

# ASSESSING COMMUNITY CAPACITY FOR CHANGE



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We invite you to find a comfortable spot, sit back, read, think, and enjoy. Your feedback, comments, and questions are most welcome. We can be reached at:

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# Part I

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## Introduction and Foundation thinking

This handbook has been prepared as a guide to *assessing community capacity* for transformative work that leads to health. In this context, community capacity has to do with the question of whether or not the community has the characteristics, skills and energy to take on the challenges it will need to face in order to move to greater levels of well-being and prosperity. We have categorized these capacities in seven domains: shared vision; sense of community; communication; participation; leadership; resources, knowledge and skills; and ongoing learning.

In order to put the work of defining and assessing community capacity into the larger picture of community health development, however, we need to step back for a moment.

*“health is far more than the absence of disease.”*

We begin with the idea that “health” is far more than the absence of disease. Health is also the vitality and sustained well-being that comes from such things as a healthy environment, healthy life choices, a viable economy, healthy families, supportive communities and networks, a vibrant civic life, and freedom from intimidation, violence and abuse. Opportunities for each person to learn to develop his or her potential as a human being and to make a meaningful contribution to the well-being of others also are an important part of health and well-being.

The research literature refers to these and other important factors as “the determinants of health” (see Evans, Barer & Marmor, 1994 and Evans & Stoddart, 1994). In community work, we have often asked people what they need to have in their lives in order to have a good life and to be healthy. The kinds of things people have listed in groups working in urban and rural Canada, in Papua New Guinea, in the Ukraine, in Thailand, in Zambia, in Canadian (including Nunavut) and American Aboriginal communities and in Mexico have been virtually identical.

What follows is a synthesis of the responses we have received. The results have been remarkably similar across many communities and cultures, and also quite consistent with what the “experts” are now saying.

# Synthesis of Community Generated Determinants of Health

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- 1) Basic Physical Needs – adequate nutrition, clothing, shelter, pure drinking water, sanitary waste disposal and access to medical services.
- 2) Spirituality and a Sense of Purpose – connection to the Creator and a clear sense of purpose and direction in individual, family and community life, as well as in the collective life of the society at large.
- 3) Life-Sustaining Values, Morals and Ethics – guiding principles and a code of conduct that informs choices in all aspects of life so that at the level of individuals, families, institutions and whole communities, people know which pathways lead to human well-being, and which to misery, harm and death.
- 4) Safety and Security – freedom from fear, intimidation, threats, violence, criminal victimization, and all forms of abuse both within families and homes and in all other aspects of the collective life of the people.
- 5) Adequate Income and Sustainable Economics – access to the resources needed to sustain life at a level that permits the continued development of human well-being, as well as processes of economic engagement that are capable of producing sustainable prosperity.
- 6) Adequate Power – a reasonable level of control and voice in shaping one’s life and environment through processes of meaningful participation in the political, social and economic life of one’s community and nation.
- 7) Social Justice and Equity – a fair and equitable distribution of opportunities for all, as well as sustainable mechanisms and processes for re-balancing inequities, injustices and injuries that have or are occurring.
- 8) Cultural Integrity and Identity – pride in heritage and traditions, access to and utilization of the wisdom and knowledge of the past, and a healthy identification with the living processes of one’s own culture as a distinct and viable way of life for individuals, families, institutions, communities and nations.
- 9) Community Solidarity and Social Support – to live within a unified community that has a strong sense of its common oneness and within which each person receives the love, caring and support they need from others.

- 10) Strong Families and Healthy Child Development – families that are spiritually centered, loving, unified, free from addictions and abuse, and which provide a strong focus on supporting the developmental needs of children from the time of conception through the early years and all the way through the time of childhood and youth.
- 11) Healthy Eco-System and a Sustainable Relationship Between Human Beings and the Natural World – the natural world is held precious, honoured and respected by the people. It is understood that human beings live within nature as fish live within water. The air we breath, the water we drink, the earth that grows our food and the creatures we dwell among and depend on for our very lives are all kept free from poisons, disease and other dangers. Economic prosperity is never sought after at the expense of environmental destruction. Rather, human beings work hand-in-hand with nature to protect, preserve and nurture the natural world upon which all life depends.
- 12) Critical Learning Opportunities – consistent and systematic opportunities for continuous learning and improvement in all aspects of life, especially those connected to key personal, social and economic challenges communities are facing, and those which will enhance participation in civil society.
- 13) Adequate Human Services and Social Safety Net – programs and processes to promote, support and enhance human healing and social development, as well as to protect and enable the most vulnerable to lead lives of dignity and to achieve adequate levels of well-being.
- 14) Meaningful Work and Service to Others – Opportunities for all to contribute meaningfully to the well-being and progress of their families, communities, and nations, as well as to the global human family.

Whenever we have tried to work on improving the wellbeing of real communities in any of these areas, two things become immediately obvious.

- These fourteen basic determinants of well-being should be seen as an integrated, interdependent web of factors, rather than as distinct, unrelated lines of action. It is often impossible to address one of the determinants without touching on many of the others.
- Much of what people need in their lives in order to be healthy cannot be delivered to them by professionals. A very significant proportion of what is needed has to be developed from within people and communities.

## **Two Kinds of Work to be Done**

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In helping communities to improve the conditions that lead to health, there are two inter-related dimensions of work to be done.

*“Individual patterns of thought and behaviour lead to health”*

- 1) First is individual learning, healing, growth and change. Individual patterns of thought and behaviour can lead to health or to very destructive outcomes, and there is work to be done in stimulating, motivating and guiding change to take place on this level. Personal habits such as those related to stress, diet, exercise, consumption of alcohol and drugs, sexual conduct and emotional balance all require the engagement of individual choice and processes of individual learning if change is to occur. But there is more.
- 2) The social-cultural world that a person lives within (like a fish lives within water) can have a tremendous influence on attitudes, behaviour and ultimately on health outcomes. Some communities create opportunities for their members that greatly enhance personal levels of well-being such as access to recreation, education, arts and cultural experiences, high levels of trust and mutual aid, economic opportunities, etc. Other

communities provide a hostile environment in which individuals are left to fend for themselves to fight over scarce resources and are discouraged from cooperation and mutual aid by a climate of dependency-thinking, suspicion, mistrust and an absence of nurturing and supportive social networks.

*Social-cultural context has influence on health.*

Clearly one aspect of health development work is transforming the web of relationships and the patterns of interaction flowing from those relationships (personal, political, economic, social, cultural, etc.) so that the overall pattern is one that enhances and supports human well-being, rather than one that undermines and destroys it.

## Why Assess Community Capacity?

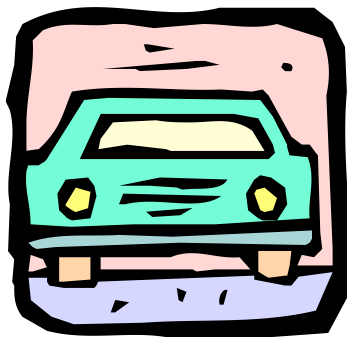
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When we speak of “community capacity,” we are really talking about a particular community’s ability to carry on the work of community health development. In other words, we are concerned with the individual and collective capacities that a community needs in order to be able to effectively address the primary determinants of health affecting those people in that place.

The reason we want to measure those capacities is to help community leaders and outside helpers to learn how to be more effective in the process of transforming health conditions.

### The Car

One way to think about community capacity is to use the metaphor of a car on a trip from one place to another. The car is really not the point of the journey. It is only people’s way of getting from here to there. For the journey to make sense, the people need a destination, a goal. In community health development work, the projects and programs we undertake are not an end in themselves. They only make sense if they take us where we want to go. If we are unclear about our ultimate goals, community programs can become quite pointless and exasperating for everyone.



Let us assume that we know where we are going. We can all pile into the car and tell the driver where to go, but unless the car is in good running order, unless it has fuel, and unless the driver is competent and knows the way, we’re still not going to get where we’re going.

Community capacity is like the car. We have to know where we are going in health development processes, and we have to actually apply the capacities of our vehicle to our particular objectives or we will not be able to achieve our goals. But what if the car has a flat tire or not enough fuel? In community work an equivalent of running out of gas or having an engine breakdown might be caused by any one of the following:

1. a lack of community engagement and ownership for the process (perhaps it was not really a community priority)
2. an absence of clarity about the vision of what is to be achieved
3. a breakdown in constructive communication
4. an inability to work together effectively
5. ineffective leadership
6. a lack or misuse of necessary resources
7. a lack of vital knowledge or information
8. a lack of practical skills

The presence or lack of these and other “capacities” can make all the difference in whether a community effort intended to improve health conditions actually does achieve what it sets out to do.

So measuring community capacity is the equivalent of checking the fuel gauge, the oil levels, the tires, and making sure the motor is in good running order. From the point of view of community people working to address critical issues, as well as from the point of view of outside helpers working to support and guide community efforts, taking a systematic reading on community capacities (such as leadership, access to and deployment of resources, and the ability to engage community members in the process) can help a great deal in knowing what kind of learning and support the community may need in order to be truly effective in health development efforts.

## Professionalization and the Erosion of Civil Society

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There is a tendency in community practice to refer to the “good old days” when life was slower, people helped each other and when true community still existed. While the “good old days” weren’t always good for everyone (there were many restrictions in personal freedom and many barriers to self development for some), there is considerable evidence in social science literature dating back to the turn of the century that there has in fact been a gradual eroding away of the essential bonds of trust, mutual aid, self reliance and social solidarity that form the glue of strong, healthy and resilient communities.<sup>1</sup>

One of the changes that has taken place is sometimes referred to as the professionalization of everyday life. Daycares replaced extended families; contractors replaced neighbours helping neighbours; grief counselors, social workers and psychologists replaced kind-hearted relatives or wise friends. With this change came a kind of learned helplessness and dependency-thinking. There followed a proliferation of professional agencies and specialist roles in community life, and a general belief that for every problem, from a sewer backup to a death in the family, there is a specialist who must be called to take care of the problem (usually to make it go away). In this world of many specialists (and very few integrative generalists) a significant portion of the cost required to pay for the many services now required by everyone (including roads, police, medical services, social services, schools, etc.) is borne by the public sector (in other words, all of us through tax dollars). Of course many professional services are also bought and paid for on the open market, and those with more money can afford better services.

In the past ten years, there has been a significant shifting of tax dollars out of public sector services and into private (largely corporate) hands in the belief that an improved economy will improve life for all because there will be more money in circulation. This shift has caused a great deal of hardship and

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<sup>1</sup> See for example Robert Putnam’s work on the loss of social capital (Putnam 1993).

disruption, especially in larger cities, where the poorest had learned to rely on subsidized services ranging from housing, health and education to income subsidies. The mantra now repeated by governments everywhere is that there is “less money,” and so communities will have to learn to do things for themselves again. This approach is referred to (by those who don’t like it) as “downloading” costs and problems onto communities.

No matter what occurs in the ongoing debate over who is responsible for protecting and caring for the resources and institutions that comprise the common good, these changes have played a significant role in stimulating the re-emergence of community dialogue, in that people everywhere have been forced to look again at their own lives and circumstances. Two important lessons have emerged from this process.

1. It has become abundantly clear that professionals and agencies are simply not able to solve many of the critical human problems communities are facing, such as youth in crisis, alcohol and drug abuse, unemployment, poverty, racism and ethnic conflict, environmental pollution, crime, housing shortages, and the spread of AIDS, to mention only a few.
2. It is also clear, upon reflection, that some of the most significant social advances human beings have made in the past fifty years were not made by agencies and professionals, but rather by ordinary citizens working together in what is often referred to as “civil society.” Women’s suffrage, human rights, the fending off of mass starvation, the banning of nuclear weapons, the raising of environmental awareness, and the global focus on the rights and well-being of children are all examples of very positive advances made as a direct result of the work of civil society (ordinary citizens working together). It is true that the great bureaucracies of the world “came lumbering after,” and very elaborate systems and programs were established, but the initiative and driving force for these changes came from civil society, and civil society is us. (Atkisson 1997, p. 285)

## Other Reasons to Measure Capacity (or feeding the outcomes fetish)

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*Support of  
outside  
helpers is  
important*

We began this chapter with the argument that much of the work to be done in achieving health for all cannot be done by professionals and handed over to communities like a package of pills. Improvements in many of the fundamental determinants of health require that people and communities learn and change. This is work that can only be done from the inside - from within individuals, families, groups and communities.

While it is true that community development must be homegrown (from the inside out), it is also true that almost all community development occurs with the catalytic support of outside helpers who work with the community (see Oakley et. al. 1991). One of the challenging issues that has arisen within public health practice is how to measure and account for the work health professionals do in engaging and supporting community health development processes.

For funders, the issue is one of being able to say, with some degree of certainty that money is being well spent. Health authorities now have significantly less money to spend than they did two or three decades ago, and yet there is considerably more demand for dollars to be spent on preventing disease and promoting health beyond the dollars spent on medical services.

The traditional measures used to justify health spending are rooted in epidemiological methodology. In essence, that methodology looks at the distribution of disease and morbidity trends over large populations (usually reported as the number of incidents per hundred thousand population). So, for example, if the rate of young persons' (under 25 years) suicide in a particular region was found to be at the level of 49 per hundred thousand per year (a very high figure compared to the 1992 national average of 13 per hundred thousand<sup>2</sup>), an intervention seems to be warranted.

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<sup>2</sup> Statistics Canada - Age Standardized Suicide Rates (males and females) per 100,000 Population, 1992.

A problem occurs with the use of epidemiological methods when health practitioners try to find out if their interventions are really working in any particular local community, especially if that community is small. The usual requirement to show “results” from an intervention is to look at “health outcomes” data. In other words, has there been a change in the levels of disease or morbidity incidence reported?

Returning to our example of youth suicide, the following practical problems occur in trying to use epidemiological methods to answer the outcomes question.

- a) For the statistical analysis at the heart of epidemiological methods to be valid, a large (usually 100,000 persons or greater) population is needed.
- b) The cost of data collection is so great (both in time and money) that it is not feasible to do major studies on any one region more than once every few years.

As is the case with certain isolated aboriginal and northern communities, high rates of young peoples’ suicide can occur within communities of 500-2000 people. Furthermore, their reported suicide rate is 5-7 times the national average. Such communities are extremely anxious to find an intervention that will save their young people. Health practitioners working with these communities need to be able to measure the effectiveness of their interventions, upon demand, in much shorter time spaces, and to be able to isolate results for particular communities for particular windows of time. We propose that many such public health related challenges exist for which:

- a broad-based multi-sector intervention is needed (mental health, social services, education, economic development, churches, voluntary service organizations, and others working together);
- the community, and particularly those most affected (like youth and their families), must be engaged in the problem-solving process; and
- success must be measured in qualitative processes and locally generated benchmarks as well as in the short-term tracking of isolated incidents (along with a rich description of the conditions and behaviours that give rise to those incidents).

## *New research practice*

We therefore argue that in public health practice, a different set of definitions and methods is required for describing health outcomes and accounting for professional interventions than those used in traditional, medically driven health programs and rooted in epidemiological methodology.

We submit that what is needed is a research practice with the following characteristics:

- a) it combines qualitative and quantitative data
- b) it can be specific to particular community circumstances and needs
- c) it is oriented to action - that is, to improving practice
- d) it can accommodate and measure two kinds of outcomes; (i) those related to *process*, which tell us if the living processes of community life and professional interventions are leading to improvements in the fundamental determinants of health (roughly equivalent to vital signs in sick patients); and (ii) of *outcomes*, which tell us if the number of actual incidents (suicides, accidents, heart attacks, new cases of diabetes, etc.) are being reduced in the short run, as well as over time.

In summary, there is clearly a need within public health practice for new standards of measure, new definitions of “health outcomes,” and new approaches for accountability.

Measuring community capacity is a small part of this much larger picture. In public health practice (unlike most other professions) results are measured not strictly in terms of what the professional does or does not do, but also in terms of what the community does or does not do. Indeed, much of what professional public health practice tries to do is to get the public to “do the right thing.”

By measuring community capacity to do the work needed for health development, and by following up with sustained capacity building activities as well as technical support to backstop where capacity is lacking, professional public health practitioners can much more accurately pinpoint what is needed

and assist a community in its efforts to address the primary determinants of health impacting particular health outcomes.

## So What is “Community Capacity?”

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By “community capacity” we mean the ability of people and communities to do the work needed in order to address the determinants of health for those people in that place.

In this volume, we have identified seven (7) community capacity domains that are fundamental to success in any community health development process.

They are:

- shared vision
- sense of community
- participation
- leadership
- resources, knowledge and skills
- communication
- ongoing learning

In the sections to follow, we will define what we mean by each of these, and present a detailed methodology for assessing community capacity that can be tied directly to action within communities as well as to accountability to health managers and funders.

## The Benefits of Measuring Community Capacity

There is no way of truly understanding a human process (and communities working is most certainly a human process) except from within the process itself. This is a fundamental axiom of sound social science. It follows that community capacity cannot be adequately assessed except through engagement (i.e. participation) of key community members in the assessment process.

