

Brighter futures begin with GCU



The Asset model

Maggie Davies
Dr Antony Morgan

Health Assets in a Global Context

The Article



The screenshot shows the top of a journal article page. At the top is a teal header with the journal title "Global Health Promotion" in white. Below the header is a navigation bar with links: Home, OnlineFirst, All Issues, Subscribe, RSS (with an icon), and Email Alerts. The article title "Revitalising the evidence base for public health: an assets model" is displayed in a large, bold, black font. Below the title is the author's name, "Antony Morgan", followed by his affiliation: "Karolinska Institute, Stockholm, Sweden, antonyhmfph@tiscali.co.uk". Below this is the name of the second author, "Erio Ziglio", followed by his affiliation: "WHO European Office for Investment for Health and Development, Venice, Italy". The section "Abstract" is highlighted with a dotted line. The abstract text begins: "Historically, approaches to the promotion of population health have been based on a deficit model. That is, they tend to focus on identifying the problems and needs of populations that require professional resources and high levels of dependence on hospital and welfare services. These deficit models are important and necessary to".

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Revitalising the evidence base for public health: an assets model

Antony Morgan

Karolinska Institute, Stockholm, Sweden, antonyhmfph@tiscali.co.uk

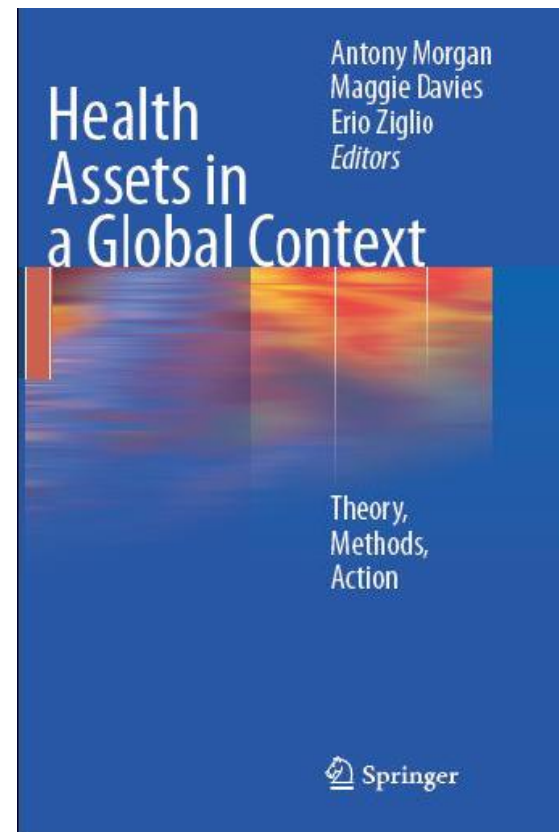
Erio Ziglio

WHO European Office for Investment for Health and Development, Venice, Italy

Abstract

Historically, approaches to the promotion of population health have been based on a deficit model. That is, they tend to focus on identifying the problems and needs of populations that require professional resources and high levels of dependence on hospital and welfare services. These deficit models are important and necessary to

The Book



In a nutshell, the AM set out a public health approach:

- Identifying issues
- Analysing them
- Implementing them
- Evaluating them

Using a salutogenic lens



Salutogenesis focuses attention on **health generation** as compared to a pathogenesis focus on disease generation

Derivation of Greek and Latin

- Latin: salus = health; Greek: genesis = source
- In combination = Sources of health

What causes **some to prosper**, and others to fail or become ill in similar situations?

It helps to **identify the key sources of health**

- **What makes us strong?**
- **What helps us more resilient (more able to cope in times of stress)?**



Aaron Antonovsky (1923-1994)



The health arena is currently crowded with different concepts aiming to provide pathways to health; do we really need another one?

