

constraints on such action (Cain, 1996), while another (Thompson, 2000) found little empirical support for the claims of ecofeminism, but this study was very restricted both in its definition of ecofeminism and in its sample.

Overall, in relation to health promotion, this review confirms that there appears to have been very little written about ecofeminist theory and health promotion, particularly within the Australian context. Nevertheless, it is evident that the literature on ecofeminism and health can offer many insights, both on common patterns of dominance and exploitation and how these may be addressed. As Melanie Harris (2017) and Chaone Mallory (2006) emphasise, ecofeminism is a theory that clearly brings the equity (social justice) agenda together with the environmental agenda.

In order to see how the literature on ecofeminism and health compared with other fields of theory, I also compared the apparent amount of literature on several humanities and social sciences theoretical approaches (including ecofeminism) and health promotion/health, with the amount of literature on epidemiology and health promotion/health. The analysis (shown in Appendix one: Table 3 and Table 4) suggests that not only is there far more literature on epidemiology and health promotion/health, but there is a much higher ratio of articles to theses, suggesting there may also be a higher publication rate for articles on health promotion/health and epidemiology than articles on health promotion/health from a social science or humanities perspective. The discussion of health promotion theory in chapter two suggests health promotion has been more influenced by quantitative and reductionist evidence than social theory, which may be supported by these findings. The figures in relation to ecofeminism, in particular, suggest there is little research being done on ecofeminism and health promotion, and that even less may be published in journals.

It appears this thesis is on relatively new ground in applying an ecofeminist approach to health promotion. I will therefore conclude by discussing some earlier historical research on maternity by myself and others that illustrates how ecofeminist theory is relevant to health promotion, even though the research was not originally conceived in those terms. (This research was conducted under my previous name of Bundrock).

The Victorian Maternal and Child Health Service was established in the early twentieth century. Recent female graduates in medicine, which had become open to women not long before, were significantly involved in the formation of the service (Bundrock, 1995). Their focus was on health education, conceived as sharing expert knowledge, but the service also had a supportive element. From the 1930s onwards the service became increasingly influenced by the emerging, male-dominated, paediatric profession, which had a close relationship with infant formula manufacturers (Bundrock, 1995; Willis, 1989). Advice on breastfeeding became dominated by a mechanistic model of timed feedings. Breastfeeding rates declined, while formula feeding increased. In the 1960s there was a reaction, again led by educated women, but in this case as mothers as well as health professionals, through peer-led groups such as the Nursing Mothers' Association of Australia. Such groups advocated for 'demand feeding' and against the promotion of infant formula. Breastfeeding rates rose again in the 1970s.

Analysis of medical journals showed that women's bodies were often conceived as passive, with breasts understood mechanistically as receptacles that were emptied (Bundrock, 1994, 1995). Research by Nall (2012), above, suggests the persistence of similar trends in American obstetrics. Drawing on earlier research on the Australian census by Desley Deacon (1985), the study (Bundrock,

1994) also showed how the able-bodied adult white man in Australia was understood as the normative, agentic subject, with everyone else understood in relation to him. Within this understanding men were not so much seen as disembodied mind, but rather as having a taken-for-granted, strong body that enabled them to be active, whereas the bodies or materiality of the other, including women, ill or elderly people, children, inferior 'races', and nature, were understood as passive or vulnerable, dependent on, or for the use of, man.

In the case of Aboriginal women, there was an intersection with colonisation and racism. In White Australia, Aboriginal women were not seen as 'fit' mothers and their status as mothers was particularly tenuous (Bundrock, 1995). They were likely to be associated with nature at its 'lowest' and most 'primitive'. Accordingly, they were targeted for the promotion of bottle-feeding, which was portrayed as modern, hygienic and scientific, but in fact was particularly dangerous in the conditions of extreme poverty in which many Aboriginal women lived.

This history illustrates the contending epistemologies identified by Merchant (1989): mechanistic, 'scientific' knowledge, associated with patriarchal capitalism, and alternative 'holistic' knowledge, drawing on (women's) life experience and embodied knowledge, as well as more formal evidence. Kerreen Reiger (1985) had previously represented the early 20th century medical discourse of timed infant feeding from a Weberian theoretical perspective, as modernisation and 'disenchantment'. My study, however, showed the links with patriarchy, capitalism, colonialism, racism and a mechanistic epistemology, fitting with insights of ecofeminism, although it did not investigate links with ecology in depth. At the time, however, I was not aware of ecofeminism as a body of theory. During this present research, I have increasingly become aware of ecofeminist theory, and how it explains some key findings in this study. I discuss this process of learning further in chapter four, which discusses research method and process.

Chapter 4. Methods, research questions and process

This chapter describes the methods and process of the research, and discusses how theory and methodology are related. Again, this is a praxis-based approach, discussing methodology and also how the action of doing the research informed theory development during the course of research.

Overview of method

The project utilised multiple qualitative methods. The major research method was community-based participatory action research (CBPAR) (Baum, Jolley, Hicks, Saint, & Parker, 2006; Minkler, 2000; Minkler, Vasquez, Warner, Steussey, & Facente, 2006; Minkler & Wallerstein, 2010). The project began as a community-based action research project in the Inner Southeast Partnership in Community and Health (ISEPICH). The plan was to develop and trial a framework for promoting equity, environmental sustainability and health. The research participants were a group of practitioners, including myself, working in health promotion and related areas, and also community members drawn from groups that were particularly interested in, or affected by, inequity and environmental degradation. In the first stage we developed a draft framework, but the trial of the framework could not go ahead as planned, for reasons that are explained in later sections of this chapter. The project was then broadened to investigate work in two other PCPs as well as ISEPICH, and I worked with the participants as a university-based researcher rather than as a practitioner in the PCP. Although the project was modified, I was still working with a group of practitioners and community members, and we all still had a shared interest in improving practice and theory. Therefore, the project continued as community-based action research in broad terms.

The research project followed the action research cycle, as shown:

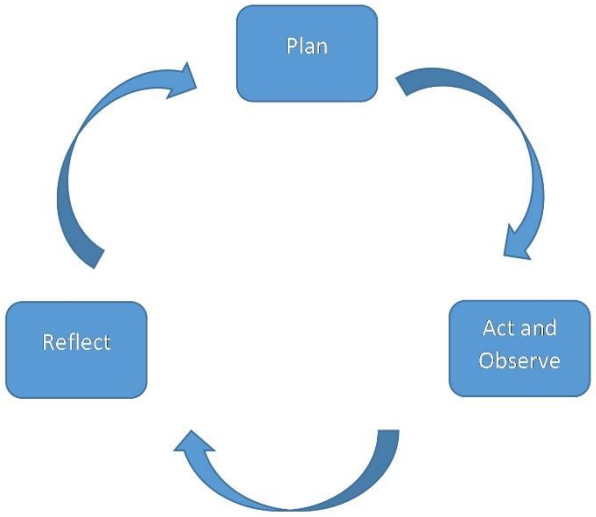


Figure 1. Action research cycle, based on Lewin (1958)

- Stage 1 Planning – developing the draft ISEPICH framework (2009-12)
- Stage 2 Action and Observation – researching practice in three PCPs (2012-14)
- Stage 3 Reflection – analyzing the draft framework and other relevant health promotion frameworks in relation to practice, and presenting findings to participants for information and feedback (2014-16)

The specific methods of investigation in the second stage, however, were more like case studies and critical observation (Bourgeault, Dingwall, & De Vries, 2010; Liamputtong, 2005), in that I was not participating in the action but collecting information about it as an outside researcher. Research methods included individual and group interviews and group discussions, observation, documentary research and historical research (Bourgeault et al., 2010; Cook, 2005; Hooker, 2011; Liamputtong,

2005; Merriam, 2009; Reason & Bradbury, 2008). Methods of analysis included thematic, content, discourse and historical analysis (Cook, 2005; Hooker, 2011; Liamputtong, 2005). In the third stage, I consulted with participants on the findings of the research and potential recommendations arising from the findings, but the time they were able to spend in discussions with me was much more limited than it would have been had I still been working with the original group of research participants in ISEPICH. Thus the recommendations from this project are presented as suggestions, which have been discussed with, but not necessarily endorsed by, participants. Nevertheless, I am still working as a 'health promoter', although in a university setting. As discussed in the Introduction, I see this project as part of an ongoing process of practice and theory development in health promotion, and plan to continue working with the research participants and other interested people after this thesis is completed. Thus the thesis is part of an ongoing process of action research.

More detailed information about research questions, method and process at each stage of the research is provided in the following sections.

Research questions at each stage of action research

In stage one, ISEPICH participants developed a draft local framework for promoting equity, environmental sustainability and health. The questions for this stage were:

1. What is the perceived current capacity to promote equity, environmental sustainability and health in ISEPICH?
2. What are the key principles and action areas to guide this work (the framework)?
3. What are the relevant contextual factors that affect (or are likely to affect) this work?

Stage two was the action and observation stage, an investigation of practice in promoting equity, environmental sustainability and health in ISEPICH, SGGPCP and Wimmera PCP. The questions for this stage were:

4. In practice, what have participants in the three PCPs done to promote equity, environmental sustainability and health?
    a. Sub-question: what frameworks have they drawn on or found useful?
5. What are the factors that have helped or challenged them in this work?

Stage three was the final reflection stage, including an analysis of the ISEPICH Framework, and other relevant health promotion frameworks, in relation to the findings of stages one and two. The questions for this stage were:

6. What are the apparent strengths and limitations of the ISEPICH Framework, and other relevant health promotion frameworks, when compared to the findings about practice, and how might those frameworks be improved?
7. Are there apparent commonalities in promoting equity and promoting environmental sustainability that make it feasible to promote both in an integrated approach?

In relation to question one, the original intention was to include a final measure of capacity in ISEPICH at the end of the project, but this was not possible because of changes during the course of the project. In questions three and five, the original terminology used at the start of the project was that of 'barriers and enablers'. The reasons for these changes are discussed in more detail in the sections below for each stage.

Methodology and theory

As an action research project, theory and methodology acted on each other throughout the project (Dick, Stringer, & Huxham, 2009a). Bob Dick, Ernie Stringer and colleagues (2009a, p. 6) describe this approach as ”thought guides action, which in turn guides thought”. One way that this is expressed in this thesis is that the early findings chapters are largely descriptive, presenting participants' ideas about how we should promote equity and environmental sustainability (chapter six) and then describing the work participants were doing (chapter seven). Chapters eight and nine, which are more focused on observation and reflection, become more analytical, as the theory expressed in the ISEPICH Framework, and other relevant health promotion frameworks, is tested in the light of findings from action and observation.

My theoretical perspective is similar to that described as “Transformative-Emancipatory” by Donna Mertens (2003), in which “an explicit goal … [is] to serve the ends of creating a more just and democratic society” (2003, p. 159). Unlike some social constructivist theory, this approach does not reject the idea of independent reality, but recognizes that there are always different viewpoints from which reality is perceived. Thus, reality can only ever be partially understood. Objectivity is valued as an attempt to reduce bias, rather than a ‘view from nowhere’ (2003, p. 141). At the same time, this approach requires that researchers have a significant degree of involvement and an interactive relationship with the communities affected by the research. Research does not exclude traditionally more privileged groups as participants but also seeks to include those who have been socially excluded, for example due to poverty, discrimination or other forms of social exclusion. In drawing conclusions from data “contextual and historical factors must be described” (2003, p. 141-2), with particular attention to power.

Egon Guba and Yvonna Lincoln (2005) describe a similar paradigm, which they call a Participatory Paradigm. It includes the following features: reality is “co-created by mind and given cosmos” (‘cosmos’ refers to the world or universe in which we live, as we experience it); there are different ways of knowing and knowledge is also “co-created”; methodology involves “political participation in collaborative action”; and quality is determined by the research leading to action to “transform the world in the service of human flourishing” (2005, pp. 195-6).

This research fits with both paradigms, but aligns more closely with the Transformative-Emancipatory Paradigm. Whereas Guba and Lincoln (2005) appear to see critical perspectives such as feminism or Marxism as distinct from the Participatory Paradigm, the Transformative-Emancipatory Paradigm allows the inclusion of critical approaches. I find historical analysis particularly useful in explicating the context in which practice occurs, again aligning my approach with the Transformative-Emancipatory Paradigm. One aspect of Guba's and Lincoln's conceptualisation of particular value, however, is the reference to knowledge being co-created by “mind and given cosmos” (2005, p. 195). This creates a strong space to combine ecological thinking with social theory: “thinking like a planet” (Seager, 1993, p. 21), as discussed in chapter two.

The research draws on several fields of theory, as discussed in chapters two and three. I draw on health promotion theory to explore what it is that health promotion attempts to do, and how equity and environmental sustainability are understood in health promotion. Theories of culture and practice inform the analysis of discourse and of health promotion as practice. Marxist and neo-

marxist, Indigenous, post-colonial and feminist perspectives inform the analysis of how power, material conditions, class, race and gender are manifested in practice and in findings of the study.

I draw on ecofeminist theory to provide an overview, 'how we got to where we are', bringing together and extending insights from these diverse fields of theory. The realisation that there was a theoretical perspective that could provide an overview emerged during the research. This was a result of two overlapping processes: one being the academic processes of reading literature and discussing ideas with academic supervisors and colleagues; the other the process of doing the research, discussions with health promotion colleagues and community members, observation, and reflection. I discuss this process further in the chapters on findings. In summary, a key finding was that ultimately only ecofeminist theory was able to explain adequately both the gendered patterns observed in the research, and the ways in which the discourse of research participants differed from a 'mainstream' or dominant discourse in Australian public life.

The relationship of theory and methodology is summarised in Figure 2 below and explained in more detail in the following sections. Following Figure 2, Table I provides a summary of research questions, method, recruitment, participants (actual and planned) and evidence used.

Figure 2. Relationship of theory and methodology in the research

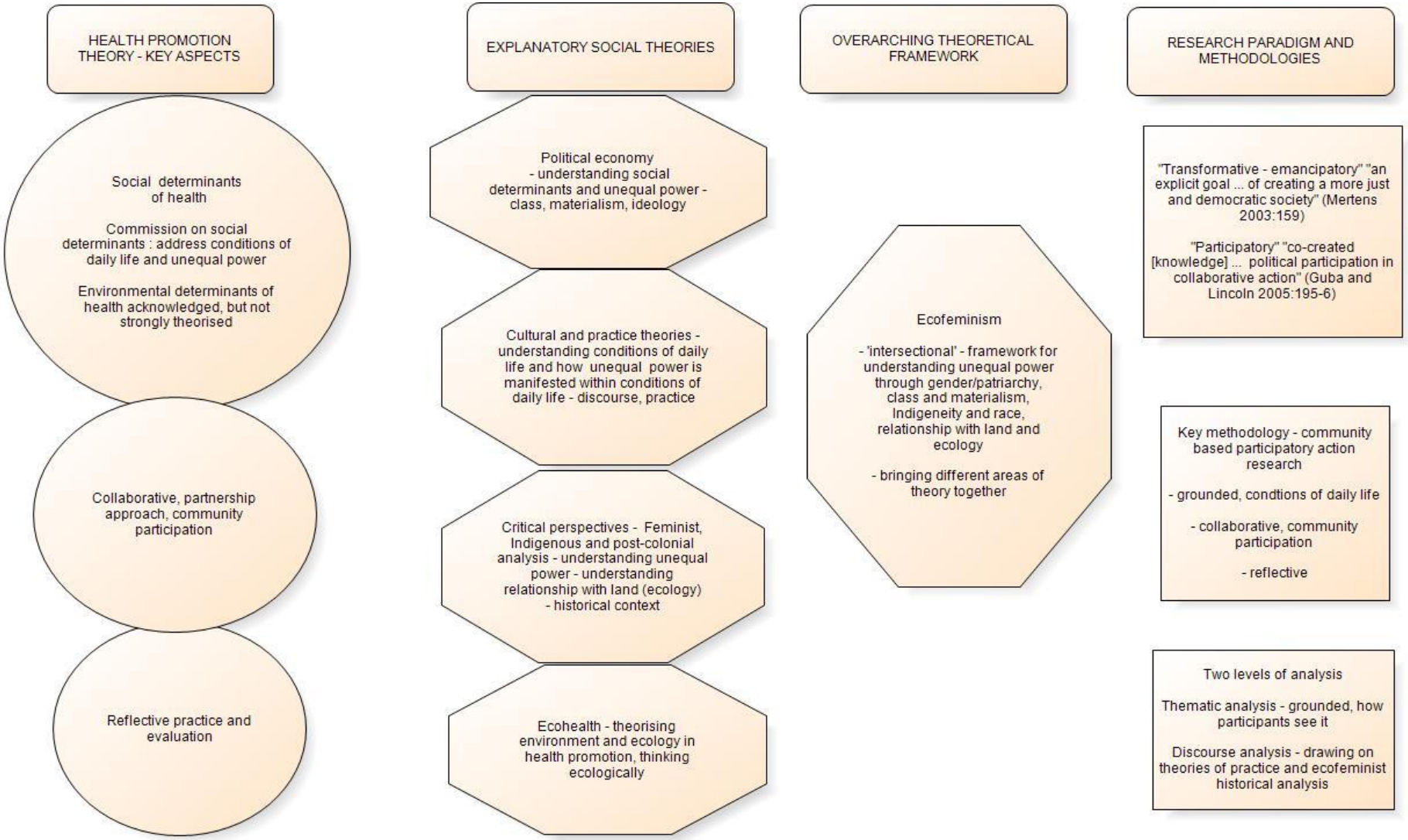


Table 1. Project summary: aim, research questions, methods, recruitment, participants (planned and actual) and evidence

OVERALL AIM: to strengthen the focus on equity and environmental sustainability in health promotion and primary health care, particularly through contributing to the development of health promotion frameworks	
Stage 1	Research question 1: In regard to the ISEPICH aim of developing an integrated approach to promoting equity, environmental sustainability and health a. What is the perceived current capacity to promote equity, environmental sustainability and health in ISEPICH? b. What are the key principles and action areas to guide this work in future (the framework)? c. What are the relevant contextual factors that affect (or are likely to affect) this work? (Originally expressed as 'barriers and enablers')
Stage 2	Research Question 2: In practice, what have participants in three Victorian PCPs done to promote equity, environmental sustainability and health? Sub-question: what frameworks have they drawn on or found useful? Research Question 3: What are the factors that have helped or challenged them in this work?
Stage 3	Research Question 4: What are the apparent strengths and limitations of the ISEPICH Framework, and other relevant health promotion frameworks, when compared to the findings about practice, and how might those frameworks be improved? Research Question 5: Are there apparent commonalities in promoting equity and promoting environmental sustainability that make it feasible to promote both in an integrated approach?
METHODS AND ANALYSIS	
Stage 1	Nested community-based participant action research project within a broader ISEPICH project: - Baseline survey of perceived individual and organisational survey to promote equity, environmental survey and health at individual, organisational and PCP level - Discussion groups following the two initial ISEPICH workshops - Participant-researcher observation and reflection recorded in notebooks and reflective journal - Content and thematic analysis of evidence from survey and focus groups and the notes and reports from ISEPICH workshops - Critical discourse analysis of the evidence in broader political and social context
Stage 2	Mixed qualitative methods, including modified PAR, case studies, participant and researcher reflection and critical observation: - Modified community based participant action research, consulting with participants as a researcher with experience in the field, and maintaining contact through email updates and blog posts - Interviews and discussion groups with ISEPICH participants and participants from the other two PCPs - Researcher observation and reflection recorded in notebooks, photographs and project blog - Content and thematic analysis of evidence from interviews, discussion groups and PCP plans - Critical discourse analysis of evidence in political and social context
Stage 3	Mixed qualitative methods, including modified PAR, history, participant and researcher reflection and critical observation: - Participant reflections from stages 1 and 2

	- Socioecological histories of three PCPs through historical research, observation and document analysis - Ecofeminist historical analysis to put the findings of the project in a socio-ecological context - Researcher observation and reflection recorded in notebooks, photographs and project blog - Content and thematic analysis of the ISEPICH Framework and other relevant health promotion frameworks in relation to the findings - Modified community based participatory action research through presentation and discussion of findings and recommendations to research participants at forums in each PCP, recorded by notes, feedback forms, journal and project blog entries - Final write up
RECRUITMENT	
Stage 1	I wrote to 53 member agencies of ISEPICH and eight local community groups seeking permission to invite workers or members to participate in the project. Following permission, I provided relevant staff members (who were normally involved in ISEPICH health promotion working groups) with project information and consent forms. For community groups I wrote or emailed the groups and attended meetings of the groups where possible. Following permission, I made contact with interested members at the meeting or invited members to contact me (where it was not possible for me to attend a meeting), then followed up with project information and consent forms as above.
Stage 2	I contacted all available ISEPICH participants directly through existing contacts and informed them of the changes to the project, and invited them to continue participating. I then sent invitations to discussion groups to all those interested. I contacted key informants in three other relevant PCPs directly through publicly available contact information and then sent letters to relevant PCP Executive Committees seeking permission to invite key informants and committee members to participate in the research. I first invited key informants to participate in interviews. Invitations to committee members to participate in focus groups and project information and consent forms were then distributed by the key informants
Stage 3	I contacted research participants through existing contact information and invited them to participate in forums. I also contacted all agencies who had originally been involved in the project but were no longer represented to ask if they would be interested in having a representative at the workshop. Project information sheets were provided to new participants but consent forms were not required at this stage as all information was recorded anonymously, or consent was taken as implied when participants chose to send feedback by email.
PARTICIPANTS – Planned and actual (Please note that the total number of participants is greater than the combined totals for each stage as some individual participants left the project and were subsequently replaced in later stages of research, e.g. of the 19 staff members in stage 3, only five had participated in stage 1)	
Stage 1	Planned: up to 20-30 staff members in health promotion and related areas in ISEPICH member agencies. Actual: 10, from nine agencies (ten program areas) plus myself as participant researcher. Planned: up to 10-15 community members active in community groups with an interest in equity/social justice or environmental issues, including people from the following vulnerable groups: Indigenous community members, people who may have experienced homelessness or are living in insecure housing, people from culturally and linguistically diverse groups, people of low income. Actual: 12 recruited, including two from Indigenous community and three from culturally and linguistically diverse groups (one Greek speaking, two Russian speaking), of whom ten took part in discussion groups in stage 1.
Stage 2	Planned: 10 workers in health promotion and related areas in ISEPICH member agencies as per stage 1. Actual: six.

	Planned: 12 community members from ISEPICH as per stage 1. Actual: nine. Planned: Two key informants in new PCPs. Actual: two. Planned: Up to 10-15 members of relevant committees and working groups in two new PCPs (up to 30 total). Actual: 13, seven in SGGPCP, six in Wimmera PCP (plus de-identified notes from meeting including another five people in SGGPCP were provided to researcher).
Stage 3	Planned: Research participants from previous stages of project or colleagues currently doing similar work (potentially up to 22 from ISEPICH, eight from SGGPCP, and seven from Wimmera PCP, or up to 37 in total). Actual: 11 from ISEPICH, including eight staff members and three community members; three staff members from SGGPCP; eight staff members from Wimmera PCP; 22 in total. Total number of research participants is 52 individual people plus myself as participant researcher. There were also over 60 people who took part in meetings from which notes were used, including approximately 47 in forums in stage one and five in the meeting in stage 2, plus 14 people who made comments on the project blog.
EVIDENCE	
Stage 1	Capacity survey results Transcripts of discussion groups Notes and reports from the ISEPICH workshops Notebooks and reflective journal Documents and public information relevant to context of the research including policy and program documents on health promotion and PCPs, Victorian government documents and websites, political statements in media and party political websites Material evidence
Stage 2	Transcripts of interviews and discussion groups Documents published by PCPs Project notebooks and blog Documents and public information relevant to context of the research including policy and program documents on health promotion and PCPs, Victorian government documents and websites, political statements in media and party political websites Material and photographic evidence Historical sources
Stage 3	Key documents: ISEPICH Framework, *Ottawa Charter of Health Promotion*, *Victorian Integrated Health Promotion Resource Kit*, *Climate Change Adaptation: A Framework for Local Action*; *Climate change and primary health care intervention framework*; *Health promotion and sustainability: Transitioning towards healthy and sustainable futures*. Project notebooks and blog Notes and feedback forms from consultations with PCPs Material and photographic evidence Historical sources

Method and process – detailed discussion

Background

In early 2009, when I had been working at ISEPICH for about seven years, including three years as Health Promotion Coordinator, I applied to do a PhD on health inequalities at Monash University, drawing on work that was being done in ISEPICH to address health inequalities. In mid-2009, I decided to include a focus on environmental sustainability in the research. Around the same time, ISEPICH adopted environmental sustainability as a strategic priority, partly because, as Health Promotion Coordinator, I had included evidence about environmental sustainability in our health promotion planning for the first time.

From the beginning, then, the project raises questions about what CBPAR means in practice, such as: what does 'community-based' mean? How far is the active agent the 'community' or the researcher? What is the community and what role does the researcher play in the community? In simple terms, ISEPICH, as a community, decided to address health inequalities and environmental sustainability, and I, as a researcher, initiated the decision to conduct formal research. However, to consider the researcher and the community as entirely separate is misleading. I was an active agent but also part of the community. One reason I wanted to do the research was to do a PhD, but it also seemed a good opportunity to strengthen the innovative work that we in ISEPICH were doing as a community of practice, and enable others to learn from our work. ISEPICH members also worked in and for the local community, comprising residents, workers and visitors in the geographic area. Representatives of the local community were included in the ISEPICH partnership, particularly through a Community Advisory Group and two community members on the ISEPICH Executive Committee. Moreover, by including an environmental focus in strategic priorities, ISEPICH was incipiently acknowledging the significance of the ecosystem and non-human life, even though human health remained the prime concern.

To write as a researcher, and simultaneously from a socioecological perspective as part of various communities and ecosystems, is challenging. The method I use is to describe the planned methods and process at each stage of the research, elucidating the relationship with community as I do so. The focus in this chapter is mainly social, and involves speaking both as an individual researcher and as part of a community. I discuss the ecological context in more detail in the next chapter. Like all historical narratives, this thesis is written with hindsight, and what was planned is inevitably seen through the lens of what happened. I have tried to distinguish faithfully between 'what was planned' (planned method) and 'what happened' (process). There is further explication of what happened compared with what was planned in the final reflections on methodological issues and limitations in chapter ten.

Stage 1

Planned method and process

The project began with the aim of increasing capacity to promote environmental sustainability and equity in ISEPICH, potentially by integrating these two areas of work. This aim was related to practice experience, such as the experience of organising an annual Anti-Poverty Week event held by Port Phillip Community Group. The organising committee members, of whom I was one, worked to ensure disadvantaged community members had a strong voice in the forum in 2010 (Port Phillip Community Group 2012). We also discussed incorporating an environmental sustainability element

into Anti-Poverty Week activities. In practice, however, we did little towards this goal, because it seemed to make an already challenging task even more difficult. An ISEPICH health promotion working group had previously developed an equity resource, to help ISEPICH members include an equity perspective in their work. The idea of developing a framework to help address equity and environmental sustainability together also arose from that practice experience.

In consultation with my supervisors at work and university, and with members of the Health Promotion Steering Committee, I prepared a proposal for a research project, with the aim of developing and trialling a framework for promoting equity, environmental sustainability and health. I proposed an action research project, to increase the capacity of ISEPICH (as a PCP), individual member agencies, staff members and local community members to promote equity, environmental sustainability and health. There were two key processes involved in initiating the project, one being to gain the collaboration and support of relevant people in ISEPICH, the other being to meet the research and ethical requirements of Monash University. These were lengthy, overlapping processes.

The ISEPICH Health Promotion Steering Committee and the ISEPICH Executive Committee approved the project. It was then included in the ISEPICH Health Promotion Action Plan 2010-12. With assistance from the Monash Postgraduate Association legal service, I prepared an agreement about the research. The agreement outlined what the research would entail, which included practical factors such as the time I would devote to the research, and copyright issues, and the support ISEPICH would provide, which included financial support in the form of honorariums for community members taking part and payment for interpreters and translations used in the research. The agreement was signed by the Chair of the Executive Committee, by the relevant manager from the agency in which I was employed, and by me. A copy of the agreement is in Appendix two.

With the guidance of academic supervisors, I prepared an application for approval from Monash University Human Ethics Research Committee (HREC). As part of this process, it appeared there was a need to separate the research component from the overall ISEPICH project, particularly in order to maintain confidentiality of research participants. The final project therefore had two components, one being an ISEPICH project to promote equity, health and environmental sustainability, the other being a research component nested within that broader project. Below, I describe the two components as the ISEPICH project and the action research. There is further discussion about the challenges of reconciling the confidentiality requirements of the ethics process with the nature of participatory research in chapter ten.

The plan for the ISEPICH project was to hold two forums to develop principles and identify action areas for an integrated approach to promoting equity, environmental sustainability and health. This framework would then be used to guide implementation of a strategy to be trialled over the next one or two years, with the expectation of developing a final resource that could be used to guide future health promotion and other activities. We, ISEPICH staff members who were organising the project, planned to invite representatives from all ISEPICH member agencies (53 at this time) to participate. We also planned that the project would involve significant community participation. We intended that community members who took part would include members of population groups particularly likely to be adversely affected by health inequities or environmental issues, including local Indigenous community members, low income groups, culturally and linguistically diverse

(CALD) groups and people who had experienced homelessness. ISEPICH had considerable experience in working with these groups, including projects with Rooming House residents (Incerti, 2005, pp. 8-9) and a climate change related Heatwave Pilot Project, looking at homelessness as a risk factor (Victoria DHS, 2009).

The plan for the action research was that up to 30-45 of those who took part in the ISEPICH project, including 20-30 health promotion or related practitioners in ISEPICH agencies, and 10-15 local community members, would monitor and evaluate the ISEPICH process, in collaboration with me as participant-researcher. Research participants would complete a baseline capacity survey at the beginning and another capacity survey at the end, to assess whether the project had increased the capacity of the PCP and member agencies to promote equity, environmental sustainability and health. They would also participate in discussion groups during and at the end of the project. Copies of the survey instrument and other research material from stage one are in Appendix three.

Information from surveys and tape-recorded discussion groups, plus my observations and reflections, as recorded in notebooks and a reflective journal, and documentary material from the ISEPICH project, would provide key evidence. The ISEPICH Executive committee agreed that I could use material arising from the ISEPICH project, such as de-identified notes and reports, for the purpose of research.

I submitted an ethics application to Monash University HREC in February 2011. The project required full ethics approval consistent with relevant guidelines on conducting research with people of Aboriginal and Torres Strait Islander background and potentially vulnerable population groups (NH&MRC, 2003, 2007). The HREC required some additional information and procedures, including the nomination of people who could support research participants whose first language was not English, if they wished to make a complaint to the HREC. The HREC granted ethics approval on 12 September 2011 (Monash University Human Ethics Certificate of Approval Project number CF11/0411 – 2011000154). I also made an ethics application to Alfred Health (2017), as Alfred Health was a member agency of ISEPICH, and in order to invite participants from Alfred Health, the project needed to meet the requirements of The Alfred Ethics Committee. The Alfred Ethics Committee granted approval on 10 November 2011 (The Alfred Ethics Committee Certificate of Approval Project No: 402/11). Two other member agencies of ISEPICH also had additional requirements for research approval that I had to meet, but they did not require a separate formal ethics approval process.

The project involved assessing the capacity of individual agencies as well as the PCP as a whole. Therefore, staff members participating had to be in a position to evaluate the health promotion capacity of their agencies. Ethically, it was also important that they were not placed under any pressure to participate. Inviting staff members to participate therefore involved a two-stage process in which I sought the permission in writing of ISEPICH member agencies to allow staff to be invited, making it clear in correspondence that staff should not be placed under any pressure to do so and that their participation was to be confidential. If permission was given, I asked the manager giving permission to forward information to relevant staff and invite them to contact me. Eighteen of 53 member agencies granted permission and ten staff members (from ten program areas, in nine agencies) agreed to participate. All staff members who eventually participated were from agencies that had a strong pre-existing involvement in health promotion. Some of the member agencies were

very small and probably did not have the capacity to participate in research. The issue of participation is discussed further in chapter six.

The process for inviting community members was that I wrote to relevant community groups to seek their permission to invite members, and presented on the proposed project at meetings, if requested. Once the group gave permission, I made an invitation to individual interested members. The local community groups from which community members were invited included four groups with a particular interest in equity and three with a particular interest in environmental issues, plus the ISEPICH Community Advisory Group. I made the original invitation for community members of culturally and linguistically diverse backgrounds through two local multicultural advisory groups. I also spoke to a Chinese Ethnic Senior Citizens' Groups (ECCV, 2017) to provide more information, following the invitation. I invited Russian-, Greek- and Chinese-speaking groups because they were amongst the most numerous population groups of non-English speaking background in the area and because they tended to be over-represented in avoidable hospital admission and chronic disease data in the local area (ISEPICH, 2009b).

One environmental group did not respond to the original letter in time to take part. All other groups gave permission to invite members. Thirteen community members agreed to participate, although in practice, only 12 did so. They included members of two Ethic Senior Citizens' Groups (Greek- and Russian-speaking), the St Kilda Inclusion Project Steering Committee, the Local Indigenous Network (later known as the Local Aboriginal Network) (Victorian Government, 2017b), the ISEPICH Community Advisory Group and two environmental groups. All were either office bearers in their groups, or members of steering or advisory committees. One was also a member of a Tenants' Committee in a public housing estate. No members of the Chinese-speaking group expressed interest in participating. A list of agencies and community groups represented in the project is in Appendix three.

The ISEPICH project, including the research component, commenced in November 2011 and the first stage, involving the development of the draft framework, was completed by June 2012.

Approximately 69 people in total took part in two forums held by ISEPICH. The research participants were 22 of the 69 attendees, including 10 staff members from ISEPICH member agencies and 12 community members, plus myself as participant-researcher. Twenty of the research participants completed the baseline survey prior to the forums (a copy of the survey is in Appendix three). Research participants took part in the forums and also in tape-recorded discussion groups at the end of, or following, the forums, in which they explored or reflected on the ideas expressed in the forums. At the first forum, the research participants took part in two discussion groups, which were tape-recorded, during the final session. In one of these groups, the tape-recorder did not operate, so I invited these participants to a further discussion group in December 2011. In the other group at the forum, the participants were mainly community members, including two people whose first language was not English, and much of the discussion time was spent on translating and explaining concepts. After the second forum, the research participants stayed on for taped discussion groups after the main forum had ended. In both groups following the second forum, there was a mixture of staff members and community members, and considerable discussion.

I used content, thematic and discourse analysis to analyse evidence from this stage of the research. The evidence includes results of the baseline capacity survey and transcripts from group discussion

by research participants, plus material arising from the forums. Material arising from the forums includes the draft framework and two reports, one written by the late Prof. Gavin Mooney (forum facilitator) and me after the first forum and published by ISEPICH, and one written by me after the second forum and provided to ISEPICH in May 2012. The material also includes pre-forum survey results from forum participants (anonymous, published in the ISEPICH report from the first forum), and leaflets, invitations and notes from the forums (anonymous, published by ISEPICH or provided to me by ISEPICH following the second forum). Key additional sources used in discourse analysis are published PCP plans, Department of Human Services/Health plans, State Government policies, media coverage of related issues and my experience and observations, including those recorded in my reflective journal.

Chapter six presents the findings from the first stage of research.

Methodology and theory

Community-based participatory action research (CBPAR) was a suitable method for this project as the project aimed to create practice learning, by increasing the capacity of health promotion practitioners and local community members to promote equity and environmental sustainability. Meredith Minkler (2000) defines CBPAR as having the following characteristics:

- *participatory;*
- *cooperative, engaging community members and researchers in a joint process in which both contribute equally;*
- *a co-learning process for researchers and community members;*
- *a method for systems development and local community capacity building;*
- *an empowering process through which participants can increase control over their lives by nurturing community strengths and problem-solving abilities; and*
- *a way to balance research and action* (2000, p. 192).

The research also had a broader aim to create social change, by contributing to the development of a more equitable and environmentally sustainable society, thus bringing it clearly into the "Transformative-Emancipatory" mode (Mertens, 2003). Proponents of participatory action research (PAR) stress that it is intended to create social change (Reason & Bradbury, 2008). It is not primarily about knowledge for its own sake, nor primarily about building an evidence base for replicable research, although evaluation is a key component of PAR.

Bill Genat (2009) presents a model of what Participant Action Research is, how it should be done and what it can do. Genat identifies three premises that define a PAR project:

- *it investigates the action of research participants in a specific local context;*
- *it includes cycles of action–reflection that produce experiential learning …;*
- [it] *creates a shared conceptual framework, theory or local knowledge amongst a particular group of research participants regarding phenomena in their local context* (2009, p. 103).

Drawing on Wadsworth (1997), Genat (2009) identifies a "critical reference group", which is the group "'whom the research is for'" (2009, p. 102). Action researchers seek to generate new knowledge or theory with this group in particular, because the knowledge and perspective of people in this group has not been recognised, or has been subjugated. Within this definition of PAR, while

the discourses of all social worlds (or stakeholder groups) should be represented, the critical reference group is at the centre of the research. This project fitted with Genat's (2009) definition of PAR in two ways, which potentially were somewhat conflicting. One is that health promotion is a subordinated discipline or area of practice within the health sector. The other is that the community members who were research participants included people from disadvantaged or marginalised groups. The potential conflict arises because the health promoters in the project were relatively privileged compared with the community members (discussed further in chapter six). One of the underlying assumptions of the project was that we are 'all in this together'. As Wilkinson and Pickett (2009) express it, equal societies 'do better': that is, we will all do better by increasing equity. However, this approach can potentially obscure inequities within groups of people working for greater equity. For example, it seems unlikely that differences in the financial situation of health and community workers and community members in this project would have been discussed directly, as this might have created awkwardness. Thus, solidarity around the cause of promoting equity may allow actual inequalities within a group to be obscured.

Therefore, there is some ambiguity over whether there was a clearly delineated critical reference group in Genat's (2009) sense. Nevertheless, there was a clear sense of participants to whom the issues were most critical. We sought to include community members from groups most affected by inequity or likely to be most affected by climate change. In this sense, the community members did constitute a critical reference group. Organisers of the project, however, were aware that those affected most by inequity or environmental degradation may not be those who see it as most crucial. For example, people who are homeless or in insecure or low cost housing, frail elderly people, those with chronic disease, and those who are socially isolated are particularly at risk from heatwaves. This does not necessarily mean climate change seems a priority to them. They may be occupied with more immediate things, such as having enough money, and getting through the day.

Several member agencies within ISEPICH had a longstanding focus on community participation and established processes for involving and supporting people from disadvantaged population groups. ISEPICH also had established processes for supporting community members to participate, including a community participation policy, payment of honorariums, provision of training, and administrative support. We were able to recruit community participants, including people with lived experience of disadvantage or marginalisation, in the first stage of the project. In later stages of the research, however, the participation of community members declined, and this is discussed further in chapter ten under research limitations.

Some of the potential strengths and limitations of CBPAR arise because it may be particularly attractive to people who are activists as well as researchers. As an activist myself, one who has been a community activist, a policy adviser for two political parties, and a political candidate, I recognise some of the risks of this approach. In the desire to 'do something', the approach may be inadequately theorized. In its emphasis on 'working with' or 'empowering' disadvantaged groups, it may be idealistic, or even patronizing, and fail to confront the real power loci in society. In attempting to move away from the privileged or colonizing position of the traditional academic researcher, its proponents may be at risk of self-delusion or bad faith. While both health promotion, as a discipline and an area of action, and CBPAR, as a methodology, have a strong ethical basis, without an explicit critical and reflective component they are at risk of merely ameliorating, and at worst perpetuating, power imbalances that contribute to the problems they seek to address.

Radha D'Souza (2009), in an analysis of activist scholarship, suggested that PAR may be co-opted in ways that do not advance its (assumed) moral aim (see also Reason & Bradbury, 2008, p. 199). D'Souza suggests that PAR, where it is understood only as a better methodology, can be used for means that are the opposite of its ideals: for example, "appropriated" for "neo-liberal restructuring" (2009, p. 32). The critical reference group, and the emphasis on reflective practice, in PAR, are intended to protect against such risks. The emphasis on reflective practice also makes PAR a research method rather than only a set of actions. While the emphasis is not on direct replication, since all situations are grounded and unique, by reflection, and validation of findings with the critical reference group, PAR aims to be rigorous in extracting learning to inform practice, theory development and further research, even if specific research projects cannot be precisely replicated.

The particular methods of reflective practice planned in the first stage of the project included discussion groups. In these, participants would be able to reflect on the planning forums, for example on whether the principles agreed at the forums were likely to be realised in practice. As participant researcher, I also planned to use critical observation, similar to critical ethnography as described by Cook (2005). Heather Reisinger (2004) describes the ethnographic approach as attempting to understand " 'what's going on' " from "the multiple perspectives of those involved" (2004, p. 242). Critical ethnography also focuses on the larger social forces that lead to oppression and inequity (Cook, 2005). Kay Cook (2005) notes in her discussion of critical ethnography and health promotion that there is much in common between critical ethnography and participant action research.

My role in the first stage of the project as a participant observer was similar to critical ethnography from an insider perspective (see Kawulich, 2005 for discussion). I planned to keep a reflective journal in the project to record observations and reflections, as well as my research diary. Bruno Latour (2005) writing about actor-network theory, considers the methodology of reflective writing in detail, providing insights for social research generally. Latour suggests the social world is essentially "messy" (2005, p. 136) because it is detailed and complex. Thus, in social research "*everything is data*" (italics in original) (2005, p. 133), and a good record should convey "energy, movement and specificity" (2005, p. 131). For example, in a project looking at equity and sustainability, such as this one, details of place, social and environmental conditions, social factors affecting participants (such as class, education, employment), the kinds of interactions between participants, both verbal and non-verbal, and affect, are relevant to include in records. Silences, laughter and hesitations in speech convey meanings and affect, and can be recorded in transcripts, while place and environmental conditions can be noted in journal entries and also recorded in photographs.

As an insider researcher, I also needed to consider my relationship with the organisation I worked for, which was also funding the research. Chris Allen (2005) considered similar questions when reflecting on his role as a contract researcher. Allen took a Foucauldian view that through the process of an academic career he had been moulded into a " 'docile' " researcher (2005, p. 991, referring to Foucault's use of the term docile), who strives to give funders what they want. This was relevant to my position both as an employee of ISEPICH and my position vis-à-vis the Department of Human Services and the Integrated Health Promotion Resource Kit (IHP Kit), the guideline document for government funded health promotion during the time of this research project (Victoria DHS, 2008a). As someone who was required to use the IHP Kit approach as the basis for my work for several years, I may have had some docility towards it, even though I aimed to review it as part of

this project. Allen (2005) suggests that researchers should include personal narratives in their research reports to indicate their location in relation to the research content or subjects. In this project, I planned to use my reflective journal to record and acknowledge those feelings that might otherwise be suppressed in the interests of 'docility'. Moreover, as someone working for ISEPICH, I had access to a great deal of information that was not in the public arena and would not be accessible to outsiders. I also intended the reflective journal as an instrument for making my own knowledge, ideas and assumptions explicit to myself.

Collecting and analysing evidence in participant action research is a recursive process. The two key methods I planned to use to analyse the information were thematic analysis (Liamputtong, 2005; Ryan & Bernard, 2003) and discourse analysis (Allender, Colquhoun, & Kelly, 2006; Cook, 2005; Hollander, 2004; Liamputtong, 2005; McKinlay et al., 2005). I planned to use well established methods of thematic analysis, as described for example by Pranee Liamputtong (2005, pp. 257-262), involving repeated reading of the data, initial coding, tentative thematic coding and refined coding, using NVivo software. My approach to discourse analysis, however, goes beyond the approaches described in Liamputtong (2005, pp. 263-265) and builds on the methods I learnt in studying history, which require a detailed understanding of the social and political context of texts and objects and the systems of power and privilege in which they are produced. This form of analysis shares with Liamputtong (2005) the view that close attention should be paid to interrogating assumptions, including those of the researcher, and exploring the unspoken content, and the dynamics of the group, including the power relationships within it (Hollander, 2004; McKinlay et al., 2005). It also goes beyond this, to focus on other discourses, including contending discourses, and power, in broader society, and how they relate to the research event. In this respect it is similar to the approach described by Kay Cook (2005) as critical discourse analysis, which is relevant in research that aims:

> *… to explore the links between hegemonic and ideological discourses underlying social structures and the everyday actions and experiences of research participants* (2005, p. 133).

A wide range of documents, culturally produced objects and practices are relevant in discourse analysis. I use a broad definition of discourse to mean the shared ideas and assumptions conveyed in language, texts, the built environment and organisation of things (arrays) and practices, including the embodiment expressed in practice (Schatzki et al., 2001). This builds on the definition offered by Liamputtong (2005) of discourse as an inter-related set of "texts [and] practices" that " 'brings an object into being'" (2005, p. 261 citing Philips and Hardy 2002). I further define discourses as regimes within which knowledge is produced and legitimised, following Foucault (1994). Discourses are historically constructed, and are expressed not only through language and texts but also through signs, objects and arrangement of objects. This definition is similar to Liamputtong's (2005) definition, but I have specified production and arrangement of objects (arrays), which may be subsumed under 'texts', but are not always mentioned in definitions of discourse.

In relation to discourse analysis in this research, there are two broad types of evidence involved. The first type is evidence that describes the context and setting, such as policy documents on health promotion and the PCP strategy, demographic information, community profiles, and histories. The second type is evidence that emerges as relevant, such as, for example, documents mentioned in focus groups, surveys of community attitudes, media reports of political events, as well as evidence

arising from observation. It is impossible in practice and methodologically inappropriate to specify in advance exactly what evidence will be used in discourse analysis, because some categories of analysis, such as ideas, meanings and knowledge, emerge from what participants say or do, and analysis of discourse needs to include these. Steven Allender, Derek Colquhoun and colleagues (2006) provide an example of how discourse analysis can set research in context, through a study of workplace health promotion that showed how a focus on proximate causes of ill-health can reflect the interests of dominant groups.

In terms of the theoretical approach, at the beginning I saw the project as fitting with Baum's (2009) call for "a new national health research agenda" in Australia, to look at "drivers" of health inequity, such as "gender, power, poverty and wealth distribution and taxation policy" (2009, p. 163). Baum, in calling for this research agenda, appeared to be largely drawing on 'political economy' theory, although she also specified gender as part of this agenda. D'Souza (2009) argues that the "old Left" and Marxism had a meaningful language that explicated interests and power and was therefore useful in creating social change (2009, p. 25). D'Souza's critique was relevant to the research methodology of this project. However, even at the beginning of the research I also felt it was limited. Specifically, it did not seem to recognise that both feminism and ecological consciousness posed a challenge to the conflict theories of the 'old Left'. Both feminist and ecological approaches also express a cooperative context within which conflict occurs: we still have to care for each other and we still have to care for the planet.

The language of consensus does pose real risks of co-option and PAR needs to be mindful of these, but the change from a theory of conflict to an ecological/feminist consciousness, that we only have one world and we have to make it work, appears central to 'new paradigm' approaches as discussed by Guba and Lincoln (2005) and Mertens (2003). I began the research with a broadly feminist perspective, in line with the position expressed by Wendy Frisby and colleagues (2009):

> *… feminist theories help unmask taken-for-granted social practices that reinforce hierarchies and exclusions, while revealing new social change strategies that can directly contribute to the transformative aims of action research* (2009, p. 25).

My understanding was that much social theory was implicitly built on patriarchal or masculinist notions. One example, as discussed in chapter two, was Weber's (1991, p. 65) assumption that politics arises from competition over "women, cattle, slaves [and] scarce land". While 'old Left' theory offered a more utopian vision of what society could be, its ontological assumption still seemed to be that it was the work of men in the 'public' sphere that was the foundation of society. Feminist and 'new paradigm' (Guba & Lincoln, 2005) theory, on the other hand, recognises that there is also a sphere of care and cooperation, often at the 'private', or local and domestic, level, underlying the 'public' sphere. At the beginning of the research, then, I was critical of what appeared to be the patriarchal foundations of much social theory. I did not, however, have a clear over-arching feminist theoretical framework within which I was conducting the research (I note with hindsight that this is much like the discipline of health promotion I was working in).

Frisby and colleagues (2009) discuss the place of feminism ('the f word') in action research, and argue that while feminism can inform action research, incorporating feminist perspectives in research in either the academic setting or the community setting may produce resistance. They discuss methods they have used to overcome this resistance, and argue that it is worth doing so not

only because it is more honest to be transparent about the theoretical approaches one is using as a researcher, but also because it will strengthen research.

This expressed the perspective I had at the beginning of the research. I had a strong grounding in feminist perspectives from my earlier studies in social history, and was well-placed to question some "taken-for-granted social practices" (Frisby et al., 2009, p. 25). At the same time, I was cautious about a feminist approach, recognising that feminist analysis sometimes meets opposition and resistance, which may impose an unusually heavy burden of proof.

Stage 2

Planned method and process

Following the first stage, there were developments in ISEPICH that led to changes in the ISEPICH project and the action research. The Chair of the ISEPICH Executive Committee, the ISEPICH Executive Officer and the Chair of the Health Promotion Steering Committee, all of whom had been supporters of the project, all left ISEPICH during the period from late 2011 to early 2012. Subsequently there were significant changes in management style in ISEPICH. I found my work situation very stressful under the new management. In April 2012, I decided to resign from working for ISEPICH, even though the managers wanted me to continue in my role. I asked the ISEPICH Executive Committee to continue their support for the research, which I undertook to coordinate as an independent researcher. The ISEPICH Executive Committee members, however, decided in mid-2012 that they would no longer support the research. They stated in a letter to me (see Appendix two) that changing priorities, a need to "align" with the neighbouring PCP and the Medicare Local (Medicare Locals were organisations primarily intended to coordinate federally funded medical and associated primary health care at local level, which later became Primary Health Networks)(Australia DoH, 2014), and reductions to health promotion budgets, were the reasons for this decision, additional to the fact that I was no longer working for ISEPICH.

The ISEPICH strategic plan, and the health promotion plan, formally finished in June 2012, and ISEPICH ceased to have environmental sustainability as a priority issue from then onwards (ISEPICH & Kingston Bayside PCP, 2013), even though it was still a priority for several ISEPICH member agencies. ISEPICH merged with the neighbouring PCP, Kingston Bayside PCP, in 2012-13. At the time, I found the decision by the Executive Committee to stop supporting the research confusing and emotionally difficult, as further discussed in my personal reflections in chapter ten. In retrospect, the planned merger may have influenced both the management style and the Executive Committee decisions. However, this was not discussed with me or other staff at the time. As part of the discourse analysis in stage two, I later analysed the strategic plans of all PCPs in Victoria, to see if others had changed their priorities at that time. I found that there was a significant decline in PCPs addressing environmental or climate change issues around the same time. This general shift, which I argue reflects political factors, as discussed further in chapter eight, may also have been reflected in the ISEPICH decision. Ultimately, however, I was not privy to all discussions in the Executive Committee, and cannot provide a complete account of the decision.

As David Coghlan and Rami Shani (2008) discuss in 'Insider Action Research', insider research can provide valuable insights, but can also raise particular challenges, including the challenges of managing "organizational politics" (2008, p. 646). The challenges that I faced in managing (or failing to manage) organisational politics around the research are similar to some challenges that

participants faced in their health promotion work, which will be discussed further in findings chapters.

As an action research project, it was possible to adapt the research, but it needed to be reshaped. On the advice of my main academic supervisor, I decided to amend the project to include an investigation of health promotion practice in addressing equity and environmental sustainability in other PCPs in Victoria, in addition to ISEPICH. Although the new research involving several PCPs would not be the same as a trial of the draft framework, it could provide relevant practice evidence against which to assess the draft ISEPICH framework, and other relevant health promotion frameworks.

I wrote to three PCPs in Victoria who had both climate change, and health inequalities (or social inclusion), amongst their strategic priorities, inviting them to take part in the project. Two PCPs, Southern Grampians and Glenelg PCP (SGGPCP) and Wimmera PCP, agreed to do so. I proposed to conduct interviews with key informants in the PCPs and hold discussion groups with members of relevant committees, such as Health Promotion committees. I did not in this case need to apply to all member agencies of the PCPs for permission to invite participants, as I was inviting staff members as members of PCP committees, rather than as representatives of agencies. I did not propose to invite community members from the new PCPs, as most PCPs in Victoria did not have community advisory groups or a strong tradition of community participation in the way ISEPICH did. To engage community members, particularly from disadvantaged backgrounds, as research participants in these circumstances would have been too difficult and time-consuming to achieve within the time limits of the research.

I met with community members in ISEPICH and explained to them the changes to the project and that I was no longer able to provide honorariums for their participation or pay for interpreters or translations, as project funding from ISEPICH had ceased. All said they were willing to continue participating in the research at that time. Thus, the research had continuing participation from community members in the ISEPICH area. Most ISEPICH participants who were staff members of ISEPICH agencies also agreed to continue participating in the research. One participant withdrew at this time, while two others had left their employment without nominating a replacement. I did not attempt to replace those three staff participants in stage two because of time constraints.

As I was no longer working in the ISEPICH health promotion role, I was no longer working with participants as a participant-researcher. I was now working more in the ‘outsider’ role as an academic researcher rather than the ‘insider’ PCP health promotion role. In order to keep communication open with participants I started a project blog (fairgreenplanet.blogspot.com.au) and invited research participants to be on an email list for regular updates. Previously, while working at ISEPICH, I had communicated frequently with project participants (as with other members of ISEPICH) through face-to-face meetings, emails and regular information bulletins linked to the ISEPICH website. The research project blog and emails to participants therefore served as a way of keeping in touch even though I was not regularly interacting with research participants in their normal work situations any more. I proposed a public blog rather than a closed internet forum (such as ‘google groups’), because in my work I had found that closed internet groups were difficult to maintain and not well used. In addition, because I was using discourse analysis in the project, it would be informative to have a public forum where general members of the public might

occasionally comment. This could provide useful comparative information on how members of the public might see the issues we were addressing.

I proposed to conduct interviews with key respondents in the two new PCPs and to hold discussion groups with members of health promotion committees or other relevant committees who had been involved in relevant projects or strategies (that is, projects or strategies with a focus on promoting equity/social inclusion or environmental sustainability/climate change adaptation).

The Monash HREC approved the amendments for this stage of the project in March 2013. I also made a minor amendment application to interview some ISEPICH participants, who were not able to attend groups, as the original application had only specified focus groups. The HREC approved this in May 2013.

The key research questions at this stage, as discussed previously, were:

4. In practice, what have participants done to promote to promote equity, environmental sustainability and health? Sub-question: What frameworks have they drawn on? (For ISEPICH participants, this also involved reflecting back on the original ISEPICH framework and its relevance)
5. What are the factors that have helped or challenged them in this work?

The second question above was originally phrased in my discussion group topic list as being about "barriers and enablers", which is common health promotion terminology (Burch, 2010; Dodson et al., 2009; A. M. McGuire & Anderson, 2012). However, I altered that after early interviews. Participants did not respond well to the language of barriers, in particular. The context of the question was that they were talking about specific work they had done. Therefore, it made more sense to talk about challenges than to talk about barriers (which would have implied that the work had not been done). Theories of practice also suggest the terminology of 'factors that help or challenge' is more compatible with a focus on practice, which is what the research needed to address, rather than a focus on purposive actors, behaviours and choices, with which the terminology of 'barriers and enablers' is often (although not always) associated. Theories of social practice conceptualise social practice as a complex field with multiple interacting practices, comprising both human and non-human elements, as discussed in the next section. 'Factors that help or challenge' seems more compatible with this approach than 'barriers and enablers'.

Initially in stage two, I met with key informants from the two additional PCPs (SGGPCP and Wimmera PCP) in April 2013. We had broad-ranging discussions about how the PCPs worked, their governance structures, what the local communities were like, and PCP planning. The key informants also provided an overview of what the PCPs had done to promote equity and environmental sustainability, any frameworks they had drawn on, what had helped and the challenges they had faced.

I subsequently conducted two group discussions with research participants in ISEPICH and four individual discussions with participants from ISEPICH catchment who were not able to attend group discussions, in April – May 2013. I conducted group discussions with participants from Wimmera PCP in June 2013 and participants from SGGPCP in November 2013. An SGGPCP participant also provided

notes from an additional discussion held in November for five people who were not able to attend the meeting with me.

Six staff members and nine community members from ISEPICH participated. Two staff members and two community members were not able to attend the scheduled discussion groups and so I interviewed them individually. Eight staff members from SGGPCP participated, one as key informant in an individual interview and eight (seven plus the key informant) in a group discussion. Seven staff members from Wimmera PCP participated, one as key informant in an interview, and six in a discussion group. The discussion group schedule is shown in Appendix four.

Discussion groups took the form of, firstly, a structured interview session where I asked each participant about work they done, or projects they had been involved in, addressing equity and environmental sustainability. Secondly, there was a semi-structured focus group session about helpful factors and challenges.

I used thematic and content analysis to analyse the evidence, which includes transcripts from interviews and group discussion by research participants and notes from the other SGGPCP meeting (de-identified information). Following the general principles of thematic analysis (Liamputtong, 2005, pp. 257-65), I first analysed comments under detailed themes, then into broader themes, and finally grouped themes in topic areas. I also used content analysis (Liamputtong, 2005) in analysing evidence from discussion groups, to find whether there were differences between the three PCPs or between staff members and community members, and in the analysis of the PCP strategic plans.

Other evidence included PCP strategic plans (public documents) and other information provided by PCPs, or available on PCP and organisational websites. Key sources used for critical discourse analysis are state and federal government documents, media reports, political lobby group publications and my observations, as recorded in project journals and the project blog (Kay, 2013-2017). The discourse analysis is also informed by the socioecological context, which is outlined in chapter five. I presented the preliminary findings in relation to question five to research participants in consultation sessions in stage three, and their feedback has been incorporated in chapter eight (the consultation is discussed in more detail in the section below on stage three of research). The findings from stage two are discussed in chapters seven and eight.

Methodology and theory

PCPs are complex organisations that involve both collaborative processes and traditional organisational hierarchies, both within the PCP and within the member agencies of the PCP (Joss, 2010, 2014). This leads to questions about power and agency. These are evident here particularly in relation to two issues: the support for environmental sustainability as a strategic priority in ISEPICH; and the support for this research. Both appeared to be supported through processes in ISEPICH when the research began. These processes were a combination of democratic and hierarchical processes. For example, democratic processes included representatives of member agencies voting for strategic priorities at a planning forum. Hierarchical processes included those by which endorsement of a decision by a committee such as the Health Promotion Steering Committee (HPSC), then required 'higher' endorsement by the Executive Committee, before being adopted by the PCP. Likewise, members of the HPSC were mainly at 'officer' (or equivalent) level in their

organisations while members of the Executive Committee were mainly at 'manager' level (both committees in ISEPICH also included two community representatives).

The processes were thus to some degree context-dependent. For example, while health inequalities was clearly accepted as a strategic priority in ISEPICH and had been for some time, environmental sustainability was a new priority and was ultimately confirmed by the Executive Committee in 2009 as part of a portfolio priority of 'affordable and sustainable living and environments' (ISEPICH, 2009a). This referred to issues such as cost of living and affordable housing, as well as environmental sustainability, and thus even those who did not see environmental issues as a high priority could have supported it. Complex issues about power, discourse and meaning were therefore evident in the decisions taken by ISEPICH, as well as the evidence emerging from interviews and discussions with research participants.

In stage two, the project could no longer be a community-based action research project in the original form, as it was not possible to trial the draft framework when it was not part of the workplan of the PCP or member agencies and not approved by senior managers through the ISEPICH Executive Committee. Nor could I continue working as closely with research participants when I was no longer employed by the PCP. Nevertheless, the project continued to be a community based project, in the broader sense that all participants were doing similar work, although in three different local communities, and I was maintaining communication with them. However, at this time the project also began to incorporate elements of a case study approach (Liamputtong, 2005), using the three PCPs as case studies. Although the evidence would no longer be as 'thick' as it would have been, had the research continued within ISEPICH, it would now have more 'breadth'. Moreover, critical observation, similar to 'critical ethnography' (Cook, 2005; Holmes & Smyth, 2011) became more clearly part of the research methodology, as I drew on my own observation and experiential knowledge of the PCPs to identify the ways in which power worked within and outside the PCPs. I had also worked in politics, as a researcher in the Victorian Parliamentary Opposition, and in policy making in the Department of Human Services, so this also assisted me to take a critical observer approach. I describe this method as critical observation rather than critical ethnography, as I was not in the same milieu as participants at all times, but it has a great deal in common with critical ethnography.

In this stage, I also increasingly drew on theories of practice to inform the methodology and analysis of the evidence. In theories of practice, "practices", rather than behaviours, ideas or knowledge, become the units of study (Nicolini, 2013b; E. Shove, 2010). The elements of practice include bodily capacities, mental activities (ideas and meaning) and material things (Reckwitz, 2002). Theories of practice thus ground cultural theory (see e.g. Reckwitz, 2002 for a discussion of cultural theory), and are compatible with action research. They also bring social theory closer to theories of the body (see e.g. Schatzki et al., 2001 for discussion), which is useful for public health. Theories of practice are therefore also compatible with attempts to locate the study of human actions and human societies in an ecological context, as part of a broader ecology, rather than as the sole or central field of study.

Elizabeth Shove (2010), in a discussion of social change and climate change, argues that the dominant approach to promoting sustainability has been the 'ABC' (attitude, behaviour and choice) model, but that there is a need to go beyond that approach and institute practices as the main object of study. Social practice theories are useful in exploring, for example, how people can hold

'pro-environment' views and still act in environmentally unsustainable ways (Judson & Maller, 2014). Rather than trying to understand this problem through making individual human beings the central focus of study, and drawing on psychological theories such as cognitive dissonance (Cohen, Higham, & Cavaliere, 2011), which is probably more usefully seen as a description rather than an explanatory theory, social practice theories look at practices and their persistence.

Some researchers have begun to study professional practice from a social practice theoretical framework (Nicolini, 2011, 2013a). Theories of social practice suggests one should look at health promotion not only in terms of ideas and meanings, but in terms of health promoters' learned capacities and bodily 'dispositions' (Bourdieu, 1994) as well as the material 'things' and material environment they work in. It is clear there is a relationship between all these elements; for example, the learned capacity to sit at a desk and send emails, or to lead discussion, facilitate discussion or talk in meetings, is related to the physical environment of things such as desks and information technology, rooms, tables and chairs. Thinking about them as elements of practices helps to ensure that certain aspects of practice are not taken for granted.

This is a thesis about practice, and theories of practice seem particularly relevant, but it is also about the ideas guiding practice (health promotion frameworks). Therefore, the element of mental activities (ideas and meaning) in Reckwitz's (2002) schema of practice seems particularly relevant. Some recent research and theory in health promotion has looked at 'capabilities', for example Nerida Joss (2010) has looked at capabilities in relation to collaborative work. In this sense, capabilities seem to include not only the 'ideas and meaning' element but also the 'capacity' element of Reckwitz's schema. Capabilities would also include the learned capacity to work with material things such as information technology, or to include material things such as physical environments in planning. Capabilities also relate to the affective capacity to engage and work with people in partnerships, which Joss (2014) identifies as an under-theorised and under-researched area.

Davide Nicolini's (2011) research on the social practice of telemedicine used detailed observation as a key methodology. I was not able to use detailed observation of practice in the same way, but I am able to draw on my own previous experience to understand practice and its elements. For example, when a research participant talks about a forum to decide health promotion priorities, I am aware of potentially relevant elements such as how bodies and voices may be used, how rooms may be arranged, what technology may be used, and so forth. Theodore Schatzki and colleagues (2001) note that an important aspect of practice theory is to understand practices as "embodied", "materially mediated" and reflecting "shared practical understanding" (2001, p. 2). The authors note that feminist theorists have particularly articulated the embodied nature of human activity.

Theories of practice also assist in bringing together insights from political economy and 'cultural' theory, particularly for the purpose of discourse analysis. The political economy approach uses concepts such as class, interests and ideology to analyse how power operates. Research participants in this project at times drew on similar concepts, particularly in their discussions of how corporations, or capitalism, affect equity and environmental sustainability. Foucault (1994), however, questioned the Marxist concept of ideology because it drew heavily on the idea of an individual subject who holds an ideology as distinct from the concept of subjectivities, created in

discourse. It also seems to suggest a unified 'top-down' power (ruling class power) rather than the more diverse ways that Foucault saw power as operating. In general, I use 'ideology' when discussing the ideas and assumptions of particular individuals or groups, and 'discourse' when discussing shared social worlds of communication, objects, signs and practices within which subjectivities and ideologies develop, and certain kinds of knowledge are legitimated or de-legitimated.

Thinking in terms of practices help to reconcile these concepts of ideology and discourse, which both have relevance in this study, by grounding them. For example, when analysing the practices of determining health promotion priorities, one can imagine as an example of 'social practice', a meeting between a health promotion officer and a manager about a proposed health promotion plan. Both have ideologies, and particular forms of knowledge, and the meeting is occurring in a physical and social environment containing 'signs' and meanings, constituting a discourse that also reflects power. Some aspects of this discourse are necessarily accepted by both, but there is also possible difference and contestation, and they are also expressing bodily 'capacities' in their actions and their demeanour, in Bourdieu's sense of disposition (1977). This of course is just one example of the myriad of 'practices' that make up health promotion and community development, and I have not attempted in my analysis to write at this level of detail, but this understanding of practice has informed the way I asked questions and the way I analyse the evidence. It also reflects my background as a social historian, because the methodologies and analyses of social history are similar to social practice theory (Shove, 2003).

Stage 3

Planned method and process

In the original research proposal, the plan for the final stage of research was to hold discussion groups at the end of the study period and ask participants to complete a final capacity survey to compare with the baseline survey from the beginning of the project. The final survey and discussion groups were no longer relevant because the trial of the ISEPICH framework had not been conducted. I proposed instead to conduct workshops with research participants in the final stages of the project, after I had analysed the information from the first two stages. In the workshops, I proposed to present key findings, invite participants' feedback on the findings and discuss the implications for health promotion frameworks. The Monash HREC approved this amendment in January 2016. I emailed representatives from The Alfred to enquire if they wished to participate in the third stage of the research but did not receive a response and so I did not seek ethics approval from The Alfred Ethics Committee for this stage.

Although stage three is described as the final reflective stage of the project, there were reflective processes at all stages of the study. In stage one, participants reflected on the process of developing the ISEPICH framework. In stage two, participants reflected on the factors that had helped or challenged their work in promoting equity, environmental sustainability and health. Throughout the study, I recorded my reflections in a journal in stage one and in a project blog in stages two and three. In stage three, I wrote up the project findings in a detailed project report and presented the information to participants in the form of a ten-page summary report and a fifteen-minute presentation, for their feedback and comments. The process included two types of finding for comment and feedback:

1. Findings based on thematic analysis of participants' accounts.
2. Potential implications for health promotion frameworks, which drew on the analysis of participants' accounts and of 'unspoken' factors, as discussed in chapter eight.

For the first workshop, with ISEPICH participants, I invited research participants individually and approached organisations to nominate participants if the original participant was no longer available. With the other two PCPs, it became apparent that holding a separate workshop was not feasible due to time constraints, and so I gave a presentation and invited feedback during scheduled meetings. The HREC accepted that consent forms were not required, as discussion was not to be taped, and all information was to be recorded anonymously in notes. In practice, a number of participants also chose to provide follow up information by email, which is not anonymous, but provision of an email implies consent for the information to be used. All information in stage three is used anonymously, and identified only as information from community members or staff members in a specified PCP.

There were three aims in the consultation. The first was to establish whether the themes emerging from my analysis of discussions in stage two about the work participants had done, the frameworks they had drawn on, and the factors that had helped or challenged them, accorded with their views. Because I was the sole researcher doing the analysis, this was particularly important for establishing validity. The second aim was to outline the broader findings from discourse analysis, including the ecofeminist analysis, and the possible connections between promoting equity and promoting ecological sustainability. The final aim was to explore implications for health promotion frameworks. I analysed relevant health promotion frameworks, including the ISEPICH framework, the Ottawa Charter and other relevant local frameworks. Prior to the workshops or meetings in stage three, I conducted this analysis by comparing the frameworks to the key findings about factors that helped or challenged participants' work. Subsequent to consultations, I conducted analysis of the frameworks in relation to a more detailed ecofeminist analysis. In keeping with the principles of CBPAR, the writing of this thesis has been a recursive, learning process and not merely a process of writing up findings (Marshall, 2008). A copy of the presentation (including questions) is in Appendix five.

Following the principles of action research, there was some modification of the presentation and the feedback questions in each PCP, to reflect comments from the previous session. The changes to the presentation were minor and were noted on the slides. The version in Appendix five is the final version used in the third workshop (changes are noted in the Appendix). Changes to feedback questions are shown in Appendix five. They involved making the questions more specific, following discussion at the previous session, and included a formal feedback sheet in the final consultation. Participants' feedback in the workshop and meetings was provided verbally (recorded in notes by the facilitator and me in the first session and by me in later sessions) and several participants provided further feedback by emails. Feedback sheets following the final consultation were emailed to me, as participants had requested time to consider their responses.

Ten ISEPICH participants took part in stage three, seven staff members and three community members. Four staff members (from three agencies) and two community members participated in the workshop. I also met with four people who were not able to attend the workshop, three staff members (from two agencies) and one community member. Three people also provided further

feedback by email after the consultations. The meeting at SGGPCP was a large meeting of the Health Promotion Network at which I gave a presentation. There was no time for general discussion in the meeting but three participants provided verbal feedback following the meeting. There were eight people present at the Wimmera PCP Health Promotion Network meeting when I gave my presentation. Most gave verbal feedback in a general discussion at the end of the meeting and three followed up with feedback by email. I wrote a summary of the feedback on the project blog in March 2017.

The findings of stage three are discussed in chapter nine.

Methodology and theory

While the research method of this project ceased to be CBPAR alone in stage 2, and became a combination of CBPAR and case studies, I tried to maintain the principles of CBPAR as far as possible. Therefore, in the final stage, it was important to consult with the participants on the findings of the project, and the implications I saw for health promotion frameworks, and hear their perspectives. However, there were practical limitations. As a part-time researcher, it took me a long time, about two years, to analyse all the evidence and write up a report that I could then summarise for participants with limited time. Participants also had many other demands in their work and life. Some of them had moved on to other employment, and others had stopped participating for a range of reasons, including illness and mortality, particularly amongst participants from vulnerable groups. I had to balance the amount of consultation with the potentially limited involvement I could expect from participants.

This exemplifies Liamputtong's (2005) claim that a "wide range of skills is required for participatory research" (2005, p. 197). Jill Grant and colleagues (2008) describe some of these as:

> *… building relationships, acknowledging and sharing power, encouraging participation, making change, and establishing credible accounts* (2008, p. 591).

During this time, as I discuss further in final reflections in chapter ten, my perspective had also changed. Rather than being focused on the local level, as I had been at the beginning of the project, I became more aware of broader factors affecting participants' work, as an 'outsider' looking at three PCPs. This became particularly so when, in analysing the information from stage two, I researched the strategic priorities of all PCPs in Victoria, and found that a large proportion of them had apparently reduced their focus on environmental or climate change issues between 2009-12 and 2013-17. While I became more focused on broader political and social issues, however, most research participants were still largely working within local communities and therefore focused on what could be done there.

The analysis thus began to have two key aspects, one to present a 'grounded' view of the evidence, reflecting the participants' views as much as possible in their own words, and the other to present the results of the discourse analysis and emerging insights from ecofeminist theory. In presenting the grounded findings, I put the information as much as possible in participants' own words. For example, in analysing transcripts, I conducted detailed word searches and counts to make sure that the terms I was using reflected words that participants had used, and not my representations of them. Thus, for example, certain themes include terms like viewpoint, language, communication and understanding, rather than discourse, as I might have expressed it.

In presenting the implications, I drew on the analysis of discourse, which related to the political and socioecological context, and also considered what participants had not said, as well as what they had said; that is, assumptions and taken-for-granted areas. In a sense, the latter was "confrontive", as Coghlan and Shani describe it (2008, p. 648), a situation where researchers "by sharing their own ideas, challenge the other to think from a new perspective" (2008, p. 648). I suggested to participants, for example, that gender was a very significant factor in this field, even though it had not emerged as a theme in their discussions.

Overall, in relation to methodology and theory in this research, I would summarise by saying that I began with a relatively uncritical approach to health promotion frameworks and theory, but a belief that health promotion practice was not addressing equity or environmental issues as effectively as it might. I saw this more as a practical, or political, problem than a theoretical problem in the beginning: I thought health promotion was not well understood or valued, but I did not at first see a need for an overarching critical framework within which to examine health promotion theory itself. I initially drew on social theory somewhat eclectically. For example, in looking at how health promotion conceptualised equity and addressed equity in practice, I drew on the perspectives of prominent health promotion theorists such as Baum and Labonté, who were working from a broadly political economy perspective, as discussed in chapter two. Baum (e.g. 2009, p. 163) referred to gender as important, but there appeared to be little detailed gender analysis in her published work. When trying to understand health promotion as practice, I drew on theories of practice.

Nevertheless, a feminist approach was always reflected in the research, in that I was aware of gender perspectives and gendered power structures. This became more focused as I conducted the analysis. Analysis of findings in stages one and two showed that research participants did not discuss gender as a factor affecting their practice, but reflection made me think critically about the 'taken-for-granted' knowledge that this was a highly gendered field. Moreover, I had a growing awareness, as the project progressed, that there were two discourses that were particularly important in understanding issues in the research. One was a discourse of caring and collaboration, in which people were seen to have a responsibility for looking after each other and the earth. The other was a discourse of competition, exchange and use value, in which people were seen as trading, exchanging and competing, and the earth was seen largely as a source of use value. This led me back to the work of feminist economists, such as Marilyn Waring (2009) and Nancy Folbre (Folbre, 2006, 2009), and to the broader school of ecofeminism, including historians such as Lerner (1986) and Merchant (1989), as well as scholars such as Greta Gaard (2011) and Ariel Salleh (2009). Recently, Stephens (2015) has outlined how an ecofeminist systems approach can be incorporated into action research. The principles of gender sensitivity and centring nature (Stephens, 2015, pp. 267-9), for example, are demonstrated in this study, through the analysis of taken-for-granted patterns of gender, and through exploring how 'nature' or environment is understood in different discourses.

