

'ABC Health D' Slide notes

Slide #	Content	Notes
1	Intro	<p>Who we are and where we work.</p> <p>And Matt St. John will be speaking when we finish.</p> <p>Objective is to cover some of the <i>practical points</i> of ABCD related to health development.</p>
2	Structure Poverty	<p>We assume that we are talking about health development in the context of poverty – however we might be defining "poverty" at the moment.</p> <p>Poverty and health both have multiple definitions, multiple determinants, and multiple dimensions.</p> <p>The poverty and health connection is supposedly the most studied association in sociology.</p> <p>Poverty and health are complicated, confounded together, and subject to reverse causality reasoning.</p> <p>In other words, they are clearly connected, but it may be difficult to determine what is causing what.</p> <p>Consequently, community health programs are nearly always involved with dimensions of poverty, deprivation, and social exclusion, though the exact relationships may be uncertain.</p>
3	Competitive Public Space	<p>Read slide. <enter> Continue reading.</p> <p>It used to be that only the church and the government were interested in poor people. <enter></p> <p>Now NGO's, CBO's and increasingly Edu's are entering the space, producing problems such as duplication of efforts, wasted resources, etc.</p> <p><i>Not all the actors in competitive public space are operating with a model of asset-based community development.</i></p> <p>What this means for ABCD:</p> <ol style="list-style-type: none"> 1. Communities might be hearing many different messages and recommendations for their future. 2. Other groups can totally undo whatever asset-based advances we might make. <p>We could choose to work in isolated areas where the public space is not crowded. However, the majority of poor people today are concentrated in the urban environment where multiple stakeholders and organizations abound.</p> <p>For most of us, competitive public space is a factor.</p>
4	Community	<ul style="list-style-type: none"> • Spatial dimension (a place or location)

		<ul style="list-style-type: none"> • Non-spatial dimensions (interest, issues, identities) that involve people who otherwise make-up heterogeneous and disparate groups • Social interactions that are dynamic and bind people into relationships with one another • Identification of shared needs and concerns that can be achieved through a process of collective action <p>Be sure that it is a community or getting results will be difficult. Review picture!</p>
5	Community health	<p>Distinguish Primary Health Care from Community Health</p> <p>PHC: activities done by the health services for and with the population to improve the health of the people.</p> <p>Community Health: all the activities initiated and carried on by the community to improve the health of the people.</p>
6	Two Premises: #1	<p>1. Actually improve people's health.</p> <p>For us in the Church it is really a stewardship issue. Are we keeping score or just playing around?</p>
7	Two Premises: #2	<p>2. The process is as significant as the health outcomes.</p> <p>Must be a process that lets individuals, families, and communities increase their self-esteem, self-reliance, and self-actualization; In other words, to grow into their full stature in Christ.</p> <p>Asset-based methods lend themselves toward fulfilling this second premise. There are a number of quotes about that in the handout.</p>
8	Assets, Deficits, & Needs	<p>Read Slide. Deficits <> Needs</p>
9	Assets, Deficits, & Needs	<p>Some descriptions of asset-based community development use the terms 'deficits' and 'needs' interchangeably.</p> <p>'However, 'deficits' and 'needs' are different.</p> <p>If there are no needs, what's the sense in doing anything?</p> <p>If health indicators are OK, then what justification is there to expend resources on a health program? We are back to the stewardship question.</p> <p>We will talk a bit more about "need" several slides later.</p> <p>As distinct from needs, deficits are shortages or deficiencies in the community – material or human resources that are not present.</p> <p>Deficit models define the community in negative terms.</p> <p>Deficit models can lead to competition among communities to prove they are the most deficient.</p>

