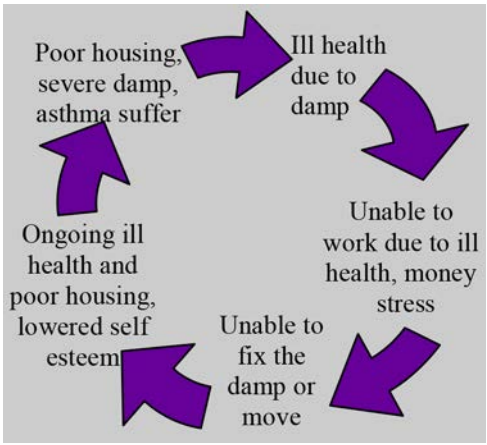
MODELS OF HEALTH

01

FACTSHEET

"Health is a state of complete physical, social and mental well-being and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental right of every human being, without distinction of race, religion, political beliefs or economic and social conditions." (Source: World Health Organisation 1948)

SOCIAL MODEL OF HEALTH: This model emerged from the social model of disability, which has been strongly advocated by the disability rights movement. It was developed as a reaction to the traditional medical model. The social model of health examines all the factors which contribute to health such as social, cultural, political and the environment. An example is poor housing: see diagram It is well documented that both stress and low self esteem can have a negative impact on health. "Low levels of autonomy and low self esteem are likely to relate to worse health." (Marmot, 2003) CDHN believes that communities know that their health is being affected by a variety of issues. We also believe that communities can and should be actively involved in identifying, planning, designing and implementing solutions to health issues and unjust health inequalities.



MEDICAL MODEL: Developed during the age of Enlightenment in the 18th Century, when the traditional natural sciences began to dominate academia and medical practice. The belief that science could cure all illness and disease has remained a core element of modern medicine. This concept of health may be easier to understand as it makes health an attribute you can measure simply by determining if a disease is present or not. However the strong emphasis on the absence of disease as an indicator of good health, and the overdependence on the influence of medical science in health, ignores the power of other important influences.

BIOPSYCHOSOCIAL MODEL: Developed by psychiatrist George Engel in 1977, and recognises that many factors affect health. It pays "explicit attention to humanness" (Engel, 1997). It views health as a scientific construct and a social phenomena. The model looks at the biological factors which affect health, such as age, illness, gender etc. The psychological factors: individual beliefs & perceptions. The social: the community, the presence or absence of relationships "We suffer when our interpersonal bonds are sundered and we feel solace when they are reestablished" (Engel, 1997)

SALUTOGENIC MODEL: Developed by sociologist Aaron Antonovsky and focuses how and why we stay well. This model increases understanding of the relationship between stressors, coping and health.

ECOSYSTEM HEALTH: Humanity is part of and one among many in an environment that is being changed as result of human activity: land use, climate change, population growth, resource depletion, pollution, urbanization, loss of biodiversity, and other local and global processes all disrupt the natural self regulation of the biosphere. These changes harm people, domestic animals, wildlife, the oceans, and the forests. The crucial response has to be to redesign our relations with the rest of nature. (Levins and Lopez 1999)

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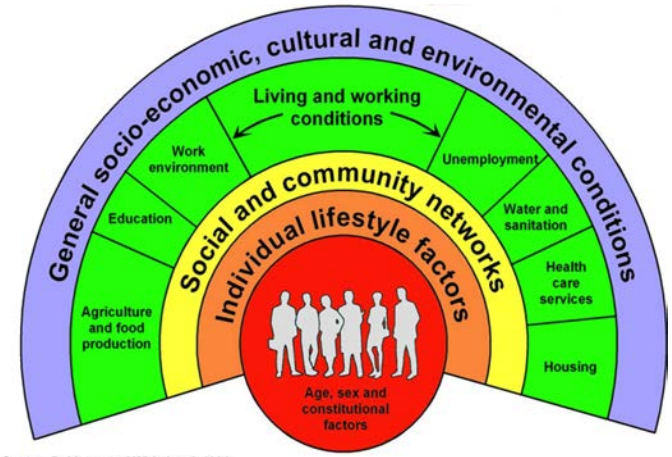
Why should we consider the wider determinants of health?

WHO state that the social or wider determinants of health are "the conditions in which people are born, grow, live, work and age. These conditions or circumstances are shaped by the distribution of money, power and resources at global, national and local levels". WHO makes clear the link between the social determinants of health and health inequalities, defined as "the unfair and avoidable difference in health status seen within and between countries." (WHO, 2012)



Source: Dahlgren and Whitehead, 1991

As this diagram illustrates it is not just the physical and environmental conditions in which people live which affect their health. The psychosocial factors such as social networks, social status and individual lifestyle work along side economic and environmental factors in determining health. All these factors interact with each other, there is both an inverse and converse relationship between the determinants of health.

Social exclusion is perhaps one of the biggest factors which influences all the wider determinants of health. Those who live in more disadvantaged areas are more likely to experience poor health at all stages throughout their life span. (WHO 2008)

"The disadvantages tend to concentrate among the same people and their effects on health accumulate during life. The longer people live in stressful economic and social circumstances, the greater the wear and tear they suffer and the less likely they are to enjoy a healthy old age" (Wilkinson & Marmot 2003)

It is therefore impetrative that health is not seen in a narrow form, as the presence or absence of disease. Rather the acceptance that disease can be used as one a measurement of health. Therefore ensuring all other influencing factors are taken into account when tackling health issues.

Community development aims to "address imbalances in power and bring about change founded on social justice, equality and inclusion" (National Occupational Standards, 2009)

Why is community development a good way to tackle health inequalities?

A community development approach to health attempts to work upstream, concentrating on the root cause of ill health such as poverty and educational disadvantage. By building strong communities with good social capital and networks, this will improve health and increase resilience. Community development, through the processes of empowerment, building good social capital and networks positively impacts on health.

References

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