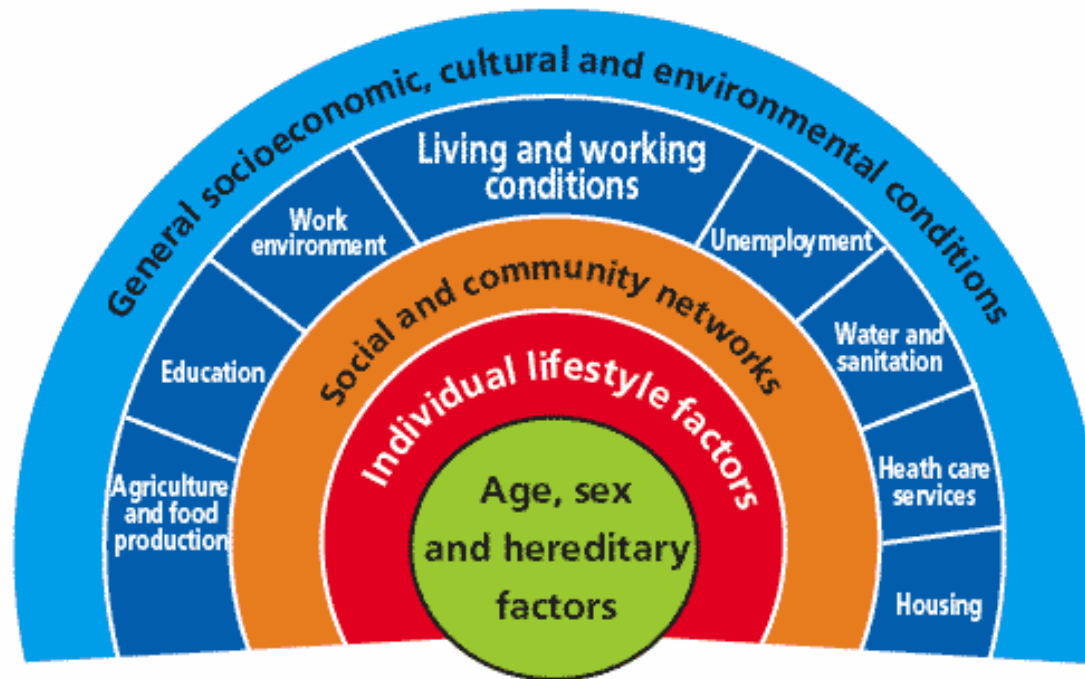
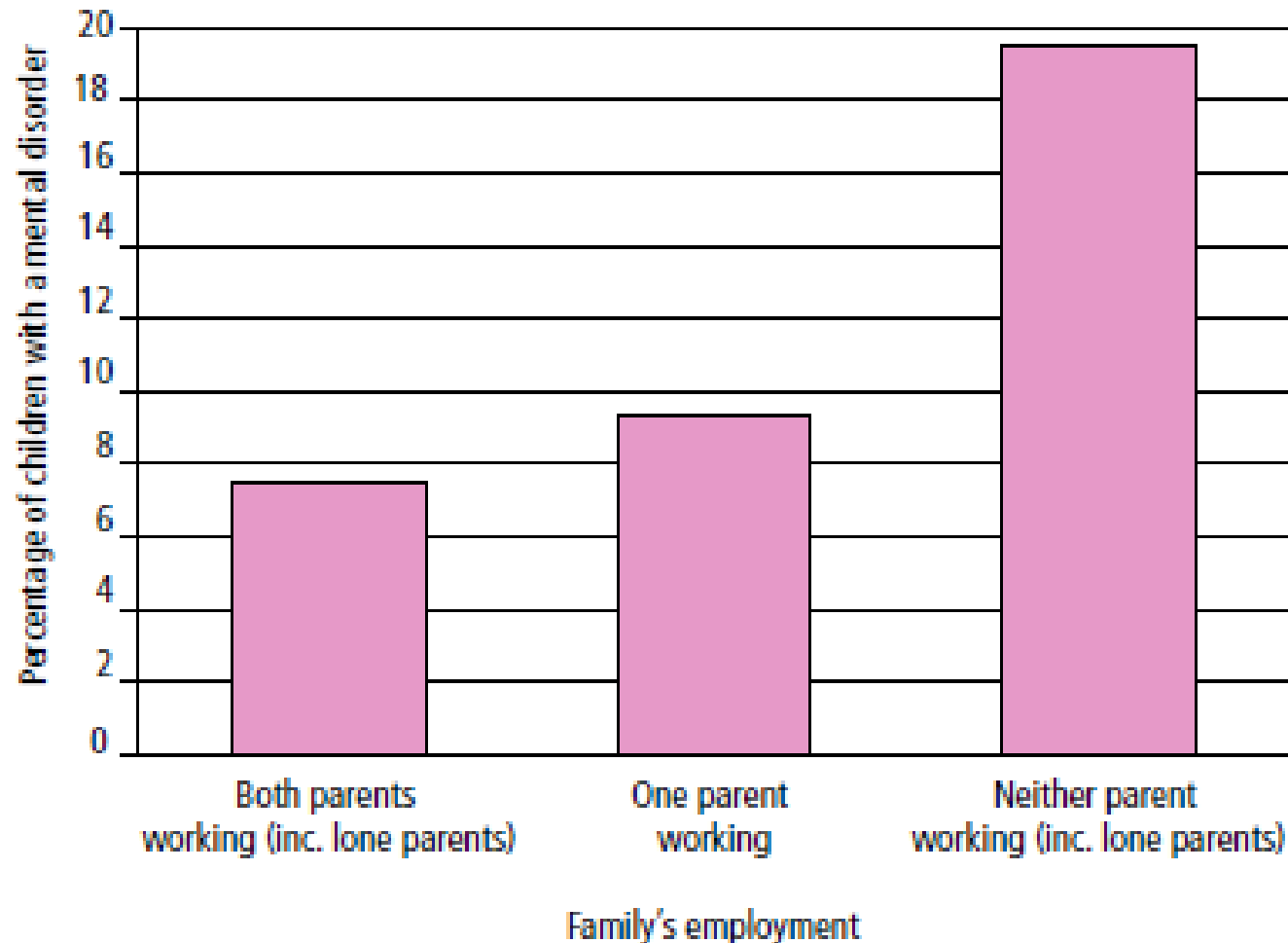


