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On becoming healthier communities: Poverty, territorial development and planning

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ABSTRACT

Healthy communities seek to improve the health of their citizens as a central aim of development policies and develop possibilities for health related 'economic integration'. They depend strongly on Municipal initiative in animating cross-sectoral policy integration and empowering civil society. Contemporary conditions require 'social innovation' depending on central paradigm shifts in science, in moving beyond 'deprivation-oriented' anti-poverty action, in linking health to territorial development and in developing adequate planning approaches. This paper discusses the above mentioned paradigm shifts, illustrates possibilities of action and suggests the possibility of 'learning from practice' based on the experience of the WHO Healthy Cities Movement.

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Como tornar as comunidades mais saudáveis: pobreza, desenvolvimento do território e planeamento

RESUMO

Comunidades saudáveis promovem a saúde dos cidadãos como objetivo central das suas políticas de desenvolvimento e desenvolvem formas saudáveis de 'integração económica'. Dependem fortemente da iniciativa municipal na criação de condições para a integração territorial de políticas públicas e promovendo o *empowerment* da sociedade civil. As condições contemporâneas requerem inovação social dependente de mudanças paradigmáticas centrais nas ciências, na perspetivação do combate à pobreza para além da resposta à privação, na relação entre saúde e desenvolvimento territorial e na adoção de abordagens adequadas de planeamento. Este artigo discute as mudanças paradigmáticas atrás enunciadas, ilustra possibilidades de ação na promoção da saúde e sugere a possibilidade de 'aprender com a prática' com base na experiência e dos resultados da Rede das Cidades Saudáveis promovida pela OMS.

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Palavras-chave:

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Aprendizagem pela prática

Context

Communities become healthier when local governance institutions are able to combine local initiative and organizational capacity with cross-sectoral action and community involvement tackling local conditions and structural causes of 'social determinants'. Communities become healthier as people are empowered to develop critical awareness concerning the avoidable causes of ill-health and are prepared to change attitudes and behaviour concerning their own lifestyles. Communities become healthier when their members increase the control over the factors that relate local conditions to the 'social determinants' of their own health.

The Health 2020 policy framework proposes, as one of its four priority areas, the creation of supportive environments and resilient communities. This is based on the assumption that people's opportunities for a healthy life are closely linked to the conditions in which they are born, grow, work and age: "*Resilient and empowered communities respond proactively to new or adverse situations, prepare for economic, social and environmental change and cope better with crisis and hardship*".¹ 'Social inequities' in health are related with unfair and avoidable differences in health status across groups in society stressing those that result from the uneven distribution of 'social determinants'. 'Social determinants' of health and 'health inequities' are amenable to change through policy and governance interventions.

On the other hand, WHO recognizes poverty as a key factor in explaining poorer levels of health: "Poverty is a key factor in explaining poorer levels of health between the most and least well-off countries and population groups within the same country. Yet differences in health also follow a strong social gradient. This reflects an individual or population group's position in society, which translates in differential access to, and security of, resources, such as education, employment, housing, as well as differential levels of participation in civic society and control over life".²

Poverty related 'health inequities' are becoming more difficult to tackle. Poverty is an expanding phenomenon in Europe and contemporary crisis conditions are contributing to reveal how poverty is becoming more complex. Poverty is currently exhibiting increasingly diversified concrete manifestations. As poverty is lived in particular places and its manifestations become concrete in spatially diversified and local specific contexts, anti-poverty action has an unavoidable local dimension but cannot remain a local issue. Actually, lasting changes at local level require specific anti-poverty action having both a local and a non-local dimension. Poverty eradication requires societal change given its structural nature.

Contemporary crisis conditions are contributing to clarifying the limits of current understandings in public policies and how adequate action is depending on 'social innovation' and central paradigm shifts. As was already politically recognized, reformulation of conventional economic, social and spatial policies is required if significant changes should be achieved in the European context of poverty. Therefore, poverty is best understood as a development problem requiring policy integration at different territorial levels and the search

for new institutional and organizational models for specific anti-poverty action.

Municipalities can play a key role in making this understanding concrete and in tackling poverty related 'health inequities' in improving healthy communities. This paper aims at clarifying some critical epistemological, conceptual and theoretical aspects involving the potential contribution of Municipalities in incorporating these kinds of challenges in current territorial planning. Territorial planning is a future oriented activity whose theoretical object remains on linking scientific knowledge to action in the public domain aiming at social transformation.³

Thus, the central problem guiding this paper can be stated as follows: how can Municipalities improve healthy communities focusing on poverty related 'health inequities' in territorial planning for local development?

This paper will develop a contribution to this challenge by discussing five central domains of paradigm shifts with direct implication in designing, implementing and managing action.

First, the relation between poverty-related health inequities and social determinants of health in improving healthy communities will be introduced. Second, a scientific paradigm shift enabling the production of knowledge on non-observable 'conditions of possibility' for emancipation and social transformation will be presented. Third, a paradigm shift from 'deprivation-oriented' income support of poor households to the creation of health-related 'economic integration' in meeting human needs beyond consumption, market-dependency and the role of the health care system will be proposed.

Fourth, a paradigm shift in linking health to territorial development beyond consumption-oriented approaches to meeting human needs will be discussed. Fifth, a paradigm shift in planning will be presented and the implication for planners in choosing methods and tools will be introduced. Sixth, some examples will be presented as a contribution to illustrate possibilities of widening Municipal action in improving 'healthy communities'. The examples are taken from action stemming from different contexts in order to overcome the absence, insufficiency or unsuitability of current responses in dealing with contemporary challenges. Finally, some conditions for 'social innovation' are discussed and the opportunity to learn from practice developed in the framework of the WHO Healthy Cities Movement is proposed.

Healthy communities: focusing on poverty-related 'health inequities'

The 'healthy communities' approach is supposed to play a central role in achieving human development in the twenty-first century. The literature in the field emphasizes 'healthy communities' as a process, not a status. A healthy community is one that seeks to improve the health of its citizens by putting health high on the social and political agenda. Healthy communities are about the process that enables people to improve their health through applying the concepts and principles of health promotion at the local level. The WHO Commission on Social Determinants of Health recognizes its potential as a new approach to development. Health and health equity may

not be the aim of all public policies but they will definitively be a fundamental result. As recognized by the Commission, without appropriate public policies to ensure fairness in the way benefits are distributed, growth can bring little benefit to health equity.⁴

As stated by the WHO, traditionally, societies looked to the health sector to deal with its concerns about health and disease. And, certainly, misdistribution of health care, not delivering care to those who most need it, is one of the social determinants of health. Good medical care plays a central role in the well-being of populations. But improved clinical medical care is not enough to meet the challenges of today and to overcome health inequities.⁵

Without action on 'social determinants' it will not be possible to meet the challenge of reducing chronic diseases such as cardiovascular diseases, cancer or diabetes. Chronic diseases are growing in countries that also face unsolved infectious epidemics. The major illness problems as well as ill-health responsible for avoidable premature loss of life are strongly related with the conditions in which people are born, grow, live, work, and age. Thus, health inequities can be overcome.

Furthermore, given the interdependency between biological, psychological and socio-economic dimensions of life, health is not independent from mental health. As health can be defined as the possibility to develop a positive and autonomous attitude towards life, illness associates some form of suffering with a social behaviour relating to the social construction of the concept of illness.⁶ On the other hand, becoming ill is a context-dependent process as only concrete persons get ill. Illness only becomes real in the context of structural, material and social constraints that human beings and communities face. The socio-psycho-somatic dimensions of ill-health are real.^{7,8} The potential failure of immune systems cannot be overlooked. Anxiety, stress and depression can interfere with their performance (loss of hope, job instability and insecurity, absence of appropriate social welfare in response to long-term unemployment, etc.).⁹⁻¹¹

Healthy communities are based on a holistic understanding of health and on an agency perspective of community action. Municipalities are supposed to play a central role building local governance (cross-sectoral health-related policy integration), community involvement and empowerment of civil society.¹² People are supposed to become increasingly enabled to take control of the factors ('social determinants' of health) that determine their well-being and their health.

'Social determinants' of health are the conditions in which people are born, grow up, live, work and age.² These conditions influence a person's opportunity to be healthy, his or her risk of illness and life expectancy. And action on the 'social determinants' of health must involve the state, civil society and local communities. Policies and programmes must involve all the key sectors of society, not just the health sector. Health sector authorities can promote a 'social determinants' of health approach at the highest level policy decision-making. They can disseminate information about 'good practice' illustrating 'how it can be done' and they contribute to develop public policies that promote health equity.

Action on the 'social determinants' focuses on the processes that enable people to increase control over their health following the concepts and principles of health promotion at

the local level.¹³ Modifiable risk factors for chronic illness such as poor diets, alcohol abuse or smoking cannot be reduced to individual choices alone. Institutions as well as poverty interfere with the individual and collective subjective perceptions that may favour, or not, 'healthy lifestyles'. Action on 'social determinants' has to tackle the underlying social conditions that make people in poverty more vulnerable in line with the perspective of the WHO Commission on Social Determinants of Health: "The causes of these lifestyle causes of poor health reside in the social, legal and political context broadly conceived".¹⁴

As introduced above, poverty related 'health inequities' are becoming more difficult to tackle. In a context of high unemployment and cut-backs in public expenses, anti-poverty action involves particular challenges. It is still impossible to accurately predict all the repercussions that the present crisis in the international financial system and the global economy combined with national austerity policies will have on poverty, employment and state based social protection. Increasing difficulties facing businesses, dropping local demand as result of recession and stiffer international competition are giving rise to concerns about increasing and lasting high unemployment eventually reinforced by austerity policies strictly oriented to short term structural adjustment. Many examples of common insecure conditions can be highlighted: insecure employment, precariousness resulting from labour market deregulation and liberalization, frequent periods of short-term unemployment or long-term unemployment, irregular migration, exposition to negative or stigmatizing attitudes, rapidly changing welfare provision, etc.

