

AHA
ADVANCING
HEALTH ASSETS ©

Applying an Asset Based Approach for Health Promotion

October 16, 2016



Genesis of the Advancing Health Assets (AHA) Collaborative Network



AHA is a highly diverse global network of individuals and organizations changing society's approach to improving health through the application of **ASSET BASED THINKING AND PRACTICE**



Since 2010, AHA has been on a “voyage of discovery” to identify concepts, models, processes and tools to advance Health Asset Practice (HAP) and promote health and wellbeing



Our Understanding of Health Assets and Their Relationship to Health Impact



Health Assets:

A **health asset** can be any **attribute, factor or resource**, which enhances the ability of individuals, organizations, communities, populations, and/or social systems to be well, such as:

- **Attributes:** traits, competencies, culture, values, principles
- **Factors:** leadership, relationships, infrastructure, processes
- **Resources:** human capital, information capital, innovation, technical capabilities, finances



Health Impact:

Health impacts are the (positive or negative) **effects, changes and/or outcomes** experienced by individuals in all settings and at all levels; they can be influenced by determinants such as:

- **Biological:** physiological health, morbidity, mortality
- **Psychological:** mental status, sense of wellbeing, morale
- **Social:** connectedness, relationships, solidarity, peace
- **Environmental:** safety, security, employment, shelter, food
- **Systemic:** equity, sustainability

Applying a Holistic Approach – Leveraging All Assets to Help Everyone Be Well



Our Mission, Vision, Focus & Footprint



MISSION

TO BUILD AND EXCHANGE HEALTH ASSETS by:

- **Convening** existing networks, and **brokering** new diverse, collaborative partnerships
- **Deploying** resources and **linking** education and research to practice
- **Co-creating** and **exchanging** knowledge, methods, and tools – acting as a **clearinghouse**
- **Accelerating** social change by **assessing** health impact – developing the evidence base for asset based practice

VISION

A world in which
HEALTH ASSETS IN ACTION
are helping everyone to be well

FOCUS



Integrating health
asset practice with
social impact
investment

FOOTPRINT



Mobilizing the potential
of a collaborative,
global, multidisciplinary
network

Our Key Health Asset Practice (HAP) Principles



Individuals in all settings, and at all levels...

1. Leverage all available assets, i.e., attributes, competencies, factors, resources, knowledge, etc.
2. Consider all potential determinants of health, such as: biological, psychological, social, political, environmental, economic, technical, etc.
3. Deploy the necessary resources to build capacity and enable everyone to be in control of their destiny
4. Are open and willing to share knowledge and power
5. Collaborate and practice inclusive, equitable decision making

...to enable everyone to develop and sustain health and wellbeing, and to help reduce health inequities, i.e.,

TO BE WELL

AHA Health Asset Practice Research



1. Conducted a **Literature Review and Consultations** to investigate the health asset landscape – what is it, how and where is it being applied
 - Irene Podolak, Tine Van Bortel, Sonia Dhillon
2. Conducted a **Multiple Case Research Study** to assess the impact of applying three health asset practice tools on four cases
 - Irene Podolak, Marion Birnstill, Karen Manson, Gaurav Mehta
3. Conducted a multidisciplinary **Project Asset Mapping Workshop** to explore the relevance of integrating health asset practice with social impact investment
 - Irene Podolak, Marion Birnstill, Sir Harry Burns, Gamil de Ghadarevian, Luke Disney, Liz Grant, Tahera Kan, Karen Manson, Gaurav Mehta, Tine Van Bortel, Frank Welvaert, Karen Wilson

1. Health Asset Literature Review Findings



Emphasis is on the application of **deficit approaches to improve health:**

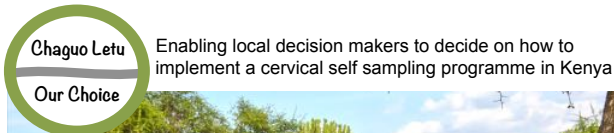
- Health problem/ illness management
- Fragmented silos of services across the care continuum
- Greater focus on acute care service delivery rather than health promotion and wellbeing

Some application of **asset based approaches** in varied contexts:

