Health Assets for Young People's Health and Well-being. A New Basis for a set of Indicators for Policy and Practice?

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An asset model

What is the idea?

What is the evidence base to suggest we should invest in it

How can HBSC help in developing new indicators
Getting out of bed do you ........?

Deficits

Assets

The four basic personality types
“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
Hungarian-American philanthropist, activist
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.
Make the Most of Bad Situations
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)
Sense of Coherence

... is a global life orientation – a way of viewing life as coherent, structured, manageable and meaningful.

... is a confidence to be able to identify internal and external resources, use and reuse them in a health promoting manner.

... is a way of thinking, being and taking action as a human being.

Source: Eriksson 2010
### 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 communities look like and how can they support ‘health’ development?

### Deficits

**Risk factors:**

- Fitness
- Body Fat
- Cholesterol
- Smoking
- Excess alcohol and other drugs
Health Assets in a Global Context

The Asset Model

An asset model for public health

Source, Morgan, Hernan, Ziglio, 2011

The Book

Health Assets in a Global Context

Theory, Methods, Action

Antony Morgan
Maggie Davies
Erio Ziglio
Editors

Springer
In a nutshell, the Asset Model set out a public health approach:

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

Using a salutogenic lens
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
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
A Bridge to Far?

Ideally at a societal level we can strive for a better balance between preserving the rights and liberties of individuals to pursue their own life and goals and the need to foster the values that provide individuals with a sense of duty and obligation to communities.

- Society and values
- Individuals, sociability and community life?
Do we have an evidence base for investment
The Asset Premise

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 during childhood and in adulthood.

Source: Morgan, 2010

Most children are satisfied with their lives, perceive their health to be good and do not regularly suffer from health complaints.

‘The misery of youth: Teenagers depressed and fearful as drink, drugs and crime take their toll’
• In the real world there are both strengths and needs

So where is most practice focused?

Where is most policy focused?
40 Development Assets for Young People’s Health and Development (Scales, 2001)

Internal -

- **Support** (family relationships, caring school and neighbourhood)
- **Empowerment** (community values youth, young people seen as resources)
- **Constructive use of time** (participation in clubs and associations)

External -

- **Commitment to learning** (achievement motivation)
- **Positive values** (caring and responsible to others)
- **Social competencies** (cultural competence, peaceful conflict resolution)
- **Positive identity** (self esteem)

© Monica Eriksson 2010

Salutogenesis
An assets approach

Learned resourcefulness
(Rosenbaum)
Learned optimism
(Seligman)
Learned hopefulness
(Zimmerman)
Sense of coherence
(Antonovsky)

Self-efficacy
(Bandura)
Hardiness
(Kobasa)

Cultural capital
(Bourdieu)
Social capital
(Putnam)
Empowerment
(Freire)
Locus of control
(Rotter)

Quality of Life
(Lindström)
Resilience
(Werner)
Will to meaning
(Frankl)

Connectedness
(Blum)
Flourishing
(Keyes)
Ecological system theory
(Bronfenbrenner)

Action competence
(Bruun Jensen)
Interdiciplinarity
(Klein)
Why do we monitor and evaluate services?

What does this picture tell?????
Emerging interest, willingness and experience......
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)
GUIDING PRINCIPLES

• adopting a life-course approach

• adopting an evidence-informed approach

• promoting strong partnerships and inter-sectoral collaboration

• adopting a rights-based approach.
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
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’.
Missing the boat......

Oh, crap! Was that TODAY?
‘Well that is conceptually flawed – anyway the sample size isn’t big enough – and we need more research’
‘There is too much interference from ‘them’
....and we need more money
THE POLICY MAKER

‘Count it, show me that it works and do it very quickly’
Can HBSC help?
HBSC is an international alliance of over 400 child health experts based in 44 countries who collaborate to develop and execute the HBSC survey.

Every four years, the HBSC research network collects data on 11, 13 and 15 year olds’ health and well-being, social environments and health behaviours.

These findings are used at both a national and international level to:

→ gain new insight into young people’s health and well-being
→ understand the social determinants of health
→ inform policy and practice to improve young people’s lives
**Indicator:** what we are trying to achieve

**Measure:** the information required to demonstrate progress against the indicator

**Rationale:** why this is important
HBSC Topics

Health outcomes
- self-reported health, life satisfaction, health complaints, body weight, body image, quality of life

Health behaviours
- breakfast, food habits, physical activity, sedentary behaviour, toothbrushing

Risk behaviours
- tobacco use, alcohol, cannabis, sexual health, fighting, bullying, computer use

Social and developmental contexts of health
- family culture, peer relations, school environment
- pubertal development
Social determinants of health and well-being among young people


