

ASSET MAPS FOR HEALTH. THEORETICAL AND CONCEPTUAL FRAMEWORK.

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The authors belong to the main group that has participated in the creation of a map of assets on leisure resources for young people between 12 and 18 years of age in the municipality of San Andrés del Rabanero (León) within the context of the RISCAR Project of cross-border cooperation that It is developed within the framework of INTERREG VA ESPAÑA PORTUGAL (POCTEP) 2014-2020 grants

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Summary: In recent years there has been a shift in the approach to health from a deficit model to a model based on assets for health. This model proposes that people actively promote their well-being, esteem and health by drawing on their capacities, skills, talents and positive solutions. A community asset map is an inventory of the talents, skills and capacities of the residents in a community. We want to emphasise that an asset map for health cannot be understood as a one-off action or an end in itself. A key aspect of asset mapping is to ask the following questions at the beginning of the process: why? and what for? An asset map for health makes sense when it is done as part of a process with real community participation. It is very interesting to use the knowledge, resources, skills and talents of people and their associations to revitalise relationships, redesign communities and harness collective potential. The end of an asset map is action.

Key words:

INTRODUCTION

The public health approach to health promotion has changed significantly in recent years. Thus, the traditional trend that emphasised the reduction of risk factors has given way to a positive approach to health in which health is seen as a resource for life. This model aims to revitalise and reorient the health system by emphasising the concept of health assets or assets for health (Hernán et al. 2013).

This change in approach can be seen in the comparison made by Hernán et al. (2013) between the deficit model versus the asset model (Figure 1). At the basis of the deficit model, a health problem is posed that must be solved by a professional resource usually in the health centre and, therefore, a dependency on the care model is created. In contrast, in the asset model, it is proposed that people actively promote their well-being, esteem and health by relying on their abilities, skills, talents and the search for positive solutions.

Figure 1. Asset versus deficit model as described by Hernán et al. (2013, p. 18).



The reorientation from one model to another would start with actions based on community assets and the identification of the opportunities and strengths that lie in communities, neighbourhoods and the common good. These actions should result in people and citizens being seen as co-producers with something to offer, improving control over their lives and realising their full potential (Foot and Hopkins 2010).

Although there is currently a huge imbalance between the resources dedicated to each of the models, the complementarity of both is advocated, stating that "in this complementarity may lie the success of future actions in health promotion" (Hernán et al. 2013, p.22).

Our aim is to propose, in this and a forthcoming article, an overview of the health assets model in order to encourage its development in health centres as a tool that, in addition to its value, has an impact on their area of influence.

ACTIVE CONCEPT AND ASSET MAP. ITS COMMUNITY ORIENTATION.

An asset for health has been defined by Morgan and Ziglio (2007) as "any factor or resource that enhances the capacity of individuals, groups, communities, populations, and social systems and/or institutions to maintain their health and well-being and to help reduce health inequities " (p. 18).

In the early 1990s, Kretzmann and McKnight (1993) proposed the concept of community asset map as the "inventory of the talents, skills and capabilities of the residents in a community" (p. 5). This concept was synthesised in the representation shown in Figure 2, in which both the capacities that correspond to individual skills and those that correspond to group and community skills, such as citizens' associations and the resources of local institutions and infrastructure, can be observed. This approach can serve as a starting point for understanding the scope of mapping health assets, which allows the identification, visibility and accessibility of these assets by people in the community.

Our proposal, in line with what other authors suggest, is that the development of a map of assets for health, in addition to this identification and visibility, should be used as a tool for community action for health that allows "initiating a process in which citizens discover the hidden potential of their community, so that they weave a network of relationships and mutual support" that lead to projects that improve their quality of life and promote their health" (Segura del Pozo, 2018 p.63).

Figure 2. Conceptual map of community assets proposed by Kretzmann and McKnight (1993).



