Queries for Author

Journal: Journal of Epidemiology & Community Health
Paper: jech-2014-205096
Title: Improving the evidence base on public health assets—the way ahead: a proposed research agenda

The proof of your manuscript appears on the following page(s).

It is the responsibility of the corresponding author to check against the original manuscript and approve or amend these proofs.

Please read the proofs carefully, checking for accuracy, verifying the reference order and checking figures and tables. When reviewing your page proof please keep in mind that a professional copyeditor edited your manuscript to comply with the style requirements of the journal.

This is not an opportunity to alter, amend or revise your paper; it is intended to be for correction purposes only. The journal reserves the right to charge for excessive author alterations or for changes requested after the proofing stage has concluded.

During the preparation of your manuscript for publication, the questions listed below have arisen (the query number can also be found in the gutter close to the text it refers to). Please attend to these matters and return the answers to these questions when you return your corrections.

Please note, we will not be able to proceed with your article if these queries have not been addressed.

A second proof is not normally provided.

Query Reference	Query
Q1	IMPORTANT: Corrections at this stage should be limited to those that are **essential**. Extensive corrections will delay the time to publication and may also have to be approved by the journal Editor.
Q2	Please note that alterations cannot be made after you have approved for publication, irrespective of whether it is Online First.
Q3	Author SURNAMES (family names) have been highlighted - **please check that these are correct**.
Q4	Please check all names are spelt correctly, and check affiliation and correspondence details, including departments.
Q5	Please check and confirm the sentence 'To develop appropriate...' for clarity.
Q6	Please check and confirm whether the set "Article title" is correct.
Q7	Please check and confirm the name 'Winslow' has been changed to 'Kickbusch' as per reference 4.
Q8	Please check and confirm the sentence 'Morgan and Ziglio...' for clarity.
Q9	Please check and confirm the sentence 'and second, it...' for clarity.
Q10	Please check and confirm the sentence 'ABCD represents...' for clarity.
Q11	Please check and confirm the sentence 'the latter a set...' for clarity.
Q12	References have been renumbered appearance wise. Please check.

Author query sheet

Query Reference	Query
Q13	Please provide volume number in reference [3].
Q14	Please provide the publications details for reference 5.
Q15	Please provide year of publication and page numbers in reference [11].
Q16	Please check and confirm the sentence 'To develop ways...' for clarity.

If you are happy with the proof as it stands, please email to confirm this. Minor changes that do not require a copy of the proof can be sent by email (please be as specific as possible).
Email: **production.jech@bmj.com**

If you have any changes that cannot be described easily in an email, please mark them clearly on the proof using the annotation tools and email this by reply to the eProof email.

We will keep a copy of any correspondence from you related to the author proof for six months. After six months, correspondence will be deleted.

Please respond within 48 hours

Improving the evidence base on public health assets—the way ahead: a proposed research agenda

Carlos Alvarez-Dardet,[1,2] Antony Morgan,[3] Maria Teresa Ruiz Cantero,[1,2] Mariano Hernán[4]

The aim of this commentary is to set out a priority research agenda which will make more systematic the evidence base about why investing in a range of 'public health assets' is important for population health. It will rehearse in brief some of the issues that have been raised over the past few years as experience has grown about how to apply the idea to public health practice. The commentary will also argue for better conceptualisation (in part developed through research) in order that the approach can become a credible contributor to existing tools and techniques already available to the public health workforce.

Public health policy and practice increasingly make use of the term 'health assets' (the shift from problems and needs to strength and capabilities) in their deliberations about the best ways to improve health and well-being. This has been accompanied by a rise in discussion and debate in the peer-reviewed literature. For example, using the specific term 'health assets', a search of PubMed found few papers appearing up until the 1980s, in contrast to 184 papers found in 2013. The search results confirm that the origins of the notion 'glass half full' stem from human development sciences, later taken up by clinical sciences including psychology, nursing[1] and psychiatry. Most recently (in the past decade), public health has shown a renewed interest in its potential application to solutions for promoting health and reducing health inequalities. Given this history, the narrative in the majority of papers displays an individual level rather than a population-level focus. That is to say, much of the discussion (in mainstream policy and practice, at least) has been about how the ideas can be translated into clinical practice rather than public health action. That said, there are signs in some countries that this is now changing and that 'public health assets' are being taken seriously by a public health workforce that goes beyond those working at grassroots level.[2]

