

COMMENTARY

# Community Capacity Building: A Parallel Track for Health Promotion Programs

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Community capacity-building has been defined as processes that “build sustainable skills, resources, and commitments to health promotion in (various) settings and sectors (in order to) prolong and multiply health gains many times over.”<sup>1</sup> Community capacity-building, like the related concepts of community development and empowerment, is about increasing the capabilities of people to articulate and address community health issues and to overcome barriers to achieve improved outcomes in the quality of their life. Interest in community capacity-building as a health promotion strategy arose primarily because many individual lifestyle-change education and social marketing programs were having only modest effects on behaviour change, especially in marginalized communities.<sup>2,3</sup> Does the problem lie partly in the lack of certain organizational capacities within the community, as suggested by a group of expert US community practitioners and academics?<sup>4</sup> If these capacities were improved, would individual and community-level health indicators improve and be sustained beyond the often time-limited program period?

There is some evidence that this is the case. In the physical activity realm, research from Missouri found that where active community coalitions were established in communities, there were also significant reductions in the percentage of adults who reported no physical activity.<sup>5</sup> The coalition formation and existence increased the community’s capacity to sustain the physical activity programs.

## From program means to “parallel track”

In the Missouri case, community capacity-building is seen as a means to the end of improved behaviour change (physical activity) and sustained program activity. This is similar to how community development and empowerment have often been viewed in health promotion: not as ends in themselves but as strategies to accomplish certain program objectives. The relationship between capacity-building and health promotion programs, however, can be flipped about. Programs can be seen, in part, as a means to the end of building community capacities to cope with and change broader community conditions that influence health. Enhancing these capacities might also improve health independently of the success of the particular health program.

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Bayly and Bull<sup>6</sup> recount the experience of a walking group in Australia that has been sustained over six years with a core group of participants in a low-income, ethnically diverse community. In addition to meeting the needs of participants to engage in and benefit from the physical activity, other needs such as social belonging have also been met. Moreover, participants also organized themselves to take political action to improve the safety of their neighbourhood. There were positive individual outcomes, such as an increase in exercise (the health program goal), as well as increased friendships, social support, confidence and self esteem (all of which have independent health benefits). Community-level capacities were also improved, specifically leadership development in the group, participation in other networks and abilities to assess, analyze and act on community-level health issues.

These improvements in community capacities were unintended effects in the Australian program. This is often the case in many health programs delivered through groups and in community settings. But what if changes in community capacity domains become more deliberate in program planning and implementation? Will this improve achieving program goals (in our case, active living) and program sustainability, as the Missouri study found? Will changes in community capacity domains, in themselves, improve health, as the Australian study suggests?

When we consider community capacity-building as a “parallel track” to our health promotion program work (it does not replace such programs, but runs alongside them), two things become obvious:

1. A new set of important measurable outcomes arises – those associated with community capacity, and
2. People involved in health promotion programming can think more deliberately about how programs and activities might build community capacity. There is rarely funding for developing programs called ‘building community capacity,’ so the challenge is to build capacity in relationship to the issues, activities and programs now offered.

## What does community capacity look like?

A number of researchers and theorists<sup>6-13</sup> have been working on defining and mea-

suring community capacity. Laverack<sup>14</sup> devised nine operational domains of community capacity that can be tracked in parallel with other program goals. Programs can be explicitly planned and evaluated to determine how they:

- Improve stakeholder and community members' participation
- Develop local leadership
- Increase problem assessment capacities
- Build empowering organizational structures
- Improve resource mobilization
- Strengthen ability to ask 'why,' i.e., increase critical analysis skills
- Improve/increase links with other organizations
- Create equitable relationships with outside agents
- Increase stakeholder control over program management.

Elsewhere,<sup>10</sup> Labonte and Laverack discuss how improvements in each of these domains create health benefits separate from those intended by any specific health program.

What would it look like if one took these dimensions of community capacity-building into account in a physical activity program? Table I offers general suggestions for each of the dimensions, from program planning on forward.

### What does all this mean for health promotion programs?

The implications of integrating community capacity-building into health promotion programs are:

- It adds a set of parallel outcome measures – community capacity domains – to those associated strictly with program or individual goals.
- It requires program workers to examine more critically how their work builds community capacities.
- It challenges institutions to be accountable to community groups for how their programs and funding assists in enhancing community capacities.

The advantages of using this sort of approach are:

- It can multiply the health gains of any particular initiative by making it more effective, accessible and sustainable.
- It provides a means to operationalize the organizational aspects of capacity-building within health promotion programs.

**TABLE I**

### Examples of a Capacity-Building Approach to Physical Activity

Operational Domain	Description in Physical Activity Program
Participation	Organize events for maximum community involvement by tapping into the community's interests, whether that is better sidewalks and lighting, or food security and gardening.
Leadership	Participation and leadership are closely connected. Leadership requires a strong participant base just as participation requires the direction and structure of strong leadership. Work with people's strengths and provide opportunities for shared leadership. Recognize and reward efforts.
Organization-building	Tap into the organizational structures that already exist, including small groups such as committees, church and youth groups that can tackle the issue within their mandate. Look for opportunities for agencies to collaborate. Work to make the organizations more democratic and empowering for people to come together in order to socialize and to address their concerns and problems.
Problem assessment	Encourage the ongoing identification of problems, solutions to the problems and actions to resolve the problems by the community, both small/personal and large community-wide.
Resource mobilization	Work together to lever and mobilize resources both from within and negotiated from beyond the community to extend to issues outside the original mandate of physical activity.
'Asking why'	Encourage the community to critically assess the social, political, economic and other causes of inequalities towards developing appropriate personal and social change strategies.
Equitable links with others	Keep the ties open to other organizations, including partnerships, coalitions and voluntary alliances for members to participate as individuals or as a part of the organization.
Equitable relations with the outside agents	In a program context, outside agents are often an important link between communities and external resources and this is especially important near the beginning of a new program, when the process of building community capacity may be 'triggered' and nurtured.
Stakeholder control	Community members have shared authority in decision-making on all aspects of the program (planning, implementation, evaluation, finances, administration, reporting and conflict resolution).

For some (health promoters or those with a long history of community development work), these ideas are not new. They simply offer a conceptual tool and measurement potential<sup>11</sup> to capture more efficiently what is often hard to document. For others (program planners more intent on achieving specific program goals), it challenges them to think about how their work might enhance broader community efforts to improve health and quality of life in a more durable and systematic way.

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