Figure 3 shows the vision of local networking , proposed by the Guide *Acción comunitaria para ganar salud. Or how to network to improve living conditions* (Ministry of Health 2020), which can be expanded from an identification of assets through the following stages:

1. Starting from a driving group, a project support network can be established in a first phase,
2. Subsequently, the process can be opened to contributions from individuals and groups not permanently involved in Community action (one-off participations); and,
3. Finally, it includes citizens and professionals who do not participate in the process, but to whom it is important to communicate the evolution and results obtained (expanded community).

Figure 3. Organisational proposal for Community Action based on the development of a map of assets for health (Ministry of Health, 2021).



THE IMPORTANCE OF PARTICIPATION

The process of asset discovery by the community should be dynamic and participatory in nature (Garcia et al. 2018; Morgan 2014). Cubillo et al. (2019) suggest that "participatory action research (PAR) processes should be carried out with the aim of generating transformative action that goes beyond the actual research involved in the asset mapping process" (p. 20).

A map of assets for health cannot be understood "as a one-off action or an end in itself and loses its meaning if it is not carried out within a process with real community participation. It makes it possible to establish links between the various sectors, to know the wealth and assets available and to try to connect and optimise these resources in order to address the possible needs that are detected" (López et al. 2017, p. 35).

In this sense, it is very important to keep in mind the idea of connecting to the community, a concept expressed by Foot very aptly with the expression "connecting - not just collecting" (Foot 2012, p. 29).

REFLECTION ON THEIR USE

At this point, a key aspect of asset mapping is to ask the following questions at the beginning of the process: why and what for? (Cubillo et al. 2019; Suarez et al. 2015). Cofiño et al. (2018) insist on being very clear about the two questions "to avoid working with the asset perspective becoming an unnecessary fad" (p. 94).

A useful methodology for transforming questions into objectives is the six "w" rule: *what* (*what*), *who* (*who*), *when* (*when*), *where* (*where*), *why* (*why*) and *how* (*how*) (Berenguera et al. 2014).

Table 1 summarises, by way of example, the process of establishing the objectives of the asset mapping carried out in the municipality of San Andrés del Rabanedo (León) using the six "w" methodology, in which the team writing this article took part.

Table 1. Summary of the methodology of the 6 "w's" that allow the establishment of an objective in the development of an activity. Adapted from Berenguera et al. (2014).

What?	To know the resources that allow young people living in the municipality of San Andrés del Rabanedo to develop healthy leisure activities.
To whom?	Young people from 12 to 18 years of age, from 6th year of Primary Education to 2nd year of Baccaulaureate.
When?	September, October and November 2020.
Why?	It is an established fact today that youth leisure activities are often based on unhealthy models, depending on their age.
How?	The development of this research is based on a qualitative approach, using an asset mapping methodology as a participatory strategy, allowing us to understand the situation of the community's resources with a salutogenic approach.
Objective(s)	To find out, from a salutogenic perspective, through a methodology of health assets, the resources that could be used by young people between 12 and 18 years of age in the municipality of San Andrés del Rabanedo to enjoy their leisure time.

Therefore, prior to the mapping of health assets, it is necessary to reflect on the objectives to be achieved with the action and in the context in which it is to be carried out (Asturias Health Observatory 2016; Basque Government Department of Health 2016).

CONCLUSION

In recent years, the use of health asset maps as a tool for health promotion and community intervention has increased significantly due to the support and impetus provided by public administrations, academic institutions, the third sector and the associative movement (Ministry of Health, Social Services and Equality 2015; Health Observatory of Asturias 2013; Govern de les Illes Balears 2013; Tobarra 2017; Berrocal and Becerril 2019; Mapping Carabanchel 2020, Active Resources of Delicias 2021). The development of this tool in Spain has been documented by several authors, including Cofiño et al. (2016) and Hernán et al. (2018).

In a forthcoming article, we will specifically address the methodological development of the tool so that it can be used by primary care teams in a local context.

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