# Health and its contexts

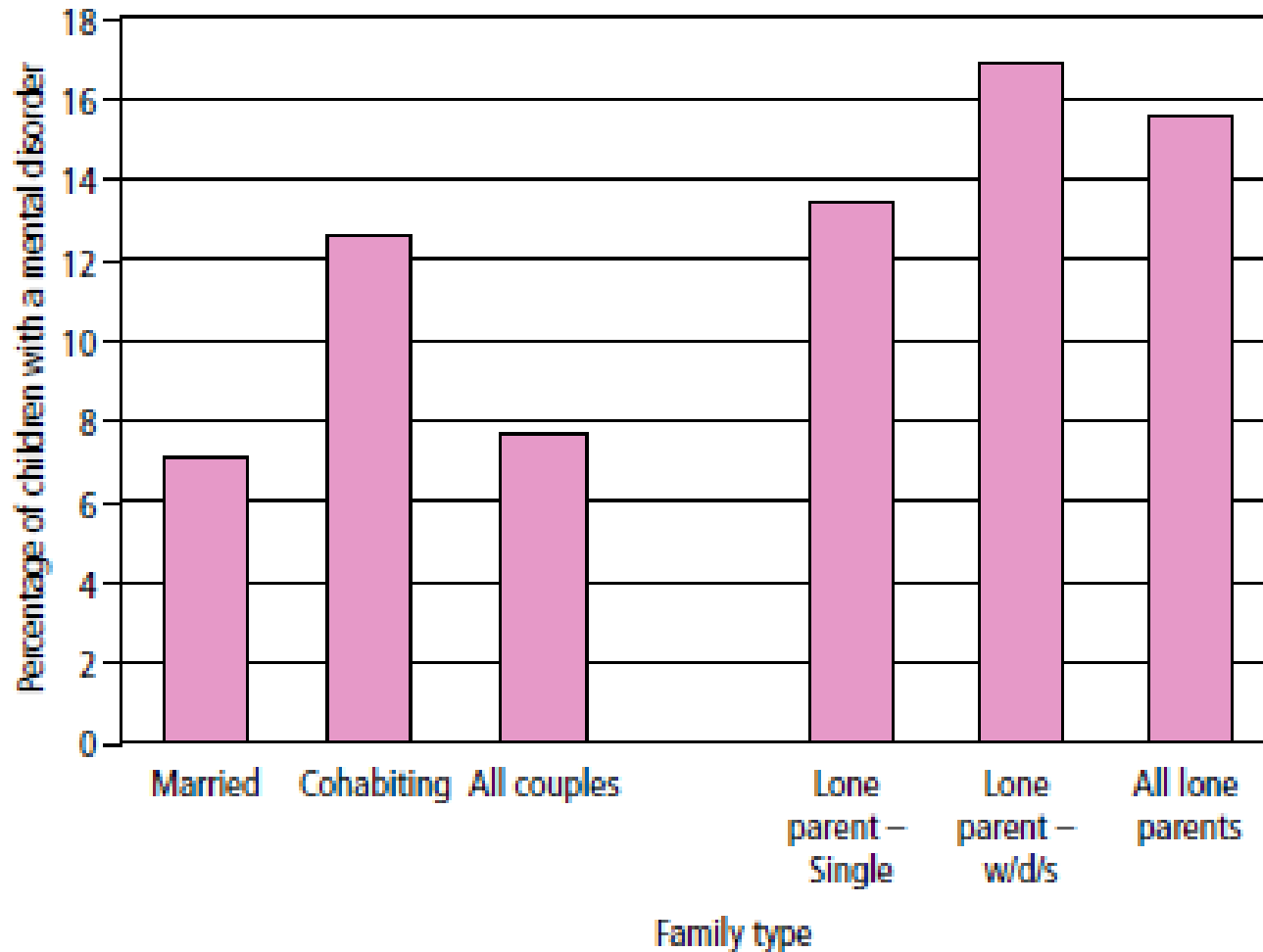


Dahlgren and Whitehead 1991

# Mental health and Employment



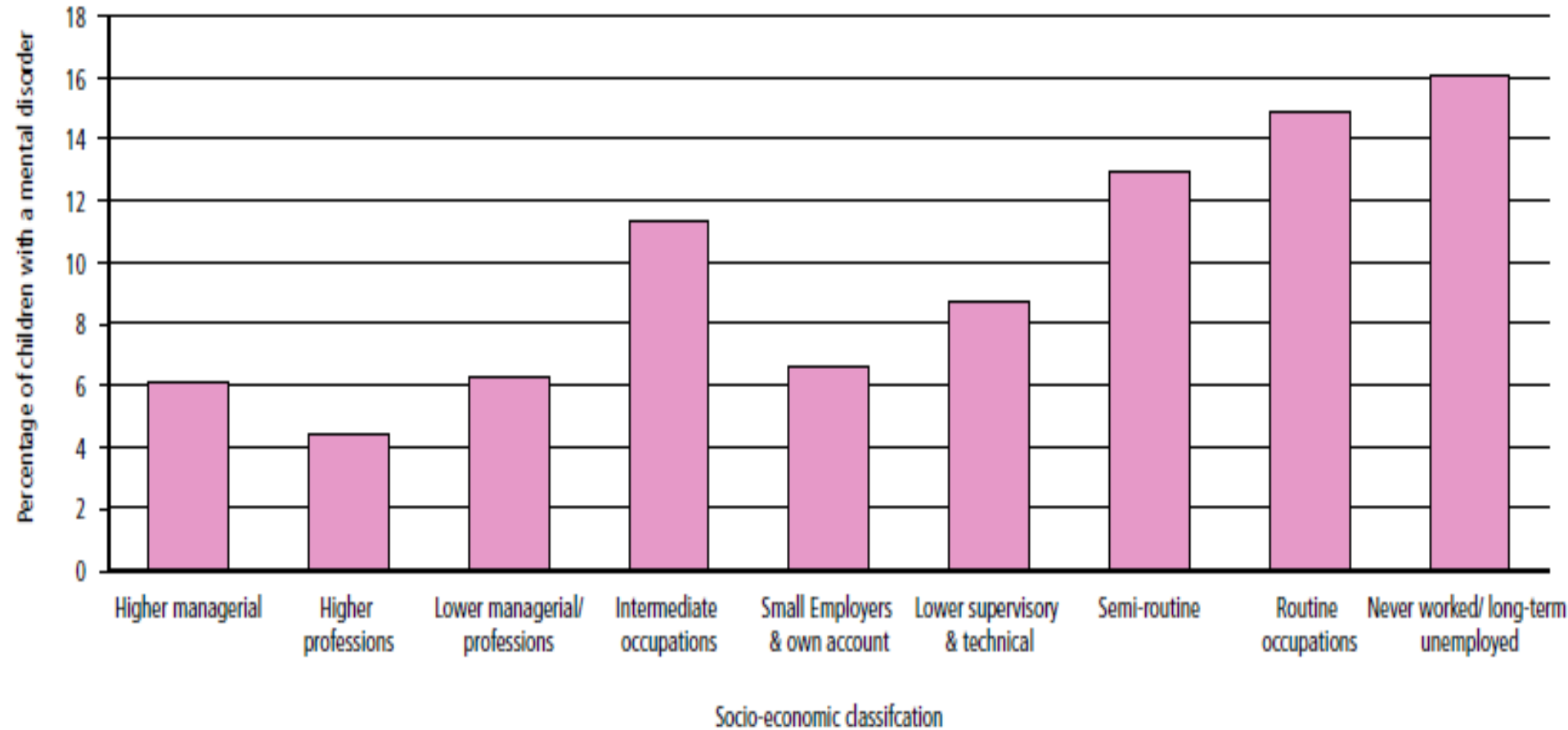
# Family type



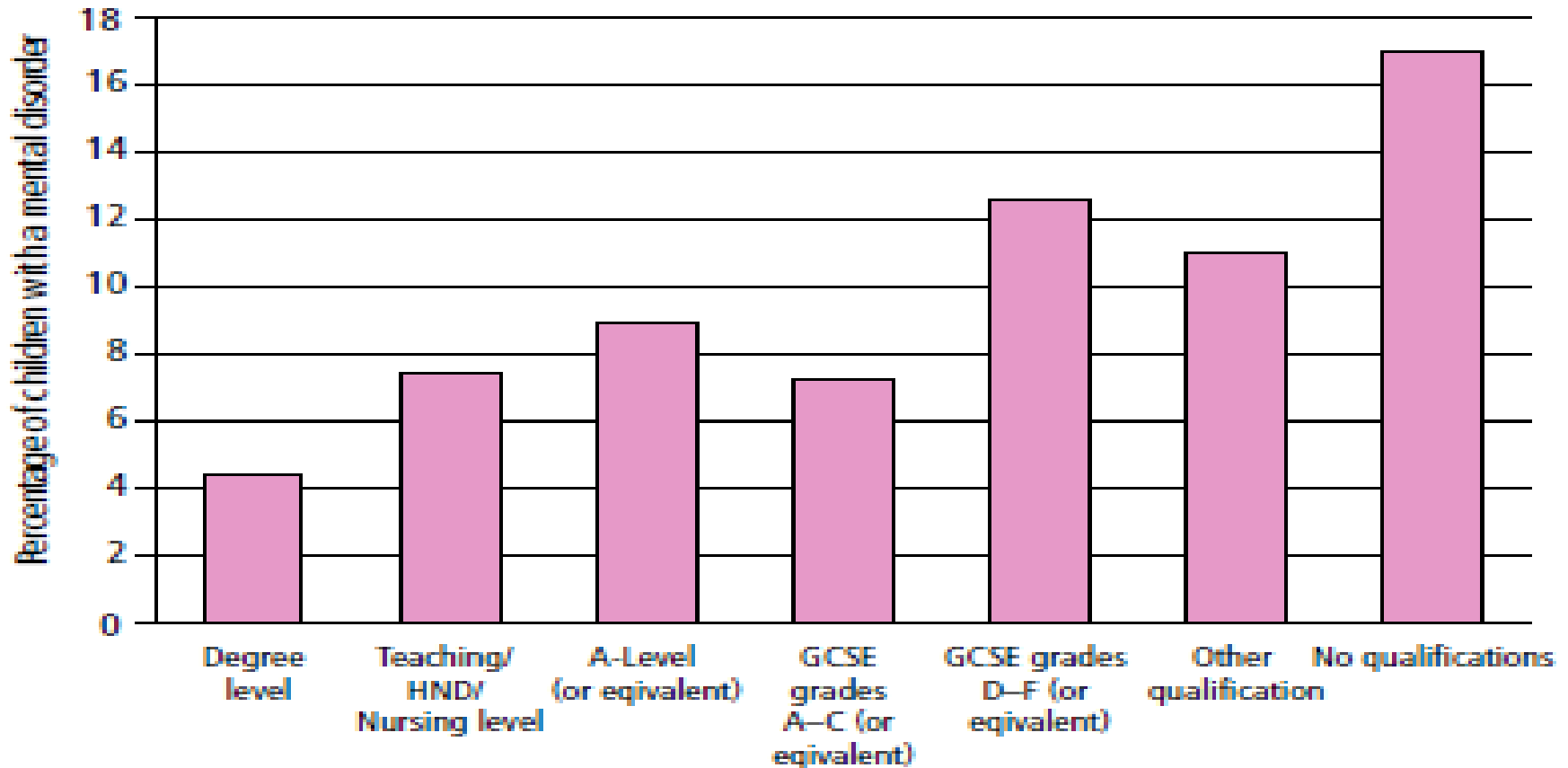
# Weekly income



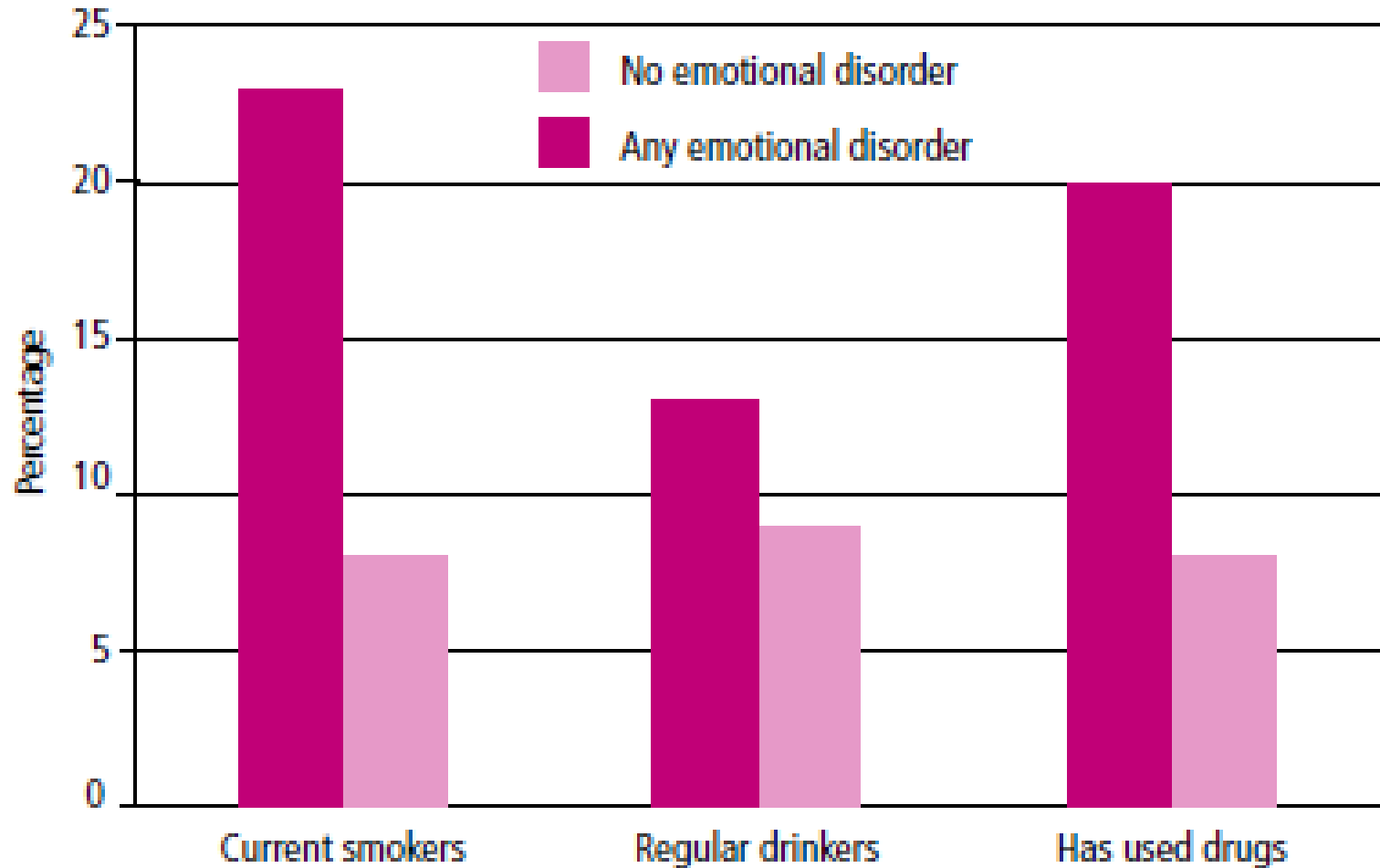