In this context, given the interdependency between health and mental health, poverty related 'health inequities' are becoming increasingly complex. For example, insecurity and powerlessness combined with bad quality food and spatial concentration in deprived neighbourhoods increase vulnerability to disease. Decreasing access to health services and adequate medical care cannot compensate this kind of vulnerability. Children miss routine vaccinations and illiteracy blockades access to information about health risks. Concerning chronic diseases, poverty creates ill-health as, for example, experiences in utero and in the early years associated with low family socioeconomic position at birth are linked to increased risk of obesity and cardio-vascular disease in adult life.¹⁵ Evidence shows that poor people are more likely to report depression, asthma, diabetes, high blood pressure and heart attacks related with higher levels of obesity and also cancer or high cholesterol (poor people are less likely to have regular preventive care, screening tests, blood tests, etc.).¹⁶

Healthy communities are very much context and time dependent.¹⁷ Improving healthy communities in the years to come will be very different from how it was done in the industrializing cities of the nineteenth century. As the major determinants of health are to be found beyond the health sector, issues such as inter-sectorial partnerships, cross-sectoral policy integration, healthy community coalitions, local government's involvement or paradigm shifts in the debate about the relations between health and development will see their relevance increase.

Therefore, Municipalities improving healthy communities require the capacity of producing knowledge about the root

causes of health inequities and designing the possibility of tackling them at local level. They require the improvement of the health of their citizens as the central aim of development policies. They focus on the processes that enable people to increase control over their health following the concepts and principles of health promotion at the local level.¹⁷

A paradigm shift in science: 'reality' and 'conditions of possibility' for social change

The debate on an eventual paradigm shift in science has a central relevance for healthy communities.^{9,18-26} Healthy communities aim at increasing control over 'social determinants' of health and this requires the capacity of producing knowledge about the root causes of 'health inequities' and designing the possibility of tackling them at local level. *Searching for possibilities* may well require the observation of existing realities actively made invisible by hegemonic epistemological, conceptual and theoretical assumptions. On the other hand, *searching for possibilities* may still not have empiric evidence. *Searching for possibilities* requires that knowledge has to be produced on the basis of the identification of 'causal powers' that may lead to possible empirical manifestations and of the conditions that may facilitate the activation of these 'causal powers'.

Action on 'social determinants' as well as action on 'health inequities' may have to be based on adequate knowledge about the causes of their underlying context-dependency. Action may also have to include the linking of this knowledge to the building of critical awareness and collective action in changing living conditions.

The crisis of the hegemonic paradigm cannot be ignored. Even if it is still not possible to identify an alternative and coherent emerging paradigm it is possible to identify crucial issues and show the direction of recent developments. This contributed elsewhere to the attempt to make explicit how a possible response could be found within the framework of a 'critical' realist epistemology.²⁷⁻³¹

Poverty related health inequities and health related anti-poverty action is a domain of research where a number of critical issues are directly linked to the crisis of the hegemonic paradigm. Action in this field touches the interdependence between the natural and the social sciences. Poverty is about human suffering and unmet human needs are at the basis of experienced ill-health and lack of autonomy. Overcoming poverty and meeting needs have both biological and social dimensions (health, food and nutrition, shelter and housing, etc.). As overcoming poverty leads us to the analysis of human needs, even if we may concentrate on the social and economic aspects of this change, we must not forget this underlying critical dimension of human specificity.^{32,33}

In tackling poverty related health inequities, action-oriented knowledge is specific as the concreteness of poverty related 'social determinants' of health are context-dependent. The complexity, spatial diversity and local uniqueness of poverty related health inequities call for the context-dependent concreteness of action. Knowledge based on laws,

formal causality and generalization of observed regularities is of little help in designing unique 'projects of hope' for particular individuals, households or groups or in designing 'strategic visions' for communities in localities or regions. The multidimensionality of poverty related health inequities has to be understood in its wholeness. To know about the relation between poverty and ill-health is to know about how poor people live and experience those problems the non-poor identify as poverty problems. A 'division of reality' based on scientific disciplines does not help to reconstitute the complexity of experienced life.

The substantive content of anti-poverty action is not independent from the way the 'object' of action is approached. If anti-poverty action is conceived as dealing with experienced problems of real people, facing unmet basic-needs in real places, to which they are historically tied by cognitive and affective bonds, or to which they are determined to belong, the 'subject-object' relation becomes a relation between subjects. In anti-poverty action, the role of planners cannot be dissociated from a relation between subjects aiming at emancipation and empowerment.

Health related anti-poverty action is also about interaction between planning agents and other social agents either for the purpose of controlling some undesirable change or for the purpose of enabling action aiming at some desirable change. In anti-poverty action, planning agents call for scientific support searching for practical adequateness (eradicating or mitigating poverty, tackling social determinants of health and health inequities, etc.). But, the other social agents develop their strategies on the basis of common sense knowledge. Scientific knowledge may face sterility in anti-poverty action if not '(re)translated' into common sense knowledge in order to make interaction and dialogue possible. 'Reformulation' in non-directive psychotherapy can be seen as an interesting example³⁴ in meeting this challenge.

A paradigm shift in anti-poverty action: 'economic integration' of poor households beyond employment and 'deprivation-oriented' welfare policies

The complexity of poverty and anti-poverty action has to be explicitly addressed. Poverty is not only a major 'social determinant' of health. Poverty is in itself the very difficulty of meeting the existential conditions for the avoidance of ill-health.

In contemporary crisis conditions, rising unemployment combined with shortcomings in welfare policies are contributing to emphasize the limits of reducing anti-poverty action to deprivation oriented income support. This is particularly the case when action focuses on poverty related 'health inequities' and on health related 'economic integration'. This involves action beyond the role of health care systems and represents a major challenge in practice. Dealing with 'economic integration', understood as the 'economic' dimension of anti-poverty action, involves a paradigm shift in action. Explicit reformulation is needed involving values, concepts and theories informing action.

Deprivation, poverty and unmet needs

In European contemporary conditions, the understanding of poverty cannot be restricted to low income alone. This has been analyzed elsewhere with detail.³⁰ Poverty was conceptualized as a situation of *unmet basic-needs* (ill health and lack of autonomy)³⁵⁻³⁷ which emerges as the outcome of a process by means of which *unmet intermediate needs* (food, housing, medical care, etc.) are related with *insufficiency of resources* (material or non material) in a given *discursive-organizational* context.

Understood as absolute poverty, poverty was defined as the inability to mobilize material and non-material means to create synergic satisfiers to meet intermediate needs and avoid ill-health and lack of autonomy. This inability is the result of the failure of constituting purposeful agency in a relational context defined by a discursive field marked by hegemony and an organizational field characterized by organizational outflanking³⁸ of the poor.

This leads to a clearer understanding why poverty cannot result from low income alone. Poverty may be related to a complex interdependency between detachment from production (lack of money, lack of productive tools for self-consumption, etc.), lack of cognitive skills (relevant knowledge, strategic information, etc.), weakened affective conditions (isolation and rupture of interpersonal relations, lack of collective organization, etc.) and blocking emotional conditions (anxiety, depression, loss of identity, etc.). This weakens the very possibility of hope and the constitution of an emancipatory project which could articulate individual and collective interests.

The expansion of poverty due to increasingly difficult access to money resources should not cause other dimensions underlying unmet basic needs to be overlooked. Precarious interpersonal relations or social isolation may make material resources useless in the prevention of serious harm (lack of hope, sense of powerlessness, psychological disorder, etc.).

Specifically for the purpose of this paper, other dimensions of intermediate needs can be abstracted and attention may be focused on the role of unemployment, precariousness and cut-backs in deprivation-oriented state response in the way the substantive relations (whether necessary or contingent) between health and intermediate needs such as housing, medical care, professional skills, critical understanding and social relations are constituted and can be related with 'social determinants' of health and territorial development. The market-dependency of meeting 'intermediate needs' due to society's commodification, and consumption-oriented subjective interpretation of need and action, are historical constructs, thus liable to change.

Therefore, the difference between the concept of 'deprivation' and the concept of 'poverty' plays a critical relevance for anti-poverty action.³⁹⁻⁴² Poverty was understood elsewhere defined as a state of deprivation that results from scarcity or insufficiency of resources in a discursive-organizational context.^{30,43} As resources are functional to agents' purposes, and power was defined both as agent's access to resources and as its capacity to realize specific purposes in a specific organizational-discursive relational context, agents' purposes become constitutive of the role played by the entities that become resources.

That is the reason why the exercise of power is not independent from the process by means of which resources are

'constituted'. Thus, as both agents' purposes and human action are concept-dependent, concepts play a role in the constitution of the possibility to exercise power. Power is exercised over resources on the basis of a discursive-organizational socially created context. The very relevance, sense and meaning of resources become both context-dependent and concept-dependent. Therefore, the materiality of resources cannot be assessed independently of the purposes that create resources as the means required for their fulfilment.

That is why the institutional discourses on poverty play a central role. They establish the conceptual boundaries for the actual perception of the problems felt by those in poverty as well as its causes. The poor find themselves caught in a web of relations which they do not control. Others produce discourses on poverty that define the very conceptual boundaries in the context of which their problems are recognized, accepted or understood as 'poverty'.

Having in mind the rich debate about the relation between 'relative' and 'absolute' poverty, poverty was introduced above as absolute poverty.⁴⁴⁻⁴⁷ Given the anti-poverty orientation of this paper, the existential dimension of poverty has to be the focus of the conceptual and theoretical debate. Anti-poverty action is about changing poor people's lives.