Our experience in actually conducting community capacity assessments has shown that the process (like all effective participatory action research methodology) produces a number of important outcomes and benefits simultaneously.

- *Community and Professional Learning* – the process generates tremendous self knowledge, insights and awareness for community members and organizations about their own situation and patterns of behaviour. In other words, the process builds capacity, and it also educates participants about the basic dynamics of the community development process.
- *Research Outcomes* – The process measures and describes the strengths, weaknesses and needs of the community relative to capacity needed to achieve intended health-related outcomes.
- *Motivating People and Guiding Future Action* – The process points the way for learning and action needed by the community and for work to be done by outside helpers. It constitutes a form of critical reflection for future stages of community work.

## Putting It All Together

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Community health development work can be understood as the process of increasing the capacity of people and communities to address the determinants of health. Communities need to be able to focus their collective attention and will on those issues and processes that are generating (that is, determining) health outcomes for people and to take both individual and collective action for change.

Health practitioners working with communities need to focus their work on identifying and building community capacity to do the work that is needed to actually impact health conditions and outcomes.

Measuring community capacity offers a systematic strategy for focusing both community and professional attention on the specific areas that are strong - and can therefore be built upon immediately - as well as on areas that are weak, and thus need to be strengthened if new health outcomes are to be achieved.

Measuring community capacity also provides public health practitioners and managers with a new conceptual framework and tools for defining the outcomes of public health practice and for assessing the effectiveness of community development interventions.

## Part II:

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### Our story

In 1995/96, a team of public health practitioners (The Action For Health Team) working in the David Thompson Health Region (DTHR) began asking themselves some very tough questions about what “health” actually is, and about what is needed to bring people and communities to health.

By that time, it was already quite clear to most public health practitioners world-wide that a significant portion of what determines health has very little (if anything) to do with what can be delivered to people through a health care system, however modern and efficient that system may be. It was understood that many health-related problems and conditions reside within the domain of individual people’s lives and choices and within our societal level relationships with each other. Poverty; the spread of AIDS; mental and social health problems such as addictions, physical and sexual abuse and stress; nutrition related diseases; accidents and injuries are only a few of these. The professional challenge is to engage people and communities in consultation, learning and action processes that will result in positive change in the specific areas that are determining health (or the breakdown of health) for those people.

It was during this early period of reflection and action that a working partnership was formed between the DTHR Action for Health team and the Four Worlds Centre for Development Learning. Four Worlds is a small international NGO with many years of experience working in community health development and change processes around the world. Our collaboration began with a focus on building professional capacity for community engagement related to the determinants of health, and gradually evolved into a working partnership touching many issues concerning public health practice, including the development of research strategies and tools for community-based assessment.

The theoretical and practical roots of our collaborative work may be found in the literature and practice of the participatory action research movement (see Freire 1970, 1978; Hall 1975, 1981; Fals Borda and Rahman 1991; Smith 1998;

Annello 1989 and Gaventa 1991); in the emerging literature related to public health promotion practice (see Labonte 1990; Labonte and Feather 1996; Minkler 1985; Oakley 1989; Oakley et al., 1991; and Rifken et al.1988; Rifken, 1990); and in the field of community development, which emerged as a recognized discipline and professional practice in the heady years following World War II as Europe was rebuilding and Africa was “decolonizing.” (See Roberts 1979 and Nyerere 1976).

The best inventions often emerge out of necessity. Our “necessity” came in the form of a concrete project called “Heart of the Land” which we (the authors) collaborated on during the evaluation phase. It was in grappling with the lessons emerging for public health practice from that project that this one (measuring community capacity) was born.

## **The Heart of the Land Project**

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Along with many other health regions across Canada, the DTHR became involved in a federally and provincially funded “heart health” research activity between 1993 and 1997. The DTHR project was called “Heart of the Land,” and focused on improving heart health behaviours as well as in creating community-based coalitions to sustain a heart health agenda. Most of the actual energy of the project was taken up with traditional strategies such as risk screening and assessment, health education and attempts to build organizational and community partnerships focused on heart health awareness. As evaluation of the project progressed it became clear that one of the original project goals had not been adequately addressed. That goal was “to address the social and environmental conditions” for heart health through building “increased capacity” of people and communities to impact their own health conditions

When we turned to the literature, we found a great deal of discussion about moving more explicitly toward a capacity building approach in health promotion but a lack of concrete recommendations for action. Many writers used the

term “capacity” without clearly defining it. Others offered an exact meaning but did not suggest a practical process either for assessing or building capacity. Further, no one seemed to be linking the concept of capacity to health outcomes.

We asked many questions such as: What is community capacity? Capacity to do what? What does a community with lots of capacity look like? What are the key strategies for building community capacity? How would we recognize that capacity was built? We intuitively thought that capacity building was evident in some aspects of the project (for instance, community members participating in health education events and developing smoke-free policies in community halls) but explicit, logical links to actions were missing. The project had been implemented as a professionally-driven community mobilization initiative and we readily identified that the community had limited participation in making decisions, was offered few opportunities for leadership development, and played only a small role in the assessment and evaluation of project efforts. We knew we had a lot to learn.

Once we established the relevance and importance of community capacity to our work, we set out to systematically deepen and refine our understanding of how “community capacity” impacts the practical work of addressing the critical determinants of health. Through a process of community consultation, action, and reflection we learned the following:

1. Focusing on health determinants (rather than directly on health status) has often proven to be the most effective long range strategy we could find for impacting health outcomes in an effective and sustainable way;
2. Community members can readily identify the determinants of their health;
3. Effective interventions are almost always built on the community’s own self-identified needs, assets and resources;
4. Addressing health determinants very often requires collective action; i.e. many people working together;
5. Effective interventions are almost always designed to be specific, not generic. That is, it is important to develop strategies that

match each community's unique conditions and contexts. There does not seem to be many "one-size-fits-all" solutions in community health development; and

6. Even in community-based programming, where the health organization names the problem to be solved, a community-capacity building approach is essential because progress cannot be made without the harnessing of community energy from the inside out.

From this understanding a tentative definition of "community capacity" emerged: community capacity refers to the various capabilities a community must be able to utilize in developing, implementing and sustaining actions for strengthening community health. While we knew that this was not nearly specific enough, as a starting definition, it did point the way to the need for more direct work with communities in order to identify which capacities are most needed and how it might be possible to assess strengths and weaknesses in community capacity. Some of our questions were beginning to be answered, but certainly not all.

## Community Grants Initiative

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During the 1995-97 fiscal years, funding to the DTNR by the Alberta Government for health promotion was used to offer a series of grants to community-based organizations. The goal was to give communities increased control over and responsibility for actions to improve their own health.

While the grants were well received, we identified certain limitations to this health promotion strategy. The "community" issues were actually defined, most often, by a small group of health and human service professionals (the grant applicants), and it became very difficult to say whether or not the priorities that had emerged were really those of the people whose health was to be influenced. Projects certainly did not address the broad range of social,

economic and environmental factors that determine health to the degree we had hoped. The main area of focus was on personal lifestyle behaviours and coping skills. The emphasis on this narrow band of health determinants seemed to limit our early discussions on community capacity to issues such as access to resources, knowledge and skills. Other important areas of capacity building were clearly missing from the discussion. We felt that our future health promotion initiatives needed to encourage and support an approach that would include more sustained and intensive community-wide planning and priority setting - that is, a community capacity building model.

## Healthy Communities Initiative

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The DTHR's Healthy Communities Initiative (HCI) officially began (in 1997) as the Community Grants Initiative finished. A "Committee For Healthier Communities" comprised of representatives from a wide variety of sectors, perspectives and interests was established to oversee the planning and implementation of the initiative. Early on, the Committee adopted the same health promotion goals established by Alberta Health:

Communities will:

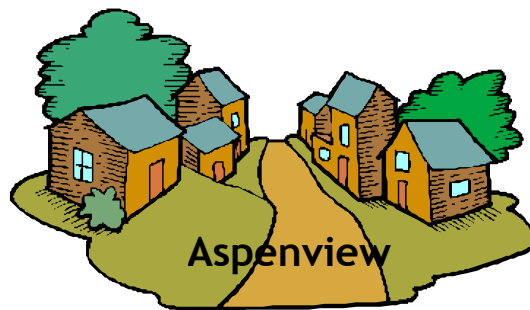
1. identify needs, strengths and resources
2. ensure broad participation in identifying issues, priorities and creating solutions
3. establish effective partnerships and collaboration
4. create and implement action plans addressing priority issues
5. provide evidence of improved health and well-being.

Since April 1998 five communities have engaged in a planning process that includes visioning, gathering of information about current needs and strengths, selecting key priority areas for action, and the development of action plans.

Communities then proceed to implement projects based upon their action plan. Communities are assisted in their planning processes by a team of Community Health Promotion Facilitators and have access to research, evaluation and communication/outreach support. Financial support for projects identified in the action plans are provided from a Healthy Communities Fund.

These projects may have some immediate impacts upon health determinants and health status. However, we expect that their greatest effect will be the enhancement of community capacity which can then be used in a wide variety of other community actions and activities that contribute to the creation of a healthier community.

With this in mind, we initiated a participatory action research process in partnership with three of the five communities. The goal of this work was to identify and define generic domains of community capacity needed in community health development processes, and to develop an effective methodology for measuring capacity within the context of ongoing community work.



*The work of the people of Caroline, Elnora, and Sylvan Lake is honored in this handbook through the use of a running case study to illustrate important points. The case study highlights a community fictitiously named “Aspenview” which is a composite based on the experiences of these three communities. Many of the quotes used in this case are taken directly from the words of community participants; others, while fictionalized, reflect the debates and questions which occupied participants as they worked to address community needs and increase community capacity for health development. Teenage suicide is not an issue in Caroline, Elnora, or Sylvan Lake; however, we have focused on this serious health concern to show how community capacity assessment can be a powerful force in dealing with a difficult issue.*

### **The Setting**

“Aspenview” is a town of 1500 people. Approximately 4,200 more people who live in surrounding small villages and rural areas come into town regularly for business and recreation, and are considered to be members of the larger Aspenview community. The economy is based mainly upon agriculture and agriculture service, as well as oilfield service industry and some small manufacturing and food processing businesses. Low commodity prices for the last several years, and a slump in the oil patch a few years ago have badly hurt the local economy, and even some of the town’s longest-established businesses have recently gone under.

More and more families have begun to move from the area to the region’s major urban area, a city of 60,000 people about a forty-five minute drive away. A particular concern is that few of the community’s young people choose to stay in town after they graduate from the local school, which serves from kindergarten to grade 12 and whose enrollment has been slowing declining.

### **The Catalyst for Action**

About one year ago, Aspenview was rocked by a series of youth suicides -- three local teenagers killed themselves within a five-month period. Along with persistent reports of drug and alcohol abuse among students, and some incidents of racial violence involving teens from a nearby First Nations reserve, these suicides convinced community leaders that they needed to address the challenges and issues facing their town. They wanted to bring a large number of community people together in a participatory process to develop a vision for the future and identify key strategies which the community could implement in order to help it achieve its vision. Eight community members came forward to establish a project they named “Aspenview Healthy Communities Initiative (HCI).” They obtained funding from their Regional Health Authority to hire experienced facilitators to assist them in a community planning process that would lead to action on some of the key determinants of their community’s health.



## Part III:

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### Defining Domains of Community Capacity

Our research and development work began with the following assumptions.

1. In order to move toward a greater degree of sustainable health (i.e. well-being), communities and the people in them need to be able to understand the determinants of health affecting their lives, and also be able to conceive, initiate and complete actions that positively impact those determinants.
  - In order to be able to help people and communities to successfully address the determinants of their own health, outside helpers need:
  - an in-depth understanding of the community development process, and what is required to carry it off; and
2. some way of assessing the community's capacity to do its part in that process.
3. Outside helpers to community health change processes cannot provide "the solutions," because the solutions entail learning, growth and change *from within* the community.
4. We reasoned that many times when community health processes fail to make a significant difference, it is because the process was stillborn or stopped for lack of knowledge, resources, skill, will, or time. These sorts of ingredients are indispensable and all of them, along with other factors such as leadership, community cohesiveness, vision, communication, people's participation, and the ability to foster a culture of learning comprise together the capacities a community has (or doesn't have) to carry off change processes.

## Domains

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As discussed in a previous section, we identified a constellation of key elements, or what we now call “domains” of community capacity. These domains are (1) shared vision; (2) sense of community; (3) communication; (4) participation; (5) leadership; (6) resources, knowledge and skills; and (7) ongoing learning.

Through piloting methods and tools for assessing community capacity in the context of ongoing community health development work, we developed and refined definitions for each domain. However, we soon discovered that even the best of definitions was not sufficient (on its own) to be used as a guide for discussing and assessing community capacity at the project level. What we needed was a more detailed list of questions that broke down the components of a definition. This would aid dialogue about the extent to which each capacity domain was developed within the community.

The research process we used to develop and refine community capacity involved the following stages.

- 1) A broad-based literature search related to community development, the concept of capacity in community change, participatory development, and health promotion practice.
- 2) The use of participatory action research methodology to engage each participating community in dialogue and action around the concept of capacity within community health development processes. This work involved identifying capacities that are required, defining them, developing detailed assessment questions for each domain, and conducting a community capacity assessment, all within the context of ongoing work in community health development. Both the content and the process of the community-based meetings were very important to us in the research process. Each of them caused us to further re-think our

definitions and assessment questions, and the process we used to conduct the assessment with community people.

- 3) Systematic reflection on the academic literature and the processes and findings of the community-based studies led to a framework for assessing community capacity from which the seven (7) domain descriptions were identified and elaborated upon.

**What we present in this manual is still really a work in progress.** Yet, we feel it does provide a very useful starting place for anyone wishing to assess community capacity for change. Our only caveat is that we ask readers please not to attempt to apply our models and tools without first carefully thinking through their applicability in the particular community in which you intend to use them. That “thinking through” process can only be done adequately if it involves community insiders in the reflection and consultation process.

What follows then are definitions and guiding questions for discussion for seven categories of community capacity. These are (1) shared vision; (2) sense of community; (3) participation, (4) leadership; (5) communication; (6) resources, knowledge and skills; and (7) ongoing learning. Please note these definitions are repeated in the appendices in a format that is ready for use in a community capacity assessment meeting.

We then go on to describe the process we recommend for using these definitions and indicators to engage communities in a community capacity assessment process.

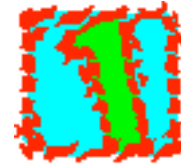


## Capacity Domains and guiding questions

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### (1) Shared Vision

**Definition:** A shared vision is a picture of the community at some time in the future, painted in enough detail that people can imagine it.



When the goal is to build a healthier community, a shared vision is not complete unless it:

- is realistic enough that people believe it is possible to reach;
- presents a tension between the desired future and the current situation. This tension inspires people to take action toward reaching the vision;
- includes a statement about how people want to work with one another in order to achieve their goals, and about the values that need to be shared in order for people to work effectively together;
- is richly detailed and thereby points to a pathway (possible goals; principles and processes to be followed) for action and change;
- is shared because it is created through true dialogue and consensus with people from all walks of life in the community;
- is built upon individuals' needs, experiences, and aspirations - people feel they "own" it;
- inspires and motivates community members to actively take part in making their community a healthier place to live; and
- people interpret it and can tell others about it in a consistent manner.

### Questions regarding shared vision

- a) Does our community have a vision for the future?
- b) Is the vision “do-able” - can we realistically achieve it?
- c) Is the vision painted in enough detail so that we can imagine our community in the future? Does it point to a path for action?
- d) Does the vision include a statement about how community members want to work together, and about the values that need to be shared in order for them to work together effectively?
- e) Was the vision created through dialogue and consensus decision making with people from all walks of life?
- f) Is the vision widely shared throughout our community? Do community members feel ownership of the vision?
- g) Is the vision inspiring and motivating? Do we tell people about it, and do we all interpret and describe it in a consistent manner?

## (2) Sense of Community (community cohesiveness)

**Definition:** Sense of community refers to the quality of human *relationships* that make it possible for people to live together in a healthy and sustainable way.



**When there is a strong sense of community:**

- there is a sense of place and history. People do things together and often share ways of doing things in common, such as decision-making, celebrating, or grieving, which helps give the community a shared identity;
- relationships among community people are built on trust, cooperation, shared values, togetherness, and a shared sense of commitment to, and responsibility for, improving the community;
- there is a climate of encouragement and forgiveness, openness and welcoming;
- community members feel they are safe, that they have a voice, and that they can make a contribution to the community;
- they also feel cared for, and in return, they care for others;
- the community nurtures its people so that they can develop their potential as human beings;
- the community embraces diversity, believing that each person is unique. People believe that differences enrich the strength of the community;
- there is a collective sense of fairness and justice. Not only are people who are disadvantaged cared for and supported, but also the community works with them to change the situation that causes them to be disadvantaged; and
- there is an ability to tackle and solve hard issues, reconcile differences, and cope with crisis.

