

Capacity Building: How Can National and Local Authorities Strengthen Resources for Public Health in Communities?

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Working invisibly: health workers talk about capacity building in health promotion. *Health Promotion International* 1998;13:285-295

Today

What is “capacity building” and its history?

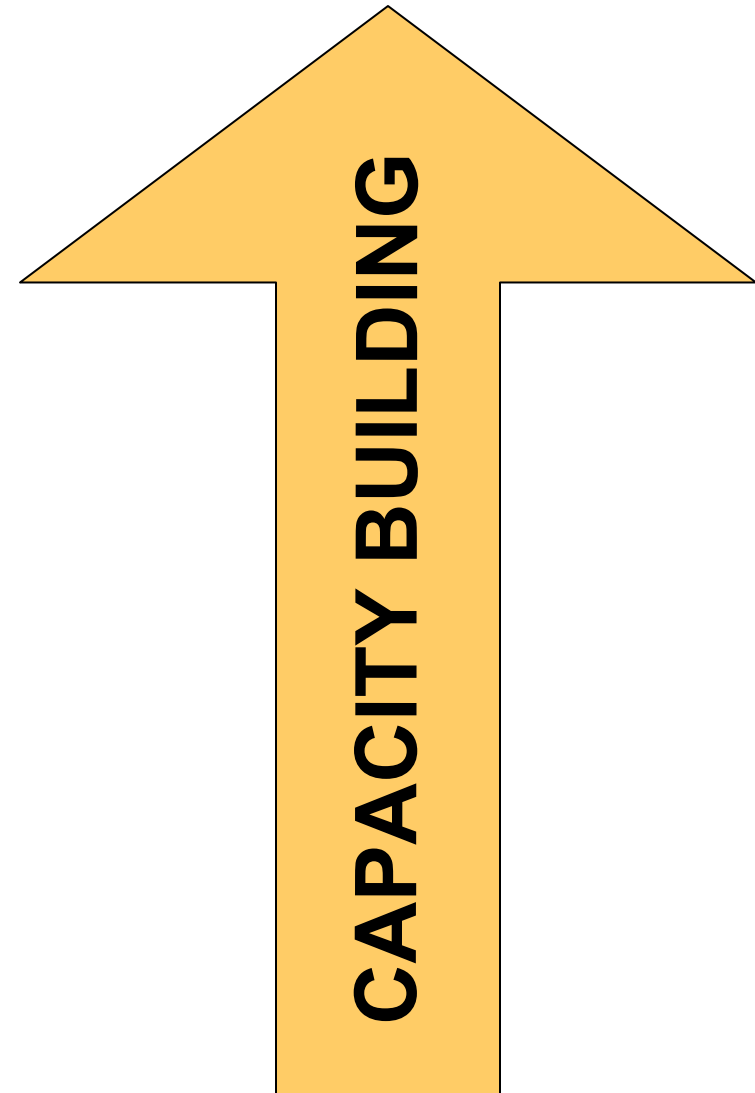
What do we mean by “resources” for public health?

Roles for government /other authorities

Community
Participation

Community
Organisation

Community
Development



Three ways capacity building was being used in literature in the late 1990s

Health infrastructure or service development

capacity to do a particular thing (eg., tobacco control, infectious disease prevention)

Program maintenance and sustainability

continuation of a particular service or action after funds withdrawal

Problem-solving capability (in organisations and communities)

generic ability to identify issues and design appropriate actions to solve them



MISSION of TURNING POINT IN THE USA

To transform and strengthen the public health system, to make the system more effective, more community-based, and more collaborative

Developing a Local Public Health Infrastructure: The Maine Turning Point Experience

Paul Campbell and Ann Conway

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This article describes the efforts of public health leaders to develop local public health capacity across Maine. More than 200 individuals representing both government and nongovernmental organizations became engaged in The Robert Wood Johnson Foundation–sponsored Turning Point project in 1999. In recent years, the state has had only two local (city) health departments, only one of substantial capacity covering an extremely small proportion of the total state population. This article describes Maine Turning Point organizational efforts, challenges, successes, and failures, from the perspective of 3 individuals involved in the process. Five years later, a new network of state-financed, community-based partnerships focused on chronic disease risk factors has been established, apparently strong enough politically to survive in an era of severe state budget cuts. Tobacco use has been reduced. Many other serious public health issues, however, from obesity to mental illness and substance abuse, remain to be successfully addressed. The development of a sustainable statewide network of local agencies providing the essential public health services remains an elusive goal.

