

in the book; namely in the fact that it offers new possibilities for existence. This, however, can only be done by an original thinking; hence only this is free.

The main strength of the analyzed book consists of its being thoroughly documented and very detailed. Its author does not offer completely new information on the significance of Nietzsche's philosophy. (Considering that he starts from original thinking which he interprets as a return to the pre-metaphysical origins, it is understandable that in the case of this thinking one cannot speak about a completely new sense, but rather about the rediscovery of the original meanings). But due to its thoroughness, he points out the connections and differences between the ideas elaborated in the philosopher's different creative stages, as well as the exact meaning of his concepts. Pădurean supports his analysis by quoting the adequate paragraphs, being thoroughly familiar with the literature and with pre-Socratic philosophy.

Translated by Ágnes Korondi

Health Assets in a Global Context – Theory, Methods, Actions*
– Review –

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The editors of the reviewed book are top experts in public health science.

Antony Morgan works at the Department of Public Health Sciences, Karolinska Institute, Stockholm, and at the National Institute for Health and Clinical Excellence, London. Maggie Davies is Executive Director of Health Action Partnership International, London and Erio Ziglio is Head of WHO Regional Office for Investment Health and Development, Venice. The Editorial Board also comprises Stephany Allen and Rhiannon Barker, independent consultants, Chris Brookes, International Project Department of Health, England, and analyst Amanda Killoran, National Institute of Health and Clinical Excellence, London.

In the preface, the editors express the need to approach the social components of health, because “the conditions in which people grow, live, work and age have a powerful influence on health. Is there a need for “sustained global,

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national and local actions to overcome the unequal distribution of power, income, goods and services which lead to unfair access to health care, schools and education and an individual's chance of leading a flourishing life"? A

multidisciplinary holistic approach to the social dimensions of health allows us to surpass the traditional framework on partial programs (e.g. smoking cessation, healthy eating or physical activity) which are insufficient to ensure the health and well-being of the population.

The key idea of the volume uses the development of the health asset model proposed by Morgan and Ziglio, mainly described in the first chapter and discussed in detail in the subsequent articles. The main purpose of this book is to identify and apply scientific information to demonstrate the benefits of the asset model. This volume could stimulate researches, policy makers and practitioners to improve the population's health and to minimize the risk of exacerbating health inequities existing worldwide. Besides the members of the editorial board, authors of the papers are researchers and practitioners (psychologists, physiologists, sociologists, social epidemiologists, managers) from 15 countries, from all continents.

The book comprises 18 articles divided in four parts: Part I.: Conceptualizing the Notion of Health Assets, Part II.: Building an Evidence Base on Assets and Health, Part III.: Health Assets in Action and Part IV.: Health Assets and Public Policy.

Our review gives a detailed description of the health assets stated in the leading article (Chapter 1) and a shorter presentation of the following papers:

Chapter 1. Revitalizing the Public Health Evidence base: An Asset Model. Authors: Antony Morgan and Erio Ziglio (London and Venice).

1. The authors posit in the introduction that despite a certain improvement of the health level after the year 1950 health inequities persist among some social groups, the most disadvantaged groups being characterized by worse health and higher mortality. Several governmental interventions to tackle inequities have been inefficient. The present day situation needs a new approach. Firstly, the elaboration of efficient solutions needs intersectorial collaborations and greater resources. Secondly, there is evidence that the inefficiency of the strategies and politics of reducing inequities is related to an imperfect understanding of the underlying mechanisms explaining the situation. Thirdly, even well-intentioned interventions fall because of their poor management. Fourthly, the current policy focuses on avoiding diseases rather than sustaining health and development. The asset model advanced by Morgan and Ziglio aims at better understanding the causes and mechanisms of today's politics that lead to inequalities.

The authors propose three objectives.

- "Drawing on the theory of salutogenesis to investigate the key factors or health assets, which support the creation of health rather than the prevention of disease." "Applying the concept of asset mapping to help create more effective solutions, to implementation working with the existing capabilities and capacities."