**Questions regarding sense of community.**

- a) Is there a sense of unity and togetherness throughout our community?
- b) Are relationships among community members built upon trust, cooperation, shared values, and togetherness?
- c) Do we share a sense of place and history? Do we do things together as a community? What are some examples?
- d) Is there a climate that is encouraging, forgiving, open, and welcoming?
- e) Do all community members feel safe, cared for, and nurtured?
- f) Do all community members feel they have a voice and that they can make a contribution to the community?
- g) Is diversity embraced? Do we respect all community members for their differences?
- h) Is there a collective sense of fairness and justice? Are disadvantaged community members cared for and supported; and does the community work with them to change the situation that causes them to be disadvantaged?
- i) Is there a shared sense of commitment to, and responsibility for, improving the community?
- j) Do we have the ability to tackle and solve hard issues, reconcile differences, and cope with crisis?

### (3) Communication

**Definition:** Communication is the honest and open sharing of thoughts, ideas, and information between people. It involves actively listening to (not simply hearing) the other person's/group's ideas and points of view, even if they are different from our own. Through communication, people come to understand how others experience the world; this opens up opportunities to find ways to bridge gaps, resolve conflicts, and create effective ways of working together.



**When there is effective communication:**

- efforts are made to ensure that everyone in the community is informed about community concerns and activities;
- people take responsibility for sharing accurate information, and for seeking the information they need, rather than waiting for someone to tell them;
- many avenues for communication are used - newspaper, telephone, bulletin boards, and community forums, for example;
- everyone gets a chance to say what they want to say without retaliation or censure;
- people listen to each other with their hearts and try to understand what's between the lines;
- people ensure they truly understand each others' point of view.

**Questions regarding communication:**

- a) Are there opportunities for everyone in the community to be kept informed of community activities and events?
- b) Do people take responsibility for sharing accurate information? Do they take responsibility for seeking the information they need, rather than waiting for someone to tell them?
- c) Are there many avenues for communication?
- d) Does everyone get a chance to say what they want to say without retaliation or censure?
- e) Do people listen to each other with their hearts, and try to understand what's between the lines?
- f) Do people ensure they truly understand each other's point of view?

## (4) Participation

**Definition:** Participation is the active engagement of the hearts and minds of people in improving their own health and well being.



Development comes from within. If there is no participation, there will be no development. This means, for example, that if the community is working on a youth issue, youth must have a primary voice in naming the issue, shaping the solutions, making decisions, carrying out the solutions and evaluating the results. While others (parents, educators, community leaders) also have a role to play, power to name the problem and build the solution has to be shared.

**In order for people to participate in community life:**

- there must be opportunities for meaningful participation. That is, it must be possible for community members to actually influence the course of events and shape the future;
- there needs to be a variety of avenues for participation and community members need to find their own ways of participating. For example, some people may prefer to attend meetings; others may prefer to have private conversations with more visible community members; and others may wish to help with fund-raising or event organizing;
- barriers to participation (e.g. meeting times, transportation, baby-sitting, past hurts, and fear) must be recognized, and efforts made to remove them;
- the appropriate level of participation needs to be negotiated - i.e. some activities require the participation of the entire community; others require only a few people.

**Questions regarding participation:**

- a) Do community members have a primary voice in activities aimed at improving their health and well-being? Is the power to name issues, shape solutions, make decisions, carry out the solutions and evaluate the results shared?
- b) Are there forums and other mechanisms for community members to identify problems and actively participate in addressing them?
- c) Do community members feel their contribution matters? Does it matter?
- d) Are community members able to participate in a variety of ways?
- e) Are barriers to participation (e.g. meeting times, transportation, baby-sitting, past hurts, and fear) recognized, and are efforts made to overcome them?
- f) Do we carefully consider and negotiate at each step of the way, the appropriate level of community member participation?
- g) Are there some segments of the community that have too much power, and others that have too little in shaping the future?

## (5) Leadership

**Definition :** Leadership is a process of engaging the community in learning and action for health. It is developed from within the community. Communities have both formal (i.e. elected officials and people in positions of power) and informal leaders (i.e. those who are not in formal positions of power, but whose voice is highly regarded).



Leaders who are able to mobilize communities toward health are those who:

- Recognize that all community members need to be heard, and work hard to create an environment in which all voices can be heard.
- Acknowledge community and individual achievements.
- Facilitate community consensus-building and collaboration, believing that community members can work together to address their own needs.
- Engage others in tackling tough issues and resolving conflicts.
- Take risks and forge a path for others to follow.
- Are role models who “make the path” by walking it.
- Provide direction in appropriate ways when needed. (Note that different tasks require different kinds of leadership. For example, taking charge in an emergency is different than making a group decision.)
- Understand and can articulate the community development process being undertaken, and are able to keep the “big picture” in mind.
- Recognize the leadership ability of others and share leadership when it is most appropriate.
- Foster the development and emergence of new leaders.

**Do our leaders:**

- Work hard to create an environment in which all voices can be heard?
- Encourage, support, and facilitate others to tackle tough issues?
- Facilitate community consensus-building and collaboration?
- Act as role models?
- Foster the development of new leaders?
- Share leadership with others when it is most appropriate?

**Do we:**

- Support our leaders?
- Choose leaders in an open and fair way?
- Work with leaders in consensus-building and collaboration, and in solving conflicts?
- Acknowledge and create opportunities for different kinds of leadership?
- Support the development and emergence of new leaders, both formal and informal?

## (6) Resources, Knowledge and Skills

**Definition:** Resources, skills, and knowledge are the human talents and material goods that a community uses to improve health, such as volunteers, buildings and facilities, money, and time.



This capacity domain is about the community's ability to:

- Identify and access the existing community resources, knowledge and skill that will help the community achieve its vision for a healthier future.
- Use existing resources, knowledge and skills in creative ways (for example, using church facilities for a collective kitchen).
- Make decisions about the fair distribution of resources and solve conflicts regarding the distribution of resources.
- Effectively manage and use resources (for example, forming partnerships in order to use resources efficiently).
- Locate and access needed resources, knowledge and skills that exist outside of the community.
- Recognize that each community member possesses unique and valuable skills, knowledge, gifts, and talents; and to seek these out when appropriate.
- Identify gaps in skills and knowledge and develop learning plans to fill these gaps, and find the means to gain new knowledge and skills (e.g. funding, training programs).
- Ensure equal access to opportunities to gain new knowledge and skills.
- Bring people with different knowledge and skill-sets together in a way that builds a creative energy for solving problems and taking action on health goals.

**Questions regarding resources, knowledge and skills:**

- a) Do we know what resources, knowledge, and skills exist in our community (people, facilities, services, money, etc.)?
- b) Do we know how to access these resources, knowledge, and skills when we need them?
- c) Do we use our existing resources, knowledge and skills in creative ways?
- d) Do we effectively manage and use our resources, knowledge and skills?
- e) Are resources distributed in a fair manner? Do we have an effective process in place for solving conflicts about the distribution of resources?
- f) Do we know how to locate and access resources, knowledge, and skills outside of the community?
- g) Have we identified gaps in knowledge and skills, and have we developed learning plans to fill these gaps? Do we find the means to gain new knowledge and skills?
- h) Do all community members have equal access to opportunities to develop new knowledge and skills?
- i) Do we bring people with different knowledge and skill-sets together to solve problems and take action on our health goals?

## (7) Ongoing Learning

**Definition:** Ongoing learning is a process of reflecting upon what is happening within a project, organization or a community and then systematically exploring what is discovered in order to learn how to be more effective. Ongoing learning also leads to greater self-awareness and community understanding.

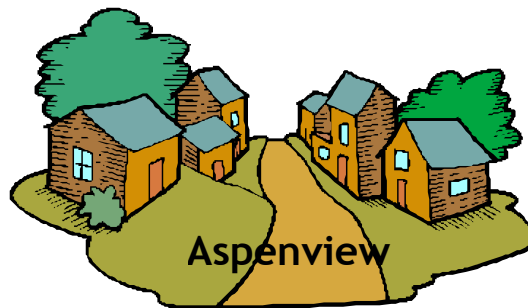


**The capacity of ongoing learning:**

- Is the ability to hold yourself accountable to your vision, principles, and goals. This means that you regularly, systematically, and intentionally check to see how closely your actions and their results match your vision, principles, and goals.
- Involves asking the questions: What worked? What didn't work? What have we learned from this experience? What should we do differently next time?
- Involves reflection on community dynamics, and the impact of these on the community's ability to work together effectively to improve the health and well-being of all its people.

**Questions about ongoing learning:**

- a) Do we have ongoing processes to reflect on our actions and their results?
- b) Do we learn from our successes and our failures?
- c) Are we open to new ideas and ways of doing things?
- d) Do we listen to our critics as well as our supporters?
- e) Do we communicate what we learn in ways that everyone can understand?
- f) Are we building a learning plan into everything that we do?
- g) Are we able to translate all that we learn into action?
- h) Do we have processes that help everyone learn and reflect together (for example, agency staff and community people; or youth and seniors learning from each other)?



## Capacity Assessment

Working closely with facilitators, Aspenview created a community vision, the preamble to which stated:

*“Aspenview is a community that is building health for all. We know that no community is perfect. Our greatest strengths are our courage in being honest with ourselves and our willingness to work together to solve common problems. Our goal is to build and maintain a community in which people of all ages in all parts of the community can enjoy optimal mental, emotional, physical, and spiritual health.”*

In taking a hard look at what was actually happening, community members had to admit that there were serious signs of trouble.

*“If our young people are attempting suicide it’s not just the youth that are having problems. Our kids are like the canaries the old time miners used to warn them of dangerous gases that you couldn’t see and couldn’t smell. When the canaries starting falling over, it was time to get out in a hurry. Well, our kids are falling over and it’s time to look at ourselves and find out why!” [community resident]*

Unfortunately, one of the real capacity-related challenges in Aspenview is that there are a lot of active groups and agencies which all tend to work in isolation, and see each other as competition for scarce resources (such as money and meeting space) and for the same volunteer energy.

*“Working together is one of our biggest issues right now. So many groups say they care about young people but they are not cooperating with each other. We need to find out what the barriers are between these groups and how to avoid them. Our youth can’t wait for us to get our act together.” [parent]*

*“We need young people participating in these discussions, but are we reaching them? Have we ever heard what youth really want, or is it always only people speaking for and about young people - maybe we aren’t getting the full story.” [community resident]*

*These kinds of questions can be answered in a capacity assessment process, which would help Aspenview find out what it would need to know, to have, to do, and to be as a community in order to effectively act on the needs of youth.*

## Part IV:

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### The Assessment Process

#### Introduction

In this section, we will describe the process we developed for engaging communities in a capacity assessment. We will also highlight important issues and questions which we feel need to be carefully considered before and during the process of engaging communities in the exercise of reflecting on their own capacities.

#### The Process in a Nutshell

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Following is a summary outlining the process of assessment that the remainder of Part IV will describe in detail.

1. A core group within a community that is committed to working on community health development decides to undertake a community capacity assessment. This usually happens after the group has established a vision of where it is going, and what it seeks to achieve in the community.
2. Outside helpers (usually public health professionals) agree to provide technical support to the process, which may include help with any or all of the following:
  - planning the meeting(s)
  - logistical preparation and invitations
  - facilitation
  - documentation of the meetings
  - data analysis
  - report preparation
  - designing a capacity building program to address learning needs identified through the assessment process.

The question of which parts of the work the community should do for itself, and which parts outside helpers should do is something that should be negotiated between the partners. *The rule of thumb we have found most useful is this: if community members are willing and able to participate in any aspect of the work, they should.* In this way, the process serves as a learning and capacity building exercise for community members in addition to the overt outcome of producing an assessment of current community capabilities.

## **Planning the Meeting(s)**

This part of the work concerns involving the right people in the process, adapting the framework and the process to fit community realities and needs, and deciding who will play which roles in the assessment process.

## **Logistical preparation and invitations**

This work entails making all the physical arrangements needed for the meeting (securing the space, tables and chairs, flipcharts, marking pens, food and beverages, a sound system, etc.). It also entails the challenge of convincing the right people to participate in the assessment meeting. Our experience has shown that personal contact is by far the best method to gain participation.

## **Facilitation**

This task has to do with leading the consultation and assessment processes in community meetings.

## **Documentation**

This work entails recording community participants' assessment and comments in small group sessions (usually held during the community meeting).

## **Data Analysis**

This work involves carefully reading the records of meetings, organizing the data into themes, and making an assessment of what the data means; that is,

what it is saying about community capacity. This work is usually done by a team, with at least some community involvement on that team.

## Report Preparation

After the data analysis phase is completed, a report is prepared which summarizes what was said about each of the seven (or more) capacity categories, and also presents a list of concrete findings and recommendations, particularly aimed at guiding future capacity building efforts.

## Developing a Capacity Building Strategy

This final aspect of the process involves consultation between core group members and outside helpers to decide how best to build community capacity where it is needed. The capacity report serves as a starting point for this discussion.

## Planning for Community Capacity Assessment

### Is the community ready?

As argued in the introductory sections of this handbook, the community capacity assessment tool can be an effective component of a larger health development process. Like any other tool, however, it is important to use it at the right time and in the right way. Just *when* the community is ready to use and benefit from this tool will be an important question to consider before introducing it into a health development process.

Planning for and implementing the community capacity assessment process involves a significant investment of time on the part of the community core group and any outside facilitators who may be supporting them to initiate and sustain health development activities. It is therefore very important to be able to demonstrate *why* taking the time to assess the capacity of the community to reach its goals is worth the investment.

Like any other tool used to enhance development, the best time to use a capacity assessment instrument is when it will feed directly into processes and activities which are already underway. In the case of the community capacity assessment process, the following ingredients should ideally already be in place before the tool is introduced.

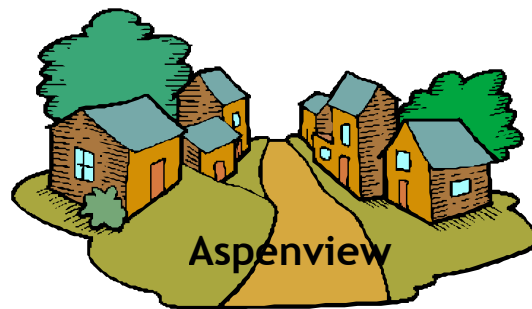
- A core group of citizens already understand the importance of community-based action to address some identified health determinants in their region.
- This core group is meeting regularly and has been able to generate some interest and dialogue in the community about the possibility of working together to make things better.
- The core group has identified (at least) preliminary health development issues and goals that need to be addressed.
- The core group is willing to devote time and energy into mobilizing a broader range of community members in a planning process designed to identify specific priorities for more focused attention and some lines of action to tackle these priorities.

When these ingredients are in place, community members will be ready to answer the key question inherent in the capacity assessment process: “Do we have what we need in order to end up where we want to go?” *Focusing community capacity assessment on this question is very important because the community capacity assessment process can end up feeling like an academic exercise unless it is linked to at least a preliminary vision of what the community would like to achieve and a growing commitment on the part of community members to take that journey together.*

Planning for the community capacity assessment process needs to begin well in advance of the scheduled event(s) during which the tool will actually be used. Here are some of the questions which the community core group will want to consider in making its plans.

1. **Is the Core Group ready to champion the community capacity assessment process?** It is ultimately the community core group which is the sponsor of any capacity assessment event(s) and it is therefore they who must be able to articulate its importance in the overall health development process. Unless they are comfortable with this role, it is unlikely that a capacity assessment initiative will succeed.

Some of the questions core group members will want to ask themselves include the following: Do we understand the role of community capacity assessment in an overall health development process? Is this the right time to carry out this process in our own community's journey? Can we



### **Is a town hall meeting the right choice?**

The Aspenview HCI Steering Committee wrestled with the question of how to conduct their capacity assessment. Some members argued that a town hall meeting would bring out those who were most interested and ready to run with the questions. They could already imagine how the skating arena would be decorated and what kind of muffins they would serve. However, several other steering committee members, recalling their own past experiences, argued that “people in Aspenview just don’t turn out for public meetings - we’ve got to try something else.” Young people, in particular, didn’t have much interest in sitting in a stuffy arena with a bunch of boring adults. And yet, following on the attempted suicides it was clear to everyone that at least some of Aspenview’s youth were in serious crisis.

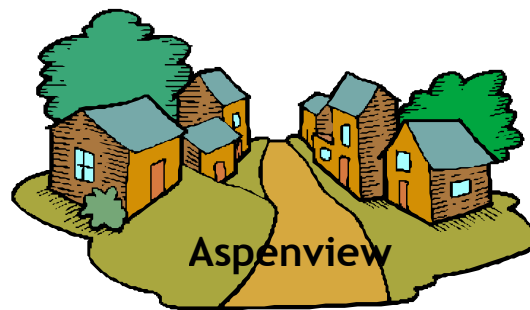
The steering group decided that it needed a public meeting to raise broad public awareness, but that different strategies needed to be found to get input and participation from the town’s youth. In the end, it was decided to hold a series of focus groups with youth and to support and assist the youth to make a presentation on community youth realities and needs to an adult oriented public meeting. This was viewed as a way of empowering the youth (even in the needs assessment phase of the process) and as a way of providing the adult community a compelling picture of what is really happening from the youth point of view.

explain and champion the community capacity assessment work to others? Are we willing to invest the time and energy it will take to plan the process, to hold the assessment meeting(s), to analyze the community's input, and to help the community to act on the findings? Do we really believe that the community will respond to our leadership in sponsoring this work at this time? Do we have access to the human resources we need to move a group of community people through the capacity assessment process (e.g. small group facilitators, articulate champions of the process, an inspiring chairperson, volunteers to assist with meals, child care, room set up, etc.)?