KEY WORDS: collaboration, community-based public health improvement, community health improvement partnerships, local public health departments, public health improvement, Turning Point

The need to strengthen local public health capacity has been recognized nationally as well as within Maine. The Institute of Medicine has highlighted the important

support health, and where essential public health services, including quality health care, are available.”

In Maine, public health leaders have recognized the need for strengthening public health capacity at the local level. The state has serious public health problems to address with limited resources in a predominantly rural environment. Maine has the lowest population density of any state east of the Mississippi River and ranks 36th in per capita income. Currently, only the cities of Bangor and Portland have city health departments, with the latter the only one of real size and capacity. Few citizens are covered by Portland’s health agency; only 60,000 (5%) of the state’s nearly 1.3 million residents live within the city’s boundaries. Most public health responsibilities, therefore, fall to state agencies, in particular the Bureau of Health (BOH) within the state Department of Human Services. Much of the work is accomplished through myriad nonprofit statewide and local organizations under contract to the BOH. The two city health departments must compete for BOH and other state contracts with nonprofit agencies as well; in most cases they do not have special legal or administrative status despite their different, governmental, base. BOH officials, as well as leaders of nonprofit agencies, sought support from the Turning Point Program to address the lack of local public health capacity and began planning discussions in 1999.

● Maine’s Public Health Problems

Cancer, cardiovascular disease, chronic lung disease, and diabetes currently account for approximately 70%

Building Sustainable Public Health Systems Change at the State Level

Stephen M. Padgett, Betty Bekemeier, and Bobbie Berkowitz

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Reforming the public health infrastructure requires substantial system changes at the state level, including the reorganization of state agencies' plans, roles, and relationships with other sectors and communities. Beyond the limited time period of pilot programs and grants, how are these public health system changes to be sustained? Turning Point is an initiative of The Robert Wood Johnson Foundation to transform and strengthen the public health system. The 21 states participating in this initiative developed multisector partnerships to produce public health improvement plans and from these, chose one or more priorities for implementation. Reform efforts to strengthen the public health system occur within complex fiscal and political environments, however, and must cope with both uncertainty and turbulence in the process of implementing change. Turning Point state partners have developed a variety of approaches to the challenge of incorporating effective community collaborations as a permanent strategy for transforming public health systems. A qualitative,

grant-funded pilot programs can provide invaluable "seed money" for experimental and exploratory efforts, finding ways to continue and sustain those projects over time remains a challenge.

Turning Point is a national program that targets public health systems for infrastructure improvements.¹⁻³ The structure of the grants provided by The Robert Wood Johnson Foundation included a 2-year planning phase, followed by the possibility of another four years of funding for an implementation phase. The purpose of this study was to describe and analyze the strategies used by Turning Point state partnerships to continue their efforts beyond the grant-funded period.

The problem of continuing grant-funded initiatives after the end of the initial grant funding may be all too familiar to program staff and community participants, but discussions of it are relatively scarce in the research literature. There are explorations of sustainability in reference to particular issues, for example, of international aid programs,⁴ participatory-action and community-based research,⁵⁻⁷ health-promotion programs,⁸⁻¹⁰ local arts organizations,¹¹ and human-

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Where does capacity exist? What do resources for public health look like?

Obvious forms skills, leadership, committee structures, mission statements, dedicated funds, policies, program quality, workforce competence

Subtle forms hidden workforce, relationships, belief systems, language, problem framing

Thinking of my teachers this term, I really like.....

