

# The Role of Asset Mapping in Addressing Childhood Obesity

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# Overview

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- ❑ The Chronic Care Model and obesity assessment, prevention and treatment
- ❑ The role of the clinician in the community
- ❑ Asset mapping as a framework for connecting to community assets
- ❑ Applying asset mapping to a clinical setting
- ❑ Case example

# The Chronic Care Model and Childhood Obesity

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- Expert Committee Recommendations Regarding the Prevention, Assessment and Treatment of Child and Adolescent Overweight and Obesity (Pediatrics Vol. 120 Supplement December 2007 p. S164-S192)

“The complexity of chronic problems, such as diabetes mellitus or obesity and their requirement for patient education about self management often overwhelm both the patient and the clinician during an office visit.”

# The Chronic Care Model and Childhood Obesity

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- Applying the Chronic Care Model to  
Childhood Obesity

“The chronic care model envisions a new structure that integrates community resources, health care, and patient self-management to provide more-comprehensive and more-useful care. This paradigm envisions offices linked to community resources, such as exercise programs and support for self-management”

Childhood Obesity Action Network:  
National Initiative on Children's Healthcare  
Quality ([www.NICHQ.org](http://www.NICHQ.org))

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**“The normal physician treats the problem;  
the good physician treats the person;  
the best physician treats the community.”**

Chinese proverb

# The Role of the Clinician in the Community

(adapted from Barreto, Perez, Halfon, Underserved Children: Preventing Chronic Illness and Promoting Health in Medical Management of Vulnerable and Underserved Populations, King and Wheeler Eds. McGraw-Hill 2007)



How can a clinician link to the community?

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**OK, I am convinced. I should link to the community. But, how?**

# How can a clinician link to the community?

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- ❑ Asset mapping provides a framework for linking to community resources
  - ❑ Identify resources
  - ❑ Create connections (arrows)

# What is Asset Mapping?

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- ❑ John McKnight, Northwestern University Professor of Education and Social Policy, Asset-Based Community Development Institute
- ❑ Works with vulnerable communities to develop community capacity and improve health
- ❑ Kretzman, JP McKnight, JL. *Building Communities from the inside out: A path toward finding and mobilizing a communities assets.*

# Traditional Deficiency Model for Addressing Community Health Problems

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- ❑ Identify problems
- ❑ Obtain funding to solve problems
  - ❑ University
  - ❑ Foundations
- ❑ Develop programs

“Teach people nature and extent of their problems and how the service will help them with their problems”

# Capacity-Focused Model for Addressing Community Health Problems

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- ❑ Locate available local assets
  - ❑ Starts with what is present not absent or a problem
  - ❑ Focuses on agenda building and problem-solving capacities of local residents, local associations and institutions

\*Kretzman, JP McKnight Building Communities from the inside out: A path toward finding and mobilizing communities assets--<http://www.northwestern.edu/ipr/publications/community/buildingblurb.html>

# Traditional Medical Model (Deficiency Model)

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- ❑ Disease focused
- ❑ Identify problems
- ❑ Explain to patient the nature of their problem
- ❑ Provide a solution (cure)
  - ❑ Solution comes from the provider

# Applying the Asset Mapping Framework (Focus) to the Clinical Setting (Capacity Model)

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- ❑ Asset and strength focused
- ❑ Identify individual, family and community assets
- ❑ Link family to assets
  - ❑ Part of the solution comes from the family/community
- ❑ Biomedical and Beyond

# Asset Mapping: Two Parts

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## ❑ Asset

- ❑ Asset focus—looking for strengths in the individual, family and community
  - ❑ Ask about strengths, resources

## ❑ Mapping

- ❑ Identifying and cataloging the community assets

# How can a busy clinician map the community?

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- ❑ Step One: Identify clinical case
  - ❑ Typical case for the clinic (childhood obesity)
  - ❑ Would like to apply an asset focus and identify community resources

# How can a busy clinician map the community?

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- ❑ Step Two: Decide what you want to know about the community resources
  - ❑ Create a form to collect data that will make the community resource useful to clinician and family
    - ❑ Languages spoken
    - ❑ Hours of Operation
    - ❑ Transportation
    - ❑ Fees
    - ❑ Contacts

