

Revitalising evidence based public health: an assets model

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Overview of presentation

- **Policy context and issue of inequalities**
- **Description of the asset model and its potential to contribute to science and practice in public health**
- *WHO / HBSC European Policy Forum: social cohesion, mental well being and young people – an asset approach*



Based on work carried out by:

WHO Office for Investment for Health and
Development
Venice, Italy

<http://www.euro.who.int/socialdeterminants>



Context

- **Policy development** - commitment to eliminating poverty and sustaining development (United Nations - Millennium Development Goals, 2000).
- **Inequalities in health** - Persistent and widening health in Europe and globally.
 - Children living in poverty
 - Childhood disadvantage leads to inequalities in health in later life
- **Evidence for effective action to address inequalities:**
 - Lots of evidence on *descriptions*, e.g. which groups, populations suffer worst health,
 - Some on *key explanations* for why they exist.
 - Little on the how best to act to address them

Why are inequalities still with us?

- Some policies have not been 'equity proofed' meaning that some well intentioned policies and initiatives have increased inequalities
- Solutions are complex, long term and resource intensive (difficult to sustain in changing political environments)
- Too much emphasis on disease and dying rather than health happiness and well being
- From deficits to assets.....



Assets and deficits

- Much of the evidence base available to address inequalities is based on a deficit (pathogenic) model of health.
- ***Deficit models*** focus on ***identifying problems and needs*** of populations requiring professional resources, resulting in high levels of dependence on hospital and welfare services (risk factors and disease).
- In contrast: ***Asset models*** tend to accentuate ***positive ability, capability and capacity*** to identify problems and activate solutions, which promote the self esteem of individuals and communities leading to less reliance on professional services



So what are health assets?

- A health asset can be defined as any factor (or resource), which enhances the ability of individuals, communities and populations to maintain and sustain health and well-being.
- These assets can operate at the level of the individual, family or community as protective (and /or promoting) factors to buffer againsts life's stresses'.
- Examples might include:
 - **resilience** as a protective factor for young peoples health development and wellbeing
 - **social capital** may act as a protective factor for communities particularly those that are most disadvantaged

Assets

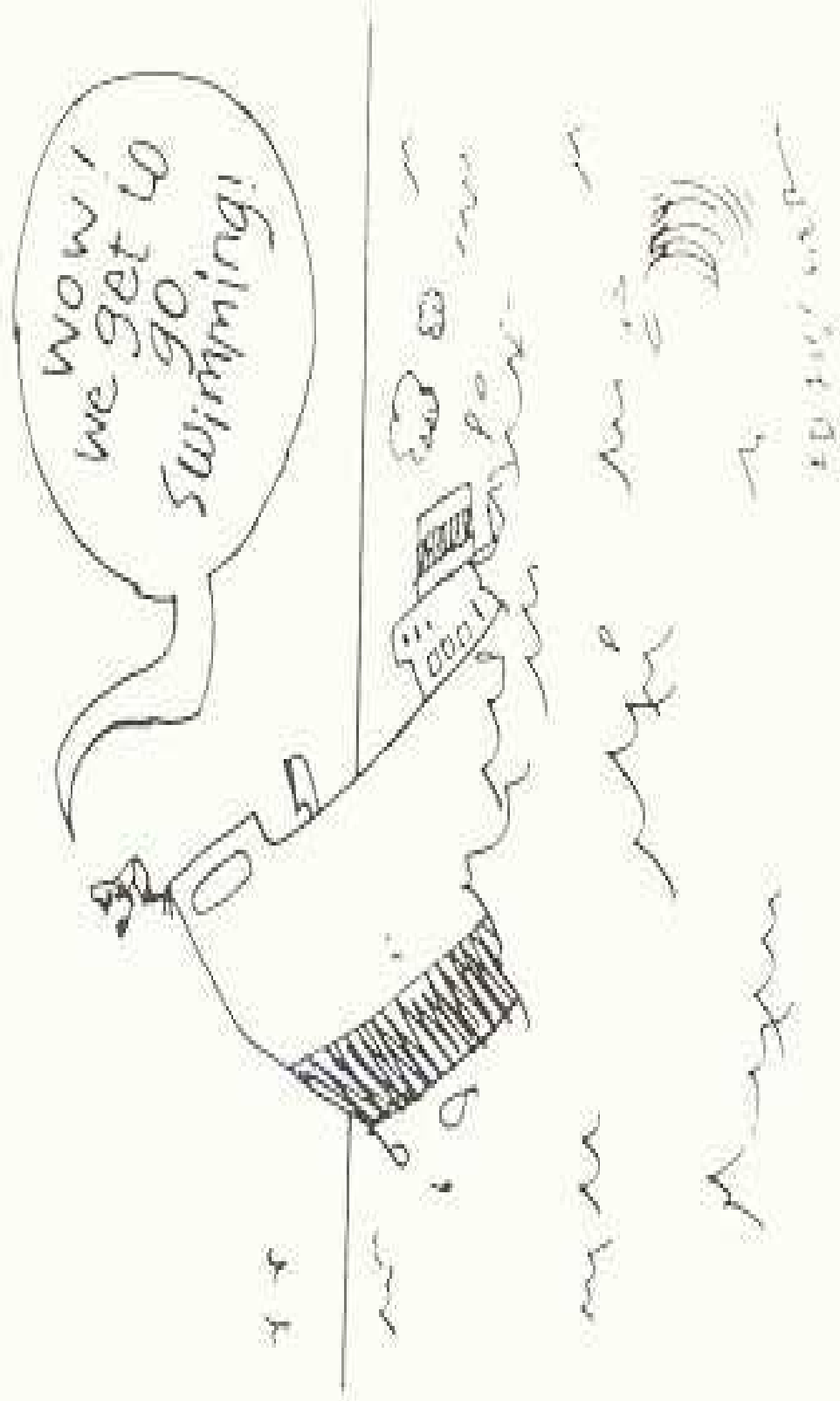
- What makes us strong?
- What factors make us more resilient (more able to cope in times of stress)?
- What opens us to more fully experience life?
- What do asset rich workplaces and communities look like and how can they support 'health' development?