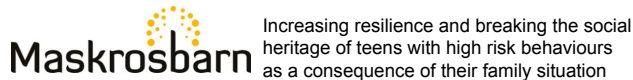
- Emphasis on individual or community
- **Limited at organization and system levels**
- Country/regional focus: mostly UK (especially Scotland) and USA (ABCD)
- Some in Canada, Spain, and Africa
- Disease specific: cardiac, diabetes
- Population specific: adolescents, elderly
- Setting specific: school, prison
- Context specific: religious, migration, refugees



2. Multiple Case Study to Assess the Impact of Applying Health Asset Practice Tools



Enabling local decision makers to decide on how to implement a cervical self sampling programme in Kenya



Increasing resilience and breaking the social heritage of teens with high risk behaviours as a consequence of their family situation



Empowering rural women entrepreneurs to address the issue of feminine hygiene in their communities by providing them with training and suitable products



Supporting HIV patients in India, and their clinical care providers, in managing the care and treatment of HIV/AIDS using cell phone technology designed, developed and tested locally



Our multi case study included 4 cases, each with 4 embedded units of analysis:

1. Health Asset Principles
2. HAP Scorecard Application Processes
3. Enabling Practices and Tools
4. Patterns, commonalities and Differences

We validated the HA values/principles plus 3 tools: 1) HAP Scorecard, 2) Stakeholder Engagement Tool, and 3) Self Assessment Tool



Tool #1: Health Asset Principles Scorecard (educational, planning, and evaluation tool to be applied during all project phases to change behaviour, i.e., asset based thinking and practicing)



	RELEVANCE ASSESSMENT	PRINCIPLE APPLICATION ASSESSMENT - MILESTONE 1	
PRINCIPLES (can be customized as appropriate)	PRINCIPLE RELEVANCE (Rate Low, Medium or High)	Actions/practices planned. At conclusion of milestone assess principle demonstration	PRINCIPLE APPLICATION (Score 1 to 4)
1. Leverage all available assets, i.e., attributes, competencies, factors, resources, knowledge, etc.			0
2. Consider all potential determinants of health, such as: biological, psychological, social, political, environmental, economic, technical, etc.		Assessment process repeated for each project milestone	
3. Deploy the necessary resources to build capacity and enable everyone to be in control of their destiny			0
4. Be open and willing to share knowledge and power			0
5. Collaborate and practice inclusive, equitable decision making			0



Tool #2: Stakeholder Engagement Tool – Stakeholder Categories (discussion tool to be applied during the PREPARING/ DOING phases to determine who should be involved doing what, when)



INDIVIDUAL	
B1	Beneficiaries (e.g. direct recipients, dependents, relatives...)
COMMUNITY	
S2	Supporters (e.g. relatives, caregivers, friends...)
HS3	Health service providers (e.g. primary, secondary and tertiary HCPs, counselors, educators, patient organisations...)
E4	Employers (e.g. managers, HR...)
C5	Community (e.g. schools, community organizations, spiritual communities and special interest groups)
ECO-SYSTEM	
G6	Government - health and social/environmental (e.g. national, regional, public authorities, and local policymakers; regulators; and opinion leaders)
IB7	International bodies (e.g. UN, WHO, IGOs, multilaterals)
A8	Academia (e.g. Universities, researchers, medical schools, scientists...)
IN9	Industry (e.g. corporations, suppliers, industry associations, industry opinion leaders...)
CS10	Civil society organizations (e.g. NGOs, social enterprise, faith-based organizations, and labor unions)
ENABLING RESOURCES	
FS11	Financial stakeholders (e.g. donors, investors, funders, development agencies)
IS12	Insurers (e.g. community insurance, employer insurance, government insurance...)
EB13	Evaluation bodies (e.g. ESG analysts, rating agencies, accreditation and auditing bodies)
M14	Media (e.g. social media, professional, general...)
K15	Key opinion leaders (e.g. unexpected influencers, celebrities, athletes...)