Effective public health action requires clarity from the outset about the ideas, concepts or theories being used to inform its development. While some definitions do exist (see Morgan and Ziglio[3]), the extant literature does not seem to offer an agreed notion of what a 'public health asset' is. While there may be a need for a range of characterisations for the idea(s), we propose a working definition, specifically to support the work of a research project ongoing in the city of Alicante (Spain): In this context, a public health asset (including the word public to distinguish it from the wider literature) has been defined as:

> "the heritage expression of fair, equitable and democratic communities, resulting from their organized efforts; this is achieved by facilitating community empowerment and capacities which improves, promotes and restores the health of populations and can help to reduce health inequalities." This chimes with broader definitions of public health put forward, for example by Kickbusch[4] and Acheson.[5]

The work ongoing in Alicante aims to contribute to our further understanding of how a range of public health assets can be brought together to foster health gain and will build on existing work, notably that of Morgan and Ziglio and McKnight and Kretzmann, described below.

Morgan and Ziglio[3] proposed the 'Asset Model (AM) to support a more population health focus by making more systematic the long history of health promotion and community development activities as a means of improving health and well-being. The rationale for the model was twofold. First, it aimed to reignite the principles of the Ottawa Charter; and second, it hypothesised that following a set of asset-based principles and those of evidence-based public health, could provide one means of unlocking the difficulties associated with tackling health inequalities. Some have warned, however, that at a political level, particularly in the context of budgetary pressure on European public services, the health asset approach could be seen as a window of opportunity for welfare state cuts and reforms.[7] While that could certainly be a possibility, Morgan[8] reiterates that any retreat of politicians from the process of health development could undermine the very nature of what constitutes a health asset approach.

Asset-based working in public health, as with many other notions now popular in the health field, has been influenced by the social sciences. assets-based community development (ABCD), proposed originally by Kretzmann and McKnight,[9] for social and community work has provided one framework capable of turning the idea into a practical reality. It does so because it confirms that effective community development is based on the need to understand the strengths that communities already have, rather than the traditional approach which involves providing services that professionals think communities need. The latter often leads to an overemphasis of vertical programmes to promote healthy lifestyles, a rise in healthcare consumerism and ultimately an excessive dependence on health services.

ABCD provides a framework in which individuals or groups can act to increase the social capital of a community. Individuals, associations, institutions, economic development and natural resources were the five main assets founded by McKnight in 1993. Other proposals go beyond qualifying these individual, relational and collective assets, specifically mentioning the importance of cultural and political[9] assets, tangible and intangible.

ABCD represents a fundamental shift from a traditional focus on assessing needs and deficits within communities to a focus on identifying and mobilising local strengths or assets, providing value to talent and assets of the people themselves and to map them the community. It should be noted that assets-based work and needs-based work are not mutually exclusive, that is, the use of one does not negate the need for the other. What we call for here is that asset-based work is rooted in the tradition of evidence-based public health, so that the rhetoric of its value is substantiated by research and evaluation (in their broadest sense).

Despite much experience gained over the years from the practical work associated with asset-based work, there seems to be no substantive empirical or review-

[1]Public Health Research Group, University of Alicante, Alicante, Spain; [2]CIBERESP, Spain; [3]School of Health and Life Sciences, Glasgow Caledonian University, London, UK; [4]Andalusian School of Public Health EASP, Granada, Spain

Correspondence to Professor Carlos Alvarez-Dardet, Public Health Research Group, University of Alicante, Alicante 03690, Spain; carlos.alvarez@ua.es

level assessments of its impact, at least that which is published in scientific journals. Even now, the Glasgow Centre for Population Health asserts that much of the emerging evidence around asset-based community development remains at the level of case study and descriptive primary research.[10] That said, looking more broadly, there are syntheses of available evidence to suggest that appropriate involvement of the local communities in the health development process can bring about health gains.

For example, the systematic review by O'Mara-Eves *et al*.[11] suggested that programmes that include a community engagement approach are 'effective in improving health behaviors, health consequences, participant self-efficacy and perceived social support for disadvantaged groups'. The review, however, was unable to unpick the specific contribution that different community engagement approaches made to health and well-being, in part because the mechanisms of change were underdescribed. We argue that bringing together the methodologies, such as those developed by ABCD, and those robust evaluation frameworks associated with evidence-based public health would help to add additional detail about the processes that make these types of approaches work. The rationale for our proposed research agenda necessarily follows from this premise.