- “Employing the use of a new set of asset indicators with multi-method evaluations to assess the effectiveness of community-based approaches.”
2. The WHO European Office for Investment for Health Development in Venice “is using the term *health assets* to mean the resources that individuals and communities have at their disposal, which protect against negative health outcomes and/or promote health status. These assets can be social, financial, physical, environmental or human resources”. The health and development assets work at three levels.
 - Individual level: competence, skills, learning, positive values, self-esteem, etc.
 - Community level: family networks, solidarity, cohesion, tolerance, harmony, etc.
 - Organizational and/or institutional level: environmental resources promoting health, employment security, comfortable housing, democracy, justice, etc.
 3. Although the traditional model focused on diseases (“*deficit model*”) remains important, it is necessary to reach an equilibrium with the asset model, which for the time being is less known.

“The asset model draws on a number of current [...] ideas found in the literature.” Antonovsky (1989 & 1996), founder of salutogenesis asks “what causes some people to prosper and other fall and become ill in similar conditions?” Another useful idea is focused on asset mapping – an inventory of gifts of the people or of the community level (Kretzmann & Mc Knight 1993). These authors describe asset mapping as a tool on the way towards improvement and renewal. The model of health asset comprises the theory of salutogenesis, asset indicators and asset mapping with its three stages: evidence basis, action and evaluation.
 4. The authors give several information and examples concerning the use of salutogenesis in building evidence bases for health, discuss the epidemiology of health and they mention the concept of resilience, an important resource, which will be developed in chapters 6 and 7.
 5. The assets in action are related to the complexity of the measures taken against public health problems (heart disease, cancer, mental health, accidents). The cohesiveness of communities becomes efficient if there are strong social networks. A realistic community asset mapping of various kinds of resources would be very helpful.
 6. As it was mentioned before, the model of assets uses new indicators to evaluate the salutogenic initiatives.

In this framework Hills (1999) has identified four shifts over the last years:

 - a. from a disease prevention mode focused on morbidity and mortality to a “more positive approach targeting general health and well-being”;
 - b. from single disease causality to a dynamic model of health;
 - c. from individual interventions to a community based strategy;
 - d. “from the notion of passive recipients of health programs to a more active public participation movement in health”.

The authors give supplementary information on the stages and peculiarities concerning evaluation and they support the value of the health asset model by new evidence.

7. The conclusions of this chapter take back and summarize the data mentioned above, therefore we will not repeat them. This excellent presentation is an outstanding introduction to the following articles.

Chapter 2. A Salutogenis Approach to Tackling Health Inequalities. Authors: Bengt Lindröstöm and Monica Eriksson (Helsinki and Gothenburg).

The authors discuss the theoretical and empirical issues of the salutogenic framework. Salutogenesis is focused on GRR – generalized resistance resources –, the psychological factors which allow people to consider their lives positively. GRR promote a strong sense of coherence (SOC) “an ability to successfully manage [...] complex stressors encountered in this course of life”. The authors used a SOC questionnaire to test the validity of coherence in explaining health outcomes.

Chapter 3. A Theoretical Model of Assets: The Link Between Biology and the Social Structure. Author: Michael Kelly (Centre for Public Health Excellence NICE London).

The author shows that the links between the assets to protect health and the conditions which increase the vulnerability to ill health refer to the “lifeworld and lifecourse, mechanisms through which the social determinants of health produce biological outcomes in individuals”. The identification of key health assets allows to minimize the individual differences in health.

Chapter 4. Asset Mapping in Communities. Author: John Mc Knight (Northwestern University Evanston, USA).

In this chapter, the the relationships among systems, communities and citizens are explored. The tendency towards an increasingly consumerist society has marginalized the role of the citizen. It is necessary to encourage healthy communities to care for their citizens. This objective is illustrated by figures concerning individuals, systems, associations of citizens, advisory groups – components of asset mapping.

Chapter 5. Assets Based Interventions: Evaluating and Synthesizing Evidence of the Effectiveness of the Assets Based Approach to Health Promotion. Authors: Marcia Hills, Simon Carroll and Sylvie Desjardins (University of Victoria, Canada).

The authors consider that “a new paradigm is requested for evaluation of a health assets approach [...], the orthodox approach based on the epidemiological discipline has limited utility”. More precise theoretical and methodological tools to determine the value of programs are provided by the effectiveness of the Canadian Intervention Project.

Chapter 6. Resilience as an Asset for Healthy Development. Authors: Mel Bartley, Ingrid Schoon, Richard Mitchell, David Blane (University College London).