The answer to all of these questions really needs to be "yes" before you go ahead with the assessment process. This doesn't mean that everyone needs to be completely comfortable. Taking a new step will always be stretching the community's comfort zone, but it is important for people to be able to acknowledge their uncertainty and to be willing to step into what may seem like uncharted territory because of their belief in the possible positive outcomes.

2. **Who should be involved in the capacity assessment process?** On one hand, it can be very beneficial to have as many community members as possible participate in the assessment exercise, partly because this makes the information you gather more reliable, but also because properly used, the tool can help prepare people for greater involvement in other stages of a health development process. On the other hand, the exercise becomes more time consuming, in both the planning and the implementation stages, when more people are involved. Here are some alternatives to consider.
  - If there is enough interest in the community at large that people will respond to an open invitation to a town hall meeting, this can be a very dynamic process which generates a great deal of enthusiasm for further involvement in community health development work. Be prepared, however, to invest some time and creativity into considering the best way to promote the event. Having the right people in the community (i.e. both formal and informal leaders of

various types) openly encouraging participation is an important part of this process. *There is nothing that beats a personal invitation, either over the phone or face-to-face, for actually getting people through the door.* This strategy is especially important given the importance of making sure that the many voices of the community will be taken into account in the capacity assessment process.



### Inviting Stakeholders

The Aspenview steering committee had a long list of people and groups they knew would have important things to say about community capacity:

- *town councilors*
- *service clubs*
- *the school administration, teachers, students, and the parents' council*
- *nurses at the Community Health Center*
- *the local Chamber of Commerce*
- *the RCMP*
- *churches*

Members from the steering committee went out and personally asked representatives of these groups to come out and to bring as many of their members as they could. They also advertised widely in the community about the event, promising stimulating discussion and a free pancake breakfast provided by the renowned culinary talents of the local church auxiliary.

#### **Aspenview Healthy Community Initiative**

How can people in Aspenview work together toward a healthier community?

***WE NEED YOUR HELP!!***

Join the Aspenview HCI Steering Committee for a Stimulating Community Conversation and a Continuous Delectable Delightful Brunch!!

**FEBRUARY 25  
9:00 AM – 3:00 PM**

**AT THE  
Aspenview Community Centre**

**The Continuous Delectable Delightful Brunch will be Served Compliments of the  
Aspenview Church Association  
Babysitting and transportation available. Call Joan at 555-3472.**

Reaching those parts of the community that are generally considered “hard-to-reach” will take a special effort in personal contact. Other promotional tools include the standard fare of mailbox fliers, posters and community newspaper articles or advertisements.

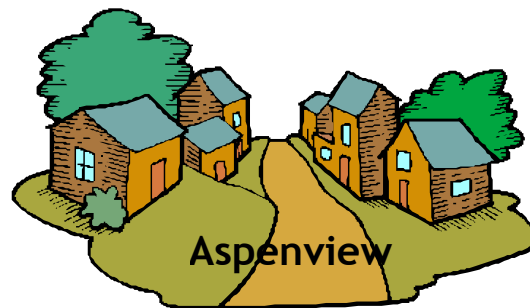
- If you decide to go with a smaller group of community residents, it is still important to make sure that they are somehow representative of the community. You will be able to use some of the same promotional tools as for a town hall meeting, but you will be using them to target specific individuals or sub-groups within the community.

3. **Should the assessment process be carried out during one long meeting or spread out over several shorter sessions?** In our experience, assessing each of the capacity domains takes about forty minutes. When opening and closing activities as well as breaks are factored in, going through all seven domains at one time will take about six hours, or in other words, a day-long meeting with a break for lunch. In spite of the difficulty involved in asking busy community volunteers to commit to a full day to this work, this is often the best option. Using this approach means that the findings across the seven domains will be more consistent since the same group of people will be working through all the questions. It also means that you won't have to convince people about the utility of the process a second or third time. If you are planning to use an open town-hall meeting process, one long meeting will likely be your best option.

Another viable approach, however, is spreading the assessment process over several evening meetings. This can be a workable option, especially when you are planning to use the capacity assessment process with a smaller core group of community residents. If you decide on this strategy, it will be important to ensure that the participants represent the sub-groups within the community (for example, youth, seniors, disabled people, single parents, unemployed, business owners, professionals and other categories). The capacity assessment process will lack a great deal of richness unless you can ensure that people with

very different experiences of the community contribute their points of view.

A third approach is to use the capacity assessment tool whenever the need for a particular domain becomes evident in the course of on-going planning and project activity work. For example, if the community is trying to implement an education and awareness campaign around a specific health issue and it becomes clear that ineffective communication is an obstacle to the success of this project, then the capacity domain dealing with communication could be used to sharpen clarity of thought about how to move past that obstacle.



### Setting the Date

It often seems like there's no good time to hold an important meeting in Aspenview. Spring is calving and planting season; fall is harvest. During the school term, youth and teachers are busy with assignments and exams. Of course, the Christmas season is out and during the summer months many families take vacation and youth work, travel, or attend summer camps and other programs.

And yet, the Steering Committee knew that the urgency of the youth crisis in Aspenview meant they could not wait for a time that was perfect and convenient for everyone. Crises generate their own timelines and it seemed to community members like the clock was ticking.

It was decided to hold a series of one hour preliminary meetings with all the stakeholder groups (youth, families, helping agencies, schools, police) immediately in order to give everyone the sense that the community was taking action now. These meetings had two main purposes. First, to ask each group to name and define problems and issues as they saw them, and second, to build consensus and momentum around a second series of larger community meetings to take place within thirty days.

In this way, enough representatives from all key groups were consulted to allow for the setting of times and dates for community meetings.

4. **When and where should the meeting(s) be held?** There is no need to belabour the obvious point here about making sure that the meeting does not conflict with any other important events in the community which may compete for people's time. It is surprising, however, how many different events are going on in any particular community at any given time, even (or maybe especially) in small rural communities. Because many of the active people in most communities are involved in several types of activities (a sports league for their children, a municipal board and a church group, for example), it is important to take the full range of community events into consideration when choosing a date.

It is also important to consider the yearly calendar when working in communities with an agricultural base (e.g. planting, calving or harvesting season) or with a high proportion of seasonal workers, as well as to look at the weekly calendar if many of the community residents are involved in shift work.

Some of the factors affecting the choice of location include the comfort level that most community members will feel with a particular facility (Is it welcoming for all? Is it identified with one faction of the community?). Easy access for as many people as possible, and the availability of plenty of wall space for posting findings, tables and chairs for small group work, kitchen facilities for meals or snacks, a speaker system and an overhead projector are other factors to consider.

5. **How can barriers to widespread participation be reduced and how can incentives be enhanced?** It may be necessary to arrange transportation and child care services. If yours is a multicultural community or if there are people with communication impairments you will need to ensure that assistance with interpretation and communication is available. Food is almost always a good drawing card, whether it is provided through "pot luck" contributions from the participants or through an arrangement with a community service

group. Including fun ice-breakers and door prizes can help the participants feel energized throughout the session.

If you are not sure what the barriers to participation are in the community, you may need to make some phone calls to a representative group of potential participants and ask them a question such as “We are going to have a town hall meeting next Saturday to assess the strengths and weaknesses our community has as we work together to make it a healthier place. What would make it easier for you to come out to that meeting?”

## **Involving the Community in Defining Community Capacity Domains:**

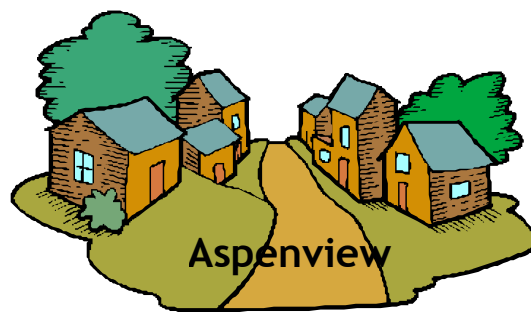
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### **How Much Participation is Appropriate?**

Depending on the community and its circumstances, you may wish to work with a core group from within the community to define new domains of community capacity, or “customize” the domain definitions to more closely suit the community. Community participation in defining capacity domains does take more time, but it also increases a sense of ownership in the capacity assessment process. This step is particularly useful when the core group wants to more fully understand the concept and the process of capacity assessment. Core group members tend to feel more confident in helping to facilitate the community capacity process when they have had a hand in developing the definitions that will be used in the process. They are also more likely to feel comfortable talking about capacity with other community members.

Some drawbacks, however, can occur when core groups participate in defining new, or customizing the generic capacity domains. The process of refining the generic domains and developing new ones can be time-consuming. Word-smithing is creative work but it can also be tedious and frustrating. Be prepared, as well, to handle groups who decide that “participation is not important,” or that because “sense of community” is “not a problem” in this

community it doesn't need to be assessed. In other words, you may feel that the opinions expressed by community members in cases like these may be colored by a lack of experience or even by a desire to avoid painful issues. The role of the outside helper in this situation involves holding up a mirror to the community so that they can move beyond their comfort zone in order to do something new. After all, if the community does not make any changes, it will continue to get the same results it has in the past. You will need to be comfortable in working with the group to arrive at a set of capacities and definitions that everyone can live with. The decision to involve the community in defining the domains therefore needs to be made carefully and the benefits weighed against the drawbacks.



### Customizing domains

The seven domains in this workbook are not the last word on the subject. While it is true that many different communities which have discussed issues like capacity come up with characteristics or features very similar to these, it is always possible for communities to have unique concerns or particular aspects which are very important to them in being able to organize for and carry out the work they want to do. It is often best to give communities the chance to create new domains or tailor the domains to their own situation.

This is what happened when the domains were discussed by the steering committee of Aspenview HCI:

One member of the steering committee argued, "It is hard enough to get people to run for town council as it is. Maybe we shouldn't discourage them even more by having a public meeting where people will get up and attack those who are doing things to make this community better. I think we should take that leadership domain out."

In the end the group decided the leadership domain needed to stay. Maybe the community discussion would help people understand why it was so difficult for leaders to come forward and suggest ways in which the community could act to make it easier to share leadership and decision-making.

Several issues are embedded in this choice.

1. Which work rightly belongs to the community and which to helping professionals? Whose work is it to design the tools for community assessment?
2. Does the principle of community participation mean that the community must do everything for itself?

Our view on these issues is that:

- The assessment of community capacity serves multiple agendas. The process is usually very instructive for community insiders who are actively working on community development processes. It is also very useful for outside helpers largely because it serves to inform capacity building interventions.
- What is important is not who does what, but rather who owns and drives the process. If the community core group understands the assessment process (including the domain definitions and the process used for assessment), it is they with whom the ultimate choice should rest as to how much hands-on work they do.

# Who Does What?

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## Roles and Responsibilities during the Assessment Process

Several key players are needed to carry off the capacity assessment process. These include a Chairperson (a credible community member), Lead Facilitator, Small Group Facilitators, Recorders and a Data Manager. In this section, we will briefly outline the roles and responsibilities of these people.

### The Role of the Chairperson

The Chairperson may or may not also serve as the lead facilitator. In many instances having a prominent individual from the community - such as the mayor or the chair of the core group - as the Chairperson sends a signal to the community about the importance of the capacity assessment process and the support given to the process by community leaders. This person may not feel comfortable playing the role of the lead facilitator, however. In this case, the chairperson can

- Welcome the participants.
- Outline the purpose of the day and the link between the capacity assessment process and other health development work going on in the community.
- Introduce the lead facilitators, the members of the core group, and the key volunteers involved in planning and implementing the meeting.
- Oversee the distribution of door prizes or other special events that have been planned during the day.
- Thank participants at the close of the day.

## The Role of the Lead Facilitator

The lead facilitator is responsible for the process, including the following:

- Help set the tone for the day so that the participants feel welcome, valued and energized by the possibility of taking an important step toward a better community.
- Make sure that the plan for the day is clear, and that any questions about process or logistics are handled as they arise.
- Present the definitions and key questions for each domain in a way that helps them come alive and which conveys a sense of enthusiasm.
- Keep the process moving smoothly throughout the day and within the established time frame.
- Consult with the table facilitators (see below) or other members of your planning team about rearranging the schedule should the process need to be changed for any reason (e.g. if you run out of time before you have completed all the domains).
- Keep validating the process and the hard work that people are contributing as you go through the day.
- Watch the group for signs of frustration or fatigue and insert energizers and breaks as necessary.
- Synthesize the findings after the presentations on each domain and help the large group reach consensus about an overall ranking or to note the range should a consensus be impractical.

Close the day in a way that connects the work accomplished to past visioning and planning work and to future action, as well as to concrete opportunities for building community capacity in the areas they have identified as priorities.

## The Role of the Small Group (Table) Facilitators

Larger meetings are best broken into working groups of 8-10 people to allow for in-depth group discussion. Each group (or table) has a facilitator whose role is as follows.

1. Help the group members to be able to use the domain questions to think more deeply about each domain while at the same time not getting bogged down in any one aspect.
2. Help the group complete its work within the allotted time frame without having people feel too rushed.
3. Make sure that all the group members can express their points of view freely and not feel that they have to moderate their own rankings to fit in with a dominant or majority trend.
4. Help the group either reach consensus on a ranking or to be able to articulate why the group feels it is important to present a range of measurements (see note about achieving a ranking consensus above).
5. Present the highlights of the groups' discussion and their ranking for each of the capacity domains. (Note: This task could be done by the recorder if he or she also has the skills involved in capturing the essence of the group's discussions in a short, lively presentation.)

## The Role of the Recorders

In a pinch, the table facilitators can double as recorders. Many people, however, will have a hard time both maintaining rapport with the group in order to assist them with their consultative process while at the same time taking very detailed notes. You will have to decide what will work in your situation. In any case, the recorder will need to:

- Record all of the main points raised by each of the participants in the group.
- Record the rankings assigned to each of the domains by each of the participants in the group, as well as the group consensus ranking for each domain. (“Ranking” is discussed below).
- Make a verbatim (ie. exact words used by the participants) record of especially pithy or illustrative remarks that come up in the course of the group discussion. Taking verbatim notes is a special skill, but the resulting notes contribute a great deal to the final feedback documents. These types of comments help make a document come alive and also help the participants see themselves reflected more directly in what might otherwise seem like an abstract product.
- Make sure that all notes are clearly labeled and turned over the data manager (see below) who will be responsible for coordinating the data analysis process.
- Note: The table facilitators and/or the recorders are ideal people to involve in the data analysis process (see the discussion later in this section which describes the process used for handling the data generated by the community capacity assessment process).

## **The Role of the Data Manager**

There is little use in holding a community meeting and putting people through all the work of assessing the community's capacity in seven distinct domains if you don't carefully record what people say, and if you don't take what the people give to you and synthesize it for feedback to the core group and the community. If the written record of a meeting is either lost or unusable for any reason, those responsible for analyzing the data and preparing a report cannot do their job.

The role of the data manager is:

1. To ensure that all recorders are taking down the same kind of information in the same way. This can be done by providing forms to be used by recorders during the meetings [i.e. that have the name of each domain, the name of the recorder, and a space to write down each person's ranking as well as the group's consensus ranking] and by providing recorders with a brief training and orientation session before the actual community assessment process begins.
2. To collect the data at the end of each part of the assessment meeting and make sure each part is properly labeled (group names, topic, date, recorder's name and phone number).
3. To make back up copies of all the data and to store it in a different place from the original data.
4. To provide those doing the data analysis with copies of the original recorder notes as needed.

## What's Next

The next section of this document outlines in some detail how to conduct the capacity assessment meetings. Please note again that what we are outlining is our best understanding to date based on our experience. You may be able to invent a better way to do things. However, we invite you to *consider* our approach in making your plans.

# The Capacity Assessment Meeting

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Whether you plan to hold a large community meeting attended by several hundred people, or a smaller invitational meeting of 20-30 people, the generic process of assessing the community's capacity in each of seven domains will be virtually the same. Essentially what happens is that people sit in small groups of eight to ten people and work through a series of questions about their community with the help of facilitators.

There are seven (7) domains (unless the local core group adds or removes domains), and on average, it takes approximately forty minutes for most groups to complete their assessment on one of the categories. Allowing for breaks and plenary discussions, one group can work through the entire assessment in about six hours.

Following are four options for how to organize the process, depending on which approach best suits the community's situation and needs.

## **Option I: The Full Monty**

This option entails a six-hour meeting, i.e. a full day with a lunch break, or a breakfast followed by 4-5 hours of group work with a few breaks. In this option, participants work in groups of 8-10, and each group completes all seven categories of the assessment.

## **Option II: The Pacemaker**

This option entails dividing option one into two or three meetings and spreading them out over several shorter sessions of approximately two hours each (like taking a rest at several points while climbing the stairs).