Tool #3: HAP Self Assessment Tool (design guide used during the PREPARING phase to develop a scorecard for soliciting feedback from individuals & an evaluation tool to assess impact)



PRINCIPLES	CONTEXT	SAMPLE BEHAVIOUR STATEMENTS
1. Leverage all available assets, i.e., attributes, competencies, factors, resources, knowledge...	I have what I need to be well By developing self-esteem; building up resilience; addressing issues and challenges; acquiring knowledge and skills, and filling resource gaps.	I was provided the knowledge and things I needed to make the right choices for me. I was given the authority to make my own choices. I am independent and in control of my future.
2. Consider all potential determinants of health, such as: biological, psychological, social, political, environmental, economic, technical...	Together, we are thinking of everything By addressing the determinants of health to promote and/or protect health and wellbeing.	We considered all the things that could influence my health in both good and bad ways. My cultural background was taken into consideration when we were making changes.
3. Deploy the necessary resources to build capacity and enable everyone to be in control of their destiny	I am master of my own destiny By developing skills and capabilities to acquire and assimilate information and to ask questions.	People did not pass judgment on what I said or did. People showed a genuine regard for my feelings. A deep commitment was demonstrated to understanding my experiences. Coaching was provided for me to develop new skills. I feel more in control of my future.
4. Be open and willing to share knowledge and power	We are sharing authority By being open, transparent and proactively providing knowledge/information.	People were open and shared things with me. I felt I had an equal say in what happened. I felt like I was sharing the responsibility to change things.
5. Practice inclusive, equitable decision making	We are all part of the decision process By connecting all relevant stakeholders at all levels to make informed decisions.	I was given the opportunity to actively participate in the decision making process. I was allowed to influence the final decisions that were made.



HAP Self Assessment Scorecard Template



For each statement, place an X in the box that best describes your thoughts and feelings: all of the time (5), often (4), some of the time (3), rarely (2), or none of the time (1).

The way I think and feel		(5) All of the time	(4) Often	(3) Some of the time	(2) Rarely	(1) None of the time	Comments
1	I am prepared and able to make my own choices.		X				
2	We considered all the things that could influence my health in both good & bad ways			X			
3	People did not pass judgment on what I said or did	X					
4	I feel like I am sharing the responsibility to change things		X				

Case Study Findings/Conclusions



- **Applying the HAP tools** promotes the realization of benefit regardless of variations in project size, scope, context, culture and/or location
- **HAP tools** can be used at various stages of a health project:
 - Initially gaining insight about HAP – **educational** exercise
 - Preparing to start a health project – prospective **planning**
 - Doing asset development – **concurrent assessment of project operations**
 - Identifying what has been learned at the conclusion of the project – **retrospective assessment of strategic impact**
- **The application of the tools** positively contributes to project participants' thinking, beliefs and actions; **just talking about HAP changes behaviour**
- **HA tools** need to be customizable **to meet the participants' needs** (e.g., be culturally sensitive **and use appropriate, simple language**)



3. Project Asset Mapping Workshop to Explore Integration of HAP & Social Impact Investment



Identified over 100 assets (attributes, factors, and resources) that could enable project success – promoting health & wellbeing and social impact

HEALTH ASSET PRACTICE (HAP):

- **HA values/principles demonstration** – empowered, autonomous health management
- **Stakeholder engagement** – effective resource deployment
- **Role transition** – local capacity building; knowledge/power sharing

SOCIAL IMPACT INVESTMENT (SII):

- **Investment instruments** – social impact bonds, loans, equity, outcomes-based contracts, etc.
- **Risk management** – optimize beneficial outcomes
- **Return on investment** – financial, plus, health, psychological, social, environmental, etc.
- **Intermediary deployment** – to enable program sustainability, and when applicable, transition to scale



Applying Assets During Each Phase of a Social Change Project to Answer Key Questions

HAP Implementation Model

LEARNING

What did we learn?
Whom should we share our findings with?
How do we become sustainable?