The authors examine evidence related to positive adjustment and resilience as assets which can promote health even in adverse conditions. Three models of resilience (compensatory, protective and challenging) are described, models that operate on individual and familial level. A number of cases that show how healthy resilience can be positive even in disadvantaged communities (e.g. in South European countries with health inequality) are also presented.

The links between resilience and freedom constitute an interesting problem: “the ability to adapt in the face of adversity can increase an individual perception of their own freedom to lead a valued life”.

Chapter 7. How to Assess Resilience: Reflections on a Measurement Model. Authors: Nora Wille and Ulrike Ravens-Sieberer (University Clinic, Hamburg-Eppendorf).

This article is also focused on resilience. Research in resilience investigates health protecting mechanisms to maintain good health despite severe stressors which hinder adaptation and development. The measurement model aiming resilience comprises psychological, medical and social protective factors. The importance of identifying health assets to future resilience is illustrated by the study based on BELLA population which explores systems, risks, resources and ill-health outcomes among children and adolescents in Germany.

Chapter 8. Measuring Children’s Well-Being: Some Problems and Possibilities. Authors: Virginia Morrow and Berry Mayall (University of London).

The authors explore the concept of well-being from theoretical and practical points of view, focusing on the methods of measuring material, educational, medical, familial, communitarian, mental and subjective well-being. It is necessary to promote quantitative and qualitative approaches to well-being in concordance with the recommendations of the UNC convention on the rights of children and recommendations presented in UNICEF documents.

Chapter 9. The Relationship Between Health Assets, Social Capital and Cohesive Communities. Author: Ishiro Kawaki (Harvard School of Public Health, Boston).

The article summarizes information on the role of social cohesion, strongly related to the health asset model, increasing the capacity of communities to promote health. This idea is supported by recent studies but “social cohesion is not a panacea and strong social networks may demand conformity and restrain individual freedom. Individual efforts must be sustained governmental measures to evaluate the costs and benefits of interventions for health promotion”.

Chapter 10. Community Empowerment and Health Improvement: The English Experience. Author: Gennie Popay (School of Health and Medicine, Lancaster University, UK).

The paper is focused on activities which allow communities to have an “increased control over decisions that affect their lives with the aim to improve population health and or reduce health inequalities”. A theoretical framework with definitions of its components is described. In the UK the community empowerment is promoted but it persists communitarian and organizational obstacles. The pathways from community empowerment to health improvement comprise several stages.

Chapter 11. Strengthening the Assets of Women Living in Disadvantaged Situations: The German Experience. Authors: Alfred Rütten, Karim Abu-Omar, Sabine Seidenstucker, and Sabine Mayer (University of Erlangen – Nüremberg).

The authors “use the concept asset mapping to improve opportunities for women living in difficult life situations in Germany to engage in physical activity”. Several examples show how physical activities, sports and active lifestyle can improve health. Sport organizations are considered as an asset for movement and the results of this approach are strongly evaluated.

Chapter 12. Sustainable Community – Based Health and Development Programs in Rural India. Authors: Alok Mukhopadhyay and Anjali Gupta (Voluntary Health Association New Delhi).

The authors describe the “Khoj project”, a voluntary initiative. This community-based development programme aims at applying the asset approach to improve the lives of people living in poor circumstances, in remote rural parts of India. An analysis is given on the economic, political and social factors that generate inequity and affect health. Specific issues concern women, education, capacity building, formation of Self Help Groups, livestock improvement, environment, collaboration with the government, etc.

Chapter 13. The Application and Evaluation of an Assets-Based Model in Latin America and the Caribbean: The Experience with the Healthy Setting Approach. Authors: Maria Franceschini, Marilyn Rice, and Cristina Raquel Garcia (Pan American Health Organization).

This approach to interventions aiming to fight against poverty and inequalities in health is focused on communitarian activities and on collaboration with regional and local authorities. The movement “Healthy municipalities and communities” emphasizes – instead diseases – the determinants of health and well-being in Latin America’s countries.

Chapter 14. Parents and Communities Assets to Control Under-Five Child Malaria in Rural Benin, West Africa. Authors: David Houéto and Alain Deccache (Agence de Médecine Préventive, Cotonou, Benin).

The authors discuss the consequences of under-five child malaria in Sub-Saharan Africa and “reviews the issues around the burden of malaria in the region and details the successful facets of a community asset based, anti-malarial project”.

