Defining community capacity building: Is it possible?

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Abstract

Objective. Community capacity building has emerged as an important element in effective health promotion practice. The literature highlights many interpretations of community capacity building. Like other broad concepts such as community and social capital, the term ‘community capacity building’ is not easily captured. The context in which capacity is built is important and possibly contributes to the array of definitions.

Method. This paper reviews the definitions of community capacity building in health promotion beginning with early definitions in the 1990s to the latest offered by the WHO’s Health Promotion Glossary in 2006.

Results. The definitions have a common formula with three features: (1) community capacity building is a process/an approach; (2) capacity building is a collection of domains often referred to as characteristics, aspects, capabilities or dimensions; and (3) definitions incorporate an outcome or the rationale for building capacity.

Conclusion. The commonality in definition challenges the idea that the term ‘capacity building’ is fraught with a plethora of meanings. The formula can be utilised by communities needing to define capacity building for their own purposes, in their own contexts.

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Introduction

Community capacity building in health promotion has emerged swiftly over recent years from the community participation and development fields (Craig, 2007). It surfaced in health promotion through the Ottawa Charter (WHO, 1986) via associated concepts of community development, community action, participation and empowerment. With its adoption in the Bangkok Charter, and implementation into subsequent commitments to health promotion on the world stage (WHO, 1997a,b, 2000, 2005), capacity building is now embraced as a foundation for good health promotion practice (Hawe et al., 1997; CPHA and PTPHA, 2005). The work of health promotion practitioners often relies on forging new partnerships to achieve these mutual goals.
Table 1
The concepts contained within the definitions of capacity building deconstructed according to their processes, characteristics and ultimate outcome (rationale).

