Reconciling Structure and Agency in Public Health Adaptation to Climate Change

By
Chris G. Buse
PhD Candidate
Social and Behavioural Health Sciences, Dalla Lana School of Public Health
Editors’ Note

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1 Devonshire Place
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Abstract
Drawing from diverse disciplines including planning, political science, and the environmental sciences, public health practitioners are increasingly required to respond to climate change—to adapt to its effects and take action before greater health consequences come to bear. In doing so, they are creating a new field of public health practice and can shape innovative programming and policy-making to respond to rising temperatures and a host of resulting health impacts. However, theoretical consideration of how multiple disciplines and their associated discourses are being used to inform and construct the emerging field of public health climate change adaptation is woefully lacking. Pierre Bourdieu’s (1990) “theory of practice” is useful because it offers a generative account of how agents engaged in climate-change adaptation work according to: 1) their individual dispositions (i.e., habitus); 2) relevant resources (i.e., capital) able to be utilized; and 3) the particular “logics” or “rules” that govern practical action in a given field. This paper discusses Bourdieu’s key thinking applied to the emerging field of public health adaptation to climate change. It concludes by discussing the interplay between the structures of emerging fields of practice and the agency of individuals working on climate change as “moral entrepreneurs.”

As a result of anthropogenic and natural climate “forcings” (e.g., rises in global greenhouse gas emissions) (IPCC 2007), global temperatures have increased over the past century. As a result, previously low-probability climate events (e.g., extreme weather events) are increasingly becoming the norm. In changing regional climates, certain populations are already experiencing health impacts resulting from climate change which include: rising temperatures and rising rates of heat-related morbidity and mortality; increases in acute respiratory disease tied to poor air quality; increases in food and waterborne illnesses; the spread of vectors to previously inhospitable climates and resultant increases in the incidence of vector-borne and zoonotic disease; and rising rates of accidental morbidity and mortality from extreme weather events (Health Canada 2008). Climate change is further implicated in food shortages and resulting food insecurities (IPCC 2007), and wreaking havoc on infrastructure in ways that affect economic livelihoods (Stern 2007) and mental health (Chand and Murthy 2008; Doherty and Clayton 2011). Climate change also holds the potential to exacerbate existing health inequalities, where those populations already burdened by relatively poor health are projected to be most vulnerable to the health effects of climate change (Friel et al. 2011; Health Canada 2005).

Climate change requires researchers and practitioners in the field of public health to draw from diverse disciplines including planning, political science, and the environmental sciences, to adapt to its effects and...
take action before greater health consequences come to bear. In doing so, practitioners are actively creating a new field of public health practice and can shape practices, programming, and policy-making in new and innovative ways.

Theoretical contributions to the scholarly literature on climate change have looked at the role of social capital in fostering adaptation to climate change and resilience in the face of climate-related disasters (Adger 2003); questioned the process of meaning-making in communicating and acting upon climate science in relation to human interactions with nature (Jasanoff 2010); and critiqued the global political economy in the production of over-consumption implicated in creating futures of resource scarcity (Urry 2010; 2011). This has prompted some scholars to clarify the role of the social sciences in understanding the social dimensions of climate change (Yearly 2009) and to explain the utility of critical thought in a realm of emerging discourses and theoretical considerations (Shove 2010).

In public health, theoretical conversations about climate change have centred on informing practice through the analysis of ecosystems as integrated settings for sustainability (Parkes and Horwitz 2009) and the associated development of an emerging “ecohealth” paradigm that is rooted in complexity science (Parkes 2011; Parkes, Panelli, and Weinstein 2003; Patz 2006; Webb et al. 2010). Poland, Dooris, and Haliwa-Delay (2011) have taken up a practice-theory orientation to illustrate the importance of securing supportive environments for health equity in the face of accelerated global change (Poland, Dooris, and Haliwa-Delay 2011). Additional research has attempted to theorize health promotion “competencies” for climate change adaptation and the co-benefits of adaptation interventions for the promotion of human health (Patrick et al. 2011; Patrick and Capetola 2011).