Ecofeminism provides an overall theoretical approach that allows the different strands of ecological understanding, critical and historical perspectives to be brought together (G. Gaard, 2011). Ecofeminism is similar to Ecohealth (Butler & Friel, 2006; Butler & Weinstein, 2011; Patrick & Kingsley, 2016), in that it takes a socioecological approach. However, it is different in that ecofeminism uses the critical perspective of feminism to understand the processes through which our current situation has developed. The ecofeminist approach thus also enabled me to use my previous experience as a feminist historian to inform this present research project. Overall,

ecofeminism provided a theoretical framework for understanding how and why health promotion could exist as a gendered project attempting to promote equity and environmental sustainability within a society in which inequity and environmental destruction were largely normalised. This analysis is presented in detail in chapter nine.

Chapter 5. The political and socioecological context of the study

The first section of this chapter outlines the political context of this study, discusses evidence on equity and environmental sustainability in Victoria, and analyses the relationship of the evidence with the political and discursive context. The second section provides information on the Primary Care Partnerships (PCPs) where the research took place, including a socioecological history of their local areas.

Policy, political context and evidence in Victoria

Equity and health

When this study began, there was considerable focus on health inequalities in Victoria. The Commission on the Social Determinants of Health (CSDH) had defined health inequalities as differences in health status, and health inequities as "avoidable health inequalities" (CSDH, 2008, preface). In Victoria, however, the term health inequalities was often used to encompass both meanings. VicHealth (the Victorian Health Promotion Foundation), defined "health inequalities" as:

> *differences in health status (such as rates of illness and death or self-rated health) that result from social, economic, and geographic influences that are avoidable, unfair and unnecessary* (VicHealth, 2008a, p. 6).

There was particular interest in income inequality following publication of *The Spirit Level: why more equal societies almost always do better* (Wilkinson & Pickett, 2009). VicHealth hosted a very well-attended seminar at which Wilkinson spoke, in August 2009 (VicHealth, University of Melbourne, & VCOSS, 2009). An overview of income and wealth inequality in Australia is presented at Figure 3 following this section.

The broader policy context in 2009 was expressed in *A Fairer Victoria* (Victorian Government, 2005) and the national *Social Inclusion Framework* (Australian Social Inclusion Board, 2012). *A Fairer Victoria* was a social policy framework primarily framed around addressing disadvantage, increasing opportunity and providing a "fair go" (Victorian Government, 2005, p. 1). The Australian *Social Inclusion Framework* defined social inclusion as meaning that:

> *… people have the resources, opportunities and capabilities they need to:*
>
> - *Learn (participate in education and training);*
> - *Work (participate in employment, unpaid or voluntary work including family and carer responsibilities);*
> - *Engage (connect with people, use local services and participate in local, cultural, civic and recreational activities); and*
> - *Have a voice (influence decisions that affect them*) (Australian Social Inclusion Board, 2012, p. 12)

The national *Closing the Gap* strategy, which aimed to reduce disadvantages affecting Aboriginal and Torres Strait Islander peoples (Australian Government, 2009), was another important policy, which included a focus on health. Victoria introduced a *Closing the Gap in Health* strategy in 2009, succeeded by the *Koolin Balit* (meaning 'healthy people' in the Boon Wurrung language) strategy in 2013 (Victoria DoH, 2012a). These strategies aimed to reduce the gap in life expectancy between

Aboriginal and non-Aboriginal people, to reduce mortality and morbidity at all ages with particular focus on early life, and to improve access to services, by supporting Aboriginal Community Controlled Health Organisations (ACCHOs) and making mainstream services more culturally sensitive and safe for Aboriginal people.

Changes in government during this study affected the policy context. In Victoria, a Liberal National Coalition (LNC) government replaced the Labor government from 2010 to 2014, when a Labor government was again elected. An LNC government replaced the federal Labor government in 2013, and was narrowly re-elected in 2016. The Fairer Victoria and Social Inclusion frameworks ceased in 2010 and 2013 respectively. Both LNC governments, especially the federal government, cut funding to public health and health promotion (Daube, 2014; Munro, 2012). The Closing the Gap/Koolin Balit strategies had bipartisan support in principle, but the LNC federal government cut funding to Aboriginal programs, including health programs, in 2014 (Coggan, 2014).

Evidence on equity and health in Victoria

The 2008 Victorian Population Health Survey (Victoria DoH, 2008) found that lower income was associated with worse health status on the following factors: self-reported health; psychological distress; depression and anxiety; diabetes mellitus; current smoking; physical activity; nutrition; and obesity. The only areas where no association was found were risky drinking and overweight.

VicHealth produced a research summary *Key Influences on Health Inequalities* in 2008 (VicHealth 2008b), incorporating some key findings for Victoria. The summary showed that people with disabilities and migrants from non-Anglo-Celtic backgrounds were more likely to be unemployed or have insecure working conditions, and insecure working conditions were likely to be associated with smoking, psychological distress and sexual harassment at work. Housing insecurity was found to be associated with a number of health problems. Low income was associated with both food insecurity and obesity. There were also likely to be more fast food outlets in low income areas.

VicHealth (2008b) noted that the health of Aboriginal people was affected by both racism and connection (or lack of connection) to culture and country, although there was limited evidence on these factors at that time. A survey on the health and wellbeing of Aboriginal Victorians was conducted as part of the Victorian Population Health Survey in 2008 and published in 2011 (Victoria DoH, 2011b). The survey found Aboriginal Victorians had significantly lower incomes, lower levels of education, higher rates of unemployment, higher rates of divorce and widowhood, lower rates of home ownership, and higher rates of relocation than Victorians overall (Victoria DoH, 2011b). They also had much higher rates of food insecurity and psychological distress. Generally, Aboriginal Victorians had similar levels of social support and social connection to the overall population, but they were less able to get help from family or obtain money in the event of an emergency. They were also less likely to feel personally safe, to trust people, and to believe that they had opportunities to have a say or were valued by society.

Subsequently, a study in four municipalities found nearly all Aboriginal participants had experienced racism, particularly through verbal abuse, being ignored or treated as suspicious (Ferdinand A, Paradies Y, & Kelaher M, 2012; VicHealth, n.d.). Racism was particularly experienced in shops and public settings, but almost 50% of respondents had also experienced it in workplaces, sporting or educational settings. Experience of racism was associated with psychological distress, with those who had experienced the most racism having very high levels of distress. Individual coping strategies

such as “accepting racism or just putting up with it” (Ferdinand A et al., 2012, p. 1), were associated with higher distress levels. A specific study of racism in healthcare settings found a particularly strong association with psychological distress (Kelaher, Ferdinand, & Paradies, 2014).

The researchers concluded that “interventions [in] organisational and community settings are needed to reduce racism” (Ferdinand A et al., 2012, p. 1). Other researchers also concluded that in order to improve the health of Indigenous peoples it is also necessary to look at historical factors such as colonialism, invasion and dispossession (Paradies, 2008, 2016).

Further studies in the same municipalities found that culturally and linguistically diverse community members also experienced racism and discrimination (Ferdinand, Paradies, & Kelaher, 2015; VicHealth, n.d.b). Nearly two thirds of respondents had experienced racism or discrimination, in public spaces, workplaces and shops. Again, those experiencing more frequent racism or discrimination had higher distress levels. People with high visibility, such as Muslim women or Sikh men wearing traditional dress, were particularly likely to experience racism in public settings. The researchers again recommended interventions to prevent racism and noted that legislation, such as anti-discrimination legislation, is not in itself sufficient to prevent racism.

Evidence about violence against women was also produced by VicHealth and the Department of Human Services (2004). Longitudinal analysis showed that intimate partner violence was the single largest factor associated with burden of disease for adult women (Vos et al., 2006). VicHealth produced a framework for preventing violence against women, drawing on a literature review of research (Webster & VicHealth, 2007). VicHealth (2011) also later produced a research summary on violence against women, which concluded that about half of Australian women had experienced violence and that most violence was perpetrated by men known to them, as partners, family or friends. Women of Aboriginal and Torres Strait Islander identity were particularly likely to have experienced violence, with young women, women from non-English speaking backgrounds and women with disabilities also experiencing higher than average rates. Key determinants of violence against women were identified as “the unequal distribution of power and resources between men and women” or “an adherence to rigidly defined gender roles” (VicHealth, 2011, p. 1). These were identified in both 2007 (Webster & VicHealth, 2007) and 2011 (VicHealth, 2011).

When this study began, the direction of causation between equity and health was a contested issue: people asked whether social determinants such as poverty or unemployment cause health inequalities, or vice versa? Cohort studies found unemployment was a cause of psychological disturbance in young people in Australia, rather than psychological problems simply leading to unemployment (Morrell, Taylor, Quine, Kerr, & Western, 1994). Case control studies found unemployment contributed to increased risk of mortality in young men (Morrell, Taylor, Quine, Kerr, & Western, 1999). These findings were supported by later research on the health impact of unemployment, underemployment and casualization (Page, Milner, Morrell, & Taylor, 2013). Longitudinal evidence in Victoria also showed that homelessness increased the incidence of substance abuse, rather than substance abuse simply leading to homelessness (Johnson & Chamberlain, 2008).

Research on the impact of increasing income inequality during the 1990s and early 2000s produced mixed results. Researchers found the disparity in deciduous teeth caries between children in low income or high income families widened between 1993 and 2003 (Do et al., 2010). Research on

mental health disorders in people receiving income support in 1997 and 2007, however, found they were more common than in the general population in both years, but the difference had not increased over the period (Butterworth, Burgess, & Whiteford, 2011).

Critical appraisal

The evidence, especially from government sources, often reflects a theoretical framing of health inequalities as the lower health status of specified population groups, rather than the social determinants of lower health status. For example, the population health surveys used household income as a "proxy for socioeconomic disadvantage" (Victoria DoH, 2014, p. 511), while acknowledging that socioeconomic disadvantage results from a complex array of factors. The nature of factors such as the economic system or the role of government in income redistribution, however, was not analysed. The population health surveys also used concepts such as 'overweight and obesity', which Deborah Lupton (2013) has described as associated with "stigmatizing discourses" (2013, p. 3). Such discourses tend to locate 'the problem' in the people affected, rather than in social determinants.

These limitations reflect the inter-relationship of epistemology with the policy context in which evidence was produced. While both the Fairer Victoria and Social Inclusion strategies were attempts to address inequity, they tended to focus on disadvantaged population groups, rather than on causes of disadvantage. Thus, there was an associated tendency for government-supported research to generate knowledge about those groups, rather than about social determinants. The Social Inclusion Framework was an attempt to address multiple and complex disadvantage, building on similar approaches in the UK and Europe (Saunders, 2015), even though it was limited, as shown for example by the federal government's failure to increase the very low unemployment benefit (NewStart Allowance). Although the definition of social inclusion in the Framework included acknowledgment of the resources needed to support social inclusion, the emphasis was on people's activities or behaviour rather than on social determinants.

My observation, based on experience working on health inequalities at ISEPICH and participation in the development of two VicHealth resources on health inequalities, *People, Places, Processes* (Boyd, 2008) and *Fairer Health* (VicHealth, 2009), is that the policy context and evidence from official sources encouraged health promoters to 'work with' disadvantaged groups, rather than address factors that led to inequality. The *People, Places, Processes* (Boyd, 2008) report stated as a key finding that:

> *At times, there has been a merging of social policy goals that target disadvantage and that aim to reduce health inequalities. This is potentially detrimental to effective action and policy development, as these goals require separate (but complementary) approaches* (2008, p. 5).

It is difficult to understand the full significance of this statement since no further background or rationale was given for it. However, it seems to imply that health promoters should not aim to address causes of disadvantage. This appears to be at odds with the CSDH (2008) recommendation to tackle the inequitable distribution of power, money and resources. While it is not possible to understand VicHealth's intention entirely from such a brief statement, it illustrates ambiguities around equity.

Ambiguities were also evident in relation to violence against women. The 2007 VicHealth framework for addressing violence against women explicitly drew on feminist theory to posit the unequal distribution of power between men and women and rigid gender roles as key determinants of violence against women, stating that feminist theory:

> *… emphasised the gendered nature of abuse and identified prescriptive gender roles and the unequal distribution of power and resources between men and women as primary causes* [of violence against women] (Webster & VicHealth, 2007, p. 26).

The authors suggested, however, that a feminist approach was limited because it could not explain why only some men were violent. They stated that an "ecological" approach, drawing on the three levels "societal – community – individual" (Webster & VicHealth, 2007, p. 27), was preferred to a feminist approach, as a more complex theoretical framing of the issue. This was repeated in the 2011 research summary (VicHealth, 2011). Therefore, in both 2007 and 2011, VicHealth accepted feminist analysis as identifying the social determinants of gendered violence, but simultaneously saw it as an inadequate approach to address the issue.

In summary, much evidence on health inequalities available to health promoters at the beginning of this study was valuable in establishing that there were health inequities but did not provide clear guidance in addressing the social determinants of these inequities. Evidence from the Department of Human Services, particularly, was largely epidemiological evidence on population health status, showing differences in health related to single factors such as household income, race, ethnicity, and sex or gender. VicHealth provided some more complex evidence, including evidence about social determinants such as insecure employment and housing, and about people's experience of factors such as racism and prejudice. Some researchers also called for approaches that recognised the systemic factors that led to health inequities, such as the historical impact of invasion, colonialism and dispossession on Indigenous health. There was also increasing recognition that income inequality had negative impacts on health, in its own right, or as a marker for other social factors.

In 2015, VicHealth produced another resource, *Fair Foundations: The VicHealth framework for health equity (VicHealth, 2015),* which presents a more systemic approach to addressing health inequalities, but does not draw on any apparent theory about causes. The framework calls on governments to alleviate inequity through "taxation and income redistribution" (VicHealth, 2015, p. 3) but does not discuss other determinants of inequity. James Smith (2014) has shown that in the broader field of Australian health policy, there is considerable ambiguity over the concept of equity.

The *Fair Foundations* framework (VicHealth, 2015) considers social determinants, community level factors and individual factors in a recursive model showing that they interact and influence each other. In this sense, it illustrates the influence of complex systems theory. However, there is room for more explicit and "intersectional" (Crenshaw 1991) analyses of power, including naming and analysing historical and systemic factors such as invasion, colonialism, dispossession, racism, patriarchy and capitalism, and how they are related.

Figure 3. Income inequality in Australia – overview

The Australian Council on Social Service (ACOSS) produced a report in 2015 of the trends in income and wealth inequality in Australia in the last 20-30 years (ACOSS, 2015). The report argues that inequality is increasing and that much of this is driven by government policy. Some particular findings are:

- *Inequality in Australia is higher than the OECD average.*
- *A person in the top 20% income group has around five times as much income as someone in the bottom 20% ....*
- *Wealth is far more unequally distributed than income. A person in the top 20% has around 70 times more wealth than a person in the bottom 20%.*
- *The average wealth of a person in the top 20% increased by 28% over the past 8 years, while for the bottom 20% it increased by only 3%* (ACOSS, 2015, p. 10).

The report suggests employment growth has helped to moderate some of these trends, however that:

> *Over the 25 years to 2010, real wages increased by 50% on average, but by 14% for those in the bottom 10% compared with 72% for those in the top 10%* (ACOSS, 2015, p.10).

The report also says that the Global Financial Recession (GFC) caused a slight decline in wealth inequality but this appears to be temporary.

Some researchers (Coelli & Borland, 2016) argue that the increasing inequality is associated with wage polarisation related to technology, leading to both more high skilled and low skilled jobs, and less middle income jobs (particularly for men). ACOSS' analysis of the complex system of income and wealth in Australia, however, suggests that increasing inequality is particularly associated with government policy. Some key aspects are:

- Reduction on tax rates for high income earners, leading to a less progressive tax system.
- Increased tax take from consumption, particularly the Goods and Services Tax (GST).
- Reductions in social security, particularly NewStart (unemployment benefits) and restricting access to benefits.
- Policies that favour high income earners in wealth accumulation, particularly in superannuation and housing (negative gearing) (ACOSS, 2015).

These changes are associated with a 'neoliberal', 'neoclassical' or 'economic rationalist' shift in Australia from the 1980s (Stretton, 1999). Most of the specific policies identified by ACOSS were associated with conservative (LNP) federal governments in Australia, however the neoliberal shift was also supported by Labor governments. Labor governments introduced some countervailing policies, such as supporting wage increases for low paid workers in 2010 (Saulwick, 2010), and increasing the tax free threshold in 2012 (ATO, 2012), however these have not been sufficient to counter the overall trend of increasing income inequality.

There is some disagreement over the extent of increase in income inequality in Australia. Alan Fenna and Alan Tapper (2015) suggest there has been some rise in inequality of wealth and income, but that it has been less marked than ACOSS suggests. Fenna's and Tapper's research ceased at 2010-11, so it may have been affected by the negative impact of the GFC on wealth, which ACOSS (2015) argues is likely to be only short term and does not reflect longer term trends. Michael I. Norton and colleagues (2014) suggest that while there has been an increase in inequality in Australia, it has been much less than in the USA. A study by Rosetta Dollman and colleagues (2015) for the Reserve Bank found that both income inequality and wealth inequality had increased since 1990. Their findings, like the ACOSS review, suggest some resurgence of wealth inequality since the GFC, including a rising share of wealth held by the top one per cent (Dollman et al., 2015)

The rapidly increasing concentration of wealth in the hands of a very small minority is a concern worldwide. A recent Oxfam report found that about eight men hold the same monetary wealth as the poorer half of humanity (Hardoon, 2017). This is down from 62 individuals the previous year and 388 in 2010 (Hardoon, Ayele, & Fuentes-Nieva, 2016).

Environmental sustainability and health

In Victoria, the legislation setting up the Commissioner for Environmental Sustainability in 2003 provided a definition of ecologically sustainable development as:

> *… development that improves the total quality of life, both now and in the future, in a way that maintains the ecological processes on which life depends* (Parliament of Victoria, 2003 [amended 2008], p. 4 s.4(1)).

The concept of sustainability was widely used at local community level. Sustainability was often presented as having three (or four) pillars: economic, social (or social and cultural) and environmental. The City of Port Phillip, one of the ISEPICH member agencies, saw sustainability in terms of building the best possible "natural and social future" (CoPP, 2007, p. 2).

When this study began, however, the relevant public health policy was mainly concerned with climate change adaptation, rather than environmental sustainability. The Department of Human Services (2007) produced a report outlining the expected health impacts of climate change and exploring potential responses, under the general description "understanding vulnerability and building resilience" (2007, p. 19). The emphasis on adaptation was in line with international approaches, as outlined in the WHO report *Protecting health from climate change* (2009).

The Victorian Government (2009, 2010) produced a green paper on climate change and an action plan in 2010. The context was the expected implementation of a carbon emissions reduction scheme by the federal Labor government. The proposed federal scheme was primarily market-based, on the recommendation of the Garnaut Climate Change review (Garnaut, 2008). The Garnaut review argued for an emissions trading scheme as the predominant national response to climate change (2008). The proposed role of government included supporting research and development, and addressing the equity impacts of climate change, including the impact that carbon pricing would have on low-income groups. In other respects, the review strongly focused on a market mechanism, stating that:

> *An emissions trading scheme … is, if designed and implemented well, the best approach for Australia … No useful purpose is served by other policies that have as their rationale the reduction of emissions from sectors covered by the trading scheme* (Garnaut, 2008, p. xxxii).

The review did not discuss the role of community action.

The proposed federal carbon emissions scheme was not enacted in 2009-10 (ABC, 2014), and it was not until 2012 that a carbon price was introduced, as part of a broader package of 'Clean Energy' legislation (Parliament of Australia, 2011). Nevertheless, in 2010 the Victorian government introduced the Climate Change Act (Parliament of Victoria, 2010), which set an emissions reduction target of 20% below 2000 levels by 2020, and included other measures from the Victorian climate change action plan, including a requirement that climate change be considered in state and municipal Public Health and Wellbeing Plans. The Act did not come into force until 2011, but until the state Labor government lost power in November 2010, it encouraged health services, including PCPs, to address climate change adaptation.

The Victorian LNC government elected in 2010 produced a climate change adaptation plan in 2013, (Victorian Government, 2013), as required under the Climate Change Act. State and municipal public health plans were formally required to take climate change into account, and the Department of

Health provided some guidance to councils in this regard (Victoria DoH, 2012c). Overall, however, the LNC government reduced the focus on climate change (Ferguson, 2012) and did not encourage PCPs to address climate change. The implications of this are discussed in more detail in the findings chapters of the thesis.

Evidence on environmental sustainability and health

There is longstanding evidence of the impact of environmental factors on health, such as pollution (WHO, 2016a), environmental contamination (WHO, 2016b), and loss of biodiversity (WHO, 2016c). Impacts are recognised as most severe for the poorest and most vulnerable groups. For example, children in low income families and countries are particularly at risk from pollution both because of their direct exposure and because of their immunological vulnerability caused by poverty and psycho-social stress (Perera, 2008).

While environmental determinants were recognised in Victoria, they were mainly seen as the responsibility of environmental health officers in state or local government. Evidence in health promotion tended to focus on climate change, in line with policy directions. The evidence used in the Department of Human Services report on climate change and health (Victoria DHS, 2007) came from a range of sources including the work of Tony McMichael, Rosalie Woodruff and colleagues (2003).

McMichael, Woodruff and colleagues (2003) outlined potential health impacts of climate change, including illness, deaths and post-traumatic stress disorders from more frequent severe weather events, and increased risks of infectious food poisoning. Other predicted impacts included changes in the range and seasonality of mosquito-borne infections and regional increases in various plant-derived aeroallergens. They also predicted fresh-water shortages in remote (especially Indigenous) communities and more severe droughts and long-term drying in rural communities. Social disruption and changes in health-related behaviours, such as increasing use of alcohol, smoking and self-medication, were also seen as likely outcomes of climate change. Climate change and rising sea levels were also predicted to cause geopolitical instability in the Asia-Pacific region, including environmental refugees.

The subsequent IPCC report (2007) predicted that with current mitigation policies, there would be continued warming, sea level rises and more extreme weather events globally; for Australia, it foresaw significant loss of biodiversity, water security problems, declining production from agriculture and forestry in southern and eastern Australia, and increased risks from sea level rise, storms and flooding. The impact of climate change was predicted to be most severe for the poorest groups, through impacts such as disasters, or rising food costs, and because poorer people are less able to afford adaptation measures, such as increased home insulation or energy efficient appliances.

Not all health promoters would have been exposed to in-depth information about climate change impacts in 2009, as the process of disseminating information was in its early stages. There was widespread concern, however, about the long drought in Victoria from approximately 1999 to 2009, a severe heatwave in January 2009 and the catastrophic 'Black Saturday' bushfires in February 2009. The heatwave led to 374 excess deaths, a 62% increase in expected mortality for the period (Victoria Chief Health Officer, 2009) and the bushfires caused 173 deaths (2009 Victorian Bushfires Royal Commission, 2010). Climate experts, however, were reluctant to link specific events to climate

change, even though they might say climate change increased the likelihood of such events (Karoly, 2009). The status of these events as evidence of climate change impacts on health was thus ambiguous.

Since this study began, there has been much more detailed research on the observed or expected health impacts of climate change. The IPCC (2014) has summarised a range of global risks, including more frequent extreme weather events such as heatwaves and flooding (particularly in the Australasian region) and associated disruption or breakdown of systems such as energy and health systems. The report also predicts increases in food insecurity and disruption of food systems, risks to safe drinking water and reduction in water for irrigation, plus damage to and loss of coastal, marine, terrestrial and inland water ecosystems. The impact of heatwaves (Bi et al., 2011; Kovats & Hajat, 2008) heat related events and impacts on food and water (F. Edwards et al., 2011) are particularly relevant. This more detailed emerging evidence, however, was not readily available to health promoters because the LNC government in Victoria from 2010 to 2014 did not encourage a continued focus on climate change in health.

Although climate change was a particular focus in public health when this study began, there was also evidence available about the broader relationship of human health and the environment. Evidence about contact with nature as a determinant of health (Maller et al., 2006) was disseminated to health promoters and PCPs by Parks Victoria (Parks Victoria, 2011 [updated 2015]), with the support of the Department of Health. There was also a well-established *Environments for Health* framework for municipal public health planning (Victoria DHS, 2001). This included evidence in general terms about environmental determinants of health, ecosystems and the "qualities" of local environments (2001, p. 22), and aimed to help integrate health promotion planning at municipal and PCP levels.

Evidence also emerged from research about co-benefits to health from addressing climate change or promoting environmental sustainability. Researchers pointed to co-benefits to health and the environment from eating less meat, reducing pollution, active transport and sustainable urban and land use planning (e.g. Butler & Friel, 2006; Ferne Edwards et al., 2011; Friel et al., 2011; Frumkin & McMichael, 2008).

Critical appraisal

The limitations of epidemiological evidence in relation to social determinants are again apparent. While climate scientists and public health experts provide evidence about climate change and its likely impacts on health, this does not in itself address the question of the social determinants or causes of climate change and environmental degradation, nor what societies and individuals should do about them, which is a social and political question.

Even when looking only at quantifiable health impacts, a focus on climate change rather than broader environmental issues is a limitation. Other forms of environmental degradation also have direct impacts on health. For example, in the 20th century lead pollution from leaded petrol caused damage to health, particularly children's health, and reductions in the ozone layer caused by chlorofluorocarbons increased the risk of skin cancer (UNEP, 2012). Concerted global action led to "substantial progress" (UNEP, 2012, p. 61) in both these areas, showing that people are capable of responding to environmental challenges. The focus on climate change is understandable and

important but it is also important to remember that environmental determinants and environmental sustainability are not only about climate change.

Moreover, when epidemiological modelling is applied to the likelihood of future events, it becomes more complex. Much evidence in regard to climate change and health is about future predictions, and there is not usually a clear single factor or linear progression to analyse. As McMichael, Woodruff and colleagues (2006, p. 859) put it, "[m]odelling cannot be an exact science". Heatwaves have been the subject of analysis, but even with heatwaves there is not expected to be a clear linear progression. Climate scientists are beginning to analyse the component of climate events that can be attributed to climate change (Climate Council, 2015; Fischer & Knutti, 2015), but this remains complex and may be politically contested (Parkinson, 2013).

Predicting the impact of climate change on issues such as infectious diseases is similarly complex because changing climatic conditions alter behaviour and social systems as well as altering the risks of infections or the spread of vectors (McMichael & Butler, 2006). For example, more floods may cause increased risk of water-borne infections. However, increased drying could lead to use of more recycled water, which could also increase the risks of water-borne infections. Similarly, changed responses to bushfires after the 2009 Victorian fires may lead to decreased loss of life, because people are now advised to evacuate early, but could lead to more loss of homes and increased social disruption. Risks are thus always mediated through social responses.

While epidemiological evidence about the effects of climate change on human mortality and morbidity is important, it is also important to take into account broader social impacts. It would be difficult, for example, to quantify the impact of coral death in the Great Barrier Reef in terms of human morbidity. However, the loss of the Great Barrier Reef coral clearly would have an impact on societal 'health' or wellbeing in a broader sense, through the sense of loss and grief, as well as the likely practical impacts on unemployment in the region. The distress that people feel when we hear that a species has disappeared, similarly, may not be easily quantified in terms of human mortality and morbidity, but is an important issue in the study of environmental sustainability and health. The World Wildlife Fund (WWF) (2016) estimates there has been a decline of 58% in the populations of vertebrate species it monitors since 1970 and that this may reach 67% by 2020.

One expected impact of climate change is displacement and change in affected communities, such as coastal areas affected by sea level rise or rural areas affected by lower rainfall or more frequent fires and floods. All three PCP areas in this study have been, or may be, affected by such changes. In terms of evidence, it is misleading to quantify the impacts (or expected impacts) of climate change only through its impacts on human mortality or morbidity, because while these impacts exist and are important, people in the affected communities also adapt to the changing situation. More qualitative terms such as 'solastalgia', encompassing the distress and sense of loss that can be associated with both climate change and the necessary adaptation to climate change, are also useful (Albrecht, 2006; McNamara & Westoby, 2011).

Much of the expected impact of climate change and environmental degradation cannot be quantified in terms of population health indicators such as Years of Life Lost (YLLs), Disability Adjusted Life Years (DALYs), or even Quality Adjusted Life Years (QALYs) (for discussion of these indicators, please see e.g. Sassi, 2006; Victoria, 2005). We also need to consider affect, people's feelings about the impact of climate change, and social change, the ways in which societies will

change as we respond or fail to respond to climate change and environmental degradation. Looking at broader qualitative societal impacts also allows a more comprehensive focus on other forms of environmental degradation as well as climate change, such as loss of biodiversity, which is associated with climate change but is also occurring independently of climate change, due to factors such as deforestation and urbanisation (UNEP, 2016; WWF, 2016).

Finally, there is the issue of thinking 'like a planet': if we are trying to think in ecological terms then privileging human health, or even societal wellbeing, becomes problematic (Patrick et al., 2015). These impacts are important (and it is unrealistic to expect us to think otherwise) but they are not the only important measures. The loss of other species and the health of ecosystems are significant in their own right. This relates to the broader question of discourse, particularly the privileging of 'Man' over 'Nature', as discussed in chapter three.

Health promotion responses to equity and ecological sustainability in Victoria

In Victoria, the guiding framework for health promotion when this study began was the *Integrated Health Promotion Resource Kit* (the IHP Kit) (Victoria DHS, 2008a). The IHP Kit was developed to guide health promotion conducted by agencies funded by the Department. As such, it was to some degree a bureaucratic instrument about rules for practice, rather than a visionary statement such as the Ottawa Charter.

The definition of "integrated health promotion" (IHP) in the IHP Kit was:

> *… agencies and organisations from a wide range of sectors and communities in a catchment working in a collaborative manner using a mix of health promotion interventions and capacity building strategies to address priority health and wellbeing issues* (2008a, p. 5).

Primary Care Partnerships were established in 2001. Two of their key goals were to improve the coordination of services and to integrate health promotion planning (Victoria DoH, 2010). Agencies that received health promotion funding were required to work with other members of their local PCP to develop an integrated health promotion plan for the catchment area.

The IHP Kit (2008a) set out guidelines for planning, implementing and evaluating health promotion. The principles included the two below, which show a commitment to equity but limited acknowledgement of environmental sustainability:

> *Address the broader determinants of health, recognising that health is influenced by more than genetics, individual lifestyles and provision of health care, and that political, social, economic and environmental factors are critical …*
>
> *Act to reduce social inequities and injustice, helping to ensure every individual, family and community group may benefit from living, learning and working in a health promoting environment* (2008a, p. 5).

While the IHP Kit called for agencies to address social determinants, the Victorian government's health promotion priorities when this study began focused on behaviour and community action. The health promotion priorities for 2007-12 were:

1. *Promoting physical activity and active communities.*

2. *Promoting accessible and nutritious food.*
3. *Promoting mental health and wellbeing.*
4. *Reducing tobacco-related harm.*
5. *Reducing and minimising harm from alcohol and other drugs.*
6. *Safe environments to prevent unintentional injury.*
7. *Sexual and reproductive health* (Round, Marshall, & Horton, 2008, p. 2).

Primary Care Partnerships and agencies funded for health promotion were required to choose at least one of these priorities for their health promotion plans. During the government's priority setting process, in which I participated, some participants called for a focus on social determinants. However, this was not adopted. Most Victorian PCPs, however, identified health inequalities, equity, social inclusion or a similar issue as an overarching strategic priority in 2009. Therefore, within the restrictions of state priorities, health promoters generally included some focus on health inequalities and inequities. For example, under the priority of 'promoting accessible and nutritious food', PCPs could promote food security for disadvantaged groups.

Neighbourhood Renewal sites were also a priority setting for health promotion. The Victorian Neighbourhood Renewal strategy was a place-based approach that provided funding and support to disadvantaged local communities to assist them to reduce disadvantage and improve well-being (Klein, 2004). Evaluation of the strategy in 2008 showed there had been a narrowing of the gap on some key social indicators between neighbourhood renewal areas and other areas, although the gap had also increased on some indicators. There had not been any impact on health indicators for populations, although residents who had participated directly in programs showed some improvement (Victoria DHS, 2008b). There were 19 neighbourhood renewal projects in Victoria in 2009-11, targeting areas with high levels of public housing. There were also eight community renewal sites, which were disadvantaged areas in rapidly changing suburbs (Victoria DHS, 2011), and one project in a small area of high disadvantage within the generally wealthy municipality of Port Phillip, the 'St Kilda Inclusion Project' (CoPP, 2016a).

In 2008, VicHealth, in collaboration with the Victorian Department of Human Services, published the report *People, places, processes: Reducing health inequalities through balanced health promotion* (Boyd, 2008). In 2009, VicHealth, again in collaboration with the Department of Human Services, produced *Fairer health: Case studies on improving health for all*, a report on health promotion projects addressing health inequalities (VicHealth, 2009).

The *People, places, processes* resource was aimed at helping practitioners identify the best ways to reduce health inequalities when designing programs. A draft version was trialled by the Banyule Nillumbik Healthy Communities Alliance (a PCP) in 2007-08. The evaluation report (Boyd, 2008) found the resource was a useful tool for planning, but there was also a need for a more supportive policy environment and improved equity indicators. The report also recommended training of senior management, increased organisational support and improved collaboration with a broader range of services.

Fairer Health: Case studies on improving health for all (VicHealth, 2009) provided information on some local health promotion projects that were considered examples of good practice. The report identified some key themes in the projects, including planning for impact, using program logic, and forming partnerships with organisations outside the health sector. Community ownership of

programs, “re-thinking” inclusion (2009, pp. 1-2), or asking why some groups are excluded from activities, and connection to the social determinants of health, were also identified as key themes.

In relation to environmental sustainability, the Department of Human Services (2007) had produced a report on climate change adaptation, as previously discussed, and had begun providing some support to PCPs that wished to address climate change. Environmental sustainability, or climate change more specifically, became a focus for some PCPs, partly as a result of the extended period of drought in Victoria until 2009. The Department of Human Services originally funded rural PCPs to address health issues arising from drought, such as mental health issues, and in some cases, this evolved into a focus on climate change.

Southern Grampians and Glenelg PCP, in collaboration with the McCaughey Centre at the University of Melbourne, produced a framework for local action on climate change adaptation in 2008 (Rowe & Thomas, 2008). In the metropolitan area, South East Healthy Communities (PCP) in partnership with Rae Walker from La Trobe University, produced a *Climate Change and Primary Health Care Intervention Framework.* The authors suggested PCPs could provide a “foundation” (R. Walker & South East Healthy Communities Partnership, 2009, p. 276) for primary health care responses to climate change.

Rebecca Patrick and colleagues (2011) at Deakin University produced a report exploring the potential for “health promotion activities and sustainability principles to come together” (Patrick et al., 2011, p. 4). The report included case studies from two community health services, one PCP (Southern Grampians and Glenelg), a women’s health service and a regional health service, which had all incorporated a focus on environmental sustainability into health promotion activities. The report also provided a checklist showing how the Integrated Health Promotion Planning Framework (in the IHP Kit), could be adapted to address sustainability.

There were also numerous forms of community action on environmental sustainability and climate change when this study began. The Victorian Department of Sustainability and Environment (2009) commissioned a stocktake of local environmental behaviour change projects, which identified 54 projects:

> … [ranging from] *large scale, state government run projects working with tens of thousands of households, using a form of individualised marketing, to small scale projects run voluntarily by concerned residents in neighbourhoods* (2009, p. 4).

A report for the Victorian Department of Planning and Community Development (Fritze, Williamson, & Wiseman, 2009) argued that community engagement around climate change could improve understanding, strengthen input into policy making and contribute to better debate and more effective action. It also identified some key success factors for effective local engagement and action, including clear messages and sustained support from government, respecting local knowledge and concerns, and drawing on local leadership, networks and skills.

The Environment Victoria website (2011) listed 37 Climate Action Groups in 2011. Transition Towns, another movement for local action on sustainability, included an explicit focus on health and wellbeing (Transition Sunshine Coast, 2016). Two of the community groups represented in this study were local environmental groups: Glen Eira Environment Group (GEEG) and Port Phillip EcoCentre.

Historical and socioecological context

This section provides a socioecological history of the areas covered by the PCPs in this study, focusing particularly on the impact of British invasion on the relationship of people and country/ecosystem. As outlined in chapter three, the invasion was the result of a historical moment that had particularly severe implications for the survival of Indigenous peoples and local ecosystems. The following discussion illustrates what this means in practice at local level. The discussion also provides current information about the local areas, and about the PCPs and their strategic priorities.

ISEPICH - in the country of the Yalukit Willam

The Inner South East Partnership in Community and Health (ISEPICH) was the PCP for the municipalities of Port Phillip, Stonnington and Glen Eira, in inner southeast Melbourne (see maps at the end of this chapter), from 2001-2013. In 2013 ISEPICH combined with the neighbouring Kingston Bayside PCP, to become Southern Melbourne PCP (2017).

The present municipality of Port Phillip, much of Stonnington and parts of Glen Eira are located in the country of the Yalukit Willam (Boon Wurrung Foundation & Port Phillip EcoCentre, n.d.; CoPP, 2016c; CoS, 2016). The Yalukit Willam clan were members of the Boon Wurrung, the people who 'walked over' or 'sat down on' (Mitchell, 2011) the land from present Williamstown southeast to Westernport and east to the foothills of the Dandenong ranges, the land that drains south or west towards the sea. The Boon Wurrung were one of five language groups of the Kulin peoples, who lived around the present day Port Phillip bay, had the moieties of either the Waa (crow) or Bunjil (eagle) and intermarried (Barwick, 1984)

Indigenous society was described by William Thomas, the British 'Protector of Aborigines', as a society where "nature's bounty" was shared, and "none lacketh while others have" (1898, p. 66). The ancestors of the Kulin peoples had lived in this country for over 40,000 years (Boon Wurrung Foundation, 2016; Presland, 1998). Stories passed through generations tell how the sea began to rise almost 20,000 years ago, creating the bay where there had been open plain (VACL, 2014).

British people first came to the bay around 1800 as whalers and sealers (Clark, 2005). They carried out violent attacks in which they killed Boon Wurrung people, and kidnapped women, including four women of the Yalukit Willam, in 1833. In an extraordinary tale of survival, Louisa Briggs, taken as a child in 1833, later re-joined the few remaining members of her people at Corranderk reserve, near present day Healesville (Briggs, 2016). One of Louisa Brigg's descendants, Boon Wurrung Arweet (Elder) Carolyn Briggs, is an active member of the inner southeast community today.

Members of the Yalukit Willam were amongst the Kulin peoples who signed the so-called 'treaty' by which John Batman and his party in 1835 claimed rights to the country where Melbourne now stands (Clark, 2005). It is possible they saw the signing ceremony as form of 'tanderrum', or visitors' rights (Barwick, 1984), or that they understood white people as former members of the wurrung who had been reincarnated (Clark, 1998a). Derrimut, a Yalukit Willam Elder, and others, protected Fawkner's party from a planned attack by other Kulin peoples in 1835. Nevertheless, the Yalukit Willam, and all the Kulin peoples, were in a short time almost destroyed by introduced disease and alcohol, violence, hunger and demoralisation. As Diane Barwick (1984) wrote:

> *Colonists began their illicit occupation of the Kulin land in 1835; within six years almost 12,000 Europeans had appropriated the estates of most Kulin clans and dispossessed the owners* (1984, p. 108).

By 1861, there were estimated to be over half a million people from Britain and Europe in current day Victoria, and fewer than 2000 of the original 60,000 or more Indigenous inhabitants had survived the " 'wanton slaughter', starvation and … diseases" (Barwick, 1984, p. 109) brought by invasion. James Boyce writes that even in the "sorry history" (2011, p. 106) of British imperialism, this invasion was unprecedented in scale, speed and devastation. Although many Anglo-European people came in the 1850s gold rushes, appropriation of land by squatters and their flocks had largely occurred by then.

In 1860 the colonial government set up a central Board for Aborigines which established reserve areas, including one at Corranderk near present-day Healesville (Broome, 2010). The idea was that Aboriginal people would establish "self-sufficient agricultural communities" (HREOC, 1997 part 2, section 2). This happened for some time at Corranderk, but there were constant problems with the white administration and the Board, who did not return profits to the Aboriginal people. Corranderk was under threat from white landholders who coveted the land and was progressively closed down, with the last of the reserve sold in 1948.

The status of Aboriginal people in Australia was formalised in section 127 of the federal Constitution in 1900, which directed that:

> *in reckoning the number of people of the Commonwealth, or of a State or other part of the Commonwealth, aboriginal natives shall not be counted* (Australian Government Solicitor, 2010, originally s.127, p. 29 of the Constitution, repealed in 1967).

Although the Aboriginal population of Australia stopped declining and started growing around the 1930s (ABS, 2014), it was not until 1967 that this status as people who were not to be counted was overturned, in the 1967 referendum (Australian Government, 2016).

The 1850s gold rushes also brought Chinese immigration to Victoria, and early manifestations of the anti-Asian prejudice that was later reflected in the White Australia policy, following federation in 1901 (D. Walker et al., 2003). As well as preventing Asian and other 'non-white' immigration, various Acts and regulations, dating back to the 1860s could be used to restrict immigration of anyone seen as 'undesirable'. The White Australia policy was abandoned in the 1960s, but Australia's immigration policy has always placed many restrictions on those who may enter the country, even though these restrictions vary at different times.

In the 19th century, the swamps and lagoons of the Yalukit Willam country were drained and suburbs built in British style, with some exotic landscaping and pleasure grounds such as Luna Park in seaside areas (Cooper, 1931; CoPP, 2016c; Longmire, 1989). St Kilda was mainly settled by white people as a resort, with some large and opulent mansions. In spite of immigration restrictions, by the 1940s the area had a relatively diverse population. There were Italian musicians, Greek fishmongers and Chinese launderers amongst the residents of St Kilda, and a significant Jewish community (Longmire, 1989). The Jewish community extended into neighbouring Caulfield, in present day Glen Eira (Murray, 1980), which now has the largest Jewish population in greater Melbourne, including

Holocaust survivors who came after World War II, and their descendants (CoGE, 2016; JewishCare, 2016).

The suburb of Toorak, near the Yarra River, attracted wealthy settlers and continued to be wealthy throughout the 20th century, whereas St Kilda gradually became more popular with bohemians and artists (Longmire, 1989). The Botanical Gardens, near the Yarra River in present South Yarra, were constructed on an area that had once been a meeting place for Kulin peoples, as had the Emerald Hill area where South Melbourne Town Hall was built (Presland, 1998). Aboriginal people from Victoria and other parts of Australia continued to come to open spaces as gathering places, even though in greatly reduced numbers (Eidelson, 2014).

Other suburbs in the area ranged from working and lower middle class respectability in current Glen Eira, made famous in the novel *My Brother Jack* (Johnston, 1965), to the industrial areas of South Melbourne and wharfie areas of Port Melbourne. Following World War II, Australia allowed large scale immigration, including European refugees. These immigrants provided a labour force for Australia's program of industrialisation in the 1950s and 60s, many working in factories, even those who were professionally qualified. In the later twentieth century migrants and refugees came from Vietnam and other parts of Asia, the former USSR, and several African countries.

Many migrants came to inner city Melbourne, which had become a home for the urban working class, even though some of it had been built for wealthy residents in the 19th century. In the 1960s, some areas were cleared and replaced with high rise public housing towers, including areas in South Melbourne, Port Melbourne, St Kilda, Prahran and South Yarra, in the inner south east.

Figure 4. 1960s high rise public housing flanked by new expensive apartments, inner south east (photo by author)

From about the 1970s, the inner city started to become popular again with middle class people such as young professionals, and subsequently with older wealthy people and retirees. Nineteenth century houses in inner city areas were renovated, while new high rise apartment blocks were built in the late 20th and early 21st century, in this case more for the wealthy, offering expensive apartments with extensive views.

The process of "gentrification" (CoPP, 2016b) meant house prices and the cost of living went up. Public and social housing, including rooming houses, continued to offer some accomodation for people on low incomes and increasingly those with multiple health and social problems (Resolve Community Consulting, 2011). There were numerous health and welfare services located in the area, which made it attractive to people experiencing health and social problems.

The municipalities of Glen Eira, Stonnington and Port Phillip were created in the mid-1990s from amalgamation of previous smaller municipalities or parts thereof (Connoley, 2007). The cities of Port Phillip, Glen Eira and Stonnington are outlined in red in the enlarged metropolitan area map at the end of this chapter.

The LNC government in the 1990s began a program of health service amalgamations and privatisations, including an initiative called Reform of Primary Health and Community Support (known as PHACS reform, or just PHACS) (Klein, 2002). The program was expected to lead to the amalgamation, and potentially privatisation, of numerous local health and community agencies. Planning for PHACS reform had begun when the LNC government lost power in 1999 (Klein, 2002).

The incoming Labor government did not proceed with PHACS reform, but instead introduced the Primary Care Partnership (PCP) strategy, under which agencies would work together in voluntary partnerships (Klein, 2002). The Labor government used various measures to achieve this, including funding to set up PCPs and employ staff, and bureaucratic regulation making membership of a PCP mandatory for certain agencies, including local governments and community health services. It also made receipt of some funding, including health promotion funding, dependent on PCP membership. Harald Klein describes this as a "third way" approach (2002, p. 25). The different approaches of the LNC government and the Labor government appear to reflect the difference between 'right' and 'left' neoliberalism, as discussed in chapter two.

Primary Care Partnerships were established in 2000-01. By 2009, ISEPICH had about 50 member agencies, including local governments, health services and community health services, Divisions of General Practice (which subsequently became Medicare Locals in 2011, then larger Primary Health Networks in 2015), welfare organisations, neighbourhood houses and community centres, ethno-specific health services, community mental health services and a range of specialist non-government service providers (ISEPICH, 2009a).

The ISEPICH catchment was an area of marked inequality, including some very wealthy areas and some of the most disadvantaged small areas in Victoria (ISEPICH, 2009b; Resolve Community Consulting, 2011). The population was about 300,000, of whom about 20% were of non-English speaking background, although this proportion was declining due to gentrification. The population included the largest Russian- and Polish-speaking communities in Victoria, and the largest Jewish population. There were significant numbers of people affected by social and health conditions including mental health issues, homelessness, substance use, and street sex work, particularly around St Kilda. Some parks in St Kilda were still meeting places for Indigenous people, although the number of residents of the inner south east who identified as Aboriginal or Torres Strait Islander was officially only about 600 (census records are generally thought to under-represent people of Aboriginal and Torres Strait Islander background). The inner southeast was also a popular area for LGBTQI (Lesbian, Gay, Bisexual, Transgender, Queer and Intersex) people, and artists. Gentrification made it increasingly difficult for people from diverse backgrounds to live in the inner southeast, except for wealthy people or those sufficiently disadvantaged to be eligible for social or public housing. By this time there were lengthy waiting lists for public and social housing, and eligible people usually had both low income and other health or social needs (Goodfellow, ND). These needs could vary, for example, from refugee status to substance use, meaning that people from very

different backgrounds were forced into close, and at times challenging, proximity in public and social housing.

The political complexion of the area is varied, with Labor MPs usually elected in most of the Port Phillip area, while LNC members were usually elected in the Stonnington and Glen Eira areas (AEC, 2017b; VEC, 2017). During this study, some Greens councillors were elected to all three Councils, and a Greens MP was elected at state level in the Prahran district (mainly in Stonnington) in 2014 (VEC, 2014).

In the 2009-12 ISEPICH Strategic Plan, 'Social Inclusion and inclusive communities' and 'Sustainable and affordable living and environments' were two of four strategic priorities (ISEPICH, 2009a). In 2013, ISEPICH joined with Kingston Bayside PCP to form the Southern Melbourne PCP. The 2013-17 Strategic Plan (Southern Melbourne PCP, 2013) did not refer to environmental sustainability. The plan discussed social exclusion and health inequalities as over-arching issues, but environmental sustainability or climate change were not identified as relevant.

Southern Grampians and Glenelg PCP - in the land of ancient villages

teen ngeeye meerreeng (here is our country)
(Vicki Couzens, spoken in Dhauwurd Wurrung, 30 March 2007) (Weir, 2009, p. 5)

Southern Grampians and Glenelg PCP covers the Shires of Southern Grampians and Glenelg, in southwest Victoria (see maps at the end of this chapter). Major towns are Portland in Glenelg Shire and Hamilton in Southern Grampians Shire. These Shires include large areas of farming land, dotted with small towns.

For many thousands of years, this country was home to the Gunditjamara (also known as the Dhauwurd Wurrung) and Jardwadjali peoples (Clark, 1995). The Gunditjamara people built villages of stone huts, and fishing traps for catching eels, believed to be the oldest such structures in the world. Remains can be seen at Budj Bim, near Lake Condah, which has recently received listing on the UNESCO World Heritage List (Glenelg Shire, 2017b).

White whalers and sealers established a presence between 1800 and 1830, and squatters began moving on to country in the 1830s. Southwestern Victoria is a well-watered area including some soils of high fertility, and was attractive to European explorers (Broome, 2010). The first permanent white farming settlement in Victoria was established at Portland in 1834 (Glenelg Libraries, 2017). British invasion in this area was particularly violent, and there was strong resistance from Indigenous peoples. Whalers and settlers carried out numerous massacres (Clark, 1995). There was ongoing resistance by the Gundijtmara and the Jardwadjali, sometimes known as the Eumeralla war (Clark, 1995). The Indigenous population is estimated to have fallen from about 7000 to around 400 during the period of dispossession (Glenelg Libraries, 2017).

In the 1860s, a mission was set up at Lake Condah for Indigenous peoples, with a reserve area for hunting and fishing (Broome, 2010; Clark, 1995; Heritage Council Victoria, 2017). The establishment of mission stations reflected that the white invasion was succeeding, in spite of Indigenous resistance. By the late 19th century the purpose of such reserves was seen by white officials as providing a refuge for a 'dying race', while those people who had both white and Indigenous

forebears, so-called ‘part-Aborigines’ or ‘half-castes’, were increasingly removed from reserves and forced to live in the dominant white society, where they occupied a marginal position (Clark, 1995; HREOC, 1997). This policy of assimilation was extended in the mid-20th century through forced removal of children from Aboriginal families to children’s homes or adoption into white families (Broome, 2010; HREOC, 1997).

From the 1890s, Lake Condah Mission and Reserve area were progressively reduced, until the Mission was formally closed in 1918. Some residents moved to Lake Tyers Mission, but the Gunditjmara residents in particular protested the closure and some stayed at Lake Condah until the 1950s, when most land was handed over to the Soldier Settlement Scheme for returning soldiers from World War II. Aboriginal returning soldiers, including the local decorated soldier Harry Saunders, did not have access to this scheme (Clark, 1995; Heritage Council Victoria, 2017).

Current-day Elder, Thelma Rose-Edwards, speaking in 2013 about life on the mission reserve, remembered it as a “happy life”, surrounded by extended family, even though they were “battling” (ABC Southwest Victoria, 2017, transcript). Her family were one of the last to leave the mission, and still live in the area, with several of the younger generations now involved in the local Indigenous Ranger program run by the Winda Mara Aboriginal Corporation (ABC Southwest Victoria, 2017). The survival of families such as this indicates remarkable resilience, although this should not obscure the sad truth that many more did not survive.

In the mid-19th century white squatters set up assisted immigration schemes to bring workers from Britain (Glenelg Libraries, 2017). A white society developed around the production of wool, on large farms, with the accompanying growth of families, agricultural labour and domestic workers. Local towns with retailers, health, education and other services developed. This set the pattern that continues today, although demand for agricultural labour and domestic workers is greatly reduced. Economies based on commodity production require transport infrastructure, and rail and road networks were built in the 19Th and 20th centuries. Much rail was abandoned in late 20th century as road transport increased (Museum Victoria, 2017).

Figure 5. Sheep grazing near Hamilton, Spring 2013 (photo by author)

Wool growing is still a major form of agriculture in Southern Grampians (Southern Grampians Shire, 2017), however the area is diversifying into meat production, crops and horticulture. There is also a windfarm near Dunkeld (Southern Grampians Shire, 2016). Thirteen per cent of the employed population in Glenelg and 19% in Southern Grampians work in agriculture, forestry or fishing, compared with 2% in Victoria overall (ABS, 2017a).

Glenelg Shire also has a higher proportion working in manufacturing than Victoria overall, 17% compared with 11% (ABS, 2017a), particularly because Portland is a major port and contains a large aluminium smelter (Glenelg Shire, 2017a). Portland had long been a significant port, but a modern deep-water port was built in the 1950s and the aluminium company Alcoa built the smelter in the 1980s (Glenelg Libraries, 2017).

In 1984, the Victorian government gave 53 hectares at Lake Condah back to the Gunditjmara people (Clark, 1995), following a precedent-setting land justice action led by local Indigenous women against the proposed Alcoa smelter at Portland (Weir, 2009). After years of activism, there was a native title consent declaration in 2007 (Weir, 2009). One thousand and 700 hectares around Lake Condah was declared an Indigenous Protected Area in 2010, and is now managed by the Gunditj Mirring Traditional Owners Aboriginal Corporation as part of Budj Bim Heritage area.

Environmental conservation is seen as economically as well as socially important in this area. For example, the Glenelg Shire mayor's media release on the recent Budj Bim heritage listing highlights it particularly as an economic opportunity, noting that it has the potential to attract:

> *… a growing international tourism market that has a huge appetite for these indigenous cultural experiences* (Glenelg Shire, 2017b, media release).

The mayor praised the efforts of the Gundtij Mirring Traditional Owners Aboriginal Corporation and Winda Mara Aboriginal Corporation, for their work in promoting "the Dreamtime stories of the landscape"(Glenelg Shire, 2017b, media release). Nevertheless, this was still within an overall economic framing. The area includes part of Budj Bim, the southern section of the Gariwerd-Grampian Ranges National Park and the Lower Glenelg National Park.

Climate change is particularly relevant because of the significance for farming and because of expected sea level rise in coastal areas (ABC, 2009; Glenelg Shire, 2016; Southern Grampians Shire, 2016), but may be denied by political conservatives. The population tends to be politically conservative, electing Liberal Party Members of Parliament (MPs) to the lower houses of state and federal parliament, or National Party MPs at state level in the northern part of the area (State electoral district of Lowan). In recent elections, however, there has been some shift towards smaller parties of both right and left, including the Greens (AEC, 2017a; VEC, 2017).

The combined population of the two shires is now about 36,000, of whom slightly less than 2% identify as Aboriginal or Torres Strait Islander (ABS, 2017a). Nevertheless, this is still higher than Victoria overall, where only about 0.7% identify similarly (ABS, 2017a). Apart from the relatively higher proportion of Indigenous people, the current population is less culturally and linguistically diverse than Victoria overall. About 12% were born overseas and about 2% speak a language other than English at home, compared with about 31% and 23% in Victoria overall (ABS, 2017a).

Southern Grampians and Glenelg PCP, like ISEPICH, was set up under the state Labor government's PCP initiative in 2001. In 2013, SGGPCP had 20 member agencies, including health services, local councils, community centres and neighbourhood houses, family and youth services, a Medicare Local, an employment service provider, a bush nursing service and two Aboriginal community controlled services (SGGPCP, 2013b).

The SGGPCP was one of the first PCPs in Victoria to make environmental issues, specifically climate change, a key strategic focus. As discussed previously, one of the early results was the production of *Climate Change Adaptation: A Framework for Local Action* in 2008 (Rowe & Thomas), which came to be known in the PCP as "the blue book" (*Claire,* SGGPCP research participant, April 2013). The SGGPCP has continued to make climate change a focus, with "mitigate and adapt to climate change" being one of three priorities in the 2009-12 Strategic Plan (SGGPCP, 2009, p. 4) and "community

resilience through climate change adaptation" being one of four priorities in the 2013-17 Plan (SGGPCP, 2013b, p. 7). The question of why a PCP in a politically conservative area was able to make climate change a consistent priority is an interesting one, discussed further in later chapters.

Wimmera PCP - in the "place of flowers"

Wimmera PCP covers the shires of West Wimmera, Yarriambiack and Hindmarsh, and Horsham Rural City. This is a large area of about 28,000 square kilometres in the western part of Victoria (see maps at the end of this chapter). According to Horsham Rural City website (2017) the district was previously known by the Aboriginal word 'Bogambilor', meaning "place of flowers", because it was covered with wattles.

Figure 6. Wattles blooming near Horsham, Winter 2016 (photo by author)

This is the traditional country of the Jardwadjali people and includes parts of the Dja Wurrung and Wergaia country to the east and north (Horsham Rural City, 2017; Horton, 1996; VACL, 2017). Wattles were an important resource (Beth Gott, 1991; B. Gott, 2008). Timber was used for axe handles and gum in making drinks and resin. Wattle seed was also an important food in many parts of Australia (Beth Gott, 1991).

Murnong (or Yam Daisy) was a staple food harvested by Indigenous women in this area (B. Gott, 2008). The 'Aboriginal Protector', George Robinson, remarked in travels to Dja Wurrung country in 1840 on the many ground ovens for baking Murnong (Cahir, 2012; Clark, 1998b). The movement of white squatters with hooved animals into country drove out native animals and destroyed staple foods such as Murnong.

The destruction of food sources meant Indigenous people had to look elsewhere for food, such as taking sheep (Cahir, 2012), but white settlers responded violently to this. On his visit in 1840, Robinson recorded that white squatters had shot many Indigenous people (Clark, 1998b). Officially, the British government position was that white settlers should share the resources of the country with Indigenous people, but in practice this was not done (Clark, 1995). In Indigenous society, food and resources were shared, but if Indigenous people tried to take their 'share' from country occupied by whites, they were met with violence. The violence was often indiscriminate, such as killings of women and children who had not been involved in raids, for revenge, or to inspire fear (Clark, 1995). As well as known massacres, it is likely there was much violence that went unrecorded (Clark, 1995). Indigenous peoples of this country are also thought to have suffered particularly from the small pox epidemics that followed white settlement (Broome, 2010). Indigenous people who survived were forced into a marginal position dependent on the goodwill of white landholders, or persuaded by the 'Aboriginal Protectors' to move into mission reserves that were ultimately insecure (Clark, 1995; Thomas, 1844).

Nevertheless, some Indigenous families survived and continued living in the area. Indigenous peoples of this country mounted the first successful claim for "recognition and protection of native title" in Victoria (Merkel, 2005). Members of the Clarke family made the claim on behalf of Wotjobaluk, Jaadwa, Jadawadjali, Wergaia and Jupagulk peoples**.** In a hearing in 2005 in the Little Desert, Judge Merkel found that they had the right to "hunt, fish, gather and camp" at a range of sites (Merkel, 2005, Court Order 7). The judge noted that the federal court was not granting them new rights, but recognising pre-existing connections that had not been washed away by 'the tide of history' (Merkel, 2005, Reasons for Judgement, clause 11). Again, this is a remarkable story of resilience, but should not obscure that the rights being recognised in this proceeding constitute a minute amount of the relationship with country that Indigenous people had enjoyed prior to white invasion.

Early white landholders were squatters and pastoralists similar to those in the southwestern areas, however following Closer Settlement Acts, from the 1860s production shifted to crops, particularly wheat and barley, followed more recently by oil-seeds and lentils (Helms, Pau, & Briggs, 2012; Wimmera PCP, 2017a). Current horticulture includes olive growing and native flower production. There is some production of meats, including poultry and lamb, and some wool growing. There is also some mining of mineral sands and 'rare earths', seen as an opportunity for economic development, as these are particularly used in new technologies. (There is also some mining of minerals and rare earths in the SGGPCP area near Hamilton.) (Victorian Government, 2017a; Weng, Jowitt, Mudd, & Haque, 2013).

Much of the country today is sparsely treed and sparsely peopled, the 'boundless plains' of inland Australia, and is becoming less populated as farms grow larger (Helms et al., 2012). Most is semi-arid. Creeks and rivers are often dry in summer but prone to flooding in wet years. The population of the area is about 38,000, of whom almost 20,000 live in Horsham. The proportion who identify as Aboriginal or Torres Strait Islander ranges from 0.6% in West Wimmera to 1.5% in Horsham, but overall is slightly above the Victorian average (ABS, 2017a).

Agriculture is a major employment sector, ranging from 44% of the employed workforce in Yarriambiack Shire, to 9.5% in Horsham Rural City (ABS, 2017a). Health and social assistance is the next largest area of employment, ranging from 12% in West Wimmera to 17% in Yarriambiack, with retail also significant in Horsham (ABS, 2017a). The population of the Wimmera PCP area has a relatively poor health status compared with Victoria overall, and in rural shires the population is ageing and slowly declining; however there is also a relatively high level of volunteering and community engagement (Wimmera PCP, 2017c).

The area includes the Little Desert National Park, which despite its name is a large national park, covering about 133,000 hectares. Although sandy, it is also well vegetated and even occasionally subject to flooding. The Mount Arapiles-Tooan National Park, famous for climbing, is in the southern part of the area, and part of Wyperfield National Park in the north. There are also numerous smaller parks and reserves (Parks Victoria, 2017).

The population is generally politically conservative, electing National Party members in the lower house at state and federal level (AEC, 2017a; VEC, 2017). At federal level, in spite of a proliferation of minor parties in the 2013 election, the overall first preference vote for the major conservative parties was stable at about two thirds of the electorate, though divided between the National Party

(40%) and the Liberal Party (27%) (AEC, 2017a). At the state election in 2014, however, the first preference vote for the National Party declined markedly from 67% in 2010 to 54%, while the combined first preference vote for an Independent (14%) and smaller parties of the right and left, including the Greens, increased to a total of 28% (VEC, 2017). (The Liberal Party did not stand a candidate in the 2010 or 2014 state elections.)

Figure 7. View from train near Horsham, in the dry Autumn of 2013 (photo by author)

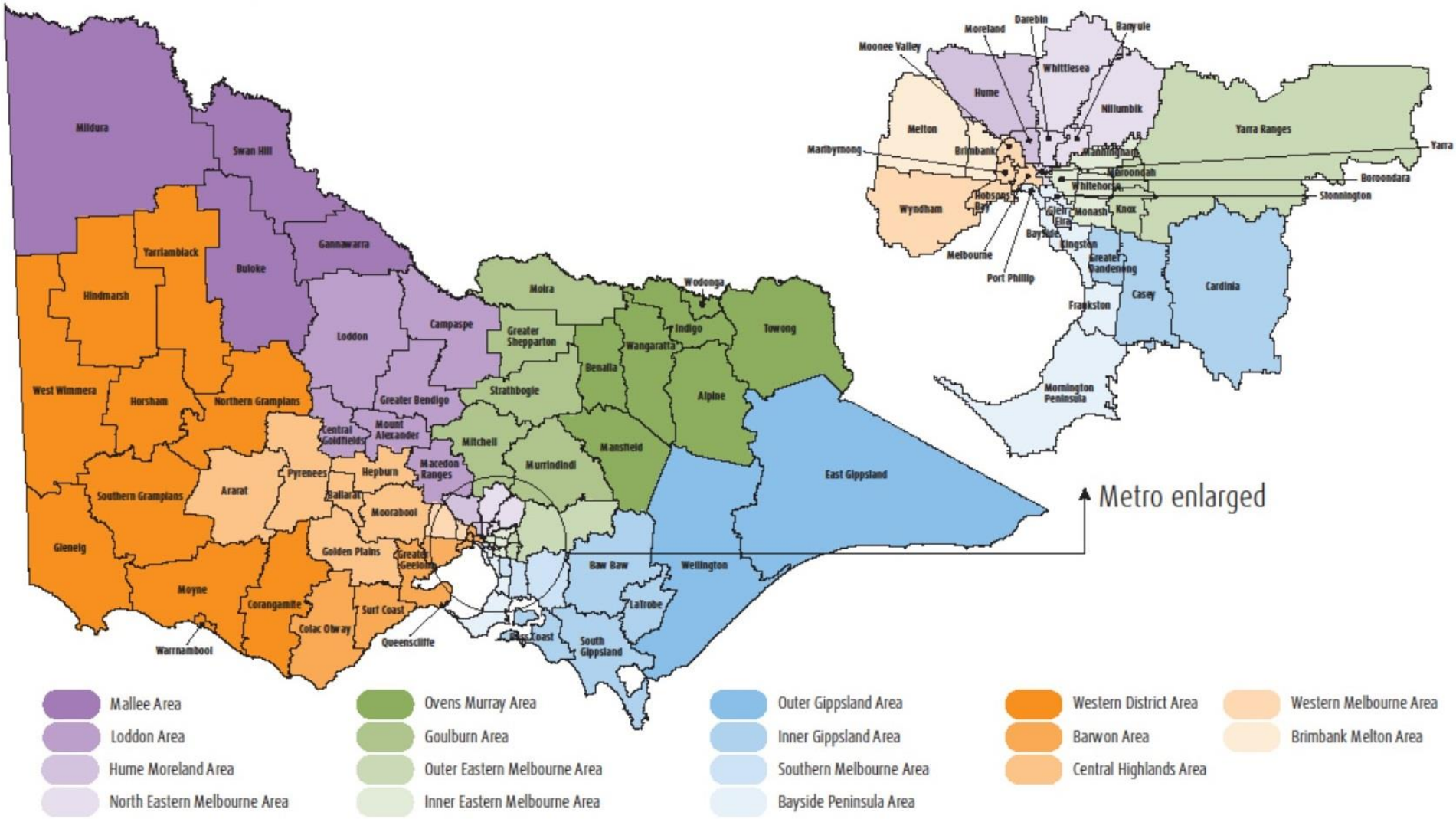
Wimmera PCP in 2013 had 30 members, including local governments, health services, welfare, disability and education services, and the Goolum Aboriginal Cooperative (Wimmera PCP, 2013). Recent climate events, including the long drought, bushfires, and flooding in 2010 and 2011, had strongly affected the local community. The PCP received drought funding, and was involved in a number of innovative initiatives, including work on mental health and community resilience.

In 2009, the PCP's first two strategic priorities were "reduce health inequalities" and "be responsive to local issues", with climate change, rural adjustment, solastalgia, and natural disasters named (Wimmera PCP, 2009, p. 8) . "Reduce health inequalities" and "be responsive to local issues" were priorities in 2013, but climate change and related issues were mentioned in background discussion rather than as priorities (Wimmera PCP, 2017c, pp. 9-11).

Wimmera PCP received some further drought funding in 2015, which supported further mental health initiatives. The 2017-2021 PCP strategic plan, however, no longer mentions climate change or environmental issues, although reducing health inequalities remains a priority (Wimmera PCP, 2017c). Nevertheless, it is interesting that a PCP in a conservative rural area maintained some focus on climate change and environmental issues between 2009 and 2017, and this again will be discussed further in later chapters.

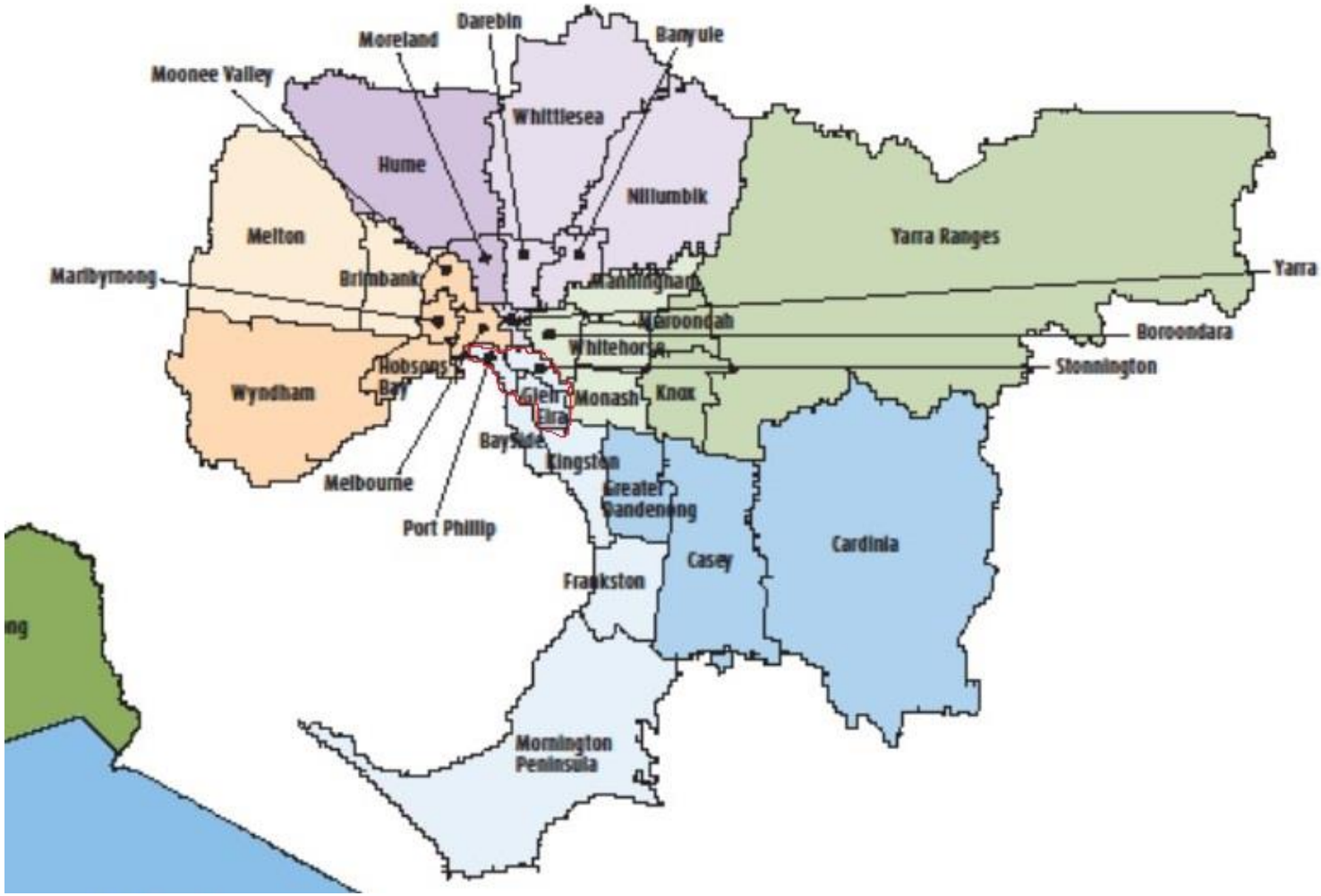
This chapter has described the political and socioecological context in which the research took place. The next chapter presents the findings of the first stage of research.

Figure 8. Local government areas of Victoria



Produced by the Victorian Department of Human Services

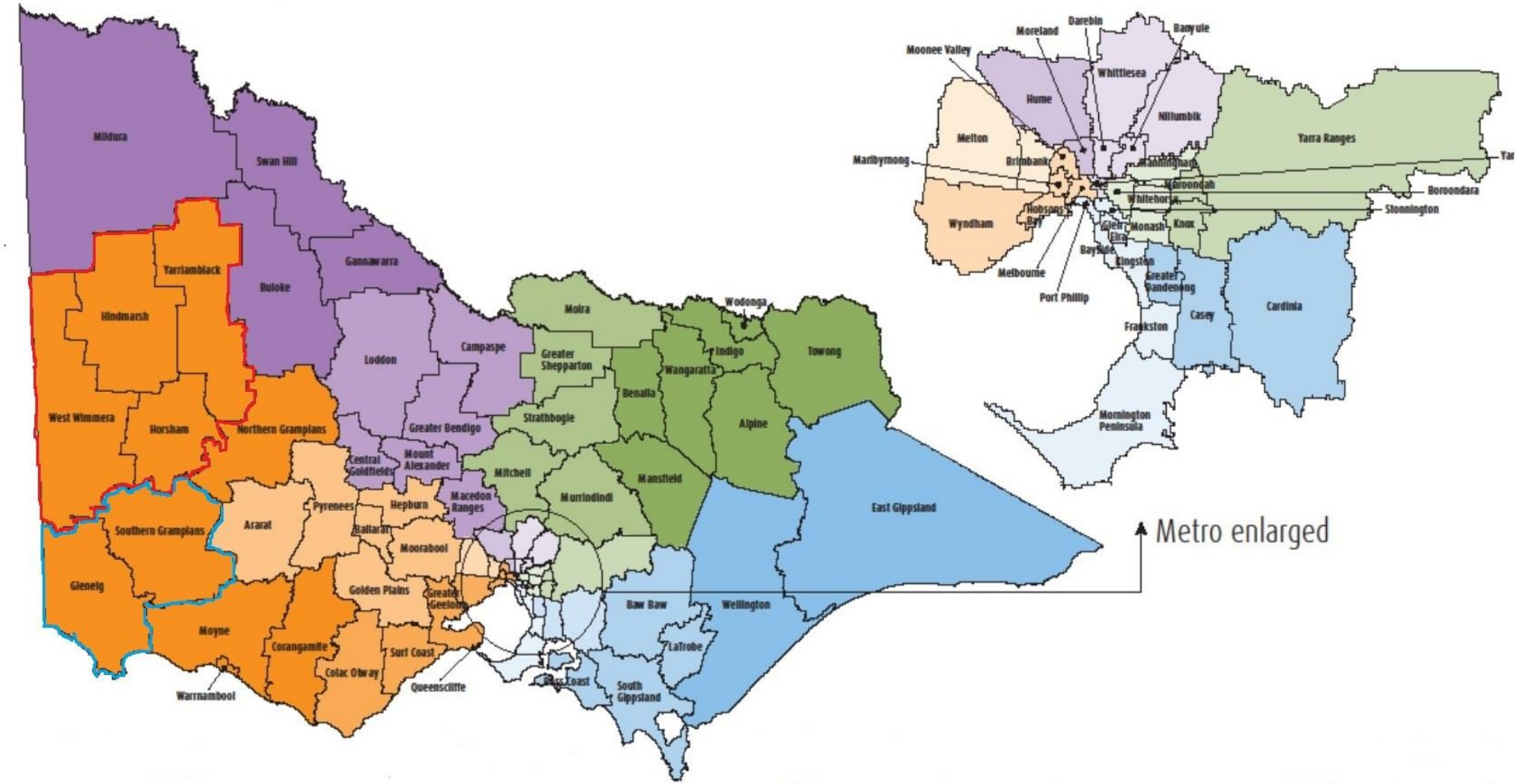
Figure 9. Local government areas of Melbourne metropolitan area showing the ISEPICH area
(outlined in red, near centre of map)



Excerpt from map produced by Victorian Department of Human Services (outlining by the author)

Figure 10. Local government areas in Victoria showing Wimmera PCP area and SGGPCP area

(Wimmera PCP area is outlined in red and Southern Grampians and Glenelg PCP area is outlined in blue, both at left of map)



Chapter 6. Stage one: developing the ISEPICH framework

This chapter presents the findings from stage one, the planning stage of the action research cycle. In this stage, participants developed a framework for promoting health, equity and environmental sustainability in ISEPICH in 2011-12. The research questions for stage one were:

1. What is the perceived current capacity to promote equity, environmental sustainability and health in ISEPICH?
2. What are the key principles and action areas to guide this work (the framework)?
3. What are the relevant contextual factors that affect (or are likely to affect) this work?