Chapter 15. Strengthening Asset Focused Policy Making in Hungary.

Authors: Péter Makara, Zsófia Németh and Ágnes Taller (University of Debrecen, Hungary).

The adoption of an approach focused on the assets is necessary “as the country faces the challenges of the social and health impact of the economic and financial crisis”. Hungary has experience to use resources in local communities but “a number of things need to be in place to ensure that the aims and objectives of the New Hungary Development Plan can be reached”. The Eastern European historical features of community development must also be taken in consideration.

Chapter 16. How Forms of Social Capital Can Be an Asset for Promoting Health Equity. Author: Fran Baum (Flinders University Adelaide, Australia).

The starting point of the study is the relation of the various forms of social capital (bonding, bridging and linking), equity and health issues. The author explores the ways to overpass the inequities in the health policy generated by socio-economic structures and psycho-social behavioural factors. An efficient social capital can ensure cooperation and trust among citizens. Historical and contemporary aspects prove the positive impact of solidarity movements in this period of globalization.

Chapter 17. Internal and External Assets and Romanian Adolescents' Health: An Evidence-Based Approach to Health Promoting Schools Policy. Authors: Adriana Băban and Catrinel Crăciun (Babeş-Bolyai University, Cluj, Romania).

The authors use information from the Romanian Health Behaviour in School Aged Children Survey to examine “how internal and external assets relate to the mental health and health behavior of this group of young people [...]. The results show that the shifts in family structure, parenting patterns and the easy availability of unhealthy lifestyle options require fostering the role of school education”. The study also mentions gender differences: the boys have more health assets than girls. The asset model can help youngsters to “become active in the promotion of their own well-being and health behavior”.

Chapter 18. Bringing It All Together: The Salutogenic Response to Some of the Most Pertinent Public Health Dilemmas. Authors: Monica Eriksson and Bengt Linström (Folkhälsan Research Centre, Helsinki, Finland).

This final chapter underlines the value of the salutogenic theory related to the asset model in promoting health. The important role of the sense of coherence – which could become a global health indicator – is repeated. The authors propose to introduce a new concept into the vital statistics: Resource Adjusted Life Year. They advance “a model that draws on a number of theories and brings together research

on risk factors for vulnerability and adversities protective factors for survival and good health outcomes with salutary factors promoting health and quality of life”.

Conclusions: Antony Morgan, Maggie Davies and Erio Ziglio.

The 18 chapters of this book show how the asset model for health, with its informational basis, allows an open-minded approach to public health and provides solutions to avoid inequities existing in many countries of our planet.

“The challenge to reach this goal lies not only in creating new data [...]. Specifically knowledge needs to be organized to:

1. Illustrate how health assets operate in different communities and to quantify the value of assets to population health compared to other more, well established determinants of health.
2. Identify policies and programs that enhance the stock of health assets available in individuals, communities and organizations.
3. Secure the best ways of measuring the health assets known to be protective of health”.

“The generation of this knowledge must then be accompanied by support at the international level with a range of tools and practical guides to assist countries to develop contextualized health and development programs that combine need-reduction and asset-maximization considerations.”

The editors hope that “Health Assets in a Global Context” will be received with interest by researchers, policy makers and practitioners. This asset model could in the future provide the best solutions to develop effective public health strategies across the globe.

From the technical point of view, the book is enriched by a detailed index of terms, by many figures and tables and by the bibliography (overall about 850 titles) attached to every article.

As a conclusion, here is a short account of our considerations subsequent to the reading of this volume.

At first sight, although the work is focused on a single key idea – the model of health assets –, it turns out to be a mosaic of multiple approaches that testify the differences in the experience and the amount of information of authors coming from different milieus and different trends of thought. They can hardly be reduced to a common determination.

The attentive reader will notice the connections of the three components – theory, method and action – the authors have in view. Naturally, some of the texts often emphasize only one or two of these components. Articles signed by several authors represent cases of multidisciplinary approaches. This is beneficial for the more thorough presentation of the problem. The assimilation of the rich material under discussion is facilitated by the existence of an index which, in our opinion, should have been more extended; e.g., although various aspects of stress are treated in several articles, this important concept does not appear in the index. The repeated mentioning of some notions (in different contexts and treated from different angles) cannot be considered redundant, as each article throws light upon a certain aspect.