However, there’s been little relevant theoretical consideration of how multiple disciplines and their associated discourses are being used to inform and construct the emerging field of public health adaptation to climate change. What remains unclear is the degree to which public health units are engaging with climate change adaptation—those practices and programs aimed at adapting to climate change, and the particular logics that inform specific adaptation initiatives. More broadly, there is an identified theoretical need to understand how new fields of practice emerge, as well as how they are legitimated and by whom in order to make explicit the goals and values of climate change adaptation interventions.

To this end, I build on an emerging “practice theory” orientation in the academic literature (Shove 2010). Bourdieu’s (1990) “theory of practice” is particularly useful in the context of public health adaptation to climate change for understanding social change in the broader “field” of public health practice. In explicating Bourdieu’s primary thinking, this paper reconciles how the structure of a field interacts with individual agency in ways that shape particular practice-oriented imperatives related to climate change. Bourdieu forces us to ask important questions regarding environmental public health practice including: what is the “taken-for-granted logic” of the environmental public health field (and those fields situated within it)? By continuing to focus on Bourdieu’s important questions, a theoretical understanding of the development of “new” environmental public health practices may be developed. Bourdieu’s use of theory further allows researchers to identify how actors are actively involved in pursuing social change via public health scholarship, programming, and policy. The paper closes with a discussion of Bourdieu’s theory of practice and considers the important role that “moral entrepreneurs” might play in influencing research, policy, and practice.

**PRACTICE THEORY AND BOURDIEU’S “LOGIC OF PRACTICE”**

Analyzing and critically appraising both “fields” and the practices situated within them require a robust theoretical apparatus that seeks to understand how social practices develop as a result of the actors who utilize them, and the social contexts in which they are situated. Practice theory is far from a unified theory, but it is a promising direction to inform the public health and climate change literature (see Poland, Dooris, and Haliwa-Delay 2011). While authors from diverse theoretical traditions (e.g., Giddens 1984, Schatzki 1996, 2001, 2002; Taylor 2004; Shove and Pantzar 2005) offer unique contributions in relation to social practices, they all agree that practices are the realm of the social where society and the individual are inextricably linked and organized. In other words, practices are the site where social understanding is
structured and articulated, and a theory or practice(s) should therefore seek to understand how practices develop and the extent to which individual and collective action are guided by structure and agency.

Field + [Habitus x Capital] = Practice

Practices are not always consciously organized, and similar to Giddens (1984), Bourdieu emphasizes that “much of daily life is accomplished unthinkingly and routinely, through what he terms ‘practical consciousness’” (Williams 1995, 582). Shove and Walker (2007; 2010) agree with Bourdieu when they say that “social practices are not merely ‘sites’ of interaction but are, instead, ordering and orchestrating entities in their own right” (Shove and Walker 2007, 471). Practices employed in a given field are always assembled based on previous and related practices that are therefore successive and necessarily localized (Shove and Pantzar 2005). Thus, documenting how particular practices—as “assemblages of images (meanings, symbols), skills (forms of competence, procedures) and stuff (materials, technologies) that are dynamically integrated by skilled practitioners through regular and repeated performance” (Hargreaves 2011, 83)—are (re)produced across fields can help to inform climate change adaptation work, especially what takes place in local settings.

Bourdieu’s contributions are unique for how his “theory of practice” transcends modernist dichotomies (i.e., structure/agency, object/subject) to comment on the gap in understanding between embodied, practical knowledge, and the allegedly “objective” social structures that can be understood theoretically (Postone, LiPuma, and Calhoun, 1993, 2). Bourdieu’s sociology seeks to “uncover the most profoundly buried structures of the various social worlds which constitute the social universe,” as well as the “mechanisms” which tend to ensure their reproduction or their transformation (Bourdieu 1989, 7). Practice theory can therefore inform an understanding of the context in which climate change adaptation practices are implemented. Moreover, by detailing the kinds of practices that are employed in the process of field-building, practice theory can also capture the power relations that exist within and between actors who occupy various fields.