# Socioeconomic classification



# Educational qualifications



# Emotional disorder and health behaviours



# Adverse childhood events study

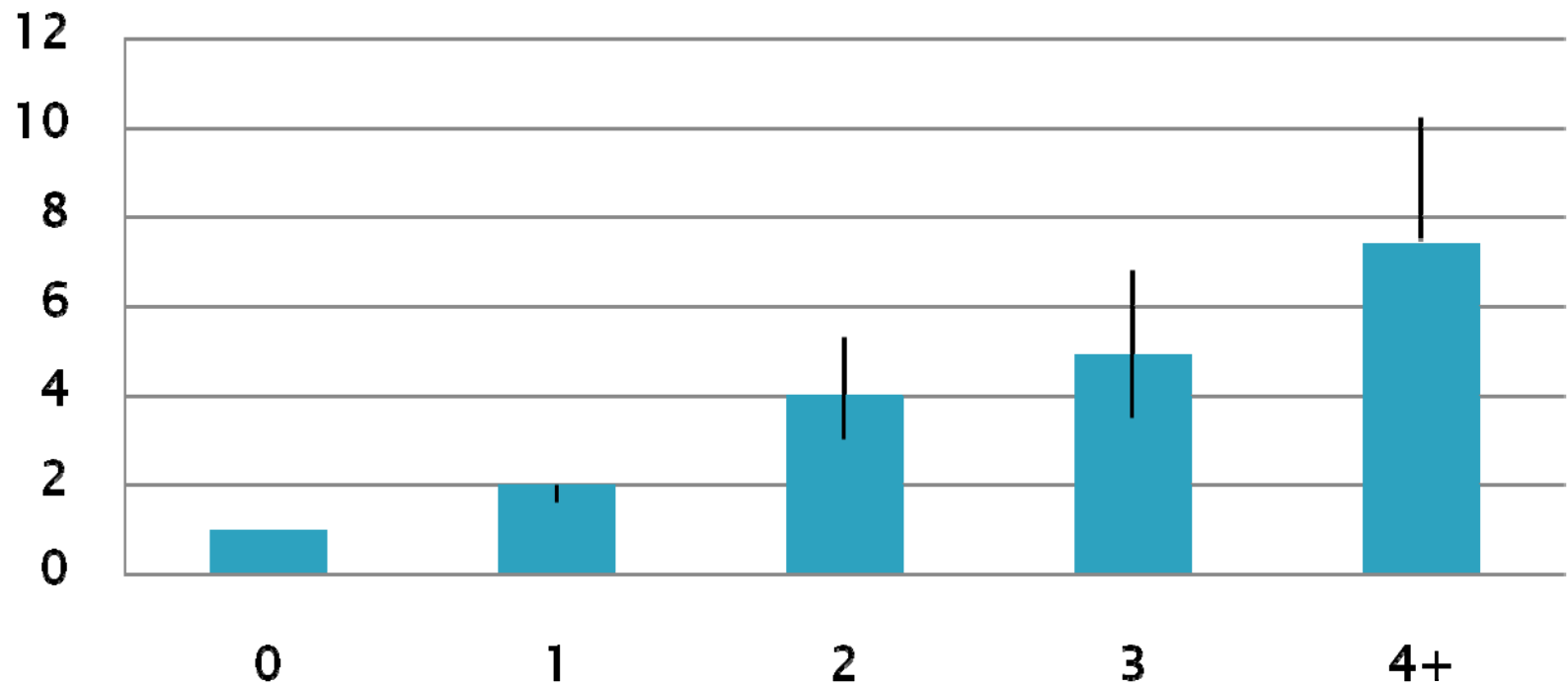
- ▶ Physical/sexual/emotional abuse
- ▶ Neglect (physical/emotional)
- ▶ Domestic substance abuse
- ▶ Domestic violence
- ▶ Parental mental illness
- ▶ Parental criminality