Concerning the 'absolutist core' of the notion of poverty, a concept of poverty can be built on a precise concept of basic-need with universal validity. It was shown that an objective concept of basic-need was possible without remaining a normative concept. Human needs have not been lately the object of much attention in the social sciences. Nevertheless, there is a very rich debate in the field which is very useful in conceptualizing poverty and anti-poverty action.⁴⁸⁻⁵⁶

Anti-poverty action and the 'economic integration' of poor households

Accordingly, 'economic integration' was defined as action aimed at processes of linking the knowledge about material conditions of unmet basic needs with the kind of material transformation which may contribute to anti-poverty effects, namely, through widening possibilities for decreasing market-dependency in meeting intermediate needs and broadening possibilities for income earning activities to decrease dependency on working for a wage in the formal employment system (producing for self-consumption and small-scale market production, centrality of human relations in building solutions, creating associations and cooperatives, team-starters in 'inclusive entrepreneurship' initiatives, etc.³⁰).

It was conceptualized as a process of meeting intermediate needs by means of creating synergic satisfiers enabling the least possible market-dependency and the highest possible autonomy concerning income-earning activities not restricted to working for a wage in the formal employment system. This process assumes conditions for wealth creation which involve both use value and exchange value. This way of understanding the substance of the 'economic' dimension of anti-poverty action recovers long debates stemming from heterodox contributions in Economics⁵⁷⁻⁷⁰ as well as the discussion about the potential pathogenic effect of the assumptions of the hegemonic paradigm in Economics.⁷¹

Given the *relational* understanding of human beings, the *household* was seen as central in the 'whole economy model'^{72,73} and its context-dependency and territorial *embeddedness* in each locality was kept. The kind of lasting contextual change enabling the 'economic integration' of poor households was conceptualized as *local development*. The household offers the fundamental relational setting of poor households as the basis of survival strategies. It offers an opportunity for re-thinking economic relations relevant to the 'economic integration' of poor people as they *connect* the household to the extended family, neighbours, the market economy and civil and political associations.

The 'whole economy model' focuses on the household's production of livelihood because economic activities are *merged* with other life generating forces. It permits an understanding of *wealth creation* both associated to *use value* production and to *exchange value* creation and income-earning activities. Use value production may involve both individual activities (self-provisioning for food, building your own house or furniture, producing your own clothes, etc.) as well as collective activities (associative kindergartens, community health associations, collective building maintenance by dwellers, etc.).

Income-earning activities may involve working for a wage and depend on the opportunities offered to poor people by the formal employment system. These opportunities are very context-dependent and are increasingly dependent on proactive agency in order to promote access to available jobs. That is the case of building 'pathways for employment and integration'.

Income-earning activities may also involve the mobilization of the potential for entrepreneurship among poor households aimed at small-scale business activities. 'Inclusive entrepreneurship', requires specific action. Besides the provision of access to capital, 'entrepreneurship' in these cases may require intensive animation, organizational and counselling efforts. This possibility is *not* to be expected as primarily '*spontaneous*' and is understood as being highly dependent on pro-active agency. It requires an adequate conceptual and theoretical basis of action in understanding '*firms*', '*markets*', '*competition*' and *adequate firm strategies* for this kind of organizations.

These strategies assume that success is not dependent on any a-social, automatic, or autonomous market mechanism. Low capital and abundant labour require specific strategies in order to achieve adequate income (wages above minimum wage, etc.). New and unique products, adequate technologies and *non-price* factors are some of the aspects involved.^{74,75}

The realization of the potential for entrepreneurship is highly dependent both on pro-active agency and on context. That is the case of *institutionally built* economic circuits or *non-price* factors in marketing and commercialization.

Accordingly, changes in the situation of individual poor households depend on the occurrence of lasting changes in context. Given the context-dependency of its concreteness, the concept of 'economic integration' also has a constitutive territorial dimension. The 'survival strategies' of poor households are heavily dependent on territorially *embedded social practices*. Entrepreneurship as well as innovation are dependent on the territorial context. Economic processes are not only

located in space, they are *embedded* in territory and its institutions.

Territorial cohesion and a paradigm shift in territorial development: 'territorial disintegration', 'place-based' initiative and organizational capacity in controlling and mobilizing resources

As was seen above, the concreteness of poverty and 'social determinants' of health is context-dependent. So are the lasting changes required by healthy communities.

The kind of contextual change required for lasting changes to occur is being understood here as *local initiative* for *territorial development*. Thus, in this paper, *territorial development* is understood as the kind of change in all local contexts that may lead to lasting prevention in poverty related health inequities and 'social determinants' of health as well as lasting health related 'economic integration' of poor households. Territorial development recovers a rich tradition of reconstructing the very concept of development as well as the basic-needs approach to development.⁷⁶⁻⁸⁰

Healthy communities require conditions for agency, local governance and policy integration enabling cross-sectoral public action and community involvement. On the other hand, if lasting changes in poverty situations may depend on lasting changes in territorial context, this also involves the need of further clarification concerning the relation between 'health inequities' and 'territorial disintegration', and between the nature of 'place-based' approaches and action-oriented territorial development. This is particularly relevant when local initiative aiming at the 'reversal' of 'territorial disintegration' *cannot* be expected to occur *spontaneously*. Territory-based capacity for initiative and organization is vital for mobilizing the 'endogenous potential' of local communities to be used in the collective effort to fully control and mobilize local resources.

Therefore, the improvement of 'healthy communities' may strongly depend on Municipal initiative and organizational capacity in developing territorial animation aiming at 'reversing' territorial disintegration processes. Building agency and conditions for cross-sectoral policy integration, empowering civil society and promoting animation for 'economic integration' (decreasing market-dependency, enlarging the scope for income-earning activities, animating the 'whole' real economy, etc.), Municipalities can aim at tackling poverty related health inequities acting on 'social determinants' of health (access to land for self-provisioning of healthy food, affordable and healthy housing, creating conditions for cooperatives involving unemployed in urban regeneration on deprived neighbourhoods, etc.).

The recognition of the importance of territory-based initiative and organizational capacity for the full mobilization of resources is becoming widely accepted in the context of current European thinking on the future of territorial cohesion policy since the Lisbon Treaty was signed in 2007.¹ This

¹ The European Commission's "Green Paper on Territorial Cohesion: turning territorial diversity into strength" (CEC, 2008) was

represents a paradigm shift in understanding conditions for regional development which offers new perspectives for local initiative and territorial development action.

Territorial development as an emergent paradigm

From the 'spatial diffusion' of development impulses to agency-dependent full mobilization of local resources, different scientific traditions combined in preparing this paradigm shift in regional development strategies and policies.⁸¹⁻⁸⁴

'Endogenous' regional development strategies and policies see the possibility of change of the local socio-economic context as dependent on the role of local initiative and organizational capacity (*agency*). They emphasize the role of territorial pro-active agency in mobilizing the 'endogenous potential' aimed at 'selective reliance' for an 'alternative' *basic-needs* oriented development.⁸⁵⁻⁹² These contributions emphasize an explicit concern with *human needs*, with *scale*, with *dealienation* and *participation*, with *conflictuous social change* or with *poverty*, *unemployment* and *social disequilibria*. Therefore, locally sustained 'impulses' for territorial development may not be only '*mobilization oriented*'. They may also be '*control oriented*'. Local initiative to stop the erosion of local resources can be an example. Power relations will always be involved

In a complementary way, values, concepts and theoretical contributions defending a 'retreat to subsistence' see the possibility of changing the local socio-economic context as depending on the basis of mobilizing local communities towards the individual and collective production of *use value* as well as *exchange value* in meeting needs as defined by the local communities.^{93,94}

Restructuring theory and '*locality studies*' emphasize the possibility of change of the local socio-economic context as highly dependent on *pro-active agency*. They emphasize the fact that *agency matters* in shaping the concreteness of the implications of global restructuring. They stress the potential of '*locality studies*' to identify structures and mechanisms leading to problems that are the focus for change and see localities as '*real contexts of social interaction*'. This approach permits the analysis of both local and non-local factors of local change and permits the analysis of '*conditions of possibility*' for intentional '*locality effects*' to occur. As *agency matters*, '*intentional*' combinations of spatially variable phenomena may lead to creating '*locality effects*'.⁹⁵

The contributions coming from *winning regions* approaches are very varied and started being developed in the early 1980s from different traditions. They all attempt to explain the successes of the economic performance of '*winning*' regions as resulting from innovation and competitiveness in small and medium sized firms. The central issue in their consensus lies in the way the role of context is stressed in explaining

'success' of economic performance of firms. They recognize the role of social cohesion for '*territorial competitiveness*' and the role of social inclusion and social empowerment in encouraging economic creativity by allowing diverse social groups and individuals to realize their potential. Contributions from this field show how policies to stimulate regional entrepreneurship should recognize the centrality of policies to combat *poverty* and *social exclusion* in this process.^{96,97}

Contributions stemming from '*losing regions*' approaches, suggest the possibility of change in the local socio-economic context as highly dependent on pro-active agency aimed at counteracting '*local disintegration*' and aiming at '*integrated area development*'. Contributions from this tradition see that theoretical developments on '*old industrial regions*', '*locality studies*', '*industrial districts*' and '*winning regions*' cannot offer relevant contributions to the analysis and the development strategies for '*losing*' or '*disintegrated localities*'.^{98,99}

Traditions coming from within the field of *community development* see socio-economic change as depending on changes in attitudes and behaviour. Building '*critical*' awareness and collective action are seen as key factors for possible change. Changes in attitudes and behaviour involve changes at individual and collective levels namely regarding the possibility of collective action. In the 60s working relevant contributions to '*community development*' came from working with voluntary groups and organizations, addressing individual's problems on a collective basis and seeking to understand and work on the external reasons for their existence. Promoting participation, helping people to acquire confidence, skills, knowledge and greater awareness of their life, promoting empowerment and effective organization have been major community development contributions to the local development agenda of today. As recalled above, '*critical awareness*' and *collective action* play a central role in the theoretical contributions coming from this field. Notions such as '*participation*', '*capacity building*' or '*empowerment*' in local development clearly find their origins here.¹⁰⁰⁻¹⁰⁶

Territorial 'disintegration' and 'social determinants' of health

The concept of *territorial disintegration* plays a central role in the attempt to link contemporary conditions and context-dependent manifestations of poverty related health inequities. It helps to discuss the '*manoeuvring space*' and the substantive content of action of Municipalities acting for territorial development in order to improve conditions in healthy communities.