KNOWING

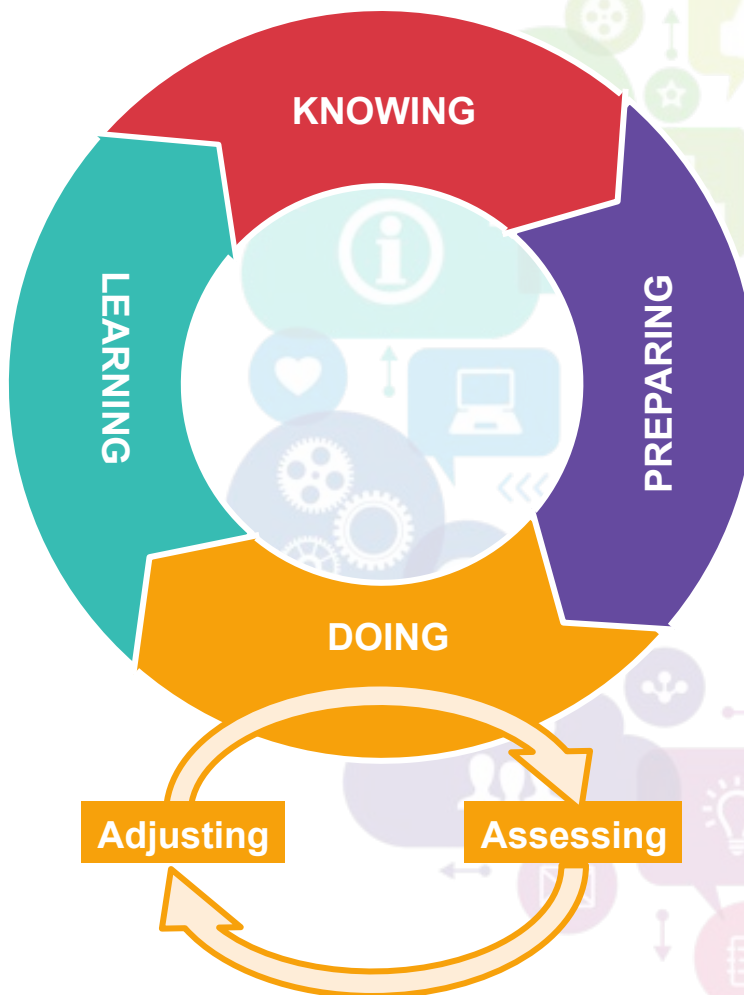
What needs to change?
What opportunities and assets do we have?
What impact do we want to experience?

DOING

How should we act?
What is working well?
What needs adjusting?
What progress are we making?

PREPARING

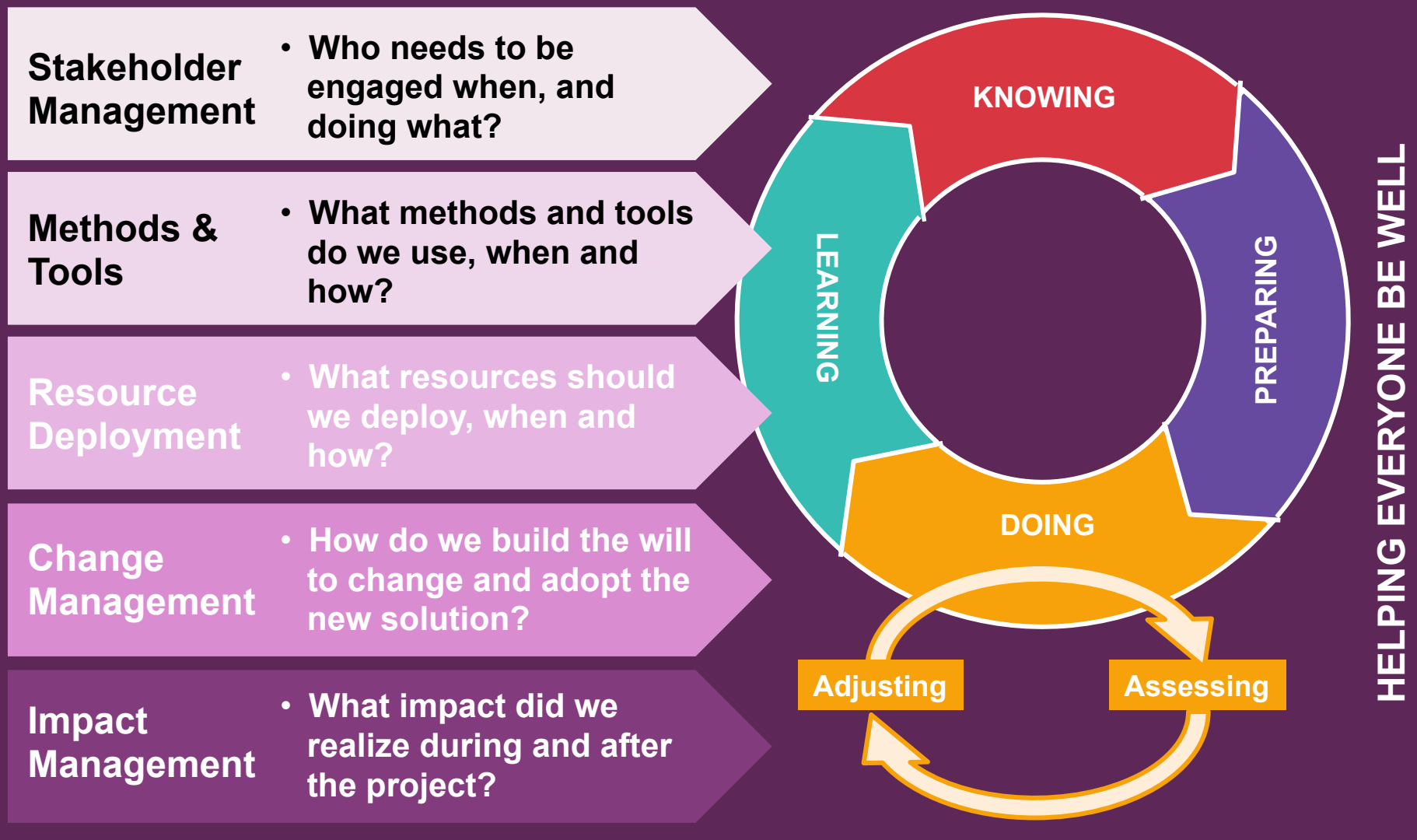
How should we design the solution?
How should we manage risk?
How should we implement the project?