Background

Before looking at the process of developing the ISEPICH Framework and relevant contextual factors, I will summarise relevant information about the organisational and political context. I presented some of this information in previous chapters. Therefore, I will briefly recapitulate it, and then discuss some more detailed information, about circumstances in ISEPICH and other Victorian PCPs at this time.

Social justice and equity are established principles in the Ottawa Charter, and were reflected in the guidelines for health promotion in Victoria (Victoria DHS, 2008a). The Department of Human Services had also supported and participated in work done by VicHealth and PCPs (including ISEPICH) in regard to health equity during 2009-11 (Boyd, 2008; VicHealth, 2009). Social inclusion, with a particular focus on health inequalities, was the first strategic priority in the ISEPICH 2009-12 Strategic Plan (ISEPICH, 2009a).

Environmental sustainability is also identified in the Ottawa Charter, as a "stable eco-system" being a pre-requisite for health, as well as the need for "reciprocal maintenance – to take care of each other, our communities and our natural environment" (First International Conference on Health Promotion, 1986, pp. 1, 2). Environmental sustainability was not strongly identified in the Integrated Health Promotion kit (IHP Kit) (Victoria DHS, 2008a). Nevertheless, the Department of Human Services had begun to support climate change adaptation as an area of work for PCPs. For example, several PCPs (including ISEPICH) were involved in funded pilot projects to develop heatwave strategies for local governments and health services. Environmental indicators were included in the ISEPICH strategic planning process for the first time in 2009 and 'sustainable living and environments' was identified as a priority in the strategic plan (ISEPICH, 2009a).

The developments at state level had been initiated under Labor governments in Victoria from 1999-2010, but the focus on climate change, in particular, declined subsequently. The state LNC government that was narrowly elected in 2010 maintained support for PCPs, and maintained a stated commitment to "tackling health inequalities" (Victoria DoH, 2012b), although simultaneously making cuts to some health promotion and related programs (Munro, 2012). The LNC government more clearly began to wind back commitment to climate change issues (Ferguson, 2012). The election of the LNC government in November 2010 also occurred shortly after the 1999-2009 drought broke, with a relatively wet winter. This combination of events meant that some of the emphasis on climate change adaptation, and environmental sustainability, declined.

In a later analysis of all PCP strategic plans for 2009-12 (see Table 8 in chapter eight), I found that 96% had a strategic focus on equity, health inequalities or social inclusion as a priority for action, while 48% had a similar focus on environmental or climate change issues. By the 2013-17 strategic plans, a similar proportion (89%) still had equity related priorities, while the proportion focusing on environmental or climate change issues as a priority for action had apparently declined to 11%. This is an apparent decline because several PCPs advised that they were still doing similar work but were not labelling it as environmental or climate change-related. There is more discussion of this issue, and how it relates to the 'politicisation' of climate change, in chapter eight. However, it is reasonable to conclude that while there was a significant focus on environmental or climate change issues amongst PCPs generally in 2009, that focus had declined by 2013. Within this context, participants attending the ISEPICH forums in November 2011 and February 2012 were doing so in an atmosphere where there was considerable interest and support for addressing equity at a PCP level, and some interest in addressing environmental issues, although the latter was apparently declining.

Process and participants

ISEPICH held two forums to develop a 'Health, Equity and Environmental Sustainability' strategy and framework, in November 2011 and February 2012. ISEPICH staff, including me, organised the forums in collaboration with an external facilitator, the late Professor Gavin Mooney. The first forum in November 2011 developed draft principles for promoting equity and sustainability and identified commonalities between them. The second forum in February 2012 ratified the principles and identified areas for action. The intention was that the principles and action areas would inform the strategic planning process for ISEPICH in 2012-13.

The aim of the first forum was to:

> *Identify principles for a framework and a possible common approach to health, equity and environmental sustainability, through:*
>
> 1. *providing information on health, equity and environmental sustainability and the relationship between these; and*
> 2. *participants using their experience and knowledge to help to develop these principles.*

(ISEPICH 2011)

A respected Indigenous Elder, now deceased, who was a local resident, opened the first forum and discussed Indigenous views on the inter-connection of health and spirituality. Two speakers then provided background information: Professor Helen Keleher on equity and health, and Associate Professor Rae Walker on climate change and health. Both speakers had worked with PCPs previously. Under the guidance of Prof. Mooney, forum participants then discussed the following issues:

- What is inequity, what causes it, who is most affected by it, and advocacy for equity;
- What does climate change mean at a local level, how to promote better understanding of climate change and get action around it, what are the co-benefits of addressing climate change and equity?

Themes from discussions were summarised by Prof. Mooney. Finally, forum participants discussed whether there were commonalities such that the two areas could be promoted together.

Following the forum, I wrote up the principles based on forum notes and discussion, and circulated them for comment. I made some amendments following comments. In particular, an Indigenous participant suggested that the term learning 'from the mob', which had been used in the forum, should not be used in the final principles, as they were not specifically written by or for Indigenous people.

The second forum was held in February 2012. Local Boon Wurrung Arweet (Elder) Carolyn Briggs gave the Wominjeka (welcome to country). The purpose of the forum was to consider action. I presented the principles, and the two expert speakers gave brief introductory talks. Professor Mooney then organised the discussion, first through a plenary session, then through small group work and exercises. Based on information from both forums, I wrote up the ISEPICH framework, including action areas as well as principles. At the end of the forums, research participants took part in tape-recorded discussion groups (see section on participants below for further details).

Both forums were evaluated and a majority of those who completed evaluation saw them as being 'very much' or 'somewhat' effective in achieving most aims. However, comments from the second forum indicated that some participants felt there had not been enough progress in identifying practical goals and tasks. Several suggested that too much time spent in general discussion, and that work already being done was not sufficiently recognised.

Participants

Forum participants

Approximately 69 people in total took part in the two forums, including 32 staff members or managers from PCP member agencies, 21 community members and 11 other interested people from organisations such as the Department of Health, or community health services, outside the ISEPICH catchment. Of the then 53 ISEPICH member agencies, 20 were represented at the forums.

As only 20 of the 53 member agencies were represented, those who participated in the forums were not necessarily representative of all ISEPICH member agencies. Nine of the 20 agencies were represented on the Health Promotion Steering Committee. A number of others had been involved in previous health promotion projects. It is also likely that those who attended had a higher than average interest in environmental issues. However, ISEPICH had a number of small agency members who may not have had the capacity to be involved.

Approximately 75% of those who attended the forum were female. Amongst staff members only, approximately 85% were female, while amongst community members approximately 50% were female. Available information on the health and community workforce suggests that between 75-90% are female (ABS, 2011b; AIHW, 2012). Thus, the gender distribution amongst staff members at the forum appears likely to reflect the gender distribution of the primary health and community support sector.

Research participants

The research participants were 22 of the 69 attendees, including 10 staff members from ISEPICH member agencies and 12 community members, plus myself as participant-researcher. Research participants were not entirely typical of forum participants. Community members made up over half of research participants, but about 30% of forum participants (details of forum participants are approximate because not everyone completed attendance sheets). There was also a higher

proportion of staff members working in health promotion roles amongst research participants than amongst forum participants overall (see Appendix three for details).

All community members participating in the research project were members of community groups with an interest in equity or environmental sustainability. Six community groups were represented at this stage of the research. Four had a predominant interest in equity related issues while two had a predominant interest in environmental issues.

Twenty research participants completed a baseline capacity survey at the beginning of the project (see Appendix three). This shows some socio-demographic differences between the community members and the staff members in the research project. Key differences were that community members were more likely to have been born in non-English speaking countries and to speak a language other than English at home, and were older. Community members also included people of Aboriginal identity. The majority of community members were tenants in social or public housing, while all staff members either lived in private rental properties or were owner-occupiers. These differences reflect the recruitment processes for this research project, which aimed to include community members who had experience of inequity. Information from a client survey conducted by the Inner South Community Health Service (2009), also suggests that community members participating in this research project were similar to those using local community health services on these demographic and social indicators.

Amongst research participants in stage one, all staff members were women, while 50% of community members were men. The fact that staff members participating in the research were more likely to be health promotion workers than forum participants overall may have influenced the gender balance (although reliable figures for gender distribution in the Victorian health promotion workforce do not appear to be available). The significance of gender in this project is analysed in chapter eight.

I use pseudonyms for all research participants, except myself. Participants are identified as community members (members of community groups) or as staff members (employed in health and community agencies). I do not specify the agency or community group they represent when using direct quotations, as this could lead to individuals being identified.

Findings in relation to research questions

Perceived capacity

This discussion addresses research question 1a: what is the perceived current capacity to promote equity, environmental sustainability and health in ISEPICH? This question was intended to establish a baseline measure against which the trial of the ISEPICH framework could be evaluated. As the trial of the ISEPICH framework did not proceed, this information was not ultimately used for this purpose, however the survey results are analysed in Appendix three. I include a summary here.

Research participants rated ISEPICH members at about 67, of a possible score of 100, in their capacity to promote equity, and slightly lower, about 61, in their capacity to promote environmental sustainability. Ratings by staff members and community members differed in some respects, particularly for ‘promoting environmental sustainability’, where staff members rated ISEPICH members at only 51 overall. The somewhat more favourable ratings from community members reflect that they saw ISEPICH members as having ‘commitment’, rather than necessarily rating them

higher on ‘knowledge’ or ‘skills’ in this area. This suggests that, as ISEPICH was conducting the project, and had involved community members, this may have affected community members’ perception of capacity, or at least of the ‘commitment’ component.

The ISEPICH Framework and contextual factors

The following discussion addresses research questions two and three:

2. What are the key principles and action areas (the framework) to guide the work of promoting equity, sustainability and health?
3. What are the relevant contextual factors that affect (or are likely to affect) this work?

The draft ISEPICH Framework, including principles and action areas, is shown in Table 2 below. In the sections following, I discuss the meanings that participants ascribed to equity and environmental sustainability. I then analyse the principles and the factors that participants identified as affecting, or likely to affect, their work in implementing the principles. Finally, I analyse underlying discourses. The proposed action areas are analysed only briefly in this chapter but are discussed further in chapters seven and nine. This discussion also looks at commonalities. The issue of commonalities between equity and environmental sustainability is addressed in more detail in chapter nine, in relation to the final research question in this study. However, in practice it was also addressed in stage one, because participants were identifying common principles and action areas for addressing equity and environmental sustainability.

The ISEPICH Framework as shown in this chapter is as it was after the second forum. As the trial and development of the framework could not occur as originally planned, I have not altered this framework, as it would not be in keeping with the principles of participatory research for me to do this individually. However, in the final chapter of this thesis, I offer suggestions for further development, based on the findings of this research project.

Table 2. The ISEPICH Framework

Principles for promoting equity and sustainability at the local level *These principles were developed at the first ISEPICH Health, Equity and Sustainability forum 23 November 2011 and reviewed at the second forum 22 February 2012*		
1.Take a community development approach		
Work with people in settings where they live, love, work and play. Start small – 'street by street' – and build out	Advocate to government and powerbrokers	
2.Respect elders and seek knowledge		
Ensure that the wisdom of Aboriginal heritage and of diverse cultures is respected and given voice in programs	Build on evidence from research and practice – look for and use evidence from what others have done	
3.Address causes		
Create the conditions for health and wellbeing by addressing the determinants: the social and economic factors that affect health, equity and environmental sustainability	Health and community services can help people to cope with the impact of inequity or environmental change, but the focus should not only be on responding after harm has happened	
4.Make equity and sustainability everybody's business		
Include and engage disadvantaged and minority groups	Ensure that wealthy and powerful groups take responsibility	
5.Focus efforts where they will have most effect		
Early life	Outcomes for disadvantaged groups	
6.Ensure good communication		
Have targeted messages, be clear about what we are saying	Ensure the voice of disadvantaged groups is heard	Appeal to both emotion and reason (seek a balance)
7.Plan for clear outcomes		
Identify what we are trying to achieve and develop measures to assess this (indicators, targets, benchmarks)	Measure and evaluate these regularly	Advocate for government and organisations to do this also

Action areas

These action areas where ISEPICH can support existing work or develop new programs were identified at the second ISEPICH Health Equity and Sustainability forum 22 February 2012

Starting points

Community gardens, food security, healthy eating and community meals programs that incorporate a focus on equity and environmental sustainability and help build community (especially in areas that don't already have many of these activities)

Housing sustainability and energy costs - helping to improve housing and reduce energy costs, particularly for low income groups

(NB consider also a focus on recycling and active transport)

Conversations with and advocacy to community and powerbrokers on what equity and environmental sustainability mean and why they are important to health and wellbeing. Develop plain language messages, relevant to people's lives

Community participation

Support volunteers and community participation (including providing training, payment/reimbursement, recognition)

Develop skills, increase opportunities of program participants (including employment related skills and opportunities)

Develop, use and support community champions or mentors

Population groups and settings

Work in relevant settings e.g. streets, neighbourhoods, housing estates, rooming houses (could also include schools and workplaces)

Work with relevant groups eg Aboriginal, multicultural, women who have experienced violence, young people

Bring people together

Share knowledge and wisdom, increase cultural understanding (e.g. of multicultural and Aboriginal groups who have traditional knowledge about living sustainably and sharing resources)

Bring generations together

Engage wealthy and powerful groups, call on them to take responsibility for promoting equity and sustainability (not just giving charity)

Infrastructure

Support and seek funding for community infrastructure especially community hubs, and for improving housing sustainability

Incorporate a focus on equity and sustainability in all programs

Utilise available evidence and resources including the 'ISEPICH Social Inclusion and Equity checklist'. Share information regularly. Consider developing a sustainability checklist (or adapting an existing one). Utilise existing community indicators or develop and monitor new indicators with community members as needed.

Meanings

One community member suggested that the terms, equity and environmental sustainability, were both too technical, although the conversation then moved on to the difficulties of defining equity.

> Bron (Community member): … *it's a little bit over my head mate – equity and sus – sustainability … sorry every time you say it it's just like much more complicated and I'm not a professional, I don't work in professional groups and yeah so if you could put it in a little more layman's terms it would be good – for me …*
>
> Val (Researcher)*: you think it's not plain language enough?*
>
> Bron: *Nup – I don't nup – I've been struggling and I've got a good education – better than most people*
>
> Frances (Staff member): *… and I must – I would agree with you* [Bron] *actually – in coming from a, you know health promotion background – the two terms equity and sustainability are so broad – I mean you could be talking about anything where you talk about equity.*

The idea that the language of 'equity and environmental sustainability' and similar concepts is too abstract was indirectly borne out by the fact that in the discussion group comprising only community members at the first forum, much discussion time was spent on explaining or translating concepts. I am confident from my discussions with community members in this project that they understood the concepts sufficiently to participate meaningfully in this research, and indeed, they provided many important and valuable ideas. Nevertheless, Bron's comment that the language of 'equity' and 'environmental sustainability' was too "complicated" or "professional" for easy discussion by community members is important. This is especially so for those who are not highly educated or whose first language is not English.

Equity

There was considerable discussion about the meaning of equity. Professor Mooney organised such discussion at the first forum, but research participants spontaneously explored it again after the second forum. This was evidently not only because it was a technical or 'jargon' term, but also because the meaning is seen as contested and unclear. I used thematic analysis to identify a number of different meanings of equity. There is overlap and ambiguity in these meanings. They are not rigid or mutually exclusive.

Access to services

In this usage, equity is defined as being about equitable access to services, particularly health and community services. Examples are shown below.

> First forum question : what is equity?
>
> Some answers:
>
> *Right of people to use services*
>
> *Access to all*
>
> *Access to people e.g.: newly arrived migrants who are isolated* (Notes from the first forum).

This is the most limited meaning and seems to fit within the mainstream health model, which is about illness or other problems and the capacity of health and community services to respond by providing appropriate treatment or support to those who need it. It also implicitly recognises that not everyone currently has equal access to services.

Making services accessible

Related to the idea of access is the idea that those who provide services have a responsibility to make the services accessible, culturally safe and relevant, and where necessary to provide outreach, as shown in examples below.

> Pre-forum survey question: In general (and not just in your organisation) in health promotion and primary health care, if you could change one thing to improve equity what would it be?
>
> Some answers from survey:
>
> *Funding/remuneration for alternative models of delivery to encourage greater access.*
>
> *That all Victorians who had a physical or psycho-social comorbidity could access a health 'case manager' to link the patient up with services.*
>
> *Provide poorer people discounts, and potentially a free health service, in an ideal world.* [Currently there are fees for most community health services. The fees are reduced for low-income groups, but can still limit access.]

Making services accessible was seen as something that not all services are doing or taking seriously.

> Pre-forum survey question: If you answered 5 or less [to the question 'to what extent is equity a concern in your organisation'], why do you think it is not higher?
>
> One answer from survey:
> *Focus sometimes seems to be on "service provision" on our terms...this is what we provide and how we provide it...if it works for you, please use our services. This … approach is not a very comfortable fit with working to address inequity.*

Broader meanings: capacity and social determinants

There was also a broader concept of equity, closer to Sen's (1992) concept of capacity, recognising that unequal distribution of income, wealth and community services limits people's life chances and opportunities, as illustrated below.

> First forum question: What is equity?
>
> Some answers:
>
> *Capacity to fulfil & achieve full potential*
>
> *More than just opportunity*
>
> *Maximise hopes and aspirations* (Notes from the first forum).

Within this, there was often recognition that action is needed to address the social determinants of health, such as providing secure jobs, good public education and public transport. At local community level, building community and promoting social inclusion are important, however many social determinants are not determined at local level. Equity was seen as 'everyone's business' yet this could also mean it was no-one's responsibility. There was discussion around advocacy at the first forum, with particular emphasis on being credible, using real life stories, finding champions and using the media. Following the second forum, research participants showed enthusiasm for advocacy, but a recognition of systemic barriers to doing advocacy.

> Zoe (Staff member)*: … we tend to be the ambulance at the bottom of the cliff and we forget we should be up here* [gesture], *advocating for policy change.*

Overall, even within this group of people committed to the aim of promoting equity, their responsibilities might be imagined as anything from improving access to local health and community services to advocating for major social change.

At the second forum, Prof. Keleher referred to the definition of equity used in the recently published Gonski education funding report (Australia DEEWR, 2011). The report defined equity in education as:

> *… ensuring that differences in educational outcomes are not the result of differences in wealth, income, power or possessions* (2011, p.105).

Several participants welcomed this definition because it provided a way of thinking about equity that did not focus on disadvantage. It also provided a way of countering ideas about what research participants called "entitlement". In discussion, participants used "entitlement" as an apparent shorthand for people's feeling that they are entitled to individual wealth and possessions.

> Heather (Staff member): … *in society people* [believe they] *own their job and they own their income – you know it's a … you know it's all theirs and therefore they* [believe they] *shouldn't have to share it I guess*
> Bron (Community member) *Capitalist society*.
> Heather: *Hey?*
> Bron: *We have a capitalist society*.
> **…**

> Angela (Staff member): … *I go to the gym and the car park looks like a luxury you know four wheel drive car yard … you know, car after car after car … it is about that almost entitlement you know - I deserve … this*

> Heather (Staff member): … *there was a couple interviewed on one of the News Limited newspapers who said their income was $268,000 a year and they were very irate that they would now no longer have access to the private health insurance rebate, and they thought that was dreadfully unfair – so equity is in the eyes of the* [beholder] *… another thing I like about that definition* [the Gonski definition], *is in all groups it becomes more difficult to challenge the health or education of a child, so you know in presenting equity in that fashion, it becomes much more challenging for somebody to argue against the health of the child versus their four wheel drive they want to take to the gym – yeah – or their private health insurance rebate.*

This use of the term entitlement is almost the direct opposite of how the term was used at the same time by conservative politicians, who used it to mean that Australians thought they were entitled to publicly funded services and universal welfare benefits (Hockey, 2012).

Research participants also suggested that people in the broader community might not have a commitment to equity nor an understanding of what it means and why it matters.

> Angela (staff member): *I think taking the words and challenging in other areas is really important for us … I think sometimes in some of the circles – our circles – it resonates with us – you know the definition* [of equity] *and we say 'yes that's fantastic' – in other circles it's about entitlement … as an individual, and maintaining the status quo and so in those circumstances you have to … it's about adapting that language as well when you're in different circles.*

There were also some interesting exchanges between staff members and community members about local government councils. Some local government officers in this project wanted to see community members advocating to council, as they felt this could make change more likely. One of the issues people did not talk about was the differences between staff members and community members. In this project, they were all working for common goals and appear to share many values. Nevertheless, there were differences between them. Class difference is illustrated by the fact that all staff members in this study were home owners or private renters, whereas about two thirds of community members were tenants in public housing (as shown in Appendix three). In other ways, the position is complex, particularly in relation to local government. The local government officers in this project, who were mainly health and community development officers involved in developing the Municipal Public Health and Wellbeing plan, were at relatively low levels in their organisational structure (or middle levels, if compared to administrative support workers and the army of casual employees in home and community care). From such a perspective, they sometimes saw community members as potential allies in achieving social justice aims. One council staff member, talking to community members, said:

> *… one of the things that makes* [action] *happen … it's that Councillors … if you go and talk to them, and you complain, it will come to someone, to us* [Council staff], *but if you don't have an active voice, if people aren't saying things, then it doesn't happen.*

However, community members from marginalised groups cannot necessarily conduct the kind of advocacy that staff members might welcome. Several community members in this project had significant experience of disadvantage, and often remained on very low incomes. However, all were now members of, and in most cases office bearers in, community groups. This reflects that they wanted to participate, but it also reflects that some workers and organisations had supported them, for example through reimbursement for their activities or through personal development programs. One reason the ISEPICH framework identified community participation as an area for action, as well as a principle, was that there had already been much work done on supporting community participation.

Environmental Sustainability

In organizing the forum, we talked about environmental sustainability rather than climate change, but in the presentation by Assoc. Prof. Walker, climate change was the focus. Organisers did not provide a definition of environmental sustainability and we did not ask participants to do so. While

people attending the forum could be expected to support the promotion of environmental sustainability, this did not necessarily guarantee that they all were sure about the reality of climate change, and argument about this could have disrupted the forum. In Assoc. Prof. Walker's presentation, only one slide considered what climate change meant, and that was specifically in terms of predicted local impacts, such as rising temperatures, declining rainfall, more variable weather, rising sea levels and coastal flooding. The forum was not set up to encourage debate about climate change, and this may also have tended to limit discussion about the meaning of environmental sustainability.

As previously noted, one community member commented that the terms equity and environmental sustainability were both too "professional". Health promotion workers amongst the research participants also noted that there was a general meaning of sustainability in health promotion, meaning that change can be sustained (often referring to a health promotion intervention being sustained without the need for external funding or support, once the original project stage is over), and a specific meaning of environmental sustainability, and that this could cause confusion.

> Frances (Staff member): … *and same with sustainability as well … when we talk about community gardens and sustainability – the sustainability of the garden? Or – and then a gentleman came round and he was talking about that it was environmental sustainability and what happens when we run out of food and - erm – and I think there's a lot of cross over with the two terms are so broad – and I think it does kind of become difficult …I think some people get a bit* [confused] *with the two terms*

One went so far as to suggest that the environmental movement had taken over the term sustainability, referring to competition for funding between departments in an organization.

> Angela (Staff member): *… my concern was when we start saying it's sustainability in an environmental* [sense] *… environment becomes really crucial and that's it, and then they* [environmental department] *get the funding* – (laughter) - *it becomes kind of political.*

Professor Mooney did not suggest discussing the meaning of environmental sustainability or climate change in the first forum. Rather, he encouraged participants to think about what could be done about it. The discussion topics for small group work were 'Oomph! Or promoting change', 'Better perceptions', 'Community building, and 'Co-benefits'. An important result of the way environmental sustainability and climate change were framed was that both concepts were largely defined in terms of actions (what we should do?) rather than abstractions (what is it?). Although participants were not asked to define environmental sustainability, the evidence shows that the meaning they gave to promoting environmental sustainability includes caring for the natural environment and other species. People were at times talking specifically about climate change:

> *Climate Change is a great big issue – reduce from Global issue to a local answer shared by everyone* (Notes from the first forum).

More commonly, however, they were talking about environmental issues in a broader framework of thinking about people's relationship to earth/land and nature:

> *"Own your earth" – it is everybody's earth!*
>
> *Each individual can do a little.*
>
> *Example: Local Council plant tree, tenants water it*
>
> *Ongoing relationship to the land needs to continue, we need to band together – individuals cannot do it alone.*
>
> *Learn from the Mob: Look after the land and the children* (Notes from the first forum).

Research participants after the first forum talked about people's responsibility to care for the world and other species.

> Bron (Community member): … *you have to be able to – jump out of yourself I think … I have a lot of sympathy for the world … I think world's not doing too well – I think we're jumping all over world* **…**
>
> Angela (Staff member): *… if the oil spills – then there are likely to be so many birds and fish* [affected] *and – they actually don't talk so we have to do that on their behalf*.

In the second forum, a Council environmental sustainability officer spoke about how his team was encouraging local residents to think of themselves as belonging to the land, rather than the land belonging to them. The similarity between this approach and the Indigenous reference in the first forum, 'Learn from the Mob: look after the land and the children' (Notes from the first forum), is apparent. Megan (staff member) commented favourably on this approach:

> *… the thing that struck me most about today was that chap's comment about belonging and ownership, and I think at that level we were changing the way, the way we look at, the way we think about things.*

This comment suggests the shift to an ecological consciousness: thinking about the environment and ecosystem not as 'for' humans, but about humans as part of the ecosystem.

Commonalities in promoting equity and environmental sustainability

Looking at commonalities was part of the work of ISEPICH participants in stage one, particularly at the first forum. Originally, the organisers expressed the aim of the November forum as 'working in partnership to address' and 'developing an integrated approach to' health, equity and environmental sustainability, in the advance notice to members. As previously discussed, by the time we produced the final leaflet we defined the aim as identifying principles for a framework and 'a possible common approach' to promoting health, equity and environmental sustainability. The forum started with a presentation on equity and health, followed by a presentation on climate change and health. There was little discussion of the relationship between health, equity and environmental sustainability in the presentations, and any such discussion was mainly about the ways in which disadvantaged groups would be most affected by climate change. Drawing out broader commonalities was intended to be part of the work of participants. However, as the forum was about principles and action, the discussion was mainly about how they could be addressed together. The issue of causality was not directly addressed.

The presentations at the November forum showed how equity and environmental sustainability or climate change affect health, but did not look at commonalities in the causes of inequity and climate change. Professor Keleher's presentation on equity looked at social causes of health inequity, and included statements that governments can do something about causes, for example through income redistribution. It also included ideas about what health and community services can do to promote equity. Associate Prof. Walker's presentation looked at the social and health impacts of climate change, including the particular impacts on disadvantaged groups. It considered primary health care and the social model of health, and the ways in which health and community services could potentially respond to climate change. However, there was no significant discussion of whether similar social factors cause inequity and climate change.

In the forum, the key themes that Prof. Mooney saw as emerging from the discussion on health equity were

- Having the opportunity to choose
- Ending discrimination
- Everybody's business
- Building community
- Acting locally
- Awareness and information

The key themes he identified as emerging from the discussion on environmental sustainability were:

- 'Street by street'
- Start small – build out
- Movement - physical (transport)
- Take minority groups with us
- Very targeted messages
- Benchmarks
- Risk perception

In the final discussion, participants considered whether there were commonalities between these themes. Two of the discussion groups were composed of research participants and these were tape-recorded although, as mentioned previously, in one the tape recorder did not work.

In the other group, which consisted of community members, much of the time was spent in discussing and translating concepts, as previously discussed. Nevertheless, some themes about commonalities began to emerge. In particular, participants saw the ideas of starting small and building community as related themes. This is illustrated in the following vignette.

> Brian, a community member, commented on starting small: [in my local area] *I only know my local neighbours – street neighbours …* [that is a] *good starting point*
>
> Shortly after, Vera and Sophia (community members whose first language was not English) were drawing lines on the butcher paper between issues.
>
> Brian asked them: *So* [your group] *is about – building community? And starting small?*

This was discussed between Vera, Sophia and the Russian language interpreter, who interpreted their views as:

> *This should be started in small communities – so they can work with residents.*
>
> *… Because it's easy to unite these communities and it's easy to start work with them.*

In the discussion group after the second forum, Bob, another community member, discussed the issue of communication:

> *… you have to generate that sense of yes, we're part of this, part of community.*

There was a strong sense that being part of a community, addressing local issues, and involving everyone, was an important way to address the difficult and complex issues of equity and sustainability. Participants also discussed the relative importance of equity and environmental sustainability, and whether one had priority. Bob mentioned that he tended to put equity first, and Megan, a staff member, noted that:

> *… there would be people coming from the other* [environmental] *side that'll say 'unless we do something about climate change, equity is almost irrelevant' – so there is an argument either way, and it's interesting.*

As an example of a concrete issue, there was discussion about whether local public housing was being renovated in an environmentally sustainable way. Participants expressed different views about this. This led into further discussion about how much can be achieved at local level, and whether local health and community services, and community members, can advocate to decision makers at the "higher end" (Zoe, staff member).

In some discussion groups, there was discussion about power and capitalism, and it is evident that this discussion begins to touch on the possibility of common causes for inequity and environmental degradation, although this was not explicitly stated. Some participants saw individualistic competitive ideology as a key cause of both environmental destruction and inequity. The concept of 'entitlement' was discussed in relation to both environment and equity: entitlement was taken to mean that people thought they had a personal right to their income and "shouldn't have to share it" (Heather, staff member), and also that they were entitled to drive their "four wheel drives" regardless of the environmental impact, because of "that almost entitlement you know, 'I deserve … this' " (Angela, staff member). Bron, community member, commented that this is because "we live in a capitalist society". It is relevant to remember that research participants were not entirely typical of forum participants as a whole, as they included more community participants, from relatively disadvantaged backgrounds, and more health promotion workers, who would professionally have been exposed to the concept of social determinants.

Even allowing that research participants were not 'typical' of all forum participants, however, it is possible to identify a discourse of values and assumptions underlying the framework principles, and an imagined 'mainstream' discourse, against which they are being developed. In this analysis, I draw on the research participants' comments about ideas and understandings in the broader community, as for example in the discussion of 'entitlement' and the distinction Angela made between "our circles" (health promotion and community development circles) and "other circles" (the broader

community, including other professional groups). This is not intended to suggest that the divisions between the discourses outlined below are clear cut, nor that people don't move between them in practice. It is clear, however, that participants understood the forums as part of a process of change towards a more equitable and sustainable community, and thus the principles were being developed as an alternative to an imagined 'business as usual', although this attitude may have been stronger amongst research participants than forum participants as a whole.

A 'socioecological health promotion' discourse and a 'mainstream' discourse

Detailed analysis of the ISEPICH principles, the apparent assumptions and underlying values of these principles, and the implied 'mainstream' discourse against which participants proposed these principles, is shown in Appendix three. The findings of this analysis are summarised in Table 3 below.

Table 3. Socioecological health promotion discourse and mainstream discourse

Socioecological health promotion discourse	**Mainstream discourse**
Active inclusion, cooperation and working collaboratively, caring, localism and accountability are valued.	Hierarchical organisations and power structures, competition and individualism are assumed as normal or positively valued. Inequality, power and wealth differentials are assumed as normal or positively valued.
Affect and rationality are both valued.	Rationality is valued more than affect.
Professional or expert knowledge and lay or experiential knowledge are both valued. Indigenous knowledge and multicultural knowledge are valued.	Expert knowledge is valued more than lay or experiential knowledge.

These do not have to be seen as entirely distinct and coherent discourses. For example, although the framework principles suggest a valuing of egalitarianism, there is nothing in them to suggest that participants sought complete egalitarianism. What equity means in practice was unclear.

Limitations and gaps

The framework was developed at the forum, but written by me, a tertiary educated health professional from a middle class background. It was particularly written for people working in health and community agencies (members of ISEPICH) rather than for community groups, even though they were represented.

One issue identified at the forums was that the framework did not provide specific guidance for program or project planning. Therefore, participants suggested that a 'checklist' document could be developed, similar to the previously developed ISEPICH *Social Inclusion and Equity Checklist* (ISEPICH, 2010), which provided a practical guide for incorporating an equity focus into program or service planning. Another related step which could have been included was to look at how improving equity and sustainability provides health benefits and how they can be addressed together, for example looking at specifics such as food, housing, active transport. This was covered to some extent at the second forum, but not in great detail. However, as noted, there was a limit to what forums could realistically achieve.

The ISEPICH Framework and relevant literature

Table 4, below, shows the principles and action areas in the ISEPICH Framework in relation to relevant recommendations and practice findings from the June 2017 literature review on health promotion addressing equity and environmental sustainability (see chapter one and Appendix one).

There was also information in the literature about risks and challenges from broader political forces and vested interests in society, and about the tendency of health programs to take a top-down, siloed approach, and to focus on human health rather than taking an ecosystem approach. This is included in an additional row at the end of the table, which looks at the contextual factors identified by ISEPICH participants in relation to relevant findings in the literature review.

In regard to action areas, I note that there is also a wealth of information from literature not included in this literature review, including literature from related disciplines and areas of practice. Reviewing all this literature to provide practical information on action areas and strategies would be a very large task, which is beyond the scope of this thesis, but undoubtedly would be very valuable if well done. One challenge, discussed further in following chapters, is to produce resources that recognise the complexity of this work and are not based only on reductionist, linear evidence about impacts and outcomes.

Table 4. ISEPICH Framework and relevant findings from literature review

ISEPICH Framework Principles	**Relevant findings from practice research and evaluation in literature review** **Relevant recommendations from literature review**
Principle 1. Take a community development approach: - Work with people in settings where they live, love, work and play. Start small – 'street by street' – and build out - Advocate to government and powerbrokers	Practice research and evaluation - "small and well-designed pilot projects" as a basis for further work and expansion, sometimes leading to successful "clusters" of projects (M. Grant, 2015, p. i66) (see also recommendation from Grant below). Recommendations: - Settings- or place-based approaches, starting "where people are" (Poland & Dooris, 2010, p. 289; Rice & Hancock, 2016). - Holistic approaches, community development (Poland & Dooris, 2010; Poland et al., 2011). - Starting small, learning from small projects and from what works (M. Grant, 2015). - Health promoters to engage in political action and advocacy (Hanlon & Carlisle, 2008) and policy development (Rice & Hancock, 2016).
Principle 2. Respect elders and seek knowledge - Ensure that the wisdom of Aboriginal heritage and of diverse cultures is respected and given voice in programs - Build on evidence from research and practice – look for and use evidence from what others have done	Recommendations: - Building on spirituality and connection to place in Aboriginal communities, working with communities as partners, not target groups (Demaio et al., 2012). - Recognition of different forms of evidence and knowledge, including knowledge and participation of Indigenous peoples (Banken, 1999; Hanlon & Carlisle, 2008; Poland & Dooris, 2010).
Principle 3. Address causes - Create the conditions for health and wellbeing by addressing the determinants: the social and economic factors that affect health, equity and environmental sustainability - Health and community services can help people to cope with the impact of inequity or environmental change, but	(This relates mainly to questions of causation, discussed in chapter eight)

the focus should not only be on responding after harm has happened.	
Principle 4. Make equity and sustainability everybody's business - Include and engage disadvantaged and minority groups - Ensure that wealthy and powerful groups take responsibility	Recommendations: - Working with communities as partners, not target groups (Demaio et al., 2012). - Solidarity (Poland & Dooris, 2010; Poland et al., 2011). - Participatory approaches (Grace et al., 2012; Patrick et al., 2015). - Health promoters to engage in political action and advocacy (Hanlon & Carlisle, 2008)
Principle 5. Focus efforts where they will have most effect - Early life - Outcomes for disadvantaged groups	(The impact of inequity and environmental degradation/climate change is widely recognised to be particularly damaging to these groups, as discussed in chapter two.)
Principle 6. Ensure good communication - Have targeted messages, be clear about what we are saying - Ensure the voice of disadvantaged groups is heard - Appeal to both emotion and reason (seek a balance)	Practice research and evaluation: - Long term vision, clear messages important (M. Grant, 2015, p. i66) Recommendations: - Calls for value based approaches (Parsons, 2004; Poland & Dooris, 2010) also have relevance here
Principle 7. Plan for clear outcomes - Identify what we are trying to achieve and develop measures to assess this (indicators, targets, benchmarks) - Measure and evaluate these regularly	Practice research and evaluation: - Importance of having meaningful indicators recognised, evaluation of complex programs is difficult, looking for simple epidemiological outcomes may be counter-productive, 'action learning' is promising (M. Grant, 2015)
ISEPICH Framework Action areas	**Relevant findings from practice research and evaluation in literature review** **Relevant recommendations from literature review**
Starting points: - Community gardens, food security, healthy eating and community meals programs that incorporate a focus on equity and environmental sustainability and help build community (especially in areas that don't already have many of these activities) - Housing sustainability and energy costs - helping to improve housing and reduce energy costs, particularly for low	Practice research and evaluation: - Overview of reviews of sustainable development programs identified several promising areas around which public health sector could form partnerships, including: sustainable agriculture, including local, urban and small scale organic agriculture (which also contributes to a reduction in exposure to toxic chemicals); sustainable energy, and reduction in household energy consumption (Galvao et al., 2016) (note this relates more to low income countries but is still likely to be relevant, especially for low income groups)

income groups (NB consider also a focus on recycling and active transport) - Conversations with and advocacy to community and powerbrokers on what equity and environmental sustainability mean and why they are important to health and wellbeing. Develop plain language messages, relevant to people's lives	There is also evidence of effectiveness from several active transport strategies, although this was seen as a lower priority area in ISEPICH (possibly for practical reasons): - Synergies such as sustainable transport strategies leading to increased physical activity and social connection (Green et al., 2015) - An environmental strategy in England designed to increase cycling produced health benefits and also reduced inequalities between higher and lower socioeconomic quintiles to some degree (although not entirely) (Goodman et al., 2013). - Strategy to provide free bus travel for young people found no clear equity impacts, but appeared to reduce car travel, did not have a negative impact on older people's bus travel (Edwards et al., 2013) Recommendations: - Food systems and sustainable agriculture as key areas for practice, interconnectivity of issues such as food, transport, water and energy security stressed (Galvao et al., 2016; Patrick et al., 2015; Wahlqvist, 2016) - Measures to improve urban environments: more public transport, more active transport, partnerships with health planners (Giles-Corti et al., 2016; Mees, 2000).
Community participation - Support volunteers and community participation (including providing training, payment/reimbursement, recognition) - Develop skills, increase opportunities of program participants (including employment related skills and opportunities) - Develop, use and support community champions or mentors	Recommendations: - Working with communities as partners, not target groups (Demaio et al., 2012). - Holistic approaches, community development, solidarity and building resilience (Poland & Dooris, 2010; Poland et al., 2011)
Population groups and settings - Work in relevant settings e.g. streets, neighbourhoods, housing estates, rooming houses (could also include schools and workplaces) - Work with relevant groups e.g. Aboriginal, multicultural, women who have experienced violence, young people	This generally is supported by recommendations as above in relation to principles 2, 4 and 5 above, plus participation of women (Banken, 1999; Hanlon & Carlisle, 2008; Poland & Dooris, 2010).

Bring people together - Share knowledge and wisdom, increase cultural understanding (e.g. of multicultural and Aboriginal groups who have traditional knowledge about living sustainably and sharing resources) - Bring generations together - Engage wealthy and powerful groups, call on them to take responsibility for promoting equity and sustainability (not just giving charity)	First point supported as in relation to Principle 2 above. There are no apparent recommendations or findings from the literature review about bringing generations together. In relation to 'wealthy and powerful' there are recommendations for health promoters to engage in political action and advocacy (Hanlon & Carlisle, 2008) and value based approaches (Parsons, 2004), seeking to change societal values towards more equitable, ecological values (Poland & Dooris, 2010)
Infrastructure - Support and seek funding for community infrastructure especially community hubs, and for improving housing sustainability	Community infrastructure did not appear to be addressed in literature. Housing sustainability (reducing energy use) was identified as a promising area for public health to form partnerships in the review of sustainable development projects (Galvao et al., 2016)
Incorporate a focus on equity and sustainability in all programs - Utilise available evidence and resources including the 'ISEPICH Social Inclusion and Equity checklist'. Share information regularly. Consider developing a sustainability checklist (or adapting an existing one). Utilise existing community indicators or develop and monitor new indicators with community members as needed.	Recommendations: - Addressing determinants of "both health inequities and climate change" (S. Gould & Rudolph, 2015, p. 15661). - Educating girls and women, addressing poverty, illiteracy, illness and food security together with climate change mitigation, sustainable agriculture (Kaiser, 2013) and primary health care (Wahlqvist, 2009, 2016). - Ensuring co-benefits of environmental strategies identified (M. Grant, 2015; Hanlon & Carlisle, 2008; Hosking et al., 2011). Recommendation that health promoters may need training in environmental issues (Donchin et al., 2006) is also relevant here.
Relevant contextual factors identified by ISEPICH research participants: - Unclear meanings particularly around equity - "entitlement", vested interests, normalised inequality and environmental degradation Identified by analysis: socioecological caring health promotion discourse vs mainstream discourse	Practice research and evaluation: - Re Healthy Cities - larger political and social forces, particularly following global financial crisis and policies of austerity, expected to lead to increasing inequities (Green et al., 2015). Recommendations: - Recognition of different forms of evidence and knowledge, including knowledge and participation of women and Indigenous peoples (Banken, 1999; Hanlon & Carlisle, 2008; Poland & Dooris, 2010).

	- Participatory and ecological, or ecohealth, approaches (Grace et al., 2012; Patrick et al., 2015). - Value based approaches (Parsons, 2004), seeking to change societal values towards more equitable, ecological values (Poland & Dooris, 2010), learning from ecofeminism and ecosocialism (Poland et al., 2011). - More sociopolitical analysis (Poland & Dooris, 2010), more critical social science analysis and more intersectoral, interdisciplinary approaches (Giles-Corti et al., 2016; Kaiser, 2013). (This is also relevant to causation which is discussed in chapter eight)

Summary of findings on research questions one, two and three

A summary of key findings for the research questions in stage one is below.

1. What is the perceived current capacity to promote equity, environmental sustainability and health in ISEPICH?

Participants saw ISEPICH at the beginning of the project as having a moderate capacity to promote equity and a lower capacity to promote environmental sustainability. Due to changes in the project, a final measure of capacity could not be made, and so this question is not further addressed.

2. What are the key principles and action areas to guide this work (the framework)?

Principles included taking a community development approach, respecting different kinds of knowledge, particularly Indigenous knowledge, and addressing causes. The principles also included making equity and sustainability 'everybody's business', ensuring that marginalized groups have a voice and that 'wealthy and powerful' groups take responsibility; focusing efforts where they have most benefit, particularly for young people and disadvantaged groups; ensuring good communication; and accountability. Information from the literature review generally supports these principles. The literature provides little information about accountability and meaningful indicators, although they are recognised as important. One evaluation of Healthy Cities cautioned that there is sometimes an impetus to report progress and this can make real accountability difficult.

The principles can be summarised as principles of community and care. One overarching principle is that we are members of a community and we have a responsibility to look after each other and work together inclusively. This is strongly expressed in the framework principles, although discussion showed that participants did not have an entirely clear view of what equity means and how far we can achieve it. Another overarching principle is that we are part of the ecosystem and have a responsibility to look after other species and the environment that supports and enables us. This is less evident in the framework principles but emerged more strongly in discussion at the second forum and in discussion groups of research participants. These principles are similar to the guiding principle in the Ottawa Charter (First International Conference on Health Promotion, 1986, p. 2) on the need "to take care of each other, our communities and our natural environment".

Recommendations from the literature review support this socioecological approach. For example, researchers recommended community development, starting "where people are" (Poland & Dooris, 2010, p. 289), working with Indigenous communities as partners, not targets (Demaio et al., 2012), solidarity (Poland & Dooris, 2010; Poland et al., 2011), participatory approaches and ecological approaches that recognise we are part of the ecosystem (Grace et al., 2012; Patrick et al., 2015).

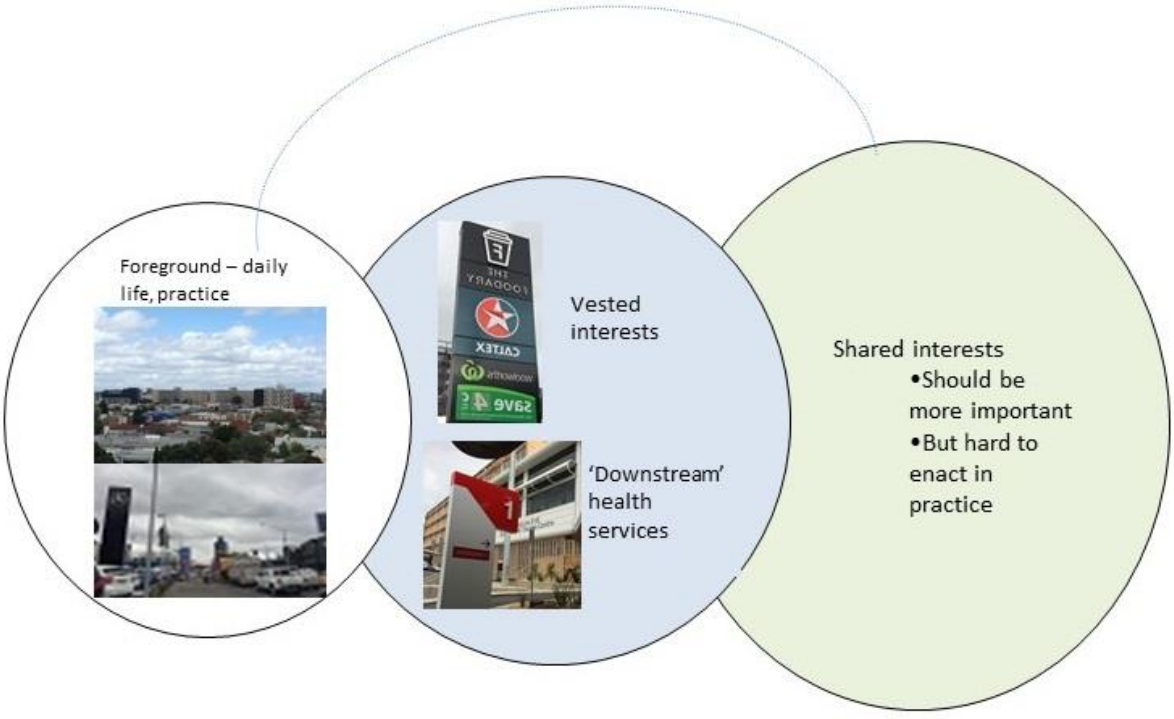
Proposed action areas included a focus on food, community gardening, healthy eating and food security, and on housing sustainability and energy costs. These again were supported in the literature, including findings from systematic reviews of Sustainable Development projects (Galvao et al., 2016). The literature also suggests that active transport justifies more emphasis than it was given in the ISEPICH Framework (Edwards et al., 2013; Goodman et al., 2013; Green et al., 2015), and that working with communities around renewable energy projects is worth consideration (Galvao et al., 2016). Other action areas were largely proposed measures to ensure that the principles in the

framework were enacted in practice. Action areas are not further analysed in this chapter but are discussed in chapters seven and eight.

3. What are the relevant contextual factors that affect (or are likely to affect) this work?

Figure 11 below represents a summary of key findings in relation to this question. The circle on the left represents the proximate area, the everyday settings of local health promotion. Here, people's sense of individual 'entitlement' is seen to contribute to normalised inequality and environmental degradation. Such issues are especially evident in an inner city area where wealthy people are living in luxurious apartments near highly disadvantaged people in public and social housing, and where thousands of cars are funnelled through to the city each day. The second circle represents ideas about causes or social determinants, including the power of corporations, such as fossil fuel companies, and health services that focus on downstream responses. The third circle represents the potential area of shared values, of caring for each other and the environment. Articulating these shared values is potentially a counter to the disproportionate power in the second circle, but participants saw this as hard to enact in practice within a society heavily influenced by capitalism and individualism.

Figure 11. The imagined fields of health promotion practice



Participants also identified a lack of clarity about the meaning of equity. A community member also expressed concern that equity and environmental sustainability are not plain language terms.

These findings about contextual factors were supported in the literature review, with several articles cautioning that broader social and economic forces and powerful interests can over-ride health promotion's potential achievements (S. Gould & Rudolph, 2015; Green et al., 2015; Jobin, 2003). There were recommendations in the literature for more value-based approaches in health promotion (Parsons, 2004), for efforts to change societal values towards more equitable, ecological

values (Poland & Dooris, 2010) and for learning from ecofeminism and ecosocialism (Poland et al., 2011). Similarly there were calls for more sociopolitical analysis (Poland & Dooris, 2010), more critical social science analysis and more intersectoral, interdisciplinary approaches (Giles-Corti et al., 2016; Kaiser, 2013).

This chapter has presented an account of the findings of stage one. In later chapters, particularly chapter nine, there is further analysis of the ISEPICH Framework and associated findings, as part of the final reflective stage. Prior to that, the next two chapters present the findings of the 'action and observation' stage of the research, looking at what health promoters and community members were doing to promote equity, environmental sustainability and health, and the factors that helped or challenged their work.

Chapter 7. Stage two: what participants were doing to promote equity, environmental sustainability and health

Stage two of the action research cycle, the stage of action and observation, took place in 2013-14. Participants from SGGPCP and Wimmera PCP joined the study at this stage. This chapter provides the findings in relation to the first research question in stage two:

4. In practice, what have participants in the three PCPs done to promote equity, environmental sustainability and health?

Question four also included a sub-question: what frameworks have they drawn on or found useful? This is mainly addressed in chapter nine, where health promotion frameworks are analysed.

Process and participants

As discussed in chapter four, I interviewed key informants in SGGPCP and Wimmera PCP, before conducting discussion groups (two in ISEPICH and one each in SGGPCP and Wimmera PCP). I also met individually with four participants in ISEPICH who were not able to attend discussion groups. SGGPCP also provided notes from a meeting with a number of staff who were not able to attend the discussion group, but had discussed the research questions. The first part of the discussion groups was a group interview on question four above, while the second part was a focus group mainly discussing the factors that had helped or challenged their work, which are explored in chapter eight.

ISEPICH participants in stage two were six staff members from ISEPICH member agencies (one replacing someone who was no longer able to participate) and eight community members, all of whom had participated in stage one. One ISEPICH participant withdrew from the project at the beginning of stage two. Three people ceased to be involved in the project because they changed employment (one) or did not respond to invitations (two). Sadly, one participant died in the early stages of the study. Three people were not able to participate in stage two interviews or discussion groups for personal reasons. All ISEPICH staff members participating were female. Four of the eight community members were female and four were male.

As discussed in chapter four, all participants in SGGPCP and Wimmera PCP were staff members. There were eight SGGPCP participants. All were female. There were seven Wimmera PCP participants. Six were female and one was male. Ninety-five percent of the total staff member participants (20/21) in stage two were therefore female.

There was some difference between participants from SGGPCP and Wimmera PCP. Climate change issues had been a high priority in SGGPCP and many agencies had been involved in this area of work. Participants in the SGGPCP discussion group were more likely to be at a management level in their agencies than participants in the Wimmera PCP discussion group, who were members of the PCP health promotion network and likely to be health promotion officers or at similar levels in their organisations.

Findings

What participants have done to promote environmental sustainability and equity

From the information provided by participants, I identified 32 projects that addressed both equity and environmental sustainability, shown in Table 5 below. An additional 45 projects addressing equity, but not environmental sustainability, were also discussed (these are shown in Appendix four: Table 3). The term "project" includes a range of actions, for example from a large project involving numerous agencies, staff and community members, such as 'Pass the Parcel' (project no. 15 in Table 5) to a plan by the Chair of an Ethnic Senior Citizens' Group to invite a Council sustainability officer to talk about reducing household energy costs (project no. 9). The projects were either occurring at the time (2013) or had been conducted during the previous three to five years. This relates particularly to the years since 2009, when the 2009-12 PCP strategic plans began, but in some cases projects may have begun before this time. SGGPCP in particularly began addressing climate change around 2007 and produced *Climate Change Adaptation: A Framework for Local Action* (Rowe & Thomas) in 2008, while in both ISEPICH and Wimmera, individual agencies and organisations had begun addressing climate change/environmental sustainability before the PCP formally adopted it as a priority.

Table 5 provides a brief description of the projects, and their potential benefits for environmental sustainability and equity, classified under themes. The themes are explained in more detail following the table. Where possible I have included a reference for further information in the table, however it should be noted that project reports, if published, are often published only on websites and may no longer be publicly accessible.

Most projects addressing environmental issues had an equity component, for example, they aimed to benefit low income or vulnerable groups in particular. The negative health impacts of climate change are greatest for low income and vulnerable groups (IPCC, 2014). Therefore, there is a potential equity benefit from all projects promoting environmental sustainability, although I have not included projects in the table on this ground alone. Projects primarily addressing equity were less likely to address environmental sustainability, as shown by the greater number of projects that addressed equity but not environmental sustainability (see Appendix four: Table 3).

As discussed in the Introduction, this study does not attempt to evaluate the effectiveness of the work that research participants were doing. The discussion here is about potential, rather than achieved, benefits. Similarly, this study has not attempted to evaluate the health impacts of the projects. Potential health benefits from the projects in Table 5 include increasing healthy eating and food security, increasing physical activity and active transport, improving the standard of housing, and improving air quality through reducing motorised transport. These have also been identified in the literature on 'health co-benefits' from promoting environmental sustainability (Cheng & Berry, 2013; Friel et al., 2011; Frumkin & McMichael, 2008; Lowe, 2014; Patrick et al., 2011; Patrick & Kingsley, 2016).

Overall, I have taken an inclusive approach to the projects in the table. For example, the Wominjeka BBQ (no. 4) is mainly about social inclusion and Indigenous community building, but is held in a community garden, and the organisers follow the principles of the garden. The research participant said it therefore had some focus on sustainability:

> Celia (community member): *sustainability …* [food waste from the barbeque goes into] *the compost … the water that's left in our bins gets put into the garden – and things like that.*

Two projects included in the table had a primary focus on climate change adaptation, rather than environmental sustainability as such: the implementing climate change adaptation project (no. 16) in SGGPCP; and the Heatwave protocol project (no. 31) in Wimmera PCP. Heatwave pilot projects were funded in 2008 by the Victorian Department of Human Services (2009). These projects are included on the grounds that they would have raised awareness about climate change and its causes. It should be acknowledged, however, that while climate change adaptation may promote environmental sustainability, it does not necessarily do so. For example, the Australian Medical Association in 2010 suggested there should be subsidies to ensure elderly people vulnerable to heatwaves had air-conditioning (Ewins, 2011). If the energy for air-conditioning comes from fossil fuel, this could increase carbon emissions and reduce environmental sustainability. Most projects in this study include measures that increased environmental sustainability as well as adaptation capacity, such as installing insulation and filling gaps around doors and windows in homes.

The second column of Table 5 also indicates whether projects in the ISEPICH area were mainly initiated or led by employed staff members or by community members from voluntary community groups. The distinction between voluntary community groups and employing organisations is not always clear-cut. Some health and community organisations began as voluntary community groups and subsequently employed paid staff on a casual or ongoing basis. There are three organisations of this nature in this project; two were represented by paid staff members and one by a community member who was also on the committee of management of the organisation. Organisational structures are discussed further in chapter eight in relation to what helps or challenges the kind of work discussed here.

Table 5. Projects promoting environmental sustainability and equity

No.	Brief description of project	Potential benefits for Environmental Sustainability	Potential benefits for Equity	PCP area
1	Council audit of community facilities for environmental sustainability, including potential development of community gardens at facilities (led by council staff)	Increase environmental sustainability of community centres/facilities. Care for natural environment. Increase environmental sustainability of food system.	Benefits for low income/disadvantaged groups (key users of community facilities) – increase contact with nature, increase access to local fresh food/healthy eating/food security. (Reducing energy cost of running facilities could potentially also give Council more money to spend on facilities or services for low-income groups.)	ISEPICH
2	Council policy development supporting community gardens and ensuring they are socially inclusive (led by council staff)	Increase environmental sustainability of food system. Care for natural environment.	Benefits for low income/disadvantaged groups – increase access to local fresh food/healthy eating/food security, and contact with nature. Social inclusion/build community.	ISEPICH
3	Community garden at housing estate, led by partnership of agencies and community members (CoPP, n.d.)	Increase environmental sustainability of food system. Care for natural environment.	Benefits for low income/disadvantaged groups - increase access to local fresh food/healthy eating /food security, and contact with nature. Social inclusion/build community in the estate, including Indigenous participation.	ISEPICH
4	Wominjeka BBQ - Regular Indigenous barbeque/ get together at community garden, follows sustainability principles of garden. Led by partnership of agencies and Elders, service providers may attend and provide information (ISCH, 2017)	Care for natural environment.	Indigenous participation, community building. Benefits for low income/ disadvantaged groups – increased Indigenous cultural awareness/cultural safety in mainstream health and community services, increased access to services. Social inclusion/build community.	ISEPICH
5	Indigenous cultural garden at recreation centre, led by partnership of agencies and Elders	Care for natural environment. Indigenous knowledge of country.	Benefits for low income/disadvantaged groups - increased awareness of Indigenous culture/cultural safety; increase contact with nature.	ISEPICH

No.	Brief description of project	Potential benefits for Environmental Sustainability	Potential benefits for Equity	PCP area
	(St Kilda Sea Baths, 2017)		Indigenous participation (also involved bringing generations together and involving young people). Social inclusion/build community.	
6	Equity principles in environmental community group (GEEG 2015)	Overall aim of group is to increase environmental sustainability.	Through equity policy, group aims to increase social inclusion.	ISEPICH
7	Environmental community group advocacy to council on environmental and equity issues	Through advocacy to council, the group aims to promote environmental sustainability. Care for natural environment, including protection of biodiversity.	Social inclusion/build community. Benefits for low income/disadvantaged groups – contact with nature.	ISEPICH
8	Proposed advocacy by ethnic senior citizens' community group to council to increase access to community gardens for members	Care for natural environment. Increase environmental sustainability of food system.	Benefits for low income/disadvantaged groups - increase access to local fresh food/healthy eating/food security, and contact with nature. Social inclusion/build community.	ISEPICH
9	Ethnic senior citizens' community group plan to invite Council environmental officer to address group re reducing household energy use	Increase environmental sustainability of housing.	Benefits for low income/disadvantaged groups – reduce living costs for energy and improve housing comfort.	ISEPICH
10	Community centre developing and implementing sustainability policy and kitchen garden associated with social meal, led by staff members, partnership with volunteers	Increase environmental sustainability of community centres/facilities. Increase environmental sustainability of food system, including using food from the kitchen garden and from Second	Benefits for low income/disadvantaged groups - increase access to local fresh food/healthy eating/food security, contact with nature; social inclusion/build community. (Potentially, reducing the running costs of the centre also allows more money to be spent on programs for low income/disadvantaged groups).	ISEPICH

No.	Brief description of project	Potential benefits for Environmental Sustainability	Potential benefits for Equity	PCP area
		Bite (2017) food rescue and redistribution service. Care for natural environment.		
11	Creating healthy environment on public housing estate e.g. not smoking in lifts, recycling, reducing litter, led by residents' committee	Increase environmental sustainability through recycling. Care for natural environment.	Benefits for low income/disadvantaged groups – contact with nature. Social inclusion/build community	ISEPICH
12	Community Kitchen on public housing estate, led by partnership of agency, volunteers, residents (Mr AVINALAUGH, 2010)	Increase environmental sustainability of food system through reduced food waste, including using food from Second Bite food rescue and redistribution service, and reduction of energy use associated with food preparation (communal kitchen).	Benefits for low income/disadvantaged groups - increase access to fresh food/healthy eating/food security; reduce energy cost. Social inclusion/build community.	ISEPICH
13	Reduce energy and water use on public housing estate, led by residents' committee, assisted by local environmental group	Increase environmental sustainability of housing, care for natural environment (save water).	Benefits for low income/disadvantaged groups - reduce living costs associated with energy and water use and increase housing comfort.	ISEPICH
14	'i-button' pilot housing sustainability/climate change adaptation project in small town (Brown & Rowe, n.d.; SGGPCP, Rance, & Wallis, 2013, p. 5)	Increase environmental sustainability of housing.	Benefits for low income/disadvantaged groups – reduce living costs for energy and increase housing comfort. Social inclusion/build community.	SGGPCP
15	'Pass the Parcel' – housing sustainability/climate change adaptation, focus on low income, disadvantaged	Increase environmental sustainability of housing.	Benefits for low income/disadvantaged groups - reduce living costs for energy and increase housing comfort. Social inclusion/build community.	SGGPCP

No.	Brief description of project	Potential benefits for Environmental Sustainability	Potential benefits for Equity	PCP area
	groups (Brown, 2013; SGGPCP et al., 2013, pp. 5-6)			
16	Implementing climate change adaptation project (SGGPCP et al., 2013)	Education and awareness raising on climate change and potential responses.	Benefits for low income/disadvantaged groups - build capacity. Social inclusion/build community.	SGGPCP
17	Healthy communities projects - aim to increase physical activity, also have environmental aspect by increasing active transport (Glenelg Shire, 2014)	Increase environmental sustainability of transport.	Benefits for low income/disadvantaged groups - increase active transport/physical activity, reduce transport costs.	SGGPCP
18	Community kitchen and community orchard (De Rose, Roberts, & Nobes, 2011)	Increase environmental sustainability of food system. Care for natural environment.	Benefits for low income/disadvantaged groups - increase access to local fresh food/healthy eating/food security, and contact with nature. Social inclusion/build community.	SGGPCP
19	Transport connections project - shared transport for isolated rural residents with limited access to shops and petrol (SGGPCP, 2013a)	Increase environmental sustainability of transport	Benefits for low income/disadvantaged groups - reduce living costs for transport, increase access to shopping/services; Social inclusion/build community.	SGGPCP
20	Telehealth development and research projects (Telehealth projects are concerned with the provision of healthcare or health education to distant patients using telecommunication) (SGGPCP, 2013a, p. 6)	Increase environmental sustainability of transport (i.e. by reducing motorised transport) for access to healthcare.	Benefits for low income/disadvantaged groups - reduce living costs for transport, increase access to healthcare; Social inclusion/build community.	SGGPCP
21	Glenelg SAVES - energy efficiency training for Home and Community Care workers, and clients, and community workshops	Increase environmental sustainability of housing.	Benefits for low income/disadvantaged groups - reduce living costs for energy, increase housing comfort.	SGGPCP

No.	Brief description of project	Potential benefits for Environmental Sustainability	Potential benefits for Equity	PCP area
	(Lynch, Tuck, Hurley, Fraser, & Brown, 2016)			
22	Filling the Gaps (housing) workshops with local hardware store, through community house	Increase environmental sustainability of housing.	Benefits for low income/disadvantaged groups - reduce living costs for energy, increase housing comfort	SGGPCP
23	Promoting other forms of transport than cars, such as public transport and car pooling	Increase environmental sustainability of transport.	Potential benefits for low income/disadvantaged groups - increase physical activity/active transport and reduce living costs for transport.	SGGPCP
24	Point of contact for distribution of energy efficient globes, draft stoppers and similar, to public housing tenants	Increase environmental sustainability of housing.	Benefits for low income/disadvantaged groups - reduce living costs for energy, increase housing comfort.	SGGPCP
25	Retrofits to homes for older people via Victorian Government's Energy and Water Taskforce (Brown & Rowe, n.d., p. 5)	Increase environmental sustainability of housing; care for natural environment (save water).	Benefits for low income/disadvantaged groups - reduce living costs for energy and water, increase housing comfort.	SGGPCP
26	Communal gardens for older people in residential units	Care for natural environment.	Benefits for low income/disadvantaged groups - increase contact with nature. Social inclusion/build community.	SGGPCP
27	Bicycle recycle – repairing bikes for community, in partnership with organisations including Aboriginal community controlled organisation	Increase environmental sustainability of transport.	Benefits for low income/disadvantaged groups - reduce living costs for transport, increase active transport/physical activity; Indigenous participation; Social inclusion/build community.	SGGPCP
28	Food swap and food production – sharing knowledge, skills re local conditions, through community house	Increase environmental sustainability of food system. Care for natural environment.	Increase access to local fresh food/healthy eating/food security (with potential benefits for low-income groups).	SGGPCP

No.	Brief description of project	Potential benefits for Environmental Sustainability	Potential benefits for Equity	PCP area
29	PCP involved in climate resilient communities project (Victorian Government, 2013; Wimmera Development Association, 2017)	Increase environmental sustainability of food system and other agriculture through more effective and sustainable farming practice.	Benefits for low income/disadvantaged groups - build capacity. Social inclusion/build community.	Wimmera PCP
30	'Good Tucker, Good Health' nutrition and gardening project in school - includes focus on Indigenous plants and involvement of Indigenous families (Phelan & Williams, 2014)	Care for natural environment, including through indigenous plant use. Indigenous knowledge of country. Increase environmental sustainability of food system.	Benefits for low income/disadvantaged groups - increase access to local fresh food/healthy eating/food security, contact with nature; Indigenous participation and cultural awareness/safety; Social inclusion/build community.	Wimmera PCP
31	Heatwave response protocols (Victoria DHS, 2009, p. 7)	Education and awareness raising on climate change.	Benefits for low income/disadvantaged groups - build capacity through identifying groups vulnerable to climate change (heatwaves). Social inclusion/build community.	Wimmera PCP
32	PCP advising agencies re Home Energy Saver Scheme (HESS) at forum (the scheme was defunded by federal LNP government in 2014) (Macklin, 2013)	Increase environmental sustainability of housing.	Benefits for low income/disadvantaged groups - reduce living costs for energy, increase housing comfort.	Wimmera PCP

Key themes – summary, explanation and examples

Themes are grouped as environmental sustainability (Env S) or Equity themes. Table 6 below summarises the themes and their frequency. They are then discussed in more detail.

Table 6. Frequency of environmental and equity themes in projects

Environmental Sustainability (Env S)	Count
Care for natural environment	15
Increase Env S food system	10
Increase Env S housing/homes	9
Increase Env S transport system	5
Indigenous knowledge of country	2
Increase Env S community centres	2
Education and awareness-raising re climate change	2
Env S general	2
Recycling	1
Equity	
Benefits for low income/disadvantaged groups, through:	32
• increased contact with nature	(12)
• increased access to fresh food (often locally grown), healthy eating, food security	(9)
• reduced energy costs and increased housing thermal comfort	(9)
• reduced transport costs	(5)
• increased awareness of Indigenous culture/ Indigenous cultural safety	(4)
• increased capacity in mainstream services or community to recognise the impact of environmental degradation/climate change on vulnerable groups	(4)
• increased access to services, shopping or healthcare	(3)
• increased physical activity and active transport	(3)
• reduced costs for water	(2)
Social inclusion/community building	22
Indigenous participation	5

Environmental themes

The most frequent environmental theme identified is 'Care for natural environment' (nos. 1, 2, 3, 4, 5, 7, 8, 10, 11, 13, 18, 25, 26, 28, 30). This relates to people actively caring for the local 'natural' environment, in the sense defined by Maller and colleagues (2006) as an "organic environment" where processes such as "birth, death, reproduction, relationships between species" occur (2006, p. 46). It is predominantly the environment of plants that people are caring for in these projects, although other non-human species could potentially benefit. Most commonly this theme relates to gardening and food growing projects, however it also includes projects concerned with saving water, clean-up of the grounds of a local housing estate, and advocacy to a local council to protect biodiversity and open space.

There is a strong affective element to this theme, as illustrated in the following comments:

> Louise (staff member): *Our second* [project] *is … gardens, outdoor gardens, which is great for us with social inclusion and social connection for our members … because a lot of them live in small little units now and aren't able to have their own gardens … so they can bring that love and passion with their gardens … that's been a great success … they're out there again today*
>
> Claire (staff member): *that's beautiful – it's a nice place to have a meeting* – Jacqui *and I went out there one day and I didn't want to come back* (laughter)
>
> …
>
> Dan (community member): *one of our members went* [to a council health forum] *and suggested that open space was integral to people's health – open space, trees, relaxation … where they live, where they play, where they socialize … and* [he] *said it wasn't even on the agenda, but when he brought it up, he said smiles came across their faces and they thought yeah this is really important*

There are also potential contradictions in this theme. Because so much of our present day 'natural' environment in Australia has replaced the indigenous plants and species that were here prior to white invasion, caring for this environment can potentially conflict with protecting indigenous species and biodiversity. One way of resolving this may be through Indigenous knowledge and the use of indigenous plants, to which the less frequent, but important, theme 'Indigenous knowledge of country' relates.

'Indigenous knowledge of country' applies to two projects (nos. 5, 30). Overall, there were five projects that had significant Indigenous participation (nos. 3, 4, 5, 27, 30). Several received funding under the Closing the Gap or Koolin Balit strategy and these generally involved supporting and partnering with Aboriginal Community Controlled Organisations, building community, and making the broader community and mainstream services more culturally aware and culturally safe for Indigenous people. Project no. 5, the Indigenous cultural garden at St Kilda swimming baths, and project no. 30, 'Good Tucker, Good Health' at Horsham primary school, also specifically highlighted indigenous plants and their use in traditional Indigenous life and culture. This theme brings together some of the major historical issues identified in this study about relationships with land and ecology, and highlights Indigenous culture and knowledge as a model for environmental sustainability.

"The garden continues to be an exciting and welcomed multi layered positive activity for the students and families of the Horsham Primary School which has already encouraged positive connections and a broader understanding of cultures and healthy choices which can be built upon in future" – Steering committee member

"A sense of community has been fostered with this project , promoting engagement and ownership for students, staff , parents and the surrounding Horsham North families. It is an excellent platform for the promotion of healthy eating and growing your own food. We love our "Good Tucker Good Health garden!" – Campus School Principal

Figure 12. Excerpt from 'Good Tucker Good Health' poster
Reproduced with permission from Wimmera PCP and Wimmera Mail Times. Photo on left by Wimmera Mail Times. Photo on right by Melissa Powell.

The second most frequent environmental theme is 'increase environmental sustainability of food system' (nos. 1, 2, 3, 8, 10, 12, 18, 28, 29, 30). This relates to several factors, including the potential benefits of shifting from industrial agricultural systems to local small-scale (often organic or permaculture) production, reduction in food miles, substitution of fresh plant-based food for meat and processed foods, and reduction of food waste. It is widely accepted that the global food system has a major impact on environmental sustainability, with estimates that it contributes between 20-30% of global carbon emissions (McMichael, Powles, Butler, & Uauy, 2007; Tilman & Clark, 2014; Vermeulen, Campbell, & Ingram, 2012). There are also other environmental impacts that are often associated with industrial scale agriculture, such as soil loss and degradation, loss of biodiversity and unsustainable use of water. From a health promotion perspective, industrial food systems are associated with diets high in red meat and processed foods, and related chronic diseases (Bambrick, Dear, Woodruff, Hanigan, & McMichael, 2008; Ferne Edwards et al., 2011; Skouteris et al., 2014).

Urban food growing projects such as community and school gardens may encourage a shift to a more plant-based and healthier diet, but their potential contribution to environmental sustainability is contested in public debate (e.g. Quiggin, 2014). Sarah James and Sharon Friel (2015) using 'lifetime carbon analysis' (LCA) found the carbon footprint of industrially farmed lettuce was higher than that of urban farmed lettuce, but the reverse for chicken. They suggest the potential of urban farming might be limited in suburban settings such as Western Sydney, where their research was conducted. Nevertheless, they argue it is useful to think about an integrated approach where both industrial and

local food systems play a part. Rebecca Patrick and colleagues (2015) have explored how local urban food production can contribute to "[r]esilient urban food systems" (2015, p. 42) not only by producing food, but also by addressing social and equity issues and building community capacity.

It is relevant that projects categorised under 'environmental sustainability of food system' addressed fresh food preparation skills and reducing food waste (nos. 10, 12, 18, 30), and improving the sustainability of local agriculture (nos. 26, 28), as well as local production of fruit and vegetables. Food waste alone is estimated to contribute 30% of emissions from the food system (FAO, 2013). For most projects included under this theme, it is likely that social inclusion and community building, or healthy eating, were more significant aims than environmental sustainability, but it was recognised as a potential benefit.