Bourdieu uses the formula, Field + [Habitus x Capital] = Practice (Bourdieu 1984, 101), not as an arithmetic articulation of how practices manifest, but to illustrate the relationship between his three primary thinking tools. For Bourdieu, “practice results from relations between one’s dispositions (habitus) and one’s position of power (capital) within the current state of play of that social arena (field)” (Maton 2008, 51).

Field

Bourdieu posits that the social world is made up of a field of power—a social space upon which the competition over resources takes place (Bourdieu 1992; 1998)—within which multiple interrelated fields are nested and may be further subdivided. Fields can change as a result of external pressures, for example, climate change necessitating a public health response due to an increased burden of climate-related morbidity and mortality. However, fields can also change as a result of internal “struggles.” For Bourdieu, all fields required the struggle between and orthodoxy and a heterodoxy resulting in a competition over the ability to determine which cultural practices are more or less legitimate. For example, within the field of public health, monitoring air quality and water quality came to prominence in the Victorian era and have remained legitimate and relatively uncontested core features of environmental health practice. New or innovative programs must then compete over the same resources and may be less likely to acquire funding or implementation because of the taken-for-granted nature of existing core programmatic areas in the broader field of public health practice.

Fields are particular social spaces and “there are as many fields of preference as there are fields of stylistic possibilities” (Bourdieu 1984, 226). That is, fields are spaces of lifestyles and distinctions, each with their own unique symbolic currencies resembling the internalized structures present in a given field. Bourdieu (1990) defines “fields” as sites of symbolic struggle where agents seek to amass stocks of capital in ways that better their position in a field relative to other agents. Doing so allows for the ability to institute a “taken-for-granted logic” concerning how particular practices are legitimated to reinforce or challenge the existing logic of a field (Bourdieu and Wacquant 1992).
To use the analogy of sport, a field can be understood as a bounded arena of play governed by particular rules where “players” take up particular positions (Thomson 2008). To “play” in a field is to compete in an unending game over various types of capital. Each field has a particular set of rules—an understanding of the values and beliefs that govern practice and action—which is to say, each field has a particular logic. Agents participate and compete in more than one field at a time, and it is their habitus—or socially structured dispositions—that dictate how comfortable they are with “the rules of the game” in a given field. Thus, “playing” in a field requires an actor to take rules (what Bourdieu refers to as doxa) for granted and recognize them as legitimate—an act which may serve to reproduce existing relations of power (Deer 2008).

Detailing the conditions under which fields are created or are changed requires an appreciation of how practices evolve, how they capture people and lose others, who the carriers of particular practices are, and how practices are employed in a strategic sense to better one’s field position (Shove 2010). Since climate change adaptation is an emerging field of public health practice informed by numerous others, research is required to account for the practical experiences of agents involved in constructing and co-creating this field, and how the “rules” of climate change adaptation are emerging in relation to the evolving health needs of the public.

As Figure 1 indicates, the field of climate change adaptation can be seen as occupying the broader field of environmental health situated within an even broader field of public health practice. Of course, actors from multiple other fields, even those unrelated to public health, may ostensibly be “doing” climate change adaptation work in ways that improve population health. This kind of “boundary work” is important to consider—my analysis does not seek to privilege environmental health as the sole field in which climate change adaptation is being taken up. Indeed, this is one depiction of a specific field of practice with explicit links to environmental change. Due to the complexity of climate change, it necessarily overlaps with and is informed by numerous other fields.