<table>
<thead>
<tr>
<th>Author(s), date</th>
<th>Title</th>
<th>Definition</th>
<th>Processes</th>
<th>Domains or characteristics</th>
<th>Goal/ultimate outcome. For what purpose?</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT Health, n.d.</td>
<td>ACT Health Promotion Grants Position Statement: Capacity building for health promotion</td>
<td>A process by which individuals, organisations, institutions and societies develop abilities – individually and collectively - to perform functions, solve problems and achieve objectives. Capacity building in health promotion develops sustainable skills within the workforce, builds new structures and policies within organisations, and creates new systems in order to more effectively promote the health and wellbeing of our citizens</td>
<td>A process by which...</td>
<td>Abilities – individually and collectively</td>
<td>To perform functions, solve problems and achieve objectives</td>
</tr>
<tr>
<td>Arole et al., n.d.</td>
<td>Improving community capacity</td>
<td>Strengthening the ability of a community through increasing social cohesion and building social capital...members of a community can work together to develop and sustain strong relationships, solve problems and make group decisions, and collaborate effectively to identify goals and get work done</td>
<td>Strengthening the ability of a community through increasing...</td>
<td>Social cohesion and building social capital</td>
<td>Work together to develop and sustain strong relationships, solve problems and make group decisions, and collaborate effectively to identify goals and get work done</td>
</tr>
<tr>
<td>Aspen Institute, 1996</td>
<td>Measuring community capacity building: a workbook in progress for rural communities</td>
<td>The networks, organisations, attitudes, leadership and skills that allow communities to develop according to their own priorities and needs</td>
<td>Combined influence of a community’s...</td>
<td>Commitment, resources and skills</td>
<td>To build on community strengths and address community problems and opportunities</td>
</tr>
<tr>
<td>Atkinson and Willis, n.d.</td>
<td>Community capacity building - a practical guide</td>
<td>That allow communities to develop</td>
<td>Networks, organisations, attitudes, leadership and skills</td>
<td>According to their own priorities and needs</td>
<td></td>
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<tr>
<td>Bopp et al., 2000</td>
<td>Assessing community capacity for change</td>
<td>A community’s ability to carry on the work of community health development....the individual and collective capacities that a community needs in order to be able to effectively address the primary determinants of health affecting those people in that place</td>
<td>To carry on</td>
<td>The individual and collective capacities</td>
<td>In order to be able to effectively address the primary determinants of health affecting those people in that place</td>
</tr>
<tr>
<td>Bullen, 2003</td>
<td>Ideas from the Community Capacity Building Forum</td>
<td>Improving the abilities of communities to enhance their quality of life and, assisting disadvantaged groups in communities in participate in these processes and obtain their fair share of the benefits</td>
<td>Improving the...</td>
<td>Abilities</td>
<td>To enhance their quality of life</td>
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<tr>
<td>Bush et al., 2002</td>
<td>Community Capacity Index</td>
<td>A collection of characteristics and resources which, when combined, improve the ability of a community to recognise, evaluate and address key problems....the work that is done to develop the capacity of the network of groups and organisations</td>
<td>Assisting...</td>
<td>A collection of (combined) characteristics and resources</td>
<td>To improve the ability of a community to recognise, evaluate and address key problems</td>
</tr>
<tr>
<td>Chaskin et al., 2001</td>
<td>Building community capacity (book1) and Building community capacity: a definitional framework and case studies from a comprehensive community initiative</td>
<td>Is the interaction of human capital, organisational resources, and social capital existing within a given community that can be leveraged to solve collective problems, and improve or maintain the wellbeing of that community. It may operate through informal social processes and/or organised efforts (by individuals, organisations, and social networks that exist among them and between them and the larger systems of which the community is a part)</td>
<td>Is the interaction....</td>
<td>Human capital, organisational resources, and social capital</td>
<td>To solve collective problems, and improve or maintain the wellbeing of that community</td>
</tr>
<tr>
<td>Easterling et al. 1998</td>
<td>Promoting health by building community capacity: summary</td>
<td>The set of strengths that residents individually and collectively bring to the cause of improving local quality of life.</td>
<td>To the cause of improving...</td>
<td>The set of strengths that residents individually and collectively bring...</td>
<td>To improve or maintain the wellbeing of that community</td>
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<td>Author(s)</td>
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<td>Ebbesen et al., 2004</td>
<td>Issues in measuring health promotion capacity in Canada: a multi-province perspective</td>
<td>Ebbesen et al., 2004</td>
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<td>Goodman et al. 1998</td>
<td>Identifying and defining the dimensions of community capacity to provide a basis for measurement</td>
<td>Goodman et al. 1998</td>
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<td>Healy and Hampshire, 2001</td>
<td>Community capacity building: from ideas to realities</td>
<td>Healy and Hampshire, 2001</td>
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<td>NSW Health Department, 2001</td>
<td>A framework for building capacity to improve health</td>
<td>NSW Health Department, 2001</td>
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<td>Smith et al., 2006</td>
<td>WHO Health Promotion Glossary: new terms</td>
<td>Smith et al., 2006</td>
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</table>

**Promote health**

Promote health through initiatives that strengthen the relationships among individuals and organisations within the community; allow more effective problem solving around health issues; and more generally, allow a community to recognise and make the most of resources that exist within it.

**Mix of skills, relationships, propensities for actions and openness to learning**

Mix of skills, relationships, propensities for actions and openness to learning...

**Initiatives that strengthen...**

Initiatives that strengthen...

**Relationships among individuals and organisations within the community**

Relationships among individuals and organisations within the community

**Allow more effective problem solving...**

Allow more effective problem solving around health issues; and more generally, allow a community to recognise and make the most of resources that exist within it.

**The extent... use and build**

The extent... use and build

**Their knowledge, skills, resources and abilities**

Their knowledge, skills, resources and abilities

**To take action on heart health**

To take action on heart health

**Project 1: the extent to which organisations within communities use and build upon their knowledge, skills, resources and abilities to take action on heart health**

Project 1: the extent to which organisations within communities use and build upon their knowledge, skills, resources and abilities to take action on heart health

**Project 2: a set of knowledge, skills, commitment and resources required by individuals and organisations to conduct effective health promotion**

Project 2: a set of knowledge, skills, commitment and resources required by individuals and organisations to conduct effective health promotion

**Project 3: the infrastructure, collaboration, evidence-base, policies and technical expertise within the health authority that exist and address cardiovascular disease prevention and health promotion (organisational capacity)**

Project 3: the infrastructure, collaboration, evidence-base, policies and technical expertise within the health authority that exist and address cardiovascular disease prevention and health promotion (organisational capacity)

**Project 4: capability of an organisation to promote health, formed by its will to act and infrastructure, and leadership to drive organisational change**

Project 4: capability of an organisation to promote health, formed by its will to act and infrastructure, and leadership to drive organisational change

**The cultivation and use of...**

The cultivation and use of...