> Mara (staff member): *just looking at sustainability I was thinking of what has happened in* [nearby town, outside the research area] *with the community garden … it was very much based on social isolation … I'm just wondering, since we've been talking, whether, once sustainability gets more on the fore front … people will realise that it's connected to sustainability as well as social inclusion – does that make sense?*

'Care for natural environment' and 'environmental sustainability of food system' were particularly frequent themes for projects in the ISEPICH area, including projects led by agencies and those led by community groups.

The next most common theme is 'increase the environmental sustainability of housing/homes' (nos. 9, 13, 14, 15, 21, 22, 24, 25, 32). This includes projects in public housing estates as well as projects with individual homes. These projects focused on increasing energy efficiency, reducing energy use and costs, and increasing thermal comfort. There were several schemes at federal, state and local government level at the time to support this work, including such measures as provision of energy efficient light globes, door and window weather stripping, improved insulation, and financial or direct assistance for low income and vulnerable groups.

This theme was particularly frequent in projects in the SGGPCP area. Although much work was conducted under the broad label of 'climate change adaptation', in practice SGGPCP also had a focus on environmental sustainability and climate change mitigation. This is evident both in the guiding framework (Rowe & Thomas, 2008) and in specific projects. This work began when the PCP was trying to translate its framework for climate change adaptation (the 'blue book') into local action, as described by Claire, a staff member:

> … [the work began in] *one of our most vulnerable communities … a small community where there'd been … quite a declining population, not a lot of access to services …*

Claire explained how they began the work, using a community development approach:

> *… just got to know the community a little bit … trying to figure out what's important at the moment to this community that has to do with the blue book …* [at the time] *our PCP was working with the Department of Health - Human Services … on the development of their Heatwave toolkit …. There was* [also] *a lot in the media about rising cost of energy, so it just started to come to us that energy efficiency might be something that we should work with this community around.*

From there they were able to build a pilot project (Brown & Rowe, n.d.), using the 'i-button' temperature logger, which was passed around by local households to record temperatures and temperature variation in homes. Community members became involved, and local and state experts supported the work. They were also able to link in to various other schemes, including the then federal government subsidy for ceiling insulation. This pilot project then led in to the much larger 'Pass the Parcel' project involving 14 PCP member agencies and their client groups, ultimately reaching hundreds of local households (Brown, 2013).

Another project, in ISEPICH, was led by the residents' committee of a large public housing estate, in partnership with the Port Phillip EcoCentre (2017), advising residents on measures to save energy and water. Generally, projects under this theme had a strong focus on benefits to low income and disadvantaged community members. There was also often an element of community building. These projects had potential benefits for environmental sustainability by reducing household energy use and emissions. Again, these are potential benefits and they may not always be achieved; for example in Glenelg Saves (project no. 21), an evaluation report concluded that it had not reduced energy use any more than the general downward trend at the time (Lynch et al., 2016).

A related theme was 'increasing the sustainability of community centres' (nos. 1, 10). Both projects involved energy efficiency or sustainability audits of community centres, in one case by a council, in the other by a non-government community centre. The non-government centre had also made some changes to increase energy efficiency at the time of this study.

The theme 'increase environmental sustainability of the transport system' related to five projects (nos. 17, 19, 20, 23, 27), all conducted in the SGGPCP area. There were different aims in these projects. The shared transport and telehealth projects (nos. 19, 20) had a focus on increasing access to shopping and other services, and to healthcare; while the active communities, alternatives to cars and bicycle recycle projects (nos. 17, 23, 27), had a focus on increasing active transport and physical activity. Additionally, the bicycle recycle project aimed to make cycling affordable and to increase maintenance skills. Even though they had somewhat different aims, all these projects could potentially contribute to a reduction in emissions and air pollution by reducing motorised transport.

Two other environmental themes were 'increase environmental sustainability generally' (nos. 7, 8), relating to the work of a local environmental group, and 'increase recycling' relating to one of the aims of the public housing estate residents' committee (no. 11). Both were in the ISEPICH area.

Finally, there were two projects (nos. 16, 31) classified under the environmental theme 'education and awareness raising about climate change'. As previously discussed, these projects might not have directly addressed environmental sustainability or mitigation, but might have raised awareness and educated participants about the causes and impacts of climate change.

Equity themes

Three broad themes around equity were evident: benefits for low income or disadvantaged groups; social inclusion/community building; and Indigenous participation. In regard to benefits for low income or disadvantaged groups, the nature of the benefits is also specified, including health promotion aims.

All projects in Table 5 had some focus on benefits for low income or disadvantaged groups. Some of the specific groups were public housing tenants, clients of Home and Community Care services, older people, Indigenous people, and people from rural or isolated areas. Older people from culturally and linguistically diverse backgrounds were a specific group in the ISEPICH area particularly, because there were four community members from relevant community groups (three from Ethnic Senior Citizen's Clubs and one from the residents' committee of a public housing estate) participating in the research. The potential benefits for such groups included increasing contact with nature (nos. 1, 2 ,3, 4, 5, 7, 8, 10, 11, 18, 26, 30), increasing access to fresh food, healthy eating and increased food security (nos. 1, 2, 3, 8, 10, 12, 18, 28, 30). The housing sustainability projects provided potential benefits of reduced energy costs and increased housing thermal comfort (nos. 10, 13, 14, 15, 21, 22, 24, 25, 32). One project also potentially reduced water usage costs (no. 13). Potential benefits of transport projects included reduced transport costs (nos. 17, 19, 20, 23, 27), increased physical activity and active transport (nos. 17, 23, 27) and increased access to services, shopping or healthcare (nos. 4, 19, 20). Projects involving Indigenous participation or knowledge potentially increased awareness of Indigenous culture and Indigenous cultural safety in mainstream services and the community (nos. 3, 4, 8, 30). The climate change adaptation awareness projects potentially increased capacity in mainstream services and community to recognise the impact of climate change on vulnerable groups (nos. 16, 31).

Capacity building is specifically mentioned only for projects where it was a key aim. However, most projects had a capacity-building element. This could be via the development of a policy or protocol, via education and skill development, or via practice, as in 'learning by doing'. Generally, projects aimed to create sustainable change, in the health promotion sense of 'sustainable', as discussed in chapter five. For example, establishing a garden at older people's residential units in project no. 26 was an end in itself, but it was also intended that residents (and others, including staff of who work at or visit the units) have ongoing participation in the garden.

The question of whether the capacity-building element involves policy or practice may be temporal or situational, in that it relates to the stage of a project, and whether participants discussing the project had the opportunity to see any outcomes. For example, projects nos. 1 and 2 were concerned with the development of Council policy. Project no. 1 was a planned audit of council community development facilities, such as community centres, in terms of their environmental sustainability, and to see whether they could have community gardens. In project no. 2, the council had been supportive of local community gardens, but was concerned that the people involved in the community gardens might not be inclusive of low income or diverse residents. Therefore, the Community Development department was developing policy to assist committees of management to ensure community gardens were socially inclusive. In both cases, the project was at the policy development stage. The research participant providing information about these projects changed employment during the course of the study and was therefore not able to provide information about the outcome of these projects. Additionally, there did not appear to be information on the council website. These discontinuities in practice exemplify what Bruno Latour (2005, p. 19), in remarks about research on social life, describes as complex and "messy". They reflect the apparent messiness, or incompleteness, of health promotion practice. However, they can also reflect power, politics and changing priorities in organisations, which are discussed in more detail in the next chapter.

Twenty-two projects had some focus on 'social inclusion/build community'. 'Social inclusion' and 'build community' are related but slightly different aims: 'social inclusion' refers to projects aiming to make the general community or mainstream services more inclusive of marginalised or disadvantaged groups; while 'building community' refers to projects aiming to strengthen or develop community connections amongst low income or vulnerable groups. The Wominjeka BBQ, for example, fits under both aspects of this theme. It aims to strengthen community amongst Indigenous residents and visitors by giving them an opportunity to get together, share food and talk. By allowing representatives of mainstream services to attend, provide information and consult, it also aims to make the broader community and mainstream services more inclusive. 'Building community' can be potentially exclusive, if it only refers to like-minded people. For example in project no. 2, discussed above, community garden projects might have built community amongst middle-class people but excluded people from marginalised groups. This can be a particular concern in gentrifying areas where 'newer' residents, often predominantly English-speaking and middle-class, may become involved in community activities, but consciously or unconsciously exclude 'older', culturally diverse, working class residents or less 'respectable' residents.

The third equity theme concerned Indigenous participation (nos. 3, 4, 8, 27, 30). This involved different types of participation, including as residents and members of the community, as service users, as members of Aboriginal Community Controlled Organisations, or as Elders, custodians of country and holders of knowledge. Most projects also aimed to increase awareness of indigenous culture in mainstream services and community, and increase cultural safety for Indigenous people.

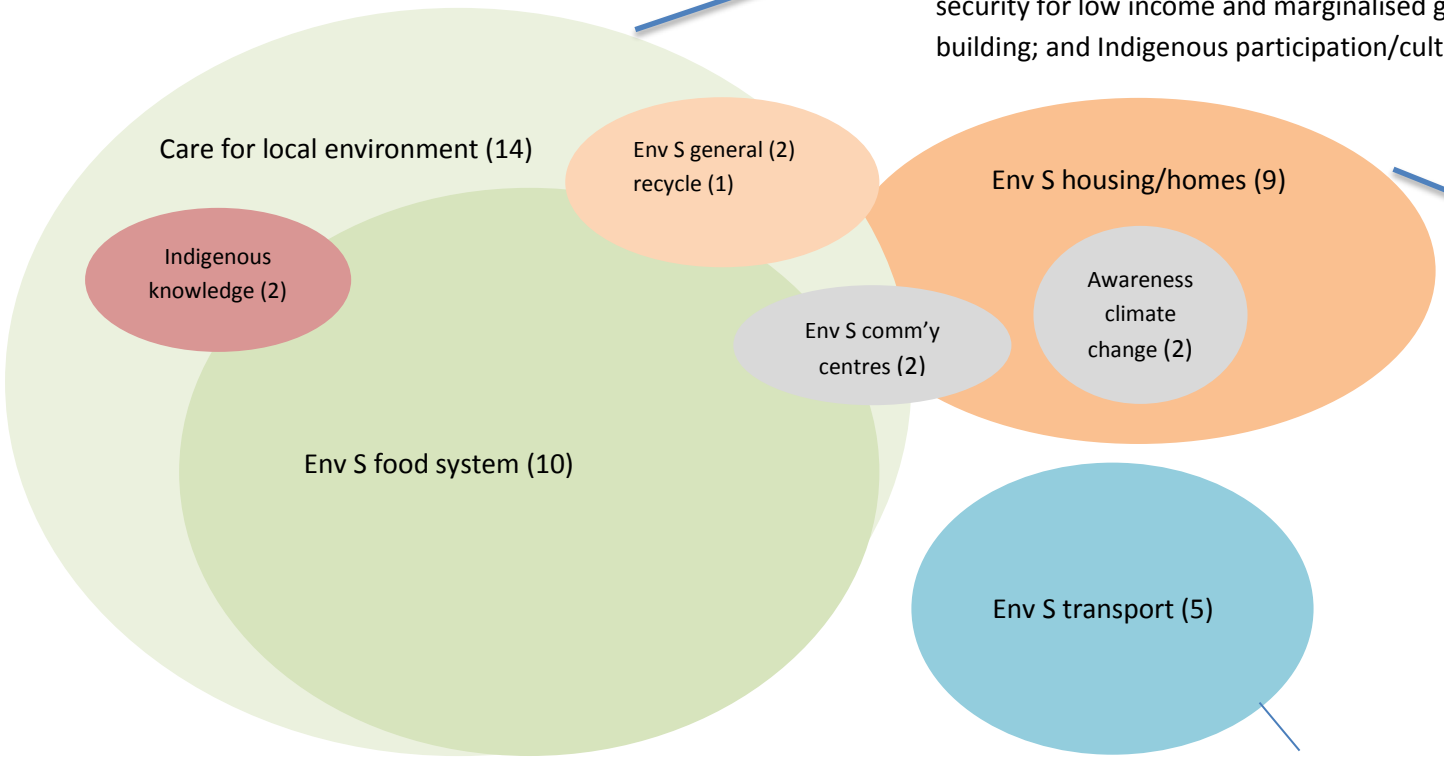
Figure 13, below, depicts the clustering of environmental themes and links between environmental and equity themes. It shows overlapping environmental themes in projects classified under more than one environmental theme, and the links between environmental and equity themes. There is a cluster of environmental themes around 'care for nature' and 'environmental sustainability of the food system', 'Indigenous knowledge of country', 'environmental sustainability in general' and 'environmental sustainability of community centres'.

'Care for natural environment' also has a slight overlap with 'environmental sustainability of housing'. 'Environmental sustainability in general' has a connection with 'environmental sustainability of housing', through two projects in the same setting (both in the same public housing estate). 'Environmental sustainability of housing' has a connection with 'environmental sustainability of community centres', as both themes are concerned with sustainability of built environment and reducing energy use, although they related to different projects.

In this study, 'environmental sustainability of the transport system' appeared to be largely a stand-alone theme, without strong connections to other environmental themes. Similarly, the health promotion theme of physical activity/active transport does not seem to be strongly integrated with other health promotion themes.

All environmental themes had strong links with equity themes, due to the strong focus on benefits for low income or marginalised groups and on social inclusion and building community. None of the projects included in this study, however, appear to address directly the broader determinants such as capitalism, individual ownership and 'entitlement' to income and resources, which were raised by participants in stage one of the project. This is discussed further in the following section and in chapter nine.

Figure 13. Clusters of environmental themes and links with equity and health themes



This is large cluster of environmental themes particularly around caring for the natural environment, and gardening/food. It links closely to the equity and health themes of increased contact with nature, healthy eating and food security for low income and marginalised groups; social inclusion/community building; and Indigenous participation/cultural safety.

This is a smaller cluster of environmental themes particularly around energy efficiency/sustainability of housing, with some overlap with care for local environment and gardening/food. It links closely to the equity and health theme of reduced energy costs and increased housing comfort for low income and marginalised groups; and has some links to social inclusion/community building.

This theme did not cluster with other environmental themes. It links closely to the equity and health themes of active transport/physical activity and reduced costs for low income and marginalised groups; has some links to social inclusion/community building; and one link to Indigenous participation.

Env S – environmental sustainability

Although not shown in Figure 13, there was some clustering of specific health promotion themes, similar to the clustering of environmental themes. For example, there were several projects that provided potential health benefits through increasing contact with nature and promoting healthy eating and food security, and two of these also promoted Indigenous participation and increased cultural awareness and cultural safety in mainstream services and community. Housing-related projects provided potential benefits through reduced living costs for energy and water and increased thermal comfort, and in one case had links with another project promoting increased (or improved) contact with nature through clean-up on the housing estate grounds. Transport related projects, as discussed, had different aims: two were primarily about improving access, while three provided potential benefits in terms of increased physical activity through active transport.

Finally, even where projects do not appear connected in this study, there are likely many links between them that are not captured here, particularly if they form part of a PCP or local government health promotion plan. It is likely that these projects were connected though the involvement of people who know each other and work together, who share common principles, exchange ideas, and utilise synergies.

Comparison with ISEPICH Framework and findings of literature review

Most projects discussed in this chapter are similar to the first two 'starting points', identified in the ISEPICH Framework:

- Community gardens, food security, healthy eating and community meals programs that incorporate a focus on equity and environmental sustainability and help build community (especially in areas that don't already have many of these activities)
- Housing sustainability and energy costs - helping to improve housing and reduce energy costs, particularly for low income groups (NB consider also a focus on recycling and active transport)

As discussed in chapter six, these action areas were also supported by the evaluation findings and recommendations from the literature review, with the proviso that active transport strategies probably also merit more focus. The literature suggests that active transport can also have benefits in increasing social connectedness and building community (Green et al., 2015), and that projects working with low income and disadvantaged groups can reduce inequities in the use of active transport and in physical activity. The Bicycle Recycle project (no. 27), in SGGPCP, was an example of an active transport project working with low income and disadvantaged groups. As discussed in previous sections, the literature on co-benefits for health from environmental strategies also supports work on these issues.

I also analysed the projects to see how far they reflected the principles and other action areas in the ISEPICH Framework, drawing on more detailed information not included in Table 5. The results are summarised in Appendix four and also discussed further in chapter nine, where the ISEPICH Framework and other frameworks are analysed.

One finding is that there appeared to be little advocacy by health promoters in these projects. There were two advocacy projects (nos. 7 and 8). Both were in the ISEPICH area, were led by community groups, and involved advocacy to councils. Similarly, there did not appear to be any projects aiming to ensure 'wealthy and powerful groups take responsibility', as called for in the ISEPICH Framework,

nor any addressing social and economic determinants at the policy level. There was, however, work relevant to these goals in the equity-focused projects summarised in Appendix four: Table 3.

Community participation was supported, and several projects provided training and education to community members. However, no projects appear to have provided financial support for community members to participate in governance, advocacy or similar, for example as members of steering or advisory committees. Again, this appears to be somewhat different from the equity projects in Appendix four. This may reflect that projects addressing both equity and environmental sustainability were more complex than the projects focusing only on equity, and were operating in the 'new', politically fraught area of climate change, but these are interesting differences.

In contrast to the aspirations of the ISEPICH Framework, there appeared to be relatively few projects focusing on young people. The Good Tucker, Good Health project (no. 31) at a primary school in Wimmera PCP, and the indigenous garden at St Kilda Sea Baths (no. 5) involving Indigenous Elders and young people, appeared to be the only ones with a major focus on young people. This may reflect that there was a specific Victorian program for health promotion in schools and early childhood centres, the Victorian Prevention and Health Promotion Achievement Program (Simovska, McNamara, & SpringerLink, 2014, p. 143). This program had specific guidelines and possibly the potential to address environmental sustainability would have been limited or not readily apparent.

There was a focus on sharing Indigenous knowledge in the Good Tucker, Good Health project (no. 31) and the indigenous garden at St Kilda Sea Baths project (no. 5). There was also a focus on sharing local knowledge in the Food Swap and Food Production project (no. 28) in SGGPCP, but overall there did not seem to be much focus on sharing different cultural knowledge, although numerous projects included peer and experiential learning.

Summary of findings on research question four

This chapter has looked at the findings in relation to research question four: In practice, what have participants in the three PCPs done to promote equity, environmental sustainability and health?

Thirty-two projects with the potential to promote environmental sustainability, equity and health, were identified. Potentially these projects could contribute to environmental sustainability through caring for the local environment and increasing the sustainability of the food system. They could also reduce energy use and demand in homes and other buildings, reduce the use of private cars, and raise people's awareness of climate change and their capacity to mitigate climate change. The key environmental issues addressed are thus protection of biodiversity and reduction of greenhouse gas emissions. Whether and how far such projects can make an appreciable difference to emission levels and biodiversity protection at local levels is a much larger question, which requires development though practice and research, but there is clearly capacity to do so. As noted, this study is not an evaluation. Neither has this study attempted to review all literature related to effectiveness, including literature from related disciplines and areas of practice, although as discussed in the previous chapter, this could be a very useful resource if done well

In terms of equity and health goals (which are closely related in this study), the projects had potential benefits related to food, housing, transport and social inclusion. Potentially they could improve food security, increase healthy eating and physical activity, and improve access to nature, particularly for low income and disadvantaged groups. They also could improve housing comfort and

reduce the costs of daily living. They had potential benefits through building more inclusive and socially connected communities, through increased cultural safety for Indigenous people and through increased awareness and respect for Indigenous culture and knowledge. Again, whether and how far they achieved these goals is a matter for further evaluation and research. Overall, while it seems that there is room for more integration, especially of active transport and physical activity, the work discussed here suggests a strong basis for an integrated approach to promoting equity, environmental sustainability and health.

There also appear to be some potential limitations. Practically, low income groups tend to have relatively low energy usage and are therefore likely to have relatively low emission rates (ABS, 2012a). This work can provide direct benefits to project participants, and certainly provide a model of how communities can work together to promote environmental sustainability. However, the impact on biodiversity protection or greenhouse gas emissions may be relatively limited, if the people who are using larger amounts of resources and emitting higher rates of greenhouse gases are not being reached. In terms of the CSDH (2009) recommendations on equity, the work appears more focused on improving daily living conditions for disadvantaged groups than on tackling the inequitable distribution of power, money, and resources. I suggest the work illustrated in this chapter can make a significant contribution to more sustainable, fairer and more inclusive local communities, but how far it can address the broader social factors leading to increasing inequality and environmental degradation is a different question, which is addressed further in later chapters.

Chapters six and seven have mainly presented findings from thematic analysis, with some discussion of discourses and underlying assumptions. The next chapter turns to a more analytical mode, first looking at participants' views on what helped or challenged their work, and then analysing underlying factors that appear to be taken for granted, including gender and hierarchy.

Chapter 8. Stage two: what helped or challenged the work of promoting equity, environmental sustainability and health?

This chapter presents the findings in relation to the second major question in stage two of the research:

5. What are the factors that have helped or challenged participants in their work?

Process

The process and participants in stage two have been described in chapters four and seven. In analysing the evidence, I used thematic, content and critical discourse analysis. Results of the analysis of participants' comments in relation to question five are summarised in Table 7. Topics are broadly organised around the 'practices' of health promotion, such as planning and priority setting, building partnerships, implementing projects, and resourcing. I also analysed apparent differences in 'who said what'. For example, some themes appeared more often in one PCP than in others, or amongst community members rather than staff members. I then used critical discourse analysis (Cook, 2005) to relate topics and themes to the socioecological and political context.

Limitations and strengths of the evidence

The evidence presented here is an account of the views of people who were involved in planning and implementing projects and strategies, either as staff members or members of community groups (in ISEPICH). It is not an evaluation of the effectiveness of their work.

A possible limitation is that because of the way questions were presented, people first discussed what they had done, and then the factors that had helped or challenged their work. Framing questions this way possibly meant participants were more easily able to identify helpful factors than challenges. There were more comments, on more diverse themes, about helpful factors than about challenges. It is reasonable to assume that a lack of 'helpful' factors would also constitute challenges, even though this was not always stated.

In this project, there were participants from three different PCPs, and ISEPICH participants include both employed workers and voluntary community members. There are some differences in the frequency of comments on themes from these groups. I identified these differences using content analysis, but as this is primarily a qualitative project, differences are presented only as trends. More research would be required to detect if there are significant differences. It is important to recognise, however, that had this project only included staff members, some themes, particularly about power, would likely have emerged less often. As previously discussed, it was not possible to include community members from the other two PCPs in this study, and so it is not possible to compare the views of staff members and community members across all three PCPs. There were also some other differences between participants, such as between PCP staff and member agency staff. Participants in SGGPCP also appeared to be at a somewhat more senior level in organisational hierarchies than those from ISEPICH and Wimmera PCP. There is not enough evidence to analyse whether there were different patterns of comments from these groups.

Another potential limitation is that while in the first stage of the project I was working as a PCP staff member for ISEPICH, in the second stage there were no PCP staff members from ISEPICH

participating. Thus, while in the other two PCPs there were participants who were able to provide an overview of what was happening in the PCP, this was not possible in ISEPICH to the same extent. Because of my prior knowledge, my ongoing informal contact with people who were still involved with the PCP (ISEPICH joined with Kingston Bayside PCP in 2013 to become the Southern Melbourne PCP) and because I remained on the PCP mailing list, I continued to have some overview, but this possible limitation should be noted.

Feedback in stage three

In the later consultation in stage three, participants generally confirmed the themes in Table 7 (this is discussed in more detail in chapter nine), but discussion most frequently centred on themes under topic two, which is about engaging people and building relationships. Following the consultation, I considered changing the order of topics but decided that this would not be appropriate. Broadly, the consultation suggested that engagement and relationship building might usually be the most significant topic to people working in local health promotion. In the context of this study, however, the first topic about 'what gets to the table' (below), concerning knowledge and power, was particularly significant because of the uncertain political environment and the highly politicised debate when stage two of the research was conducted in 2013.

Findings

Topic areas and key themes are summarised in Table 7. Themes are presented in the table in order of the frequency of comments on each, but this is not intended to suggest that their importance can be gauged only by the number of comments. For example, the themes included under topic area three 'that's a point of view' can be seen as underlying many of the themes in the first two topic areas, because they are concerned with ethics, values and discourses, all of which are important issues for health promotion, but may involve a deeper level of analysis. For example, to say that a Councillor or senior manager does not accept the science of climate change or does not approve of community gardens is one level of analysis, but to think about why this is so and what alternative values or discourses are involved in this position, may require further analysis. Similarly, as discussed in the following section of this chapter, some factors like gender or work hierarchies may not be discussed in detail or even mentioned, because they are taken for granted, but they may still be very important in determining who does what and what is valued.

Following Table 7, there is an explanation of themes with illustrative comments and discussion of 'who said what'. There is then more detailed analysis for each topic area, which relates topics and themes to the socio-ecological and political context.

Table 7. What helps and what are the challenges? Key topic areas and themes

WHAT HELPS?	WHAT ARE THE CHALLENGES?
Topic 1: "what gets to the table" - knowledge, evidence, policy and power	
• Knowledge and evidence (particularly local) and expertise • Supportive government policies (at all levels of government) • Being flexible • Understanding how power or influence works in your community • Elected representatives • Local autonomy	• Management and organisations • Changes of government policy and politicisation • Power, influence and inequality in general
Topic 2: "walk in their shoes" - engaging people and building relationships	
• Relevance to participants, partners and community • Contacts, networks, partnerships and collaboration • Leadership, champions • Building relationships and trust	• Engagement, particularly of 'hard to reach' participants
Topic 3: "that's a point of view" - ideas, values and communication	
• Communication, language and underlying values [See also note below]	• Different ideas and understandings, 'silos', narrow definitions of health • Culture and practice, the way things are done
Topic 4: "funding is always an issue [but] money isn't everything" - practical factors	
• Funding, time and resources (particularly funding) • Materials and technology	• Lack of time, resources or money (particularly time and resources) • Burden of responsibility (volunteers) • Technical challenges

Note: Frameworks were also identified as helpful at times, and are relevant to topic area 3. However, because I asked a specific question about frameworks, this is not included as a theme, as it did not arise spontaneously.

What helped or challenged the work: background

At times in discussion, participants were talking about what helped or challenged specific projects, while at other times they were reflecting on what helped or challenged equity and environmental sustainability in general. For example, a community member discussed challenges encountered when trying to advocate to the local council for protection of biodiversity:

> Dan (community member): … [council] *is kind of run by engineers in a sense … when it comes to things like biodiversity protection …the engineers aren't trained in biodiversity… they can't see that it's worth spending money on …*

Subsequently Dan moved on to broader issues like rising sea levels and made a general comment that the views of wealthy people have more influence than those of poorer people:

> *… people in the outer suburbs will probably want public transport, but the people* [near the sea] *with the big houses will be saying well we need a sea wall, and of course guess who will get the sea wall, because they've got the expensive properties, they've got the connections …*

In another example, a discussion between staff members began with general comments, such as the comment below.

> Mel (staff member): *I would say the largest challenge to all of this is the – the way that climate change has been politicised …*

The discussion then moved to challenges around an obesity related project, and how it was narrowly defined.

> Ros (staff member): … *the federal government funding … is so anal about what it's for, that it's quite restrictive, whereas if it was up to locals, I think we could actually build a lot more of … that stuff* [address a wider range of determinants] *into* [such projects].

Factors that were identified as helpful or challenges, may relate primarily to promoting equity, or primarily to promoting environmental sustainability, or to both. For example, comments about the challenges of engaging people in projects often relate to the difficulty in engaging people who are 'hard to reach' (equity issue), but some relate to the fact that environmental issues may not seem immediately relevant to these people (interaction of issues).

> Jen (staff member): *I guess my initial reaction* [to the idea of promoting environmental sustainability] *was that most of the people we work with are struggling to survive, and when you don't have enough food or somewhere to sleep, you're not worrying about getting the right sort of light globes.*

This is reminiscent of a remark by Bron (community member) in the first stage of the project:

> *… it can be hard to get people on low incomes interested in the big outside world, when their world is 60 degrees, because they have <u>no</u> air-conditioning, and never will, in their tiny little flats, that are sitting on the fourth floor – as in my case.*

Normally the illustrative comments show whether the person was talking about equity, environmental sustainability, or both, but if necessary, I include clarification.

Topic 1: "what gets to the table" - knowledge, evidence, policy and power

This topic area is particularly relevant to how people agree on priorities and what will be supported to go into plans. As health promotion theory suggests, evidence and knowledge are important, but in practice politics and power also play a part, as noted by Andrew, a community member, talking about a council community consultation:

> *… this hippy couple wanted to start planting vegie gardens in the nature strip for which they got just laughed out of the meeting basically …* [it's about] *what gets to the table.*

Helpful factors

The most frequent theme about helpful factors concerns knowledge and evidence. This includes professional knowledge, such as theoretical knowledge about health promotion and community development, and evidence, such as information about health issues and demography in the local area.

> Claire (staff member): *I think the people around the table were talking about everyday impacts, of climate change …. So they had a workshop, they got together and they actually figured that they knew more using that health promotion background than they thought they did.*

One factor that stood out strongly was the importance of understanding the local community and environment.

> Pete (staff member): … [talking about men's health] *it was, you know, agencies within those communities identifying the needs, and quite significant needs, around mental health of men* [particularly during the drought] *… and then moving it forward from there.*

> Shelley (staff member): … [talking about the food swap and food production project] *that's around people sharing their skills and knowledge … it's not just about knowing how to grow foods, it's about how to do it in this environment where there are … extremes of temperature and rainfalls.*

The next most common theme relates to policy and power. Supportive government policies, at all levels of government, were frequently mentioned, particularly in relation to work on environmental sustainability and climate change.

> Mel (staff member): *… the council sustainability strategy, which is a ten year strategy, which is … a great, a great framework to, to start from.*

> Angela (staff member): … [talking about the requirement in the Victorian Health Act for local government to consider climate change in Municipal Public Health and Wellbeing Plans] *so if the state government makes it mandatory then obviously people turn their head and say ooh what's that?*

Being flexible, in order to take advantage of opportunities when they arise, was sometimes mentioned as helpful. This relates to both the knowledge and evidence dimension of the topic (responding to issues as they arise) and to the political dimension (knowing when the moment is

right). For example, Erin (staff member), who was working in an environment where health promotion had been narrowly defined, remarked that:

> … *I've tried to put a few – I guess open-ish things in* [the plan] *that will allow me … some flexibility.*

Another theme was understanding how power works in your community. This relates to knowing your community, but is particularly about understanding influence and who is doing what. Allie, a staff member, discussing her experience of being in an elected public position, said that such experience:

> *… puts you in a very privileged position in terms of access to people and knowledge of what's happening.*

Local Councillors were sometimes mentioned as helpful. Dan, a community member, said that two Greens Councillors being elected at a recent council election:

> *… made an enormous difference … as in the balance of councillors are tipped to a more progressive mix.*

I later asked Elena, another community member, if the local state MP was supportive of her community group's work, and she said that he was, but local Councillors were the only elected representatives spontaneously mentioned.

Local autonomy, or the capacity for PCPs and agencies to make their own decisions, was also identified as helpful. Allie, discussing drought funding from Department of Human Services and the innovative ways the PCP had been able to use the funding, said:

> *… for once we were trusted to use our professional judgement as to how we used it – and how we worked.*

Challenges

Whereas local knowledge and evidence were seen as very helpful in establishing priorities, key challenges related to power and politics. The most frequently mentioned factors concerned management and organisational culture. Senior managers and organisational culture were quite often seen as unsympathetic to the kind of the work participants were doing, for example as not understanding how it linked to health, or as being more interested in budgets.

Erin, the staff member who had mentioned the need to be flexible, also said:

> *… there's definitely a lack of understanding* [of health promotion and community development principles] *at the higher level and that definitely influences what we can do.*

Luke, a community member, talking about a local council, said:

> *… the workers are straight up and there's no mucking around, but behind that there's, there's all that political power control game and if someone wants to benefit their career and can save x amount of money …*

In the same way that government policies can be supportive, changing policies and a politicised environment can be challenging. This related particularly to work on environmental sustainability and climate change, but health promotion more broadly was seen as being at risk.

Mel, staff member, talking about work on climate change or environmental sustainability, said:

> *… I would say the largest challenge to all of this is the – the way that climate change has been politicised so – people are too scared to even talk about* [it].

Pete, staff member, talking about the political climate and the coming federal election in September 2013, said:

> *… from now until September will be a very unknown area in our sector for a lot of people … anything in the health promotion field.*

There were also comments about power, influence and inequality in general, reminiscent of the discussions in stage one of the project. In terms of helpful factors, some people suggested it is helpful to understand how power and influence works in the community. In this sense, power can be seen as positive or negative, the ability to create or block positive social change. The comments above, however, are specifically about power and inequality in a negative sense, as preventing action. Andrew, the community member who talked about the council consultation, also said:

> *… most people … seemed to think climate change wasn't actually relevant … because we wouldn't get affected by it … we've got too much money, we can look after ourselves.*

Topic 1 – Analysis

Evidence, power and priorities

Victoria's health promotion guidelines in use at the time of this study (Victoria DHS, 2008a, pp. 35-39) specified that evidence, particularly about health and social issues in the local area, should play a key role in priority setting and planning. Governments also set directions in terms of health promotion practice, priorities and the way funding can be used. While these have normally been shaped in consultation with the health promotion sector in Victoria, they are ultimately adopted (or not) by government ministers and monitored by government bureaucracies.

The major themes in this topic about 'what helps' largely fit with this picture: knowledge and evidence about health and wellbeing and the local community was the most common theme, followed by the support that is given by government policies. The minor themes about what helps, however, indicate that power and politics (as distinct from policy) also play a role. This is more strongly illustrated by comments about 'challenges'. These comments illustrate that research participants were working within a complex field of power.

Health promotion theory suggests that people should work collaboratively and inclusively, and overall, in this study, this is what people were trying to do. They were doing so, however, while employed in, or working with, organisations and governance structures in which power operates in a top down or centralised fashion. The comment from Erin about including some "open-ish" things in the draft plan, illustrates how this operates. Health promotion and community development workers aim to use principles and evidence to determine what should go into a health and wellbeing

plan. For example, health promotion principles state that it is important to address social and environmental determinants, while emerging evidence might suggest the plan should include a focus on climate change. The plan, however, ultimately needs to be approved by senior managers and often by a Board or Council. There is no guarantee that senior managers and Board or Council members will have a good understanding of health promotion principles. Health promotion is a relatively new discipline and many of its principles are not widely understood. Similarly, senior managers and Board or Council members may or may not accept evidence about climate change. Thus, health promotion workers in this study were not simply developing a health plan based on evidence and health promotion principles. They were also developing a plan that would be subject to approval by those with more power in organisational structures, who in turn were also influenced by the broader political climate.

The research participants who commented the most about management and organisational culture as challenges were ISEPICH participants, particularly the community members. In this study, the PCP doing the most work in the climate change/environmental area was SGGPCP. The SGGPCP had been supporting and implementing projects on this issue for several years, and was recognised as a leader in this work. Wimmera PCP had recognised the significance of climate change in their 2009-12 strategic plan, but it was as a second level rather than top level priority, and the number of projects with an environmental or climate focus in Wimmera PCP was less than in SGGPCP. This possibly reflected the political climate in the area. Pete, staff member, said about discussion of climate change in Men's Sheds in the region:

> *… it's healthy discussion but if you want my sort of generalization they still would be of the opinion that they're not convinced that it's* [drought or other weather events in the area] *climate change* – [they think] *it's cyclical.*

Another Wimmera participant remarked that in a recent local Council, four out of seven Councillors did not accept the science of climate change. Nevertheless, even if there was scepticism about climate change in the community, there was recognition in Wimmera PCP of the potential importance of the issue. There was not enough support amongst member agencies to make climate change a top-level priority, but it was accepted as relevant, particularly since the area had experienced recent drought, fires and floods.

In ISEPICH, the situation was less consistent. When the 2009-12 strategic plan was developed, I was working as ISEPICH health promotion coordinator, and had included evidence about environmental issues in our strategic planning process. There was sufficient support amongst representatives of member agencies that environmental sustainability was eventually included as one aspect of a top level priority in the plan under the general term "affordable and sustainable living and environments" (ISEPICH, 2009a, p. 4). The Chair of the Executive Committee and the Executive Officer at the time were both supportive of addressing environmental issues. There may not have been such strong support in the PCP Executive Committee as a whole, but at that time, the Chair was very influential. In addition, the state Labor government in 2009 was supportive of climate change issues being addressed by PCPs.

By mid-2012, however, this situation had changed. The state LNC government, elected in 2010, had greatly reduced the emphasis on climate change (Ferguson, 2012). The supportive Chair and Executive officer had both left, and I had resigned my position. Following these changes, the

Executive Committee decided to stop supporting this research project. The Committee referred to changing priorities, the need to align with the neighbouring PCP, funding cuts affecting member agencies, and the fact that I was no longer working for the PCP. In addition to not supporting the research component, ISEPICH staff were told not to give any further support to the overall ISEPICH project of developing an integrated approach to promoting equity and environmental sustainability. At this time, ISEPICH was planning a merger with the neighbouring PCP, which did not have environmental issues as a priority. Effectively from that time, ISEPICH no longer identified environmental issues as a PCP strategic priority. The factors that could have influenced this therefore include the departure of local 'champions', the changing political climate, management changes and the proposed merger with another PCP.

A key difference between ISEPICH and the other two PCPs is that throughout the period of this research, SGGPCP and Wimmera PCPs had consistent positions that were supportive of work addressing climate change or environmental issues, although at different levels, while ISEPICH went rapidly from being strongly supportive of projects addressing environmental issues to being unsupportive towards them. All three local Councils in the ISEPICH area had environmental sustainability strategies and that there was, and is, particular concern about climate change in the Port Phillip local government area, which is a flood prone area adjoining the bay (CoPP, 2010). It is interesting therefore, that ISEPICH was less consistent than the regional PCPs, even though they were in politically conservative areas. Wimmera PCP has now also ceased to address climate change in its 2017-21 Strategic Plan (Wimmera PCP, 2017c). Nevertheless, the change from being supportive of work addressing environmental issues, to being unsupportive, happened more rapidly in ISEPICH.

A lack of support from the PCP seems unlikely to be the sole reason ISEPICH participants identified more challenges, particularly in regard to management and organisational culture. Some comments reflect long-standing difficulties in dealing with certain organisations. In relation to these challenges, the views of community members and staff were similar. Staff members were aware of these difficulties, but because of their relatively subordinate position in organisational hierarchies, not necessarily able to do much about them. The more frequent comments from community members on management and organisational culture, and also on power, influence and inequality in the community, probably reflect their more critical perspective, compared to staff who were working in the organisations. Nevertheless, staff in ISEPICH member agencies also commented more frequently on management and organisational culture as challenges than staff in the other two PCPs. Many of these challenges would no doubt still have existed within individual agencies even if environmental issues had remained as a PCP strategic priority, but having support at PCP level might have helped in addressing these challenges.

For community members, the fact that the ISEPICH Executive had ceased supporting the research project and ceased paying honorariums for their participation in the research may have had some influence. Luke, talking about honorariums in general, said that while payment was not a motivating factor for his community participation, it was a recognition of "the value and the worth" of such participation. Overall, it seems likely that while the lack of support from ISEPICH for projects addressing environmental sustainability (including this research) was not the only factor that caused ISEPICH participants to identify more challenges relating to management and organisational culture, it possibly contributed to this situation.

Policy and politics

The second major theme in this topic area, both in relation to helpful factors and challenges, relates to support, or lack of support, from government. Although policy and funding for health promotion is largely provided from state government, both local and federal government also play an important role. As Pete suggested, health promotion in general was threatened by the political climate at this time. The Victorian LNC government that came to power in 2010 made cuts to a number of community health programs (Munro, 2012). The cuts created a climate of anxiety and were a factor in the ISEPICH decision to stop supporting the research. The federal Labor government had put significant funding into health promotion, including setting up a National Health Preventative Agency, but this too was under threat. In the lead up to the 2013 federal election, the Institute of Public Affairs (IPA) was lobbying for the National Health Preventative Agency to be cut, as well as lobbying against action on climate change (Roskam et al., 2012). The federal LNC government elected in 2013 subsequently made major cuts to many health programs, including health promotion programs (Daube, 2014), and de-funded the National Health Preventative Agency (Parliament of Australia, 2014).

Many projects in this study were not funded entirely through health promotion funding, particularly those addressing environmental issues (see Appendix four: Table 1). However, other funding sources were also under threat. For example, one of the projects in Wimmera PCP related to the federal Home Energy Saver Scheme, a program instituted under a federal Labor government, and subsequently de-funded under the federal Coalition government in 2014 (Macklin, 2013).

Politicisation was particularly relevant to environmental and climate change issues. In Victoria, there was a degree of agreement between the previous Labor government, and the succeeding LNC government during 2010 to 2014, that health equity was an important issue for PCPs. For example the guidelines for PCP planning published under the LNC government in 2012, included reducing health inequities as a key principle (Victoria DoH, 2012b). Although this stated commitment appeared to be somewhat undercut by the LNC government's cuts to community health, there was at least in-principle agreement that health inequities mattered. There was no such consensus around climate change. The Victorian LNC government had less commitment to tackling climate change than the previous Labor government (Ferguson, 2012). This was accentuated by the LNC at the federal level, which created a particularly partisan and angry political debate around climate change (Woodley, 2011). The federal LNC Opposition in 2013 had the stated intention of revoking much of the Labor federal government's legislation on climate change, and did repeal much of it after being elected to government in September 2013 (Griffiths, 2014).

There was also dissension within Councils. As noted above, one participant reported in 2013 that four of seven Councillors on a particular local Council had not accepted climate change science. Even where councils had a sustainability strategy, not all Councillors were necessarily supportive of it, hence the comment by Dan that the election of two Greens Councillors in 2012 had created a "more progressive mix" in the local council in his area.

Comments about lack of government support, the politicisation of issues, particularly around climate change, and the short-term nature of policy and funding came from all participants, but somewhat more frequently from SGGPCP and Wimmera PCP participants than from ISEPICH participants. This may reflect that as there was more stability within the PCPs themselves, they were more conscious

of external political factors. It could also reflect that regional PCPs face particular challenges, due to distance, travel requirements and small populations. Some participants expressed a feeling that governments and bureaucracies were not aware of these challenges. For example, when discussing telehealth projects (e.g. project 20 in Table 5 in chapter seven), participants commented that telehealth was not prioritised by metropolitan bureaucrats and health services, because they saw it as only a rural issue.

The Australian political system is adversarial, so political conflict might have affected this work at any time. The contested and bitter nature of political debate in 2013, however, made it especially significant. By 2013, when the second stage of the project began, climate change had become a deeply contested and politicised issue (Woodley, 2011). Following preliminary analysis of evidence from this stage of the project, I analysed all PCP Strategic Priority Plans for 2009-12 and 2013-17, and found a marked reduction in those identifying environmental or climate issues as priorities, as shown in Table 8.

Table 8. PCP plans identifying environmental sustainability/climate change and equity/health inequalities as priorities

	Environmental sustainability/ climate change:		**Equity/health inequalities/social inclusion:**		
Plan	Identified as a priority for action	Identified as a principle or determinant	Identified as a priority for action	Identified as a principle or determinant	**No. of PCPs**
2009-12	48% (14)	27% (8)	96% (28)	3% (1)	29
2013-17	11% (3)	21% (6)	89% (25)	8% (2)	28

(Numbers in brackets are numbers of PCPs)

The first column for each priority includes PCP plans that identified the issue as a priority for action, either as a top-level strategic priority for the PCP, or as a priority in one of the lower level plans (usually the Health Promotion Plan). The second column for each priority includes PCP plans that identified the issue as a social determinant or relevant issue, but did not propose any action to address it. This could mean, for example, that they identified possible impacts of climate change in their local area, but did not specify actions to address these, or at a very low level it could mean they only referred to a general principle such as 'address the social and environmental determinants of health'. Categories are exclusive so plans are included only once for each issue.

Of particular significance is the marked decline from 48% of PCPs in 2009-12 identifying environmental sustainability/climate change as a priority for action, to only 11% in 2013-17, while the proportions identifying equity/health inequalities/social inclusion as a priority for action declined only slightly, from 96% to 89%. Some PCPs advised that they had continued working on environmental and climate change issues, but 'labelled' them differently. This almost certainly reflects a less supportive political environment.

In summary, while supportive government policies were very helpful, particularly for work on environmental or climate change issues, an adversarial political system, characterised by policy and

funding arrangements that can be changed at very short notice, and the 'politicisation' of issues, created significant challenges.

Power, influence and inequality

The remaining minor themes, about both helpful factors and challenges, all deal in different ways with issues of power and influence. Comments about power, influence and inequality in general, as challenges, came particularly from community members. The community members amongst the ISEPICH participants were more likely than staff members to come from disadvantaged groups, so it is likely that they were more aware of inequality and power. Luke, for example, talked about the gentrification of the inner southeast area, and what some of the new, wealthier residents were in effect saying to poorer and less 'respectable' residents:

> *… I can paraphrase for you* – [they are saying] *we're here now, go away – we're here because of the diversity but we don't like this type of diversity, so go away.*

There are several strands to the comments about power and inequality in the community as challenges. The first strand reflects the idea that people in general are competitive and individualistic. For example, Elena, who was an office bearer in a community group, commented:

> *… you try to keep everybody happy - everyone got his own opinion, everyone asking for his own rights, and you have to try and control it.*

Another strand was illustrated by Luke, who presented issues of power as partly a question of individual morality, suggesting that some people are competitive and self-serving, as reflected in the nature of some managers. He compared these managers to wicked "stepmothers" or "dumb dads", manipulating people for their own career advantage, or refusing to see problems happening in front of them. His comments also suggested, however, that the nature of hierarchical organisations encouraged or enabled this.

A third strand was the relationship of power, influence and wealth in the community, which was illustrated in the comment where Dan predicted that public money would go to building sea walls to protect people in shorefront properties, rather than providing public transport to people in outer suburbs. Several of the issues about power had previously been canvassed in discussions between ISEPICH participants in stage one of the project. For example, these issues were reflected in their discussions on the difficulty of promoting equity in a society characterised by individual ownership and 'entitlement', or a belief that people have earned their wealth and privilege.

In relation to factors that help, issues of power are reflected, as discussed previously, in staff members' comments about the need to be flexible, although some of these also simply relate to being aware of opportunities and being able to make use of them. Issues of power are also reflected in comments about needing to know how influence works in the community.

Localised knowledge and centralised power

Issues about the tension between localised knowledge and centralised power are reflected in the comments about the value of local autonomy, which came particularly from the two regional PCPs. In a discussion of challenges, Aileen, an agency staff member, argued that the PCP should have exercised more autonomy in how it used federal obesity-related funding:

… well the reality is you can't – I mean - you can't actually fix obesity unless you fix a whole heap of other things, so .. [Laughter]
Unknown (staff member): *yeah that's the trouble isn't it – there's only so many boxes they want to tick.*

Another participant clarified that the funding application had originally tried to take a broader approach, but that this particular funding came with very limited criteria:

… ah - on that particular project we did take that approach first and we got pulled into line …

Aileen responded:

… then we should have given the money back.

In practice, it seems unlikely that a PCP would give funding back, but it shows the frustration about what some people saw as misguided constraints on local autonomy and holistic approaches.

Alliances and local advocacy

There were also interesting dynamics between health promoters and community members shown in both stages one and two. Sometimes the health promoters, although more privileged in socioeconomic terms than the community members overall, saw them as potential allies in achieving equity goals because they were able to advocate to councillors, 'over the top' of management. Some of the community members also saw the workers as allies, as shown in Luke's comment that "the workers are straight up".

Community members can experience frustration in dealing with agencies, including councils, where the exchanges discussed in this study often occurred. Sometimes, if the community members know the council well, they may assign responsibility to specific managers or councillors. In other cases, community members tended to talk about council officers more as a uniform bloc, for example in Dan's comment that officers of the council "tend to - depict the direction of the council". This remark was made without discussing differences that might exist within council, for example between officers and senior management, or between the community development department and the physical infrastructure department. In such a case, the alliance and support that community development officers are seeking from community members might not be readily available, because community members see council officers in general as enacting (or creating) the overall unsympathetic agenda of the council.

Overall, the comments in this topic area present a complex picture, where health promotion theory is supported in that good evidence and local knowledge are key helpful factors for work in promoting health, equity and environmental sustainability. At the same time, the comments illustrate that politics and power are important. A supportive policy context is helpful, while many challenges are related to hierarchical organisations and an adversarial political system.

Topic 2: "walk in their shoes" - engaging people and building relationships

> (Notes from SGGPCP discussion, anonymous): *Need to walk in their* [e.g. community members'] *shoes to understand need and impact*

This topic area is particularly relevant to the implementation of projects, although it also has relevance to planning. It relates to building partnerships and engaging participants in projects. In terms of helpful factors, this was the area where participants made the most comments, but there were relatively few comments on challenges. In the consultation in stage three, however, the challenges of engagement, particularly the challenge of engaging 'hard to reach' participants, were also stressed, to the extent that this may be seen as the most significant topic area in a general sense. As noted previously, at the time of stage two research in 2013, political issues were particularly important, especially for projects addressing environmental issues.

Helpful factors

Relevance to participants, partners and community was a key theme. This includes relevance to both prospective partners and prospective or actual project participants. For example, Claire, a staff member, said when talking about engaging organisations on climate change related projects:

> *I guess* [we use] *the language that's relevant to the agency that we're working with at the time … being able to be more specific around, you know, temperature regulation for example is very important for Parkinson's disease.*

Jacqui, staff member, discussing her work on transport projects, similarly highlighted the issue of relevance, in this case on a personal level:

> *… a lot of my work is about going out and talking to community groups, and everyone wants to tell the story about how they've used public transport … it creates a sense that other people feel that they can use it as well.*

Relevance can include direct benefits to individuals or households, and broader benefits to the community. While some staff members suggested that there needed to be a direct benefit to participants to involve them in projects, there were also comments on community benefits, including one from Luke, community member, about the benefits of a community kitchen and meal in a local public housing estate:

> *… the community's coming in at a certain time after everything's done to eat – more of a local thing, the locals who live in that place - they're not so angry with each other any more and they're coming in.*

The second theme concerns the value of contacts, networks, partnerships and collaboration. Shelley, a staff member, talking about a bike repair and recycle program, indicated multiple benefits from partnerships and collaboration:

> *… we have acquired a little bit of funding, we had some seed funding, and we had some contributions made by some of our other partners … that was vital for getting some … tool kits and some basic materials …* [both the bike repair program and the food swap and food

growing program] *wouldn't work without strong community support, and they wouldn't work if we didn't have Men's Shed.*

Angela, a staff member, said that networking with staff from other organisations could support innovation, "if they're doing it then it helps too". Claire, discussing an expert advisory committee, said, "it took the pressure off me as the program manager, to have to know everything".

Leadership and 'champions' was another theme in this topic. Although not mentioned as frequently as some previous themes, it was notable for an affective element. Leadership by senior managers was mentioned occasionally. However, comments with the strongest affective component seem to relate to project workers, project participants or community members. Kate, a staff member, discussing a garden project for older people in residential units, said that the community members:

> *… bring that love and passion* [to the project] *… so that's been a great success – the enthusiasm and keenness – they're out there again today.*

Celia, talking about her own work as an Aboriginal Elder and community member, illustrated the love and passion that community members can bring to their work:

> *… I do what I do for the community with their health and their wellbeing and what I think I can help with – and working with the non-Indigenous workers to work with our people and that was my main thing, and I sort of think, oh I've found my calling in life, to help the mob, you know.*

Building relationships and trust has a strong affective component, as shown in Celia's further comment:

> *… so these fellas* [Indigenous community members] *know me long enough now – if they think that I trust them* [the non-Indigenous workers], *then they can trust them – and I tell these workers, don't go back your word with them … build that relationship up.*

Shelley, talking about a group for young mothers, said:

> *… the enabler has been the leader there, and the work that she does with them, and the trust that she's garnered from the group.*

Challenges

The only theme that emerged as a challenge in this topic was that it could sometimes be difficult to engage participants or partners in projects. As noted, this was emphasised more strongly in the 2016 consultation. The challenges particularly relate to engaging 'hard to reach', disadvantaged or vulnerable groups.

> Mel (staff member): *the community orchard … the idea of that is to – invigorate a fairly … unattractive park in a reasonably low income sort of area … and so the challenges for that – there've been a few … probably vandalism, that's probably one of the worst problems they've had there – and lack of – lack of interest from people living nearby.*

> Louise (staff member): *outdoor gardens … so our challenges were, have access for everyone, how do we do that, whether they be people with walkers, wheelchairs, whatever … .*

There can also be challenges in engaging and working with diverse partners.

> Alice (staff member): *… with the garden it's been about getting all different partners together, partners that we haven't really together worked with in the past - so that's been a real learning curve … but you know it's all been good in the end.*

Topic 2 - Analysis

Building partnerships and utilising networks, ensuring that projects are relevant to participants, partners and community, engaging people and developing trust were key themes amongst all participants. SGGPCP and Wimmera participants also commented frequently about enthusiastic leaders and champions, including volunteers, staff members and supportive senior managers, although ISEPICH participants made relatively few comments on this theme. Again, this may in part reflect a lack of support by the PCP for environmentally focused projects.

Fewer comments on challenges in this section possibly reflects the framing of the question, in that participants were mainly talking about existing projects, where there had already been successful engagement of partners and participants. It seems logical to suppose that challenges are also the absence of helpful factors. If people trying to set up a project had not been able to successfully engage people, build relationships, and establish trust, then it is likely that the project would not have happened. In the stage three consultation, participants were talking on a more general level, which may have led them to emphasise the challenge of engaging 'hard to reach' participants more. Community members made relatively few comments about the challenges of engaging people, which might be partly because they were themselves often people from theoretically 'hard to reach' groups, and were engaged in this work. However, this might mainly reflect that community members were not usually involved in managing funded projects in the same way as staff members.

Overall, the findings in this topic area fit with health promotion theory. Health promotion theory stresses the importance of partnerships, and community participation. However, the main practice guide in Victoria at the time, the IHP Kit (Victoria DHS, 2008a), does not seem to capture fully the depth and significance of relevance and relationships that are highlighted by these practitioners and community members.

Topic 3: "that's a point of view" - ideas, communication and values

There were fewer comments classified in this topic area than in the first two, but this topic is significant. In a sense, it reflects deeper issues of meaning and values that underlie the previous themes. This is illustrated in the comment below.

> Sarah (staff member): … *well I think it's a bit like data … for instance if we're looking at trying to, erm, address … inequity for Aboriginal and Torres Strait Islander groups, just the number of people present in a particular suburb is probably not sufficient argument for not doing anything – but that's – that's a point of view and you've got to put that against other numbers in communities … .*

As Sarah's comment suggests, evidence does not tell you simply on its face how to set priorities. The fact that there are relatively few people of Aboriginal and Torres Strait Islander identity in a local community does not mean their health issues are unimportant, but some might argue it is more important to address the health needs of those who are more numerous. If the overarching priority

of a health promoter is to reduce inequities, Aboriginal health may be the first priority, even though there are relatively few Aboriginal people in the local area. If the priority of a community health manager is to reduce avoidable hospital admissions, however, addressing health issues in the broader population may appear more important. PCPs (and member agencies) were expected to support both aims, reducing health inequities and reducing hospital admissions, thus raising the potential for conflicting priorities. Underlying this, however, are deeper ideological and political positions, probably not articulated in this context, about Australian society and politics, Indigenous culture and the history of invasion and dispossession, which affect what different people value and see as important.

Helpful factors

The most commonly identified helpful factors concern communication, language and underlying values. The comments on this theme are clearly related to the themes of relevance and understanding other people's point of view in topic two. They also express the value of respectful communication. Dan, community member, spoke about the value of:

> *… progressive councillors – councillors with, with, er, progressive opinions that are willing to stand up to that corporate model – in a nice way – to show that there is a different way of doing things.*

Galina and Vera (community members from culturally and linguistically diverse backgrounds) stressed the importance of positive values in family and community life.

> Galina: … *most of the people … they'd like to see good place for their children, and they want this … good life* [to] *be continued, so … everybody should do little bit of something positive … healthy environment, healthy people, smiling faces … .*

> Vera: … [teaching children about caring for the environment is] *very important* – [for] *our future … they must know about environment.*

Listening is an important part of good communication, particularly when dealing with groups who may have reason to distrust mainstream services, like Indigenous people.

> Celia (community member): *… you've got to listen – you can sit there and say you're listening but your mind could be somewhere else – you've got to have deep listening, listen to what they're saying, yes – and yes – and that's real good communication.*

Frameworks (formal and documented ideas on how to approach an issue) can be helpful in this area of meanings and values. However, as I asked a specific question about frameworks in the discussion groups and interviews, this theme is not directly comparable with other themes, because it did not usually arise spontaneously. Frameworks are analysed in detail in chapter nine, but for this section is sufficient to say that clearly frameworks could be helpful.

> Claire (staff member): *So armed with the* [local framework], *I went into a …* [small town] *in south west Victoria.*

Challenges

Different ideas and understandings, 'silos' and narrow definitions of health or the role of health services were the most frequently mentioned challenges in this area. These were often expressed in relation to environmental issues and climate change. These challenges relate to the way people understand 'health' but also relate to the way health and community services define their 'core business', as illustrated in the comments below.

> Claire (staff member): *… there were probably about four agencies that we chatted to about this* [climate change] *project and they did not want to be involved, either from a capacity point of view or that they just could not see where it fitted in with their core business, they just could not see the link.*

> Louise (staff member): … *it's not just in Councils – it's just the whole thinking around climate change seems to be siloed into, erm, people, the environments, and some agricultural or economic type of stuff – and no one's just looking at it as – I don't know – a holistic community thing* … [even in PCPs] *we're still siloed between, you know, the example of well is it about food security, is it about health promotion or what is the overall multiple outcome you can get, and it's just – all our thinking is just so siloed on one outcome.*

The next challenge in this area relates to everyday culture and practice, the way things are done. This can concern everyday culture and 'social practice' as in Mel's comment below, about challenges for projects promoting active transport:

> *… the challenges here are probably, just the car culture that we've got … .*

The challenges also relate to cultural attitudes in local communities. Allie (staff member), speaking about the challenges of promoting equity and diversity in small communities, said:

> *… the rural school has rung up and said please don't send us any more foreigners* [as guest speakers] *because the kids can't handle it – now the kids can't handle it is absolute bullshit, and you can have that on tape.*

Topic 3 - Analysis

The theme of communication and language is closely related to the earlier theme about engaging people and relevance. Participants saw it as important to speak in ways that reflect the concerns and understandings of those whom they wish to engage. This applies to verbal communication, such as choosing not to use "climate change language" in some circumstances (Claire), and also to non-verbal communication, such as being willing to "stand up", but in a "nice way" (Dan), rather than adversarially. Similarly, the importance of building trust with marginalised groups is reflected in the comments by Celia about the importance of real, "deep" listening.

The most frequent comments in this topic area were about the challenges of different ideas and understandings, 'silos' and narrow views of health. This is a complex area, which goes to questions of discourse that are fundamental to this study. It seems to reflect differing views of the aim of public health services: to promote the health and wellbeing of people (and the environment); or to ensure services are delivered at the lowest possible cost to taxpayers consistent with maintaining standards of quality. These are similar to what Guba and Lincoln describe as "action to transform the world in the service of human flourishing" (2005, pp. 195-6), versus a neoliberal approach that sees

the role of government and publicly funded organisations as being to deliver the level of services required to support a competitive economy based on the principles of individualism and the market (Harvey, 2007, p. 22).

Two further issues are related to this broad distinction in complex ways. One is about the role, or 'core business', of health services. This involves questions such as, is the role of a health service to provide good quality services available to the community? Should it take special measures to ensure equity of access (as discussed in stage one of this project)? Or should it work with the community to address social and environmental determinants of health, and if so, how much time and emphasis should be placed on doing so? The other question, important in a public health research context, is how far local health promotion projects should try to address a range of social and environmental determinants, against how much they should be tightly defined, so that their effectiveness can be measured in terms of both health impacts and costs. The federally funded obesity-related projects, discussed by SGGPCP participants, were examples of the latter approach: they were tightly defined, and interventions had to reach defined population groups and provide certain types of programs that met defined quality criteria. Yet this meant that some key social and environmental determinants, such as food security and the sustainability of the food system, could not be addressed. The projects were thus seen by some participants as a wasted opportunity. This raises important questions about how health promotion interventions are defined and evaluated, which are discussed further in the concluding sections of this thesis.

Topic 4: "funding is always an issue [but] money isn't everything" – practical factors

This topic area particularly concerns the resources needed for health promotion and community development projects, as outlined in the comment below.

> Jen (staff member): *funding, funding is always an issue – it's not everything, money isn't everything, and certainly it's possible to do a lot frugally, but you have to have basic little bits – the money I was talking about before was very small you know – five thousand here and there.*

Helpful factors

Comments on funding, time and resources often related to projects addressing environmental issues, because this work broadened the scope of PCP or health promotion work.

> Mel (staff member): … *retro-fits to homes – for people on health care cards or pension … the enabler* [for these], *obviously was the funding from the state government.*

Materials and technology was a separate theme, although there were relatively few comments on this. Several related specifically to the i-button, the temperature logger used in two SGGPCP projects.

> Claire (staff member): … *a local erm, environmental engineer … introduced us to a little gadget called an i-button, the temperature data logger.*

A comment by Pete, staff member, illustrates the way that information technology can help local health and community work, particularly in rural areas:

> … [Bush nurses using mobile devices] *can actually respond a lot quicker because they're sending the photos of what's happening now straight back to their office, they're accessing their files, they're getting on to it and they're actually activating so it's in a timely manner.*

Interestingly, this was the only comment of this kind.

Challenges

There were several comments on time, resources and funding as challenges. While comments on helpful factors tended to focus particularly on funding, comments on challenges were inclined to focus on not having enough time as well as lack of funding.

> (SGGP discussion group notes, anonymous): … *time commitment required for implementation – often a lot of community development work required before a project even begins.*

> Chris (staff member): … *we were part of the pilot project for Pass the Parcel … since then we've been involved, with funding through the Shire,* [PCP] *and ourselves, we've done Filling the Gaps project … one of our biggest challenges has been getting project funds to do it.*

Another theme occasionally mentioned was the burden of responsibility on volunteers. This relates to work that was being done by community members on a voluntary basis, and was mainly raised by community members, although a staff member also commented that the Board of her organisation over-estimated what could be done by volunteers. Elena, a community member, talked about the difficulty of getting anyone to take over her role as Chair of a community group:

> *… no one wanted to get involved … so I don't know what's going to happen this year, because it's too much work.*

Indigenous Elders, because of their small numbers, their often poor health, and the demands on their time that are being made by governments and local health services under Closing the Gap/Koolin Balit strategies, face particular pressures. Celia, in response to a question about pressure on Elders, said:

> *… oh that's true and plus they're passing on – two that did work in the community with me passed last year – and that was a big loss – and it felt like a lot of pressure on me.*

There were a few comments about the challenges of technology, and like the comments on helpful factors, these tended to be about the i-button.

> Louise (staff member): *we put approximately six groups of our aged members through* [the Pass the Parcel project] *– our biggest challenge was not fully understanding where we were coming from with these little discs* [the i-buttons].

There was little difference between different groups in this topic area. SGGPCP participants were more likely than others to talk about time and funding as challenges, possibly because they were conducting more projects.

There were fewer comments on this topic than on the previous topics, and they were noticeably pragmatic. As indicated by the themes, funding, time and resources were all mentioned, but funding was more likely to be mentioned as helpful, whereas challenges were also expressed in terms of

(lack of) time. Funding and policy are closely linked. Funding for environmental or climate change projects was the type of funding most often mentioned as helpful, presumably because that work is less likely to be covered by the normal funding that agencies and PCPs regularly receive (Appendix four: Table 1 provides more information).

The enthusiasm and leadership shown by community members as program participants or as members of community groups is evident in many of the themes about what helps in this study.

> Louise (staff member): *the thing that makes* [the project] *work is – well the first thing is the enthusiasm of the community group that, that's really running it*

ISEPICH community members in this study were involved in, or leading, a number of projects as volunteers. At times, the burden of responsibility for volunteers can be heavy. However, another community member, Galina, discussing the programs run by the Tenants' Committee in a public housing estate, stressed what community members can do:

> *… I can tell you that we don't need any support, I mean we can do a lot of things without money … several years ago we manage*[d] *… a collaboration between our community and Eco-centre where we started to talk about environment* [and subsequently took a range of actions to save water and energy].

Topic 4 - Analysis

Although 'materials and technology' is identified as a theme under both what helps and challenges, there were very few comments on this theme. I classified it as a specific theme because it is different in kind from other themes, but it also raises a question about what is taken for granted. It could be argued that the way partnerships work, and much of the emphasis on partnership work in contemporary health promotion, is assisted by information technology. The ability to communicate simultaneously with a large number of people at different locations through information technology, for example, could be seen as very helpful to the kind of partnership work with which this study is concerned. However, it was almost never mentioned as helpful.

Overall, the relatively limited focus on material resources, including funding, compared to other topics, and particularly the very limited discussion of technology, raises some interesting questions about practice, and what is not spoken of because it is taken for granted. In the same way, government policy was particularly identified as helpful when it assisted with addressing the relatively new area of environmental and climate change issues, and was frequently identified as a challenge where it was inconsistent or negative. However, there was little discussion of general support from government policy, for example through regular health promotion funding, or the provision of infrastructure such as community centres. In other words, there is a great deal taken for granted, even where it is relatively new (like many aspects of information technology) because it has been absorbed into everyday practice, or because it is assumed as the way things ought to be (such as health promotion funding and community infrastructure). Such factors mainly evoke comment when they are reduced or withdrawn.

Had this project been about other areas of PCP work, such as service coordination, there might have been more attention given to both technology and government policy on technology. Information

technology is particularly relevant in service coordination, another key area of PCP work (Victoria DHS, 2004). It is beyond the scope of this thesis to explore this in detail, but it is important to note that some of this analysis is likely to be specific to health promotion and community development.

Comparison to findings of the literature review

I compared the themes about helpful factors and challenges to the findings of the June 2017 literature review on health promotion addressing equity and environmental sustainability, particularly findings about key success factors and challenges from practice research and evaluation (the detailed analysis is shown in Appendix four: Table 4). Themes that are particularly reflected in the literature include the importance of supportive government policies, and the challenges posed by politicisation and lack of political support. The importance of partnerships, and leadership, particularly from project coordinators, is also supported. The importance of communication and underlying values is reflected, and themes about narrow definitions of health and 'siloes' as challenges are strongly reflected.

The challenges posed by 'normal' patterns of power and inequality, culture and everyday practice are also identified in the literature review. However, this is generally in theoretical discussion, both in recommendations and theories about causation, rather than in evaluation and practice research. This is not included in the analysis in Appendix four, but these issues are discussed in more detail in the following sections and in later chapters.

'Unspoken' factors: gender, work and hierarchy

There are other issues that have not been classified as themes because participants did not mention them. Nonetheless, observation shows them to be significant. These issues concern the interaction of gender with work and hierarchy.

Gender

It is clear from observation that there is a complex inter-relationship of work and gender in this study, although participants did not discuss gender. Apart from the community members, nearly all participants were women. In stages one and two, of 26 staff members who participated, only one was male. (In total, including stage three, there were 40 staff members, of whom only one was male.) Therefore, at the time of stage two, 95% of the staff members participating in this research were female. Participants were neither recruited nor selected on the basis of sex.

To some degree, participants are simply representative of the sector they work in, which is sometimes described as the 'caring' workforce (WGEA, 2016, 2016b, n.d.). To remind, statistics suggest between 75% and 90% of the paid health and community services workforce are female (ABS, 2011a, 2011b; AIHW, 2012). In this study, however, the proportion of employed research participants who are female is even higher. Participants were able to self-select whether they wished to participate in this project, through responding (or not) to an invitation. The recruitment rate in ISEPICH was 12 individuals who participated in stages one and two, from 18 organisations that gave permission for staff to participate and, in theory, distributed an invitation to relevant staff. The difference may reflect agencies not distributing the invitation to participate as well as individuals not responding to it. In general, those who participated were from agencies that were already involved in health promotion in ISEPICH. I do not know the recruitment rates for the other two PCPs

as the invitation was distributed by PCP staff to members of relevant PCP networks (the health promotion network in Wimmera PCP, although in SGGPCP the networks were somewhat broader). However, I believe most members of networks agreed to participate.

It is possible that participants are simply representative of the gender balance in the health promotion workforce in Victoria, since there is no reliable statistical information about this. Most participants were serving on PCP networks or committees, particularly health promotion committees, but not all were formally 'health promotion' workers. Some were community development officers, community educators, or similar. Others may have been working in clinical roles in allied health, with a health promotion component in their role. Some were in managerial roles, particularly in SGGPPCP. Thus estimating the extent to which they are 'typical' of the Victorian health promotion workforce would be very difficult, although my lengthy observation in the field suggests it is highly female-dominated. The very high proportion of women amongst staff members in this study (98% overall including stage three), even higher than in the overall health and community workforce (75-90%), may also reflect a somewhat higher concern amongst women than men about climate change and environmental issues. This has been found in a number of surveys in Australia (ABS, 2012b; Leviston, Greenhill, & Walker, 2015; Zainulbhai, 2015). However, regardless of whether the high rate of female participants amongst staff members in this project simply reflects the gender balance in the workforce, or whether it also reflects a higher interest in environmental issues amongst women, the gendered pattern in the study is a significant observation that should not be taken for granted.

Of the twelve community members who participated, half were men. Again, community members were not selected on the basis of sex. Six male community members participated in stage one, three in stage two and two in stage three. Six female community members participated in stage one, four in stage two and one in stage three (one other agreed to do so but could not attend). Therefore, the participation rates of men and women as community members in this project are similar. In Victoria, women and men volunteer at about the same rate, around a third of the population (ABS, 2017c; Volunteering Victoria, 2016). While volunteering is not exactly the same as membership of a community group, this suggests the 50/50 gender balance in the ISEPICH community members may be similar to that in voluntary community groups more generally.

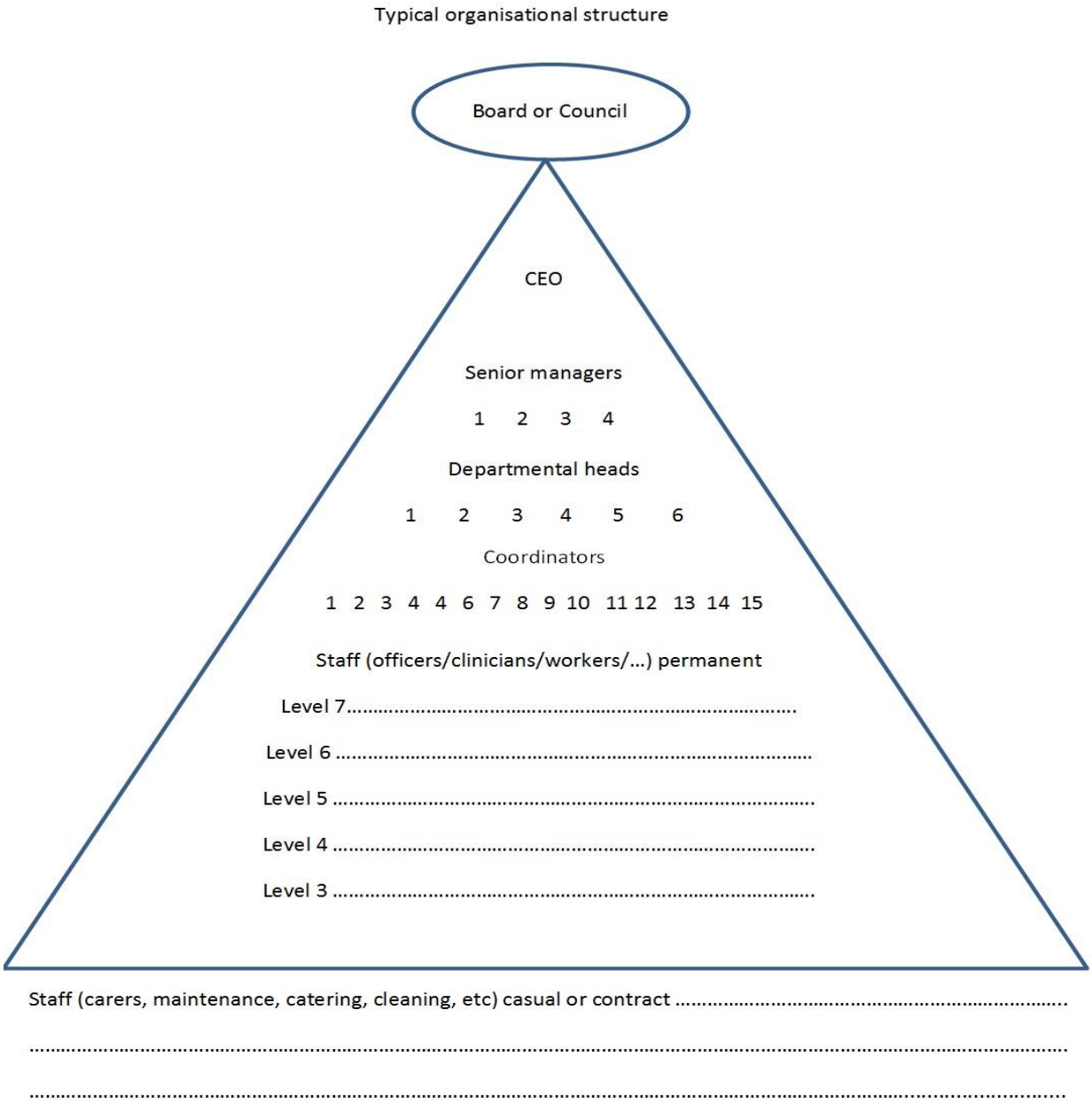
Women in Australia overall are more likely than men to do 'caring work', as normally defined (that is, caring for people) both paid and unpaid (WGEA, n.d.). In this study, however, in which 'caring work' involves caring for environments and ecosystems as well as people, men were extremely under-represented as paid workers, but equally likely to participate as members of community groups. It appears then that it is not just gender that affected participation in this project, but the interaction of work (type of work and whether paid or unpaid), organisation type (community group or health and community organisation) and gender. In the next section, I look at organisational hierarchy, and how it relates to the work in this study, before discussing the interaction of work, hierarchy and gender.