Felitti et al Am J Prev Med 1998



# Adverse childhood events risk of alcoholism

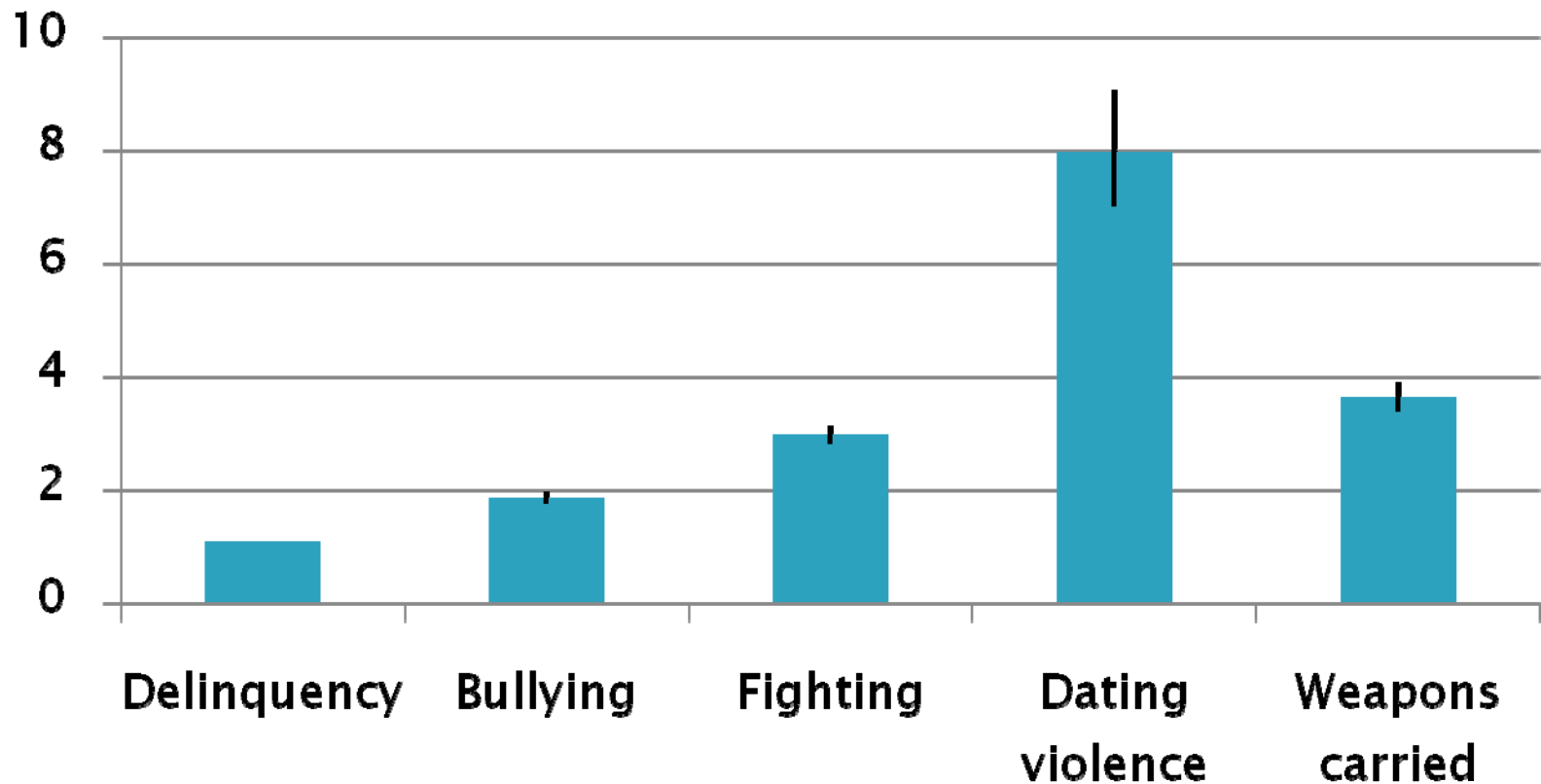
Odds ratio



# Adverse childhood events

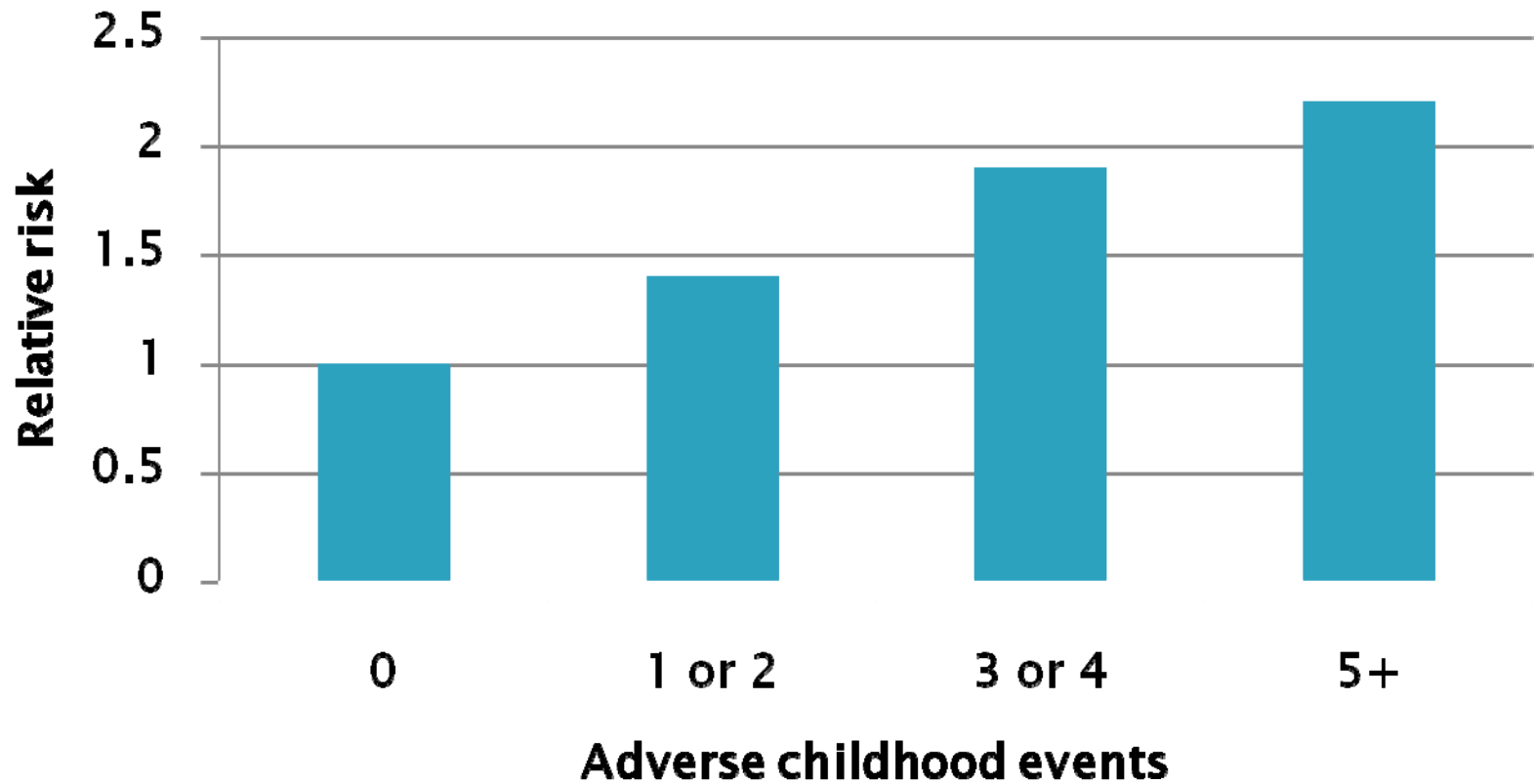
## risk of perpetrating violence

Boys experiencing physical abuse

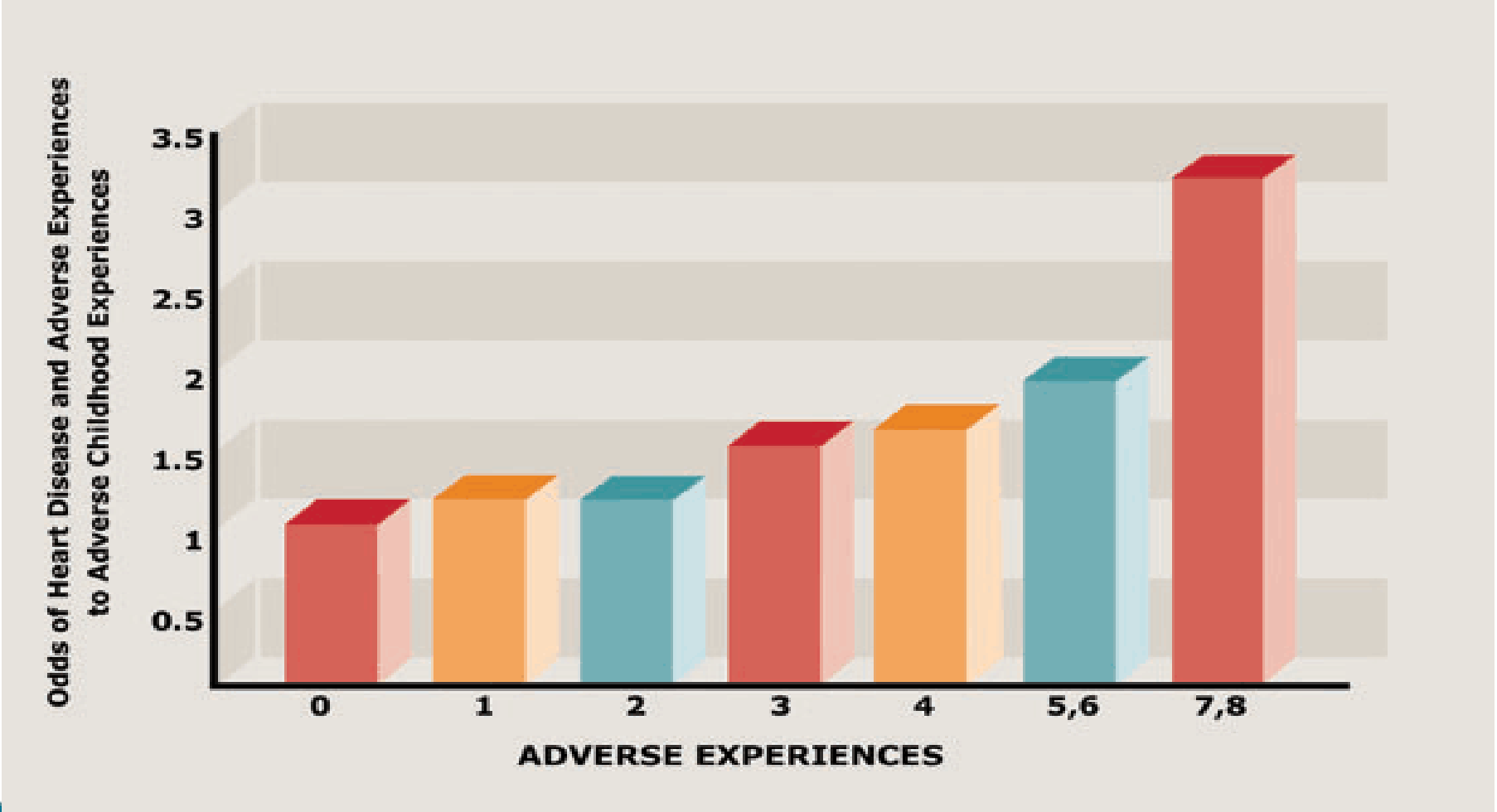


# Adverse childhood events

-risk of teenage pregnancy



# Risk of heart disease and early adversity



# Aaron Antonovsky 1923-1994



# Sense of coherence....

“.....expresses the extent to which one has a feeling of confidence that the stimuli deriving from one's internal and external environments in the course of living are **structured, predictable and explicable**, that one has the **internal resources to meet the demands posed by these stimuli** and, finally, that these demands are seen as **challenges**, worthy of investment and engagement.”

# For the creation of health....

....the social and physical environment must be:


- u Comprehensible
- u Manageable
- u Meaningful
- u .....or the individual would experience chronic stress

# Health Assets

- A health asset is any factor or resource which enhances the ability of individuals, communities and populations to maintain their health and sustain wellbeing. The assets can operate...as protective and promoting factors to buffer against life's stresses