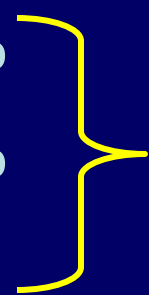
All of them 14%

Most of them 42%

Half of them 16%

One or two 25%

None of them 3%





PERGAMON

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Solutions forgone? How health professionals frame the problem of postnatal depression

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Abstract

Our interest is in how particular solutions in postnatal depression have a tendency to be adopted at the expense of alternative solutions. One aspect of the answer may lie in how people in positions of authority think about problems. ‘Framing’ refers to the way particular causalities, consequences and moralities are contained within the ways in which people communicate concepts, in particular in language and in metaphor. Naming the way problems are framed and identifying alternative frames, (i.e., ‘reframing’) may provide an opportunity to set problems more effectively and to identify solutions that will solve the problem more effectively. A framing analysis was conducted, drawing on interviews with senior researchers, policy makers and practitioners in the field of postnatal depression. Seven principal ways in which the problem of postnatal depression was framed were illuminated. These fitted into three broad approaches to the problem: individual therapeutic approaches, social competence approaches and societal approaches. Participants in our study were comfortable and articulate in describing the problem of postnatal depression—whether they were focused on the individual or societal levels of analysis. However, they were less well versed and comfortable in discussing what they felt might be important social or societal-level solutions, lacking in both language and schema to do so. The history and hierarchy that is carried by people from the helping professions may be hindering new avenues to help mothers with new babies.

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Keywords: Postnatal depression; Problem framing; Maternal health policy; Australia

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What authorities can do to promote public health capacity

- 1 Plan, sponsor and evaluate capacity building initiatives. Fund properly.
- 2 Require capacity building goals to be articulated (alongside health goals)

Example: Benalla Healthy Localities Project (Australia)