Public health units or agencies must also be considered in terms of their organizational fields which necessarily map across all three of the fields of practice I mention. In other words, “though the surrounding field affects its structure, this embedded field, as a specific relation of force and area of free play, defines the very terms and stakes of the struggle, giving a particular cast to them which often renders them unintelligible, at first sight, from the outside” (Bourdieu 2005, 205). For Bourdieu, organizations also exhibit varying degrees of struggle and the advancement of a “taken-for-granted” way of doing things that have resulting implications for broader fields of practice. Public health institutions therefore become legitimating forces in their own right.
Public health scholarship requires an understanding of how the field of climate change adaptation is being informed by the various logics of the related fields in which it is situated. Moreover, how the organizational field is theorized must also be taken into consideration, particularly in how a field change in an organization might result in or produce a shift in other fields of public health practice based on the implementation or incorporation of new practices made “legitimate” at the local level. As an emerging field of practice, climate change adaptation is informed by numerous logics all competing for legitimacy which are being forwarded by different actors for different reasons.

**Habitus**

Interpreting the *logic* or *logics* of a field and transforming that knowledge into action is the primary role of habitus, or “generative principles of distinct and distinctive practices … [which] are also classificatory schemes, principles of classification, principles of vision and division, different tastes” (Bourdieu 1998, 8). Habitus is made up

of durable, transposable dispositions, structured structures predisposed to function as structuring structures, that is, as principles which generate and organize practices and representations that can be objectively adapted to their outcomes without presupposing a conscious aiming at ends or an express mastery of the operations necessary in order to attain them. Objectively “regulated” and “regular” without being in any way the product of obedience to rules, they can be collectively orchestrated without being the product of the organization action of a conductor. (Bourdieu 1990, 53)

Habitus reflects dispositions and tastes accumulated over individual actors’ lives. It is influenced by early socialization in school and through family upbringing, and is constantly being refined in the presence of our evolving lives. It “structures” insofar as it is continuously taking in information and reflexively adapting to it, but it is “structured” because our actions are—in part—predetermined by previous decisions and our earlier life histories.

Bourdieu contends that as a result of habitus, individuals are more likely to take up particular kinds of practices and do things particular ways, influencing everything from the kinds of people we meet and associate with, to the types of work we prefer to engage in (Bourdieu 1984). However, he (1987) flatly rejects determinist interpretations of a “structuring structure” that guides individuals through life like automats. Rather, Bourdieu represents the subjective individual as composed of many competing interests that are consciously and unconsciously weighed against each other (Bourdieu 1985; 1992).

Habitus therefore explains the dispositions that mediate social structures and practices, while directly contributing to the reproduction of those structures or their transformation (Brubaker 1985, 43). Reflecting on the role of habitus requires us to consider what is unique about individuals who are able to effectively forward new practices that instrumentally alter, shape, or create entirely new fields.

Bourdieu’s conception of field implies that different agents will draw upon their biographies in different ways to shape a field in a strategic sense. In other words, the emerging field of climate change adaptation is not just framed by individual interest but also based on strategic objectives embedded in practitioners’ everyday worlds. Bourdieu uses the concept of strategy as a generative structure to resolve issues of structure/agency because habitus is tied to a practical mastery—a sense of practice and practical knowledge that is embodied by individuals (Maton 2008). Moreover, habitus interprets the logic of a field to generate practices, as if by second nature, by *sens pratique*—a practical, or subjective “sense” of the field conditions experienced by the individual actor which can be translated into “acceptable” practical action by invested players who know how to “play the game” (Bourdieu 1990).

The role of habitus might therefore provide an account of competing sets of dispositions in this emerging field. First, practitioners working on climate change adaptation and public health may be (sub)consciously reproducing their own symbolic power by drawing from dispositions that are well accepted within their broader field (including that of public health). A second set of dispositions might belong to those practitioners who are pushing the boundaries of conventional practice. These practitioners might possess
what Crossley (2003; 2008) refers to as a “radical habitus”: a set of dispositions able to actively challenge the existing logic of a field by reflecting on the previously unquestioned assumptions associated with the use of more institutionalized practices.

**Capital**

However, it is not just individual dispositions coupled with the conditions of a field that allow particular ideas and practices to gain influence and legitimacy. The power and motivation to secure recognition of a particular approach is also determined by stocks of capital available to actors, and those kinds of capital that are deemed important for a field’s functioning. “Capital can be understood as the energy that drives the development of a field through time” (Moore 2008, 105) and refers to the “stock” of economic, cultural, social, and ultimately, symbolic resources an individual can wield (Bourdieu 1987). Capital can be objectified, embodied, institutionalized, and/or acquired over time and is intrinsically tied to habitus (i.e., how capital is strategically employed through particular dispositions).