Work and hierarchy in the project

There are two main types of work structure apparent in the study, organisational hierarchies and community groups. Examples are represented in figures on following pages. In hierarchical, pyramid-

type structures, which are typical of the organisations in this study, at each level 'up' the organisation, people have more decision making power and are paid more. These organisations, therefore, are not egalitarian, although they express some principle of equity in that progress up the hierarchy is supposed to be based on merit. They also normally have a Board, or, in local government, an elected Council. Boards usually include some members elected from a larger group of voluntary organisational members or subscribers, plus some appointed members. The staff of the organisation is accountable to the Board or Council through senior managers. Therefore, the organisations express some democratic principles, but organisationally are hierarchical and unequal.

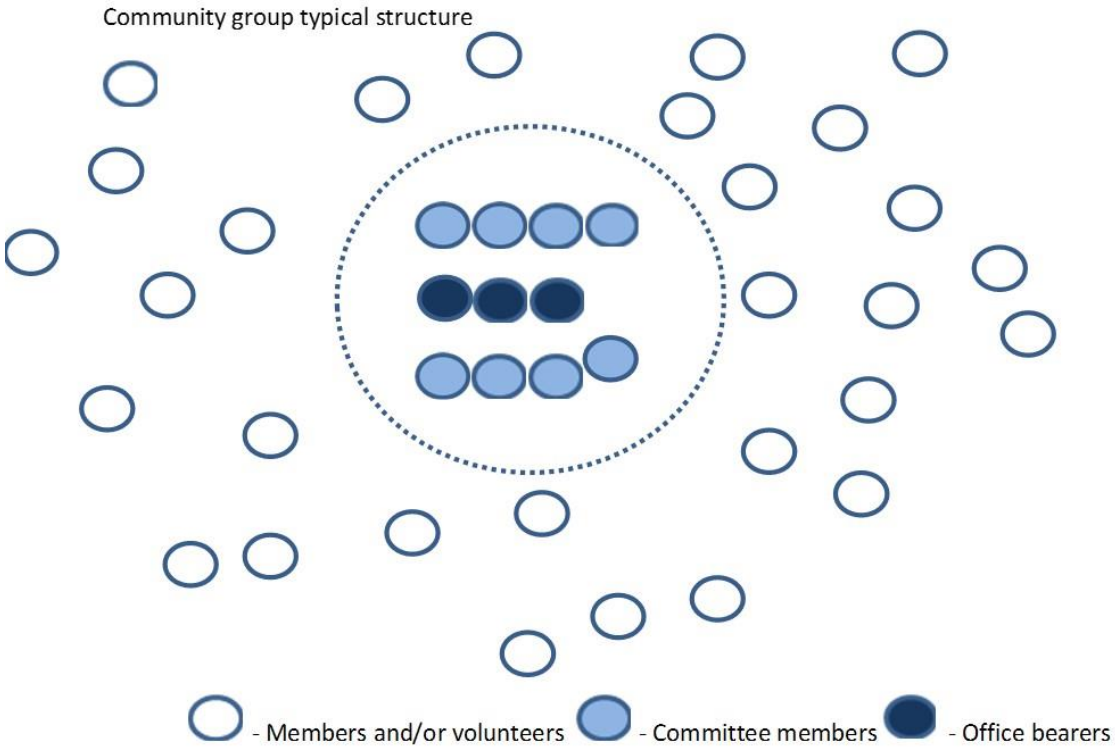
Figure 14. Local health and community organisation typical structure



Community groups generally work on democratic models where office bearers are elected and do not receive pay (therefore there is no income inequality). Some community groups may work on hierarchical models of power, but in a situation where office bearers are elected, they owe their

legitimacy to the support of other members of the group. One of the community groups represented in this study specifically states that it is “nonhierarchical” (GEEG, 2015, webpage). One community group represented in this study is the committee of an organisation that employs staff, and there is some hierarchy amongst the staff, although much less than there would usually be in either the public or the for-profit private sector (Port Phillip EcoCentre, 2017, pers comm).

Figure 15. Community group typical structure



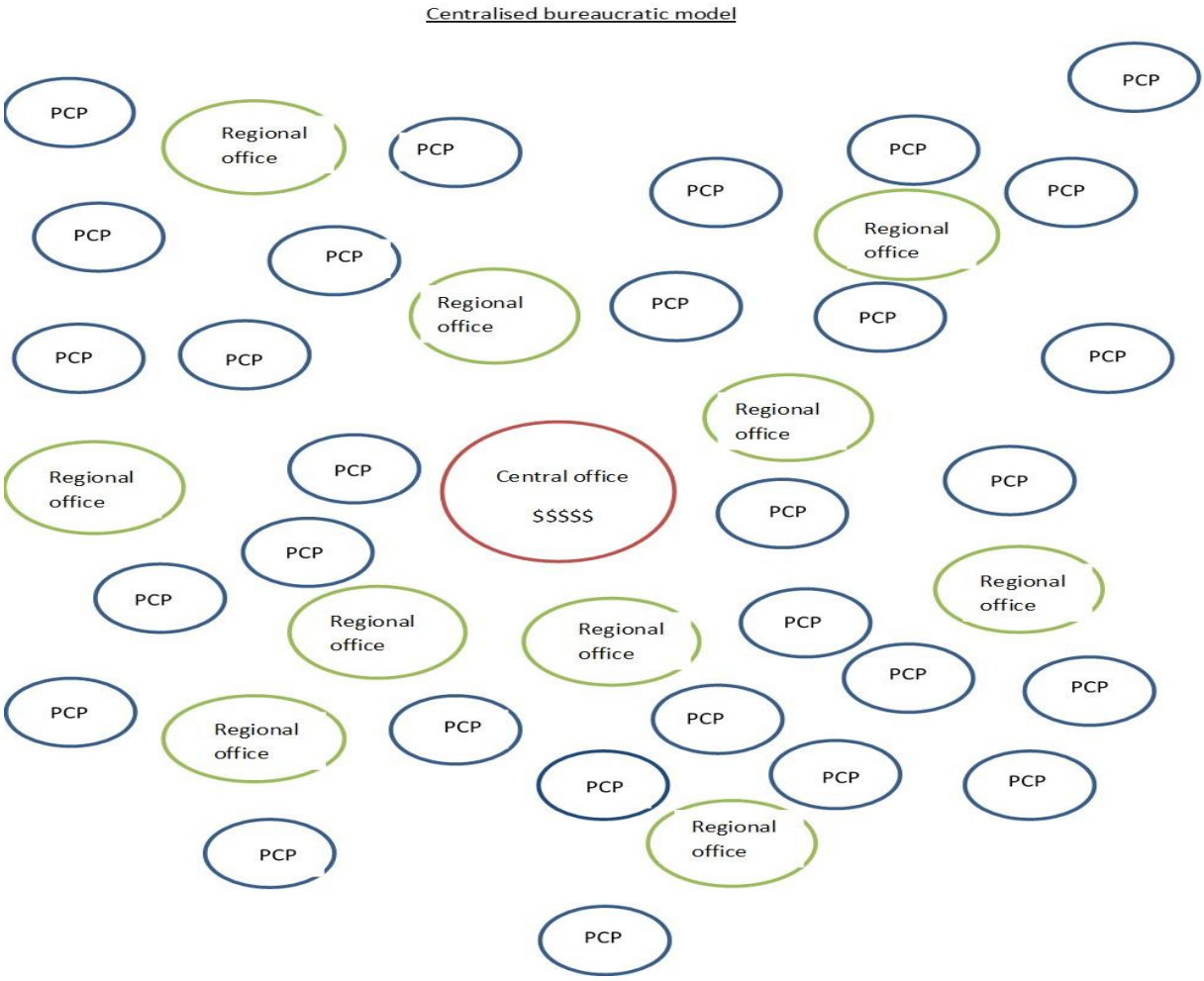
There is some overlap between corporate organisations and community groups, particularly in the community sector. Organisations can be run on cooperative lines where there is no hierarchy, or hierarchy is limited (e.g. Mondragon, 2017). Mary Thurtle (2010) distinguishes between cooperatives, which have democratic governance and membership but may employ workers in hierarchical work structures, and collectives, which are democratic and non-hierarchical in both governance and work structures. No organisations in this project worked as a collective at the time of the study, but according to a research participant (Megan), one apparently had done so, or had attempted to do so, in the past.

The private, for-profit sector has not been discussed here because the primary health and community support sector in this project is largely publicly funded and most organisations are not-for-profit. For-profit companies usually have similar hierarchical structures, but do not have democratic structures. For-profit publicly listed companies have boards, but these represent shareholders rather than members or citizens, that is, they represent money/capital rather than democratic principles.

Centralised structures, such as the health department bureaucracy that administers PCPs, are represented in Figure 16 below. State bureaucracies have features of both democracy and hierarchy: departments are hierarchical organisations internally but in relation to funded health and

community agencies their power is mainly related to control over funding, allocated according to legislation, regulations and guidelines. Thus, their power in relation to community organisations largely reflects centralisation rather than hierarchy. Guidelines must be approved by democratically elected members of the government (Ministers) and normally reflect the policies of the democratically elected government. In the period of this study, guidelines were also developed in conjunction with the 'sector', meaning representatives of the health and community agencies, although there may have been limited or no participation from community members. Some funding for projects in this study also came from sources outside the health/human services department. It is likely that these sources would have similar administrative arrangements, even where the money came from the private sector through philanthropy. For most participants in this project, however, it was governments and their associated bureaucracies that had the most direct impact on what they could and could not do.

Figure 16. Victorian Health Department structure and relationship with PCPs (represented spatially, not to scale)



Ambiguities around democracy and hierarchy are apparent in state and federal governments. Although members of parliament are elected via a democratic process potentially involving all adult citizens, the process of forming government in Australia represents an adversarial process in which

there are winners and losers, formalised as government, opposition and minor parties/cross benchers. The system is meant to be dialectical, in that government proposes legislation and opposition and cross-benchers critique it, before parliament makes a decision (non-government MPs can propose legislation, but this rarely proceeds to a vote). However, if the government has a clear majority in both houses it can operate in a 'winner take all' manner. In recent decades Australians have shown a pattern of voting that frequently results in a close result or a different balance of power in the upper house and lower house, suggesting that there is a desire for dialectical and possibly consensual decision making rather than an adversarial winner-take-all system.

Within government, however, there is a hierarchical structure, comprising a prime minister or premier, ministers, cabinet secretaries or assistant ministers, and backbenchers. Again, this is a pyramid-type structure with both decision-making power and income increasing as one goes up the hierarchy. Oppositions are usually modelled on similar structures, although without the associated bureaucracy and with lower pay at all levels. Moreover there are hierarchies of departments, with the Department of Premier and Cabinet and Treasury often having more authority compared to, say, Departments of Health or Education (Pusey, 1991).

I have discussed these different types of organisations in detail because while these structures are often taken for granted, it is important to make them explicit here. It is clear from previous analysis that participants aimed to work in a way that was inclusive and egalitarian, but were doing so in a society that normalises hierarchical inequality. Arguably, the most normalised form of inequality in Australia, and elsewhere, is organisational work hierarchy. It is evident that work hierarchies had a significant impact on the work of participants in this project. However, while in the first stage of the project the existence of inequality was questioned by both staff members and community members, in stage two staff members did not seem to question the existence of work hierarchy as much. Senior managers were sometimes seen as helpful, and sometimes as challenges, but staff members did not generally appear to critique the existence of work hierarchies as such. Some comments by community members, however, appear to come close to a critique of hierarchical organisational structures, as for example Luke's comments about managers in a local council:

> *… there's all that political power control game and if someone wants to benefit their career and can save x amount of money …*

Hierarchy appears to be implicitly criticised in Luke's suggestion that managers are more interested in climbing the career ladder than working for the benefit of the community. Later in the discussion, another community member, Andrew, referred back to Luke's comment, seeking to put it in a political context:

> *Can I just ask* [Luke] *a question … you know, at the last council elections, was there a change in the political make-up of the council so that it became more right wing and less left wing? … just wondering if that was – if that was in some way reinforcing the management changes?*

We discussed this in the group and concluded there may have been a slight shift to the political right in the most recent council election. However, Luke asserted that the trend had been there before

the last election. Later in the discussion, in a more general exchange about equity, Andrew remarked:

> *I guess one of the other issues without meaning to make us all feel terribly depressed is, erm, is that the sort of neoliberal neocon free market, whatever all that stuff is, that's just become the orthodoxy in our society without any major, without any say about whether we want it or not.*

Overall, Andrew and Luke were offering a critique of organisational culture and management as representing a neoliberal ideology that is about market principles rather than community development principles, and suggesting that this trend had been evident for some time, regardless of political party. Within this, there was arguably an implied criticism of work hierarchy as such, although, as previously discussed, Luke's critique of managers also reflected his ideas about personal morality.

Dan, another community member, drew attention to the fact that the community environmental group he was involved in was 'non-hierarchical'. I had asked whether the environmental group was also addressing equity, and he stated as a general position:

> *… ok well, well, the equity – in* [our] *environment group is really written into our blood … that we're non-hierarchical … it's written in our model rules … .*

Staff members in stage two occasionally expressed guarded criticism of senior management or organisational culture but did not tend to make general critiques of organisational hierarchy. Later, in stage three, a female staff member made comments about perceived directions from senior council management, towards restricting community development and cross-department collaboration, and focusing on individual service delivery. This was similar to Andrew's and Luke's criticisms, but was seen in the context of budget restrictions due to the Victorian government policy of 'rate-capping' (VLGA, 2017), and individual consumer-focused directions of federal policy (Australia DoH, 2017; NDIA, 2017). The staff member seemed to suggest senior management was receptive to such directions, which is similar to Andrew's criticisms about neoliberal orthodoxy. Overall, however, the strongest questioning of organisational hierarchy seemed to come from Luke, Andrew and Dan, as community members.

This situation exemplifies broadly Marxist theories about class and power, and the insight of theories of practice that structure exists as far as it is enacted in practice. Staff members who wish to perform their work, and be paid for it, have little choice but to accept work hierarchies. Thus, while specific managers and organisational cultures could be perceived as helpful or challenging, the existence of organisational hierarchies appeared largely taken for granted by staff members at this stage of the study. Moreover, some managers who were criticised as not having community development values in this study were female. This seems to suggest Marxist or cultural and practice theories explain this situation: people's attitudes towards hierarchy depend on their class position or their location within or outside a hierarchical work culture. This does not, however, explain why nearly all the staff participating in this study were female, nor the empirical evidence that regardless

of men's attitudes towards organisational hierarchies, men are more likely than women to 'succeed' in them (WGEA, 2016), which is discussed in the next section.

Gender, work and hierarchy in broader society

Historical and sociological evidence about gender, work and hierarchy is complex, but some key themes are evident. In patriarchal, hierarchical societies, there appears to be, as Bennett (2006, pp. 54-81, 152) puts it, an "equilibrium", expressed in three main ways: work done by women is valued less than work done by men; men receive higher pay; men gain more control and take senior positions in hierarchies as work becomes larger in scale. Bennett's research in England, and research in the 20th century in Australia, the USA and elsewhere, all support this picture (Bennett, 2006; Game & Pringle, 1983; Levanon, England, & Allison, 2009; Nayak, 2009). The mechanisms are complex, and sometimes appear contradictory. For example, the same kind of work may be classified as men's work or women's work at different times (Game & Pringle, 1983). In general, however, if men do work, it will be paid more and valued more, whereas if women do it, it will be paid less and valued less (Levanon et al., 2009). In terms of hierarchies, the mechanisms are again complicated, but seem to involve both a social expectation that men will be leaders, and an expectation by individual men that they will take positions of leadership. This does not necessarily apply, however, to men who are racialised as 'inferior', such as Indigenous, non-'white' or immigrant men.

These patterns have been challenged, and there has been some change. In this study, many managers were women, including some who were criticised by participants as not understanding the values of health promotion and community development. This may mean they had internalised the values of hierarchy or competition as part of the process of becoming managers, although certainly not all female (or indeed male) managers were seen this way. Nevertheless, this patriarchal equilibrium appears to have remarkable resilience, as Game and Pringle (1983) suggested more than thirty years ago, because the most recent Australian statistics show that men are still over-represented in management, including in female dominated industries (ABS, 2017b; WGEA, 2016).

Summary of findings on research question five

In relation to what helped the work of promoting equity, environmental sustainability and health, key themes include knowledge, particularly of the local community, supportive government policies, relevance and relationships. Understanding different perspectives and being able to communicate effectively were important. Funding and resources were also mentioned. Challenges included unsupportive management and organisational culture, politicisation, and difficulties in engaging 'hard to reach' participants. Other challenges involved narrow understandings of health and the role of health and community services, and lack of time, resources or funding. The helpful factors fit with the cooperative, inclusive, caring principles expressed in stage one. The challenges reinforce findings in stage one about a 'mainstream' discourse that is not compatible with these principles.

Underlying this picture was the largely unremarked factor of gender, and its relationship to work and hierarchy. Where practice in this study was paid work by people employed in hierarchical organisations, those doing it were almost exclusively women; where it was voluntary work by community members in community groups, both men and women did it. As the broader evidence shows, organisational hierarchies of work tend to privilege men, but as a form of 'normalised'

inequality, they are at odds with the principles expressed in this study. Thus it is perhaps not surprising that men who participated in the study were not only outside this 'system', but also critical of it. Theories of class and practice can explain some of this picture, but theories of gender are necessary to explain it fully. These are explored further in the next chapter, which analyses health promotion frameworks in relation to findings from this study, and explores commonalities in promoting equity and environmental sustainability.

Chapter 9. Stage three: reflections and implications for health promotion frameworks

This chapter provides the findings in relation to the final research questions, which relate to the third stage of the action research, the final reflective stage:

6. What are the apparent strengths and limitations of the ISEPICH Framework, and other relevant health promotion frameworks, when compared to the findings about practice, and how might those frameworks be improved?
7. Are there apparent commonalities in promoting equity and promoting environmental sustainability that make it feasible to promote both in an integrated approach?

Process, analysis and evidence

As discussed in chapter four, I analysed the information from stages one two and wrote up a detailed project report in 2015. The report included a preliminary analysis of health promotion frameworks in relation to the findings, and preliminary ideas about commonalities in promoting equity and environmental sustainability. In 2016, I produced a summary version of the report, which I disseminated to participants. I also met with participants at workshops and meetings where I gave a presentation on the report and asked for their feedback.

Stage three was necessarily iterative, because I presented preliminary findings to participants for feedback, and then reviewed the findings following the feedback. A summary of participants' feedback is provided below, and more detailed information about process is included in Appendix five. All comments in stage three were provided on the basis of anonymity. Pseudonyms are not used in this chapter.

Participant feedback on findings and implications

I presented the findings and implications in a workshop and three follow up meetings in ISEPICH and during scheduled health promotion network meetings in SGGPCP and Wimmera PCP. A facilitator from Monash University assisted at the ISEPICH workshop. Ten people participated in the ISEPICH consultations, four staff members and two community members at the workshop, and three staff members and one community member in subsequent meetings. The SGGPCP meeting was a large health promotion meeting, but there was no time for discussion in the meeting. Three people provided comments following the meeting. There were seven people present during my presentation at the Wimmera meeting. All took part in later discussion at the end of the meeting. Three also provided feedback sheets after the meeting.

Feedback generally confirmed the project findings from stage two, with the proviso, as previously discussed, that engagement, particularly the challenges of engaging 'hard to reach' groups, emerged more strongly. There was no negative feedback, but there was one question from a participant surprised by the limited number of projects concerned with early life or young people. The three feedback sheets received from Wimmera PCP all agreed with the statement "the findings from stage 2 reflect my experience well". In relation to the factors that helped or challenged their work, topics two ('walk in their shoes') and three ('that's a point of view') were particularly confirmed, as illustrated in the comment below (all comments in stage three are anonymous).

> *The findings ... are consistent with my experiences in of working to promote equity within the community. I have found that all of the key topics influence the success of a health promotion activity/ project. I find topic 2 and 3 particularly relevant, as engaging the 'hard to reach consumers' has been a challenge within our community ...* (participant from Wimmera PCP, written feedback)

Topic one ('what gets to the table') was not confirmed directly in the same way, but there was discussion that tended to confirm key themes in that topic area. Participants made comments indicating the importance of understanding the local community:

> *… to implement engaging health promotion activities we need to have a more thorough understanding of the communities we are trying to work with* (Wimmera PCP, written feedback).

Participants also made comments indicating the importance of having the local autonomy to respond to those needs. For example, participants in the ISEPICH workshop suggested 'safe to fail' projects as a way of responding to community needs. Through community engagement, health promoters can identify issues that are relevant to community members, and develop small projects around these issues, using limited resources. If the projects (or aspects of the projects) are shown to work, these can be further developed. This 'highlights the successes of working together' and provides an 'opportunity for people to learn from experience and draw on existing skills' (ISEPICH, notes from workshop, summary, not verbatim).

ISEPICH participants also noted that 'innovation' is a key word in funding submissions, with funders often looking for new ways of doing things. However, if existing programs are working, finding resources to keep them going may be more relevant (ISEPICH, notes from follow up meeting). Discontinuity in programs makes the engagement of 'hard to reach' community members more difficult.

All these comments illustrate themes in topic one, particularly about the importance of supportive policy and local autonomy, so that health promoters can respond to the specific needs of their community, and build on what works, without the discontinuities caused by a changing or unsupportive policy context. Although the heated politicisation over climate change was no longer such a significant factor in 2016, the importance of local knowledge, the ability to respond to local needs and a supportive policy context were confirmed. Likewise, the vulnerability of health promotion and community development to discontinuity and uncertain political support was again highlighted. There was also a suggestion that the meaning of environmental sustainability in this study needed clarification.

There were also comments from ISEPICH participants which illustrate some contemporary trends around management and organisational culture, and discourse. They show the complex ways these are interwoven. One concern was about the trend in a local council towards restricting community development and collaboration with the environment team, and focusing on direct services (as previously mentioned in chapter eight). The participant saw this as reflecting the federal trend towards privileging direct service provision under programs such as My Aged Care and the National Disability Insurance Scheme (NDIS). The participant suggested community development and social inclusion programs are likely to miss out on funding under an approach that prioritises direct service

provision. The recent closure of the local 'High Rise Support Program' in public housing was seen as an example (ISEPICH, notes from follow up meeting).

The complexity here is that programs such as My Aged Care and the NDIS use the language of empowering service users by giving them choice (Australia DoH, 2017; NDIA, 2017). Those who use the services may appreciate this language. The NDIS has also been welcomed because it potentially offers secure funding for disability services, similarly to Medicare for health (AAP, 2012; Dunlevy & Marszalek, 2013). Both the aged care and disability reforms commenced under the federal Labor government in 2010-13, and were attempts to address problems within the existing systems. It is likely there will be some benefits for service users in both cases. However, the basic assumptions still appear to express 'neoliberal' understandings, shared by both major political parties, of people as individuals in a market-based system where they are either providers or consumers of services, rather than members of a community. Similar points about current human services reform have been made by Smith and colleagues (2017). Wimmera PCP, recognising that such changes often have particular risks in regional and rural areas, has taken an active role in organising for the introduction of My Aged Care on a collaborative basis in order to prevent fragmentation of services and loss of collaborative relationships (Wimmera PCP, 2017b).

ISEPICH participants also commented, in relation to engaging 'hard to reach' groups, that government policy appears to assume that ideally everyone should be engaged in the paid workforce. However, for some people, this is not a realistic expectation (ISEPICH, notes from follow up meeting). Again, this reflects a shared neoliberal assumption, also expressed in the former federal Labor Government's 'Social Inclusion' Framework (Australian Social Inclusion Board, 2012) as discussed in chapter five, of people as primarily participants in a market-based economy.

One difficulty in critiquing these assumptions is that they do reflect important aspects of people's lived reality in a capitalist society. This also has the tendency to obscure alternative ways of understanding the world, or alternative futures: to operate as hegemonic or orthodox discourse, or as the 'taken for granted'. At the same time, in spite of this strong, politically bilateral discourse in Australia, there was clearly a different vision amongst participants in this project: an idea of people not as primarily participants in a market-based economy, but as members of a community, working together to care for each other and the environment. In response to concerns expressed by one participant (ISEPICH, follow up comments) about setting these up as oppositional discourses, I acknowledge that these visions are not in practice simple alternatives, and that many people probably subscribe to aspects of both. The concern, however, is that currently the first is a dominant discourse, while the second is a subordinated discourse. For example, Australian health promoters, even when advocating for health promotion, feel a need to justify it in financial terms, as "good economic sense" (J. A. Smith, Crawford, & Signal, 2016, p. 61). Again, this reflects the realities of living in a neoliberal capitalist society, but at a deeper level it reflects a discourse in which human and ecosystem health are not seen as ends in themselves but rather as means to support a reified economy of trade and exchange. The historical origins of this discourse, and its implications for health promotion addressing equity and environmental sustainability, are explored in the next section. Participant feedback is explored further in later sections of the chapter, in relation to the analysis of health promotion frameworks and commonalities in promoting equity and environmental sustainability.

Placing contemporary practice in historical context, or 'how we got to where we are'

In this analysis, I present theoretical explanations of the patterns of gender, work, hierarchy and discourse observed in this study. First, I present some vignettes from participants' accounts and discuss how these are understood in theories of culture and practice and in Marxist theories, and then show how ecofeminism provides a more comprehensive explanation.

Theories of culture and practice are relevant in the domain of 'settings' in which local health promoters work. Theories of culture and practice do not posit people primarily as individuals making choices, nor primarily as individuals who are constrained and directed by external societal norms, rather they suggest that the way we understand our world and experience our lives and selves is shaped by a socially constructed body of knowledge and practice, of which we are part (Reckwitz, 2002). The remarks made by participants about promoting active transport are relevant here.

> Mel: *… the challenges* [in promoting active transport] *here are probably, just the car culture that we've got …*
> Claire: *Val … people will park at the post office at that end of the street - then get in their car and drive up this end of the street - just to get a park closer.*

This situation can be understood using Reckwitz' (2002) schema of social practices as composed of 'elements', including mental activities, bodily capacities and material things. Car use as a social practice includes a known way of doing things (rules, ideas and meaning), the bodily capacity and skill to perform this practice, and the necessary material things, which include not only cars, but also streets and parking areas. Theories of social practice are thus compatible with health promotion theory about the need for complex interventions: we cannot attempt to create change only by education or information (for example, telling people that driving cars will increase their risk of overweight and increase carbon emissions), but also need to look at action and bodily capacity (for example, engage people in walking and cycling activities), and at physical objects and environments (for example, make walking easier and driving more difficult by changing the built environment, policy and regulations).

Marxist theory also has applicability in this field. It is evident that some participants in this study were drawing on critiques of capitalism in their statements about the underlying reasons for environmental degradation and inequity, as in the discussions below.

> Bron (community member): *… the whole world turns on the oil bloody companies …*
> Angela (staff member): *there's a lot of power in that – a lot of money … (*others: *yeah, yeah) … whole economies based on mining …*

> Heather (Staff member): *in society people* [believe they] *own their job and they own their income – you know it's a … you know it's all theirs and therefore they* [believe they] *shouldn't have to share it I guess*
> Bron: *Capitalist society*
> Heather: *hey?*
> Bron: *we live in a capitalist society*

Heather: *exactly.*

These exchanges can be analysed using both Marxist and discourse (cultural) theory. The speakers in the first exchange are drawing on concepts of vested interests, and in the second exchange suggesting that because people live and have grown up in a particular type of society (a capitalist liberal democracy, in this case), they experience themselves and the world in a particular way. In looking at specific practices, theories of social practice may be compatible with the broadly Marxist class-based interpretation drawn on by some research participants. A study of transport practices could also look at how corporations, such as car manufacturers or petrol companies, influenced travel practices both through direct advertising and through influence on politics and planning. Similarly, a study of social practices around hygiene by Shove (2003) included analysis of the role of soap manufacturers and advertising. In terms of understanding the field in which participants in this study are acting, theories of practice, Marxist theories, and cultural theories about how subjectivities and knowledge are formed, all seem relevant to discussions of inequality and environmental degradation.

In analysing the practice of research participants themselves, however, applying theory is somewhat different from analysing everyday social practice. Professional health promotion, community development, and community activism, are ideally reflective activities and express planned intention. Significant thought goes into planning actions and, at least theoretically, into evaluating their effectiveness and redirecting them where desirable. There are aspects of this practice that are taken for granted, but the activities need to be understood as expressing planned intention, guided by values and principles. The principles articulated and explored by participants in stage one of this project can be summarised as principles of care and community: that people have a responsibility to care for each other, the community of which they are part and their environment. These principles are in contrast to the principles of competition, hierarchy and utility value (the environment valued as a source of things that humans can use), which are key principles in the neoliberal ideology dominant in much of Australia's polity. This could be presented only as a non-gendered ideological or political difference, but the empirical evidence discussed in chapter eight suggests this an oversimplified account and that there is a relationship between work, hierarchy and gender operating here, which is not fully explained by the previous fields of theory.

In discussion groups in stage one of the project, there was a sense that caring about other people and the environment (including other species) should be a basic ethical principle but was in practice seen as a subordinate discourse, articulated by 'lefties'. This is expressed in the following exchanges (there are numerous ellipses because people were talking at once, and referring back and forth to earlier parts of the conversation, but there is a coherent thread):

> Jill: … *the community I think need … to show that it* [supporting equity and environmental sustainability] *is the* … *community* view
>
> … [intervening discussion]
>
> Val (Researcher): [returning to Jill's point] ... *how … would you convince governments? That people do support these things*?

[a discussion about oil companies and the power of corporations followed]

Angela*: …* [talking to Jill and referring back to her earlier point] *you're right, if they* [government or vested interests] *go 'oh good it's a lefty thing'* …

Megan: *well the environment's not*

Angela: *it's not because you're left or right wing … it's because we need to be – yeah.*

There is a sense that environmental sustainability should be recognised as a fundamental concern for the whole community, but in practice was seen as either the concern of a 'lefty' minority, in which case it could be marginalised in mainstream discourse, or at best only as a matter of which political 'side' you are on. Similarly, the idea that people are 'entitled' to what they earn or own and don't have to share it with others, was suggested by participants as a normal view, or as orthodoxy in Bourdieu's (1977) terms.

Marxist explanations were offered, that this is because "we live in a capitalist society" (Bron). Marxist theory does address inequality, but cannot explain all the issues here. Marxist theory analyses societies in which private ownership, commodity exchange, capital accumulation and nature as a source of 'use value' were already established. Karl Marx critiqued private ownership and capital accumulation but not commodity production and exchange, nor the idea of nature as use value. In *Capital,* Marx (1944) acknowledged other forms of social organisation, including what he described as "the patriarchal industries of a peasant family" (1944, p 51), but he did not include them in his analysis. Marx was interested in the value that "men" [sic] added by their labour to that which was provided by "nature" (1944, p 31), but only in the production of goods for trade and exchange, not the value added by unpaid subsistence and domestic work (Mies, 1998). Moreover, while Marx acknowledged that 'nature' provided raw materials, he did not analyse the contribution of nature, but took it as a given. Indeed, Marx used a specifically gendered metaphor when speaking of "material wealth, of use values":

As William Petty puts it, labour is its father and the earth its mother (1944, p 31).

(William Petty was a 17th century English economist and theorist).

This exemplifies Merchant's (1989) analysis that 'men of science' saw both nature and women as belonging to the sphere which men 'improved'. Marx (1944) acknowledged that this kind of society was the product of historical development but did not analyse this process in detail, although, as previously discussed, Engels later attempted to do so and asserted that Marx would have, had he lived longer. Marxist feminists also later attempted to use a schema of 'production and reproduction', which recognised that labour had to be 'reproduced', to analyse women's unpaid work of caring and procreation (Caine, 1998, p 70). Marx, in discussing this issue in *Capital,* actually elided maternity and the caring work of women, stating only that payment to a worker had to include enough for "his children" (1944, p 121). Even without this elision, however, the Marxist feminist schema is unsatisfactory because it positions the adult worker as the normative person and locates caring work as subordinate, rather than understanding the work of caring as work in its own right (O'Brien, 1989). Thus, while Marxist theory is useful in understanding some forms of inequality

and exploitation, it does not provide a sufficient basis for an ethical position that values caring and ecosystems ('nature') in their own right.

Similarly to the way Marxist theory saw unpaid work in homes and communities as 'reproduction' of workers, mainstream Australian policy when this project began saw health promotion in terms of its contribution to a healthy workforce. Competition policy was redefined in the early 2000s as "National Reform", which addressed "human capital" as well as competition (Productivity Commission, 2006, pp. 35-42). Left neoliberals, such as the then Victorian Labor Premier, Steve Bracks, argued that health promotion could support the National Reform agenda, by increasing workforce participation and supporting a strong economy (Victoria DPC and DTF, 2005). Indeed, this approach did contribute to significantly increased funding and support for health promotion during the subsequent period of federal Labor government (2007-2013), although, as previously discussed, the federal LNC government in 2014 drastically reduced this funding and support. Pragmatically, this approach may work, at least sometimes, and has been adopted by some health promoters, but it inevitably positions caring and non-market oriented work like health promotion as subordinate. Ecofeminist scholars have provided a more comprehensive explanation of the development of hierarchy, the normalisation of inequality, and the subordination of caring and nature.

Ecofeminist analysis

In this section, I first recapitulate some key points from the outline of ecofeminist theory in chapter three, and then apply ecofeminist analysis to the issues discussed above. This analysis enables the different types of evidence in this project, including historical evidence, evidence from participants' accounts and evidence from observation, to be brought together in one integrated narrative, which is summarised at the end of this section. In the discussion, I also clarify some misconceptions about ecofeminism.

Feminist scholars such as Lerner (1986), Eisler (1987) and Gimbutas (1989) traced the development of patriarchal, hierarchical societies from about 5,000 years ago, and studied the earlier, more egalitarian societies that were displaced, at sites such as Çatalhöyük (in contemporary Turkey) and Crete. They explored the implications of male-dominated, hierarchical societies, in that the work of caring, particularly caring for the body, became seen as the sphere of women and slaves, a sphere that was subordinate and to be used by men. Historians such as Merchant (1989), show how, following the Enlightenment in Britain and Europe, both caring work and 'nature' came to be seen as passive areas, to be controlled and used by educated or ruling class men, through patriarchal capitalism and the discourse of scientific rationality (see also Cantillon, 2016; Folbre, 2009).

This formed the basis for an 'economistic' discourse which understood productive work as the production of goods for trade and exchange, which remains the dominant discourse in our era (Hanlon & Carlisle, 2008; Waring, 2009). Contemporary discourse concerns trade and exchange between individuals, rather than 'men', but is still based on patriarchal understandings that do not acknowledge the work of caring and subsistence that is not done for exchange. The economist discourse is extended to services, including caring, when they are provided on a paid basis. However, it is an uneasy fit. Caring work, because it is not directly reciprocal in nature, does not fit well with the theory of exchange and the market. In particular, paid caring work like health promotion or

community development that is done for public good rather than for individuals, does not fit well with the theory of markets, and is thus especially vulnerable under the 'economist' discourse. Left neoliberal attempts to justify health promotion within this discourse inevitably position it as subordinate to market based work.

Similarly, discourses of scientific rationality and patriarchal capitalism informed the imperialism of the Modern era, when people from Britain and Europe colonised much of the world. Maria Mies (1998) has analysed how the process of capital accumulation in Europe was dependent on a hidden sphere of "housework, work in the informal sector, work in the colonies and nature's production" (Mies, 1998, p. ix). As in Australia, colonists dispossessed many Indigenous peoples, arguing that such peoples were not 'improving' the land, and took over land for the production of commodities, often as raw materials for the capitalist industrial production that was rapidly developing, particularly in 19th century Britain. As illustrated in the histories of the SGGPCP and Wimmera areas, industrial agriculture largely replaced the Indigenous relationship with country, which was about caring for country rather than using country. I recognise that many non-Indigenous farmers also feel a strong caring relationship with the land (see e.g. Ellis & Albrecht, 2017 for discussion). The emphasis here is on systems and discourses, not individuals, who are always complex and exist in multiple discourses and relationships.

The work of caring, whether it be caring for humans, other species, or the environment, is not in any essential sense inferior to the sphere of trade, competition and hierarchy. Since human life could not continue without the natural environment and the creation and nurture of human beings, the work of caring can be seen as primary, a pre-condition. As Fiona Robinson argues in her work on the ethics of care, "[h]uman life as we know it would be inconceivable without relations of care" (2011, p. 2).

Arguably, human beings are beginning to recognise, or re-recognise, how dependent we are on the natural environment, since climate change now has the potential to render the environment unlivable for us. Thus we talk of the "Anthropocene", the era when human beings are affecting the state of the planet (Kotzé, 2014). Human beings have long had an effect on their environment and other species. For example, Merchant (1989) describes how destruction of forests in medieval England contributed to the growing use of coal, one of the fossil fuels now largely responsible for the greenhouse gases affecting the climate. The present era is different from previous eras, however, in that human actions are now affecting the ecosystem dramatically and over historically short time scales (McMichael et al., 2017).

Empirical evidence from many countries shows that conservative white men are more likely to deny climate change and are less likely to hold 'pro-environment' attitudes than women, people of colour and men whose political orientation is left-wing (Ergas & York, 2012; Feygina, Jost, & Goldsmith, 2010; Flynn, Slovic, & Mertz, 1994; Kroesen, 2013; McCright & Dunlap, 2011; Ojala, 2012; Sparks, Jessop, Chapman, & Holmes, 2010; Whitmarsh, 2011). The general theory advanced by ecofeminists, of the existence of patriarchal, hierarchical social structures and forms of knowledge that saw white, ruling class men as superior to and in control of the natural world, women and subordinate peoples, appears to be supported by this contemporary empirical evidence.

In discussing patriarchal societies and forms of knowledge associated with them, I am referring to societies that are male-dominated (men hold public positions of authority and have formal power over women in the family and society) and hierarchical (society is structured in different ranks, usually in a pyramidal form, with those at the top having more wealth and resources as well as more power). This is similar to Sherry Ortner's (2014) concept of patriarchy, although Ortner makes more use of the direct concept of father, as actual fathers in families and as symbolic fathers as bosses and managers. When I refer to patriarchal societies in this work, I am thus referring to societies that were characterised both by male authority over women and by structures of hierarchy and inequality that affected both men and women. The reason it is legitimate to refer to these as 'patriarchal' societies rather than a more explicit 'patriarchal and hierarchical' description is that it appears that historically, patriarchy (male dominance) and hierarchy (structured inequality) developed together (Lerner, 1986).

While there may, in theory, be societies in which all men are equal and all men have power over women, there seems to be little or no historical evidence of such societies. The ancient Greeks had slaves, and in modern times, the period in which all men had, in theory, political equality through suffrage but women did not, was brief. For example, in Australia there was a period of about 50 years, from around the 1850s to the early 1900s, when all white men in the various states enjoyed suffrage but women did not (the laws did not prohibit Aboriginal men from voting in all states but they were effectively discouraged) (Grimshaw et al., 1994). Feminist historians have identified that this ideal of equality of men was an explicitly patriarchal one, the idea being that all men were equal as fathers and heads of households (Grimshaw et al., 1994); fraternal patriarchy, as Carole Pateman (1988) describes it. In practice, however, even though white men had political equality in theory, society was still hierarchical in terms of social and economic power.

In Australia, the British invasion, beginning in the 18th century, led to the creation of a 'white' society which was both patriarchal and hierarchical, in legal, economic and social terms (Grimshaw et al., 1994). This largely replaced Indigenous societies that were egalitarian in the sharing of resources, although there is considerable debate about whether and how far they were patriarchal. Some early observers such as William Thomas (1844) thought Aboriginal societies such as the Kulin peoples were very patriarchal, but it is known that others, such as the Jardwadjali, were matrilineal, which is hard to reconcile with patriarchy. Even if there were patriarchal aspects to pre-contact Indigenous society, it appears women had a degree of autonomy and power that was drastically reduced by the imposition of patriarchal European society and law in the 18th and 19th centuries (Whitney, 1997).

There has been considerable debate amongst scholars, and the interested public, about patriarchy (Bennett, 2006; Morgan, 2006). The work of early theorists of patriarchy such as Lerner (1986), Gimbutas (1989) or Eisler (1987) has been contested, bitterly at times (Fagan, 1992; Gordon, 2014; Hodder, 2004; Thornton, 1999). Unfortunately, much of this criticism seems to be based on misreading or oversimplification of ecofeminist theorists. As pioneering theorists, these feminist scholars were likely to have made mistakes, but it seems their critics, rather than seeing their work as something to build on, were looking to discredit it. Kathryn Rountree (2007), in an essay on Çatalhöyük, the archaeological site in contemporary Turkey which has been the subject of much debate about gender and prehistory, teases out some of the complex factors that play out in these debates. Rountree's (2007) account illustrates the power of discourse and how 'scientific rationality'

can establish a hegemony which de facto tends to delegitimise feminist views, because these views evoke strong reactions, which is then used to argue that the findings are 'controversial'. Feminist scholars were arguing that there was a tradition of goddess worship in Neolithic society. There were strong positive reactions from many female scholars and tourists, but strong negative responses from conservative male scholars and the Turkish civil servants administering the area. This 'controversy' led to debate about the evidence being discouraged. Accounts from other female archaeologists document that male-oriented interpretations of evidence have prevailed in similar circumstances (Balme, 2008; Nona, 2008).

More recent scholarship may modify the theories of early ecofeminist scholars, but much seems to support their general position that hierarchical, patriarchal societies are not simply a natural, but rather a historical, phenomenon. Studies of violence also provide relevant information, indicating that while violence is common in many societies and locations, there have been (and are) peaceful societies (Armit, 2011). Thus, the idea that humans are naturally violent, and therefore men naturally became dominant because of their greater upper body strength, is problematised. This may have been common but was not universal. The importance of recognising that patriarchy, hierarchy and violence are not universal is that it allows us to think about alternative ways societies might be organised, including through an 'ethic of care' (Robinson, 2011; K. Warren, 1996a). As discussed in the review of literature on ecofeminism and health in chapter three, there is important emerging theory on how we might understand an ethic of care, including care for the more-than-human sphere. Warren (2002) has also extended the discussion through the concept of a 'care-sensitive ethic' which engages with questions of universality and specificity, and appears to be relevant, for example, to the earlier ideas of Carol Gilligan (1982) about the difference between a care ethic and a justice ethic. Further analysis is beyond the scope of this thesis, however such analysis will ideally inform future engagement with the ethic of care in health promotion.

The reluctance of some feminists to use the term patriarchy (Bennett, 2006; Rupp, 2008) may arise from a failure to understand that critiquing patriarchal, hierarchical society is not the same as criticising individual men. It is a critique of a particular kind of society and the kind of masculinity that is produced within that society, "patriarchal masculinity" (hooks, n.d., p. 2), rather than a criticism of men and masculinity as such. As bell hooks (n.d.) notes, women also can be patriarchal and actively support patriarchy.

In contemporary Australia, much of this patriarchal inheritance has been formally dismantled. We no longer have a census that treats men automatically as head of the household (Bundrock, 1995; Deacon, 1985), or laws that give men authority over women and children, precedence in getting jobs or higher pay for the same work, even though some of these things still happen (Grimshaw et al., 1994; Lake, 1999). Waring (2009), however, has shown that patriarchal assumptions are still highly influential in terms of our understanding of work, even though these assumptions may now be expressed in gender neutral language, particularly in the discourse of economics.

Waring (2009) shows that the basic concepts of economics as used in the United Nations System of National Accounts still distinguish between the work that is done outside the household for trade and exchange, which is counted as production, and used in calculations of Gross Domestic Product (GDP), and unpaid work done within the household or in communities, which is not counted. Thus,

much caring and subsistence work is still taken for granted or ignored. Waring was writing about the 1993 United Nations System of National Accounts, but the sections she cites are the same in the most recent (2008) system (EC et al., 2009)

This has particular relevance for health promotion and community development, and for the kinds of projects that have been considered in this study. Much of this work is about sharing resources, and encouraging work of caring and community that is outside the market sphere, such as growing and sharing food locally, walking instead of using cars, reducing household energy use, and so on. This is not readily compatible with a dominant discourse that privileges competition and the market, and relies on the idea of continual growth. The participants in this study were caught between these two discourses: on the one hand they were trying to promote a society that was more equal and cooperative, that used less resources and shared them more fairly; while on the other, they were living and working in a society where the dominant discourse normalises hierarchical inequality and privileges market-based economics, competition and growth. Ecofeminist analysis explains how this has come about, 'how we got to where we are'.

Key findings from ecofeminist analysis

Below is a summary of key findings from the ecofeminist analysis in this study:

1. Ecofeminist historical analysis suggests that hierarchy and inequality are not simply natural features of human life, but are associated with the development of patriarchal, 'kingdom' style societies and monotheistic religions with a male god, from around 5000 years ago. These developments predated, and created the conditions for, the development of private property and capitalism.

2. The Enlightenment and the development of scientific rationality was associated with a discourse in which 'man' was seen as superior to, and in control of, 'nature'. It was also associated with imperialism in which the subordination of 'inferior races' and the dispossession of Indigenous peoples was justified on grounds that they were naturally inferior or had not 'improved' their land. It was also associated with the development of an economic epistemology and discourse in which competition and the production of goods and services for trade were privileged over cooperation and the local and domestic work of caring for people and nature.

3. Although patriarchy has largely been formally dismantled in societies such as Australia, hierarchical 'kingdom' structures persist, in capitalist corporations and the organisation of paid work more generally, and still tend to be dominated by men at the upper levels.

4. Professional health promotion addressing equity and environmental sustainability, in this study, appears as a largely feminised project based on principles that are in conflict with much of the dominant discourse in our society. This analysis suggests this conflict is related to the persistence of patriarchal, hierarchical structures and discourses in the formal sphere of paid work.

5. The possibility of more egalitarian and gender-balanced approaches is evident in the community groups represented in this study and in the historical evidence. As discussed in chapter eight, there are also other existing cooperative structures in contemporary society, even though they are not common.

Strengths and limitations of frameworks

In this section, health promotion frameworks are analysed in relation to the findings about practice in chapter eight and the key findings from ecofeminist analysis above. Below is a brief discussion of the frameworks, addressing question 4a in stage two of the research (what frameworks have participants drawn on or found useful in their work?). This is followed by a summary of the analysis (the detailed analysis is shown in Appendix five: Table 1 and Table 2).

Participants' comments on the ISEPICH Framework

The original aim of this project was to develop and trial a framework for promoting health, equity and environmental sustainability in ISEPICH. The draft ISEPICH framework was developed in stage one of the research, as discussed in chapter six. Due to changes in the project it could not be trialled in practice. In stage two of the research, I asked ISEPICH participants to reflect back on the framework. Their comments were generally very positive, as shown below.

> Angela (staff member): … *yeah definitely I think all of these* [principles in the framework] … *all of these would still be really relevant.*
>
> Celia (community member): … *"the focus should not only be on responding after harm has happened" – yeah – we do that quite a bit* … [this] *is still* [relevant]: *"ensure that the voice of disadvantaged groups are heard" … yes this is quite good: .. "support the volunteers" … .*
>
> Erin (staff member): *I think it's a great framework – as I read through it yeah …* [pause looking at framework] *yeah … I think it's quite relevant.*
>
> Sarah (staff member): *Well I think the beauty of forums is it always puts issues front of mind, front of mind at that time and obviously you want it to be sustained, and I think that's perhaps been a difficulty here because as you pointed out there was so much sort of change at an ISEPICH level - but certainly when you read those sort of principles and you say well you couldn't go far wrong if you applied those … they're really sound guiding principles and if we were able to adhere more closely to them all the time well we'd be probably in a very good place.*
>
> Andrew (community member): *Erm, well I think the first thing to say is – this is even without looking at this – that just because a concept isn't recognised doesn't mean it's invalid.*
>
> Luke (community member): *I think they're very relevant … nothing's changed in my opinion about any of the stuff on these pages.*

Two ISEPICH participants made qualifications. One participant reiterated some of the doubts she had had at the forums in stage one:

> Jen (staff member): *I guess my initial reaction was that most of the people we work with are struggling to survive … there's little ways that you can have those discussions with people, but I*

must say, on the whole I think most of the people we work with are really just struggling – they're struggling so much that we can only really lead by example.

This organisation in which this participant had a key role has subsequently gone on to introduce sustainability principles in its work, including cultivating a kitchen garden in which participants can be involved.

Celia, when I asked her whether the principle "ensure that the wealthy and powerful groups take responsibility" happens in practice, replied:

… if they choose to participate well that's a good thing, if they don't well there's nothing we can [do].

This reflects once again a key theme apparent in this study, of a society in which inequality and hierarchy are normalised.

Overall, it appears that participants still saw the ISEPICH Framework as relevant. Because the project was broadened, and because many of the factors that help or challenge local health promotion are not controlled at the local area, it is also relevant to consider other frameworks.

Other frameworks in the analysis

I asked participants from SGGPCP and Wimmera about frameworks they had found useful, in stage two of the research. The SGGPCP Climate Change Adaptation Framework and the Integrated Health Promotion approach were mentioned. Participants also mentioned theories and resources, including: Social Network theory; Community Development theory; Council Sustainability strategies; and the Men's Shed Resource Kit.

As previously discussed, environmental policies and strategies at all levels of government were helpful to participants in this project because they were associated with legitimising their work in the relatively new area of environmental sustainability and climate change, and because there was often funding associated with them. It is outside the scope of this thesis to analyse in detail the non-health promotion theories and resources mentioned by participants, but they appear to be compatible with health promotion approaches.

The ISEPICH Framework and the two frameworks mentioned by participants, the SGGPCP Climate Change Adaptation Framework (Rowe & Thomas, 2008) and the Integrated Health Promotion Resource Kit (IHP Kit) (Victoria DHS, 2008a), are analysed in the next section, along with the Ottawa Charter (the original basis of much of the health promotion theory analysed here). I have also included two other relevant frameworks developed in Victoria, the 'Health promotion and sustainability' framework (Patrick et al., 2011) and the 'Climate Change and Vulnerable Groups' framework (R. Walker, 2010).

The two latter frameworks were produced prior to this research project by Rebecca Patrick and colleagues at Deakin University (Patrick et al., 2011; Patrick, Capetola, Townsend, & Hanna, 2011a) and by South East Healthy Communities Partnership, in partnership with Rae Walker from La Trobe University (R. Walker, 2010; R. Walker & South East Healthy Communities Partnership, 2009). South East Healthy Communities Partnership is a PCP, which is now known as Enliven (2017). Although these frameworks do not explicitly state that they intended to promote equity as well as

environmental sustainability or climate change adaptation, in practice they do so because they are based on health promotion approaches (the Ottawa Charter or the Victorian IHP Kit) that have an existing commitment to equity.

Analysing health promotion frameworks in relation to findings of this study

This analysis addresses research question six below.

6. What are the apparent strengths and limitations of the ISEPICH Framework, and other relevant health promotion frameworks, when compared to the findings about practice, and how might those frameworks be improved?

I analysed the frameworks in relation to 'factors that help or challenge' (Table 7 in chapter eight) and 'key findings from the ecofeminist analysis', above. Detailed analysis is shown in the two tables in Appendix five, and the findings are summarised below. I discuss the *Ottawa Charter for Health Promotion* (the Ottawa Charter) (First International Conference on Health Promotion, 1986) first, as the model that others are largely based on, and then move through state to local level, concluding with the ISEPICH framework.

The Ottawa Charter has a strong focus on policy, inter-sectoral partnerships and community empowerment. It also strongly addresses issues of values and meaning, particularly through a "socio-ecological" (First International Conference on Health Promotion, 1986, p. 2) approach to health. It does not provide a definition of equity, but the "pre-conditions for health" (1986, p. 1) are a strong statement about the social and environmental determinants of health.

Some of the Charter's apparent gaps in relation to contemporary health promotion practice, as studied in this research, simply reflect that it is a relatively short, visionary document that does not go into detail. Possible gaps, however, appear to be that it gives relatively little attention to knowledge and evidence, and that, although it recognises the importance of government policy and advocacy, it does not address practical issues of power and inequality such as hierarchical organisations and adversarial politics.

The Charter refers to "pressures towards harmful products, resource depletion, unhealthy living conditions and environments" (1986, p. 3) but only hints at the causes of these through references to "industry" and "interests" (1986, p. 1). It does not explicitly acknowledge the role of capitalism and profit taking. It does, however, show a strong acknowledgment of work that is done in local communities, including caring and voluntary work.

The Charter does not acknowledge patriarchy, although it hints at it. It contains some references to gender, albeit brief, and there are allusions, not spelled out, that link gender, caring and environmental sustainability. While all the frameworks considered here tend to have, in some respects, a utilitarian attitude towards the environment (since they are primarily about promoting human health and thus consider the environment mainly in those terms), the Charter has some strong 'pro-environment' and 'thinking like a planet' language. This seems to be particularly expressed in the following statement:

> *The overall guiding principle for the world, nations, regions and communities alike, is the need to encourage reciprocal maintenance - to take care of each other, our communities and our natural environment* (1986, p. 2).

Although it is not elaborated, this concept of reciprocal maintenance could form the basis for a recognition that we are part of the ecology, rather than the 'environment' existing for us.

The Ottawa Charter appears to have a significant gap in that it does not acknowledge the impacts of imperialism, colonialism, racism and the dispossession of Indigenous peoples (see also McPhail-Bell, Fredericks, & Brough, 2013).

The next two frameworks are state level approaches in Victoria.

The Victorian *Integrated Health Promotion Resource Kit* (IHP Kit) (Victoria DHS, 2008a), is based on the Ottawa Charter but in some areas has weakened the Charter's positions. In particular, it has very little consideration of environmental issues and ecological approaches. It also has more emphasis than the Charter on an individualistic and clinical approach to health. The IHP Kit has a strong emphasis on evidence and local planning, although it does not seem to acknowledge fully the importance of local knowledge and relevance. It seems at times tokenistic on community participation and community development, and appears to consider only organisational partners rather than considering community members as partners. It does not otherwise seem to consider the significance of caring and voluntary work or problematise notions of 'work'.

Compared to the Ottawa Charter, the IHP Kit appears to have more recognition of 'realpolitik' and hierarchy. It refers pragmatically to the need to gain the support of organisations and management, but also refers idealistically to "flat management and governance structures" (2008a, p. 61). The IHP Kit seems to come the closest of all frameworks considered here to providing a definition of equity, although mainly in negative terms (what constitutes inequity). It draws on both political economy and discrimination concepts to identify issues such as poverty, working conditions, and discrimination based on gender, race or ethnicity.

The *Health promotion and sustainability* framework (Patrick et al., 2011) aims to strengthen the Victorian IHP Kit by incorporating a focus on environmental sustainability. It significantly strengthens the IHP Kit approach in regard to ecological approaches to health, and also moves away from an individualistic clinical approach and towards a statement of values that is closer to the Ottawa Charter. The framework acknowledges the problem of privileging humans over the environment:

> *Humans are increasingly separated from natural systems, and have exploited them without consideration of their long-term sustainability, seeing the environment as 'other' and human and environmental health as separate realms* (2011, p. 12).

The use of images and poetic language in this framework also strongly contribute to a 'thinking like a planet' approach.

This framework mainly defines equity in terms of groups vulnerable to the impact of environmental degradation and climate change. It contains the following statement:

> *Our current Western lifestyle is acting against good health (overconsumption, inactivity and separation from nature)* (2011, p. 37).

Similarly to the Ottawa Charter, there does not appear to be analysis of the underlying causes, and the framework does not directly address issues around capitalism and profit making. Hierarchy and

gender are acknowledged only through the identification of "people with low socioeconomic status, people from culturally and linguistically diverse backgrounds … [and] women" (2011, p. 18) as vulnerable groups. There is no direct acknowledgment of patriarchy, imperialism or dispossession, but there is positive recognition of Indigenous culture through images and reference to stewardship (2011, p. 14).

The remaining three frameworks are local frameworks developed by PCPs, including the ISEPICH framework.

Climate Change Adaptation: A Framework for Local Action (the SGGPCP framework) (Rowe & Thomas, 2008) is strongly based on the Ottawa Charter and this is apparent in its overall approach. Concerning equity, it refers to the IHP Kit principles, but equity is mainly defined in terms of groups vulnerable to climate change. The framework has a strong focus on local knowledge and relevance, and on partnership building. It shows recognition of the importance of policy and the political context, including an emphasis on advocacy (although this was not reflected in the attached first year action plan). It shows a pragmatic awareness of hierarchy in that a key part of its first year action plan is gaining senior management support, but it does not question organisational hierarchies as such. Hierarchy, inequality and issues of power in general are acknowledged mainly through reference to the principles of the IHP Kit. Patriarchy, imperialism and dispossession are not acknowledged, but the framework makes a glancing reference to capitalism and private profit through a discussion of fast food advertising (2008, p. 20).

Although this framework, like the others, has a somewhat utilitarian focus, there is a discussion about contact with nature that makes it clear that this relationship is affective, not simply utilitarian (2008, pp. 13-14). This is a complex issue: in some ways, the epistemology of health promotion almost makes it inevitable that 'the environment' will be understood in utilitarian terms, in terms of its impact on human health. Yet discussions of 'contact with nature', such as this one, also strongly suggest that the benefits of contact with nature are not 'services' (Jennings et al., 2016) that the ecosystem provides to humans but rather come from the affective experience of 'being-in-nature' (experiencing one's self as part of the ecosystem) or caring for the environment.

The *Climate Change Adaptation and Vulnerable Groups* framework (SEHCP/Enliven framework) (R. Walker, 2010) has a strong focus on local relevance and engagement through a "storyline" (2010, p. 7) approach. It does not appear to address the issues of politics and hierarchy or the policy context, although it should be noted that enliven/SEHCP has produced a range of documents on climate change and health, and I chose this one to analyse only because it is the most like a general framework. Effectively this framework also defines equity mainly in terms of groups vulnerable to climate change. It does not directly acknowledge hierarchy, patriarchy, gender, racism and dispossession. While again adopting a broadly utilitarian attitude towards the environment or ecology, it asserts that:

> *Good choices in regard to climate change benefit individuals and societies without harming the environment* (2010, p. 3).

This suggests the possibility of caring for the environment for other than utilitarian reasons.

The ISEPICH framework (see chapter six) is strong on local relevance, and particularly strong on engaging and working with disadvantaged groups and recognising the significance of culture. It appears to be the local framework that most clearly positions disadvantaged or excluded groups as people who should have a voice, rather than as primarily 'vulnerable'. It includes practical measures to ensure the participation of such groups. The ISEPICH framework attempts to engage with policy and politics, including a strong focus on advocacy, but does not address the issue of organisational hierarchies. It names the 'powerful and wealthy' as groups that must take responsibility, but does not name capitalism or profit making. It has a strong positive recognition of the value of Indigenous knowledge and multicultural perspectives, but does not name imperialism, colonialism or dispossession. It has only a brief reference to gender, through referring to women who have experienced violence as a group who should be supported to participate. It does not acknowledge patriarchy. The ISEPICH framework does not define equity, but refers to extensive work that was previously done by ISEPICH in promoting equity. Although the ISEPICH framework does not explicitly address the question of privileging market-based work over other kinds of work, it strongly acknowledges the value of community participation and voluntary work, including measures to support this work, as well as community infrastructure.

As discussed, in several frameworks, women, low-income groups, culturally and linguistically diverse groups, and children, older people and people with chronic diseases, are positioned as 'vulnerable'. The only group not positioned as 'vulnerable' is adult white males. In chapter three of this thesis, I discussed how in early twentieth century Australia, adult white males were positioned as 'normative', as active people who were in a position to control nature and 'others', such as the groups now being described as 'vulnerable'. While the positioning of such groups as 'vulnerable' in the frameworks may implicitly acknowledge this patriarchal, 'white', imperialist legacy, it is not explicitly acknowledged. I suggest this results from an impetus in health promotion frameworks to be positive rather than critical. However, it appears that this can result in the frameworks failing to acknowledge that these groups are not just 'vulnerable'. Rather, they have voices and perspectives that should be heard and valued. This seems in some frameworks to be acknowledged in regard to Indigenous peoples, and it was also acknowledged in two projects in this study (see projects nos. 5 and 7, and discussion of those projects, in chapter six). However, it is not generally acknowledged in the frameworks in regard to other 'vulnerable' groups. The Ottawa Charter calls for men and women to be equally represented in health promotion activities, but does not mention governance of society.

Chris Cuomo (2011), writing from an ecofeminist perspective, argues that

> *care should be taken when claims about vulnerability are employed to get decision-makers to pay attention and do the right thing* (2011, p. 695)

Talking about vulnerability may draw attention to the "supposed weaknesses" of those are characterised as vulnerable, while obscuring who is responsible for their "precarious" position (Cuomo, 2011, p. 695). In addition:

> *Emphasizing vulnerability also tends to obfuscate the agency, knowledge and resilience of members of disempowered or marginalized groups.* (Cuomo, 2011, p. 695)

The ISEPICH framework does address the issue of participation by marginalised groups, particularly through naming Indigenous groups, multicultural groups and people who are on low incomes or 'disadvantaged' as people who should have their knowledge respected and have a voice in planning and policy, and through including measures to support this. It also explicitly names wealth and power, but it does not fully name the causes of disadvantage or exclusion. It does not identify women as a group who should have an equal voice.

Overall it seems the frameworks are restricted in 'speaking truth to power': they do not generally name patriarchy, imperialism and colonialism, nor do they generally name capitalism, the gendered nature of work and hierarchy, or the privileging of competition, trade and exchange over caring and subsistence work in households and communities.

Chris Cuomo argues that rather than focusing on vulnerability, or on individual and community action, environmental advocates should focus more strongly on political action (Cuomo, 2011). Similarly, several academics and practitioners in recent years have called for health promotion to engage more strongly with politics (T. Gould, Fleming, & Parker, 2012; Laverack, 2013; Mooney & Ataguba, 2009; Nathan, Rotem, & Ritchie, 2002; Raphael, 2006; Saan & Wise, 2011; Wise, 2008). It appears that a general limitation of the frameworks considered here is that they do not strongly engage with issues of power. The issues discussed here might not readily be incorporated in the main body of a framework, since frameworks are usually a positive set of principles or guidelines, but might, for example, be set out in a statement or preamble. In relation to equity, this might assist health promotion to achieve a clearer definition of what we mean by equity. Acknowledging how hierarchies of income, wealth and power have come about could help us address the questions of whether and how far we accept these hierarchies and what kind of society we are trying to achieve.

Commonalities in promoting equity, environmental sustainability and health

This section addresses the final research question:

7. Are there apparent commonalities in promoting equity and promoting environmental sustainability that make it feasible to promote both in an integrated approach?

In the presentations to participants in SGGPCP and Wimmera PCP, I tried to summarise some of the implications of this study in a statement that also addressed this research question. Research in stages one and two had mainly addressed the question of feasibility, to which the answer appears strongly positive, although this study does not provide evidence about effectiveness. There is, however, another aspect to this question, which is whether there are common causes for inequity and environmental degradation. This was touched on in stage one but not addressed in detail. In order to address the question more comprehensively in stage three, I developed a statement of principle for participants' feedback. The background reasoning behind this statement is set out below.

Participants in stage one had suggested there were common factors driving increasing inequality and environmental degradation, such as a discourse of individual 'entitlement'. For example, participants suggested people felt they were entitled to their wealth and were not obliged to share with others, or that they were entitled to drive their four wheel drive vehicles without worrying about environmental damage, because they had earned this right.

Further analysis, however, suggested that while Marxist theories and theories of culture and practice provide some explanation for our inequitable and unsustainable ways of life, to understand them fully we need to look further back in history to the development of patriarchal, hierarchical societies and to the discourse of scientific rationality which saw 'men of science' (in practice, mainly educated and ruling class white men) as able to 'improve' nature (Merchant, 1989). This analysis showed that the idea of men improving upon nature underpinned both Marxist theory and mainstream economic theory, both of which saw productive work as the process of improving upon nature in order to make goods that could be used, and particularly, traded and exchanged (and the systems of technological knowledge and finance that supported this). In both cases, the everyday work of caring for people and the natural environment was seen as subordinate (Mies, 1998). This legacy is still reflected in contemporary society, for example through the persistence of hierarchies, the gendering of work (as observed in this study), the privileging of money as a measure of value and the devaluing of voluntary and unpaid caring work in homes and communities (Waring, 2009).

This suggests that to create more equitable and sustainable societies, we need to understand ourselves not as superior to nature, but as part of nature, or ecosystem. It further suggests that we should seek to organise society and work in genuinely democratic and egalitarian ways, rather than through hierarchies, and that the everyday work of caring for people and the natural environment be seen as foundational, rather than subordinate. Within this, we could aim for real equality between men and women, and between people of different ages, ethnicities and diverse characteristics such as sexualities or abilities, rather than seeing the able-bodied employed worker or business owner as the central, 'productive', economic man (or even economic person). Moreover, such an approach could be informed by the knowledge of Indigenous people who lived sustainably in this country for thousands of years, and shared its resources. These ideas of humans as part of nature, of care that respects the diversity of both humans and the 'more-than-human world', and of work as more than commodity exchange, have been explored in depth by the ecofeminists discussed in chapter three of this thesis.

The 'socioecological' discourse of research participants in stage one, also evident to some degree in most frameworks analysed in this chapter, broadly reflects these values of caring and inclusion. However, there are still significant uncertainties. Inequity was sometimes defined, but it was not clear what genuine equity would entail: how equal we would want the world to be. Hierarchies were rarely questioned. The existence of 'vulnerable' groups, such as Indigenous peoples, women, people of colour, young and old people was recognised, but the systems of power behind this situation, such as patriarchy, imperialism and colonialism, were not explicitly identified or challenged.

The practice of participants in stage two provides models for what sustainable and equitable communities might be like, but it was not clear how much they could achieve in terms of equity and environmental sustainability. Both in this study, and in the relevant literature, it was evident that hierarchical organisations and political forces could over-ride the work that participants were doing. In working with disadvantaged groups, participants were addressing the "conditions of daily living" (CSDH, 2008, p. 2) in important ways, but because they were not fundamentally changing broader structures of power and inequity, overall the work might mainly be ameliorating inequalities, rather than creating social change towards more equitable societies. Similarly, in working with groups whose 'ecological footprint' was already relatively small, it was not clear that the work would have a great impact on reducing environmental degradation or mitigating climate change. I am not

suggesting that the work was unimportant, indeed, as suggested in earlier chapters, there appears to be potential for significant cumulative impacts and synergies. However, these qualifications meant there were significant questions about what local health promotion and community development could achieve in practice.

Looking at other theoretical approaches in health promotion, there are also significant questions. Both the 'Ecohealth' and the 'ecological public health' approaches include a focus on equity, particularly the latter, but their primary focus is on ecological determinants rather than the social determinants of inequity. Neither approach appears to address the issues of gender, work and hierarchy that have been identified in this project. This appears similar to the criticisms of deep ecology that have been made by ecofeminists, as outlined in chapter three. The 'environmental justice' (Lee, 2002) and 'climate justice' approaches include a focus on equity, particularly on the impact of environmental conditions and initiatives on disadvantaged groups. For example, a study by Rosan (2012) examined a New York city plan through this approach and found that the plan was a useful beginning in promoting environmental justice, although existing inequalities and power imbalances could seriously limit its potential impact. However, the environmental justice approach tends to frame health issues as being about protecting disadvantaged groups from unequal outcomes rather than also looking at the potential health benefits from environmental initiatives. Moreover, literature on environmental justice and health promotion in health and medical journals often does not appear to acknowledge gender or feminist analysis (S. Gould & Rudolph, 2015; Jennings et al., 2016; Masuda, Poland, & Baxter, 2010). This may be, as Harris (2017) has suggested in a discussion of ecowomanist approaches, because the long connection between women of colour and the environmental justice movement has been overlooked or neglected. Indeed, a strong theme that was evident in the review of literature on ecofeminism and health promotion, as discussed in chapter three, was how much of women's work, in environmental and social justice causes, and in public health movements, has been hidden from history.

Another important approach is "sustainable development" (UN, 2017). This was a key theme in the recent *Shanghai declaration on promoting health in the 2030 Agenda for Sustainable Development* (WHO, 2017) and in the Paris climate change agreement (UNFCC Conference of the Parties, 2015). The Shanghai declaration contains a strong statement linking population and ecosystem health, and problematising mainstream economic approaches:

> *People's health can no longer be separated from the health of the planet and economic growth alone does not guarantee improvement in a population's health* (WHO, 2017, p. 2).

Sustainable Development Goal 8, however, calls for continuing economic growth; while Goal 10 "Reduce inequality within and among countries" is a very general statement (UN, 2017). James Summers and Linda Smith (2014) argue there is little evidence that equity has been incorporated successfully in sustainable development approaches by governments. The authors of the Shanghai declaration commit to "counteract interests detrimental to health" and "remove barriers to empowerment—especially for women and girls" (WHO, 2017, p. 2). However, this general aspirational statement does not specify interests, or acknowledge patriarchy. Janet Parker (2001, pp. 231-2), in a detailed analysis of sustainable development, argued that we might do better to think about what makes for ecologically sustainable communities, societies and livelihoods, rather than thinking in terms of sustainable development. Robert Ballinger (1997) suggested that the sustainable

development approach might be seen as acceptable largely because it poses no real threat to existing, and unsustainable, patterns of exploitation.

Further complicating the situation was that during the study I became aware, through my involvement in environmental action, that there appear to be two broadly different approaches in the Australian environmental movement to the issue of "transition" (Elizabeth Shove, 2010, pp. 280-282) or "transformative change" (Alston & Whittenbury, 2013, p 11): that is, how we can make the transition to more environmentally sustainable societies. I discussed this on the project blog in September 2014, after attending and participating in a Climate Action Summit in Brisbane (Australian Climate Action Summit, 2014).

It appeared that broadly the two approaches were a 'technological' and a 'social' approach (Kay, 2014). The 'technological approach' seemed to assume Australian society could continue much as it is now, without major social change to our current (market-based) economy and (hierarchical, unequal) society, but with major, rapid investment in renewable energy and 'smart' technology. This approach seemed to be exemplified in the 'Beyond Zero Emissions' (BZE) reports which were discussed at the Climate Summit (BZE, 2017a). BZE describes its vision as:

> *… to transform Australia from a 19th century, fossil-fuel based, emissions-intensive economy, to a 21st-century renewable-energy powered, clean-tech economy* (BZE, 2017b).

The 'social approach', however, suggested a need for major social changes, which would also involve shifting to renewable energy, but in addition adopting far less resource-intensive ways of life, producing more resources locally, for example through sustainable local food growing, and sharing resources. This was exemplified by speakers such as Morag Gamble from Seed International (2017). Ecofeminist writers similarly suggest that we need major social change, often addressing similar issues but also linking them to broader causes and ethics of respectful care, including peace and non-violence towards humans and animals (Mies, 1998; K. Warren, 1996a). A critical approach to the use of technology is inherent in this approach: not discarding technology but making thoughtful use of "nature-friendly" technology (King, 1995, p. 15)

The approach of health promoters and community members in this project seemed to fit more with the social approach, but some prominent environmentalists have treated this approach dismissively. Again, it may be misleading to present these as opposing approaches, and many people no doubt subscribe in part to both, but I was aware of public debates in which the social approach seemed to be dismissed. For example, Professor John Quiggin (2014) wrote negatively about "simple … bottom-up" approaches, particularly community gardening, on his personal blog. Prof. Quiggin was a board member of the Climate Change Authority at that time, so his remarks seemed to carry some weight.

My analysis was based on observation and documents in the public sphere, such as reports by environmental groups or statements by advocates. As yet, there appears to be very limited attention to the issue of ecological transition (or social transition to ecological sustainability), in public health literature, although there have been some discussions in social science literature, including from a feminist science perspective (Israel & Sachs, 2013). In my reading of relevant public health literature, I have not yet found any that engages directly with these different approaches.

In summary, literature and observation suggest that in Australia there is some consensus in public health that inequity and environmental degradation, including climate change, both pose major risks to health. There is not yet a consensus on what equity means or how we can best promote it, including whether we should oppose hierarchical inequality or ameliorate it. There is theory and emerging evidence that addressing environmental issues can provide major health 'co-benefits'. In the environmental movement, there appear to be differing positions on how we can transition to more environmentally sustainable societies. These broadly seem to involve either a technological transition, which would possibly leave existing social and health inequities unaddressed, or a more fundamental social transition, which could potentially reduce social and health inequities, but is seen as unfeasible by some environmental authorities.

For the purposes of the consultation, I tried to summarise some of these issues in plain language. In the verbal presentation, I said there appeared to be a contention emerging from this project: that societies where people care for each other and share resources equitably would be more likely to use the earth's resources sustainably than those based on competition. I acknowledged it was difficult to produce empirical evidence for this position and that some policy makers might regard the equity and health goals as less urgent than the goal of keeping climate change within 2C or 1.5C, as agreed in the Paris climate change agreement (UNFCC Conference of the Parties, 2015). The final plain language statement I presented and discussed at SGGPCP and Wimmera PCP was:

> *We can <u>possibly</u> achieve ecologically sustainable societies with our current unequal structures, but we won't get rid of health inequities, and current health problems (for example related to sedentary lifestyles and unhealthy eating) are likely to continue or get worse*
>
> *Implications:*
>
> *1. More egalitarian and inclusive societies offer better chance for the future*
>
> *2. HP needs clearer definition of equity, what we are trying to achieve and how we will get there (social and political advocacy)*

The feedback sheet asked participants whether they tended to agree or disagree with these statements.

