

HEALING THROUGH STRENGTHS: A NEW LENS FOR SEEING OUR PATIENTS AND COMMUNITIES!

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LAND ACKNOWLEDGEMENT



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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

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A LITTLE ABOUT ME AND MY HEALING WORK



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PROMOTING MOVEMENT



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"Yes, we have historical trauma...but we also have historical gifts...running is one of those gifts"

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- [1000th RM Program Celebration \(note: we do not own the music\) - YouTube](#)

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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

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

Let's warm up together!!!!

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WARM UP #1

- Pick a patient who you are currently taking care of for whom you feel you have struggled to meet their needs.

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Write down what you know about the deficits this person has

- health conditions
- 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

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- Compare your answers for Q1 and Q2.
- What reflections do you have?
- What meaning do you make from this exercise?

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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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WARM-UP #3

- 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?

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ASSET MAPPING PEARLS

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

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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!

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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

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INTRODUCING GRANDPA BAHE MANYBEADS (ON LEFT)



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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

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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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DIGGING DEEPER...

- 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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GROUP DISCUSSION

Community wants to work on addressing high rates of teen pregnancy?

- Who are the experts from an assets approach?
- Who are the experts from a deficits approach?

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GROUP DISCUSSION

A person comes into the ER for the 4th time this month, known for their alcohol dependence.

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

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ASSET MAPPING PEARLS

- 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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EXAMPLES OF STRENGTH-BASED APPROACHES TO HEALTH

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AT-RISK YOUTH



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AT-RISK YOUTH YOUTH LEADERS



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- [NHI Youth Speak on Racism, Healthy Equity and a Better World on Vimeo](#)

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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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TWO ADDITIONAL THOUGHTS...

- We have to take care of ourselves to be able to look at the strengths/assets in others
- Our own assets, abilities and talents are a great thing to recognize and grow throughout medical training...they might even become part of your healing work!

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

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MAY THE STRENGTHS BE WITH YOU!



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