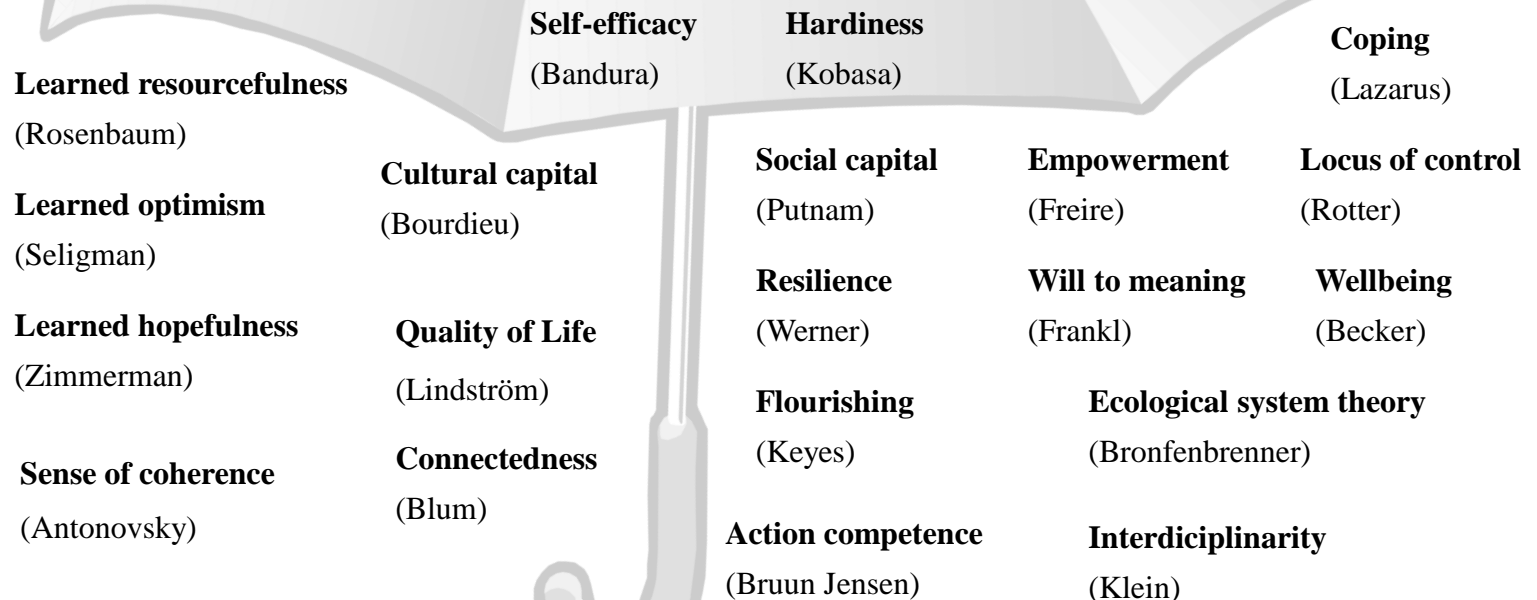


Eriksson M, Lindström B. In: Morgan A, Davies M, Ziglio E. (Eds.) International health and development: Investing in assets of individuals, communities and organisations.: Springer; 2010.

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Salutogenesis

An assets approach



**Isn't it a bit naïve to think that we
can live in world free of risk?**



*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’*



Is it just community development revamped?



Asset based community development

- 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



Some criticism..... (Friedli, 2012)

‘ ...fatal weakness has been the failure to question the balance of power between public services, communities and corporate interests, As such, asset-based approaches sound the drum beat for the retreat of statutory, state provision of both public services and public health’.