As the point of departure is *not* static, the focus is centred on those aspects of local change where acting to the '*reversal*' of *territorial disintegration* can help linking anti-poverty action to focus on poverty related health inequities and tackling '*social determinants*' of health. The role of history and local specificity is recognized in accepting the *path-dependent* character of any possibility of local change.

Territorial disintegration can be linked to '*social determinants*' in many different ways (loss of hope, emigration of young higher qualified people, no control over polluting activities of exogenously based firms, etc.). It can be analyzed as occurring in a locality but not being restricted to local causes.

drafted following the adoption of the "Territorial Agenda of the European Union" at the informal meeting of Member State ministers responsible for spatial planning and development, held in May 2007 under the German Presidency of the European Union. An independent report written by Fabricio Barca, "An Agenda for a Reformed Cohesion Policy: a place-based approach to meeting European Union challenges and expectations" (2009), takes an in-depth look at this perspective.

It can be easily reduced to the destiny of a territorial unit being 'cut off' or 'divorced' from exogenous dynamics of capital accumulation. As it is the case of 'distressed urban areas', territorial disintegration may emerge from decline or dynamics produced locally as well as elsewhere in the urban context whose spatial and social dynamics it may depend on (spatial social segregation, spatial functional segregation, urban land rent, economic 'death' of buildings, etc.). Even the possible fragmentation of social relations in these areas cannot be dissociated from spatial and temporal dimensions in contemporary globalizing conditions given the changing role of space and time in 'extended social milieux'.¹⁰⁷

Different kinds of health related problems can be recalled: location, accessibility and restructuring of health care facilities; emigration and community disintegration; ageing and social isolation; commuting, family life and early detachment in child development; unemployment, suburban life and social isolation; water pollution in small river basins and unhealthy conditions for food production. In contemporary crisis conditions, unemployment and precarious forms of employment require specific attention.¹⁰⁸

All these can be seen as examples of potential relations between exogenously determined territorial disintegration and 'social determinants' of health.

Local underdevelopment, territorial development and territorial animation

An action-oriented theory of 'local underdevelopment' is needed so as to relate 'territorial disintegration' with the 'non-emergence' of local initiative and pro-active agency in promoting local development and health related 'economic integration' of poor households.³⁰

Such a theory of 'local underdevelopment' may provide an explanation of how Municipalities can act in order to 'counteract' the role of structures and mechanisms leading to the erosion, underutilization or over-utilization of local resources contributing to health inequities (emigration of the highest qualified members of local communities, health damaging polluting activities of new productive plants, intensive wood cutting in local forests by exogenous firms, etc.). It involves the complex interdependency among ecological, economic, political, socio-cultural and psychological factors related to the inhibition of local initiative and the lack of local capacity in tackling 'social determinants' of health (lack of awareness among local decision-makers, health related 'skills gaps' among local planners, etc.).

Agency cannot be expected to emerge 'spontaneously' as a result of 'territorial disintegration'. Local initiative may not emerge spontaneously and the meaning of action for local development may not be clear.¹⁰⁹ Widely divergent points of view on the meaning of this transformation combine to reinforce local social agents' inhibition of organizing forms of collective action, whether orientated towards preventing and mitigating problems, or towards identifying and making the most of opportunities arising out of the transformation process. This inhibition can involve decision-makers in Municipalities. How to counteract this inhibition could constitute the central focus of reflection in public policies aimed at reversing 'territorial disintegration' processes.

That may be the role of territorial animation.¹¹⁰ Counteracting the 'non-emergence' of local initiative may play a critical role in acting for territorial development in the framework of central as well as local territorial development strategies and policies.

But, implementing territorial animation is challenging. It presupposes acknowledgement that the action's departure point is actually the arrival point of territorial disintegration processes. It means recognizing that the 'non-emergence' of local initiatives could be a consequence of those very processes. And it means admitting that current public responses are non-existent, insufficient or inappropriate for bringing about a 'reversal' of the processes that inhibit those local initiatives from emerging.

On the other hand, if lasting changes in poverty situations may depend on lasting changes in territorial context, this also involves the need of further clarification concerning the relation between 'health inequities' and 'territorial disintegration', and between the nature of 'place-based' approaches and action-oriented territorial development.

This is particularly relevant when local initiative aiming at the 'reversal' of 'territorial disintegration' cannot be expected to occur spontaneously. Territory-based capacity for initiative and organization is vital for mobilizing the 'endogenous potential' of local communities to be used in the collective effort to fully control and mobilize local resources.

Therefore, improving 'healthy communities' may strongly depend on Municipal initiative in 'reversing' territorial disintegration processes. Building agency and conditions for cross-sectoral policy integration, empowering civil society and promoting animation for 'economic integration' (decreasing market-dependency, enlarging the scope for income-earning activities, animating the 'whole' real economy, etc.), Municipalities can aim at tackling poverty related health inequities acting on 'social determinants' of health.

A paradigm shift in planning for territorial development: linking knowledge to action tackling social determinants of health

Poverty (as well as poverty-related health inequities), as a planning problem, is a wicked problem. It cannot be approached as if it were a tame one. Concrete anti-poverty action and concrete planning tasks cover a wide variety of dimensions. The choice of methods and tools to be incorporated is not independent from the conceptual and theoretical assumptions, or institutional and organizational conditions, based on which action is conceived and undertaken. Wicked problems in planning reinforce the subjective role of planners in the planning process. The information needed to solve the problems depends on one's idea for solving them. Having no stopping rule defined in advance, it depends on planner's reasons where to stop. The identification of potential solutions depends on the planner's role and the choice of explanation for a wicked problem is arbitrary depending on the planner's judgement.¹¹¹

First, this concerns the conceptual and theoretical assumptions related with poverty and poverty related 'health inequities'. Second, it concerns the nature of planning at

sub-national level which covers different national, scientific and professional traditions in dealing with urban and regional planning (land use planning, urban form, location and accessibilities, development promotion, supporting collective self-empowerment, etc.).

However, current planning remains strongly dependent on 'the production of the plan'. This aspect has relevant implications. For example, access to land may play a central role in anti-poverty action and land use control plays a central role in intentional contextual change. But territorial planning theory remains strongly influenced by 'spatial separatism' reflecting the effects of the 'crises of theory' in planning.

A paradigm shift in planning for territorial development is moving the focus away from the production of planning documents following planning phases to explore different ways of linking knowledge to action in making planning functions concrete (diagnosis, planning, organizing for action, evaluation, etc.).

Yet, concrete anti-poverty action has different dimensions. Some dimensions involve action in domains where problems can actually be represented as *tame* ones. The relevant challenge remains in not confusing the nature of *tame* and of *wicked* problems. It can be a useful development on the basis of which the choice between methods and tools can be best understood.

Planners are supposed to develop several roles and find the most adequate approach to the different dimensions of the planning problems they are in charge of dealing with. Different planning models offer different approaches. None offers a totally satisfying perspective when dealing with the whole range of issues related with poverty as a planning problem. Therefore, it may be relevant to clarify the nature of activities that are favoured and the dimensions of concrete anti-poverty action that can best be 'solved' by the framework of each specific planning approach.

The 'Rational-Comprehensive' approach is particularly adequate to deal with *tame* problems. Objective definitions can be given and logical solutions can be searched. Defining the best location for a health centre, designing an urban development for low-rent housing on public land, or finding the best financial engineering model for building a new school in a *distressed urban area* (given the constraints of the budget of a local government) are examples of possible poverty related planning problems that can best be dealt with using the help of this kind of approach.

Organizational outflanking is a reality which poor people quite often face. Fragmentation, isolation and diversity of the multidimensionality of the experience of poverty raise crucial issues on the impossible formulation of a general and common interest among the poor as well as the capacity for strategic organization aimed at collective self-empowerment. In the short-term, when poor people lack the capacity to organize for collective action and for informed discussion about planning alternatives, the 'Advocacy planning' approach can be a powerful source of inspiration. Translating into technical terms the implications of representing the interests of poor people in a reloading process aimed at slum eradication, defending a residential community of poor people from the negative impact of the location of a polluting industrial plant or defining criteria for the implementation of a Minimum Income Programme in a specific locality are examples

of problems where planning action can find inspiration in this approach.

A structural understanding of poverty opens a broad scope of analysis for the identification of the relations between poverty and structural societal features. The analysis of the relations between the capitalist nature of societies, the role of the national state and the emergence of poverty under globalizing conditions may be a domain where contributions emerging from the 'Radical Political Economy' approach can offer a relevant contribution. Acting as *revealers of contradictions* or acting as *agents of social innovation*, planners can get inspiration to deal with problems such as identifying the drivers of capital accumulation in a locality and be prepared to be informed about prospects for low-income and low-qualified jobs, evaluating the potential job creation of foreign capital in a locality and assess the risk of plant-closure by foreign capital owned firms. A further example can be found in analysing the context of power relations in a locality and reflecting about the potential contribution of unions and progressive parties to the support of the creation of workers cooperatives. Those are examples of potential contributions emerging from within this approach.

When poor people face *organizational outflanking*, it is not easy to articulate their interests in the political arena, nor is it easy to interfere in the *discursive field* and change the societal perception about poverty problems. The contributions within the 'Equity Planning' approach aim at representing poor people in the direction of making alliances with and working for progressive politicians. As problem formulators, planners have the power to shape debates. As *conceptual restructuring* may be crucial for changing power relations aimed at assisting empowerment processes, planners may play a relevant role when inspired by this model.

Problems such as attempting to change the *discourse* of non-poor people about the existential problems of poor people and that the *non-poor* define as 'poverty', creating mediatic events to direct public attention, or directly addressing unions and political parties to capture their support for anti-poverty struggles, are examples of problems that can be best dealt with in the framework of the 'Social Learning - Communicative Action' approach. Poor people have a rich knowledge about their own poverty and develop great expertise about their *survival strategies* in difficult existential conditions. Capturing this knowledge and being able to value it may be a major challenge in planning for anti-poverty action.