# Health Deficits approach

- ▶ We tend to focus on people's problems, needs and deficiencies
  - ▶ We design services to fill gaps and fix their problems
  - ▶ They become passive recipients of services
  - ▶ We do things to people rather than with them.
- 

# Policy implications

- ▶ Help parents who have had no experience of attachment behaviour to understand the attachment process
  - Early years change fund
- ▶ Create a social context for productive, well lived lives, regardless of economic status
  - Reconstruct communities by connecting people and activating assets


# The assets approach

- ▶ Why?
  - ▶ What is it?
  - ▶ How is it done?
  - ▶ What should we do?
  - ▶ How should we get going?
- 


# Why the assets approach?

- ▶ Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living.


# Strengthen Community Actions

- ▶ Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities – their ownership and control of their own endeavours and destinies.
- 

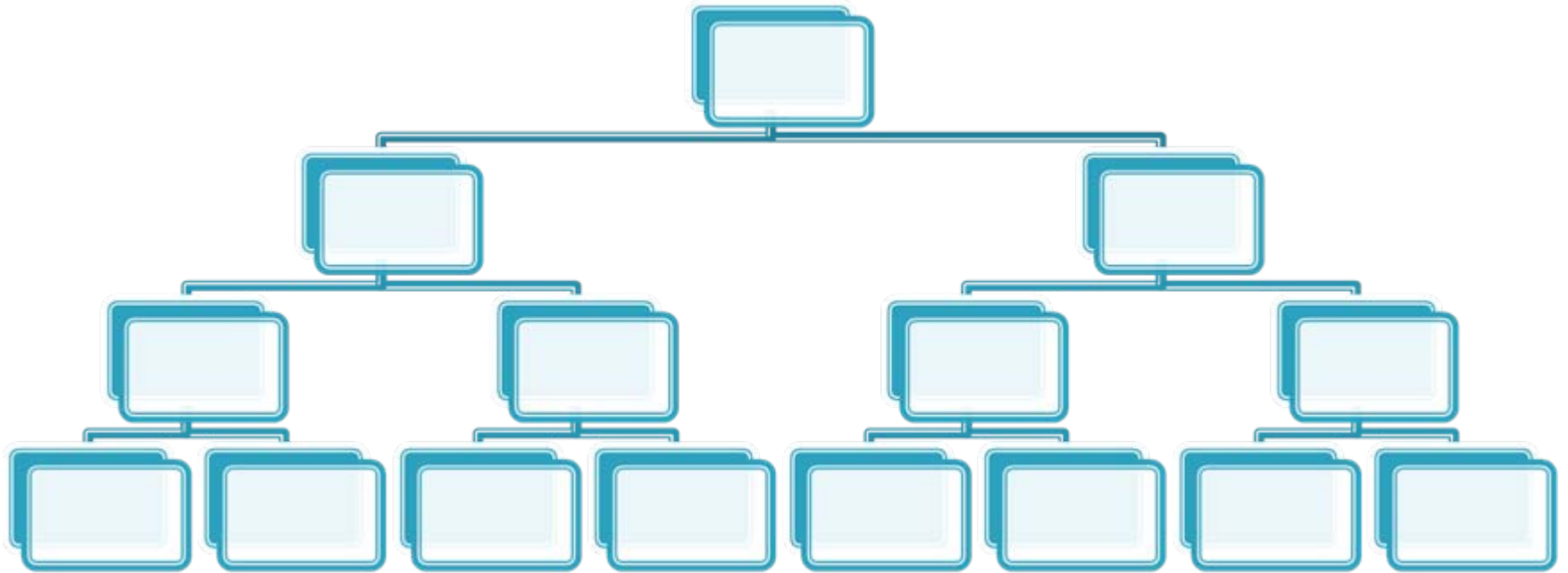
# Strengthen Community Actions

- ▶ Community development draws on existing human and material resources in the community to enhance self-help and social support, and to develop flexible systems for strengthening public participation in and direction of health matters. This requires full and continuous access to information, learning opportunities for health, as well as funding support.
- 