Rural Victoria, population= 9,000

Economically depressed

Needs assessment (qualitative) showed deteriorating sense of community

\$300,000 over 3 years

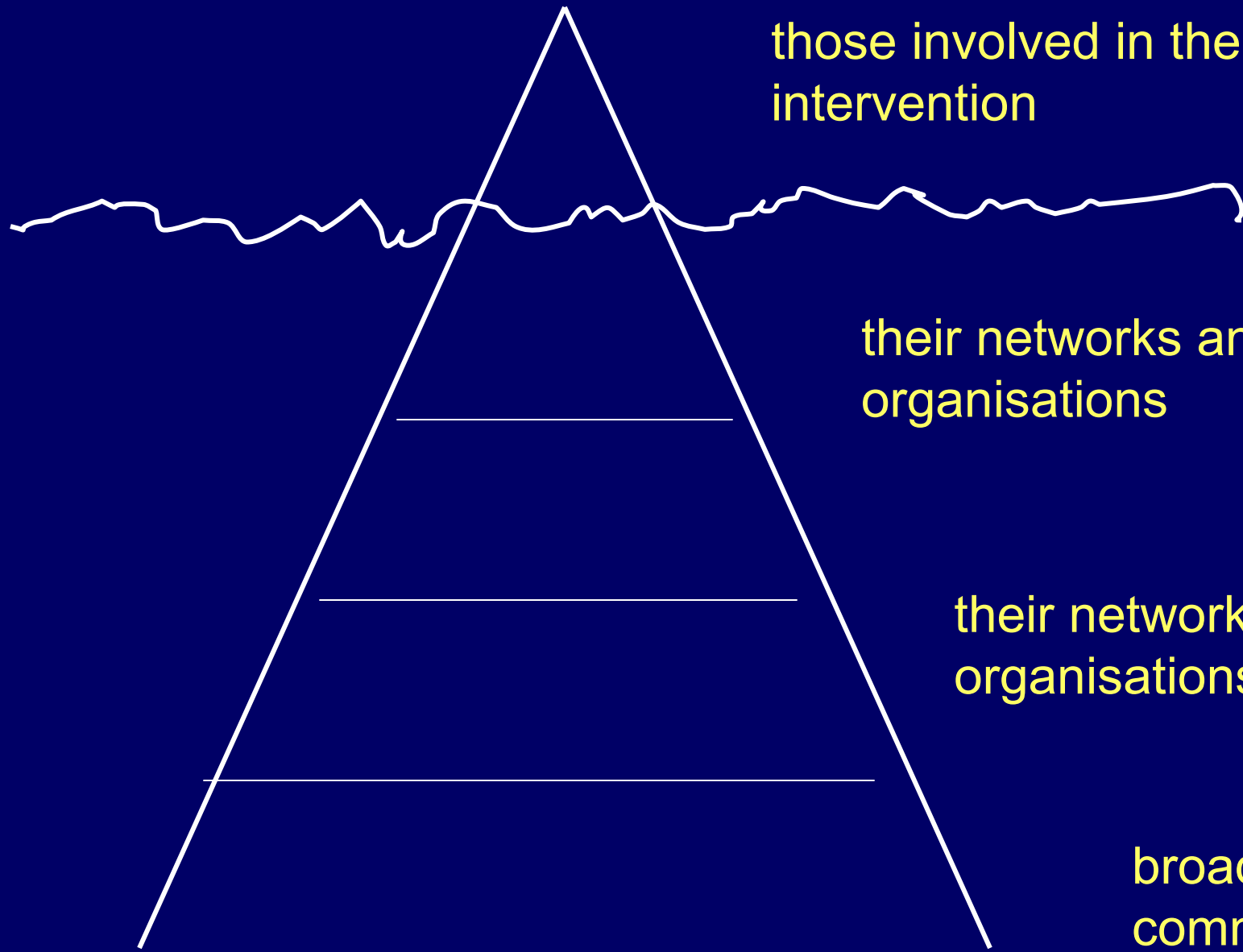
Project Leader: Liz Chapman

Projects

Farm safety

Youth health (alcohol,
transport, recreation)

Health needs of community
carers



those involved in the
intervention

their networks and
organisations

their networks and
organisations

broader
community

Two sets of goals

At health-outcome level

At the community-level

“ to show that ordinary people can make a difference around here”

Population Survey (pre and post)

Sense of Community *

Community attachment*

Participation in problem-solving*

Confidence in community
problem solving

Situation-blame versus person blame
for problems*

Random pop survey n=776

Word Pictures of a Stronger Community

“the face of this town has changed”

“people believe that you can do something about problems”

“they now have the feeling they can have their say and be heard”

Structural changes


Changed the bus timetable and route

Campaigned and successfully prevented the rail link from Melbourne from being cut

Community consultation became routine municipal practice

Attracted more resources (focus shifted to economic development)

What authorities can do to promote public health capacity

- 1 Plan, sponsor and evaluate capacity building initiatives. Fund properly.
- 2 Require capacity building goals to be articulated (alongside health goals)
-  3 Measure capacity

Measurement Example 1

Checklists for measuring capacity in health promotion

Canada
(2004)

Health Promotion Capacity Checklists

to assess practitioners, their organisations, & the 'climate' of the region or province they work in

Australia
(2000)

Indicators to Help With Capacity Building in Health Promotion

to assess effective coalitions, teams, readiness of a partner organisation, one-to-one mentoring, organisational learning, program planning quality

Websites to download checklists:

[www.usask.ca/healthsci/che/prhprc/programs/
finalworkbook.pdf](http://www.usask.ca/healthsci/che/prhprc/programs/finalworkbook.pdf)

www.health.nsw.gov.au/pubs/i/pdf/capbuild.pdf

Measurement Example 2

Assessing inter-organisational collaboration using network analysis

PRISM Program of Resources Information and Support to Mothers

a primary care and community development intervention to prevent post natal depression and promote maternal health

cluster randomised intervention trial (Lumley et al)

