of health, translating this into action is difficult (Harris, 1994). The implementation strategies which were developed following this report published in *Better Health Outcomes for Australians* (Commonwealth Department of Human Services and Health, 1994) recognised that the healthy environment concept in its broadest context was not addressed adequately and that mechanisms needed to be developed to ensure that these issues could be addressed.

Currently, the Health Advancement Standing Committee (a standing committee of the National Health and Medical Research Council's National Health Advisory Committee) is preparing a series of evidence papers on promoting health in a range of settings including schools, workplaces, sporting and recreational venues. It is anticipated that these reports will form a basis for debate and policy development.

As Baum and Saunders point out in their article, our current state of knowledge and experience in effectively tackling the social and environmental causes of health inequality is limited. The problems are complex, nonlinear and constantly changing. There is no simple prescription for success. It is therefore important that the debate continues on the most effective role for the health system, and in identifying ways in which support from other sectors and the community can be developed and sustained.

For those readers interested in this area a recent edition of the *Health Promotion Journal of Australia* (Vol. 4, No. 3) was devoted to looking at the past, present and future roles of NHGT in Australia. The *Australian Journal of Public Health* will be devoting an issue to the creation of healthy environments in early 1996.

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Models of health: choosing the right model—a commentary on ‘Models of Health: pervasive, persuasive and politically charged’ by Trudi Collins (1995)

I read with more than usual interest the article by Trudi Collins on models of health, since one of the two models she chose to critique was one that I had developed (Hancock, 1993). While I found much to commend in her critique of models in general, and in particular her set of recommendations for ‘critical health model building’, I feel obliged to comment on the model of mine she chose to critique. I am doubly concerned because, as it happens, I had been asked to review her
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article in its draft form and had pointed out at that stage that I felt the critique was focused on the wrong model. Unfortunately, my reviewing comments (anonymous, of course) were not taken into account. I therefore feel moved to repeat them here.

While Collins' stated purpose is to review 'models of health, the model from my article she chose to review is, in fact, not a model of health, but more exactly a model of 'health and the community ecosystem' that 'attempts to integrate the concepts of health and sustainable development in the context of the community'; or, as stated in the summary at the beginning of the article, a model of 'the social, environmental and economic dimensions of a healthy and sustainable community'. That Collins chose to focus on this model is doubly unfortunate because not only does the model she focused upon not purport to be a model of health, but in the same article there is a model of health, the 'Mandala of Health'. The Mandala, also described as a model of the human ecosystem, as noted in the summary, 'presents the determinants of health as a set of nested influences, ranging from the biological and personal to the ecological and planetary, including the social and political'.

Indeed, the Mandala (first published in 1985) has many of the attributes and characteristics of the model put forward by Collins. Thus in my 1993 article it is pointed out that 'the Mandala has shells or system levels extending outwards from the individual ... [through] the family, the community and its built environment and the wider society and natural environment, here exemplified by culture and biosphere'. Moreover, the model 'should not be seen as static, but rather as a dynamic three-dimensional model in which the various elements “change” in shape and size according to their relative importance over time and in different communities'. In addition, it is pointed out that 'the model is not definitive and all-embracing in particular it fails to explicitly address two key determinants of health, namely equity and sustainability'. Furthermore, 'the Mandala makes it clear that no single strategy and no effort focused on only one aspect of the determinants of health can be wholly successful; it thus implies multi-level, multi-faceted, multi-disciplinary approaches'. In short, the Mandala is at least as complex and sophisticated as the model put forward by Collins, although like all models it has its limitations.

My purpose in pointing this out is not to claim that one model is better than another, but merely to indicate that a model with many of the characteristics of the model put forward by Collins was described in the same article from which she took the model that she did critique, but that for reasons best known to herself she chose to ignore the 'Mandala of Health'.

I also want to comment on Collins critique that there was a lack of awareness, analysis and stance with respect to the political dimensions of the model. As I pointed out in my article, the Mandala of Health (which was first developed in 1980) does not adequately address two key issues that have since emerged, namely sustainability and equity. But there are several references in my article to the 'radical and subversive nature of an ecological approach' such as is embodied in the three models: indeed, I quote approvingly Bookchin's (1970) observation that when ecology is applied to the human situation it is 'intrinsically a critical science—in fact critical on a scale that most systems of political science failed to attain'. It is also pointed out that the Mandala was never intended as an analytic or predictive model; the model was never intended to explain political or policy implications, since it was felt that they would flow from an understanding of the model. Moreover, while a political analysis may not be clear in this particular article, it is necessary to refer to the body of work that I have produced over the years in order to understand my political framework (see, for example, Hancock, 1983, 1994a).

In conclusion, I do not object to criticism. Indeed, I see it as a healthy and essential part of the development of health promotion. However, I do object to inappropriate criticism based on the wrong model and an incomplete view of my work.

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