# What's the problem?

- ▶ We've had the theory for 25 years
  - ▶ We've applied it successfully on many occasions
  - ▶ We have a coherent public health service in Scotland
  - ▶ We have good data sets and clever people
  - ▶ BUT.....
  - ▶ Is the problem “the system?”
- 

# A System

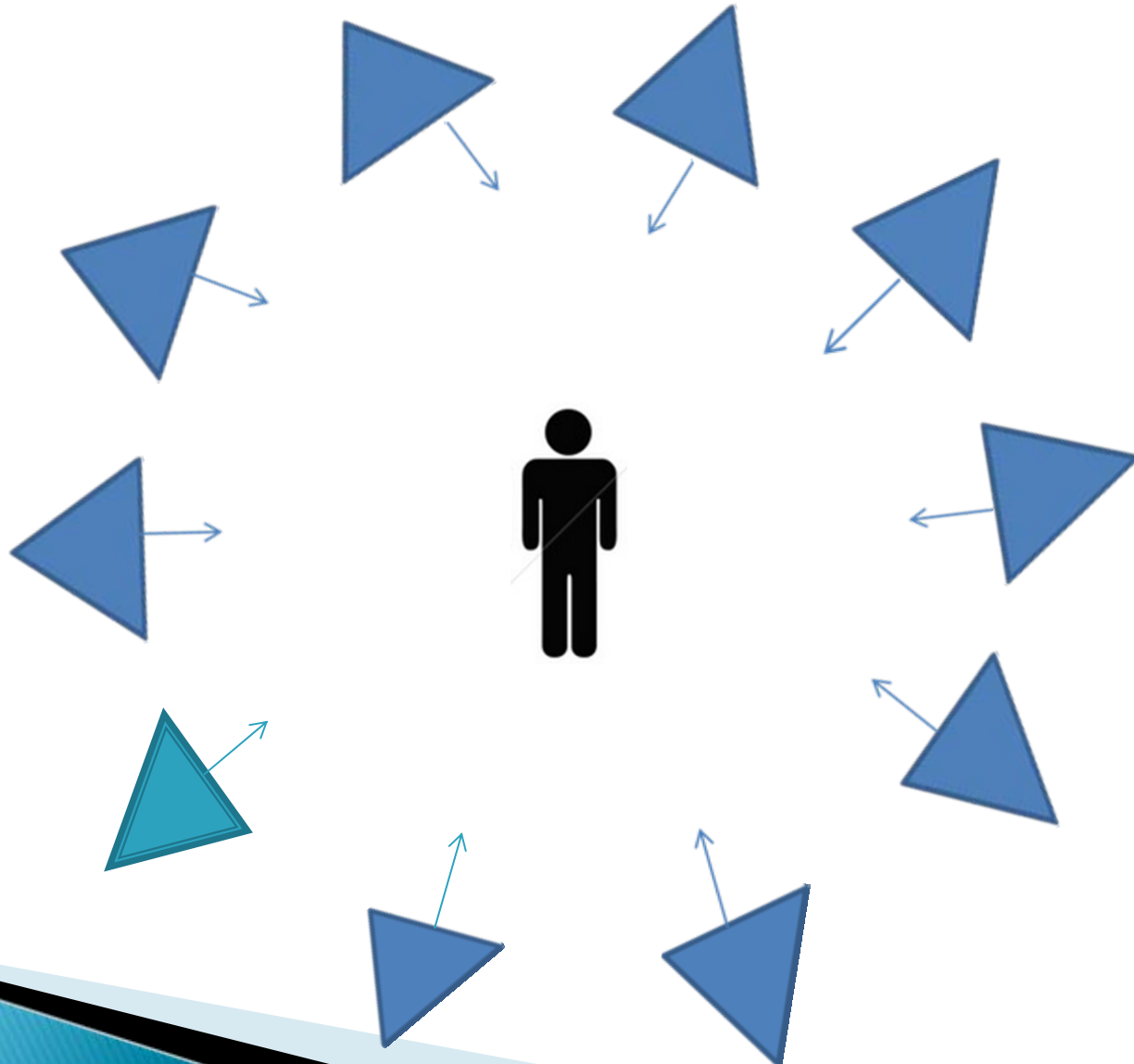




# Functions of a system

- ▶ To allow a few people to control many
  - eg. Captain of a ship, pilot of a plane
- ▶ Allows production of a great deal of the same thing
  - Goods or services
- ▶ Needs to create consumers or clients
  - ie *Creates* need

# The multi service system




# Alexis de Tocqueville 1804–1859

- ▶ “Democracy in America”
- ▶ Europe governed by aristocracy and meritocracy
- ▶ America dominated by associations of citizens
- ▶ Associations motivated by the pursuit of wealth

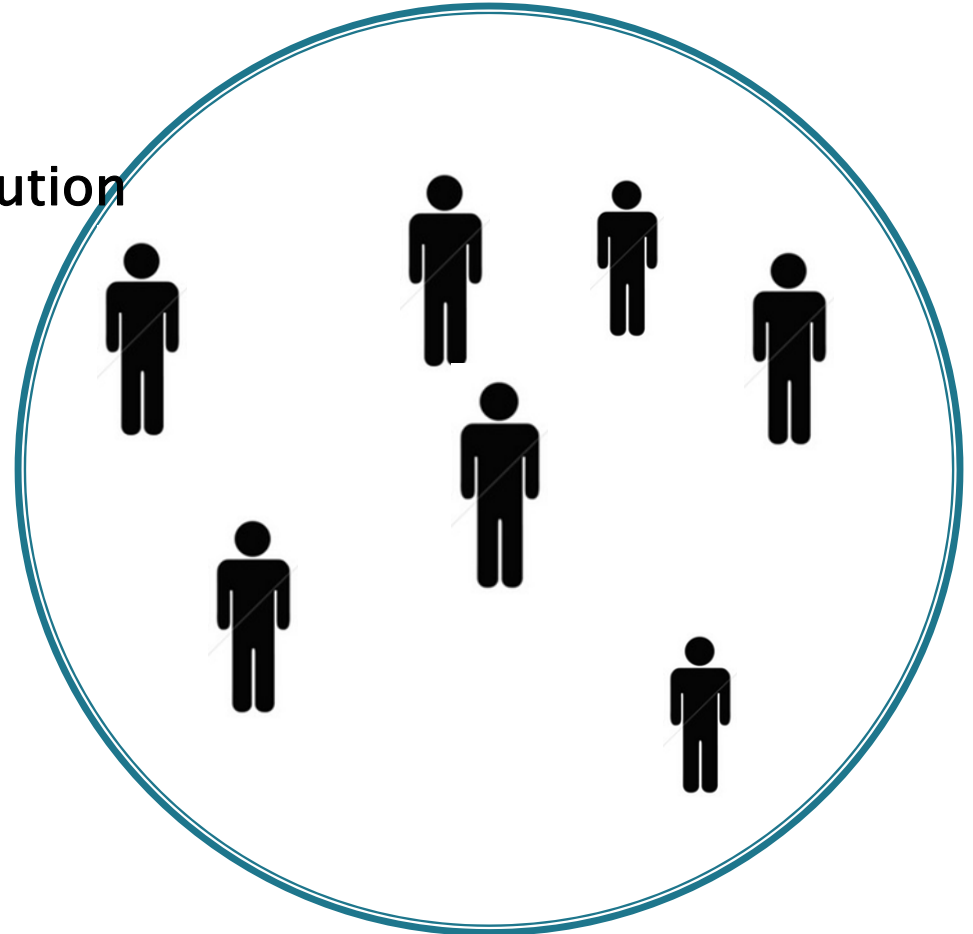


# More de Tocqueville quotes

- ▶ “The American republic will endure until the day Congress discovers that it can bribe the public with the public’s money”
  - ▶ “There are two things which a democratic people will always find difficult: to begin a war and to end it.”
- 