The direct involvement of poor people in dealing with their own poverty problems may be a challenge in anti-poverty action. *Collective self-empowerment* may not emerge *spontaneously*, action may be required in order to favour it. Planners within the 'Radical Planning' approach recognize the value of the contextual and experiential knowledge that those belonging to the mobilized community bring to the issues. They are open to learning through action, through experience. Above all, to be effective radical practice depends on interpersonal relations of trust and a social learning approach. The 'Radical Planning' approach specifically addresses the problems raised by this perspective. In working for social transformation in community-based organizations, planners bring to radical practice general, specific and substantive skills. Problems such as how to listen to poor people and how to interpret the

problems they experience, how to open the debate about poverty problems as they are actually experienced (not just aiming at solving them), how to communicate and manage group processes, how to develop relevant knowledge about the formal employment system, and how to realize the potential for job creation among poor people, are examples of problems that can be best be dealt with on the basis of contributions emerging from within this approach to planning.

Towards an action-oriented theory of local underdevelopment: municipal action possibilities in improving 'healthy communities'

This paper suggests some contributions to discuss how Municipalities can improve healthy communities tackling poverty related health inequities in territorial planning for local development. The paper discussed paradigm shifts in several domains and tried to discuss the implications of these shifts in making action concrete in contemporary conditions.

Local initiative and local availability of resources are not sufficient conditions for local development. 'Passive' reliance on 'spatial diffusion effects' or 'active' attraction of exogenous capital and entrepreneurial initiative are not a guarantee of local development.

As was discussed above, local development can be promoted, or blocked, by central as well as by local authorities. It was understood as a *method* to promote a *basic needs* oriented regional development, i.e. a territorial approach to 'another' development, and as such it involves the *centralization* as well as *decentralization* of the role of the state.

Widening perspectives for action, Municipalities can be reoriented from the reduction of their scope of action to the relations between state and the market. Municipalities can develop new possibilities of relationships with civil society and with the social and solidarity economy. This also involves other priorities, other attitudes and other planning methodologies. This involves *listening*, *responding*, *capacity building*, *catalyzing*, *leading*, *governing* and *learning in dialogue* with their communities.¹¹²

Municipal anti-poverty action was already discussed elsewhere.³⁰ This perspective will be further illustrated below on the basis of seven domains of action. These domains can illustrate the possibility of widening the understanding of potential action on 'social determinants' of health, tackling 'health inequities and promoting health related 'economic integration' of poor households: reinforcing conditions for effective 'agency' and 'local governance' (health oriented cross-sectoral action, local initiative and organizational capacity focusing on local 'health inequities', etc.), building a strategic 'vision' for change (building hope and trust, creating images and projects of possible futures of healthier life, etc.), *organizing* poor households for the creation of 'localities' (animating democracy and participation, building associations and cooperatives, widening organizational solutions for self-help in the communities, etc.), decreasing *market-dependency* in meeting intermediate needs (food security and self-provisioning, conditions for healthy food, introducing local currencies for consumption diversification, creating conditions for

accessing seeds for bio-diversity and healthy food, etc.), stimulating *non-conventional* possibilities for *income-earning* alternatives (animating 'inclusive entrepreneurship' solutions for income on the basis of team starters, centralizing marketing and commercialization, etc.), promoting *pathways* to *integration* taking advantage of job creation and competitiveness of local firms (job matching, involving employers in designing training possibilities, etc.), promoting 'inclusive entrepreneurship' and stimulating the *thickness* of the local *whole* real economy (reinforcing intra-local interdependencies and synergy, building local economic circuits, mobilizing the full potential of sub-contracting by local firms, etc.).

Action aiming at reinforced 'agency' and local governance for 'selective self-reliance'

Concrete ways of specific local action to face 'local underdevelopment' require local capacity to control the use of local resources and the local capacity to support entrepreneurship and to *animate* the emergence of initiatives from the social and solidarity economy. That is the reason why the Municipal role may rely strongly on animation issues (institutional animation for cross-sectoral action and organizational capacity, animation for citizenship, animation for the 'economic integration' of poor households, etc.). Basic changes in institutional response, collective mobilization and attitudes and behaviour of individuals and groups are aimed at. This is a complex task and much has to be done to prepare adequate intervention methodologies. Each situation is particular and each solution is specific.

Municipalities 'causal powers' can be activated in different ways. This concerns an adequate understanding of 'power'.³⁸ The 'discursive field' of power (understanding poverty as distinct from deprivation, recognizing the structural causes of poverty, assuming the responsibility of society on its emergence and eradication, understanding of claims of poor people as *rights*, defending anti-poverty action as an *imperative* of social justice, etc.) and the 'organizational field' of power (animating the creation of organizations aimed at the collective empowerment of poor people, counter-acting their 'organizational outflanking', political commitment at central and local level to facilitate the access of poor people to resources, etc.) both offer opportunities to the activation of Municipal 'causal powers'. The relation between the 'world view' and the priority of anti-poverty action may be directly addressed.²⁹

In fact, formal political and planning legal competences may be a point of departure but they do not exhaust the key issues concerning the relevance of power.³⁸ Also the actual control over relevant local resources depends basically on the understanding of the 'web' of power relations in the context of which the "*manoeuvring space*" is to be 'conquered'. Building alliances, animating the creation of partnerships and networking on a trans-local national and international basis or taking advantage of opportunities offered by international organizations are examples of initiatives that may help the achievement of objectives ('strategic' tradition of power).

Municipalities can act towards *building* agency and reinforced local governance for the control of local resources (avoiding the closure of public health care services, land use control, preserving food production in towns, enlarging

possibilities for healthy organic food production, etc.). This can even signify that in the context of health related anti-poverty action, Municipal initiative may have to be directed *against* initiatives from *both* the central government or from business (mobilization against health damaging polluting productive plants, unhealthy food diets in schools, health damaging working conditions, etc.).

That is a central aspect in building local governance. OECD showed how the critical factors underlying the possibility of local cross-sectoral policy integration rely on sectoral flexibility and central decision making combined with local governments' leadership in animating local governance and cross-sectoral policy integration.^{113,114}

Legal competences of Municipalities may have to be used for the *defence* of poor people's rights or of the 'territorial interest' and to preserve the possibility of subordinating the use of local resources to locally defined strategic priorities (to stop initiatives from firms aimed at avoidable collective dismissals, to support initiatives from the social and solidarity economy, protecting natural resources and fostering collective use value food production, etc.).

Action to build 'hope' and strategic 'visions' of possible and desirable futures

At local community level, Municipalities must identify the global structural constraints to local action and establish a frame for local alternative strategies. In healthy communities, the point of departure is *not* static in anti-poverty action.

The context-dependency of poverty and poverty related health inequities requires an understanding of the causes of its emergence and persistence. The theoretical contributions discussed elsewhere in relation to 'losing' regions and the concept of 'local disintegration' are useful here to understand the particular aspects of poverty in 'distressed urban areas' as a specific form of 'local disintegrated' areas. The theoretical contributions stemming from 'locality studies' help understand the locality as a social context of 'real interaction' allowing the *non-local* causes of poverty as well as *non-local* conditions to be identified on the basis of which local development may be sustained.

In fact, local development implicitly assumes the possibility of the *previous* existence of a 'project of hope' associated with a 'search for meaning' in life.¹¹⁵ This would also mean that the existence of a project might depend on the previous 'creation' of the locality.³⁰

Local development impulses suggest the capacity to create 'images' about desirable futures. In 'distressed urban areas' of 'disintegrated localities' desirable futures presuppose hope and the possibility of 'hope' emerges from 'trust' in the context of personal interaction. This means that the specificity of 'endogenous' mobilization in regional and local development issues cannot be reduced to the question of the 'availability' of resources. Resources themselves are not independent of the purposes of human agency. It refers mainly to the possibility that 'endogenous potentials' may be mobilized to meet locally defined unmet needs of poor households according to locally defined priorities. That is why the concept of local development cannot be strictly reduced to 'locally induced economic growth' and is linked to a concept of 'another' development

involving different priorities in using local resources. If local initiative to face 'local disintegration' is needed, community mobilization around a local development 'vision' will be necessary and a 'vision' linked to a 'desirable future' requires 'hope'. However, hope is difficult to find among poor people in 'disintegrated localities'.

This raises two different kinds of problems. First, it raises an epistemological problem on the identification of the conditions which may be the basis of a *non-observable* reality (a desirable future) and of anti-poverty action. Second, it raises the difficulty of building *hope* and *trust* among poor people caught in a 'disintegrated locality'. Even if their *place-bound* identity offers some form of collective identity it is associated to places where it is difficult to imagine spontaneous ways out of vicious circles, cumulative causation and negative identities.

That is why 'fiction' is increasingly relevant in development promotion. Video and film are being used increasingly as tools to offer positive identities, 'images' of possible 'realities' and the 'illustration' of ways out of despair.²

Nevertheless, 'images' of desirable futures must involve both the poor and the non-poor. This aspect touches a central domain of the 'discursive field' introduced above and how it can become a central domain of Municipal action. Understanding poverty issues not as a social division of groups but as *processes* that may touch all the community may be very relevant. The poor of today may become non-poor as a result of anti-poverty action. And the non-poor of today may become poor tomorrow if no anti-poverty action happens today.

Action to create 'localities' organizing poor people for empowerment

Municipalities may play an important role in animating the whole community for development. Helping poor people to self-help is a privileged domain. Giving 'voice' and reinforcing existing associative forms (immigrants associations, sports associations, etc.) may be an initial form of counteracting 'organizational outflanking'.³⁸ Given the 'collective isolation' of poor people small steps are needed. Rebuilding social relations and bridging the 'social void' may become easier by building small-scale organizational forms in the form of 'communities of interests'.¹¹⁶ Initial action can start by building solutions to 'felt' problems and be gradually linked to strategic objectives of a local development project. Following the 'inspiration' offered by 'community development' and by the 'socio-anthropological model'^{6,117} *community centred* approaches can be a useful methodological position in development promotion.

