

Module 3

Models of Health and Health Promotion

Introduction

You will get the opportunity to examine models underpinning health promotion. This module presents you with three different ways of looking at a health issue. These models illustrate how one's view of health, or perspective, influences both the perceived causes of health and illness and the choice of actions to address these causes.

You can review these issues by working through the following six sections.

Introduction

Learning Outcomes

Reflective Exercise: Considering your Model of Health Promotion

Content Discussion

- Perspectives on Health
- Exploring the Three Models

Reflective Exercise: Linking Models to Practice

Readings and Resources

Learning Outcomes

By the end of this module, you will:

- understand the different ways of looking at health and the root causes of health and illness, and
- be able to explain how one's perspective on health influences the choice of strategies to address health issues.

Reflective Exercise

Considering your Model of Health Promotion

Before you start working through this module, consider the following questions and contribute to your Reflective Journal.

Points to Ponder

1. Think about the model that most influences your health promotion practice.
2. Are there situations where you have used elements of two or more models to address a health issue in your community?

Content Discussion

Perspectives on Health

What causes heart disease?

A simple question? Well, if you ask the same question to three different health professionals, you may get three different answers.

Ask a **cardiologist** and she/he may tell you that:

“Heart disease is caused by hypertension, family history, and a build-up of arterial plaque.”

On the other hand, if you ask a **public health nurse, nutritionist or fitness instructor**, he/she may tell you that:

“Heart disease is caused by smoking, physical inactivity, excess alcohol consumption and a high fat diet.”

But, on the other hand, if you ask a **social worker, social epidemiologist or anti-poverty activist**, you may get the following answer:

“Heart disease is caused by stress, poverty, unemployment and social isolation.”

Confused?

So are most people when they are first introduced to the three models of health that influence health promotion practice.

- The **biomedical model** views health as the absence of diseases or disorders.
- The **behavioural model** views health as the product of making healthy lifestyle choices.

- The **socio-environmental model** views health as the product of social, economic and environmental determinants that provide incentives and barriers to the health of individuals and communities.

These models represent three different ways of looking at health.

Exploring the Three Models

This table illustrates that these perspectives on health influence the ways in which health issues are defined.

Table 3.1: Leading Health Problems by Three Models of Health		
Biomedical Model	Behavioural Model	Socio-environmental Model
<ul style="list-style-type: none"> ▪ cardiovascular diseases ▪ cancer ▪ HIV/AIDS ▪ stroke ▪ diabetes ▪ obesity ▪ hypertension ▪ etc. 	<ul style="list-style-type: none"> ▪ smoking ▪ poor eating habits ▪ physical inactivity ▪ substance abuse ▪ poor stress coping ▪ lack of lifeskills ▪ etc. 	<ul style="list-style-type: none"> ▪ poverty ▪ unemployment ▪ powerlessness ▪ isolation ▪ environmental pollution ▪ stressors ▪ hazardous living and working conditions etc.

Just as these models influence the ways in which health issues are defined, they also influence the choice of strategies and actions for addressing health issues.

To return to our heart disease example, Table 3.2 illustrates the recommended course of action for addressing this issue suggested by each of the three models.

Table 3.2: Three Approaches to Reducing Heart Disease		
Health Model	Causes of Problem	Principal Strategies to Address Problem
Biomedical	<ul style="list-style-type: none"> ▪ hypertension ▪ family history ▪ hypercholesterolemia 	<ul style="list-style-type: none"> ▪ treatment ▪ drugs ▪ low salt/low cholesterol dietary regimen
Behavioural	<ul style="list-style-type: none"> ▪ lifestyle ▪ smoking ▪ high fat diet ▪ low level of physical activity ▪ high stress levels 	<ul style="list-style-type: none"> ▪ health education ▪ health communication ▪ self-help/mutual aid ▪ advocacy for health public policies supporting lifestyle choices (e.g., workplace smoking bans)
Socio-environmental	<ul style="list-style-type: none"> ▪ living conditions ▪ working conditions ▪ social isolation 	<ul style="list-style-type: none"> ▪ policy change ▪ advocacy ▪ community mobilization ▪ self-help/mutual aid

Reflective Exercise

Linking Models to Practice

Think about your learning, consider these questions and compare your thoughts now with those you described in your Journal when you completed the Reflective Exercise at the beginning of this module.

Points to Ponder

1. Which of the three models—biomedical, behavioural or socio-environmental - best reflects your own ideas about health and your own experience with addressing health issues?
2. Suppose that an organization providing health promotion programs wished to make a transition from practice based on the behavioural model to practice based on the socio-environmental model of health. What barriers and challenges is it likely to encounter in its efforts to make this transition? What could help the organization to overcome these barriers?

Readings and Resources

You can find out more about health promotion models by accessing these **online resources**.

For those of you who may want more information on health promotion models, these **print resources** may be of interest. If they are not available in your local library, consider requesting them through Inter Library Loan.

Labonte, R., and Thompson, P. **Heart Health Inequalities: Theories, Models and Practice**. Ottawa: Health Canada, 1993.

Rootman, I., and Raeburn, R. "The concept of health." In A. Pederson, M. O'Neill, and I. Rootman (Eds.). **Health Promotion in Canada: Provincial, National and International Perspectives**. Toronto: W.B. Saunders, 56-72, 1994.