## **Option III: The Hollywood**

This option is so named because it gives the appearance of the Full Monty (the six-hour in-depth assessment session), but only takes three hours to do. In this

version, participants are divided into groups (as in Option I), and each group is assigned *a different* category to assess. The work of each small group is then reported to a plenary session of all participants during which further comments are added to the data concerning each of the capacity domains. This option is a compromise to save time, but has the disadvantage of lacking the richness and depth regarding the quality of data gathered.

If this rapid appraisal strategy is chosen, it is important to ensure that informed, articulate community insiders participate in the data analysis phase, in order to fill in missing pieces of the puzzle not apparent from the records of the meeting.

## **Option IV: The Housecall**

This title refers to the use of capacity assessment tools to zero-in on one or a few capacities that seem to be in need of development, in order to move forward in a community development process. In this case, capacity assessment is a diagnostic strategy used to identify what kind of capacity building might best be introduced in order to breath new life into a development process.

The descriptions of the process that follow is based on Option I, largely because we have found that, where possible, "The Full Monty" is the best all around method for achieving *all* of the goals of a community capacity assessment process, including:

1. uncovering new information/data about community dynamics and capacity
2. educating participants about the process of community development
3. motivating and mobilizing participants to take action aimed at building community capacity for change

The shortcut versions of the process can provide helping professionals and community leadership with valuable insights into existing or needed capacity, but often lack the community learning dimensions of the longer versions of the process.

# The Capacity Assessment Process in Detail

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Having decided on the basic plan for the meeting, the following logistical issues need to be attended to.

## 1. The Room

1. Too small a space is *very* difficult to work with and can impede the process, simply because working groups require enough distance from each other to allow each group to consult freely without noise interference from other groups. Choose a space that has some breathing room, adequate washroom facilities, and if possible, a kitchen.
2. Tables that seat 8-10 people should be set up. Alternatively, circles of 8-10 chairs can be used.
3. On each table (or chair), place name cards (see Appendix) so that each participant can see everyone else's card within any one group.
4. Ground rules. We recommend that a card stating the following ground rules be placed on each table.

### Ground Rules

1. Everyone has wisdom
2. We need everyone's wisdom for the best results
3. There are no wrong answers
4. Everyone will hear and be heard
5. No one speaks twice until everyone has had the chance to speak once
6. One person speaks at a time
7. In case of process problems, majority rules

## 2. List of Supplies/Equipment Needed

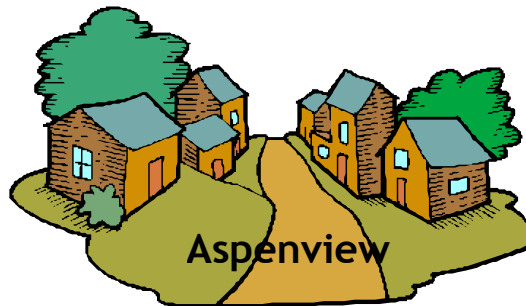
- name cards
- pencils/pens
- handout with:
  - ❖ an agenda for the meeting
  - ❖ copy of the community's vision statement (if available)
  - ❖ description of priority action areas (if available)
  - ❖ capacity assessment worksheets
  - ❖ evaluation form
- food and beverages
- flipcharts and markers – for each table (optional)
- overhead projector with overheads of capacity domain definitions (optional)
- microphones/sound system for large gatherings

### 3. Welcoming at the Door

Station core group members near the door and welcome people to meetings. Give each person a packet containing:

- the community health vision statement/plan (if there is one)
- a statement of key issues the core group is working on
- the capacity assessment tool kit (see Appendix)
- ground rules (if not on the table)

If someone comes alone, be sure and help them to meet others.



#### Opening the meeting

People began streaming in to the Aspenview Continuous Brunch Meeting at 8:00 am. By the time 8:30 rolled around, there were 80 people ready for the day to begin. Many different organizations had come. There were farmers and teachers and business leaders, parents, grandparents and other community members. Too few young people had come, this early on a Saturday morning, but the president of the high school student union was there, and had agreed to help run the meeting. All in all, the turnout was better than the Steering Committee had hoped. The chairperson rose and addressed her neighbours and friends with some considerable nervousness.

*“Thank you all for coming this morning. On behalf of the Aspenview HCI, welcome. We have been working for a year now, creating a vision for the future of our community. Many of you have been part of that. Today is our first step toward achieving that vision. We’re going to identify whether we have the things we need -- what our outside helpers have called capacity -- the things we need as a community in order to get where we want to go. After our discussions today, we’ll have a good understanding, and one we all share, of the strengths in our community and those areas in which we need to do better. Then, we’ll figure out how to make them better. But that’s another day!”*

## 4. Getting Started

### *Welcoming and Introduction*

Welcome participants and introduce the purpose of the gathering.

- This can be done by a core group member or someone else from the community, but we have found that this task should not be done by a consultant or professional health worker. It is important that the meeting be seen as “ours” (the community’s) rather than “theirs” (the health organization’s).
- Credibility is lent to the process by having respected community leaders (such as the mayor) supporting the work that the group will be doing. It is best to have community members introducing the capacity assessment process. This shows the participants that the capacity assessment is something that community members have identified as important, rather than something that the health organization/agency thinks the community should do.
- Link the work that will be done at this meeting with the priority setting/visioning work that is already happening in the community. Capacity assessment is not simply an exercise that is done in isolation. The link needs to be made as to how this assessment fits in with the work that has already been done, and the work to be done in the future. People need to know how this particular meeting and their contribution fits into the “big picture”.

### **Warm-up Exercise**

Consider introducing people to each other and jump-starting the assessment process. There are many ice-breakers and warm-up exercises that will work. The challenge is to pick one that is appropriate for both the community and the process at hand.

- One exercise that works well is to ask people to introduce themselves and “name one thing that is essential for a community to have in order to work effectively together.” In large gatherings,

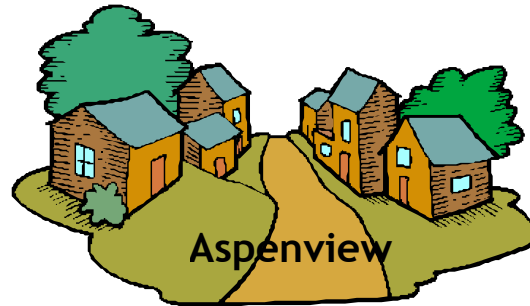
this can be done in smaller breakout groups. The facilitator records the answers to this question on flipcharts, that have, written in pencil, the names of each capacity domain. The responses are written under the appropriate domain. Once everyone has introduced themselves, the facilitator writes the names of the capacity heading with felt markers so that the whole group can see them. The facilitator validates that what the group has come up with is much the same as what other communities and researchers around the world have come up with. These are the key elements that help a community work effectively together to improve health. And these are what we are going to be talking about during the assessment exercise.

### ***Explain Community Capacity***

The term “community capacity” is a technical term and it needs to be defined clearly and simply for participants. The points that need to be made are as follows.

- “Capacity” means the ability to do something.
- “Community capacity” refers to the community's abilities to work together for the common good, and to address critical issues, challenges and opportunities.
- Vision and priority areas are the “what;” community capacity is the “how” of getting things done to improve health in the community. The metaphor of a journey by car can be used to explain this (see Part I: page 4).
- Communities and researchers around the world have been working to identify the key elements, or domains of community capacity. The most commonly identified capacities (perhaps labeled differently, but essentially meaning the same thing) are: shared vision, sense of community, participation, leadership, resources/knowledge/skills, communication, and ongoing learning. (If the core group has defined additional domains, mention this here.)

- In order for the community to be successful in taking action on its identified priorities, it needs to know which capacities it has to work with – what are its strong areas, and which areas need to be strengthened in order to have the best possible chance of success.



### Explaining Community Capacity

After breakfast, Joanne Jones, a well respected community member, and the aunt of one of the three local youths who had committed suicide, introduced the idea of community capacity.

She asked the group to think first about the community’s journey to a healthier future.

“We have envisioned Aspenview as a caring community working together to provide a safe environment to respect and nurture the whole person. We have decided to work first to support the healthy development of children and youth in our community. We envision a future where there are no more teenagers who feel the need to endanger their own lives. If we really want to reach this goal, we, as a community must all work TOGETHER. Our work today is to do a “check -up” of how well equipped we are to succeed in supporting the development of children and youth in our community.”

*“Just as we would check our car’s readiness for a long trip, we too need to take stock of our strengths and weaknesses that will affect our success in reaching our destination. Today we are going to talk about what our friends in the health region call “capacity” - it means simply, the ability of people to work together. Instead of gas and transmission fluid, good tires, and a clear windshield, a community needs things like leadership, a shared vision, and a strong sense of community - that is, people need to feel connected to each other. A community also needs to have the participation of as many community members as possible in making decisions, and it needs to have good communication. We also need the “know-how” and the resources to take action on our goals, and finally, we need to be able to learn from our actions.”*

“ These are the things we are going to be talking about today. Our vision statement says that ‘children are a gift and our future’. Today is the first step toward giving our children the gift of a strong, healthy and supportive community to thrive and grow in.”

### ***Provide Process Overview***

Give participants a brief description of the steps and stages of the process that is planned for the event, including breaks and meals and an approximate timeline.

### ***Finalize Working Groups***

Getting people into groups. This step is optional, particularly if the room has already been setup in tables of 8-10 people. Depending on the community, you may wish to: i.) either mix people up so they are sitting with people they may not necessarily know well; or, ii.) let people sit where they want. The advantage of mixing people up is that they get to meet new people and develop new relationships, as well as hear diverse perspectives. On the other hand, people may feel more comfortable to say what they really want to say if they are sitting with people they know and trust.

One fast and easy way to mix people up is to have them “number off.” For example, if there are 30 participants and you want to have four tables of 7-8 people, ask participants to number off 1-4. All of the “1’s” sit at table 1; all of the “2’s” sit at table 2, and so on. Alternatively, people can be given numbers or colored dots as they arrive at the meeting. These dots/numbers signify the table they are to sit at for the capacity assessment exercise.

### ***Explain Ground Rules***

Explain that in order for all people to have the opportunity to say what they want to say, there are some ground rules for the day. You may wish to develop these ahead of time with the core group. The ground rules should include things like “one person speaks at a time;” “there are no wrong answers;” “every contribution is important.” See above for our suggested list of seven ground rules. We found that it works well to use name-cards on the table with the participant’s name on one side and the ground rules printed on the other side.

## 5. The Assessment

There are seven (7) domains to assess, assuming that all participants will assess all domains (the Full Monty). Participants are working in groups of 8-10 people. Each group has a facilitator and a recorder. Each participant has a "community capacity assessment kit" [NOTE: Photocopy-ready capacity domain definitions are contained in the appendix. The "kit" should also include an agenda for the day, and a copy of the community's vision statement, if one exists].

- ❖ *Step 1* – The first domain definition is read out loud, along with the questions for discussion and ranking (2-3 minutes). This is done by the lead facilitator.
- ❖ *Step 2* – Facilitators ask participants to say back, in their own words, what they think the definition is saying. Try to ensure that everyone has some understanding of the definition and the questions (5 minutes).
- ❖ *Step 3* – The lead facilitator asks all participants to use the domain questions as a guide to think about what rank they would give the community, on a scale of 0-10 (0 = no development; 10 = fully developed), and why (2-3 minutes).<sup>3</sup>
- ❖ *Step 4* – Ask the table facilitators to take over; and ask each group member to share their ranking, and their reasons for that ranking. Start with a different person for each domain. Recorder records verbatim comments (but not the names of who is speaking). (10 minutes)
- ❖ *Step 5* – Table facilitators facilitate discussion about the group's ranking assessment for this domain. The aim is to reach consensus. Consensus is defined as "a solution that everyone can agree with, without feeling they are losing something." Note that consensus is different than just averaging all of the responses. If consensus can't be reached, be sure to note the range of rankings and the reasons for them. Be sure that the recorder writes down each person's individual ranking. This is important in the data analysis stage (20 minutes).

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<sup>3</sup> A scale of 0-10 allows for fine distinctions to be made and also allows ample latitude for measuring change in subsequent assessments.

It is tempting for groups and their facilitators to simply average individual rankings in order to achieve consensus on a measurement. This is not a completely satisfactory approach, however, for at least two reasons.

**First**, it is important for the group to recognize that the rankings given by each member are very subjective. What is a “4” to one person may well be seen as a “6” by another, even when their observations about the community’s strengths and weaknesses for that aspect are relatively similar. After a little discussion about their reasons for assigning a particular ranking, the group may well be able to agree on a number which everyone feels represents an appropriate measurement, and this will be much more satisfying than simply agreeing to go with the middle number.

**Second**, the averaging process, especially when the group is quite diverse, tends to push all the rankings toward the middle. Such a final ranking will certainly not reflect the rich experience within the group around that domain, but merely result in a flat picture of the community that does not pull people toward future action. It is only when people have the courage to express themselves clearly and fully about their reasons for choosing a particular ranking that they may also open themselves to other points of view and change their own assessment. This results in much richer data and also in a much richer learning experience for everyone.

The task of helping a group actually reach this type of consensus is a challenging one that requires a relatively high degree of facilitation skills. As mentioned in the section above on planning for the community capacity assessment process, the availability of skilled facilitators is certainly one factor to consider in assessing the feasibility of this work for your community.

- *Step 6* – Table facilitators report back to the large group - stating the group’s consensus ranking, and some of their key reasons for this. Start with a different group each time. Facilitators should try to avoid

repetition; if a particular concern/comment has already been presented by another group, this should be noted briefly, and new information should be highlighted. This will save time. Having the facilitators report back builds trust and helps to create a safe environment so that people can feel more comfortable to say what they really want to say. It is important to keep this reporting stage to about two minutes per group. The reason for doing it at all is to give all participants a growing sense of how the assessment is going.

### **Keeping the Energy High**

It is very important to include at least one or two 15 minute breaks in this process. Community members are generally not accustomed to doing this kind of work, and it can be quite intensive. Door-prizes and energizer breaks can be interspersed in the process to give people a “mini-break” and to lighten the event. It is very important to provide **continual validation** that this is indeed hard work, and that the group is really doing some good work.

### **Changing the Order of Domains**

The order of the domains can be changed according to the community’s need. For example, if participation is an important concern, it should be one of the first domains to be discussed. It is best, however, to start with a domain that is relatively straight-forward, such as “shared vision”, or “communication”. In our experience, the group needs to work through one domain before it really grasps the process and how it works. The first domains tend to take longer, and as people grasp the process, their ability to move efficiently through all the stages tends to speed up.

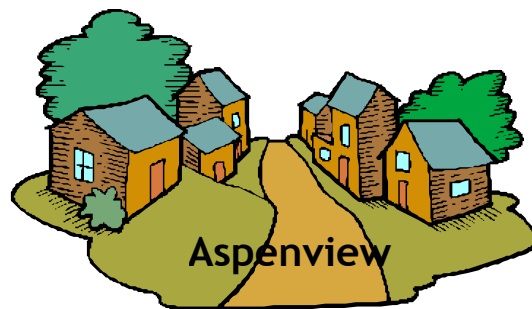
### **Options When Running Out of Time**

The best laid plans almost always fail to anticipate something. If you find you are running short of time, the following options can be negotiated with the group.

1. *Extend the length of the meeting.*

This can be the best solution, if participants have the interest and energy to push through to the end. The payoff is a sense of completion, and data covering all the domains.

2. *Dropping some of the domains.*  
This option leaves holes in the data, but that may not matter. It may be more important to do five categories well and to build on the insights gleaned from that process. The earlier in the process the decision is made to cut the number of domains, the more choice the group has as to which domains they wish to give priority to.
3. *Move to "the Hollywood" option*  
Divide the remaining domains among the groups: i.e. one group talks about "communication," and another about "ongoing learning," etc.
4. *Speed up to "fast-forward"*  
Finish all the domains, but complete those remaining in 15 minutes each by radically limiting discussions.



### **What happened when we ran out of time at the meeting**

*The 80 people present at the Aspenview community meeting had been divided into nine groups. Each domain generated a lot of deep discussion, and some strongly held opinions were expressed. The facilitators of the meeting were pleased with how eager and excited people were to talk, and didn't want to hold them back. However, by 1:00 pm, only four of the domains had been thoroughly discussed. There was only two hours left in the meeting, and four more domains to finish. What should we do now?*

*The lead facilitator gave the group four options: i.) drop some of the domains; ii.) have different groups work on different domains; iii.) finish all of the domains but limit each discussion to 15 minutes, and iv.) extend the length of the meeting. Almost in unison, people from each table said, "we want to hear what everybody has to say about every domain - let's do option #3".*

## Wrapping Up the Meeting

Once all of the domains have been discussed, it is time to “wrap it all together” and bring the meeting to a close. It is important for the group to understand how the work they have done will contribute to the “big picture”, and what the next steps will be. Asking them to review their work and identify priorities for building capacity helps to complete the picture. Following is a generic process for ending the meeting. However, note that each case will be different, depending on what the community is hoping to achieve, and where it is at in the process of working together to improve health and well-being. You will inevitably need to customize this process to suit the community’s needs.