		<p>Assets are the resources available to the community.</p> <p>Asset models accentuate the positive abilities, capabilities, and capacities within the community that can be used to identify problems and activate solutions.</p>
10	Community Asset Mapping: Building Blocks	<p>Community Asset Mapping.</p> <p>There are three levels of building blocks. <enter> X3 to define each level.</p> <p>In community, community control</p> <p>In community, outside control: this is actually where many church buildings and ministries may be positioned.</p> <p>Outside community, outside control</p>
11-15	Examples of CAM's	<p>The mapping technique maybe useful as adding one asset may trigger associations with other assets, and multiple people can add assets to the map simultaneously. There are a number of methods to "map" assets.</p> <p>Just comment on the variety of CAM methods</p>
16	Needs Assessment	<ul style="list-style-type: none"> ✓ Normative need (Compared to a set standard or external expert standard) ✓ Comparative need (How do we compare to those not in need? Or are others in the same position doing better?) ✓ Felt need (What people say or feel are their needs; need from the perspective of the people who have the need) ✓ Expressed need (Inferred need from observing people's behavior or demands) <p>SSID baseball field example: SSID wants to do meaningful rural development, but often tolerates a rural community's first project to build itself a baseball field because that is the "need" in the community (probably both comparative and felt).</p>
17	How strict an ABCD rule?	<p>Read slide. Any resources from outside? SSID and strict adherence.</p> <p>Bigger question may be if and when we cut corners in a program.</p> <p>We sometimes hear people talk about doing something using the "quick and dirty" approach, as though it is some kind of established development model.</p>
18	Quick & Dirty	<p>A friend in public health did some thinking about this and came up with this graph.</p> <p>Don't over-analyze the graph – this is just a quick and dirty representation of "Quick and Dirty".</p> <p>"Quick" is related to rushing into the program without laying the appropriate foundations, and ...</p> <p>Doing it quick costs more over time. As we all know, it is more cost-effective in the long-run to put the resources in up front, lay the</p>

		<p>foundation, and take the time to do it correctly from the beginning.</p> <p>"Dirty" is more related to failing to use the best methods and theoretical understandings.</p> <p>The danger in "Dirty" is that at some point standards are compromised, at which point the value of the whole program diminishes greatly.</p> <p>It may be alright to push things a little, but we want to avoid quick and dirty.</p>
19	The Outsider	<p>If this is an asset-based community program, <i>what are we doing there? We're not a community asset.</i></p> <p>Taylor-Ide and Taylor looked at successful development projects around the world in high, middle, and low income countries.</p> <p>They identified common elements that were present in all successful development projects.</p> <p>The three-way partnership among communities, outside experts, and the government was a very consistent pattern.</p> <p>At the least, the government must be permissive of the activities.</p>
20	Health Determinants	<p>One of the places that outside experts can help is by having the broader picture in mind. Read slide.</p>
21	Health Determinants	<p>Read slide.</p>
22	Whose job is it, anyway?	<p>Read slide. The Church sometimes tries to work with communities to set-up services that may actually be someone else's responsibility.</p>
23	Social Determinants of Health	<p>Social systems and social connectedness affect health.</p> <p>This is not a new idea: Virchow 150 years ago.</p> <p>Social capital: "social support and social ties to the community through participation and involvement in social networks."</p> <p>When everything is equal, communities with high social capital have better health indicators – social capital may act as a buffer against the effects of deprivation.</p>
24	Community Approach	<p>Review strengths and challenges.</p> <ol style="list-style-type: none"> 1) <i>Health equity and marginalized groups.</i> 2) <i>Evaluation problems.</i>
25	Equity	<p>First, health equity.</p> <p>We need to be aware of who may be marginalized in the community and subsequently not benefit from the program.</p>
26	Evaluation	<p>Second, difficult to evaluate.</p> <p>Lots of stakeholders, rarely a "pure" environment, others operating in competitive public space, objectives change over time, ...</p>

		The changing goals and objectives cause another problem besides the evaluation questions. How do we fund a project that keeps changing?
27	"Blueprint" vs. "Process"	<p>Explain the slide.</p> <p>Blueprint projects have everything spelled out at the beginning.</p> <p>Process projects typically have agreement on the goal or goals, but initially the intermediate objectives are unknown or unknowable.</p> <p>The process approach affords more flexibility to deal with changing conditions, such as</p> <ul style="list-style-type: none"> ✓ changes in the competitive public space, ✓ changes in the community, or ✓ simply making course corrections. <p>It is better for long-term projects where the variables may be more unpredictable.</p> <p>A process project may be a harder sell to funders because it looks more risky and dangerous than a blueprint project.</p> <p>ERD is a particularly good partner for "Process Projects."</p>
28	We Pause	
29	ABC_Health_D	