Deficits

Risk factors:

- Fitness
- Body Fat
- Cholesterol
- Smoking
- Excess alcohol and other drugs

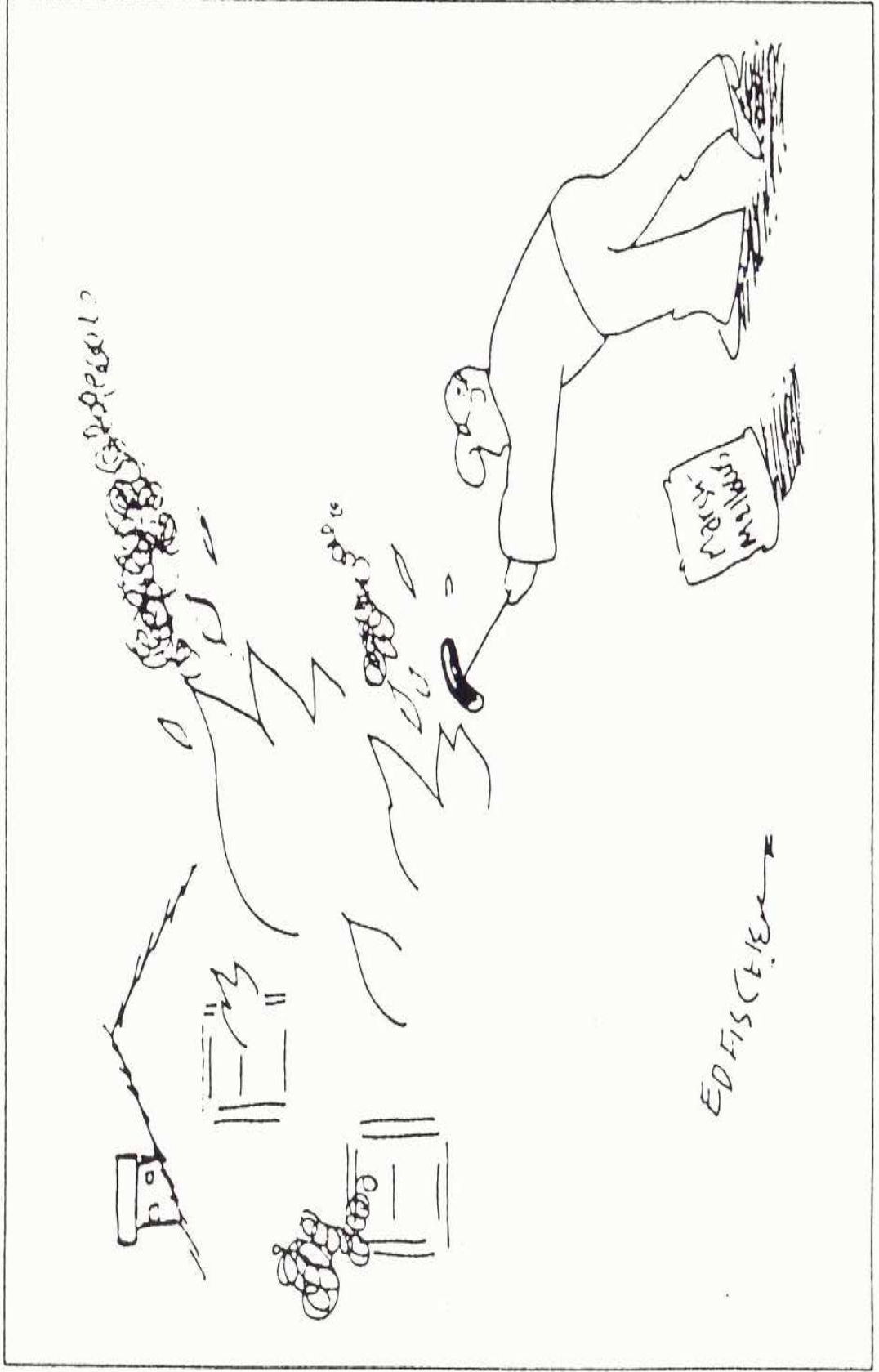
Be Optimistic



*In reality, both are important -
need to redress the balance
between the more dominant
'deficit model' and the less well
known (and understood)
'assets model'*



