

Capacity Building for Health Promotion

More Than Bricks and Mortar

Spring 2002

Background on Capacity Building

The term “capacity building” has become a bit of a buzzword lately in the field of health promotion. Though widely used, it often means different things to different individuals and organizations. The term itself has been floating around for years in other professional circles, but it wasn’t until the 1990s that Australian Penelope Hawe and her colleagues stressed the important role of capacity building to increase and sustain the effectiveness of health promotion programs.

Since that time, the idea of building capacity has become an important component in health promotion work. Dozens of health-related programs across the country as well as here in Ontario have been using a capacity building process to enhance their work.

This document is one of the outcomes of a project we undertook at the Ontario Prevention Clearinghouse (OPC) to look at capacity building. The results of that project have facilitated OPC’s own teaching and learning about capacity building, as well as helped us interact with other groups by developing a common language and approach to capacity building.

In this document, we share with you how capacity building is being used in health promotion organizations and communities across Ontario. It is our hope that concepts and information found in this document will help health promotion practitioners share a common language on capacity building, as well as encourage them to develop capacity building aspects to their own health promotion work. We also hope it will allow practitioners to draw upon the experiences of other communities already using capacity building to sustain their initiatives.

So what do we mean when we talk about capacity building in health promotion, and how do we go about achieving it?

While there are many definitions and fine examples of capacity building programs, the concept will remain abstract if we don’t first understand what we mean by the term capacity, and clarify whose capacity it is we as health practitioners should be trying to build.

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Whose capacity are we building?

Generally, when we talk about capacity building in the field of health promotion, we’re talking about enhancing the ability of an *individual, organization or a community* to address their health issues and concerns.

The process of capacity building relies heavily on collaboration and partnerships, so it is likely that health practitioners will build capacities on many or several of these levels, often at the same time.

What do we mean by “capacities”?

Larry Hershfield and Associates provided a definition in a document prepared for the Ontario Ministry of Health in 1993. They defined capacities as “the actual knowledge and skill sets that community groups require to effectively address local (health) issues and concerns.” In the fall of 2000, OPC consulted with staff of 12 other provincial health promotion organizations on how they understand and build capacity in individuals, organizations, and communities. From the information gathered through surveys, focus groups and workshops, a new definition of capacity was developed for the Ontario Health Promotion Resource System (OHPRS).

This new definition of capacity expands Hershfield’s to: “the actual knowledge, skill sets, participation, leadership and resources” required by community groups to effectively address local issues and concerns.

For people in the field of health promotion, building capacities refers to the particular types of services, programs and even goods they must provide to help communities, individuals or organizations address their health issues.

In other words, it means that our job is to provide “more than bricks and mortar.”

What We Mean By “More Than Bricks and Mortar”

All health promotion programs need to be built on strong foundations. Even if we’re using the best bricks and mortar (plans, staff and resources), we still have to make sure the foundations are built carefully, step-by-step from the bottom up. This means that when creating health programs, we must work collaboratively to gain support from the people, organizations or communities with which we are involved. This is why capacity building is sometimes called “the glue that binds.” By building capacity we help make sure our working partners are developing the skills and resources to hold programs together, thereby increasing their chances for long-term success.

This bottom-up process of building capacity has been shown to:

- Build sound infrastructures
- Maintain and sustain programs
- Solve ongoing problems
- Contribute to efficiency and effectiveness.

With this in mind, many health promotion workers are moving the focus of their work beyond an immediate population group or environmental issue. They are now working to build the capacities of other health workers, individuals, organizations and communities, to help them conduct their own health promotion programs, maintain those programs, and initiate new ones.

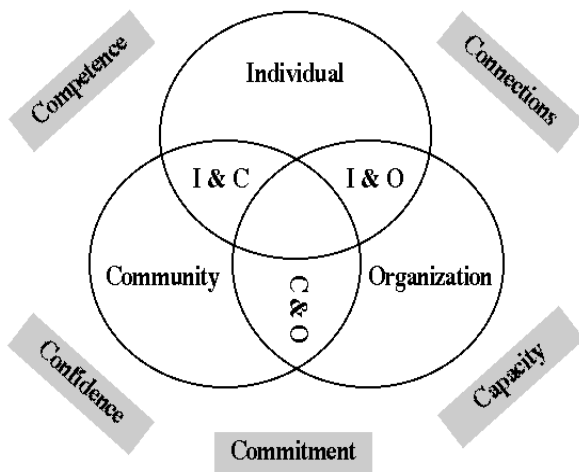


Figure 1: The combined (or synergistic) effect of building capacities on multiple levels increases positive results from health promotion programs.