The rebuilding of social relations, as central issue in promoting mental health, becomes possible. According to this way of acting, local development may help bring together individuals sharing problems, wishes or projects and help them build 'interest communities'. These communities can

² This is the essential basis of the methodology being followed by Leão Lopes, former Minister of Culture of Cabo Verde. Leão Lopes is film maker and creator of "Atelier Mar" an NGO involved in development action in the islands of Santo Antão and São Vicente.

undertake the *defence* of their interest and act as catalysts for the mobilization of the whole community in local development processes. This approach shows how 'localities' can be created given the fact that social relations are their material basis (not physical space).

Action to decrease 'market-dependency' in meeting intermediate needs

The animation of the social and solidarity economy may be a privileged 'socio-economic space' to promote less 'market-dependency'. If spontaneous forms of organization do not appear, the promotion of small-scale organization to solve real problems of everyday life may be a starting point of Municipal action (promoting access to land and productive tools, animating the creation of associative forms for self-help for individual and collective forms of self-provisioning, etc.).

Public services and individual and collective use-value production may combine to create new forms of self-organization (micro-insurance organizations, patient associations, associative nurseries, etc.) where small-scale solidarity may find a material expression. Self-provision and self-sufficiency in food production^{118,119} or local currencies¹²⁰ are examples of diverse domains of contemporary experience leading to decreasing market-dependency.

This kind of solutions may well be promoted by Municipal initiative (associative alternatives to institutionalized elderly care, the access to land and technical support to self-provisioning of housing, self-provisioning in food production, etc.). The support to the initiatives from the social and solidarity economy facilitating access to land, creating legal frameworks for community based organizations, encouraging 'self-reliance' and 'self-provisioning' in the poorest areas (communal gardening, water infrastructures, rain water harvesting, renewable energy, etc.) are examples of action possibilities.

In Andernach (Germany), the Municipality organized formal collective use value food production following agricultural organic and permaculture principles.³ In Krems (Austria), the Association Arche-Noah (10 000 members) is *preserving* and cultivating for more than 20 years endangered vegetable, fruit and grain diversity.⁴

In contemporary conditions, in spite of the crisis and austerity policies, institutional conditions still do not counteract in a systematic way subjective interpretations of *need* as lack of

consumption. Actually, the conditions for the avoidance of serious harm become increasingly *market-dependent* in meeting *intermediate needs* (due to cut-backs in state provision of health care and housing, food prices, etc.). The relevance of decreasing 'market-dependency' and the opportunities of the social and solidarity economy in this field are not independent from 'critical' awareness that might be *intentionally* raised among the poor themselves.

Action to widen possibilities for 'income-earning' activities

Municipalities can also act in order to widen possibilities for 'income-earning' activities. Stimulating 'non-traditional' small scale entrepreneurial initiative among the poor, supporting commercialization and stimulating distributional channels or decentralizing local administrative services are examples of action possibilities.

In anti-poverty action, widening *income-earning* opportunities by ways other than working for a wage are central aspects requiring social innovation for the reinforcement of action. As introduced above, organizational innovation may include conventional micro-firms, cooperatives or popular productive organizations'. These kinds of organizations may offer a possible job alternative to all those who have no other. They may contribute to the valorization of *informal skills* and vocational abilities, to the diffusion of *democratic procedures*, to the generation of *social learning* and *economic literacy* and to the reinforcement of the basis for *local empowerment*.

However, the *emergence* of this kind of initiative is highly dependent on pro-active *agency*. Specific organizational forms have to be created to ensure the adequate 'animation' activities, the counselling on appropriate technologies and management strategies and the necessary organization of marketing, distribution and commercialization. 'Decentralization' in production requires 'centralization' in commercialization.^{74,75}

Municipalities can facilitate the creation of 'local development agencies' for this specific purpose. 'Animation', information, and funding may become easier. The possibility of face-to-face human relations makes this kind of support possible and efficient. Local development agencies can also play an important role in developing new attitudes towards entrepreneurship.

Action to take advantage of new formal job creation promoting 'pathways to integration'

In anti-poverty action the widening of opportunities for *income-earning* activities including access to a job working for a wage is obviously very relevant. But as has been shown in contemporary conditions, access to a job depends increasingly on new job creation and new job creation depends increasingly on new small-scale entrepreneurship.¹²¹ In spite of spatial variations, relevant job creation in existing firms can only occur in a relatively small number of firms. Helping poor people access existing jobs is in itself a challenge requiring personalized efforts. Approaches based on 'pathways to integration' offer possibilities for action in this domain. It requires the precise identification of job opportunities and developing efforts

³ The 'eatable town Andernach' offers its citizens free produced vegetables and fruits in the public space. A group of unemployed volunteered to ensure the social useful production of food. The citizens are invite to take advantage of offered plants: "Feel free to pick". For more information, see Stadt Andernach here http://www.anderenach.de/de/leben_in_andernach/essbare_stadt.html.

⁴ The Association works on bringing traditional and rare varieties into gardens and on the market again. The Association collects local seeds and preserves bio-diversity for the increased local control of organic healthy food production. The seeds are used by market oriented local farmers as well as citizens involved in individual and collective self-provisioning in food production. For more information see Arche-Noah here <http://www.arche-noah.at/etomite/index.php?id=271>.

to ensure these opportunities 'match' appropriately the characteristics offered by the poor in this locality.

In spite of crisis conditions job creating firms develop offensive strategies emphasizing product *differentiation* rather than costs.¹²² They differentiate principally on the basis of the *quality* of the product they offer and the superior *service* they provide to their customers. Evidence showed how in the past more than 60% of growth occurred by entering *new markets* and through *new products*. People are considered to be the key in these firms, and enterprises are concerned with maintaining *highly-motivated and well qualified* staff. Most of the finance for growth was '*self-generated*'.

Municipalities have a relevant role to play building the 'business case' for the interdependency between competitiveness and social cohesion, for the relevance of their interdependency for territorial cohesion and as an opportunity to implement at local level the ILO agenda for quality jobs, 'decent work' and secure working conditions.

Action reinforces the 'thickness' of the local 'whole' economy

The 'whole economy model' introduced above, helped to show the increasing relevance of approaches based on the '*household economy*' as a conceptual basis to understand the growing contemporary relations between the social and solidarity economy and the formal economy. The household strategies of 'division of labour' establish these kinds of relations.

In contemporary conditions the relations between the formal and the informal sectors become more porous and increased attention has to be paid to the particular ways *both* sectors relate with exchange and use value production *within* the household and *through* 'household survival strategies'. Also, the role of local small and medium size firms in job creation and the economic relations they develop among them and with big and trans-national corporations become more relevant when analysing the conditions for local socio-economic change aimed at the lasting 'economic integration' of poor households. In fact, these *interdependencies* may combine to potentially enlarge opportunities for income-earning activities of poor people (self-employment, micro-firms, organizations of the 'social economy', 'pathways to integration' in linking the poor to new job creation and to the labour market, etc.).

It was also seen that the socio-economic context can be *made* and that changes in the socio-economic context can be identified and understood as necessary in order to achieve a desired outcome. Thus, the health related 'economic integration' of poor households can be related to institutions and pro-active agency involved in '*making*' a socio-economic context to a lasting favourable possibility of change in healthy communities.

Municipalities may play a central role in *making* the socio-economic context, creating the institutional and organizational conditions for '*thickness*' (intra-local interdependencies and interaction for synergy, linking the diverse dimensions of the local 'whole' economy, etc.). Municipalities may also play an important role in identifying *invisible* underutilized resources. Community affective and emotional bonds may be determinant factors of success in development processes.

Informal skills (as revealed in hobbies, etc.) may sometimes play a significant role in innovation and small-scale organization. The knowledge of retired people may be strategically relevant information for collective self-empowerment, for small-scale production or social reproduction-oriented initiatives. This can contribute to raising self-esteem and a sense of usefulness among the elderly being a relevant field for the promotion of mental health and health related activities. Local artists can help to search for innovative solutions in production and process (creative packaging for local products, etc.).

There is also the case of many other possibilities: full mobilization of local available resources, mobilization of renewable energy resources, recycling solid waste, preserving local natural ecosystems, promoting bio-diversity by protecting threatened species, adapting local productive restructuring to 'exogenous' constraints, mobilization of local savings, support to productive initiatives from traditional entrepreneurs and non-traditional entrepreneurs from the social and solidarity economy, etc.

Municipalities can also contribute to the *thickness* of the local 'whole' economy reinforcing local and intraregional communication (local radio stations, local newspapers, etc.), stimulating the involvement of schools and pedagogical innovation or creating 'local observatories'. Here lies a huge potential for health education and for the dissemination of relevant health information.

Improving 'healthy communities': conditions for 'social innovation' and possible action

The examples introduced above show that it is possible to widen possibilities of acting in tackling 'social determinants' of health and integrating the challenges of different paradigm shifts in action. Adequate action requires 'social innovation' and specific conditions. Political will, conceptual sharpening and theoretical development concerning the relation between health and development play central roles. Political will also plays a central role in improving cross-sectoral local 'collaborative governance' for policy integration and community involvement. Finally, widening possibilities of acting also requires organizational capacity and technical skills.

Coming back to the research problem formulated above, it is possible to open perspectives for a potential role to be played by Municipalities in order to improve healthy communities focusing on poverty related 'health inequities' and it is possible to make this contribution concrete in territorial planning for local development.

The different paradigm shifts discussed showed how relevant it is to be aware of their implications and how different possibilities can become concrete.