Everyone is endowed with a portfolio of capital, but it is purely relational when occupying a social space (Crossley 2008). Economic capital refers to material resources. Bourdieu has often written about how economic capital trumps all other forms, particularly in a social environment dominated by neo-liberal policy (1984; 1998; 1999; 2005). Social capital is understood as the strength and number of social network connections of individuals, including the norms of trust and reciprocity actualized in social relationships. Cultural capital refers to individuals’ competencies that demonstrate cultural understanding and belonging. Finally, symbolic capital involves the “commitments of debts and honour, rights and duties accumulated over successive generations” (Bourdieu 1990, 119), or “any property (any form of capital) when it is perceived by social agents endowed with categories of perception which cause them to know it and to recognize it and give it value” (Bourdieu 1998, 47). Symbolic capital refers to those goods that have exchange value in a number of fields. The volume of capital controlled may provide competitive advantages, and the mastery over a large proportion of capital helps dominate a field (Bourdieu 2005).

Capital is incredibly important to any form of public health intervention. Public health agencies have significant resources in terms of personnel, space, materials/equipment, expertise, and economic power. Economic capital is thereby required to secure particular types of material resources but Bourdieu encourages readers to consider other forms of capital beyond the material realm. Indeed, using material deprivation as the sole measure of social relations keeps us from seeing more subtle displays of power and dominance (Bourdieu 1987, 4). For example, social capital is required to forge strong and trusting relationships across disciplinary boundaries to access the forms of knowledge required to implement an effective collaborative and interdisciplinary program. Cultural capital is required to demonstrate an understanding of relevant knowledge and a “feel for the game,” where the embodied competencies of individuals will speak not only to their individual abilities but also to the acceptance of particular forms of practice in the broader public health community, and among those working on climate change adaptation.

The relative infancy of climate change as a concern for public health makes the symbolic capital of public health institutions of principal importance. Symbolic capital refers to the ability to name climate change as a significant public health threat, and to legitimize activities addressing the “upstream” determinants of health. Thus, advocating for policy change at the national and international level, securing institutional funding for activities that proactively address adaptation strategies, and advancing an understanding of climate change as an important public health issue are all tied to the symbolic capital of actors and institutions. In other words, economic resources could be converted into symbolic capital by funding innovative projects in communities that proactively adapt to the health effects of climate change. Further, by directing resources toward climate change, public health agents have the ability to name climate change as an important health issue, thereby legitimizing associated practices.

Because climate change adaptation is an emerging field of public health practice, some public health actors and institutions are further along in solidifying their approaches to dealing with climate change. Bourdieu forces us to consider the “arbitrary” construction of objective field conditions to consider why some practices (e.g., conducting health vulnerability assessments, developing “green” organizational policies, etc.)
might be viewed as “more legitimate” than others, and how the adoption of a practice can shape or reinforce the broader field of environmental health in which the field of climate change adaptation is often situated.

By addressing the “objective” structures of this emerging field, we are able to question the continually evolving “rules” that (re)produce material conditions in this field and dictate practical action or the lack thereof. However, Bourdieu’s theory of practice also explains how agents are able to guide the co-creation and co-construction of a field, and how resistance might be experienced in the face of dominant logics at work. By studying the kinds of practices adopted in a field and why some come to be considered as “more legitimate” than others, Bourdieu invites us to consider how and why particular logics persist through time or are changed through “struggles” taking place in the field.

**(RE)PRODUCING FIELD CONDITIONS**

The logic of the public health response to climate change is arguably an expression of approaches and paradigms that have long existed in environmental public health practice and associated scholarly literature. For example, several methodologies and assessments developed at the regional (e.g., Buse 2012; Berry et al. 2011), national (e.g., Health Canada 2011), and international level (e.g., WHO/PAHO 2012) derive adaptive strategies for public health actors and institutions, but fewer authors have taken up climate change mitigation—activities that reduce greenhouse gas concentration to prevent further warming (Haines et al. 2006).