1. The lead facilitator or other designated person presents a summary of the main points for each domain.
  - Talk about strengths that have been identified, as well as weak areas, and how this might impact the community’s success on its chosen priority areas for action.
  
2. Identify priorities for learning and link these to the priority action areas through the following process:
  - Ask each small group to take 15-20 minutes to review their notes for each of the domains, and identify two or three priority learning needs. Ask the questions:
    - “What capacities does the community need to strengthen first in order to be successful in the priority action areas?”  
(choose 2 or 3 domains)
    - “What strategies should be used to build capacity in the two or three domains you have identified?”
    - “How can we build these strategies into the action planning processes for our chosen priority areas?”
  - Have each table facilitator report back.
  - Record their comments on a flipchart.

3. Talk about the following “next steps:”

- The recorders’ notes will be transcribed and written up in a summary document.
- A group of community members and agency staff will hold a “Data Day” to review the findings of this assessment, and make recommendations for strengthening capacity in all of the domains.
- A report will then be written and presented to the core committee for review (and revision, if necessary). Following this review, the report will be made available to community members. This will likely generate further discussion about how the community works together. The core committee will consider the report recommendations in light of feedback from the community, and the priorities for action that were chosen, and develop an action plan for building the community’s ability to work effectively together.

4. (Optional)

Because of the opportunity that the capacity assessment meeting(s) present for communicating with a cross-section of the community, you might also consider building in other agenda items in addition to the capacity assessment that are related to the community health development process. This might include presenting initiatives that are already on the go in the community, asking people to sign up for action planning teams, having an open mike for people to share their thoughts and ideas, or showing off the good work that community people have already done. The only caution here is to be careful that these additional agenda items don’t take away from the main work at hand, that is, the capacity assessment.



## Part V:

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### Data Analysis

#### Compilation

At the end of the capacity assessment meeting you will have a stack of hand-written notes (or if you are lucky, lap-top computer generated notes) made by the recorders. These notes should consist of the verbatim comments made by participants during the capacity assessment. They are the key to understanding how the community is currently working together. *Loss of these notes is a disaster!* One person (the data manager) should be assigned to collect all of the recorders' notes at the capacity assessment meeting. As soon as possible, photocopies of the raw data should be made, and the originals stored in a safe place.

The challenge at this stage is to compile all of these comments into a document that conveys what was said at the meeting, in a way that is easy to read and makes sense for the community.

**The first step** in the compilation process is to transcribe the hand-written notes into a word processing file, creating one section for each capacity domain (i.e. all of the comments for “shared vision” are compiled in one section, all for “participation” in another, etc.). This is where you will appreciate good recording the most. Verbatim phrases which capture a complete thought or idea, and which are written legibly make transcription a lot easier. It is important to transcribe the hand-written notes (including punctuation) as accurately as possible in order to maintain the meaning of the comments. If certain words or letters are illegible, simply insert symbols (e.g. ??? or \_\_\_\_\_) to signify this.

**The second step** is to compile all of the individual rankings for each domain and organize them into some form of visual display. Graphs work nicely. During the meeting, recorders should have written down each individual's rankings for each of the capacity domains. These now need to be “interpreted”. This is done by tabulating the scores for each domain, and then organizing them into categories

of “low”, “average”, and “high” ranking. In general, we organized the rankings in the following way: 0-4 = “low”; 5-7 = “average”; 8-10 = “high”.

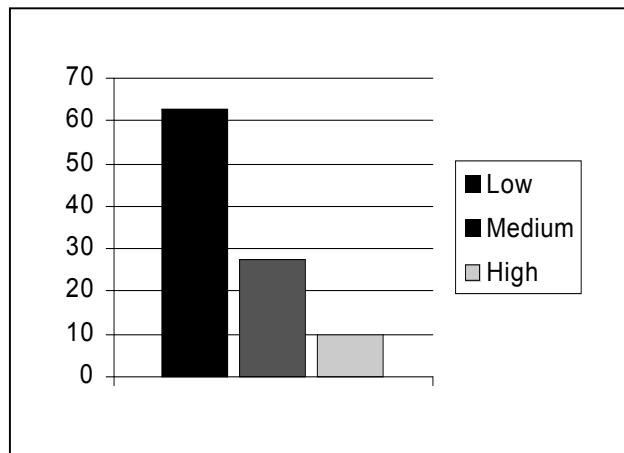
For example, in Aspenview (the fictitious community in our case study), there were 80 participants at the assessment meeting. The following spread in rankings were recorded for the domain of “sense of community”.

- Low (0-4 ranking) – 50 participants = 62.5% of participants
- Medium (5-7 ranking) – 22 participants = 27.5% of participants
- High (8-10 ranking) – 8 participants = 10% of participants

This can be displayed on a bar graph as follows for easy reference.

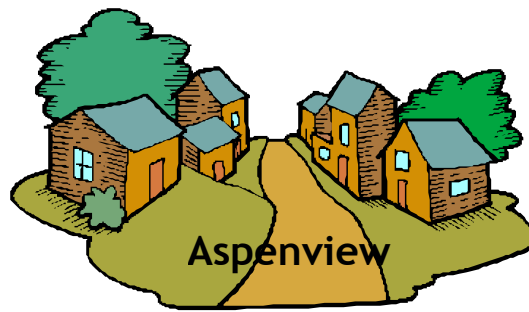
What do we know so far?

- that 62.5% of participants gave “sense of community” a very low ranking
- that an additional 27.5% thought that although the community had achieved something in this area, there was a lot of room for improvement.
- that only 10% did give it a high ranking



What we can be quite sure of is that most of the participants feel that Aspenview’s capacity for “participation” could be improved. We still don’t know anything about *why* participants gave the rankings they did. What is their interpretation of the facts? What is their analysis? To find out about these qualitative questions, we will need to look carefully and systematically at the comments that were collected at the meetings.

At the end of the “compilation stage” of data analysis, you will have a file for each of the domains containing (a) all the verbatim comments and notes collected at the assessment meeting for that domain; and (b) a one-page statistical summary describing the number of participants that gave low, medium and high rankings, expressed in real numbers and percentages and displayed on a bar graph.



## Sample Raw Data

When the people at Aspenview's community meeting got to talking about the capacity domain, sense of community, these are the sorts of things that people said and that got recorded on flipcharts. Many of these comments directly reflect the questions that the facilitators posed, while others are more general expressions of what people felt that their community life was like.

- *I have a strong sense of belonging, but I don't know ... the "invisible" people must have a different experience but I can only try to guess what it is*
- *the sense of history is important to older people but not the youth*
- *young people always think things will be better elsewhere*
- *strong history of community, but as people having to leave to work, may erode*
- *there is no ??????l thing that brings the community together*
- *there is a huge amount of caring for one another, especially among the seniors*
- *we [youth] try to speak up but nobody wants to listen to us*
- *there is an openness, a willingness to make people comfortable*
- *need young people to be more involved, help out, at schools*
- *there's not another community like ours - we work together on projects and help individuals with problems and day-to-day life*
- *we need to try to include new people to get their opinions*
- *I'm not sure if ????? is really embraced*
- *we have the experience and the younger don't want to hear -- they don't listen to us*
- *my concern is the disadvantaged, there is ridicule for them, people capitalize on other people's loss and misfortune*
- *the adults in Aspenview are so wrapped up in their own problems they don't even think about what's happening with kids*
- *there are some needing help and no one helps - depends on who knows who*
- *if people don't help themselves, we can't help them but the support is there*
- *there isn't anywhere else I'd rather live - Aspenview is like living in a large family, we come together to support in crisis and to celebrate achievements*
- *in times of crisis community pulls together well*
- *seniors aren't interested in what youth are doing*

On a scale from one to ten, with one being the lowest, nine small groups had given this domain the following rankings: 2.5, 5, 6, 6, 6.5, 7, 8, 8, 8

Now, the challenge was to summarize all this information. What did it all mean?

## Analyzing the Raw Data

Converting the raw data into a comprehensive summary requires technical expertise, particularly in qualitative data analysis and writing. It is very beneficial to work with a small group of people to analyze the data. This helps to avoid the problem of personal bias that can occur when analysis is performed by a single person. Furthermore, talking about the data with a variety of people – community members and agency professionals – helps achieve a deeper level of analysis and understanding about the community’s capacity to work together effectively. On the other hand, having too many people involved in the data analysis can be confusing and time-consuming. A group of 6-8 people is optimal.

## Data Day

Holding a “Data Day” shortly (ideally within a week) after the community capacity assessment meeting is extremely valuable for analyzing the raw data. During the Data Day, the group reviews the raw data, identifies key themes arising from the data, and formulates recommendations for building capacity in each of the domains. This requires a full day, but is well worth the effort.

Data Day participants should have an opportunity to review all of the raw data before the meeting. This way, they come prepared with a general understanding of what community members said at the capacity assessment meeting.

### Who should participate in “Data Day”?

An ideal group size for doing this work is 6 to 8 people who can contribute their knowledge of the community or of community capacity building processes.

Because capacity assessment is a participatory process, it is important that community members are given the opportunity to have a hand in analyzing the data from the capacity assessment meeting. Depending on the community, there may or may not be great interest in doing this. In our experience, it is essential, however, that community members be present. They are the only

people who can shed light on certain aspects of the findings. Their “insider knowledge” is invaluable when it comes to interpreting participants’ comments, and in making recommendations for building capacity.

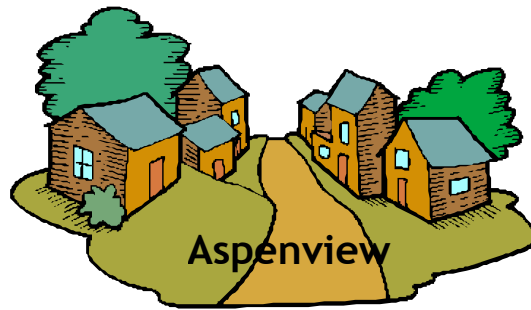
Community participation in Data Day can be invited in at least two ways: first, by making an announcement at the capacity assessment meeting – an open invitation; and second, by inviting members of the core group and other key individuals to participate. People who know the community well, and who represent diverse perspectives can lend considerable insight into the findings of the capacity assessment. On the other hand, newcomers to the community also can provide valuable insights because they see the community with “fresh” eyes.

In addition, facilitators and agency personnel who attended the capacity assessment meeting, and who are familiar with the community should be involved. Finally, it is important to include someone who is experienced in analyzing qualitative data, and who is knowledgeable regarding community development and community capacity building processes and principles. This person can serve as a coach/guide for the data analysis process.

You will also need a facilitator and a recorder for the meeting. The agenda process for Data Day should flow as follows:

1. Welcome, introductions, and overview of the day
2. Debriefing of the community capacity assessment meeting. How did people feel about the meeting? What were the most interesting findings of the day?
3. Work through the data one domain at a time.

Note: There should be seven capacity domain files, each containing the raw data compilations and the statistical report for that theme. Each person at the “Data Day” meeting needs a copy of each of these files.



### **Data analysis: who was at the meeting**

A small group of five people sat down to look at the great mound of information which had been collected and to make sense of it all. The chairperson of the steering committee and two other active members, one facilitator, and an outside consultant with experience in analyzing data made up this group. Despite their urging, none of the young people from the town hall meeting had come. A call was made to the high school and the principal graciously offered to send six students who had been active in the process. Glad for a reprieve from school work, six young people arrived within twenty minutes. As everyone talked over the work for the day, it became very clear that, while it was going to be very interesting, it was also going to be very hard work.

## **Steps for Analyzing Raw Data**

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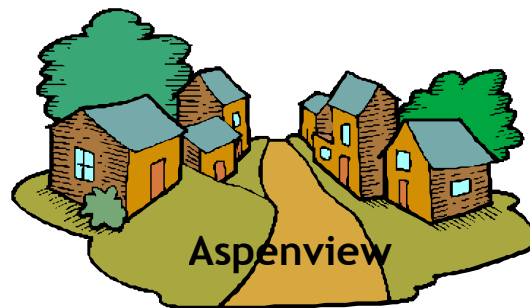
### **Team Consultation on the Data**

Following are steps for working through the data analysis process with a group.

1. (Optional) Prior to Data Day, the outside helpers make a “first attempt” to summarize the key themes presented in the raw data (see example below). Each person is assigned one or two domains to summarize. They come to Data Day prepared to share their summary(ies) with the group to help “kick-start” the discussion. While this step is optional, we have found that it does help to make the day more productive.
2. Work through the data, one capacity domain at a time. First, allow 5-7 minutes for people to read over the raw data for the domain. Ask people to jot notes about words, phrases, or ideas that appear more than once, and to think about what the theme, or message is about these ideas.  
What insights about the community do people have as they read the data?

Try to “read between the lines” to see what people are really trying to say. Ask people to review the graph of individual rankings – generally, do people think this capacity is well developed?

3. If the outside helpers have come prepared with a draft summary of the capacity domain, this is the time for them to share it with the group.
4. Ask people to say what they think the main points are that arise from the data. Ensure that each person has a chance to say what s/he thinks.



**Draft Summary Statement: Sense of Community\***

Different pockets of people are having different experiences. Some people said there is a lot of openness and caring and a willingness to make people in Aspenview feel comfortable. These people said they wouldn't want to live anywhere else. On the other hand, others said even after living in the community for many years, they still feel like outsiders and that it seems that some people who need help don't get it and sometimes people who are disadvantaged are ridiculed.

There appears to be a tension between youth and adults in Aspenview. The gap between youth and the elderly seems particularly extreme. Seniors said that they have much to offer but the youth don't want to hear. Youth said that seniors aren't interested in what the youth are doing and furthermore that the adults are too preoccupied with their own problems to think about what's happening with youth.

\* Note: this is only a portion of one theme summary

5. Have a discussion to reach consensus about the key themes – that is, what are the main ideas that people raised about this particular domain at the capacity assessment meeting? Formulate some beginning statements about these themes.
6. As a group, do some brainstorming about possible strategies for strengthening the community’s capacity in this domain. For example, if it is apparent that leadership could be further developed, a recommendation might be to hold leadership development training seminars.

Developing recommendations requires knowledge of community development, and community capacity building processes and principles. More than anything, experience is the most useful guide for making recommendations. This is why it is important to have a person or persons at Data Day who possess on-the-ground community development experience.

In addition to community development experience, developing recommendations that are suitable for the community requires knowledge of the community itself. While an outside expert may be able to recommend strategies for building community capacity, community members themselves will be in the best position to identify which strategies will, or will not work in their community.

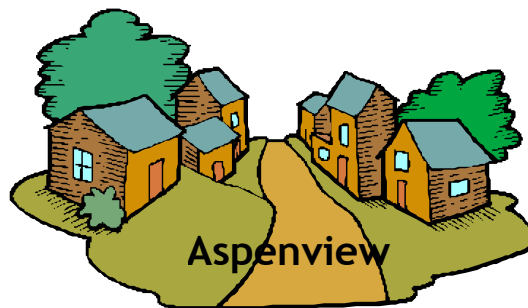
The end result of Data Day is an analysis of the key findings of the community capacity assessment, and recommendations for building community capacity. The next step involves writing it all up.

## Writing Up the Results

Select someone to write a report about the findings. This includes writing up the work done during Data Day in the form of capacity domain summaries, and putting them all together in a document that describes the capacity assessment process, the findings, and the recommendations. This person should be someone with good writing skills, and capable of integrating direct quotes from the verbatim notes into a report that is easy to read, well organized, and oriented to action. This kind of writing takes time (3-5 days for most reports).

## Tips for Writing Capacity Domain Summaries

- Begin by developing theme summary statements for each domain.
- Wherever possible, use the exact words of the participants.
- Make sure all of the key themes are included – try to ensure that each comment (that is not a repetition) is captured in the summary.
- Avoid making judgments about what the participants said.
- Don't sugar coat the findings – if negative comments are made, they need to be included. Opposing points of view need to be presented in a neutral manner (e.g. “some people felt .....; others felt .....”).
- Review the raw data for all of the domains. People often make comments that apply to more than one domain. Such comments should be used more than once under all the categories to which they apply. For example, comments about “participation” might be made during the discussion of “shared vision.” These comments should be written up under “participation” as well as “shared vision” if they fit well into each category.
- Consider and include what you know and understand about the community – what you have heard from community members, and also what you have observed outside of the capacity assessment meeting. The point is to paint a picture of how this community works together – it is like putting together the pieces of a puzzle. The domain summary may therefore incorporate information above and beyond the raw data collected at the capacity assessment meeting. If you do decide to add something that was not voiced at the gathering but was voiced elsewhere, community members will still have the opportunity to delete or edit the comment during the review process. Sometimes this is a useful strategy for getting things that had been pointedly not talked about, out into the open, so they can be addressed.
- Try to organize the summary into a logical flow.
- Keep it as simple as possible. Aim for a reading level of Grade 8 and avoid jargon.