**Characteristics of communities...**

Characteristics of communities...

**To identify, mobilise, and address social and public health problems**

To identify, mobilise, and address social and public health problems

**To conduct effective health promotion**

To conduct effective health promotion

**Cardiovascular disease prevention and health promotion**

Cardiovascular disease prevention and health promotion

**Community- and individual-led changes consistent with public health-related goals and objectives**

Community- and individual-led changes consistent with public health-related goals and objectives

**Transferable knowledge, skills, systems and resources required by individuals and organisations to identify, mobilise, and address social and public health problems**

Transferable knowledge, skills, systems and resources required by individuals and organisations to identify, mobilise, and address social and public health problems

**Public health-related goals and objectives**

Public health-related goals and objectives

**To define their own values and priorities and capacity to act on these**

To define their own values and priorities and capacity to act on these

**A generic increase in community groups’ abilities to define, assess, analyse and action on health (or any other) concerns of importance to their members**

A generic increase in community groups’ abilities to define, assess, analyse and action on health (or any other) concerns of importance to their members

**Increase in...**

Increase in...

**Abilities**

Abilities

**To define, assess, analyse and action on health (or any other) concerns of importance to their members**

To define, assess, analyse and action on health (or any other) concerns of importance to their members

**An approach to the development of sustainable skills, structures, resources and commitment to health improvement in health and other sectors to prolong and multiply health gains many times over**

An approach to the development of sustainable skills, structures, resources and commitment to health improvement in health and other sectors to prolong and multiply health gains many times over

**Development of involves actions: advancement (knowledge and skills), expansion (support and infrastructure in organisations), development (cohesiveness and partnerships)**

Development of involves actions: advancement (knowledge and skills), expansion (support and infrastructure in organisations), development (cohesiveness and partnerships)

**Sustainable skills, organisational structures, resources and commitment to health improvement in health and other sectors**

Sustainable skills, organisational structures, resources and commitment to health improvement in health and other sectors

**To prolong and multiply health gains many times over**

To prolong and multiply health gains many times over

**To enable effective health promotion**

To enable effective health promotion

**To improve health**

To improve health

**The advancement of knowledge and skills among practitioners;**

The advancement of knowledge and skills among practitioners;

**The development of knowledge, skills, commitment, structures, systems and leadership to enable effective health promotion.**

The development of knowledge, skills, commitment, structures, systems and leadership to enable effective health promotion.

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Effective partnerships are a precursor to building capacity to achieve mutual goals. However, defining capacity building with new partners, especially those from non-health arenas can be problematic, but is important to assist in a mutual understanding for a collaborative approach.

Capacity building as a concept has various meanings, models, modalities and methods (Hawe et al., 1997; O'Shaughnessy, 1999; Crisp et al., 2000; Banks and Shenton, 2001; Labonte et al., 2002; Craig, 2007). Even within its roots in community development, practitioners have struggled with its definition. For instance Kaplan (1999) cited in O'Shaughnessy (1999) comments “capacity building is a term which has become pervasive in development terminology. Yet, to define capacity building invokes a myriad of statements, definitions, theory and practice ranging from technical skill development to institutional development of civil society. The capacity building debate is dynamic and widespread, yet it lacks clarity, holds many ambiguities and has mixed and ultimately conflicting agendas” (O'Shaughnessy, 1999, p. 7). In health promotion, capacity building is one of those terms given to define a loose or wide concept. Professionals in the field can give an impression of understanding and consensus of the concept but differ in their definition (Hawe et al., 1998). More recently, Craig (2007) has stated “there clearly remains substantial linguistic and ideological confusion surrounding the term community capacity building just as with terms community and community development” (Craig, 2007, p. 348).