One participant in SGGPCP said in discussion that she liked the position in the first statement. All three participants from Wimmera PCP who provided written feedback said they tended to agree with it. Two Wimmera participants also said they agreed with the second statement. I did not receive any negative feedback on the statements.

While four people cannot represent all the research participants, nevertheless I think their views provide a basis for further discussion, which this thesis aims to stimulate. I will close this section with comments from one participant:

> *Yes I certainly agree with this* [the implications as presented], *both in terms of our local community and at the broader national/global level. As HP workers we really do need to work together and focus our efforts on supporting/facilitating community initiatives. We also need to recognise and celebrate the great projects/activities that are happening in our rural*

> *communities … Perhaps less optimistic at the national/global level – growing inequality worldwide, current political environment, increasing pressure on finite resources, globalisation of labour markets/workforce, preoccupation with measuring our national "wealth" in purely monetary terms etc.*

In conclusion, the participant mentioned she had found the summary project report "stimulating and thought-provoking" with "some really constructive suggestions for progressing our work", and said:

> *Many of the questions posed are really fundamental societal ones. Ultimately what future do we want for our world?*

This is an important question, to which I will return in the conclusions of this thesis.

Commonalities and the literature review

During the consultations, as discussed above, I acknowledged that it was difficult to provide evidence to say whether we were justified in trying to address equity and environmental sustainability together. I undertook, time permitting, to conduct a final literature review, to see if there was more evidence available that might help to address this question. As discussed in chapter two, I was able to do this in June 2017. In order to do this, I also clarified the definitions of equity and environmental sustainability.

Overall, the review appears to support key findings of this study. As discussed in previous chapters, evaluation findings and recommendations in the literature support approaches taken or advocated by participants in this project, including starting small, 'safe-to-fail', having the autonomy to respond to local needs, and holistic rather than 'siloed' approaches. The emphasis in the ISEPICH framework on supporting participation, and including diverse forms of knowledge, was supported in the literature. The work being done in the three PCPs, around issues such as food, sustainable housing and active transport, is supported both by recommendations and evaluation findings in the literature. The literature also reinforces many of the helpful and challenging factors: supportive policy and authorisation are important to success; politicisation of climate change and neoliberal approaches are challenges. Partnerships, and leadership, particularly at the implementation level, are important, as are vision and clear messages. Narrow views of health, top-down and reductionist medical approaches are challenges. Thus, although there appears to be limited evidence as yet from evaluation of the effectiveness of work on promoting equity, environmental sustainability and health, the findings of the literature review support the kind of work being done in this study, and the principles behind it.

The question remaining is what the literature says about causation: whether there are common social causes for inequity and environmental degradation. Seventeen of 28 articles in the review discussed social causation in some form (details are shown in Appendix one). Broadly, there were two forms of causation considered, the causes of environmental degradation and inequity, or the causes of health sector ineffectiveness in addressing environmental degradation and inequity. It was not always clear whether writers were talking about the causes of environmental degradation, or of inequity. In most cases, they appeared to be discussing common causes, although this sometimes reflected only that they were considering the greater impact of environmental degradation on disadvantaged groups.

As to whether there are common causes for inequity and environmental degradation, the literature appears somewhat tentative. As in the earlier debates about the Bangkok Charter, a key division seems to be between generic or 'liberal individual' descriptions of social causation, and more critical descriptions from a 'political economy' perspective. The 'liberal individual' descriptions tend to generalise about social causes without acknowledging distinctions of class, gender, race or other difference. The 'political economy' descriptions recognise that some people have more power and resources than others have, but do not generally analyse intersectional relationships with gender, race or other attributes. It should be noted that both liberal individual and political economy explanatory terms are sometimes used in the same article. It was sometimes acknowledged in the literature that factors such as industrialisation or "urban sprawl" in high income countries were contributing to impacts in low income countries (e.g. Rice & Hancock, 2016, p. 95), but there was little apparent analysis of factors such as imperialism and unfair trade relationships. There appears to be little analysis of factors such as patriarchy and imperialism, and little intersectional analysis of the relationship between them.

Descriptions of social causation that can fit with a liberal individual discourse include terms such as rising "living standard" in low income countries (Hanjra et al., 2012. p. 255), modernisation, globalisation and wanting "more" (Wahlqvist, 2016, p. 706), urbanisation, including urban sprawl (Hanjra et al., 2012, p. 255; Rice & Hancock, 2016, p. 95), industrialisation, particularly the use of fossil fuels (Hanjra et al., 2012, p. 255; Hosking et al., 2011, p. 494; McMichael & Butler, 2011, pp. 182-3; Wahlqvist, 2016, p. 706) and "globalized consumer culture" (Poland & Dooris, 2010, p. 281). One article mentioned speculatively the 'evolutionary psychology' view that human beings are biologically driven to acquisitive and competitive behaviour as a possible explanation (Hanlon & Carlisle, 2008, p. 357). Private car use, and urban planning designed around car use, was identified in two articles (Giles-Corti et al., 2016; Mees, 2000), although one of these (Mees, 2000) also included gendered analysis of car use and impacts.

From a more political economy perspective, some social causes identified are subsidization of commodity crops in the USA (Kaiser, 2013, pp. 509, 511), policies of the World Bank (Jobin, 2003, pp. 424-5) and capitalism (Hanlon & Carlisle, 2008, p. 356; McMichael & Butler, 2011, p. 182; Parsons, 2004, pp. S43-4). Another factor mentioned was a "reformist posture" that serves vested interests, with reference to some carbon reduction schemes that had a negative impact on people in low income countries (Poland et al., 2011, p. ii206). This is not about original causation so much as ineffective responses, similar to the themes on health sector ineffectiveness.

As in health promotion frameworks, low income groups in general and certain other groups in particular were seen as vulnerable, including women, children and elderly people (Mees, 2000, p. 198; Patrick et al., 2015, p. 38; Rice & Hancock, 2016, p. 96; Wahlqvist, 2016. p. 483), Indigenous people and people of colour (Hosking et al., 2011, p. 494; Patrick et al., 2015, p. 38). However, there was little analysis of power relationships. "Colonialisation" was mentioned once (Wahlqvist, 2016, p. 706), as were "[e]xclusionary social policies" in relation to the particular vulnerability of Indigenous children to climate change (Hosking et al., 2011, p. 494). The "domination of all men over nature, some men over other men and most men over women" was mentioned as an outcome of an "earlier agricultural revolution" (Hanlon & Carlisle, 2008, p. 356), but the relevance to contemporary issues was not fully explained. There was also a reference to "problematic social, family and community

and gender relations", but without further explication of the problematic relations or their causes (Rice & Hancock, 2016, p. 95).

The themes in the literature review about the failure or inadequacy of health services, health promotion or public health in responding to inequity and environmental sustainability have been considered in earlier analysis, but I will summarise them again briefly here. Key factors mentioned included: reductionist epidemiological approaches and quantitative measures that do not take account of social and economic factors (Banken, 1999; Demaio et al., 2012; Grace et al., 2012; M. Grant, 2015), biomedical, vertical, fragmented approaches (Demaio et al., 2012), and opposition to health promotion by "high status" illness-oriented medical professionals (Parsons, 2004, p. S43). An anthropocentric orientation and failure to understand ecological determinants were suggested as limiting health promotion's effectiveness in this area of work (Patrick et al., 2015).

Overall, the literature review suggests that while some health promoters are thinking in terms of common causes of inequity and environmental degradation, explanatory theories in this area are tentative. This study potentially contributes to greater clarity by paying close attention to taken for-granted-patterns of gender, work and hierarchy in health promotion itself. It shows that materialist ecofeminist theories about the intersection of patriarchal hierarchy, capitalism, imperialism and the exploitation of 'nature', women, Indigenous and subordinated peoples, are not just historical speculation, but are still manifested in contemporary society. Ecofeminist theories can help explain why caring for people and the environment, and sharing resources, is still seen as less important than competing, trading and using natural resources, even as we head towards an ecological crisis. Understanding this is potentially a key step towards addressing it.

Summary of findings on research questions six and seven

In relation to question six, the analysis of health promotion frameworks shows that they generally accord well with the positive principles expressed in this study, but do not clearly address the challenges that were encountered in practice. The Ottawa Charter has a strong commitment to a socio-ecological approach. This is also brought out in the *Health promotion and sustainability* framework, which clearly articulates the idea of people as part of the ecosystem. The IHP Kit articulates what inequity involves, and acknowledges 'real politik' more than most frameworks, naming hierarchy and commending flatter structures. The ISEPICH framework shows a particularly strong commitment to inclusiveness and participation, including specific measures to support this.

The SGGPCP framework, *Climate Change Adaptation: A Framework for Local Action,* and the *Climate Change Adaptation and Vulnerable Groups* framework are both strong on local relevance and on relating action on climate change clearly to the 'conditions of daily life'. The significance of *Climate Change Adaptation: A Framework for Local Action* is perhaps demonstrated by the fact that the SGGPCP has been able to maintain a consistent focus on climate change when so many PCPs have not, although that is no doubt also due to other local factors including the capacities and skills of local champions.

The Ottawa Charter remains a visionary document, but has a weakness, in its failure to acknowledge the position of Indigenous peoples and the harms done by imperialism, colonialism and racism. Later frameworks have begun to address this gap, through positive recognition of Indigenous and

multicultural perspectives and knowledge, including the ISEPICH framework and the *Health promotion and sustainability* framework.

Most frameworks acknowledge some of the realities of power and inequality, but they tend to do this by identifying vulnerable groups, with the risk that this locates 'the problem' in those groups. There is an apparent failure to engage with systems of power and privilege, including the legacy of patriarchy and imperialism, its intersection with capitalism, and the associated discourse of scientific rationality and 'economism'.

In relation to question seven, on commonalities, this study indicates empirically that equity, environmental sustainability and health can be addressed together. However, the value of this work is not necessarily recognised at policy making levels. The principles and practice of participants in this study, plus some evidence from the final consultation stage, support a value based proposition that a fairer and more inclusive society is likely to be more environmentally sustainable, as well as healthier. Analysis of relevant literature shows that it is not yet clear how health promotion research understands the 'causes of the causes', the historical and socioecological factors that cause inequity and environmental degradation, and how they are related. The literature review suggests health promoters have engaged with this question to some degree, but theory in this area is still tentative and ambiguous. This study suggests that ecofeminist approaches provide important insights.

Chapter 10. Personal reflections, limitations and conclusions

Personal reflections and limitations

As a qualitative researcher, it is important to reflect on my own position in relation to this research. As an educated middle class white woman, living in an urban area (though I grew up on a farm), I have a particular perspective and may be influenced by assumptions that are not shared by all participants. During the project I kept a reflective journal during stage one and maintained a project blog in stages two and three. One aim in both cases was to reflect on my own understandings and make them explicit (the major purpose of the blog was to provide information about the project). There is a summary of key issues and themes from the reflective journal and project blog in Appendix five.

Many of my reflections in the early stages concerned my capacity to do the research and whether I could do it justice. These concerns largely relate to the personal skills that are needed to do participatory research. These reflections are similar to some of the work that Joss and others (2010, 2014) have done on health promotion capacity. In general it is the area of engaging people and building or maintaining relationships that has been most challenging (similar issues are discussed in Kendall & Halliday, 2014). I suggest that in health promotion practice and research, this area may be under-theorised and more training and development may be helpful.

A major reflection focused on my decision to stop working at ISEPICH, which changed the project more than I anticipated. This seemed to be the result of very specific circumstances at the time, but on reflection is similar to challenges identified by participants in the project, particularly the challenges of managers who are not supportive of, or do not fully understand, health promotion. The ISEPICH decision to stop supporting the project also possibly reflected the more widespread shift away from involvement in environmental and climate change issues that was occurring amongst PCPs at the time. My decision to stop working at ISEPICH enabled the Executive Committee to make this decision, as otherwise, they would have been bound by the terms of the original contract to support the research project. Thinking back on my decision to leave, it reflects that I was in a financial position to do so, and that I had over-estimated the commitment of the Executive Committee members to supporting research and community participation in the research, and possibly the degree to which they understood the research project.

Had I continued to work at ISEPICH, this project would likely have continued as an action research project in one PCP. As such, it might have been more contained and stronger in some ways, but broadening the project also led to more comparative evidence and possibly more attention to the bigger socio-political issues that constrain local health promotion work. It also brought in the perspective of the regional PCPs, which has added considerable depth to the research. Overall, I think the gains outweigh the losses, but this case illustrates the challenges of doing research in partnership with organisations whose main purpose is not research.

I also think my leaving local work may have resulted in some divergence between what I was interested in and what participants, both community members and staff members, were interested in. Participants who continued to work in the local areas probably remained much more focused on local issues. Reading through my journal, two occasions which stand out were the funeral in 2012 of a local Aboriginal Elder who died in his fifties, and hearing a former sex worker speak about her

experiences of violence and being 'left for dead' in a gutter in Brunswick. This discussion took place following the disappearance of Jill Meagher in September 2012. Ms Meagher was a journalist living in Brunswick, who was subsequently found to have been raped and murdered.

Local health promotion workers may not have the same "terrible intimacy" (Janes, 2016) with such inequities as community members, but they are close to them through their work. My focus, however, after leaving local community work and moving into the university, shifted more towards 'big picture' issues. The history of colonialism, dispossession and patriarchy in Australia is relevant to the shortened life expectancy of Aboriginal people and to the violence experienced by sex workers and other women, but there is still a tension between researching 'big picture' issues and experiencing or responding to inequities in everyday life and work. I have tried to reconcile this through careful reflection on, and representation of, what participants said. Nevertheless, I think my loss of direct contact with participants and the local community probably contributed to a decline in participation, particularly from community members. Occasional contact through emails, letters, texts, phone calls and social media was not sufficient to replace the direct face-to-face contact that I had previously had with most community members in this project through my employment with ISEPICH.

In regard to the participation of community members, I particularly want to acknowledge the ongoing work in the inner southeast metropolitan area on community participation. This thesis has concentrated on projects addressing both equity and environmental sustainability, but, as discussed in chapter seven, participants were also engaged in many projects focusing on equity. The participation in this project by community members with lived experience of issues such as homelessness, mental illness, heroin addiction or street sex work was enabled by a long-standing body of work on projects such as 'Our Voices', the Social Justice Charter, the Homelessness Memorial and many more, as illustrated by the projects listed in Appendix four: Table 3.

Another issue highlighted in the journal is conflict between the conventional ethical requirements of public health research and the nature of participatory action research. I began this research with the intention of making all materials plain language and accessible. However, I found in practice that I was unable to do this and also meet the requirements of the institutional ethics process.

There is also the question of 'ownership' of research, and the problem of "excluded knowledge" (Openjuru, Jaitli, Tandon, & Hall, 2015). In theory, researchers and participants in community-based participatory action research are partners in creating knowledge, but the confidentiality requirements of ethics processes mean that ultimately the researcher appears as 'author' in publications. There is a need for ethical processes that enable participants to claim authorship with researchers, if they wish to do so, while still protecting the confidentiality of specific material. Another aspect of 'ownership' is that ethics processes require procedures to be submitted at the beginning of the research. This is important for research such as Randomised Controlled Trials, but for community-based participatory action research it is not appropriate because the research is supposed to be guided by participants and findings at each stage. Another way of approaching the ethics process could be if the focus at the beginning was on ensuring there was a solid basis of ethical values and principles underlying the research, and then a progressive process where applications could be made at each stage so the Ethics Committee could focus on ensuring the research was conforming to this ethical basis. This has happened to some degree in this study, but it

could be streamlined and clarified. The ethics process still seems oriented towards reductionist research that looks for evidence to address a single hypothesis, rather than being oriented towards complex, systems research aiming to create social change. However, particularly concerning issues such as climate change or inequality, research intended to create social change is important.

The project blog

The main purpose of the project blog was to provide information about the project, which would have been provided on the ISEPICH website under the original arrangements. I made almost 70 posts during the period May 2013 – June 2017. These included project updates and discussion of theory, posts about sustainable ways of life and natural environments, relevant articles and information, and analysis of public debate on environmental or equity issues. I also wrote advocacy posts on several issues, including climate change in the federal elections in 2013 and 2016 as a member of the Climate and Health Alliance, and reflections on feminism, Indigenous recognition and peace.

The blog was open to public comment, with a statement that comments could be used as part of the project data and that by commenting people were giving approval for this (Ethics Amendment application approved 8 March 2013). I moderated all comments. There was a lot of spam but no abusive comments to me, although two comments were removed because they were very critical and possibly defamatory comments about another blogger. Forty-two comments contained relevant content. Most comments were on political issues and feminism rather than on the project as such, but they addressed relevant issues about values and discourse. Most were supportive of the values of caring, localism and inclusion in the project and often provided further insight.

During the time I was running the blog I also became drawn into commenting on some other blogs, particularly some left wing or 'progressive' blogs run by academics in Australia and internationally, where I often tried to put a feminist perspective. My involvement began in 2013 when there were many derogatory comments about then Prime Minister Julia Gillard on some Australian blogs by both academic blog owners and some commenters. As someone who had worked with Julia Gillard for two years when I was a political researcher in the Victorian Parliament, I was concerned by some of these comments, which I felt were uninformed and probably sexist. This led to my ongoing participation on a number of blogs, which were largely run by male academics from the disciplinary areas of economics, politics and philosophy. Although this was not formally part of the project, I discussed these experiences on the project blog and have summarised some of the issues in Appendix five.

Comments on the project blog about feminism were respectful, but this was not always the case on the more 'mainstream' and widely read blogs. As this occurred outside the formal scope of the research, I consider it as observation. What the observation suggests is that mainstream discourse, at least in these disciplinary areas, still reflects in some ways the discourse of 'scientific rationality' that Merchant (1989) has shown to be influenced by patriarchal assumptions. While many of these academics would undoubtedly be supportive of the cause of promoting equity and environmental sustainability in this project, the discourse on their blogs sometimes appears incommensurable with feminist perspectives, particularly ecofeminism, and with health promotion. This is an important gap that merits further research and action, but my attempts to bridge the gap in online discussions were largely unsuccessful, mainly because my comments seemed to be frequently misinterpreted or trivialised by some commenters and sometimes by blog owners. My response to this often was to

become angry, which did not help the cause, but it is difficult to know how to deal with this situation. Overall my experiences accord with a large body of evidence that attempting to introduce feminist perspectives in academic and community settings is likely to meet negative responses, particularly from men, and also at times from women (Dodd, Giuliano, Boutell, & Moran, 2001; Frisby et al., 2009; Gardiner et al., 2016; Langan & Morton, 2009; Roy, Weibust, & Miller, 2009). Nevertheless, it is important to do so in this thesis, particularly because gender was clearly an important factor in the study.

Conclusions

The overall aim of the research was to strengthen the focus on equity and environmental sustainability in health promotion, particularly through contributing to the development of health promotion frameworks. The over-arching research questions for participants were:

- Can we integrate a focus on both equity and environmental sustainability into our work in health promotion?
- How can health promotion frameworks support this goal?

In relation to the first question, the findings show that health promoters at local community level are able to integrate a focus on both equity and environmental sustainability into their work in health promotion, although not yet in all areas of their work. Research participants in the three local areas had worked in 32 projects addressing both equity and environmental sustainability. The degree to which the projects addressed equity and environmental sustainability varied, and their effectiveness in doing so was outside the scope of this research, but certainly this can be done. In terms of factors that help this work, study findings and the literature review both suggest that health promoters should seek to understand their community, to work with community members as partners and to develop projects around issues that are relevant to community members. Moreover, health promotion addressing equity and environmental sustainability in this study was compatible with health promotion priorities such as healthy eating, physical activity and building more connected and inclusive communities, as the literature on 'co-benefits' suggests.

More 'downstream' issues could potentially be addressed within this approach, but this should not be at the expense of promoting equity and environmental sustainability. If members of a local community see downstream issues such as 'overweight and obesity', or drugs and alcohol as important, then local health promoters may be able to combine addressing those issues with addressing fundamental social and environmental determinants. A 'top-down' imposition of 'downstream' priorities, however, does not appear advisable. The imposition of problem-focused or illness-focused priorities has been identified as a problem for health promotion in this study and was confirmed in the literature review. There needs to be reliable and consistent funding for health promotion focusing on the fundamental priorities of a sustainable ecosystem and a fair and healthy society. In order to do this, consistent government support is important. This issue cannot be addressed at local community level alone, and requires advocacy from all areas of health promotion and public health.

Findings of this study, and the literature review, support the idea of starting with small local projects that are 'safe to fail', as well as being able to build on success. One reason for projects to start small is that they are complex, particularly because they are promoting not just human health but also the

health of ecosystems. It is necessary that complexity be recognised at all stages, including planning, implementation and evaluation. Some projects discussed in chapter seven, for example, could potentially support local communities to care for their local environments, improve access to nature and being-in-nature, shift to a diet higher in fresh fruit and vegetables, increase social connection and inclusion, develop skills in working collectively, and more. Improvement on any one indicator might be incremental, but the cumulative and synergistic impact of incremental improvements across such a broad range of outcomes could be considerable. More sustainable homes, community facilities and other buildings, reduced energy demand and energy costs, increased thermal housing comfort, reduced urban heat island effects, and many more outcomes that can be promoted at local community level, show the potential for large benefits from incremental gains. Increased physical activity and active transport, reduced motorised transport, reduced pollution and environmental degradation from motorised transport and infrastructure, and reduced transport costs, are another set of potential benefits. Place-based approaches offer the potential for all these goals to be integrated. Evaluation is outside the scope of this project but an implication of this is that evaluation, as well as program planning and implementation, needs to be able to deal with complexity, cumulative impacts and synergies.

A possible limitation of the local projects in this study is that they appear to be more focused on improving the "conditions of daily life", than on tackling "the inequitable distribution of power, money and resources" (CSDH, 2008, p. 2). Ironically, the effectiveness of local health promotion in promoting environmental sustainability and mitigating climate change may be limited partly because they are working with disadvantaged groups, who are not major emitters. Nevertheless, projects such as the ones in this study could have a major impact in raising community awareness and providing models of equitable, sustainable living and resilience.

I do not mean to suggest that local health promoters and community members cannot address 'the inequitable distribution of power, money and resources'. However, they are limited in how far they can address the broad societal causes of these inequities. Health promoters in stage one of the research appeared to be looking to form alliances with community members to advocate for change within their organisations and local communities, and this appears to be a potential form of action at local level. Nevertheless, as this study demonstrates, professional health promoters are constrained by their employment in hierarchical organisations, which are often influenced by neoliberal ideas. As in research in New Zealand (Lovell et al., 2014), health promoters may attempt to overcome these constraints by alliances with community members. This may be effective in addressing some local issues, but many determinants of inequity and environmental degradation lie outside the local areas.

As discussed in my reflections, it is a strength of local health promotion and community development that it can respond to the conditions of daily life, including its hardships and its pleasures. Local health promoters can also model the values and principles that underlie more equitable and sustainable societies. Local health promotion alone, however, cannot tackle the fundamental causes of inequity and environmental degradation, particularly because, within the mainstream discourse of 'economism', the discourse of health promotion is subordinated and marginalised. For local health promotion and the values of equity and environmental sustainability to be taken seriously, needs support and advocacy from health promoters, and the broader health sector, including universities, professional associations and peak bodies.

The question of discourse underlies issues of knowledge, power and governance. The study shows that broadly, there are two different discourses operating: a 'socioecological health promotion discourse' which is about people cooperating and caring for each other and the earth; and a 'mainstream economistic discourse' in which the ecosystem is understood as a resource 'for' humans, and which takes an economy based on competition, trade and exchange as a central function that caring exists to support. Within this mainstream discourse, hierarchy, inequality, and exploitation of the ecosystem are normalised. Drawing on ecofeminist theory and research, this study has shown that the origins of this discourse can be found in patriarchal, hierarchical societies that became established thousands of years ago, and also in the more recent enlightenment development of scientific rationality. This discourse positioned men, particularly educated or ruling class men, as superior to, and in control of, women, nature and subordinate peoples, and argued that the man who 'improved' upon nature had the right to individual ownership of land, resources and wealth.

As this thesis has further shown, Marx (and theorists following Marx) opposed the concentration of ownership and profit-taking by capitalists, but did not critique the privileging of 'man' over nature, and continued to privilege the production of goods by the adult worker in industry over the work of subsistence, procreation and caring, largely done by women in homes and local communities. Ecofeminist analysis, while maintaining a focus on equity and social justice, broadens it to encompass more than just the adult male worker, or even just the adult worker. Ecofeminism provides a more inclusive understanding, in which we are all, regardless of age, sex or bodily capacity, equal as members of communities and ecosystems, and in which caring for each other and the earth is understood as the foundation for our continued existence.

Implications for health promotion frameworks

Ultimately what future do we want for our world?

Research participant, Wimmera PCP, August 2016

The second overarching question of this study concerned the implications for health promotion frameworks. While the study looked at both local and broader frameworks, the implications are similar, and are considered together here. Addressing this question requires us to think, as the research participant above identifies, about the future we want for our world. It requires a recognition that environmental degradation and inequity do not just 'happen'. Inequity and environmental degradation are not inevitable but have causation and history.

The historical legacy that has led to our present situation is still present today in the form of hierarchies, and the privileging of market, trade, exchange and competition over subsistence, unpaid work and cooperation. It is also present in the unconscious privileging of humans over the ecosystem that is still widespread in health promotion. It is also present in the fact that men, particularly white heterosexual men, are still over-represented in governance, at the upper levels of hierarchies, and amongst the wealthy and powerful.

Clearly, the health promotion frameworks analysed in this study recognise that certain population groups are likely to be 'vulnerable', or disempowered, marginalised or disadvantaged. Groups

frequently identified are women, Indigenous people, people from culturally and linguistically diverse backgrounds or 'people of colour', children, older people, and people on low incomes. People with disabilities and chronic health conditions and people of diverse sexualities or gender identities were not as frequently identified, but potentially also fall within the vulnerable or disempowered groups. However, the frameworks do not appear to acknowledge the structural and systemic causes that have led to this situation, particularly the legacy of patriarchal hierarchy and colonialism. To avoid implying that disadvantaged or marginalised groups are 'the problem', health promotion frameworks need to acknowledge inequitable power structures and systems. Acknowledging causation and history may be uncomfortable, but it is important. This could be done, for example, in preambles to health promotion frameworks. The implication is that frameworks need to move beyond talking about 'vulnerable groups' and start to look at what is a fair distribution of 'power, wealth and resources' and how we can achieve it.

As discussed in this thesis, there has been relatively limited feminist analysis of health promotion frameworks and theory (as distinct from programs and interventions) to date. However, ecofeminist scholarship, as discussed in the review of literature on topics related to ecofeminism and health promotion, has identified a number of key principles that can inform framework and theory development. Drawing particularly on analysis by Chircop (2008) and Stephens (2012), these may be summarised as:

- Analyse the relationship between gender and ecosocial factors.
- Acknowledge common patterns of exploitation of women, caring and natural environments, and the links with other forms of exploitation such as class, racism and colonialism.
- Recognise the importance of history in understanding these patterns.
- Include diverse voices in research and practice.
- Respect diverse knowledge, including situated, experiential and embodied knowledge, as well as 'expert', abstracted knowledge.

Overall, this study raises some broad questions. It appears that health promotion frameworks and practice are very relevant to engaging people, including community members and organisational partners, and ensuring local relevance. This is particularly valuable for work on environmental sustainability and climate change, which may otherwise be seen as remote and top-down issues. On the other hand, it appears that both frameworks and local practice were limited in regard to addressing the fundamental causes of environmental degradation and inequality. In particular, it seems that there is a need for much more analysis of the historical development of unequal societies, why inequality and hierarchy are normalised in our society, the relationship of work, gender and patriarchy and the privileging of paid work in the 'market' over unpaid, caring and domestic work.

This study shows that the work of health promoters and community members promoting equity and environmental sustainability at local level has multiple potential benefits, but faces major political and discursive challenges. Health promotion frameworks fit well with the ethical basis of practice, such as the principles of caring, inclusion and localism, but do not appear to address the challenges. Supporting local work and addressing the challenges requires coordinated action and advocacy at local, state, national and global levels.

Within this project, it was not possible to trial the original ISEPICH framework, since the local community-based, participatory action research could not proceed as originally planned. In line with health promotion principles and ethics, the project of developing frameworks for promoting equity, environmental sustainability and health needs to be a collaborative effort, and I would not attempt to do this alone as researcher. However, I have tried to draw up a one-page summary showing how frameworks at local and broader levels might be developed, using the original ISEPICH principles as a starting point and taking key findings of the project as a guide to further development. This is shown below at Table 9. I hope that it might provide a useful starting point for further discussion and collaborative work in practice. Participants in the project also suggested that a resource to guide action would be useful; however, this is a major project that cannot be incorporated in this thesis. There are numerous ideas and references in this thesis that provide useful starting points, but this work needs further research and development.

Following Table 9 a number of specific measures for research, policy and advocacy are discussed. The thesis then concludes with some reflections on the possibility of social transformation.

Table 9. Ideas for developing a framework for action and advocacy – building on the original ISEPICH Framework

Original ISEPICH Principles:	Key findings from the research project:	Local level recommendations:	Broader level recommendations:
1. **Taking a community development approach** Work with people in settings where they live, love, work and play. Start small – 'street by street' – and build out. Advocate to government and powerbrokers. 2. **Respecting elders, seeking knowledge** Ensure that the wisdom of Aboriginal heritage and of diverse cultures is respected and given voice in programs. Build on evidence from research and practice – look for and use evidence from what others have done. 3. **Addressing causes** Create the conditions for health and wellbeing by addressing the determinants: social and economic factors that affect health, equity and environmental sustainability. Health and community services can help people to cope with the impact of inequity or environmental change, but focus should not only be on responding after harm has happened. 4. **Making equity and sustainability everybody's business** Include and engage disadvantaged and minority groups. Ensure that wealthy and powerful groups take responsibility 5. **Focusing efforts where they will have most effect** Early life. Outcomes for disadvantaged groups 6. **Ensuring good communication** Have targeted messages, be clear about what we are saying. Ensure the voice of disadvantaged groups is heard. Appeal to both emotion and reason (seek a balance) 7. **Planning for clear outcomes** Identify what we are trying to achieve and develop measures to assess this (indicators, targets, benchmarks). Measure and evaluate these regularly	Localism important but some factors can't be addressed only at local level, e.g. political change, hierarchical work organisations. *These can seriously limit the work*. There is a need for support, complementary work and advocacy across state, national and international levels. ISEPICH was able to involve people from disadvantaged groups, using established processes to provide practical support. These may take time to develop, but are important and valuable. Possible to promote equity, environmental sustainability and health together, potential multiple benefits. However, inequity and environmental degradation have been normalised in our society, particularly through history of patriarchal capitalism, and discourse of competition, use value and money. Ecofeminist and Indigenous perspectives present alternative ethic of respectful care and recognition that we are part of the ecosystem. Lack of clarity about equity in practice and in frameworks. Should we ameliorate current inequalities or create an equal society? Logic suggests equality but this challenges conventional thinking. Need to 'define the problem' and seek solutions, but also ask 'what future do we want?' Sustainable and equitable local food, housing, active transport projects are well-established. Local renewable energy and 'greening' could be supported. Work is complex, may achieve many small changes rather than linear goals. Clear messages and local goals (that can be measured by local people) important. Needs support from policy makers and academics. Local projects need to be 'safe-to-fail' in order to learn.	Frameworks may be developed by health promoters in established networks, or by others, activists, community members. In any case, need local networks, and ideally links with broader networks, and to find out what others are doing. Ensure voice for women, Indigenous peoples, diverse & low income groups and others that have been excluded or disadvantaged. This includes acknowledging Elders and custodians of land. Also need to deal with current realities of power to ensure project survival, but without sacrificing values. Defining problem: inequity and ecological degradation worldwide, and locally. How has this happened? Explore ecofeminist and Indigenous perspectives. Expert knowledge and local experiential knowledge/ stories both important. Seeking solutions: what are our goals? What do we mean by equity, environmental sustainability and health? What kind of future do we want? How to achieve it? This may be difficult, need good facilitation and take a long time. Challenge the 'normal'. Suggestions for action: continue and integrate work on sustainable and equitable local food, housing, & active transport; look at renewable energy and 'greening'; develop clear messages and local goals. Work with policy makers and academics to ensure work is supported and evaluated using appropriate methods.	'Improve conditions of daily living' & 'tackle inequitable distribution of power, money and resources' (CSDH) are relevant. Local health promotion is key in addressing conditions of daily living but needs support at all levels. People at broader levels likely to reflect existing hierarchies and power inequities, thus critical self-reflection needed. Support people from marginalised groups, local levels. Seek equitable forms of governance eg cooperatives, collectives. Can interact, build and summarise local work. Dynamics of inequality and environmental degradation often similar. Situation in other countries will differ from Australia, but links need to be made across states, nations, regions & globally. Ottawa Charter inspiring in principle but does not acknowledge systemic inequity (eg Indigenous dispossession, patriarchy, capitalism). Attempts to update Charter have not addressed this. Liberatory theories can inform health promotion. Academic and policy directions to support local health promotion, recognise complexity, promote equitable and sustainable social change, rather than primarily focusing on, and funding, reductionist approaches.

Possible measures for research, policy and advocacy

A first measure could be to support and disseminate information about the work being done at local level. Another step is further research to determine the best ways to evaluate the benefits and synergies of this work, and to strengthen practice, using complex systems theory and ecofeminist theory.

Historical and socio-political research, to further analyse and challenge the discursive legacy of patriarchal, hierarchical, imperialist societies, and inform health promotion and public health, is important. A praxis-based approach to elucidate and strengthen existing health promotion discourses based on the ethics of care and inclusion is a potentially useful approach. Ensuring that historically subordinated groups are included in research and theory development as active holders of knowledge, rather than primarily as 'vulnerable' groups, is equally important.

Some advocates, including some feminists, suggest that to overcome structures of privilege we need to get more women into traditionally male-dominated areas of work, and more women and under-represented groups into positions of power in hierarchies. The first, if it is a matter of breaking down barriers, may be positive, but it is important to bear in mind that work done by men may be valued because it is done by men, rather than because it is more valuable. In opening the possibility for women to work in traditionally male-dominated areas, health promoters should be careful not to do this in a way that suggests these areas are more important or valuable than areas of work traditionally done by women.

Getting more women and under-represented groups into positions of power in hierarchies is limited as a goal in itself, although it may lead to some positive change. I suggest health promoters should be questioning the need for hierarchy, if we are genuinely committed to equity. Health promotion and public health could work towards a clearer position on equity, including whether or not we agree with hierarchies of income, wealth and power. This could include, but not be confined to, issues around private ownership, capitalism and 'neoliberalism', because hierarchies and inequalities predate, and are broader than, capitalism. It could include further research and advocacy around democratic governance and work structures based on cooperation, or collectives, rather than hierarchies.

A further recommendation is to develop national measures of value based on ecosystem health and wellbeing (including human health and wellbeing), which recognise the value of caring, and do not use money as the key measure. Health promoters and public health workers could advocate for these as key measures of social and ecological wellbeing, rather than Gross Domestic Product (GDP) and monetary measures, which only measure the amount of trade and exchange in society. There is considerable work being done in this area (Waring, 2009, 2012; Wilson & Tyedmers, 2013). There is also work being done on the Sustainable Development Goals, although, as discussed, there are still unresolved issues about 'economism' in the Sustainable Development Goals. This work could be accompanied by examination of economic assumptions about 'growth' which are likely incompatible with sustainable societies (Wilson & Tyedmers, 2013), at least in their crude forms.

To summarise some of the issues arising from this study, I turn again to the question asked by Tobias (2017, p. 1173), about whether hierarchy is inevitable in modern societies. I ask whether we as health promoters accept that hierarchy is inevitable, as Tobias implies? Or can we critically examine the everyday hierarchies we see in our workplaces and other organisations? Can we accept that their

historical origins are linked to patriarchy, or do we prefer to avoid talking about this because it might offend men? Do we believe, as Weber (1991, p. 165) apparently did, that competition between men for power and control over women, other species and the natural environment is inevitable, and the best we can do is structure our societies to contain or ameliorate it? Or does the 'future we want for our world' involve cooperative structures and genuine equality between men and women, between people of diverse ages, sexualities and embodiment, and of diverse cultural and ethnic backgrounds? Are we prepared to learn from Indigenous societies, who shared resources and cared for country for over sixty thousand years? Or do we believe that modern knowledge and technology is by definition superior, and should not be critically examined? Are we prepared to question the mainstream economic privileging of the market sphere of production, trade and exchange for money? Can we acknowledge that the everyday work of caring for each other and the environment is not a subordinate sphere, but the basis on which our continued existence rests?

In asking these questions, I am not unthinkingly rejecting modernity or the technological advances that traditionally male-dominated hierarchies of knowledge and power have brought us. However, from a public health viewpoint, it is important to recognise that we have gone far beyond the point where industry and technology can be simply seen as making life better. For example, industrial farming and production of processed food (Kaiser, 2013), and the use of motorised transport (Giles-Corti et al., 2016; Mees, 2000), are contributing to ill-health in people as well as ecosystems. We need a critical perspective. Contemporary economist discourse positions technology, at least 'smart' or 'clean' technology (BZE, 2017b), technical 'efficiency' and 'productivity' (Productivity Comission, 2015) as unquestioned goods. However, for the health of people and ecosystems, supposedly inefficient, labour intensive, low productivity, 'no-tech' approaches, such as walking instead of driving a car, are often better. Indigenous peoples lived on this country for over 60,000 thousand years, using simple technologies, but drawing on extensive, detailed knowledge, embedded in culture. Certainly, there was a much smaller population, but there is much that can be learned. For example, knowing which plants Indigenous people used for food can assist with more sustainable food systems, using plants that are suited to the ecological conditions and do not require large amounts of water and fertilisers (Massy, 2017).

The socioecological health promotion discourse of participants in this study offers a capacity for transformative social change. There is a long history in Australia, and elsewhere, of local community action, and localised progressive ideas and concepts, sometimes leading to larger scale change. Programs such as the Maternal and Child Health Service (Bundrock, 1995), Neighbourhood Houses (Golding, Kimberley, Foley, & Brown, 2008), and Meals on Wheels (Oppenheimer, Warburton, & Carey, 2015), provide examples. The latter was a starting point for much of the development of in-home support for older people. Such programs arose from local action, much of it by women.

The community health movement originally emphasised the importance of localism and community participation (DeVoe, 2003). The Fabian political movement, which was and continues to be influential in Australian Labor politics as well as the British Labour Party, saw the potential for progressive action at local municipal level in the late 19th and early 20th century (Radice, 1984). Success at this level contributed to the later development of the welfare state and the development of universal health care systems (McKernan, 2013). Similarly, there is a history of collectives and cooperatives from the 18th century, including those associated with moderate socialism in the 19th century (Manton, 2003), and the New Left in the 20th century (Thurtle, 2010, pp. 32-7).

There have been successes and setbacks. Some early achievements have been undermined by later political influences. The nexus of patriarchy and capitalism had a damaging impact on the Maternal and Child Health Service in the mid-20th century, as discussed in chapter three. Neoliberal and economistic approaches are continuing to cause concern in aged care and disability services, as discussed in chapter nine. Fabianism has been associated with both progressive achievements and corporate, top-down approaches in Labor politics (Beilharz, 1983). The history of collectives and cooperatives is often fraught (Thurtle, 2010, pp. 37-9). This is illustrated by one organisation represented in this study, which was run on collective lines, until the Board decided to adopt a more hierarchical structure.

Suggesting that we should revisit some of these ideas and processes, and that local action can contribute to change of global significance, may appear to be idealistic. This is especially so when suggesting we can use such ideas, process and actions to promote environmental sustainability, as well as to reduce social inequity. However, this history of successes and setbacks is not a story of misguided idealism, but the story of a continuing search for egalitarianism and the development of communities based on an ethic of care. Public health advocates can learn from this history, as we address the significant challenges of our time. Whatever the challenges, a society where people care for each other and their environment, and share resources, will surely be more sustainable than one based on hierarchy and competition.

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Appendix 1. Review of literature - details

Review of literature on health promotion addressing equity and environmental sustainability

The aim of the literature review was to identify articles, in peer reviewed academic literature, that were concerned with health promotion addressing both equity and environmental sustainability, as defined in this thesis.

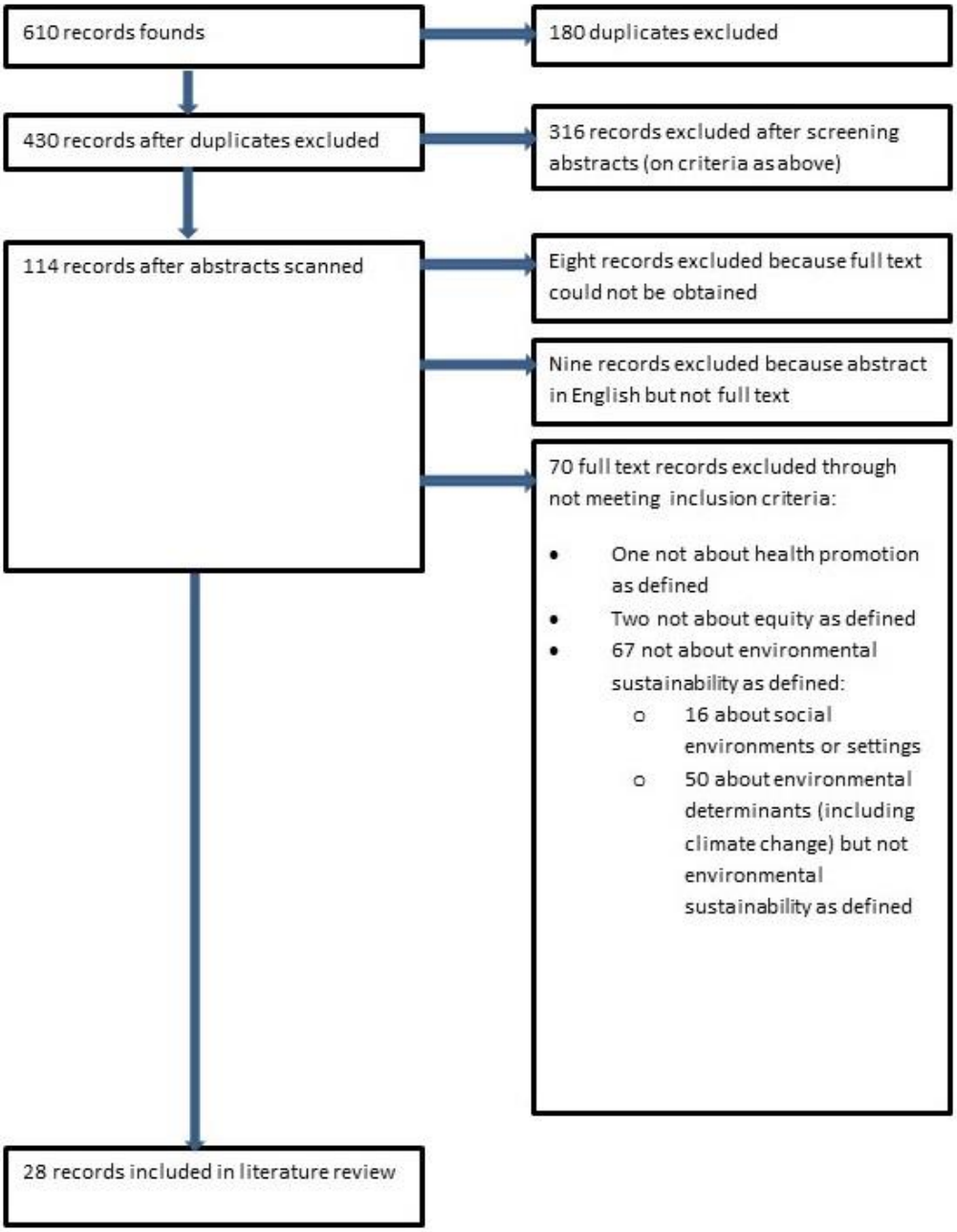
I conducted the review in June 2017. I searched for articles in English in peer-reviewed journals using the following databases: CINAHL Plus, Ovid MEDLINE, and Current Contents Connect (results refined to Health Sciences Services and Public Environmental Occupational Health research areas only). I used topic, subject or keyword searches for: 'Health promotion or prevention' and ('equit* or 'social inclus*') and (environment* or 'climat* change'). The alternative terms prevention as well as health promotion and 'social inclus*' (for social inclusion, social inclusivity, or similar) were included because they are widely used alternative terms, including in Victoria where this research was set. For example during the course of this research, the Department of Health in Victoria had changed from using the term 'health promotion' to using the term 'prevention' to describe funded activities in many of the agencies I was working with. Thus, while I continued using the term 'health promotion' throughout the research, participants may have switched to the term 'prevention'. Similarly, while the key focus of this research project was on social and health equity, many researchers and others working in health promotion used the term 'social inclusion' to cover similar areas of work, including in Victoria during the time of this research. I should note that as well as using the term 'environment*' or 'climat* change' (allowing for the term climatic as well as climate), I had also previously tried using the terms 'environment* sust*' (for environmental sustainability or variations thereof) and 'ecol*' (for ecological, ecology or variations) but found both restricted the results too much and eliminated relevant articles.

The searches identified 430 records (after duplicates were excluded). I screened articles to see whether they met the inclusion criteria (concerned with health promotion addressing both equity and environmental sustainability, using the definitions at the beginning of this thesis). The results of the screening are shown in the flow chart below (Fig. 1). The majority of articles excluded after scanning of full text were excluded because they did not meet the definition of environmental sustainability used in this thesis. Articles that met this criteria did so because:

- They considered both human health and ecosystem health outcomes, or
- They discussed human health outcomes that resulted from strategies primarily directed towards environmental sustainability/climate change mitigation, or
- The interventions involved partnerships between the health sector and the environmental sector.

See Figure 1 below for flow chart.

Appendix one: Figure 1. Flow chart literature review



Appendix one: Table 1. Literature review health promotion addressing equity and environmental sustainability, summary of findings

Social causes of environmental degradation and inequity – themes and details	Findings from practice research and evaluation – themes and details	Recommendations – themes and details
Social causes – liberal individual descriptors: - "globalized consumer culture" (Poland & Dooris, 2010, p. 281) - rising living standard (Hanjra et al., 2012) - modernisation, globalisation and wanting "more" of environment, others and ourselves (Wahlqvist, 2016, p. 706) - industrialisation, particularly in association with fossil fuel use (Hosking et al., 2011; McMichael & Butler, 2011; Wahlqvist, 2016) - population growth in low income countries (Hanjra et al., 2012) - urban sprawl (in industrialised countries) (Rice & Hancock, 2016) - private car use as a cause of both environmental degradation and some forms of inequity (Giles-Corti et al., 2016; Mees, 2000) - possibly acquisitive human nature (Hanlon & Carlisle, 2008) **Social causes – political economy terms:** - subsidization of commodity crops (Kaiser, 2013) - World Bank (Jobin, 2003) - capitalism (Hanlon & Carlisle, 2008; McMichael & Butler, 2011; Parsons, 2004) - "reformist posture" that serves vested interests, with reference to some early	**Achievements, impacts, etc:** - Progress in some areas, particularly inter-sectoral collaboration (Donchin et al., 2006) and systemic change (M. Grant, 2015) - Synergies such as sustainable transport strategies leading to increased physical activity and social connection (Green et al., 2015) - An environmental strategy in England designed to increase cycling produced health benefits and also reduced inequalities between higher and lower socioeconomic quintiles to some degree (although not entirely) (Goodman et al., 2013). - Strategy to provide free bus travel for young people found no clear equity impacts, but appeared to reduce car travel, did not have a negative impact on older people's bus travel (Edwards et al., 2013) - Overview of reviews of sustainable development programs identified several promising areas around which public health sector could form partnerships, including sustainable agriculture, including local, urban and small scale organic agriculture (which also contributes to a reduction in exposure to toxic chemicals), sustainable energy, and reduction in household energy consumption (Galvao et al., 2016). - 2009 evaluation of 2003 Swedish public health policy intended to " 'create societal conditions for good health on equal terms for the whole population' '; policy involved partnerships between public health and a wide range of other sectors, including the environmental sector, one outcome was "marked interest among the directors-general in synergy effects, for example:	**Positive recommendations:** - Settings- or place-based approaches, starting "where people are" (Poland & Dooris, 2010, p. 289; Rice & Hancock, 2016). - Building on spirituality and connection to place in Aboriginal communities, working with communities as partners, not target groups (Demaio et al., 2012). - Holistic approaches, community development, solidarity and building resilience (Poland & Dooris, 2010; Poland et al., 2011). - Starting small, learning from small projects and from what works (M. Grant, 2015). - Recognition of different forms of evidence and knowledge, including knowledge and participation of women and Indigenous peoples (Banken, 1999; Hanlon & Carlisle, 2008; Poland & Dooris, 2010). - Participatory and ecological, or ecohealth, approaches (Grace et al., 2012; Patrick et al., 2015). - Value based approaches (Parsons, 2004), seeking to change societal values towards more equitable, ecological values (Poland & Dooris, 2010), learning from ecofeminism and ecosocialism (Poland et al., 2011).

Social causes of environmental degradation and inequity – themes and details	Findings from practice research and evaluation – themes and details	Recommendations – themes and details
carbon reduction schemes that had a negative impact on people in low income countries (Poland et al., 2011, p. ii205) - "Exclusionary social policies" re particular vulnerability of Indigenous children to climate change. (Hosking et al., 2011) **Social causes – critical terms relating to colonialism, imperialism, or patriarchy:** - "Mercantilism and colonialisation" (Wahlqvist, 2016, p. 706) - "domination of all men over nature, some men over other men and most men over women … [and] … [e]nlightenment thinking" (Hanlon & Carlisle, 2008, p. 356) - "problematic social, family and community and gender relations" (Rice & Hancock, 2016, p. 95) **Terminology of 'vulnerable groups'**: - Gender/being a woman (Hanlon & Carlisle, 2008; Mees, 2000; Patrick et al., 2015; Rice & Hancock, 2016; Wahlqvist, 2016) - Age and socioeconomic status (Patrick et al., 2015) - Race/ethnicity or Indigenous status (Hosking et al., 2011; Patrick et al., 2015) **Failure or inadequacy of health services/health promotion/public health:** - Reductionist epidemiological approaches and quantitative measures	environmental interventions that also had a positive effect on health" (Lundgren, 2009, p. 492. p. 496) **Success factors, process evaluations, etc:** - Political commitment and support key success factor, capacity building of coordinators, active involvement and time committed by coordinators contributed to success (Donchin et al., 2006) - long term vision, clear messages, working with partners and leadership, "small and well-designed pilot projects" as a basis for further work and expansion, sometimes leading to successful "clusters" of projects (M. Grant, 2015, p. i66) **Cautions, limitations, challenges:** - One evaluation of Healthy Cities suggested difficulty assessing evidence as there is impetus to report progress (Green et al., 2015). - Scores on environmental dimensions lower than others in Israel Healthy cities (Donchin et al., 2006) - Re Healthy Cities - larger political and social forces, particularly following global financial crisis and policies of austerity, expected to lead to increasing inequities (Green et al., 2015). - Evaluation of complex programs is difficult, looking for simple epidemiological outcomes may be counter-productive, 'action learning' is promising, difficult to evaluate economic benefits (M. Grant, 2015) - Transition Towns may not be achieving as much in terms of environmental sustainability as other approaches such as ecovillages (Poland et al., 2011), may not be attractive to low income groups (Richardson et al., 2012), community building takes time, and Transition Town approach relies on individual behaviour change, which is difficult (Richardson et al., 2012).	- Systems approaches including ecological systems approaches (Patrick et al., 2015). - More sociopolitical analysis (Poland & Dooris, 2010), more critical social science analysis and more intersectoral, interdisciplinary approaches (Giles-Corti et al., 2016; Kaiser, 2013). - Health Impact Assessments potentially useful in promoting environmental sustainability but may need modification (Richardson et al., 2012). - Addressing determinants of "both health inequities and climate change" (S. Gould & Rudolph, 2015, p. 15661). - Health promoters to engage in political action and advocacy (Hanlon & Carlisle, 2008) and policy development (Rice & Hancock, 2016). - Educating girls and women, addressing poverty, illiteracy, illness and food security together with climate change mitigation, sustainable agriculture (Kaiser, 2013) and primary health care (Wahlqvist, 2009, 2016). - Ensuring co-benefits of environmental strategies identified (M. Grant, 2015; Hanlon & Carlisle, 2008; Hosking et al., 2011). - Measures to improve urban environments: more public transport, more active transport, partnerships with health planners (Giles-Corti et al., 2016; Mees, 2000).

Social causes of environmental degradation and inequity – themes and details	Findings from practice research and evaluation – themes and details	Recommendations – themes and details
that do not take account of social and economic factors (Banken, 1999; Grace et al., 2012; M. Grant, 2015) - Biomedical, vertical, fragmented approaches (Demaio et al., 2012) - Opposition to health promotion by "high status" illness-oriented medical professionals (Parsons, 2004, p. S43) - Anthropocentric orientation, failure to understand ecological determinants limited health promotion's effectiveness (Patrick et al., 2015)	- Case study of work of environmental health advisory panel to oil project in Chad found panel may have contributed to some reduction in deaths from malaria and in incidence of minor STDs and accidents, but recommendations regarding AIDs were not implemented; may have been some beneficial impact for wildlife; overall, however, oil project led to gross inequality, major disruption and minimal financial benefit for local people (Jobin, 2003). - Overview of reviews of sustainable development programs found taxes and subsidies, including those designed to reduce carbon emissions, can have an inequitable impact, public sector needs to advocate to ensure they do not (Galvao et al., 2016). - Public health workers addressing climate change and partnering with environmental sector in California identified barriers from politicisation, compartmentalisation, lack time and resources, lack capacity or self-efficacy, and lack authorisation or authority (S. Gould & Rudolph, 2015). - Re 2009 evaluation of 2003 Swedish public health policy – some achievements, but new, more right-wing government recently elected, and policy was being redirected to focus more on health services and behaviour (Lundgren, 2009)	- Food systems and sustainable agriculture as key areas for practice, interconnectivity of issues such as food, transport, water and energy security stressed (Galvao et al., 2016; Patrick et al., 2015; Wahlqvist, 2016) **Cautions, risks, challenges:** - Risks of "economism", or the tendency to "believe that economic considerations and values are the most important" (Hanlon & Carlisle, 2008, p. 357). - Health promoters may need training in environmental issues (Donchin et al., 2006). - Circumstances of poor countries need to be taken into account when devising interventions or guidelines, to ensure they are realistic and can be implemented (Hanjra et al., 2012)

Review of literature on ecofeminism and health promotion

I conducted this review in July 2017. I searched the following databases: Ovid MEDLINE, Proquest, PsychInfo, Cinahl Plus, Informit, PubMed, Current contents connect.

For: ecofeminis* AND 'health promotion' or prevention, in subject or keyword for articles in peer reviewed journals only.

Results:

- Ovid MEDLINE – 0
- PsychInfo - 0
- Cinahl Plus – 0 on original search, 76 using 'smartText' searching – 42 in academic journals only, 2000-2017 (I duplicate, 4 not available, 1 full text not in English – 34 not about ecofeminism) – 2 included
- ProQuest – 9 (peer reviewed only – 1) – 1 included
- Informit – 0
- PubMed (eco-feminis* or ecofeminis* only) – 16 (4 not available, 7 not about health promotion) – 5 included
- Current contents connect – 1 (duplicate, excluded) - 0

Overall

- ecofeminis*: 6 about ecofeminism/ecofeminist theory or approach in keywords/subject/title, 1 gender, 1 women in keyword/subject, but both look at relationship ecology/ecosystem and gender;
- 'health promotion' or prevention: 0 about health promotion, 1 midwifery, 2 nursing, 1 community health/community development (nutrition), 1 HIV prevention, 1 cancer prevention, 2 environmental health (1 of these also physical activity, 1 urban health.

Included: 8 articles

Chircop, A. (2008). "An ecofeminist conceptual framework to explore gendered environmental health inequities in urban settings and to inform healthy public policy." Nursing inquiry **15**(2): 135-47.

Kleffel, D. (1991). "An ecofeminist analysis of nursing knowledge." Nursing Forum **26**(4): 5-18.

MacBride-Stewart, S., Y. Gong and J. Antell. (2016). "Exploring the interconnections between gender, health and nature." Public Health **141**: 279-286.

McGuire, S. (1998). "Global migration and health: ecofeminist perspectives." Advances in nursing science **21**(2): 1-16.

Mojola, S. A. (2011). "Fishing in dangerous waters: Ecology, gender and economy in HIV risk." Social Science & Medicine **72**(2): 149-156.

Nall, J. A. (2012). "High-fidelity birth simulators in American culture: an ecofeminist analysis." Journal of American Culture (Malden) **35**(1): 52-64.

Potts, L. (2004). “Mapping citizen expertise about environmental risk of breast cancer.” Critical Social Policy **24**(4): 550-574.

Stephens, Anne. (2012). “Feminist Systems Theory: Learning by Praxis.” Systemic Practice and Action Research **(Feb 2012):** 1-14.

As discussed in chapter three, I also subsequently conducted several searches of ‘All items’ in the Monash Library using selected terms, enviro*’, ‘intersection*’, ‘ecol*’ and ‘feminis*’, in combination:

‘Health Promotion’ and ‘intersection*’ and ‘enviro*’, all in Subject: 3 items, 2 not about feminism or ecofeminism, 1 about ‘postcolonial feminism’ but not about ecological factors.

‘Health Promotion’ and ‘intersection’ and ‘ecol’, all in Subject: 0 results.

‘Health Promotion’ and ‘feminis*’ and ‘enviro*’; 6 items, 1 previously found, 1 previously discussed in text (Scruby, 1999), four about social environments only.

‘Health Promotion’ and ‘feminis*’ and ‘ecol*’: 1 item. While arguably not about ecological issues, it appears relevant and is discussed in chapter three.

Sweemey, Leigh-Anne. (2017). “A case for a health promotion framework: the psychosocial experiences of female, migrant sex workers in Ireland” International Journal of Migration, Health and Social Care **13**(4): 419-431

Review of literature on ecofeminism and health

Search Monash Library All resources 'Health' and 'Ecofeminis' both in subject 9 March 2017, 31 items identified, two excluded because discussed in previous review (Chircop and Stephens, above). See Table 2 below for details

Appendix one: Table 2. Summary of literature from search on ecofeminism and health

Details	Location, apparent major disciplinary area/s	Brief summary and notes	Topics and themes
Mckinney, Laura ; Austin, Kelly 'Ecological Losses are Harming Women: A Structural Analysis of Female HIV Prevalence and Life Expectancy in Less Developed Countries' *Social Problems*, Nov 2015, Vol.62(4), p.529 [Peer Reviewed Journal]	The authors are located in US universities. The data comes from a wide range of low income countries Health, HIV	'We find that ecological losses [in combination with gender inequities, already identified in literature] reduce women's longevity via increased HIV rates, hunger, and diminished health resources. Conclusions point to the importance of ecological conditions and the efficacy of incorporating ecofeminist frameworks to explain global health and gender inequalities." (Abstract, unable to obtain full copy)	Not further analysed, unable to obtain full copy
Harris, Melanie L. 'Reshaping the ear: honorable listening and study of ecowomanist and ecofeminist scholarship for feminist discourse. (Roundtable: Climate Change Is a Feminist Issue)' *Journal of Feminist Studies in Religion*, 2017, Vol.33(2), p.158(5) [Peer Reviewed Journal	USA. Seminary/Christian college. Religious and gender studies	A short essay, largely concerned with experiences of African American women in US although appears to draw on some broader traditions (eg African) as well as US literature, which "utlilizes an ecowomanist approach to tackle the issue of climate change and its impact on women. Ecowomanism is an approach that centers the voices, theoretical, religious, and ecospiritual activism of women of African descent and other women of color … links a social justice agenda with earth justice recognizing the similar logic of domination at work in parallel oppressions suffered by women of color and the earth." (From Abstract) Discusses recent article by Zoloth – suggests it is ignoring or not citing long history of ecowomanist and ecofeminist writers, often working in literary tradition. Alice Walker one of key ecowomanist voices, who been active in environmental justice and also draw on long traditions within US and in countries of historical origin eg Africa. ""Zoloth's article prompted me to wonder if feminists are still reading feminist work. Or has feminist scholarship silenced itself?" P 161	Patterns of domination. Different forms of ecofeminism; connection ecowomanism, environmental justice movement, religion/spirituality - African American women. Overlooked or hidden from history (including from feminists apparently)

Hosey, Sara 'Canaries and Coalmines: Toxic Discourse in The Incredible Shrinking Woman and Safe' *Feminist Formations* July 2011, Vol.23(2), pp.77-97 [Peer Reviewed Journal]	USA. Ecocriticism – cultural/film.	The female protagonists in these films represent something that is wrong, or potentially wrong, with their environments, especially chemical contamination by household products and other sources. However they are not actively protesting as Gibbs (Love Canal) or Carson did, rather they are trapped into trying ineffectually to speak while simultaneously being drawn into ineffective responses. Includes discussion of how negative reaction to Carson was influenced by perceptions of her a woman and as unscientific – 'emotional', 'hysterical' and 'high pitched' (quoting media of the times) p 78.	Patterns of domination. .Contamination of environment, impacts on health, women trapped in household/consumer role
Laird, Susan 'Learning to Live in the Anthropocene: Our Children and Ourselves' *Studies in Philosophy and Education*, May 2017, Vol.36(3), pp.265-282 [Peer Reviewed Journal]	USA Education	Looks at the exclusion of "care practices" (citing Warren) in education, and need for "1. preserving children's lives from environmental and social harms, 2. fostering children's growth in ways that sustain both environmental and human health, and 3. educating children to develop nature-loving life-practices." P 274	Patterns of domination. Care, ethic of care, caring for people and environment/ nature/ ecosystem, children and future. Transformation. Exclusion or marginalization of care
Gaard, Greta 'Reproductive technology, or reproductive justice? An ecofeminist, environmental justice perspective on the rhetoric of choice. (Essay)' *Ethics & the Environment,* Fall, 2010, Vol.15(2), p.103(27) [Peer Reviewed Journal]	USA Ethics, bioethics	Suggests issue of fertility, including apparently declining fertility, has been personalised and depoliticised by rhetoric around new reproductive technologies. This obscures that infertility may be related to environmental contamination. The rhetoric blames women for delaying childbirth and ignores plight of animals whose fertility is regulated and commodified. Discussion focuses on areas of women's health, in this case reproductive techniques, however puts it in a broader context of considering environmental determinants of women's health, also offers potential example of how 'choice' prevents us from seeing or addressing social determinants in a broader sense. "This updated motherhood movement affirms Katsi Cook's insight that the mother's body is the first environment, an insight that links the concerns of feminism, environmental justice, environmental health, and interspecies justice." P 124	'Reproductive justice', ethics, personalisation and denial of potential effects of environmental contamination. Consumerism, commodification of life. Care including care for animals/non-human
Nancy C Unger 'Women and Gender: Useful categories of analysis in environmental history' in Isenberg, Andrew C. *The Oxford Handbook of Environmental History*	USA Environmental history	Early history: American Indians' sustainable resource strategies – role of women, women controlled population. Europeans changed landscape, partly due to patriarchal beliefs, also for commodities, overseas markets. Women active in conservation in 19th and early 20th C – womanly, conservation as care. Men tended to push women out of leadership eg Sierra Club. Post-WWII women in peace, anti-nuclear movements but also involved in use of household chemicals, consumerism. Ecofeminism depicted as occurring from '60s and rooted in female environmental movement. Environmental justice movement has feminist aspects	Patterns of domination. Indigenous sustainability and particular role of women. Patriarchy, commodification. Women involved in environmental movements, but overlooked, or subordinated by men. Women concerned about environmental contamination, anti-war, but also trapped in domestic role, consumerism, household

			chemicals. Links between ecofeminism and women in environmental justice movements.
Pierce, Jessica ; Nelson, Hilde ; Warren, Karen 'Feminist Slants on Nature and Health' *Journal of Medical Humanities*, 2002, Vol.23(1), pp.61-72 [Peer Reviewed Journal]	USA (Professors) Bioethics	Email discussion between ecofeminist scholar, Karen Warren, and feminist bioethicist, Hilde Nelson, moderated by Jessica Pierce. Discussion on bioethics – philosophical, but addressing health topics eg "1. emphasis on the participation of all people in dialogue, not just the "experts" and scientists; 2. special attention to subjects that emerge from the experiences of women who bear particular burdens (e.g., in bioethics, African American women with AIDS; in ecofeminism, women who must gather food and fuel in degraded environments, who must feed their children poisoned food); 3. a strongly contextual approach to ethics; 4. an interest in how practices contribute to or emanate from power relationships in society (and among societies); 5. a wariness toward traditional atomistic conceptions of self; a refocusing on relational conceptions of self" p 62. Environmental causes of cancer identified as potential area for fruitful collaboration.	Bioethics – participation, different forms of knowledge, embodied experiences of women (AIDS, caring for children in contaminated environments); conceptions of self/kinds of knowledge. Environmental causes of cancer.
Baker, Britani 'Exploitation of Land and Labor in Appalachia: The Manipulation of Men in Ann Pancake's Strange as this Weather Has Been' Dissertation, Univ Mississippi, 2017	USA Ecocriticism	Distinguishes between "natural ecofeminism" and "material ecofeminism", drawing on Gaard. Suggests that the novel effectively represents a double exploitation of men as mine-workers, by ignoring their exploitation by capitalism and by a "natural ecofeminist representation of [the men as mine-workers] that places them in opposition to the environment"	Patterns of domination. Different forms of ecofeminism. Problem of seeing 'men' as cause of environmental problems without recognising oppression of working class men.
Rynbrandt, Linda ; Deegan, Mary 'The Ecofeminist Pragmatism of Caroline Bartlett Crane, 1896-1935' *The American Sociologist*, October 2002, Vol.33(3), pp.58-68 [Peer Reviewed Journal]	USA Environmental history	Discusses Crane, early sociologist, in historical context of "social movements [of the Progressive era, late 19th and early 20th C, which overlapped with] sociology [e.g in] the emergence of the public health movement, the city beautiful movement, municipal sanitation, and the playground movement." P 59. "Women, as a group, often questioned the prevailing masculine capitalistic celebration of unlimited growth, limitless natural resources, and unregulated commerce in the Progressive Era " p 60. Although women have been active in environmental movement, public image tends to be dominated by men. Although ecofeminism seen as arising in 1970s, it has long historical antecedents. Crane portrayed as one of many women who was active and respected but have been largely forgotten	Patterns of domination. Long involvement of women in environmental movements, links with health and caring. Feminist resistance to patriarchal (or masculinist) exploitation and commodification. Hidden from history.
Kim, Yun 'Christian ethics of eating: Food and self from a Korean ecofeminist perspective'	USA university, Korea	Through developing Christian ecological ethics of eating "goal of this project is to build up an ecological self understanding, which is matched by a new social practice that overcomes the isolated self contributes significantly to today's ever growing environmental problems and organizes human life in relation to one another and to	Religion and spirituality. Food system. Relatedness, caring. Food and agriculture.