#### Domain summary.

After the Aspenview group had looked at all the data, members discussed how they would summarize it in a way that captured the many different views and perspectives expressed. After much debate, this was the summary that they wrote:

*“Our community is made up of a wide range of individuals. Different pockets of people are having different experiences. Some newcomers have felt immediately welcome; for others it took a few years to feel welcome; and others, even after many years have passed, still feel as if they are newcomers. At the meeting, some said Aspenview is the best place they could live, that it is like living in a large family, and that we have a good history of working together. Others said that some people in the community are too willing to capitalize on the loss and misfortune of others.”*

*“There are tensions between various age groups, particularly between the youth and elderly. Seniors sometimes feel that the youth don’t want to hear from them. Some people said that the elderly are too set in their ways and need to make room for new ideas and wider participation. It was felt that some long term residents are unwilling to let go of tradition.”*

*“On the other hand, youth feel that their needs and concerns are usually ignored, and their opinion belittled by an adult population that is totally preoccupied with itself.”*

*“Aspenview is currently experiencing change - from a stable farming community where people typically spend their entire lives and have strong connections to the community history, to one that is more diverse. There is a fear that the sense of history may erode as people leave to find work.”*

*“Overall, Sense of Community was ranked the highest of the domains; yet there were some very negative comments. Several groups gave it high marks, but there were also some very low ratings. Many people feel that the community of Aspenview needs to work much harder to make sure everyone feels valued, welcome, and cared for.”*

People who were at the meeting were able to explain information behind the raw data: when seniors were speaking from their own experiences, and when people were speaking about a particular group of the young people who weren’t there to tell their own side of the story. Despite the fact that many people were very positive about the community, an undercurrent of dissatisfaction exists. The data group knew that these feelings needed to be openly acknowledged and addressed if Aspenview was going to move forward and become a healthier community.

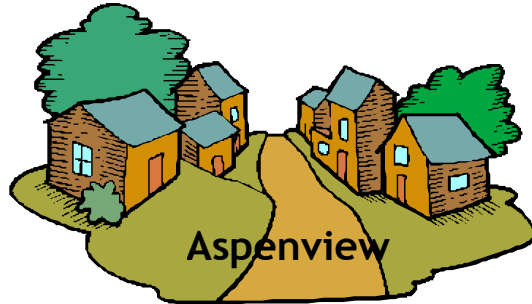
Once the theme summaries are completed, they are ready to be compiled into a document for distribution to the community. The final document should include:

- An introduction to the concept of community capacity.
- The story of how this particular community arrived at the decision to do a capacity assessment, and of how this assessment was done.
- A summary of key findings and recommendations (Executive Summary).
- A definition of each domain, followed by the theme summary and specific recommendations for each summary.
- The raw data from which the document was created.

The final report will be lengthy and detailed. It may be tempting to take short-cuts and create an abbreviated document. This is not recommended. What we do recommend is that a much abbreviated summary report or “Community Capacity Report Card” be prepared for those who just want “the bottom line.”

The primary report serves as a benchmark for future capacity assessments, and as a source document for planning community capacity building strategies. It is absolutely essential therefore, that all of the details are captured. The report will be most useful to the core group, but should be made available to the public.

As stated earlier, it is also useful to create a simpler document – a Community Capacity Report Card – that includes direct quotes, and the highlights of the findings, as well as recommendations for building capacity. Humour, cartoons, graphics, and direct quotes from the raw data can be used to illustrate the findings. This kind of document can be circulated widely throughout the community to generate discussion about the community’s ability to work effectively together.



### Community Report Card

A full community capacity report was written for the Aspenview HCI Steering Committee. A copy of this report was made available to any community member who wished to read it. The Steering Committee realized, however, that not all community members would want to read such a lengthy document. In order to foster more community dialogue, they decided to create a shorter, “snappier” version of the report that would be put in every mailbox in the town and surrounding area. Here’s a segment of the domain summary as it appeared in the community report card:

*“70 years and still a newcomer*”

*“There isn’t anywhere else I’d rather live - Aspenview is like living in a large family*”

Sense of community was ranked highest overall but it was clear that different pockets of people are having very different experiences. Some people ranked this area very high while others gave a very low ranking.

There are tensions between age groups, particularly between youth and the elderly.

*“We have the experience and the younger don’t want to hear.”*

*“You say Aspenview has a youth crisis. Where do you think us youth came from? Nobody really wants to hear what we have to say.”*

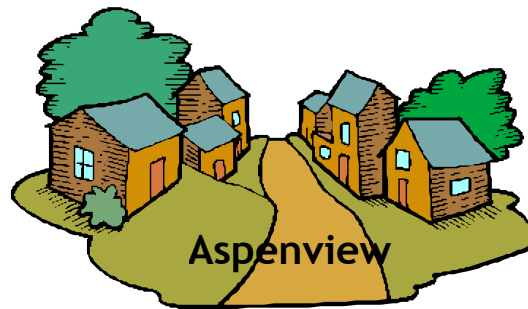
## Validating the Final Report and Moving to Action

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The final report should be presented to the core group for their review. Each member should have the opportunity to read the report, and then meet with the rest of the group to go through the report, domain by domain. The intent of this process is to validate the findings, make changes/corrections, to begin looking at the recommendations for building community capacity, and ultimately, to develop a capacity building plan.

### Process for Presenting the Final Report to the Core Group

1. Set a meeting date(s) and time to review the report. Reviewing the report may take more than one 2-hour meeting.
2. Ensure that each member receives a copy of the report and has an opportunity to review it before coming to the meeting.



#### Sample recommendations.

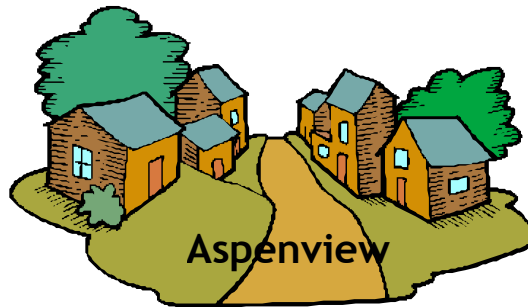
After looking at the raw data and drafting their summary, the data group made recommendations to the Aspenview HCI Steering Committee about ways to build up Aspenview's capacity in the domain of sense of community. These recommendations had to do particularly with the role of young people in the community.

One: Young people need a forum in which they can openly and directly voice their concerns and their ideas about how to improve life in Aspenview. A youth summit, organized by high school students and to which students from surrounding communities are invited, would both help young people develop leadership skills and would give their ideas increased prominence. Adults and community organizations should provide as much support to this summit as needed, but it must be first and foremost the work of young people themselves to organize and carry out.

Two: Opportunities need to be created to bring together those groups who are experiencing "gaps" between values and experiences, particularly youth and the elderly.

3. At the meeting, begin with a discussion about the report. What did people think about it? What does the report reveal about the community's strengths and weaknesses? What did the individual rankings show about possible priorities for action? What did the participants identify as priorities for action in building capacity? [If time is limited, you may need to decide here to focus first on the domains that the group feels are most important.]
4. Working through one domain at a time:
  - Have members read the domain summary out loud.
  - Ask - "Does this capture the meaning of what you heard at the capacity assessment meeting?" "Does this summary 'ring true' for your community?" "Is there anything that needs to be added or changed?" [Make changes as indicated for data team re-consideration.]
  - Review and discuss the individual rankings. How well developed did the participants think this domain is in the community? [It is helpful here to have all of the graphs on one page so comparisons can be made.]
  - Review and discuss the recommendations. Ask the group if they would like to keep or drop any of the recommendations, or create new ones. The goal here is to reach consensus on the recommendations for strengthening the community's capacity to work effectively together.
  - Once all of the domains have been reviewed, set priorities for action. Ask the group to identify their priorities for building capacity. Criteria for making decisions will depend upon the core group's mandate, the context of the community, and the work being done already.

The end result of this meeting should be validation of the report, and identification of priorities for actions to strengthen community capacity. A subsequent meeting to plan the strategies, and find ways to integrate them with existing activities will be required.



### Following Up

The capacity assessment process was generally well-received by the Aspenview community. While some people found it lengthy and some weren't sure that it was the thing to do at this time, others were strongly convinced that it added to their efforts to create a healthier community.

"We had a lot of variety of people present and everybody was quite open, really saying what they thought."

"I thought it gave us a better understanding. We talked about, for instance, leadership. Someone said, 'we've got great leaders here,' and another said, 'it's not the leadership we need.' The idea of participant leadership was new to our group, we understood it after the capacity workshop."

"We needed to do it, so everyone understood the vision.... It made the community more aware of what we're trying to do, what we want to see happen."

"I got new insight into what young people think about their elders and about the kind of community we've created for them."

Since the capacity assessment, Aspenview has taken action on some of the recommendations that were made in the report. They have held two leadership training sessions for both youth and adults; a "task-force" of both youth and the elderly has been established to understand more about the gap between the generations and to plan actions to bring these two groups closer together. And finally, planning for a youth summit, with youth taking the central leadership role (and supported by members of the Aspenview HCI and the local Family and Community Support Services worker) is currently underway.

Already, from the process of working together, the youth have concluded an important aspect of suicide prevention is youth helping youth. A "community watch network" was discussed, based on the idea that among the youth community, everybody knows everybody, and that if someone seems to be depressed or having a hard time, other youth will know about it, and that is the time to give the person in trouble some attention and friendship, not to leave them alone.

The Aspenview HCI steering committee is monitoring the progress that is being made in building the community's capacity to work effectively together.

## Using the Report and Monitoring Progress in Building Community Capacity

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Assessing community capacity is only one step on a much longer journey. Communities who have invested their time and energy into the assessment process, and who truly wish to move forward in working together more effectively need to monitor their progress in building capacity. One way to do this might be to create a simple monitoring tool such as the one below. No matter what method is used to monitor progress, carrying out another community capacity assessment in 6-12 months will be an important strategy for evaluating success. Working systematically is itself a capacity that is developed over time. However, many community groups struggle just to keep moving. It is often necessary for outside helpers to work with a local monetary and evaluation team and to provide courteous, respectful but consistent reminders that measuring progress is valuable because it helps to ensure that our efforts are really bringing the results intended.

## Monitoring Our Progress – Participation

Recommendation #1: Hold regular social gatherings for all community members. Invite new people to help with planning and carrying out the event.

Date for review: [every 3 months]\_\_\_\_\_

Are we working on this? How many social gatherings have we had? Did we invite new people to participate in planning and carrying out the events? Did they come? Why, or why not? How did they feel about this? Will they come again?

How many community members participated in the event(s)? What was their response?

What's working? What's not? What do we need to do differently?

What evidence do we have that more people are participating in these social events? Are these people participating more in other community events? Are new friendships being forged?

What should our "next steps" be?

Next capacity assessment: \_\_\_\_\_ [Date]



## Part VI:

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# Using Capacity Analysis to Bolster Community Health Development

We began by talking about the idea that “health” is far more than the absence of disease; that it is also the vitality and sustained well-being that comes from a healthy environment, healthy life choices, adequate income, social support, a vibrant civic life and freedom from violence, intimidation, abuse and oppression. These and other key “determinants of health” function in relationship to each other in an integrated, organic system that is either supportive or detrimental to human health.

When people discover that their own, or the health of their fellow community members is challenged, it is often necessary to look beyond medical solutions in order to get at the root causes, and in order to devise effective strategies that will impact health outcomes. Many health related problems have solutions that reside *both* within the domain of individual knowledge and choice *and* within the framework of collective learning, action and change.

In order to educate and mobilize individuals for health, as well as to exert collective influence on health conditions, one important strategy is “community development.” In practice, what this type of community development usually means is collective action taken by an organized group of people within a larger population that is calculated to bring about learning and change that will in turn lead to an “improvement” in health conditions (i.e. the determinants of health), and ultimately in health outcomes.

The question of how effective a community development effort is in bringing about this type of change depends on many factors. Some of the most obvious are the following.

1. The extent to which the problem can in fact be addressed by a local community development strategy. Many problems are at least partially related to policies, structures and other conditions that are created and maintained by forces outside the community. Having a large enough

understanding of the nature and extent of the problems is often a critical first step.

2. The extent to which power was effectively channeled and engaged in order to remove obstacles and carry the process forward. Some groups are simply too powerless in their present condition to change anything outside a very limited circle of influence.
3. The extent to which the community (whose health was to be impacted) was effectively mobilized to learn and change from within. It is not only the outside world that must change. Almost always, a shift is needed from within a population in order to address critical health issues.

The degree to which the community develops the capacity to initiate, mobilize and sustain effective learning and change processes is without a doubt the most critical factor of these three. This is because augmented community capacity will usually find a way to compensate for most other deficiencies.

We have used the term “community capacity” to refer to the collection of qualities and capabilities a community needs in order to effectively implement community action for health. The seven capacity domains discussed in this handbook are really broad generic categories that describe how a community works (or does not work) together to achieve collective goals.

The central reasons for measuring community capacity are twofold. The first reason is to assess the community’s ability to carry off a community development and change process. This is important because undertaking strategies that are well beyond the community’s current level of capacity is a sure recipe for failure. It is much more effective to start small and to learn as you go, than it is to start too big and then have the strategy collapse for lack of capacity to carry it off.

The second reason for assessing community capacity is to identify where capacity building is needed. Based on the outcomes of a capacity assessment process (as outlined in this handbook) it is possible to develop a strategic learning plan that will engage community actors in processes of consultation, action, reflection and learning which will systematically and steadily increase community capacity.

Learning is certainly a fundamental dynamic of authentic development processes. Indeed, it can be effectively argued that unless community capacity to analyze and act effectively upon their own life situation is actually increased as a result of having participated in processes intended to promote “development” and change, what has occurred is not truly development, and probably not sustainable.

## **A Work In Progress**

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The entire set of domains, definitions, indicators, key questions, community assessment processes, data analysis, methodology and the foundation thinking that has given rise to all of this work will continue to evolve long after the publication of this handbook.

Indeed, an important reason for publishing our work at this stage is to subject it to the rigours of peer review, and to invite our fellow practitioners to collaborate with us on further developing and refining both the concepts and the methods associated with capacity assessment in the context of community health development work.

**We invite your comments, insights and queries! Our contact information is listed at the beginning of this book.**



## Part VII

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### Reassessing Community Capacity

#### Why is it important to reassess community capacity?

Once a community has spent some time building their capacity in the areas they identified as important during their initial capacity assessment process, it is important for them to reassess their capacity in those areas. The reassessment process allows them to gauge if they have indeed increased their capacity to accomplish such goals as working from a clear, shared and achievable vision; supporting and caring for each other in a way that leads to greater fairness and justice; sharing ideas and information openly and honestly; and making sure that everyone has a voice in the decisions which affect them. Reassessing community capacity also helps the community find out if their efforts to improve their capabilities in these areas has allowed them to more effectively tackle the tough community health issues they have identified as priorities.

#### When is it appropriate to do a capacity reassessment?

Just when a community is ready to spend time re-assessing their capacity for community health development work will vary from place to place. In our experience, a community capacity re-assessment might be very timely in the following types of situations.

- When a community has done considerable focused work on enhancing its capacity in key areas and enough time has passed to see the impact the capacity building has had on community development.
- When the health development efforts in a community seem bogged down and nobody is quite sure what the problem is.
- When a community is considering taking on a whole new line of health development action and wants to consider its capacity with respect to this particular challenge.

Whatever the rationale is for scheduling a community capacity reassessment process at any particular time, a prerequisite for its success is that the community core group is committed to following up on the findings. This means that actions to strengthen identified capacity areas will be planned for, implemented and later evaluated. Capacity assessment and capacity building need to be connected to each other.

## **Who should participate in the capacity reassessment process?**

Depending on the timing of the reassessment process, it may be difficult to pull together a large group of people. The original capacity assessment already represents a significant investment of time and energy on the part of community members. They may not be ready to go through a similar process again. Even if the reassessment process is carried out by a much smaller group, several considerations can help ensure that it will be useful.

- Clearly, it is important to include some of the people who participated in the previous community capacity assessment. This helps to provide continuity from one assessment to the next. It can also be very useful to include new people, who can provide fresh insights and observations about the community's capacity to work together effectively.
- It can also be helpful to think about what the focus of the community health development and capacity building efforts have been. For example, if the focus has been on youth development and the building of leadership skills among adult supports and among youth for this work, it will obviously be important to include young people and adult mentors in the capacity reassessment process.

## How can a capacity reassessment process be carried out?

### Preparing for the reassessment process

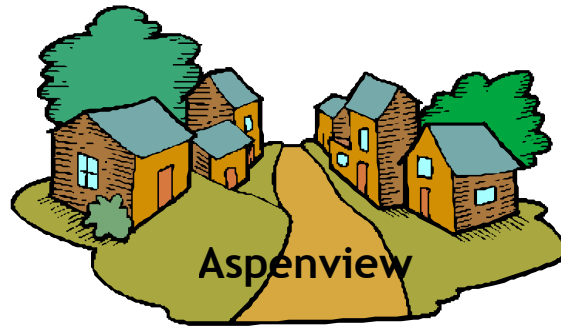
1. If at all possible, have the participants read the report from the original capacity assessment process before the meeting.
2. Although we experimented with what we considered to be a “rapid appraisal” method, we found that people invariably have a great deal to say about how their community works together. The reassessment process will take at least twenty minutes per domain, as well as some time at the beginning of the meeting to orient people to the process and some time at the end to reflect on next steps. We have not been able to find a way to short-cut the process more than this. This means that it may not be possible to assess all seven domains in one meeting. Indeed, one community we worked with decided to go through the seven domains in a series of meetings over a three-month period.
3. Before the meeting, prepare three flip chart pages for each capacity domain as follows.
  - On the first page, reproduce the graph depicting the rankings for that domain from the previous assessment. Below the graph, write short summary statements of the key findings for that domain. (This page can also be prepared in hard copy as a handout for the participants.)
  - At the top of the second page, write, “What has changed?”
  - At the top of the third page, write, “What would it take to make [name of the domain] at ‘10’ in [name of the community]?”

