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OBJECTIVES FOR TODAY

- Define asset mapping, differentiating this from needs/deficit mapping
- Explore why deficit mapping exists as the norm
- Share examples of asset mapping in health and social justice work
- Work on specific ways asset mapping can be incorporated into your own work/program
- Connect love for self, for community, for life with asset mapping
- Have some fun while learning with our hearts

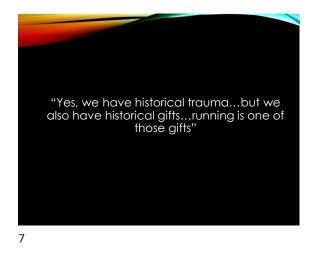






PROMOTING MOVEMENT







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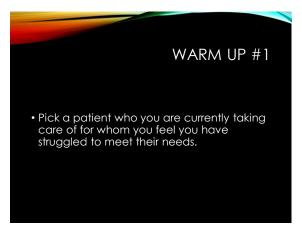
The enemy is not poverty, sickness, and disease. The enemy is a set of interests that need dependency, masked by service.

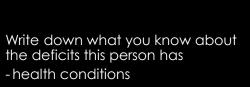
-John McKnight

It is cold out and it is early on a Sunday morning.

Let's warm up together!!!!

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- -addictions
- -social stressors

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Now, write down what you know about the strengths this person has

- -positive health indicators
- -healthy habits
- -social support

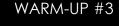
Compare your answers for Q1 and Q2.

- What reflections do you have?
- What meaning do you make from this exercise?

WARM UP #2 • What things are going great in your life? • Where are areas that your health is flourishing at the moment? • What are you grateful for?

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- An elder you are consulting with about their meds shares that they have a 5th grade education and that they are a traditional healer.
- How do you document their education level in your charting?

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 What if these questions were your opening questions when you meet new patients?

• What if those questions were the first things you were asked when you visited a health clinic?



• All people and communities, when asked to describe themselves, use strengths, assets and resources

ASSET MAPPING PEARLS

- Individual patients and communities we work with are the experts in their assets
- This changes the power structure and paradigm of the healing work – our communities/clients are now leading and we are following!

DEFICIT MAPPING: THE NORM

 32yo M with alcohol dependence, diabetes, homelessness presents with lower extremity cellulitis.

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DEFICIT MAPPING: THE NORM

- 32yo M with alcohol dependence, diabetes, homelessness presents with lower extremity cellulitis.
- This might pass as a presentation of a patient, but is this the whole picture?
- If you were the patient, how would you feel about this assessment?
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DEFICIT MAPPING: THE NORM

- Hepatitis C community in NM:
- Defined by drug addiction, incarceration
- "Many live in areas with high levels of poverty, unemployment, and other indices of underlying health disparities."
- In NM's Hepatitis C Coalition 2016 "Statewide Comprehensive Plan" (40 pages in all), there is not a single mention of strengths, assets of this community.

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ASSET MAPPING VS. NEEDS/DEFICIT MAPPING

- ASSET MAPPING = IDENTIFYING AND AMPLIFYING STRENGTHS, ASSETS, AND RESOURCES TO IMPROVE HEALTH
- DEFICIT MAPPING = IDENTIFYING AND AMPLIFYING DEFICITS, DEFICIENCIES, AND NEEDS TO "IMPROVE" HEALTH



DEFICIT-BASED DESCRIPTION OF BAHE MANYBEADS

- Low English proficiency
- Low educational attainment
- · Minimal eye contact
- Hard to communicate with
- Doesn't share how/what he is feeling
- Geriatric
- Many chronic health conditions

ASSET-BASED DESCRIPTION OF BAHE MANYBEADS

- Low English proficiency
 Fluent in Navajo
- Low educational attainment PhD in Navajo Culture
- Minimal eye contact
 Respectful
- Hard to communicate with Humble
- Doesn't share how/what he is feeling-Humble
- Geriatric Elder
- Many chronic health conditions
 High level of
 functioning
- Is a well-respected traditional healer
- Strong family support

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BY NOT FOCUSING ON STRENGTHS...

- We perpetuate racism
- We lose a key chance to empower patients/communities to heal from within.
- We dehumanize the health professions
- We feed into our own burnout

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- Why are we so focused on deficits?
- How are deficit-based approaches tied to racism/colonization?
- Can we work to undo racism without become strength-based in our health systems and work?

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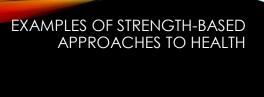


What are asset-based questions you would like to ask?



•The ethical gold standard for asset mapping is the golden rule:

How would you want to be seen/defined/treated (as an individual or as a community member)

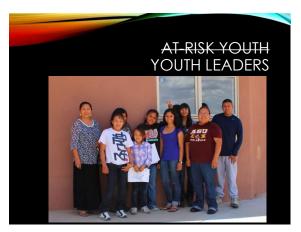


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TWO ADDITIONAL

• We have to take care of ourselves to be able to look at the strengths/assets

• Our own assets, abilities and talents are a great thing to recognize and

training...they might even become part of your healing work!

grow throughout medical

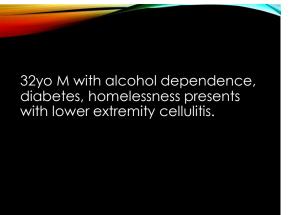
in others

THOUGHTS...

ASSET MAPPING - CLINICAL APPLICATIONS

- Take care of people, not patients
- Life story with every new primary care individual
- Health statement
- Listening > talking
- Honoring that each person is the expert in their own health and their body

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