Morgan[8] has already noted that the current enthusiasm in policy and practice will soon wane if a more robust evidence base does not follow through. It is often the norm that the commitment to research and evaluation often lags behind much innovative practice, because of the complexity of the work. However, this need not be the case as we already have the methodological tools and techniques to embrace a mix-method approach to the task. For example, Bonnefoy *et al*[12] set out a whole range of tools and techniques to build a better evidence base in the context of the social determinants of health—the themes of which fit with asset-based methodologies. In addition, frameworks such as those used by the National Institute of Health and Care Excellence (NICE)[13 14] to produce evidence-based public health guidance can help to ensure a level of quality that provides the credibility required for further investment. The NICE framework is broad enough to ensure that future research captures not only what works but also why and how things work in different contexts. These, combined with the principles set out in the AM and the growing experience from practice, provide the necessary methodologies and indicators to advance knowledge through appropriate evaluative frameworks.[15]

Two other themes emerge as crucial to advancing knowledge about what works to promote health and well-being through the use of 'public health assets'. First, there is a need to understand how best to reconfigure the services and policies required to support the principles of asset-based working. The approach requires a system-level response in order for it to succeed. This would involve a redesign of services and policies to ensure that they support local action to flourish and that they benefit the whole community. In particular, professionals need to work in such a way as to help communities recognise their existing strengths derived from their own history, privilege and struggle.[16]

Second, and importantly, policymaking needs a change in the mindset to embrace the different types of knowledge that are required to fully understand why and how asset-based approaches work. This would include valuing different processes that allow the efficient use of existing assets in public health, and generating new ones. Mixed method synthesis can provide a means of shifting these mindsets. For example, Popay *et al*[17] carried out a review to inform the preparation of NICE guidance on community engagement (a key facet of the health asset approach). The review comprised: quantitative studies that assessed the impact that working effectively at a community level could have on health outcomes; a synthesis of process evaluations that explored the barriers and facilitators of working effectively; and qualitative literature that summarised the achievements of effective engagement from the perspective of those people getting involved.

Such research can ensure that 'best evidence' is defined on the basis of its fitness for the purpose and its connectedness to research questions,[18] rather than a priori notions about the superiority of particular types of evidence or method and their placement in an evidence hierarchy.[19] This fits with the discourse of Petticrew and

Box 1 Proposed research agenda to advance the evidence base for investment in a public health asset approach

Conceptual work

- To continue to further define public health assets using consensus methods.
- *To develop ways in which different types of assets should be structured to help understand the process (or theory) of change occurs that makes explicit the antecedents and consequences of asset-based approaches.*

Methodological issues

- To develop and refine techniques for asset identification and mapping to enable the process to be evaluated in relation to public health outcomes.
- *To develop appropriate monitoring and evaluative mechanisms that can support health promotion and educational programmes be grounded in a more robust evidence base.*
- To explore innovative methods for utilising the health benefits associated with contemporary technologies (eg, 'new media') as sources of public health assets for the common good.

Review level and empirical research

- To undertake scoping reviews to ascertain how the health asset approach has been used in the public health field.
- To formally assess through use of systematic reviews how the public health assets approach has been used in community intervention work and the impact it has had on health and related outcomes.
- To explore what types of systems (structure and agents) are needed to support the effectiveness of asset-based approaches for promoting equity in health and well-being programmes.
- To understand the added value of investing in a public health asset approach in terms of impact on health outcomes and from the perspective of the target population involved in the process (compared to a deficit approach).
- To gather evidence on the costs, benefits and return on investment associated with the approach to make the case for investment to professionals and acceptability of the approach to the public.
- To explore whether there are particular groups of professionals who make it more or less difficult to facilitate the principles of public health asset development.

Roberts[20] that matching research questions to specific problems and using evidence derived from an appropriate methodology is more important than assuming superiority of a method or a theoretical approach.

As already highlighted, advancing knowledge through research and evaluation requires us to have clarity about how to define and frame the works purpose.

There are a whole range of research and evaluation questions that stem from the AM; however, the proposed research agenda suggested here focuses specifically on that which will help mainstream public health work appropriately and effectively with local communities. Two broad areas are proposed, namely that associated with theoretical and methodological development; and the need to further understand the processes involved in assets-based work and their subsequent impact, the latter to be achieved through review level and empirical endeavour. The former synthesises what we already know; the latter a set of priority questions to advance the field towards making the case for sustainable investment. The research objectives are summarised in box 1.