Before delving into the definitions of capacity building it is worthwhile to mention the term community. Although several hundred interpretations of community have been noted (Hillery, 1955), the term ‘community’ in reference to community capacity building, usually is referred to as (i) a specific geographical (spatial) community, (ii) a community of identity or (iii) groups of people with a common interest or issue (non-spatial), for example, youth, specific diseases (Chapman and Kirk, 2001; Kwan et al., 2003; Craig, 2007).

In 2006, capacity building was assigned in the WHO Health Promotion Glossary (Smith et al., 2006). It defines capacity building as:

“the development of knowledge, skills, commitment, structures, systems and leadership to enable effective health promotion. It involves actions to improve health at three levels: the advancement of knowledge and skills among practitioners; the expansion of support and infrastructure for health promotion in organisations, and; the development of cohesiveness and partnerships for health in communities” (Smith, et al., 2006, p. 341).

The purpose of this paper is to present an analysis of published definitions of capacity building that showcase an identified common formula, which questions the view the term ‘capacity building’ is fraught with a plethora of meanings.

Methods

The definitions of the term ‘community capacity building’ for review were obtained from a systematic search (Harden, 2002) for relevant literature in the public health and health promotion arena. The purpose was to obtain original articles published in peer reviewed journals and articles, and reports, position statements, tools and workshop materials in the grey literature. Public health was included in the search to capture health promotion activities in this domain. The search strategy formed part of a wider study of the concept of capacity building, including its history, definitions, characteristics and conceptual frameworks and because of its context, was limited to the health promotion fields.

The search strategy involved accessing: Ovid, to identify databases to search in the public health, allied health, medical, social science fields for original research; databases to search for original research presented in scientific journals (e.g. CAB Abstracts, CINAHL, Social Science Citation Index etc.); Entrez; government, academic, business and industry websites for grey literature; and university library catalogues.

A general internet search also assisted in the search for original articles and grey literature. Free text searching was implemented using the following key words: community capacity building, capacity building, building capacity, building community capacity, building health promotion capacity, capacity development, capacity strengthening, capacity enhancing/enhancement, capacity building tools/toolkit, social capital, social development.

The Medical Subject Heading (MeSH) vocabulary website was accessed to obtain further relevant searchable terms. The above key words were linked to other relevant terms such as health, health promotion, community, and communities. No dates were specified or used to limit the search since the field of study is relatively new in health promotion. Although the term ‘community development’ is often (but not always) seen as synonymous with capacity building, it was deliberately omitted since this would yield work from a broader dimension than public health and health promotion. In health promotion the term capacity building is preferentially used.

Results

A total of 109 articles and materials (‘articles’) were sourced. Most offered some description of capacity building (e.g. Hawe et al., 1997) and 49 offered a definition (45%). Not all articles had a definition. Some assumed prior knowledge (CDRA, 1995; Casswell, 2001; Laverack, 2003; CCWA, n.d.) or built on an author’s previous work (Laverack, 2003).

The 49 articles offering a definition were scrutinised further, using exclusion criteria to obtain original definitions with no duplication. Exclusion criteria, with number of articles excluded in parentheses, were:

1. reviews of the topic of community capacity building which therefore included various definitions (4)
2. the use of a definition quoted from one other author (12)
3. the use of a combination of definitions quoted from two or more authors; this included a series of definitions or the integration of two or more authors’ definitions into one definition (11)
4. defining what capacity building should do rather than what it is (2).

Exclusion criteria 1–3 were put in place to prevent the duplication as definitions were elucidated from the original authors; criterion 4 allowed only definitions to be scrutinised, not descriptions.

Of the remaining 20 articles, a further five were excluded as the work related to community development and not the more defined area of health promotion.

Analysing the definitions

To gain a sense of the 15 definitions collectively and to examine them more closely, they were tabulated (Table 1). The method was developed and performed by the lead researcher as part of a wider doctoral study, which was assessed and discussed by an experienced researcher (Simmons, 2009). The process per se was not repeated with another; therefore, reliability remains untested. The process of tabulation enabled a deconstruction of the definitions, diminishing them into smaller components. The components were compared and contrasted, upon which a pattern was realised common to all definitions. These commonalities were then labelled (headings on columns 4–6, Table 1).