Make the Most of Bad Situations



An Asset Model for public health

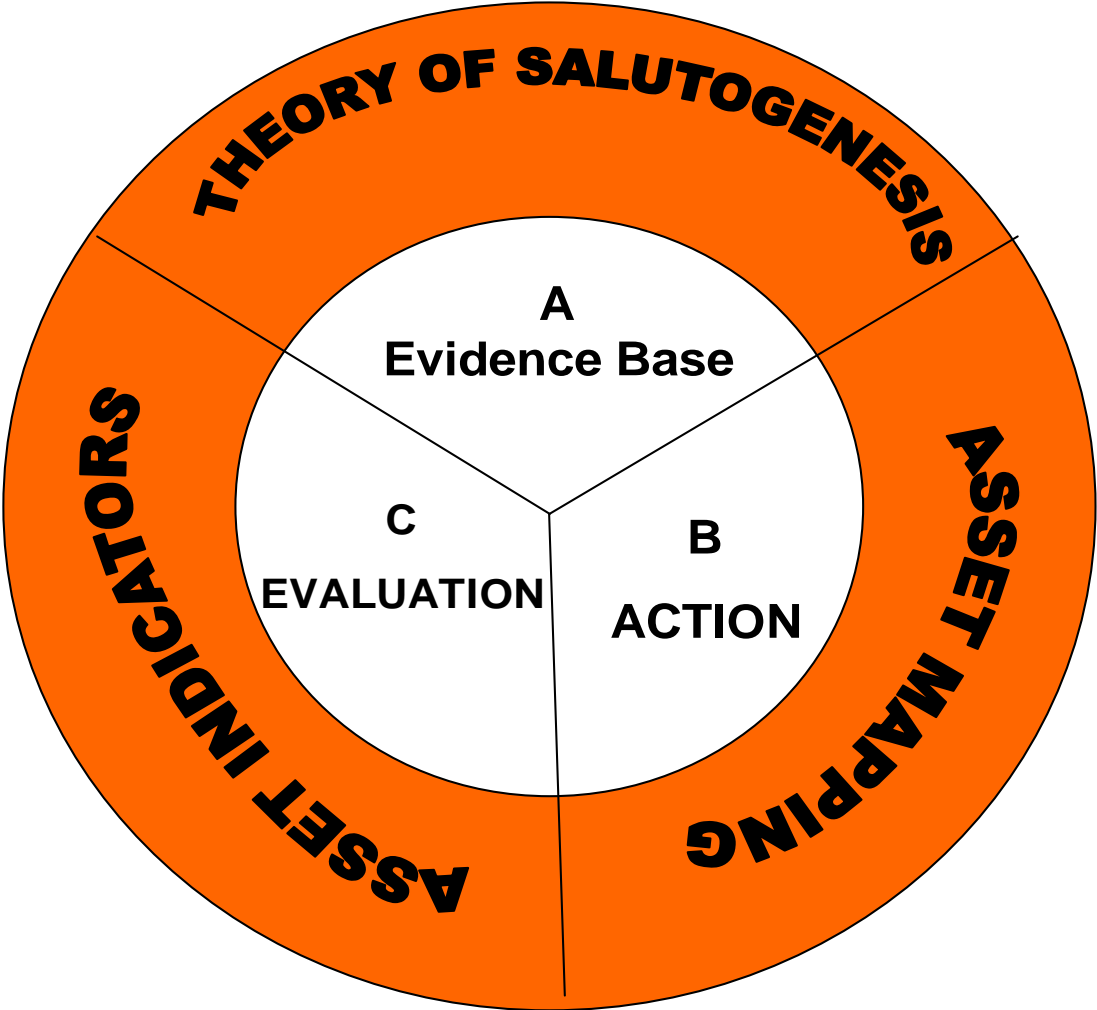


Figure 1

How can we improve the evidence for an asset approach to public health?

- Build a systematic transparent and quality driven evidence base (**theory of salutogenesis**)
- Find the best ways of utilising the existing assets in individuals, communities and organisations (***asset mapping***)
- Develop ***new evaluation frameworks*** which take account of contexts mechanisms and outcomes (indicators for processes, impact and experience)



Phase 1: Building the assets evidence base - salutogenesis

- What is it?
 - ‘the origin of health’
 - What causes some people to prosper and others to fail or become ill even in similar situations
- What can it do?
 - Identify the key sources of health
 - Identify the factors that keep individuals from moving towards the disease end of the health and illness spectrum?
 - Identify the health promoting and protective factors that produce high levels of well being



Phase 2: Action – asset mapping

- Many well intentioned policies *fail in the action phase* of implementation.
- Not enough attention to not only what works but *how things work in different populations*
- “*Communities have never been built upon their deficiencies. Building community has always depended upon mobilising the **capacities and assets of a people and a place.** That is why a map of neighbourhood assets is necessary if local people are to find the way toward empowerment and renewal”*

– Kreitzmann and Mcknight 1993



Asset mapping

- Professionals tend to define communities by their deficiencies and needs
- Asset mapping:
 - Makes us learn to ask what communities have to offer
 - It makes explicit the knowledge, skills and capacities that already exist
 - Helps to make best use of individual skills , physical and organisational resources within the community
 - It helps to build trust between professionals and the local community

