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

"Wow! Let's get go swimming!"
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: Theory of Salutogenesis
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

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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