How Capacities Get Built

Capacity building can happen in many ways. In some health promotion programs, building capacity means helping individuals develop leadership, negotiation, problem-solving or team-building skills.

In others programs it means helping organizations better handle conflict, change their organizational structure, improve marketing, develop volunteer recruitment drives or manage their finances.

Community capacity building might mean building coalitions, consensus building or improving strategic planning, leadership, resources and skills.

It could also mean helping an individual learn how to network, a group find funding, or a community strengthen its commitment to improving their health.

Many names have been given to this type of work: community development, organizational development, citizen engagement. In all cases, the purpose of such activities is to prolong and multiply the positive results that a program hopes to achieve by building the capacity of the people, organizations and communities involved in them.

In other words, capacity building can help a community continue the good work it has accomplished once the original funding has dried up, other financial resources are looking scarce, and/or the program originators have to move on to their next project.

Building Capacity on Different Levels

Building capacity means working on multiple levels. People, organizations and communities do not exist in isolation. Each is part of and affected by the other. By increasing the capacity of one, we can also strengthen others, and progressively build a strong, integrated system that supports one another. Strong, capable individuals build strong, capable organizations. Organizations and communities with strong commitments, leadership skills and resources can share their capacities in coalitions, partnerships and collaborative efforts with other organizations.

Getting Started

Building capacity can mean working in new and different ways for health practitioners. While building capacity can and does take many forms, it invariably includes creating partnerships with other organizations and communities and building ongoing, trusting relationships. It means being adaptable and flexible in our values and work styles in order to ensure that programs are multi-dimensional and rooted in local contexts with local people. It means not telling other people what to do or how to do it. Rather, it means working together with others to find solutions and building contributors’ skills to implement solutions.

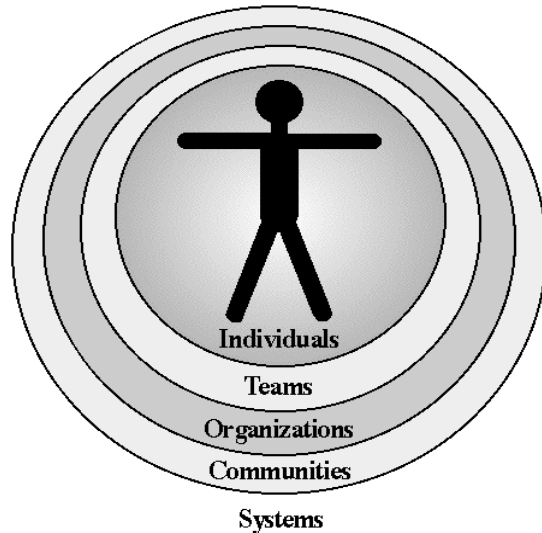


Figure 2: Strong systems (or programs) are first built on the capacities of individuals, organizations and communities who are part of them.

How and where do we start to build capacity?

According to John McKnight and John Kretzmann, international leaders in the field of capacity building, a building block process is required, and it starts by looking at the assets of an individual, organization or community. This is a different, more positive approach than starting with a needs assessment. By first identifying and mapping the positive assets of individuals, associations and organizations, you are starting to build a capacity inventory. This inventory can then be used to build on the positive, to strengthen existing organizations and encourage greater citizen participation in addressing issues that need to be dealt with. This, says McKnight and Kretzmann, will in the long run help develop a program capable of achieving its goals. (See "Mapping Community Capacity" at www.nwu.edu/IPR/abcd.html).

How Do We Know How We're Doing?

Considerable activity in capacity building is already underway in Canada. However, developing measurement indicators for determining the change in health promotion capacity building has been (and still is!) a slow process. The Impact Evaluation Committee of the Ontario Health Promotion Resource System (OHPRS) is using the new definition of capacities developed through the consultation process that OPC undertook in 2000-2001, to develop, test and apply indicators of how capacity is built in health promotion practices. A provincial survey of health promoters

using these indicators is currently being test piloted. OPC will work with OHPRS to make the indicators available on its website before the end of 2002.

Until then we refer you to a menu of possible outcomes, on the community level, from The Aspen Institute's *Measuring Community Capacity Building* (See Resources).

Eight Positive Outcomes from Community Capacity Building:

- 1) expanded citizen participation,
- 2) expanded leadership base,
- 3) strengthened individual skills,
- 4) the creation of a widely shared understanding and vision,
- 5) the development of a strategic community agenda,
- 6) evidence of consistent, tangible progress toward goals,
- 7) evidence of more effective community organizations and institutions, and
- 8) evidence of better resource utilization by the community.