Building on the work of: Irene Podolak, Marion Birnstill,
Karen Manson, Gaurav Mehta & Tine Van Bortel



Applying Critical Enabling Assets Throughout the HAP Implementation Cycle



AHA Working Groups In Action



WG1: Research

Research integration of Health Asset Practice (HAP) and Social impact Investment (SII) on existing health initiatives



WG1: Products & Services

Develop/test HAP/SII methods & tools
Provide support and coaching regarding HAP implementation



WG2: Impact Management

Design health impact methodology and measures/indicators
Measure formative and summative impact on health initiatives



WG3: Education

Pilot a HAP educational event
Develop/deliver HAP educational programs & incubate identified HAP innovations



Knowledge Management

WG 4: Conduct inventory of HA knowledge content
WG 5: Design and populate a knowledge repository; exchange HAP knowledge products



Networking

WG 6: Conduct a Call to Action event
WG 7: Establish AHA leadership structure and operational platform

Health Asset Practice (HAP) Declarations



1. **Asset based thinking and practicing** can be a critical success factor for social change initiatives (e.g., Sustainable Development Goal (SDG) initiatives and social impact investment projects), providing the following is included:

- Application of **culturally sensitive, simple HAP methods and tools**
- **Building capacity** and **enabling empowerment** through role transition methods and tools
- **Sharing of knowledge and power**
- Collaborative, **equitable informed decision making**
- Equitable **deployment of resources** that go beyond financial assistance to include: human capital, information/knowledge, innovation, technical capabilities, etc.



Health Asset Practice (HAP) Declarations

Cont'd



2. An integrated, mutually reinforcing and synergistic approach for **health promotion needs to be applied at all levels** (individual, community, organizational, and system), rather than practicing within single silos – we **need to leverage all assets**
3. A **multidisciplinary approach** to health asset practice must **include all relevant stakeholders and sectors**, i.e., research, education, government, business, donors, and (most importantly) civil society
4. Special emphasis needs to be placed on **disadvantaged populations** to achieve **equitable, global health promotion and well being**



Health Asset Practice (HAP) Declarations Cont'd



5. Simple methods and tools need to be developed to **assess and manage health impact** on social change initiatives
 - Incorporating **health impact management** will provide the real world evidence needed to demonstrate the value of emphasizing HAP for health promotion and well being
 - **Operational** impact (effective project implementation)
 - **Strategic** impact (realizing impact goals)



Acknowledging the AHA Core Team and participating AHA members for their contributions! Special recognition goes to: Marion Birnstill, Karen Manson, Gaurav Mehta, Irene Podolak and Tine Van Bortel.

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