EcoPRISM in *J. Epi Comm Health* 2004;58:788-793

Inter-Organisational Network Analysis

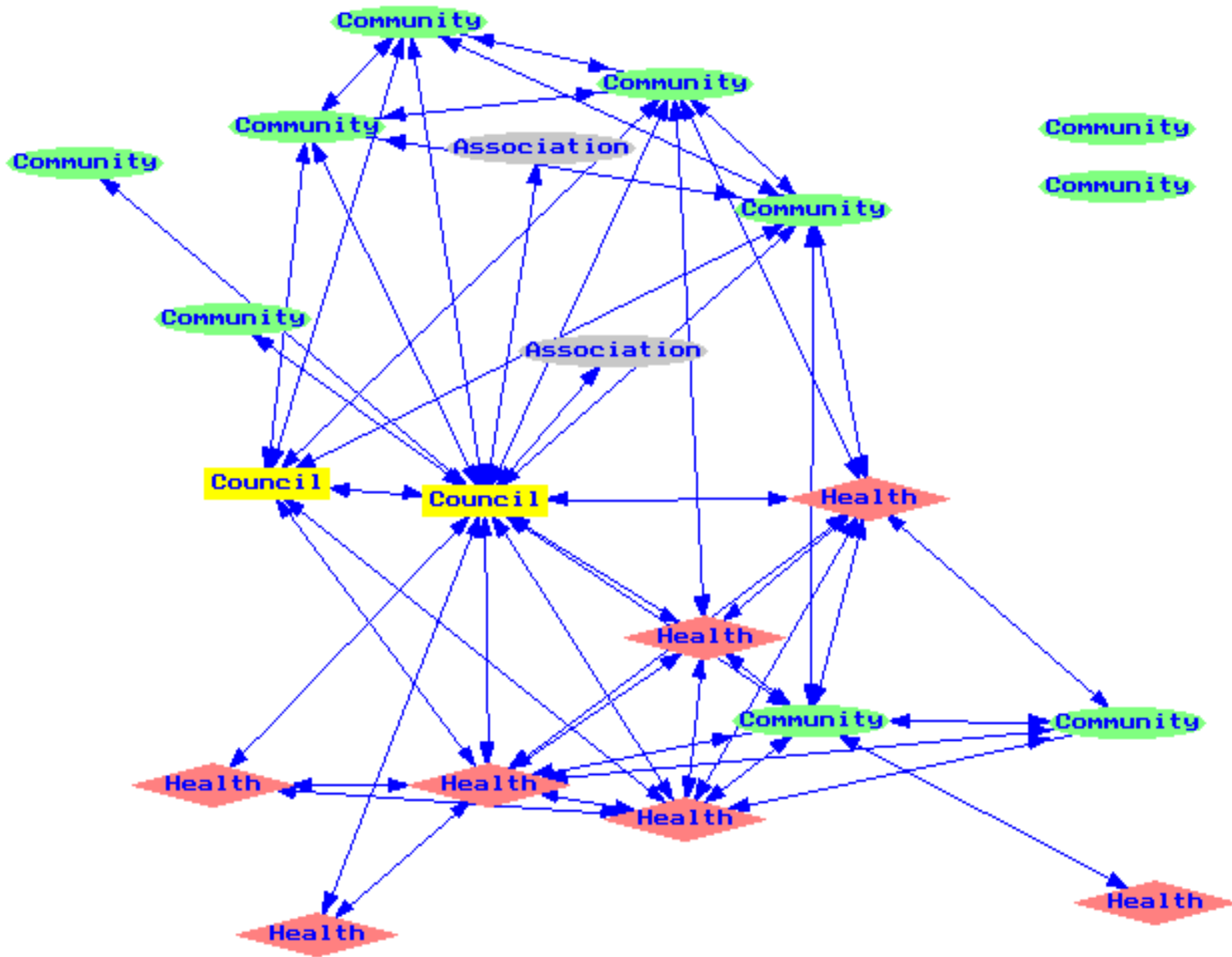
Maps who works with whom

Capacity-building interventions may lead to lasting changes in inter-organisational relationships (size and density of networks as well as strength of relationships)

Success of new interventions may depend on the pre-existing capacity

Inter-Organisational Network Analysis within EcoPRISM

- Telephone survey with about 25 agencies in each of 16 communities
- Maps 6 types of relations
- Calculates extent of ties (density) and centrality of “key players”
- Before and after survey



Variation in Communities at Baseline (lowest-highest)

	Density scores (%)
Awareness	63 - 80
Contact	43 - 60
Coordination	26 - 38
Sitting on committees	14 - 23
Joint planning	10 - 22
Referral relationship	34 - 45

What authorities can do to promote public health capacity

- 4 Measure capacity (“solution-delivery”) with the same zest and regularity as we measure and map public health problems

What authorities can do to promote public health capacity

- 4 Measure capacity (“solution-delivery”) with the same zest and regularity as we measure and map public health problems
- 5 Tap the *science* of capacity building - strengthen capacity building programs and measurement through the use of theory

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What authorities can do to promote public health capacity

6 Promote population and public health literacy

eg., Canadian Institutes of Health
Research program called “Centres for
Research Development”

“ One of the things I firmly believe in is changing the wording of the Ottawa Charter (for Health Promotion) from ‘creating supportive environments’ to ‘supporting creative environments’.”

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