Dissertation, Princeton Theological Seminary, 2011	Theological/ religious studies	nature, and to strategize an everyday life action that is applied to the problems of global bio-food commerce today." P 4	
Wellman, Sara 'Post-Pastoral Possibilities: Nature and the Literary Imaginary in Early Modern France' Dissertation, University of Minnesota, 2011	USA university, French pastoral texts Ecocriticism	Early modern representations of "bucolic life" may be seen as "working models capable of transforming culture", (abstract) and can inform the field of ecocriticism. : "Can pastoral literature, and in particular early modern pastoral, do any of the work for us as we struggle to articulate our twentyfirst century relationship with nature, or is it simply a pleasant illusion that fractures upon contact with the 'real' world?" p 1 17th C retreat to nature after horrors of religious wars, but may also reinforce existing power (eg dedications to rulers etc), golden age myths. Wellman suggests that these pastorals complicate the relationship of women/nature with men/culture as subordinate. Also questions whether Merchant idealised the pre-Enlightenment position of women and overstated the difference made by reason and science – refers to eg Plumwood analysis Plato. The pastoral explores human relations with nature. Discussing Rousseau, she suggests he attempted to use the pastoral to establish the natural status of patriarchy, but even in Rousseau, nature and women have an ambiguous, unfixed status, and there are "complex relationships between gender, social class and nature." P 204	Patterns of domination. Transformation, potential for understanding/ transforming our relationships with nature/ecosystem Complex relationships of modernity/reason, nature, women
Cian, Holly 'The exploitation of women and nature in Appalachia: An analysis of labor rights and environmental issues as presented by three Appalachian women writers' Dissertation, Western Carolina University, 2016	USA Ecocriticism	Examines three literary texts that "show how marginalized populations such as women, immigrants, and the poor are disproportionately affected by decisions that are made about the environments in which they live—decisions often made by outsiders. As texts written by three Appalachian women, the works studied here offer perspectives on feminism and environmentalism that too often go unnoticed in both American literature and American history" [from abstract]. Large region stretching across 13 states "conversations about environmental advocacy in Appalachia have often failed to include intricate examinations of industry efforts to increase profits at the expense of Appalachian communities." P 1 Marginalisation of region and women, women have been writing about environmental issues but were ignored p 4. Parallel between Appalachian women and Indian telecommunications employees, encouraged to lose accent etc. "link between social and environmental oppression" p 7 the idea of Appalachians as poor uneducated and backward was used to justify the exploitation of their country by external industry and owners, even where it did not appear to bring benefits or there were also significant losses p 77	Patterns of domination. Power, ecological impacts on women and subordinate groups Hidden from history/marginalisation.
Hurley, Karen 'Daring to envision ecologically sound and socially just futures: An interdisciplinary exploration of contemporary film' Dissertation, West	USA Ecocriticism	Analysis of images of the future in contemporary Hollywood films: "the dominant contemporary images of the future are bleak ones of ecological wastelands rife with violence and despair " p 2 "Some of the films could be considered cautionary tales, but nevertheless, the filmic view of the future is often limited to a Western hightech, white, heterosexual, patriarchal, militaristic, dark blandness " p 3 Also relates this to author's personal experience in community action and policy: "where ecologically sound and community-minded visions were expected to defer to the hegemonic 'reality' dominated by corporate power and purely short-term economic decisions" p 6. While	Negative visions of future. "Western hightech, white, heterosexual, patriarchal, militaristic, dark blandness" – which is opposite of ecofeminist, community aspirations;

Carolina University, 2010		some films intended as cautionary dystopias, the overall result was no positive visions of ecologically sustainable futures in natural settings. Thesis points to need to understand why this is so and whether positive visions can be developed.	
Battista, Christine 'Ecologies of exception: Gender, race and the paradox of sovereignty in American literature and culture' Dissertation, Graduate School of Binghamton University, State University of New York, 2010	USA Ecocriticism	Analyses American literature and culture, particularly writings of: Thomas Jefferson and James Fenimore Cooper; Sojourner Truth, Harriet Jacobs and Harriet E. Wilson, (conceptualised as 'African American Ecofeminists'); Nathaniel Hawthorne and Willa Cather. Enlightenment imagery of nature/land as feminised, penetrated and brought into order by male explorers – 'virgin land'. Jefferson wanted to define American identity as separate and superior to European and make order of vast landscape - ideal of yeoman farmer/ patriarchal relationship with land and subordinates. Exclusion of indigenous peoples from this ideal is interesting because they clearly were farming (their use of the land could never have been sufficient to meet Jefferson's justificatory criteria). Writings of black female slaves show how they were treated like the land/natural environment, their bodies were (used) like the earth/ecosystem, or like animals (domesticated), and denied claim to their children.	Patterns of domination. Historical nexus of patriarchy, capitalism, rationality, commodification Indigenous perspectives African American Women and embodiment Indigenous alternatives
Mellor, Mary 'Varieties of Ecofeminism' *Capitalism, Nature, Socialism* December 1994, Vol.5, pp.117-1 [Peer Reviewed Journal]	UK Review of several ecofeminist books.	Reviews: Rosi Braidotti, Ewa Charkiewicz, Sabine Hausler, and Saskia Wieringa: *Women, the Environment and Sustainable Development;* Maria Mies and Vandana Shiva: *Ecofeminism;* Val Plumwood: *Feminism and the Mastery of Nature;* Joni Seager: *Earth Follies: Feminism, Politics and the Environment;* Vandana Shiva, ed.: *Close to Home: Women Reconnect Ecology, Health and Development Worldwide.* Concludes all offer significant insights but there is not sufficient class analysis and it is either unclear how resistance is going to arise or too much burden put on already oppressed women to resist. Suggests Seager offers best analysis in this regard: "analysis of the key Western institutions that have the greatest bearing on the state of our environment — militaries, corporations, and governments. She also describes the intrusion of Western capitalist patriarchy into the green movements and green issues. She has, for example, a very perceptive analysis of green consumerism. She argues for a two-pronged approach: grassroots struggles and political analysis and critique (preferably both at the same time, a sentiment with which Mies and Shiva would concur)" P 125. Seager also highlights how grass-roots activism in environmental movements often by women but leadership taken over by men as they grew bigger and more influential: "a cautionary tale of the way in which environmental movements in the West can reproduce the very patriarchal forms that they seek to oppose." P 124	Patterns of domination. Ecofeminist insights, but questions on how to organise, create political change. Relationship with class issues. Women's grass roots movements taken over by men/ hidden from history
Cain, Maria 'Environmentalism: From concern to action' Thesis, Carlton University Ottawa, 1996	Canada Canadian studies, social research	Looks at 26 women's decisions regarding household behaviour and environment. An early discussion of such issues. Distinguishes between a conservation and preservation approach in Canada - conservation concerned with keeping resources for human use, preservation concerned with, e.g., protecting wilderness. Identifies that the "[s]cience of ecology" is concerned with relationships p 14	Relatedness Women, households, consumers

Courtenay Hall, Pamela 'Ecoholism and its critics: A critical exploration of holism in environmental ethics and the science of ecology' Dissertation, University Toronto, 1995	Canada Philosophy, science studies	Analyses work of philosophers who attempted to use science of ecology as basis for more holistic (vs individualistic) ethical approach to environment. "Most proponents of an ecoholistic approach seek to combine in some way the moral recognition of ecosystems with the moral recognition of individuals" p 3-4. Author explores some of confusions within ecological science around notions of communities and systems. Notes that ecosystems are not necessarily stable, resilience may be more useful term p 283. "Complexity too is a complex concept" p 286. Question of right and wrong becomes complex eg idea that it is morally right that we (humans) take what we 'need' from ecosystems , but not just what we 'want'. P 289 In spite of challenges, suggests " it is no small achievement" to get idea of "duties to nature" rather than just "duties to humans" recognised P 290. Idea that ecologists have been less concerned with humans not entirely unfounded although such concerns may cloak interests of powerful in exploiting natural resources. Problems of ethnocentricity (and class) eg tiger reserves disadvantaging poor peasant communities, for benefit of rich tourists p 295. Informed Ecoholism would have considered the peasants as part of the ecosystem. Limitations of approaches such as endangered species or habitat protection, could lead to shifting the population or recreating the habitat. Ecofeminism critiques the role of the authority, the judge, the we, in philosophical ethical decision making	Whole vs parts/individuals Future/transformation (society we want) Resilience Multiple perspectives, diversity
Mcdermott, Christa 'Understanding the psychology of unsustainability: Linking materialism, authoritarianism, attitudes toward gender and the environment, and behavior' Dissertation, University of Michigan, 2007	University in USA, study set in Buenos Aires, Argentina, and USA Psychology	From abstract "A model is proposed in which right wing authoritarianism partially mediates the relationship between materialistic values and support for traditional gender roles, lack of support for ecocentric attitudes, and lack of engagement in pro-environmental behaviors." Tested with two samples, one from general population in Buenos Aires, Argentina, one from alumnae of the Radcliffe Class of 1964. (More info needed) "In this project, I explore the idea that materialistic values (placing high value on the attainment of material goods and pursuit of success and happiness through material acquisition) are related to authoritarianism (attitudes indicative of a general preference for rigid social norms and a hierarchical structure of society, dominated by established authority), socially normative beliefs about gender and the environment, and lack of involvement in environmentally sustainable behaviors." Pp 1-2 In Buenos Aires sample, found support for hypotheses that materialist values and authoritarianism associated with supporting traditional gender attitudes and lack of support for environmentalism. Also provides empirical support for ecofeminist thesis that these are related: "people who strongly supported traditional gender attitudes were lower in ecocentric attitudes [valuing nature/environment for non-instrumental reasons] than those who did not" p 75 Little relationship btw ecocentric values and behaviour in Buenos Aires sample, but this may reflect social context (limited knowledge or ability to act). Relationship between authoritarianism and material values existed for men but not women, and for people with some university education but not those without. In Radcliffe sample (women), those with material values less likely to have ecocentric	Empirical support for ecofeminist theory; support for hierarchy associated with belief in traditional gender roles and relative lack of ecocentric values, association between two latter support for feminism and ecocentric values. There is also an association between hierarchical values in higher status groups.

		values, but no relationship w feminist values and no assoc btw material values and authoritarianism. Authoritarianism assoc w support traditional gender attitudes and lack of ecocentric values. Sig positive assoc btw feminist and ecocentric values and also between both and environmental behaviour. Also assoc between materialism, authoritarianism in higher income Radcliffe sample but not lower income.	
Thompson, Robert 'What shade of green are you? Health communication from an ecofeminist worldview' Dissertation, University of Kentucky, 2000	USA Communication science	"Ecofeminism claims that there is a relationship between ecology and gender. Can the ideal claims of ecofeminism be supported by the concrete real data of empirical communication science? This research found very limited differences in regards to gender, sextype, or socioeconomic status. This gives very limited support to ecofeminism's claims." (from abstract). Author says ecofeminism claims "women are the primary healers of the human race and men's control is not only of women, but extends to all of our natural and social environment. Control of our social environment leads to women and low SES people disproportionately bearing various health and environmental risk factors " p 4, that is, a very limited concept of ecofeminism, suggesting that the findings may also be limited. Also suggests that pro-environmental attitudes have become more widespread as "New Environmental Paradigm" replaces "Dominant Social Paradigm" (citing Dunlap et al), which may be partly related to "primarily working class, multicultural female-led grassroots ecological movement". Attitudinal research did not confirm links between ecology, gender, 'sextype'	Environmental justice links with women, women of colour; Limited understandings of feminism (feminine principle, biological reasoning)
Brault, Robert 'Writing wilderness: Conserving, preserving, and inhabiting the land in nineteenth-century American literature' Dissertation, University of Minnesota, 2000	USA ecocriticism	Study of treatment of 'wilderness' in six 19th C primary texts. Various ways of understanding wilderness: to be transformed for human use, to be saved for humanity's sake, or alternatively, understanding that humans can live with ecosystems without destroying them (eg Indigenous understandings). Ecofeminist approach could contribute to deeper understanding of non-harmful ways that humans can interact with "non-human nature".	Patterns of domination. Anthropocentric, use value/commodification, Relatedness, non-human nature. Indigenous approaches
Mallory, Chaone ' "Subject to the laws of nature": Ecofeminism, representation, and political subjectivity' Dissertation, Univ Oregon, 2006 comprises four articles, including: 'Ecofeminism and Forest Defense in Cascadia: Gender, Theory, and Radical	USA Interdisciplinary engagement - environmental philosophy, feminism, political theory, and law.	Thesis "considers ways ecofeminist theory can aid in transforming legal and political practices that marginalize subordinated groups" and contribute to ending the subordination of the "more-than-human world" (from abstract). Thesis is part of a larger project arguing that "creatures in nature are capable of political agency and self-representation" p 34. Suggests it is generally supposed that environmentalists don't address social justice while "those who are concerned with issues of social justice are, we suppose, unconcerned with the environment" p78. However both environmental justice and ecofeminism show "ability to help end the twinned phenomena of social discrimination and marginalization and the degradation of the natural environment." P 80	Patterns of domination. Non-human (or more than human) as having agency (should be respected); Links between social justice and ecological movements

Activism' *Capitalism, Nature, Socialism* 2006, 17.1			
Neuwirth, Marianne 'Mother nature: Companion, refuge, or resource? A study of girls' and boys' stories about nature' Dissertation, University of San Jose, 1996	USA Psychology	Thesis "investigates girls' and boys' stories about the natural world of the present and of the future … [interviewed thirteen children] … results revealed noticeable gender differences in the stories about the present natural world … girls generally described their characters as connected and sharing a reciprocal relationship with nature … boys generally described their characters as feeling afraid or anxious in nature, or demonstrating persistent self-sufficiency in the face of nature as an adversary." (from abstract) While author acknowledges that parents shape the way children develop, she nevertheless seems to essentialise masculinity and femininity to some degree, eg suggests patriarchy represents "masculine perspectives" p 31. Relates patriarchy to logical positivism. The children's apparent pessimism about the future is concerning	Children; Relationship with nature; Future/transformation; Limited understandings of ecofeminism
Parker, Janet 'For all our relations: Ecofeminist and indigenous challenges to sustainable development' Dissertation, Union Theological Seminary, 2001	USA. Theology/religious studies	"both Christian ethicists and sustainable development advocates suffer from a serious blind spot. Neither has adequately attended to the marginalized voices of the people most impacted by the complex crises of culture and nature confronting our world. … focuses on two of these constituencies: indigenous peoples and women…. [focusing on] land rights, preservation of endangered cultures, and biodiversity conservation, … argues that a provisional consensus has emerged among ecofeminists and indigenous peoples which challenges fundamental presuppositions embedded in sustainable development discourse. …. double transformation is required if humanity is to live sustainably and equitably within the broader earth community. First, our globalizing capitalist culture with its religious adherence to the gospel of "free trade" and "property rights" must learn to respect and protect non-Western and indigenous cultures, which value people over profits, the well-being of all over the flourishing of the few, and harmony with the earth rather than dominion over it. Second, the thesis calls for the transformation of Christianity into a genuine "earth faith." Finally, the dissertation calls for a theo-ethical shift which includes the recovery of the sense of the sacred in the natural world, the recognition of the agency and moral standing of non-human creatures, and respect for diversity as a key moral norm. " (from abstract) Earth summit in Brazil saw devt of sustainable development concept. WTO being pressured but is "regressive" p 7 critics "argue that "sustainable development" introduces only superficial reforms and is incapable of effecting the kinds of changes necessary to achieve truly sustainable societies" p 11 "dissertation follows the approach of Noel Sturgeon, however, in arguing that whether or not the positions taken by women activists in relation to sustainable development are explicitly named as ecofeminist, the assumptions and arguments employed resonate with and often borrow from ecofeminist theory". Indigenous voices not formally heard at UN because it is statist.	Patterns of domination. Different meanings of ecofeminism; Calls for centring of women and Indigenous voices; Hidden from history

		Suggests although there are tensions, a practical alliance can be formed – should be centred rather than marginalised. Relationship with land important for both women and Indig people. Women's role in agric largely ignored even though were bulk of farmers. Women participate in UN as members civil society, Indigenous people as nations (excluded), 'Sustainable communities/societies/livelihoods" proposed as better than sustainable development pp 231-2. "The fundamental question at the heart of our search for a viable paradigm of sustainable development is this: what constitutes the good life?" p 248. Some principles/consensus points: diversity rather than homogenisation; "Carve out and protect spaces for subsistence economies" p 253. Right of Indigenous peoples to self-determination. Ban patenting of life forms and GMOs p 268 "Integrate cultural and spiritual values into the discourse and practice of sustainable development." P 269	
Ho, Wan-Li 'Negotiating ecofeminism: Religious women and environmental protection in contemporary Taiwan' Dissertation, Temple University, Penn. 2001	USA university Korean study Theology/religious studies	"Throughout the second half of the twentieth century the problems of global environmental degradation and social injustice have challenged the peoples of the world" p 1. Focus is to "approach the problem from the perspective of ecofeminism involving three different areas: Religion, Feminism, and Ecology" p 1. "While feminism is regarded as 'the movement to end women's oppression', transformative feminism is simply its expansion, recognizing that in fact all systems of oppression are interconnected" p 4. Discusses Arne Naess and the theory of shallow and deep ecology. Distinguishes deep ecology and environmental ethics. Not much has been written about Asian ecofeminism. In the 1990s NGOs including religious Christian and Buddhist groups in Taiwan became interested in environment. Many leaders of religious groups were women. One non-religious group was Homemakers Union. Housewives have been very active. The "high respect" earned by leading women in this movement is "unusual in Chinese culture" p 26. Argues the dichotomy of nature/culture is Western Enlightenment notion, not universal. "Korean feminist theologian Chung Hyun Kyung states that African and Asian indigenous spiritualities cooperate with ecofeminist spirituality, offering a fresh new meaning of nature, God, and humanity. Those spiritualities which integrate the 'web of life' (land, creatures, and resources) and the 'web of relationships' (social, global and planetary) should be grounded in everyday personal and political life" p 44. Should not be considered as "superstitions" but as "capturing a cosmic interwovenness" p 44. Much work on women and environment in "third world" is study in victimolology p 45.	Religion, spirituality; Transformative; interconnection of oppressions; Asian religions/ alternatives; Inter-relatedness/ interwovenness Patterns of domination.
Kheel, Marti 'An ecofeminist critique of holist nature ethics: Attending to non-human animals'	USA Theology/religious studies Philosophy	"Commonly referred to in contemporary philosophy as ecocentrism, holist nature ethics postulates that larger abstract constructs, such as 'species,' the 'ecosystem' the 'biotic community' or the 'land' should be accorded the highest value in ethical conduct toward nature" (from abstract). Examines the thought of "four representatives of holist philosophy—Theodore Roosevelt, Aldo Leopold, Holmes Rolston III, and Warwick Fox"	Ecocentrism as ecoholism – putting the whole before the individual; anthropocentrism; Animals as individual beings with feelings; Care/respect

Dissertation, Graduate Theological Union Berkeley Calif, 2000		(from abstract). Suggests that all privilege the 'community' (or species) over individual beings. Argues Leopold made a significant contribution to ecological consciousness but did not ever give up attachment to sport hunting and utilitarian view of nature/ wilderness for sport hunting. Suggests while ecofeminism is not a unified philosophy "most ecofeminists are united in trying to understand the oppression of women and nature within a larger social and historical context" p 206. Ecofeminist approach begins with perception that animals are "individual beings with feelings" p 237. Draws on Gilligan's concept of care, suggests refinements such as "attention" and "respect" p 230. Applying care to non-human animals may sometimes mean we should just leave them alone.	Patterns of domination.
Jun, Hyun-Shik 'Tonghak ecofeminist reinterpretation of sin, evil and spirituality in relation to the ecological crisis' Dissertation, Field of Joint Garrett/Northwestern Program in Religious and Theological Studies, Illinois, 2001	USA university Studies in Korea Theology/religious studies	"This thesis attempts to develop a Tonghak Ecofeminist theology and ethic of ecojustice as an alternative contribution to dealing with the ecological crisis." (From abstract) "Both deep ecology and ecofeminism have in common that they see the root cause of environmental degradation in the destructive patterns of culture and consciousness….. However, they differ in identifying the destructive patterns of the dominant worldview. Deep ecology sees destructiveness in the anthropocentric worldview, whereas ecofeminism finds it in the androcentric worldview of patriarchal culture" P 11-12. "Ecofeminism, however, which has a Western, Christian and feminist orientation, needs to be recontexualized in my social and cultural location, which is Korean, male and Christian. I will thus seek to articulate a recontexualized ecofeminism from my own experience with Tonghak thought" p 15. Takes Tonghak perspective as critical perspective on western theology and culture. In 19thC "Tonghak as the creative synthesis of Buddhism, Confucianism, Taoism, and Korean folk beliefs appeared as a critical alternative to both the Western aggressive culture represented by Roman Catholicism and the Yi Dynasty old Confucian feudal system" P 234. "Redemption lies not in an ascetic or apocalyptic approach to the human dilemma but in healing the social and cultural patterns of domination and deceit that disturb and destroy the dynamic process of Chiki - that is, the unity and diversity in the interdependent nature of the biotic community" p 319.	Spirituality/religion; Holism/deep ecology vs anthropocentrism; Ecofeminism vs androcentrism; Ecofeminism as having Christian orientation/different ecofeminisms/limited view of ecofeminism Patterns of domination.
Mcleod, Lisa 'Nature, property, and the ethic of care: Anthropocentric and ecofeminist approaches to environmental and property rights protection' Dissertation, University of South Carolina, 1999	USA Government	"[A] critical review of the history of property rights and environmentalism is presented and two studies are conducted … first study analyzes the anthropocentric tendencies in two environmental statutes, the 1972 Coastal Zone Management Act and the 1973 Endangered Species Act … second study examines the anthropocentric aspects of the 1992 property rights case, Lucas v. South Carolina Coastal Council and a 104th Congressional hearing on property rights protection and regulatory takings.' (From abstract). 18thC enlightenment "claims to knowledge and truth were properly based on systematic observation, investigation, and experimentation rather than supernatural revelation and speculation" p 40. Such knowledge enabled human beings to "improve" natural world p 40. Did not necessarily replace belief in God but understood universe as having a design. "Locke, in the late seventeenth century, and Jefferson, in the	Enlightenment/use of nature - reason, land ownership - Locke; Animals 'rights' (sameness) vs care and respect; Relatedness and interconnections Patterns of domination.

		eighteenth century, advanced philosophies that focused on the rights and freedoms of individuals and, in particular, the right of private property" P 43. Humanitarianism emerges in 19thC and protection of animals. Emergence of romanticism and the value of wild nature. Transcendentalism - "nature reflected higher law, which originated from God" p 59. Capitalism and industrialisation led to emphasis on preservation, conservation, protection. Concept of 'market environmentalism'. Assesses animal rights and deep ecology approaches. Animal rights parallels anthropocentric dualism, while deep ecology privileges whole over individuals. Ecofeminism as alternative. "Ecofeminism predicates landownership and environmental protection on inherent value, respect for diversity, the recognition of intimate interconnections between humans and nature, and the ethic of care." (From abstract)	
Hazelwood, Lisa 'Sustainability as justice: Toward a Christian, ecofeminist ethic of sustainability using the example of sustainable agriculture' Dissertation, Union Theological Seminary New York, 2000	USA Theology/religious studies	"This dissertation reconceives feminist notions of justice as mutuality to meet the ecological, economic and social challenges of the present. It proposes a notion of justice as sustainable mutual relations or "sustainability" and suggests this is the shape the norm of justice can best assume to address pressing issues of environmental degradation and poverty. Employing the lens of agriculture, justice as sustainability is evaluated as critique, vision and norm for ethical action and reflection." (From abstract) "justice [is] understood in terms of sustainable mutual relations" p 1. "industrial agriculture and the globalization of world trade significantly exacerbate both o f these [environmental degradation and poverty] and perpetuate gaps between the rich and the poor" p 2 "Human ethical obligations are … increasingly seen to extend in some form to members, species, and entities in the whole eco-community. I hope to present a constructive notion of justice as sustainability which *assumes* this expanded moral community and extended moral domain, while claiming the familiar feminist ground of mutual right relations as its foundation. It will, however, push the boundaries of present reflection by effectively unifying justice: for the earth and for present and future earth communities, under the rubric of "sustainable mutual relations," or "sustainability."" P 3 Most useful thing about language of sustainability is "focus on regenerative patterns of living and relating." P 4. Language of needs – needs of whole system and all parts not just people. Looks at problem of excess nitrogen – change from traditional to industrial agriculture has caused this. In US increasing size of farms and more people forced off farms – more wealth plus more poverty. Looks at range of different farming initiatives. In conclusion looks to develop the language of needs, think about eg needs of a watershed.	Food, agriculture; Care/respect for non-human/more-than-human (suggest needs approach, eg needs of a watershed) Transformation – regenerative; Relatedness Ethics
Ballinger, Robert 'Society and nature: Alternative models from the environmental movement' Dissertation, 1997	USA Environmental	"The realization that industrial capitalism has caused both serious damage to the human environment and enormous social inequalities has led many in the environmental movement to call for significant changes in how society is structured and how it relates to its environment. This work examines five such sets of ideas: Sustainable Development, Ecodevelopment, Deep Ecology, Social Ecology and Ecofeminism." (From abstract)	Transformation. Ecofeminism, and to some extent social ecology, are seen to offer most potential for positive change but will face most resistance.

		" Industrial-capitalism has brought unparalleled advances in a number of areas [however it has also] has brought about an unhealthy relationship between human society and Nature" p 1 " This unhealthy relationship between society and Nature is mirrored by an unhealthy social situation. Vast inequalities in wealth and power exist both within and between countries.´ p 2 Synthesis: All except SD call for substantial change in economic systems, mainly in terms of smaller communities, more local production, more collective. All accept some interdependence, but SD is most mechanistic. SE and Ecofem most open to thinking as part of nature. DE, SE and Ecofem all see that there is consciousness of wholes as well as individuals but Ecofem does not privilege whole over individuals or parts (consciousness is seen as separate or pre-existing to material, draws on quantum physics). All agree that change in social relations necessary, but SE and Ecofem both present models of how domination has occurred and therefore presumably what can be done (author suggests SE has more on this, collectives, local action etc). Suggests SD and DE are opposite on relationship humans and nature – SD wants more (total) control over nature, DE wants less/restricted to small areas and leave rest as nature/wilderness – both seem unworkable. Power and politics – SD and Ecodev least likely to challenge power and thus most likely to be accepted – others offer potential for real change but need to change the way we think	
8 articles in journals, 1 book chapter, 20 dissertations (1 not analysed because unable to obtain full copy)	Author/s located in: 26 USA, 2 Canadian and 1 UK institutions. Study focus – 1 low income countries, 3 Korea, 1 Argentina. Apparent disciplinary/ study area: 3 Health (2 bioethics); 2 Psychology – attitudes to nature/ environmen t; 7	All concerned with gender and ecology, most included detailed discussion of ecofeminism. Although all included health in their list of subjects or keywords, only few were primarily concerned with health. Of these, two (Chircop and Stephens) have previously been discussed and are not further reviewed. Two articles were primarily concerned with bioethical issues, one in relation to reproductive health and reproductive justice, and one in the intersection of ecofeminism and bioethics. The latter identified cancers related to environmental contamination as a fruitful area for further research. With the exception of Chircop and Stephens, none of the literature looked at the professional area of health promotion, though many of them contained ideas that may be of interest to health promoters. Seven sources are in the broad area of 'ecocriticism', the analysis of cultural sources such as literature and film to investigate ideas about ecology.	Patterns of domination. Sometimes limited understanding of feminism. Transformation, future, sustainable ways of life (including focus on children). Relatedness, "interwovenness" of all; Ethics, care/respect, diversity, relations with animals, non-human; Contamination of environments/bodies, especially female bodies; Nexus of patriarchy and capitalism, rationality and utilitarianism (historical) vs link between social justice and ecological sustainability; Approaches to environmental sustainability; deep ecology, androcentricism; Link btw environmental justice, women, particularly women of colour, ecofeminism or ecowomanism. Indigenous and non-Western attitudes to land. Links between ecofeminism and religion/spirituality.

	ecocriticism ; 7 theology/ religious studies Other – philosophy, law, environmental studies, environmental history. All: gender and ecology		Hidden from history, taken over by men.

Contextual information – health promotion/health and other subject terms

The results of a range of searches are shown below.

Searches 8 March 2018:

Search Monash Library all resources 'health promotion' (exact phrase) and Foucaul* in Any field 4662 resources inc 1813 dissertations and 2665 articles

Search Monash Library all resources 'health promotion' (exact phrase) and Foucaul* in Subject field 18 resources inc 0 dissertations and 17 articles

Search Monash Library all resources 'health promotion' (exact phrase) and political econ* (exact phrase) in Any field 12,389 resources inc 5766 dissertations and 5682 articles

Search Monash Library all resources 'health promotion' (exact phrase) and political econ* (exact phrase) in Subject field 21 resources inc 1 dissertations and 19 articles

Search Monash Library all resources 'health promotion' (exact phrase) and ecofeminis* in Any field 169 resources inc 104 dissertations and 61 articles

Search Monash Library all resources 'health promotion' (exact phrase) and ecofeminis* in Subject field 0 resources

Search Monash Library all resources 'health promotion' (exact phrase) and feminis* in Any field 14,167 resources inc 6683 dissertations and 6947 articles

Search Monash Library all resources 'health promotion' (exact phrase) and feminis* in Subject field 67 resources inc 5 dissertations and 57 articles

Search Monash Library all resources 'health promotion' (exact phrase) and epidemiol* in Any field 136,466 resources inc 27,809 dissertations and 99,939 articles

Search Monash Library all resources 'health promotion' (exact phrase) and epidemiol* in Subject field 8775 resources inc 17 dissertations and 8565 articles

Search Monash Library all resources 'health promotion' (exact phrase) and marxis* in Any field 2326 resources inc 1344 dissertations and 877 articles

Search Monash Library all resources 'health promotion' (exact phrase) and marxis* in Subject field 1 resources inc 0 dissertations and 1 article

Search Monash Library all resources 'health promotion' (exact phrase) and ecolog* in Any field 43,991 resources inc 15,657 dissertations and 26,506 articles (should be noted that these include the term 'social ecological' which is not generally about ecosystems)

Search Monash Library all resources 'health promotion' (exact phrase) and ecolog* in Subject field 395 resources inc 8 dissertations and 358 articles (should be noted that these include the term 'social ecological' which is not generally about ecosystems)

The information from these searches is summarised in the tables below

Appendix one: Table 3. Number of items found from Monash Library search for 'health promotion' and other topics in Any field

Search terms in Any field	Number of resources found	Number of articles found	Number of dissertations found	Ratio of articles to dissertations
'health promotion' (exact phrase) and ecofeminis*	165	61	104	0.60/1
'health promotion' (exact phrase) and feminis*	14,167	6947	6683	1.03/1
'health promotion' (exact phrase) and 'political economy' (exact phrase)	6027	3234	2512	1.29/1
'health promotion' (exact phrase) and Foucaul*	4662	2665	1813	1.47/1
'health promotion' (exact phrase) and marxis*	2326	877	1344	0.65/1
'health promotion' (exact phrase) and ecolog*	43,991	26,506	15,657	1.69/1
'health promotion' (exact phrase) and epidemiol*	136,466	99,939	27,809	3.59/1

Appendix one: Table 4. Number of items found from Monash Library search for 'health promotion' and other topics in Any field vs in Subject field

Search terms in Any field	Number of resources found	Search terms in Subject field	Number of resources found	Ratio of Any to Subject
'health promotion' (exact phrase) and ecofeminis*	165	'health promotion' (exact phrase) and ecofeminis*	0	NA
'health promotion' (exact phrase) and feminis*	14,167	'health promotion' (exact phrase) and feminis*	67	212/1
'health promotion' (exact phrase) and 'political economy' (exact phrase)	6027	'health promotion' (exact phrase) and political econ* (exact phrase)	21	287/1
'health promotion' (exact phrase) and Foucaul*	4662	'health promotion' (exact phrase) and Foucaul*	18	259/1
'health promotion' (exact phrase) and marxis*	2326	'health promotion' (exact phrase) and marxis*	1	2326/1
'health promotion' (exact phrase) and ecolog*	43,991	'health promotion' (exact phrase) and ecolog*	395	111/1
'health promotion' (exact phrase) and epidemiol*	136,466	'health promotion' (exact phrase) and epidemiol*	8775	16/1

Appendix 2. ISEPICH agreement

Appendix two: Figure 1. Agreement with ISEPICH

21 July 2011

Valerie Kay
PhD candidate, Department of Health Social Sciences
Monash University, Caulfield
[redacted]

Dear Val

As endorsed at the ISEPICH Executive Committee meeting on 20 May 2010, this letter is to confirm ISEPICH support for your action research as part of the project "Promoting Equity, Sustainability and Health" which you are undertaking for a PhD at Monash University. Specific details including arrangements regarding payment of honorariums for community members taking part in the project, translation and interpreting, the ownership and management of data and intellectual property are set out in Attachment 1.

The action research will contribute to the following goals in the *ISEPICH Strategic Health and Wellbeing Plan 2009-12*:

- **Goal 1.1** Reduce health inequalities in the ISEPICH catchment by increasing social inclusion and community capacity to address the social determinants of health.
- **Goal 3.1** Create a supportive environment that enhances sustainable and affordable living in the inner south east

The Executive therefore agrees that the action research can form part of your workload as ISEPICH Health Coordinator.

ISEPICH agrees to support the project to the best of its ability, recognising that the PCP strategy may cease prior to the expected completion of the project, due to current national health reform processes. In this event, continued support and involvement would be at the discretion of individual member agencies.

ISEPICH acknowledges that this project is subject to ethics approval by Monash University in accordance with the National Health and Medical Research Council *National Statement on Ethical Conduct in Human Research* (2007)

Yours sincerely

[redacted]

Robbi Chaplin
Chair, ISEPICH Executive Committee
CEO, Inner South Community Health Service

[redacted]

Michele Leonard,
Manager Community Development, City of Port Phillip
Deputy Chair, ISEPICH Executive Committee

CC: Anne Jungwirth, ISEPICH Executive Officer

PESH Agreement between ISEPICH (City of Port Phillip Consortium) and Val Kay 21 July 2011 1

Attachment 1 - Attachment to letter from ISEPICH Chair to Val Kay, confirming arrangements in relation to the research project "Promoting Equity, Sustainability and Health".

ISEPICH is a Primary Care Partnership (PCP) under the Victorian Government's PCP strategy, and is a partnership of over 50 health and community support agencies in the municipalities of Port Phillip, Glen Eira and Stonnington. The Department of Health provides funding to ISEPICH, through a Funding Agreement, to conduct activities in the domains of:

- Partnership Development
- Integrated Health Promotion
- Service Coordination
- Integrated Chronic Disease Management

The *ISEPICH Strategic Health and Wellbeing Plan* sets out the specific activities that ISEPICH will carry out in these domains. The City of Port Phillip is the fundholder for ISEPICH and employs ISEPICH staff.

ISEPICH has a Partnership Agreement, signed by all members, that clarifies roles and responsibilities of members. As set out in this Agreement, the ISEPICH Executive Committee is responsible for the governance of ISEPICH and for overseeing the development and implementation of the strategic plan. Under the direction of the Executive, the Executive Officer is responsible for facilitating the development and implementation of the strategic plan, the development and oversight of the budget and financial management and for the management of project staff. The role of staff may include research.

The ISEPICH Executive Committee agrees that:

1. As approved by the ISEPICH Executive Officer, time as part of your employment may be devoted to action research for the project "Promoting Equity, Sustainability and Health".

2. You undertake to conduct focus groups and workshops (with community members and other participants) during the time of your employment that is devoted to the project
   2.1. Community members participating in the project will be paid an honorarium by ISEPICH in accordance with ISEPICH's community participation policy
   2.2. It is expected there will be up to 15 community members participating in the project
   2.3. ISEPICH (through the City of Port Phillip) will own the original data collected by you from focus groups and workshops during the time of your employment that is devoted to the project;
   2.4. The data will be held for ISEPICH by the City of Port Phillip until the project ends, or in the event that ISEPICH ceases before the project ends, until ISEPICH ceases. At that time it will be transferred to Monash University for secure storage and will be destroyed five years after project completion in accordance with Monash University guidelines;
   2.5. To protect privacy, data containing personal information or information from which individuals may be identified, will be held by the City of Port Phillip in a secure file accessible only to you as the researcher, except in the event of an emergency, in which case Anne Jungwirth or an appropriate manager would have access through Port Phillip procedures;
   2.6. De-identified data will be held in a secure file accessible to the ISEPICH staff team;
   2.7. You will request permission to use this data in accordance with City of Port Phillip processes.
   2.8. Copies of all data will be stored at Monash University in secure files accessible only to the research team;
   2.9. All consent forms for the research project will be stored at Monash University in secure files accessible only to the research team.

3. As approved by the ISEPICH Executive Officer, ISEPICH will pay for interpreters and translations as required
   3.1. There is considerable evidence that people from Culturally and Linguistically Diverse (CALD) in ISEPICH are at particular risk of health inequalities
   3.2. ISEPICH can provide funding for accredited interpreters or translations where required to support the participation of members of CALD groups identified as being at risk of health inequalities.

4. You may have access to ISEPICH databases for the purpose of recruiting agency partners
   4.1. You propose to invite representatives of ISEPICH partners by letters and invitations to CEOs/managers and appropriate staff members
   4.2. The ISEPICH Executive Officer will determine the conditions under which you access ISEPICH membership databases and contact lists from time to time as required.

Intellectual Property

5. There are a number of ways in which Intellectual Property will arise in the course of this project, which are considered separately below
   5.1. In the case where you compile the data within your terms of employment and/or where ISEPICH pays an honorarium to the participants the resulting raw data becomes the property of ISEPICH. In this event you will be acknowledged as creator. Where ISEPICH partners make a contribution they will be acknowledged.
   5.2. You will have copyright in any analysed data sets that you compile outside your terms of employment which will include e.g. developing databases, identifying themes, and writing up.
   5.3. Authorship considerations will arise in this project when documents are published. In the event that there is joint authorship on any future publication authorship order will be discussed and mutually agreed by authors. There are two key documents expected to arise from this project, which are considered separately below

The equity, environmental sustainability and health promotion framework (the Framework)

   5.4. The Framework is the document (or set of documents) which will be developed in Stage 1 of the project. It will contain background information, resources, criteria and so on that are required in order to identify, in a systematic way, actions that are likely to be effective in promoting equity, environmental sustainability and health and reducing health inequalities (these actions make up a strategy or portfolio of interventions). In this project the Framework will be used in the trial (Stage 2) to identify actions that ISEPICH members can take, however the Framework as such is intended to be a resource that can be used by other organisations such as partnerships or consortiums in health promotion and primary health care
      5.4.1. Copyright in the Framework will vest in ISEPICH (through the City of Port Phillip). You will be acknowledged as creator of the document. ISEPICH partners will also be acknowledged as contributors.

Your PhD thesis

   5.5. Your PhD thesis will be based on an evaluation of the process of developing and trialling the Framework (Stages 1 and 2). It will draw on data from focus groups and workshops (with permission as required), as well as other data that you compile in your own research time (e.g. from a reflective journal and document analysis from published sources). It will also draw on the results of evaluation of the actions implemented and evaluated by ISEPICH partners in Stage 2, with acknowledgement.
   5.6. You will provide information on results of the evaluation in a timely manner to ISEPICH partners through presentations and verbal reports
   5.7. ISEPICH agrees not to publish these results until your thesis is submitted as the thesis must be an original work not previously published
   5.8. Evaluation results from evaluation of actions implemented by ISEPICH partners in Stage 2 will be owned by ISEPICH partners and may be published in any form.
   5.9. You will have copyright in your thesis and will not assign it or any portion of the thesis to any party.

6. Changed circumstances
   6.1. In the event that you left the ISEPICH position (City of Port Phillip) or withdrew from the project, ISEPICH would then reconsider the action research arrangements.
   6.2. In the event that the PCP strategy ceased and ISEPICH was dissolved, continuation of support for the project would be at the discretion of the agencies involved.

Signed **Date**

[redacted] 21/7/11

Robbi Chaplin, Chair, ISEPICH Executive Committee, & CEO, Inner South Community Health Service

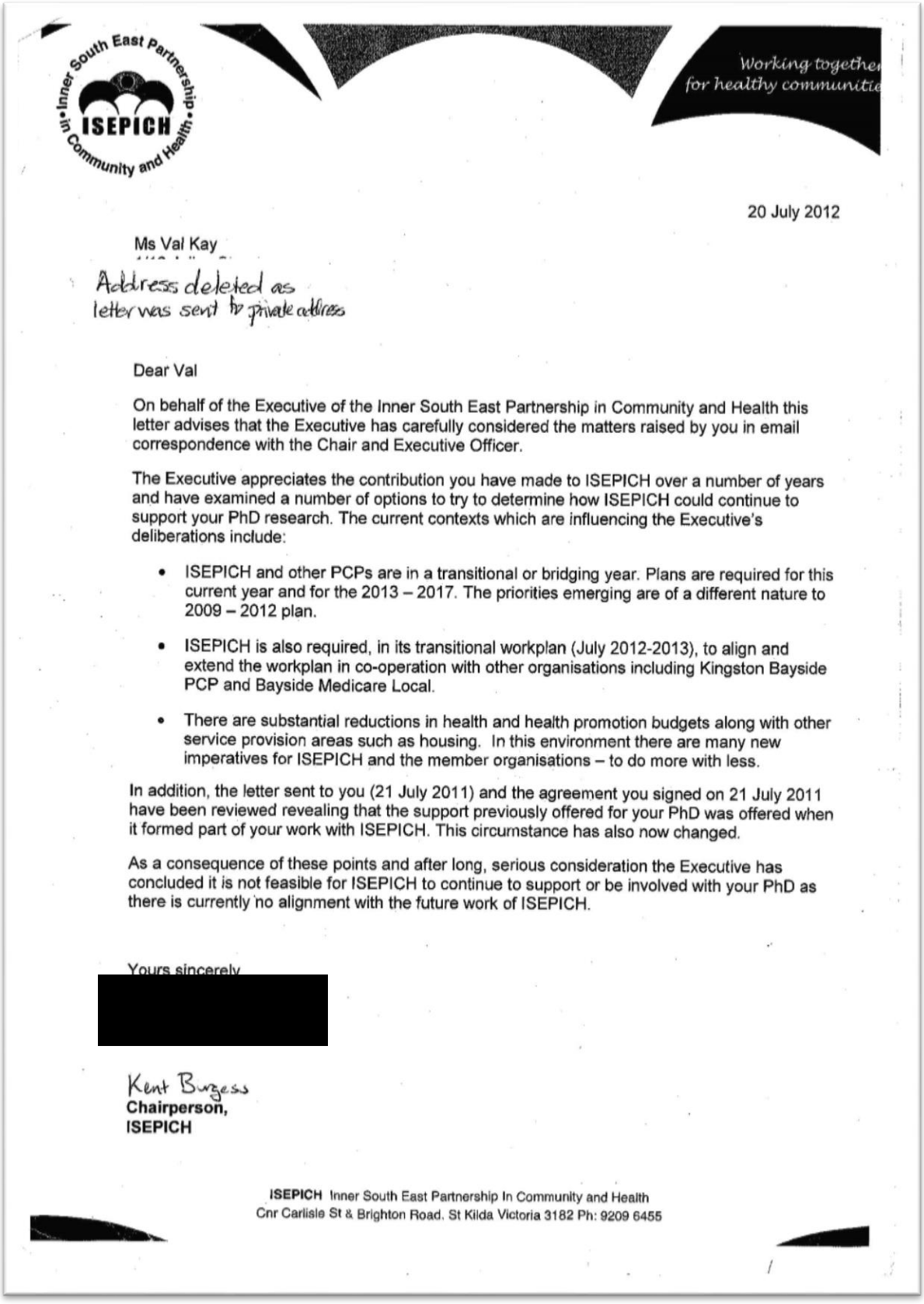
[redacted] 21/7/11

Michele Leonard, Manager, Community Development, City of Port Phillip, & Deputy Chair, ISEPICH Executive Committee

[redacted] 21/7/11

Valerie Kay, Researcher & ISEPICH Health Promotion Officer

Appendix two: Figure 2. Letter from ISEPICH Ending Agreement



Inner South East Partnership in Community and Health
ISEPICH

Working together for healthy communities

20 July 2012

Ms Val Kay

Address deleted as letter was sent to private address

Dear Val

On behalf of the Executive of the Inner South East Partnership in Community and Health this letter advises that the Executive has carefully considered the matters raised by you in email correspondence with the Chair and Executive Officer.

The Executive appreciates the contribution you have made to ISEPICH over a number of years and have examined a number of options to try to determine how ISEPICH could continue to support your PhD research. The current contexts which are influencing the Executive's deliberations include:

- ISEPICH and other PCPs are in a transitional or bridging year. Plans are required for this current year and for the 2013 – 2017. The priorities emerging are of a different nature to 2009 – 2012 plan.
- ISEPICH is also required, in its transitional workplan (July 2012-2013), to align and extend the workplan in co-operation with other organisations including Kingston Bayside PCP and Bayside Medicare Local.
- There are substantial reductions in health and health promotion budgets along with other service provision areas such as housing. In this environment there are many new imperatives for ISEPICH and the member organisations – to do more with less.

In addition, the letter sent to you (21 July 2011) and the agreement you signed on 21 July 2011 have been reviewed revealing that the support previously offered for your PhD was offered when it formed part of your work with ISEPICH. This circumstance has also now changed.

As a consequence of these points and after long, serious consideration the Executive has concluded it is not feasible for ISEPICH to continue to support or be involved with your PhD as there is currently no alignment with the future work of ISEPICH.

Yours sincerely

[redacted]

Kent Burgess
Chairperson,
ISEPICH

ISEPICH Inner South East Partnership In Community and Health
Cnr Carlisle St & Brighton Road, St Kilda Victoria 3182 Ph: 9209 6455

Appendix 3. Research stage one

Agencies and community groups participating

Appendix three: Table 1. Agencies and community groups represented in project (ISEPICH area)

Agencies or programs:
Alfred Health including Caulfield Community Health Service
Bentleigh Bayside Community Health Service (now Connect Health)
Christ Church Mission (Community Centre)
City of Glen Eira
City of Port Phillip
City of Stonnington
Gamblers' Help Southern (program auspiced by Bentleigh Bayside Health Service)
Inner South Community Health Service (now Inner South Community Health)
Port Phillip Community Group
Women's Health in the South East
Community Groups:
Port Phillip Eco-centre – one member
Glen Eira Environment Group – one member
St Kilda Inclusion Project Steering Committee – two members
ISEPICH Community Advisory Group – two members
City of Port Phillip Multicultural Advisory Committee – four members, representing a Greek-speaking Ethnic Senior Citizens' Group (one), Russian-speaking Ethnic Senior Citizens' Group (two) (a Russian speaking member of Public Housing Tenants' Committee also subsequently participated in stages two and three)
Local Indigenous Network (now Local Aboriginal Network) – two Elders

Explanatory statements

Copies of explanatory statements are shown on the following pages (explanatory statements and consent forms were also translated into Greek and Russian).

Appendix three: Figure 1. Explanatory statement for staff in ISEPICH

MONASH University
Medicine, Nursing and Health Sciences

Explanatory Statement for staff members from ISEPICH member agencies

Promoting equity, sustainability and health: a framework for local action

This information sheet is for you to keep.

My name is Val Kay and I am conducting a research project with Dr Charles Livingstone, a Senior Lecturer in the Department of Health Social Sciences, towards a PhD at Monash University. This means that I will be writing a thesis which is the equivalent of a 300 page book. The project is also supported by the Inner South East Partnership in Community and Health (ISEPICH), a partnership of health and community organisations in the Cities of Port Phillip, Stonnington and Glen Eira. ISEPICH is supporting the project because it addresses goals in the ISEPICH Health and Wellbeing Plan 2009-12.

I am employed by the City of Port Phillip to work for ISEPICH as the Health Promotion Coordinator. ISEPICH is allowing me to spend approximately ½ day per week of my paid time on this research. ISEPICH (through the City of Port Phillip as the fund holder) is also paying for honorariums for community members taking part in the project and paying for interpreters and translations.

The study will be a health promotion project using community based participatory action research. The aim is to develop a framework which will strengthen the focus on equity and environmental sustainability in health promotion and primary health care. I am inviting staff members in ISEPICH member agencies who are in a health promotion, community development or similar role, and who have previously been involved in ISEPICH initiatives (or expect to be in future), to participate in the research. Please note that only one staff member per organization is invited to participate in the research component, although other staff members may participate in the project without being involved in the research.

Participation in this research is entirely voluntary and there will be no adverse consequences for any individual who chooses not to participate. In order to ensure that there is no pressure to participate in the research, agencies and staff members can also choose to participate in the project without participating in the research if they wish. If you are interested to participate in the research please contact me at the contact details given at the end of this form, to discuss the project and give your formal consent to participate, if you decide to do so.

Currently health promotion in Victoria is guided by the *Integrated Health Promotion Framework*, published by the Victorian Department of Health. This framework includes a focus on equity, which could be strengthened. It does not currently include a focus on environmental sustainability. Developing and trialling a framework that strengthens the focus on equity and environmental sustainability in health promotion and primary health care could provide benefits for population health in the ISEPICH catchment and elsewhere.

I expect the project to continue to December 2013. As it will be a participatory action research project, participants will have opportunities to influence the research directions. I expect it to involve two facilitated workshops in 2011-12 to develop the framework and use it in developing the ISEPICH strategy, and two focus groups, one each in 2012 and 2013, to explore how effective the process has been. The focus groups will take about 1-2 hours each. There will also be a short survey at the beginning and end of the project to collect information about participants and their views on the project. This information will be collected anonymously.

I will also provide support (for example information) to staff members and agencies for further action on equity and sustainability they may wish to take during the project but this will be their own responsibility.

I do not anticipate that there will be any additional inconvenience or discomfort above what is normally experienced in the course of normal life arising from this research project.

Can participants withdraw from the research?

Being in this study is voluntary. People who are invited are under no obligation to consent to participation and may withdraw from participation at any time. However, if they do consent to participate, and then subsequently decide to

Department of Health Social Science

[redacted]

withdraw, they should be aware that any material they have provided prior to withdrawal will form part of the data used in the project.

Confidentiality

All data for this study will be collected anonymously as far as possible. Identifying data such as name will not be collected, except on the consent form. I will collect data on the type of housing participants live in and the local government area they live in, but this will not be linked to named individuals. It will not be feasible to prevent participants from using names in workshops and focus groups but they will be asked not to use names when referring to people who are not present and to use only first names when speaking to individuals who are present. Pseudonyms will be used in transcripts or reporting of data.

Storage of data

Collection of data from people participating in this project through surveys, workshops and focus groups will occur during the part of the project funded by ISEPICH. Consent forms will be transferred to Monash University and stored securely there. Other data (such as transcripts and notes) will be held for ISEPICH by the City of Port Phillip during the project. The data will be securely stored in a locked cabinet if in hard copy or held electronically in secure form. All data will be transferred to Monash University at the end of the project and stored in accordance with University regulations for five years before being destroyed.

Use of data for other purposes

A report of the study may be submitted for publication, but individual participants will not be identifiable in such a report.

Results

All participants in this project will be eligible to receive regular updates on project progress through email or letter if they consent to be on a mailing list. Updates will also be published on the ISEPICH website www.isepich.org. I will also give verbal updates to the ISEPICH Executive committee and other relevant ISEPICH forums. Participants on the mailing list will be advised of these in advance. If you would like further information at any time during the project, please contact Valerie Kay at [redacted]

If you would like to contact the researchers about any aspect of this study, please contact the Chief Investigator:	**If you have a complaint concerning the manner in which this research is being conducted, please contact:**
Dr Charles Livingstone, Senior Lecturer, Department of Health Social Science School of Public Health and Preventive Medicine [redacted]	Executive Officer Monash University Human Research Ethics Committee (MUHREC) [redacted] **Project Number CF11/0411 - 2011000154**

Thank you

[redacted]

Valerie Kay

Department of Health Social Science

[redacted]

Appendix three: Figure 2. Explanatory statement for community members

MONASH University
Medicine, Nursing and Health Sciences

Explanatory Statement for Community members from the ISEPICH area

Promoting equity, sustainability and health: a framework for local action

This information sheet is for you to keep.

My name is Val Kay and I am conducting a research project with Dr Charles Livingstone, a Senior Lecturer in the Department of Health Social Sciences, towards a PhD at Monash University. This means that I will be writing a thesis which is the equivalent of a 300 page book. The project is also supported by the Inner South East Partnership in Community and Health (ISEPICH), a partnership of health and community organisations in the Cities of Port Phillip, Stonnington and Glen Eira. ISEPICH is supporting the project because it addresses goals in the ISEPICH Health and Wellbeing Plan 2009-12.

I am employed by the City of Port Phillip to work for ISEPICH as the Health Promotion Coordinator. ISEPICH is allowing me to spend approximately ½ day per week of my paid time on this research. ISEPICH (through the City of Port Phillip as the fund holder) is also paying for honorariums for community members taking part in the project and paying for interpreters and translations.

The study will be a health promotion project using community based participatory action research. The aim is to develop a framework which will strengthen the focus on equity and environmental sustainability in health promotion and primary health care. I am inviting staff members in ISEPICH member agencies who are in a health promotion, community development or similar role, and who have previously been involved in ISEPICH initiatives (or expect to be in future), to participate in the research.

I am also inviting people from local community groups that are interested in health and sustainability issues to participate in the project. The role of community members will be to provide a community perspective to the project, in addition to the perspective of service providers. Please note that only 2 or 3 people from each group are invited to participate in the research.

Participation in this research is entirely voluntary and there will be no adverse consequences for anyone who chooses not to participate. If you are interested to participate in the research please contact me at the contact details given at the end of this form, to discuss the project and give your formal consent to participate, if you decide to do so.

Currently health promotion in Victoria is guided by the *Integrated Health Promotion Framework*, published by the Victorian Department of Health. This framework includes a focus on equity, which could be strengthened. It does not currently include a focus on environmental sustainability. Developing and trialling a framework that strengthens the focus on equity and environmental sustainability in health promotion and primary health care could provide benefits for population health in the ISEPICH catchment and elsewhere.

I expect the project to continue to December 2013. As it will be a participatory action research project, participants will have opportunities to influence the research directions. I expect it to involve two facilitated workshops in 2011-12 to develop the framework and use it in developing the ISEPICH strategy, and two focus groups, one each in 2012 and 2013, to explore how effective the process has been. The focus groups will take about 1-2 hours each. There will also be a short survey at the beginning and end of the project to collect information about participants and their views on the project. This information will be collected anonymously.

Community members participating in the project will be paid an honorarium of $45 per session for participation in workshops and focus groups in line with ISEPICH policy. I will also provide support (for example information) to community members for further action on equity and sustainability they may wish to take during the project but this will be their own responsibility.

I do not anticipate that there will be any additional inconvenience or discomfort above what is normally experienced in the course of normal life arising from this research project.

Can participants withdraw from the research?

Department of Health Social Science

[redacted]

Being in this study is voluntary. People who are invited are under no obligation to consent to participation and may withdraw from participation at any time. However, if they do consent to participate, and then subsequently decide to withdraw, they should be aware that any material they have provided prior to withdrawal will form part of the data used in the project.

Confidentiality

All data for this study will be collected anonymously as far as possible. Identifying data such as name will not be collected, except on the consent form. I will collect data on the type of housing participants live in and the local government area they live in, but this will not be linked to named individuals. It will not be feasible to prevent participants from using names in workshops and focus groups but they will be asked not to use names when referring to people who are not present and to use only first names when speaking to individuals who are present. Pseudonyms will be used in transcripts or reporting of data.

Storage of data

Collection of data from people participating in this project through surveys, workshops and focus groups will occur during the part of the project funded by ISEPICH. Consent forms will be transferred to Monash University and stored securely there. Other data (such as transcripts and notes) will be held for ISEPICH by the City of Port Phillip during the project. The data will be securely stored in a locked cabinet if in hard copy or held electronically in secure form. All data will be transferred to Monash University at the end of the project and stored in accordance with University regulations for five years before being destroyed.

Use of data for other purposes

A report of the study may be submitted for publication, but individual participants will not be identifiable in such a report.

Results

All participants in this project will be eligible to receive regular updates on project progress through email or letter if they consent to be on a mailing list. Updates will also be published on the ISEPICH website www.isepich.org. I will also give verbal updates to the ISEPICH Executive committee and other relevant ISEPICH forums. Participants on the mailing list will be advised of these in advance. If you would like further information at any time during the project, please contact Valerie [redacted]

If you would like to contact the researchers about any aspect of this study, please contact the Chief Investigator:	**If you have a complaint concerning the manner in which this research is being conducted, please contact:**
Dr Charles Livingstone, Senior Lecturer, Department of Health Social Science School of Public Health and Preventive Medicine [redacted]	Executive Officer, Human Research Ethics Monash University Human Research Ethics Committee (MUHREC) [redacted] Research Office Monash University VIC 3800 [redacted] Project Number **CF11/0411 - 2011000154**

Thank you

[redacted]

Valerie Kay

Department of Health Social Science

[redacted]

Appendix three: Figure 3. Expanatory statement stage 2

MONASH University
Medicine, Nursing and Health Sciences

Explanatory Statement

Promoting equity, sustainability and health: a framework for local action - **Stage Two**

This information sheet is for you to keep.

For people who participated in the first stage of this project, please note this is a revised version of the explanatory statement provided to you in 2011-12, as there have been some changes to the project. These are explained below.

My name is Val Kay and I am conducting a research project with Dr Charles Livingstone, a Senior Lecturer in the School of Public Health and Preventive Medicine, towards a PhD at Monash University. This means that I will be writing a thesis which is the equivalent of a 300 page book.

The study is a health promotion research project using community-based participatory action research, interviews, focus groups, surveys and document analysis. The aim is to develop a framework which will strengthen the focus on equity and environmental sustainability in health promotion and primary healthcare.

Currently health promotion in Victoria is guided by the *Integrated Health Promotion Framework*, published by the Victorian Department of Health. This framework includes a focus on equity, which could be strengthened. It does not currently include a focus on environmental sustainability. Equity and environmental sustainability have significant effects on health, and developing a framework that strengthens the focus on these factors could provide benefits for population health in Victoria and elsewhere.

In Stage One of this research, during 2011-12, I coordinated an action research project with participants from the Inner South East Partnership in Community and Health (ISEPICH) and community members, to develop a draft framework. During this time I was also employed as Health Promotion Coordinator for ISEPICH, which is a Victorian Primary Care Partnership (PCP).

ISEPICH supported the research in Stage One, for example by paying honorariums to community members, paying for translations and interpreters and allowing me time during my employment to devote to the research.

In Stage Two, during 2013, I will conduct follow up research with ISEPICH participants through focus groups and surveys. I will also invite representatives from other PCPs who are working to promote equity, sustainability and health to take part in this stage. This research will investigate how these PCPs have been addressing the issues, including the frameworks they have used, their achievements and the barriers and enablers for their work.

Representatives from these PCPs will be invited to take part in interviews or focus groups and/or to complete an on-line survey, which will be sent to relevant PCP committee members (for example members of Health Promotion committees). I expect this to involve two PCPs and up to 30 committee members and I expect this stage of the research to be completed by about December 2013.

ISEPICH will not be providing support for the research during Stage Two. I am no longer working for ISEPICH and I will be conducting this stage of the research independently. As ISEPICH is no longer providing financial support, I am not able to offer honorariums to community members in Stage Two, although I intend to look for other sources of funding for this purpose as the project progresses

Participation in this research is entirely voluntary and there will be no adverse consequences for anyone who chooses not to participate. If you would like more information, please contact me at the contact details given at the end of this form. Participants who are taking part in interviews or focus groups will be asked to complete a written consent form before taking part (if they have not already done so).

I do not anticipate that there will be any additional inconvenience or discomfort above what is normally experienced in the course of normal life arising from this research project.

Global Health and Society Unit, School of Public Health and Preventive Medicine, Monash University,
[redacted]
ABN 12 377 614 012 CRICOS provider number 00008C

Can participants withdraw from the research?

Being in this study is voluntary. People who are invited are under no obligation to consent to participation and may withdraw from participation at any time. However, if they do consent to participate, and then subsequently decide to withdraw, they should be aware that any material they have provided prior to withdrawal will form part of the data used in the project.

Confidentiality

All data for this study will be collected anonymously as far as possible. Identifying data such as name will not be collected, except on the consent form. I will collect data on the type of housing participants live in and the local government area they live or work in, but this will not be linked to named individuals. It will not be feasible to prevent participants from using names in focus groups but they will be asked not to use names when referring to people who are not present and to use only first names when speaking to individuals who are present. Pseudonyms will be used in transcripts and reporting of data.

Storage of data

All data arising from this project will be held securely at Monash University, including data obtained in Stage One of the project. Data will be securely stored in a locked cabinet accessible only to the research team if in hard copy or held electronically in secure form accessible only to the research team. When the project is completed, all data will be stored in accordance with Monash University regulations for five years before being destroyed.

Use of data for other purposes

A report of the study may be submitted for publication, but individual participants will not be identifiable in such a report.

Results

All participants in this project will be eligible to receive regular updates on project progress through email or letters if they consent to be on a mailing list. I also plan to set up a blog to provide information as the project progresses. I can also give verbal updates at relevant meetings and forums. Participants on the mailing list will be advised of these in advance. If you would like further information at any time during the project, please contact Valerie Kay at [redacted] or on Tel: [redacted] (Participants who took part in Stage One, please note that there have been some changes to the contact details for myself, my supervisor and the Unit at Monash where I am based, since the previous version of this explanatory statement.)

If you would like to contact the researchers about any aspect of this study, please contact the Chief Investigator:	**If you have a complaint concerning the manner in which this research is being conducted, please contact:**
Dr Charles Livingstone, Senior Lecturer, Global Health and Society Unit, Division of Health Services and Global Research, Monash University, [redacted] Email: [redacted] Tel: Fax [redacted]	Executive Officer, Human Research Ethics Monash University Human Research Ethics Committee (MUHREC) [redacted] Research Office Monash University VIC 3800 Tel: [redacted] Email: [redacted] Project Number **CF11/0411 - 2011000154**

Thank you

[redacted]

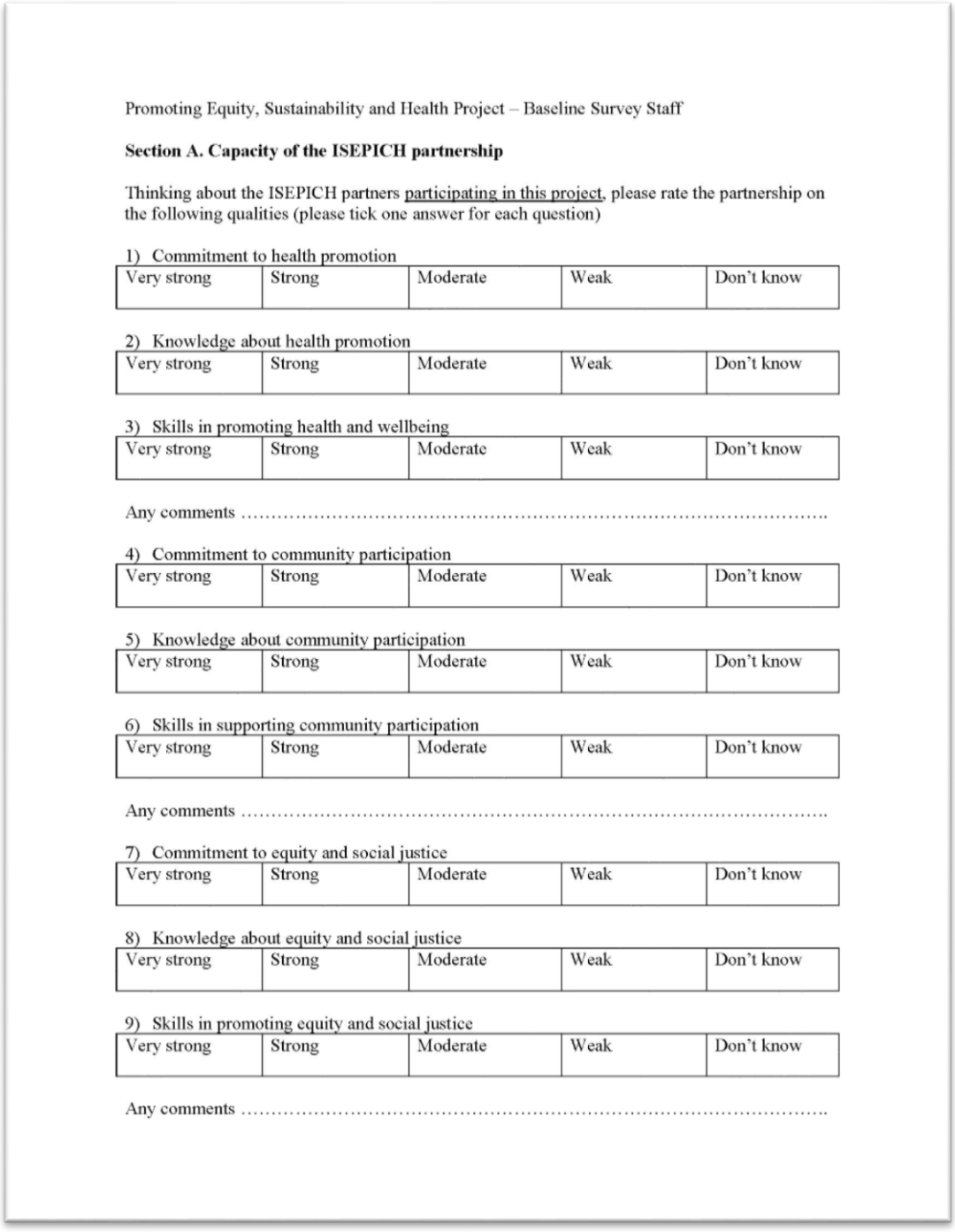
Valerie Kay

Global Health and Society Unit, School of Public Health and Preventive Medicine, Monash University,
[redacted]
ABN 12 377 614 012 CRICOS provider number 00008C

Baseline surveys

Research participants in stage one of the project were asked to complete a survey assessing the perceived capacity of PCP partners to promote equity, sustainability and health (right click on icons below to view survey forms). This was originally intended as a baseline measure, and participants were to be surveyed again once ISEPICH had trialed the framework to see if the perceived capacity had changed. Although the after testing was not relevant since ISEPICH did not trial the framework, the information from the original survey is still of interest in looking at the perceived capacity of the PCP. Copies of capacity surveys are shown below.

Appendix three: Figure 4. Capacity survey staff



Promoting Equity, Sustainability and Health Project – Baseline Survey Staff

Section A. Capacity of the ISEPICH partnership

Thinking about the ISEPICH partners participating in this project, please rate the partnership on the following qualities (please tick one answer for each question)

1) Commitment to health promotion

Very strong	Strong	Moderate	Weak	Don't know

2) Knowledge about health promotion

Very strong	Strong	Moderate	Weak	Don't know

3) Skills in promoting health and wellbeing

Very strong	Strong	Moderate	Weak	Don't know

Any comments ……

4) Commitment to community participation

Very strong	Strong	Moderate	Weak	Don't know

5) Knowledge about community participation

Very strong	Strong	Moderate	Weak	Don't know

6) Skills in supporting community participation

Very strong	Strong	Moderate	Weak	Don't know

Any comments ……

7) Commitment to equity and social justice

Very strong	Strong	Moderate	Weak	Don't know

8) Knowledge about equity and social justice

Very strong	Strong	Moderate	Weak	Don't know

9) Skills in promoting equity and social justice

Very strong	Strong	Moderate	Weak	Don't know

Any comments ……

10) Commitment to environmental sustainability

Very strong	Strong	Moderate	Weak	Don't know

11) Knowledge about environmental sustainability

Very strong	Strong	Moderate	Weak	Don't know

12) Skills in promoting environmental sustainability

Very strong	Strong	Moderate	Weak	Don't know

Any comments ……

Section B. Capacity of your organization

Thinking about the organization you work for, please rate it on the following qualities (please tick one answer for each question)

1) Commitment to health promotion

Very strong	Strong	Moderate	Weak	Don't know

2) Knowledge about health promotion

Very strong	Strong	Moderate	Weak	Don't know

3) Skills in promoting health and wellbeing

Very strong	Strong	Moderate	Weak	Don't know

Any comments ……

4) Commitment to community participation

Very strong	Strong	Moderate	Weak	Don't know

5) Knowledge about community participation

Very strong	Strong	Moderate	Weak	Don't know

6) Skills in supporting community participation

Very strong	Strong	Moderate	Weak	Don't know

Any comments ……

7) Commitment to equity and social justice

Very strong	Strong	Moderate	Weak	Don't know

8) Knowledge about equity and social justice

Very strong	Strong	Moderate	Weak	Don't know

9) Skills in promoting equity and social justice

Very strong	Strong	Moderate	Weak	Don't know

Any comments ……

10) Commitment to environmental sustainability

Very strong	Strong	Moderate	Weak	Don't know

11) Knowledge about environmental sustainability

Very strong	Strong	Moderate	Weak	Don't know

12) Skills in promoting environmental sustainability

Very strong	Strong	Moderate	Weak	Don't know

Any comments ……

Section C. About You

Could you please answer the following questions about yourself. This information is completely anonymous and will not be linked to you in any way. It is only collected to see whether different types of people have different views.

Please describe your work role: ……...

Please describe the kind of agency you work for: ……...

What kind of housing do you live in?

Tenant - Public or social/community housing ☐

Tenant - Private rental housing ☐

Purchasing your own home ☐

Own your own home outright ☐

Please state your country of birth: ……

Do you usually speak a language other than English at home? Yes ☐ No ☐

If yes please state what language ……

Do you identify as Aboriginal or Torres Strait Islander? Yes ☐ No ☐

Your sex: Male ☐ Female ☐ Other (eg transgender) ☐

Your age group: 18-25 years ☐

26-40 years ☐

41-55 years ☐

55 and over ☐

THANK YOU!

Appendix three: Figure 5. Capacity survey community members

Promoting Equity, Sustainability and Health Project – Baseline Survey
Community Members

Section A. Capacity of the ISEPICH partnership

Thinking about the ISEPICH partners participating in this project, please rate the partnership on the following qualities (please tick one answer for each question)

1) Commitment to health promotion

Very strong	Strong	Moderate	Weak	Don't know

2) Knowledge about health promotion

Very strong	Strong	Moderate	Weak	Don't know

3) Skills in promoting health and wellbeing

Very strong	Strong	Moderate	Weak	Don't know

Any comments ……

4) Commitment to community participation

Very strong	Strong	Moderate	Weak	Don't know

5) Knowledge about community participation

Very strong	Strong	Moderate	Weak	Don't know

6) Skills in supporting community participation

Very strong	Strong	Moderate	Weak	Don't know

Any comments ……

1

7) Commitment to equity and social justice

Very strong	Strong	Moderate	Weak	Don't know

8) Knowledge about equity and social justice

Very strong	Strong	Moderate	Weak	Don't know

9) Skills in promoting equity and social justice

Very strong	Strong	Moderate	Weak	Don't know

Any comments .....

10) Commitment to environmental sustainability

Very strong	Strong	Moderate	Weak	Don't know

11) Knowledge about environmental sustainability

Very strong	Strong	Moderate	Weak	Don't know

12) Skills in promoting environmental sustainability

Very strong	Strong	Moderate	Weak	Don't know

Any comments .....

Section B. About You

Could you please answer the following questions about yourself. This information is completely anonymous and will not be linked to you in any way. It is only collected to see whether different types of people have different views.

Which kind of community group do you belong to:

- Community Advisory Group ☐
- Environmental Group ☐
- Local Indigenous Network ☐
- Multicultural or Ethnic Advisory group ☐
- Project Committee (Community Member) ☐

What kind of housing do you live in?

- Tenant - Public or social/community housing ☐
- Tenant - Private rental housing ☐
- Purchasing your own home ☐
- Own your own home outright ☐

Please state your country of birth: ……

Do you usually speak a language other than English at home?
Yes ☐ No ☐

If yes please state what language ……

Do you identify as Aboriginal or Torres Strait Islander? Yes ☐ No ☐

Your sex: Male ☐ Female ☐ Other (eg transgender) ☐

Your age group:

18-25 years ☐

26-40 years ☐

41-55 years ☐

55 and over ☐

THANK YOU!

Capacity – results of survey

Twenty of 22 eligible research participants completed the survey, including 11 community members and nine staff members. Aspects of capacity were identified in the survey as Commitment (C), Knowledge (K) and Skills (S). Participants were asked to rate them as Very Strong, Strong, Moderate or Weak on each of the following dimensions: Promoting health, Promoting community participation, Promoting equity, Promoting environmental sustainability. Answers were scored as Very Strong = 3, Strong = 2, Moderate = 1, and Weak = 0 and overall scores were determined as percentage of the maximum total possible score (that is, the score if everyone had rated the PCP partners as Very Strong on that aspect of capacity).

Staff members (who were all members of ISEPICH working groups) were asked to rate the PCP partners based on their knowledge of the PCP. Community members were asked to rate the partners based on their perceptions from the first forum. It should be noted that comments from community members showed that some were including the presenters and the facilitator as "ISEPICH partners".

The table below shows the score on each aspect: C = Commitment, K = Knowledge, S = Skills

Appendix three: Table 2. Percentage of total possible capacity score

Capacity to:	**promote health**			**promote community participation**			**promote equity**			**promote environmental sustainability**		
	C	K	S	C	K	S	C	K	S	C	K	S
Community	90	67	81	89	57	67	80	57	50	71	67	70
Staff	58	58	54	59	67	63	77	70	56	58	48	48
Total	**76**	**63**	**61**	**74**	**62**	**65**	**79**	**65**	**53**	**65**	**58**	**61**
Average overall score	**67**			**67**			**66**			**61**		

As the table shows, staff members and community members rated the ISEPICH partners rather differently on most aspects, with community members generally giving a higher rating on average, particularly on commitment, although the rating on knowledge and skills was more mixed. This may reflect a clearer understanding by staff of who the partners were (including that only 20 of 53 member agencies were represented at the forum), or that staff members had higher expectations than community members. Staff overall did not rate PCP members over 59 on commitment in any area except promoting equity (77). Both staff and community members overall saw the PCP partners as having lower capacity to promote environmental sustainability compared with other issues, although community members gave a lower rating on commitment in particular while staff members gave a lower rating on knowledge and skills in particular.

Community members tended to rate the commitment of the PCP members as relatively high on all aspects except environmental sustainability, but generally rated their knowledge (in particular) and skills a little lower. Community members, however, rated PCP partners' knowledge about promoting community participation and knowledge about promoting equity considerably lower than staff

members did. This may reflect that community members had more direct personal experience about both these issues than staff members.

Staff rated PCP partners' overall capacity in health promotion and environmental sustainability quite low (with averages of 57% and 51% respectively). This may reflect that, on both issues, the staff members who attended this forum were probably those who were most interested, and may have been in a minority in their agencies and the PCP. Although some primary health care agencies attempt to take a health promoting approach across the board, in most agencies, individual care and clinical services are still dominant in program and funding terms.

Staff were also asked to rate their own agency on the measures above. Generally there was little difference in the ratings of own agency vs PCP partners and these results are therefore not shown here.

Forum attendees were also invited to complete a pre-forum survey for the information of the facilitator. This was only sent to agency staff members, who were asked how much equity and environmental sustainability were "concerns" in the organisations in which they worked. They were asked to rate this on a ten point scale from "very little" to "a great deal". Twelve people responded. Responses were scored as percentage of the maximum possible score (120, if all twelve had rated the level of concern as "a great deal"). There was a 72% overall score for equity as a concern and a 62% score for environmental sustainability. These results can be compared to the "commitment" scores for own agency from staff members for equity and environmental sustainability in the capacity survey, which were 67% and 52%. The somewhat higher scores in the pre-forum survey would in practice reflect that there was no zero result in the pre-forum survey, suggesting that in fact the scores are quite similar. These results are anonymous but it is possible they come from similar people to the staff research participant in the capacity survey since health promotion workers or similar may have been most likely to respond to the pre-forum survey.

Characteristics of participants

Twenty of 22 eligible research participants also provided demographic information in the baseline capacity survey. Results are shown in Table 3.

Appendix three: Table 3. Socio-demographic characteristics of ISEPICH research participants

	Type of housing	**Country of birth**	**Language spoken at home**	**Aboriginal or Torres Strait Islander background**	**Sex**	**Age group**	**Type of community group / employing organisation**
Community members (11)*	64% tenants in social or public housing, 27% own home (No answer 9%)	55% Australia, 9% other English speaking, 36% non-English speaking	64% English only, 36% other language plus English	9% *	45% female, 36% male, 18% not stated, 0% other **	73% 55+ years, 27% 41-55 years	36% Community Advisory Group, 27% Project committee (equity focus), 27% Multicultural group (equity focus), 18% environmental group
Staff members (9)*	33% own home, 33% purchasing home, 33% tenants in private rental	55% Australia, 33% other English speaking, 11% non-English speaking	89% English only, 11% other language plus English	0%	100% female	33% 26-40 years, 33% 41-55 years, 11% 55+ years, 22% not specified	44% community health (one in specialised program area), 22% Councils, 22% community organisations, 11% women's health.

*Two participants, including a person of Aboriginal and Torres Strait identity, did not complete the survey prior to the forums and are not included in this table.

**Although not all participants completed the section on which sex they were, it seems more likely that this was omitted or overlooked rather than indicating an alternative sex/gender identity. There was an option on the form for "other" identification. From my knowledge of the participants, all ISEPICH staff participants identified as women, while six of twelve community members identified as women and six as men.

Appendix three: Table 4. Differences between forum participants and research participants

	Community members (% of total)	**Work in health promotion and similar roles (% of total)**
All forum participants (N= 69)	39%	20% (estimate)*
Research participants only (N=22)	60%	30%

*This can only be an estimate since the descriptions forum participants gave of their roles did not always provide enough information to specify this.