WHO: Health Policy for Children and Adolescents, No.6
Socioeconomic Inequalities

FAMILY AFFLUENCE (FAS) distribution by country

Norway
2% low affluence
76% high affluence

Turkey
62% low affluence
8% high affluence

FIGURE. FAMILY AFFLUENCE ACCORDING TO FAS COMPOSITE SCORES (ALL AGES)
An example social capital as a health asset for young people’s health and wellbeing?
Social and Emotional Wellbeing

• Establishing social and emotional wellbeing in childhood has important consequences for the child’s social development and educational attainment, as well as helping to prevent mental disorders in adolescence. Mental wellbeing can also help to avoid behavioural problems later in life (Kuh et al. 1997; Graham and Power 2003)

— the lifecourse approach.
Definition of social and emotional wellbeing

'social and emotional wellbeing' encompasses:

• happiness, confidence and not feeling depressed (emotional wellbeing)
• a feeling of autonomy and control over one's life, problem-solving skills, resilience,
• attentiveness and a sense of involvement with others (psychological wellbeing)

And also
• the ability to have good relationships with others and to avoid disruptive behaviour,
• delinquency, violence or bullying (social wellbeing).
With respect to young people

• Social capital by definition can be a potential asset for young people as:

  – Young people who have networks and resources are more likely to grow up as health caring and productive people (Scales, 1999) and

  – It can promote caring and responsive environments that are capable of protecting young people and which create opportunities to explore their worlds (Irwin et al, 2007).
The multi-component challenge of social capital

Unravelling the components

Laying the pieces out systematically

Building Block Framework for Social Capital

Source: Morgan, 2010
Defining social capital (Coleman, Bourdieu or Putnam)

…their common thread relates to the importance of positive social networks of different types, shapes and sizes in bringing about social and economic and health development between different groups, hierarchies and societies.
Domain 1: Sense of belonging

- When young people feel they belong, they are more likely to make friends and interact with peers (Schaefer-McDaniel, 2004). It may influence their ability to develop and make use of social networks.

Bonding social capital
Domain 2: Autonomy and control

- Active involvement in decision making, at home, school and the neighbourhood.

  Student committees and/or peer facilitators are important in a whole school approach to the promotion of mental wellbeing allowing teenagers to gain self-confidence and to feel safe through peer group exercises’

  Witney et al, 2008
Domain 3: Social networking

• A more complex domain to be further unpicked. However, in general the ability to participate in and gain from a range of both ‘bonding and bridging’ social networks may incur some health benefits.

Bonding and bridging social capital
In Sum
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.
Defining a health asset…..

any factor (or resource), which enhances the ability of individuals, groups, communities, populations, social systems and/or institutions to maintain and sustain health and well-being and to help to reduce health inequities. These assets can operate at the level of the individual, group, community, and/or population as protective (or promoting) factors to buffer against life’s stresses. It is possible to identify health promoting’

Harrison et al., 2004; Morgan and Ziglio, 2007
Asset or deficit?.

Antonio and Aixa inadvertently start a forest fire.
Monitoring at a National level

Have we made the case for a new set of indicators?

The complex measurement issues can be overcome.

Is policy ready for a mind-set shift?
Thank you

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Additional Slides
Five Strategic Evaluation Questions

**Effectiveness**
Doing the right thing

**Efficiency**
Doing things right

**Relevance**
Objectives are consistent with beneficiaries’ requirements

**Impact**
Positive or negative, direct or indirect, long or short-term

**Sustainability**
Ability to do the same in the future
The role of monitoring

- Ensure that inputs, activities, and outputs proceed according to plan
- Determine whether the inputs are being used optimally
- Ensure activities carried out by right people and in time
- Records inputs, activities, outputs
- Early warning of deviations
- Assist decision making
## Monitoring and evaluation

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<tr>
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<th>Monitoring</th>
<th>Evaluation</th>
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<tr>
<td><strong>Objective</strong></td>
<td>To track changes from baseline conditions to desired outcomes</td>
<td>To validate what results were achieved, and how and why they were or were not achieved</td>
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<tr>
<td><strong>Methodology</strong></td>
<td>Tracks and assesses performance through analysis and comparison of indicators over time</td>
<td>Evaluates achievement or outcomes by comparing indicators before and after the intervention. Involves value judgement. Relies on monitoring data and information from external sources</td>
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WHO Collaborative Centre for International Child and Adolescent Health Policy

- Established in October 2013
- Aims to undertake, translate and communicate research to:
  - provide new insights into young people’s health and well-being;
  - enlighten our understanding of the social determinants of health; and,
  - inform policy and practice to improve young people's health and well-being.