Health Literature

**A Model for Building Collective Capacity in Community-Based Programs: The Elderly in Need Project**

By: Moyer, Coristine, MacLean, Meyer

4 stages of building collective capacity
- 1. identifying common ground
- 2. working cooperatively
- 3. working in partnership
- 4. working across the community

They refer to ‘capable communities’ as being the key to success of interventions and public health. “Building capacity requires health professionals to engage with individuals and communities in such a way as to create and sustain opportunities for meaningful involvement at all stages of health care planning and problem solving.” (205)

Authors argue that nurses are often overlooked valuable resources for building capacity for health promotion (based on trust they have gained).

The authors focus on the practitioner as key to working with community agents - “The ability of the practitioner to implement the program is influenced by personal characteristics that include: level of experience with community development and community organizing, local knowledge of the community, and skill in communicating with culturally diverse groups of people... [as well as] trust and overcome potential barriers when working with a range of community partners... For practitioners who engage in community-based programming with the aim of enhancing capacity, it is important to establish effective working relationships with one or more agents within the target community. Through these relationships, the practitioner implements the program and contributes to the development of community resources.” (207) [It seems to me that this is the ideal person - who the hell has all these qualities all of the time? Further, it does not take into consideration that such a person who is granted this power may not be so magnanimous with their decisions, etc. It is confusing how much power this person has based on this example. It doesn’t seem like individuals within the community have much of a say in how things are developed.]

Stages - progress from one stage to the next depends on the ability of the practitioner to engage with the community, to learn about community resources and the target population, and to implement the program, also depends on the responsiveness of the community [here it seems like the community would be more involved, but it appears only to be as a barrier/opposition to the proposed program. Thus, it does not appear that any one else other than the practitioner would be involved in the development of any programs. My understanding of capacity would be not to access services, but to be involved in the development and promotion of services in order to understand this process, etc. If not, then you remain a passive consumer.] The practitioner should be linking with a number of community agencies during this process to define collective goals and devise a shared agenda.
1. Identifying Common Ground - assesses potential collaboration. Inventory of resources, including networks, offers a means of assessing the current level of community capacity.

2. Establishing Self as Community Player with an Issue-Based Agenda - establish an insider status by being present in the community and engaging in cooperative activities [this seems naïve and the authors do not develop this or give an indication of the time frame. Being an ‘insider’ doesn’t happen overnight and it certainly doesn’t happen because you were cooperative at one given time. I feel that they are over-generalising this process by giving it no context.]

3. Working on a common project - regular communication in order to negotiate common goals, set time lines, assign responsibilities, and monitor progress. Here the practitioner can offer expertise in project management, skill development, leadership training, and support.

4. Working on a Multi-Agency/Multi-Sectoral Project - the practitioner brings together various partners from different sectors of the community to the project.

Progress across the stages will be different for each community and some may go through all only to have to return to an earlier stage once initiatives are completed. For capacity to be built, practitioners must work within community structures and with members. Transferring this learning to other issues is dependent on the extent to which a community itself develops competence and is an indication of community capacity levels. Also, it is not necessary to move through all stages to consider a given program successful - this depends on the context in which it was implemented.

This model “enables professionals to marry the responsibility for fulfilling organizational mandates for health promotion and disease prevention with capacity-building.” (210) Broad based community involvement is essential for sustainability. To avoid capacity-building to disguise an underlying agenda (negative), it needs to be more than just rhetoric (211). There is an incredible focus on leadership as the essential element to capacity building and tapping into the perceived needs of the community. [the authors never state how this ‘leader’ or practitioner is chosen, which makes it difficult to understand how the community is fully involved in this process.]