A formula to the definitions

From the deconstruction of the definitions of community capacity building, it was deduced that collectively they have a common formula with three features. First, the definitions demonstrate that community capacity building is a process or an approach. Second, they show capacity building is not one definitive thing but a collection of what are denoted as domains, characteristics, aspects, capabilities or dimensions of capacity building. Third, they incorporate an end point, an outcome or the rationale for capacity building or as Labonte and Laverack (2001a) have described, capacity building for what? The definitions included for this review fitted this formula, presented in Table 1. The table headings represent the common constructs between the definitions.
Community capacity building as an approach, a process

The first thing to glean from this formula is that the majority of authors give a verb in their definitions, suggesting that the definition of community capacity building requires the performance of an action, that it is a process. Such verbs include 'strengthening the ability'... (Arrole et al., n.d.); 'that allow communities to develop ...' (Atkinson and Willis, n.d.); development of... involves action... (Smith et al., 2006); 'improving the... assisting...' (Bullen 2003); 'that can be leveraged... ' (Chaskin, 2001). Others call it 'an approach to the development...’(NSW Health Department, 2001). There seems to be no argument in the literature that community capacity building is a process. It is recognised as iterative, cyclic, and ongoing (Crilly, 2003). What has not been elucidated before is that this process is inherent in the definitions of capacity building. However, having deemed that community capacity building is a process, there is a gap in the literature in reporting what capacity building processes may look like (Crilly, 2003).

The characteristics of capacity building

A variety of characteristics were revealed in examining the definitions. These included general characteristics such as capabilities, abilities, strengths to the more tangible characteristics of knowledge, technical expertise, skills, and leadership. Partnerships in the form of collaboration, relationships and networks were also identified for 'building capacity' as was work on garnering resources, organisational resources, human capital, social capital and using infrastructure and policies. The less tangible characteristics of will, commitment, propensities for actions, openness to learning and attitudes were also present. It appears that the characteristics that require 'building' are as vast as the definitions for capacity building. In the reviews of the literature on capacity building, a common theme to emerge is the lack of consensus on the characteristics of the concept and hence its measurement (Crilly, 2003). Only a handful of authors have spent significant effort in building consensus on dimensions of community capacity (Labonte and Laverack, 2001b) and developing measurement tools (Macellallan-Wright et al., 2007). Kwan et al. (2003) uncovered 83 characteristics in a review of the existing evidence-base documents (Kwan et al., 2003). Similarly, Simmons (2009) identified 87 characteristics of capacity building.

Capacity building for what purpose?

All definitions had a purpose or rationale. Varying levels to specificity were found. Some included broad purposes, e.g. 'address the primary determinants of health'; 'enhance quality of life'; 'promote health and wellbeing'; 'to prolong multiple health gains many times over'. A few related to the characteristics or domains of capacity building, e.g. 'strong relationships', 'solve problems, group decisions, collaborate, identify goals'; 'recognise and use resources'. Seven definitions included problem solving or to address health problems. Others were more specific and context dependent, for instance, 'cardiovascular disease prevention and health promotion'; 'take action on heart health'.

It was not expected that the rationales in the definitions be similar as they are context dependent. However it seems that the rationales found within the definitions are at the heart of health promotion and serve the purpose for health promotion (Smith et al., 2001). The rationales are not dissimilar to the purpose or definition of health promotion itself in WHO's Ottawa Charter: 'Health promotion is the process of enabling people to increase control over, and to improve, their health...' (WHO, 1986). So is the intent of health promotion and community capacity building the same? This relationship of health promotion and capacity building has been picked up by Labonte et al. (2002) who describe health promotion programs as a means to the end of building community capacity and capacity building as a means to the end of program outcomes and sustained program activity. Community capacity building is thus seen as a "parallel track" to health promotion work – it does not replace such programs but runs alongside them (Labonte et al., 2002). This ties back to the notion that capacity building is at the heart of health promotion with capacity building as a foundation for good health promotion practice (Hawe et al., 1997; CPHA and PTPHA, 2005).

