Assets in action – The use of assets in promoting physical activity among women in difficult life situations

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1 Assets in "Movement as investment for health – the BIG project"

We adapted the "Assets for Health" approach to research in the field of physical activity promotion. The project "Movement as Investment for Health - *Bewegung als Investition in Gesundheit*" (BIG) - was funded by the German Prevention Research Program (2005-2008). It was the first project to prospectively use the "Assets for health" approach.

The overall goal of BIG was to increase physical activity among this group, by supporting the women to overcome the social, environmental, and economic factors known to inhibit physical activity. The project developed activities closely in line with the WHO Ottawa Charter for Health Promotion. These activities included the empowerment of people to control the determinants of their health, the development of healthy public policies at the community level, and the creation of supportive environments. The goals of the project were to improve community level connectedness, increase physical activity, and in so doing raise the physical, social, and mental health of the target population. The project evaluation considered determinants for the implementation of project activities, the reach of project activities, potential changes in health behaviour, potential health benefits, as well as the potential social and economical impact of the project implementation.

The BIG project used the assets approach in the assessment phase of the project as well as in planning and implementation of activities. BIG also demonstrated how asset based models to intersectoral policy making in health promotion can improve the effectiveness of projects aiming to improve health and related outcomes.

In the meantime, the BIG approach to physical activity promotion has been transferred to several other municipalities in Germany. WHO named BIG a case study in the programmes "Assets for Health and Development" and "Tackling Obesity by Creating Healthy Residential Environments". It is also online in WHO feature series "Voices from the frontline: Socio-economic determinants of health".

1.1 Assets and movement

BIG had two objectives: firstly, to make full use of potential effects of movement in health promotion, i.e. going beyond a bio-medical focus towards fundamental psychosocial and environmental functions; and secondly, the project aimed at developing adequate evaluation instruments for health promotion and adapting instruments to the context.

Instead of aiming at behaviour change through readymade interventions, BIG established a co-operative planning group including researchers, women from the neighbourhood as well as policymakers, and local experts. This group decided about planning, implementation, and evaluation of activities. Acknowledging the educational, social, policy and environmental dimensions of movement, BIG implemented low fee exercise classes with childcare, improved access to sport facilities, education activities, and activities to improve organizational and political capacities.

1.2 Assets and social inequality

National health survey data indicated that women with a low socio-economic status are the subpopulation group physically most inactive with a high prevalence of sedentary lifestyles, and thus high levels of associated conditions such as obesity. This can be linked to social inequality in health, like lack of social support, lack of community connectedness, or environmental determinants.

Therefore, women with a low socio-economic status were chosen to represent the BIG target group. The women themselves suggested to use 'women in difficult life situations' as most appropriate term to describe low income or social welfare, low educational attainment, working shifts in unskilled occupations, unemployment, single parentship or ethnic minorities.

2 Assets assessment in BIG

Following WHO, in general, the definition of a health asset was adapted to specific health behaviour, i.e. movement. An asset for movement was defined as "any factor (or resource), which enhances the ability of individuals, communities and populations to begin, maintain and sustain movement". Within our theoretical framework, we operationalized assets for movement on the individual, organisational, and infrastructural level.

Focus groups and workshops were used to collect and map the potential assets already existing in the neighbourhood. Two separate focus group meetings were organised for women in difficult life situations, policymakers and local experts – representatives from the municipality (e.g. health sector, women affairs, social

affairs, urban affairs, socio-cultural work and sports), and other institutions (e.g. NGOs or religious communities). Information was collected separately from women and experts to avoid bias towards experts' perceived assets. Participants of both focus group meetings mapped and discussed overlapping assets at a subsequent workshop. The workshop marked the beginning of mapping a range of potential assets which could be used to improve the possibilities for increased physical activity amongst the target population. The focus groups were also able to identify specific organisations that could play a role in creating the right conditions for our study population to participate in physical activity. Infrastructural assets highlighted during the process ranged from parks and recreational facilities to community rooms, unused grounds in the neighbourhood, and exercise facilities of schools and sports clubs.

3 Utilization of assets in BIG planning and implementation

BIG utilized identified overlapping assets for movement in the development of interventions for the promotion of movement among women of the target group. Women's participation in project work was accomplished by setting up a co-operative planning group. The group included women, policymakers, and local experts. Decisions regarding the planning, implementation, and sustaining of project activities were made by this group. Women in difficult life situations voiced their interests at group meetings, decided on actions that should be taken for the promotion of physical activity among them, organised – in cooperation with other stakeholders – the implementation of these actions, and participated in deciding on instruments for the evaluation and carrying out the evaluation of the project.

Meta-evaluation indicates that assets for movement were employed in the process of planning and implementing interventions for the promotion of movement. On the individual level, some of the most powerful supporters of the cooperative planning process were identified through the mapping of individual assets. Also, on the organisational level, a high impact of organisations that were identified through the mapping of assets can be assumed. On the infrastructural level, results indicate that identified assets were successfully employed and host interventions for the promotion of movement. Results, however, also provide examples for assets for movement that were mapped but disregarded, or did not function as an asset in the planning and implementation process

4 The policy impact of assets use

Policy analysis was employed in BIG to understand some of the potential barriers and facilitators to improving the chances of local women living in difficult life situations to engage in physical activity. The policy analysis highlighted how a range of individual and organisational assets already identified in the assessment phase and integrated into planning and implementation were crucial to overcome political barriers which had been inhibiting women access to public sports facilities (cf. Rütten et al, 2009).

Asset based approaches to health promotion programmes can provide a useful means of overcoming some of the structural-political barriers to effective implementation. A systematic mapping of available assets and their subsequent use in collaborative planning and implementation processes may contribute to improved accessibility of public spaces for women in difficult life situations and more importantly lead policy makers and other key decision makers to think and act in ways which are more inclusive to the needs of the less well served parts of their population. The inclusion of different stakeholders out of the range of identified assets in participatory intersectoral policy-making processes for planning and implementation appear to be crucial for success and having a policy impact.

The BIG website, http://www.big-projekt.de

BIG at WHO, http://www.euro.who.int/socialdeterminants/socmarket ing/20070813_2 Rütten, A., Abu-Omar, K., Frahsa, A., Morgan, A. (2009). Assets for policymaking in health promotion. A case study. *Social Science and Medicine* 69: 1667-1673.

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