Putting Capacity Building To Work

The many individuals, organizations and communities who have initiated capacity building components into their health promotion work have a great deal of knowledge and experience to share. Fortunately, many have detailed websites describing their experiences. We encourage you to refer to the websites identified in this tip sheet for more information.

In Ontario, many capacity building projects have been closely linked to Ontario Healthy Communities Coalition (OHCC) members. Their website is <http://www.opc.on.ca/ohcc>

Other sites include:

- <http://peterboro.net/~nvhcc/> North Victoria Healthy Communities Coalition
- <http://capacitynet.region.waterloo.on.ca> Waterloo Region's Capacity Net
- <http://www.sault-canada.com/bec/> Sault Ste. Marie's *Building An Extraordinary Community*
- <http://www.nurturethefuture.org> Chatham-Kent's *Nurturing the Future*
- <http://www.FastForwardThunderBay.com> *Thunder Bay Fast Forward* is another project that set strategic directions for the community, by the community, and included signed commitment statements by at least

- 26 organizations in the city that want to help build a healthier community.
- <http://www.participation.net/english/hrdoc6.htm> and <http://www.participation.net/english/stories.htm> Human Resources Development Canada (HDRC) websites are designed to encourage capacity building practices. A full set of guidebooks, toolkits, success stories, workshop and resource information is available from them.
 - <http://www.usask.ca/healthsci/che/prhprc/dissem.htm> Saskatchewan's Heart Health Program "Building Health Promotion Capacity."
 - <http://hp2002.uvic.ca/abstracts.htm#titles> The 6th National Health Promotion Research Conference (2002) in Victoria, B.C.
 - <http://www.health.nsw.gov.au/public-health/health-promotion> (then click on the Capacity Building icon on the lower right). Contains information, resources and FAQs (frequently asked questions) on the five year project by in the Australian New South Wales health promotion department to research capacity building. It includes a Capacity Building Framework and detailed indicators.
 - <http://www.cpha.ca/english/conf/archive/92ndAnl/92conf.htm> PDF and MS Word version. The Canadian Public Health Association 92nd Annual Conference website includes a variety of abstracts on capacity building.
 - <http://www.ginsler.com/html/ccb.htm> Ernie Ginsler & Associates have worked with community organizations, donors and governments on capacity building, including the Chatham-Kent "Nurturing the Future" included in the website list. See the free resources and capacity building section.
- Crisp, B., Swerissen, H., and Duckett, S (2000). "Four approaches to capacity building in health: consequences for measurement and accountability," *Health Promotion International*, 15 (2) 99-106.
- Hawe, Penelope, Noort, M., King, I., and Jordens, C. (1997). "Multiplying health gains: The critical role of capacity building within health promotion programs," *Health Policy*, 339, 29-42.
- Hershfield, L., and Associates (1993). *Capacities for Health Promotion*, the Ontario Ministry of Health. E-mail contact: info@opc.on.ca
- Jackson, S.F., Cleverly, S., Burman, D., Edwards, R., Poland, B., & Robertson, A. (1999 unpublished). *Towards Indicators of Community Capacity: A Study Conducted with Community Members of Parkdale, Regent Park and Two Sites in Jane-Finch*. E-mail contact: info@opc.on.ca
- Kretzmann, J.P., & McKnight, J.L. (1993). *Building Communities From the Inside Out*, Chicago: ACTA Publications.
- McKnight, J., and Kretzmann, J. (1997). "Mapping Community Capacity," M. Minkler, (ed.). *Community Organizing & Community Building for Health*, New Brunswick, NJ: Rutgers
- New South Wales Health Department. (June, 2000a). *A Framework for Building Capacity to Improve Health - draft*. North Sydney, AU: Health Promotion Strategies Unit, NSW Department of Health
- Restrepo, H. (July, 2000). *Technical Report: Increasing Community Capacity and Empowering Communities for Promoting Health*. Fifth Global Conference on Health Promotion, Mexico City: (online) <http://www.who.int/hpr/conference/products/Techreports/community.pdf>
- Wyman, M., Shulman, D., Ham, L., *Learning to Engage: Experiences with Civic Engagement in Canada*, <http://www.cprn.org>

Recommended Resources

If you would like to learn more about capacity building and how to build it into your health promotion work, we encourage you to explore the subject further with the help of the resources below.

Aspen Institute Communities Strategies Group, *Measuring Community Capacity Building: A Workbook-in-Progress for Rural Communities*. 166 pages. This publication is currently out of print, but you may download it in PDF format. http://aspeninstitute.org/csg/csg_publications.html



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