Approaches in the literature also tend to be divided about the most efficient and effective allocation of public health resources: focusing on the individual health outcomes of vulnerable groups or community health outcomes measured in aggregate. A related, but important question asks whether public health actors and institutions should assess the health of those most vulnerable to the health-effects of climate change, or to refocus attention on building adaptive capacity into existing public health systems and their associated communities. While some early climate change assessments have yielded strategic recommendations for policies that seek to promote community health, fewer scholarly efforts have examined how health equity may be more effectively championed by engaging in climate change adaptation work (Paterson et al. 2012). The dominant discourse in the climate change and health literature emphasizes “vulnerability” to the impacts of climate change as a function of exposure to climate-related hazards, physiological sensitivity, and individual or community adaptive capacity (Berry 2008).

The pervasive assessment of exposure to risk or hazard in the field of climate change is not necessarily problematic. However, from a Bourdieusian perspective, it is worth mentioning that contemporary public health is the product of numerous historical eras that continue to inform practice. For environmental public health in particular, the sanitary movement in Victorian England is of principal importance. For example, the work of pre-eminent epidemiologists Edwin Chadwick and John Snow—and a prominent sociologist in Friedrich Engels—assessed population exposure to harmful conditions, postulating that the removal of the exposure (e.g., unsanitary living/working conditions) would result in improved health. Because of the utility in defining, assessing, predicting, and controlling particular environmental determinants of health and associated vulnerabilities, this risk-management orientation continues to be embodied by contemporary public health practitioners (Awofeso 2004; Baum 2002).

In other words, risk-management practices aimed at mitigating environmental exposures (e.g., restaurant inspections, monitoring air and water quality) have been pervasive because of the associated practices recognized as being beneficial and in line with the dominant goals of the broader field of environmental public health. Climate change adaptation can therefore be seen as the site where an already-institutionalized logic is being reproduced to inform practical action in the form of vulnerability assessments.

Climate change also offers the production of “new” practices governed by emerging “logics” capable of shaping field conditions as a result of efforts by individual actors and the stocks of capital available to them. If larger public health units with greater amounts of capital have the capacity to address complex issues such as climate change, these actors may have a direct and guiding influence on research and practice on climate change in broader fields.
Thus, while the structure of a field is important, so too is the translation of that structure or logic by actors who exhibit their agency through the “practice” of climate change adaptation. To reiterate Bourdieu’s theory of practice, actors continually “struggle” to legitimate particular ways of addressing climate change in the field of public health. What emerges from this discussion is a conceptualization of different kinds of actors engaging with climate change research and practice. In one instance, practitioners may be influenced by their training and their organizational goals in ways that reproduce a dominant understanding of how climate change “ought” to be addressed based on approaches and practices that have proven utility. Conversely, practitioners with a “radical habitus” may have altogether different dispositions that enable them to challenge the existing structure of the field to shift its values, rules, and “legitimate” practices.

Informing the professional development of a field with Bourdieu’s work highlights the important space that social professionals occupy in influencing broader values in society (Garrett 2007). Bourdieu himself was heavily influenced by welfare state restructuring in France and elsewhere around the world. He argued that front-line workers should be especially shocked in their practice of “so-called ‘social’ work to compensate for the most flagrant inadequacies of the logic of the market, without being given the means to really do their job” (Bourdieu 1998, 3). Situating a uniquely professional and moral obligation to engage with the root causes of complex issues is therefore particularly relevant for public health and climate change.

Indeed, the depiction of morality in the climate change literature centres on elitist discourses of the political response (Beck 2010); neo-colonialist representations of North-South climate negotiations (Roberts and Parks 2006; Parks and Roberts 2010); and climate change’s implications for poverty and intragenerational equity (Adger, Arnell, and Tompkins 2005; Rayner and Malone 2001). From a public health perspective, the moral imperative to act on climate change has received less attention. However, Bourdieu enables us to consider how practitioners with a “radical habitus” might have unique dispositions and interests allowing them to be viewed as “moral entrepreneurs.”