Discussion

From the literature on community capacity building, it could appear that definitions of this term in the health promotion literature differ substantially. Other authors, for example (Hawe et al., 1997; Crisp et al., 2000; Government of South Australia Department of Health, 2007), have suggested this. The deconstruction of the definitions here clearly shows that community capacity can be interpreted as a process on a set of characteristics for a certain outcome. Therefore it can be argued the definitions have not been "conceptualised in a diverse range of ways and associated with a plethora of meanings" (Crisp et al., 2000, p. 99). Clearly, it is not a unitary term (Crisp et al., 2000) and how the term is used varies (Banks and Shenton, 2001), but it does have a distinct formula incorporating three features.

Of interest, the most commonly used definitions were those of Goodman et al. (1998) and Hawe et al. (1997). Of the 12 articles that were excluded because they used another author's definition, four cited Goodman et al. (1998) or part of it, and two quoted Hawe et al. (1997)'s description of capacity building, using it as a definition (Goodman et al., 1998; Hawe et al., 1997).

In some cases it was difficult to elucidate whether the definition related to the broader concept of community development. Since capacity building for health promotion is claimed by most to have its roots in community development it is expected that the definitions in these two arenas would be of similar construct. For example, Chapman and Kirk (2001) define community capacity building as 'the process by which the capacity of the community is strengthened in order that it can play a more active role in the economic and social regeneration of their area through long-term ownership of the regeneration process' (Chapman and Kirk, 2001, p. 3). This is referring to the community development arena, but the same formula, for its definition, can be observed as for the definitions in the health promotion arena. Banks and Shenton (2001) present a similar concept to this formula, in a linear way for strategic capacity building, or circular for developmental capacity building/community development. The capacity of the community is developed (preparation) so members can participate (process), leading to desired outcomes (results) (Banks and Shenton, 2001).

Although evidence is lacking around the effectiveness of capacity building, there is an inherent assumption that it is valuable (Crilly, 2003; Kwan et al., 2003). The rationale for building capacity is often not made explicit in the context in which it is used and the concept is applied to various activities. However, a rationale is inherent in definitions for capacity building and has been articulated in various health promotion documents (WHO, 1997a,b, 2000, 2005)

Building capacity to influence health

The Jakarta Declaration ((WHO, 1997a,b) goes some way to answering the question “why build capacity?” It does this in its justification for health promotion by stating "it improves both the ability of individuals to take action, and the capacity of groups, organisations or communities to influence the determinants of health” (p. 5). What can be elucidated here is that health promotion principles are about increasing ability and building capacity to affect health determinants. Put simply, building capacity can influence health.
Empowerment and sustainability

Stemming from its evolution in community development and community participation, the notion of building capacity is essentially about empowerment and sustainability. In health promotion, the Jakarta Declaration ((WHO, 1997a,b) promotes empowerment as one of its priority statements: “increase community capacity and empower the individual” (p. 5). Thus, it can be argued that by building community capacity, the individual as well as the community become empowered, illustrating that empowerment can be viewed as the end point or rationale for capacity building. This is a broad rationale for capacity building.

It is recognised in health promotion, the sustainability of an effect (of an intervention) is one of the factors contributing to the desired health outcome (Hawe et al., 1997). By ensuring health workers and other organisations are responsible for, and capable of conducting, maintaining health promotion programs and initiating others (Hawe et al., 1997), capacity building therefore has a more focused rationale. Bush et al. (2002) also recognise sustainability as a purpose for a capacity building approach, in the implementation and outcomes of health based interventions (Bush et al., 2002). Further thinking in this area proposes that building capacity goes beyond this and is superior to program sustainability alone. Competence, through factors such as commitment, collaboration, development of critical skills and experience in implementing sustainable change to address a new health issue, indirectly generates new or additional health outcomes. Thus, “by building sustainable skills, resources and commitments to health promotion in health care settings, community settings and in other sectors, health promotion workers prolong and multiply health gains many times over” (NSW Health Department, 1999, p. 2). Bowen (2000) refers to these rationales as articulating the intent of capacity building efforts (Bowen, 2000).

