

Health Policy Research Program Summary of Research Results

Title: Synthesis Research on Community Capacity

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Summary

In May 2002 Health Canada, through the Health Policy Research Program, provided funding to analyze community capacity building trends, identify issues and gaps and to provide practice guidelines that can be used to inform policy decisions related to community capacity building. Communities of old and very old individuals are one of the fastest growing segments of the population and are among the heaviest users of health services. Community capacity building may have particular relevance for communities of elderly individuals to compensate for loss of individual capacity to and to extend the health system's reach particularly in the area of providing supportive services. The recent emphasis on community capacity building is timely and appropriate given the limitations of the community care system and the ongoing demands that will be placed upon that system by the increasing numbers of frail elderly individuals in very near future. Community capacity building is in its early stage of development, especially in the area of health care, and in particular as it pertains to the elderly. We drew on our combined experiences with (1) the Cherryhill Healthy Ageing Program, a collaborative program designed to develop, implement and evaluate a new and innovative model of community health for the elderly, (2) the "Models Project" an award-winning initiative which involved the creation of geriatric expertise in health care communities in southwestern Ontario, and (3) "Investing in Children", one of five provincial demonstration sites for the "Early Years Project" developed to promote early childhood health and facilitate the development of policy related to the health of children. Our research consisted of an extensive literature review and analysis of published cross-sector articles and unpublished reports related to community capacity building, a community capacity "think-tank" involving a wide health practitioners, funders and policy makers involved in capacity building, and a survey of community capacity projects. Our evidence-based and experiential findings confirm that there is a lack of "rigor" in the area of community

capacity building and that this and many other issues must be addressed before the value of this approach within the health context can be accepted.

Our Findings:

- there are currently no universally accepted definitions, processes, or evaluation indicators for community capacity building; terminology is used inconsistently and often incorrectly; it is quite common for projects to use the term community capacity building but not to practice the principles intrinsic to the definition.
- there are no uniform, consistent and universally accepted practice guidelines to guide community capacity building in general, or within a health context.
- there is currently no consistent theoretical foundation or infrastructure for community capacity building; community capacity building to date has progressed by a process of experience and “case law”; a number of key authors have attempted to identify critical/core components of the community capacity building process however much of this appears to be occurring “piece-meal” and lacks a co-ordinated approach at the national level.
- there is an inherent assumption that community capacity building is valuable however evaluation is deficient; outcomes at the “collective” community level or community-system level are almost non-existent.
- there is a dearth of information regarding indicators and outcome measures applicable to communities of elderly individuals and health promotion programs for the elderly and evaluation of such programs is deficient.
- the field is characterized by significant shortfalls in evaluation; projects focus on the process and rarely reach the outcomes; this may in part be because of the time frames involved (long time frame, short funding cycle); although many components and a multitude of indicators have been identified the field lacks a standardized approach to evaluation and has, to date, not produced a step-wise process that will allow projects to be built in an evidence-based manner.
- our attempt to survey the current practice in Canada met with limited success; the few respondents to our survey identified no evaluation indicators that were geared to capture achievement or capacity at the community (macro) level.
- our experience to date reinforces that there are clear parameters for community capacity building with older individuals living in the community; there are clear boundaries to what community members/communities are willing and able to do in a health context; “*one approach (e.g., community capacity building) does not fit all situations*”; there are such a diversity of communities and health topics that no one approach is the best; currently we lack any clear way of defining the

characteristics of communities, health issues; the type of approach most likely to be effective; or the potential role of the community.

Our Recommendations:

- the health system would greatly benefit from practical guidelines, which are evidence—or theory-based, or at least based in national consensus which health professionals, funders and policy makers could draw upon, selecting processes and evaluation indicators most appropriate for their area of interest; we feel it is critical at this stage that best practices and models within this field, including composite evaluation indicators reflecting both process and outcomes, be agreed upon.
- common and agreed-upon language needs to be developed; the critical elements of each level of community work need to be defined and incorporated with the Health Canada terminology and granting requirements; a clear expectation of the level of community involvement needs to be spelled out as it can range from true partnerships to responding to a survey.
- evaluation expectations and uniform evaluation guidelines and indicators should be developed to guide community-related initiatives; a structure for the development of an evaluation framework is proposed .
- it should be an essential component of any application for funding that the guidelines be recognized and followed; in the absence of a solid evidence base the guidelines based in theory and practical-based experiences (consensus) will serve to guide the field.
- the Ministry will need to review its funding process, including the application of guideline-based critical review and the recognition of the time lines such projects require; a process of sequential funding should be developed that will allow the evaluation of each step before the next attracts funding.
- it is recognized by practitioners that the sustainability of an initiative by its incorporation into the system can be problematic; standards and a review process need to be developed.

**The views expressed herein do not
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- The print version of the full report can be obtained in the language of submission from the Health Canada Library through inter-library loan.
- An electronic version of the report in the language of submission is available upon request from Health Canada by e-mailing rmddinfo@hc-sc.gc.ca.

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