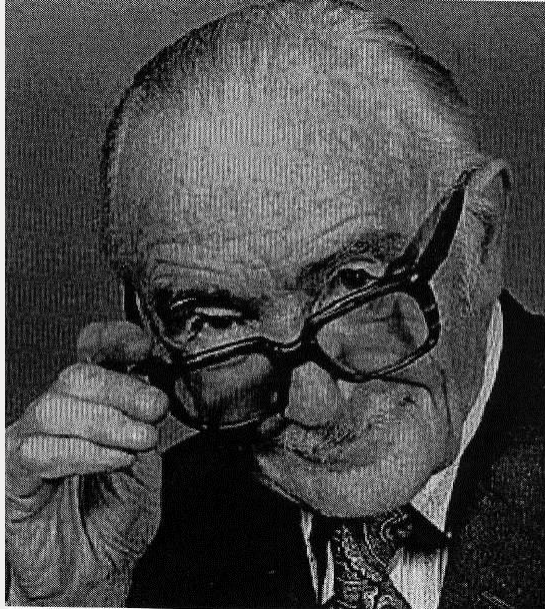


Assets versus deficits

- *The more we provide young people with opportunities to experience and accumulate the positive effects of protective factors (health assets), the more likely they are to achieve and sustain health and wellbeing in later life*

Morgan, 2010

Archie Cochrane's Principles (1979)



- The best care available to all- universalism
- The need for a means to determine what was best-empirical
- The importance of rooting out harmful or useless practice-compassion
- The necessity of ascertaining costs and benefits-accountability



No magic bullet but there are things in our toolbox.....

- Multi-method approaches to evaluation
- Participatory approaches to evaluation (**action research**)
- More emphasis on the effectiveness of implementation (understanding not just what works but how things work in different contexts **e.g. Pawson's realistic evaluation**)
- Matching research design to research question (**e.g. Wimbush and Watson, 2000**)
- Narrative synthesis to bring different types of research together
- Different indicators ('protective factors') to reflect more realistically the intermediate outcomes along the pathway to health



Key Features of the Asset Model

Focuses 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.

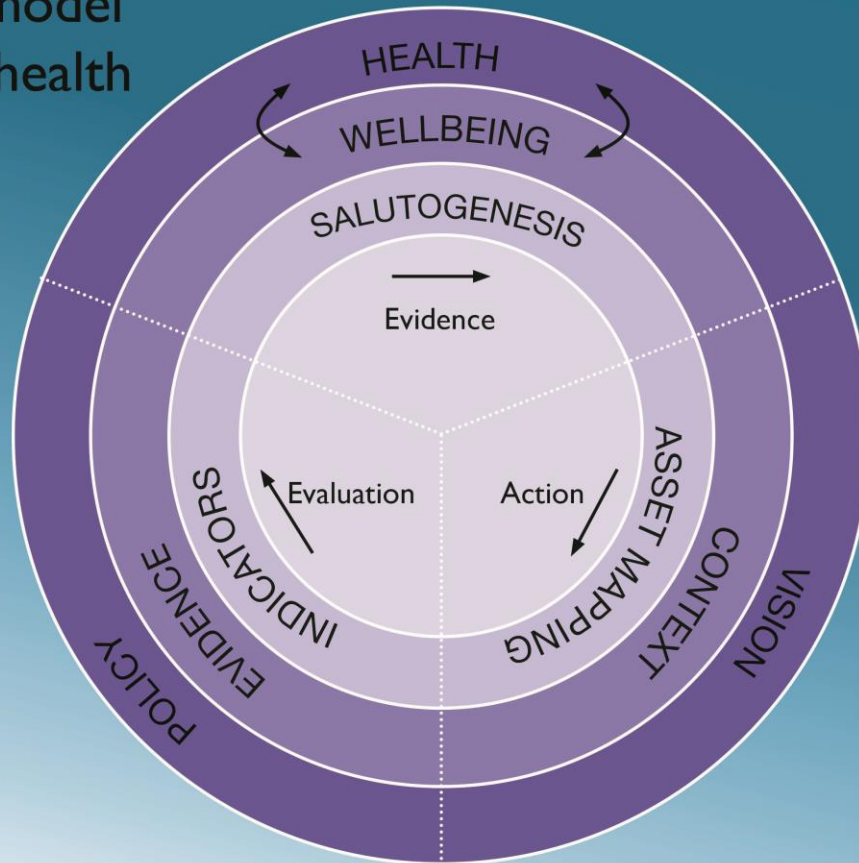
Passionate about the need to ***involve people in all*** aspects of health development process