## The reassessment meeting

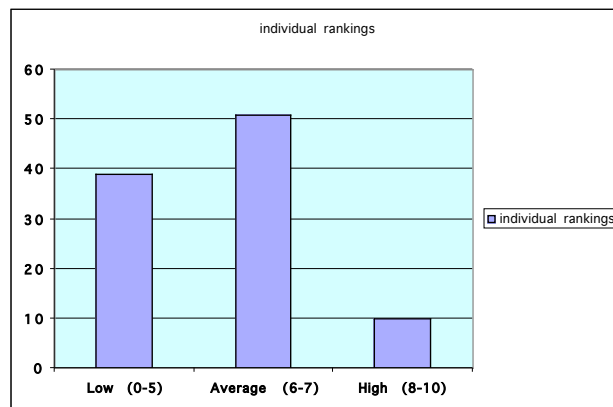
1. Begin with introductions if there are any new members to the group. Even if everyone knows each other, it can help break the ice to start with some type of quick “check-in.”
2. Have someone from the community core group summarize the group’s activities since the previous capacity assessment.
3. Describe the reassessment process (see below) and explain how the work that will be done at this meeting will be incorporated into planning and action to strengthen the community’s capacity for health development.
4. Ask the group to select the domain they would like to visit first. (The one-page handouts on each domain which were prepared before the meeting can help the group identify strengths and weaknesses which may help them choose where they would like to start.)
5. Once the first domain is selected, the following steps can be followed.
  - Review the graph for that particular domain, so that the group can get a feel for the percentage of participants at the original assessment meeting ranked the domain “high,” “average,” or “low.” Review, as well, the summary statements of the findings for the domain.
  - Ask the participants what has changed since the assessment was done and record their responses on the second flip chart page. It is also valuable to have someone take notes to get as many verbatim comments as possible for the preparation of the follow-up report.
  - Once all the comments have been recorded, ask the participants to rank the extent to which they feel this domain is developed in the community now. Discuss these rankings enough to either reach consensus or to be able to note a clear rationale for the range of rankings. (Note: It is clear that the rankings produced at this meeting are highly subjective and can not simply be compared to the rankings at the original meeting. For one thing, there may be a very different mix of people in the room. For another, people’s understanding of the domain and what is actually

involved in mobilizing the community to work on health-related challenges may have changed dramatically. This may mean, for example, that a group will rate a domain lower than they did at the first meeting, even though they feel that considerable progress has been made. The important thing to keep in mind is that the rankings do not have much objective value in themselves. They are simply a way to force people to greater clarity and consensus and to provide a focal point for dialogue and action.)

- Once consensus is reached on the ranking for each domain, ask the group what it would take to make this domain a “10.” Use the third flip chart sheet to record the ideas from this brainstorming process. These ideas will then need to be reflected upon and incorporated by the core group into a more coherent plan at a follow-up meeting.
6. Continue working through the domains in this manner as time allows. Ensure that there is enough time at the end of the meeting for the group to discuss when they will meet again to review the reassessment findings and build them into their action plans.



Eight people who participated in the first community capacity assessment and three new people gathered at the local restaurant for lunch, followed by a meeting to reassess Aspenview’s capacity to work together effectively. After introductions and opening comments were made, the reassessment began with a discussion about “shared vision.” The facilitator began with a brief presentation of the findings regarding “shared vision” from the previous capacity assessment.



- Almost 40% of participants ranked “shared vision” in the low range of 5 or less; and just over half gave it an average ranking of between 6 and 7.
- Aspenview does not have a shared vision for its future.
- There are many fragments of a vision scattered throughout the community.
- There may be competing interests regarding the future of Aspenview.
- There is a sense that ordinary citizens don’t feel they have control over the future of the community -- that businesses are making those decisions.

The participants acknowledged that since the first capacity assessment, Aspenview now has a formal vision statement. However, it was felt that this vision is not widely shared throughout the community. In the end, the group ranked “shared vision” as a “3,” lower than the previous assessment. This was not viewed as negative, rather it was viewed as an indicator that they now have a greater understanding of what “shared vision” means and why it is so important. They realized that much more work needs to be done to ensure that Aspenview’s vision for the future is one shared throughout the community.

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# Appendix

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## Community Capacity Assessment Tool Kit

**NOTE:** This community capacity assessment tool kit is “photocopy ready”. If you are planning to use the tool kit for the purposes of assessing community capacity, permission is hereby granted for reproduction. If you are using this assessment tool kit for publication or other purposes, please credit the authors.



# Shared Vision

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## What is it?

A shared vision is a picture of the community at some time in the future, painted in enough detail that people can imagine it.

When the goal is to build a healthier community, a shared vision is not complete unless it:

- Is realistic enough that people believe it is possible to reach.
- Presents a tension between the desired future and the current situation. This tension inspires people to take action toward reaching the vision.
- Includes a statement about how people want to work with one another in order to achieve their goals, and about the values that need to be shared in order for people to work effectively together.
- Is richly detailed and thereby points to a pathway (possible goals; principles and processes to be followed) for action and change.
- Is shared because it is created through true dialogue and consensus with people from all walks of life in the community.
- Is built upon individuals' needs, experiences, and aspirations - people feel they "own" it.
- Inspires and motivates community members to actively take part in making their community a healthier place to live.
- People interpret it and can tell others about it in a consistent manner.

## How do we know when we have it?

1. Does our community have a vision for the future?
2. Is the vision “doable” - can we realistically achieve it?
3. Is the vision painted in enough detail so that we can imagine our community in the future? Does it point to a path for action?
4. Does the vision include a statement about how community members want to work together, and about the values that need to be shared in order for them to work together effectively?
5. Was the vision created through dialogue and consensus decision making with people from all walks of life?
6. Is the vision widely shared throughout our community? Do community members feel ownership of the vision?
7. Is the vision inspiring and motivating? Do we tell people about it, and do we all interpret and describe it in a consistent manner?

### Ranking Question:

*To what extent do you think “shared vision”  
is developed in your community?*

1    2    3    4    5    6    7    8    9    10

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No  
Development

Fully  
Developed

# Sense of Community

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## What is it?

Sense of community refers to the quality of human relationships that make it possible for people to live together in a healthy and sustainable way.

When there is a strong sense of community:

- There is a sense of place and history. People do things together and often share ways of doing things in common, such as decision-making, celebrating, or grieving, which helps give the community a shared identity.
- Relationships among community people are built on trust, cooperation, shared values, togetherness, and a shared sense of commitment to, and responsibility for, improving the community.
- There is a climate of encouragement and forgiveness, openness and welcoming.
- Community members feel they are safe, that they have a voice, and that they can make a contribution to the community.
- They also feel cared for, and in return, they care for others.
- The community nurtures its people so that they can develop their potential as human beings.
- The community embraces diversity, believing that each person is unique. People believe that differences enrich the strength of the community.
- There is a collective sense of fairness and justice. Not only are people who are disadvantaged cared for and supported, but also the community works with them to change the situation that causes them to be disadvantaged.
- There is an ability to tackle and solve hard issues, reconcile differences, and cope with crisis.

## How do we know when we have it?

1. Is there a sense of unity and togetherness throughout our community?
2. Are relationships among community members built upon trust, cooperation, shared values, and togetherness?
3. Do we share a sense of place and history? Do we do things together as a community? What are some examples?
4. Is there a climate that is encouraging, forgiving, open and welcoming?
5. Do all community members feel safe, cared for, and nurtured?
6. Do all community members feel they have a voice and that they can make a contribution to the community?
7. Is diversity embraced? Do we respect all community members for their differences?
8. Is there a collective sense of fairness and justice? Are disadvantaged community members cared for and supported; and does the community work with them to change the situation that causes them to be disadvantaged?
9. Is there a shared sense of commitment to, and responsibility for, improving the community?
10. Do we have the ability to tackle and solve hard issues, reconcile differences, and cope with crisis?

### Ranking Question:

*To what extent do you think “sense of community” is developed in your community?*

**1    2    3    4    5    6    7    8    9    10**

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**No  
Development**

**Fully  
Developed**

# Communication

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## What is it?

Communication is the honest and open sharing of thoughts, ideas, and information between people. It involves actively listening to (not simply hearing) the other person's/group's ideas and points of view, even if they are different from our own. Through communication, people come to understand how others experience the world; this opens up opportunities to find ways to bridge gaps, resolve conflicts, and create effective ways of working together.

When there is effective communication:

- Efforts are made to ensure that everyone in the community is informed about community concerns and activities.
- People take responsibility for sharing accurate information, and for seeking the information they need, rather than waiting for someone to tell them
- Many avenues for communication are used - newspaper, telephone, bulletin boards, and community forums, for example.
- Everyone gets a chance to say what they want to say without retaliation or censure.
- People listen to each other with their hearts and try to understand what's between the lines.
- People ensure they truly understand each others' point of view.

## How do we know when we have it?

1. Are there opportunities for everyone in the community to be kept informed of community activities and events?
2. Do people take responsibility for sharing accurate information? Do they take responsibility for seeking the information they need, rather than waiting for someone to tell them?
3. Are there many avenues for communication?
4. Does everyone get a chance to say what they want to say without retaliation or censure?
5. Do people listen to each other with their hearts, and try to understand what's between the lines?
6. Do people ensure they truly understand each other's point of view?

### Ranking Question

*To what extent do you think "communication"  
is developed in your community?*

1    2    3    4    5    6    7    8    9    10

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No  
Development

Fully  
Developed

# Participation

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## What is it?

Participation is the active engagement of the hearts and minds of people in improving their own health and well being. Development comes from within. If there is no participation, there will be no development.

This means, for example, that if the community is working on a youth issue, youth must have a primary voice in naming the issue, shaping the solutions, making decisions, carrying out the solutions and evaluating the results. While others (parents, educators, community leaders) also have a role to play, power to name the problem and build the solution has to be shared.

In order for people to participate in community life:

- There must be opportunities for meaningful participation. That is, it must be possible for community members to actually influence the course of events and shape the future.
- There needs to be a variety of avenues for participation and community members need to find their own ways of participating. For example, some people may prefer to attend meetings; others may prefer to have private conversations with more visible community members; and others may wish to help with fund-raising or event organizing.
- Barriers to participation (e.g. meeting times, transportation, baby-sitting, past hurts, and fear) must be recognized, and efforts made to remove them.
- The appropriate level of participation needs to be negotiated - i.e. some activities require the participation of the entire community; others require only a few people.

## How do we know when we have it?

- 1) Do community members have a primary voice in activities aimed at improving their health and well being? Is the power to name issues, shape solutions, make decisions, carry out the solutions and evaluate the results shared?
- 2) Are there forums and other mechanisms for community members to identify problems and actively participate in addressing them?
- 3) Do community members feel their contribution matters? Does it matter?
- 4) Are community members able to participate in a variety of ways?
- 5) Are barriers to participation (e.g. meeting times, transportation, baby-sitting, past hurts, and fear) recognized, and are efforts made to overcome them?
- 6) Do we carefully consider and negotiate at each step of the way, the appropriate level of community member participation?
- 7) Are there some segments of the community that have too much power, and others that have too little, in shaping the future?

### Ranking Question

*To what extent do you think “participation”  
is developed in your community?*

1    2    3    4    5    6    7    8    9    10

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No  
Development

Fully  
Developed

# Leadership

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## What is it?

Leadership is a process of engaging the community in learning and action for health. It is developed from within the community. Communities have both formal (i.e. elected officials and people in positions of power) and informal leaders (i.e. those who are not in formal positions of power, but whose voice is highly regarded).

Leaders who are able to mobilize communities toward health are those who:

1. Recognize that all community members need to be heard, and work hard to create an environment in which all voices can be heard.
2. Acknowledge community and individual achievements.
3. Facilitate community consensus building and collaboration, believing that community members can work together to address their own needs.
4. Engage others in tackling tough issues and resolving conflicts.
5. Take risks and forge a path for others to follow.
6. Are role models who “make the path” by walking it.
7. Provide direction in appropriate ways when needed. (Note that different tasks require different kinds of leadership. For example, taking charge in an emergency is different than making a group decision.)
8. Understand and can articulate the community development process being undertaken, and are able to keep the “big picture” in mind.
9. Recognize the leadership ability of others and share leadership when it is most appropriate.
10. Foster the development and emergence of new leaders.

## How do we know when we have it?

### Do our leaders:

1. Work hard to create an environment in which all voices can be heard?
2. Encourage, support, and facilitate others to tackle tough issues?
3. Facilitate community consensus building and collaboration?
4. Act as role models?
5. Foster the development of new leaders?
6. Share leadership with others when it is most appropriate?

### Do we:

1. Support our leaders?
2. Choose leaders in an open and fair way?
3. Work with leaders in consensus building and collaboration, and in solving conflicts?
4. Acknowledge and create opportunities for different kinds of leadership?
5. Support the development and emergence of new leaders, both formal and informal?

## Ranking Question

*To what extent do you think “leadership”  
is developed in your community?*

1    2    3    4    5    6    7    8    9    10

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No

Development

Fully

Developed

# Resources, Knowledge, and Skills

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## What is it?

Resources, skills, and knowledge are the human talents and material goods that a community uses to improve health, such as volunteers, buildings and facilities, money, and time. The capacity, “resources, skills, and knowledge”, is about the community’s ability to:

- Identify and access the existing community resources, knowledge and skill that will help the community achieve its vision for a healthier future.
- Use existing resources, knowledge and skills in creative ways (for example, using church facilities for a collective kitchen).
- Make decisions about the fair distribution of resources and solve conflicts regarding the distribution of resources.
- Effectively manage and use resources (for example, forming partnerships in order to use resources efficiently).
- Locate and access needed resources, knowledge and skills that exist outside of the community.
- Recognize that each community member possesses unique and valuable skills, knowledge, gifts, and talents; and to seek these out when appropriate.
- Identify gaps in skills and knowledge and develop learning plans to fill these gaps, and find the means to gain new knowledge and skills (e.g. funding, training programs).
- Ensure equal access to opportunities to gain new knowledge and skills.
- Bring people with different knowledge and skill sets together in a way that builds a creative energy for solving problems and taking action on health goals.

## How do we know when we have it?

1. Do we know what resources, knowledge, and skills exist in our community (people, facilities, services, money etc)?
2. Do we know how to access these resources, knowledge, and skills when we need them?
3. Do we use our existing resources, knowledge and skills in creative ways?
4. Do we effectively manage and use our resources, knowledge and skills?
5. Are resources distributed in a fair manner? Do we have an effective process in place for solving conflicts about the distribution of resources?
6. Do we know how to locate and access resources, knowledge, and skills outside of the community?
7. Have we identified gaps in knowledge and skills, and have we developed learning plans to fill these gaps? Do we find the means to gain new knowledge and skills?
8. Do all community members have equal access to opportunities to develop new knowledge and skills?
9. Do we bring people with different knowledge and skill sets together to solve problems and take action on our health goals?

### Ranking Question

*To what extent do you think “resources, skills, and knowledge” is developed in your community?*

1    2    3    4    5    6    7    8    9    10

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No  
Development

Fully  
Developed

## Ongoing Learning

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### What is it?

Ongoing learning is a process of reflecting upon what is happening within a project or a community in order to learn how to be more effective. Ongoing learning also leads to greater self-awareness and community understanding.

The capacity of ongoing learning:

- Is the ability to hold yourself accountable to your vision, principles, and goals. This means that you regularly, systematically, and intentionally check to see how closely your actions and their results match your vision, principles, and goals.
- Involves asking the questions: What worked? What didn't work? What have we learned from this experience? What should we do differently next time?
- Involves reflection on community dynamics, and the impact of these on the community's ability to work effectively together to improve the health and well-being of all its people.

## How do we know when we have it?

1. Do we have ongoing processes to reflect on our actions and their results?
2. Do we learn from our successes and our failures?
3. Are we open to new ideas and ways of doing things?
4. Do we listen to our critics as well as our supporters?
5. Do we communicate what we learn in ways that everyone can understand?
6. Are we building a learning plan into everything that we do?
7. Are we able to translate all that we learn into action?
8. Do we have processes that help everyone learn and reflect together (for example, agency staff and community people; or youth and seniors learning from each other)?

### Ranking Question

*To what extent do you think “ongoing learning”  
is developed in your community?*

**1    2    3    4    5    6    7    8    9    10**

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**No  
Development**

**Fully  
Developed**