# How can a busy clinician map the community?

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- ❑ Step Three: Identify Potential Resources
  - ❑ Take advantage of existing resources
    - ❑ 2-1-1
    - ❑ Search “known” entities
      - ❑ Parks and Recreation
      - ❑ YMCA
      - ❑ Boys and Girls Club
      - ❑ Schools
  - ❑ Safe, appropriate, affordable resources

# How can a busy clinician map the community?

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- Step Four: Hit the streets!
  - Visit key resource
  - Meet and greet
  - Collect and documents key information/contacts

# How can a busy clinician map the community?

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- ❑ Step Four: Hit the streets! (*What? I definitely do not have time for this!*)
- ❑ Incorporate into CME routine
  - ❑ Journal club
  - ❑ Case conferences
  - ❑ Grand Rounds
- ❑ Divide and conquer
  - ❑ Share information/resources

# How can a busy clinician map the community?

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- ❑ Step Four: Hit the streets!
  - ❑ Start slowly and build resources
  - ❑ Focus on maintaining relationships

# How can a busy clinician map the community?

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- Step Four: Hit the streets!
  - A few key relationships with known/trusted resources is better than superficial knowledge of many resources

# Asset Mapping for Clinicians: Childhood Obesity Case

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JJ is a 10 year old male that has been followed by his PCP since birth.

He has always been big for his age but recently has had a recent dramatic increase in his weight. His BMI is now >99% for age.

On PE he has acanthosis nigricans and centripetal obesity.

Lab work confirms his insulin resistance showing a fasting glucose of 104 and high triglyceride and cholesterol levels.

Family has a strong history of diabetes and heart disease.

# Introduction to Asset Mapping:

## Example Case

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JJ routinely skips breakfast, eats pizza/nachos and drinks juice at school, watches TV for 4 hours a day, drinks 2 sodas a day, and likes Gatorade and Sunny Delight.

He regularly eats Hot Cheetos for snacks.

He likes soccer but is not on a team.

He spends less than 30 minutes outside daily.

He likes to bike but does not have a bicycle.

His Aunt often cares for him after school.

# Introduction to Asset Mapping: Example Case

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- ❑ What resources are available for this family?
- ❑ What are the individual and community assets?
- ❑ How can the provider connect the family to appropriate resources?

# Introduction to Asset Mapping: Example Case

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- ❑ What resources are available for this family?
  - ❑ YMCA
  - ❑ Boys and Girls Club
  - ❑ 2-1-1
  - ❑ Nutritionist
  - ❑ Parks and Recreation Department
  - ❑ Turning Wheels for Kids
- ❑ What are the individual and community assets?
  - ❑ JJ likes soccer
  - ❑ Aunt has a son that likes soccer
  - ❑ Local soccer league offers scholarships

# Introduction to Asset Mapping: Example Case

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How can the provider connect the family to appropriate resources?

- ❑ Make referral to known organizations (Individuals)
- ❑ Encourage use of family's assets (Cousin plays soccer)
- ❑ Have materials available in multiple languages

# Making Systems Level Change

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- ❑ Make systems level change to establish and maintain practice patterns
  - ❑ Change intake forms to include prompts
  - ❑ Have referral resources readily available
    - ❑ 2-1-1 pamphlets
    - ❑ Boys and Girls Club “Find a Club” [www.bgca.org/clubs/](http://www.bgca.org/clubs/)
    - ❑ Google? Parks and Recreation/Libraries
  
- ❑ Refer to resources such as National Initiative for Children’s Health Quality ([www.NICHQ.org](http://www.NICHQ.org)) for establishing and maintaining systems level change
  - ❑ Obesity Action Network

# Conclusions

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- ❑ The Chronic Care Model calls on clinicians to connect to community resources
- ❑ Asset Mapping provides a framework to connect to community resources

# Conclusions

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- ❑ Asset Mapping can be incorporated into routine clinic CME (case conference, journal club)
- ❑ Asset Mapping may be sustained by systems-level changes to incorporate it into daily routines