Recognises that many of the key assets for creating health lie within the ***social context of people's lives and therefore links to*** health inequality agenda

Helps to reconstruct existing knowledge in such a way as to help policy and practice to promote positive approaches to health



An asset model for public health



Source,
Morgan, Hernan,
Ziglio, 2011

Assets and deficits

- **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



Editorial

Revisiting the Asset Model: a clarification of ideas and terms

Antony Morgan

Endorphins are created in your body when you do something good. They make you happy, healthier and feel good. So here is my message to you all – go and grow your own endorphins.

Eva Haller, 2014

Background

The article 'Revitalizing the evidence base for public health: an asset model', first published in 2007 (1), was written as part of a supplement issued

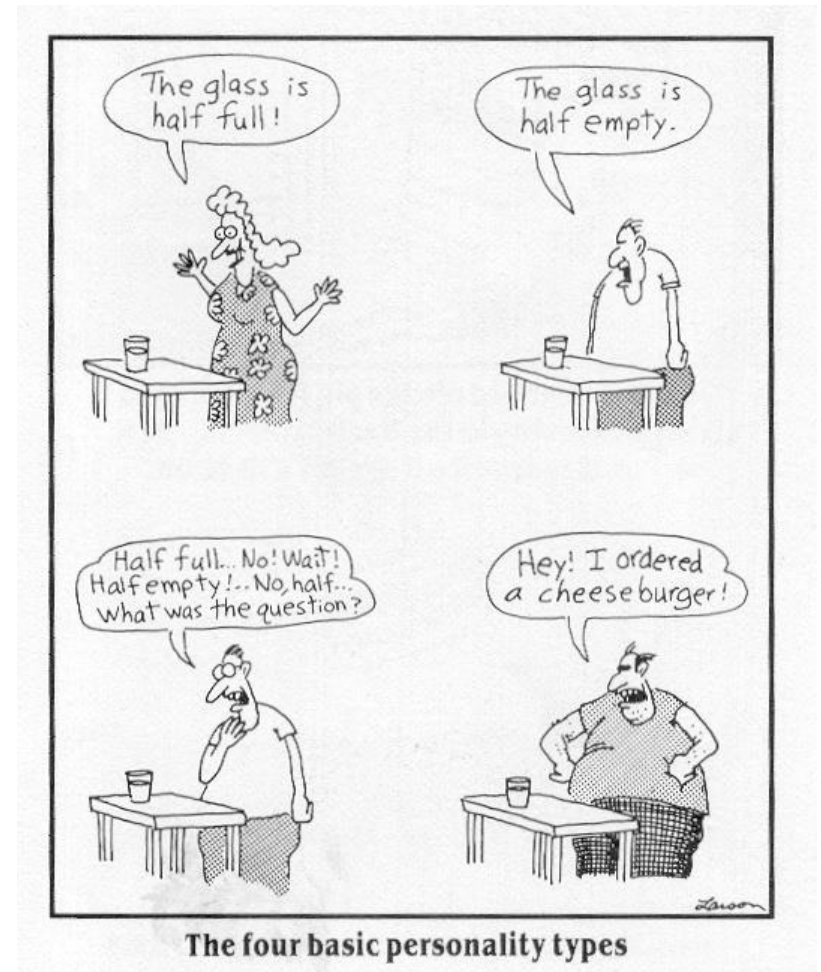
health improvement which does more to unlock the assets within individuals which create a sense of control and wellbeing' (4). At the level of practice, the edited volume *Health Assets in a Global Context* profiled a range of international examples. Most recently examples include the work of the North West Region of the English National Health Service, *Living well across local communities: prioritising wellbeing to reduce health inequalities* (5), and the RIU project, which used asset-based community development tools to improve services and local environments for a socially deprived multi-cultural neighbourhood in Valencia (6). Both show how the methodologies and



The basic idea



Getting out of bed do you.....?



