Red Lotus Health Promotion Model

Critical theoretical foundations

Jane Taylor, Lily O’Hara, Margaret Barnes, Desley Kassulke

University of the Sunshine Coast, Queensland Australia

Introduction

Effective health promotion requires models that support a critical approach. The Red Lotus Health Promotion Model (RLHPM) was the first model to go beyond the technical aspects of practice and incorporate modern health promotion philosophical and ethical values and principles, and critical reflection components (Figure 1). Review of the model identified the need to also incorporate its critical theoretical foundations.

A critical approach is informed by assumptions of constructivism, tenets of critical theory(1), and components of critical systems theory(2-3) due to their alignment with modern health promotion values and principles including: a focus on social justice and empowerment; addressing the structural conditions in the social, cultural and economic environments that determine inequities; understanding inequities between people are based on power relationships; using new understanding to initiate social change; and need for cross disciplinary action.

Research design

| Epistemology | Constructivist |
| Theoretical perspective | Critical theory |
| Theoretical framework | Critical systems theory |
| Methodology | Document analysis |

Results

The revised RLHPM has eight interrelated components that align with the tenets of critical theory and commitments to critical systems theory.

Components include the technical knowledge of needs assessment, planning implementation and evaluation; conceptual knowledge of understanding health and sustainability; a values and principles system; and critical reflection.

Critical reflection is the central component that connects the conceptual and technical components with the values and principles system.

The values and principles system is both the foundation of modern health promotion practice and a heuristic tool to critically reflect on health promotion programs, policies and practice for alignment with the technical, philosophical, and ethical values and principles of modern health promotion.

Discussion

The RLHPM is unique from other health promotion models because it incorporates the commitments of CST into its theoretical foundations, and the additional components of a system of modern health promotion values and principles; and critical reflection. The incorporation of these additional components extends the RLHPM beyond a focus on the technical aspects of practice to include philosophical and ethical aspects, and contributes to strengthening health promotion’s theoretical foundations. Applying the values and principles enables practitioners to ensure that their practice aligns with those purported to be important to modern health promotion. In turn, this alignment has the potential to address the incongruence between those espoused and enacted in practice environments, and enhance the quality of health promotion programs and policies.

Conclusion

The RLHPM is the first health promotion model to incorporate theoretical foundations that are grounded in critical theory and critical systems theory. The revised RLHPM fills a gap in the suite of health promotion models available to practitioners to support a more critical approach to practice.

Key References


Contact

Dr Jane Taylor
School of Health and Sport Sciences
University of the Sunshine Coast
Sippy Downs, QLD Australia
Tel: +61 7 5459 4543
Email: jane.taylor@usc.edu.au