Tackling 'social determinants' of health is challenging. Linking anti-poverty action to territorial development in health promotion does not correspond to current practice yet. It involves a kind of organizational capacity strongly dependent on meeting 'skills gaps' in concrete acting. But it is possible to meet these 'skills gaps' learning from practice. It may be the case of organizing useful learning conditions on the basis of the results of the WHO Healthy Cities

Movement. Contemporary crisis conditions may require this kind of urgent effort.

In Europe, the relation between the increasing complexity of problems, the shortcomings of current policy responses and the potential usefulness of results of experimental action does not represent a new concern. The roots of this understanding can be already found in the late 1970s with the beginning of experimental anti-poverty programmes aiming at innovation in public policies. Several programmes were developed (Poverty I 1975–1980, Poverty II 1984–1989 and Poverty III 1989–1994) and a new generation of Community Initiatives was launched since the early 90s (Urban, Leader, Employment & Adapt, Equal, etc.). It was supposed that the results of experimental programmes would contribute to the opening of new avenues of action and to *capacity building* among decision-makers, practitioners and citizens.

However, the simple dissemination of information about the results of those programmes ('best practices') did not meet this objective in an automatic way. An explicit concern with learning conditions in meeting 'skills gaps' is still hard to find in a systematic way. The kind of 'skills gaps' involved in action concern both 'technical' and 'generic' skills and are not developed by the formal school and training systems in Europe as was already recognized by the Bristol Accord.¹²³

The concrete ways of organizing learning 'from practice', producing context-relevant knowledge and developing skills requires adequate methodologies in the framework of clear learning paradigms.⁵ In order to 'make sense' of available information central paradigm shifts in different professional fields have to be acknowledged so as to promote 'social innovation' and to cope with contemporary problems.^{124,125} This paper may be considered a contribution to this discussion.

Conflicts of interest

The authors have no conflicts of interest to declare.

REFERENCES

1. WHO. About Health 2020 [online]. Copenhagen: Regional Office for Europe; 2013. Available from: <http://www.euro.who.int/en/what-we-do/health-topics/health-policy/health-2020/about-health-2020> [cited 20.03.2013].
2. WHO. Social determinants [online]. Copenhagen: Regional Office for Europe; 2013. Available from: <http://www.euro.who.int/en/what-we-do/health-topics/health-determinants/social-determinants> [cited 20.03.2013].
3. Friedmann J. Planning in the public domain: from knowledge to action. Princeton: Princeton University Press; 1987.
4. Irwin A, Valentine N, Brown C, Loewenson R, Solar O, Brown H, et al. The Commission on Social Determinants of Health: tackling the social roots of health inequities. PLoS Med. 2006;3:e106, <http://dx.doi.org/10.1371/journal.pmed.0030106>.
5. World Health Organization. Commission on Social Determinants of Health. Closing the gap in a generation: final report [online]. Geneva: World Health Organization; 2008. Available from: http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf [cited 22.10.2013].
6. Caldeira C. Análise socio-psiquiátrica de uma comunidade terapêutica. Lisboa: Universidade Clássica de Lisboa; 1979 [PhD thesis].
7. Richter H. Wer nicht Leiden will muss Hassen. In: Richter H, editor. Sich der Krise stellen. Rowohlt: Reinbeck bei Hamburg; 1966.
8. Mitscherlich A. Krankheit als Konflikt: Studien zur Psychosomatischen Medizin. Frankfurt am Main: Suhrkamp; 1966.
9. Capra F. The turning point: science, society and the rising culture. New York: Bantam Books; 1982.
10. O'Leary A. Stress, emotion, and human immune function. Psychol Bull. 1990;108:363–82.
11. Segerstrom S, Miller GE. Psychological stress and the human immune system: a meta-analytic study of 30 years of inquiry. Psychol Bull. 2004;130:601–30.
12. WHO. Healthy cities [online]. Copenhagen: Regional Office for Europe; 2013. Available from: <http://www.euro.who.int/en/what-we-do/health-topics/environment-and-health/urban-health/activities/healthy-cities> [cited 20.03.2013].
13. Loureiro I, Miranda N. Promover a saúde: dos fundamentos à acção. Coimbra: Almedina; 2010.
14. World Health Organisation. Interim second report on social determinants of health and the health divide in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2011.
15. Bell R, Allen J, Geddes I, Goldblatt P, Marmot M. A social determinants approach to CVD prevention in England. London: UCL Institute of Health Equity; 2012.
16. Brown A. With poverty comes depression, more than other illnesses [online]. Gallup Wellbeing, October 30; 2012. Available from: <http://www.gallup.com/poll/158417/poverty-comes-depression-illness.aspx2012> [cited 22.12.2012].
17. Hancock T. The evolution, impact, and significance of the healthy cities/communities movement. J Public Health Policy. 1993;14:5–18.
18. Feyerabend P. Against method: outline of an anarchistic theory of knowledge. London: New Left Books; 1975.
19. Gleick J. Chaos: a construção de uma nova ciência. Lisboa: Gradiva; 1989.
20. Hofmann C. Smog im Hirn: von der Notwendigen Aufhebung der Herrschenden Wissenschaft. Bensheim: Päd Extra Buchverlag; 1981.
21. Kuhn T. The structure of scientific revolutions. 2nd edition enlarged. London: University of Chicago Press; 1962.
22. Outhwaite W. New philosophies of social science: realism, hermeneutics and critical theory. London: MacMillan; 1987.
23. Prigogine I, Stengers I. La nouvelle alliance: métamorphose de la science. Paris: Gallimard; 1979.
24. Santos BS. Um discurso sobre as ciências. Porto: Afrontamento; 1987.
25. Santos BS. Introdução a uma ciência pós-moderna. Porto: Afrontamento; 1989.
26. Santos BS, editor. Conhecimento prudente para uma vida decente. Porto: Afrontamento; 2003.
27. Henriques JM. Acção contra a pobreza em áreas urbanas em 'crise': desafios e possibilidades. Soc e Trab. 2011;41: 9–26.
28. Henriques JM. Crise, economia social e solidária e 'integração económica' na acção contra a pobreza. Rev Econ Solid. 2010;2:83–114.

⁵ The Portuguese Equal Anim@Te Project was centred on this kind of challenge. It developed from the National Thematic Network on 'Territorial Animation' and experimental action was developed in the final phase of Equal Community Initiative (2009). Experimental action was developed on the basis of the methodological contributions of the 'Communities of Practice' approach.

29. Henriques JM. Changing poor people's lives: conceptualising action. Hamburg: Periplois; 2010.
30. Henriques JM. Global restructuring and local anti-poverty action: learning with European experimental programmes [online]. Lisbon: ISCTE-IUL; 2006. PhD thesis. Available from: <http://repositorio-iul.iscte.pt/handle/10071/273> [cited 12.10.2012].
31. Henriques JM. Local development in Poverty III. In: European thematic evaluation of Poverty III Programme. Brussels: CEC; 1994.
32. Archer M. Being human: the problem of agency. Cambridge: Cambridge University Press; 2000.
33. Arendt H. The human condition. Chicago: University Chicago Press; 1958.
34. Rogers C. Tornar-se pessoa. 6th ed. Lisboa: Moraes Editores; 1983.
35. Doyal L, Gough I. Human need and strategies for social change. In: Ekins P, editor. The living economy: a new economics in the making. London: Routledge; 1986.
36. Doyal L, Gough I. A theory of human need. London: MacMillan; 1991.
37. Schwefel D. Grundbedürfnisse und Entwicklungspolitik. Baden-Baden: Nomos; 1978.
38. Clegg S. Frameworks of power. London: Sage; 1989.
39. Costa AB. Conceitos de pobreza. Estudos de Economia. 1984;IV:275-94.
40. Costa AB. The paradox of poverty. Bristol: University of Bath and University of Bristol; 1993. PhD thesis.
41. Costa AB. Contribution of POVERTY III to the understanding of poverty, exclusion and integration. Brussels: CEC. E.E.I.G. Animation & Research; 1994.
42. Townsend P. Deprivation. J Soc Policy. 1987;16 Pt 2:125-46.
43. Henriques JM. Local anti-poverty action and planning theory: a framework for choosing methods and tools. In: ISEG.UTL, editor. Ensaios de Homenagem a António Simões Lopes. Lisboa: Instituto Superior de Economia e Gestão.UTL; 2006.
44. Townsend P. Poverty in the United Kingdom. London: Penguin Books; 1979.
45. Townsend P. A sociological approach to the measurement of poverty: a rejoinder to Professor Amartya Sen. Oxford Economic Papers. 1985;37:659-68.
46. Sen A. Poor, relatively speaking. Oxford Economic Papers. 1983;35:153-68.
47. Sen A. A sociological approach to the measurement of poverty: a reply to Professor Peter Townsend. Oxford Economic Papers. 1985;35:153-69.
48. Chitty A. The early Marx on needs. Radic Philos. 1993;64:23-31.
49. Henriques JM. As necessidades humanas e a problemática do desenvolvimento: o conceito de "necessidade básica". Lisboa: Instituto Damião de Góis; 1983.
50. Fromm E. Die Furcht vor der Freiheit. Frankfurt am Main: Europäische Verlagsanstalt; 1982.
51. Fromm E. To have or to be?: a new blueprint for mankind. London: Sphere Books; 1976.
52. Heller A. La theorie des besoins chez Marx. Paris: Giangiacomo Feltrinelli; 1978.
53. Lederer K. Bedürfnisse: ein Gegenstand der Bedürfnisforschung. In: Meyer-Abich KM, Birnbacher D, editors. Was Braucht der Mensch um Glücklich zu sein. Munich: Verlag C.H. Beck; 1979.
54. Lederer K. Needs methodology: the environmental case. In: Lederer K, editor. Human needs: a contribution to the current debate. Berlin: Oelgeschlager; 1980.
55. Leiss W. Die Grenzen der Bedürfnisforschung. Technologie und Politik; 1978.
56. Meitxner H. Manipuliert dir Werbung? In: Eyer-Abich KM, Birnbacher D, editors. Was braucht der Mensch, um glücklich zu sein. München: Verlag C.H. Beck; 1979.
57. Bauer L. Towards new concepts of thought in economics. In: 2nd conference of CISEP, ISEG/CISEP, Lisbon: 1986. Proceedings. Lisbon: ISEG; 1986.
58. Bauer L, Matis H. Geburt der Neuzeit. München: Deutscher Taschenbuch Verlag; 1988.
59. Max-Neef M. Human-scale economics: the challenges ahead. In: Ekins P, editor. The living economy: a new economics in the making. London: Routledge; 1986. p. 198-206.
60. Ekins P, Max-Neef M, editors. Real-life economics: understanding wealth creation. London: Routledge; 1992.
61. Max-Neef M, Elizalde A, Hopenhayn M. Human scale development: an option for the future. Uppsala, Sweden: Dag Hammarskjöld Foundation; 1989. (Development dialogue).
62. Lutz M, Lux K. Humanistic economics: the new challenge. New York: The Bootstrap Press; 1988.
63. Ekins P, editor. The living economy: a new economics in the making. London: Routledge; 1986.
64. Hodgson G. Economics and institutions. Oxford: Polity Press; 1988.
65. Hodgson G. The reconstruction of economics: is there still a place for neoclassical theory? Der Oeffentliche Sektor-Forschungsmemoranden. 1993;19 Jg. 4:31-45.
66. Hodgson G. Economics and evolution. In: Hodgson G, editor. Economics and institutions. Oxford: Polity Press/Beacon Press; 1994.
67. Hodgson G. Can economics start from the individual alone? In: Fullbrook E, editor. A guide to what's wrong with economics. London: Anthem Press; 2004.
68. Lawson T. Economics and reality. London: Routledge; 1997.
69. Lawson T. Reorienting economics. London: Routledge; 2003.
70. Polanyi K. The great transformation: the political and economic origins of our time. Boston: Beacon Press; 1944.
71. Henriques JM. A saúde e o homo economicus. Rev Port Sau Pub. 1989;72:19-28.
72. Friedmann J. Life space and the economic space: essays in third world planning. New Brunswick: Transaction Books; 1988.
73. Friedmann J. Empowerment: the politics of alternative development. Cambridge: Blackwell; 1992.
74. Glatz H, Scheer G. Eigenständige Regionalentwicklung. Wien: Bundeskanzleramt; 1981. (Research report).
75. Bundeskanzleramt. Sonderaktion des Bundeskanzleramts. Wien: Bundeskanzleramt; 1981.
76. Galtung J. The basic-needs approach. Oslo: University of Oslo; 1979.
77. Lederer K. Über Erfahrung und Durchsetzung von Bedürfnissen. In: Meyer-Abich KM, Birnbacher D, editors. Was Braucht der Mensch um Glücklich zu sein. München: Verlag C.H. Beck; 1979.
78. Ghai D. What is a basic-needs approach to development all about? In: The basic-needs approach to development. Geneva: International Labour Office; 1977.
79. Seers D. The meaning of development. Int Dev Rev. 1969;11:1-7.
80. Seers D. The new meaning of development. In: Lehman D, editor. Development theory: four critical studies. London: Frank Cass; 1979.
81. Henriques JM. Theories and policies of local development. In: Konsolas N, editor. Local development. Athens: Regional Development Institute, Hellenic Agency for Local Development and Local Government; 1990.
82. Henriques JM. Municípios e desenvolvimento: caminhos possíveis. Lisbon: Escher Publicações; 1990.