# Associations of citizens

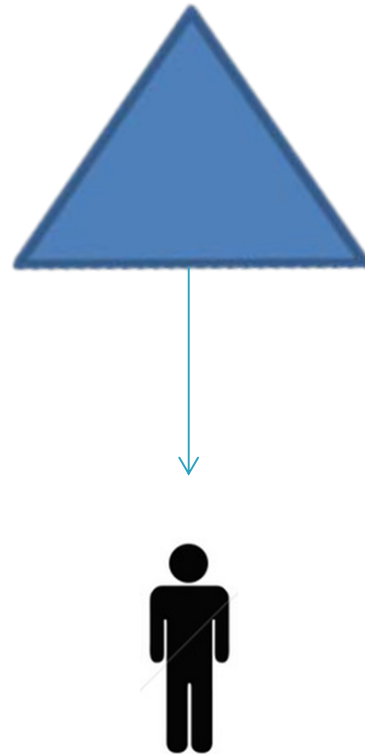
Decide what the problems are  
Decide how to solve them  
Organise to implement the solution



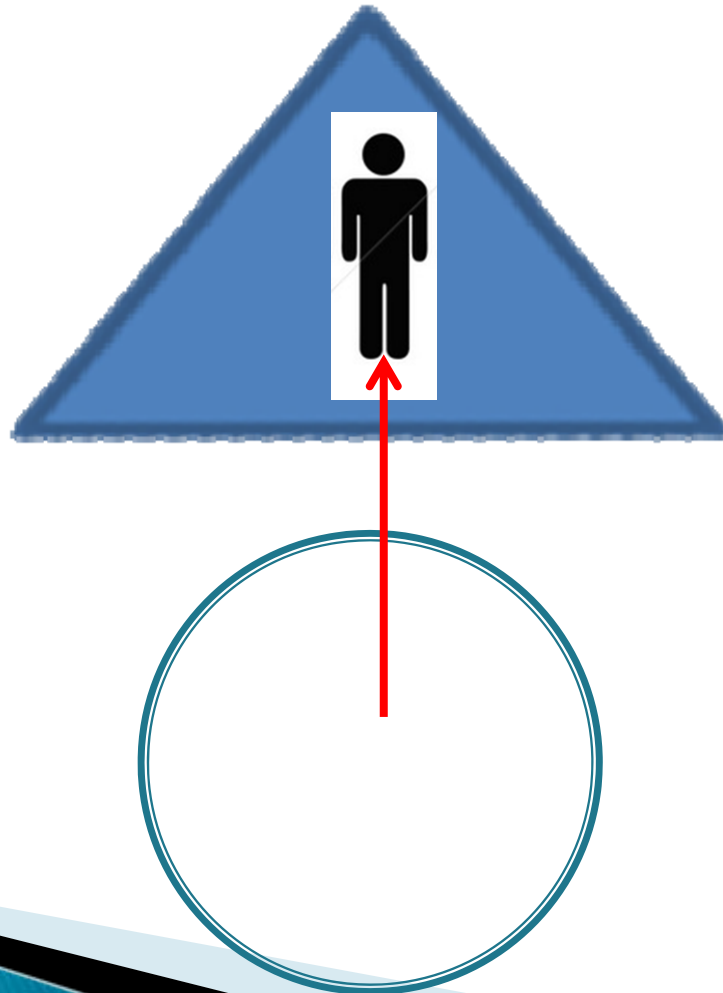
# What associations do

- ▶ Provide care and mutual support
- ▶ Respond rapidly to local problems
- ▶ Individualised responses
- ▶ Creative social innovation
- ▶ Develop citizenship
- ▶ Enterprise development
- ▶ Create capacity