“Moral entrepreneur” is a term introduced by Howard Becker (1963) to describe people who benefit from labelling other actors as deviant, or particularly active agents who act as either rule creators or rule enforcers. However, “moral entrepreneurs” are also increasingly seen as occupying a broader “humanitarian epistemic community” who do everything from campaigning to ban landmines (Faulkner 2007); addressing poverty, hunger, and nutrition through food activism (Hollows and Jones 2010); and “place-making” in contentious legal/political borderlands of the US-Mexico (Taylor 2010). Moral entrepreneurs tend to be particularly effective at creating awareness, challenging the status quo, anticipating emergent outcomes of decisions, and mobilizing power (Yurtsever 2003).

Uncovering the dispositions of these change agents and the material constraints of the field in which they operate can inform an understanding of how and why new practices emerge, and how they are experienced and interpreted (Martin 2003). By engaging with an emerging field, individuals have the potential to project a “moral” obligation to adapt to the effects of climate change by protecting the health and well-being of populations and sharing the goals and values of a broader epistemic community in order to promote health and social equity and social and environmental justice.

Bourdieu’s theoretical perspective seeks to interrogate and understand the dispositions of actors operating in this new field to determine the kinds of logics being taken up (or avoided), and the ways in which particular practices are legitimized or “normalized.” Bourdieu’s theory of practice therefore demonstrates the interplay between the ever-changing structure of a field and the agency of public health practitioners in simultaneously engaging with public health discourses that straddle organizational, regional, and national contexts, not to mention their own individual interests.

**NEXT STEPS AND LINGERING QUESTIONS**

This paper has identified the relevance of Pierre Bourdieu’s theory of practice to conceptualizing climate change adaptation as an emerging field of public health practice but several key questions have surfaced for future research and practice. For example, what are some of the contextual features of the public health units that are more actively able to pursue climate change adaptation or view existing policies and programs
through the lens of climate change? Who are the most successful actors pursuing this particular course of action? And what are their motivations—situated within an organizational field and much broader field of public health? While this paper begins to address some of these questions, empirical research is needed to further explain current public health adaptations to climate change.

In other words, are there commonalities among the dispositions of these champions acting as moral entrepreneurs that naturally lead them to become agents of change? How are some practices adopted and others ignored, and in what ways are they legitimated, legitimating, or both? Conceptualizing the kinds of resources (i.e., capital) that are meaningful to this field and understanding them in relation to the evolving rules that govern practical action on the field will undoubtedly inform practical implications for policy-making and programming in ways that promote health equity. For example, due to the recognized potential for values to influence the policy process (Sabatier and Weible 2007), moral entrepreneurs may come to exhibit considerable influence over policy development by shifting value discussions among various advocacy coalitions in ways that alter existing discourses of environmental health.

There is a great deal of work yet to be completed before any kind of definitive conclusions can be made about the goals, progress, and broader discourse of climate change adaptation, particularly as it relates to the moral agenda of promoting health equity. This work is timely because public health actors are increasingly being expected to respond to climate change by adapting to its effects. Conceptualizing how this work is developing will be useful in deriving lessons that highlight the kinds of conditions that allow new fields to emerge and gain legitimacy among a host of other activities. Moreover, by emphasizing public health’s unique role in addressing the promotion of health equity, this research will be well situated to inform promising and innovative practices that uphold core public health values across multiple contexts.

NOTE

1. Moral entrepreneurs seek to influence what is socially acceptable in a field by encouraging the adoption of particular practices (Pfuhl and Henry 1993).

REFERENCES


Berry, Peter, K. Richters, Kayla-Lee Clarke, and M-C. Brisbois. 2011. Assessment of Vulnerability to the Health Impacts of Extreme Heat in the City of Windsor. Windsor, ON: City of Windsor.


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