83. Henriques JM. Subdesenvolvimento local, iniciativa municipal e planeamento territorial. *Sociedade e Território*. 1990;4.
84. Henriques JM. Processo de globalização 'desintegração local' e desafios à governância: discursos e possibilidades. In: Conferência sobre Inovação tecnológica e globalização: implicações para os países de desenvolvimento intermédio, Lisboa, ISCTE. Lisboa: ISCTE; 2005.
85. Brügger E. Endogene Entwicklung: ein Konzept Zwischen Utopie und Realität. *Information zur Raumentwicklung*. 1984.
86. Friedmann J, Weaver C. *Territory and function*. London: Edward Arnold; 1979.
87. Novy A. Learning experiences from OECD and EC reviews of local employment initiatives. In: Stöhr W, editor. *Global challenges and local response: learning experiences in local development initiatives*. Tokyo: UN-University; 1990.
88. Stöhr W. Development from below: the bottom-up and periphery-inward development paradigm. In: Stöhr W, Taylor DR, editors. *Development from above or below?* Chichester: John Wiley and Sons; 1981.
89. Stöhr W. Towards "another" regional development?: in search of a strategy of truly "integrated" regional development. In: Misra RP, Monjo M, editors. *Changing perception of development problems*, vol. I. Maruzen, Asia: Nagoia; 1981 (regional development series).
90. Stöhr W. Changing external conditions and a paradigm shift in regional development strategies. *Estudos de Economia*. 1984;IV.
91. Stöhr W, editor. *Global challenge and local response: initiatives for economic regeneration in contemporary Europe*. London: Mansell; 1990.
92. Stöhr W. On the theory and practice of local development in Europe. In: Stöhr W, editor. *Global challenge and local response*. London: Mansell; 1990.
93. Weaver C. *Regional development and the local community*. New York: John Wiley; 1984.
94. Wheelock J. The household in the total economy. In: Ekins P, Max-Neef M, editors. *Real-life economics: understanding wealth creation*. London: Routledge; 1992.
95. Bagdugley P, Mark-Lawson J, Shapiro D, Urry J, Walby S, Warde A. *Restructuring: place, class and gender*. London: Sage; 1990.
96. Amin A, Thrift N. *Living in the global: globalization, institutions, and regional development in Europe*. Oxford: Oxford University Press; 1994.
97. Storper M. Territorial development in the global learning economy: the challenge to developing countries. *Rev Int Political Econ*. 1995;2:394-424.
98. Moulaert F. Integrated area development and efficacy of local action: research problematics, feasibility study commissioned by A&R, Poverty 3 Programme. Lille: CEC; 1991.
99. Moulaert F. *Globalization and integrated area development in European cities*. Oxford: Oxford University Press; 2000.
100. Chanan G. *Out of the shadows: local community action and the European Community*. Dublin: European Foundation for the Improvement of Living and Working Conditions; 1992.
101. Freire P. *A pedagogia do oprimido*. Porto: Afrontamento; 1975.
102. Rees W, editor. *A survey of contemporary community development in Europe*. The Hague: Combined European Bureau for Social Development; 1991.
103. Silva M. Fases de um processo de desenvolvimento comunitário. *Análise Social*. 1963;I.
104. Silva M. Oportunidade do desenvolvimento comunitário em Portugal. *Análise Social*. 1964;II.
105. Silva M. General considerations. In: ILO, editor. *Employment and basic needs in Portugal*. Geneva: ILO; 1979.
106. Jungk R, Mullert N. *Zukunftswerkstätten*. Würzburg: Hoffmann und Campe; 1981.
107. Dürrschmidt J. The delinking of locale and milieu: on the situatedness of extended milieux in a global environment. In: Eade J, editor. *Living the global city: globalization as local process*. London: Routledge; 1997.
108. Liem R. The psychological costs of unemployment. *Soc Res*. 1987;54.
109. Henriques JM. Inovação social e coesão territorial: contributos EQUAL = Social innovation and territorial cohesion: EQUAL contributions: independent report prepared at the Request of Equal Managing Authority in Portugal. Lisboa: Ministério do Trabalho e da Solidariedade Social; 2007.
110. Henriques JM. Social innovation and territorial animation: contributions from the Equal Community Initiative in Portugal. *Sociedade e Trabalho*. 2009;12:71-93.
111. Henriques JM. Local anti-poverty action and planning theory: a framework for choosing methods and tools: participation in a homage book to Professor Doutor António Simões Lopes. Lisbon: Instituto Superior de Economia e Gestão; 2006.
112. Benington J. New paradigms and practices for local government: capacity building within civil society. In: Kraemer S, Roberts J, editors. *The politics of attachment: towards a secure society*. London: Free Association Books; 1996.
113. OECD. *Breaking out of sylos*. Paris: OECD; 2002.
114. Henriques JM. Portugal: case study report: independent report prepared at the request of OECD LEED Programme in the framework of Integrating Employment, Skills and Economic Development Project. Paris: OECD; 2007.
115. Frankl VE. *Man's search for meaning*. 6th ed. London: Hodder & Stoughton; 1992.
116. Worsley P. *Introdução à sociologia*, vol. I-III. Lisboa: Publicações D. Quixote; 1970.
117. Caldeira C. O sentido de uma comunidade de saúde mental. *Psicologia*. 1982;III.
118. Berry W. Interdependence. In: Goldsmith E, Mander J, editors. *The case against the global economy & for a turn towards localization*. London: Earthscan; 2001.
119. Schuman M. *Going local: creating self-reliant communities in a global age*. New York: Routledge; 2000.
120. Walker P, Goldsmith E. Local money: a currency for every community. In: Goldsmith E, Mander J, editors. *The case against the global economy & for a turn towards localization*. London: Earthscan; 2001.
121. Henriques JM, Madruga P. Analysis of the contribution of local employment initiatives and small and medium-sized enterprises to employment: final report to the European Commission: Directorate General V. Lisbon: CISEP/ISEG; 1996.
122. European Foundation for Entrepreneurship Research. *Europe's 500: dynamic entrepreneurs: the job, creators*. Ghent: European Foundation for Entrepreneurship Research; 1995.
123. European Union. *Bristol Accord*. Bristol, UK: European Union; 2005. UK Presidency of the EU 2005, European Ministerial Informal Meeting, Bristol, 6-7 December 2005.
124. Wenger E. *Communities of practice: learning, meaning and identity*. Cambridge: Cambridge University Press; 1998.
125. Wenger E, McDermott R, Snyder W. *Cultivating communities of practice*. Boston: Harvard Business School Press; 2002.