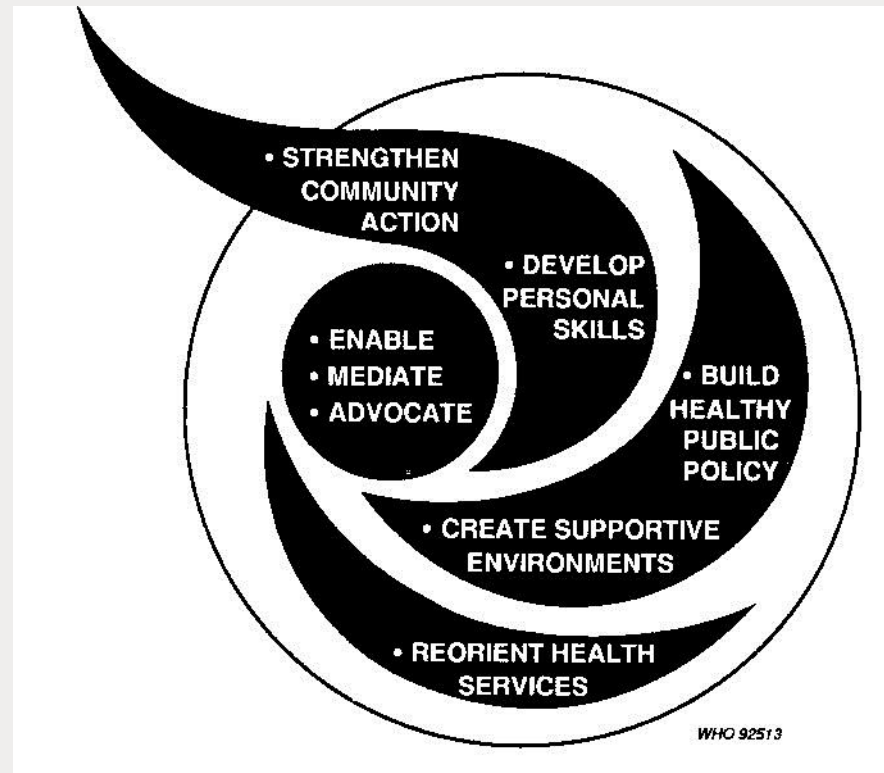
**Aren't policy makers and
practitioners already doing this type
of work?**



The Ottawa Charter:

*“to enable people to increase **control over and improve** their health. It is also essential to **create supportive environments**, strengthen community action, develop personal skills and reorient health services”*

WHO, 1986



‘...even if the conclusions where no different from what had gone before, they needed to be said again’ Michael Marmot, ANZJPH, 2012

Health 2020: Four common policy priorities for health

Investing in health through a **life course approach** and empowering people

Tackling Europe's major health challenges of non communicable diseases and communicable diseases

Strengthening **people-centred health systems** and public health capacities, and emergency preparedness, surveillance and response

Creating **resilient communities** and supportive environments

Inequities in health between and within countries persist which are socially determined (Marmot, 2012)



So if we implement the asset model effectively there will be no need for Government intervention as communities can look after their selves?



Why can an asset approach support contemporary policy agendas

Many of the assets acting as protective factors cut across risk behaviours?

Many of them lie within the social context of people's lives and have the opportunities to contribute to reductions in health inequities

Not rocket science but does need a different mindset



Types of community assets

- Individuals
- Associations
- Institutions
- Physical Infrastructure and Space
- Local Economy
- Local Culture



Mobilizing Assets

Create a Vision

Connect the Assets for Productive
Purposes