Source: McKnight, 1995



Phase 3 Evaluation – asset indicators

- ***New indicators*** for evaluation identified by the community you are working with
- New evaluation frameworks (e.g. Pawson's Realistic Evaluation – ***contexts mechanisms, and outcomes***)
- ***Processes of how things work*** are just as important as measuring outcomes - replicability
- ***Experiential impact*** - how much ownership did the community have of the programme / initiative?



What are the key characteristics of an asset approach to health and development?

- Focus on ***positive health promoting and protecting factors*** for the creation of health.
- Emphasis on a ***life course approach*** to understanding the most important key assets at each life stage.
- Passionate about the need to ***involve young people*** in all aspects of the health development process
- Many of the key assets for creating health lie within the ***social context of people's life's*** and therefore has the potential to contribute to reducing health inequalities



Overall aim of the asset model

- to redress the balance between the deficit and asset approaches to building an evidence base for public health
- to make more systematic what we already know about how to promote health and wellbeing.
- to identify the key assets for health and development
- to help build more effective policies and initiatives which aim to tackle health inequalities



For more information

- antonyhmfph@tiscali.co.uk
- *Morgan A and Ziglio E (2007) Revitalising the evidence base for public health: an assets model, Promotion and Education Supplement 2 pp17-22*



New publication: Summer 2008

- Collaborative project between WHO and Karolinska Institute
- Springer publications – ***‘International health and development – investing in the assets of individuals, communities and organisations’***
- Collection of papers on asset approaches: policy research and practice
- Looking for case studies