Socioecological health promotion discourse and mainstream discourse

Appendix three: Table 5. 'Socioecological health promotion' discourse and 'mainstream' discourse

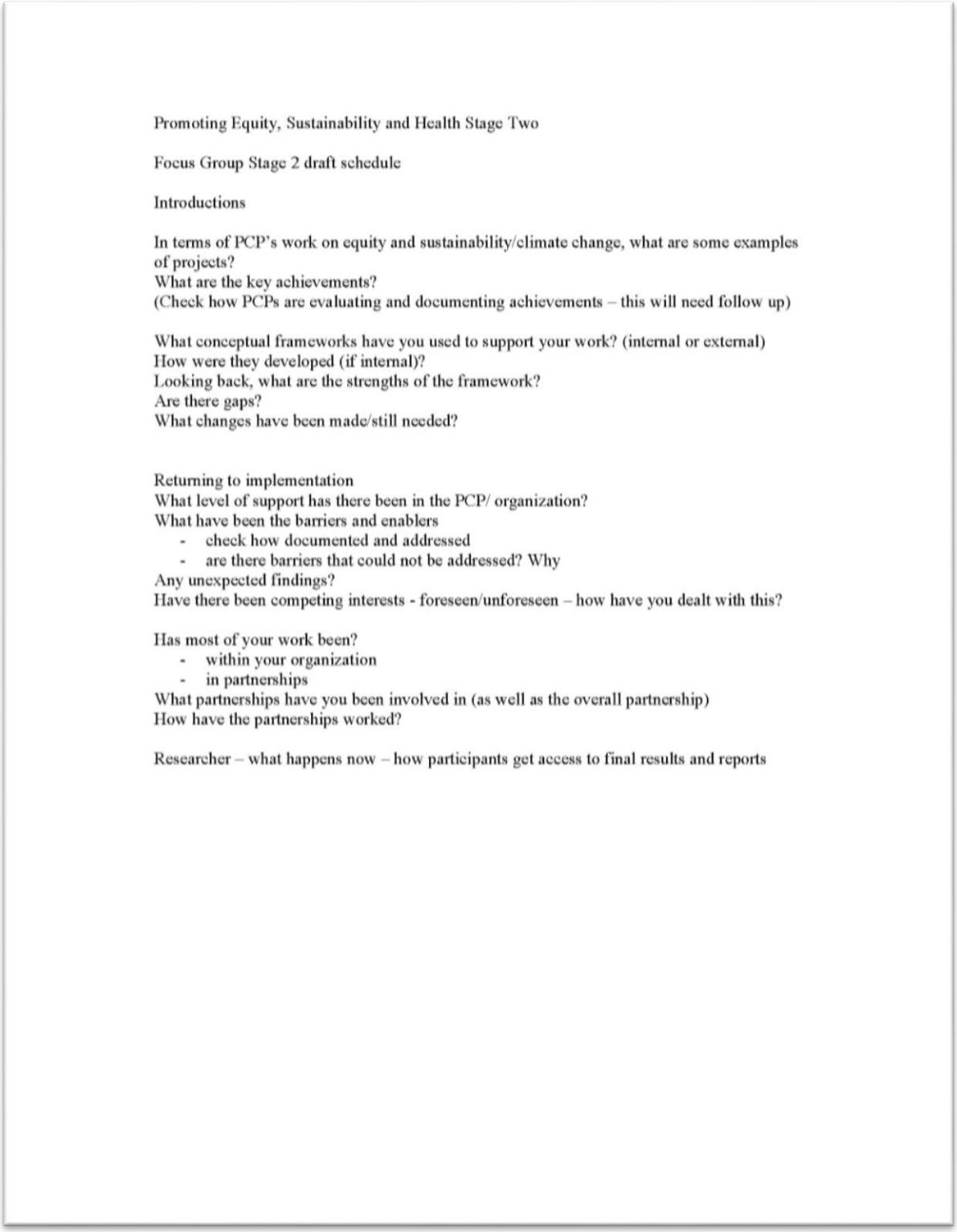
Principles	**Discourse and underlying values of forum participants**	**Implied 'mainstream' or 'business as usual' discourse**
Take a community development approach - Work with people in settings where they live, love, work and play. Start small – 'street by street' – and build out - Advocate to government and powerbrokers	Localism Communal Subsidiarism, participatory democracy	Large scale, not local Hierarchical, competitive Top down (or centrist) approaches
Respect elders and seek knowledge - Ensure that the wisdom of Aboriginal heritage and of diverse cultures is respected and given voice in programs - Build on evidence from research and practice – look for and use evidence from what others have done	Respecting Indigenous culture and knowledge Respecting multicultural knowledge Learning from others Humility Respecting evidence	'White' point of view, lack of respect for Indigenous and multicultural knowledge Privileging experts Not respecting the work or knowledge (including lay knowledge) of others Evidence may be disregarded for political reasons
Address causes - Create the conditions for health and wellbeing by addressing the determinants: the social and economic factors that affect health, equity and environmental sustainability - Health and community services can help people to cope with the impact of inequity or	This principle was inserted by me (VK) - it did not directly arise from the relevant notes from the forum. I inserted it because I felt it was something that had been taken for	Discussion at the forum and in discussion groups acknowledged that health and community services tend to be, but should not be "the

environmental change, but the focus should not only be on responding after harm has happened	granted at the forums but needed to spelled out. It relates to the "ambulance at the bottom of the cliff" concept discussed in focus groups, and the alternative health promotion discourse, specified here, of addressing causes, or social and environmental determinants, rather than treating problems or symptoms. There was no stated objection to my inclusion of this principle at the second forum.	ambulances at the bottom of the cliff". "The ambulance at the bottom of the cliff" is a shorthand way of saying that currently the health and community sector focuses too much on treating illness or social problems after they have arisen, rather than promoting health and wellbeing and addressing social and environmental determinants.
Make equity and sustainability everybody's business - Include and engage disadvantaged and minority groups - Ensure that wealthy and powerful groups take responsibility - Advocate for government and organisations to do this also	Recognises the reality of power and wealth differentials, including that some people are marginalised, some people benefit from/have an interest in not changing the status quo and that governments can be influenced by the powerful In consequence there is a need for: Practical measures to ensure participation by disadvantaged groups Advocacy to ensure that wealthy and powerful groups and governments take responsibility for, and act in relation to, inequity and environmental degradation	Inequities of wealth and power are normalised, ignored or taken for granted It is not noticed or not seen to be important if disadvantaged groups don't have a say in public policy and governance People who are privileged by the status quo don't care or don't have much motivation to address inequity or promote sustainability Governments are likely to be influenced more by privileged or powerful groups than by the less powerful

Focus efforts where they will have most effect - Early life - Outcomes for disadvantaged groups	Focus on children and young people because they represent the future and focusing on children (and families and communities in relation to children) may be a good way to bring about change Disadvantaged groups currently suffer most harm from inequity and environmental degradation, and will derive most benefit from action	The status quo privileges adults and wealthy/powerful people – this is not recognised or it is not seen as necessary to address this
Ensure good communication - Have targeted messages, be clear about what we are saying - Ensure the voice of disadvantaged groups is heard - Appeal to both emotion and reason (seek a balance)	People who seek change have a responsibility to be clear about what they are seeking We should not be elitist or use 'charitable' models – those who are presumed to benefit should be heard and be partners Egalitarian Recognise that feelings (affect) are important as well as information – be holistic	Communication about equity and climate change has not been very effective even where people are well-intentioned. The implication is that there has been an expert, 'rational' top down model that may not engage with people's feelings and everyday experiences
Plan for clear outcomes Identify what we are trying to achieve and develop measures to assess this (indicators, targets, benchmarks) Measure and evaluate these regularly Advocate for government and organisations to do this also	Principle recognises importance of being effective and accountable to ourselves in our work, to those affected by the work and to the broader public.	Although this principle is about good practice (ie something to strive for) and is relevant across local work and broader work, the final point also suggests that organisations and government are not always currently following good practice and lack accountability

Appendix 4 Research stage two

Appendix four: Figure 1. Draft schedule of topics for discussion groups



Promoting Equity, Sustainability and Health Stage Two

Focus Group Stage 2 draft schedule

Introductions

In terms of PCP's work on equity and sustainability/climate change, what are some examples of projects?
What are the key achievements?
(Check how PCPs are evaluating and documenting achievements – this will need follow up)

What conceptual frameworks have you used to support your work? (internal or external)
How were they developed (if internal)?
Looking back, what are the strengths of the framework?
Are there gaps?
What changes have been made/still needed?

Returning to implementation
What level of support has there been in the PCP/ organization?
What have been the barriers and enablers
- check how documented and addressed
- are there barriers that could not be addressed? Why

Any unexpected findings?
Have there been competing interests - foreseen/unforeseen – how have you dealt with this?

Has most of your work been?
- within your organization
- in partnerships

What partnerships have you been involved in (as well as the overall partnership)
How have the partnerships worked?

Researcher – what happens now – how participants get access to final results and reports

This was the schedule approved in the Ethics amendment for this stage of the project. The wording in this schedule was modified in practice. In particular I stopped using the terms barriers and enablers after the first interviews with PCP key informants and started using the terminology of 'helpful factors and challenges', as discussed in chapter four. 'Barriers', in particular, did not make

sense when talking about existing projects. I also found that the terminology of 'competing interests' was confusing and did not use that question. The question about partnerships was only asked if there was time. In most groups the focus was on projects and helpful or challenging factors, with some brief discussion of frameworks. I asked about evaluation reports and obtained some information, which I have used at times, for example to provide more detail about projects or illustrate their outcomes. However, as discussed in the thesis, this study was not an evaluation and I do not have enough evidence to discuss the overall effectiveness of projects.

Sources of funding for projects

Appendix four: Table 1. Sources of funding mentioned by participants

Source of funding	Recipient	Associated policy main focus	Used for
Vic Gov't Dep't or Statutory Authority (5):			
Sustainability Victoria	SGGPCP	Environmental/climate change	Project – combined focus*
Department of Human services (now Health) (specific purpose, climate change related)	SGGPCP	Climate Change (probably with focus on vulnerable groups)	Project – combined focus
Vic Gov't Energy and Water Taskforce	Agency (SGGPCP)	Environmental/Climate Change	Project – combined focus
Department of Human services (now Health) Closing the Gap (now Koolin Balit)	WPCP partnership project	Equity/social inclusion (Indigenous health)	Project – combined focus
Department of Human services (now Health) Drought funding	WPCP	Climate (originally funding was response to 2001-09 drought but increasingly seen by PCPs and Department as related/relevant to climate change)	Ongoing PCP work – combined focus
Department of Human services (now Health) Heatwave strategy development/pilot projects	SGGPCP	Climate change and equity (climate change with particular focus on vulnerable groups)	Ongoing PCP work – combined focus
Council (Local Government) (3)			
Council (not otherwise specified)	Agency (ISEPICH)	Equity/social inclusion (Indigenous wellbeing)	Project – combined focus
Council (not otherwise specified)	Small agency (SGGPCP)	Not specified	Project – combined focus

Council, multicultural program	Multicultural community group (ISEPICH)	Equity/social inclusion	Ongoing work - Equity/social inclusion #
Federal government (3)			
Low income energy savers' scheme	SGGPCP	Equity/social inclusion and environment/climate change	Project – combined focus
Home Energy Savers Scheme (Not direct funding but provided opportunities)	WPCP	Equity/social inclusion and environment/climate change	Ongoing PCP work - combined focus
Home Insulation Scheme (Not direct funding but provided opportunities)	SGGPCP	Climate change	Project - combined focus
Philanthropic/Welfare (2):			
Lord Mayor's Charitable Foundation (Melbourne)	Small agency (ISEPICH)	Environmental	Project – combined focus
Jewish Welfare	Agency (ISEPICH)	Equity/social inclusion (Indigenous)	Project – combined focus
Other/not specified (2):			
Partners (organisational, not otherwise specified)	Small agency (SGGPCP)	NS	Project – combined focus
Not specified	Agency (SGGPCP)	NS	Project – combined focus
Project generated (1):			
Project generated (sale of bikes)	Small agency (SGGPCP)	NA	Project – combined focus

Notes:

^This community group has a main focus on environmental issues, therefore is not typical of most agencies and community groups in this study.

* Combined focus – means in the opinion of research participants, the project or activity addressed both equity/social inclusion and environment/climate change (even though one issue might be dominant).

This multicultural senior citizens' group has an interest in environmental/climate change issues (partly as a result of its involvement in this research project), but its main focus is on social inclusion.

Action areas and projects

The table below relates the proposed Action Areas in the ISEPICH Framework in stage one to the projects identified in stage two. Proposed action areas from stage one are shown in blue.

Appendix four: Table 2. Projects and action areas

Action areas from ISEPICH Framework

Starting points		
Community gardens, food security, healthy eating and community meals programs that incorporate a focus on equity and environmental sustainability and help build community (especially in areas that don't already have many of these activities)	Housing sustainability and energy costs - helping to improve housing and reduce energy costs, particularly for low income groups (NB consider also a focus on recycling and active transport)	Conversations with and advocacy to community and powerbrokers on what equity and environmental sustainability mean and why they are important to health and wellbeing. Develop plain language messages, relevant to people's lives
Projects		
There were nine projects addressing these issues	There were ten projects specifically addressing housing sustainability	There were 24 projects that aimed to build capacity in community or organisations, but most had a specific focus (e.g. around housing, food/gardens, etc) and in at least one, organisers specifically avoided talking about 'climate change'. Only six projects were at the broad conceptual level and only

one of these clearly involved advocacy to "powerbrokers".

Community participation

Support volunteers and community participation (including providing training, payment/reimbursement, recognition)

Projects

In a general sense volunteers and community participation was supported but most projects had a specific focus rather than aiming to increase community participation more broadly. None of the projects appear to have provided payment or reimbursement for participation

Develop skills, increase opportunities of program participants (including employment related skills and opportunities)

There were 18 projects that aimed to increase skills and capacity in specific areas (e.g. food and gardening, home sustainability) but no evidence that they aimed to increase employment related skills.

Develop, use and support community champions or mentors

Three projects specifically aimed to develop community champions and mentors

Population groups and settings

Work in relevant settings e.g. streets, neighbourhoods, housing estates, rooming houses (could also include schools and workplaces)

Work with relevant groups e.g. Aboriginal, multicultural, women who have experienced violence, young people

Projects

The majority of these projects aimed to work with people in everyday settings. 14 were primarily located in or directed towards residential settings, including public or community housing, one in a school, seven in/directed towards community facilities/activities, four directed towards transport (including one with workplace setting), plus two were directed towards residential and community settings.

Five projects aimed to work with Indigenous groups, three of these also had a focus on increasing cultural awareness and safety. Four of the ISEPICH projects involved partnerships of CALD groups and councils or other organisations. One project was directed at school age children. None appear to have been specifically directed towards women who have experienced violence

Bring people together

Share knowledge and wisdom, increase cultural understanding (e.g. of multicultural and Aboriginal groups who have traditional knowledge about living sustainably and sharing resources)

Bring generations together

Engage wealthy and powerful groups, call on them to take responsibility for promoting equity and sustainability (not just giving charity)

Projects

Two of the projects involving indigenous people specifically aimed to share their knowledge with the community.

One project specifically aimed to do this and another apparently did.

Apart from one project that specifically aimed to advocate to Council, no other projects appeared to do this.

Infrastructure

Support and seek funding for community infrastructure especially community hubs, and for improving housing sustainability

Projects

Thirteen projects were concerned with supporting community infrastructure/hubs (particularly but not only community gardens) and ten with housing sustainability. One project specifically sought and gained project funding to do this work, and numerous others utilised existing funding, sometimes in innovative ways.

Incorporate a focus on equity and sustainability in all programs

Utilise available evidence and resources including the 'ISEPICH Social Inclusion and Equity checklist'. Share information regularly. Consider developing a sustainability checklist (or adapting an existing one). Utilise existing community indicators or develop and monitor new indicators with community members as needed.

Projects

This action area was specific to the ISEPICH project and could not go ahead without PCP support but is discussed further in chapter nine.

The ISEPICH framework in relation to projects

The principles and action areas of the ISEPICH framework that were well reflected in practice were:

- Taking a community development and settings-based approach
- Starting points for action around food, housing and physical activity
- Focusing on outcomes for disadvantaged groups

Principles and action areas that were somewhat reflected in practice were:

- Sharing Indigenous knowledge and wisdom
- Supporting volunteers and community participation
- Seeking funding for community infrastructure and community housing
- Bringing different people together
- Ensuring good communication, seeking a balance of reason and emotion

Principles and action that did not appear to be much reflected in practice were:

- Advocacy by health promoters/services (there was some advocacy by community groups in ISEPICH)
- Ensuring wealthy and powerful groups take responsibility
- Addressing social and economic determinants at the policy level
- Providing financial support for community participation, especially by disadvantaged groups
- Focusing on young people and early life
- Sharing multicultural knowledge (other than Indigenous)

Other projects

Appendix four: Table 3. Other projects

No.	Description	PCP area
1	Social Justice Charter	ISEPICH (agency)
2	Social Inclusion project	ISEPICH (agency)
3	Carers video, Indigenous and non-Indigenous	ISEPICH (agency/community group)
4	Homeless Memorial	ISEPICH (agency/community group)
5	Indigenous Advisory Group	ISEPICH (community group)
6	Our voices project 1 – community leadership training	ISEPICH (agency)
7	Our voices project 2 - community researchers, awareness and inclusion training for agencies	ISEPICH (community group)
8	Advocacy to council re reducing swimming pool fees for low income groups (unknown if planned or actual)	ISEPICH (community group)
9	Multicultural advisory group for council	ISEPICH (community group)
10	Multicultural activities for seniors week	ISEPICH (community group)
11	Weekly free social meal	ISEPICH (agency)
12	IPads for older women	ISEPICH (agency)
13	Patchwork and quilting group (originally for young mothers but not very successful with that group so opened up and now attracting others e.g. people with mental health issues or who may be socially isolated)	ISEPICH (agency)
14	Yoga group – range of people but try to keep fees low for low income groups	ISEPICH (agency)
15	Exercise classes for older women on public housing estate	ISEPICH (community group)
16	Computer classes for older people, public housing estate	ISEPICH (community group)
17	Multicultural women's choir	ISEPICH (community group)
18	Exercise classes for older people through ethnic senior citizens' group	ISEPICH (community group)

19	Computer classes for older people through ethnic senior citizens' group	ISEPICH (community group)
20	English language classes for older people through ethnic senior citizens' group	ISEPICH (community group)
21	Choir through ethnic senior citizens' group	ISEPICH (community group)
22	GLBTQI strategy for agency/program	ISEPICH (agency)
23	Reconciliation plan for agency/program	ISEPICH (agency)
24	Developing strategy to make walking groups more inclusive	ISEPICH (agency)
25	Community kitchen, aiming to include multicultural, refugee groups	ISEPICH (agency)
26	Men's shed – older men who are sedentary or isolated	ISEPICH (agency)
27	Hospital community advisory group	ISEPICH (community group)
28	Community engagement strategy in council	ISEPICH (agency)
29	Community kitchen – low income focus	SGGPCP
30	Young mothers' group	SGGPCP
31	Dental clinic program with kindergarten – low income focus	SGGPCP
32	Development of partnership/MOU with Windamara Aboriginal cooperative	SGGPCP
33	Equity tool training, incl. focus on inclusion of Indigenous people, people with disability	SGGPCP
34	Bridges out of poverty training	SGGPCP
35	Men's health projects e.g. Men's Sheds, men's health days – men, rural isolation	Wimmera
36	Projects for rural women e.g. Patchwork quilts project – women, rural adjustment, drought	Wimmera
37	Bush nursing outreach, working with stock agents – rural isolation	Wimmera
38	Mental health first aid training	Wimmera
39	Resilience programs in schools	Wimmera

40	Preventive Care Models/Healthy Together programs workplaces and schools – low income, people out of workforce, young people	Wimmera
41	Multicultural awareness training for agencies	Wimmera
42	Indigenous cultural awareness training for agencies	Wimmera
43	Equity lens training for agencies	Wimmera
44	Writing group for carers	Wimmera
45	Hygiene, healthy eating physical activity programs at Horsham North school – low income, Indigenous focus (associated with the School Garden listed in Environmental sustainability and Equity projects table)	Wimmera

Appendix four: Table 4. What helps and challenges compared to findings of literature review

WHAT HELPS?	**Comparison to findings of literature review**	WHAT ARE THE CHALLENGES?	**Comparison to findings of literature review**
Topic 1: "what gets to the table" - knowledge, evidence, policy and power			
Themes: - Knowledge, evidence and expertise - Supportive government policies (at all levels of government) - Being flexible - Understanding how power or influence works in your community - Elected representatives - Local autonomy	Findings from practice research and evaluation: - Political commitment and support identified as the key success factor in Israel Healthy Cities (Donchin et al., 2006)	Themes: - Management and organisations - Changes of government policy and politicisation - Power, influence and inequality in general	Findings from practice research and evaluation: - Re Healthy Cities - larger political and social forces, particularly following global financial crisis and policies of austerity, expected to lead to increasing inequities (Green et al., 2015). - Public health workers addressing climate change and partnering with environmental sector in California identified barriers from politicisation, and lack authorisation or authority (S. Gould & Rudolph, 2015). - 2009 evaluation of 2003 Swedish public health policy found some achievements, but a new, more right-wing government had been recently elected, and policy was being redirected to focus more on health services and behaviour (Lundgren, 2009) Recommendations – cautions, risks challenges:

			- Risks of "economism", or the tendency to "believe that economic considerations and values are the most important" (Hanlon & Carlisle, 2008, p. 357).
Topic 2: "walk in their shoes" - engaging people and building relationships			
Relevance to participants, partners and community Contacts, networks, partnerships and collaboration Leadership, champions Building relationships and trust	Findings from practice research and evaluation: - Active involvement and time committed by coordinators contributed to success in Israel Healthy Cities (Donchin et al., 2006) – also suggested capacity building for coordinators - Working with partners and leadership identified as important success factors in European Healthy Cities (M. Grant, 2015, p. i66)	Engagement, particularly of 'hard to reach' participants	
	Topic 3: "that's a point of view" - ideas, values and communication		
Communication, language and underlying values **[Frameworks]***		Different ideas and understandings, 'silos', narrow definitions of health Culture and practice, the way things are done	Findings from practice research and evaluation: - long term vision, clear messages contributed to success in European Healthy Cities (M. Grant, 2015, p. i66)

			- Public health workers addressing climate change and partnering with environmental sector in California identified barriers from 'compartmentalisation' (siloes) (S. Gould & Rudolph, 2015). Suggested causes relating to failure or inadequacy of health services/health promotion/public health to effectively address environmental and equity issues: - Reductionist epidemiological approaches and quantitative measures that do not take account of social and economic factors (Banken 1999, Grace, Gilbert et al. 2012, Grant 2015) - Biomedical, vertical, fragmented approaches (Demaio, Drysdale et al. 2012) Recommendations – cautions, risks challenges: - Risks of "economism", or the tendency to "believe that economic considerations and values are the most important" (Hanlon & Carlisle, 2008, p. 357).
	Topic 4: "funding is always an issue [but] money isn't everything" - practical factors		

Funding, time and resources (particularly funding) **Materials and technology**		Lack of time, resources or money (particularly time and resources) Burden of responsibility (volunteers) Technical challenges	Findings from practice research and evaluation: - Public health workers addressing climate change and partnering with environmental sector in California identified barriers from lack time and resources (S. Gould & Rudolph, 2015).

Appendix 5. Research stage three

Appendix five: Figure 1. Presentation to participants (final version)

Promoting equity, environmental sustainability and health: report to participants

In the kitchen garden - courtesy Christ Church Community Centre

Valerie Kay, School of Public Health & Preventive Medicine, Monash University
Valerie.Kay@monash.edu

MONASH University
Medicine, Nursing and Health Sciences

Bunjil taught the Boon Wurrung to always welcome guests, but he always required the Boon Wurrung to ask all visitors to make two promises: to obey the laws of Bunjil and ***not to harm the children or the land*** *of Bunjil*

Carolyn Briggs, Local Elder and Traditional Owner, 'Wominjeka (Welcome to Country)', ISEPICH Forum, 22 February 2012

Research aim: strengthen the focus on equity and environmental sustainability in health promotion (and health and community system)

Community based participatory action research

- Health promotion, community development/action
- Focusing on frameworks - guides to practice

Today:

- Checking that findings of the project (particularly from stage 2) make sense
- Main aim: feedback on reflections and implications

ISEPICH
Aiming to integrate priorities re health inequalities and environmental sustainability

Two forums, 69 people, 22 in ongoing research project, workers and community members

Developed draft local framework

ISEPICH Framework - themes

- Community and inclusion: people working together to care for each other and the earth
- Importance of evidence and evaluation, also different kinds of knowledge and perspectives
- Respect knowledge of Indigenous peoples
- Act to benefit those most affected, particularly young people, disadvantaged or marginalised groups
- Measures to ensure vulnerable groups have voice in planning and policy; advocacy to ensure wealthy and powerful groups take responsibility
- Starting small, in local settings; initial action around food, housing, and physical activity

Research participants' views:

- Meaning of equity not clear
- Identified potential barriers

Zoe (staff member): *we tend to be the ambulance at the bottom of the cliff and we forget we should be up here, advocating for policy change*

Heather (staff member): *in society people* [believe they] *own their job and they own their income – you know it's a … you know it's all theirs and therefore they* [believe they] *shouldn't have to share it I guess*

Angela (staff member): *I go to the gym and the car park looks like a luxury you know four wheel drive car yard … you know, car after car after car*

Bron (community member): *the whole world turns on the oil bloody companies*

Stage 2 – action and observation 2013

ISEPICH plus 2 other PCPs

Southern Grampians and Glenelg PCP - a leader in addressing climate change
8 participants

Wimmera PCP – particularly affected by climate events and rural restructuring
7 participants

Projects

31 environment and equity projects

Issues addressed:
Promote equity/social inclusion
Build community or organisational capacity
Increase housing sustainability
Food security and access, improve access to fresh local food
Active transport
Increase access to nature
Support Indigenous participation and cultural awareness
Focus on early life, young people*
Advocacy*

(* Only 2 of each)

"The garden continues to be an exciting and welcomed multi layered positive activity for the students and families of the Horsham Primary School which has already encouraged positive connections and a broader understanding of cultures and healthy choices which can be built upon in future" – Steering committee member

"A sense of community has been fostered with this project, promoting engagement and ownership for students, staff, parents and the surrounding Horsham North families. It is an excellent platform for the promotion of healthy eating and growing your own food. We love our "Good Tucker Good Health garden!" – Campus School Principal

What helps? What are the challenges?

What helps?	What are the challenges?
Topic 1: "what gets to the table" - knowledge, evidence, policy and power	
• Knowledge, evidence and expertise • Supportive government policies (at all levels of government) • Being flexible • Understanding how power or influence works in your community • Elected representatives • Local autonomy	• Management and organisations • Changes of government policy and politicisation • Power, influence and inequality in general
Topic 2: "walk in their shoes" - engaging people and building relationships	
• Relevance to participants, partners and community • Contacts, networks, partnerships and collaboration • Leadership, champions • Building relationships and trust	• Engagement, particularly of 'hard to reach' participants
Topic 3: "that's a point of view" - ideas, values and communication	
• Communication, language and underlying values • [Frameworks]*	• Different ideas and understandings, 'silos', narrow definitions of health • Culture and practice, the way things are done
Topic 4: "funding is always an issue [but] money isn't everything" - practical factors	
• Funding, time and resources (particularly funding) • Materials and technology	• Lack of time, resources or money (particularly time and resources) • Burden of responsibility (volunteers) • Technical challenges

Stage 3 Reflections (in progress)

- Positive work in local areas, but in broader context –
  - Inequality increasing (ACOSS report)
  - Time running out to tackle climate change and environmental destruction
- Importance of bringing local and broader context together
- Ecofeminist analysis: why this project (and HP) has different discourse from mainstream + is predominantly female + nature of challenges
- Connections between environmental sustainability and equity agendas?
  - Yes, but not necessarily convincing politically – need more definition and evidence

Frameworks – strengths and limitation

ISEPICH, SGGPCP, Victorian IHP Kit, Ottawa Charter, + SE Healthy Communities/enliven, Patrick et al (Deakin University)

Strengths

- Community and settings based, inclusive
- Sustainable, affordable housing, local, fresh, affordable food, active transport and physical activity*
- Local relevance, building and maintaining relationships, engagement, partnerships and networks

Limitations

- Lack of clarity re equity (what outcomes are we looking for?)
- Frameworks talk about advocacy but little in practice, community groups rather than HP
- Adversarial politics, hierarchical organisations and existing inequities all challenges, but frameworks don't fully address them

(*cf Patrick and Kingsley, HPIA April 2016 "focus on healthy and sustainable food, active transport, energy efficiency and contact with nature")

Suggestions for frameworks 1:

1. Publicise the work that is being done in local communities, such as the examples in this project (for discussion re Climate and Health Alliance)

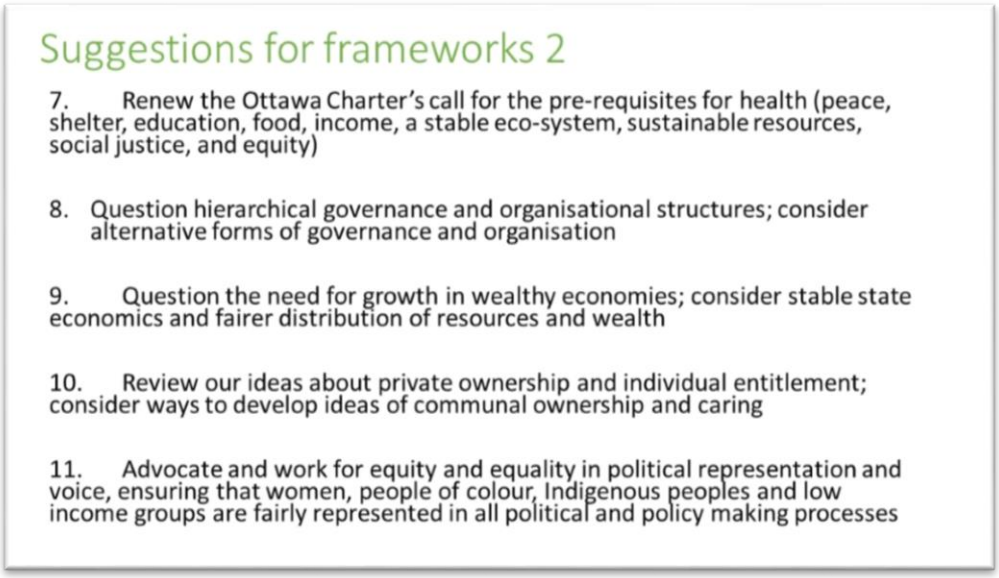
2. Support local autonomy, co-planning and learning with community, including highly disadvantaged and hard to reach members (including 'safe to fail' approaches)*

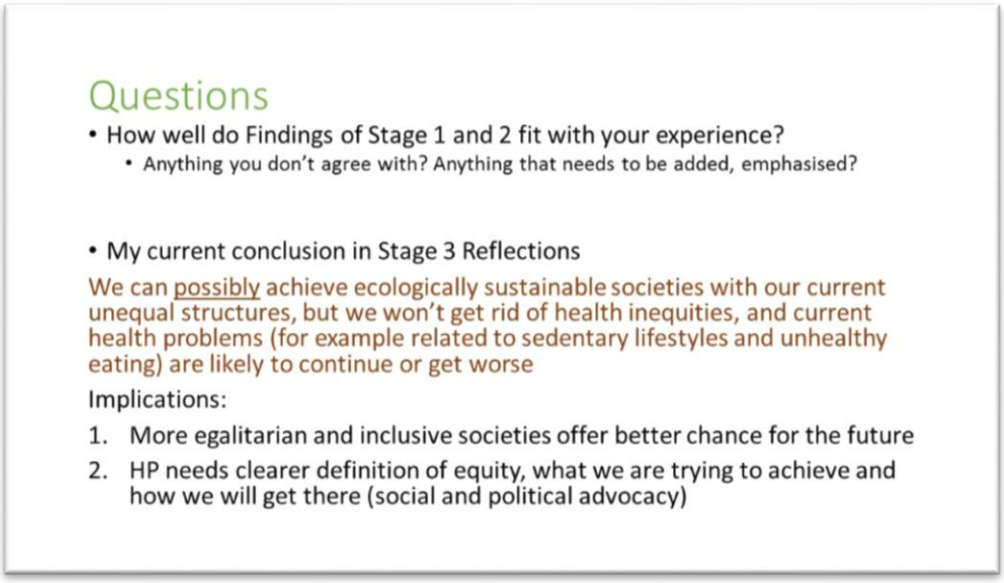
3. Develop appropriate evaluation and measures of community wellbeing, strengthening community, building capacity and resilience *

4. Support volunteers and community action, recognise the value of unpaid work and call for its recognition at local, state and international levels. Recognise that not everybody can engage in paid work, particularly as it is currently structured.*

5. Advocate for the adoption of non-monetary measures of wellbeing at state, national and international levels

* Modified following feedback





This is the final (third) presentation. The questions put to participants were slightly different in the earlier two sessions as outlined below. I also modified the 'suggestions for frameworks' slightly based on feedback from the following sessions

The questions asked in each session were:

Session 1 (ISEPICH - workshop 24 February 2016, plus follow up meetings with four participants on 17 March 2016): "To promote equity and environmental sustainability, what issues do health promotion and community development need to address? What needs to be covered in a framework?"
Session 2 (SGGPCP Health Promotion network meeting 12 April 2016): "Feedback on reflections and implications, particularly suggestions for HP framework development - are suggestions justified? other important points?" I gave people at the meeting a handout which included the recommendations for frameworks (as in presentation) and invited any comments in person or by email.

Session 3 (Wimmera PCP Health Promotion network meeting 9 August 2016) “Feedback on reflections and implications”. I asked for general comment in the meeting - there was little direct comment mainly due to lack of time, but I stayed on for the rest of the meeting and some of the issues from the presentation, or relevant to it, were raised in later discussion. In addition, I gave people at the meeting a feedback sheet.

Summary of feedback in stage 3

A discussion and summary of the feedback was shown on the project blog at

http://fairgreenplanet.blogspot.com.au/2017/03/results-of-feedback-sessions.html

Analysis of frameworks

Appendix five: Table 1. Analysis of frameworks in relation to helpful factors and challenges

	Ottawa Charter (OC) (international)	**Victorian Integrated HP Kit (IHP Kit) (state level)**	**Patrick et al 'Health promotion and sustainability' (state level)**	**SGGPCP framework (local - PCP)**	**SEHCP Climate Change and Vulnerable Groups (local - PCP)**	**ISEPICH framework**
Topic 1: "what gets to the table" - knowledge, evidence, policy and power – What helps?						
Knowledge, evidence and expertise	Does not have much focus on evidence and knowledge, but does implicitly call for local knowledge	Strong focus on evidence, but focus on local knowledge and expertise not as strong	Strong evidence base and case studies also make this local. Also discusses transferability of HP competencies. Importance of understanding community. Engaging community in vision setting	Strongly focused on local evidence and knowledge	The story line concept encourages the building of local knowledge	Strong on evidence and knowledge local and general
Supportive government policies (at all levels of government)	Strongly	Refers to supportive policies but in relation to government of day	Strong recognition of policy context	Considerable discussion of government policy context. Strong focus on policy and advocacy in potential strategies but not in action plan	-	Strong focus on advocacy
Being flexible	Partially through 'mediate'	Somewhat - adapting to local circumstances	Notes that HP approaches were adapted to address CC/environment	-	-	-
Understanding how power or influence works in your community	Calls for local autonomy but little attention to power at this level	Similar to OC. There are also brief references to "political antennae"	-	Strong focus on community building but little re power	-	-

	Ottawa Charter (OC) (international)	Victorian Integrated HP Kit (IHP Kit) (state level)	Patrick et al 'Health promotion and sustainability' (state level)	SGGPCP framework (local - PCP)	SEHCP Climate Change and Vulnerable Groups (local - PCP)	ISEPICH framework
		in implementation p 41				
Elected representatives	-	-	-	-	-	-
Local autonomy	Strongly	Similar to OC?	Case studies support idea	Strong focus on local action	Story line approach supports local solutions	Strong focus on local action
Topic 1: "what gets to the table" - knowledge, evidence, policy and power – Challenges?						
Management and organisations	A little on working conditions but nothing on hierarchy as such	Refers to "steep power hierarchies" within communities and workplaces as a risk factor p 22. Also refers briefly to organisational values on p 56 but not the challenges of addressing them. Refers approvingly to "flat management and governance structures" on p 61	North Yarra case study includes work on organisational culture "environmental sustainability working group has driven internal environmental policy and practice initiatives." CCHS case study. Management noted as significant	There was a focus on gaining senior management support as first step of action plan	-	Strong focus on power but not on hierarchy
Changes of government policy and politicisation	Focus on policy. Does not address issues of politicisation, adversarial politics	Advocacy briefly mentioned at local gov't level pp 43-4. Discussed in settings and supportive environments again largely with local focus and often in a regulatory context.	Strong recognition of policy context, but does not discuss politicisation. WHIN case study inc advocacy (re gender). Advocacy, policy not part of plan	Considerable discussion of gov't policy context. Strong focus on policy and advocacy in potential strategies but not in action plan. Does not address politicisation	-	Focus on advocacy

	Ottawa Charter (OC) (international)	Victorian Integrated HP Kit (IHP Kit) (state level)	Patrick et al 'Health promotion and sustainability' (state level)	SGGPCP framework (local - PCP)	SEHCP Climate Change and Vulnerable Groups (local - PCP)	ISEPICH framework
		Does not address broader policy settings. Politicisation is not mentioned. Relevant that this is produced by a government department				
Power, influence and inequality in general	Inequality strongly, but does not address issues of power and influence	Similar to OC, but does refer to steep hierarchies as above. Uses social capital as a key concept, but acknowledges communities can be unhealthy, excluding	-	-	-	Addresses issues of power and inequality directly
Topic 2: "walk in their shoes" - engaging people and building relationships – What helps?						
Relevance to participants, partners and community	Acknowledges difference in local needs, calls for local autonomy and empowerment	Similar to OC but role of community still seems somewhat passive. Role of community seems rather limited and Kit does not address barriers to participation practically. Language around "key stakeholders" is confusing. There is a lack of clarity over	Case studies support this. Understanding community need	Very strong	Focus on local impacts	Very strong

	Ottawa Charter (OC) (international)	Victorian Integrated HP Kit (IHP Kit) (state level)	Patrick et al 'Health promotion and sustainability' (state level)	SGGPCP framework (local - PCP)	SEHCP Climate Change and Vulnerable Groups (local - PCP)	ISEPICH framework
		consumers vs community.				
Contacts, networks, partnerships and collaboration	Calls for collaboration and coordinated action - does not address detail except calls for equal partnership of men and women in HP	Strongly, but see also comments above	Emphasises partnerships with env't'l sectors. Case studies demonstrate partnerships. Plan engaging partners	Action plan has strong focus on building partnerships including with community members	Storyline concept encourages partnership approaches including with community	Strong focus on partnerships with community including with marginalised
Leadership, champions	-	Mainly health promoters seen in this role, esp. p 61	Case studies illustrate several examples of leadership/ champions	Promotes community leadership	-	Strong on community leadership
Building relationships and trust	Calls for caring	Refers to trust building in partnerships, p 62 but appears mainly to refer to service providers rather than program participants and community members	-	-	Storyline approach can be used to build relationships	Strong focus on building relationships
Topic 2: "walk in their shoes" - engaging people and building relationships – Challenges?						
Engagement, particularly of 'hard to reach' participants	Calls for community empowerment and support for individuals to increase participation	See comments above. There are references to other resources on community participation but little in the guide specifically re the engagement of hard	-	Evidence around vulnerability, action plan has community development focus on working with vulnerable towns. Also focus on farm families and access to services	Focus on vulnerable groups and what CC means to them	Very strong focus

	Ottawa Charter (OC) (international)	Victorian Integrated HP Kit (IHP Kit) (state level)	Patrick et al 'Health promotion and sustainability' (state level)	SGGPCP framework (local - PCP)	SEHCP Climate Change and Vulnerable Groups (local - PCP)	ISEPICH framework
		to reach. There is some attention to this at the 'solution generation' stage but this is perhaps a bit late				
Topic 3: "that's a point of view" - ideas, values and communication – What helps?						
Communication, language and underlying values	Values - Caring, holism and ecology - addressed. Language and communication not addressed	Communication - quite strong, including to community. Social marketing - but maybe ambivalent as this is a technique of persuasion (the limitations of social marketing are discussed on p 49 but within favourable context). Values - not as strong as OC. Organisational values and culture briefly discussed.	Strong emphasis on meaning, OC values about care. Nature as health promoting. Health and env't'l approaches have common concern with equity including intergenerational	Communication is a general theme and strong emphasis on information and education on climate and health. Values implicit but strong emphasis on equity similar to OC	Storyline approach has strong focus on communication	Strong focus on communication.
Topic 3: "that's a point of view" - ideas, values and communication – Challenges?						
Different ideas and understandings, 'silos', narrow definitions of health	Strongly calls for broader definition of health and changed role for health sector	Similar to OC but weaker, very weak on ecology. However in sections on practice has a greater	Strong emphasis on meaning, why environment is significant to health. Not as strong in plan	Strongly based on OC. Has strong focus on why climate and environment are significant to health.	Storyline approach encourages broad understanding of health and CC impacts. Includes	Strong focus on meanings and broad definitions health

	Ottawa Charter (OC) (international)	Victorian Integrated HP Kit (IHP Kit) (state level)	Patrick et al 'Health promotion and sustainability' (state level)	SGGPCP framework (local - PCP)	SEHCP Climate Change and Vulnerable Groups (local - PCP)	ISEPICH framework
		emphasis on individual clinical (e.g. screening) and behavioural than OC. Section on organisational development. Generally a rational approach (e.g. priority setting envisaged as a rational process although acknowledges that it is complex), does not engage with deeper issues about discourse and ideology		Broadening definitions of health, strong focus on social determinants as well as env't	discussion of mitigation by health services	
Culture and practice, the way things are done	-	-	Writes of current era as historical "time of transition"	-	-	Focus on diversity and young
Topic 4: "funding is always an issue [but] money isn't everything" - practical factors – What helps?						
Funding, time and resources (particularly funding)	Calls for investment in health	Calls for investment in HP. Acknowledges importance of capacity (physical and other), calls for specific resources	Case studies - note HP funding used as well as additional funding sought. Funding issues noted as significant	Action plan includes focus on sourcing funding	-	Calls for infrastructure and funding

	Ottawa Charter (OC) (international)	Victorian Integrated HP Kit (IHP Kit) (state level)	Patrick et al 'Health promotion and sustainability' (state level)	SGGPCP framework (local - PCP)	SEHCP Climate Change and Vulnerable Groups (local - PCP)	ISEPICH framework
Materials and technology	-	Information systems acknowledged in context of HP planning and evaluation		-	-	-
Topic 4: "funding is always an issue [but] money isn't everything" - practical factors - Challenges?						
Lack of time, resources or money (particularly time and resources)	Calls for investment in health and re-orientation of health services to HP	Calls for investment in HP, discusses issues of capacity in some detail. Calls for specific resources.	Funding issues noted as above	-	-	As above
Burden of responsibility (volunteers)	Community and individual empowerment and support	Does not really engage with this issue	-	Specifically includes action to reduce "volunteering fatigue" p 22	-	Strong focus on support for volunteers esp. disadvantaged
Technical challenges	-	As above	-	-	-	-

Summary

Topic 1: "what gets to the table" - knowledge, evidence, policy and power

Helpful factors

- Knowledge, evidence and expertise

The Ottawa Charter does not have a strong focus on knowledge and evidence but does call for understanding needs and circumstances of local communities. All other frameworks emphasise the importance of knowledge and evidence. The ISEPICH framework has a strong focus on both the importance of knowledge and evidence in general, and on local and cultural knowledge specifically.

- Supportive government policies

The Ottawa Charter has a strong emphasis on government policy and advocacy. All other frameworks except the enliven/SEHCP framework acknowledge the importance of government policy. The SGGPCP framework and the ISEPICH framework also focus on policy advocacy, although advocacy is not in the action plan of the SGGPCP framework.

- Being flexible & Understanding how power and influence works in your community

The Ottawa Charter and the Victorian HP Kit show some recognition of these factors, but there appears to be little in other frameworks.

- Elected representatives

None of the frameworks consider the possible role of elected representatives in supporting local health promotion.

- Local autonomy

All frameworks nominally support the empowerment of local communities. The Victorian HP Kit, however, is both a resource for health promotion practice and also a bureaucratic document providing guidelines on how health promotion should be practised, produced by the Department that funds health promotion. Therefore there may be an inevitable tension between the stated support in the Kit for local empowerment and the bureaucratic requirement that funded health promotion must follow certain guidelines (in practice there are also likely to be tensions within the health department or within government and bureaucracy more generally over this issue).

Challenges

- Management and organisational culture

The only framework which includes any critique of hierarchical management and organisational structure is the Victorian IHP Kit (pp 22, 56, 61) and this is largely incidental or implicit. The SGGPCP framework includes gaining senior management support as a priority in the action plan, and Patrick et al discuss organisational development in case studies.

- Changes of government policy and politicisation

As mentioned, most frameworks recognise the importance of government policy, and several include advocacy. None, however, explicitly address the challenges of adversarial politics and politicisation.

- Power, influence and inequality in general

The Ottawa Charter has a strong emphasis on inequality but does not engage with power and influence as such. The Victorian IHP Kit is similar to the Charter but its use of social capital as a key concept may divert from issues of structural power and inequality. The ISEPICH framework appears to be the only one that directly attempts to deal with issues of unequal wealth, power and influence.

Topic 2: "walk in their shoes" - engaging people and building relationships

Helpful factors

- Relevance to participants, partners and community

The Ottawa Charter acknowledges the importance of local and cultural needs and circumstances but does not go into detail. The Victorian IHP Kit is not clear in this area, particularly in the use of terms such as 'key stakeholders', 'community' and 'consumers' and seems somewhat top-down and more focused on service providers than community engagement. All other frameworks are strong in this area.

- Contacts, networks, partnerships and collaboration

The Ottawa Charter has a strong focus on partnerships, collaboration and inter-sectoral action but does not go into detail. The Victorian IHP Kit has a strong focus on partnerships but the concerns mentioned above are also relevant here. The other frameworks have a strong focus on this area and the ISEPICH framework is particularly strong on working in partnership with disadvantaged or marginalised groups.

- Leadership, champions

The Ottawa Charter does not address this. The Victorian IHP framework appears to focus on this mainly as a role for health promoters. Patrick et al's case studies highlight some examples of leadership and champions. SGGPCP and ISEPICH frameworks both promote community leadership; the ISEPICH framework is strong in this area.

- Building relationships and trust

The Ottawa Charter has an emphasis on caring relationships. The Victorian IHP Kit mainly seems to focus on trust between service providers (p 62). The enliven/SEHCP storyline approach can be used to build relationships and the ISEPICH framework has a strong emphasis on relationship building and diversity.

Challenges

- Engagement, particularly of 'hard to reach' participants

The Ottawa Charter calls for community and individual empowerment. The Victorian IHP kit calls for community participation but there is some lack of clarity, as discussed above. The SGGPCP and enliven/SEHCP frameworks have a strong focus on recognising and working with vulnerable groups. The ISEPICH framework has a very strong focus on engaging and working with vulnerable or marginalised groups and includes practical measures to support this.

Topic 3: "that's a point of view" - ideas, values and communication

Helpful factors

- Communication, language and underlying values

The Ottawa Charter has a very strong focus on values, but the practicalities of communication are not addressed. The Victorian IHP Kit has quite a strong focus on communication but some of it is about social marketing and persuasion rather than values and understanding. The local frameworks have a fairly strong emphasis on communication in terms of understanding, and Patrick et al also has interesting discussion of values around nature and inter-generational equity.

Challenges

- Different ideas and understandings, 'silos', narrow definitions of health

The Ottawa Charter has a very strong focus on a broader definitions of health including an ecological focus. The Victorian IHP is theoretically similar to the Charter in regard to equity and the social determinants of health, but practical terms it is weaker, with relatively more focus on individual and clinical approaches (such as screening). It is very weak on ecological approaches. The other frameworks all have a strong focus on broad definitions of health and strong environmental/ecological approaches.

- Culture and practice, the way things are done

The only two frameworks that appear to address this are Patrick et al, which talks about the current era as a time of transition, and the ISEPICH framework, which emphasises diversity, culture and the importance of early life.

Topic 4: "funding is always an issue [but] money isn't everything" - practical factors

Helpful factors

- Funding, time and resources (particularly funding)

All frameworks except the enliven/SEHCP framework call for investment in health promotion.

- Materials and technology

The Victorian IHP Kit is the only one that mentions the importance of technology (information systems).

Challenges

- Lack of time, resources or money (particularly time and resources)

The Ottawa Charter's call for the reorientation of health services towards health promotion is particularly relevant here (also see comments above).

- Burden of responsibility for volunteers

The SGGPCP and ISEPICH frameworks both address this issue, the latter including material support for community participation.

Appendix five: Table 2. Analysis of frameworks in relation to equity, hierarchy and gender

	Ottawa Charter (international)	**Victorian Integrated HP Kit (state level)**	**Patrick et al 'Health promotion and sustainability' (state level)**	**SGGPCP framework (local - PCP)**	**SEHCP Climate Change and Vulnerable Groups (local - PCP)**	**ISEPICH framework**
1. Is there a clear definition of equity?	'Pre-requisites for health' is a strong comprehensive statement, equity is included but not defined. Also mentioned elsewhere but never defined.	"Act to reduce social inequities and injustice" "if differences in health status result from different living conditions (such as reduced access to nutritious foods, inadequate housing, lack of access to appropriate health care, lower income levels, stressful work conditions and frequent periods of prolonged unemployment), then inequalities in health status are the result of social inequities." P 23	"vulnerable groups include people with low socioeconomic status, people from culturally and linguistically diverse backgrounds, people with chronic illnesses, the elderly, single women and children" p 18 Low SES p 19	Follows IHP framework principles p 9 Equity in context of this framework is mainly about groups vulnerable to CC e.g. p 14	Discusses social model of health but main focus on ecological impacts (interesting socioecological analysis) Similar to SGGPCP, considers in terms of groups vulnerable to CC p 3 Following aspects of "economic development" are "components of the adaptive capacity" "Fairness of risk & vulnerability to hazard • Level and diversity of economic resources • Equity of resource distribution" p 4	Addressing social and economic determinants Include and engage disadvantaged groups (includes measures for doing so) and ensure they have voice, ensure benefits for disadvantaged groups Includes reference to ISEPICH Social Inclusion and Equity checklist
2. Are issues of individual ownership, competition, hierarchy or inequality	"different interests" acknowledged but not defined	"political, social, economic and environmental factors are critical"	Low SES p 19	Follows IHP framework principles p 9	No	"Advocate to government and powerbrokers"

	Ottawa Charter (international)	Victorian Integrated HP Kit (state level)	Patrick et al 'Health promotion and sustainability' (state level)	SGGPCP framework (local - PCP)	SEHCP Climate Change and Vulnerable Groups (local - PCP)	ISEPICH framework
acknowledged or addressed?		P 22 "Risk conditions Poverty Low social status Dangerous work Polluted environment Natural resource depletion Discrimination (age, sex, race, disability) Steep power hierarchy (wealth, status, authority) within a community and workplace" "Economic and regulatory activities:" and Advocacy both discussed – latter can include "direct political lobbying" Examples given of former incl. regulations around tobacco p 53 (example given of what PCPs could do is an award scheme)				"Ensure that wealthy and powerful groups take responsibility" Also references re disadvantage and ensuring participation and voice
3. Is historical development of hierarchy or inequality or relationship with patriarchy or gender	No	"Explicitly consider difference in gender and culture"	Vulnerable groups p 18 *"Our current Western lifestyle is acting against good health*	Follows IHP framework principles p 9	No	"women who have experienced violence" identified as relevant group to work with

	Ottawa Charter (international)	Victorian Integrated HP Kit (state level)	Patrick et al 'Health promotion and sustainability' (state level)	SGGPCP framework (local - PCP)	SEHCP Climate Change and Vulnerable Groups (local - PCP)	ISEPICH framework
acknowledged or addressed?			*(overconsumption, inactivity and separation from nature). How does working toward sustainability help us to address this?"* p 37 (as example) not identifying causes			
4. Are imperialism, racism or dispossession of Indigenous peoples acknowledged or addressed?	No	"Explicitly consider difference in gender and culture"	Draws on Indigenous images, mentions role in stewardship etc p 14 Vulnerable groups (CALD) p 18	Follows IHP framework principles p 9	Vulnerable groups	"Ensure that the wisdom of Aboriginal heritage and of diverse cultures is respected and given voice in programs" Also as disadvantaged groups "Share knowledge and wisdom, increase cultural understanding (e.g. of multicultural and Aboriginal groups who have traditional knowledge about living sustainably and sharing resources)"

	Ottawa Charter (international)	Victorian Integrated HP Kit (state level)	Patrick et al 'Health promotion and sustainability' (state level)	SGGPCP framework (local - PCP)	SEHCP Climate Change and Vulnerable Groups (local - PCP)	ISEPICH framework
5. Is the role of capitalism or private profit acknowledged or addressed?	"different interests" acknowledged but not defined	Case study p 18 CV risk male employees two businesses "workplaces taking increased responsibility for the health and wellbeing of employees" E.g. of advocacy incl. lobbying for ban on smoking in enclosed spaces p 43-44 Mentions "industry' as one of groups that may "disagree' on social action p 44	"current western lifestyle" as above	"Advocate for policy on decreasing television advertising of fast food to children" P 20	No	"Ensure that wealthy and powerful groups take responsibility"
6. Is epistemology or discourse in which 'Man' or 'Humanity' is privileged over nature acknowledged or addressed? (incl. utilitarian attitude)	"The overall guiding principle for the world, nations, regions and communities alike, is the need to encourage reciprocal maintenance - to take care of each other, our communities	No (in contrast to OC, there is very little discussion of environment and it is all in terms of effect on human health)	Still within utilitarian focus but strong emphasis on ecological metaphors (thinking like a planet) "Like the water cycle – in constant change, renewal and harmony, and inextricably	Pragmatic/utilitarian focus – impact of climate change on human health However interesting discussion about contact with nature	Similarly to SGGPCP pragmatic/utilitarian focus looking at health but discusses ecological impacts and balancing impacts on health and ecology e.g. re DDT "Good choices in regard to climate change benefit	No

	Ottawa Charter (international)	Victorian Integrated HP Kit (state level)	Patrick et al 'Health promotion and sustainability' (state level)	SGGPCP framework (local - PCP)	SEHCP Climate Change and Vulnerable Groups (local - PCP)	ISEPICH framework
	and our natural environment." "to address the overall ecological issue of our ways of living."		connected to life – so too the work of the health practitioner" p 5 (uses images of nature, Indigenous art) Starts with quote about overall guiding principle from OC "Humans are increasingly separated from natural systems, and have exploited them without consideration of their long-term sustainability, seeing the environment as 'other' and human and environmental health as separate realms" p 12 and elsewhere	and relationship with nature on pp13-14	individuals and societies without harming the environment." pp2-3	
7. Is epistemology or discourse in which competition and the production of goods and services for trade and exchange are privileged over	Health is created by caring for oneself and others … " "to recognize health and its maintenance as a major social	Includes action to reduce "volunteering fatigue" p 22	No	No	No	"Support volunteers and community participation (including providing training, payment/ reimbursement, recognition)"

	Ottawa Charter (international)	Victorian Integrated HP Kit (state level)	Patrick et al 'Health promotion and sustainability' (state level)	SGGPCP framework (local - PCP)	SEHCP Climate Change and Vulnerable Groups (local - PCP)	ISEPICH framework
cooperation or local and domestic work of caring for people and nature acknowledged or addressed?	investment and challenge ..” “to counteract the pressures towards harmful products, resource depletion, unhealthy living conditions and environments, and bad nutrition; and to focus attention on public health issues such as pollution, occupational hazards, housing and settlements;”					
8. Are contemporary hierarchical (‘kingdom’) organisational structures acknowledged or addressed?	No	HP workers recommended to seek support of “senior managers, boards and governance committees” p 39 Involving senior managers on HP committees p 56 Refers positively to "flat management	“Engaging senior management” as significant “enabler” p 34	Aim for senior managers to incl. CC in plans p 27	No	No

	Ottawa Charter (international)	Victorian Integrated HP Kit (state level)	Patrick et al 'Health promotion and sustainability' (state level)	SGGPCP framework (local - PCP)	SEHCP Climate Change and Vulnerable Groups (local - PCP)	ISEPICH framework
		and governance structures" on p 61				
9. Is gendered nature of work (including caring and health promotion work) acknowledged or addressed?	"Caring, holism and ecology are essential issues in developing strategies for health promotion. Therefore, those involved should take as a guiding principle that, in each phase of planning, implementation and evaluation of health promotion activities, women and men should become equal partners."	No	No	No	No	No
10. Is there acknowledgement that principles and values of health promotion and/or promoting equity and environmental sustainability may be in opposition to dominant discourse	"to counteract the pressures towards harmful products, resource depletion, unhealthy living conditions and environments, and bad nutrition; and to focus attention on public health issues such as	?	"current western lifestyle" as above	?	?	References to power, powerbrokers, responsibility etc

	Ottawa Charter (international)	Victorian Integrated HP Kit (state level)	Patrick et al 'Health promotion and sustainability' (state level)	SGGPCP framework (local - PCP)	SEHCP Climate Change and Vulnerable Groups (local - PCP)	ISEPICH framework
and epistemology in our society?	pollution, occupational hazards, housing and settlements;"					
General Comments	CSDH was set up to do further work on equity but still not clearly defined even there. Most of the questions here are hinted at by the charter and ecological values are quite strongly promoted. However there is little acknowledgement of gender, no direct acknowledgment of patriarchy, and no direct acknowledgment of hierarchy or capitalism. No acknowledgement of colonisation, dispossession, racism	[Local DH office] "ensures that special needs groups are targeted' Frequently discusses 'key stakeholders' but not those whose interests are opposed Quotes from Alma Ata incl. Political action. Cooperation between countries. Reduction of money spent on armaments in order to increase funds for primary health care. "World peace." P 27 Pragmatic recognition of hierarchy and		Includes advocacy but to government. Does include advocacy for control fast food advertising	"Mitigation requires global economic and social change" p 1	Strong emphasis on equity, inclusion, working with 'disadvantaged' groups rather than seeing only as vulnerable Acknowledges (differential) power and wealth but does not analyse

Ottawa Charter (international)	Victorian Integrated HP Kit (state level)	Patrick et al 'Health promotion and sustainability' (state level)	SGGPCP framework (local - PCP)	SEHCP Climate Change and Vulnerable Groups (local - PCP)	ISEPICH framework
It is a positive statement, not confrontational	some analysis on inequity and SDHs, recognises political advocacy in theory				

Personal reflections – summary of key themes

Reflective journal - themes and examples (excerpts from journal)

Ethics and research process – challenges in participatory research:

25 November 2011 "Ethics process was so lengthy and time consuming. Having to have translations redone for every minor change and provide to committee was a particularly time consuming and expensive exercise. A project like this which involves trying to bring together people from a range of backgrounds to share ideas is hugely complicated. Also because it involves different organizations."

9 December 2011 "however the deeper problem is that the ethics approach (everything must be organized in advance and you are supposed to stick with that) does not fit a participatory action research project. For PAR it ought to be about the principles – that you understand the principles of ethical research and can apply them in different situations – this would fit much better with the flexibility required of PAR. This approach (conventional ethics) means I effectively have to determine what will happen – thus leaving limited room for input from participants. In itself raises ethical questions."

30 Dec 2013 "[reflecting on my research skills]… In interviewing - too much hesitation, repetition, qualification - could be clearer and more confident. Positives - interviews are pretty good. Content - should have focused more on links b/w equity and sust'y, feasibility of addressing both at once. Need to think about what the change means more - switch from participant action research to more observer role."

Personal capacity:

25 November 2011 "I really have to learn to ask for help more and be more organized – it is so hard … Constantly trying to tell myself not too get stressed - not the end of the world if not all perfect - but hard to relax."

1 May 2012 "Better put down a few more thoughts as I have done bugger-all else today. I am really struggling with this. … What is the point? - as Australia hurtles towards a liberal government that seems determined to wind the clock back on any progress towards environmental sustainability or equity."

15 July 2012 "As I am [also] starting on [a consultancy] … this week it will be additional pressure however I think that will be an interesting job if I can overcome my initial anxiety"

Management and organisation:

[Problems within the organisation where I was employed had culminated in an Ombudsman's investigation in 2008-09. This led to major changes of management, however for the department in which I worked, these were negative. Staff in this department, including myself, had actively resisted the poor culture which led to the investigation, but when a new manager was appointed we were treated as if we had been part of that poor culture.]

6 February 2012 "Back at work and back into the thick of work politics. I am trying to organize the second forum – while I still have unfinished tasks from the first one too – and at the same time the ISEPICH staff team is going through a 'review' ".

10 Feb 2012 “Things at work have just gone completely pear-shaped. One of my colleagues has just lost her job” [another one subsequently resigned shortly after]

19 February 2012 “… Of course all of this [work situation] is dependent on whether we continue to be funded. … The Baillieu govt is trying to save money this year and PCPs would be an obvious target … As regards my position (Health Promotion) the B govt is putting a lot more money into local government HP, and I think that is where the focus will be …”

17 April 2012 “The key thing that has happened is that I have resigned [including me, three out of a team of four ISEPICH staff had now left, and a member of the ISEPICH Executive Committee had also resigned over the treatment of staff] ... I got lots of wonderful messages of support after I said I was resigning. But now I have to make this work – continuing the relationship for the research while not working there any more”

23 April 2012 “I’m finding this adjustment to not working (ie not being employed) so hard. Of course work provides an external structure, team work etc …. Thinking reflectively do I think that I did the right thing?”

24 April 2012 [Attended a morning tea addressed by a senior academic at Monash University on career development] “ I was struck by some of his answers to questions about ‘barriers’ etc (from a female student) … I did get the feeling … that people like that (male ?middle-class ?private school) don’t encounter the barriers that women/people from NESB backgrounds (like his questioner) do.”

15 May 2012 “Had a discussion with Manager X [at ISEPICH] … [she] became quite hostile. Don’t understand what her problem is exactly but clearly I’ve got her back up in big way ….”

17 May 2012 “Gave presentation to Exec today [re future of project and research] …. [Manager X] asked critical questions “

21 June 2012 “Heard from [Manager X] a couple of weeks after I presented to ISEPICH exec – letter did not say much. Apparently they had considerable discussion. Contacted her for follow up but has not been very satisfactory”

15 July 2012 [met with new ISEPICH Executive officer] “… Said she had no power to make decisions in relation to my project …. The feedback I get from [contacts] seems to be she is only concerned with Medicare local and is also having a lot of meetings with EO at [neighbouring PCP] - looks like some kind of amalgamation is on cards. …

26 July 2012 “Received letter from new isepich chair last night saying will not support project. Very upset. … This morning a bit calmer but feel will have to take some time and get this whole mess sorted.”

December 2012 “The other issue which I am waiting on is whether ISEPICH will disseminate information about the project … I asked [relevant staff member] some time ago about whether I could get in touch with [Community Advisory Group] … and [Manager X] got involved and said … [relevant staff member] was not allowed to talk to me about work issues. I think … the message is that I am persona non grata.”

30 Dec 2013 “Should I have stayed at isepich longer? Was under a lot of stress, did not financially need to - underestimated the damage my leaving would do to project (underestimated power in role?)”

Engaging, working with marginalised or vulnerable groups:

25 November 2011 “Going back to project - thought at first it was like everyday life but actually it's not - more 'ideal' in trying to bring together people who have different backgrounds levels of education privilege and power in one room so they can discuss issues and arrive at common principles. Is it false in ignoring real differences of power and privilege? or is it modelling the ideal fair community? All research situations are artificial anyway. Really must read more complexity theory.”

15 May 2012 at St Kilda “ [Indigenous Elder] died in early April … attended his funeral – very moving, will be deeply missed. Find it hard to believe he is really gone.”

25 September 2012 [after disappearance of Jill Meagher, who was later found to have been raped and murdered in Brunswick] at St Kilda “[X] was pessimistic … mentioned that worst beating up she ever got [when working as sex worker] was in Brunswick .. ‘left for dead in the gutter’ …”

Discourse and understanding:

4 January 2012 [After going on overseas holiday] “how hard it is to explain what I do – especially to someone from another culture, but even to someone from my own. Does this mean that it’s irrelevant or useless – or that I’m not explaining it well. I think people can understand the concept of social determinants of health – but it’s not part of everyday language … relevant to debate over ‘prevention’ vs ‘health promotion’ – and need for study on language, popular understanding, how to increase it etc.”

Political context

4 January 2012 [after coming back from holiday] “I have tended to take the external for granted somewhat – assuming I will write it up later (as a ‘history’) … So what are the key external factors affecting environmental sustainability, equity and health at present and how are they changing? … People are being motivated by selfishness and fear and conservatives (at federal level) are encouraging/inciting this …
Plus Julia Gillard factor – people’s suspicion of how she came to power & so-called ‘broken promise’ on carbon tax, plus the fact that she doesn’t seem to be able to communicate well with electorate … - the global financial crisis – reactions to it are so appalling – poor being penalized … “

Theoretical perspectives

15 July 2012 “I am strongly thinking that my key theoretical perspective is feminism - but within the (constructivist?) paradigm as per Guba and Lincoln rather than critical theory - my interest is ontological (?) - construction of knowledge and meaning, how we think, basic assumptions”

The blog – themes and summary of posts

I analysed the blog posts during the research period (period for second and third stage of research was 8 March 2013 - 12 September 2016 under the ethics approval for research with human subjects) and grouped them under themes as shown:

- Project updates, work in progress, theory (22 posts)
- Political action and advocacy (14)
- Sustainable living as positive, 'beautiful world' (12)
- References and information (5)
- Feminist theory and debates about feminism (6)
- Public debate on climate change, transition (5)
- Indigenous recognition (2)
- Anti-war (2)

The blog was open to public comment, with a statement that comments could be used as part of the project data and that by commenting people were giving approval for this (Ethics Amendment application approved 8 March 2013). All comments were moderated. There was a lot of spam but no abusive comments to me although there were two I removed because they were negative comments about another blogger (not abusive but angry and possibly defamatory). Forty two comments, from 14 commenters, contained relevant content. Below is a summary of themes, with summary of posts that received comment and summary/excerpts from the comments. I often replied to comments but have not included my replies below.

Project updates, work in progress, theory (38 posts)

Posts on information about the project, progress, what is planned, the application of theory and copies of presentations that I gave on the project. There was only one public comment on these posts.

> Post 1 October 2013 'Local community action case study - Christ Church Community Centre'
>
> Comment: "… they are doing great stuff …"

Political action and advocacy (14 posts)

Fourteen posts addressing political issues, particularly relating to the advocacy work I did for the Climate and Health Alliance (CAHA) during the 2013 and 2016 federal elections.

> 4 September 2013 'Sustainable living is a healthy, positive thing - pollies please note' – "Both Tony Abbott and Kevin Rudd seem to have been backing away from climate change and environmental issues … in this election. [they could] … address issues that are relevant to people's lives and that provide direct benefit to them (like reducing energy bills)" – examples given from project.
>
> Comment: "Galina [pseudonym of project participant quoted in post] is right on the money there - people are much more receptive to ideas that have a direct impact on their own lives and where they can see immediate benefits."
>
> 5 September 2013 '@WePublicHealth - LNP fails us all on climate and health' – information about CAHA 'score-card' in the election.
>
> Comment: "I think its a given that Abbott will abandon direct action. … he'll get criticism for paying companies to continue polluting and use that as an excuse to drop the policy. then we'll be back to where we were in early 2007 which is what i suspect he wants."

6 September 2013 '@WePublicHealth - did you ever have to make up your mind?' – re CAHA and other organisations 'score-cards' in the election.

Comment: "sorry if this is off topic, but what do you think will happen as climate deterioration already in the pipe as it were begins to bed down & increasing numbers of what they call low information voters gradually come to the realisation its not a hoax … [depression will increase] … i'm finding it hard to stay optimistic even though from all accounts that matter i seem hardwired for it"

19 September 2013 'Election reflections: has Tony Abbott really got a mandate on the carbon price? Where to for climate and health?' – explaining why I don't think Abbott really has a mandate.

Comments: several comments, some of which I had to delete because they made criticisms of an individual blogger on another site. Most of the discussion was about sexism, Kevin Rudd and Julia Gillard and how many men 'on the left' don't support feminism (or gay/queer rights and animal rights)

6 November 2013 'Submissions on carbon tax now being published' – I made a submission against repeal of carbon tax, also raised questions about why submissions weren't published before the vote in Parliament.

Comment: suggesting maybe they just had a lot of submissions, be patient.

Sustainable living as positive, beautiful world

In these posts I was presenting sustainable ways of life as positive, often drawing on my own experience. They often included photos, mainly of scenes of nature and animals.

13 November 2013 'Contact with nature' – photos

Comment: "Thanks Val. Pleasant views that calm the soul."

References and information (nine posts)

These posts were providing information about useful journal articles books or other issues. No comments.

Feminist theory and public debates about feminism (six posts plus set up a separate page)

8 August 2013 'Feminism, politics and the world we want' – "I've been reading various blogs and articles with a pro social justice and environment stance …. I've noticed a lot of male writers commenting on what happened to Julia Gillard, with a common theme: yes there was misogyny, yes that's bad, but that's not the real reason for what happened to her."

Comment: "I'm not sure about your opening claim. You say that people are saying sexism is not the real reason. I think many people are saying it's not the main reason."

7 October 2013 – 'Challenging sexism on left wing blogs - a difficult mission' – this post arose because I had been trying to challenge the sexist attitudes to Julia Gillard on some left wing blogs and got involved in some arguments on blog X, and this eventually led to some other feminists getting angry with me.

Comments: discussion in the comments about whether feminism is perceived as too negative, and why another feminist and me were criticised by several feminists on blog X.

8 October 2013 Reflecting on my involvement with [blog X]: thinking about "ethics of discourse analysis as a researcher when one is participating in [other blogs]"

Comments: several, including "Hi Val But women do police each other's behaviour. A system of male supremacy teaches us to do this from an early age. .. There are just a few mavericks around like me who keep blurting out truths, because radical feminism deals with the actual truth and reality of women's situation, no matter how awful it is and hard to face. … I use the principle of Occam's Razor to explain pervasive sexism - quite simply, men want it."

20 February 2014 'Unfinished business - sexism in left wing politics' – discussed debate between another blogger and me over whether criticism of Julia Gillard was sexist and whether feminist defenders overlooked her faults.

Comments: offer from the other blogger to do guest post, which I could not take up at the time, and another commenter mediating but agreeing Julia Gillard's faults had been exaggerated and achievements overlooked.

I set up a separate page on the project blog about 'sexism on left wing blogs'. This page contained information I had gathered from reading and participating in a range of progressive or left wing blogs in Australia and internationally during the course of the project, and my attempts to discuss feminist perspectives and theory, including ecofeminism, on those blogs. The evidence is not systematic and the subject is far too large for me to summarise conclusively for my thesis so I can only suggest some tentative apparent themes:

- there is evidence that commenters who appear to be male make comments about women both as public figures and as commenters that belittle or trivialise women or their perspectives
- there is evidence that women in various contexts see themselves as being belittled or trivialised
- my attempts to discuss these issues were frequently very fraught and I was accused by commenters, including some who identified as feminist, of being too aggressive or as attempting to hand down wisdom from on high, or similar
- I also received some positive feedback and the comments on the project blog tended to be positive, as shown above

I accept that people's criticisms of me were genuine and I have reflected on them. I do think now that I sometimes took offence more readily and replied more angrily than I should have, and I regret doing so. I also believe that I, and other women, were patronised and trivialised at times, and it is difficult to know how to respond to that. Often the choice seems to be between ignoring it, or reacting and being perceived as angry or difficult. Psychological research also shows that women who challenge sexism may be regarded negatively (Dodd et al., 2001; Roy et al., 2009).

In 2015 The Guardian commissioned research to investigate whether certain journalists and writers were particularly criticised. The research investigated abusive comments blocked in moderation, and found that articles written by women (and also by people of colour or those written by people who

identified as gay or GLBTIQ) received more abusive comments than those written by white men, and that feminist articles (and articles about rape) received the most abusive comments (Gardiner et al., 2016). The kind of comments the Guardian research was looking at were those which were blocked in moderation, so abusive comments of that nature are unlikely to have been published on the blogs I was participating in, however it does suggest that public perception of feminism, including in educated readerships, such as would be expected at the Guardian or the blogs I was participating in, is likely to be unfavourable to feminist perspectives. I did not receive any significantly negative feedback on the project blog, but I would say that I was frequently patronised or trivialised on the other blogs in which I participated when I tried to put a feminist perspective.

Overall this situation seems to bear out the suggestion that attempting to introduce feminist perspectives in academic and community settings is likely to meet negative responses (Frisby et al., 2009; Langan & Morton, 2009). Within my research project, I have not met any such negative responses, from participants or supervisors, but the feminist perspectives were only presented to participants in the final feedback sessions and there was very little time to discuss them.

Public debate on climate change, transition (five posts)

These posts looked at 'transformation' or 'transition' required at societal level to achieve more sustainable, equitable and healthy societies.

22 July 2013 'fell off the bike' – discussion about article 'The conversation we need to have about carbon' by Lesley Head, which argues that we can't just go on talking about carbon emissions in "gentle themes of continuing growth and wellbeing" but need to talk about "transformation, rationing and self-sacrifice". I commented there that I agree about transformation, but in the public health sector we're seeing opportunities for improved wellbeing through more sustainable living "positive journey".

Comment: "thought I should congratulate you on a great comment. It infuriates me that people can't see the opportunities that could come from a more sustainable, more local, less consumption driven society. I don't think it's going to be all plain sailing by any means but when you contrast it with where we're going with rising levels of obesity, heart disease and mental health issues I think we might just find that we end up with something better."

7 March 2013 'Can we combine the best from rich and poor countries?' – Discussion from stay in Kenya "interested in the idea of marrying the best - most useful and most sustainable - skills and technologies from wealthy, high technology, capital intensive societies such as Australia, with the best (ditto) skills from poor, low technology, labour intensive societies such as Kenya."

Comment: information about Barefoot College

29 September 2014 'Different responses to climate change' – identifies two broadly different approaches to the question of transition of transformation

- "technology can get us there, with a bit of political will"
- "we have to change the way we live, starting from the local level"

This project fits with the latter.

Comment: blog owner from another blog, discussed the issue there with link

Indigenous recognition (two posts)

Posts on importance of Indigenous recognition and respecting perspectives of Indigenous people, also discussed in some of the other posts.

4 November 2013 Why we should acknowledge elders and traditional owners – inspired by a tweet from Aaron Hollins asking what acknowledgement means to people. History

Comments: discussion about sensitive language, how we talk about Indigenous or Aboriginal peoples, Victorian LNP government dropping acknowledgements.

11 June 2014 ‘ "I am not the problem", plus threats to renewable energy, health cuts .. ‘ – collection of news, a wonderful moment from Rosalie Kunoth-Monks, talking on the ABC's Q and A program on Monday 9 June 2014

Comment: “Your comment around Rosalie's statement on Q&A is sound. It is a matter of perspective. As one who lived in Alice Springs for many years, I would daily see evidence of how the dominant culture would disadvantage central Australian Aboriginal people … the non-thinking among us were perpetrators, whether willing or not. Consequently, those who did wish to be oppressors, knew they were licensed to be so.”

Public debate on war (two posts)

Posts made on particular occasions such as Anzac day.

12 April 2015 ‘Taking a stand against the glorification of war’ – discussion of Anzac day, critiquing the view that war is normal and evidence from ecofeminist and others about peaceful societies, suggesting health promoters could critique war more.

Comments: discussing Irish in Australia, call for more discussion about “political and economic factors surrounding the conflict the ANZAC forces were involved in”, discussion of Neolithic sites in Ireland and Aboriginal sites in Australia