# System outreach

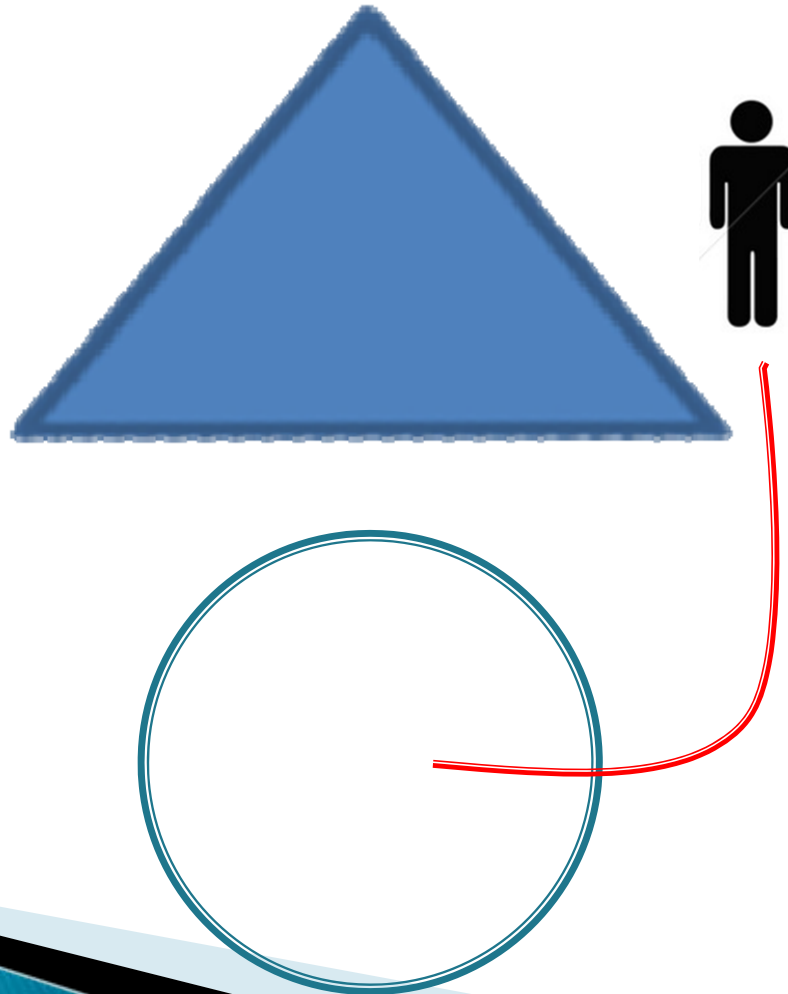


# “Partnership”

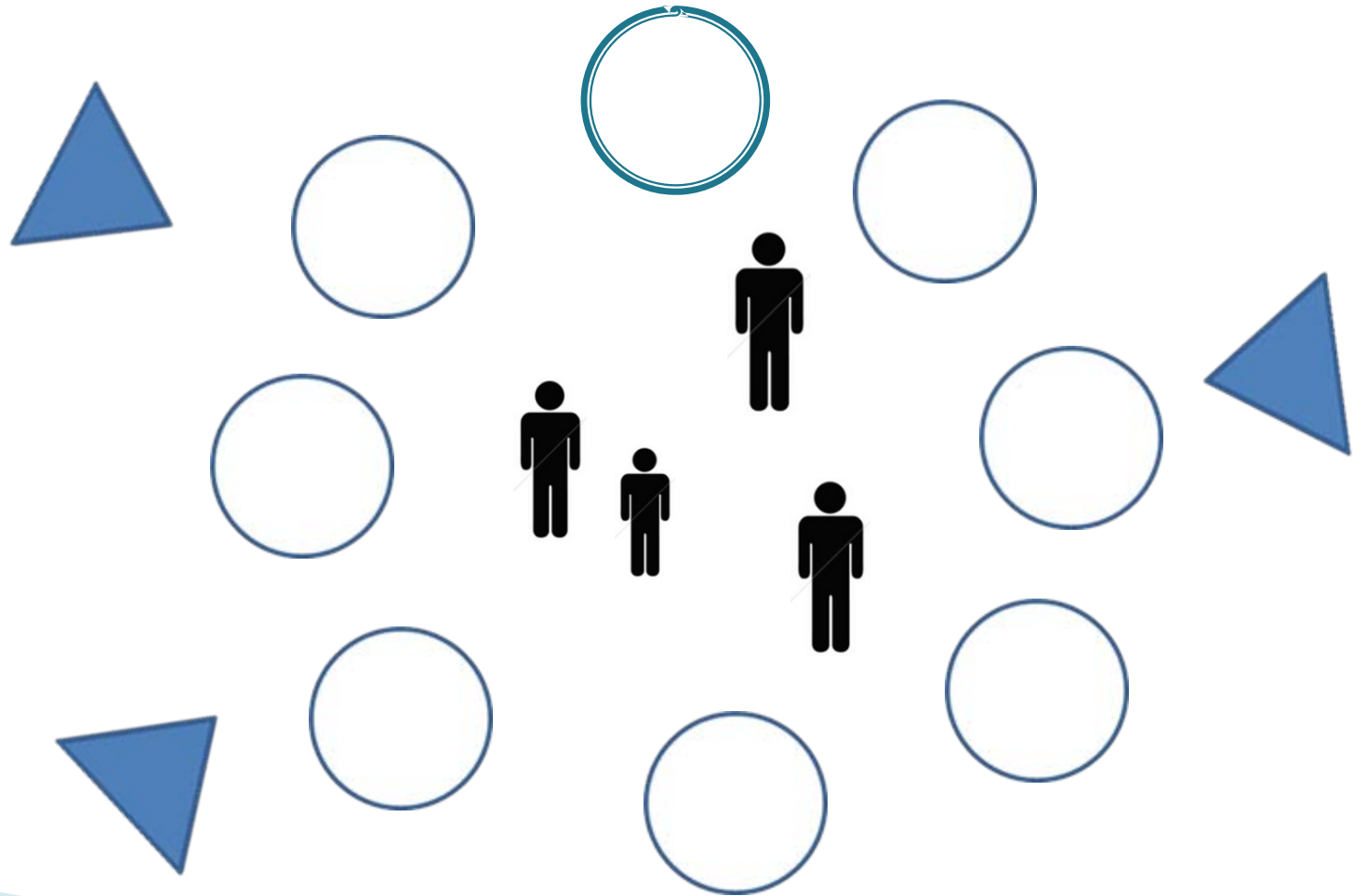


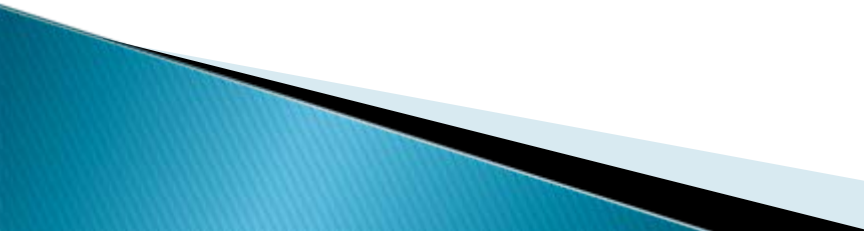


# “Community consultation”




# Kinship, associations, systems



- ▶ “Services do not produce outcomes. People do”
    - Cummins and Miller
  - ▶ “Communities have never been built on their deficiencies. Building communities has always depended on mobilising the capacity and assets of people and place”
    - Kretzman & McKnight 1993
- 

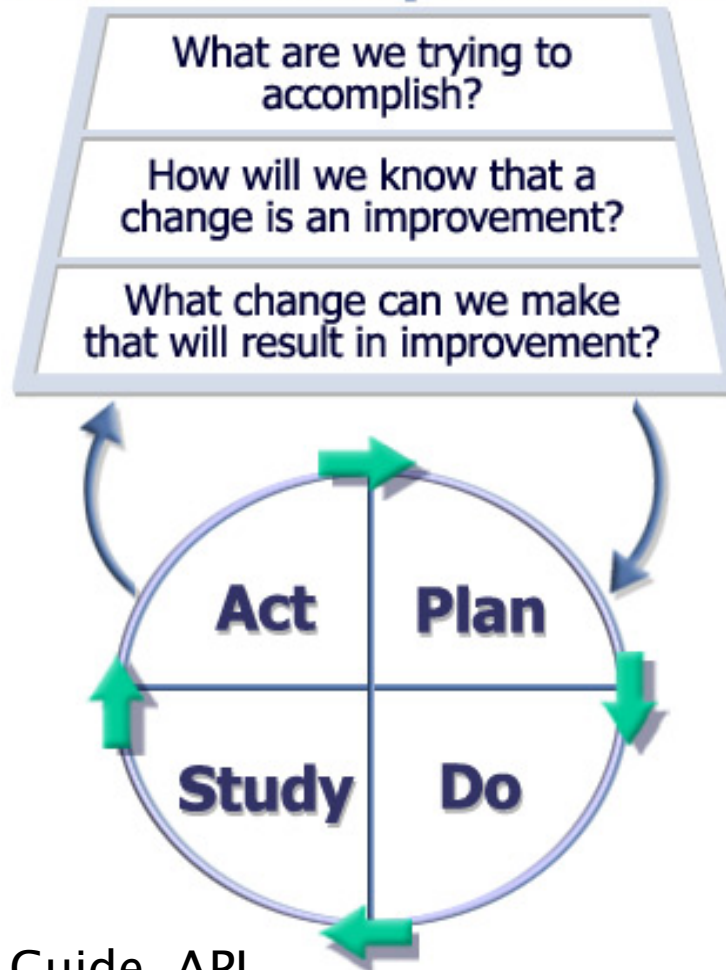
# Why is there a problem?

- ▶ Systems have power, although associations are more powerful than they think
    - As employment declines, systems take over
  - ▶ Systems have a vested interest in taking over
    - They need customers and clients
  - ▶ Evidence based public health
    - Epidemiology
    - Needs assessment
    - Evaluation/effectiveness
  - ▶ Execution strategy
    - Implementation?
    - Targeting?
    - Collaborating/organising
- 

# Candidate mechanisms

- ▶ Stage 1: Collaborative planning
  - Critical dialogue
  - Shared power
- ▶ Stage 2: Community organisation and action
  - Ongoing education and training
  - Evolving leadership
  - Sustained mobilisation of resources
  - Critical reflection
- ▶ Stage 3: Transformational change
  - Champions
  - Proclaiming successes
  - Influencing public policy
  - Spreading the knowledge

# Model for Improvement



**Aim**

**Measures**

**Changes**

**Execution**


The Improvement Guide, API

# Putting it into action


## ▶ Stage 2

- Capacity and capability building,
- Communicate the changes, empower the citizens and workforce, model and change the culture.

## ▶ Stage 3

- All improvement is local.
  - Will and ideas are not enough at this level – we need execution. We need a theory of change and the ability to test and implement the changes.
- 

# Assets for health in Scotland

- ▶ The approach is not new but our routine ways of working get in the way
  - ▶ We need to be more explicit and organised in how we help individuals, communities and systems interact for mutual benefit
  - ▶ Improvement science as seen in the SPSP/Quality programme may offer insights
  - ▶ Improving assets in families with young children must be a priority
- 

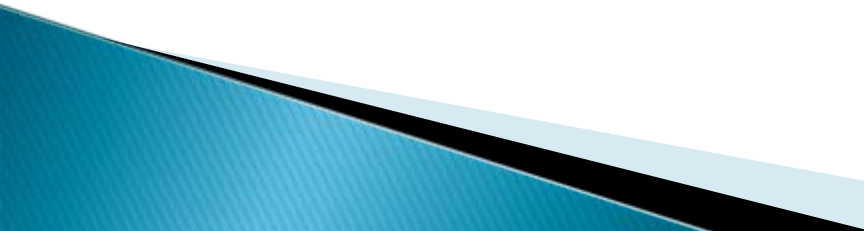


- ▶ Go to the people, live amongst them. Start with what they have, build with them and when the deed is done, the mission accomplished, they will say: “we have done it for ourselves”.

- Lao Tze 600BC

# Step 2: Creating the conditions

The six questions to be asked of EVERY change programme:

- 1) Does everyone in the system know what we are trying to achieve?
  - 2) Are we prioritising the improvements likely to have the biggest impact on the aim and stopping those that have little impact?
  - 3) Is everyone clear about the means of securing improvement towards our aim?
  - 4) Are we able to measure and report progress on our aim?
  - 5) Do we know how and where to deploy resources when improvement is slower than required?
  - 6) Do we have a way of testing and innovating and then spreading new learning?
- 

# Step 3; Executing the change

- ▶ There are many change theories and models. We must choose a small number of improvement methods and stick with them for the long haul.
- ▶ They must all be based on the simple formula of aims/measures and changes.
- ▶ Our selection may be;
  - Collaboratives
  - Benchmarking and competition
  - User/ Community empowerment
  - Performance management
- ▶ The choice must be explicit and evidenced.