The rationale for capacity building in health promotion is dependent on the context (physical/geographical, economic, socio-economic, cultural etc.) in which it is found. The players are governments, health systems, organisations and communities, and so it is expected that the rationale for capacity building will differ depending where it sits.

While there may be wide debate about capacity building, it seems that all disciplines adopting this approach (including its roots in community development) agree that the notion of capacity building in itself is valuable. This is well recognised in health promotion since the development of building community capacity has come to the forefront of health promotion practice. However little evidence exists for its effectiveness and the notion of community capacity building does have its cynics. Craig (2007) cites it is “like eating spinach, because ultimately it is good for you.” Community capacity building is not without further criticism (Levitas, 2000; Banks and Shenton, 2001; Craig, 2007, p. 342). Craig (2007) articulates these from four perspectives: (i) the introduction of a new concept when it has its roots in community development; (ii) the uncritical application of the concept to a wide range of activities; (iii) its capacity-deficit approach to communities; and (iv) the allure of funding from governments for capacity building schemes for buy-in to government agendas (Craig, 2007).

Since a major criticism of capacity building is that it is viewed through a deficit lens, we propose, like Chaskin (2001), that in defining capacity building, the term ‘leverage’ be used as a verb for the process (Chaskin, 2001). This implies the existence of capacities which may then be built upon. Chaskin (2001) suggests leveraging the interaction between the characteristics of community capacity building (human capital, organisational resources and social capital) that already exists in a community (Chaskin, 2001). Easterling et al. (1998) also incorporate a ‘strengths’ perspective into their definition. This implies assessing where the assets or capacities are to begin with (Easterling et al., 1998).

Therefore, we propose that capacity building be defined as the identification and leveraging (or similar verb) of <insert identified characteristics> for the purpose of …. (insert rationale; context dependent…). Here a community can insert their identified characteristics they decide to ‘build upon’ and articulate their intent (outcome) based on their communities context. To illustrate, a community might decide their definition for capacity building in the context of obesity prevention is “the identification and leveraging of key stakeholders and leaders, resources (human, financial and physical), training and environmental change to promote healthy eating and physical activity.” Under an action plan these characteristics can then be teased out to identify processes.

Although we mention that it appears the characteristics that require leveraging are vast (Kwan et al., 2003; Simmons, 2009) these characteristics can, as a starting point, be gauged from the conceptual models presented in the literature (e.g. Bush et al., 2002; Labonte and Laverack, 2001b; Goodman et al., 1998; Kwan et al., 2003). We found particularly useful the conceptual model produced by NSW Health Department (2001) since it categorized the 80-plus capacity building characteristics into a five-point framework of partnerships, leadership, resource allocation, workforce development, organisational development (Simmons, 2009).

Highlighting this formula is important. Although criticism surrounds a lack of consensus on a definition (Crilly, 2003), there is agreement that community capacity building is contextual (Banks and Shenton, 2001). In applying this to project work, communities can work together to identify the characteristics for building capacity specific to their context and rationale i.e. for what purpose? Communities may choose to use the terminology ‘capacity strengthening’, ‘capacity development’ or ‘promote capacity’ rather than ‘capacity building’ to denote an assets-based approach. The definition may form the basis for the project’s outcome, expressed as a change in capacity.

For capacity building to be meaningful to a community, the process of defining their own needs for capacity building would be important. This can begin with a definition. Applying this formula should make the task of defining capacity building for a community easier.

Conclusion

This review focused on a comparison and deconstruction of the definitions utilised to describe community capacity building in the health promotion arena. The deconstruction, a strategy of critical analysis, was employed to understand the obvious and ongoing dilemma of multiple definitions and constructs of capacity building. It provides an understanding of the concept holistically. The common formula amongst various definitions highlighted in this paper, i.e. approach/characteristics/rationale, can be applied for the purpose of defining community capacity building in any context. What still remains, is a consensus on the characteristics of capacity building and meaningful evaluation.

Conflict of interest statement

There are no known conflicts of interest.

References


NSW Health Department, 1999. Indicators to help with capacity building in health promotion. NSW Health Department.