Twitter Follow mariano hernán at @marianol

Acknowledgements The authors would like to acknowledge the contribution of Tomas Pascual Ruiz for his help in the public health assets definition; many of the ideas expressed in this paper came from discussions on the project on assets mapping and health in Alicante, Spain, partially financed by the Spanish health research council (FIS-FEDER grant PI13/02410).

Funding Spanish health research council FIS-FEDER grant PI13/02410.

Competing interests None.

Provenance and peer review Commissioned; externally peer-reviewed.

To cite Alvarez-Dardet C, Morgan A, Cantero M T R, *et al*. *J Epidemiol Community Health* Published Online First: [*please include* Day Month Year] doi:10.1136/jech-2014-205096

J Epidemiol Community Health 2015;**0**:1–3. doi:10.1136/jech-2014-205096

REFERENCES

1 Rotegård AK, Moore SM, Fagermoen MS, *et al*. Health assets: a concept analysis. *Int J Nurs Stud* 2010;47:513–25.
2 South J. A guide to community-centred approaches for health and wellbeing London: Public Health England. 2015. https://www.gov.uk/government/publications/health-and-wellbeing-a-guide-to-community-centred-approaches (accessed 21 Feb 2015).
3 Morgan A, Ziglio E. Revitalising the evidence base for public health: an assets model. *Promot Educ* 2007;(Suppl 2):17–22.
4 Kickbusch I. The contribution of the World Health Organization to a new public health and health promotion. *Am J Public Health* 2003;93:383–8.
5 Sir Donald Acheson Public health in England, 19[illegible].
6 Morgan A, Davies M, Ziglio E. *Health assets in a global context: theory, methods, action*. London: Springer, 2010.
7 Friedli L. 'What we've tried, hasn't worked': the politics of assets based public health. *Crit Public Health* 2013;23:131–45.
8 Morgan A. Editorial. Revisiting the asset model: a clarification of ideas and terms. *Glob Health Promot* 2014;21:3–6.
9 Kretzmann J, McKnight J. *Building communities from the inside out: a path to finding and mobilising a community's assets*. Illinois: ABCD Institute, 1993.
10 Glasgow Centre for Population Health. *Asset based approaches for health improvement—redressing the balance. Briefing paper 9*. Glasgow: GCPH, 2011.
11 O'Mara-Eves A, Brunton G, McDaid D, *et al*. Community engagement to reduce inequalities in health: a systematic review, meta-analysis and economic analysis. *Public Health Res* 2013;
12 Bonnefoy J, Morgan A, Kelly M, *et al*. *Cons[illegible] the evidence base on the social determinants of health: a guide*. A report to the WHO Commission on the Social Determinants of Health, 2007.
13 Kelly M, Morgan A, Ellis S, *et al*. Evidence based public health: a review of the experience of the National Institute of Health and Clinical Excellence (NICE) of developing public health guidance in England. *Soc Sci Med* 2010;71:1056–62.
14 NICE. *Methods for the development of NICE public health guidance (third edition)*. London: NICE, 2012. http://www.nice.org.uk/article/PMG4/
15 Morgan A, Hernan M. Promoting health and wellbeing through the asset model. *Rev Esp Sanid Penit* 2013;15:78–86.
16 O'Leary T. Ingrid Burkett and Kate Braithwaite, Appreciating Assets A report by IACD and Carnegie UK Trust, 2011. http://www.carnegieuktrust.org.uk/getattachment/aedb15fb-a64a-4d71-a2d6-e8e6e865319b/Appreciating-Assets.aspx (accessed 10 Sep 2014.
17 Popay J, Attree P, Hornby D, *et al*. *Community engagement in initiatives addressing the wider social determinants of health: a rapid review of evidence on impact, experience and process*. Lancaster: National Collaborating Centre for Community Engagement, 2007.
18 Glasziou P, Vandenbroucke J, Chalmers I. Assessing the quality of research. *BMJ* 2004;328:39–41.
19 Kelly MP, Stewart E, Morgan A, *et al*. A conceptual framework for public health: NICE's emerging approach. *Public Health* 2009;123:E14–20.
20 Petticrew M, Roberts H. Evidence, hierarchies, and typologies: horses for courses. *J Epidemiol Community Health* 2003;57:527–9.